

Improving Maternal Nutrition

An Acceleration
Plan to Prevent
Malnutrition and
Anaemia during
Pregnancy

(2024–2025)



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Authors: Emily Mates, Vilma Tyler, Nita Dalmiya, Anuradha Narayan, Victor Aguayo.

Editing and design: Julia D'Aloisio (editing) and Nona Reuter (design)

Internal review: Alison Fleet, Roland Kupka, Arnaud Lailou, Zivai Murira, Simeon Nanama, John Ntambi Christiane Rudert, Vani Sethi, Harriet Torlesse, Charity Zvandaziva.

External review: Baseer Khan Achakzai, and Khawaja Masuood Ahmed, Government of Pakistan; Abebe Ayele, Children's Investment Fund Foundation, Ethiopia; Martha Mwangome, Kenya Medical Research Institute (KEMRI) Wellcome Trust; Lisa Rogers, World Health Organisation; Philip James, Marie McGrath and Kate Sadler, Emergency Nutrition Network; Rahul Rawat, Andy Rigsby, Zeina Sifri and Alison Tumilowicz, Bill & Melinda Gates Foundation.

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Child Nutrition and Development Programme Group
2 United Nations Plaza
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Email: nutrition@unicef.org

Website: www.unicef.org

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THE CHALLENGE

Malnutrition is taking a crushing toll on the lives of adolescent girls and women. More than 1 billion adolescent girls and women worldwide suffer from at least one form of malnutrition and two in three suffer from deficiencies in essential vitamins and minerals.¹ These staggeringly high levels of malnutrition and anaemia are undermining girls' and women's ability to live healthy and productive lives and having devastating impacts on the children of those who become mothers.

Progress has been made to advance the rights of adolescent girls and women in recent decades, but millions still struggle to access the nutritious diets, essential nutrition services and positive nutrition and care practices they need to live full, healthy and equal lives.

The 2023 UNICEF flagship report, [‘Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women’](#), exposes the depth of the undernutrition crisis facing adolescent girls and women and the barriers that have hampered progress for far too long. High levels of undernutrition in adolescent girls and women amplify gender inequalities by lowering learning potential, wages and life opportunities and weakening immunity to infections. Anaemia during pregnancy significantly increases the risk of maternal mortality, obstetric complications and low birthweight infants. The poorest and most disadvantaged adolescent girls and women are especially bearing the brunt of undernutrition, micronutrient deficiencies and anaemia, with consequences that carry over generations.²

Poverty, vulnerability, social exclusion and harmful social and gender norms are powerful drivers of poor diets and make it harder for adolescent girls and women to access essential nutrition services and adopt positive nutrition and care practices, especially during the nutritionally demanding periods of pregnancy and breastfeeding.³

Gender equality is a key enabling factor in creating an environment where women and adolescent girls have the agency to make decisions and access nutritious, safe and affordable diets, adequate nutrition services and positive practices. To achieve genuine improvements in the nutritional status of pregnant adolescent girls and women, nutrition policies and programmes must move beyond addressing the immediate nutritional problems to confront the inequalities that create, reinforce and perpetuate them.



BOX 1

WHY ARE WE FAILING ADOLESCENT GIRLS AND WOMEN?

Since 2000, there has been no change in the prevalence of underweight in adolescent girls (8 per cent) and only a small decline in the prevalence of underweight in women, from 12 to 10 per cent (see Figure 1). The prevalence of anaemia remains high and unabated (30 per cent), and more than two-thirds of girls and women (69 per cent) suffer from iron, zinc and/or folate deficiency.

No region is on track to meet the 2030 global targets to reduce anaemia in adolescent girls and women by half and to reduce low birthweight in newborns by 30 per cent. What's more, the unrelenting global food and nutrition crisis has the potential to further derail progress.

