



Gender in Nutrition in Humanitarian Contexts, including Migration. Session 3: Gender-Transformative Nutrition programming

**Four-session training for
Latin America and the Caribbean**

2, 9, 23 and 30 May 2024
9:00 – 11 am Panama time



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Housekeeping

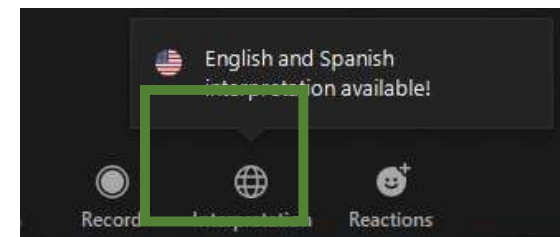


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- 1. Haga click en el ícono de “interpretación” que se encuentra en la parte inferior de la pantalla.
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- 3. Importante para las personas que hablan: mantenga el uso de un solo idioma al hablar.



Housekeeping



Language of the workshop

- Presentations/content on the screen will be shown in English
- Discussions will take place in Spanish and or English, depending on your language of preference.

Questions

- Ask your questions in the chat along the sessions and during Q&A.

Recap Work

- Kahoot

Folder of resources in UNICEF Sharedrive

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Webinar Working Group



0



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Slide 5

0 Logos to be updated based on the working group members

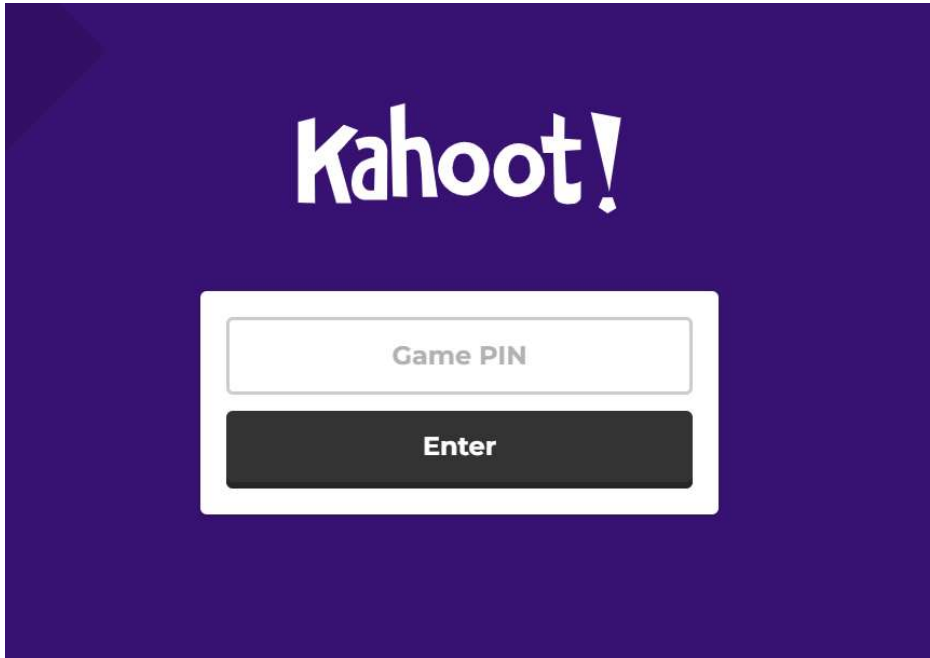
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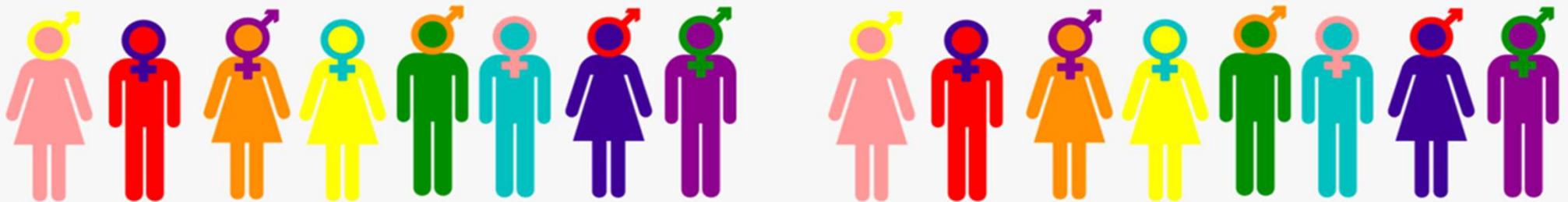
, 2023-02-10T17:48:01.710



QUIZ Recap session 2



Join
www.Kahoot.it



Slide 6

0 Women during humanitarian emergencies and migration

, 2024-04-22T19:26:39.276

1 For question 2: What about: Do you think the nutritional status of women and men are affected the same way in emergencies?

