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Through its Nutrition Technical Assistance Mechanism (NTEAM), NI shares its expertise globally to support the scale-up of nutrition for the most vulnerable. We believe that knowledge, rigorously obtained and generously shared, is key to effective progress for nutrition. NTEAM provides timely and coordinated expert technical assistance to countries and agencies. We convene global experts to tackle key nutrition issues, and encourage broad use of knowledge by translating technical information and research into accessible guidance, tools and resources.
Introduction

Background

Nutrition programs need to respond to different nutritional needs for different sexes and ages, as well as consider and respond to gender inequalities, gender norms and related social dynamics that have implications for the effectiveness of interventions. Addressing both sex specific needs (biological differences) and gender (social constructs, varying from society to society, time to time, based on socially accepted norms and behaviours) in nutrition is critical and can result in larger improvements in nutrition and health outcomes than if gender inequalities are not addressed.

Technical assistance (TA) providers under the TAN project support the various stages of nutrition policy development and implementation. They are in a unique position to integrate gender equality considerations in their work, including in their interactions with multiple key stakeholders, influencers and decision-makers in-country, regionally and globally.

Purpose of this guide

Incorporating a gender perspective will help TA providers carry out TA assignments more effectively and successfully. Recognizing that concepts and notions for advancing gender equality may be new to TA providers who are not gender experts, and that sensitization on gender equality is a process, this guide is meant to offer practical guidance for gender mainstreaming in TA provision. It is intended as a set of guidelines for the integration of gender equality considerations which, if incorporated in TA, will improve its gender responsiveness.

This guide was informed by a review of the literature on nutrition and gender, including the World Health Organization (WHO) gender assessment framework, and reviewed by gender specialists.

How to use this guide

This guide is composed of two sections: section 1 provides considerations for gender equality in areas of work that are found in all TA, and section 2 provides considerations for gender equality specific to different types of TA requested by SUN countries. While it may not be possible to address all aspects listed in the guidelines, multiple components should be considered in order to adequately integrate gender in any given TA assignment. The TA provider should make a deliberate decision, in agreement with TAN staff, on which specific considerations to address from the guidelines below.

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1 The guidelines do not constitute criteria/requirements. They are not intended as an assessment tool but may be used as general parameters to guide the gender review of TA deliverables.

Additional key resources are provided in the section 3 for more information in each section, but focused expert assistance (e.g. for gender budgeting) may be needed. Seeking this support if and where needed is important.

1. Guidelines for use across all technical assistance

TA assignments, regardless of their specific focus area or objectives, often include a landscape analysis and broad stakeholder engagement. This section provides guidance on ways to consider gender equality in both these categories is recommended for use for all TA delivery supported under TAN.

1.1 Landscape analysis

A landscape analysis provides an opportunity to understand the gender policy environment for any given TA, and the potential impact on gender equality that the TA may have, intentionally or not.

<table>
<thead>
<tr>
<th>Considerations for addressing gender equality – Landscape analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review of gender-based analyses³, sex-disaggregated indicators and findings emerging from interviews with women’s groups and representatives from women’s government structures.</td>
</tr>
<tr>
<td>2. Relevant local, national, and global gender policies, legislation and strategic plans related to this work, are reviewed and incorporated, including, for example:</td>
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<tr>
<td>- Health and nutrition policies, plans from Women’s Affairs;</td>
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<tr>
<td>- Plans from other sectors e.g. education and WASH. Be aware of policies that may have implicit or explicit gender biases that influence nutrition, or may be harmful from a gender perspective;</td>
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<tr>
<td>- Economic policies, poverty reduction strategies, and social policies that have different implications for men and women.</td>
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<tr>
<td>3. Data specific to women, men, boys and girls are reviewed, for example:</td>
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<tr>
<td>- Nutritional requirements of each group;</td>
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<tr>
<td>- Dietary practices of each group;</td>
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<tr>
<td>- Feeding practices of each group;</td>
</tr>
</tbody>
</table>

³ A gender analysis “identifies, assesses and informs actions to address inequality that come from: different gender norms (across the lifecycle), roles and relations, unequal power relations between and among groups of men and women (and adolescent girls and boys) and the interaction of contextual factors with gender such as sexual orientation, (income), ethnicity, education or employment status”. For more terms and tools in gender mainstreaming, see the WHO glossary: [http://www.who.int/gender-equity-rights/understanding/gender-definition/en/](http://www.who.int/gender-equity-rights/understanding/gender-definition/en/).
Access to health nutrition services for women, men, girls and boys (including any inequalities in access between groups, as well as differing biological needs).

