



Program Gender
Equality Strategy

2025–2031



Table of contents

Executive summary	5
Purpose and guiding principles	7
Introduction	9
Gender equality and nutrition	11
Interplay of biological and social factors	12
Nutrition as a matter of equity	12
Enhancing the wellbeing of women, their families and communities	13
Impact of gender-based violence	13
Conceptual framework for addressing gender equality in nutrition	15
Working with different stakeholders	17
Increasing impact on nutrition by mainstreaming gender equality	19
1. Intersectional gender analysis	19
2. Project design and inception	19
3. Project implementation	19
4. Supporting staff to promote gender equality	20
5. Measuring and tracking progress on gender equality outcomes and indicators	20
6. Communicating the results of our work on advancing gender equality	20
7. Advocacy and influence	20
Promoting gender equality in our key areas of work	21
Maternal, newborn health and nutrition	21
Adolescent and women’s health and nutrition	22
Child survival	24
Large-scale food fortification	25
Nutrition governance	27
Research and evaluation	27
Annex A: Glossary of definitions	29
Annex B: Selected resources and tools	30
References	31



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 and 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 healthcare workers, 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, healthcare providers and leaders. When children and adolescents see male role models displaying positive masculinities – by equitably distributing household food and resources, sharing responsibility for health decision-making, caregiving or professional health-related responsibilities— it can have a multifaceted impact, promoting gender equality, women's empowerment, and nutrition in both 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 Nutrition International's commitment to mainstreaming gender equality and elaborates on our 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 that 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 Nutrition International 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

We recognize 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.

Empowerment and inclusion of women and girls

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 a participatory and people-centred approach as we amplify their voices and support the empowerment of women and girls and women.

Context specific

We do not have a blanket approach to working on nutrition and gender. Instead, 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, as well as among our partners and staff.



Introduction



Nutrition International has a 30-year legacy of working to improve the nutrition, health, survival and wellbeing of those with greatest vulnerabilities — often women and adolescent girls. One billion women and girls are held back by malnutrition,¹ which has been exacerbated by the COVID-19 pandemic and multiple converging conflicts and crises. 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 centring gender equality and women’s empowerment within the nutrition space.

Building on our 2018 Program Gender Equality Strategy, Nutrition International has adopted a more intentional and systematic approach to mainstreaming gender equality within our work. After six years, 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 group discussions with personnel from country, regional and headquarters business units, as well as meetings with selected government and civil society partners to understand their needs and priorities for working on gender equality and applying inclusive approaches within nutrition programs.

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



Nutrition International takes a “no missed opportunities” approach across sectors and delivery platforms to improve nutrition. This requires a multisector response through both nutrition-specific and nutrition-sensitive interventions. It also involves collaboration with partners from different sectors – including relevant national ministries responsible for women and gender – to ensure that improving the nutrition of girls and women is a shared goal, while also facilitating opportunities to better integrate nutrition into their programs. As the deadline for the Sustainable Development Goal (SDG) Agenda 2030 draws nearer, Nutrition International is prioritizing support for 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.

FIGURE 1: The relationship between nutrition and gender equality



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 from diverse backgrounds 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. Achieving gender equality depends on the essential participation and support of men and boys alongside women and girls. 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 (SGBA) within our programs across countries in Africa and Asia and has considered further evidence that 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 that are 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**

Ensuring equitable access to health and nutrition is key to preventing and reducing anaemia in women and girls, improving their wellbeing and enabling them to grow, learn, earn and lead.

- **Enhancing the wellbeing of women, their families and communities**

When women are empowered and educated, it enhances their own wellbeing as well as positively impacting their families and communities.

- **The impact of gender-based violence and harmful social norms**

Dropping out of school and early and forced marriage have negative life altering 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 impact of such social norms and gender-based violence (GBV) on the nutritional status and wellbeing of women and adolescent girls threatens progress and cannot be ignored if we are to advance nutrition outcomes.





Interplay of biological and social factors

Biological sex differences and increased nutritional needs — including critical micronutrients — at different ages and stages of a woman’s life put women, adolescent girls and children under five at a disproportionately higher risk of inadequate nutrition. 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 of any demographic due to their sex-specific biology. 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 and 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, power dynamics and accepted structures can create additional barriers for women and adolescent girls in meeting their nutrition needs—especially when they lack decision-making power over healthcare, distribution of family resources for health and nutrition needs, ability to attend school, or when they are overburdened by caregiving responsibilities.