Maybe it is a basic one, but it could be useful for the Gender focal points.

, 2024-04-22T20:37:55.190



Gender in Nutrition in Humanitarian Contexts, including migration

Session 3: Gender-Transformative Nutrition programming

Date 23 May 2024 Time 09-11 am Panama

Objectives:

By the end of this session, participants will build key competencies and increase their understanding of:

- How to plan a nutrition response for implementing gender transformative nutrition services.
- Doable Actions for gender integrated Infant and Young Child Feeding, Maternal and adolescent Nutrition and Management of acute malnutrition programmes
- Monitoring the integration of gender in Nutrition programmes



Today's agenda

1. Quiz on session 2
2. How assessments guide NiE programming
3. Preventive interventions
4. Colombia case study: Circulo de la Palabra
5. Identification and treatment of acute malnutrition and anemia
6. Venezuela case study: checklist, lessons learnt & recommendations
7. Monitoring the response
8. Resources
9. Take home messages
10. Closing quiz

Updated IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (GEEWG)

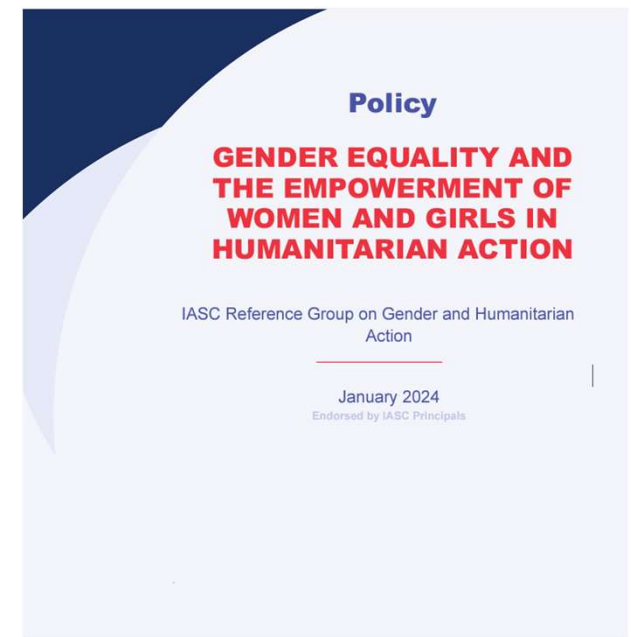


Figure 1: Gender equality as central to inclusive humanitarian programming



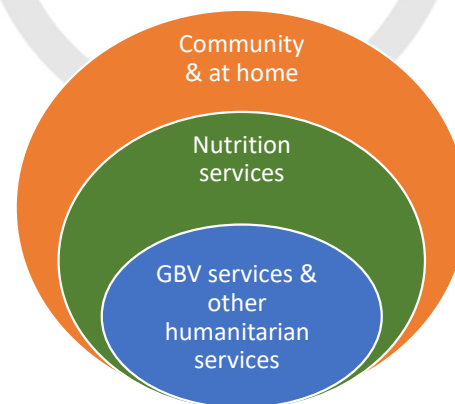
Updated IASC Policy on Gender Equality- Cluster Coordinators



Some Key elements

- Integrate gender equality and inclusion **in all cluster strategies, work plans, needs assessments, etc.**
- Contribute to the development of and **consistently use gender analysis and sex and age disaggregated data (SADD)**
- Ensure the appointment of a suitably capacitated and experienced **gender focal point** to provide cluster specific gender expertise at coordination level
- Ensure participation of **Girl's Rights Organizations (GRO) and Girl-Led Organizations (GLO), female youth & other persons discriminated against** - including due to their gender identities

How assessments guide Nutrition in Humanitarian Context programming



Theory of change

- Tailored messages & behavior changes based on solid understanding of social norms/context.
- All genders understand importance of nutrition & the services.

