



NUTRITION FOR GIRLS: MULTIPLE DETERMINANTS FOR IMPROVED OUTCOMES

DISCUSSION PAPER

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FOREWORD

With a fast-growing generation of young people, investing in adolescents and youth is crucial. Globally, there are 1.8 billion youths between the ages of 10 and 24. Despite representing a big opportunity for present and future generations, adolescents and youth are still a neglected group in policy and programming, especially when it comes to their nutrition.

Good nutrition is essential for adolescents, particularly for girls who will be mothers to the new generation. When you are a girl, life becomes even more difficult. The lives of girls are too often determined by social and cultural standards and behaviours that prevent them from making their own decisions and following their personal ambitions, and often result in extreme violations of their rights. Girls, especially those from the poorest families, still face discrimination and exclusion with respect to multiple aspects, including basic education, child marriage, early pregnancy, sexual violence and unacknowledged domestic work, to name but a few. Not only they are marginalised in household decision-making but their needs are also under-represented in policy debates, often poorly informed by gender and age disaggregated data. Girls and women are at the forefront of community life and development. They are caregivers in charge of the nutrition of children and the well-being of families and thus deserve to be prioritised. They are also key to achieving Save the Children's breakthroughs to survive, learn and be protected.

This discussion paper intends to shed light on the multiple dimensions which have an impact on the nutrition of girls – vital to break the

intergenerational cycle of malnutrition – and on work to empower them to claim their rights and hold leaders accountable to achieve sustained gender equality.

Setting girls on a safe pathway to fulfil their potential and to ensure they can grow-up healthy, learn and be safe, does require a global effort.

Save the Children is keen to play its part and will continue advocating for their rights, so that girls and youth are recognised as the corner stones of our societies and agents of change requiring further attention and investment.

Daniela Fatarella

Deputy CEO – Save the Children Italy



They are invisible!

Adolescent nutrition has been neglected for a long time by the nutrition community and development agents.

The 1000-day campaign has been successful in bringing nutrition and care practices for mothers throughout pregnancy and the first two years of her infant's life to the attention of everybody concerned. After this, there is a deep gap, not only regarding nutritional requirements and care of adolescents but also in acknowledging that some adolescent girls are becoming mothers before they even reach the age of 18. This fact alone is already of great concern, as it is a violation of human rights and is out of line with several international and regional agreements, including the Convention on the Rights of the Child (CRC). But as mothers-to-be they also lack adequate nutrition and care, subsequently leading to the intergenerational cycle of malnutrition.

This report clearly points out that there is a serious gap in data and information on adolescent nutrition and particularly in data and information on the nutrition of adolescent girls. They are not identified in statistics as they vanish in the data on women in reproductive age or are subsumed in "youth". The nutritional health of adolescent girls is a concern because, once they are out of infancy, there is little or no interaction with the health system. This means that there are no records and no information.

Education is key to overcoming poverty and girls in school are easier to reach with programmes and other support than outside school. Once they drop out, to get married or because they are pregnant for example, they

are on their own and it is almost impossible for them to return to school, as one of the Nepal cases shows. One lesson from Nepal is that it is important to reinforce the support of adolescent nutrition within and beyond schools.

Although the report highlights all the gaps and missing information despite work by Governments like that in Nepal to improve the situation of adolescent girls, it also takes stock of interventions which have had a positive impact on the situation of adolescent girls in Nepal.

Armed with the right advocacy and programming, the nutritional status of adolescent girls can be made a priority.

Juliane Friedrich

Senior Technical Specialist, Nutrition - IFAD



ACRONYMS

ADS	Agriculture Development Strategy	GDM	Gestational Diabetes Mellitus
AFS	Adolescent-Friendly Services	GBV	Gender-Based Violence
AYON	Association of Youth Organizations Nepal	HMIS	Health Management Information System
ANC	Antenatal Care	HDI	Human Development Index
ASRH	Adolescent Sexual and Reproductive Health	ICN2	Second International Conference on Nutrition
AU	African Union	IEC	Information, Education and Communication Programmes
BMI	Body Mass Index	IFAD	International Fund for Agricultural Development
CB-IMNCI	Community-Based Integrated Management of Neonatal and Childhood Illness	IFPRI	International Food Policy Research Institute
CEG	Care and Enterprise Group	ILO	International Labour Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	IUGR	Intrauterine Growth Restriction
CLC	Community Learning Centres	YIC	Youth Information Centre
CRC	Convention on the Rights of the Child	LMICs	Low and Middle-Income Countries
CSOs	Civil Society Organizations	NLSS	Nepal Living Standards Surveys
DEP	District Education Plans	MoWCSW	Ministry of Women Children and Social Welfare
DHS	Demographic and Health Surveys	MNSP	Multisector Nutrition Plan
DoA	Decade of Action on Nutrition	MCNH	Mother and Child Nutrition and Health
FAO	Food and Agriculture Organization	MICS	Multiple Indicators Cluster Surveys
FCHVs	Female Community Health Volunteers	NCDs	Non-Communicable Diseases

NDHS	National Health Demographic Survey	SDG	Sustainable Development Goal
NFE	Non-Formal Education	SSRP	School Sector Reform Plan
NNMSS	National Micronutrient Status Survey	SUN	Scaling Up Nutrition
NPC	National Planning Commission	VEP	Village Education Plans
NHSP-IP	Nepal Health Sector Programme Implementation Plan	VDC	Village Development Committees
ODA	Overseas Development Assistance	VSLAs	Village Savings and Loans
PNC	Postnatal Care		
RMNCH +A	Reproductive, Maternal, Newborn Child and Adolescent Health		
TVET	Technical Educational and Vocational Training		
WB	World Bank		
WASH	Water, Sanitation and Hygiene		
WHA	World Health Assembly		
WHO	World Health Organization		
WFP	World Food Programme		
UNFPA	United Nations Population Funds		
UNICEF	United Nations Children's Fund		
USAID	United States Agency for International Development		
KAP	Knowledge Attitude and Practice		



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Patricia Likanje holds fresh maize from her garden in the Zomba District, Malawi. Patricia is a member of a community mothers group who has benefited from support and training by Save the Children to improve agricultural and nutrition practices in homes and families as well as in preschools.

PREVIEW

This discussion paper is part of the Save the Children Italy effort to advocate and promote the prioritization of nutrition and nutrition for girls within the global nutrition agenda. From Expo Milan 2015 through participation in the Women 7 event “*Starting from Girls. Women’s Forum on Inequality and Sustainable Growth*”, held in Italy in April 2017 during the Italian G7 Presidency, to the Global Nutrition Summit held in Milan in November 2017, Save the Children continues to advocate for increased investment and support for adolescents and to ensure girls grow up healthy, learning and safe. The paper was drawn up on the basis of global key frameworks such as the WHA Targets 2025, the Sustainable Development Agenda

and the Decade of Action on Nutrition.

It offered the opportunity to develop some recommendations and take stock of the main issues related to adolescent nutrition, with a view to opening an inclusive dialogue among multiple stakeholders.

It has been produced with the support of IFAD within the framework of the International Conference “*Leaving no one behind – making the case for adolescent girls*”. The Conference, organized by IFAD in collaboration with Save the Children Italy and supported by the Government of Canada in October 2018 in Rome, represents a new moment in the 2018 global agenda to strengthen the importance of nutrition for adolescent girls in order to break the intergenerational cycle of malnutrition.





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A young mother from the Nepalganj district in Nepal took her child for a check-up. Local operators trained by Save the Children regularly come to the villages of this remote rural area in order to weigh, examine and vaccinate the children. On this occasion, the baby was weighed and examined to make sure that he had no symptoms of malnutrition.

EXECUTIVE SUMMARY

*“How well girls navigate adolescence will determine not only the course of their own lives, but that of the world”
(UNFPA, Pakistan).*

Despite the significant progress made the last decade, **malnutrition, considering both overnutrition and undernutrition, continues to be rife throughout the world, and current trends indicate that there will still be 130 million children under five with stunted growth worldwide in 2030** (Save the Children, 2018).

Meanwhile, the generation of young people is absolutely massive and it is growing up. **Adolescents and young people are increasingly becoming a key target for development policy. This said, when dealing with nutrition, adolescents are still a neglected group in current research and programming.**

As recently pointed out by Young Lives and reported by the Lancet, most of the adolescent girls in the Low Income Countries (LIC) whose growth was stunted are likely to give birth to a malnourished child, affecting their development and future productivity, and they are also more likely to die while giving birth.¹ The global nutrition community should leverage on this important target group to yield benefits at multiple levels.

Based on this, the **discussion paper focuses on the importance of investing more in**

nutrition-sensitive interventions.

Among them, specific attention has been focused on the importance of fighting early marriage and early pregnancy, as well as considering more youth empowerment initiatives through the lens of nutrition. Even if it is recognised that nutrition is fundamental for all adolescents and that interventions should target both boys and girls, the discussion paper is primarily focused on girls. It aims to inspire thoughts and reflections on the importance of promoting and supporting interventions addressed at empowering girls and preventing early marriage and at how they can influence girls' nutritional status, creating better physical and cognitive conditions that will positively influence their life and the development of the next generation.

In order to influence the status of adolescent nutrition we need to work on several **complex determinants, such as poverty, access to monetary incomes, access to health services and education, livelihoods and social, economic and political factors (e.g. women's status) that affect girls' nutrition.** When household resources are limited, social norms in many places dictate that boys be prioritized, leaving girls with limited opportunities for education and at risk of poor health and nutrition.

Many girls are neither in school nor in paid employment: over a third of young women in developing countries are jobless, out of the formal workforce and not in school.

In many cases, **child marriage – a key driver of early pregnancy – can make the cycle of disadvantage across every part of a girl's life worse.²**



Since women are often the primary caregivers, empowering girls can positively influence their nutritional status and that of their children, thus contributing to the achievement of the global nutrition targets (reducing stunting by 40% by 2025³ and eliminating all forms of malnutrition by 2030).⁴

To highlight the theme and inspire the discussion we looked at the situation in Nepal, where we conducted a field visit in March 2018. Based on questionnaires, interviews and desk-research, lessons learnt on understanding and addressing adolescent nutrition remain limited in Nepal.

The importance of doing more about adolescent nutrition is recognized but not actively pursued by public sector and civil society organizations.

The main focus continues to be on the period of 1,000 days. That has been successful in giving girls access to antenatal care services, and where possible, to trace them. But, after this, there is a deep gap and data available still remain limited, affecting the possibility to provide a clear picture of this segment of the population.

Social determinants such as early marriage are still a challenge in Nepal. Although the legal age of marriage is 20 for both men and women, there is still a high prevalence of early marriage and, as a direct consequence, early pregnancy.

Youth is also considered as a key group in Nepal but more space should be dedicated to nutrition in policy and programmes.

When targeting adolescents and youth, nutrition is still missed out or neglected.

Interventions during youth are crucial and should include and/or contemplate a strong focus on nutrition.

Agriculture could play a crucial role, especially if we consider the importance of promoting and investing more in healthy and sustainable diets,⁵ as well as increasing knowledge among families and communities about the dietary needs of adolescent girls (including micronutrients).

Overall, international policies and frameworks already in place, such as Agenda 2030, WHA targets and the Decade of Action on Nutrition need to be more focused on adolescent nutrition when implemented at country level. Donors and other key partners could play a greater role in promoting the improvement of nutrition for girls.

The domestic budget for adolescent nutrition, as revealed in Nepal, needs to be increased and/or planned, taking a holistic approach which fosters dialogue between different sectors.

In 2017, the importance of looking at adolescent girls as a key target to make progress towards nutrition goals was highlighted at a number of conferences and events,⁶ and in political processes, such as the Italian G7, where both gender and nutrition were high on the political agenda.

In 2018, one of the Canadian G7 Presidency's priorities was gender, as reflected in the Whistler Declaration on Unlocking the Power of Adolescent Girls for Sustainable Development. This declaration highlights the need to commit to evidence-based actions for adolescent girls across a number of important sectors and through an integrated approach, making it strategic to continue to influence policy makers to prioritise girls' nutrition.

Notes

1 [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30154-8.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30154-8.pdf)

2 Globally, 12 million girls marry every year before they turn 18; this is a drop from the previous estimate of 15 million per year. The number of women alive today who were married as children has also declined from an estimated 720 to 650 million. The proportion of women worldwide aged 20-24 who were first married or in a partnership before age 18 has dropped from about 25% to 21% (UNICEF, 2018).

3 <http://www.fao.org/3/a-i6129e.pdf>

4 <https://sustainabledevelopment.un.org/sdg2>

5 Indigenous crops represents an excellent strategy to ensure adequate and continuous access to nutritious food for the local communities.

6 These include: International Association for Adolescent Health 11th World Congress on Adolescent Health: Investing in Adolescent Health – the Future is Now, 27-29 October, Delhi; Global Nutrition Summit, 4 November, Milan; FAO, WHO, Gates Foundation; SUN Gathering, 7-9 November, Abidjan, Ivory Coast (2017).



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Save the Children's Improving Maternal Newborn and Child Health (MNCH) project aimed to reduce the maternal, infant and child mortality rates in Amhara Region in Ethiopia. The project also aimed to reduce the number of early marriages, by advocating for marriages to be delayed until after the age of 18.

1. THE NUTRITION AGENDA: MAKING THE CASE FOR ADOLESCENT GIRLS

1.1. BACKGROUND

According to UNFPA, the generation of young people is currently extremely large: some **1.8 billion people are between the ages of 10 and 24**. Most of them live in developing countries, often representing a huge proportion of the population. **More than 500 million adolescent girls live in LMICs, and one out of three is married before the age of 18.** Only **63% of girls complete primary school and just 29% enroll in secondary school**. Yet girls and young women face high risks of having poor sexual and reproductive health and of being subjected to violence or exploitation.

Among those aged 15-24, at household level, some 500 million live on less than \$2 a day, and over 73 million are unemployed. For girls, the barriers to participation are even higher.

Overall, **the limited resources devoted to adolescence have left young people in many countries, especially in LICs, in a fragile state in terms of health, education, job opportunities and engagement, which undermines the potential of countries to advance in terms of well-being.**

BOX 1: AGE RANGE FOR ADOLESCENT, YOUTH AND YOUNG PEOPLE ⁷

ENTITY/INSTRUMENT/ORGANIZATION	AGE
UN SECRETARIAT / UNESCO / ILO	Youth: 15-24
UN Habitat (Youth Fund)	Youth 15-32
UNICEF / WHO / UNFPA	Adolescent: 10-19
	Young People: 10-24
	Youth: 15-24
UNICEF / THE CONVENTION ON THE RIGHTS OF THE CHILD	Children up to the age of 18
THE AFRICAN YOUTH CHARTER	Youth: 15-35

Parallel to the demographic increase of a young population in many countries, there is the matter of how these citizens will be well nourished and economically productive.