4. Gender roles and norms, power, and decision-making dynamics are reviewed and documented (see list of sources in Section 3.2 below - item 4), for example:
   - Access to resources (e.g. business, property, technology, services);
   - Knowledge, attitudes (cultural norms, beliefs) and practices about gender and nutrition;
   - Decision-making and division of labour/household activities in the family and the community.

1.2 Participation of stakeholders in consultations, meetings, and workshops

Gender balance and dynamics in the participation of all TA activities (consultations, meetings, workshops, etc.) should be considered and planned for. Ensuring a wide-variety of stakeholders are involved (with both men and women represented) can have important impact on the outcome of these meetings. How agendas are set, who has an opportunity to contribute substantively, and by whom decisions on TA design and implementation are all essential considerations. The focus and design of TA activities, resource allocation, and target groups to be engaged will influence the content of the deliverables produced under TA and the relevance of future interventions for women and men.

Considerations for addressing gender equality – Stakeholder participation

1. Females and males are invited, and encouraged to meaningfully participate, in TA activities (consultations, meetings, workshops). This should be tracked quantitatively (number of participants) as well as qualitatively (level of participation in planning and decision-making).

2. Specific gender-related groups (e.g. women’s and men’s groups, groups focused on gender, and Women’s Affairs) are included in consultations.

3. The influence of gender as a factor in access to nutrition is included in the agenda and in discussions.

4. Interventions to address gender and nutrition are identified and discussed. These should include gender-sensitive/nutrition specific and gender-specific/nutrition-sensitive interventions.

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5. Qualitative barriers to participation of women and men in nutrition activities (e.g. when and where the meetings take place to facilitate both men and women participating).

6. Women’s government structures and civil society groups are invited to contribute meaningfully in discussions at all stages.

2. Guidelines for specific types of technical assistance

In addition to the two sets of guidelines presented in section 2 of this document, gender equality should be considered and incorporated in specific ways for different types of TA supported by NI under TAN. These are listed below, and outlined in the following sections with TA specific sets of guidelines:

- Nutrition data and evidence generation for informed decision-making
- Support the nutrition enabling environment (legislation, policy, plans and guidelines)
- Nutrition costing, budgeting and financing tracking
- Functional capacity-strengthening of SUN Focal Points, organizational development, and institutional development
- Effective operationalization and delivery of multi-sectoral nutrition plans

2.1 Nutrition data and evidence generation for informed decision-making

Accurate data and evidence is necessary to inform policy and planning, and ensure nutrition programming is effective and can lead to results. TA providers support partners in ensuring nutrition data is collected, updated, shared and used to inform nutrition programming.

<table>
<thead>
<tr>
<th>Considerations for addressing gender equality – Nutrition data and evidence</th>
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</thead>
<tbody>
<tr>
<td>1. Meaningful participation of males and females at all stages of M&amp;E planning is encouraged (from development of indicators, collection of data, through to dissemination and use).</td>
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<tr>
<td>2. A mix of both qualitative and quantitative data collection methods are used, and lived experience is valued as a contribution.</td>
</tr>
<tr>
<td>3. Data on sex and gender from country and global sources are taken into consideration when establishing Monitoring, Evaluation, Accountability and Learning frameworks or information systems/platforms for nutrition, including:</td>
</tr>
<tr>
<td>- Country level (e.g. DHIS 2, Health Management and Information System data, survey data available)</td>
</tr>
</tbody>
</table>
4. Data collected (and tracked over time) reflects differences in sex and gender. This could include, for example:
- Sex-disaggregated nutrition data (e.g. diet diversity, level of nutrition knowledge)
- Other relevant social determinants of health data by male and female (e.g. age, education, income, etc.) that would allow for an intersectional analysis
- Data on gender (e.g. decision-making, empowerment, resources, division of labour, roles, expectations, gender norms) – see list of sources above