Better nutritional status because:

- All family members can improve their diet
- Women are safer at home
- Both girls and boys are well-taken care of.

Understand social norms and context:

- Women's workload
- Who makes decision regarding food & diet.
- Women's & adolescent's barriers to access/use nutrition services.
- Safety concerns relate to nutrition services.
- Dietary restriction for women, girls & boys.

Promote women's & adolescents meaningful participation throughout the programme cycle.

More access to nutrition services because:

- Women, children of vulnerable HHs can access to nutrition information & services without exposing & fearing GBV
- More vulnerable population can access to nutrition services.

- Barriers & safety concerns are addressed in nutrition services.
- Nutrition frontline workers know how to refer survivors.
- Women can receive **information** on available humanitarian services.

- **More women can access to services such as women friendly spaces.**
- More survivors can seek support from GBV service providers.



Closing quiz

How can nutrition interventions be tailored to address the needs of adolescent migrants?

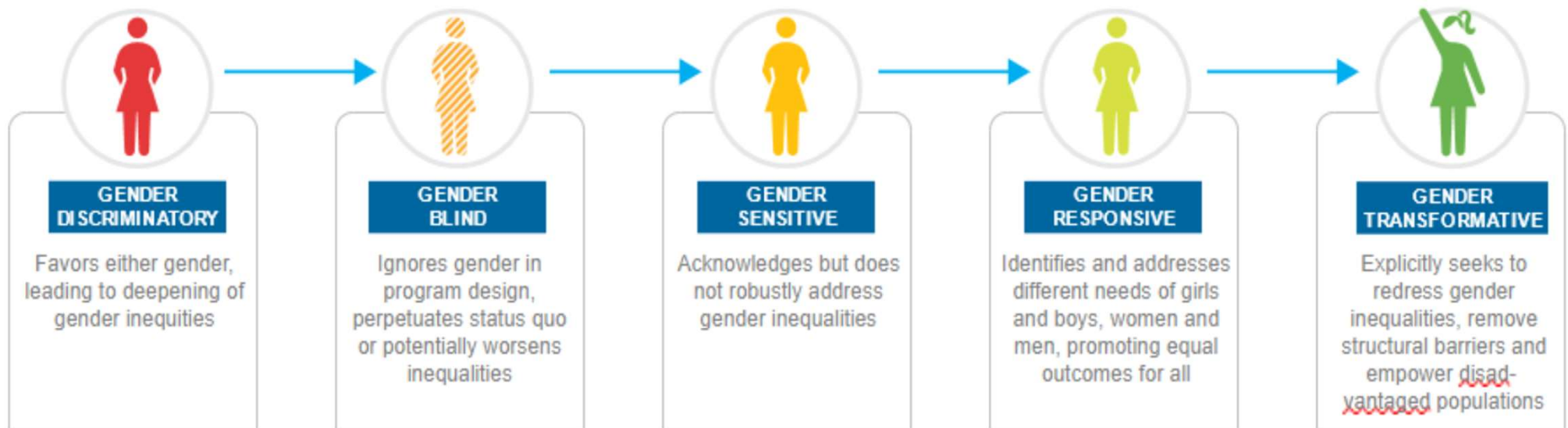
- a) Providing culturally sensitive SBCC
- b) Ensuring access to affordable and nutritious foods
- c) Engaging with community leaders and stakeholders
- d) Provide providing trendy salted snacks
- e) All of the above

