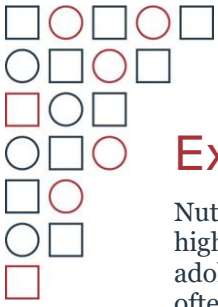


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Executive Summary

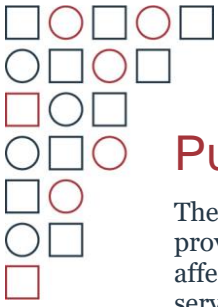
Nutrition International is a global organization, headquartered in Ottawa, focused on delivering high-impact, cost-effective nutrition interventions to people in need, especially women, adolescent girls and children, by improving their nutritional status and health, as these groups often have the greatest unmet needs. Nutrition International applies a systems strengthening lens to its work with national, state, and municipal governments and partners with like-minded organizations to leverage each other's strengths.

Access to good nutrition is a universal human right. Nutrition International believes that good nutrition and gender equality are mutually reinforcing; improving nutrition is critical to achieving gender equality, and in turn improving gender equality leads to improved nutrition. The evidence is compelling:

- Girls with access to good nutrition are better able to learn. Well-nourished girls with access to education learn more, earn more over their lifetimes and have greater agency in their health and nutrition choices.
- When women have equitable access to optimal nutrition across the life-course they have greater potential to survive, to earn for their own economic empowerment, which is essential to fuel the progress of families, communities and countries.
- When women come together as trained community health care workers, as caregivers, and/or community decision-makers, they benefit their communities and themselves as they share their first-hand knowledge, collectively discuss and take action on existing nutritional barriers and engage in local health agendas.
- Men have many roles in society, as fathers, partners, husbands, brothers, teachers, health care providers and leaders. When children and adolescents see male role models displaying positive masculinities that enable more equitable distribution of household food and resources, health decision-making, caregiving or professional health-related responsibilities, shared burden of care for children and family– it can have a multifaceted effect on promoting gender equality, women's empowerment, and nutrition in the short and long term.
- When nutrition programming recognizes and responds to gender power relations at the household and community level, it leads to a more enabling environment for equitable norms, inclusion, decision-making for improved nutrition, and mitigates potential harm or risks

The Program Gender Equality Strategy (PGES) is more than a document, it is a way of working. The strategy details our commitment to mainstreaming gender equality and elaborates Nutrition International's framework for understanding the linkages between nutrition and gender equality.

Building on the socio-ecological model, the strategy highlights specific examples of how Nutrition International's work promotes gender equality within different programs and outlines key approaches that can be used to address gender issues. The strategy commits to ongoing monitoring and evaluating progress on gender indicators and outcomes and lists a selection of key gender domains we expect to influence within our nutrition programming.



Purpose and Guiding Principles

The purpose of this strategy is to showcase how nutrition and gender are intrinsically linked and provide a road map for staff and partners to respond to those barriers which disproportionately affect diverse women and adolescent girls, leading to inequitable access to nutrition and health services, and increased burden of malnutrition on them. The strategy identifies key domains of change and indicators NI will use to measure its progress on gender equality and women's empowerment through an intersectional lens.

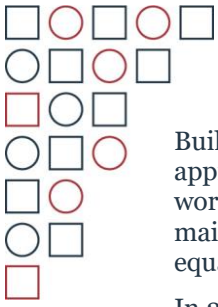
Nutrition International supports gender equality in line with International Human Rights standards, including the Universal Declaration of Human Rights, Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), UN Convention on the Rights of the Child (CRC), International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) and the Convention on the Rights of Persons with Disabilities (CRPD).

The following principles guide Nutrition International's programming:

- **Gender equality is integral to the work of the organization.** Nutrition International recognizes that a gender transformative and inclusive approach is needed to create the conditions from which girls and boys, women and men with diverse and intersecting identities can realize their full potential and right to health and nutrition.
- Nutrition International takes an **intersectional approach**, recognizing that “women” and “adolescent girls” are not homogenous groups. Age, marital status, ethnicity, religion, education, ability, and many other factors compound the inequalities brought on by gender, making it more difficult for certain groups of women to realize their nutrition rights.
- **Women's and girl's empowerment and inclusion:** Nutrition International follows the “nothing about her, without her” principle, meaning that the voices of girls, adolescent girls and women will guide Nutrition International's efforts to design effective nutrition programs and promote gender equality. We strive to use participatory, and people centered approaches as we amplify their voices and support girls' and women's empowerment.
- **Context specific:** we do not have a blanket approach to working on nutrition and gender, rather, through careful analysis, we consider specific socio-cultural dynamics within the countries where we work and adapt our design, activities, and messages accordingly. In this regard, the approach will be sensitive to the local context and based on an understanding of long-held social-cultural norms/practices, recognizing that social changes may take time.
- **Do no harm and safeguarding:** Nutrition International is committed to ensuring that our ways of working and our programs do not cause harm or exacerbate vulnerabilities among women, adolescent girls, children, families and the communities we work with, or among our partners and staff.

Introduction

Nutrition International has a 30-year legacy of working to improve the nutrition, health, survival and well-being of those with greatest vulnerabilities – often women and adolescent girls. One billion women and girls are held back by malnutrition¹ which has been exacerbated by the COVID-19 pandemic and multiple converging conflicts and crisis. There is growing global recognition of the urgency needed to address gender barriers as a key constraint for realizing nutrition goals. The *Gender Transformative Framework for Nutrition (2020)*, *Undernourished and Overlooked (2023)* and *Closing the Gender Gap (2023)* present evidence and an action agenda centering gender equality and women's empowerment within the nutrition space.

