

Nutrition: Gender Marker Tip Sheet

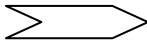
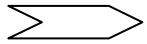
Gender Equality in the Project Sheet

This tip sheet has been designed for clusters to help their project teams design nutrition projects that respond to the distinct needs and situations of women, girls, boys and men.

Integrating gender dimensions is part of good project design. It increases the project's potential to improve the lives of affected populations. This is why the IASC Gender Marker was created: to respond to the humanitarian needs of women, girls, boys and men better and to ensure that when we do so, the funds we invest and the gender results we generate are visible. The Security Council demands better gender results and better accountability. So do donors.

The IASC, through GenCap, is supporting the roll-out of the gender marker in 10 countries in 2011 and is encouraging all other countries to use the marker this year. Implementing the marker will be required in all countries in the 2012 humanitarian funding cycle. The Gender Marker will be used in the CAP and in all other humanitarian appeals and funding mechanisms. Using the gender marker, all projects will be awarded a gender code of 0, 1, 2a or 2b by their cluster's vetting team.

Donors will see projects' gender codes on the global Financial Tracking System (FTS) and use this information when they choose what projects to fund. The gender code is based on three elements:

Gender Analysis of Needs  ***Activities***  ***Outcomes***

So, getting a good gender code (2a or 2b) makes sense as it can enhance both project performance and funding potential. This tip sheet has three elements:

- The gender code
- A chart with tips and examples of how to improve nutrition project sheets by bringing gender dimensions into:
 - Project objective
 - Beneficiary statement
 - Needs assessment
 - Activities
 - Outcomes
- An annex with examples of a nutrition project that is gender mainstreamed and targeted actions that advance gender equality in nutrition.

Cluster teams are encouraged to download the e-copy of this Nutrition Tip Sheet and edit it so that it has practical and relevant country-specific examples. Then, use it in project design workshops with cluster members. It is a cluster responsibility to make project teams aware of the gender code and provide support to they can design good projects that perform and code well.

Gender Marker	Description
<p><i>Note:</i> The essential starting point for any humanitarian project is to identify the number of women, girls, boys and men who are the target beneficiaries. This information is required in all project sheets.</p>	
<p>Gender Code 0</p> <div data-bbox="121 384 371 485"> <p>No visible potential to contribute to gender equality</p> </div>	<p>Gender is not reflected anywhere in the project sheet. There is risk that the project will unintentionally nurture existing gender inequalities or deepen them.</p>
<p>Gender Code 1</p> <div data-bbox="121 556 371 690"> <p>Potential to contribute in some limited way to gender equality</p> </div>	<p><i>The project has gender dimensions in only one or two components of the critical three components 1): needs assessment, activities and outcomes. The project does <i>not</i> have all three: 1) gender analysis in the needs assessment which leads to 2) gender-responsive activities and 3) related gender outcomes</i> These projects have pieces, like the pieces of a jigsaw puzzle, but not enough pieces to fit together ensuring male and female beneficiaries' needs are both addressed.</p> <p>Most code 1 projects have potential to code 2a by improving their gender analysis or design.</p>
<p>Gender Code 2a</p> <div data-bbox="121 779 371 919"> <p>Potential to contribute significantly to gender equality</p> </div> <p>Gender Mainstreaming</p>	<p>A gender analysis is included in the project's needs assessment and is reflected in one or more of the project's activities and one or more of the project outcomes.</p> <p>Gender mainstreaming in project design is about making the concerns and experiences of women, girls, boys and men an integral dimension of the core elements of the project: 1) gender analysis in the needs assessment which leads to 2) gender-responsive activities and 3) related gender outcomes. This careful gender mainstreaming in project design facilitates gender equality then flowing into implementation, monitoring and evaluation.</p> <p>Gender Analysis of Needs ➡ Activities ➡ Outcomes</p> <p>Most humanitarian projects should aim for code 2a. These projects identify and respond to the distinct needs of women, girls, boys and men.</p>
<p>Gender Code 2b</p> <div data-bbox="121 1234 371 1476"> <p>Potential to contribute significantly to gender equality: this is the principal purpose of these projects</p> </div> <p>Targeted Actions</p>	<p>The project's principal purpose is to advance gender equality</p> <p>The gender analysis in the needs assessment justifies this project in which <i>all</i> activities and <i>all</i> outcomes advance gender equality.</p> <p>All targeted actions are based on gender analysis. In humanitarian settings, targeted actions are usually of these two types:</p> <ol style="list-style-type: none"> <u><i>The project assists women, girls, boys or men who have special needs or suffer discrimination.</i></u> <p>The project needs analysis identifies the women, girls, boys and men who have special needs or are acutely disadvantaged, discriminated against or lacking power and voice to make the most of their lives. Targeted actions aim to reduce the barriers so all women, girls, boys and men are able to exercise and access their rights, responsibilities and opportunities. Because the primary purpose of this targeted action is to advance gender equality, the code is 2b. Examples: Special needs – breastfeeding mothers or men's reproductive health. Discrimination: out-of-school girls, boy ex-combatants, women survivors of rape, widowed men who need cooking and parenting skills.</p> <ol style="list-style-type: none"> <u><i>The project focuses all activities on building gender-specific services or more equal relations between women and men.</i></u> <p>The analysis identifies rifts or imbalances in male-female relations that generate violence; undermine harmony or wellbeing within affected populations, or between them and others; or prevent humanitarian aid from reaching everyone in need. As the primary purpose of this type of targeted action is to address these rifts or imbalances in order to advance gender equality, the code is 2b. Examples: Projects devoted to gender-based violence or to sector-wide gender assessments.</p>