Objectives of Gender / GBV responsive nutrition programming



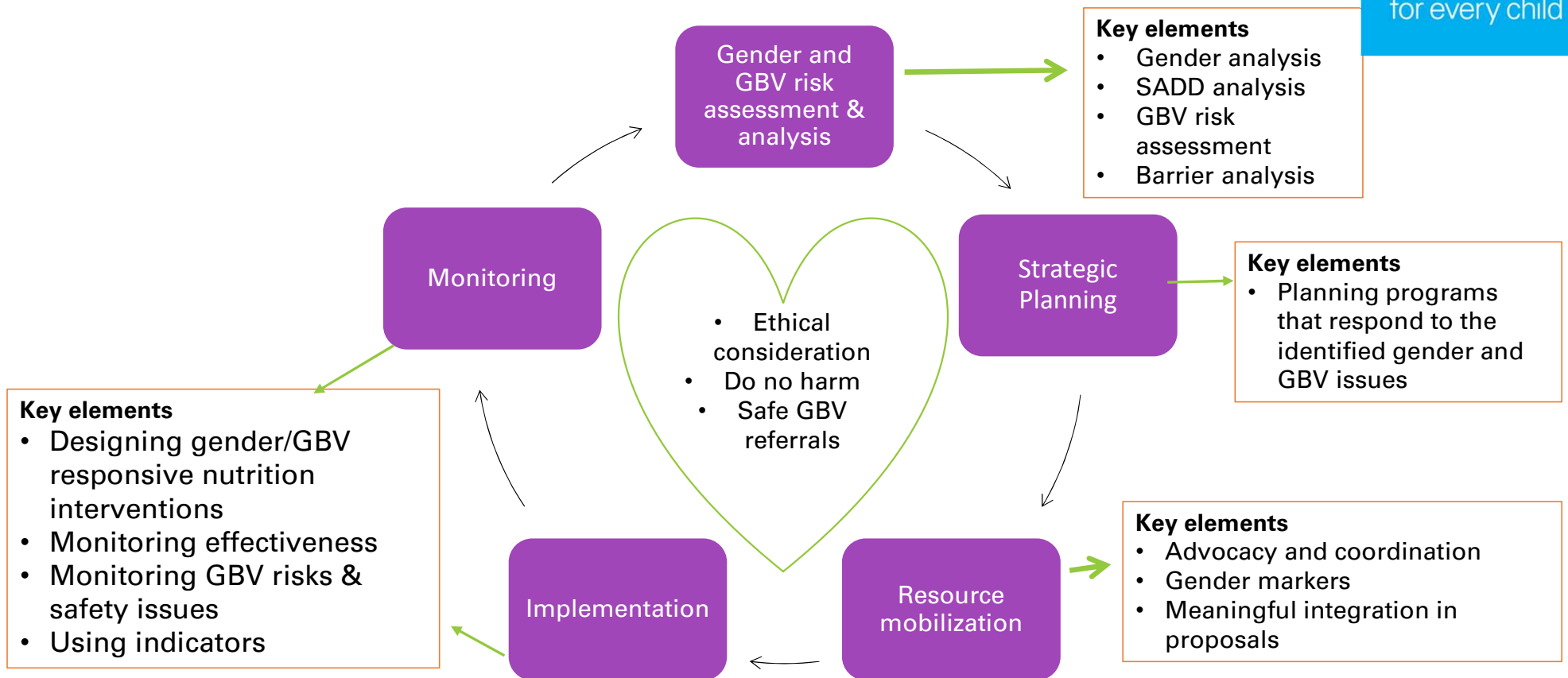
- Effectively reaching **all segments of the most vulnerable population** with nutrition interventions.
- Better addressing **the different needs of women, men, adolescents, girls and boys.**
- Promoting **the safety of women, adolescents, girls and at risk groups and mitigating GBV risks** that are related to the nutrition programs.

GENDER INTEGRATION CONTINUUM



Poll : Where are the programmes in your country in regards to the Continuum ?

Gender and GBV responsive nutrition programming- How



Nutrition-specific interventions

Prevention



Nutrition interventions aiming to prevent malnutrition



Skilled breastfeeding counselling



Skilled complementary feeding counselling



Skilled counselling & micronutrient supplementation



Counselling on healthy diets and micronutrient supplementation for pregnant and breastfeeding women



Energy-protein supplementation for young children on the move (LNS)

Engaging men & adolescent Boys



Why?

- Men & adolescent Boys can relegate survival and health to women. **Important to obtain their support for Women's involvement in nutrition interventions**
- They may lose some of their status & authority because emergencies destroy traditional family & clan structures
- Women's participation in the "male domains" of security, and bringing resources to the HH could be perceived as a threat.

How?

- Involve them **to improve effectiveness of use of services**



Infant and Young Child Feeding in Emergencies



IYCF Key elements



BREASTFEEDING

- Breastfeeding immediately after birth (1st hour).
- Exclusive breastfeeding for **6 months**.

COMPLEMENTARY FEEDING

- **Timely** (introduced at 6 months, 180 days).
- **Diverse and nutrient dense** (Adequate in energy and nutrients)
- **Hygienically** prepared, stored, and fed.
- Age-appropriate **frequency**, responsive feeding.
- Age-Appropriate **amount**
- **Continued breastfeeding** up to 24 months or beyond.