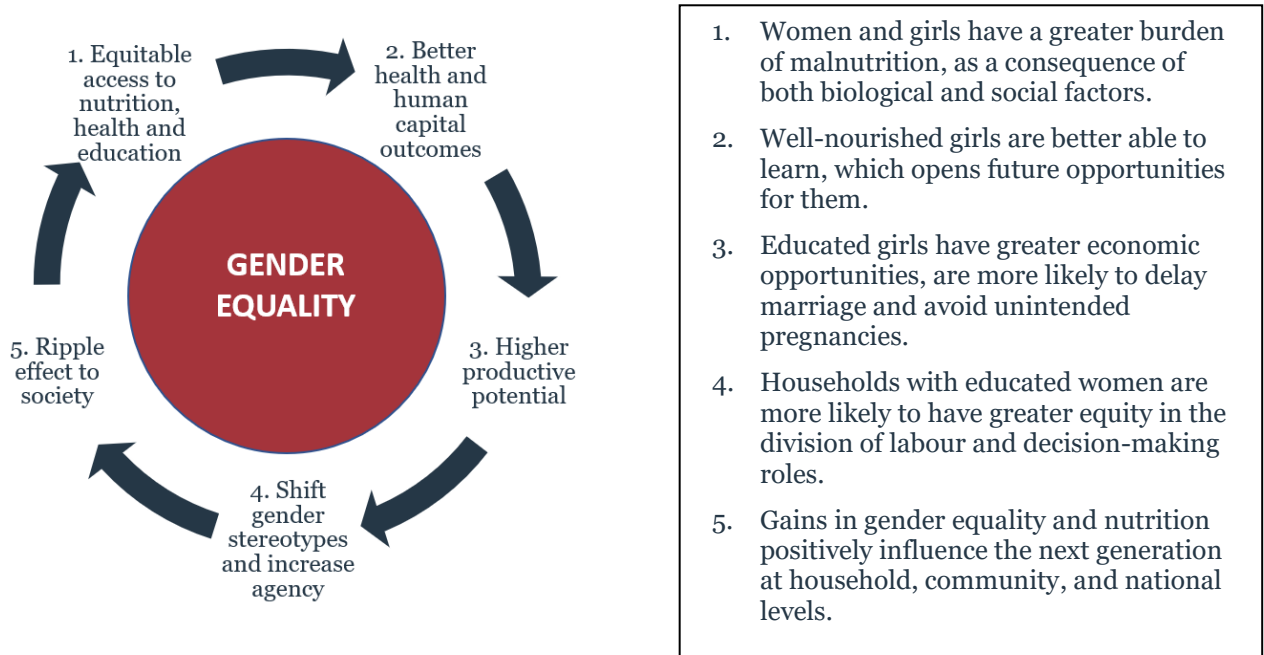


Building on our 2018 Program Gender Equality Strategy, a more intentional and systematic approach to mainstreaming gender equality has been adopted within Nutrition International’s work. Six years on, the organization is well positioned to reflect on key lessons from our gender mainstreaming process and recommit to further strengthening and deepening our gender equality approach.

In 2023, Nutrition International undertook an extensive consultative process to inform the development of this strategy. This included focus groups discussions with personnel from country, regional and headquarters business units, as well as meetings with selected government and civil society partners to understand their felt needs and priorities for working on gender equality and applying inclusive approaches within nutrition programs.

NI believes that improving nutrition is critical to achieving gender equality, and that improving gender equality leads to improved nutrition.

Figure 1: The relationship between nutrition and gender equality



Nutrition International believes in and pursues a “no missed opportunities” approach across sectors and delivery platforms to improve nutrition. This requires a multi-sectoral response through both nutrition-specific and nutrition sensitive interventions and working with partners from different sectors, including relevant national women’s and gender ministries, to ensure that improving the nutrition of girls and women is a shared goal across sectors, and facilitating opportunities to better integrate nutrition into their programs. As the deadline for the Sustainable Development Goal (SDG) Agenda 2030 grows nearer, it is important to Nutrition International to support governments to reach the targets set out within this agenda particularly under Goals 2 and 5 with evidence-based actions. Nutrition International believes that greater impact can be achieved by working in partnership to address gender equality and nutrition synergistically. In doing so, Nutrition International will contribute to building a world where all are able to reach their full potential.



Gender Equality and Nutrition

Access to good nutrition is a basic human right and a fundamental component of human dignity. When women and men, girls and boys of all diversities are empowered to claim their rights, it leads to improved health and nutrition for themselves and a better quality of life for their families and communities. The participation and support of men and boys alongside women and girls in reaching gender equality is essential. However, achieving gender equality is impossible when women and girls around the world are twice as likely to suffer from malnutrition.

Nutrition International has been systematically conducting sex and gender-based analyses within our programs across countries in Africa and Asia and has considered further evidence which builds a compelling narrative on the linkages between gender equality and nutrition.

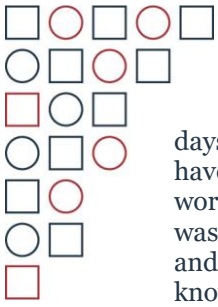
- **Interplay of biological and social factors.** Women and adolescent girls have increased and specific nutritional and health needs during the life course linked to their sex-specific biology and yet they often are unable to meet these needs due to social norms which lead to and perpetuate gender inequalities in nutrition and health status.
- **Nutrition as a matter of equity.** The right to adequate access to health and nutrition is a matter of equity to prevent and reduce anaemia in women and girls, positively impacting their wellbeing and ensuring they are enabled to grow, learn, earn, and lead.
- **Enhancing the well-being of women, their families and communities.** When women are empowered and educated, it enhances their own well-being as well as positively impacting their families and communities.
- **The impact of gender-based violence and harmful social norms.** School drop-out and early and forced marriage have life altering and negative consequences for girls' health, nutrition, and educational opportunities and increases the risk of highly vulnerable adolescent pregnancy for both the adolescent and the baby. The effect of such social norms, as well as gender based violence, on the nutritional status and well-being of women and adolescent girls, poses a threat to gains that would be made otherwise and cannot be ignored if we are to advance nutrition outcomes.

INTERPLAY OF BIOLOGICAL AND SOCIAL FACTORS

Biological sex differences and the increased need for nutrition, including critical micronutrients at different ages and stages of a woman's life mean that women, adolescent girls and children face threats to adequate nutrition disproportionately. Although men and boys generally need greater energy and protein dietary requirements than women and girls in the same life phase, pregnant and lactating women have among the greatest nutritional needs, due to their sex-specific biology of any group. Menstruating women and adolescent girls also have increased iron needs, due to monthly losses. Despite this, women and girls in many contexts often receive smaller portions, eat less nutritious food, while men and boys are favoured with proteins or more nutritious and micronutrient-rich foods.² Furthermore, social norms related to household hierarchies, dynamics, accepted structures and power can combine to create further challenges for women and adolescent girls to meet their nutrition needs when they are unable to make decisions to seek health care, spend family resources on health and nutrition needs, attend school, or are overburdened by their care responsibilities.

