

HEALTHY EATING AND LIVING

TECHNICAL SOLUTION AIMED AT PREVENTING MALNUTRITION THROUGH THE PROMOTION OF **CONSCIOUS, HEALTHY, EQUITABLE AND ENVIRONMENTALLY SUSTAINABLE** FOOD AND LIFESTYLE CHOICES.

FRAMEWORK FOR ACTION

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Cover photo: Detail of Roselia's hands, shelling corn. Circular Migration – Guatemala – by Simona Carnino
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The document has been elaborated following the recommendations of the [“Guide to the use of non-sexist language”](#), using inclusive language and prioritizing the use of gender-neutral vocabulary.

ACRONYMS

BC	Behaviour Change
BFHI	Baby-Friendly Hospital Initiative
CVD	Cardiovascular disease
HEL	Healthy Eating and Living
FAO	Food and Agriculture Organisation of the United Nations
GDR	Global Dietary Recommendations
GDQS	Global Diet Quality Score
GTFN	Gender-Transformative Framework for Nutrition
HDDS	Household Dietary Diversity Score
IN	Actions implemented in the Individual sphere
IYCF	Infant and Young Child Feeding
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women
NCD	Non-communicable diseases
R+D+i	Research, Development and Innovation
SDG	Sustainable Development Goals
SEM	Socio-ecological model
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SO	Actions implemented in the Social sphere
SRHR	Sexual and reproductive health and rights
ST	Actions implemented in the Structural sphere
U5	Under-five years old children
UNICEF	United Nations Children's Fund
UPFs	Ultra-processed food products
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

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How to understand this document?

The technical solution to promote **Healthy Eating and Living (HEL)** aims to contribute reducing the prevalence of malnutrition in all its forms. It focusses on designing preventative actions that promote conscious, healthy, equitable and environmentally sustainable choices related to food and other lifestyle habits, operating at individual, social (household, community) and structural (national, global) levels, and adapted to the diverse situations and contexts in which we work.

Achieving this objective will enable us to positively impact the health and wellbeing of individuals, households and populations we work with, while promoting social equality and healthy environments.

This document aims to::

- Present the overall Theory of Change (Section **"Theory of Change"**)
- Detail how to prepare for action (Section **"PHASE 1: Preparing for action"**)
- Describe what to do, when, and why (Section **"PHASE 2: Actions, results, learning"**).

For a more comprehensive understanding, it is recommended to review the **Healthy Eating and Living (HEL) - Conceptual Framework** document.



Young mother eats with her children in Moyale - Ethiopia. © Action Against Hunger



THEORY OF CHANGE

The Theory of Change includes:

- TECHNICAL ACTIONS
- R+D+I ACTIONS
- ADVOCACY AND COMMUNICATION ACTIONS

The socioecological model of healthy eating and living that we adopt in our theoretical framework recognises that individual behaviors are influenced by multiple levels of interconnected determinants, ranging from individual characteristics to social and community pressures or broader structural elements. In line with this theoretical approach, interventions to promote healthy lifestyles are addressed to:

- The people with whom we work directly in the programmes (**individual sphere**),
- Their family and/or community environment (**social sphere**)
- And the system in which they live (**structural sphere**).

At the individual sphere, the people to work directly with are identified according to three main criteria:

- **Vulnerability criteria** (risk of malnutrition during pregnancy, breastfeeding, early childhood, middle childhood, adolescence, adulthood and old age; adults at risk of socio-economic exclusion).
- **Recruitment, visibility, collaboration criteria** (employees of funding bodies, “healthy” companies, representatives from the hotel and catering sector, school catering, etc.).
- **Interest and need criteria** (employees of Action Against Hunger headquarters, delegations, country offices).

Figure 1 presents the Theory of Change of the technical solution. For more details on the intervention modalities in which the approach will be applied, see **ANNEX** material.



