

Strategic Priorities for Nutrition & Food Security in Urban Settings

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1. Purpose

HealthBridge (HB) undertook an exercise to identify clear program priorities and potential areas of focus for our Nutrition & Food Security (NFS) program in urban settings. As part of the priority setting process, we conducted a literature review looking at urban nutrition challenges and organized a strategic discussion to identify which of the challenges HB is best positioned to address. The discussion involved analyzing each identified challenge by determining whether it is core to HB aligning with our mission, vision, and values, whether HB can make a meaningful contribution, as well as whether combatting the challenge is doable given HB's collective expertise and partnerships. The purpose of this document is to define HealthBridge's priorities in urban nutrition and food security, based on findings from the literature review and insights from our strategic discussions.

The document starts with background information on urban nutrition challenges, which are introduced within three tiers. The challenges have been tiered based on priority of importance and relevance to HB's scope. The tiers include:

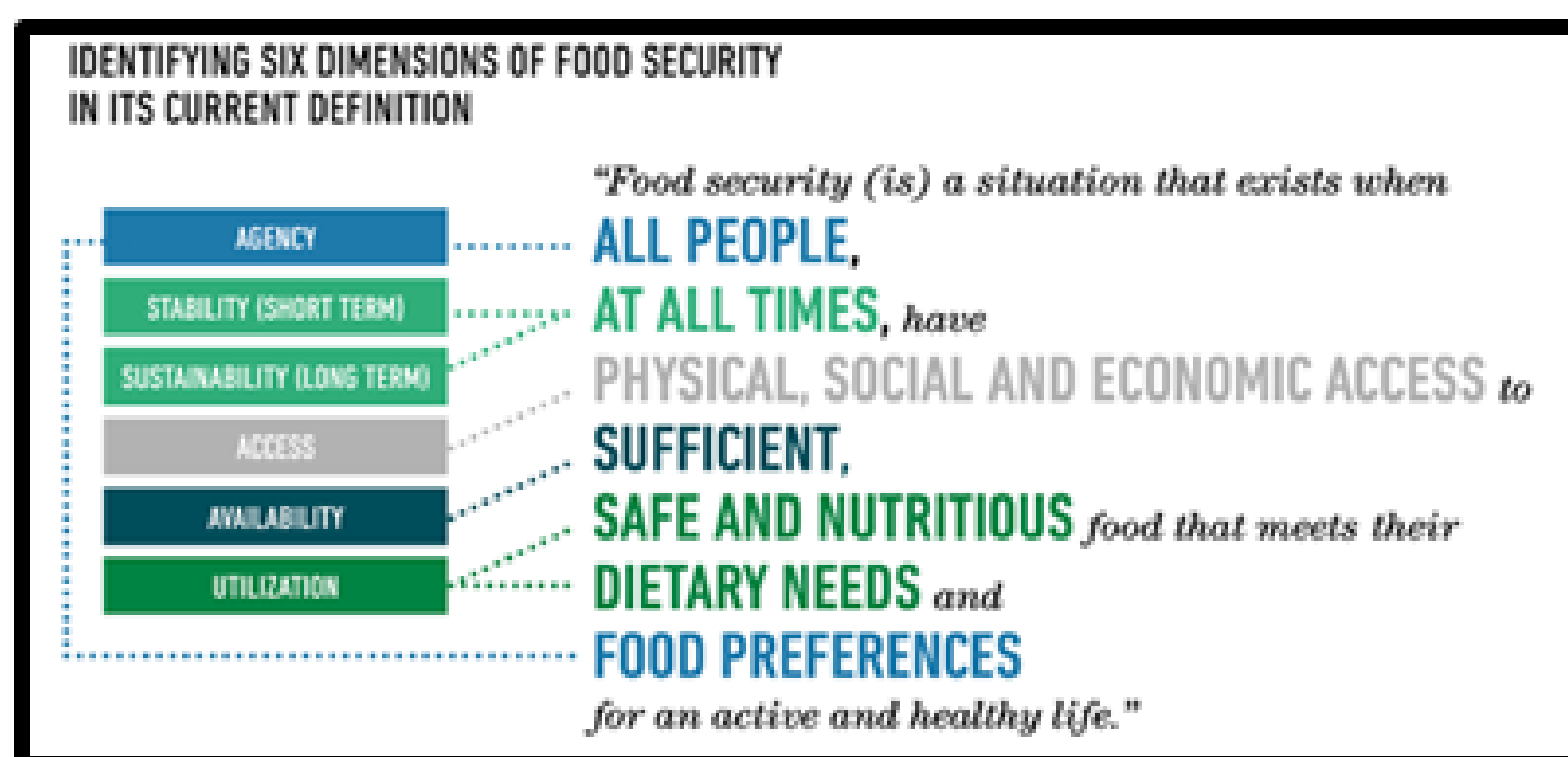
- **Core Priority Areas** - within HB's scope
- **Complimentary Priority Areas** - not a focus for HB, however, may contain elements relevant to HB's work
- **Enabling or Indirect Complimentary Areas** - also not a focus for HB; however, may be inadvertently addressed through different initiatives.