IYCF-E Key elements



IYCF-E ensure **two key principles**:

- 1) DO NO HARM** (e.g. untargeted, unregulated donation of Breastmilk Substitutes)
- 2) Immediately save lives.** Takes the Public Health approach and reach as many people as possible as quickly as possible.



Need for Infant and Young Child Feeding in emergencies



<https://www.youtube.com/watch?v=OaPgST8Bx4k>

Models of safe spaces

Places which is a safe, low-stress spaces where mothers can breastfeed, rest, eat and receive skilled counselling and targeted advice about breastfeeding and nutrition.



Baby Friendly Spaces



Breastfeeding Corners



Baby Tents



Colombia case study prevention

La Guajira es el departamento de Colombia con **la segunda mayor tasa de prevalencia de casos de desnutrición**, con 2.11 casos por 100 menores de 5 años (la del país es de 0,63).

Es el departamento con la tasa de **mortalidad por desnutrición más alta del país.**

El 8,6 % de los casos en mayores de 6 meses de edad se notificaron con perímetro braquial **inferior a 11,5 cm.**

En el proceso de identificación se evidenciaron **5 causas-claves** relacionadas con género directamente asociadas con la malnutrición de la población

- El estigma existente hacia la desnutrición y la causalidad dada a la mujer en este problema
- La violencia de género / violencia intrafamiliar
- La falta de toma de decisión en el hogar por parte de la mujer
- Escaso apoyo emocional hacia la mujer en las familias
- Falta de posibilidad de expresión de las mujeres en la comunidad



Generar espacios seguros que garanticen la confidencialidad para mujeres de 14 a 59 años, en el desarrollo de temas vivenciados relacionados con la violencia basada en género, los derechos sexuales y reproductivos, estereotipos, roles y demás



Un lugar de confianza que promueva la escucha activa y comunicación asertiva mediante la estrategia SÜPÜLEE ANAÄ



Se desarrollan sesiones de trabajo grupal sobre temas de liderazgo y de nutrición



RESULTADOS


1.604
81%
MUJERES


377
19%
HOMBRES

Recommendation for an effective gender responsive Social Behaviour Change intervention



In particular, effective gender-responsive **SBCC is crucial for IYCF-E.**

The first steps are:

- Understand the perceived gender's roles in Health and Nutrition
- Determine the major barriers & beliefs related to infant feeding & other aspects of nutrition.

Set up a **central Health Education & Communication Coordination Unit soon after emergency onset:** all stakeholders using same messages & materials.

Some doable actions of gender-responsive IYCF-E



- **Recognizing and Addressing Gender Norms** influencing feeding
- **Engaging Men and Women** on practices
- **Empowering Women** to make informed decisions
- **Promoting Shared Responsibilities** on caregiving
- **Ensuring equitable Access** to Support services and resources
- **Addressing Barriers** to optimal IYCF-E



Gender responsive Maternal nutrition programming





Quiz

A) How many extra calories does a pregnant woman need on average per day?

What is Maternal Nutrition?



Pregnant and lactating women are **physiologically at higher risk** of malnutrition due to their increased nutrient need.

Identified through:

- MUAC (at risk cut off usually <21cm or <23cm)
- BMI (<16 Severe acute malnutrition; <18.5 mild and moderate acute malnutrition)
- Micronutrient deficiency disorders





Quiz

How many extra calories does a lactating women need on average per day when the baby is under 6 months old?

Key strategies for ensuring appropriate maternal nutrition in emergencies



Targeted food assistance



Multi-micronutrient capsules



General food assistance (HH level)



Access to WASH



Access to maternal Health

Example of Doable actions for gender-responsive Maternal Nutrition interventions

- 1) Always combine maternal nutrition programmes with a clear communication/messaging strategy.
- 2) **Involve partners to promote maternal nutrition** in participating to male targeted SBC sensitisation events
- 3) Sensitise partners in the **importance of accompany the pregnant person to antenatal care.**
- 4) Mother to Mother Support Groups (M2MSGs) focusing on positive behaviours from within the community.
- 5) **Promote female volunteers and women leadership figures** to gain confidence to speak up in community meetings



Gender responsive Adolescent programming



QUIZ

How did the prevalence of anaemia, and underweight changed in adolescent girls and women in the past two decades

- a) It increased
- b) It decreased
- c) It didn't change

There has been almost no change in the high rates of underweight and anaemia in adolescent girls and women for the past two decades.

