



## Nutrition

Malnutrition has devastating effects on population health.<sup>162</sup> Adolescence is marked by a period of rapid growth, physical and sexual maturation, and brain development. It provides another key ‘window of opportunity’ for improving nutrition after the first one, which is the first 1,000 days (the period between conception and the child’s second birthday). This represents a final opportunity to influence adult height and mitigate stunting.

Malnutrition during adolescence generally presents in the form of: undernutrition (wasting, stunting or chronic undernutrition and thinness or underweight); micronutrient deficiency or excess; and overweight or obesity. The latter increases the risk for heart disease, stroke, diabetes and some cancers. Two thirds of premature deaths and one third of diseases originate in adolescence.<sup>163</sup>

Higher levels of both acute and chronic malnutrition, especially among adolescent girls, are directly related to gender-inequitable access to nutritious foods.<sup>164</sup> Discriminatory sociocultural norms can also mean that boys and male youth lack adequate knowledge and skills around providing themselves and others with nutritious diets. Young people’s exposure to violence in the home and community may increase where food is in short supply. Girls in particular may be at risk of child marriage and engaging in transactional sex due to lack of food.

Well-nourished adolescents who are protected from disease, infection and early pregnancy are less likely to develop malnutrition, and are more likely to avoid non-communicable diseases, have optimal maternal and birth outcomes, and enjoy increased work capacity and productivity.<sup>165</sup> In humanitarian crises, malnutrition in the form of wasting, underweight or micronutrient deficiencies are key concerns. Therefore, assessing conditions and ensuring adequate nutrition for young population groups according to age, gender, weight, physical activity levels and other key factors, is of high priority in humanitarian and fragile settings.

Social and behaviour change strategies can include engaging young people of working age as staff or volunteers in peer-to-peer promotion of improved nutrition, or to educate younger children. Young people can participate in savings groups and income-generating activities to have income for safe and nutritious food (see **LIVELIHOODS** ►, above). They can be nutrition champions and promote healthy diets and active lifestyles at the community level. For young people, community-based platforms such as youth clubs/organizations, sports clubs and religious institutions can provide formal and informal opportunities to engage, participate and learn, while also delivering services such as mobile clinics or community-based sexual and reproductive health (SRH) education. Targeted health and nutrition counselling should ensure coverage of households with pregnant and lactating adolescent girls and young parents in particular.



## Tip sheet

### Key actions for Nutrition programming at each stage of the humanitarian programme cycle (HPC)

HPC phases	What to do	Tips for young people's participation
<b>Needs assessment and analysis</b> <b>1</b>	<ul style="list-style-type: none"> <li>→ Collect data on the nutritional needs of adolescents and youth, especially menstruating girls, pregnant girls and young women and breastfeeding mothers, and analyse these data disaggregated by sex, age and disability.</li> <li>→ Conduct nutrition surveys in the community to understand where and how young people engage with services and how they access information about nutrition.</li> </ul>	<ul style="list-style-type: none"> <li>→ Consult young people to understand their diets, dietary preferences and any barriers to consuming a nutritious diet.</li> <li>→ Hold consultations – grouped by age and sex of participants – with a diverse cross-section of young people in order to understand and establish their needs with regard to nutrition and diet.</li> </ul>
<b>Strategic planning</b> <b>2</b>	<ul style="list-style-type: none"> <li>→ Ensure that the Nutrition response plan addresses the needs identified during the needs assessment, and from any other data source.</li> <li>→ Plan programming for young people in coordination with agencies providing health services, especially sexual and reproductive health (SRH), maternal, newborn and child health services.</li> </ul>	<ul style="list-style-type: none"> <li>→ Facilitate the participation of adolescents and youth in strategic planning to enable them to identify opportunities and mitigate barriers to good nutrition.</li> <li>→ Involve a diverse cross-section of young people in the design of Nutrition programmes.</li> </ul>
<b>Resource mobilization</b> <b>3</b>	<ul style="list-style-type: none"> <li>→ Include information and key linkages to engage young people in Nutrition programming, and budget for those interventions (e.g., assessments, supplies, capacity-building).</li> <li>→ Report regularly to donors and humanitarian stakeholders on resource gaps, especially for those most vulnerable (e.g., female-headed households, pregnant and breastfeeding mothers, young people with disabilities).</li> </ul>	<ul style="list-style-type: none"> <li>→ Engage young people in developing meaningful advocacy messages for improving access to nutritious food.</li> <li>→ Seek young people's views and feedback, especially on how their needs are being addressed and how they are being engaged in Nutrition programming, when developing proposals and reports for donors and partners.</li> </ul>

**HPC phases**

**What to do**

**Tips for young people's participation**

**Implementation and monitoring**

**4**

- Ensure that all young people are aware of distribution sites and timings (consider the needs of remote populations, female and adolescent-headed households, literacy barriers, etc.).
- Develop and maintain feedback mechanisms for young people to express their views on the effectiveness and quality of Nutrition programmes.
- Raise awareness among pregnant adolescents and adolescent parents on the nutritional and health benefits of breastfeeding for both the baby and mother.
- Make provisions for breastfeeding support starting with early pregnancy and continuing through the postpartum period.
- Provide nutritionally appropriate alternatives for young parents unable to breastfeed, and conduct training for those parents on the importance of clean water in the preparation of breastmilk alternatives. Note: Appropriate facilities should be made available in order to ensure that the water used to prepare breastmilk alternatives is clean.
- Provide referral to mental health and psychosocial support (MHPSS) for young mothers as part of Food Security and Nutrition programming.
- Provide support for young people with children who conduct outreach in their communities for nutrition interventions (e.g., ensure they have access to safe spaces).
- Monitor access to nutrition assistance for young people and develop targeted interventions accordingly.

- Engage with young people in the coordination mechanisms, design and implementation of Nutrition programmes.
- Train young people to raise awareness among their peers and engage with decision makers on essential nutrition interventions (e.g., the special needs of pregnant and breastfeeding young women).

**Operational peer review and evaluation**

**5**

- Review projects within the Nutrition response plan to assess to what extent the needs of adolescents and youth were effectively addressed through the Nutrition programmes and interventions.
- Document and disseminate good practices on effectively addressing the needs of young people in Nutrition.

- Ensure that vulnerable groups, such as pregnant and lactating women and young mothers, are able to safely and effectively raise their concerns during reviews and evaluations.