Nutrition as a matter of equity

While food-based strategies are essential for overcoming food and nutrition insecurity in the long term, micronutrient supplements and other nutrition-specific interventions play a critical and urgent role in bridging the biological and gender-driven nutrient gaps that women, adolescent girls face throughout their lives. 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 can 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 on 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 and economic opportunities and can lead to better lifelong health practices.



Enhancing the wellbeing of women, their families and communities

Improving nutrition and gender equality throughout the lives of girls and women impacts more than one individual; it can cause positive change for their communities, their children, their spouses and their extended families. 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. 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 mortality rates,⁴ stunting and wasting⁵ among children under five. Outside of the household, women occupy many positions within the global health workforce and yet their leadership potential has yet to be fully realized. Women must have the power to set the agenda within health systems strengthening initiatives to hold governments accountable for improving nutrition outcomes.⁶

Impact of gender-based violence

Women and children in households where violence against women occurs are more likely to be underweight⁷ and growing evidence shows the negative effects of exposure to violence on child development and growth.⁸ Women have experienced violence for reasons such as returning home late from a health facility, obtaining health services without spousal consent and burning food. They 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. This has a negative impact on their health and nutritional status, as well as their educational and economic opportunities. It can also increase their risk of GBV. The mobility of women and adolescents 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.

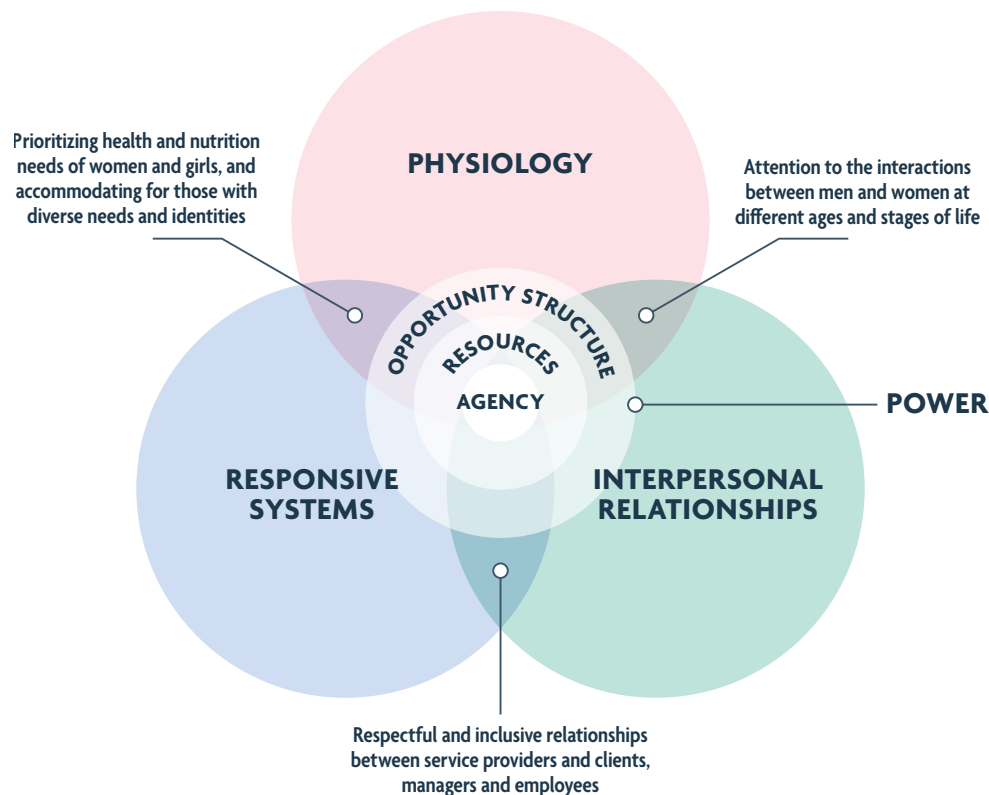


Conceptual framework for addressing gender equality in nutrition

Three interdependent dimensions form an overarching framework that guides how Nutrition International addresses gender equality across nutrition programs and so informs our investment case for 2025–2031. At the centre of this model is the notion of power as expressed through three nested rings: agency, resources and opportunity structure.⁹ 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.

