



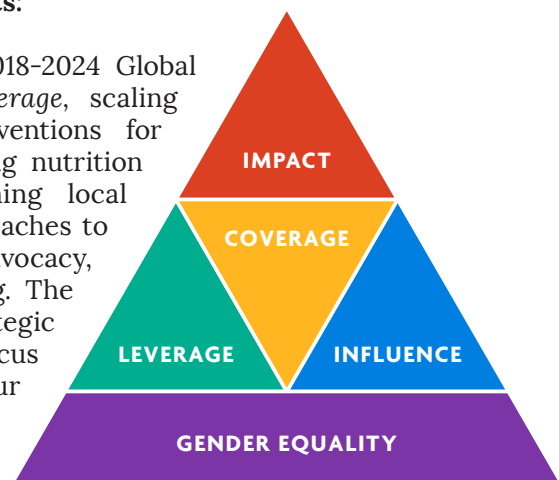
# MAINSTREAMING GENDER EQUALITY

## How We Do It

Access to good nutrition is a universal human right. Nutrition International (NI) believes that good nutrition and gender equality are mutually reinforcing; improving nutrition is critical to achieving gender equality, and in turn improving gender equality leads to improved nutrition. Here are some fast facts on gender equality at NI.

### Corporate Gender Mainstreaming Achievements:

- Gender equality is foundational to NI's 2018-2024 Global Strategy to achieve impact through *coverage*, scaling up lowcost, high-impact nutrition interventions for those who need them; *leverage*, integrating nutrition into non-nutrition platforms, strengthening local ownership, and developing innovative approaches to scale; and *influence*, increasing research, advocacy, and knowledge creation as well as sharing. The interlocking nature of these three strategic components, guided by the cross-cutting focus on *gender equality*, form the basis of our approach



- NI has developed a Program Gender Equality Strategy to provide guidance to staff and partners to ensure that NI programs identify and respond to the gender inequalities that lead to increased nutritional needs and inequitable access to nutrition and health services
- In its program monitoring, NI measures and tracks knowledge, attitude, practices (KAP) related to gender equality
- In designing programs NI intentionally includes sex- and gender-based analysis (SGBA)
- NI has hired a full-time, in-house global Gender Advisor
- NI has established a Human Resources Internal Gender Equality Working Group
- NI has implemented the following policies:
  - Prevention of Workplace Harassment Policy
  - Prevention of Sexual Abuse and Exploitation Policy with personnel training
  - Child Protection Policy, which includes a train the trainer process

#### **Staff Capacity Building in Gender Equality:**

- NI has developed a Gender Equality Certification process by which global staff become familiarized with the Program Gender Equality Strategy, participate in a Gender Training: Understanding Core Concepts session and complete an online course developed by Status of Women Canada called Gender-based Analysis Plus (GBA+)
- A train-the-trainer process for qualified staff has been developed resulting in CO trainings organized in Kenya, Tanzania, Indonesia and upcoming sessions in Senegal, Pakistan and the Philippines
- NI launched the gender equality training in June 2018 and to date 44% staff have completed NI Gender Equality Training, with a goal of all staff being trained by March, 2019, and overall 73% of all NI staff have completed either online or in-house gender equality training

#### **Promoting Gender Equality & Women and Girls' Empowerment in Nutrition Programming:**

NI implements gender sensitive and responsive nutrition programs, informed by sex- and gender-based analyses, which can both respond to gendered health needs and inequities in access. It also contributes to promoting gender equality, women's empowerment and improving nutrition by reducing gendered gaps in malnutrition as well as engaging girls and women in the solutions to improving health. The following are brief examples of how NI is considering and promoting gender equality and women and girls' empowerment within nutrition interventions:

#### **Infant and Young Child Nutrition**

- Through infant and young child nutrition programs NI is working to address prevailing gender norms that reinforce a gender division of labour where women and girls are primarily or solely responsible for childrearing, household chores, and care work
- Prevention and care strategies are introduced to female and male caregivers to enhance joint decision-making between parents
- NI is providing training to health workers on providing respectful counseling that responds to the needs of the caregivers



- NI's behaviour change interventions (BCI) material highlight the role of men and fathers in the management of childhood diarrhea, the importance of women's involvement in health care decision-making, the importance of joint decision-making within the household and women as health care provider role models

