The IASC Gender Marker (GM) is required in all Consolidated Appeals Processes (CAPs) and other humanitarian appeals and funding mechanisms. Cluster Leads should support their partners in the use of the GM so that all cluster projects ensure that ALL segments of the affected population have equal access to nutrition activities and that targeted support to advance gender equality is based on a gender analysis. This makes nutrition projects more effective.

By uploading gender codes onto the global Online Project System (OPS) and Financial Tracking System (FTS), donors are better placed to identify and to fund high quality, gender-informed projects.

The purpose of this Tip Sheet is to help Nutrition Cluster Leads and their partners design quality nutrition projects that reflect the distinct needs of women, girls, boys and men. The aim is to:

1. Train users in GM coding skills and provide an opportunity to practise with the Vetting Form
2. Through the use of practical examples and tips, to improve projects by bringing gender dimensions into the needs analysis, the activities and the outcomes

WHY DOES GENDER EQUALITY MATTER IN NUTRITION INTERVENTIONS?

Conflicts and natural disasters and resulting displacement affect women, girls, boys and men differently; they face different risks, they have different access to and control over finances and resources and are victimised in different ways. Humanitarian actors should understand these differences and ensure that services and aid delivered assist all segments of the population and do not put some at risk.

Emergencies are often characterized by a high prevalence of acute malnutrition and micronutrient deficiency diseases, which in turn lead to an increase in death among the affected population and, in particular, among vulnerable groups. Women, girls, boys and men may face different risks in relation to deterioration in their nutritional status related to their differing nutritional requirements and to socio-cultural factors related to gender that determine their access to food, supplements and supplementary services. Initiating nutrition projects will not automatically guarantee their optimal use or a positive impact on individuals or on the affected population; only a gender-sensitive, participatory approach at all stages of the project cycle can help ensure that an adequate and efficient response is provided. In order for a nutrition project to have a positive impact, women, girls, boys and men must be involved equally in the process.

Projects that analyse and take into consideration the needs, priorities and capacities of both the female and male population are far more likely to improve the lives of affected populations.

GENDER EQUALITY IN THE PERSPECTIVE SHEET

The GM allows Cluster Vetting Teams to code projects 0, 1, 2a or 2b; each code represents the degree to which the project is designed to meet the needs of various segments of the population and/or targets groups with specific needs. The gender code is based on three elements: Gender Analysis in Needs Assessment → Activities → Outcomes

Designing and implementing a project that achieves a gender code 2a or 2b makes sense as it can enhance both project performance and funding potential.

The Title, Objectives and Beneficiaries sections of the project can also provide useful additional information in order to indicate how well the different needs of women, girls, boys and men are mainstreamed into nutrition projects.

VETTING FORM

To code projects correctly and consistently, Cluster Vetting Teams are encouraged to use the GM Vetting Form:

<table>
<thead>
<tr>
<th>Gender analysis in NEEDS ASSESSMENT</th>
<th>Gender in ACTIVITIES</th>
<th>Gender in OUTCOMES</th>
<th>No. of Checkmarks</th>
<th>GENDER CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>3</td>
<td>2a or 2b</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>2</td>
<td>1</td>
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<td>✓</td>
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</tr>
<tr>
<td>GENDER MARKER</td>
<td>DESCRIPTION</td>
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<tr>
<td>GENDER CODE 0</td>
<td>Gender is not reflected anywhere in the project sheet or only appears in the outcomes. There is risk that the project will unintentionally fail to meet the needs of some population groups and possibly even do some harm. These projects are considered gender-blind.</td>
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<tr>
<td>GENDER CODE 1</td>
<td>There are gender dimensions in only one or two components of the project sheet: i.e. in needs assessment, activities and outcomes*. The project does not have all three: i.e. 1) gender analysis in the needs assessment which leads to 2) gender-responsive activities and 3) related gender outcomes. *Where the gender dimension appears in outcomes only, the project is still considered gender-blind.</td>
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</tr>
<tr>
<td>GENDER CODE 2A – GENDER MAINSTREAMING</td>
<td>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. 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. Gender mainstreaming in project design promotes the flow of gender equality into implementation, monitoring and evaluation. The majority of nutrition projects should aim to code 2a.</td>
<td></td>
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<tr>
<td>GENDER CODE 2B – TARGETED ACTION</td>
<td>The gender analysis in the needs assessment justifies this project in which all activities and all outcomes advance gender equality. All targeted actions are based on gender analysis. Targeted actions are projects that assist women, girls, boys or men who have special needs or suffer discrimination. Most targeted actions are single-sex interventions responding to the disadvantage, discrimination or special needs of one sex or a sub-group of one sex. Examples of persons with special needs in the nutrition sector might include pregnant and lactating women (PLW), girls and boys under five years (U5s), older women and men, male single heads of households (without support mechanisms) in care of children. In the early stages of an emergency, nutrition projects often target PLW and girls and boys under five. Therefore, a higher than usual - the usual being 10 to 15% - proportion of projects will code 2b.</td>
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**NOTE:** Nutrition projects that target girls and boys under five and pregnant/lactating women are coded on the 0-1-2A scale. In a well-designed nutrition project (i.e. a 2a project), the needs analysis explores the role, if any, that men play in decision-making for improved family nutrition and any differences in the nutritional status and feeding practices for girls and boys.