Young mother with teenager © Action Against Hunger

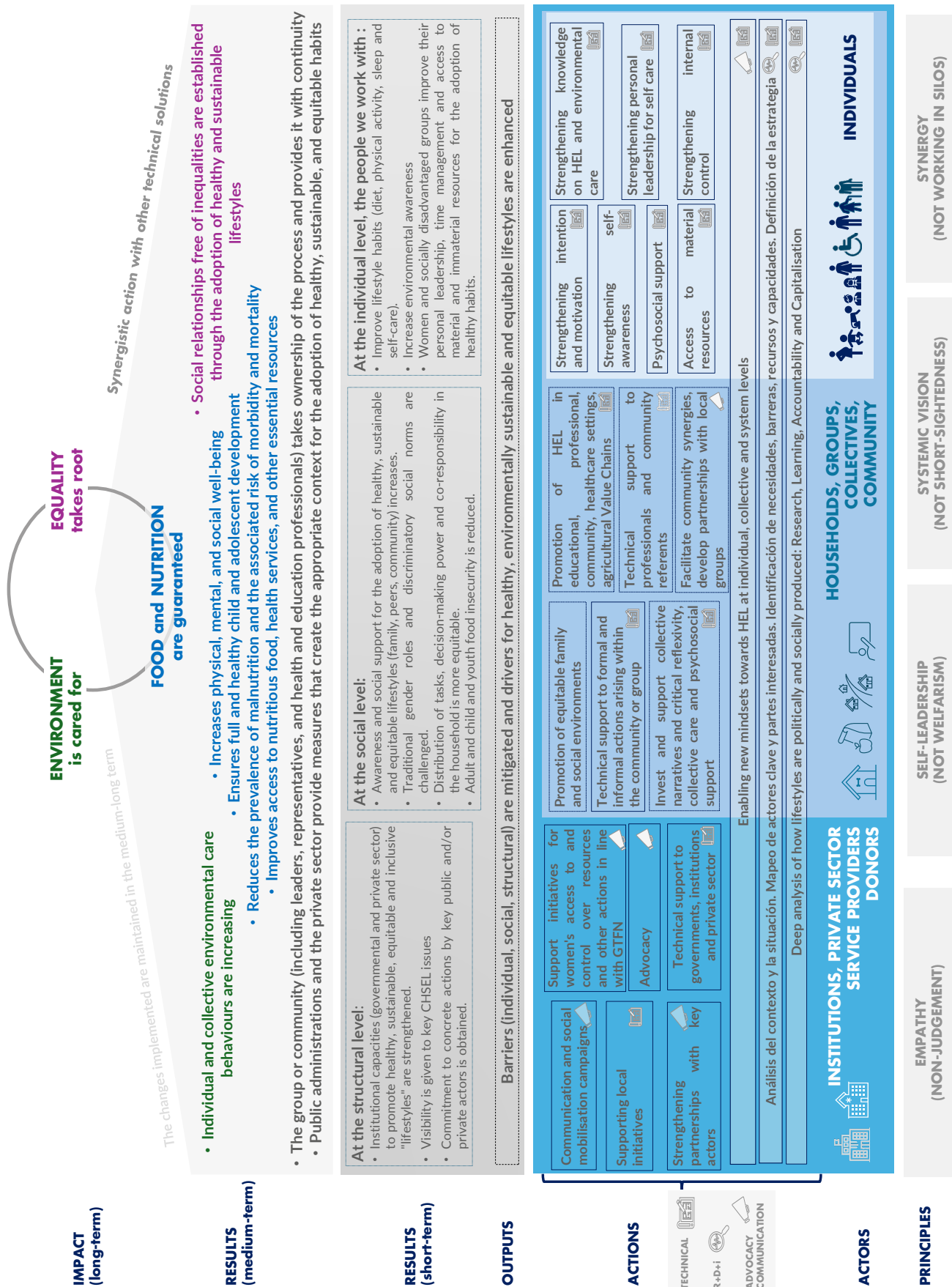


Figure 1. Theory of change of the technical solution for the promotion of healthy eating and living (HEL). Own elaboration



PHASE 1: PREPARING FOR ACTION

1.1 CONTEXT ANALYSIS AND NEEDS ASSESSMENT

ANALYSIS OF HOW LIFESTYLES ARE POLITICALLY AND SOCIALLY CONSTRUCTED THROUGH PROCESSES OF RESEARCH, LEARNING, ACCOUNTABILITY AND CAPITALIZATION

In this preparatory phase, we must examine how current ways of living are shaped by drivers beyond individual “choices”, such as economic inequality, extractivist food systems, gender norms, and structural violence, and other systemic drivers.

Research aimed at generating qualitative and quantitative data on the impact, effectiveness and cost-effectiveness of programmes is also included.

Appropriate metrics are defined to evaluate eating and living habits, their main drivers, and the intervention outcomes.

Valuable learnings are generated to inspire work with other groups interested in implementing healthy habits promotion and learning from similar experiences.

Successful experiences are capitalised, documented and integrated into the organizational culture and disseminated externally.

CONTEXT AND SITUATIONAL ANALYSIS. NEEDS ASSESSMENT. BARRIERS IDENTIFICATION. RESOURCES AND CAPACITIES

Preparatory research should aim to review the context in which the intervention is proposed, through initial literature review, surveys, focus groups and interviews, to collect information on the context in which we work.

These preliminary qualitative and quantitative assessments enable to review current policies and strategies in each specific context. They help identify the group or community needs, the unhealthy habits to address as well as the barriers, resources and capacities. This process includes mapping the key stakeholders to consider, exploring community-based practices (e.g., agroecological movements, mutual aid, feminist economies) that challenge dominant norms and create alternative life models. This enables to develop potential partnerships with local groups committed to these



BOX 1 - HOW TO MEASURE THE HEALTHFULNESS OF A DIET?

In 2021, the Healthy Diets Monitoring Initiative (HDMI) identified four metrics to be considered for global dietary surveillance and monitoring that would provide information on the healthfulness of diets in relation to all forms of malnutrition(4) :

- Overall diet quality scores (e.g. GDQS index);
- Global Dietary Guidelines Compliance scores (e.g. GDR index);
- Minimum dietary diversity scores (e.g. MDD/MDD-W, HDDS scores);
- Ultra-processed foods consumption scores (e.g. Nova-UPF score)

When the objective is not a cross-country comparison, it may be appropriate to incorporate additional metrics to the four mentioned above for national monitoring. In parallel, a few initiatives are being developed to understand which food choices simultaneously promote human health and environmental sustainability. While essential, this task is very complex and a crucial first step is to develop and validate dietary sustainability indices. Such indices will allow the accumulation of robust scientific evidence that clearly associates the adoption of sustainable diets with a statistically significant reduction in the risk of morbidity and mortality, thus establishing a direct link between sustainability and healthy diets.

issues, and supports the participatory approach and strategy for action. At the individual level, this includes assessing the socio-economic situation and possible material deprivation that may hinder the adoption of healthy habits (e.g. lack of cooking materials), alongside the other personal factors influencing living habits. It also includes analysing the gender relations that influence child and adult dietary choices as well as other personal and family lifestyle habits alongside the structural and social causes of inequalities. At the structural level, the diagnosis will focus on the identification of gaps, unmet training needs, and technical assistance necessary for the promotion of healthy lifestyles. This work provides valuable information on each local context, this way supporting decision making and political advocacy.

Whenever possible, the Intersectoral Community Approach will be applied to identify needs, barriers, resources, and capacities. However, this is neither a necessary nor a limiting premise, as the technical solution also includes the implementation of group programs, which are not necessarily community-based.

WHAT DEFINES A HEALTHY HABIT?¹

Healthy diet, sustainable diet. A healthy diet promotes the development, growth, maintenance and overall functioning of the individual while preventing malnutrition and its consequences. It involves the selection, preparation and consumption of adequate, safe and diversified foods that are rich in all the nutrients required by the body. The exact composition of a healthy diet differs based on factors like age, gender, physiological state, lifestyle and physical activity levels, socio-cultural context, availability and affordability of local foods and dietary habits (**Table 1**). Healthy eating behaviour can be defined by following the general WHO recommendations (**BOX 1**) (3).

Active living and healthy sleep. Similarly, the WHO has been defining guidelines and public health recommendations for other lifestyle habits, such as physical activity² (**BOX 2**), and healthy sleep (**BOX 3**) (6,7).

¹According to the WHO, a healthy "lifestyle" is a way of living that reduces the risk of becoming seriously ill or dying prematurely, that increases opportunities to enjoy more aspects of life through the cultivation of physical, mental and social well-being in addition to physical health, and that provides a positive role model for others, especially children, by creating environments conducive to their current and future health (1). This definition emphasizes that healthy habits refer not only to individual behaviours, but are also influenced by a person's environment and social context. The WHO recommends several key habits for maintaining a healthy life. These include eating an adequate, balanced, diverse and moderate diet (2), maintaining a healthy weight, engaging in regular physical activity, ensuring regular and quality sleep, and managing stress for better physical and mental health. Unhealthy habits include smoking and alcohol consumption, which, however, will not be the focus of this technical solution.