Addressing the greater nutrient needs of women and girls – rooted in biological needs – is essential to closing the health and nutrition gaps between women and men. This also requires accommodating physical disabilities, psychological and mental health challenges and other factors affecting diverse women and girls. At the same time, social inequities and power dynamics within households and communities cannot be ignored, as they are often the primary barriers to accessing care. These inequities also place a disproportionate burden of care on women and contributing to an unequal division of labour in managing household health. Finally, at the systems level, it is essential to ensure that health and other nutrition service delivery systems are working for women and girls, and that they are not reinforcing structural inequities that hinder access for those with diverse needs.

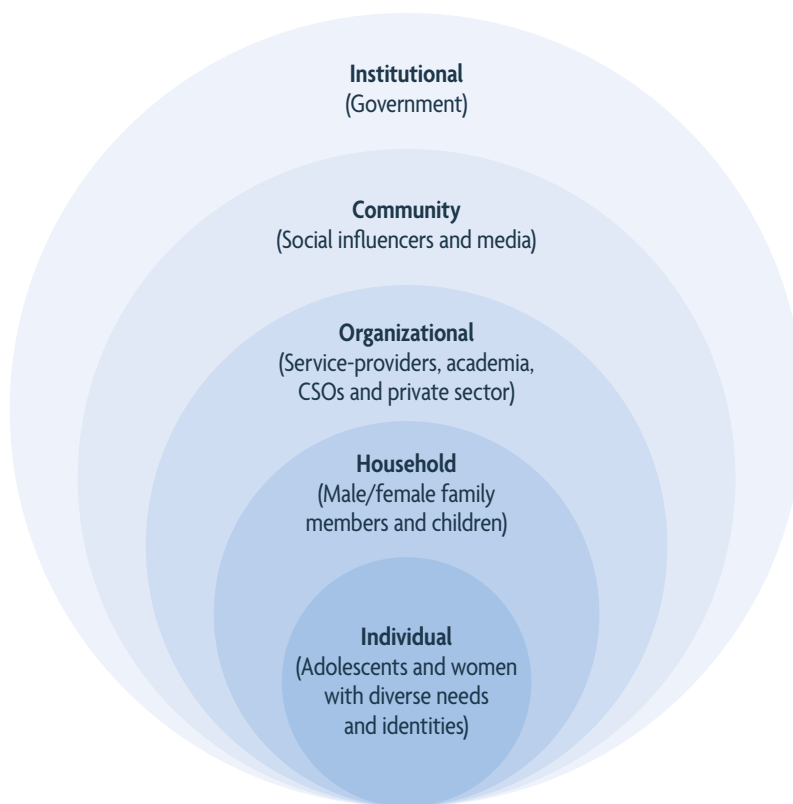
FIGURE 2: Gender equality framework for nutrition programs





While many of Nutrition International’s programs are centred on the health system, we also leverage other platforms, including the education sector and schools, the private sector and industry, and broader multisector initiatives in water, sanitation and agriculture. By addressing policies, procedures, structural weaknesses and institutional gender biases, our programs help ensure that women and girls can access adequate care, that their needs are met, and that the changes are sustainable.

FIGURE 3: Socio-ecological model



The integration of gender into nutrition programs is situated within the socio-ecological model.¹⁰ 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 simultaneously working in each level is more effective in driving behaviour and norm change than focussing on a single level in isolation.¹¹

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 society 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 approaches* we use with stakeholders at each level and illustrates connections with the gender domains we expect to influence as a result.

