



# **Nutrition of women and adolescent girls in humanitarian contexts**

## **Current state of play**

Technical briefing paper: Executive summary

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# Executive summary

## Scope

This technical paper builds on previous work by Emergency Nutrition Network (ENN) summarising progress in nutrition programming for women and adolescent girls, specifically focusing on humanitarian contexts. Humanitarian contexts warrant attention since they are not often represented in research, and women's and girls' nutrition is often not prioritised in programming during a humanitarian response. This paper addresses maternal nutrition and also women's and adolescent girls' nutrition more broadly (10-49 years). Information was gathered through literature reviews, policy document searches, and key informant interviews. The paper presents the background to humanitarian response architecture (**Section 3**), the importance of women's and girls' nutrition in humanitarian

contexts (**Section 4**), the state of women's and girls' nutrition in humanitarian contexts (**Section 5**), the current policy environment (**Section 6**), existing scientific evidence on what works combined with examples from programme experiences (**Section 7**), and a summary of the current gaps and recommendations (**Section 8**).

## Background

The Global Humanitarian Overview in 2021 estimated that 274 million people would require humanitarian assistance in 2022. This number was a significant increase from the previous year, which was already the highest figure in decades. Women and girls are disproportionately affected by conflict and disasters due to their increased nutritional needs and vulnerabilities. They also experience additional risks as a result of disrupted health

services and support during humanitarian crises, especially antenatal, postnatal, and obstetric care, and may be disproportionately affected by barriers to accessing services in these contexts. While the breadth of nutritional information on women and girls in emergencies is lacking, recent surveys have shown a high prevalence of wasting and anaemia in pregnant and lactating women and girls (PLW/G) due to multiple vulnerabilities as well as a growing burden of overweight and obesity.

## **Nutritional assessment, policies, evidence, and programming experiences**

Data on the nutritional status of women and girls in humanitarian contexts is limited for several reasons, including current challenges around nutritional assessment as well as a lack of evidenced interventions. Many forms of malnutrition in women and girls remain undefined (such as wasting by mid-upper arm circumference (MUAC)) or are especially difficult to measure in humanitarian contexts via existing methods (such as gestational weight gain or micronutrient deficiencies).

Beyond the challenges with nutritional assessment, existing guidelines and policies relevant to the support of women's and girls' nutrition in humanitarian contexts are currently somewhat piecemeal and can be contradictory and difficult to find. These include the recommendation to provide multiple micronutrient supplementation (MMS) for PLW/G, weekly iron and folic acid (IFA) supplementation for non-pregnant women and girls in contexts of high anaemia prevalence and the provision of balanced energy protein (BEP) supplementation for pregnant women in undernourished populations.

There is also a lack of evidence on women's and girls' nutrition in humanitarian contexts, despite growing academic interest in humanitarian contexts more broadly. A recent systematic review of nutrition programmes for conflict-affected women and children found that most studies (64%) reported on interventions targeting children under five years of age with far fewer targeting women and adolescent girls. Among those that did, general food distribution was the most frequently reported intervention followed by micronutrient supplementation, nutrition assessment, nutrition education, breastfeeding and appropriate complementary infant feeding practices, disease prevention and management, supplementary

feeding, acute malnutrition treatment, and food fortification.

Several challenges to nutrition programming are experienced in humanitarian contexts such as the impracticality of switching from IFA supplementation to MMS for PLW/G during humanitarian crises, barriers to implementing weekly IFA supplementation for non-pregnant women and girls since the recommended formulation is not currently on the World Health Organization Essential Medicines List and therefore not widely available or accessible, a lack of clarity on which specialised nutritious food products should be distributed to PLW/G, who should be targeted, and via what platform(s), novel challenges around the delivery of infant feeding support to mothers in emergencies where there is a high prevalence of artificial feeding, such as during the 2022 Ukraine war, a lack of understanding of whether, and how best, to provide cash to women and girls in place of food supplementation and lastly, that more momentum is required towards achieving gender equal participation on community relief committees as a means of increasing gender equality.

