



## Gender Equality Measures in Nutrition Interventions

This Tip Sheet describes interventions, poses action-oriented questions and offers an example of the 4 Key GEMs. These critical programming steps connect to generate gender equality in Nutrition projects and programs. The IASC GAM (described below) flags whether these steps are in proposals or implemented projects.

### Gender Equality in Nutrition:

Women, girls, boys and men in all age groups have equal access to nutrition services and the foods they need to live a healthy life. Gender-Responsive Nutrition in Emergencies Module (Global Nutrition Cluster website, 2014)

Take the following actions to work towards this:

- Integrate the gender perspectives from rapid participatory assessments with women, girls, boys and men of diverse backgrounds into the initial nutritional status analysis. Use this to identify groups most at risk of poor nutrition and health.
- Examine whether at-risk groups (for example, female headed households, older women and men) are accessing adequate food and the food basket meets their specific needs. Take action to address barriers following consultation.
- Use information on age- and sex-specific incidence of illnesses, nutrition indicators and health conditions to tailor activities.
- Review the effectiveness of the nutrition programs for women and men as well as boys and girls in different age groups.

There is overwhelming evidence that gender inequality exacerbates food insecurity, malnutrition and poverty in humanitarian crises. For example: discrimination over food entitlements and the marginalization of women in farming management. Women, girls, boys and men face different risks in relation to a deterioration in their nutritional status in emergency contexts. These different vulnerabilities are related both to their differing nutritional requirements and to socio-cultural factors related to gender. In many cultures, men are provided with broader access to resources to produce food and ability to freely move within and across communities. Constraints placed on women reduces their food security and for their households.

Women and girls of child-bearing age require

## Questions to Inspire Action by GEMs

### Needs Analysis Set

**Gender Analysis (Key)** How does the crisis affect the nutritional well-being of women, men, girls and boys? What cultural beliefs and practices affect their nutrition, such as food taboos? Who within the household has controls over resources and does this impact on access to food and feeding habits? (For example, who eats first and most, what food is eaten, spending on food and health care, vaccinations or micro-nutrients.) How do women, girls, boys and men with disabilities access food and does the food basket meet their specific needs? **Sex & Age Disaggregated Data** What are the known relative rates of malnutrition? How do rates of access to the project vary across different affected groups? **Targeting** Should the interventions be for everyone or do efforts need to be targeted? How does gender and age affect the ability of people in need to access the project? What efforts are made to ensure that people with mobility issues can access the project?

### Adapted Assistance Set

**Tailored Activities (Key)** How do the food baskets and information campaigns differ so the different nutritional needs are met? Do campaigns target those who make decisions about breastfeeding and infant and young child feeding, such as men or mothers-in-law? Are girls and women helped to access to nutritional assistance where disabilities, domestic or care work limit access? (For example, providing child care or outreach services.) Does supplementary feeding and treatment for moderate or general acute malnutrition cover girls and boys under five, pregnant and lactating girls and women as well as older women and men? Do specific activities help build the capacity of single male heads of household in preparing food and supporting child nutrition? **Protect from GBV Risks** Is poor nutrition contributing to early marriage or exchanging sex for food? If staggered food is not followed, will there be violence? Is there a referral pathway? **Coordination** Does the project fit in with the cluster response plan and complement actions by other clusters? Does the agency share gender analysis and access trends?

### Adequate Participation Set

**Influence on Project (Key)** Are girls, boys, women and men of different ages and backgrounds consulted equally about the project's design, implementation and review? Are women and men meaningfully and fairly involved in decision-making groups such as nutrition committees? Are women and men given opportunities fairly to be involved in implementing the project through volunteering? **Feedback Processes** Are there feedback processes for affected people? Can complaints be lodged safely and are they responded to? **Transparency** Is everyone given the information about access to nutrition projects and feedback processes? Is the way it is shared changed to make sure everyone gets the right message?

### Review Set

**Benefits (Key):** Are targets and indicators disaggregated by sex and age? Is assistance distributed to those who need it most? Do men versus women (or boys versus girls) get assistance fairly? **Satisfaction:** Are women & men in different age groups asked about their levels of satisfaction? Are they equally satisfied? **Project Problems:** Do people in need identify barriers to access or negative consequences? Are they different depending on gender and age? Do women talk with women about their issues? And men with men? Does the project have plans to improve?

