General information and guidance about Nutrition in WFP:

- WFP Nutrition Policy (2017)
- WFP Nutrition Sensitive Guidance
- Nutrition at WFP: Programming for Nutrition Specific Interventions
- Nutrition Emergency Toolbox
- WFP Food and Nutrition Handbook

WHAT

Adequate nutrition is essential for the physical and mental health of every woman, man, girl, and boy. Throughout the life cycle, females and males have both shared and different nutritional needs. For example, menstruating females need more iron than do males of similar age. Pregnant women and their foetuses need folate, as well as such other nutrients as calcium, magnesium and zinc; while post-menopausal women require significantly less iron than do young women. In turn, under- and over-nutrition are linked to obesity and diabetes, and the consequent morbidity and mortality risks. Annually, 800,000 new-born deaths have been attributed to women (and girls) being unable to access adequate nutrition.¹

Among older persons, increased intake of vitamin D, along with calcium, can help reduce the risks for age-related bone loss and fracture.

Such nutritional needs are related to biological sex. Gender is also directly related to nutrition. For example, as each society or culture decides the roles for women and men, responsibility for household food security and nutrition is assigned, often, to women. In addition to the unequal distribution of this unpaid work, women may lack adequate access to the information and income to fulfill this responsibility; or be hindered through the infliction of violence and restrictions on their mobility. Where women are required to purchase and prepare nutritious food for the families but are excluded from household decision-making, their and their families’ nutrition may be compromised. (Concepts)

Gender roles, relations and responsibilities also directly impact breastfeeding. Women require information, time, support and resources to breastfeed. Lack of maternal and child health services may mean that some women do not exclusively breastfeed their infants for the recommended six months. Restrictions on sexual and reproductive health education may mean that men are ignorant as to the importance of, and their role in, breastfeeding.

Where men and boys are considered to be of greater value than women and girls, the nutritional status of women and girls can suffer. For example, the food that daughters consume may be of lower quantity and quality than that of their brothers; contributing to higher rates of stunting and wasting. In Bangladesh, for example, a 2014 national survey found that when households faced food crises that required some members to sacrifice their food consumption, a greater proportion of females, than males, made that sacrifice: "If only one member of a household reduced consumption, it was almost always an adult woman.... Even among children younger than 10 years of age, a greater proportion of girls than boys changed their eating habits due to food insecurity".²

Where food preparation is considered a woman’s job, boys may be deprived of the opportunity to learn how to cook as they grow into men. Lacking food preparation knowledge and skills, men and boys may be vulnerable to hunger and malnutrition in times of crisis when they can be separated from female relatives, such as when recruited into armed groups or through displacement. Alternatively, where programmes and projects are not informed by gender analyses and, for example, provide girls with food or vouchers, boys may be inadvertently harmed.

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Nutrition is a component of both the right to health and the right to food; rights that apply to all women, men, girls, and boys.

Here are some examples as to why understanding and addressing the links between gender equality and nutrition is important:

- it enables WFP to deliver on its “dual mandate to end global hunger and save lives”
- ignoring the links may mean supporting inequalities and harmful practices, such as child marriage and teenage pregnancy
- gender equality benefits everyone – and so the nutrition of all household members and communities served by WFP
- well-nourished girls are likely to stay in school, which in turn is beneficial in terms of livelihood opportunities, control of their own bodies and resistance to violence
- high levels of education among women are linked to low rates of stunting and wasting in children
- malnutrition in mothers limits their choices and opportunities & jeopardises the care they can give their children (because they are not healthy themselves)
- exclusive breastfeeding and healthful care practices are some of the most impactful and low-cost means of ensuring that infants are well-nourished in their first 1,000 days of life
- improving women’s access to and ownership and control of assets, like land, improves their and their families’ nutrition
- adequate nutrition among women and girls is linked to their reduced likelihood of suffering from infectious diseases, such as HIV

Gender and gender equality must be considered and addressed wherever and whenever WFP implements nutrition-specific and nutrition-sensitive programmes.