NUTRITION AS A MATTER OF EQUITY

While food-based strategies are part of a long-term approach for overcoming food and nutrition insecurity, micronutrient supplements and other nutrition-specific interventions provide an important and urgently needed role in equalizing the biological and gender-driven nutrient gaps that women, adolescent girls and children experience throughout their lifecycles. For young girls and adolescents, gender equity includes addressing their increased need for iron and risk of anaemia, as well as menstrual health management to ensure they are able to attend school more



days of the month; it means ensuring they have access to the nutrition they need to learn and to have equal opportunities for academic achievement as their male counterparts. Foundational work for the importance of gender equality for nutrition showed that improved female education was responsible for nearly 43 percent of the total global reduction in undernutrition between 1971 and 1995.³ Greater and sustained educational opportunities for girls also leads to better knowledge about nutrition, economic opportunities and can lead to better lifelong health practices.

ENHANCING THE WELL-BEING OF WOMEN, THEIR FAMILIES AND COMMUNITIES

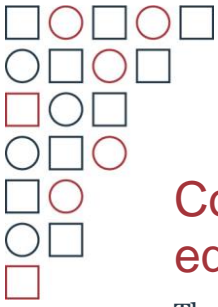
Improving nutrition and gender equality throughout the life course of girls and women impacts more than one individual; it can result in positive change for their communities, their children, their spouses, and their extended family. Empowered women make and influence key decisions, including when and if to marry or have children and potential number and spacing of children, how to spend household resources, and they also have the means to access health and nutrition services. Evidence points to a strong link between women’s empowerment and child nutrition outcomes, particularly with under 5 mortality rates⁴, stunting, and wasting⁵. Outside of the household, women occupy many positions within the global health workforce and yet their leadership potential has yet to be fully realized. The power of women to set the agenda within health systems strengthening initiatives is needed to hold governments accountable for improving nutrition outcomes.⁶



IMPACT OF GENDER-BASED VIOLENCE

Households where violence against women occurs tend to have underweight women and children⁷ and there is growing evidence of the negative effects that exposure to violence has on child development and growth⁸. Women have experienced violence when they come home late from a health facility, obtain health services without spousal consent, burn the food, and may be denied food or economic resources as a form of punishment.

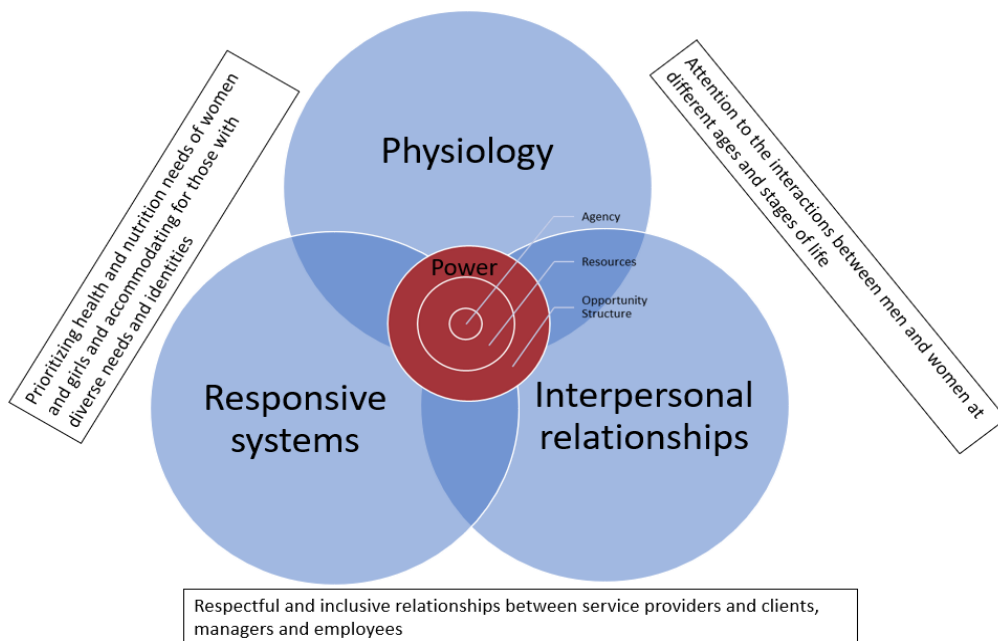
In many contexts, adolescent girls face the risk of early marriage, early and/or unintended pregnancies which negatively impacts their health and nutritional status as well as their educational and economic opportunities, and it can also increase their risk of GBV. Women’s and adolescents’ mobility is often constrained by safety and security concerns which limits them from travelling to health facilities, schools or other places where they can receive nutrition and health services.



Conceptual Framework for addressing gender equality in nutrition

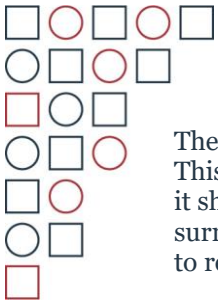
Three interdependent dimensions form an overarching framework for guiding how Nutrition International addresses gender equality across nutrition programs and so informs our Investment Case for 2025-2030. At the centre of this model is the notion of power as expressed through three nested rings: agency, resources, and opportunity structure⁹ To address inequities, this lens must be applied as power gaps in each of the dimensions prevent meaningful and sustained progress for gender, inclusion, and public health goals.