Despite significant progress in recent decades, the problem of large-scale malnutrition in all forms is still a long way from being solved. The number of children under five who are chronically or acutely undernourished (stunted or wasted) may have fallen, but data tracking shows that global progress to reduce these forms of malnutrition is not rapid enough to meet internationally agreed nutrition targets, including Sustainable Development Goals (SDGs) target 2.2 to end all forms of malnutrition by 2030.

The estimated number of undernourished people increased to almost 821 million in 2017, up from 804 million in 2016 (FAO, 2018) and in 2017, stunting still affected over 22% of children under the age of five.

In some regions, stunting affects one-third of children under five. Almost one third (33%) of women of reproductive age worldwide suffer from anaemia, which also puts the nutrition and health of many children at risk. Exclusive breastfeeding of infants aged 0-5 months has marginally increased, but progress is too slow (up 2% from baseline). Multiple forms of malnutrition are coexisting, with countries experiencing simultaneously high rates of child undernutrition and adult obesity. Furthermore, the rise in the numbers of children and adults who are overweight and obese continues, also in low-and middle-income countries (FAO, 2018).

Malnutrition has a high economic costs, yet not enough is spent on improving nutrition. Domestic budgets on nutrition vary from country to country, with some spending over 10% of their budget on nutrition and others far less. Global spending by donors

on undernutrition increased by 1% (US\$5 million) between 2014 and 2015, but fell as a proportion in development assistance (ODA) from 0.57% in 2014 to 0.50% in 2015 (Global Nutrition Report 2017).

In 2015, the Save the Children review of adolescent nutrition policies and programmes in 22 countries that signed up to Scaling Up Nutrition in 2015, found that only seven of these countries had plans to support adolescent nutrition and even fewer were implementing nutrition interventions targeting adolescents.

Only two countries out of the seven SUN country plans analysed, have reported an assessment of the status of adolescent nutrition in-country, and only one stated that adolescents were involved in designing the national plan.⁸

Three countries (Ethiopia, Mozambique and Nepal) stand out for starting to make inroads into integrated approaches for adolescent nutrition across various sectors.

Although indirect nutrition interventions across sectors are critically important for adolescent nutrition, practice remains very patchy and the evidence is not clear enough to elicit recommendations about what should be done.

More evidence and associated guidance is needed, both on what to do and how to do it.

There is also a difference to be considered between rural and urban communities. Urbanization is leading to a change in the dietary habits of young people living in cities where consumption tends to prefer processed food. While recognizing the importance of focusing more than in the past on nutrition in urban contexts, the present discussion paper will focus more on rural areas.

1.2 ADOLESCENCE, A WINDOW OF OPPORTUNITY TO FIGHT ALL FORMS OF MALNUTRITION

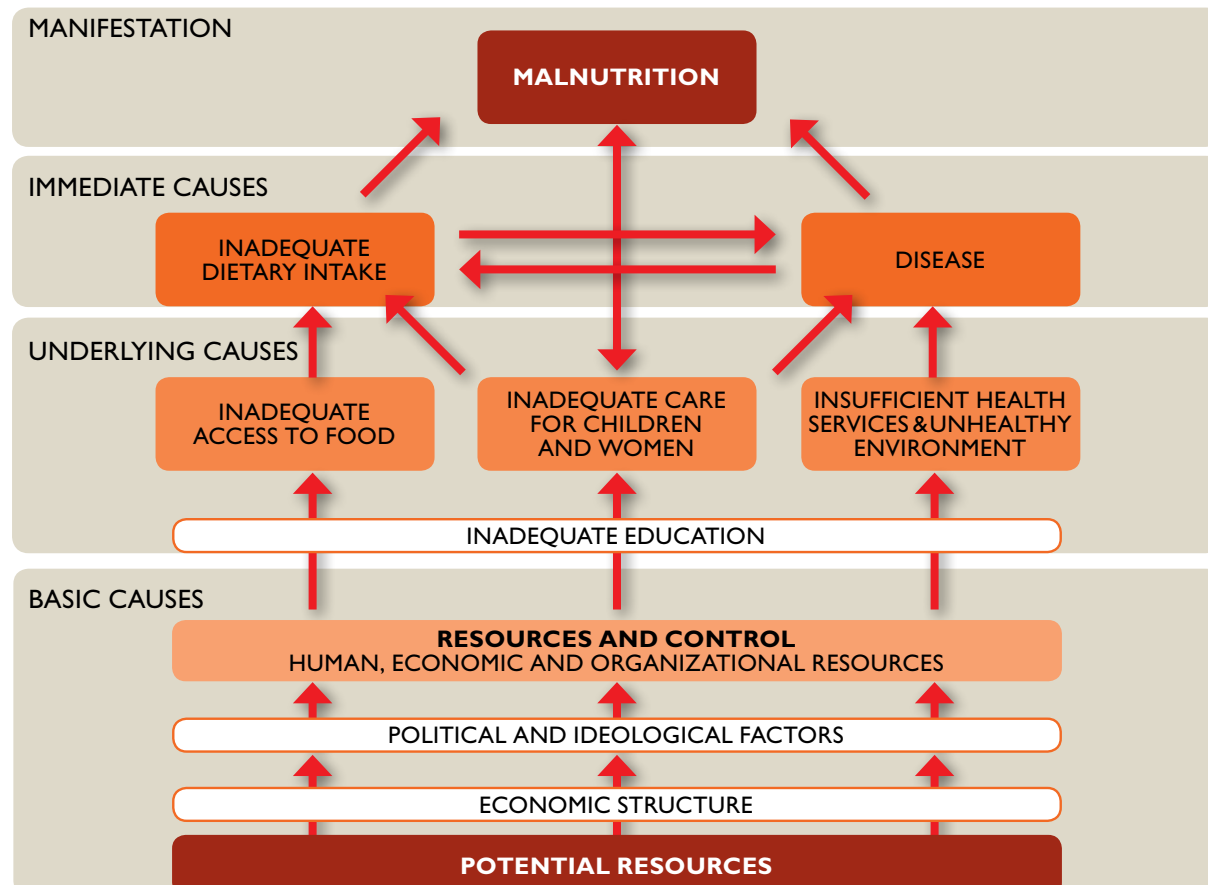
Pre-pubertal adolescence and young adulthood, when major anatomical and physiological changes happen, are crucially important periods for the development of healthy adults and caregivers.

Meeting nutritional requirements during this phase of life is extremely important. Furthermore, a significant percentage of girls also become mothers, hence the importance of their health and nutritional status, before as well as during pregnancy, has its impact on their own health, foetal well-being, and newborn health.

Adolescent nutritional behaviours are taking on

considerable importance in nutrition interventions as more emphasis is needed on the importance of care for mothers and infants, going beyond diet to emphasize feeding and weaning as well as sanitation and hygiene practices. The conceptual framework of malnutrition offers a series of options to deliver direct effects on nutrition for girls and on other key aspects such as early marriage and pregnancy. Hence, this segment of population needs more attention in terms of nutrition data which are not yet systematically collected and analysed. The situation is even worse when girls are refugees, displaced or disabled or from a regionally disadvantaged area in a country or an excluded ethnic group.

BOX 2: CONCEPTUAL FRAMEWORK OF MALNUTRITION



Source: adapted from UNICEF 1990

Multiple socio-cultural aspects affect the nutrition of girls.

In many countries, women and girls often eat last and least. As a result, twice as many women suffer from malnutrition as men and girls are twice as likely to die of malnutrition as boys.

An important implication of these findings is that **interventions that aim to delay childbearing and promote catch-up growth among adolescent girls, particularly in early adolescence, may be effective in breaking the intergenerational cycle of stunting in low- and middle-income countries.**

In fact, a growing body of international evidence suggests that “catch-up” growth in adolescence is possible. This is mediated by a delay in maturation and/or an extended pubertal growth phase.

Longitudinal data from the Young Lives Study (Fink and Rockers, 2014) show that 36% of stunted eight year-old children managed to catch up with their peers by the age of fifteen. Furthermore, results from the Young Lives Study show that children who caught up in height by age fifteen had smaller deficits in cognitive function than children who remained stunted (Fink and Rockers, 2014). Indeed, among children who were stunted at the age of one, those who were not stunted at the age of eight performed better in achievement tests compared with children who were stunted at both ages.

However, a few studies have assessed the effect of recovery from stunting on cognitive achievement in children aged five to eight and evidence from existing studies has been mixed (Lancet, Vol 2, September 2017).

Two other key findings from Young Lives

(Benny et al, 2017) are summarised as follows:

- **Being born to a stunted adolescent mother increases the chance the infant will be stunted by 15%.** Most of this intergenerational effect is linked to a mother being chronically malnourished before and during pregnancy, and it is aggravated by the age at which she gives birth.
- In a second (older) group of girls studied, the extent of physical recovery during adolescence showed more change than expected. For girls who were shorter than the WHO norm expected at age twelve, 40% of the height deficit, on average, was recovered by the age of nineteen. In addition, findings, although not conclusive, and still being discussed among nutritionists, seem to suggest that **the largest share of catch-up growth occurred in early adolescence, between the ages of twelve and fifteen, suggesting early adolescence may be a particularly promising period for intervention.**

Although the first 1,000 days is a crucial stage for future growth and development and the most important period for interventions to prevent stunting, accelerated linear growth can occur at later ages and might reverse stunting, particularly during adolescence.

This might present another opportunity for interventions aiming at breaking the intergenerational cycle of child undernutrition (Lancet, Vol. 2, September 2017).

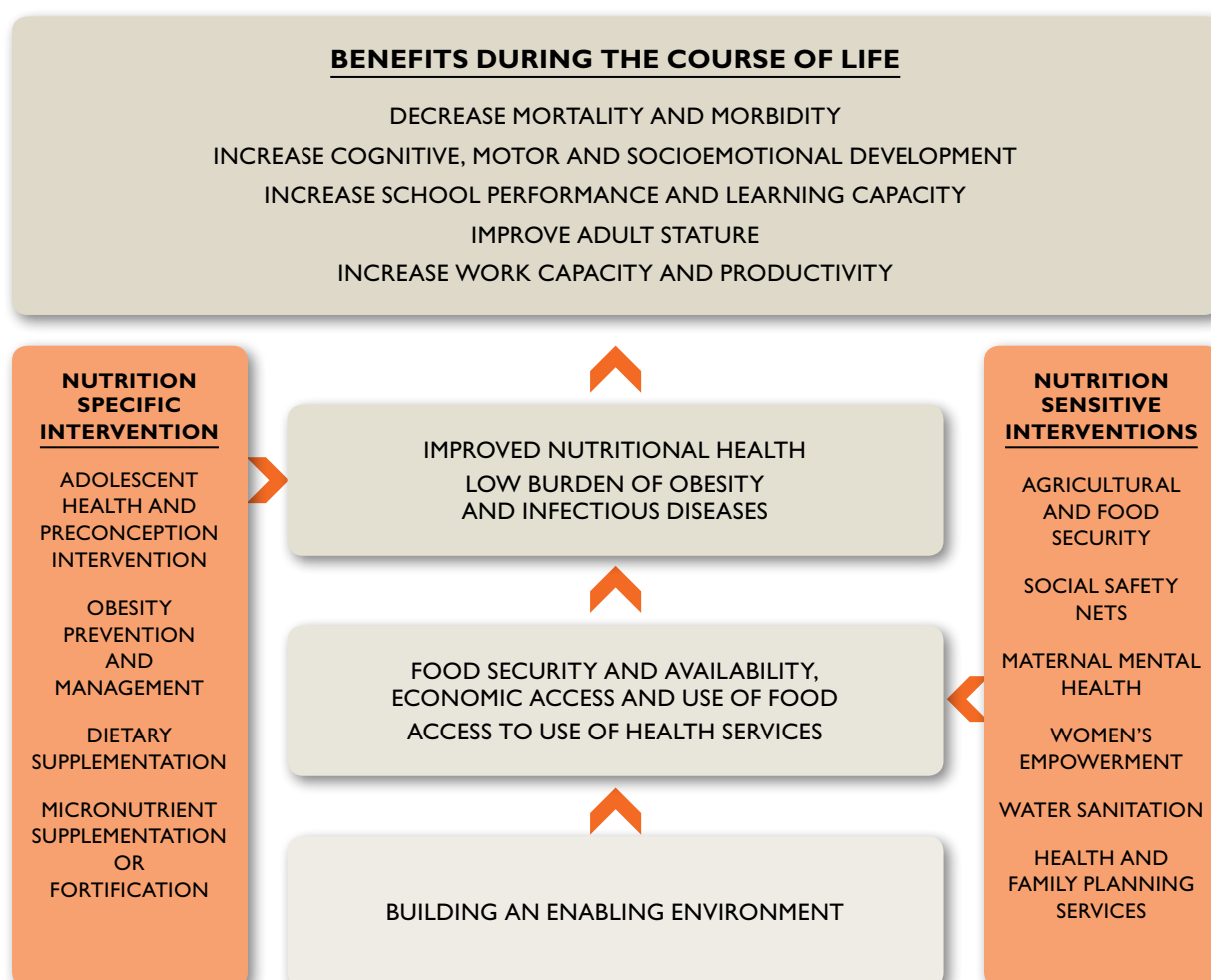
There is a general need to pay more attention to the nutrition of adolescent girls (10-19 years old) and to keep investing also in youth (15-24) for a better future.

The SUN framework also calls for specific actions for the different age groups – the so-called “life-cycle approach” - in order to scale up nutrition. And yet, adolescent girls are often not directly targeted in nutrition programmes despite the crucial opportunity for catch up growth during adolescence and the demographic trend for this age group, which will continue to grow in absolute terms until around 2030.⁹

Targeting girls can significantly reduce the inter-generational transmission of malnutrition and poverty (as they are closely interlinked) and in order to address the multiple drivers

of malnutrition in this specific age group, such as early marriage and early pregnancy, Save the Children focuses on multisectoral actions especially linked to youth empowerment and delaying child marriage and early pregnancy, depending on the context.

BOX 3: FRAMEWORK FOR NUTRITION IN ADOLESCENTS AND YOUNG WOMEN



Source: Lassi et al 2017a.

Many governments in LICs do not have nutrition for adolescents at the core of their business yet and therefore there is a lack of Government control. As a result, no investments are allocated at national and local level.