Getting Project Design Right

There are five entry points for nutrition clusters to address gender equality in their project sheets: project objective, beneficiaries, needs assessment, activities and outcomes. This chart is designed to give examples of how to bring gender into each entry point. Following these steps will assist in improving projects that code 0-1 to mainstream gender and code 2a.

Project Objective	<p>If your project is making efforts to advance gender equality, the project objective should reflect this. A project objective that features gender quality signals to implementers the high priority your agency/organization places on ensuring each girl, boy, man and woman has adequate nutrition.</p> <p>Here are two examples of how the gender-responsiveness of a project can be profiled in the objective: the original project objective has been strengthened by the additions in italics.</p> <p>Example 1: To contribute to mortality and morbidity reduction related to acute malnutrition among children less than five years in Area XYZ (<i>Replace the word 'children' with 'girls and boys '</i>)</p> <p>Example 2: To provide nutritional therapy, supported with community health education, for <i>the women, girls, boys and men in</i> the inland IDP, returnee and resident populations <i>that meets their specific needs</i>.</p> <p><i>*Making sex and age visible in the project objective prompts reflection/action on 1) how to close gender gaps and 2) how to meet different needs of women, girls, boys and men.</i></p>
Beneficiaries	<p>A person's nutritional status is often profoundly affected by whether that person is male or female, and whether he or she is an infant, a child, a youth, mid-aged or elderly. Therefore, projects need to specifically identify the age and sex of their target beneficiaries. Do not use generic terms that hide sex and/or age i.e. 'children' 'vulnerable groups' or 'nutrition staff'.</p>
Needs Assessments	<p>Emergencies can deepen malnutrition and change who has power and access to food, the quality of the food, and people's ability to prepare and handle food safely. Women, girls, boys and men have different nutritional needs and their daily activities often demand different levels of energy. Their nutrition can be put at risk in differing ways. Gender analysis, therefore, is vital in the needs assessment that helps shape nutrition projects.</p> <p>Here are examples of questions that can enrich the design of nutrition projects:</p> <ul style="list-style-type: none"> • What are the demographics of the affected group? (# of households and family members disaggregated by sex and age; # of single heads of household who are women, girls, boys and men; # of pregnant and nursing women, unaccompanied children, elderly persons, persons with disabilities, and the chronically ill.) • What are the sex and age-specific nutrition indicators in the affected area?