UNICEF's flagship report '[Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women](#)' identifies key reasons behind the lack of progress in improving girls' and women's nutrition:

- 1. Weak policy protection:** Despite the existence of a strong evidence base and global recommendations, women's nutrition has lacked political will and therefore not been prioritized across the policy and funding landscape at all levels.
- 2. Lack of a comprehensive approach to women's nutrition:** Women's nutrition has been predominantly considered in terms of access to and uptake of services through the health system – with little attention paid to other systems, such as social protection programmes that make nutritious diets more accessible and affordable for the most vulnerable women.
- 3. Harmful social and gender norms and practices:** Imbalanced gender roles and discriminatory norms and practices perpetuate inequality and severely constrain access to nutritious diets, essential nutrition services and nutrition care for adolescent girls and women.
- 4. Neglect of women's nutrition in humanitarian crises:** The number, scale and complexity of humanitarian crises continue to rise, particularly in resource-limited environments, but nutrition programming in these contexts has almost exclusively focused on infants and children.
- 5. Gaps in data and evidence:** Limited data on the scale of undernutrition in adolescent girls and women and gaps in global guidance and national policies discourage governments and humanitarian actors from mobilizing funds and taking action on women's nutrition.

There has been almost no change in the high rates of underweight and anaemia in adolescent girls and women for the past two decades.

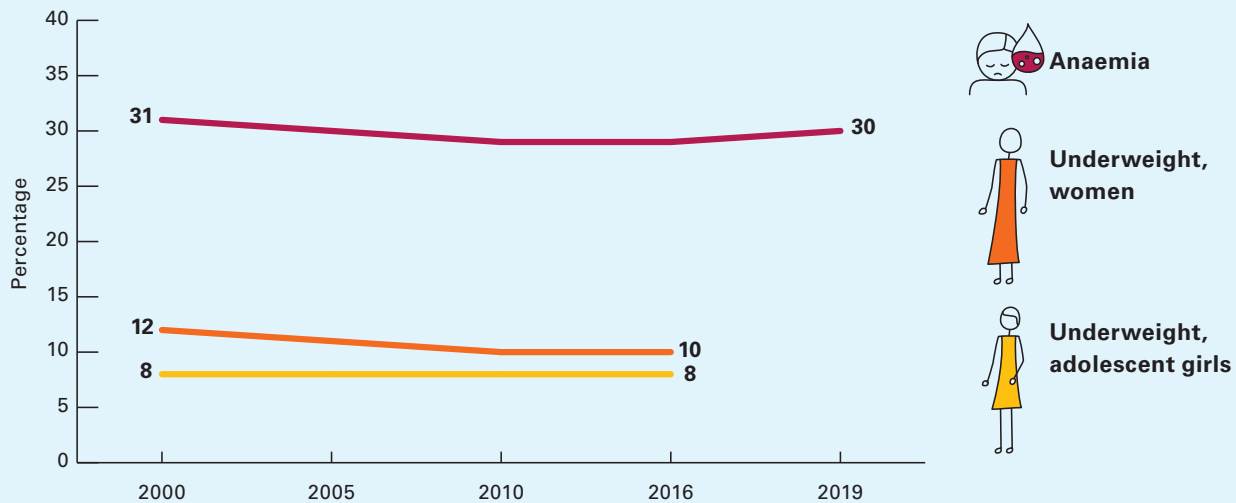


FIGURE 1: Trends in the prevalence of underweight in adolescent girls aged 10–19 years and women aged 20–49 years and anaemia in adolescent girls and women aged 15–49 years

Source: UNICEF analysis of data from NCD-RisC on underweight and Global Health Observatory on anaemia

The world is now experiencing the largest global food and nutrition crisis in modern history, which is exacerbating the already-high nutritional vulnerability in adolescent girls and women. Our recent analysis of the 12 countries most affected by the global food and nutrition crisis showed that acute malnutrition in mothers has risen by an astonishing 25 per cent since 2020. In the face of this dire situation, accelerated actions to improve the nutrition of pregnant adolescent girls and women are more urgent than ever.

Well-nourished women have better health, safer pregnancies, and are more likely to access equal opportunities and participate fully in society. A mother's nutrition status is also a powerful determinant of the survival, growth and development of her children, influencing nutrition and health status throughout life

and into the next generation.⁴ The evidence is clear: insufficient nutrient intake before and during pregnancy and while breastfeeding has debilitating and even deadly consequences for children.

We have known for many years that maternal underweight and short height, and infants with low birthweight are consistent predictors of stunting and wasting in early childhood.⁵ Recent estimates highlight that approximately half of the global burden of stunting in early childhood originates during the 500 days between conception and 6 months of age, when the child is dependent on his or her mother for nutrients.^{6,7} Yet to date, women's nutrition has largely been neglected during this critical developmental period.