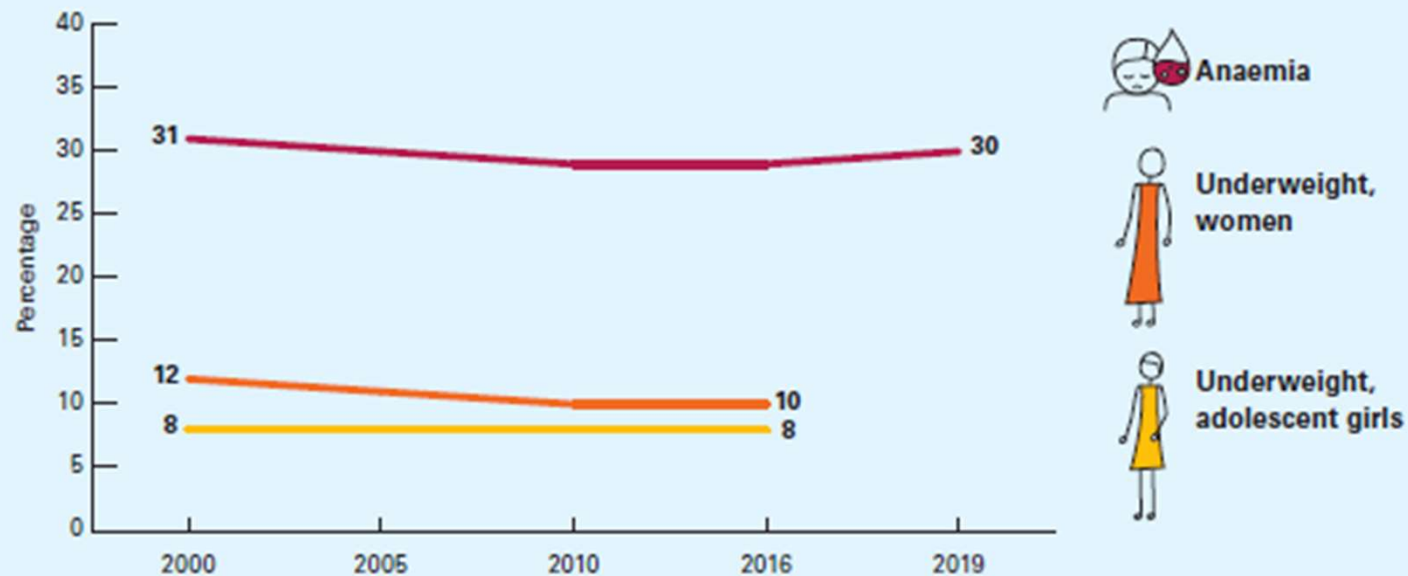
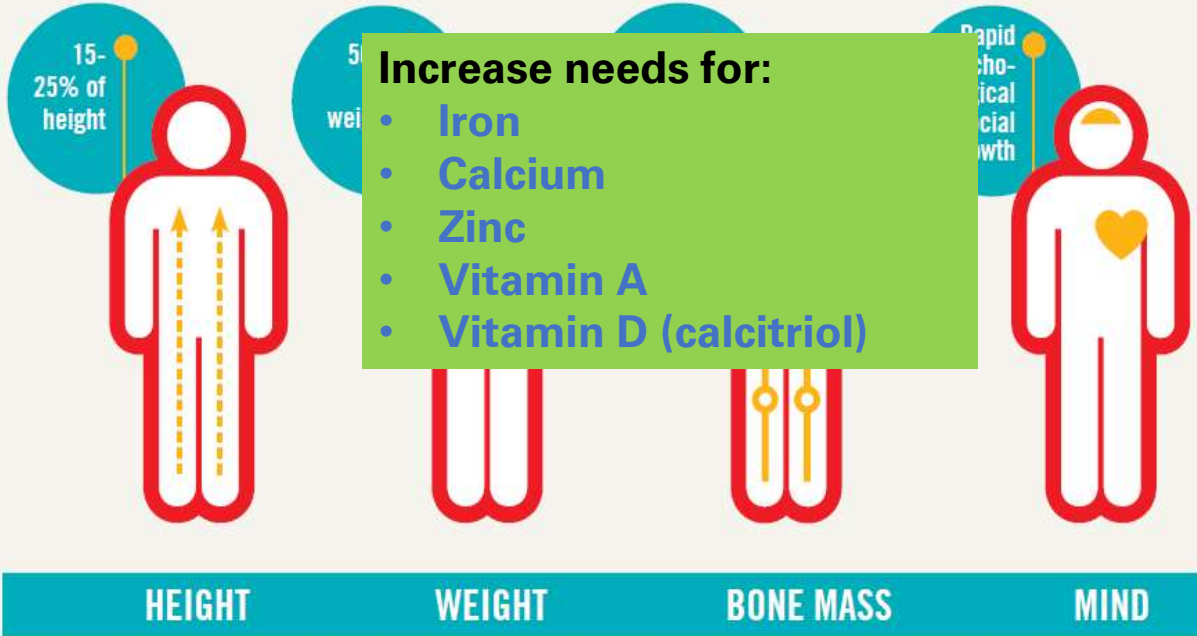


