**MODULE 22**

**Gender**-**Responsive Nutrition in Emergencies**

**PART 1: FACT SHEET**

The fact sheet is the first of four parts contained in this module. It provides an overview of gender and nutrition in emergencies. Detailed technical information is covered in Part 2.

**Introduction**

There is overwhelming evidence that gender inequality such as discrimination between women and men, and girls and boys in their food entitlements, and the marginalization of women farmers exacerbates food insecurity, malnutrition and poverty in humanitarian crises.[[1]](#footnote-1) An estimated 60 per cent of the world’s chronically hungry people are women and girls, and 20 per cent are children under five years of age.[[2]](#footnote-2) Gender inequality is both a major cause as well as an effect of hunger, malnutrition and poverty.

In emergencies, a high prevalence of acute malnutrition and micronutrient deficiency diseases is often observed, which leads to an increased deterioration of their nutritional status among the affected population, in particular vulnerable groups. Women, girls, men and boys face different risks: their distinct vulnerabilities are related to their different nutritional requirements and to socio-cultural factors related to gender. Good nutrition programming in emergencies must take gender equality into account at all stages of the project cycle – from participatory assessment and analysis to surveillance, programming, implementation, monitoring and evaluation.

Gender-responsive programming in humanitarian nutrition response aims to effectively reach all segments of the affected population. To achieve this, all groups must be consulted and actively participate in needs assessments and decision-making in order to design evidence-based nutrition programmes that meet the needs of the young and the old, men and women, and that ensure safe and equal access for all to humanitarian assistance.

Targeted actions usually focus on women and girls; however, in order to improve gender equality, boys and men must also be engaged; failing to involve them carries risks and reduces effectiveness. Threats or risks facing men may not be adequately understood or addressed. Men may lose some of their status and authority because emergencies disrupt traditional family and clan structures. It is important to obtain their support for women’s involvement in nutrition interventions.

Understanding gender differences, inequalities and capacities, and responding accordingly improves the effectiveness of humanitarian nutrition interventions and ensures equal access to food and nutrition programmes.

International human rights law and various United Nations resolutions support gender-responsive programming that is based on justice and human rights, and that improves the effectiveness and sustainability of humanitarian nutrition interventions by better addressing gender-related different needs and risks. Such programme capitalizes on the different capabilities of women, men, girls and boys in support interventions.

This module adapts Inter-Agency Standing Committee’s (IASC) ADAPT and ACT Framework for gender equality programming in emergencies,[[3]](#footnote-3) which guides nutrition professionals in mainstreaming gender in the project cycle in nutrition emergencies. This framework serves as a tool for project staff working at the sector level to review their projects or programmes with a gender equality lens. The order of the points in the framework may vary from one situation to another; all of them should be taken into account by deliverers of humanitarian protection and assistance to validate that they provide their services and support in emergencies to equally meet the needs and concerns of women, girls, boys and men.

The elements of the framework are as follows:

**Analyse** gender differences

* Use participatory assessments to gather information on the nutritional needs and cooking skills of women, girls, boys and men, and on the resources that they control.
* Analyse the reasons for inequalities in malnutrition rates between women, girls, boys and men and then address them through programming.
* Collect information on cultural, practical and security-related obstacles that women, girls, boys and men face in accessing nutritional assistance and take measures to overcome them.
* Integrate the gender analysis in planning documents and situation reports.

**Design** services to meet the needs of all

* Design nutritional support programmes according to food culture and nutritional needs of women (including pregnant and lactating women), girls, boys and men in the target population.
* Ensure that the design of programmes and services capitalizes on available local capacity, including public services and community-based centres.

The design and implementation of nutrition support programmes should equally involve women, girls, boys and men and should ensure access for all. If, for example, malnutrition prevalence data indicate that girls are more affected than boys, the causes should be identified and addressed. Discrimination of girls in terms of their food entitlements in the household may be deeply rooted in culture, but should nevertheless be addressed in community meetings and other social and behaviour change communication (SBCC) activities.

Ensure **access** for all

* Routinely monitor access to services by women, girls, boys and men through spot checks and discussions with communities, and promptly address the obstacles to equal access.

Even when targeting is adequately gender-responsive, the actual use of services may not be. Therefore, the design of interventions should take into account gender sensitivities, such as the sex of the service providers. For example, in Islamic cultures, women cannot visit male health workers. In addition, the distance of services to houses or markets, their location and opening hours should be considered in order to prevent gender-based violence (GBV) and improve access by women and children.

Ensure equal **participation**

* Involve women and men equally and meaningfully in decision-making and programme design, implementation and monitoring.

Participation is key to all the steps in gender-responsive programming and starts with the gender-responsive needs assessment, as the next chapter will emphasize.

**Train** all equally

* Provide training on nutrition and gender issues for women, girls, boys and men.
* Train an equal number of women and men from the community on nutrition programming.
* Employ an equal number of women and men in nutrition programmes.