²Physical activity is defined as any bodily movement produced by the locomotor system with energy expenditure. Physical activity can be performed in many different ways: at work, at home, walking, cycling, sports and active recreation. Regular physical activity in any form, of sufficient duration and intensity, has been shown to help prevent and treat overweight and obesity, NCDs such as heart disease, stroke, diabetes and several types of cancer, and can improve mental health, quality of life and well-being. Globally, 1 in 4 adults and 3 in 4 adolescents (aged 11-17 years) are currently not following the global physical activity recommendations set by WHO. In particular, as countries' economic development increases, sedentary lifestyles are on the rise, due to changes in transport patterns, increased use of technology and urbanisation. Physical activity levels are also influenced by cultural values. In most countries, girls, women, older people, disadvantaged groups, and people with disabilities or chronic diseases have fewer opportunities to access safe, affordable and appropriate programmes and venues for physical activity.



Table 1. WHO Guidelines on Healthy diet by age ranges and special physiological conditions. IYCF indicators about breastfeeding and complementary feeding are shown in parentheses³.

Healthy diet by age range (WHO)	
Infants (< 6 months)	Early initiation of breastfeeding ^a (IYCF2). Exclusive breastfeeding for the first 6 months of life (IYCF4).
Infants and Toddlers (6 m - 23 m)	- Continued breastfeeding (IYCF6) until at least 2 years of age and beyond. - Introduce safe, diverse, and nutrient-dense complementary foods from six months alongside continued breastfeeding, with no added sugar or salt - Introduction of solid, semisolid or soft foods 6–8 months (IYCF7) - Minimum dietary diversity (IYCF8)* - Minimum meal frequency (IYCF9)** - Minimum milk feeding frequency for non-breastfed children (IYCF10) - Minimum acceptable diet (IYCF11)" - Egg and/or flesh food consumption (IYCF12)'
Children and Adolescent	- Include all food groups and prioritize nutrient-dense foods: fruits, vegetables, lean proteins, whole grains, healthy fats. - Whole grains: make at least half of the grain servings whole grains to provide fiber. - Healthy fats: limit saturated fat intake and focus on polyunsaturated and monounsaturated fats from sources like fish, nuts, and vegetable oils. - Limit unhealthy foods: reduce consumption of high-energy-density/nutrient-poor / highly processed foods (soft drinks, sweets, salty snacks, processed meals, etc.) - Hydrate with water at will (at least one liter of unflavored water and liquids from meals such as broths and soups) - Choose simple cooking methods - Adapt portions according to age - Adjust potassium and salt intake downward for children and adolescents, based on the energy requirements of children relative to those of adults
Adults	Diet based on fruit, vegetables, legumes, nuts and whole grains - Consume at least 400 g (i.e. five portions) of fruit and vegetables per day, possibly locally sourced and seasonal, excluding potatoes, sweet potatoes, cassava and other starchy roots. - Limit consumption of free sugars# to less than 10% (or better 5%) of energy intake(about 12 level teaspoons) for a person of healthy body weight - Consume about 2000 calories per day, but ideally less than 5% of total energy intake for additional health benefits - Keep total fat intake below 30% of total energy intake by limiting animal fat (shifting consumption from saturated to unsaturated fats~) and eliminating industrial trans fats; keep the intake of saturated fats below 10% of total energy intake and trans-fats to less than 1% of total energy intake. In particular, industrially-produced trans-fats are not part of a healthy diet and should be avoided . - Keep salt intake to less than 5 g per day (equivalent to about one teaspoon). Salt should be iodized.

^aSources: WHO factsheet for a healthy diet among adults (<https://www.who.int/news-room/fact-sheets/detail/healthy-diet>); WHO Adolescent and Young Adult Health (AYH), Global Accelerated Action for the Health of Adolescents (AA-HA!) (<https://www.who.int/publications/i/item/9789240081765>); WHO and UNICEF Indicators for assessing infant and young child feeding practices: definitions and measurement methods, 2021 (<https://www.who.int/publications/i/item/9789240018389>); WHO Supplemental nutrition with dietary advice for older people affected by undernutrition (<https://www.who.int/tools/elena/interventions/nutrition-older-people>); WHO Healthy Eating during Pregnancy and Breastfeeding (<https://iris.who.int/bitstream/handle/10665/108425/E73182.pdf?sequence=1>)

Elderly	WHO issues general health recommendations for older adults emphasize a diet rich in fruits, vegetables, whole grains, and lean proteins to maintain muscle mass and prevent disease, but without specific dietary guidelines. Key nutrients to focus on include fiber, vitamin B12, vitamin D, and calcium. It's also crucial to stay hydrated, limit added sugars, saturated fats, and sodium, and adjust intake based on individual factors like health conditions and activity levels.
Pregnant and lactating women	General Principles - An extra 200–300 kcal per day is needed from the third month of pregnancy (no need to “eat for two”) - Base diet primarily on plant-based foods to cover special need of essential nutrients such as folic acid, iron, calcium, vitamin D, - Stay hydrated preferring water at will, milk, and unsweetened juices - Avoid harmful substances such as alcohol, tobacco, excessive caffeine, not prescribed medication - Avoid dieting during pregnancy - Expect 10–12.5 kg weight gain during pregnancy

^Starting within the first hour of birth. *Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day (MDD). †Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day (MMF). · Percentage of non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day (MMFF). †Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day (MAD). †Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day (EFF).# Free sugars are all sugars added to foods or drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. ~Unsaturated fats (found in fish, avocado and nuts, and in sunflower, soybean, canola and olive oils) are preferable to saturated fats (found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) and trans-fats of all kinds, including both industrially-produced trans-fats (found in baked and fried foods, and pre-packaged snacks and foods, such as frozen pizza, pies, cookies, biscuits, wafers, and cooking oils and spreads) and ruminant trans-fats (found in meat and dairy foods from ruminant animals, such as cows, sheep, goats and camels).

Self-care and emotional regulation. There are different scales that have been developed to measure the level of self-care at individual level (9,10). The metrics usually measure different dimensions of self-care (physical, emotional, spiritual etc.). However, they are all based on measuring self-care through specific behaviours and do not allow to delve into the barriers or facilitators to that behaviour. To gain a deeper understanding it would be necessary to complement this approach with another analysis that allows to reach this level of understanding.

WHAT DETERMINANTS DO WE NEED TO ADDRESS?

To promote healthy habits, it is necessary to understand the factors that drive and hinder them in specific situations. The socio-ecological model is one of the most comprehensive behaviour theories, particularly effective to understand how people interact

with their environments. It is especially useful for analysing behaviours with complex etiology that must be maintained over time, such as physical activity, eating and dietary habits, sleep routines, substance use. The key concept of this approach is that behaviour is multifaceted and that social and environmental issues are important contributing factors (12). **Figure 2** aims to visually summarize the ecosystem in which people live identifying three interrelated spheres. Each sphere shows the main determinants that affect people's eating behaviours, from the most structural factors, through the pressure exerted by the social system (home, school environment, work environment, community, etc.), to the most personal factors that affect their diets. The relevance of each determinant in final decisions and personal eating habits may vary from context and situation. For more details on each specific determinant, see the **Healthy Eating and Living (HEL) - Conceptual Framework** document).

