



GENDER EQUALITY PROGRAMMING IN EMERGENCIES IN NUTRITION

WHY DOES GENDER EQUALITY MATTER IN EMERGENCY NUTRITION INTERVENTIONS?

Conflicts and natural disasters affect women, girls, boys and men differently; they have different needs, perceptions and experiences which need to be considered by humanitarian actors in ensuring that appropriate assistance is delivered to all segments of the population without putting any group at risk. Emergencies are often characterized by a high prevalence of acute malnutrition and micronutrient deficiency diseases. These in turn lead to an increase in death among the affected population and, in particular, among vulnerable groups. The nutritional status of women, girls, boys and men tends to vary due to their differing nutritional requirements and socio-cultural factors, including gender issues, which determine their access to food, supplements and supplementary services. Initiating nutrition projects alone will not automatically guarantee their optimal use. For nutrition interventions to have a positive impact on affected individuals, families and communities, a gender-sensitive, participatory approach at all stages of the project cycle can help ensure that an adequate and efficient response is provided. Nutrition assessments and activities that take into consideration the needs, priorities and capacities of women, girls, boys and men are more likely to improve the lives of affected populations.

GEP IN NUTRITION SECTOR NEEDS ASSESSMENTS, ACTIVITIES AND OUTCOMES

A **NEEDS ASSESSMENT** is the essential first step in providing emergency nutrition programming that is safe, effective, and restores dignity. A gender analysis is critical to understanding the social and gender dynamics that could help or hinder aid effectiveness.

1. Here are examples of questions that can enrich the design of nutrition projects: 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, unaccompanied children, older women and men, women, girls, boys and men with disabilities or who are chronically ill)
2. What is the nutritional status of women of reproductive age? What are their levels of anemia?
3. What nutritional support do pregnant women need? What support do lactating mothers need to continue breastfeeding? (ex. access to safe water, supplementary feeding; privacy screens or breastfeeding area)
4. What decisions do women and men make that affect family nutrition? (ex. food choices; decisions related to vaccination/Vitamin A/micro-nutrients; food handling, preparation, storage; food sharing –who eats first and most)
5. Who makes the decisions around breastfeeding – whether or not to breastfeed, when to start, how long? Mothers, mothers-in-law, fathers, other?
6. Who among infant girls and boys were most at-risk to nutrition problems before the crisis? What has changed since?
7. Is there any difference in breastfeeding practices for female or male babies?
8. Are women, girls, boys and men who are disabled or chronically ill, elderly women and men able to access food?
9. Where boys and men are separated from families, do they have cooking skills?
10. 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?
11. Are school meals/take home rations available in schools? If so, who benefits from these? \
12. Are there any socio-cultural practices, food taboos, cultural beliefs or caring practices that affect women's, girls', boys' and men's nutrition status differently?

Examples of ways to incorporate gender concerns in a nutrition project: The gender analysis in the needs assessment will identify gender gaps, such as unequal access to nutrition projects for women/girls and men/boys, that need to be addressed. These should be integrated into **ACTIVITIES**.

Gender Analysis in Needs Assessment	Activities
The needs assessment shows that mothers-in-law make the decisions on whether or not a mother a breastfeed, when they will start and for how long they will continue. However, the current breast-feeding awareness/promotion campaign targets pregnant and lactating women themselves.	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.



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. Examples of gender outcomes include:

- Gender-specific supports (ex. transport, childcare) are in place to enable women's participation as teachers/ volunteers.
- 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 heads in food preparation.

THE ADAPT & ACT-C FRAMEWORK: A PRACTIAL TOOL TO DESIGN/REVIEW NUTRITION PROJECTS THROUGH A GENDER EQUALITY LENS

The ADAPT & ACT-C Framework is a tool for use when designing or vetting a project/programme to integrate gender dimensions. While the order of the steps in the framework may vary, as many as possible of the steps - ideally all nine - should be taken into account in the design of humanitarian interventions to ensure that the services and assistance they provide meet the needs and concerns of women, girls, boys and men equally.