Making government sectors work together is crucial to engaging different stakeholders, such as civil society organizations, academia, media and the private sector, but funds must be also made available.

There are some examples, such as in India where the Government has taken a lead by bringing the importance of adolescent nutrition to policy level, linking it to the outcomes of pregnancy and childbirth and subsequently to child survival in the country's Strategic Approach to Reproductive, Maternal, New born Child and Adolescent Health (RMNCH+A), launched in 2013 (MoHFW-India, 2013).

Political interventions on this topic should be aligned with a stronger focus on gender equality which requires more than just parity in access to health, education or other services. **Realising the power of girls requires deeper reforms that challenge internal and external household dynamics and empower girls to achieve their full potential (SUN, 2015).**

It is imperative to work with girls to better understand their needs. It is hard to reach them without proven interventions and this is the reason why a multi-sectoral approach is needed. Collaborations at national, local and grassroots levels are essential for their engagement.

Interventions should be modelled on specific information and data but there are still not enough evidence-based approaches. There is a **need to disaggregate data for all forms of malnutrition, in all countries**

as nutritional levels can vary even within households.

Multiple players, from family members to community and religious leaders, should be also engaged constantly.

Nutrition education can be made an essential part of school curricula so that children from a very young age are made aware of the lifestyle and dietary choices they face.

This can extend to families and to the larger community through community-engagement programmes, including caregivers, children, adolescents and policy makers, ideally a “circle of care” in which adolescents are empowered, caregivers better informed, and policy makers made more sensitive to the issues at hand.

In this scenario, the **most important approach to catch up the window of opportunity for girls is to design and implement integrated programmes based on combined nutrition-specific and nutrition-sensitive approaches.**

These strategies and interventions should be defined by specific policies, particularly at national level, and fresh resources should be mobilized.

1.3 NUTRITION-SPECIFIC INTERVENTIONS TO TACKLE ADOLESCENT NUTRITION

Although nutrition-specific interventions are considered relevant to address adolescent health, there is still limited evidence, largely because most trials on women of reproductive age including pregnant women do not include disaggregated data for adolescents.

As a result there is more evidence in relation to micronutrient fortification initiatives.

Packages of interventions with iron supplementation, folic acid supplementation

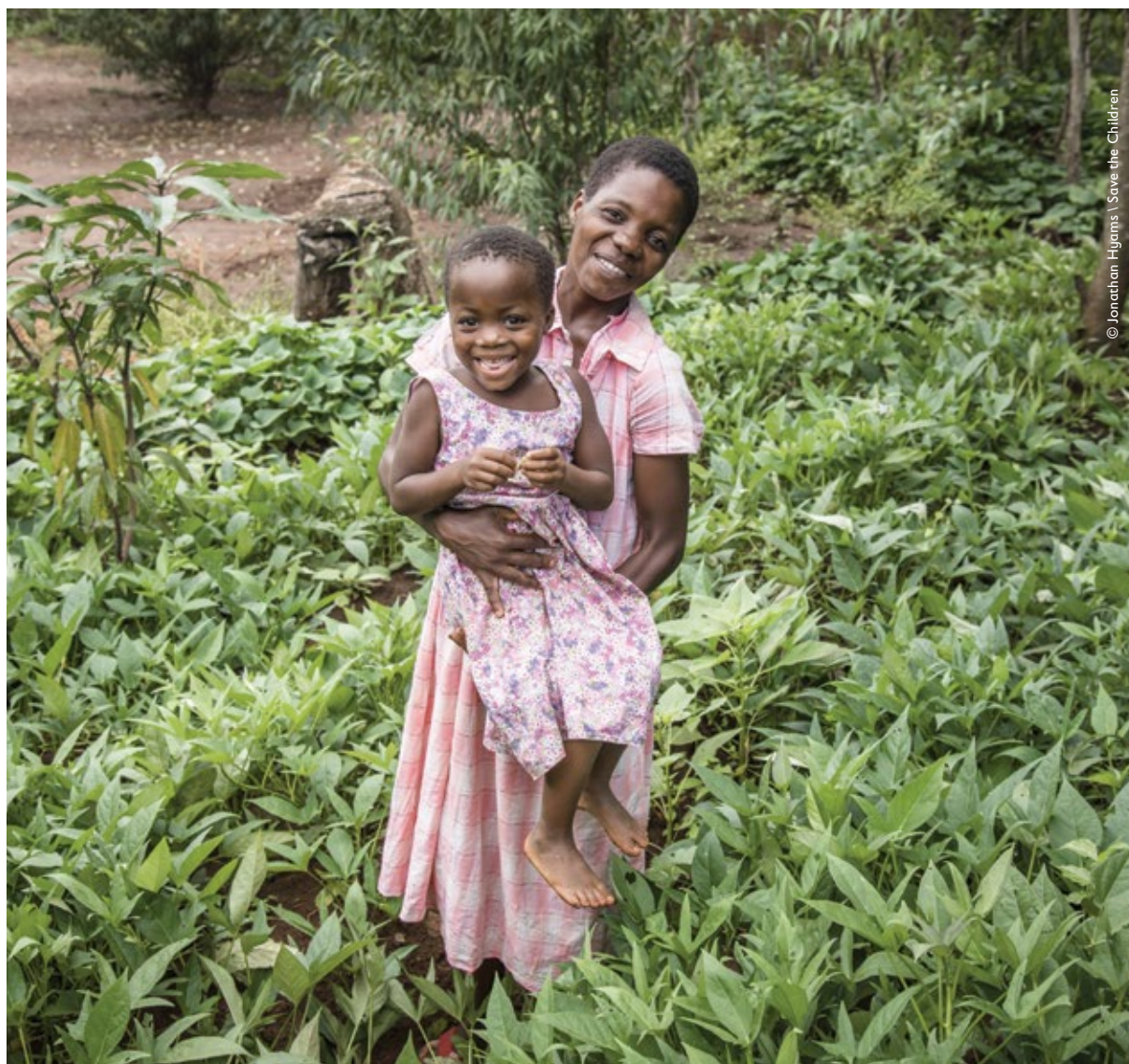
and calcium intake have shown positive effects.¹²

Specific studies among adolescent women indicate that zinc supplementation among adolescents is associated with improvements in serum zinc and in haemoglobin concentration, and supplementation among pregnant adolescents significantly reduced preterm birth rates and low birth weight.¹³ Among potential direct interventions, **micronutrient supplementation in at-risk populations is considered strategic to address micronutrient deficiencies including supplementation with key micronutrients and providing access to fortified foods.**

In many situations, the first access to health services for adolescent girls is during pregnancy, sometimes not until late in the first trimester or later still.

Interventions for sexual and reproductive health education and access to contraceptives to prevent unwanted early pregnancies should be also part of national health strategies. Family planning needs to be a core component of adolescent health and nutrition care packages.

Health services should be user-friendly for adolescent girls, as recommended by the WHO.



1.4 NUTRITION-SENSITIVE INTERVENTIONS TO TACKLE ADOLESCENT NUTRITION

Nutrition-sensitive interventions, especially those considering education, agriculture, water, hygiene and sanitation and empowerment linked to the gender specific lens, as well as delayed marriage and pregnancy, **have important effects on adolescent nutrition**. The impacts of these interventions will be assessed in a long-term perspective.

A short narrative on the main benefits of some of these interventions is provided in box 4. To simplify the exercise, only some key sectors that have the potential to influence the nutrition dimension are reported, such as education, agriculture and social welfare. Nevertheless, there is recognition that other sectors, such as water and sanitation, etc. could play a significant role.

BOX 4: SECTORS WHICH MIGHT INFLUENCE ADOLESCENT NUTRITION

EDUCATION

Education is associated with improved nutritional outcomes. Mothers who have had quality secondary school education are likely to have better nourished children. This emphasises the crucial need to ensure that girls stay in education yet the primary school dropout rate is significantly higher among adolescent girls than boys in Africa, the Middle East and South Asia. Informal education should be considered more as a means to keep girls close to their wishes to be educated despite becoming wives and mothers at an early age. Nevertheless, the challenge is huge.

AGRICULTURE

Agriculture is key to building up better nutrition status for adolescents. **This is the reason why this sector should reinforce the focus on gender-sensitive policies and interventions to ensure that young girls, as well as young boys (especially in the workforce), have adequate access to a variety of affordable and healthy foods.** The promotion of a sustainable diet could be enhanced through the generation of reliable incomes.

SOCIAL WELFARE SYSTEMS AND SAFETY NETS

Social welfare systems and safety nets are equally important to a better quality of life for girls. The role of adolescents as future workers in the economy is not only limited but it is often linked to their key role in the households where they are expected to carry out income-earning activities without having control over the income generated; sometimes this is at the cost of their schooling. **A social system in favour of girls could help them to design a better future.** Save the Children in Malawi is successfully supporting teen mothers through mechanisms such as Village Savings and Loan Associations, VSLAs. The initiative is based on a saving-led microfinance approach which provides an accessible system for the rural girls to save, obtain and invest the loans (Save the Children, 2015).

1.5 EARLY MARRIAGE AND EARLY PREGNANCY

Two of the most broadly endorsed human rights agreements in the world, the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), address child marriage.¹⁴

The global number of child brides is now estimated at 650 million. The number of girls married during childhood every year is 12 million, according to the latest prevalence and population figures (UNICEF, 2018).

New data confirm that the practice of child marriage has continued to decline around the world, with accelerated progress in the last 10 years. However, progress is insufficient to meet the ambitious target of elimination, as set forth in the SDGs (UNICEF, 2018).

Sub-Saharan Africa is now home to the highest prevalence of child marriage and has seen only modest declines over the past decade. In addition to slow progress, the sharply increasing population means that, with each passing year, the number of child brides could grow.

Girls who marry early are more likely to experience physical, sexual, and psychological violence throughout their lives (Girls Not Brides, 2013; Jensen & Thornton, 2003).

Additionally, as a result of early marriage, due to the lack of knowledge, education, and decision-making power, these adolescent girls and their families and communities face huge challenges in breaking injustice and traditional or cultural customs that affect girls' rights.

Evidence shows that countries that have implemented strict laws, establishing the minimum age of marriage as 18, have succeeded in lowering fertility rates in adolescents (Girls Not Brides, 2013).

16 million girls aged 15 to 19 and 2.5 million girls under the age of 16 give birth each year in developing regions. If all pregnancies, and not just births, are included in the statistics the number of adolescent pregnancies is much higher. **Complications from pregnancy and childbirth are the leading causes of death among adolescent girls** (aged 15-19), with tens of thousands dying annually at global level.

Early pregnancy is also a matter of violation of human rights. A pregnant girl who is pressured or forced to leave school, for example, is denied her right to education.

Adolescents who lack choices and opportunities in life, or who have limited or no access to sexual and reproductive health services, are more likely to become pregnant. Girls forced into child marriage are forced into physical and emotional relationships they are not ready for, that they usually do not choose, and over which they have little control. They are also more likely to become pregnant. Adolescent girls are not yet physically ready for pregnancy or childbirth, and are therefore more vulnerable to complications during child birth.

Additionally, **adolescents who become pregnant are often from lower-income households, and many are undernourished, increasing the risks associated with pregnancy and childbearing.**

In many LICs, the risk of maternal death for girls under the age of 15 is higher than for women in their twenties. These girls also face health risks such as obstetric fistula, and their babies face greater risks as well.

Careful consideration of the context of adolescent pregnancy within each setting would also be necessary to understand the socio-economic factors

including cultural habits that influence both the probability of an adolescent becoming pregnant and (via nutrition and other factors) the risk of an adverse outcome.

In these cases, a nutrition intervention may best be implemented as part of a multifaceted programme, including nutrition and sexual and reproductive health education.

Pregnancy is a period of life when nutritional needs are different. The adolescent girl also has her own nutritional needs.

Improving nutritional habits during pregnancy may also improve birth outcomes and develop positive eating habits in the adolescent as a future caregiver, improving good feeding habits for the next generation and also sanitation and basic hygiene practices.

These aspects should be included in every National Nutritional Plan.

1.6 YOUTH EMPOWERMENT

Globally there are 1.2 billion young people between the ages of 15 and 24. The youth population is growing faster in the poorest nations.

Governments around the world face the challenge of providing young people with jobs and opportunities that safeguard their futures. In fact, global attention to this segment of the population is emerging in a significant way in the development cooperation system and the word “youth” is widely included in policy fora. But which are the main constraints encountered by youth in LICs?

First of all, it is important to recognise the fact that youth populations are not yet

fully or partially recognised as agents of change despite their huge potential. So, investing in them is fundamental and failing to do so is a missed opportunity. They are also instrumental to the achievement of the Sustainable Development Goals, particularly 1, 2, 4, 5 and 8.

Rural areas, where at least 600 million young people currently live, are particularly complex for the youth population, due to a lack of access to land, natural resources, finance, technology, knowledge, information and education. Although urbanization is on the increase, forecasts indicate that Africa will remain predominantly rural until about 2035. Yet rural poverty remains deep and widespread, concentrated among young people and women in the region.

There are several instruments to empower youth. Social protection measures are among the most promoted strategies to mitigate the effects of poverty. The final goal of many different types of social measures is to dismantle barriers that prevent young people from continuing education. Creating employment opportunities that encourage parents and children to invest in their futures is also crucial, as is the improvement of access to health services and information and support networks.

Save the Children's approach to youth empowerment

Save the Children's approach to youth empowerment is focused on building capabilities, opportunities and enabling environments in order to positively support adolescents and youth (AYs) transition from childhood to adulthood. In fact, there are many transitions that adolescents have to face at the same time: from being single to married, from being a sister/daughter to being

a mother, from school to work, etc.

A foundational component to positively support these transitions is the building of a set of skills known as transferable life skills. These are skills, behaviours, attitudes and personal qualities that enable people to effectively navigate in their environment (i.e.: communities, peers, families), work well with others, perform well and achieve their goals. Until recently, it was believed that if you did not build these skills in the first decade of your life, your brain was not able to develop and apply them. With scientific advancement and publication of new studies, it is recognised that our brain is still mouldable also in the second decade of our life, thus identifying a new window of opportunity to teach these skills and support youth during all their transitions.

Save the Children works to teach transferable life skills that can produce positive outcomes in many areas of adolescents' lives, such as deciding when and who to marry, when to have a child or how to achieve economic independence.

