

PAPUA NEW GUINEA PROMISING PRACTICES FOR TRANSFORMING WOMEN'S AND GIRLS' NUTRITION

Introduction

The [Gender Transformative Framework for Nutrition](#) (GTFN) highlights the connection between gender equality and improved nutrition outcomes. The [Caring for Nutrition project](#) in Papua New Guinea (PNG) (2017–2022) presents a comprehensive approach to addressing malnutrition while tackling its interconnected gender dimensions. This guide showcases promising practices from the project and aligns them with the [seven key domains](#) of the GTFN: equitable food systems, gender- and adolescent-responsive health systems, equitable education, economic inclusion, safe and equitable water, sanitation, and hygiene, social protection, and resilience to environmental and political crises. These promising practices demonstrate how transforming gender norms can be embedded within nutrition programmes to advance gender equity alongside improved nutritional outcomes.

World Vision's Caring for Nutrition project in PNG aimed to reduce malnutrition among children under five years of age and pregnant and breastfeeding women, in two very different contexts: disadvantaged urban areas of Port Moresby and the remote, rural communities of Panguna in the Autonomous Region of Bougainville. The project used an integrated approach to address nutritional deficiencies in pregnant and breastfeeding women and children under five. The project also addressed cross-cutting issues contributing to women and children's health and nutrition outcomes, including child protection, social inclusion for people with disabilities, and the promotion of caregiving and gender-equitable practices among men.





Promising Practice 1: Engaging men in nutrition and health

The Caring for Nutrition project involved men in nutrition and health discussions to shift traditional gender norms and create a supportive environment for women. This practice addressed the GTFN domains of social protection and gender-responsive health systems.

Promising practices

- **Community nutrition forums:** A total of 129 awareness sessions were held to engage men in discussions about their roles in family nutrition, promoting shared responsibilities in meal planning and food preparation. As a result, fathers and grandparents gained knowledge about recommended feeding and care practices for children under two. By the project's endline, more men were actively involved in antenatal care and household responsibilities.
- **Male health champions:** 120 men participated in training sessions that motivated them to take on additional responsibilities, such as accompanying their wives to antenatal and well-baby clinics – roles that were traditionally outside cultural norms. The men were also trained on positive parenting, gender-based violence identification and prevention, and as health champions to advocate for improved nutrition within their families. This initiative led to improved infant and young child feeding practices and enhanced health-seeking behaviours among women in both Port Moresby and Panguna area programmes by the project's conclusion.

Lessons learned: Training men on gender-based violence prevention, recommended feeding practices, and their roles as health champions, while actively involving them in antenatal care, contributed to a change in their mindsets and started a shift in long-term behaviour and cultural change.



Promising Practice 2: Integrating nutrition into health, food, education, economic, and social protection systems

The Caring for Nutrition project sought to enhance the health system's capacity in PNG to reach the most rural and vulnerable mothers and children, and to improve family nutrition through specialised trainings for health workers. The project also addressed social norms, recognising that barriers to good health are driven by unequal gendered power relations and misconceptions around social inclusion, child protection, and caregiving. These practices addressed the GTFN domains of equitable education, food, and health systems, social protection, resilience to crises, and economic inclusion.

Promising practices

- **Health system integration of nutrition education:** The project supported the training of 356 Village Health Volunteers, focused on maternal and newborn health and nutrition, early detection of malnutrition, infant and young child feeding, and other topics such as financial literacy, men's role in supporting gender equality, child protection, and backyard gardening. Community promotion and discussions, including sessions on women's health needs, contributed significantly to the uptake of available services for pregnant and breastfeeding women.
- **Nutrition education for improved dietary diversity:** The project engaged nearly 600 households in backyard gardening, with training targeted at both women and men to improve household dietary diversity. Increased vegetable and fruit production improved food availability at home, with surplus sold at local markets for additional income.
- **Savings groups alongside agricultural trainings:** The project established 56 Savings for Transformation groups, while 231 individual members received financial literacy training. These savings groups created economic opportunities for women, supported improved livelihoods and resilience to economic shocks, and contributed to increased dietary diversity through backyard gardens.

Lessons learned: Empowering women with nutritional knowledge alongside improved livelihoods, agricultural practices, and access to health systems can significantly enhance family nutrition. To be sustainable, savings groups required more support, particularly from the banking sector, to facilitate loans and open accounts.



Conclusion and recommendations

The Caring for Nutrition project in PNG demonstrates how gender-transformative approaches can lead to significant household- and systems-level improvements in health, nutrition, and gender equality. These recommendations are essential for advancing gender and nutrition outcomes in PNG and similar contexts.

Key recommendations

1. **Enhance male engagement:** Men must be actively involved in nutrition and health efforts targeting women and children. Develop targeted programmes to involve men and increase their support for women's health and nutrition.
2. **Expand nutrition education and livelihoods programmes:** Replicate agricultural training, backyard gardens, and cooking demonstrations in all nutrition programming, modifying for urban and rural settings.
3. **Utilise women's savings groups:** Develop different modalities and saving strategies for urban and rural settings. Ensure partnerships are created with external organisations that can facilitate access to bank accounts, savings, and small loans over the long term.
4. **Strengthen community health workforce:** The Village Health Volunteers programme and similar activities should be fully integrated into Ministries of Health and given adequate budget and payroll based on merit.
5. **Build vital, lifesaving bridges between non-formal (community) and formal health care** to ensure sustainable and systematic growth monitoring, access to rehabilitation from malnutrition, and referrals to government-run health centres.

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