

WHY DOES GENDER EQUALITY MATTER IN NUTRITION INTERVENTIONS?

Emergencies are often characterized by a high prevalence of acute malnutrition and micronutrient deficiency diseases, which in turn lead to an increase in death among the affected population and, in particular, among vulnerable groups. Women, girls, boys and men may face different risks in relation to deterioration in their nutritional status related to their differing nutritional requirements and to socio-cultural factors related to gender and age that determine their access to food, supplements and supplementary services. Initiating nutrition projects will not automatically guarantee their optimal use or a positive impact on individuals or on the affected population; only a gender and age sensitive, participatory approach at all stages of the project cycle can help ensure that an adequate and efficient response is provided. In order for a nutrition project to have a positive impact, women, girls, boys and men must be involved equally in the process.

Projects that analyse and take into consideration the needs, priorities and capacities of both the female and male population of all ages are far more likely to improve the lives of affected populations. The IASC Gender Marker is a tool that codes, on a 2 -0 scale, whether or not a humanitarian project is designed to ensure that women/girls and men/boys will benefit equally from it. The aim is to contribute to increasing gender equality.

NEEDS ASSESSMENTS → ACTIVITIES → OUTCOMES

A **NEEDS ASSESSMENT** is the essential first step in providing emergency nutrition programming that is effective, safe and restores dignity. A gender analysis is critical to understanding the social and gender dynamics that could help or hinder aid effectiveness. The gender analysis in the needs assessment will identify gender gaps, such as unequal access to nutrition services for women/girls and men/boys that need to be addressed. These should be integrated into **ACTIVITIES**. The project's **OUTCOMES** should capture the change that is expected for female and male beneficiaries. Avoid outcome statements that hide whether or not males and females benefit equally.

GENDER IN NUTRITION PROJECT NEEDS ASSESSMENTS	
✓	What are the demographics of the affected group? (# of households and household members disaggregated by sex and age; # of single heads of household who are women, girls, boys and men; # of pregnant and lactating women by age, unaccompanied children, older women and men, women and men with disabilities and who are chronically ill)
✓	What is the nutritional status of adolescent girls and women of reproductive age? What are their levels of anaemia?
✓	What decisions do women and men make that affect family nutrition? (e.g. food choices; decisions related to vaccination/Vitamin A/micro-nutrients; food handling, preparation, storage; food sharing –who eats first and most)
✓	Who makes the decisions around breastfeeding – whether or not to breastfeed, when to start, how long? Mothers, mothers-in-law, fathers, other?
✓	What nutritional support do pregnant women and adolescent girls need? What support do lactating mothers need to continue breastfeeding? (e.g. access to safe water, supplementary feeding; privacy screens or breastfeeding area)
✓	Is there any difference in breastfeeding practices for female or male babies?
✓	Are women, girls, boys and men who are disabled or chronically ill, elderly women and men able to access food?
✓	Who among infant girls and boys were most at-risk to nutrition problems before the crisis? What has changed since?
✓	Where boys and men are separated from families, do they have cooking skills?
✓	What nutrition interventions existed before the emergency? Who had access - women, girls, boys and men? Do these interventions provide an entry point for local networks on which to build emergency nutrition response?
GENDER IN NUTRITION PROJECT ACTIVITIES	
✓	Refocus breast-feeding campaigns to include local women's groups, where older women (mothers-in-law) congregate
✓	Meet local women's groups to address their questions and concerns about breastfeeding and to discuss the benefits.
✓	Train local health and nutrition workers on gender-sensitive service delivery
✓	Recruit and train gender-balanced nutrition assessment teams, including female translators
GENDER IN NUTRITION PROJECT OUTCOMES	
✓	Nutrition support programmes have been designed according to the food culture and nutritional needs of women (including pregnant and lactating women), girls, boys and men in the target population.
✓	An equal number of women and men are trained and employed in nutrition programmes.
✓	All U5s (girls and boys) and PLW are covered by supplementary feeding and treatment for moderate acute malnutrition.
✓	Special arrangements are in place to identify and support single male heads of household in food preparation.