Figure 2: Gender equality framework for nutrition programs



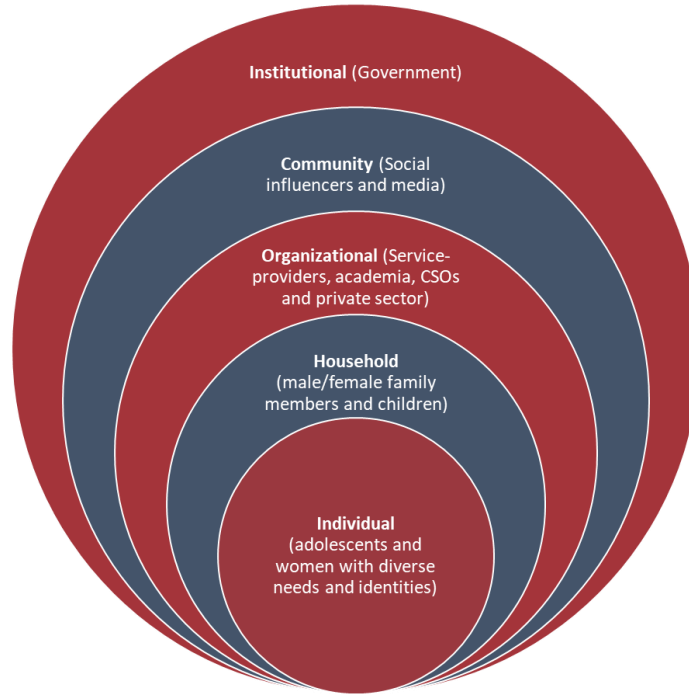
It is important to address the greater nutrient needs women and girls face by nature of their biology and close the health and nutrition gaps between women and men. This also means accommodating for physical disabilities, psychological, mental health, or other challenges that may be present for diverse women and girls. At the same time, social inequities and power relationships within households and communities cannot be ignored as these are often the main barriers in accessing care or create burden of care and unequal division of labour for women related to the health of the household. Finally, there is a need at a systems level to confirm health and other systems that deliver nutrition services are working for women and girls, and not reinforcing structural inequities which make it more difficult for those with diverse needs to access them.

Many of Nutrition International's programs are centered on the health system, however other platforms are also harnessed, such as the education sector and schools, private sector and industry, and more broadly through multi-sectoral initiatives in water and sanitation and agriculture. By addressing policies, procedures, structural weaknesses or institutional gender biases, our programs will ensure that women and girls can access adequate care, their needs are met, and that the changes are sustainable.



The integration of gender into nutrition programs is situated within the socio-ecological model¹⁰. This model is widely used in health programming to address social norms and gender barriers as it shows the interplay in relationships between both the individual and the environment that surrounds them. Evidence has shown that working simultaneously at each level is more effective to realize change in behaviours and norms than by focussing on just one level in isolation¹¹

Figure 3: Socio-ecological model



WORKING WITH DIFFERENT STAKEHOLDERS

Nutrition international works with national, state, and municipal governments to develop, implement, and monitor nutrition programs. We also partner with local, civil and women-led organizations who share our values and goals to leverage each other's strengths and expertise. These networks provide entry points to influence at all levels.

Table 1 provides a non-exhaustive snapshot of some of the approaches¹ we use with stakeholders at each level and makes links with the gender domains we expect to influence as a result.

¹ Specific approaches and actions at each level are identified based on evidence-based program impact pathways and guided by context specific SGBA+

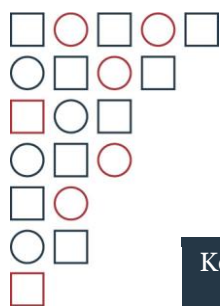
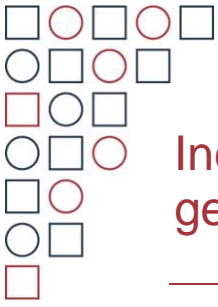


Table 1 Approaches for addressing gender equality within Nutrition International programs

Key Actors	Examples of Approaches	GE domain
<u>Institutional:</u> Governments	<ul style="list-style-type: none"> • Support gender responsive policy and strategy formulation, guidelines development, planning through technical assistance • Work closely with institutions in charge of women affairs; • Integrate gender into national nutrition plans, Social Safety Net Programs 	Women's participation & leadership Enabling environment for gender equality (policy) Access to nutrition and health services
<u>Community:</u> Social influencers and media	<ul style="list-style-type: none"> • Mobilize key stakeholders' involvement in ensuring gender equity • Prioritize hard-to-reach and communities living in vulnerable contexts • Engage Community Health Workers as gender champions 	Attitudes supportive of gender equality Enabling environment for gender equality (systems) Access to nutrition and health services
<u>Organizational:</u> Service providers, academia, CSOs and private sector	<ul style="list-style-type: none"> • Capacity building on gender equality, empowerment, and gender mainstreaming • Strategic partnerships • Work with women-led and women's rights organizations • Mentorship and supervision 	Women's participation and leadership Inclusive services which respond to needs of diverse groups Access to nutrition and health services
<u>Household:</u> Male/female family members and children	<ul style="list-style-type: none"> • Develop strategies to engage men and boys with targeted Behaviour Change Information • Target key household influencers through Behavior Change Information and community dialogues 	Decision-making power Reduced time burden and equitable household gender roles Access to nutrition and health services
<u>Individuals:</u> Adolescents and women with diverse needs and identities	<ul style="list-style-type: none"> • Women and youth empowerment (school clubs, women's groups, peer to peer approaches) 	Increased agency and knowledge of rights Access to nutrition and health services



Increasing impact on nutrition by mainstreaming gender equality

“Gender mainstreaming remains widely accepted as the most practical means to achieve gender equality and the empowerment of women. It moves gender equality and the empowerment of women from the margins to the mainstream of decision-making, integrating gender perspectives into all policies, programmes, functions and structures of an institution...It transforms society positively through the elimination of discriminatory laws, norms and practices that limit women’s and girls’ voices, choices, and opportunities and impede them from achieving their full potential”¹² UN Women, 2019

***Twin track approaches** are considered to be best practice and needed to more effectively and holistically implement gender mainstreaming efforts. (DAC 2023). This means targeting gender equality within programs and activities as well as integrating it.