	<ul style="list-style-type: none"> • What is the nutritional status of women of reproductive age? What are their levels of anaemia? Do women have access to affordable micronutrients for themselves and their families? • What support do pregnant women need to have healthiest possible babies and nursing mothers to continue breastfeeding? (e.g. access to safe water, supplementary feeding; privacy screens or breastfeeding area) • Who (e.g. infant girls, infant boys) were the most at risk for nutrition problems before the emergency? What has changed due to the crisis? • What cultural, practical and security-related obstacles prevent women, girls, boys or men from accessing food aid and nutritional assistance? What ideas do women, girls, boys and men have for overcoming these obstacles? • Are vulnerable women, girls, boys and men who are disabled or chronically ill able to access food? Are elderly women and men? Does the available food meet their specific needs? Are they able to properly prepare, cook, chew and digest the food being distributed? Is supplementary food or food-handling needed? • If boys and men are separated from families do they have cooking skills? • Has women's workload changed by the emergency so that they have less time to prepare nutritious meals for themselves and their families? • What nutrition interventions existed before the emergency? How did they affect women, girls, boys and men? Do they provide an entry point or local networks on which to build emergency nutrition response? • Are equal numbers of girls and boys attending school and benefitting from school meals? If there are no school meals provided, how are girls and boys being fed? • What decisions do women, girls, boys and men make that affect family nutrition? (e.g. food choices; decisions related to vaccination/Vitamin A/micronutrients; food handling, preparation, storage; food sharing –who eats first and most) • Are there any socio-cultural practices, food taboos, cultural beliefs or caring practices that affect women's, girls', boys' and men's nutrition status differently? • Is there any difference in breastfeeding practices for girl or boy babies? Is there a negative impact? • What capacities, skills and time do women, girls, boys and men have for nutrition learning sessions, gardening etc.? <p><i>See the IASC Gender Handbook in Humanitarian Action: Women, Girls, Boys and Men – Different Needs/Equal Opportunities p 71-75.</i></p>
Activities	<p>The gender analysis in your needs assessment will identify gender gaps that need to be addressed. These should be integrated into activities. Examples:</p> <ul style="list-style-type: none"> • Gap: The needs assessment showed that child nutrition is perceived in the targeted communities as mothers' responsibility. If a child is malnourished, smaller or shorter than others, the mother is blamed and labelled a 'bad mother'. As a result, these mothers are often too humiliated to bring their children to the nutrition centres.

	<p>Responsive activity: A nutrition education campaign that helps women and men understand the root causes of acute malnutrition, removes stigma, and creates a warm welcome for all women and men at the nutrition centres.</p> <ul style="list-style-type: none"> <p>Gap: Nutrition needs were analyzed in a 2009 nutritional anthropometric survey of children aged 6-59 months in the emergency zone. The results showed rates of global acute nutrition (GAM) of between 7.0% and 9.7%. Although below the 10% alert threshold, 17,000 acutely malnourished children were identified. Of these, 64% were boys. Boys make up 51% of the total population of this age group. The survey identified a number of family practices that have changed during the recent decade of deepening poverty. Some practices unintentionally undermine child nutrition and are more detrimental to boys' nutrition. One of the issues: men insisted their toddler and very young sons eat 'man's food' which their systems could not digest.</p> <p>Responsive activity: Follow-up action based on analyzing how these practices and their in-built gender bias evolved, the root causes, and opportunities for positive change. The analysis would be designed to reinforce the importance of valuing boys' and girls' nutrition equally.</p> <p>Gap: More than 90% of the participants in the nutrition survey were women. Most men refused to take part: saying nutrition is women's business. The survey, however, identified that men play a significant role in family nutrition with a mix of positive and negative effects. Among the examples: Women noted that men eat until they are full, even if it means women, girls and boys eat little. Women also confirmed taboos that negatively affect pregnant women: pregnant women are not allowed to eat crocodile, snake and eggs which are critical sources of local protein. In addition, they expressed regret that men did not help much in the family gardens.</p> <p>*Responsive activity: An activity to engage equal number of men and women in nutrition education and as 'good nutrition' change agents in returnee communities.</p> <p>Gap: In preparing the nutrition cluster's contingency plan, cluster partners reviewed evaluation reports from the last devastating cyclone to hit this cyclone-prone area. Reports documented that women were required to share a shelter with families, including men, who were not their close relatives. Many women stopped breastfeeding as they did not want to bare their breasts in front of these strangers. The cases of infant diarrhoea and death increased: there was no gender gap.</p> <p>*Responsive activity: Include the support, protection and promotion of exclusive breastfeeding as a priority consideration in the cluster contingency plan. Liaise with the emergency shelter cluster team to reinforce the need for emergency shelter standards to accommodate safe and private space for breastfeeding.</p>
Outcomes	Outcomes should capture gender change: the change experienced by the males and females who are the identified beneficiaries. Outcome statements should, wherever possible, be worded so any difference in outcome for males and females or in male-