To facilitate women’s participation in training, the course schedule should not coincide with other important activities or household chores, and child care solutions should be encouraged. Health and nutrition staff should be trained in gender-sensitive service delivery (e.g. equal access, participation, benefits). While training nutrition staff, it is important to pay attention to gender inequalities in the community that negatively impact on nutrition, as follows:

* Ask the trainees in an interactive discussion what the prevailing gender inequalities are and their consequences for nutrition.
* Discuss the causes of these inequalities and how the intervention may address them.
* Address strategic needs as much as possible in all training.

**Address** gender-based violence

* Include both women and men in the selection of safe food distribution points.
* Ensure that a gender-balanced team distributes the food.
* Create ‘safe spaces’ at distribution points and ‘safe passage’ schedules for women and children heads of households.
* Make special arrangements to safeguard women and girls to and from the distribution points (e.g. providing an armed escort if necessary).
* Monitor security and instances of abuse.

“The participation of women in decisions about how to best implement food security and nutrition programmes is critical to reducing the risks women and girls face in emergency situations.”

*– IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, 2005.

Inter-cluster linkages are important to systematically address GBV. Nutrition staff should participate in multi-sectoral working groups on GBV prevention and protection to support the development of codes of conduct and disciplinary measures for violations. Nutrition interventions can also integrate protection and prevention, and staff training on how to refer and report cases. Coordination of GBV and child protection issues in emergencies fall under the Protection Cluster.

**Collect** and report programme monitoring data

* Collect sex- and age-disaggregated data on nutrition programme coverage, including:
* percentage of girls and boys aged 6-59 months treated for SAM;
* percentage of girls and boys under five, PLW in the target group covered by supplementary feeding programmes and treatment for moderate acute malnutrition;
* percentage of women, girls, boys and men who are still unable to meet nutritional requirements in spite of ongoing programming;
* exclusive breastfeeding rates for girls and boys.
* timely introduction of complementary food by age and sex
* percentage of men and women benefitting from nutritional behaviour change interventions
* Implement plans to address inequalities and ensure access and safety for the entire target population.

**Target** actions based on analysis

* Ensure that programmes address the underlying reasons for discrimination.
* Empower those discriminated against and educate the whole community.

**Collectively** coordinate actions

* Ensure that actors in nutrition liaise with actors in other areas to coordinate on gender issues, including participating in regular meetings of the gender network.
* Ensure that the nutrition intervention has a gender action plan and routinely measures project-specific indicators based on the checklist provided in the IASC *Gender Handbook*.
* Work with other sectors/clusters to ensure gender-sensitive humanitarian programming.

**Key messages**

1. All humanitarian agencies, including the Global Nutrition Cluster, should ensure that a gender perspective is fully integrated into humanitarian activities and policies in order to more effectively respond to crises.

2. All sectors, including nutrition, are required to cooperate and take specific actions to prevent and respond to gender-based violence (GBV) in humanitarian crises under the coordination of the Global Protection Cluster.

3. Gender-responsive programming in humanitarian situation aims at effectively reaching all segments of the affected population.

4. Women, girls, boys and men face distinct nutritional risks and vulnerabilities in humanitarian crises and have distinct opportunities to support the nutritional needs of their families and communities.

5. Nutritional need assessments should include a gender analysis because an improved understanding of the gender dimensions of malnutrition leads to more effective humanitarian nutrition interventions. The collection and presentation of sex-disaggregated data in nutritional needs assessments provide information on gender inequality and enable the monitoring of gender-responsive targeting and service provision.

6. Consideration should be given of gender dynamics and power relationships between women and men, in the communities since feeding practices are not always determined by the mothers, but rather by their mothers, husbands and mothers-in-law.

7. Effectively address the gender dimensions of nutrition in emergencies, the local population – women, girls, boys and men – should be involved in all stages of the project cycle, from decision making and needs assessment to evaluation.

8. Special nutrition interventions are required to meet the needs of pregnant and lactating women, infants and young children, older people, the chronically ill and those with disabilities.

9. The active participation of women and representatives of disadvantaged groups in establishing and implementing monitoring and evaluation improves the quality and accountability of nutrition interventions in humanitarian crises.

10. There is a need to collect sex- and age-disaggregated data (SADD), even for children under five, because this allows to map and/or identify trends and in terms of differential feeding practices, malnutrition, etc. between boys and girls.

1. FAO, Bridging the Gap, FAO’s Programme for Gender Equality in Agriculture and Rural Development, 2009. [↑](#footnote-ref-1)
2. WFP Gender Policy, 2009. See [www.wfp.org/content/wfp-gender-policy](http://www.wfp.org/content/wfp-gender-policy) [↑](#footnote-ref-2)
3. IASC *Gender Handbook in Humanitarian Action: ADAPT and ACT Framework for Gender Equality Programming in Humanitarian Action*. See http://www.ungei.org/resources/files/Gender.pdf [↑](#footnote-ref-3)