This is applicable to every WFP Country Office because all Country Strategic Plans – including transitional and interim CSPs – should include activities that address nutrition and gender equality. As well as being a matter of rights, gender and nutrition are key cross-cutting and strategic issues that underpin WFP’s ability to deliver on its mandate and contribute to the achievement of SDG 2: End hunger, achieve food security and improvement nutrition, and promote sustainable agriculture.

All WFP employees, partners and contractors involved in nutrition-specific and/or nutrition-sensitive programming are responsible for being aware of, understanding and addressing gender and gender equality.

Entities and functional areas in WFP that directly address gender and nutrition:

- Nutrition Division
- REACH (Renewed Efforts to Address Child Hunger and undernutrition)
- Food Security Analysis / VAM
- Asset Creation & Livelihoods
- School Meals Programmes
- Emergency Preparedness and Support Response Division
- Monitoring
1. Nutrition-Specific Programming Considerations

All nutrition-specific programmes – being interventions for which the primary focus is addressing the nutrition needs of WFP target beneficiaries who are, often, new-born babies, infants, children, adolescent girls and ‘women of reproductive age’ – should:

- promote women’s leadership
- ensure women’s and men’s meaningful participation – which is important for ensuring that women and men share responsibility for the nutrition, health and well-being of themselves and others (Participation)
- integrate – so collect, analyse and use information on – the corporate (CRF) indicators for the gender equality cross-cutting result (C.3)

Listed here are a few actions for particular nutrition-specific programmes.

**Community-based Management of Acute Malnutrition (CMAM)**

- Identify which girls and boys – considering age, disability, ethnicity, location etc. – are particularly at risk for malnutrition.
- To promote the consumption of supplements or specialized nutritious foods, create opportunities for women to share their knowledge about nutrition and their communities; and use that knowledge.
- Recognize adolescent girls as girls, not women, and address their particular needs and concerns; such as around child marriage and early pregnancy.
- Ensure that nutrition education programmes target both women and men who are equally responsible for, and capable of, caring for children, their families etc.

**Stunting Prevention Programmes**

- Identify – and address – the causes of stunting for girls and boys of different ages and circumstances.
- Identify – and address – the barriers that girls and boys, and their carers (women and men), face in obtaining needed nutrients.
- Understand the breast / infant / child feeding practices – who does and does not feed / care for children; what they do and do not do; beliefs & behaviours; supporting factors & obstacles to women and men equally and adequately preventing stunting in children.
- Ensure access to specialised nutritious foods by partnering with organizations that work with / have access to women and girls.

**Social & Behaviour Change Communication**

- Run campaigns that target, and provide learning opportunities for, men (and boys) on nutrition and care practices.
- Include gender equality messages in nutrition-sensitisation campaigns.
- Engage, educate and equip women (and girls) with the knowledge and skills to meet the nutrition needs of themselves and the people they care for & share the workload.
- Ensure that the means of communication are appropriate for the target audience; keeping in mind that gender inequalities are seen in different
rates of literacy, access to mobile phones, ability to move freely in public spaces etc.

- Assess the impact of a ‘shock’ / emergency / crisis on the nutritional status of women, men, girls and boys separately. If assessment and monitoring is at the household level, record by household type: single-headed, couple no children, nuclear, extended, composite etc.
- Monitor the nutritional status of women, men, girls and boys separately.
- Identify – and address – the reasons for deterioration in the nutrition status of any groups of women, men, girls and/or boys.

2. Nutrition-Sensitive Programming Considerations

Participatory Gender & Nutrition Analysis

All programmes should be informed by participatory gender analyses; and gender analyses should be integrated in all nutrition assessments. The quantitative data and qualitative information obtained from the gender analysis should be integrated throughout the resulting report; not isolated to a standalone section.