Each challenge section contains a brief summary of the nature of the problem, and then a discussion on whether HB is already combatting the challenge, whether it's within HB's scope, and if so, some ideas on future NFS initiatives.

2. Background

By 2050, it is estimated that 80% of the world's population will live in cities, where 70% of global food supply is consumed.^[1] Generally, urbanization is associated with economic growth and improved living standards.^[2] Yet, 1.7 billion people in urban and peri-urban areas face food insecurity.^[3] While food insecurity rates appear lower in cities, urban averages can mask the inequalities with slum dwellers and other marginalized groups often facing risks equal to or greater than rural populations.^[4] These inequities stem in part from inadequate living conditions within many cities. In 2014, over 1 billion people lived in urban slums, where limited services, high food costs, and poor access to healthy diets drive food insecurity and malnutrition.^[5]

Given these structural inequities, it is important to clarify what is meant by food security. Food security ensures all people have consistent access to sufficient, safe, and nutritious food, supported by availability, access, utilization, and stability, plus agency and sustainability.^[6] However, having adequate food does not automatically prevent nutritional imbalances and malnutrition.



Malnutrition reflects a mismatch between the nutrients a person's body needs to function and the nutrients they are actually receiving.^[7] In other words, it encompasses deficiencies, excesses, or imbalances in someone's intake of energy and/or nutrients.^[8] Urban families, particularly low-income groups, can experience both undernutrition (stunted or underweight children) and overnutrition (overweight/obese adults) within the same household, reflecting a double or triple burden of malnutrition.

This means that both undernutrition and overweight or obesity co-exist within individuals, households and populations.^[9] Research shows two potential pathways through which this occurs:

- **Diet quality pathway:** Consumption of excess inexpensive, energy-dense, nutrient-poor foods leads to overweight and obesity in adults, yet this type of food fails to provide adequate nutrition for healthy growth in children, resulting in simultaneous adult obesity and child stunting within the same household.^{[10],[11],[12]}
- **Intergenerational pathway:** Adults exposed to undernutrition in early life are predisposed to obesity and, if poverty continues into later life, their children are more likely to similarly experience undernutrition and become stunted, perpetuating intergenerational cycles of malnutrition.^[13]

Thus, we see the hunger-obesity paradox: households experiencing food insecurity may face both hunger and obesity at the same time. These apparently contradictory concepts can coexist within the same household or even the same individual.^[14]

Dietary shifts further drive this paradox. Rapid urbanization is increasing exposure to calorie-dense, nutrient-poor foods such as fast foods, fried snacks, sugar-sweetened beverages, and ultra-processed food, which fuel overweight and obesity, even where child undernutrition persists.^{[15],[16],[17]} Socioeconomic and spatial factors such as poverty, limited access to healthy foods, and urban living conditions increase reliance on cheap, energy-dense foods, linking food insecurity directly to higher obesity risk.^{[18],[19]} Psycho-social pathways such as stress, despair and marginalization in urban poverty contribute biologically and behaviourally to obesity, reinforcing the hunger-obesity cycle.^[20]

Vulnerability to nutritional challenges is not evenly distributed across urban populations. Women, children, migrants (including internal migrants), people living with disabilities, and the elderly face heightened risks, reflecting how structural inequities, inadequate living conditions, and gaps in food security can translate into malnutrition. Recognizing these disparities is essential for designing targeted strategies that ensure equitable access to nutritious food and effectively address urban nutrition challenges.

3. Core Priority Areas

These are areas that sit at the center of HealthBridge's mandate and comparative advantage. We possess strong technical expertise, established partnerships, and demonstrated impact, and are uniquely positioned to lead implementation and thought leadership in these areas.

3.1. Food Self-Sufficiency

A unique challenge faced by urban populations is their lack of self-sufficiency in food and nutrition. People living in cities rely almost entirely on purchased food, as opportunities to grow food locally are far more limited than in rural areas.^[21] Around 80% of urban food demand is supplied regionally (within a 500 km radius), yet only about 30% of urban residents globally are able to meet their demands for certain crops locally (approximately 100km radius).^[22] This reliance on longer food-supply chains increases vulnerability to price fluctuations, which can be costly to the consumer, limiting access to affordable, nutritious food options. Studies show that urban residents often purchase more than 90% of their food^[23] and a study across 20 low and middle-income countries found that urban households spend over 50% of their income on food.^[24] Together these factors underscore the economic and nutritional vulnerability of urban populations and highlight the critical importance of ensuring affordable access to diverse, nutritious foods.