	<p>female relations is visible. Avoid outcome statements that focus on ‘IDPs’ ‘malnourished children’ ‘chronically ill’ that hide whether, or not, males and females equally benefit.</p> <p>Examples of gender outcomes: the importance of the words in italics is explained.</p> <ul style="list-style-type: none"> • Nutrition support programmes have been designed according to the food culture and nutritional needs of <i>women (including pregnant and lactating women), girls, boys and men</i> in the target population. <i>*recognizes that nutrition needs vary by sex and age. Best nutritional results come when distributed emergency food includes staples that are familiar, enjoyed and easily prepared.</i> • At least 90% of suspected zoonotic cases identified (<i>by sex and age</i>) are reported within 8 hours. <i>*respects that the different activities of women, girls, boys and men may increase their risk of infection or transmission. If there is a big gender or age gap in those with earliest infections, following the animal and meat-linked activities of those first infected can provide useful information for monitoring and control.</i> • Special arrangements are in place to safeguard <i>women, girls and boys</i> who are household heads to and from the distribution point. <i>*recognizes that if safe and culturally appropriate access is not facilitated, women and children may be deprived of food/cooking utensils etc. because of social norms, reduced mobility or less physical strength.</i> • An <i>equal number of women and men</i> are trained and employed in nutrition programmes. <i>*respects that men and women are both concerned about family nutrition. They have power, energy and time that can be invested wisely in their own and their family’s health.</i> • <i>Equal numbers of male and female community monitors</i> do spot checks and hold regular meetings to ensure any obstacles to food aid/nutrition centre access are identified and addressed. <i>*acknowledges that women and men have different nutrition knowledge, due to their gender roles, to bring to monitoring. There is also power in women-to-women and men-to-men communication as well as joint male-female consultation and problem solving.</i> • <i>All girls and boys under 5</i>, pregnant and lactating women are covered by supplementary feeding and treatment for moderate acute malnutrition. <i>*reflects awareness that sex-disaggregation of the under-fives is essential in order to consciously track if, and when, preference for one sex leads to the other sex being disadvantaged.</i> • Capacity in nutrition response and preparedness has been enhanced in NGOs
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	<p>with women and men on their implementing teams (% M- %F)</p> <p><i>*indicates if NGOs are, or are not, succeeding in building this competency in both women and men. The percentage shows how close NGOs are to achieving a gender balance in trainees.</i></p> <ul style="list-style-type: none"> • The rate of exclusive breastfeeding has increased to XX% with only a marginal gender gap (infant boys: X% - infant girls: Y%) <p><i>*reflects awareness that sex-disaggregated data on breastfeeding is essential in order to consciously track if, and when, preference for one sex leads to the other sex being disadvantaged.</i></p>
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ANNEX

Nutrition Projects – Gender Mainstreaming & Targeted Actions

**Terms including gender mainstreaming, targeted actions, practical and strategic gender needs are explained in the Guidance Note in the Gender Marker Toolkit.*

Most nutrition projects should fully mainstream gender. This requires:

- A robust needs assessment that explores relevant gender issues.
- One or more of the project's activities address the distinct needs and realities of male and female IDPs or others identified as project beneficiaries.
- One or more of the outcomes capture the different outcomes for girls compared to boys, or men compared to women, generated by the project OR a change in male-female relations.