THE OPPORTUNITY



We must change the status quo and tackle the barriers that have left girls' and women's nutrition overlooked and undervalued for far too long.

'UNICEF and partners are launching an Acceleration Plan to Prevent Anaemia and Malnutrition in Women. It aims to fast-track the delivery of a package of essential services across 16 priority countries: Afghanistan, Bangladesh, the Bolivarian Republic of Venezuela, Burkina Faso, Ethiopia, Madagascar, Mongolia, Myanmar, Nepal, Nigeria, Pakistan, the Philippines, Rwanda, Somalia, Sri Lanka and the United Republic of Tanzania.

Guided by the UNICEF strategic framework for preventing malnutrition in women (Figure 2), this Acceleration Plan describes how UNICEF, governments and partners will work together to scale up a package of five essential services* (Box 2) to improve nutrition during pregnancy and drive progress towards the Sustainable Development Goals.

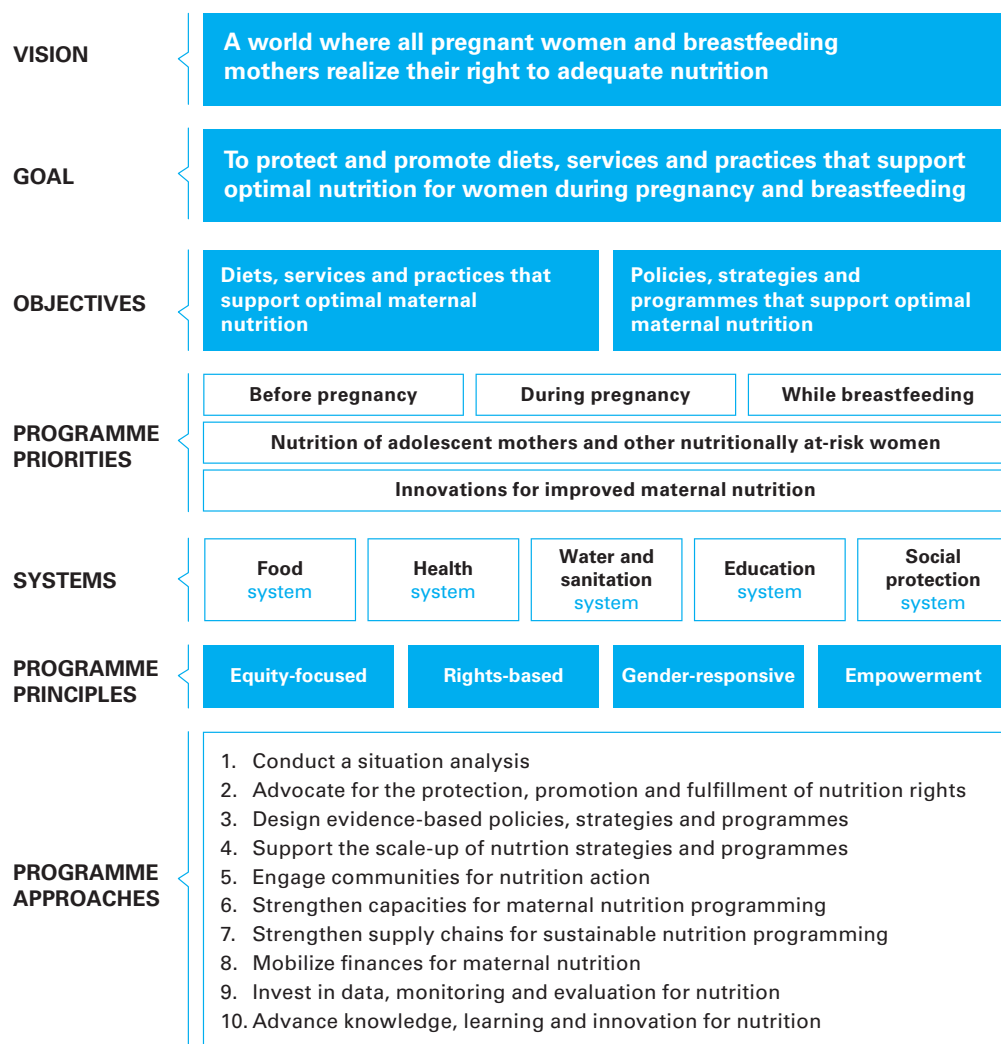
This package of essential services is informed by solid and extensive research and by the [recommendations on antenatal care for a positive pregnancy experience](#) by the World Health Organization (WHO).