Save the Children defines adolescence and youth as stages of social, physical, cognitive and emotional development between childhood and adulthood, which can include a range of ages. As general guidance, adolescence might be considered from ages 10-19 with very young adolescence as 10-14. Generally, local definitions of young people's roles and responsibilities in each context is encouraged. Youth organizations, such as clubs promoted by Save the Children, are also a good example of how to ensure that youth empowerment is carried out in an integrated manner, listening to the young people's needs in a space exclusively dedicated to them. Youth organizations often offer the opportunity to reach adolescent girls, young pregnant women and lactating mothers who, after leaving the school system, are difficult to target in any intervention.

1.7 KEY POLICY FRAMEWORKS RELATED TO ADOLESCENT NUTRITION

A good nutrition policy must meet evidence-based criteria, setting Specific, Measurable, Achievable, Realistic and Time-bound (SMART) targets, engaging various stakeholders, expanding multi-sectoral interventions and prioritising the most vulnerable and marginalised groups.

Some of these principles are contained in **key global policy nutrition frameworks such as the World Health Assembly (WHA) targets 2025, the Sustainable Development Goals (SDGs) and the Decade of Action on Nutrition (DoA).**

The question is whether the theme of adolescent nutrition is considered.

WHA Target 2025

In 2012, the World Health Assembly Resolution 65.6 endorsed a ***Comprehensive implementation plan on maternal, infant and young child nutrition, which designed a set of six global nutrition targets.***¹⁷

Since their adoption, the global targets have helped focus the global nutrition community on priority areas to improve the nutritional status of mothers, infants and young children. However, **there is no an explicit mention of adolescent nutrition** and even in the case of maternal health, the range considered is women aged between 15 and 49, with no reference to disaggregated data.

These global targets need to be tailored according to specific contexts at national and local level, by taking into consideration stunting levels and trends, risk factor trends, demographic changes, experience with developing and implementing nutrition policies, degree of health system development and previous experience with interventions.

Nutrition-specific and nutrition-sensitive

interventions addressing adolescent nutrition might be also included at country level.

Additionally, all six World Health Assembly targets should be reflected in the implementation of the Agenda 2030.

Agenda 2030 Sustainable Development Goals

Compared to the WHA targets, the issue of adolescent nutrition is quoted in the SDG2 target 2.2: ***“By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons”.***

The target suggests that there is space for addressing the nutritional needs of adolescent girls. While following the path of the paper, a concerted approach towards this group should be built up. This means that other SDGs, such as 1, 4, 5 and 6 where there is potential for relevant nutrition-sensitive intervention in social protection, education, and water and sanitation, should be considered. SDG5 *on achieving gender equality and empowering women and girls* may also benefit from including an adolescent nutrition-oriented target with respective indicators.

Lastly, in the creation of an enabling environment for nutrition, the consideration of progress indicators such as those related to education (e.g. the proportion of adolescent girls completing secondary level education) is equally important to be considered.

UN Decade of Action on Nutrition (DoA)

The UN Decade of Action on Nutrition is a commitment by Member States to undertake ten years of sustained and coherent implementation of policies and programmes, following the recommendations and commitments of the ICN2 Framework for Action and the Agenda 2030 for Sustainable Development.

The main goal is to increase visibility of nutrition actions at the highest level and ensure coordination, strengthen multi-sectoral collaboration, create synergies and measure progress towards sustainable food systems and food and nutrition security for all.¹⁸

The nutrition of adolescent girls is one of the actions recommended in the ICN2¹⁹ Framework of Action: *“nutrition and other related policies should pay special attention to women and empower women and girls, thereby contributing to women’s full and equal access to social protection and resources, including, inter alia, income, land, water, finance, education, training, science and technology, and health services, thus promoting food security and health”.*

All key partners starting from Governments, UN agencies, Civil Society Organizations and the private sector should place greater importance on ensuring that adolescent nutrition is included in all national plans and that the related policies and strategies – such as those mentioned in the ICN2 Framework – are implemented at country level.

Notes

- 7 <https://www.savethechildren.org.uk/content/dam/global/reports/health-and-nutrition/adolescent-nutrition.pdf>
- 8 Although many organizations, including the UN, provide an age range for adolescent/youth and young people, age definitions should be contextualized as a transition time of life stretching from puberty to the acceptance of the responsibilities of employment, marriage, family and community engagement.
- 9 <https://data.unicef.org/topic/adolescents/demographics/>
- 10 Despite recognition of the importance of considering malnutrition in all its forms, the discussion paper is mainly focused on undernutrition.
- 11 In this case, as defined in box 1, the age group considered is approximately 15-24 although each country has its own differentiation.
- 12 From recommendation 43 of the ICN2: Provide daily iron and folic acid and other micronutrient supplementation to pregnant women as part of antenatal care; and intermittent iron and folic acid supplementation to menstruating women where the prevalence of anaemia is 20% or higher, and deworming, where appropriate.
- 13 Maternal and foetal undernutrition are determined by short maternal stature, low pre-pregnancy body mass index (BMI), inadequate gestational weight gain, micronutrient deficiencies and intrauterine growth restriction (IUGR). On the other hand, maternal and foetal overnutrition is associated with maternal overweight and obesity and an unbalanced diet, as well as other conditions, such as gestational diabetes mellitus (GDM).
- 14 The CRC establishes the internationally agreed definition of a child, and the right of children to health, education, protection from violence, and protection from sexual exploitation and abuse, all of which are violated by child marriage. The CEDAW states unequivocally: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory." Together, these treaties have been signed or ratified by every country except the US.
- 15 Lots of events have been organized in recent years, such as the UNESCO Youth Forum, European Youth Week, the Africa-Europe Youth Summit, the World Bank Youth Summit and the Global Youth Leaders Summit, to name a few. The 2030 Agenda indicated children and youth as 'critical agents of change' in SDGs and for the 'creation of a new world', while the new EU Consensus declares young people as essential contributors to sustainable development. More recently, the final declaration of the AU-EU Summit highlighted youth as a high priority. The European Commission has recognized the need to make support for youth organizations more participatory and inclusive, however, in many countries there is still a limited amount of space for young people. Empowering youth and equipping youth with essential tools is the new mantra.
- 16 SDG 1 – No poverty; SDG 2 – Zero hunger; SDG 4 – Quality education; SDG 5 – Gender equality and SDG 8 - Decent work and economic growth.
- 17 WHA Targets: achieve a 40% reduction in the number of children under-5 who are stunted; 50% reduction of anaemia in women of reproductive age; 30% reduction in low birth weight; no increase in childhood obesity; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%; reduce and maintain childhood wasting to less than 5%.
- 18 The Decade of Action on Nutrition calls for policy action across six key areas: creating sustainable, resilient food systems for healthy diets; providing social protection and nutrition-related education for all; aligning health systems to nutrition needs, and providing universal coverage of essential nutrition interventions; ensuring that trade and investment policies improve nutrition; building safe and supportive environments for nutrition at all ages; strengthening and promoting nutrition governance and accountability.
- 19 The Second International Conference on Nutrition (ICN2) was an inclusive inter-governmental meeting on nutrition jointly organized by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) and held at FAO Headquarters in Rome from 19-21 November 2014. The main outcome of the Conference was the endorsement of the Rome Declaration on Nutrition and the Framework for Action. The Rome Declaration, reaffirming the commitments made at the first International Conference on Nutrition in 1992, commits countries to eradicating hunger and preventing all forms of malnutrition worldwide, particularly undernutrition in children, anaemia in women and children, among other micronutrient deficiencies, as well as to reversing the trend in obesity. It binds countries to take ten steps to translate their commitments for nutrition into action.



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In Nepal, in the remote rural area of Nepalganj, a local operator of Save the Children runs villages to teach mothers and families the best way to get the maximum caloric intake from local crops in order to guarantee the proper nutrition of children and correct hygiene practices to protect their health.

2. NEPAL CASE STUDY

INTRODUCTION

The previous chapters explored an overview of the current and future actions to tackle adolescent nutrition, along with key global policy frameworks. The non-exhaustive exercise was a way to package a series of potential assumptions and/or observations related to adolescent nutrition in order to create a space for further analysis and reflection. Unfortunately, the exploration of adolescent nutrition through the above literature review only provides partial evidence, as there is still a long way to go before we will have more concrete and exhaustive information. However, ultimately, the exercise aims to create an enabling environment to emphasize the importance of concentrating efforts on this huge topic.

The main goal of the following case study is to explore why and how it is crucial to invest more in designing strategies and programmes on nutrition among adolescents and youth, considering how the topics analysed and mentioned previously are approached at country level. Although the Nepalese example is not an exhaustive exercise, the attempt made was a journey through the country to explore how adolescent nutrition was tackled and perceived by different stakeholders and players, including the work of Save the Children at country level.

Save the Children's interventions in Nepal offer a programmatic space to look at the specific key determinants mentioned (early marriage, early pregnancy and youth empowerment) and the potential of their nutritional effects on adolescent girls.

This section is based on a desk review and a mission conducted in Nepal from 19 to 27 March 2018. During the mission, several interviews were held with stakeholders from a broad cross-section as well as members of Save the Children Nepal and some beneficiaries of the projects.

Two Save the Children initiatives supported by Save the Children Italy were visited in the district of Salyan – Province n° 6 – and in the city of Nepalganji, Banke district – Province n° 5. The main goal of the mission was to follow the narrative of the discussion paper on exploring and looking for interventions that aim to delay childbearing and promote catch-up growth among adolescent girls, to break the intergenerational cycle of stunting.

At the same time, it was also an occasion to solicit the opinions of development officers, local authorities and policy makers on the theme of adolescent nutrition and to explore with them what the country is doing.

2.1 CONTEXT

Nepal is one of the world's poorest countries with an economy which relies especially on agriculture, remittance and tourism, and foreign aid. It is still one of the least developed countries in Asia and ranked 148th out of 189 countries in the UN Human Development Index (2018). Nevertheless, the incidence of multidimensional poverty has gone down from 59% in 2006 to 39% in 2011 and 29% in 2014.

To keep up the momentum of these achievements will require ongoing efforts and political leadership in the coming years (Nepal's Multidimensional Poverty Index 2017, 2018).

The official language is Nepali, however there are sixty ethnic groups who speak seventy different dialects and eleven major languages.

There are various levels of geographic and administrative division based also on a cross-section of three ecological zones (Mountain, Hill, and Terai) and five development regions (Eastern, Central, Western, Mid-Western, and Far-Western) defined by 15 sub-regions.

Over the last five decades **the poverty rate has fallen markedly, with the number of people living below the national poverty line falling from 42% in 1996 to 31% in 2003 and to 25 % in 2010.**

FAO food balance figures show that, between 1990-92 and 2005-07, the daily food energy supply increased from about 2,190 to 2,350 kcal/person/day, protein from 55 to 60 grams/person/day and fat from 34 to 40 gm/person/day. As a result, the proportion of the undernourished population fell from 21 to 16%, while the proportion of underweight children fell from 43% in 1996 to 39% in 2006 (FAO, 2015).

Looking at the political environment, historically, **Nepali society is fragmented, economically differentiated, socially hierarchical and politically divided.**

In recent decades, the country has witnessed the creation of a multi-party parliamentary system, a decade-long Maoist insurgency and the abolition of its monarchy.

Currently, the country is transitioning to a federal democratic government²⁰ based on the 2015 Constitution. The Prime Minister Sher Bahadur Deuba took office in June 2017 as part of a power-sharing agreement among coalition partners. Local elections were carried out in three phases, with the last elections held on September 18, 2017. Provincial and parliamentary elections were completed in early December 2017.

Significant adjustments such as restructuring the civil service at all levels, devolving fiscal management and determining the division of funds, functions, and officials between various levels of government are ongoing.

A decentralized system of governance is also in progress, with the main goal being to combine and allocate national and local resources for enhancing incomes and employment opportunities. The main strategy is to allocate resources directly at local level.

Nevertheless, the situation is still volatile and, as recently highlighted by the Economist, *"none of the main parties in the current Government put chronic problems such as discrimination against Dalits, women and other marginalised groups on their agendas. Neither the plight of public schools and hospitals nor the lack of good jobs, which drives Nepalese to seek work abroad, featured in their rallies.*

Millions of migrant workers in India, in Middle East and elsewhere, whose remittances are equivalent to 30% of GDP, were not allowed to vote despite a Supreme Court ruling that theoretically gave

them that right” (The Economist, 2017).

Nepal also experienced devastating earthquakes in 2015 with the consequence of trade disruptions and a fuel crisis, which impacted the entire economy.

Later, heavy monsoon rains swept across South Asia in 2017, affecting 1.1 million Nepalis. Nevertheless, the economy bounced back strongly in 2017, growing 7.5 percent following two challenging years.

The adolescent population in Nepal is approximately 6.0 million or 24% of the total population; 75% of all married women married before they turned 19, and 16% before they were 15 years old.²¹

This population is in the growth phase, physically and mentally, and is a key resource for the future of the country.

This case study explores the theme of adolescent nutrition in a country where this segment of the population has been targeted in different programmes by the government (ANNEX 1), and other players, either through programmes focusing specifically on nutrition – on mother and child nutrition and health (MCNH) – or through more integrated programmes where the nutrition of girls is not a primary goal but an expected effect of other key factors. Following the key determinants discussed in the previous sections, the links between adolescent nutrition and early marriage, early pregnancy and youth empowerment were explored through a desk literature review of policies and strategies and informal interviews. A questionnaire was designed to cover a broad range of issues related to these determinants.

The initial idea to explore the determinants – mentioned above – that could theoretically have an impact on the nutritional status of adolescent girls has implied a non-exhaustive

exploration of those sectors that influence the life cycle of adolescent girls and their nutrition, such as health, agriculture, nutrition, gender and education.

Being aware that multiple sectors could influence the life of adolescent girls, only short snapshots of some sectors are depicted through the lenses of a gender perspective. Subsequently, early marriage and pregnancy, and youth empowerment were explored. The dialogue among different sectors and their close relationships with the three key determinants was definitely a challenge.

Integrating findings and creating connections to articulate and reveal the importance of reinforcing approaches to the multiple dimension of adolescent nutrition seems to be still a challenge.

The links among different sectors are complex, and the outcomes on nutrition are often ambiguous and not measurable.

Overall, the case study offers a series of reflections to address technical and policy recommendations to governments, donors, policy makers and practitioners on the urgent need to improve adolescent nutrition.



2.2 TACKLING UNDERNUTRITION IN NEPAL ²²

The issue of malnutrition is clearly reflected in national policy documents including the National Health Policy 2014, the Government's Periodic Plan (2016-2018) and the National Health Sector Strategy (2015-2020). Existing laws, regulations and policies relevant to nutrition include the 1997 Food Act, the 1970 Food Regulation, the 1998 Iodised Salt Act, the 1992 Mother's Milk Substitutes Act, the 1994 Mother's Milk Substitutes Regulation and the 1963 Breast Feeding Regulation.