5. A gender analysis is conducted as part of work-planning for data collection, analysis and dissemination.

2.2 Supporting the nutrition enabling environment (legislation, policies, plans, guidelines)

An enabling environment for nutrition is necessary to advance effective nutrition-specific or nutrition-sensitive programming. TA providers support partners in assembling key stakeholders, gathering and analysing evidence, identifying the desired nutrition impact and developing the necessary legislation, policies, plans, and guidelines to achieve this nutrition impact.

**Considerations for addressing gender equality – Enabling environment**

| 1. The SUN Movement checklist, and its gender-specific components, is used to guide the development of national and/or subnational multisectoral nutrition plans. |
| 2. The role of women/girls in nutrition is considered and consciously reflected on when designing legislation, policies, plans and guidelines. This could mean that during discussion with stakeholders and/or in document drafts, there is mention of, for example: |
|   - Women’s access and control over resources (including income) |
|   - Women’s and men’s understanding of the importance of good nutrition |

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- Women’s involvement in decision-making in the household, in the community, and in government.

3. Sex- and gender-based analyses of the deliverables under development (legislation, policy, plans or guidelines) are conducted, including the identification of barriers and enabling factors for gender equality. An accompanying plan to address results is developed.

4. Relevant documents related to gender (e.g. gender plans or strategies, plans from Women’s Affairs) and ones that may influence gender equality, including those in other sectors (e.g. education, WASH) are taken into consideration in the development of deliverables (legislation, policies, plans and guidelines) and referenced where appropriate.

5. Gender equality, including empowerment of women and girls, are explicitly outlined as objectives in the legislation, policies, plans and guidelines under development.

6. Where evidence is presented in the deliverables produced (legislation, policy, plans or guidelines), data on sex and gender is included. This could include, for example:
   - Sex-disaggregated nutrition data
   - Other relevant social determinants of health data by male and female (e.g. education, income, age, etc.) that would allow for an intersectional analysis
   - Data on gender (e.g. decision-making, empowerment, resources, division of labour, roles, expectations, gender norms) – see list of sources in Section 3.2 below - item 4

7. Interventions to address gender and nutrition are identified and included in the deliverables produced (legislation, policies, plans or guidelines). This includes the consideration of nutrition sensitive and nutrition specific, as well as gender specific and gender sensitive, interventions.

8. The specific needs of marginalized groups (people likely to be discriminated against on the basis of sex, age, ethnicity, education, income, sexual orientation, disability status, geography, etc.) are considered and referenced in the deliverables produced (legislation, policies, plans or guidelines)

### 2.3 Nutrition costing, budgeting and financial tracking

In order for nutrition policies and plans to lead to change and nutrition impact, appropriate resources need to be allocated for implementation of effective action. TA providers support partners with understanding the costs of action on nutrition, developing nutrition budgets, and developing the systems and frameworks for tracking allocation of resources, resource mobilization and expenditure on nutrition.

### Considerations for addressing gender equality – Costing, budgeting, tracking
1. A gender analysis (including identifying barriers and enabling factors in light of costing, budgeting and financing) is conducted, and a plan developed to address identified issues via budgeting, costing, financing.

2. Gender responsive budgeting is employed to integrate gender throughout the budgeting process.

3. The utilization of funds allocated specifically to gender components (including what is budgeted/spent disaggregated by sex where possible and appropriate) is tracked.