The 16 countries included in this Plan have been identified according to one or more of the following criteria:

- High prevalence of anaemia in adolescent girls and women
- High prevalence of low birthweight in infants
- An enabling policy and programme environment
- A combination of countries, including both humanitarian and stable contexts, to:
 - ✦ Prioritize different programming settings of high need
 - ✦ Ensure context-specific actions and learning
 - ✦ Maximize evidence-generation for scale-up and replication

* In situations of acute food insecurity, balanced energy-protein supplementation for underweight pregnant and breastfeeding women, including adolescent girls, should be included in the essential package of services.

FIGURE 2: UNICEF strategic framework for preventing malnutrition in women before and during pregnancy, and while breastfeeding



BOX 2

NUTRITION SUPPORT FOR PREGNANT WOMEN: A PACKAGE OF ESSENTIAL SERVICES

This Acceleration Plan calls for the delivery of an essential package of nutrition services to be included in antenatal care for expectant mothers, including:



Nutrition information, education and counselling



Healthy weight gain monitoring



Multiple micronutrient supplementation



Deworming prophylaxis and malaria control according to context



Nutritional screening and referral for supplementation with balanced energy-protein if needed according to context



BOX 3

WHY IS THIS ACCELERATION PLAN NEEDED NOW?

Girls’ and women’s nutrition is under-funded and under threat, with the potential to deteriorate further as the global food and nutrition crisis continues to unfold. This crisis undermines girls’ and women’s well-being, dignity and equality and jeopardizes the survival, growth and development of the next generation of children.

Despite the challenges, evidence is mounting and momentum for women’s nutrition is growing at global, regional and national level. Now is the time to capitalize on political commitment, mobilize funding, strengthen accountability and take bold actions to ensure governments, societies and pregnant

mothers everywhere realize their right to adequate nutrition.

The ‘Undernourished and Overlooked’ report also stresses the importance of scaling up actions to address the nutrition needs of adolescent girls and women in fragile and humanitarian settings. As the food and nutrition crisis continues to unfold globally, these actions have never been more urgent.

Anaemia and micronutrient deficiencies can be prevented, even among girls and women living in the most challenging circumstances. The five essential nutrition services included in the Acceleration Plan are not new – but they have not yet

been implemented as a package and taken to scale, and they lack the coverage and/or quality needed to drive change.

Through this Acceleration Plan, UNICEF will harness the current momentum and commit to working closely with national governments and partners in scaling up the package of services across 16 priority countries. These efforts will amplify women’s rights and voices at country and community level through the delivery of proven services, while documenting experiences and sharing learnings on how to take these services to scale most effectively.