The Ministry of Health has implemented multiple strategies to improve the nutritional status of people, with special emphasis on vulnerable populations including young children and pregnant women.

In 2012, the Government of Nepal set up the National Nutrition and Food Security Coordination Committee, chaired by the National Planning Commission (NPC). The main responsibilities of the Committee are the development of a national strategy and plan under policy direction and guidance of

the High-Level Nutrition and Food, a financial tracking system is in place, for which the NPC has taken a lead role. The NPC also advocates for a nutrition budget coding system in order to facilitate the tracking of budget allocations for nutrition. A costing assessment method is in place at the Ministry of Health, which allows assessment of the financial status of nutrition-specific intervention. Malnutrition in all its forms is still widespread and wide disparities exist across socio-economics groups and regions. In fact, approximately 36% of Nepal's children suffer from stunting, 10% from wasting. These statistics differ by geographical region and social group.²³

The key target of the Government is to reduce the rate of stunting from 36 to 24% by 2025 and to 14% by 2030.

The country recently launched – on 14 December 2017 – the Multisector Nutrition Plan (MSNP) II (2018-2022), which includes a component on women, children and adolescent girls. The Plan was endorsed and approved in November 2017. The cost of implementing MSNP II is approximately 470 million US\$. The budget is managed by the NPC in seven

sectors, namely education, health, agriculture, livestock, drinking water and sanitation, women children and social welfare and local governance. It is estimated that 59% of the total budget will be supported by the government and 41% by development partners.

The MSNP II follows on from the MSNP I 2013-2017, which focused mainly on children under five and mothers.

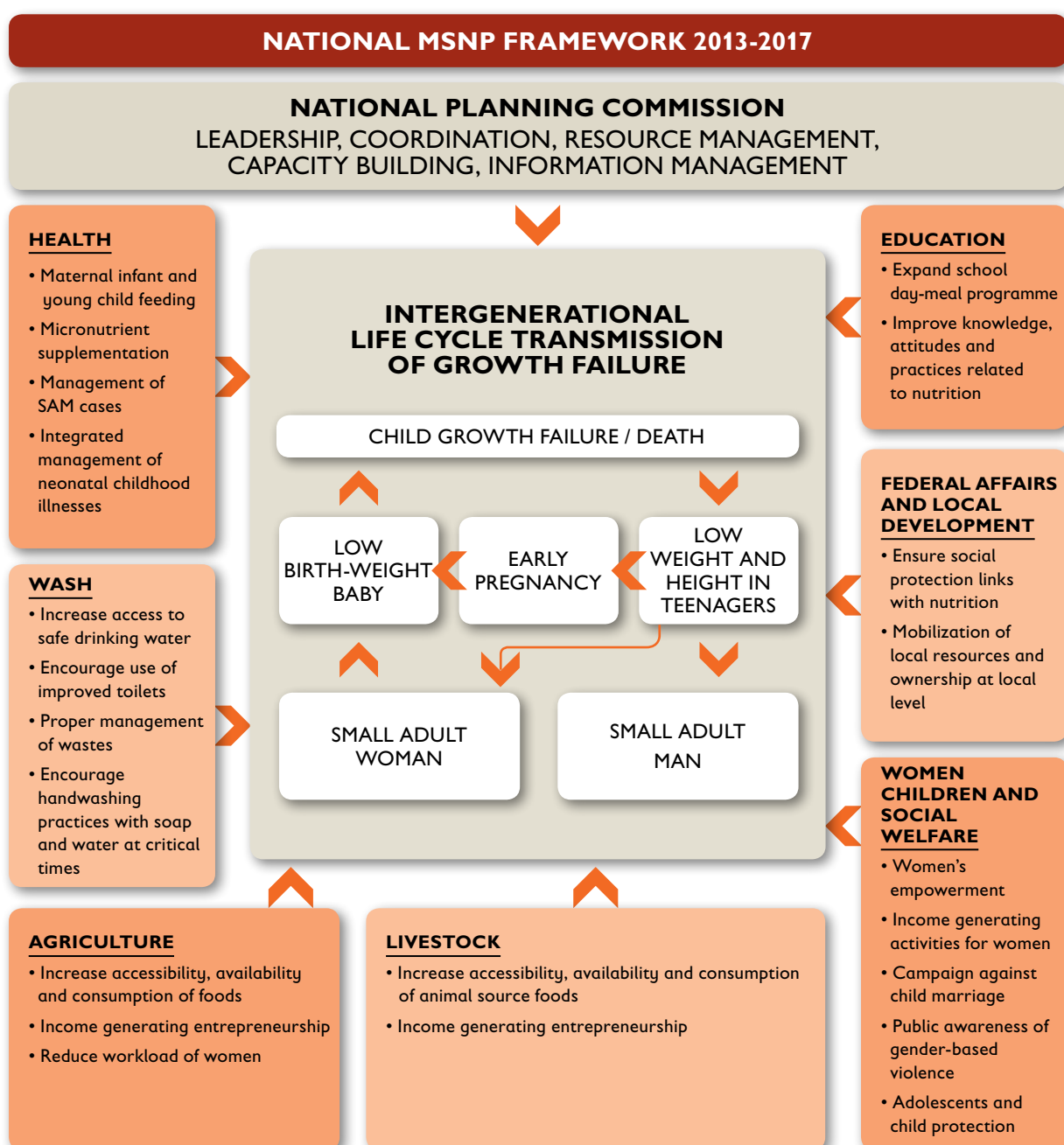
Adolescent nutrition was addressed in

relation to risks associated with adolescent pregnancy, general maternal nutrition and safe motherhood strategies (Save the Children, 2015). The MSNP I was designed through the engagement of six ministries.²⁴

One of the key partners in the design of the MSNP was the SUN Movement joined by Nepal in 2011.

The MSNP I was developed based on nutrition-specific and nutrition-sensitive interventions.

BOX 5: THE MSNP II



In terms of fortification strategies, in 1973 the Government adopted a policy to fortify all edible salt with iodine. A social marketing campaign is held every year in February as “Iodine Month” to raise awareness about the consumption of adequately iodised salt at household level.

In 2016, the Nepal National Micronutrient Status Survey (NNMSS) was conducted to assess the micronutrient status among representative populations in Nepal.

The survey specifically considered the status of vitamins A and B12, iron, folic acid, iodine, zinc and the condition of anaemia.²⁵

The survey showed that, one third of adolescent boys and adolescent girls – 32% each – were stunted. Of these, 10% of adolescent boys and 8% of adolescent girls were severely stunted. Wasting was found to be higher among adolescent boys than adolescent girls (23% versus 14%).

Overweight and obesity among adolescent boys and girls were very low (less than 1%). The prevalence of anaemia assessed by haemoglobin concentration was highest among pregnant women (27%), followed by adolescent girls (21%).

Iron deficiency measured by ferritin, on the other hand, was around 19% among non-pregnant women and 18% among adolescent girls. Iron deficiency was assessed for the first time in order to provide nationally representative data on the prevalence of these deficiencies as well as a baseline for adolescent girls prior to implementing a national iron and folic acid supplementation intervention.

The inclusion of the measurement of iron deficiency among adolescent girls should be considered as a positive practice to be continued in the years to come.

Interestingly, the survey investigated the education status of the girls targeted and among adolescent girls, 5% had no education, almost three in ten had primary, half had secondary and 15% had higher secondary levels of education.²⁶

2.3 OVERVIEW OF KEY SECTORS TO MAINSTREAM ADOLESCENT NUTRITION

Since a range of sectors such as agriculture, health, gender and social inclusion may have an important impact on adolescent nutrition, a short overview of these sectors has been reported in the ANNEX 2.

Issues considered equally important, such as water, sanitation and hygiene (WASH), family planning and climate change, should be also evaluated in further analyses and investigations.

One of the elements analysed during the mission in Nepal was the kind of interaction and coordination at Ministerial level. Unfortunately, **the dialogue on adolescent nutrition across the authorities of the Ministries interviewed – Ministry of Agriculture, Ministry of Health and Ministry of Education and Gender – showed that this is still a challenge that requires more attention.**

The extent to which the multi-sectoral approach to adolescent nutrition could have an impact even in terms of costs, is still unknown in Nepal and, as a consequence, it was not possible to measure it or report significant information and/or data. Overall, all sectors should promote and implement more nutrition-sensitive policies and interventions.

2.4 EARLY MARRIAGE AND EARLY PREGNANCY IN NEPAL

Nepal has the third highest rate of child marriage in Asia where 37% of girls marry before the age of 18, and 10% by 15.²⁷

The legal age for marriage in Nepal is 20 for both men and women, according to the Nepalese Country Code.

Child marriage has been illegal in Nepal since 1963 but the practice has continued, particularly among poor and rural communities. Religious and cultural beliefs around menstruation and traditions also contribute to the practice – girls may be viewed as a poor investment because sons remain with and provide for their parents as they grow up while girls leave to live with their husband's family once they are married. The prevalence of early marriage in Nepal varies by sub-region, age, gender, and wealth index (Arjun Mani Guragain, Binita Kumari Paudel, Apiradee Lim, Chamnein Choonpradub, 2016). Girls from the wealthiest families marry two years later than those from the poorest, who are more likely to be seen as an economic burden, drop out of school and earn little money.

Nepalese families that do not have enough food to eat are more likely to marry their daughters at a young age to ensure their security and decrease the financial burden (Girls Not Brides Nepal).

The Nepalese Government, led by the Ministry of Women, Children and Social Welfare, began to develop a strategy in March 2014 with the support of UNICEF Nepal and Girls Not Brides Nepal, among others.

The development of the national strategy was set up through a literature review, consultations at national and district level, and formative research in six districts with high child marriage rates.

However, the post-earthquake and post-fuel crisis environment delayed the development of a national action plan throughout 2015.

The government developed a costed national action plan finalized in February 2017. The law states that punishment for child marriage is imprisonment for up to three years and a fine of up to 10,000 rupees (£102). A study conducted in 2016 (Arjun Mani Guragain, Binita Kumari Paudel, Apiradee Lim & Chamnein Choonpradub, 2016) found that a **significantly higher proportion of adolescent girls (14.5%) than boys (3.7%) married before the age of 19.**²⁸

Usually, early marriage is the result of a combination of tradition, culture and religious practices. Girls are perceived as an economic burden and, consequently, family members arrange for their daughters to marry as early as possible to minimize investment in their well-being. In addition to poverty, dowry traditional/cultural factors and uneducated communities are the influencing factors, in the Terai regions of Nepal for instance. Parents marry their daughters off at a young age to avoid a higher dowry price and the married woman will usually move to the house of her husband's family.

Early marriages are also tied to issues such as purity and impurity, as they entail the beginning of socially sanctioned sexual relations. In fact, premarital sexual activities are socially frowned upon in the country.

Save the Children has noticed – in some regions of intervention – that an increased number of marriages are no longer arranged by the families.

Traditions are changing quickly in some areas, but it is difficult to understand the complexities (Dilli Guragai, Save the Children 2018).



Save the Children has promoted and supported dialogue with parents, teachers and local religious leaders.

The **prevalence of pregnancy and birth among married adolescent women in Nepal remains high (average 56%)**, and increased significantly between 2001 and 2011. Recognizing the gravity of the problem, the Nepal Government has developed an *Adolescent Sexual Reproductive Health (ASRH) Policy*.

Adolescent pregnancy is associated with lack of access to health services and is deeply entrenched in socio-demographic and cultural factors, including limited education, low socioeconomic position, insufficient access to and non-use of contraception, early sexual initiation and belonging to an ethnic and religious minority group.

Some data from the NDHS 2001, 2006, and 2011 surveys,²⁹ show that the **high rate of adolescent pregnancy remains most prevalent in the region with fewest resources, which indicates that poverty reduction, increased access to education, income-generating work, and improved infrastructure, might lead to lower rates of adolescent pregnancy.**³⁰

2.5 YOUTH EMPOWERMENT IN NEPAL

The youth age group in Nepal includes the population between 16 and 40 years old,³¹ which accounts for 40.33% (National Population and Housing Census, 2011). A total of 1,475,692 youths (i.e. nearly 14% of the total youth population) have been found to be abroad for employment and education.

Nearly 50% of the total male population and 42% of the total female population aged 16-25 years is economically active whereas in the 26-40 age group, the proportion of economically active population is nearly 94% for males and 66% for females. In terms of occupation, **the highest proportion of the youth population – around 40% of the males and 70% of the female population – are engaged in agricultural, forestry and fishery-related work.**

Overall, the main challenges faced by young people in Nepal are a lack of good quality and employment-oriented education, poor access to vocational skills and techniques, unemployment, underemployment, poor health, nutrition, mental strength, lack of youth-friendly



investment and an entrepreneurial environment, gender, religion and caste-related inequalities.

There is also limited access to employment-oriented education, vocational skills and technology, and a general absence of youth-friendly investment and entrepreneurial environment.

Migration continues to be one of the most important issues among young people in Nepal. Since they are opportunity-oriented and are prepared to move for opportunity, young people are moving frequently to urban settings, not only within the country but also abroad. The youth population moving abroad for employment consists of 93.2% males, with 61% in the 16-25 age group. With open borders between India and Nepal, seasonal migration of Nepalese youth occurs frequently between these two countries. **A specific challenge for young people intending to migrate is a lack of training and practical advice on living options for them after they arrive in their**

destination country. Lack of awareness of these options and alternatives leads Nepalese youth to become trapped in exploitative work conditions while living in other countries. Migration for work occurs mostly in rural areas and has created new challenges for the rural youth population who choose to remain.

Youth empowerment is recognized as an important element in many policies for youth in Nepal, such as the Technical Educational and Vocational Training (TVET) Skills Development Policy 2007, Non-Formal Education (NFE) Policy 2006, Labour and Employment Policy 1999, etc.

The Youth Council Act has been also promulgated to coordinate youth-related programmes for youth development and mobilization, setting up the National Youth Council under the Ministry.

The **Ministry of Youth and Sport** also designed a **National Youth Policy in 2015** and a **Youth Vision-2025**. The latter is a strategic work plan that has classified youth into two age groups: 16 to 24 years and 25 to 40 years.