However, it is recognised that, in the early stages of an emergency, it may not be possible to explore the cultural and societal roles of men in family nutrition. As experience has shown in the past, enhancing the nutritional status of women and children under five years is critical in the early stages of a crisis and, therefore, nutritional projects in these circumstances may be targeted actions (Code 2b) until such time as more information is available on the role of men and disaggregated data on nutritional status and feeding practices for girls and boys is available.

### NEEDS ASSESSMENTS → ACTIVITIES → OUTCOMES

A **NEEDS ASSESSMENT** is the essential first step in providing nutrition programming that is effective and restores dignity. A gender analysis is critical to understanding the social and gender dynamics that could help or hinder aid effectiveness. Here are examples of questions that can enrich the design of nutrition projects:

1. What are the demographics of the affected group? (# of households and household members disaggregated by sex and age; # of single heads of household who are women, girls, boys and men; # of pregnant and lactating women, unaccompanied children, older women and men, women and men with disabilities and who are chronically ill)
2. What is the nutritional status of women of reproductive age? What are their levels of anaemia?
3. What nutritional support do pregnant women need? What support do lactating mothers need to continue breastfeeding? (e.g. access to safe water, supplementary feeding; privacy screens or breastfeeding area)
4. What decisions do women and men make that affect family nutrition? (e.g. food choices; decisions related to vaccination/Vitamin A/micro-nutrients; food handling, preparation, storage; food sharing – who eats first and most)
5. Who makes the decisions around breastfeeding – whether or not to breastfeed, when to start, how long? Mothers, mothers-in-law, fathers, other?
6. Who among infant girls and boys were most at-risk to nutrition problems before the crisis? What has changed since?
7. Is there any difference in breastfeeding practices for female or male babies?
8. Are women, girls, boys and men who are disabled or chronically ill, elderly women and men able to access food?
9. Where boys and men are separated from families, do they have cooking skills?
10. What nutrition interventions existed before the emergency? Who had access - women, girls, boys and men? Do these interventions provide an entry point for local networks on which to build emergency nutrition response?
11. Are school meals/take home rations available in schools? If so, who benefits from these?
12. 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?

See the IASC Gender Handbook p 71 – 75 and GBV Guidelines 49 – 52

**Examples of ways to incorporate gender concerns in a nutrition project:** The gender analysis in the needs assessment will identify gender gaps, such as unequal access to nutrition projects for women/girls and men/boys - that need to be addressed. These should be integrated into **ACTIVITIES**. Example:

<table>
<thead>
<tr>
<th>Gender Analysis in Needs Assessment</th>
<th>Activities</th>
</tr>
</thead>
</table>
| The needs assessment shows that mothers-in-law make the decisions on whether or not a mother a breastfeed, when they will start and for how long they will continue. However, the current breast-feeding awareness/promotion campaign targets pregnant and lactating women themselves. | • Refocus breast-feeding campaigns to include local women’s groups, where older women (mothers-in-law) congregate
• Meet local women’s groups to address their questions and concerns about breastfeeding and to discuss the benefits. |

**OUTCOMES** should capture the change that is expected for female and male beneficiaries. Avoid outcome statements that hide whether or not males and females benefit equally. Examples of gender outcomes include:

- Nutrition support programmes have been designed according to the food culture and nutritional needs of women (including pregnant and lactating women), girls, boys and men in the target population.
- An equal number of women and men are trained and employed in nutrition programmes.
- All U5s (girls and boys) and PLW are covered by supplementary feeding and treatment for moderate acute malnutrition.
- Special arrangements are in place to identify and support single male heads of household heads in food preparation.

**THE ADAPT & ACT-C FRAMEWORK: A PRACTICAL TOOL TO DESIGN/REVIEW NUTRITION PROJECTS THROUGH A GENDER EQUALITY LENS:**
The ADAPT & ACT-C Framework is a tool for use when designing or vetting a project to integrate gender dimensions. While the order of the steps in the framework may vary, as many as possible of the steps - ideally all nine - should be taken into account in the design of projects to ensure that the services and aid they provide meet the needs and concerns of women, girls, boys and men equally.