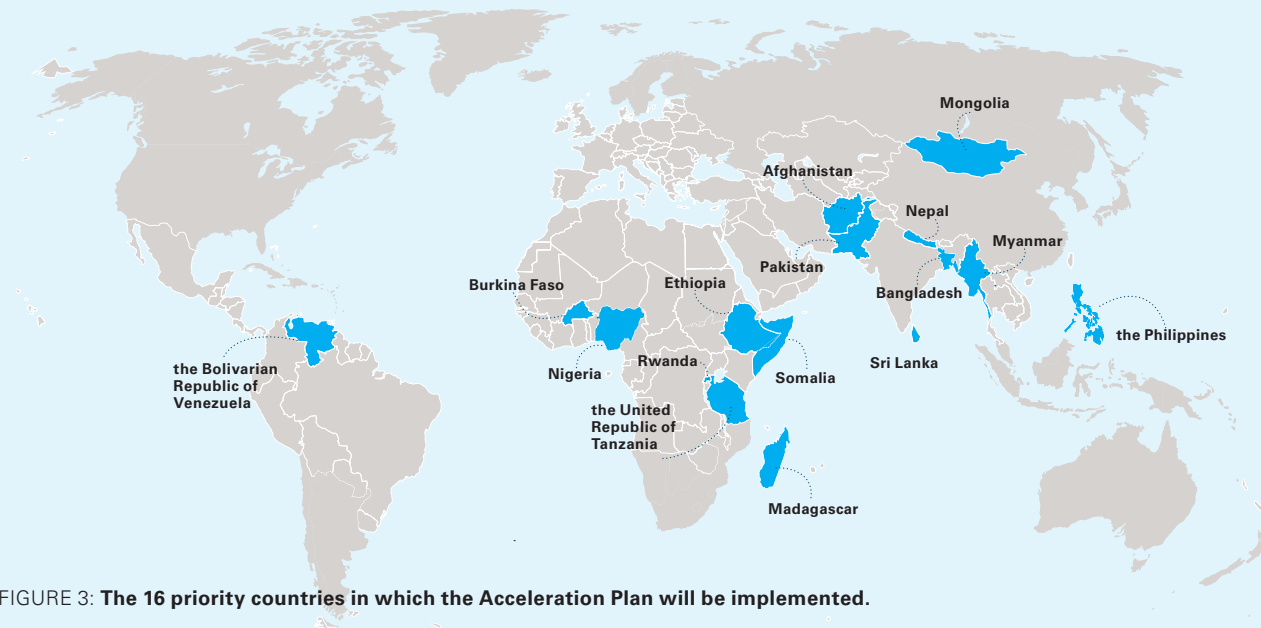


FIGURE 3: The 16 priority countries in which the Acceleration Plan will be implemented.

The UNICEF [Nutrition Strategy 2020–2030](#) describes our intent to “accelerate progress towards the World Health Assembly global targets of reducing anaemia among women of reproductive age and low birthweight among newborns, while contributing to the other global nutrition targets for children.” It highlights the systems-wide action that is needed – across food, health, water and sanitation, education and social protection systems – to improve nutrition outcomes for women and children.

UNICEF recognizes the urgency of taking action to address the needs of adolescent girls and women in fragile and humanitarian settings. To this effect, in 2020, UNICEF updated its [Core Commitments for Children in Humanitarian Action](#) to address the nutrition needs of adolescent girls and women in humanitarian contexts.

This Acceleration Plan recognizes that global efforts to end stunting and wasting in children will fail without improving the nutrition of their mothers. With this in mind, the Plan aligns with and expands upon the UNICEF [‘No Time To Waste’](#) Acceleration Plan for the Early Prevention, Detection and Treatment of Child Wasting. This includes leveraging common entry points for reaching pregnant adolescent girls and women whose children have already been identified as vulnerable. Some of the actions and countries included in this Acceleration Plan overlap with UNICEF’s [‘No Time To Waste’](#) Acceleration Plan and with the Global Action Plan on Child Wasting.

BOX 4

MULTIPLE MICRONUTRIENT SUPPLEMENTS: TRANSFORMING THE QUALITY OF NUTRITION CARE FOR PREGNANT WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES

Multiple micronutrient supplements (MMS), using the United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP) contains 15 essential vitamins and minerals and are a safe and effective way to improve the diets and nutritional status of pregnant women.

While a variety of services are needed to adequately address micronutrient deficiencies among pregnant women, MMS are a proven, cost-effective product that is **ready for scale-up**. If the challenges associated with delivery and uptake of pre-natal supplements can be overcome and MMS is delivered at-scale, MMS have the potential to drive country level progress towards global goals and targets to reduce anaemia, low birthweight and child undernutrition.

The scale-up of MMS has recently been identified as one of the 12 ‘best bets’ in global development: for every dollar invested in MMS, there is an economic return of US\$37. This makes MMS one of the most cost-effective services available to governments and partners.⁸ In countries with a thriving pharmaceutical industry, there is growing interest to produce MMS locally.

Compared with iron supplementation (with or without folic acid), MMS contribute to positive birth outcomes by reducing the risk of low birthweight by 14 per cent, preterm birth by 7 per cent, small-for-gestational-age babies by 3 per cent and stillbirth by 8 per cent. MMS are especially beneficial for undernourished women; for example, women who were anaemic or too thin at the start of pregnancy saw even greater improvements in birth outcomes when taking MMS.⁹



The scale-up of MMS has the power to be a **social equalizer**, ensuring that pregnant women attending antenatal services in low- and middle-income countries have access to the same standard of care that has long been available to women in high income countries. Access to MMS can be considered a key indicator for measuring quality of care for women during pregnancy, along with nutrition screening, referral to appropriate services, and counselling.