Existing Projects

HealthBridge currently addresses urban lack of food self-sufficiency through several programs. HB's Livable Cities (LC) program has supported urban farming initiatives in schools and communities, building local capacity for food production. For example, in 2024-2025, the LC program and ESAF, our local partner in India, implemented various projects across several cities promoting urban agriculture to enhance food security and encourage sustainable practices.^[25] The projects:

- Distributed farming toolkits and conducted hands-on farming workshops in Bangalore to provide practical training to students at a local school.
- Implemented a wheelchair-accessible planter project in Kozhikode to expand inclusive urban agriculture.

- Malappuram delivered a workshop for local farmers and supported school-based vegetable and tree planting with harvested vegetables incorporated into mid-day meal programs to enhance food security through sustainable practices; a similar initiative was carried out in Nagpur.
- Integrated rooftop and vertical farming into the Thrissur City Master Plan to strengthen local food production and improve urban resilience.

OUTCOME HIGHLIGHTS

Across multiple cities across India, these projects saw the following outcomes:

- 500 farming toolkits were distributed and 2 workshops were delivered to students.
- 27 children living with disabilities were able to participate in farming, growing around 105 kg of vegetables
- 110 students engaged in urban agriculture activities in schools, with over 55 saplings planted
- Delivered workshop to 55 local farmers on improving vegetables and fruit production techniques.

In addition, the Sexual, Reproductive, Maternal and Child Health (SRMCH) & Rights Program at HB has supported kitchen gardening initiatives in rural areas. Together with International Nepal Fellowship, HB implemented a four-year project in the Phattepur region in Nepal, which is a predominantly rural area with about 3000 households. This project distributed seasonal vegetable seeds and basic planting training to encourage households to establish and maintain kitchen gardens.^[26] Although this project was implemented in a rural setting, the experience can be transferable to urban contexts.

OUTCOME HIGHLIGHTS

As a result of this intervention,

- Access to nutritious food increases via kitchen gardening
- Maternal nutrition and healthy birth outcomes improved
- Healthier pregnancy, child-care, and nutrition practices were adopted

Fit with HB and Opportunities

Addressing food self-sufficiency in urban contexts represents a strategic opportunity for HB to make a meaningful contribution, given its technical knowledge, trusted partners, mission alignment, and institutional capacity. Projects implemented by the LC, NFS, and SRMCH&R programs have been successful and can be expanded to different regions.

HB can also consider nutrition-sensitive agriculture that addresses micronutrient deficiencies while remaining culturally appropriate.

NOTE

When implementing urban farming initiatives, particularly regarding ‘community gardening’, need to ask whether growing food in an urban setting actually reduce food insecurity. Research has found that community gardening in urban settings has unequivocally improved social cohesion but needs to ensure that the initiative will also improve food security.

For example, HB could support initiatives that promote the cultivation of nutrient-dense crops, such as dark leafy greens and indigenous pulses, to meet the micronutrient needs of community members, including women of reproductive age, pregnant and lactating women, and young children. These initiatives could be integrated into existing or future urban agriculture programs. Such a program could also complement current food market programs, with partners working alongside farmers who supply the markets to grow such crops.

Additionally, there are research areas that HB could explore. For example, research from Italy examined the capacity of a city to develop food self-sufficiency. Potential produce yield was modelled by using a Geographic Information System to identify possible sites of urban and peri-urban agriculture and estimate food production in these areas, while considering climate mitigation and adaptation. The results indicated that the city had a very high potential for vegetable production, sufficient to meet its own demand for fresh produce, and had the potential to be able to feed itself and become largely self-sufficient, despite its urban density.^[27] HB could build on such a modelling exercise by conducting implementation research to investigate whether cities in LMICs could achieve greater self-sufficiency through urban farming initiatives. Key considerations would include feasibility of implementation at a city-level in a given location, as well as potential regulatory or policy constraints, such as bylaws that may limit activities like using street space for planting fruit trees.

Kitchen gardening initiatives, which HB has already implemented in rural areas, can also be extended to urban populations. Seed distribution programs can be expanded, and seed exchange events could be organized, targeting both farmers and community members, where people bring their seeds to swap with fellow participants at no cost.^[1]

Furthermore, a UN-Habitat focus area is supporting growth of urban/rural linkages to optimize the food supply chain and ultimately improve availability of and access to healthy food in urban environments. HB can contribute to this area of work as well.