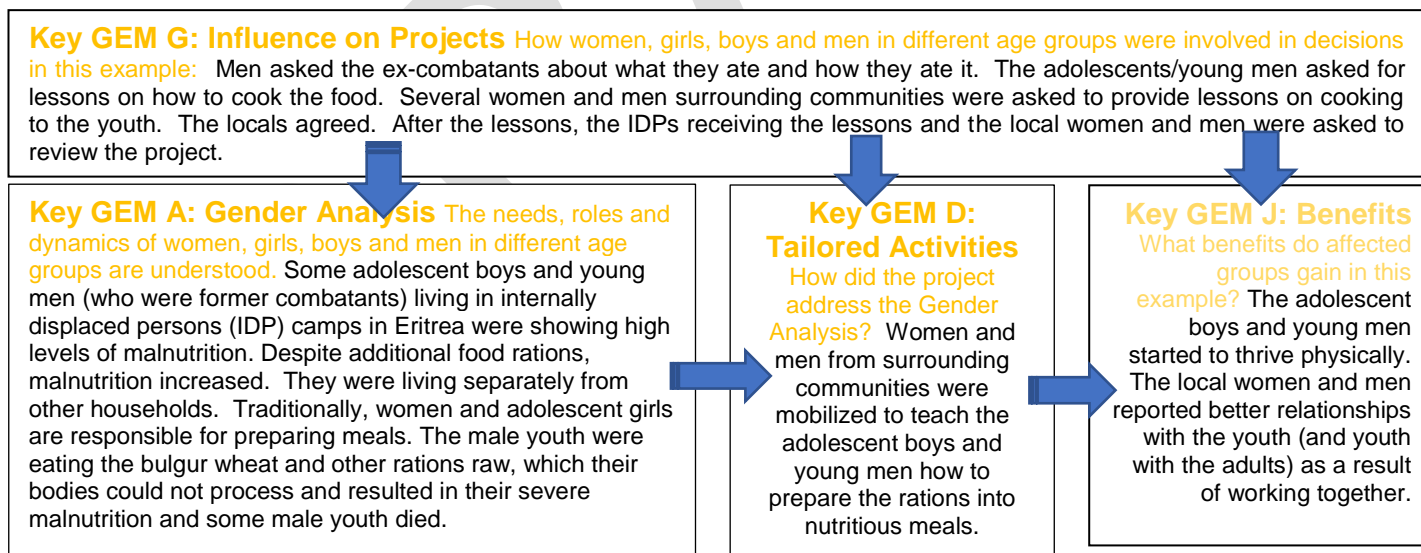
more dietary iron than men and need to eat more protein when pregnant or lactating. Typically they eat a lower quantity and a limited variety of nutritious foods than men. Iron-deficiency anemia increases maternal mortality, and a general lack of nutrients during pregnancy leads to increased numbers of babies with low birth weight who start their lives malnourished. The nutritional requirements of people living with HIV/AIDS increase by 50–100% during the illness and they also suffer from severe weight loss. Chronically ill people may not be able to eat normal foods due to reduced appetite and/or mouth or throat problems. There have been reports of a discrepancy in some regions between the prevalence of acute malnutrition among boys and girls measured by surveys and the proportion of boys and girls admitted to feeding programs. Caution should be used when only targeting women for livelihood projects: this increases the burden on women to be the sole provider for their families and alleviates men of their responsibilities for their families. Opportunities for engagement in livelihood projects should consider the involvement of men.

**IASC Gender with Age Marker (GAM):** The GAM measures whether the Needs Analysis, Tailored Activities, Influence on Project and Benefits (Key Gender Equality Measures/GEMs) demonstrate gendered issues and involvement across age groups. These are the building blocks that lay the foundations for quality programming. The tool codes (0-4): higher when the project can demonstrate gendered needs, roles and dynamics are considered, based on different age groups; activities are tailored accordingly; affected groups get benefits fairly; and they influence the project fairly. Only Key GEMs are considered in Design while all GEMs are considered in the Monitoring Phase.

Nutrition interventions may target action to address specific vulnerabilities or discriminations resulting from gender norms or expectations (Targeted Action/T). Alternatively, interventions may consider the distinct needs roles and dynamics for women and men, girls and boys in different age groups and adapt activities accordingly (Gender Mainstreaming/M). For example, a project may focus solely on changing community perceptions about preparation roles through working with adolescent boys who returned from war to teach them how to prepare nutritious meals or a project may focus on changing community attitudes about pregnant women eating meat. Alternatively, a mainstreaming project may aim to provide improve the nutritional status of the affected population for pregnant and lactating women, girls and boys under the age of 5 years, and chronically ill people. The GAM Overview explains the coding for GEMs and GAM.

### Example of Nutrition Programming

(Code 4T – can you work out why?)



Applying the above GEMs will lead to better quality programming that is responsive to gender and age.

**GOOD TO GO?** Apply the **IASC Gender with Age Marker** to your proposal or project.

**WANT MORE INFORMATION?** Check out more resources below.



2018: Nutrition: IASC Gender with Age Marker

For more resources on the **IASC Gender with Age Marker** and integrating gender & age into humanitarian programming visit [www.humanitarianresponse.info/](http://www.humanitarianresponse.info/)

Global Nutrition Guidance: Training modules and documents can be found at <http://nutritioncluster.net/?s=gender>

For the E-learning course on **“Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men”**, visit: [www.iasc-clearing.org](http://www.iasc-clearing.org)