TABLE 1: Approaches for addressing gender equality within Nutrition International programs

KEY ACTORS	EXAMPLES OF APPROACHES	GENDER EQUALITY DOMAIN
INSTITUTIONAL: Governments	<ul style="list-style-type: none"> Support gender responsive policy and strategy formulation, guidelines development, planning through technical assistance Work closely with institutions responsible for women's affairs Integrate gender into national nutrition plans, Social Safety Net Programs (SSNP) 	Women's participation & leadership Enabling environment for gender equality (policy) Access to nutrition and health services
COMMUNITY: Social influencers and media	<ul style="list-style-type: none"> Mobilize involvement of key stakeholders in ensuring gender equity Prioritize hard-to-reach areas and communities living in vulnerable contexts Engage Community Health Workers (CHW) as gender champions Engage community leaders to educate households as well as advocate for improved gender equity 	Attitudes supportive of gender equality Enabling environment for gender equality (systems) Access to nutrition and health services
ORGANIZATIONAL: Service providers, academia, civil society organizations 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 Provide tools and guidance 	Women's participation and leadership Inclusive services which respond to needs of diverse groups Access to nutrition and health services
HOUSEHOLD: Male/female family members and children	<ul style="list-style-type: none"> Develop strategies to engage men and boys with targeted Behaviour Change Information (BCI) Target key household influencers through BCI and community dialogue 	Decision-making power Reduced time burden and equitable household gender roles Access to nutrition and health services
INDIVIDUALS: 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

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



Increasing impact on nutrition by mainstreaming gender equality

Mainstreaming gender equality is not an end goal. It is a process that 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, improving overall wellbeing. Applying an intersectional approach to mainstreaming gender addresses social inequities faced by those who hold less power and results in greater inclusion.

At Nutrition International we recognize the need for a twin-track approach* that complements nutrition programs that mainstream gender with those that prioritize gender equality, implementing them through a nutrition and public health lens.

The following steps ensure we apply this approach consistently throughout our programs:

1 Intersectional gender analysis

All new programs will be informed by an intersectional sex- and gender-based analysis (SGBA+) to understand and address the common and diverse needs, perspectives and experiences of women, girls, men and boys. This approach helps identify gender and social inequalities in nutritional status and health, as well as inequitable access to programs and services. It also identifies entry points to support programs in improving nutrition, reducing inequities in access to health and nutrition, and promoting gender equality and the empowerment of girls and women. Gender analysis helps examine social norms that may influence whether interventions are accepted by all members of communities and provides 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 SGBA+ will be evaluated to identify gendered barriers or issues that need to be addressed for the project to be successful. Based on these findings, specific activities and inputs are planned and the required level of gender expertise determined.

3 Project implementation

Mainstreaming gender equality during implementation involves integrating gender considerations into every aspect of project implementation plans, including contracts, partner selection, training and capacity building, advocacy and behaviour change communication. Developing gender action plans that align with implementation plans can help ensure these elements are addressed. 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.

***Twin track approaches** are considered best practice and are essential for effectively and holistically implementing gender mainstreaming efforts. (DAC 2023). This involves targeting gender equality within programs and activities and integrating it throughout.



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



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 girls and adult women felt their healthcare provider showed respect during nutrition and health services

4 Supporting staff to promote gender equality

Nutrition International will ensure staff have the tools and guidance needed to implement the strategy. We will continue to build capacity of our staff and partners and recognize 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 the empowerment of girls and women. Nutrition International will also look at progress in reducing gender inequities in malnutrition. We have developed a compendium of indicators that 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, disaggregating it 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 the empowerment of girls and women, 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 affect public health and nutrition. Nutrition International will add our voice with those of our partners to amplify the message that nutrition for women and girls is a critical missing piece in advancing their educational opportunities, economic empowerment and equitable poverty reduction. Equally, Nutrition International will share knowledge and the results of our work to raise awareness on how gender barriers impact nutrition programming.

Promoting gender equality in our key areas of work

Nutrition International has learned that each of our portfolios has its own unique challenges and opportunities for improving equity in nutrition and health and promoting gender equality and empowerment of women and girls. 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

Nutrition International's Maternal, Newborn Health and Nutrition (MNHN) programs consider local cultural and social norms. Drawing on existing and new research — such as SGBA+, formative, cultural, behavioural, and ethnographic studies — alongside local knowledge helps program designers and implementers address the underlying factors contributing to gendered inequities in nutritional status, health and 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 affect the ability of women and girls 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 postpartum 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 centred design approaches has been key to delivering programming that is sensitive to local context and reflects the concerns of women themselves. Strengthening the capacity of service providers and engaging their supervisors are key early steps in promoting the adoption of inclusive and respectful care for pregnant and postpartum women and girls, and their supporters.



