There are three key entry points for Nutrition clusters to address gender equality in project design. These are (1) in the project background / needs assessment; (2) in the activities, and (3) in the outcomes. A project will offer clear benefits to both men and women when differences between them are documented and addressed in these three sections, with a view to increasing equality. This chart gives examples of how to bring gender in at each stage, resulting in fully mainstreamed projects.¹

<table>
<thead>
<tr>
<th>Needs Assessment</th>
<th>Emergencies can deepen malnutrition and change who has power and access to food, the quality of the food, and people’s ability to prepare and handle food safely. Women, girls, boys and men have different nutritional needs and their daily activities often demand different levels of energy. Their nutrition can be put at risk in differing ways. Analysis of these differences (“gender analysis”) is therefore vital in the assessments that shape nutrition projects. Here are examples of questions that can enrich the design of nutrition projects. They also demonstrate to donors that you have fully considered gender differences in designing the program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>¹</td>
<td>• What are the demographics of the affected group? (# of households and family members disaggregated by sex and age; # single family households disaggregated by sex, number of M/F unaccompanied children, elderly, disabled, chronically ill)</td>
</tr>
<tr>
<td>²</td>
<td>• What are the sex and age-specific nutrition indicators in the affected area?</td>
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<tr>
<td>³</td>
<td>• What is the nutritional status of women of reproductive age? What are their levels of anaemia? Do women have access to affordable micronutrients for themselves and their families?</td>
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<tr>
<td>⁴</td>
<td>• What support do pregnant women need to have healthiest possible babies and nursing mothers to continue breastfeeding? (e.g. access to safe water, supplementary feeding; privacy screens or breastfeeding area)</td>
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<tr>
<td>⁵</td>
<td>• Who were most at risk for nutrition problems before the emergency (e.g. infant girls, boys under 5)? What has changed due to the crisis?</td>
</tr>
<tr>
<td>⁶</td>
<td>• What cultural, practical and security-related obstacles prevent women, girls, boys or men from accessing food aid and nutritional assistance? What ideas do women, girls, boys and men have for overcoming these obstacles?</td>
</tr>
<tr>
<td>⁷</td>
<td>• Are elderly, disabled, and chronically ill women, girls, boys and men able to access food? Does the available food meet their specific needs? Are they able to properly prepare, cook, chew and digest the food provided? Is supplementary food or food-handling needed?</td>
</tr>
<tr>
<td>⁸</td>
<td>• If boys and men are separated from families, do they have cooking skills?</td>
</tr>
<tr>
<td>⁹</td>
<td>• Has women’s workload changed by the emergency so that they have less time to prepare nutritious meals for themselves and their families?</td>
</tr>
<tr>
<td>¹⁰</td>
<td>• What nutrition interventions existed before the emergency? How did they affect women, girls, boys and men? Do they offer local networks on which to build an emergency nutrition response?</td>
</tr>
<tr>
<td>¹¹</td>
<td>• Are equal numbers of girls and boys benefitting from school meals? If school meals are not provided, how are girls and boys being fed?</td>
</tr>
<tr>
<td>¹²</td>
<td>• What decisions do women, girls, boys and men make that affect family nutrition? (e.g. food choices; decisions related to vaccination, vitamins, micro-nutrients;</td>
</tr>
</tbody>
</table>

food handling, preparation, storage; food sharing (who eats first and most)

- Are there any socio-cultural practices, food taboos, cultural beliefs or caring practices that affect women’s, men’s, boys’ or girls’ nutrition status differently?
- Is there any difference or impact of breastfeeding practices for girl or boy babies?
- What capacities, skills and time do women, girls, boys and men have for nutrition learning sessions or practical contributions like gardening?

(2) Activities

The analysis of differences between men/women/boys/girls in your needs assessment will identify problems or gaps that need to be addressed. These should be dealt with in the activities. Examples:

Problem: The needs assessment showed that child nutrition is perceived as mothers’ responsibility. If a child is malnourished, smaller or shorter than others, the mother is blamed and labeled a ‘bad mother’. As a result, these mothers are often too embarrassed to bring their children to the nutrition centers.

Response Activities: A nutrition education campaign that helps women and men understand the root causes of malnutrition, removes stigma, and creates a warm welcome for all women and men at the nutrition centers.

Problem: Nutrition needs were analyzed in an anthropometric survey of children aged 6-59 months in the emergency area. The results showed rates of global acute nutrition (GAM) of between 7.0% and 9.7%. Although below the 10% alert threshold, several hundred acutely malnourished children were identified. Of these, 64% were boys. Boys make up 51% of the total population of this age group. The survey identified a number of family practices that had changed during the recent decade of deepening poverty. Some practices unintentionally undermined child nutrition and were more detrimental to boys’ nutrition; for example, men insisted their very young sons eat ‘man’s food’ which their systems could not yet digest.

Response Activities: Follow-up action based on understanding how these new gendered practices developed, their root causes in the conflict, and opportunities for positive change. The analysis would be designed to reinforce the importance of valuing boys’ and girls’ nutrition equally.

Problem: More than 90% of the participants in the nutrition survey were women. Most men refused to take part, saying nutrition is women’s business. The survey, however, identified that men play a significant role in family nutrition with a mix of positive and negative effects. For example, women noted that men eat until they are full, even if it means women, girls and boys must eat less. They identified taboos that negatively affect pregnant women, prohibitions on eating crocodile, snake and eggs which are the main local sources of protein. In addition, women expressed regret that men did not help much in the family gardens.

Response Activities: An activity to engage equal number of men and women in nutrition education and as ‘good nutrition’ change agents in displaced communities.

