KEY TERMINOLOGIES

- **SEX**: universal & biological
- **Gender**: socially constructed based on sex difference and changes over time
- **Gender Equality**: Enjoyment of Equal Rights
- **Gender and Age Marker**: considerations and actions that addresses gender and age related differences in response
WHY DOES GENDER EQUALITY MATTER?

✓ Disasters/emergencies affect women, girls, men and boys differently;
  ▪ Risks (e.g. lack of space to breastfeed is linked to poor IYCF)
  ▪ Needs
  ▪ Access to and control over finances/resources (e.g. men/boys can go outside to work/take ration but sometimes women/girls can’t)
  ▪ Victimizes in different ways (e.g. SGBV, child trafficking/labor, migration of men to work by going away from family etc.)

Therefore, we need understanding these differences to respond accordingly and not to put some at risk (Do no Harm)
GENDER EQUALITY MATTERS IN NUTRITION

Emergencies might lead to...

- high prevalence of Acute malnutrition
- micronutrient deficiency diseases

Which might turn into many problems including DEATH

Risk of deterioration of nutrition status can be linked to....

- Different nutrition requirements (e.g. Pregnant, adolescent girls, dietary diversity/IYCF for children etc.)
- Socio cultural factor related to gender that determine their access to food, supplements and supplementary services
Gender Equality Matters in Nutrition Cont..

- Initiating nutrition services would not automatically guaranty need based services...

Therefore, what to do?

What do we do when we have a guest?

- Tea or Coffee? (Need?)
- With or without milk \ With or without sugar? (Specific needs of calcium or glucose?)
- With biscuit or without? (Supplementary need?)
- Tea/coffee for adult and juice for child? (Age specific need?)

We need to do Nutrition specific Gender analysis?

- Needs based on gender?
- Gender Specific roles, barriers, vulnerabilities and capacities?
- Who needs more because of gender and age specific needs?
- Age related vulnerabilities?
GENDER: NEEDS ASSESSMENT, ACTIVITIES & OUTCOMES

A = **ANALYSE** the impact of the crisis on women, girls, boys and men (e.g. consult with both, SADD, culture etc.)

D = **DESIGN** services to meet the needs of all gender equally (e.g. blanket feeding, micronutrient supplements etc.)

A = All age groups can **ACCESS** nutrition services equally (e.g. routine check to understand barrier access)

P = All **PARTICIPATE** equally (e.g. community consultation and decision making)

T = Benefit Equally from **TRAINING** or other skills development (e.g. child stimulation, IYCF session, prevention of nutrition etc.)
GENDER: ADAPT & ACT-C FRAMEWORK

A=Make sure that the project takes specific ACTIONS to prevent risk of GBV (e.g. threat to access nutrition service center)

C=COLLECT, analyze and report SADD-Sex and Age Disaggregated Data (e.g. number of under 2/5 children)

T=TARGETED with specific actions based on Gender Analysis (e.g. influential family members and IYCF session)

C=Ensure COORDINATION and gender mainstreaming

Source: Nutrition Tip Sheet for the IASC Gender Marker
Next Topic: How GBV affects nutrition programing?
Question, Comments and Suggestions?