HB has strong partnerships to expand its existing projects and use local knowledge and expertise to address food self-sufficiency. For example, specialized knowledge would inform selecting drought-resistant seeds appropriate to a specific region and culturally appropriate produce in a given community.

3.2 Infant & Young Child Feeding (IYCF)

IYCF has traditionally been viewed as a predominantly rural challenge in LMICs. However, due to many challenges exacerbated by urbanization, urban populations encounter similar challenges surrounding IYCF that are often overlooked.

Population growth in cities has largely surpassed water demand, with water scarcity is estimated to continue to increase with ongoing climate change.^[28] Although rural access to drinking water has improved over recent decades, improvements in cities have been minimal or declined in some cases with significant disparities persisting between income-groups.^[29] High population density combined with inadequate infrastructure means residents of low-income urban neighbourhoods, especially those in informal settlements, are at elevated risk of enteric infections.^[30] Overcrowding and reliance on shared water, sanitation, and hygiene (WASH) facilities further compromise health in these populations.^[31]

Inadequate WASH can negatively affect nutrition. Unclean water can result in recurrent diarrhea and gastrointestinal dysfunction.^[32] Additionally, households may be forced to allocate a significant share of income to purchasing clean water, reducing resources available for food.^[33] Up to 50% of maternal and childhood underweight can be attributed to poor WASH, which is also associated with stunting in children.^{[34],[35],[36]}

Breastfeeding: An important component of IYCF is breastfeeding. Breastfeeding, when done correctly, can save over 820 000 children under the age of 5 every year globally.^[37] For optimal child health and nutrition, the WHO and UNICEF recommend early initiation of breastfeeding within 1 hour of birth, exclusive breastfeeding for the first six months, followed by appropriate weaning and complementary feeding in tandem with breastfeeding until the age of 2.^[38] Urban mothers are far less likely to exclusively breastfeed their children, with rates being much lower in urban areas compared to rural areas.^[39]

Maternal employment, lack of knowledge, and a general stigma around public breastfeeding all contribute to lower breastfeeding in urban environments.^{[40],[41],}
^[42] As a result, urban mothers tend to bottle-feed their infants and introduce complementary feeding too soon.^{[43],[44],[45]} In addition, bottle-feeding and complementary feeding in environments with inadequate WASH practices can result in heightened risk of contaminated bottles and food, exposing infants to pathogens and risking their overall health and nutrition.^[46]

Complementary Feeding: From around 6 months, infants need complementary foods to meet increasing nutritional needs, and inappropriate timing or quality of complementary foods can impact growth and development.^[47] In low-income urban settings, poor feeding practices, combined with poverty, unsafe water, poor sanitation, and food environments, substantially increase the risk of stunting. Studies show high stunting rates among the urban poor, particularly where complementary feeding is inadequate.^{[48],[49],[50]} Maternal return to work and sociocultural pressures often disrupt optimal feeding practices. Early introduction of low-diversity foods that lack nutrients further raises the risk of stunting and underweight. Across regions, diets are shifting from traditional foods to processed, high-sugar and high-fat products, with sugary drinks and snacks increasingly replacing nutritious complementary foods for young children.^[51]

Existing Projects

As part of the SRMCH&R program, HB has implemented several initiatives to support infant and young child feeding practices. For example, a project supporting maternal and child health and nutrition in ethnic minority communities in Son La, Vietnam included nutrition education sessions, food demonstrations, household visits, and distribution of educational materials. Educators were trained in breastfeeding and complementary feeding best practices, and hygienic food preparation.^{[52],[53]} Participants of education sessions learned how to prepare appropriate complementary meals and the correct age for introducing complementary foods.^[54] This is another example of a project that was implemented in a rural setting that can be transferable to urban contexts.

OUTCOME HIGHLIGHTS

This project:

- Directly reached 1,211 community members (179 men, 942 women) and indirectly reached approximately 13,000 people through printed materials and village loudspeakers.
- Trained 8 commune health staff, 22 village health workers, and 46 community educators on nutrition, MCH, and IYCF, with over 90% showing improved knowledge.
- Conducted 20 household visits with families with pregnant women and/or young children.
- Delivered 21 education sessions and cooking demonstrations for 497 participants (417 women, 80 men), including caregivers.
- Supported 18 health staff and educators to participate in a cross-province knowledge exchange visit.
- Held one stakeholder meeting to share project outcomes with local government and health officials.
- Trained 10 youth union members and supported a sports-based awareness event promoting nutrition and male engagement.

Another initiative supporting maternal and child health and nutrition focused on female factory workers in Hai Phong, Vietnam and was implemented in 11 factories.^[55] Lactation rooms with standardized facilities were established, and training courses and counselling skills were provided for service providers and staff of factory health clinics.