Example of Gender Mainstreaming in a Nutrition Project - Code 2a

Gender mainstreaming of a nutrition project means ensuring the distinct needs and realities of women, girls, boys and men are reflected throughout the project. Not all activities in every nutrition project will advance gender equality. However, many have the potential to do so. Projects will be most successful and bring most sustainable change if as many activities, as possible, are gender responsive. A number of outcomes that advance gender equality should flow directly from these activities.

Snapshot of a project: Contributing to the reduction of mortality and morbidity of under-five girls and boys related to acute malnutrition

Needs Assessment The needs assessment documented an acute malnutrition rate of 14.3%. Information on the number of girls compared to boys affected existed at many community health centres. Regrettably, the data was merged before it was reported to higher levels of government. Hence, information on gender gaps is not available.

The acute malnutrition was explained in part by the following factors:

- Land related conflicts have destroyed fields or made them inaccessible. Population displacement has resulted in family separation and more households being headed by women and children. Neither men nor women invest the time and effort they used to in child nutrition. Men are pre-occupied with family security and finding any available food source. Women are overloaded by increased time spent in care-giving, and the struggle to access food, water and fuel.
- Reduced livelihoods opportunities (e.g. diamond mining) have deepened poverty levels.
- Poor nutrition practices exist such as the early introduction of manioc and corn to food for babies less than two months old.
- Literacy levels are low, especially low for women, and there has been little nutrition education in this remote area.

Activities

- Provide training, including refresher training, to equal numbers of male and female nutrition centre staff
- Establish, equip and supply therapeutic nutrition centres in four beneficiary-agreed locations to serve the target population

- Support learning circles aimed at increasing mothers' knowledge and practice of good child nutrition
- Sensitize and engage men in supporting good child and family nutrition, including placing equal value on girls' and boys' nutrition
- Address all recording and reporting forms to capture nutrition information by age and by sex.

Outcomes

Among the projects outcomes:

- Active therapeutic nutrition centres have treated X acute nutrition cases (by sex, age and date)
- Increased awareness by mothers and fathers of what each can do to contribute to their sons' and daughters' proper nutrition
- High levels of community acceptance and involvement in the nutrition centres due to: professionalism of male/female staff; more appropriate feeding of under-five girls and boys by mothers attending learning circles; and more supportive attitudes of men.

This project brings the distinct needs and interests of women, girls, boys and men into a wide range of activities and outcomes: this is gender mainstreaming.

Examples of Targeted Actions – Code 2b

1) Projects that target women, girls, boys and men who are discriminated against in nutrition

Snapshot of a project – Improving nutrition to reduce maternal deaths

The needs assessment identified a steady increase in the maternal mortality rate. Prolonged drought and intermittent conflict have created lingering food insecurity. In the four target provinces, maternal deaths have increased from 520 to 705 deaths per 100,000 in the last decade. Deaths of child mothers, less than 18 years, are 30% higher than the average for women of child-bearing years and higher if they have given birth more than twice. The national nutrition survey has documented high levels of acute malnutrition in women and girls, as well as a complex number of interrelated root causes.

All activities in this project focus on increasing the nutritional health of pregnant girls/women and lactating mothers and related activities for infant survival (e.g. safe and assured access to distributed food, therapeutic and supplementary feeding, nutrition and good motherhood education, breastfeeding support).

The project links with health services and a multi-sectoral program to reduce early marriage.