DESIGNING MINIMUM GENDER COMMITMENTS FOR NUTRITION PROGRAMMING

In order to translate the cluster and organisational commitments to gender-responsive nutrition projects into reality, minimum gender commitments can be developed and applied systematically to the field response. The commitments must be articulated in a way that can be understood by all, in terms of value added to current programming and in terms of the concrete actions that need to be taken to meet these commitments. They should constitute a set of core actions and/or approaches (maximum five) to be applied by all cluster partners; they should be practical, realistic and focus on improvement of current approaches rather than on programme reorientation. Finally, they should be measurable for the follow-up and evaluation of their application.

The commitments should be the product of a dialogue with cluster members and/or within the organisation. A first list of commitments should be identified and then discussed, amended and validated by the national cluster and sub-clusters and/or organisation's staff working in the sector. It is important to note that commitments need to reflect key priorities identified in a particular setting. The **ADAPT and ACT-C Gender Equality Framework** (detailed in the Gender Marker Overview Tip Sheet) outlines basic actions that can be used when designing or vetting a gender integrated project, and can be a useful reference in designing minimum gender commitments. *The commitments, activities and indicators below draw on elements of the ADAPT and ACT-C Gender Equality Framework and are provided as samples only:*

1. **COLLECT**, analyse, and report sex and age disaggregated data (SADD); Analyse and develop profiles on the different needs and realities of women, men, boys, and girls and how/whether their needs are being met by the response.

Sample Activity	Sample Indicator
Based on collected and analysed SADD, profiles are developed of the different nutritional needs and realities of women, men, boys, and girls.	Project design is informed by gender and age analysis and more effectively meets the different nutritional needs within the affected population.

2. Ensure women, men, boys, and girls **PARTICIPATE** equally in all steps of the project; consult women, girls, boys and men at all steps in assessment, design, implementation and monitoring of nutrition projects, programmes, policies and strategies.

Sample Activity	Sample Indicator
Conduct focus group discussions with women, girls, boys and men of diverse backgrounds on needs, constraints, concerns and capacities related to nutrition activities.	All programming on nutrition is informed by participatory consultations with women, girls, boys and men in the affected population.

3. **ANALYSE** the impact of the crisis on women, men, boys, and girls, ensuring all strategies and projects include a gender analysis, i.e. an identification of the differences in nutritional requirements, feeding practices and access to nutritional services for women (including PLW), girls, boys and men

Sample Activity	Sample Indicator
Conduct a gender and age analysis, which includes an understanding of women's, girls', boys' and men's nutritional requirements, feeding practices and access to nutrition services.	Project's design is informed by a gender and age analysis.

4. Take specific **ACTIONS** to prevent risks of GBV, including establishing confidential complaints mechanisms to receive/investigate allegations of sexual exploitation and abuse (SEA) experienced by women, girls, boys or men in seeking/receiving assistance through nutrition programmes.

Sample Activities	Sample Indicators
Develop (in written, verbal and illustrative formats) and display the Code of Conduct on SEA and where and how people may make reports confidentially.	The Code of Conduct is displayed in public areas in written and illustrative formats. A confidential complaints mechanism has been established

5. Ensure that women and men benefit equally from **TRAINING** or other skills development; ensure that fathers and mothers are targeted equally by food education activities.

Sample Activity	Sample Indicator
Develop and disseminate food education and awareness materials that promote the participation of fathers as well as mothers in household feeding/nutrition and care of children	Food education and awareness materials contain key messages on the active engagement of fathers and mothers in the households feeding practices and nutritional status
Routinely collect, analyse and report sex- and age-disaggregated data on all nutrition training and skills development initiatives.	All data on nutrition training and skills development initiatives is disaggregated by sex and age.

For more information on the **Gender Marker** go to www.onereponse.info

For more information on Nutrition, see the chapter on 'Food Security & Nutrition' in **The Sphere Handbook 2011**

For the e-learning course on "**Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men**", see www.iasc-elearning.org

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