Additionally, there is also a vibrant civil society organizations network consisting of different youth associations. For instance, the Association of Youth Organizations Nepal (AYON), established in 2005, is a national network of non-government, non-religious, non-profit youth organizations that aims to bring youth organizations together to provide a common platform for collaboration, cooperation, joint actions and collective endeavours between youth organizations in Nepal. There are also **Youth Information Centres** all over the country which should be dedicated to youth support activities, and young people are also represented by Village Development Committees (VDCs). **Unfortunately, these policies and strategies do not always correspond to concrete actions.**

The National Youth Policy framework is a good opportunity but is not well-implemented and does not consider the real priorities of youth, such as education, employment, and migration. Youth Information Centres, which are part of the strategy, currently lack resources and funding and should be better equipped. There is also a general lack of dissemination of information among young people in communities with regard to local programmes and policies for youth. Youth representation in Village Development Committees (VDCs) is non-existent or minimal in many districts.

Overall, youth empowerment should be more central to Nepal's political agenda. Youth empowerment policies and strategies are not nutrition-relevant so **nutrition remains far away from the attention of the policy makers and initiatives with focus on youth.**

2.6 TARGETING GIRLS. SAVE THE CHILDREN ITALY IN NEPAL

Livelihood and Nutrition project supported by Save the Children Italy, 2016-2019 in three districts (Jajarkot, Salyan, Rukum)

The project aims to help reduce child malnutrition and poverty among the most deprived and vulnerable households through livelihood and nutrition-sensitive actions. Interestingly, the implementation of this initiative has been linked up with two more projects in the same location, focused on education and protection. The project targets 4,400 disadvantaged households from 12 Village Development Committees (VDCs) in the three districts.

The districts selected have a low Human Development Index (HDI) compared to most of the other districts and the nutritional status of children under the age of five is also lower than the national average (HDI, 2015). **Although the livelihood of more than 80% of the population in this area relies on agriculture, household production is insufficient to meet food requirements due to poor agricultural productivity.**

The project aims to achieve its goal through enhanced household food production and income generation capacity of the households involved in the project. The project has identified a total number of 4,584 farmers (male: 825, female: 3,759) from the three project districts and organized them into 173 groups (Rukum: 62, Salyan: 57, Jajarkot: 54). The farmers were selected based on the following criteria: landlessness, food insecurity, families affected by flood and/or other natural disasters, families with malnourished children, families with children who have dropped out or are likely to drop out of school due to

economic hardship, and farmers belonging to socially marginalized ethnic groups, particularly Dalits and indigenous groups of people. The information available shows that there are no disaggregated data based on age group so it was difficult to trace any specific information on adolescent nutrition. Some information was collected through informal interviews with four girls.

A visit to a primary health care post, which is a satellite clinic run in catchment area of the main health post, is opened once a month and serves most of the beneficiaries of this project. The health post offers Antenatal Care (ANC) services through the Female Health Workers. A voluntary Female Health Worker said that, out of 10 pregnant women, five are under 20 years old.

More than 50% of women/girls deliver at home. Vaccines are also delivered at the health care post and there is a registration mechanism in place. It was noticed that the registration process does not take into consideration the age and the Body Mass Index (BMI) of pregnant women. Percentage figures of pregnant women were not available either.

Interestingly, a course on the use of nutritious and healthy local herbs is available to the young mothers, teaching them about the richness of the land and the possibility to improve their nutrition status with local products.

Youth Empowerment project supported by Save the Children Italy, 2016-2020 in five districts of Nepal (Bajura, Achham, Kalikot, Dailekh and Banke) in Nepalganj

The main target of this project are the most deprived children (out-of-school and likely to drop out of school) **and young people** (pursuing employment or micro-enterprise development opportunities) **between 13 and 22 years** of age from the five districts of the Mid and Far-Western development Regions of Nepal.

The aim is to support young people through three main pillars: personal development, education and training, and economic empowerment (Save the Children, 2018). The initiative is implemented through local

BIRSHA, FROM SALYAM

Birsha is an eighteen year-old girl from a village called Kafalneta in the Province of Salyam. It is a rural area up in the hills, where she lives in a traditional house together with her mother in law, her first son and other family members. She married when she was sixteen and became a mother at the age of seventeen.

At that time, she was attending the secondary school, but she had to leave because of the pregnancy and her husband moved to India to look for better opportunities to support the family. Consequently, she started to look after the land and livestock as well as managing the daily life of the household.

Her diet depends on food grown on the land and in the domestic garden: they eat rice, beans, local green vegetables (mustard), some porridge (water, bread and wheat), roti and few dairy products from their livestock such as yoghurt and milk. Once every 15 days, they eat meat bought at the local market.

Unfortunately, they are not totally food secure and Birsha is severely malnourished, appearing lean and thin. She often suffers from fever, common cold and dizziness and she cannot digest food properly, frequently suffering from diarrhoea. The primary health a two-hour walk from her home, sometimes it is very difficult to reach. When she was pregnant, she used to go there to receive deworming tablets, folic acid and ANC services.

ANUBHA FROM NEPALGANJI

Anubha is a 22 year-old girl who lives in Nepalganji with her parents, her three brothers and two sisters. She went to school until she was 18 years old. After grade 10, she dropped out of school because her father was injured in a car accident and the funds for her studies were spent for his medication.

She had the chance to participate in the youth empowerment project supported by Save the Children Italy, where she attended training in counselling activities and microenterprise, acquiring business and financial skills. This helped her in setting up a small shop, also supported by a loan – for a total amount of 30,000 rupees– received from the local partner of Save the Children.

Her family has no land and all the food they eat comes from the market. They use to eat pulses (dal), rice, chapatti and different vegetables. Meat and dairy products are not allowed in the family.

Anubha weighs 39 kg, which is under the average weight for a 22 year-old girl and her haemoglobin level is very low, so she often feels very weak.

Anubha was engaged to a boy when she was seven years old, a common habit among her ethnic group. She was supposed to get married at the age of 14/15 but he decided to marry another girl. This brought shame upon her family so they had to leave the village.

When she thinks about her future, she would like to expand her shop and to continue to study. It seems that marriage is not a real priority although her mother and father are planning to arrange one for her.

partners such as Peace Win, Working for Creation and Access (WAC), Village Development and Save the Environment Forum (VDSEF), Everest Club (EC) in Dailekh and Social Development Forum (SDF) in close coordination with local authorities and communities. Looking at this project through the lens of the main topic of this discussion paper – adolescent nutrition – there was a gender balance in the selection of micro enterprises and vocational training participants and at least 40% females must participate in micro enterprises and vocational training.

During the reporting period, 145 out of a total 300 scholarship children were girls and 659 out of a total 1227 students trained in life skill sessions were girls. Furthermore, 158 out of a total 327 participants who benefited from Vocational Training and Micro Enterprise (VT/ME) training were females. Similarly, the project made efforts to ensure that there was sufficient female participation in all the newly formed community-based structures, such as children's clubs and youth clubs.

As a result of this, 759 out of 1862 children/ young people participating in the children's clubs and youth clubs were girls, representing 41% of all children and youth involved. Despite cultural barriers that prevent girls and women from participating in training and other project related activities, the project reached 12,740 females, accounting for 47% of the total 27,377, directly, and 24,992 females, accounting for 44% of the total 57,257, indirectly during the reporting period (Save the Children Italy, January-December 2017).

Early marriage was seen as a major problem for young/adolescent girls either for continuing their education or engaging in any enterprises in the Save the Children projects. Some of the girls supported migrated to out-of-project locations after marriage and it is difficult to track their current status. **The level of engagement of young people was high, with regular meetings and interactions between micro entrepreneurs and vocational training graduates.**

The project has also helped increase the awareness of the local authorities, especially with the new election process, related to the importance of designing special initiatives for young people and considering them as a key target. Implementing livelihood and education interventions through partnerships with the local government is part of the strategy of the Save the Children Youth Empowerment Project. Similarly, Save the Children Nepal has signed a tripartite agreement between Partners and the Cottage and Small Industry Development Committee (CSIDC) in four programme districts.

These partnerships have also made local authorities more accountable. As a consequence, more links with local cooperatives and the Youth Self Employment Fund (Ministry of Finance) have been explored. The local cooperatives have received funding from the government in the form of a loan to meet young people's capital requirements for investment in business with minimum interest. Save the Children has supported the establishment of revolving funds through 15 cooperatives.

Furthermore, the school attendance audit approach, established by the project, has created monitoring mechanisms for student attendance and enhanced the capacity of teachers and students to continue to jointly monitor attendance. The Youth Information Centre (YIC) was also established jointly with Youth Club, District Youth Council and local authorities and YIC monitoring mechanisms at local level.

2.7 LESSONS LEARNED

Overall, lessons remain limited to understanding and addressing adolescent nutrition in Nepal. The importance of doing more about adolescent nutrition is recognized but not actively pursued by all public sectors including civil society organizations.

Girls who are in school are easier to approach but once they leave, because they get married or fall pregnant, entering adulthood, it is more difficult to support them, especially with direct nutrition interventions. Although schools remain the main entry point for addressing adolescent nutrition, it is important to reinforce the support of adolescent nutrition within and beyond schools. The livelihoods project demonstrates the importance of working in a multi-dimensional way by supporting different aspects of the daily life of women and girls: food security, nutrition, agriculture, health, water and sanitation.

Lessons about adolescent nutrition remain limited also due to the lack of disaggregated data.

Nevertheless, there is a general consensus that more must be done in coming years for this specific segment of the population.

Given the prominent role of youth in Nepal and the structures established, more space should also be assigned to nutrition, along with early marriage and early pregnancy.

Youth empowerment should ideally be a long-term process which prevails over socio-cultural norms, especially in the case of young women. Moreover, it is often put at risk by the local environment.

The case of Anubha shows how the “accidental event” that happened in her life – the cancellation of her marriage, which was very painful – had the positive effect of bringing her back to her studies.

This said, when the father was interviewed, he reiterated the importance of marriage for his daughter. So, whatever she has achieved so far is not ensuring her future in terms of empowerment.

Early marriage should be seen from a broad perspective. In some families, marriage is a way to keep girls safe from sexual abuse from the community. The interviews revealed that child marriage is seen as a challenge too difficult to overcome therefore it could be strategic to think about other strategies such as defining and implementing interventions aiming at delaying early pregnancy.

In this case, the education component was emphasized. However, especially in rural areas, schools are far away and villages are isolated from each other, making these interventions more difficult to be implemented.

Some local partners of Save the Children Nepal have highlighted the importance of creating a child protection committee composed of female health volunteers, teachers, community leaders and children's club members. Due to weak implementation and monitoring systems, the enforcement of the legal age for marriage remains difficult. **Moreover, any strategy directly related to nutrition-sensitive and/or interventions should include a component on preventing early marriage and pregnancy.**

It is crucial for policymakers to focus more effort on controlling and preventing early marriage in those specific groups and areas where the prevalence is higher. Furthermore, **the country should keep reinforcing the use of messaging and sensitization to make communities aware that marriage before the age of 20 is illegal in Nepal.** It should introduce

programmes for married adolescents to continue their education, postpone childbearing and, in cases of adolescent pregnancy, to seek medical advice to prevent the adverse effects of early pregnancy.

In many situations, community members (parents, teachers, religious leaders, political leaders, etc) are not aware of the value of providing comprehensive sexual and reproductive health services to adolescents and young people. This mentality discourages service providers from providing health services to adolescents.

The Nepal National Micronutrient Status Survey (NNMSS) conducted in 2016 is the only document found where some evidence on adolescent nutrition was reported.

The results show that adolescent girls and boys aged 10-19 receive poor nutrition and require urgent attention.

The calculation of the minimum dietary diversity among adolescents and women showed that approximately 50% of adolescents and women are not meeting minimum dietary diversity, increasing the risk of micronutrient deficiency. Additionally, though stunting among children has decreased over time, severe stunting and wasting continues to be a public health challenge.

The complexity of scaling up nutrition security in Nepal requires reflection at MOH level, where the sector is still broken down into different divisions.

Since adolescent nutrition is not perceived as a distinct category within the overall nutrition portfolio, it continues to be handled between family and child health divisions.

Food habits are still a challenge in many areas of the country. There is a need to raise more awareness both at rural and urban level. People generally have limited or insufficient knowledge about nutrition and, as a consequence, the key importance of nutrition



for adolescent girls. Many families eat only rice and potatoes (P. Pokkarel, 2018).

Migration remains a huge challenge.

Some households that possess land were in the hands of young women/adolescents.

Husbands have left for better opportunities in India or Arabic Countries. Some households look like they are “adolescent-managed”.

Overall, **support from parents and families is very important to inform, educate and provide service regarding SRH to adolescents.** Parents are those who are responsible for creating an enabling environment to seek SRH services. Information on ASRH and Adolescent-Friendly Services (AFS) can be provided to parents by meeting personally with them or by distributing information on ASRH in programmes targeting mothers’ groups, user group meetings, etc. Adolescents get easily influenced, trying to gain empathy whenever they are in trouble

or get support to solve the problem.

Therefore, service providers need to be capable of engaging with them appropriately.

In order to further promote sustainable and diversified diets, interventions should increasingly focus on indigenous crops as a means to ensure nutritious diets while conserving local varieties.

Preserving local food and seeds should be also emphasized.

There is a need for more investment in indigenous crops linked with training for young women, including tailored courses at informal level. The knowledge of nutritious local herbs should also be explored.

At the same time, there is a need to diversify diet. The population eats a lot of chapatti and cereals not enough fruit and vegetables, although their consumption is on the increase. Engaging with partners to carry out research into healthy and sustainable diets (from production to consumption) could bring many

benefits and could document the link between agriculture and health and on the different strategies and approaches to nutrition required in urban and rural contexts.

Meanwhile, increased knowledge among families and communities about the dietary needs of adolescent girls (including micronutrients) should be supported.