OUTCOME HIGHLIGHTS

As a result of this intervention:

- Community members showed improved knowledge, attitudes, and practices related to maternal and child nutrition.
- Educators felt confident delivering the sessions and highlighted teamwork as critical to successful implementation.
- Participants retained key messages and applied them at home, with all recalling how to prepare porridge as a complementary food and many remembering guidance on food groups, breastfeeding, and appropriate timing of complementary feeding.

Fit with HB and Opportunities

HB is uniquely positioned to continue contributing to this challenge area by leveraging collaboration across its LC, NFS, and SRMCH&R programs - synergy among these programs can strengthen integrated WASH and nutrition interventions. For example, in many African contexts where market vendors are predominantly women who bring infants and young children to work, a market can be an optimal location to implement WASH and nutrition interventions, such as children's nutrition education sessions or complementary food preparation demonstrations. Another example is supporting the development of breastfeeding 'nooks' in public spaces,^[56] so mothers feel comfortable breastfeeding in busy public spaces. Additionally, HB can pursue partnerships with organizations whose focus is on WASH interventions (such as [WaterAid](#)), to help support projects in this area.

3.3 Access to Unhealthy Foods

Urbanization has brought a significant shift in dietary patterns. Although a large variety of food is widely available in cities, many urban poor households rely on the cheapest and least nutritious options, resulting in the double burden of malnutrition often seen in these populations.^[57]

Supermarkets, fast food outlets, and mass marketing can all make unhealthy food more accessible, affordable, and convenient when compared to healthier options.^[58] The spatial distribution of food outlets further shapes consumption patterns: people living closer to fast-food outlets tend to consume more fast food.^{[59],[60]} The types of nearby retailers largely determine what foods are convenient and affordable for urban residents, influencing dietary choices.^{[61],[62],[63]} Significant disparities exist, with people living in slums or informal settlements having more limited access to healthy food retailers.^[64] Affluent areas which are more likely to have formal markets and supermarkets offer greater variety, driving spatial inequalities in nutrition and diet-related health outcomes.^[65]

Existing Projects

HB Vietnam's NCD program has begun working towards combatting unhealthy food intake with food labelling and advertising through policy, which includes considering advertising proximity to schools. These actions can help discourage the selection of unhealthy food options.

Fit with HB and Opportunities

HB Vietnam's work on food labelling and advertising provides a strong foundation that can be adapted and scaled to other regions, supported by the LC program's extensive partner networks. In addition, HB Vietnam's experience and expertise in combatting the tobacco industry through policy approaches can be leveraged to address the regulation of unhealthy foods and beverages. For example, HB could support implementation of policy that restricts the sale or marketing of unhealthy foods and drinks to children in schools and other public institutions.

School-based efforts^[66] (such as zoning or vendor restrictions) that limit the proximity of unhealthy food retailers around schools could be implemented. For example, discussions with partners in Nepal highlighted that vendors stood outside schoolyards and would sell unhealthy food to children through the schoolyard fence. A policy that establishes buffer zones around schools can create healthier food environments for children.

3.4 Access to Reliable Nutrition Information

Urban populations face distinct challenges related to health and nutrition information. While city dwellers generally have greater access to diverse information sources (public health campaigns, primary care providers, specialists, and digital media), they are also more heavily exposed to advertising for ultra-processed foods and to misinformation, which can negatively influence dietary choices and health outcomes.^{[67],[68],[69]} Large scale advertisements of unhealthy, fast foods amplify negative health messaging. Additionally, having access to too many information sources has been found to lead to belief in misinformation and erosion of trust in professionals.^[70] So, although urban dwellers often have more information available to them, the vast amount and nature of the information can create confusion and increase vulnerability to misinformation.

Existing Projects

As discussed above, HB Vietnam's NCD program has begun addressing unhealthy food consumption through policy actions focused on food labelling and advertising. Although this effort does not combat health misinformation, these efforts help improve the availability of reliable nutrition information.

Moreover, also mentioned above, HB's SRMCH&R program has implemented initiatives to support infant and young child feeding, including nutrition education, food demonstrations, and distribution of educational materials in Son La, Vietnam. All these elements delivered reliable nutrition information to a specific population.

Fit with HB and Opportunities

As mentioned above, HB Vietnam's experience in food labelling, advertising, and tobacco control provides a scalable foundation for strengthening regulation of unhealthy foods and beverages in other cities. Establishing these regulations in terms of food labels and advertising can contribute to strengthening the presence of reliable nutrition information in the food environment. Policy change is critical to creating an enabling environment to support sustainable behaviour change, and efforts cannot rely on BCC alone.