Mainstreaming gender equality is not an end goal; it is a process where if implemented effectively can result in changes in attitudes, knowledge, behaviours, and practices with respect to gender norms, roles, and increasing agency for women, girls and others who experience marginalization. These changes cascade to influence public health outcomes and improve their overall well-being. Applying an intersectional approach to mainstreaming gender will address social inequities faced by those who hold less power and result in greater inclusion.

At Nutrition International we recognize the need for a twin-track approach* that complements nutrition programs that mainstream gender with others that put gender equality at the forefront and are implemented through a nutrition and public health lens.

The following steps ensure this approach is applied throughout our programs:

1. INTERSECTIONAL GENDER ANALYSIS

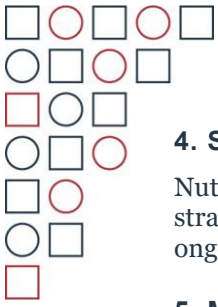
All new programs are informed by intersectional sex-gender based analyses (SGBA+) to understand and respond to the common and unique needs, perspectives and experiences of diverse women, girls, men and boys and resulting gender and social inequalities in nutritional status and health, inequitable access to programs and services and identify entry points that will contribute to increasing the potential for programs to improve nutrition and reduce inequities in access to health and nutrition, promoting gender equality and girls’ and women’s empowerment. Gender analysis helps examine social norms that may influence whether interventions are accepted by all members of communities and provide recommendations on how individuals and groups can realize greater gender equality and promote women’s empowerment.

2. PROJECT DESIGN AND INCEPTION

At the design stage, the results of the gender analysis will be considered alongside to evaluate the gendered barriers or issues that need to be addressed for the project to be successful. Based on this specific activities and inputs are planned and the level of gender expertise determined.

3. PROJECT IMPLEMENTATION

Mainstreaming gender equality during implementation means considering gender in each aspect of project implementation plans, including contracts, partner selection, training and capacity building, advocacy and behaviour change communication. Developing gender action plans that feed into implementing plans can guide implementation to ensure all these aspects are included. At this stage program teams will also identify relevant opportunities for consultation with women, girls, and others within project governance mechanisms to share experiences and participate in decision-making processes.



4. SUPPORTING STAFF TO PROMOTE GENDER EQUALITY

Nutrition International will ensure staff have the tools and guidance needed to implement the strategy and will continue to build capacity of its staff and partners recognizing the need for ongoing support and regular follow-up.

5. MEASURING AND TRACKING PROGRESS ON GENDER EQUALITY OUTCOMES AND INDICATORS

Nutrition International will continue to roll out the tracking of gender equality indicators, including identifying the changes programs aim to make in shifting the knowledge, attitudes and practices of specific groups and individuals to promote gender equality and girls' and women's empowerment. Nutrition International will also look at progress in reducing gender inequities in malnutrition. We have developed a compendium of indicators which includes key indicators to measure gender specific outcomes. Nutrition International will adapt qualitative and quantitative participatory techniques to capture robust, contextually meaningful, and comparable data across programs and countries and disaggregate data by sex, age, and other stratifiers where possible.

6. COMMUNICATING THE RESULTS OF OUR WORK ON ADVANCING GENDER EQUALITY

Nutrition International will use positive program examples and highlight the stories, experiences and successes of promoting gender equality, supporting girls' and women's empowerment, and improving nutrition through implementation of gender activities, and improving gender equity through gender responsive nutrition programs.

7. ADVOCACY AND INFLUENCE

Nutrition International will advocate for equality and empowerment for women and girls and will raise awareness of the gender gaps that exists that affect public health and nutrition. Nutrition International will join its voice with those of its partners to highlight how nutrition for women and girls is a critical missing piece to girls' and women's educational opportunities, economic empowerment, and equitable poverty reduction. Equally, Nutrition International will raise awareness on how gender barriers impact nutrition programming through sharing knowledge and results of our work.

Example of selected indicators to measure progress on gender equality and inclusion in our programs:

- % of women, girls and caregivers from diverse social locations who report having decision-making power to access, demand and use nutrition and health services
- % of community and family members with attitudes supportive of gender equality
- Degree to which adolescent and adult females felt their health care provider showed respect during nutrition and health services



Promoting Gender Equality in our Key Areas of Work

Nutrition International has learned that each of our portfolios of work has its own unique challenges and opportunities when it comes to improving equity in nutrition and health and promoting gender equality, and women and girls' empowerment. This section highlights the links between nutrition and gender in each program area, along with entry points and opportunities for action.

MATERNAL, NEWBORN HEALTH AND NUTRITION (MNHN)

Nutrition International's MNHN programs consider local cultural and social norms. Drawing on existing and new research, such as sex- and gender-based analysis, formative, cultural, behavioural, and ethnographic, contextualized alongside local knowledge, helps program designers and implementers respond to underlying factors that contribute to gendered inequities in nutritional status and health, and inequitable access to programs and services. Pregnant women and girls are considered by vulnerability factors, such as age, number of previous pregnancies, marital status, and appropriate and effective approaches in programming will differ by context. A lack of agency to make decisions regarding health and nutrition, and the power of influencers can impact women and girls' ability to access health and nutrition services, receive quality antenatal, intrapartum, and postnatal care, and adopt nutrition recommendations. The knowledge, attitudes, and practices of service providers are key to achieving quality care and supporting a positive pregnancy and post-partum experience.

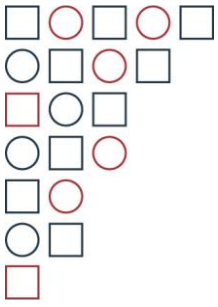
Within MNHN programming, Nutrition International explores working with key social influencers at different levels of the socio-ecological model to support access to maternal and neonatal nutrition services and adoption of nutrition recommendations, equitable decision-making, and agency for women throughout the pregnancy and postpartum experience. Partnering with women's rights organizations has aided this process in certain contexts. Applying human centered design approaches have been key to delivering programming which is sensitive to local context and reflect the concerns of women themselves. Capacity strengthening with service providers and working with their supervisors are some early steps to encourage the adoption of inclusive and respectful approaches when caring for pregnant and postpartum women and girls, and their supporters.