The urban dimension of adolescent nutrition is not yet considered. **Current government strategies have little or no focus on nutrition issues relating to adolescent girls, and pregnant and lactating women residing in urban areas.**

Notes

- 20** The new Nepalese government structure: Central or Federal Government based in Kathmandu, the capital; 7 Provincial Governments (provinces still named by number); 753 Local Governments which include 6 Metropolitan Cities (Mahanagarpalika), 11 Sub Metropolitan Cities (Upa-Mahanagarpalika), 276 Municipalities (Nagarpalika) and 460 Rural Municipalities (Gaunpalika). Each Local Government is also divided into several wards (Woda), which are a subdivision. In each ward there is an elected ward Chairperson and 4 other members. Between Provinces and Local governments there are 77 districts and each district has a District Coordination Committee.
- 21** Population Census 2011, Government of Nepal, Central Bureau of Statistics.
- 22** Although there is a recognition of the importance to work on malnutrition in all its forms, this case study primarily focuses on undernutrition, defined as the outcome of insufficient food intake (hunger) and repeated infectious diseases. Undernutrition includes being underweight for one's age, too short for one's age (stunted), dangerously thin (wasted), and deficient in vitamins and minerals (micronutrient malnutrition). The term malnutrition refers to both undernutrition and overnutrition, which is not analysed.
- 23** The differentiations in terms of ethnic groups and geographic location should be always considered. This paper is not exhaustive in analyzing and reporting the differences among different groups and areas/provinces.
- 24** Ministry of Health and Population; Ministry of Agriculture, Education, Urban Development, Federal Affairs and Local Development, and Ministry of Women, Children and Social Welfare.
- 25** A total of 4,309 households participated in the survey, comprising: 1,709 preschool children aged 6-59 months, 1,138 school children aged 6-9 years, 1,025 adolescent boys aged 10-19 years, 1,865 adolescent girls aged 10-19 years, and 2351 women aged 15-49 years. Seven in ten households owned farmland and three quarters owned some livestock or poultry. 51% of households were food secure, 16% mildly insecure, 18% moderately insecure, and 7% were severely food insecure (Nepal National Micronutrient Status Survey, NNMSS).
- 26** The number of adolescent girls with no education was highest among girls in the central region (8%) and lowest in the far-western region (1%). All adolescent girls in the Mountain region receive education while 1% in Hill had no education. A higher proportion of adolescent girls in their late teens (18-19 years) had no education (9%) compared to 1% among adolescents in their early teens (10-11 years). By caste group, a higher percentage of adolescent girls among the Muslim community (21%) had no education, followed by the other Terai caste group (18%) and the Terai Dalit caste group (17%). Significantly, a higher proportion of women in the Terai Dalit caste group (4%) had no education. Higher education is more prevalent in the central and Mountain regions. Compared to pregnant women, a higher proportion of non-pregnant women had higher education. Women from the other Terai Brahmin/Chhetri caste group (71%) were more likely to have higher education than other caste groups.
- 27** <https://nepal.savethechildren.net/news/700-million-children-robbed-their-childhood>
- 28** About 4% of male adolescents and 18.7% of female adolescents aged 15 to 17 were married. Similarly, 13.5% of male and 39% of female adolescents aged 18 to 19 years were found to be married, which was significantly higher in different age group and vastly different between male and female. Of 13 sub-regions, three had a high proportion and two a lower proportion of female AMs compared with the overall proportion.
- 29** A woman was considered to have had an adolescent pregnancy if her first pregnancy or birth was at any age up to 19 years, or if she was pregnant at the time of the survey and aged up to 19 years. The analysis was limited to data from married women aged 15-19 because only married women were included in the 2001 survey, although both married and unmarried women participated in the 2006 and 2011 surveys. The data were weighted to allow for the stratified cluster sampling design. (<http://www.measuredhs.com>)
- 30** A higher risk of adolescent pregnancy was associated more with the Eastern region than the Central region. Those living in the Eastern region were 1.6 times more likely to experience adolescent pregnancy or birth as those living in the Central region. Women who experienced their first sexual intercourse at an older age were significantly less likely to have experienced an adolescent pregnancy. Women who had an older husband were at increased odds of adolescent pregnancy.
- 31** Age definition of youth according to the Ministry of Youth and Sports (MoYS).



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Asha is 20 years old. Her first experience of motherhood was very complex. Even today she is worried about her daughter who is 2 months old. During the eighth month of pregnancy she experienced severe pain in the abdomen. She arrived at the Save the Children health unit. There the operators decided to transfer her to the nearest hospital. At birth the baby weighed 2.2 kg. She was weak, could not drink milk and had difficulty breathing. Even today, after two months, the baby coughs a lot and does not suck milk from her mother's breasts. Since birth, she has gained just 900 g.

3. CONCLUSIONS

The Agenda 2030 emphasizes the importance of multisectoral approaches when it comes to global challenges. Among them stands nutrition, increasingly recognized as a **multi-dimensional issue** strongly affected by complex determinants (e.g. poverty, lack of resources, access to education and socio-economic and political factors) as well as a key objective for sustainable development policies.

Moreover, nutrition issues need to be addressed differently according to the target group. Special attention is hopefully paid to the first 1,000 days, while adolescents and youth are generally neglected. Delayed child bearing and promoting interventions to unlock the catch-up growth potential among adolescent girls need to be better explored and the global policy debate on nutrition should focus even more attention on adolescence as a crucial window for intervention in order to achieve the global nutrition targets and to reduce the chances of poor nutritional outcomes for infants.

When targeting adolescents and youth, nutrition is still missed out or neglected: for instance, undernutrition in adolescence is seldom understood fully and rarely in terms of consequences for adolescents' lives overall. **Youth interventions can be a good entry point to include a strong nutrition component as well as addressing other**

challenges such as child marriage.

Since the number of adolescents and young people is rising in many countries, political determination and innovative solutions to ensure that these citizens will be well nourished and economically productive are needed. **Beyond the provision of classic direct nutrition interventions, nutrition-sensitive ones might have important effects on the life-cycle approach, which would strengthen the case for investing in adolescent nutrition.**

Crucial to this end is the multi-stakeholder engagement which remains one of the main challenges. Ensuring effective and efficient cooperation among different players, means conducting joint efforts, implementing **global policies – Agenda 2030, WHA targets and the DoA – at country level ensuring that adolescent nutrition is at the centre of the nutrition agenda**, and increasing domestic budgets for adolescent nutrition.

Collaboration and coordination at global and national levels are key also regarding the collection of data, which are vital to programme, inform and address policy making. Nevertheless, data and **lessons on policies, strategies and interventions** continue to be limited. The global nutrition community can play a crucial role in order to bring more emphasis to the issue of adolescent nutrition and to keep it at the centre of the global political agenda.

The desk review, data analysis and dialogue

with different stakeholders led to **some considerations and recommendations on programmatic and policy aspects aimed at soliciting dialogue around the issue within the international nutrition community** and offering inputs to be further discussed.

3.1 PROGRAMMATIC CONSIDERATIONS

Evidence generation:

- There is still a significant gap in terms of age and sex disaggregated data across multiple sectors. In particular, adolescent nutrition data is generally excluded from Demographic and Health Surveys and not adequately captured at programmatic level where data should also be disaggregated in terms of dietary intake and diversification.
- Quantitative research and longitudinal studies are needed to generate evidence

and learning in adolescent and youth related interventions and their impact on nutrition.

Specific targeting:

- The life-cycle approach promoted by SUN in order to have specific actions for different age groups should be adopted in all nutrition programmes to achieve a broader impact on reducing the inter-generational transmission of malnutrition.
- Programmes aimed at directly or indirectly impacting adolescent and youth nutrition, should be informed by ad hoc context analysis focusing on these specific age groups.
- Longer-term good nutrition outcomes require the active involvement of boys and men who hold disproportionate decision-making power over household resources and need to be aware of the importance of allocating expenditure for nutrition.



Integrated approaches:

- Nutrition-specific interventions focusing on girls should be supported as a way of exploiting the growth potential for that specific age group.³²
- Since agriculture development is one of the most powerful tools to end poverty and improve the nutrition of adolescent girls, more attention should be paid to local and diversified healthy production and consumption.
- Priority should be given to interventions focusing on the empowerment of young girls and boys in order to know their rights, build awareness of their potential and to equip them with the capabilities and opportunities required to make a successful transition into adulthood. In addressing youth related policies and strategies, youth empowerment initiatives should also explore the possibility of including a component on nutrition.
- It is important to prioritise interventions aiming to delay adolescent pregnancy as this interferes with nutrient availability to the foetus (due to the competing demands of ongoing maternal growth) and may lead to low-birth weight, which is a predictor of stunting.
- Facilitate sensitization to ensure that health centres offer services targeting adolescents and young people specifically, focusing not only on direct nutrition interventions but also on sexual and reproductive health.
- Schools are a powerful vehicle to sensitize young girls and boys, they should provide dedicated nutrition education curricula.
- Sensitization on the effects of early marriage and pregnancy on adolescent nutrition shall be included in integrated interventions with a focus on nutrition in order to build awareness of the risks associated with this practice and promote a change in behaviours.

3.2 POLICY CONSIDERATIONS

- Policy frameworks such as the Agenda 2030; the Decade of Action on Nutrition and the WHA Targets should be considered in any policy and advocacy strategy for addressing adolescent nutrition. Moreover, achieving SDG2 and WHA targets, also following ICN2 recommendations, requires an increase of donors investments, which should be directed also at the promotion and support of research and innovation in adolescent nutrition and at improving data collection.
- CSOs should advocate and keep governments accountable on prioritising adolescent nutrition in their policies and practices, including monitoring resources.
- Multistakeholder engagement within the donor community on the importance of adolescent nutrition should be fostered and include decision makers such as partner countries, the G7/G20 group and other key players (UN; INGOs; private sector).
- In partner countries greater coordination and links between line ministries, youth organizations, civil society organizations, and other stakeholders needs to be established.
- Young girls and boys should not be addressed only as a homogenous group and the issue needs to be prioritised also in national budgeting.
- Adolescents should be directly engaged in the design and implementation of research, policies, programmes and regulations.

³² These may include IFA supplementation, nutrition and health counselling, provision of nutrient-dense foods, deworming, iodised salt access, education for obesity prevention.



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Pramila is very young, she is 16 years old and she holds her little girl in her arms. Now she is happy, but at the moment of the birth she was so afraid. In the grip of severe pain she went with her family to the health centre of Magaragadi, where the nurse, Sarita, trained by Save the Children, had monitored her throughout her pregnancy. Pramila had to give up everything, school, friends and the dream of becoming a teacher. But without ever denying the extraordinary experience of motherhood she is living, the light that shines in her very young eyes shows that she still has a strong dream of teaching one day.

ANNEX 1

LIST OF NATIONAL NUTRITION PROGRAMMES IN NEPAL UNDER MSNP II

A. NUTRITION-SPECIFIC PROGRAMMES

- Protein Energy Malnutrition Control Programme
- Maternal, Infant and Young Child Nutrition Programme (MIYCN)
- Growth monitoring and promotion (GMP)
- Breastfeeding protection and promotion programme
- Community promotion of IYCF
- Integrated management of acute malnutrition (IMAM) programme
- Super flour distribution in Karnali districts
- Child cash grant in Karnali districts
- Iron Deficiency
- Iron Folic Acid (IFA) supplementation programme for pregnant and lactating women
- Weekly IFA supplementation programme for adolescent girls (10-19 years)
- Multi MNP distribution programme for children aged 6-23 months
- Fortified flour promotion programme
- Deworming: Deworming programme for preschool children (12-59 months); Deworming programme for primary school children (6-11 years); Deworming programme for pregnant women
- Iodine Deficiency Disorder Elimination Programme
- Universal salt iodization programme
- Iodized salt social marketing campaign to promote iodized salt with Government Certified “Two Child Logo” with adequate iodine content (≥ 15 ppm)
- Vitamin A Deficiency Disorder Control Programme
- Biannual Vitamin A distribution programme to children age 6-59 months
- Vitamin A treatment for severe acute malnutrition (SAM), measles, chronic diarrhoea and clinical cases related to Vitamin A deficiency (night blindness, Bitot’s spot and Anaemia Control Programme)
- Other interventions: Suaahara integrated nutrition programme (Focus area: essential nutrition including maternal and infant and young child nutrition plus water sanitation and hygiene, homestead food production, Maternal and Child Health and Family Planning)
- 1000 s Program (Focus Area: IYCF promotion)
- The management of diarrhoea
- Emergency preparedness and response programme.

NUTRITION-SENSITIVE PROGRAMMES:

- Knowledge-based integrated sustainable agriculture and nutrition (KISAN) Project (focus area: food security and value chain).
- Feed for Peace Programme (focus area: maternal and child nutrition and livelihood).
- Hand washing with soap promotion programme.
- Open defecation free (ODF) campaign.
- Early childhood development (ECD) programme.
- Improvised stove promotion to control indoor pollution.
- School health and nutrition Programme.

ANNEX 2

Snapshots of sectors related to adolescent nutrition in Nepal

HEALTH SECTOR

In 1993, the national vitamin A supplementation programme began distributing high dose vitamin A capsules to children aged 6-59 months twice a year. This programme has consistently achieved coverage of 80-90% of targeted children every six months (NNMSS, 1998; NDHS, 2011, NDHS 2016). Children aged 12-59 months also received deworming medications during vitamin A distributions and coverage for deworming tablets during the previous six months in the NDHS 2016 was 76%. Postpartum vitamin A supplementation among mothers had coverage of 40% (NDHS 2011).

In 2002, the MoH developed the National Strategy for the Control of Anaemia among Women and Children. In order to prevent anaemia and iron deficiency, the strategy distributes iron and folic acid supplements to pregnant women starting at the beginning of the second trimester of pregnancy and continuing until 45 days postpartum. Coverage was 90% in 2016, which reflects an important increase from 23% in 2001, to 59% in 2006 and 80% in 2011 (NDHS 2001, 2006 and 2011). The MoH has initiated deworming programmes for all pregnant women during the first trimester of pregnancy and coverage was 69% in 2016

(NDHS 2016). The burden of anaemia and malnutrition is high. In 2016, 53% of children under five years of age suffered from anaemia, 36% were stunted, 27% were underweight, and 10% were wasted. The prevalence of anaemia was higher among younger children (52-74% among children aged 6-23 months) and distribution varied widely between ecological zones and rural/urban residence.

The Ministry of Health is responsible for reproductive health services and it supports family planning and child health programmes. Recently, the Ministry has developed the adolescent reproductive health strategy to focus on reproductive health issues relating to this segment of the population. Information, Education and Communication (IEC) programmes are also part of the portfolio to meet health information requirements for all ages and subgroups of the population but also with a focus on adolescents and youth health information requirements.

The family planning programme services were limited to married couples but the restrictions based on marital status have recently been removed and now adolescents and young people are also included in the family planning services.

Nutrition was targeted in the Nepal Health Sector Programme Implementation Plan, NHSP-IP 2004-2009 and in the NHSP II 2010-2015 with major focus on under-five mortality and nutritional deficiencies in children and adults. A National Nutrition Policy and Strategy was adopted in 2004 with a focus on the nutrition status of children under five years of age and women of reproductive age. Moreover, insufficient health services are still among the key factors of malnutrition in all its forms in Nepal.

The Female Community Health Volunteers (FCHVs) programme – launched in 1988 – is a milestone in the Health Sector and focuses on maternal and child health services on a large scale as well as family planning services. The FCHVs are an integral part of many community-based health programmes but the fragmented nature of health programmes poses a challenge for these health volunteers to coordinate activities and deliver results.