Additionally, similarly to HBs SRMCH&R initiative improving nutrition in Son La, Vietnam, nutrition education sessions and food demonstrations can be delivered to at-risk urban population groups. To combat misinformation, social media campaigns can be developed to ensure users are well equipped to identify credible health information online.^[71]

3.5 Spatial Access to Healthy Foods

Cities often contain areas with limited access to retailers that sell fresh, diverse, and nutritious foods, called ‘food deserts’, where residents are forced to rely on convenience-type stores, which are more likely to sell unhealthy, ultra-processed food.^[72] Often an issue in lower-income neighbourhoods, the lack of nearby healthy food retailers means residents must travel longer distances to buy food, with transportation and opportunity costs creating significant barriers to access.^{[73],[74],[75],[76]} Low-income households in LMICs often depend on informal food vendors for daily food needs due to affordability, proximity, availability of credit, and flexible hours.^{[77],[78],[79]} These outlets can supply staples, fresh produce, and animal-source foods. Evidence shows informal street food vendors are critical to improving food security and promoting healthier diets among the urban poor.^[80]

Existing Projects

The LC program improves spatial access to nutritious foods in urban environments by supporting local markets, including in vulnerable communities. For example, in 2024, HB improved the quality, accessibility, and governance of local food markets through market mapping, infrastructure upgrades, policy engagements, and inclusive markets development in Kampala, Uganda.⁸¹

OUTCOME HIGHLIGHTS

In Kampala, in 2024 the LC Program has:

- Supported development of a daycare in a market, with 61 women directly involved in the operationalization of the daycare, and 33 children benefiting from improved care facilities.
- A total of 30 men were directly involved in market management and advocacy towards markets improvements, conducting studies to improve access, as well as facilitating renovation of vendor stalls in the market
- The project reached an estimated 500 additional individuals indirectly, including shoppers and neighbouring communities who benefit from better market access and governance.

Another example was implemented in several Indian cities. Initiatives improved market inclusivity through new and revitalized farmers' markets, infrastructure upgrades, and integration into urban planning.^[82] Reaching thousands and supporting local farmers, especially women, these efforts combined market mapping, stakeholder consultations, and policy engagement, increasing foot traffic, identifying accessibility gaps, and embedding inclusive market models in city and state policies.^[83]

OUTCOME HIGHLIGHTS

Across cities in India, this project succeeded in implementing:

- Two neighbourhood farmers markets with 15-20 vendors each, reaching over 1500 community members.
- Distribution of 10 canopies to 15 female and 5 male vendors who were local farmers, increasing the market's foot traffic to around 7,000 visitors per week.
- Mapping of 285 markets, to identify accessibility gaps.

Taken together, the examples above ultimately strengthened access to fresh, affordable food for the surrounding community through markets.

Fit with HB and Potential Opportunities

HB has the expertise to continue to advance work on spatial access to nutritious foods. The LC program could implement mobile market initiatives^[84] (vendors using trucks or cycles) or ‘Sliding Scale’ farmers markets in universities and food deserts, which means customers decide the amount they want to pay for the produce within a pre-set price range.^[85] These can be done by leveraging the strong network of partners already active in these initiatives.

LC can also work to strengthen the resilience of markets by ensuring communities maintain reliable access to food even during emergencies. For example, a market resilience plan could be developed to ensure the market is able to continue operating effectively during crises such as pandemics or natural disasters. Currently, there is a gap in this area of work.

3.6 Food Selection and Preparation Skills

Stronger cooking and food preparation skills have been found to be linked with healthier eating, improved nutrition knowledge, higher fruits and vegetable intake, and less consumption of ultra-processed foods.^{[86],[87],[88],[89]} Improving cooking skills can also improve confidence in managing food resources as well as reduce worries about food running out, contributing to improved food security.^[90]^[91] However, urbanization and changes in food environments have resulted in many people cooking less and relying more on convenience or ready-to-eat foods.^{[92],[93]} Work and school commitments means people spend less time cooking food in their homes, even when traditional or home-cooked meals are their preference.^[94] Additionally, infrequent cooking and limited availability of culturally appropriate ingredients could lead to loss of traditional knowledge surrounding food and its preparation.^[95]

Existing Projects

Through the SRMCH&R program, HB has implemented initiatives that involve cooking and food preparation demonstrations, particularly for complementary feeding, combined with nutrition education. Nutrition education sessions that involved food demonstrations to ethnic minority communities in Son La, Vietnam have been held to support maternal and child health and nutrition.^{[96],[97]}

Demonstrations involved teaching participants how to prepare appropriate and nutritious complementary meals for children using local ingredients.^[98] While implemented in a rural setting, this approach can also be applicable in urban contexts. Outcomes for this intervention can be found on page 11.