<table>
<thead>
<tr>
<th>A</th>
<th>ANALYSE the impact of the crisis on women, girls, boys and men and what this entails in terms of division of tasks/labour, work load and access to food and nutrition programmes. Ensure, a participatory needs assessment is undertaken, consulting an equal number of women and men, to gather information on the reasons for inequalities in malnutrition rates between women, girls, boys and men.</th>
</tr>
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<tr>
<td>D</td>
<td>DESIGN services to meet the needs of women and men equally. Nutrition actors should review the way they work to ensure that girls and boys, women and men benefit equally from their services, e.g. nutritional support programmes are designed according to the food culture and nutritional needs of women (incl. PLW), girls, boys and men.</td>
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<tr>
<td>A</td>
<td>Make sure that girls and boys of all age groups can ACCESS nutrition services equally. E.g. women’s, girls’, boys’ and men’s access to nutrition services is routinely monitored through spot-checks, discussions with communities.</td>
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<tr>
<td>P</td>
<td>Ensure women, girls, boys and men PARTICIPATE equally in the design, implementation, monitoring and evaluation of nutrition projects, programmes and strategies, and that women of all ages are in decision-making positions.</td>
</tr>
<tr>
<td>&amp;</td>
<td>Ensure that women and men benefit equally from TRAINING or other skills development initiatives offered by the project.</td>
</tr>
<tr>
<td>A</td>
<td>Make sure that the project takes specific ACTIONS to prevent risks of GBV. The IASC GBV Guidelines includes a chapter on ‘Food Security and Nutrition’, which should be used as a tool for planning and coordination.</td>
</tr>
<tr>
<td>C</td>
<td>COLLECT, analyse and report sex- and age-disaggregated data; analyse and develop profiles on the different needs and realities of males and females in at-risk populations and how and whether their needs are being met by the response. For example, sex- and age-disaggregated data on programme coverage are regularly collected, analysed and reported on.</td>
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<tr>
<td>T</td>
<td>Based on the gender analysis, make sure that women, girls, boys and men are TARGETED with specific actions when appropriate. E.g. Unequal food distribution and nutrition rates within households are addressed through nutritional supports as well as programmes to address underlying reasons for discrimination.</td>
</tr>
<tr>
<td>C</td>
<td>Ensure COORDINATION and gender mainstreaming in all areas of work. E.g. partners in the Agriculture/Livelihoods sector liaise with actors in other sectors – including Protection, Food Assistance, Shelter &amp; NFIs, WASH, Health and CCCM – to coordinate on gender issues, including participating proactively in meetings of the gender network.</td>
</tr>
</tbody>
</table>
DESIGNING MINIMUM GENDER COMMITMENTS FOR NUTRITION PROGRAMMING:

In order to translate the cluster and organisational commitments to gender-responsive education projects into reality, minimum gender commitments can be developed and applied systematically to the field response. The commitments must be articulated in a way that can be understood clearly by all, both in terms of value added to current programming and in terms of the concrete actions which need to be taken to meet these commitments. They should constitute a set of core actions and/or approaches (maximum five) to be applied by all partners in the cluster. They should be practical, realistic and focus on improvement of current approaches rather than on drastic programme reorientation. Finally, they should be measurable for the follow-up and evaluation of their application.

The commitments should be the product of a dialogue with cluster members and/or within the organisation. A first list of commitments should be identified and then discussed, amended and validated by the national cluster and sub-clusters and/or organisation’s staff working in the sector. It is important to note than commitments need to reflect key priorities identified in a particular setting. The commitments, activities and indicators below are provided as samples only:

1. **Consult women, girls, boys and men at all steps in assessment, design, implementation and monitoring of nutrition projects, programmes, policies and strategies.**

   **Sample Activity**
   Conduct focus group discussions with women, girls, boys and men of diverse backgrounds on needs, constraints, concerns and capacities related to nutrition activities.

   **Sample Indicator**
   All programming on nutrition is informed by participatory consultations with women, girls, boys and men in the affected population.

2. **All nutrition strategies and projects include a gender analysis, i.e. an identification of the differences in nutritional requirements, feeding practices and access to nutritional services for women (including PLW), girls, boys and men.**

   **Sample Activity**
   Conduct a gender analysis, which includes an understanding of women’s, girls’, boys’ and men’s nutritional requirements, feeding practices and access to nutrition services.

   **Sample Indicator**
   Project’s design is informed by a gender analysis.

3. **Establish confidential complaints mechanisms to receive/investigate allegations of sexual exploitation and abuse (SEA) experienced by women, girls, boys or men in seeking/receiving assistance through nutrition programmes.**

   **Sample Activities**
   Develop (in written, verbal and illustrative formats) and display the Code of Conduct on SEA and where and how people may make reports confidentially.

   **Sample Indicators**
   + The Code of Conduct is displayed in public areas in written and illustrative formats.
   + A confidential complaints mechanism has been established.

4. **Ensure that fathers and mothers are targeted equally by food education activities.**

   **Sample Activity**
   Develop and disseminate food education and awareness materials that promote the participation of fathers household feeding/nutrition and care of children

   **Sample Indicator**
   Food education and awareness materials contain key messages on the active engagement of fathers in the households feeding practices and nutritional status

5. **Equal numbers of females and males are involved in nutrition training and skills development initiatives.**

   **Sample Activity**
   Routinely collect, analyse and report sex- and age-disaggregated data on all nutrition training and skills development initiatives.

   **Sample Indicator**
   All data on nutrition training and skills development initiatives is disaggregated by sex and age.

For more information on the [Gender Marker](http://www.oneresponse.info) go to [www.oneresponse.info](http://www.oneresponse.info)

For more information on Nutrition, see the chapter on ‘Food Security & Nutrition’ in [The Sphere Handbook 2011](http://www.the-sphere-handbook.org)

For the e-learning course on “Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men”, see [www.iasc-elearning.org](http://www.iasc-elearning.org)