Case Study: Engaging families

Home based care approaches have been used in India to support women who have just given birth. This allows for all family members to receive key messages on exclusive breastfeeding, the proper care of newborns and encourages fathers to play a stronger role in caregiving. During a follow up visit with one woman in Gujarat state, Nutrition International's Block Coordinator observed that not only had she increased the frequency and the duration of skin to skin contact with her newborn (a method known as Kangaroo Mother Care), but that her husband was also providing it.

Looking forward, some of the key priority areas include:

- Building on global commitments to mainstreaming gender across all development efforts, the MNHN program will continue to grow and leverage this enabling environment by expanding our work with new partners, particularly in the sexual and reproductive health space.
- Updating the program pathway for Iron-Folic Acid (IFA) Supplementation in Pregnancy and Postpartum to explicitly integrate gender into all components. This will impact the programs' theory of change, design, measurement and evaluation to capture gender outcomes and indicators and better reflect the inherent relationship between MNHN and gender.



- To address high rates of micronutrient deficiencies among women and adolescent girls in low- and middle-income countries, MNHN programming will continue to collaborate with governments to implement rigorous research on delivering and promoting adherence to multiple micronutrient supplements (MMS) during pregnancy, using a human-centered design approach that amplifies the voices of women and girls.

ADOLESCENT AND WOMEN’S HEALTH AND NUTRITION (AWHN)

Adolescent girls have increased nutritional needs and yet a multiplicity of factors can hinder them from having these specific needs met: evidence from SGBAs have identified barriers including low access to adolescent responsive health system, if they are out of school, have a disability, or are married at an early age; if they are pregnant the nutritional needs are even greater and the social vulnerabilities can increase. One in 3 adolescent girls are estimated to suffer from anaemia¹³. Schools are a key partner and platform for delivering health and nutrition services and school attendance and completion are also put girls on the path to better health and nutrition, and economic empowerment. The COVID-19 pandemic and resulting school closures had a knock-on effect to the health and well-being of adolescents with increased social isolations, early marriages, and adolescent pregnancy. Adolescents also missed out on many health and nutrition services that were being delivered through partnerships with schools. Adolescent girls have greater risk of missing more days of school if they are not supported to manage their menstrual health and leaving school if they are forced into early marriage or become pregnant. Often, they are stigmatized when they seek health care, as adolescent-responsive services are unavailable in many contexts. Women who are not pregnant are another overlooked group as health and nutrition programs traditionally target pregnant women, yet anemia rates are at a level of public health concern in many context for women 20-49 years of age.

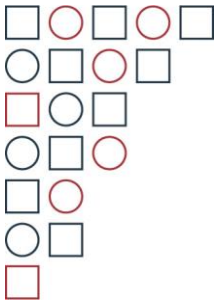
Case Study: Building agency in adolescent girls

Through peer education models and schoolgirls’ clubs, Nutrition International has been supporting initiatives in Ethiopia, to train schoolgirls as change agents of nutrition and health. They support each other, to make the right choices for their health and nutrition and by doing so, these schoolgirls also develop leadership skills. One participant commented, *“My confidence in myself has increased a lot. Because if I believe in myself now, I will have even more confidence in myself later.”*

Our commitment to inclusion and applying an intersectional approach recognizes the need for customized partnerships and platforms to reach diverse groups of adolescents and women. We are committed to building their agency to be advocates for their own health and well-being. Through peer-to-peer groups and integrated SRH, gender responsive nutrition education programs within schools, adolescent girls are gaining skills in public speaking and along with adolescent boys are gaining other life skills as well as knowledge about their bodies and nutritional requirements. Menstrual Health and management programs have provided further entry points for sharing information with both boys and girls, enabling girls to stay in school and reduce any stigma they may experience. Gender sensitive behavior change intervention strategies and training modules promote community awareness to address the specific roles, opportunities and needs of adolescent girls, adolescent boys, parents, grandparents, teachers, health workers

and community influencers in improving adolescent nutrition for girls and boys, and their specific and distinct needs.

This area of work is transforming the lives of adolescent girls and has the potential to go even deeper to promoting gender equality and inclusion. Some of the areas where we have worked to make existing programs more gender responsive and may continue to expand upon include:



- Exploring and strengthening platforms to reach adolescents who are out-of-school and other adolescents in vulnerable contexts.
- Reaching Nutrition of working women with health and nutrition services through engagement with industries where they are employed.
- Influencing government to promote equitable, adolescent responsive and gender responsive health policies and systems.
- Promoting adolescent responsive services through training and capacity strengthening of healthcare workers and teachers
- Social Safety Nets offer another opportunity for reaching adolescents, including those not attending school

Case Study: Prioritizing nutrition for students with disabilities

In Indonesia, concerted efforts have been made to work with schools for adolescents with special education needs and disabilities to ensure they also are able to receive weekly iron and folic acid supplements to prevent anaemia and meet their nutritional requirements.

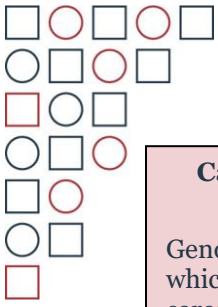
CHILD SURVIVAL

The associations between gender inequality and child mortality rates have been documented at a global level¹⁴, however the specific gender dynamics and impact on child survival programs are continuing to be explored within the countries where Nutrition International provides support. Through selected SGBAs and surveys¹⁵ carried out by Nutrition International, data shows that women who are caregivers of young children face increasing time burdens within the home and consequently they may not always prioritize preventative health care interventions. Those living in displaced communities or in remote and hard to reach locations also struggle to ensure their children are adequately covered. Low decision-making power among women as well as access to information are further constraints which affect their ability to effectively care for their children. Furthermore, children with adolescent mothers are especially at risk of not receiving essential child health and nutrition services as young mothers may face stigma when bringing their children to health facilities.

A number of entry points have been identified such as targeting the whole of the household with key messages and reinforcing the idea that everyone in the household has a role to play in the care of the child and not only the mother or female siblings. Post-event coverage surveys conducted following vitamin A supplementation campaigns show that coverage is typically equal between both boys and girls¹⁶ although data gaps exist on children with disabilities. Increasing evidence and engaging in further research on these issues is another entry point.