Problem: To prepare the nutrition cluster’s contingency plan, partners reviewed evaluation reports from previous cyclones. Reports documented that women were required to share an emergency shelter with families, including men, who were not their relatives. Many women stopped breastfeeding as they did not feel comfortable doing this in front of strangers. Cases of diarrhoea and death increased for infant boys and infant girls alike.

Response Activities: Include the support, protection and promotion of exclusive breastfeeding as a priority consideration in the cluster contingency plan. Liaise with the shelter/camp management and protection clusters to reinforce the need for standards to that accommodate safe and private space for breastfeeding.
### (3) Outcomes

Avoid outcome statements that focus on ‘IDPs,’ ‘malnourished children,’ ‘chronically ill,’ – terms that hide whether males and females benefit equally. Outcomes should capture the changes experienced by the men and women who are the identified beneficiaries, as well as any change in relations between them. Outcome statements should, wherever possible, be worded so any difference in outcomes for males and females or in male-female relations is visible. This will ensure monitoring and accountability for project impacts on women as well as men.

Examples of gender outcomes: (the importance of the words in italics is explained)

- 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.

  *This recognizes that nutrition needs vary by sex and age.* Best nutritional results come when distributed *y food* includes staples that are familiar and easily prepared.

- At least 90% of suspected zoonotic cases identified *(by sex and age)* are reported within 8 hours.

  *Respects that the different activities of women, girls, boys and men may increase their risk of infection or transmission.* If there is a noticeable age or gender association among those first infected, following their animal and meat-linked activities can provide useful information for monitoring and control.

- Special arrangements are in place to safeguard *women, girls and boys* to and from the distribution point.

  *Recognizes that if safe and culturally appropriate access is not provided, women and children may be deprived of their distribution items because of social norms, reduced mobility or less physical strength.*

- *Equal numbers of women & men* are trained and employed in nutrition programs.

  *Recognizes that men and women are both concerned about family nutrition, and have power, energy and time that can be invested in their own and their family’s health.*

- *Equal numbers of male and female community monitors* do spot checks and hold regular meetings to ensure any obstacles to food aid/nutrition centre access are identified and addressed.

  *Acknowledges that women and men have different nutrition knowledge to bring to monitoring.* Women-to-women and men-to-men communication is important, as well as joint male-female consultation and problem solving.

- All *girls and boys under 5*, and pregnant / lactating women are covered by supplementary feeding and treatment for moderate acute malnutrition.

  *Reflects awareness that sex-disaggregation of the under-fives is essential in order to consciously track if, and when, preference for one sex leads to other sex being disadvantaged.*

- The rate of exclusive breastfeeding has increased to XX% with no significant *gender gap* *(infant boys: X% - infant girls: Y%).

  *Reflects awareness that sex-disaggregated data on breastfeeding is essential in order to consciously track if, and when, preference for one sex leads to the other sex being disadvantaged.*

- NGO capacity in nutrition response and preparedness has been enhanced by having both *women and men on their implementing teams (% M - %F)*

  *Indicates whether or not NGOs are succeeding in building this competency in both women and men, as well as their progress toward a gender balance in trainees.*
NUTRITION Projects – Gender Mainstreaming & Targeted Actions

Most projects in the NUTRITION sector should fully mainstream gender. In summary, this requires:

- A robust needs assessment that explores relevant gender issues;
- A number of the project’s activities that address the different needs and realities of male and female project beneficiaries;
- A number of outcomes that capture the different changes for men compared to women or boys compared to girls (gender changes) generated by the project AND/OR changes in male-female relations.

Targeted Actions to Address Inequality

At times there may also be a need to develop a program that targets and benefits only ONE group of beneficiaries. This type of project does not try to address the different needs of women, girls, boys and men (“mainstreaming” gender issues). Rather it tries to address and resolve gender inequalities by focusing on a particular group that is experiencing discrimination, or for other reasons requires targeted action.

Example – Improving nutrition to reduce maternal deaths

The needs assessment identified a steady increase in the maternal mortality rate. Prolonged drought and intermittent conflict have created lingering food insecurity. In the target provinces, maternal deaths have increased from 520 to 705 deaths per 100,000 in last decade. Deaths of child mothers, less than 18 years, are 30% higher than the average for women of child-bearing years, and higher if they have given birth more than twice. The national nutrition survey has documented high levels of acute malnutrition in women and girls, as well as a complex number of interrelated root causes. All activities in the project centre on increasing the nutritional health of pregnant girls/women and lactating mothers and related activities for infant survival (e.g. safe and assured access to distributed food, therapeutic and supplementary feeding, nutrition and good motherhood education, breastfeeding support).

The project links with health services and a multi-sectoral program to reduce early marriage. All outcomes emerge from improving nutrition which will provide mothers and their newborns a better chance to survive. Potential outcomes in the target provinces include increased levels of maternal nutrition and infant (M/F) birth weight, and reduction in maternal and infant deaths (MMR disaggregated for under and over 18 years; IMR disaggregated by sex).

Addressing Gender-based Violence

All sectors need to consider violence, particularly violence against women, and identify ways their activities can mitigate and prevent it.

Example – Supplementary Feeding Centre Staff Training

After receiving basic gender equality and human rights training, feeding centre staff in the conflict affected area were trained to look for signs of domestic violence, and to make a sensitively-worded, culturally appropriate enquiry to mothers of severely malnourished children. They were also trained to make voluntary referrals to the local NGO providing counseling and legal advice. Outcomes included improved information on the prevalence of violence, and an increase in the number of women seeking support. Retention rates in the feeding program also improved, but this could not be clearly correlated with provision of domestic violence referral before the program ended.