## **Gaps in policy, research and programming for women's and girls' nutrition in humanitarian contexts**

One of the biggest gaps in research and programming for women's and girls' nutrition in humanitarian contexts is the lack of resources available from donors and governments. This is in part due to rising global needs and the prioritisation of other vulnerable demographics, such as children under five years, as well as the lack of evidence that would enable more advocacy towards meeting the needs of women and girls in nutrition programming. Policy gaps include the lack of guidelines on treating adult wasting, including the absence of an anthropometric definition, details on the type and content of supplementary food to provide and defined discharge criteria, the lack of implementation guidance and coordination with other guidelines for BEP supplementation, and the lack of implementation guidance supporting MMS in place of IFA for PLW/G in humanitarian contexts. Other major gaps include limited global leadership on women's and girls' nutrition, the lack of assessment tools and survey data, and insufficient focus on nutrition during the preconception and



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postnatal periods, all of which are exacerbated by the increasing complexity of the global nutrition landscape.

## Recommendations

### Policies and guidelines

- A 'living' guideline that focuses on women's and girls' nutrition, or that brings together all the relevant aspects from other guidelines, is needed to bring clarity and focus to the humanitarian response for this specific population.
- There is a need for one set of guidelines that covers all the appropriate options for macronutrient and micronutrient supplementation in both humanitarian and development settings, both during and outside of pregnancy. This should include: a) appropriate indicators for targeting women and adolescent girls (MUAC and/or body mass index (BMI)); b) discharge criteria or a measure of 'success'; c) details on which products (BEP/lipid based nutrient supplements/ corn soy blend plus etc.) to provide and in what context; d) details of the products' optimal nutritional content; and e) consideration of the double burden of malnutrition and connections with obstetric care, where relevant.
- Besides assessment of adolescent and adult wasting, guidance should be provided on other aspects of nutrition status, including the feasible assessment of gestational weight gain, field-friendly techniques for earlier diagnosis of micronutrient deficiencies and at what point postpartum BMI should be used for diagnosing under- and over-weight.
- While there are several tools for measuring empowerment in women and girls, more guidance is needed on how to contextualise and validate these within humanitarian settings. Emphasis should also be placed on better utilisation of data, as experience from development settings indicates that data for

these indicators often exist but is not prioritised in monitoring and assessment plans.

- While there is already guidance helping those governments who want to change from IFA to MMS in their national protocols, additional support from the United Nations (UN) and partners is needed in crisis-prone settings so that MMS can be implemented in the context of a humanitarian crisis.
- While some are already in place, humanitarian stakeholders should all have gender equity policies to address how humanitarian health and nutrition responses can advance gender equality and support the economic empowerment of women and girls.

### Evidence and programming

- More evidence on the implications and importance of poor nutrition for women and girls including, but not limited to, maternal mortality, is needed to support advocacy within humanitarian response agendas. Better advocacy around the role of good maternal nutrition in preventing child wasting would also help to increase the visibility of PLW/G in policies and programming.
- Other research gaps that need to be addressed include the relationship between women's empowerment and nutrition, which functional outcomes for women and infants might be useful in measuring the 'success' of women's nutrition interventions, and the effects of women's diets on breastmilk quality and quantity.
- Mapping out the clear roles of the various UN agencies involved in women's and girls' nutrition in humanitarian contexts and identifying their individual strengths to lead various aspects at global, regional and country level, would help to ensure that the nutrition of women and girls is better prioritised, and would help to provide coherence in programming.
- Agreement is needed on which standard indicators of women's and girls' nutritional status and intervention coverage should be prioritised in humanitarian and routine surveys to better prepare for and support the nutrition needs of all women and girls, not just PLW/G.
- More research and pilot programmes are needed on effective preconception nutrition interventions in humanitarian contexts. These should explore which interventions are a priority

for this group and what platforms are effective for delivering these in humanitarian contexts, especially if schools are not functioning or not accessed by some girls.

- More evidence on the importance of postnatal nutrition is needed, as is better disaggregation of data on the nutritional challenges and intervention coverage for women and girls in the first six months postpartum.

### Conclusion

In conclusion, a 2017 *Lancet* series on 'Health in Humanitarian Crises' declared that the "international humanitarian system is not just broke, but broken" and called for action to prioritise women's protection, integrate affected and displaced people into national health systems, scale up efficient, effective, and sustainable interventions and renew global leadership and coordination. The 2021 *Lancet* Series on Maternal and Child Undernutrition Progress concluded that progress has been insufficient since then. Research presented in this paper supports this and our recommendations reflect the need for better policy, protection, integration, programming, and leadership for women's and girls' nutrition in humanitarian contexts. Urgent and concrete actions are required to address the gaps identified.



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