### **Maternal Nutrition**

- Through its maternal nutrition programs NI is working to address women's particular nutritional needs because women suffer disproportionately from many nutritional deficiencies such as iron deficiency and anaemia (which is often a result of iron deficiency)
- NI's programs also address the fact that women have lower iron stores than men and their iron deficiency can be brought on by increased physiological demands, such as during pregnancy or once menstruation begins, and/or lack of access to iron-rich foods, which is frequently due to poor socio-economic status and social norms
- NI is working to increase consumption of iron and folic acid (IFA) supplements, as part of antenatal care
- NI's programs promote quality of care that is respectful and responsive to women
- NI also engages men in maternal health through our BCI material to challenge gender norms and to promote men's positive involvement, which are associated with improved antenatal care attendance, as well as improved home care practices, greater male support for women, more equitable couple communication and decision-making for maternal and newborn health

### **Birth and Post-natal Packages**

- As part of Kangaroo Mother Care (KMC), preterm and low birthweight babies should be held in kangaroo position, skin to skin on the chest, throughout the day and night which is an extremely important and life-saving practice which can be difficult for a mother to accomplish alone; evidence shows that including fathers can increase their competence and sense of responsibility
- NI programs challenge traditional gender roles and through BCI and health worker training promote shared responsibility in maternal and newborn care, including KMC

### **Adolescent Nutrition**

- Iron deficiency anaemia is the greatest cause of lost disability adjusted life years (DALYs) in adolescent girls globally, so NI's Adolescent Nutrition programs focus on reducing the anaemia burden, which disproportionately impacts adolescent girls
- Programs are designed to help both adolescent girls and boys understand their growth, development and sex-specific needs through a health education curriculum containing menstrual hygiene management and reproductive health, so adolescents can better understand their bodies and nutrition and health needs now, and at other potential stages of their lifecycle
- Adolescent girls have been engaged in the design of projects through formative research, communication strategies, and peer groups that participate in training
- In Senegal, women's associations and adolescent and youth girls' associations have been actively engaging and participating in advocacy sessions and BCI strategy development for the Adolescent Nutrition weekly iron and folic acid supplementation (WIFAS) program
- The program in Senegal is also engaging two national Parent Teacher Associations with information for both fathers and mothers to involve them as advocates for their daughters' nutrition



## Fortification and Universal Salt Iodization (USI)

- In NI's Senegal USI program, for example, women represent a large proportion of small-scale producers so the focus is on capacity building to improve the quality of their entrepreneurial activities
- Adequate iodine status among women of reproductive age during pregnancy is key to preventing iodine deficiency among newborns, and because women can play an important role as opinion leaders and influencers among their peers in supporting the consumption of adequately-iodized salt at household level, women are central to the design of NI's USI programming
- While fortification of staple foods with more folic acid and iron is aimed at improving the nutrition of the general population, special consideration is given to women of reproductive age to diminish their risk of having babies with neural tube defects (from inadequate levels of folic acid) or low birth weight (from low levels of iron)
- In 2017, with NI's assistance, 82,000 women were reached with fortified rice having iron, folic acid and other micronutrients under the Vulnerable Group Development program of the Government of Bangladesh
- In Bangladesh, where special awards are given out to millers by NI, an added criteria in 2017 was the equity of female and male latrines in manufacturing facilities (to demonstrate consideration of both male and female workers)

## Tracking Gender in Health System Strengthening and Capacity Building Efforts

NI is tracking the training of policy makers and front line workers across programs, and in doing so, is tracking gender equality of participation at all levels, from volunteers to managers to policy leaders.

Number of key intermediaries trained by intervention and gender disaggregation in 2017

Countries	WIFA			IYCN			Birth Package			IFA			Fortification		
	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F
<b>Africa</b>															
Ethiopia	2,714	33%	67%	48,994	30%	70%	2,759	51%	49%	2,759	51%	49%	133	70%	30%
Kenya	1,851	-	-	1,324	37%	63%	3,251	33%	67%	2,377	35%	65%	40	-	-
Nigeria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senegal	1,865	70%	30%	-	-	-	-	-	-	-	-	-	-	-	-
Tanzania	324	65%	35%	866	43%	57%	866	43%	57%	866	43%	57%	-	-	-
<b>Asia</b>															
Bangladesh	-	-	-	-	-	-	-	-	-	6,630	39%	61%	343	82%	18%
India	31,349	-	-	9,206	0.1%	100%	8,027	1%	99%	5,622	-	-	80	71%	29%
Indonesia	296	42%	58%	-	-	-	-	-	-	-	-	-	-	-	-
Pakistan	-	-	-	466	0%	100%	135	-	-	370	-	-	-	-	-
Philippines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Sub Totals</b>	<b>38,399</b>	<b>49%</b>	<b>51%</b>	<b>60,856</b>	<b>25%</b>	<b>75%</b>	<b>15,038</b>	<b>20%</b>	<b>80%</b>	<b>18,624</b>	<b>41%</b>	<b>59%</b>	<b>596</b>	<b>78%</b>	<b>22%</b>
<b>Gand Total</b>	<b>126,645</b>														



The table above is from the Right Start 2017 Annual Progress Report and can be found on page 267 (Table 20). The data which is summarized in this table is based on observed data that is collected by either NI staff or NI Partners and is subsequently reported to NI in training reports.