BOX 2- HOW MUCH PHYSICAL ACTIVITY IS ADEQUATE FOR HEALTH?

The guidelines on physical activity and sedentary behaviours published by WHO in 2020, provide an evidence-based consensus on the type and level of physical activity considered beneficial to health throughout the life course, including individuals with chronic diseases and disabilities. Measures to increase activity levels not only contribute to the achievement of the 2030 Sustainable Development Goals (in particular SDG 3), but also contribute to the achievement of many other targets.



Excessive sedentary lifestyles can be unhealthy and increase the risk of obesity, undermine physical and cardiometabolic health and affect sleep duration. Limiting sedentary time and replacing it with physical activity of any intensity provides health benefits, and more moderate- or high-intensity physical activity can help reduce the harmful effects of prolonged sedentary behaviour.

All individuals can benefit from increasing physical activity and reducing sedentary lifestyles. These recommendations are relevant to all people, regardless of gender, race, ethnicity, income level or ability.

Every movement counts, as any level of physical activity is better than none, and more activity is even better. Even low levels of activity can have benefits, and therefore everyone should be encouraged to increase regular physical activity.

All physical activity counts and can be performed in various ways that contribute to health benefits across multiple settings. For example, walking and cycling can be used as a means of transportation and sport, as active leisure and recreation or be integrated in the context of everyday household chores.

Sources: Promoting physical activity through schools: a toolkit Geneva: World Health Organization; 2022. WHO guidelines on physical activity and sedentary behaviour, 2020.

BOX 3 - HOW MUCH SLEEP IS NECESSARY FOR HEALTH?

Good quality sleep is essential for good health and well-being. The WHO guidelines on healthy sleep for specific age groups and physiological conditions provide an evidence-based consensus on the type and duration of sleep and rest needed by each age group and condition. The WHO emphasises the importance of sleep for overall health and well-being, and their recommendations are aligned with general sleep hygiene practices. These practices focus on establishing a consistent sleep schedule, optimising the sleep environment, and managing factors that can interfere with sleep, such as caffeine, alcohol, and screen time.

WHO Guidelines for Specific Age Groups:

Sleep and rest	
< 1 year	14 to 17 hours (0 to 3 months of age) or 12 to 16 hours (4 to 11 months of age) of good quality sleep for every 24 hours, including naps.
1 to 2 years	11-14 hours of good quality sleep per 24 hours, including naps, with regular bedtime and wake-up times.
3 to 4 years	10-13 hours of good quality sleep per 24 hours, which may include a nap, with regular times for falling asleep and waking up.
5 to 17 years	From 5 to 12 years: 9 to 12 hours of good quality sleep per 24 hours. From 13 to 17 years: 8 to 10 hours of good quality sleep per 24 hours.
18 to 64 years	At least 7 hours of good quality sleep per 24 hours.
65 and over	The same recommendations apply as for adults, but they may need more sleep, spaced throughout the day.
Pregnant and lactating women	The same recommendations apply as for adults, but they may need more sleep, spaced throughout the day.

Key recommendations and considerations for healthy sleep for adult population:

- **Adequate sleep duration:** Most adults need 7-9 hours of sleep per night. Newborns and young children need significantly more sleep, with the amount decreasing with age.
- **Consistent sleep schedule:** Going to bed and waking up at the same time each day, even on weekends, helps regulate the body's natural sleep-wake cycle.
- **Optimised sleep environment:** Create a dark, quiet, and cool bedroom. Consider using blackout curtains, earplugs, or a white noise machine to minimize distractions.
- **Limit stimulants:** Avoid caffeine and nicotine, especially in the hours leading up to bedtime.
- **Avoid alcohol and large meals before bed:** These can disrupt sleep patterns and prevent deep and restorative sleep.
- **Manage screen time:** Reduce exposure to electronic devices before bed, as the blue light emitted from screens can interfere with melatonin production, making it harder to fall asleep.
- **Daytime exercise:** Engage in regular physical activity, but avoid strenuous workouts close to bedtime.
- **Relaxation techniques:** Develop a relaxing bedtime routine to signal to your body that it's time to sleep. This could include taking a warm bath, reading a book, or practicing gentle stretching.
- **Address sleep problems:** Consult with a healthcare professional for advice and potential treatment options in case of persistent sleep difficulties, such as insomnia.

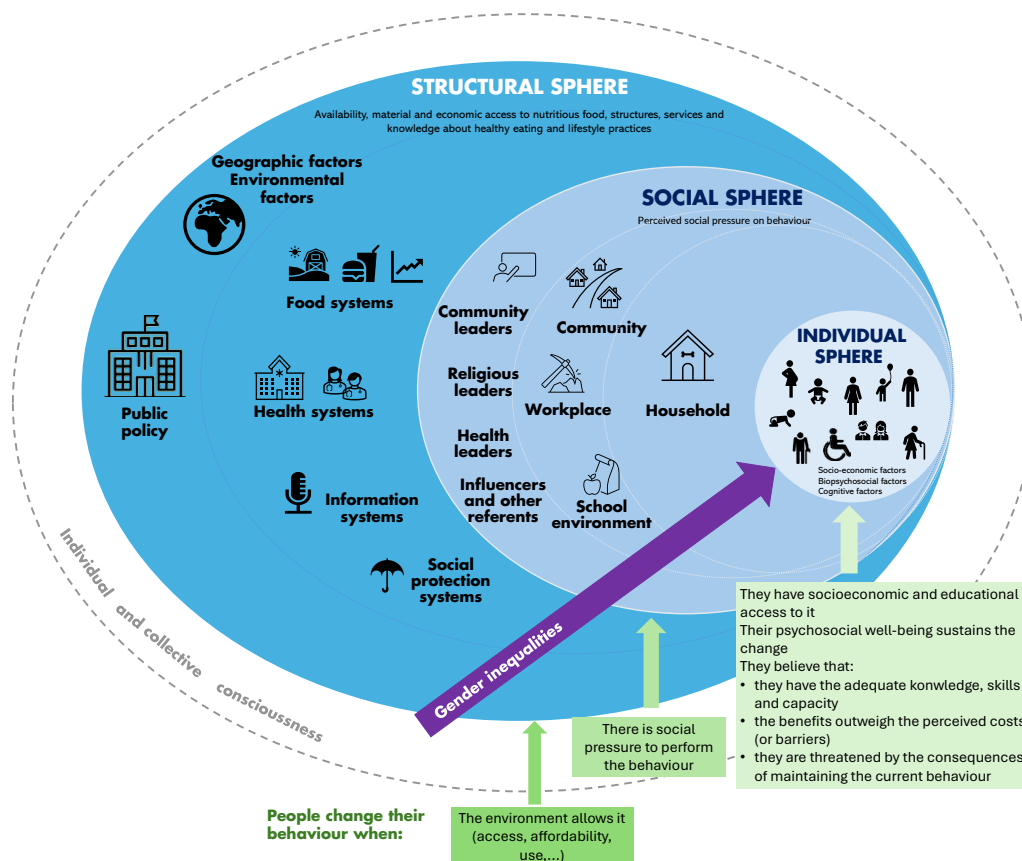


Figure 2. Structural, social and individual determinants that can have a significant impact on eating and living habits of the most vulnerable groups, according to the socio-ecological model.