CASE STUDY

ENGAGING FAMILIES

We have used home-based care approaches in India to support women who have just given birth. This allows all family members to receive key messages on exclusive breastfeeding and 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.



CASE STUDY

BUILDING AGENCY IN ADOLESCENT GIRLS

Through peer education models and clubs for schoolgirls, Nutrition International has been supporting initiatives in Ethiopia to train girls as change agents of nutrition and health. They support each other to make the right choices for their health and nutrition. 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.”*

Looking forward, some of the key priority areas include:

- Building on global commitments to mainstream 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 during pregnancy and postpartum to explicitly integrate gender into all components. This will impact the program’s 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-centred design approach that amplifies the voices of women and girls.

Adolescent and women’s health and nutrition

Adolescent girls have increased nutritional needs, yet multiple factors can prevent them from meeting these specific needs. Evidence from SGBAs have identified barriers including limited access to adolescent-responsive health system, particularly for adolescents who are out of school, have a disability, or were married at an early age. Pregnancy further heightens nutritional needs and can also increase social vulnerabilities.

One in three adolescent girls are estimated to suffer from anaemia.¹³ Schools are key partners and platforms for delivering health and nutrition services. Additionally, school attendance and completion set girls on the path to better health, nutrition and economic empowerment. The COVID-19 pandemic and resulting school closures had a ripple effect on the health and wellbeing of adolescents, leading to increased social isolation, early marriages and adolescent pregnancies. Adolescents also missed out on essential health and nutrition services that were previously delivered through school partnerships. Adolescent girls face a higher risk of missing more school days if they lack support to manage their menstrual health and are more likely to leave school if they are forced into early marriage or become pregnant. When they seek healthcare, they are stigmatized, as adolescent-responsive services are unavailable in many contexts.

Another overlooked group is women who are not pregnant, as health and nutrition programs have traditionally targeted pregnant women. However, anaemia remains a public health concern for women between the ages of 20–49 years of age in many contexts.

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 wellbeing. Through peer-to-peer groups and integrated sexual reproductive health (SRH) and gender responsive nutrition education programs in schools, adolescent girls are developing public speaking skills, while both adolescent girls and boys are gaining 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 behaviour change intervention strategies and training modules promote community awareness about the specific roles, opportunities and needs of adolescent girls, adolescent boys, parents, grandparents, teachers, health workers and community influencers in improving adolescent nutrition. These strategies address the specific and distinct needs of both girls and boys.

This work is transforming the lives of adolescent girls and has the potential to driven even greater progress in promoting gender equality and inclusion. We have made existing programs more gender responsive and may continue to expand upon them, including:

- Exploring and strengthening platforms to reach adolescents who are out of school and other adolescents in vulnerable contexts.
- Reaching working women with health and nutrition services by engaging industries where they are employed.
- Influencing governments 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.
- Leveraging social safety nets to reach adolescents, including those not attending school.



CASE STUDY

PRIORITIZING NUTRITION FOR STUDENTS WITH DISABILITIES

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



CASE STUDY

ENGAGING MEN AS CAREGIVERS IN TANZANIA

Programs use gender-responsive BCI materials that include images of males in caregiving roles to promote the benefits of vitamin A supplements for children under five. 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.

Child survival

The association between gender inequality and child mortality rates have been documented at a global level,¹⁴ 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 healthcare interventions. Those living in displaced communities or in remote and hard-to-reach locations also struggle to ensure their children are adequately covered. The lack of decision-making power among women as well as limited access to information further constrain 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.

Several entry points have been identified, such as targeting the whole household with key messages and reinforcing the idea that childcare is a shared responsibility, not solely that of 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. Another entry point is to increase evidence and engage in further research on these issues.

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 childcare and sharing household responsibilities to reduce women's time burden and ensure children receive the health and nutrition services they need.
- 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 healthcare 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 to ensure they have adequate resources and economic opportunities to provide for their children.