OUR STRATEGIC APPROACH



UNICEF's goal is to ensure that all pregnant women have access to the diets, services and practices that protect their right to nutrition, including in humanitarian settings. This is aligned with the goal of the 2030 Agenda for Sustainable Development to reduce the prevalence of anaemia in women of reproductive age (15–49 years) by half, and reduce the prevalence of low birthweight by 30 per cent.

Our approach aims to accelerate progress on:

1. Promoting and supporting policies, strategies and programmes to improve the nutritional status of women before and during pregnancy.
2. Promoting and supporting nutrition services for pregnant women in humanitarian contexts where needs are highest and programmes can have the greatest impact.
3. Fostering innovations to improve the coverage and quality of nutrition programmes for pregnant women, contributing to the global learning agenda.
4. Advocating for governments to budget for and include MMS in their national Essential Medicine Lists and the services carried out by Community Health Workers.

To achieve this, UNICEF and partners will support the implementation of the essential package of services outlined in Box 2, delivering on five strategic results that will accelerate reductions in anaemia and malnutrition in pregnant adolescent girls and women.



FIGURE 4: Diets, services and practices to support good nutrition during pregnancy.

Strategic result 1 Strengthen advocacy and policies for the prevention of micronutrient deficiencies and anaemia in pregnant women.

Countries experiencing humanitarian crises can use MMS, as advised by a [2007 joint United Nations statement](#). However, current guidance means that the policy environment for the use of MMS is more restrictive in development settings, except in the contexts of operational research (see Box 5). UNICEF and partners will continue to build the evidence base, advocating for WHO recommendations to be broadened to include use of MMS in all contexts. This will ensure that countries that wish to make the switch from iron and folic acid to MMS are fully enabled to do so.

At country level, UNICEF and partners will support national governments to update policies regarding integrating nutrition actions into antenatal care provision, to align with global recommendations. This will include, for example, ensuring that national guidelines recommend at least eight antenatal care visits per pregnancy, and that MMS is included on the country's essential medicines list. We anticipate that at least eight of the countries included in this Acceleration Plan will either have updated their policies and essential medicines lists, or be in the process of updating them, by December 2025.

In addition, UNICEF and partners will continue to support weekly iron and folic acid supplementation programmes to prevent anaemia in adolescent girls through school- and community-based programmes.

BOX 5

CURRENT WHO RECOMMENDATIONS FOR USE OF MMS

Further to the 2007 [UN Joint Statement](#) recommending MMS for use in emergency contexts, in 2016 WHO set out comprehensive international guidelines for antenatal care among pregnant women and adolescent girls, with 14 actions related to nutrition. This

guidance was updated in 2020, with MMS being recommended for use in 'research contexts'. Recent evidence supports an update to this recommendation, providing MMS instead of iron and folic acid for *all pregnant women* in low- and middle-income countries, highlighting that

routine use of MMS could result in improvements in micronutrient status of pregnant women and substantial reductions in adverse birth outcomes (such as small-for-gestational age, low birth weight and stillbirths).¹⁰

Along with changes in global and national guidance and policies, including the updating of government regulatory frameworks, sustained advocacy is urgently needed to ensure that all our partners have coherent and cohesive communications and messaging about the key elements needed to improve nutrition for adolescent girls and women. To build on current momentum, UNICEF and partners will continue the work recently started for women's nutrition advocacy by:

- Identifying common advocacy objectives and improving coordination among multiple partners working in women's nutrition to ensure advocacy efforts are aligned and coherent.
- Developing a women's nutrition advocacy plan that includes key elements, such as a theory of change and roadmap, with common advocacy messaging and targets, along with key stakeholders and moments for influencing.
- In countries that are already paying for or procuring iron and folic acid supplements, supporting a transition pathway through the budgeting for MMS and the mobilisation of additional resources.

Advocacy efforts will also be intensified at both regional and country levels. Furthermore, regional commissions and economic bodies provide ideal opportunities to raise awareness with decision-makers for improving women's nutrition more broadly, and in particular, antenatal care that includes MMS.

Strategic result 2 **Improve the delivery of maternal health and nutrition services.**

One of the biggest barriers to improving pregnancy and birth outcomes is low uptake of quality antenatal care and nutrition services. Access to health facilities is often problematic for women and girls, especially in rural and remote communities; however, community-based workers have great potential to bring some essential services directly to pregnant women in their own communities.