1.2 DESIGN AND STRATEGY DEFINITION

This final action of the preparatory phase aims to set SMART goals for the intervention, design the overall approach and define the strategy. It also involves building a detailed implementation and monitoring plan for delivering and managing the strategy, structuring the intervention contents based on the analysis of the set objectives and develop a sustainability study.



PHASE 2: ACTIONS, OUTCOMES, LEARNINGS

2.1 ACTIONS AT THE STRUCTURAL SPHERE

It is the responsibility of governments to promote the economic and fiscal support for the consumption of local and healthy foods and promote awareness campaigns to encourage healthy eating. However, it is essential to combine our work with the actions of local authorities (**Table 2**).

Table 2. HEL promotion actions targeting the structural sphere.

WHAT WE ARE AIMING FOR (OBJECTIVE)	WHAT WE WILL DO (ACTIONS)
Strengthen multi-sectoral alliances with key actors in promoting HEL	ST1. Participation in discussions of governments, service providers and duty bearers ST2. Strengthen multi-sectoral partnerships, fostering dialogue and engagement between actors with different capacities and roles in societies (governments and diplomatic representatives, other NGOs, academic institutions and research centres, multilateral agencies, and other institutions). ST3. Enabling new mindsets that facilitate the adoption of HEL by creating safe multi-stakeholder spaces, practices and conditions around HEL
Providing technical support to governments, institutions and the private sector	ST4. Participation in policy and regulatory updating processes related to technical solutions. ST5. Technical assistance, assessments, training and resources to contribute to: • Defining the healthy basic food basket and its price. • Improve nutrition counselling and healthy lifestyles for children with malnutrition (undernutrition, nutrient deficiencies, overweight and obesity) in healthcare. • Implementing healthy school policies and include HEL in school curricula and teacher training programmes; Developing standards and guidelines for meals and foods provided; Designing education programmes on healthy lifestyles. • Supporting the design of HEL-friendly food and environmental policies. • Development and adaptation of tools to identify and restrict the market for unhealthy foods, including UPF and unhealthy complementary foods. • Improve nutrition labelling. • Identify food categories widely consumed by children. • Establish well-defined reformulation targets and mandatory limits on unhealthy ingredient content (e.g. added sugars) for commercially produced complementary foods.



Advocacy	We are particularly focused on advocating at the local level for: ST6. Stricter regulation of food and beverage advertising ST7. The formulation of HEL-friendly policies, the design of programmes aligned with these policies, and the mobilisation of resources to fund these programmes. ST8. Reformulation of the foods consumed by children by setting stricter targets. ST9. Implementing the International Code of Marketing of Breastmilk Substitutes. ST10. Reducing food waste by setting stricter targets. ST11. Promoting tax incentives for the production and distribution of local and sustainable food. ST12. Universal health coverage and access to structures, services and knowledge on healthy eating practices and lifestyles ST13. Implementation of the BFHI 10 steps to successful breastfeeding in health structures. ST14. Women's social protection and inclusion policies (recognition of unpaid domestic work, child support, etc.) ST15. The elaboration and implementation of multi-sectoral national strategic plans for the promotion of healthy lifestyles, better nutrition and health, and more sustainable socio-economic development. ST16. Involving local communities and civil society in decision-making, ensuring an inclusive and participatory approach to localization and accountability. ST17. Integrate the HEL perspective into national food and health emergency response plans by clusters, ministries of health and food security.
Supporting local initiatives	ST18. Support local social and solidarity economic initiatives related to eating and healthy lifestyles, both directly (small producers and shops) and indirectly (distribution of vouchers for local markets and shops etc.), whenever possible. ST19. Support initiatives that favour women's access to and control over material and immaterial resources, whenever possible.
Support initiatives in line with the GTFN	ST20. Support initiatives for women's access to and control over resources and other actions in line with the Gender-Transformative Framework for Nutrition (GTFN)
Communicate and encourage social mobilisation	Communicate and encourage social mobilisation ST21. Agreements with the media to carry out actions ("cafés", interviews, press releases, etc.). ST22. Internal and external campaigns to promote healthy lifestyles.

Several resources are currently available to draw lessons learned from other organisations and initiatives:

[Here](#) the guidance provided by UNICEF on how to avoid conflicts of interest with the food and beverage industry.

[Here](#) the food and beverage marketing standards currently applied in different countries.

[Here](#) useful information and experiences on environmental food policies, case studies of countries that have successfully implemented sugar taxes or harmful marketing regulations, and information on nutrition labelling regulation in different countries, among others.

[Here](#) a UNICEF and WHO toolkit on taking action that aims to guide governments and their partners to introduce appropriate legal measures

to restrict the marketing of food to children, and thus protect children from the harmful effects of unhealthy food marketing.

[Here](#) UNICEF's guidelines on nutrition in middle childhood and adolescence, which aim to provide guidance, education and programme examples on promoting healthy eating in schools,

thereby improving child nutrition and reducing malnutrition. It is also worth noting that the [School Meals Coalition](#) is working with UNICEF, WFP, FAO, and WHO to improve curriculum standards and nutrition education.

[Here is](#) the Food Activist Campaign Toolkit from The Food Foundation.



72-year-old Clare farmer enrolled in Action Against Hunger's black-eyed pea (cowpea) project, Senanga District – Zambia © Action Against Hunger

2.2 ACTIONS AT THE SOCIAL SPHERE

Actions aimed at household members, community leaders as well as schools and work environments (**Table 3**).

Table 3. HEL promotion actions targeting the social sphere.