Large-scale food fortification

Fortified staple foods that reach large segments of the population can help close the micronutrient gap — especially for iron and folic acid deficiency, which is experienced by women and adolescent girls. A core principle of large-scale food fortification (LSFF) programs is a whole-of-population approach, working with governments to legislate the availability of fortified foods in markets and social safety net programs. This ensures widespread access while minimizing the need for behaviour change. However, Nutrition International's gender analyses have found that inequities in household food distribution still persist, with women and adolescent girls often eating last and least. In addition, many women have no control over which 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 community members.

Beyond the household, there are also opportunities to promote gender equality and women's empowerment within LSFF programs — across food systems, value chains, development partners, and government regulatory and industry frameworks. For example, many value chains are male dominated with women occupying lower-tier positions, often performing labour intensive and dangerous tasks. This can expose them to precarious and hazardous working conditions 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. Providing fortified foods through government-run SSNPs creates more entry points for ensuring an equitable and inclusive approach. This includes targeting beneficiaries effectively, setting fair conditions for receiving benefits, and assessing the responsiveness of service provision at the distribution points.

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 SGBAs, we design our programs to *respond* to the gender barriers and issues raised and apply equity measures to meet the distinct needs of diverse groups of women and men. We support health systems and structures in adapting to better respond 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 key social influencers and work with women's rights organizations to promote dialogue on gender norms and increasing access to rights, while taking care to minimize harm.

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



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 and regulations for fortifying food items, and rules for how factories operate, ensuring that health and safety standards address concerns of women.
- Promoting equitable sharing of routine reproductive work and home-based activities and responsibilities among men, women, girls and boys by raising awareness and fostering balanced cultural and social norms.
- Engaging male role models and using platforms such as youth clubs, community influencers and social networks to promote LSFF and its role in improving dietary quality, ultimately enhancing maternal, adolescent, and child health.
- Supporting campaigns to promote equitable allocation of food within households.
- Applying a gender lens to any market research or clinical trials of new products.
- Identifying and incorporating both qualitative and quantitative gender indicators that can be used to prioritize and track LSFF programs and a project's gender-related outcomes and goals.
- Allocating 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 and women-owned organizations that amplify women's rights and voices, supporting advocacy for food fortification benefits and sensitization of women's groups, adolescent girls and the community.



Nutrition governance

Addressing gender issues requires leadership from individual countries to provide an enabling political and policy environment across multiple sectors that need to contribute to improved nutrition, including 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. This includes nutrition-focused budgets, regulation and legislation, service delivery and monitoring systems. Using these instruments, we aim to promote multisector engagement that advances both improved nutrition and gender equality.

However, challenges remain, as some government officials and key decision-makers do not always view gender mainstreaming as an essential component of strategies to improve nutrition.

There is an opportunity to enhance understanding through technical assistance, demonstrating how gender equality contributes to broader socio-economic development, including improved nutrition, and fostering ownership of strategies to address gender equality. Institutions that oversee women's affairs play a critical coordination role in ensuring the effectiveness of country-level support and are key partners for Nutrition International. Moreover, addressing gender issues requires the involvement of a wide range of stakeholders at policy, program and community levels. This includes public and private sectors, civil society, academia, community-based organizations, legislative leaders and community leaders.

Research and evaluation

There is an opportunity to delve deeper into the connections between nutrition outcomes, gender and women's empowerment, as well as the impact of gender issues on 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 our understanding of specific gaps – with an emphasis on people experiencing high levels of vulnerability. Our research will prioritize human-centred, participatory and inclusive approaches to maintain accountability within the communities we serve, and engage them throughout the process to ensure that gender equality and equity are considered. We will document and disseminate results to increase knowledge and share good practices.



CASE STUDY

INSTITUTIONAL CAPACITY BUILDING WITH GOVERNMENT PARTNERS IN ETHIOPIA

Nutrition International provided a series of gender capacity-building sessions with federal-level technical officers 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. Participants developed action plans during the training, which was reinforced during follow-up support sessions. 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 expressed.”¹⁷

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 ability.”²³ “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 domination.”²⁴

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 identity.”²⁷

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_emt-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_0bddfa8f-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; at the time of publication, the suite of tools and guidelines 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.

Endnotes

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- 18 Canadian Institutes of Health Research, 2023
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