The Family Health Division is in charge of maternal health programmes such as the Safe Motherhood Programme and Birth Preparedness Package and it is also responsible for the FCHVs program.

The Child Health Division takes care of Immunization, Nutrition, and CB-IMNCI programmes.

The major activities of the FCHVs such as biannual supplementation of vitamin A and deworming tablets to under-fives, iron tablets to pregnant women, actions against undernutrition, and other nutritional promotional campaigns within the community fall within the scope of Nutrition and CB-IMNCI programmes.

Most maternal and child health programmes have separate community components for FCHVs. Furthermore, duplications are observed in community activities between and within the programmes of health divisions.

For instance, neonatal health issues are included in the Child Health Division's CB-IMNCI programme and the Family Health Division's safe motherhood programme. Likewise, nutritional matters, such as treatment of malnutrition in under-fives and the promotion of nutrition, are included in the Child Health Division's CB-IMNCI and Nutrition programmes.

These kinds of duplication create the situation of vertical planning and management for the same programme or for similar purposes (R.Bahadur Khatri, S.Raj Mishra and V.Khanal, 2017). The maternal and child health activity packages supplied by both the Child and Family Divisions do not pay specific attention to adolescents and to adolescent nutrition.

The main policies for adolescent girls are those related to access to sexual and reproductive health services with the National adolescent-friendly services (ASRH) programme which was gradually scaled up with the goal of meeting the NHSP II target of making 1,000 public health facilities adolescent-friendly by 2015. The criteria of adolescent-friendly services (AFS) include, among others, the availability of trained staff as well as information on adolescent sexual and reproductive health, the delivery of services in a confidential way, adolescent-friendly opening hours, the display of the AFS logo.

The programme has been supported by different stakeholders such as UNFPA, UNICEF, WHO, GIZ, IPAS and ADRA.

Save the Children is also a supporter of the AFS. Currently, the government has extended “adolescent friendly” health services to 732 health facilities in 49 out of 75 districts. The first AFS strategy was endorsed in 2000. In 2007, guidelines on Adolescent Sexual and Reproductive Health (ASRH) were developed to support district health managers in making this strategy operational.

In 2008, a draft national ASRH programme was developed with the support of GIZ. This programme was successfully piloted in 2009 in 26 public health facilities. Specific indicators were developed. Iron deficiency anaemia is high among girls in Nepal, due to an accelerated increase in requirements for iron, poor dietary intake of iron and worm infestation during adolescence. The NDHS 2011 found anaemia in one in three women of reproductive age (35%), evidencing a decline of just 1% since 2006. Anaemia rates were also higher among pregnant (48%) and lactating women (39%) compared to women who were neither pregnant nor lactating (33%). In addition, anaemia rates among pregnant women increased by 6% between 2006 and 2011. The current rates of anaemia in all groups of women are above WHO thresholds for moderate ($\geq 20 - 39\%$) and severe ($\geq 40\%$) public health problems. Additionally, girls are also suffering from a high incidence of hypertensive disorders, abnormal and premature deliveries and greater foetal demise.

The MoH provides iron folic acid (IFA) free of charge to pregnant and lactating women through the government health system as part of antenatal care (ANC) and postnatal care (PNC) services, as well as a single dose of Albendazole (400 mg) during the second trimester of pregnancy as part of antenatal care under the national deworming programme. The supplementation programmes include advocacy and educational campaigns to raise awareness and compliance and to increase knowledge of the importance of vitamin A and the consumption of vitamin A-rich foods.

The Health Management Information System (HMIS) provides routinely collected nutrition-related information. Periodic surveys such as Demographic and Health Surveys (DHS), Nepal Living Standards Surveys (NLSS) and Multiple Indicators Cluster Surveys (MICS),

which also collect nutrition data, complement this information. HMIS provides information on coverage of post-partum vitamin A, iron/folate distributed to pregnant and lactating women, antenatal care visits, infections and other morbidities and hospital admissions.

One problem with the HMIS is the lack of an effective nutrition monitoring and surveillance system for the early detection and management of problems with nutrition programmes.

GENDER & AND SOCIAL INCLUSION (GESI)

The country has adopted action plans and programmes to fulfill commitments through conventions such as CEDAW, Beijing Platform for Action, and United Nations Security Council Resolutions 1325 and 1820. A few examples include the National Strategy and Plan of Action on Gender Empowerment and Ending Gender Based Violence (EVAW) and the action plan on UN SCR 1325 and 1820. In 2016, the Government developed a costing framework “Costing of Gender Equality Instruments in Nepal” which is being implemented. Nevertheless, women continue to be highly discriminated against and violated in their human rights.

According to the Nepal Demographic Health Survey 2016, nearly one third of all married women in Nepal have experienced violence perpetrated by their partners, the most common violence being physical and emotional.

34% of such women have sustained injuries due to the violence endured. However, in a country with such alarmingly high numbers of gender-based violence (GBV), the number of women coming forward to report it is still low. The Survey notes that 66% of women who have experienced sexual violence have never even told anyone or sought help to resist and stop the violence.

This is not surprising, as legal and psycho-social remedies for GBV survivors are limited and not confidential enough, and even the process of reporting incidents can be complicated. Women often face social stigma and family pressure. Discrimination is often linked to the caste system and different ethnic groups. Despite progress in promoting religious pluralism, Nepal's muslims remain a poor, marginalized group, often neglected in politics and almost invisible in conceptions of national identity. The vast majority of Nepal's muslims (over 95%), live in the Terai region, which remains one of poorest geographical locations in the country. The domestic budget for the Ministry of Women Children and Social Welfare (MoWCSW) is insufficient to cope with the challenges faced by women and girls. As a consequence, action plans and programmes on gender equality often lack adequate resource planning and funding.

AGRICULTURAL SECTOR

According to the International Labour Organization, ILO, agriculture provides livelihoods for 68% of Nepal's population, accounting for 34% of the GDP. Subsistence agriculture supports the livelihoods of 84% of Nepal's economically active population. Farmers keep livestock to provide essential support for agricultural production, family nutrition and household income.

The agriculture practiced is primarily subsistence-oriented with maize, rice, wheat, millet and potatoes being the five most important staple or field crops grown by households. Fruits and vegetables are not commonly cultivated. Green leafy vegetables, pumpkin or zucchini leaves, green beans, sponge gourds, and chili or garlic are among the fruits and vegetables grown by households. Milk is the most important animal product produced by households, followed distantly by

eggs and meat. Almost of all the field crops and vegetables grown are for household consumption, with only a small percentage sold at the local markets.

Overall, farmers have still limited access to improved seeds, new technologies and market opportunities. The major flagship programmes of the Agriculture Development Strategy (ADS) include the value chain development, which is focusing on the promotion of high-value low-income crops which play an important role in supporting production and diversification. Production costs remain very high. Fertilizer, water, seeds etc. and consequently about 60% of agricultural items are imported from India. Ties with India are stronger also due to an open border, which has fostered trade and allowed millions of Nepalese labourers to find work there (Economist, 2017).

Nepalese women play a major role in the management and care of farm animals carrying out about 70% of the work involved in livestock rearing. Their role is particularly important in day-to-day decisions on animal grazing, collection of water, fodder and forest leaf-litter, watering and feeding the livestock, application of compost, and home-based processing of livestock products.

Despite their high-level engagement in the sector, women's contribution to decision-making in livestock rearing and management is still slight.

They are marginalized from access to credit and new technologies, which restricts them to traditional goat rearing instead of investing in more value-added and higher income generating activities such as dairy or meat processing and improved dairy animal farming.

Migration has increased the burden of women who have to manage the land by themselves. More than 1,500 youths (mostly from Nepal's villages) leave the country for foreign

employment every day. Others migrate to major cities and towns for employment.

One of the reasons for migration is that agriculture is no longer attractive to young people (Pramesh Pokharel, 2018). Only 10% of all migrants leaving the country are women.

At least half of Nepal's working-age population is out of the country and 90% of these migrants are men. Three million Nepali labourers are concentrated in Malaysia and the Middle East. With those migrating to India for work, the number reaches seven million.

Although the women manage the land, the power to decide what food to purchase or produce is still in the hands of men. Traditional farming is not woman-friendly and government policies are more in favour of men than women. Even interventions targeting young people often offer greater benefits to young men than to young women (J. Friedrich, IFAD 2016).

Different dimensions of women's empowerment also appear to have different effects on dietary diversity and nutritional status for both mothers and children. Several parts of the country are still food insecure although the soil is fertile and there is potential for crop diversification. Climate change and different ethnic groups in Nepal allow for the cultivation of different types of crop species but information is not easily available and many farmers do not have access to it (Devendra Gauchan, 2018). The lack of seeds is also a challenge to the promotion of nutritious local crops. In certain areas, Bioversity International supports the establishment of community seed-banks in order to select and ensure availability of good quality, different local species. The role of women is key, although the majority of these crops require a very intense

workload. Along with the Representative of the Via Campesina in Nepal, Biodiversity International has emphasized that the current political approach to agriculture is focusing more on commercial aspects than nutrition. The lack of focus on indigenous crops and knowledge was exacerbated by the earthquake in 2015.

The most severely affected areas were the remote, mountainous parts of central and western Nepal, where the earthquake destroyed many farms and decimated winter crops of barley, legumes and maize that were ready to be harvested. Overall, despite the recognised need to focus on the empowerment of girls and women in agriculture through nutrition-sensitive actions and to disrupt the intergenerational cycle of malnutrition, girls are still not sufficiently targeted in the agricultural sector.

EDUCATION

Nepal has implemented the School Sector Reform Plan (SSRP) since 2009, aiming to expand access and equity, improve quality and relevance, and strengthen the institutional capacity of the entire school system. One of the most important innovations of the SSRP is the restructuration of basic education, which now comprises grades 1 to 8. The SSRP was a seven-year programme (2009 to 2016) covering the entire school education sector (grades 1-12) as well as early childhood education and development (ECED) and non-formal education (NFE).

Education has become a priority sector for the Government of Nepal, for which investments have steadily increased. It represents around 14% of the Government budget and public investments in education have risen from 2.9% of GDP in 1999 to 4.2% in 2014. The full implementation of free and compulsory primary education has not yet been achieved.

Free and compulsory education has been practiced in selected Village Development Committees (VDC).

post-literacy and continuing education programmes.

Gender parity in school education has significantly increased, with gender parity having already been reached at all three levels – primary, basic and secondary.

In terms of illiteracy, the percentage of women who cannot read at all is highest in Central Tarai (65.3%), the Far-Western Hills (65.0%) and Western Mountains (64.9%) regions (Central Bureau of Statistics, 2011). A lack of education is still among the causes and consequences of early marriage.

After marriage, it is rare to see girls and boys going back to school. Save the Children pointed out that it is a matter of changing people's mindset.

For instance, teachers often attend the wedding ceremonies of their students.

This behaviour should be avoided, in order to promote a different message on early marriage. The female teacher ratio at primary level has also risen, from 35% in 2008 to 41.5% in 2012. Nevertheless, the proportion of female teachers at higher levels of education has fallen. At the beginning of the 2014-2015 school year, it was 41.9% at primary level, 27.6% at lower secondary level and 38.8% at basic level. Interestingly, in Nepal there are also non-formal education programmes which are usually implemented through a campaign that helps to identify illiterates and to recruit facilitators.

For children between the ages of 8 and 14 who have not had access to primary education, the aim is to compensate their lack of education through special courses and then integrate them into the normal schooling system.

Youths and adults aged 15-45 are taught functional knowledge and skills in reading, writing and mathematics.

Adults also have the opportunity to continue their education beyond the basics, through





GLOSSARY³³

Anthropometry. Use of human body measurements to obtain information about nutritional status.

Body mass index (BMI). The ratio of weight for height, measured as the weight in kilograms divided by the height in metres squared.

Food security. A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Based on this definition, four food security dimensions can be identified: food availability, economic and physical access to food, food utilization and stability over time.

Food insecurity. A situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. It may be caused by unavailability of food, insufficient purchasing power, inappropriate distribution or inadequate use of food at household level. Food insecurity, poor conditions of health and sanitation and inappropriate care and feeding practices are the major causes of poor nutritional status. Food insecurity may be chronic, seasonal or transitory.

Malnutrition. An abnormal physiological condition caused by inadequate, unbalanced or excessive consumption of macronutrients and/or micronutrients. Malnutrition includes undernutrition and over nutrition as well as micronutrient deficiencies.

Micronutrients. Vitamins, minerals and other substances that are required by the body in small amounts; measured in milligrams or micrograms.

Nutrition security. A situation that exists when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, in order to ensure a healthy and active life for all household members. Nutrition security differs from food security in that it also considers the aspects of adequate caring practices, health and hygiene in addition to dietary adequacy.

Overnutrition. A result of excessive food intake in relation to dietary nutrient requirements.

Overweight and obesity. Body weight that is above normal for height as a result of an excessive accumulation of fat. It is usually a manifestation of expending fewer calories than are consumed. In adults, overweight is defined as a BMI of more than 25 but less than 30, and obesity as a BMI of 30 or more. In children under five years of age, overweight is defined as a weight-for-height greater than two standard deviations above the WHO Child Growth Standards median, and obesity as a weight-for-height greater than three standard deviations above the WHO Child Growth Standards median.

Stunting. Low height for age, reflecting a past episode or episodes of sustained undernutrition. In children under five years of age, stunting is defined as a height-for-age less than two standard deviations below the WHO Child Growth Standards median.

Undernourishment. A state, lasting for at least one year, of inability to acquire enough food, defined as a level of food intake insufficient to meet dietary energy requirements.

Undernutrition. The outcome of poor nutritional intake in terms of quantity and/or quality and/or poor absorption and/or poor biological use of nutrients consumed as a result of repeated disease. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition).

Underweight. In adults, underweight is defined as a BMI of less than 18.5, reflecting a current condition resulting from inadequate food intake, past episodes of undernutrition or poor health conditions. In children under five years of age, underweight is defined as a weight-for-age less than –two standard deviations below the WHO Child Growth Standards median and is, therefore, a manifestation of low height for age and/or low weight for height.

Wasting. Low weight for height, generally as the result of weight loss associated with a recent period of inadequate caloric intake and/or disease. In children under five years of age, wasting is defined as a weight-for-height less than two standard deviations below the WHO Child Growth Standards median.

33 Source: FAO, IFAD, UNICEF, WFP and WHO. (2017). The State of Food Security and Nutrition in the World 2017. Building Resilience for peace and food security. Rome, FAO.

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