HOUSEHOLD (PRIVATE)

DECISION-MAKING	GENDERED DIVISION OF LABOUR	ACCESS TO INFORMATION	CONTROL OVER PRODUCTIVE ASSETS
Who (women, men, boys or girls) in the household makes **decisions about food?** • Food purchase; • Food preparation; • Food distribution. Who in the household makes **decisions around care seeking or spending related to health? Education?** Who (women, men, boys or girls) in the household makes **decisions about seeking health services for family members?** Who in the households exerts the most influence regarding **decisions related to access or spending on health and nutrition services or products?** (adapt to specify which services and products based on the scope of the study – i.e family planning, contraception, IFA, ANC care etc.) • Mother; • Father; • Children; • Health provider; • In-law • Other relative; • Etc.	Who is/are the **main caregiver**(s) in the household? Who (women, men, boys and girls) is involved in **providing care**? • For children • For grand-children; • For family members who are sick; • For elderly family members; • For other vulnerable family members. What is the **division of labour** for? • Food purchase; • Food preparation; • Food distribution.	Through which channels do members of the household access information about health and nutrition services? • Community Groups • Mobiles • Media; • School, etc. Who (women, men, boys and girls) has primary access to these channels of information? Is the information provided understandable and relevant to the motivations and aspirations of the user?	How do women/ girls negotiate control of productive assets? How does this compare with men/ boys? Among women/ girls, are some groups (based on citizenship status, caste, marital status, etc.) not as successful, and why? What are household norms on the management of productive assets between men and women? How do livelihood options favor men or women?

> **NOTE:** This tool is intended to be used as a guide from which specific data collection tools can be developed that are adapted to the local context and specific areas of intervention. Where possible, probing questions should be used to generate examples within each area of inquiry.

NUTRITION INTERNATIONAL

COMMUNITY (PUBLIC)

GENDERED DIVISION OF LABOUR	SOCIAL NORMS AND RELATIONS	ENVIRONMENT	PARTICIPATION & REPRESENTATION
What are the **primary sectors of labour participation** for men, women, (boys? girls?) • Paid, unpaid • Formal, informal • Type of work Are there **working conditions** that put women, men, boys, and girls at risk of ill health? • Exploitative employment practices • Dangerous machinery • Lack of protection from poisonous or corrosive substances • Pollution • Etc. Who mostly populates the **health labour force**? (women or men) How does this differ by level? • Management • Service provision • Health volunteers What is the effect of this **gendered division of labour** on **access to health and nutrition services**? How (if at all) do health/nutrition policies take into consideration this gendered division of labour? How does the need to access health care or nutrition services impact gender division of labour?	What **stereotypical gender norms** (if any) or **exclusionary practices** exist in communities? How does **status of men compare to status of women?** • Literacy • Education • Employment • Mobility Are there **gendered power dynamics** in the community that put women, men, boys, and girls at risk of ill health? • Street harassment or other forms of violence • Marginalization of certain groups • Racial discrimination • Etc. How do these norms and practices affect women and girls in terms of: • Food production • Food purchase • Food access • Food consumption	Are there environmental conditions in the community that put either women, men, boys, or girls particularly at risk of ill health?	**What roles are women taking** in various village, district/regional, or national levels of decision-making in institutions (both formal and informal)? Are the perspectives of women included within health facility governance structures? Are women and girls in **leadership positions?** Which **social support networks** facilitate meaningful participation and leadership opportunities in public forums for women and girls?

NUTRITION INTERNATIONAL

SERVICE PROVIDERS/POLICY INFLUENCERS

PRODUCT & SERVICE QUALITY (PROVISION)

Do the health and nutrition services take in consideration the specific gendered needs of:
- Women
- Men
- Boys
- Girls

Gender considerations could include:
- Hours of operation
- Gender of providers
- Equity in wait times
- Privacy screens
- Burden of caring for family
- Cost

Does the current education system provide girls and boys with gender-sensitive health and nutrition information?

PRODUCT & SERVICE CONSUMPTION

Are there **issues that disproportionately affect the consumption of health and nutrition services and products** for women and girls vs. men and boys? For adolescent girls and boys vs. older women and men?
- Lack of demand for product or services due to stigma
- Difficult access due to remoteness or safety concerns
- Lack of accessible information
- Negative experiences at point of delivery
- Inadequate water, sanitation and hygiene (WASH) facilities
- Need for spousal and/or parental consent

Do any of the above issues affect girls' participation in education?

Are there other issues related to schooling which are differentially experienced by girls and boys?

PRODUCT & SERVICE DISTRIBUTION

What factors negatively influence the distribution of nutrition and health services and products?
- Language
- Infrastructure
- Transportation
- Remote location
- Etc.

Are there certain groups of people who are not currently reached by existing health and nutrition services? Who are they?

What nutrition and health services and products are distributed through education platforms? Are girls and boys able to equitably benefit from these interventions?

Are there other platforms which could be used to reach women, men, adolescent girls and boys with health and nutrition services and products?

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