Looking forward, the following actions are opportunities to advance gender equality within child survival programs:

- Working within the health system to improve accessibility to essential child health and nutrition services by adjusting service delivery to meet the needs and availability of caregivers, particularly for those in urban settings who work outside the home.
- Promoting equitable engagement in child's care and sharing of household responsibilities to reduce time burden of women and ensure children receive the health and nutrition services they need.



Case study: Engaging men as caregivers in Tanzania

Gender-responsive BCI materials which include images of males in caregiving roles are being used to promote the benefits of Vitamin A supplements for children under 5. During monitoring visits, more men showed active engagement in caring for their children by bringing them to the health facility and/or supporting with tasks in the household that would traditionally have been done by women.

- Conducting deeper analysis to better understand the profiles and drivers of vulnerability amongst hard-to-reach communities and sharing new evidence with government stakeholders to inform policy and strategy.
- Recognizing the diversity amongst caregivers, working with health care service providers to ensure respectful care is provided especially towards younger parents and/or single parent families.
- Working with social protection programs to reach young, single parents is another opportunity to ensure they have adequate resources and economic opportunities to provide for their children.

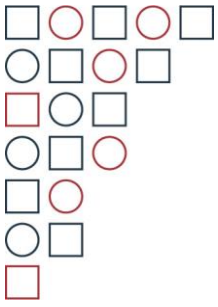
LARGE-SCALE FOOD FORTIFICATION (LSFF)

Fortified staple foods that reach large swaths of the population can help address the micronutrient gap, especially of iron and folic acid experienced by women and adolescent girls. A basic principle within large scale food fortification programs is to take a whole of population approach, and work with governments to create legislation so that fortified food items are the only type of food available in the market or distributed through social safety net programs, requiring little by way of behaviour change. However, through gender analyses Nutrition International found that inequities in how food is distributed within the household still persist as women and adolescent girls often eat last and least. In addition, often times women have no control over what food items are purchased. Thus, introducing new products to the market needs to be done in a gender-sensitive way so that it is accepted by all members of a community. In addition, within the food system, respective value chains, with development partners, and across government regulatory and industry frameworks alike, there are opportunities to promote gender equality and women’s empowerment within LSFF program activities. For instance, many value chains are male dominated with women occupying positions at the lower end of the chain, often carrying out activities which are labour intensive and the most dangerous. This can place them in precarious and hazardous work environments with inconsistent workplace hygiene and safety measures.

The food fortification structure creates opportunities to promote women’s participation and leadership in the food system. Understanding the specific barriers faced by women workers and ensuring they are equipped with financial, business, and technological skills where required is key, as well as providing opportunities to influence the fortification chain from production to distribution of fortified staple foods, including standard setting and quality control. Offering fortified foods beyond the market, through government run Social Safety Net programs, provides more entry points for ensuring an equitable and inclusive approach through the targeting of beneficiaries, how conditions are set for them to receive benefits, as well as assessing the responsiveness of service provision at the distribution point itself.

Looking forward, opportunities to address these gender concerns within fortification programs include:

- Deepening our knowledge on the gender barriers and opportunities in LSFF including through a costing study on the benefits of women’s leadership within LSFF



- Working with governments to establish standards, regulations for fortifying food items, and rules for how factories operate, ensuring health and safety standards that address concerns of women.
- Promote equitable sharing among men, women, girls, and boys, in the burden of routine reproductive work and all home-based activities and responsibilities, through sensitizing for balanced cultural and social norms between females and males.
- Use of platforms such as men role models, youth clubs, community influencers, and social networks to promote LSFF and its contribution to improved dietary quality and thereby better maternal, adolescent, and child health.
- Supporting campaigns to promote equitable allocation of food within households.
- Ensuring a gender lens is applied to any market research or clinical trials of new products.
- Identify and incorporate both qualitative and quantitative gender indicators that can be used to prioritize and track LSFF programs and project's gender-related outcomes and goals.
- Allocate sufficient human, financial, and time resources to implement capacity-building activities to empower program staff in designing, planning and implementing gender-responsive programs and projects.
- Prioritizing investment to local women-led/owned organizations who center women's rights and voices in this space in support of advocacy for food fortification benefits and sensitization of different women groups, adolescent girls, and the community.

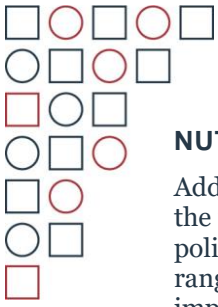
Applying the gender integration continuum within our programs

Gender sensitive approaches are used within our training, capacity building, and research, to understand nutritional and health inequalities as well as the discriminatory social-cultural structures and roles that contribute to them. We ensure our data is gender-sensitive by disaggregating by sex, age and other factors as needed.

Gender responsive nutrition programming is reflected throughout our work: Building on the insights gained through our Sex and Gender Based Analyses, we design our programs to *respond* to the gender barriers and issues raised and apply equity measures to meet the differential needs of diverse groups of women and men. We support health systems and structures to adapt in becoming more responsive to the needs of women, adolescents, and other underserved populations.

Gender transformative programming attempts to redefine and shift traditional gender roles and power relations between women and men. It also focuses on structural inequality and promoting shared power, access to and control of resources, decision-making, and support for women's empowerment. We engage with key social influencers and work with women's rights organizations to promote dialogue on gender norms, increasing access to rights, while taking care to minimize harm.

For more information see Nutrition International technical briefing note: [Gender Considerations in Project Design](#)



NUTRITION GOVERNANCE

Addressing gender issues require leadership from the respective countries, providing an enabling political and policy environment across a wide range of sectors that need to contribute to improved nutrition as well as at the macro-policy level. Our work on Nutrition Governance offers several entry points to engage governments to mainstream gender within their nutrition strategies and plans, including through nutrition-focused budgets, regulation and legislation, service delivery and monitoring systems. Nutrition International aims, through these instruments to promote multi-sectoral engagement that advances both improved nutrition and gender equality. However, challenges have been noted as in some cases some government officials and key decision-makers may not always see gender mainstreaming as an essential component of strategies to improve nutrition.