Across the eight priority countries in development contexts that are included in this Acceleration Plan, actions will be decentralized through a stronger workforce of trained and supervised community-based workers. Influential community leaders, religious leaders, women's groups and other community

structures, such as local health committees, will be encouraged to participate in decision-making processes and efforts to strengthen appropriate health-seeking behaviours especially ante natal care for pregnant women, thus reducing many of the barriers to accessing existing services.

Community-based workers also have a particularly important role to play during humanitarian crises, where access to vulnerable and marginalized populations is often compromised. Across the eight countries in humanitarian and fragile contexts that are included in this Acceleration Plan, UNICEF and partners will scale up efforts to support community-based workers to ensure pregnant women can access the services they need to ensure a healthy pregnancy and delivery.

Strategic result 3 **Increase the capacity of service providers at facility and community levels to ensure quality delivery of the essential package of services.**

Along with poor access to health services during pregnancy, overburdened and poorly trained staff can result in services that are of suboptimal quality. UNICEF and partners will intensify efforts to increase the capacity and motivation of health facility staff to deliver on the essential package of services outlined in this Acceleration Plan, across all 16 countries.

This will be achieved by developing a suite of training materials and supportive supervision tools to facilitate the timely distribution, uptake and adherence of MMS and quality nutrition screening and counselling by health workers. Particular attention will be given to strengthening the quality of nutrition counselling and education, using context-specific and appropriate social and behaviour change tools and approaches, to help pregnant adolescent girls and women make superior decisions and take action to improve nutrition.

We will also work with national governments, assisting them to identify, train, upskill and monitor cadres of community-based workers and influential community members. Many such cadres are already in existence, and we will provide the additional support required for them to identify and refer pregnant adolescent girls and women as early as possible to health services, so that they can access the package of essential nutrition services within antenatal care.

Strategic result 4

Increase supplies of essential commodities to meet the growing global demand.

To achieve the targets set out in this Acceleration Plan, it will be critically important to improve and broaden the current supplier base so that supply forecasting and manufacturing meets demand creation. To ensure that a continuous and sufficient supply of MMS reaches the countries that are ready to scale up, UNICEF will develop a supply strategy based on forecasted demand across these 16 countries, and beyond.

Based on the demand forecast and a global supplier engagement plan, UNICEF will identify the number of suppliers that will be needed over time in each location (national or regional). Newly identified suppliers in low-capacity regions will need a package of tailored support, which may include the provision of technical assistance for supplier development and the identification of financing tools and market interventions (e.g., the transfer of technology, bridge loans and/or start-up financing). UNICEF will also play a convening role for partners who are developing and delivering supplies of MMS, to support effective coordination.

The delivery of this package of essential services will require standardised products beyond MMS, such as weighing scales, counselling cards and mid-upper arm circumference measurement tapes used to screen for malnutrition. UNICEF will develop a dashboard that marries demand for items with supplies, to ensure that sufficient supplies of all the required elements are in place.

In situations of acute food insecurity, underweight pregnant women may need more assistance to meet their basic caloric and nutrient requirements. In addition to reduced access to food at the community level, social norms and household-level gender dynamics often result in women eating last and reducing intake to preserve limited resources for children. UNICEF recommends that in contexts of acute food insecurity, a daily balanced energy-protein supplement should be considered. These supplements provide multiple micronutrients and, specifically, energy and protein in a balanced composition (less than 25 per cent of total kcal content from protein).

Strategic result 5

Harness data and generate evidence and learning in development settings (implementation research) and humanitarian settings (emergency preparedness and response) to inform policy and programme decisions, and strengthen accountability for adolescent girls and women.

Lack of data is consistently identified as one of the key barriers to improving pregnant women's nutritional status across the world. UNICEF and partners will support governments in at least five countries included in this Plan to invest in surveys, research and evaluations to determine how to improve diets, nutrition services and care practices for pregnant women.

There is an urgent need to increase the quantity and quality of data on nutrition in pregnant women, to bring visibility to the issues, guide decisions and build accountability. This includes setting realistic targets for tracking progress on improving diets, services and practices, as well as nutrition outcomes during pregnancy.