For general guidance on gender analyses, see the Gender Analysis section of the WFP Gender Toolkit.

Example Questions

Individuals and Households
- Do women have specific nutritional needs? Men? Girls? Boys? Older women, older men?
  If yes, what are they? Why do they exist? To what extent are they being met?
- What socio-cultural practices impact on the nutritional status of:
  o women?
  o men?
  o adolescent girls?
  o adolescent boys?
  o the girl child?
  o the boy child?
- What food taboos apply to women, men, girls and boys?
- Who is responsible for the health and wellbeing – including nutrition – of children? Elderly persons? Persons with disabilities or chronic illnesses? (mothers, adolescent girls, older women etc.)
- Who is responsible for acquiring / purchasing food?
- Who prepares the food?
- Who is responsible for feeding infants and children? If more than one person is responsible, how is the responsibility shared?
- Does responsibility for childcare, including nutrition, change during the year? If so when? Why? Between whom does the responsibility shift?

Roles & Responsibilities

Schools
- Is gender integrated into the content of the nutrition education (like in the ‘what’ section of this guidance document)? If yes, how and how well? If not, what can be done to improve the nutrition-related curriculum?
- Is gender considered in the delivery of nutrition education? If yes, how and how well? If no, what can be done? For example, are both women and men nutrition educators? Does the nutrition education target girls and boys? Are a range of examples and materials used to engage the different students, according to their particular life stages and abilities?
<table>
<thead>
<tr>
<th>WFP Gender Office</th>
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<td>Gender &amp; Nutrition</td>
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### Resources
- Does nutrition education reinforce or challenge discriminatory gender roles? If it reinforces discriminatory gender roles, what can be done to revise the education content and process?
- What economic resources (land, income, credit etc.) do women have for accessing sufficient, safe and adequate food for (a) themselves, and (b) their families? And men?
- What nutrition information is accessed by women? And by men, girls, boys? Is it adequate? If not, why not?
- What nutrition-related services (health care, breastfeeding, education etc.) are available to women? And to men, girls and boys? Who uses what services? What services are needed – for women, men, girls and boys?
- Do women have access to health insurance? Men? If yes, how adequate is the insurance?
- Does the household have potable water? If not, who collects / purchases the water?
- When there is a lack of food, what coping strategies are used? By who?

### Household
- In households, who influences decisions about:
  - Breastfeeding
  - Food purchases
  - Feeding times and frequencies for family members
  - Quantity and quality of food intake of the different family members
  - Care of children
  - Health and well-being
- Who controls the household finances?

### Participation & Power

### Schools
- Who determines the content of the school meals?
- Who prepares the school meals? If they are compensated, what is the nature and size of the transfer?
- Who manages the school garden? How are they compensated? What roles do girls and boys play in tending to the school garden?
- Are there separate toilets / latrines for females and males?

### Smallholder Farmers
- How are women managing farming, household and caring responsibilities? And men? What are the impacts on their and their dependents’ nutrition and broader wellbeing?
- When nursing, are women farmers supported in breastfeeding their infants? If yes, how? Is it sufficient? If not, what are the obstacles?

### Capacities & Vulnerabilities
- What is the nutritional status of women? Men? Girls? Boys? Which women and which men? Which factors influence their nutritional status?
- What knowledge do women have about nutrition? Men? Girls? Boys?
- What access do women and men (and girls and boys) have to nutritious food? What are the enhancing and what are the limiting factors?
- What are the community norms around breastfeeding? Are stigmas attached to breastfeeding? If yes, what are they and what are their impacts for mothers and infants?
- What nutritional risks does climate change / natural disasters / conflict present for women? Men? Girls? Boys? How, and to what extent, are women (and men, girls, boys) equipped to cope with the risks?
  
  For example, in some cultural settings, shared temporary shelters after a natural disaster may limit the possibility of women to breastfeed due to lack of privacy.
Programme Design & Implementation

Using the information gathered from the participatory gender and nutrition analyses, design the nutrition-specific or nutrition-sensitive intervention. See the Gender Toolkit for general guidance on integrating gender into programme design and into programme implementation.