WHAT WE AIM FOR (OBJECTIVE)	WHAT WE WILL DO (ACTIONS)
Facilitate community networks on the promotion of HEL and ensure continuity of actions	SO1. Mapping relevant local actors for the promotion of HEL. This includes also mapping and supporting community cooperatives for sustainable food consumption and production. SO2. Identification of common interests with relevant community leaders. SO3. Multi-stakeholder dialogue through roundtables to mobilise the influence of local actors in supporting key HEL practices in their communities. SO4. Strengthening support and solidarity networks for coordinated action in support of breastfeeding (alleviate women's potential work burden, recognising the triad that comes into play - mother, baby, environment - and the mother's needs) and HEL (strengthening linkages between health providers and marginalised communities) SO5. Mapping and active referral to existing food assistance (cash transfers, vouchers, or food) and economic graduation targeted at vulnerable households, especially those in extreme poverty, with the goal of helping them emerge from poverty sustainably, both through Action Against Hunger and other entities.
Technical support and training on HEL to professionals and community leaders	SO6. Design and implementation of training programmes on HEL for health professionals, community leaders and the different actors at public and private educational centres (adapted to different age groups), as well as professionals in the food and catering sector, etc., to facilitate ownership of the approach. Trainings of peer promoters (youth, mother leaders, change agents) in HEL are also included. Programmes will include awareness raising activities, peer reflection dynamics, experiential sessions and practical tools. SO7. Ongoing technical assistance through regular follow-up meetings.
Invest and support collective narratives and critical reflexivity on HEL, collective care and psychosocial support	SO8. Implement shared spaces to enable collective narratives practices, critical reflection on HEL, collective care and psychosocial support practices, within the community and/or groups of influence, especially with youth and women. These practices such as participatory workshops with dialogical methods, storytelling groups, peer support, circles of care and solidarity networks can help participants to make sense of their experience, process structural injustice, reclaim agency, co-create new imaginaries and are powerful catalysts to shift deeply rooted habits. These approaches promote sustainable behavior change and foster social cohesion.

Promotion of HEL in educational, work, community health/primary care settings and in agricultural Value Chains	Promoción de la AVS en entornos educativos, laborales, de salud comunitaria/atención primaria y en cadenas de valor agrícolas SO9. Technical assistance to formal and informal actions emerging from the community or groups. SO10. Implementation of HEL promotion programmes at work, education and community health/primary care settings. SO11. Integrate HEL into youth leadership and green jobs programmes, by designing and implementing digital nutritional education tools and programmes through gamification, social media, apps, etc. SO12. Use of testimonies of similar experiences within the group or community (participants in unemployment programs, schools, breastfeeding mothers, fathers etc.) to inspire and motivate transformation.
Facilitating gender equitable family environments in accessing healthy lifestyles	SO13. Creation of collective spaces for reflection and peer support that encourage the questioning of discriminatory beliefs and socio-cultural norms that hinder the adoption of HEL among vulnerable groups, while promoting shared responsibility of care. Involve participants' family members in a gender and family diversity inclusive way. SO14. Active referral to existing spaces and programmes for the promotion of dialogue at home (women's groups, men's groups, schools for husbands, IYCF, etc.), provided by Action Against Hunger by other entities.



2.3 ACTIONS AT THE INDIVIDUAL SPHERE

Table 4. HEL promotion actions targeting the individual sphere.

WHAT WE PUR-SUE (OBJECTIVE)	WHAT WE WILL DO (ACTIONS)
Mitigate socio-economic vulnerability and its impact on access to healthy lifestyles	IN1. Implementation of information and guidance points (fixed or mobile) on food and sustainable livelihoods in vulnerable areas, managed by trained staff and supported by local actors. These spaces should provide: • Active referral to existing food assistance programmes (cash transfers, vouchers or food), both from Action Against Hunger and other entities. • Active referral to existing economic graduation programmes and other socio-economic inclusion initiatives aimed at promoting employment, local entrepreneurship and vocational training, access to micro-credits, from Action Against Hunger and other entities. • Mapping and connection with other local opportunities, such as community gardens, local markets, consumer cooperatives, barter networks or agro-ecological initiatives. IN2. Group and personalised advice on food budgeting and planning nutritious menus in resource-limited contexts. IN3. Practical workshops on production and care skills (e.g. food processing and preservation, urban agriculture, basic financial management), adapted to the cultural context and educational level of the target population. IN4. Distribution of safe cooking kits, basic utensils, and rapid HEL emergency messages.
Improve psycho-social well-being towards the promotion of healthy lifestyles	Implementation of safe spaces for reflection, learning and mutual support, facilitated by staff trained in psychosocial support. These spaces promote practices of mutual support and care, self-care, emotional management and promotion of healthy habits with a perspective of individual and collective empowerment. The spaces may include: IN5. Participatory sessions on the relationship between health and biopsychosocial well-being, and the motivation to maintain healthy lifestyle habits. IN6. Dynamics of mutual support and active listening, which strengthen self-esteem, confidence and a sense of community. IN7. Training in simple relaxation techniques, conscious breathing, mindfulness and stress management adapted to the context. This includes providing self-care tools. IN8. Practical tools to identify signs of distress, seek help, and support an environment that promotes mental health at home and in the community. IN9. Identification of community leaders and support networks, facilitators and psychosocial resources that each participant observes in their immediate social context. IN10. Mapping and connecting with other local support opportunities previously unidentified.



WHAT WE PURSUE (OBJECTIVE)	WHAT WE WILL DO (ACTIONS)
Strengthening knowledge about healthy and sustainable lifestyles and hindering/promoting factors	IN11. Implementation of informative workshops and reflection spaces on the following topics: • Key aspects that define healthy and sustainable habits at environmental level. This section includes an analysis of local food practices and lifestyles, with the aim of promoting positive change rooted on tradition. • Consequences of adopting “good” or “bad” lifestyles. • Factors that lead to unhealthy habits (internal and external), including personal attitudes and beliefs; the perception of social norms or of others’ behavior and the tendency to conform with peer groups; perceived environmental rewards or social disapproval; the link between eating and emotional response such as anxiety peaks; the identification and effect of distracting elements, moments of “uncontrolled” eating driven by need-emotion detection; the positive intentions underpinning behaviour (gains, immediate rewards); the influence of culture on habits; the influence of the current dominant food system on food choices • Food local practices, and incorporating them into the analysis to build on positive change. • Personalized advice on healthy and sustainable eating and living adapted to context, resources and personal preferences.
Mitigate gender inequalities in access to healthy habits	IN12. Implementation of personal leadership promotion sessions focused on people with poor decision power to discuss their own lifestyle choices. Sessions may include: • Reflection work on the importance of personal and self-care, knowledge and the ability to question social norms. • Practical tools to identify social and gender norms that act as barriers to self-care, mitigating the impact of others’ disapproval (barriers) and training in conscious and healthy decision making.
Strengthening internal control (interoception, self-regulation)	IN13. Consciousness practices focused on connection with breathing, recognition of the internal state of the body (interoception), sensorial, attention to food and body through movement, adapted to adults and children. IN14. Sessions on coping strategies to detect and manage peaks of emotional eating and how to manage setbacks, as well as providing tools to mitigate distracting elements.
Reinforcing interest, intention, motivation and self-perception of skills.	Inclusion of specific activities during participatory workshops which may include: IN15. Awareness-raising sessions focused on understanding the conscious and unconscious factors that influence adherence to healthy lifestyles, including personal identity and self-narratives (“I am inconsistent...”), the sense of self-efficacy and confidence in one’s ability to maintain a habit consistently, recover after a possible “failures” .and other cognitive aspects associated with motivation. IN16. Personalised action planning to improve target life habits, including the definition of small achievable goals, identifying and addressing factors that perpetuate the gap between intention and action, and the identification of internally rewarding actions. This process also includes linking rewards and pleasurable experiences such as internal rewards and environmental rewards to achieve these goals, thereby motivate change and generate motivational strategies adapted to involve minimise effort.