Fit with HB and Opportunities

HB has the experience to effectively support cooking and food preparation skills and nutrition education in urban settings. Food demonstrations have already been used effectively to improve maternal and child health and nutrition. This approach can also be adapted to target different populations to improve nutrition and food security in urban settings. For example, by combining the expertise of the LC and NFS programs, food demonstrations can be held within markets using produce sold by vendors.

The SRMCH&R program could also be integrated by targeting female market vendors who bring their children to markets, leveraging a unique opportunity to reach vulnerable populations groups.

4. Complimentary Priority Areas

Complimentary priority areas align with our mandate and are issues where we contribute meaningful value, though we may not be the primary or unique actor. Engagement typically occurs through partnerships, targeted technical support, or selective programming

4.1 Affordability of Healthy Foods

Healthy and nutritious foods such as fruits, vegetables, and animal-sourced products are generally more expensive than energy-dense, processed foods.^{[99],[100]} Research shows that high costs are a major barrier to healthier diets among the urban poor.^{[101],[102]} With limited income and precarious work, low-income households struggle to afford balanced diets and are highly vulnerable to shocks like unemployment, illness, or rising food prices, risks compounded by poor health, inadequate sanitation, and weak social support.^[103]

Existing Projects & Fit with HB

Through urban agriculture programs mentioned above, HB helps families produce their own fresh foods, reducing reliance on market purchases and lowering household food expenses. However, HB does not focus on directly working towards reducing the cost of food.

HB has prepared a paper discussing different models of nutrition incentives that can be used to improve affordability of healthy food.^[104] Within HB's initiatives, nutrition incentives could be used as a tool to provide support for lower-income families to access healthy food. For example, if a nutrition education session were to be held at a farmers' market, attendees can be given nutrition incentives at the end of the session as a way to encourage attendance. The incentive can then be used to purchase produce at the market.

In this way, the nutrition incentive is used as a tool to successfully implement an initiative with a different focus (i.e. nutrition education). However, a nutrition incentive program that regularly distributes incentives to a target population in an effort to improve their purchasing power of produce is not within the scope of HB at this time.

4.2 Urbanization and the Food System

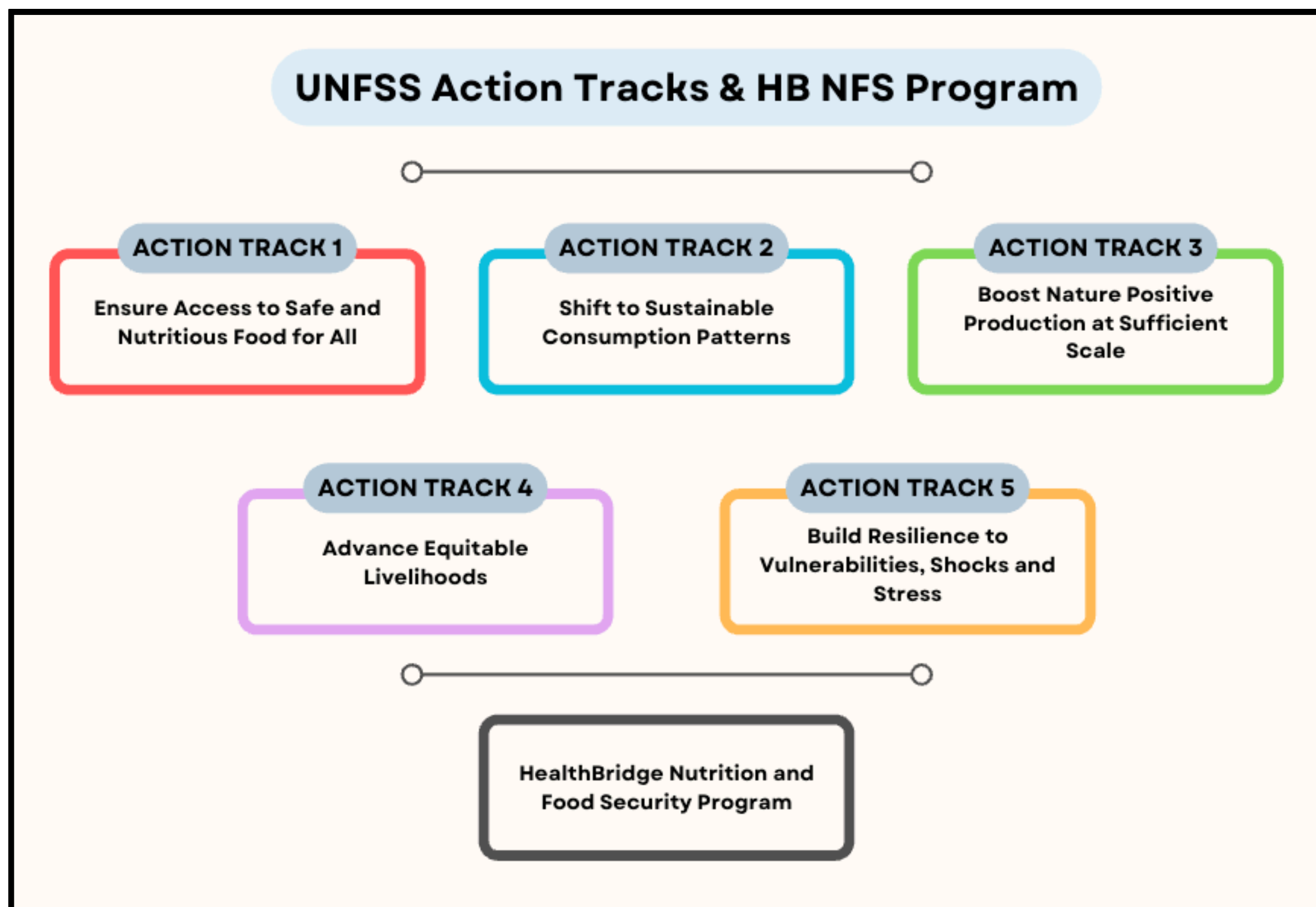
Urbanization increases demand for diverse food while reducing the availability of fertile agricultural land, particularly in peri-urban areas, limiting local food production.^{[105],[106],[107]} It is estimated that by 2030, 1.8-2.4% of global croplands will be lost, with significant regional disparity.^[108] Around 80% of cropland loss due to urban expansion will occur in Asia and Africa.^[109]