All outcomes emerge from improving nutrition which will provide mothers and their newborns a better chance to survive. Potential outcomes in the target provinces:

- Increased levels of maternal nutrition and infant (M/F) birth weight
- Reduction in maternal and infant deaths (MMR disaggregated: under and over 18 years) (IMR disaggregated by sex)
- Improved targeting of food distribution as well as therapeutic and supplementary food services to pregnant and lactating women
- Increased number of women exclusively breastfeeding their infants (M/F) for the first six months

2) Projects that focus on building gender-specific services or more equal relationships between males and females

Snapshot of a project – Improving gender data in the national nutrition database

This project is needed in a country with weak governance, chronic poverty and both political and economic instability. The international community has been providing food and nutrition support to an average of 2 million IDPs (circa 47% M - 53% F) for more than a decade. The government has committed to developing and managing a national nutrition database. As a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), the government has requested the nutrition cluster assist in ensuring this database includes relevant sex and age disaggregated nutrition data.

All activities in this project focus on: specifying what sex and age-disaggregated nutrition data is relevant and priority; database design for easy and functional coding as well as relevant cross tabulation of nutrition data by sex and age; data forms that local nutrition centre/clinic staff find easy and manageable to use; training of equal numbers of male and female team leaders, data collectors and analysts; protocols for ensuring the grassroots nutrition data, by sex and age, is not aggregated or contaminated before it is entered into the national database.

This project is designed to create a gender-specific service: a nutrition database that features relevant age and sex-disaggregated data. (This project is not funding the database but ensuring the inclusion of gender data) All outputs flow from these activities.

Potential outcomes:

- National nutrition database features useful data disaggregated by sex and age
- Humanitarian teams, including government and non-government partners, address the nutrition needs of women, girls, boys and men more accurately using improved data on sex and age

Gender Mainstreaming – A Nutrition Project Example

Comments and suggestions to strengthen gender mainstreaming are inserted in *italics*. The purpose here is to show that possibilities exist for mainstreaming gender in nutrition projects.

Often, project design teams have gender data and insights that are not reflected in the project sheet. Their plans for implementation might also be much more gender-responsive than the project sheet states. However, project implementers and donors respond to what is here on the project sheet.

Objective	To provide <i>gender-responsive</i> nutritional therapy, supported with community health education, for the IDP, returnee, and resident populations in Area ABC.
Beneficiaries	Total: 16,800. The direct beneficiaries are malnourished children and their mothers /caregivers. Children: 15,200 Women: 1,600 <i>Suggest providing the # of girls and of boys: these numbers, alone, may signal if there are local realities or practices that specifically disadvantage girls or boys and put their nutrition more at risk. Is there evidence that all caregivers are women? Often gender roles change in a crisis.</i>

Implementing Partner	Ministry of Health, two UN agencies and local NGOs
Project Duration	Jan 2010 - Dec 2010

Needs

Acute food insecurity, poor personal security, poor hygiene, health and health seeking patterns, sanitation, water, childcare and feeding practices are the underlying causes of malnutrition. Despite temporary improvements in food security, the threat posed by the return process necessitates close monitoring of the situation because malnutrition remains the major cause of morbidity and mortality among children under five in Area ABC.

Comment: The needs assessment would benefit from a gender analysis. The reality of a girl child may not be the same as for a boy child in many ways. These can include the underlying causes of malnutrition mentioned above: personal security, hygiene, health seeking behaviours, childcare and feeding practices.

Exploring the gender dimensions in these areas can provide a deeper, richer context for effective nutrition programming. It will also uncover realities that may disadvantage boys compared to girls. Some examples: food taboos, (e.g. Either girls or boys not being permitted to eat a certain local source of protein), social norms (e.g. Do women, girls, boys or men eat first or most?), access issues (e.g. Girls being able to snack more, than boys, while helping prepare food), personal security issues (e.g. More risk of rebel abduction for boys, or girls, going to the source of safe drinking water) etc.