Key Considerations

Participation: Ensure that women and men (and girls and boys, as applicable):

- participate in all stages of the design and implementation, including in decision-making, in a way that is fair
- are able to access and meaningfully participate in meetings, workshops etc.; which means taking into account their particular roles, responsibilities, levels of education, mobility and confidence in speaking up in public settings

Partnerships: Assess the gender equality commitments and capacities of existing and potential partner organisations. Use the assessments to inform decisions about who to partner with and the content of partnership agreements. [The Field-level agreement templates include gender equality clauses.]

Activities

- Run sensitisation and training on good care and nutrition practices for (i) men, (ii) women, and (iii) men and women.
- Ensure that programme activities challenge, rather than reinforce, discriminatory practices (such as assigning exclusive responsibility for the nutrition of children to women).
- Support activities that strengthen women’s leadership.
- Ensure that programme activities recognise and accommodate the unpaid care and domestic work, most often, undertaken by women. Accommodating this work should combine (a) adjusting timings, tasks, workloads, and (b) encouraging men to assume their share.
- Use nutrition-specific activities as entry points to discuss and address gender equality issues; such as related to caring roles, gender-based violence, and sexual and reproductive health and rights.

Complaints and feedback mechanisms must be in place and accessible to all stakeholders. See the ‘Complaints and Feedback’ section of the Gender Toolkit for guidance.

For Particular Programmes

- Support own production (e.g. vegetable gardens) to diversify diet and improve nutrition. Ensure the permanent tenure of the gardens; which promotes investment in the garden. Where a committee (or other suitable body) is established to operate and maintain the infrastructure, ensure that women and men are fairly represented and equally share decision-making roles.
- Ensure that nutritionally-vulnerable FFA participants participate freely, and when they do participate, are supported.
- Where the nutritionally-vulnerable household member works, then take measures such as:
  - select lighter work and lighter work norms for nutritionally-vulnerable persons, taking into account their particular nutrition needs
  - provide unconditional support to households with no able-bodied persons, such as for pregnant and nursing women during specific periods
  - adjust timing of FFA activities to support nutrition and health
  - provide sufficient breaks, such as for rest, care taking and feeding of babies
- Ensure that the transfer, such as cash, supports a nutritious diet.
• Add a fortified complementary food or an extra transfer for nutritionally-vulnerable groups.
• Use FFA as a platform to provide nutrition sensitisation and link to nutrition and health services; ensuring targeting of women and men.
• Challenge gender stereotypes and support shared responsibility for nutrition by targeting women and men in FFA-facilitated sensitisation sessions.
• Improve nutrition through better access to water through FFA works. Provide sensitisation that water from water reservoirs is unsafe and not intended for drinking or food preparation. Link with other actors that can provide training and technology for water purification.

School Feeding

• Revise discriminatory gender roles by, for example, engaging men in preparing nutritious meals or ensuring that girls and boys equally tend to vegetable gardens.
• Ensure equitable remuneration of community members supporting school feeding activities, such as cooks and storekeepers.

Smallholder Farmers

• Provide nutrition and gender sensitisation for women and men smallholder farmers – separately and together.
• Provide nutrition and gender training to agricultural extension workers.
• Ensure access of both women and men to agricultural extension services.
• Integrating gender and nutrition in the content and delivery of extension services to smallholder farmer organizations.
• Ensure that communications are appropriate for the target audience. This may mean delivering messages through different means, given differences in literacy and access to technology (such as mobile phones).

Climate Resilience

• Draw upon women’s knowledge and skills in climate resilient agricultural practices.
• Train both women and men in climate resilient agricultural practices.
• Supporting women’s land ownership.