UNICEF and partners will work with at least seven national governments included in this Acceleration Plan to develop their capacities to collect, manage and analyse data within routine health management information systems. This will not only support countries to accurately track and measure results, but will also inform quality improvement and further scale-up within these countries and beyond.

OUR INTENDED REACH

By increasing access to and uptake of quality nutrition services for adolescent girls and women, including in humanitarian contexts, this Acceleration Plan will reach up to 16 million pregnant women over the next two years (2024–2025) with the package of essential nutrition services for the prevention of micronutrient deficiencies and anaemia.

Building on work already started in some countries, the package will be delivered to pregnant women and

adolescent girls across 16 priority countries, in both humanitarian and development contexts (see Table 1). The services outlined in this Acceleration Plan are to be delivered as part of routine antenatal care services, **with strong links to community systems**. As this Plan includes the scale-up of MMS (see Box 4), its success will be measured in part by the number of pregnant women receiving MMS over the next two years.

TABLE 1: Target numbers of pregnant adolescent girls and women to receive the package of nutrition services, including MMS, by the end of 2025

Fragile context	Target number of pregnant adolescent girls and women receiving MMS and other nutritional services, over the next two years/ by the end of 2025
Afghanistan	3,000,000
Burkina Faso	120,000
Ethiopia	1,500,000
Myanmar	420,000
Nigeria	6,000,000
Pakistan	1,750,000
Somalia	600,000
Venezuela (Bolivarian Republic of)	300,000
Development context	
Bangladesh	200,000
Madagascar	400,000
Mongolia	110,000
Nepal	100,000
Philippines	500,000
Rwanda	250,000
Sri Lanka	350,000
United Republic of Tanzania	400,000
TOTAL	16,000,000



WHAT IT WILL COST

Investments in the nutrition of adolescent girls and women have the power to shape the well-being and development of communities today and for generations to come. As one of the most cost-effective interventions, delivery of MMS as part of strengthened quality antenatal care services can make important contributions to improved pregnancy and birth outcomes.

With information from countries that have already been implementing the package of services as part of antenatal care for pregnant adolescent girls and women, we have estimated the cost of delivering this package as US\$20 per pregnant woman or adolescent girl.

The total cost to reach 16 million women across 16 countries is therefore estimated at **US\$ 320 million** over the next two years (2024–2025). At the time of publication, partners have so far pledged approximately US\$ 65 million for implementing this Acceleration Plan, therefore the balance needed to reach all 16 million women is approximately US\$ 255 million. The Child Nutrition Fund (CNF), a new financing mechanism designed to accelerate the scale-up of sustainable

policies, programmes and supplies to end child wasting will be used to assist in the mobilization of global and domestic resources to close this gap and reach more women.

Costs included in this estimate are: purchasing, logistics and transport of the supplements; training for health and nutrition staff in facilities and community-based health and nutrition workers and counselors for the effective implementation of the package of services; supportive supervision; social and behaviour change training, material development, dissemination and implementation. In contexts where deworming prophylaxis and malaria control are required, the cost per pregnant woman may be higher.

In situations of acute food insecurity, women who are underweight require balanced energy-protein supplementation. The estimated product cost per pregnant woman is between 5 to 6 USD per month per person, depending on type of product and amount provided. Additional programme and operational costs will occur. None of these costs have been included in this Acceleration Plan, as they are expected to be covered by humanitarian nutrition / food assistance programs.



OUR PARTNERS

Achieving the vision of this Acceleration Plan will require bold actions and the collective efforts of partners at all levels.

UNICEF's primary partners are national governments, who are responsible for upholding women's and children's right to nutrition, including providing sustainable access to services. To support governments in the implementation of this Acceleration Plan, it will be important to leverage other strategic partnerships, including those with United Nations agencies, donors and philanthropies, civil society and academic partners, to share responsibilities, optimize resources and maximize results.

These partnerships reflect the need for multi-systems, multi-layered solutions at global, regional and national levels. In addition, UNICEF commits to harnessing and maximizing the contributions of a range of partners towards a common, impactful global response to the current nutrition crisis among pregnant adolescent girls and women.



ENDNOTES

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Child Nutrition and Development Programme Group

2 United Nations Plaza

New York, NY 10017 USA

Email: nutrition@unicef.org

Website: www.unicef.org

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