Parents or caregivers may have different nutritional knowledge, access to safe water or firewood, or ability to cook depending on whether they are male or female. These factors affect the nutrition of the girls and the boys in their care.

According to the ECHO Vulnerability and Crisis Index score, Area ABC ranks 3 which is the most severe ranking. In addition to refugees and IDPs, who total more than 498,000, approximately 700,000 others who live mostly in host communities are affected by the crisis. OCHA has documented that food, water, and shelter are inadequate to meet needs.

The current situation calls for a humanitarian solution that saves lives in the short term and improves the nutritional status of children of in Area ABC by implementing a Community Based Therapeutic Care (CTC) approach in order to fill the gaps in existing nutritional interventions.

Activities

Community sensitisation and mobilisation: Before and during the feeding operation, nutrition staff and outreach workers will mobilise community leaders (leaders of opinion, administrative and political authorities, sultans, and other influential community members, etc...). The community leaders, in their turn, will mobilise their communities by discussing with them the aims, objectives of the nutrition programme. The community will also be involved in the monitoring and evaluation of the programme. *(Will efforts be made to identify and engage equal numbers of male and female community leaders and ensure that equal numbers of community men and women are involved in designing, implementing, monitoring and evaluating project activities? If a gender balance poses a major challenge, put special measures in place to get as close to a gender balance as possible. Ensure at least a 'critical mass' of men and of women – sufficient numbers of women and men to have influence in their communities and on project decisions.)*

Establishment of feeding centres and intensive care units: These will be bi-weekly and weekly distribution points for both the CTC Outpatient Therapeutic Points and the Supplementary Feeding Programme. Stabilisation Centres and one special nutrition unit attached to the primary health care center will be established following national and internationally accepted medical and feeding protocols. (Will beneficiary men and women have input into the design, location and hours of operation to ensure safe and most convenient access?)

Screening: After a rapid scan to identify village children who may be malnourished, a second screening will be carried out door- to-door by outreach workers. Children who meet the admission criteria will be referred to the feeding centre for admission to the programme. (How will this process facilitate equal input from women and men?)

Community-based Therapeutic Care (CTC): All severely malnourished children will be assessed for either direct admission to the Outpatient Therapeutic Feeding Programme (OTP) or, those with medical complications to the special nutrition unit or stabilization centres. Where possible, all OTPs will be attached to primary health care units to enhance referral. (Recording and analyzing sex and age disaggregated data here will alert project teams to any existing or emerging gender gaps.)

Supplementary Feeding Programme (SFP): All children, pregnant or lactating women with moderate acute malnutrition will be referred to one of the feeding centres by nutrition extension workers and village screeners. At the feeding centre children's weight and height will be measured in order to know the nutrition status. If admitted, children will receive appropriate nutritional care. (As above, record and analyze sex and age disaggregated data.)

Follow-up of OTP children through home-visits: At the end of each distribution day, outreach workers will visit any child who did not attend or who has not been gaining weight in the programme. (As above, record and analyze sex and age disaggregated data.)

Health and Nutrition Education: The community health education sessions will be provided at the stabilization centre with a focus on nutrition topics and hygiene. Health education will also be provided by the nutrition extension workers during their home visits. (Will there be male and female facilitators of the community health education sessions and efforts made to ensure relatively equal numbers of women and men attend and participate actively?)

Outcomes

- At least 7,500 moderately malnourished children (# girls-# boys) less than five years of age rehabilitated through CTC activities.
- At least 1,600 severely malnourished children (# boys-#girls) rehabilitated through CTC activities.
- At least 5,700 children (# girls-#boys) and 800 pregnant and lactating mothers received micronutrient supplement and de –worming pills.
- At least 8,700 (% male-% female) caretakers of malnourished children and 800 pregnant and lactating mothers improved their knowledge through health & nutrition campaigns.

Note: The sources of case studies, project sheets and gender issues raised in this document include extracts/edits of humanitarian appeal and funding documents, gender assessments and the field experience of the author.