2.4 ACTIONS ACCORDING TO APPLICABILITY TO EMERGENCY AND DEVELOPMENT SETTINGS

Table 5. HEL actions by applicability in emergency and development settings, ordered from highest to lowest immediate priority.

	Emergency actions	Actions in development
STRUCTURAL	Implement the International Code of Marketing of Breast-milk Substitutes and the 10 IHAN steps in health (ST9, ST13)	National nutrition and healthy lifestyle strategies (ST15)
	Social protection policies for vulnerable women and families (ST14)	Strengthen multisectoral alliances and forums for consultation (ST2, ST3)
	Counseling and protocols for the treatment of malnutrition and micronutrient deficiencies (ST5)	Public policies on basic food baskets, labeling, reformulation, and food waste (ST4–ST8, ST10)
	Participation in discussions with governments and humanitarian actors (ST1)	Community inclusion and participation in decision-making (ST16)
	Integrate the HEL perspective into national food and health emergency response plans (clusters, ministries of health, food security) (ST17)	Local social and solidarity economy initiatives with a gender perspective (ST18–ST20)
		Medium- to long-term campaigns and social mobilization (ST21–ST22)
		Advocate for tax incentives for the production and distribution of local and sustainable food (ST11)
SOCIAL	Community breastfeeding support networks (SO4).	SO1–SO5 actions
	Active referrals to food assistance, transfers, and vouchers (SO5).	Training in HEL for professionals, community leaders, and the education sector (SO6–SO7)
	Mobilization of community leaders in key practices (SO1–SO3)	Promoting HEL in educational, work, community health/primary care, and agricultural value chains (SO9–SO11)
		Equitable family spaces with a gender perspective (SO12–SO13)
		Spaces for collective narratives and social cohesion (SO8)
		Integrating HEL into youth leadership and green employment programs (SO11)

INDIVIDUAL	Immediate referral to food assistance and economic graduation programs (IN1)	IN1-IN2 Actions
	Information and guidance points in vulnerable areas (IN1)	Practical workshops on productive skills and financial management (IN3).
	Psychosocial support spaces, self-care, and stress management (IN5-IN10)	Reflection workshops on sustainable lifestyles and risk factors (IN11).
	Practical advice on food budgeting and planning nutritious menus in limited resources (IN2)	Sessions on personal leadership and gender equity in lifestyle habits (IN12).
	Distribution of safe cooking kits, basic utensils, and quick HEL messages in emergencies (IN4)	Interception, self-regulation, and motivation practices (IN13-IN16)
		Training of peer promoters (youth, mother leaders, change agents) in HEL (SO6)



Food distribution in South Lebanon as an emergency response. © Action Against Hunger

2.5 IMPLEMENT, MONITOR, EVALUATE AND LEARN

EXPECTED RESULTS AND MONITORING AND EVALUATION TOOLS

As described in the Theory of Change (**Figure 1**), by implementing individual and collective experiences and practices that support HEL across households, school and work environments, communities and institutions, it is expected to activate facilitating factors and reduce barriers to the adoption of healthy, environmentally sustainable and equitable “lifestyles”. **Table 6** summarises the main results expected in the short, medium and long term, as well as examples of possible outcome indicators and sources of verification, to guide adaptation based on the situation, context and programme implementation. Output indicators are not included as their definition will depend strictly on the type of programming.

In brief, identifying and prioritising the determinants of sub-optimal diet and unhealthy lifestyle habits, considering the context and applying social and behavioural change approaches, is key to enhance the effectiveness of our interventions. At the same time, integrating dimensions such as individual awareness, a sense

of interconnectedness with others, nature, and environmental sustainability, allows to broaden the scope of impact.

Focussing on reducing gender and social inequalities in access to healthy lifestyles, at all levels (individual, social and structural), not only improves the effectiveness of our interventions, but also positions Action Against Hunger as an actor capable to drive profound transformations.

Thus, a positive process is activated in which people strengthen their identity, develop self-care practices and adopt a more conscious commitment to their environment. This balance between personal well-being, social responsibility and environmental sustainability provides a solid base for lasting change.

These improvements not only promote adequate nutrition, health and full development of individuals and communities we work with, but also lay the foundation for a fairer world, where environmental care and equality are part of daily life. They are concrete steps towards a more conscious, supportive and sustainable future.



Table 6. Summary table of expected results, useful metrics and sources of verification to evaluate the impact of actions to promote Conscious, Healthy and Sustainable Eating and Living (HEL).