Two indicators, 1221: received tools, and 1122: policy makers trained and/or briefed, are also disaggregated on occasion. However, there was not enough disaggregated data to summarize and include in the 2017 report.

There is a larger number of male than female supervisors trained, and in particular among those holding health systems management roles; however, the opposite is observed in training for community health volunteers where the majority of those trained are women (this highlights an ongoing and important gender disparity in women’s economic empowerment and leadership in health systems that NI is working to support change).

### **Working Towards Gender Disaggregated Coverage Data**

In NI’s Global Strategy 2018-2024 there is an increased attention to reporting on sex-disaggregated data within new programs, and also identifying the key gaps in sex-disaggregated data in existing country level monitoring systems. Many of NI’s interventions are targeted to the most nutritionally and socially vulnerable, including children, adolescent girls and women.

### **Summary of Key Coverage Indicators by Intervention and Gender Disaggregation in 2017**

<b>Intervention</b>	<b>Summary</b>
Fortification	Modelled Disaggregation – Partial disaggregation, report includes total population, and consideration for Women 20-49, and 15-19 adolescent girls
Adolescent Nutrition (WIFA)	Targeted to girls to respond to increased biological need for iron
Maternal Nutrition	Targeted to pregnant women due to nature of intervention
Birth Package and Post-Natal Package	Not disaggregated
IYCN	Not disaggregated

Demographic	Intervention	Overall progress indicators	Total number of additional beneficiaries (or products) to which NI contributed	GAC expenditure in CDN\$M (CY 2017)	# of countries supported
Adolescents & Women	Fortification	# of metric tons (MT) of staple foods which are adequately fortified	219 K MT	\$4 M	6
		# of <b>people</b> with access to the fortified food	6.3 M		
		# of <b>women</b> 15 – 49 with access to the fortified food	1.6 M		
		# of <b>births -protected from NTDs</b>	202 K		
		# of <b>cases of anaemia in women averted</b>	184 K		
	WIFA	# of <b>adolescent girls</b> who consumed any WIFA	433 K	\$2 M	6
		# of <b>adolescent girls</b> who consumed the recommended scheme of WIFA	1.1 M		
# of <b>cases of anaemia in adolescent girls averted</b>		152 K			
Pregnant Women & Newborns	IFA	# of <b>pregnant women</b> who consumed any number of IFA supplements	284 K	\$8 M	7
		# of <b>pregnant women</b> who consumed at least 90 IFA supplements	214 K		
		# of <b>iron deficiency cases averted</b>	36 K		
		# of <b>cases of anaemia in pregnancy averted</b>	21 K		
		# of <b>cases of LBW averted</b>	8 K		
		# of <b>stunting cases averted</b>	5 K		
	Birth Package	# of <b>newborns</b> who received timely initiation of breast-feeding	66 K		5
		# of <b>births</b> attended by a skilled birth attendant	267 K		
		# of <b>newborns</b> receiving clean cord care	146 K		
		# of <b>newborns</b> receiving delayed/optimal timing of cord clamping	120 K		
		# preterm and/or LBW <b>newborns</b> receiving KMC	7 K		
		# of <b>newborns reached with birth package</b>	383 K		
		# of <b>deaths averted</b>	1 K		
Infants & Young Children	MNPs & IYCN	# of <b>children</b> under 23 months of age whose caregivers received counselling for improved IYCN practices	21 K	\$5 M	6
		# of <b>infants</b> 0-5 months of age who are fed exclusively with breastmilk	117 K		
		# of <b>children</b> 6-23 months of age who received the recommended course of MNPs	75 K		
		# of <b>children</b> 6-23 months of age who consumed a minimum acceptable diet	31 K		
		# of <b>children</b> 0-23 months reached with IYCN	192 K		
		# of <b>deaths averted</b>	1 K		
Total number of beneficiaries reached (Dublin counting removed)			8.3M	\$19 M	9

The tables above share summary data from the Right Start 2017 Annual Progress Report