Cash-Based Transfers

• Assess the implications of transferring cash/vouchers to women and to men; and use the assessment to inform decisions about transfer type, modality and recipient.
• Analyse the power dynamics within households to help identify who is most likely to use the transfer for the nutritional benefit of all family members.

Good Practice Example: School Meals

In Lao PDR, WFP works with the national Government in strengthening and implementing the school meals policy and programme. The activities include ensuring access to water for preparing school lunches (and so not adding to women’s workloads) and engaging girls and boys in tending to school gardens, to equip both girls and boys with knowledge and break stereotypes. As part of the National Nutrition Committee, WFP advocates for national policies that are address the particular needs, situations and priorities of women, men, girls and boys.

Monitoring & Reporting

See the Gender Toolkit for general guidance on integrating gender in ‘Monitoring’ and ‘Reporting’.

Monitoring and reporting of nutrition indicators should be for women, men, girls and boys. For WFP, all person-related indicators must be disaggregated by sex and age. In terms of age, the corporate categories are 0-2, 3-5, 6-11, 12-17, 18-59, 60+.

Corporate Results Framework: Nutrition Indicators
The Corporate Results Framework (2017-2021) nutrition-specific outcome indicators, which should be understood for women, men, girls and boys, are as listed.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Strategic Result</th>
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<tbody>
<tr>
<td>Food Consumption Score, disaggregated by sex of household head</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Minimum dietary diversity – Women</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>Food Consumption Score – Nutrition</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Proportion of children 6–23 months of age who receive a minimum acceptable diet</td>
<td>1, 3, 4</td>
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<tr>
<td>Moderate acute malnutrition (MAM) treatment performance: recovery, mortality,</td>
<td>2</td>
</tr>
<tr>
<td>default and non-response rate</td>
<td></td>
</tr>
<tr>
<td>Percentage of targeted smallholder farmers reporting increased production of</td>
<td>3</td>
</tr>
<tr>
<td>nutritious crops, disaggregated by sex of smallholder farmer</td>
<td></td>
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Corporate Results Framework: Gender Equality Indicators

The gender equality cross-cutting result is “Improved gender equality and women’s empowerment among WFP-assisted population”; measured by the following three indicators.

**C.3.1 – Household Decision-Making**

Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer. This indicator measures equality in decision-making and control over cash, vouchers and/or food between women and men at the household level. Who and how decisions are made has nutrition implications for the different members of households.

**C.3.2 – Community Decision-Making**

Proportion of food assistance decision-making entity – committees, boards, teams etc. – members who are women. This indicator measures gender parity in WFP food assistance decision-making entities, such as school feeding and food distribution committees, and smallholder farmer organizations.

**C.3.3 – Compensation**

Type of transfer (food, cash, voucher, no compensation) received by participants in WFP activities, disaggregated by sex and type of activity. This indicator measures how women and men who participate in WFP activities are remunerated for their contributions to WFP activities; such as whether nutrition counsellors provide their time voluntarily, school cooks receive a food transfer or community members involved in asset creation initiatives receive a cash-based transfer (all noting, and comparing, the sex of the contributors).

3. Knowledge Management & Advocacy

Gender equality should be integrated into nutrition advocacy – from contributions to national policies and programmes, to media messages, posters and tweets.

Knowledge management is vital for understanding and addressing the nutrition gaps for women, men, girls and boys. Sometimes the gaps are the same, with the same causes; other times they are not. Evidence-based programming that delivers results – transformative changes in the lives of the women, men, girls and boys WFP serves – requires constantly seeking, analysing and using information, including data at individual level.
Advocacy is an important tool to put an end to discriminatory gender roles and to encourage all community members to engage in nutrition-related interventions.

**Good Practice Example:**

**Training men in nutrition**

The WFP Bolivia Country Office delivered training sessions on maternal and child health and nutrition for men and boys. The training covered ten health and nutrition practices for children and pregnant and nursing women that help combat undernutrition. At the end of the training, the men who participated made a public commitment to take a more active role in the care of their children.