4. Where evidence is presented in the deliverables produced, data on sex and gender is included. This could include, for example:
   - Sex-disaggregated nutrition data
   - Other relevant social determinants of health data by male and female (e.g. education, income, age, etc.) that would allow for an intersectional analysis
   - Data on gender (e.g. decision-making, empowerment, resources, division of labour, roles, expectations, gender norms) – see list of sources in Section 3.2 below - item 4

2.4 Functional capacity-strengthening of SUN Focal Points, organizational development, and institutional development

Leadership skills and effective institutional and organizational arrangements, are necessary to raise the profile of nutrition. TA providers support the strengthening of this type of functional capacity of SUN FPs and key influencers to raise the profile of nutrition (including advocacy and gender), and the organizational development of institutions that lead to nutrition action.

Considerations for addressing gender equality – Capacity strengthening

1. Interventions to address gender and nutrition are identified and discussed during training and capacity-building sessions.

2. A gender analysis of organizational and human resource practices and policies is conducted (ex: gender distribution of staff, hiring practices, pay equity scales, maternity/paternity leave policies, etc.) and a plan develop to ensure equitable participation, decision-making power and allocation of resources.

3. Women’s government structures and civil society groups are invited to contribute meaningfully at all stages of programming, planning, and organizational design.

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6 For more information on gender based budgeting, see the GSDRC Professional Development Reading Pack: [http://gsdrc.org/docs/open/reading-packs/grb_rp.pdf](http://gsdrc.org/docs/open/reading-packs/grb_rp.pdf)

7 Note that this may require an expert who has experience in this area to support the work.
2.5 Effective operationalization and delivery of multi-sectoral nutrition plans

Support provided for the operationalization of nutrition plans and interventions includes many of the areas of work mentioned in the four previous categories of TA (e.g. planning, budgeting, monitoring and evaluating, capacity-building). TA providers support partners in prioritizing, allocating resources and coordinating action with other stakeholders of the multisectoral platforms for effective implementation of plans and interventions.

### Considerations for addressing gender equality – Effective operationalization

1. Data on sex and gender are reviewed to inform the selection of interventions to implement or scale up. This includes:
   - Sex-disaggregated nutrition data
   - Other relevant social determinants of health data by male and female (e.g. education, income, age) that would allow for an intersectional analysis
   - Gender specific data (e.g. decision-making, empowerment, resources, division of labour, roles, expectations, gender norms) – see list of sources in Section 3.2 above - item 4

2. A gender analysis (including considering who will and will not benefit from interventions, or be adversely affected; and identifying unintended outcomes on males and females) of interventions is conducted, using the WHO gender assessment tool\(^8\), and a plan developed and followed to ensure interventions are gender sensitive\(^9\) at minimum, adequate monitoring and evaluating.

3. Interventions to address gender and nutrition are identified and included in the programs of activities. This includes the consideration of nutrition sensitive and nutrition specific, as well as gender specific and gender sensitive, interventions.

4. Women’s government structures and civil society groups are invited to contribute meaningfully at all stages of the operationalization of nutrition plans and interventions.

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\(^8\) Use this WHO tool to assess if a programme or policy is gender responsive: http://www.who.int/gender/mainstreaming/GMH_Participant_GenderAssessmentTool.pdf

\(^9\) For gender transformative initiatives, consider and encourage interventions that challenge existing gender norms and expectations.
Additional resources

Gender analysis
- Catholic Relief Services (2013). *A Sample Gender Analysis*. 
  https://www.igwg.org/resources/integrating-gender-into-reproductive-health-and-hiv-programs/

Gender & policy
  https://www.healthpolicyproject.com/pubs/121_ToolsforAssessingGenderinHealthPolicFINAL.pdf

Gender-sensitive interventions
  http://pdf.usaid.gov/pdf_docs/PA00MR9T.pdf

Gender in planning and programming

Gender-responsive budgeting
- UN Women (2016). *Gender-Responsive Budgeting: Analysis of Budget Programmes from Gender Perspective*. 
  http://gsdrc.org/docs/open/reading-packs/grb_rp.pdf

Gender and monitoring and evaluating

Gender and health
  http://www.euro.who.int/__data/assets/pdf_file/0020/76511/EuroStrat_Gender_tool.pdf?ua=1