

GENDER EQUALITY MEASURES IN NUTRITION

This Tip Sheet offers interventions, guiding questions and an example of how 4 Key Gender Equality Measures (GEMs) support gender equality in Nutrition projects and programs. It should be read together with the GAM Overview. The IASC GAM identifies and codes projects based on the extent to which key programming elements are consistently present in proposals and implemented projects. Four steps (GEMs) are assessed in the design phase, and twelve GEMs are reviewed in monitoring.

Girls and boys – and men and women – have different nutritional needs at different life stages. They also face different risks and challenges in accessing adequate nutrition. Gender inequality exacerbates food insecurity, malnutrition and poverty in humanitarian crises. All gender and age groups entitled to equal access to nutrition services and the foods they need to live a healthy life.

Nutrition actors can take the following steps to ensure everyone is equally able to access and benefit from nutrition programs:

- 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 or men, people living with HIV/AIDS) 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.

QUESTIONS TO INSPIRE ACTION

Needs Analysis Set	Gender Analysis	How does the crisis affect nutritional well-being of girls and boys, women and men? What cultural beliefs and practices such as food taboos affect their nutrition? Who controls household resources, and how does this affect access to food and feeding patterns? How do individuals with disabilities access food, and does it meet their specific needs?
	Sex and Age Disaggregated Data (SADD)	What are the relative rates of malnutrition? How does rate of access to the project vary for different groups?
	Good Targeting	Should interventions be for everyone, or do efforts need to be targeted? How do gender and age affect ability to access nutrition projects? What efforts are made to ensure people with mobility issues can access the project?
Adapted Assistance Set	Tailored Activities	How do food baskets and information campaigns differ to ensure different nutritional needs are met? Do campaigns target family members who make decisions about child-feeding, who may not be the mothers? Are there special access provisions where disabilities, domestic or care work limit access for women or girls? Do supplementary feeding and malnutrition treatment include elderly women and men, PLW, as well as girls and boys? Are there activities to build child nutrition knowledge of fathers?
	Protect from GBV Risks	Is poor nutrition contributing to early marriage or transactional sex? Does targeting of individuals within the family increase tension or violence? Are staff aware of referral pathways?
	Coordination	Does the project fit with the cluster response plan & complement other clusters' actions? Is the gender analysis and data shared?
Adequate Participation Set	Influence on Project	Are girls and boys of different ages and backgrounds consulted equally and appropriately about the content and review of the nutrition project? Is there gender-balanced representation on nutrition committees?
	Feedback	Are there safe feedback & complaints channels for affected boys & girls, women & men? Are they responsive?
	Transparency	Is everyone given information about access to nutrition projects and feedback processes? Is communication adapted to make sure everyone gets the right message?

Review Set	Benefits	Are targets and indicators disaggregated by sex and age? Are the most vulnerable able to access nutrition? Is access fair for girls and boys?
	Satisfaction	Are women and men in appropriate age groups asked about their satisfaction? Are levels similar?
	Project Problems	Do people in need identify access barriers or negative consequences? Are they different depending on gender and age? Do women talk with women and girls? And men with men and boys? Does the project have plans to improve?

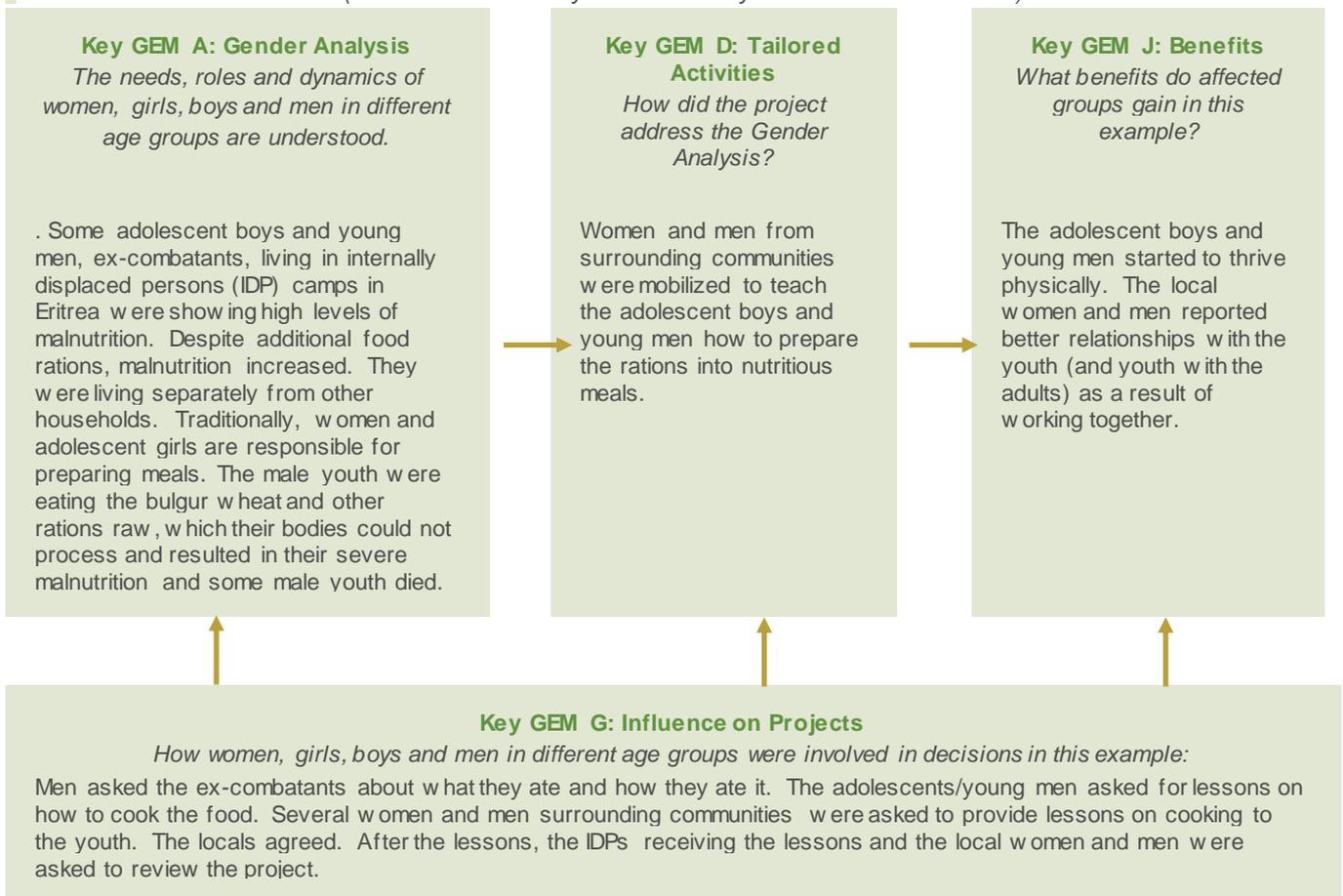
GENDER MAINSTREAMING, OR A TARGETED ACTION?

Some Nutrition interventions may target actions to address specific discrimination or gaps resulting from gender norms and expectations: these are “targeted actions” (T.) 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.

However, the majority of humanitarian interventions will aim to assist everyone in need while adapting activities to meet the roles and priorities of girls and boys (or women and men) in different age groups: gender mainstreaming (M.) An example would be a project to 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 GOOD GENDER EQUALITY PROGRAMMING IN NUTRITION

(GAM Code 4T – can you work out why? See the GAM Overview)



Using Gender Equality Measures in projects or cluster programs leads to better quality programming, responsive to gender and age issues.

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

RESOURCES? Refer to iascgenderwithagemarker.com