Additionally, increased food demand along with loss of cropland can result in increased reliance on imports.^[110] This can create a rise in competition, putting at risk local farmers' livelihoods. Thus, changing diets, competition for land, and structural economic shifts challenge food system sustainability and access to nutritious food.^[111]

Existing Projects & Fit with HB

The United Nations Food System Summit developed five Action Tracks in 2021 that define key ways to work towards food system transformation that will ultimately contribute to achieving the SDGs.^[112] While HB cannot address the full food system, many of HB's initiatives fall within each of the Action Track's scopes, even if not all elements are covered.

For example, urban planning activities that the LC program implements as part of its public space programming addresses elements of urbanization and the food system. The LC program partners regularly advocate for compact cities as a way of ensuring cities remain walkable. This advocacy also has the benefit of protecting farmland surrounding cities instead of allowing cities to expand continually.



5. Enabling or Indirect Contribution Areas

Enabling or indirect contribution areas are not central to our strategic focus, but we may influence indirectly through our core work. Activities in these areas arise as co-benefits, systems effects, or integration with broader initiatives rather than as stand-alone program areas.

5.1 Social Cohesion

Low social cohesion in urban settings reduces informal food-sharing and mutual support, leaving vulnerable residents, especially the elderly, more likely to experience limited access to nutritious foods.^{[113],[114],[115]}

- Urban agriculture efforts and thriving markets, both areas of work that HB actively and successfully engages in, are known to improve social cohesion in community members.

5.2 Food Waste

Urbanization drives higher food waste in cities with urban households generating 2–3 times more waste than rural ones.^[116] Increased food waste in cities can be due to excessive purchasing, improper storage, and higher cosmetic standards.^[117] This contributes to inefficient use of resources, environmental degradation, and economic loss, reducing overall food availability and sustainability.

- Initiatives to reinvigorate a farmers' market can include improving food storage facilities, which can reduce food wastage.

5.3 Access to Culturally Appropriate Foods

Urban residents, particularly migrants and Indigenous populations, face challenges accessing traditional or culturally appropriate foods due to limited availability, high costs, transportation barriers, and lack of time or knowledge to prepare them.^{[118],[119]} These constraints often lead to dietary acculturation toward processed, less nutritious foods, increasing risks of obesity, diabetes, and other diet-related health issues.^[120]

- All nutrition and food security initiatives should consider cultural appropriateness of food when serving a target population.

6. Conclusion

Rapid urbanization is reshaping food systems and nutrition outcomes, creating complex and unequal challenges that disproportionately affect the urban poor and other vulnerable groups. In particular, strengthening urban food self-sufficiency, improving infant and young child feeding, addressing the widespread availability of unhealthy foods, enhancing access to reliable nutrition information, and improving spatial access to healthy foods represent high-priority and actionable areas within HB's scope. By leveraging integrated approaches across its Livable Cities, Nutrition & Food Security, and SRMCH programs, HB can address current and emerging urban nutritional challenges across the globe.

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