A	ANALYSE the impact of the crisis on women, girls, boys and men and what this entails in terms of division of tasks/labour, work load and access to nutrition services and facilities. Ex. Ensure that a participatory needs assessment is undertaken, consulting an equal number of women and men, to gather information on the reasons for inequalities in malnutrition rates between women, girls, boys and men. The project's targeted beneficiaries should be disaggregated by sex and age and women, girls, boys and men consulted at assessment, monitoring and evaluation stages.
D	DESIGN services to meet the needs of women and men equally. Nutrition actors should review the way they work to ensure that girls and boys, women and men benefit equally from their services, Ex. Nutritional support programmes are designed according to the food culture and nutritional needs of women (including PLW), girls, boys and men.
A	Make sure that girls and boys of all age groups can ACCESS nutrition services equally. A continuous monitoring of access to nutrition services, disaggregated by sex and age, through spot checks and discussions with communities.
P	Ensure women, girls, boys and men PARTICIPATE equally in the design, implementation, monitoring and evaluation of nutrition projects, programmes and strategies, and that women of all ages are in decision-making positions.
T	Ensure that women and men benefit equally from TRAINING or other capacity-building initiatives offered by the project. Make certain that women and men have equal opportunities for work or employment.

and

A	Make sure that the project takes specific ACTIONS to prevent risks of GBV. The <i>IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings</i> includes a chapter on 'Food Security and Nutrition', which should be used as a tool for planning and coordination.
C	COLLECT, analyse and report sex- and age-disaggregated data; analyse the differences and develop profiles on the different needs and realities of males and females in at-risk populations and how and whether their needs are being met by the response. Ex. Sex- and age-disaggregated data on programme coverage are regularly collected, analysed and reported on.
T	Based on the gender analysis, make sure that women, girls, boys and men are TARGETED with specific actions when appropriate. Ex. Unequal nutrition and food distribution rates within households are addressed through nutritional supports, as well as programmes to address underlying reasons for discrimination.
C	Ensure COORDINATION and gender mainstreaming in all areas of work. Ex. Partners in the Agriculture/Livelihoods sector should liaise with actors in other clusters/sectors – including Protection, Food, CCCM/NFI/Shelter, WASH, Health and Education – and coordinate on gender issues.



DESIGNING MINIMUM GENDER COMMITMENTS FOR NUTRITION

In order to translate the Nutrition sector's 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 clearly by all, both in terms of value added to current programming and in terms of the concrete actions which 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 partners in the sector. They should be practical, realistic and focus on improvement of current approaches rather than on drastic 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 between Nutrition Sector members and within each of the member organizations. A first list of commitments should be identified and then discussed, amended and validated by the Nutrition Sector at national level, as well as sub-national sectoral groups and/or staff of organizations working in the sector. It is important to note that commitments need to reflect key priorities identified in a particular setting.

The commitments, activities and indicators below are samples only:

1. 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
<i>Conduct focus group discussions with women, girls, boys and men of diverse backgrounds on needs, constraints, concerns and capacities related to nutrition activities.</i>	<i>All programming on nutrition is informed by participatory consultations with women, girls, boys and men in the affected population.</i>

2. All nutrition 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
<i>Conduct a gender analysis, which includes an understanding of women's, girls', boys' and men's nutritional requirements, feeding practices and access to nutrition services.</i>	<i>Project's design is informed by a gender analysis.</i>

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

4. Ensure that fathers and mothers are targeted equally by food education activities.

Sample Activity	Sample Indicator
<i>Develop and disseminate food education and awareness materials that promote the participation of fathers household feeding/nutrition and care of children</i>	<i>Food education and awareness materials contain key messages on the active engagement of fathers in the households feeding practices and nutritional status</i>

5. Equal numbers of females and males are involved in nutrition training and skills development initiatives.

Sample Activity	Sample Indicator
<i>Routinely collect, analyse and report sex- and age-disaggregated data on all nutrition training and skills development initiatives.</i>	<i>All data on nutrition training and skills development initiatives is disaggregated by sex and age.</i>



FOR FURTHER GUIDANCE

- For more information on gender in nutrition in emergencies, see The Nutrition Cluster Handbook. A practical guide for country-level action (UNICEF, 2013) at http://nutritioncluster.net/nutrition/wp-content/uploads/sites/4/2013/09/GNC_Handbook_v1_FINAL_no_links.pdf
- For more information on GEP in the nutrition sector, see
 - **IASC Gender Handbook in Humanitarian Action** (Dec. 2006) at <http://www.humanitarianinfo.org/iasc/gender>.
 - **IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies** (Sept. 2005) at <http://www.humanitarianinfo.org/iasc/gender>.
 - **IASC Guidelines for HIV/AIDS Interventions in Emergency Settings** (2003) at <http://www.humanitarianinfo.org/iasc/content/products/docs/FinalGuidelines17Nov2003.pdf>.
- For more information on the **Gender Marker** go to www.onereponse.info.
- For the e-learning course on **Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men** register at <http://www.iasc-elearning.org> or ask OCHA Myanmar for CD-version.
- For Myanmar-specific support please contact Maria Caterina Ciampi, Senior Inter-Agency Gender Capacity (GenCap) Advisor, IASC Gender Standby Capacity Project, hosted by OCHA in Myanmar, by calling +95 (0) 92 50 15 19 52 or by sending an email to caterina@un.org.