There is an opportunity through Technical Assistance provision, to increase understanding of the contribution of attaining gender equality for broader socio-economic development, including improved nutrition, and to foster ownership of strategies to address gender equality. Institutions that oversee women’s affairs play a critical coordination role for effectiveness of the country level support and are a partner for Nutrition International to work with. Moreover, involvement of a wide range of stakeholders at policy, program and community levels is needed to address gender issues. This includes public, private, civil society, academia, community-based organizations, legislative and community leaders.

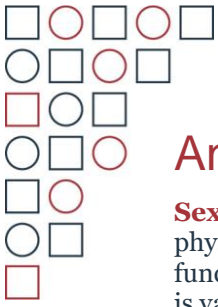
RESEARCH AND EVALUATION

There is an opportunity to delve deeper into understanding the links between nutrition results, gender, and women’s empowerment, as well as how different gender issues affect the delivery and results of nutrition programming. Nutrition International will continue to build research components into our projects and take a leadership role to deepen an understanding of specific gaps– with an emphasis on those who experience high levels of vulnerability. Nutrition International will also promote human centered, participatory, and inclusive approaches within our research, maintaining accountability within the communities we serve and engaging them throughout the process to ensure that gender equality and equity are considered. The results will be documented and disseminated to increase knowledge and share good practice.

Case study: Institutional capacity building with Government partners in Ethiopia

Nutrition International provided a series of gender capacity building sessions with technical officers working at the federal level from different sectors including Ministry of Health and Women and Children’s Affairs. The training focussed on ways to integrate gender into the expansion phase of the Seqota Declaration* including looking at gender responsive nutrition advocacy, unconscious bias and empowerment. Action plans were developed as part of the training and follow up support sessions were held. Participants commented on how useful and eye-opening it was and that they intended to apply their learning both in their family context as well as within their work.

*The Seqota Declaration is the Government of Ethiopia’s high-level commitment to end stunting among children under two years by 2030



Annex A: Glossary of Definitions

Sex: refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed¹⁷

Gender: “refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society.¹⁸ Gender identity refers to a person’s deeply felt, internal and individual experience of gender, which may or may not correspond to the person’s physiology or designated sex at birth.¹⁹

Gender equality: “refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women’s issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development”²⁰ .

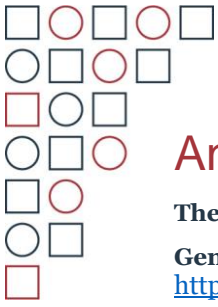
Gender equity: “means being fair to women and men. To ensure fairness, measures are often needed to compensate for historical and social disadvantages and/or biological differences that prevent women and men from otherwise operating as equals. Equity leads to equality”²¹

Gender mainstreaming: “is a process of assessing the implications of any planned action for women and men, girls and boys. This means that gender analysis will inform all initiatives, by assessing the relative needs and the roles and implications of any planned actions, policies or programs for women, men, girls and boys. This approach considers social and economic differences between men and women, and power dynamics, to ensure that proposed policies and programs have intended and fair results for women and men, boys and girls, and consider how actions contribute to gender equality and women’s empowerment”²² .

Women’s Empowerment: is the process by which those who have been denied the ability to make strategic life choices acquire such an ability²³ Empowerment should not be seen as a zero-sum game where gains for women automatically imply losses for men. Increasing women’s power in empowerment strategies does not refer to power over, or controlling forms of power, but rather to alternative forms of power: power to; power with and power from within which focus on utilizing individual and collective strengths to work towards common goals without coercion or domination²⁴

Intersectionality: “examines gender in relation to other social stratifiers, such as class, race, education, ethnicity, age, geographic location, ability and sexuality, etc., how these markers dynamically interact, [and] how power plays out at multiple levels and through diverse pathways to frame how vulnerabilities are experienced;”²⁵ It is “a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other.”²⁶

Social Inclusion: is the process of improving the terms on which individuals and groups access services so that they can take part in society—improving the ability, opportunity, and dignity of those disadvantaged based on their identity¹²⁷



Annex B: Selected Resources and Tools

The Gender Nutrition Gap <https://gendernutritiongap.org/about/>

Gender Transformative Framework for Nutrition
<https://www.gendernutritionframework.org/>

Feminist International Assistance Gender Equality Toolkit for Projects
https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-trousse_outils_egalite_genres.aspx?lang=eng

Gender Equality and Empowerment Measurement Tool
https://www.international.gc.ca/world-monde/funding-financement/introduction_gender_empt-outil_reforcement_epf.aspx?lang=eng

Gender Equality and the Empowerment of Women and Girls: DAC Guidance for Development Partners
https://www.oecd-ilibrary.org/development/gender-equality-and-the-empowerment-of-women-and-girls_obddfa8f-en

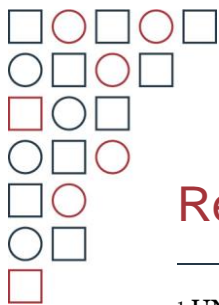
Applying a Human Rights and Gender Equality Lens to the OECD Evaluation Criteria
https://www.oecd-ilibrary.org/development/applying-a-human-rights-and-gender-equality-lens-to-the-oecd-evaluation-criteria_9aaf2f98-en

Nutrition International has developed a suite of tools and guidelines to support gender mainstreaming within program planning and implementation. This will continue to expand over the life of this strategy, however at the timing of publication includes the following:

- [SGBA Toolkit for Projects](#)
- [Gender Considerations in Project Design Briefing note](#)
- [Engaging Men briefing note](#)
- [Engaging gender focal points and Women's rights organizations](#)
- [Guidance for assessing gender responsiveness of partners,](#)

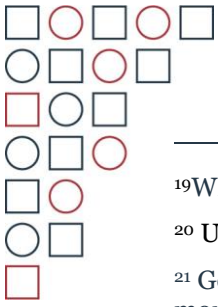
For Nutrition International staff the following courses are available internally:

- Foundations of Gender Equality in Nutrition (2021) eLearning course. This course is part the staff induction package for all new employees.
- Mainstreaming Gender in the Project Cycle (2022) eLearning course.



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