Sphere	Term	Results (Outcomes)	Examples of Outcome Indicators	Sources of verification
Individual	Short to medium	In the people we work with: - Identified barriers to the adoption of healthy, equitable and sustainable lifestyles are attenuated - Objective lifestyle habits (diet, physical activity, sleep, self-care and emotional management) are improved - Environmental awareness increases - Improvements are especially observed in women and/or socially disadvantaged groups identified at the beginning of the program	% of participants who report the attenuation of one or more key barriers to the adoption of the target lifestyle after the programme and that the attenuation is clearly linked to this (disaggregated data by gender and age range)* % of participants who report sustained improvements in at least one target lifestyle habit following the HEL promotion programme, and that the improvement is clearly linked to it (data disaggregated by sex and age range) % of participants who report improvements in personal leadership towards adopting healthy lifestyles following the HEL programme, and that the improvement is clearly linked to this (disaggregated data by age range)	Socio-economic surveys KAP survey RANAS surveys Metrics on the healthiness of: - Diet : scales of 1) overall diet quality; 2) compliance with global dietary recommendations; 3) minimum dietary diversity in individuals and/or households; 4) consumption of UPFs. Diet sustainability metrics. -Physical activity (RAPA or reduced version) -Sleep and rest quality indexes - Self-care and emotional management scales
		- Participants are satisfied with the HEL activities and approach	Average level of satisfaction of participants (disaggregated data by gender and age range)	Satisfaction surveys
	Medium to long	- Vulnerable children and young people have higher physical, mental and social wellbeing	Composite index of child and youth wellbeing (dimensions: health, perceived wellbeing, participation, agency)	Child and Youth Well-being Survey Child Food Poverty Index
Social-community	Short to medium	- Increased access to material and/or non-material resources, especially in socially disadvantaged groups - Increased social support for the adoption of healthy, sustainable and equitable habits (family, peers, community) - Traditional gender roles and discriminatory social norms are challenged - More equitable distribution of household chores and access to resources and support - Household food insecurity and food poverty among children and youth is reduced	% of households reporting an increase in access to material and/or non-material resources for the adoption of healthy lifestyles following the HEL promotion programme, and that the improvement is clearly linked to this. % of households reporting an increase in co-responsibility in household management and more equitable distribution of tasks between genders, following their passage through the HEL promotion programme, and that the improvement is clearly linked to it % of participants reporting increased social support for adopting healthy lifestyles (including challenging traditional gender roles and gender discriminatory social norms) following HEL promotion programme, and that the improvement is clearly linked to this (data disaggregated by sex and age range).	Socio-economic surveys Household Dietary Diversity Scales Household Food Insecurity Scales Child food poverty index Focus groups, semi-structured interviews RANAS studies
	Long	- Communities transforming their social norms and practices towards more equitable and sustainable models	% of communities where positive change in social norms is evident (gender, co-responsibility, youth participation)	Qualitative studies, focus groups, semi-structured interviews Review of regional programmes and policies
	Short to medium term	- Capacities (government and private sector) to promote healthy, sustainable, equitable and inclusive lifestyles are strengthened. - Key issues of promoting HEL are given visibility - Commitment to concrete actions by key public and/or private actors is obtained.	Number of policies, programmes or actions promoted by public or private actors that integrate conscious, healthy, sustainable and equitable approaches to eating and living as a result of technical or political advocacy processes. Number of communication actions carried out	Monitoring and review of government policies and programmes
Structural	Long	Public policies promote environments that facilitate the adoption of healthy, sustainable and equitable lifestyles	% of sectoral plans or policies that integrate HEL actions or principles with a focus on equity and sustainability	Review of government policies and programmes

*Example of barriers: lack of access to material and non-material resources (including time management), knowledge, poor internal control, self-perceived skills, attitudes, self-limiting personal beliefs, socio-cultural norms and beliefs, among others.

LEARNING TOOLS

THIS DOCUMENT CREATES THE BASIS FOR SUBSEQUENT DOCUMENTS:

Programmatic proposals: aimed at providing specific technical guidance to local technical teams and thus supporting from closer to the operationalization of the technical solution.

Knowledge products: aimed at generating knowledge in the form of case studies, training materials for trainers and partners, and other technical documents that can be used to broaden understanding and integration of behaviour change techniques and awareness-raising practices for the transformation of dietary and lifestyle behaviours.

Learning products: aimed at crystallizing “lessons learned”, through the collection and analysis of experiences, results and challenges encountered during the implementation of a project or intervention, to identify what worked, what did not, and how to improve future initiatives. This step is essential to ensure continuous improvement in our responses and program management.

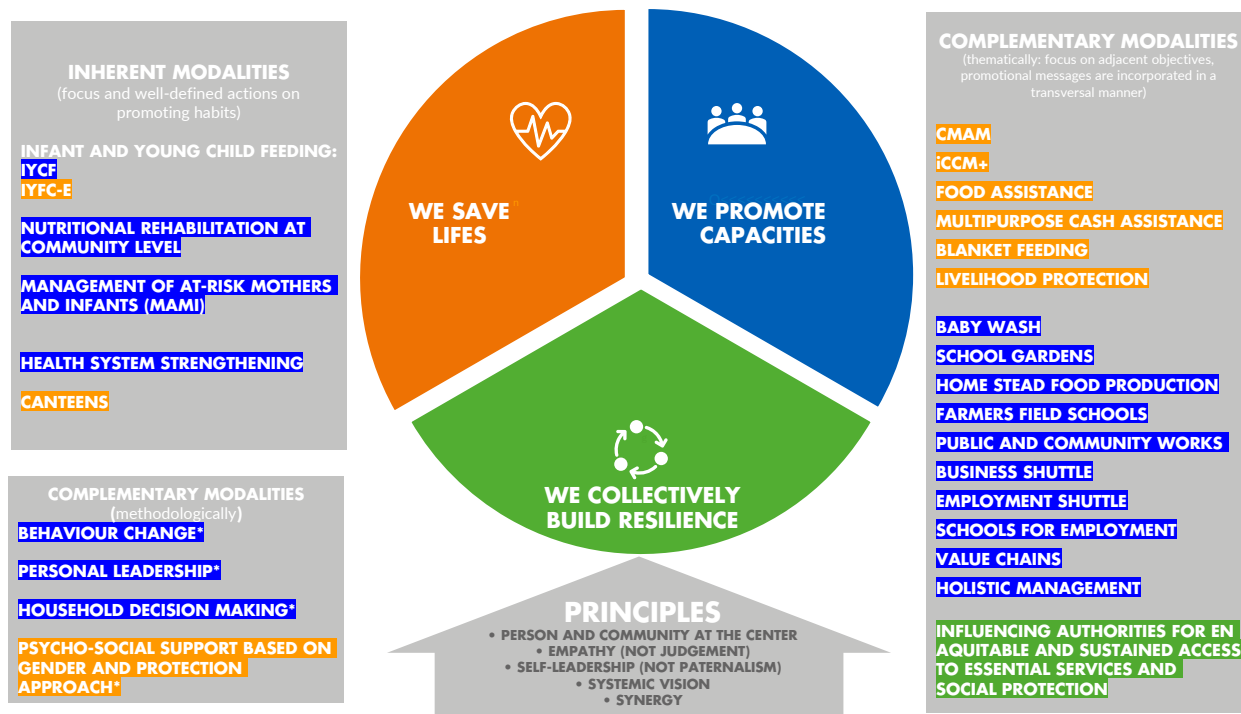


Two year old, Danela, loves fresh tomatoes grown at her fathers farm © Action Against Hunger



ANNEX

MODALITIES OF INTERVENTION IN WHICH THE PROMOTION OF HEALTHY LIFESTYLES IS APPLIED IN A DIRECT OR COMPLEMENTARY WAY.



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