FIGURE 1: Trends in the prevalence of underweight in adolescent girls aged 10–19 years and women aged 20–49 years and anaemia in adolescent girls and women aged 15–49 years

Source: UNICEF analysis of data from NCD-RisC on underweight and Global Health Observatory on anaemia

BIOLOGICALLY SENSITIVE

During adolescence (during the ages of 10-19), nutrition needs are high. Adolescents will gain:



Source: GAIN

Why a focus on migration and adolescents girls?

60% of the world's people **with chronic hunger** are W&G.

Anemia is a leading cause of death for pregnant teenagers & of disability for adolescent girls

Adolescent girls in LAC face **barriers to quality H&N, learning and skills-building opportunities, economic security and freedom from violence, exploitation, & harmful practices**

More than **900,000 adolescent girls 10-19 in the region are international migrants & refugees***,

Face **increased risks of GBV.**

Their distinct needs must be included in **policies & programmes**

Notable **data gaps,**

Adolescent fertility rate is **the second highest worldwide**

Wide variation across countries, but **30% of girls needs for family planning remain unmet.**

Why a focus on Iron deficiency anaemia ?



Women are at **greater risk for becoming iron deficient because they have much lower iron stores than men and incur additional iron losses during menses.**

Adolescent girls or women who become pregnant have a **significantly higher need for iron during pregnancy,** which can substantially increase risk of **Iron Deficiency Anaemia.**

In some cases, **social contexts and gender norms** can contribute to women consuming less iron in the diet, specifically **from the consumption of animal source iron rich foods.**



Impact of Anaemia on Adolescent Girls



1. **Results in negative health consequences** including decreases in potential school performance
2. **Increases the risk of disease & disability** and negatively impact on how adolescents can participate and contribute to families and communities.
3. In adolescent pregnancy, anaemia can lead to **poor reproductive outcomes, with complications for the mom and the baby**, including preterm birth, low birth weight, and maternal and neonatal mortality

NB: For boys, the burden of anaemia is greatest in Latin America and the Caribbean- Severe anaemia <1.0% of boys

Sources: Nutrition International

Minimum nutrition Interventions to improve school-age children and adolescent nutrition

4. Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence⁵⁵

Children in middle childhood (5-9 years) and adolescent girls and boys (10-19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia⁵⁶

- Children in middle childhood have access to community- and school-based package of interventions that includes at a minimum: iron supplementation, deworming prophylaxis⁵⁷ nutrition education, counselling and support, according to context
- Adolescent girls and boys have access to community- and school-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support, according to context

Examples of Doable actions for gender-responsive interventions for school-age children and adolescents

- **Develop Gender-Sensitive SBC Materials**

- Tailored Information
- Role Models

- **Promote Equal Participation**

- Inclusive Programmes
- Safe Spaces:

- **Address Cultural Norms and Practices**

- Engage Communities
- Promote Shared Responsibilities



Examples of Doable actions for gender-responsive interventions for school-age children and adolescents



- **Addressing Gender-Based Violence:**

- Implementing comprehensive SBC on SRH programs
- Establishing peer support groups and/or confidential reporting mechanisms

- **Improving Health and Well-being:**

- Providing accurate information about healthy diet, anemia & reproductive health, including access to menstrual hygiene products and facilities.
- Promote a change in the negative perception of menstrual hygiene among men and boys.
- Offering counseling services or support groups to address body image issues

Nutrition-specific interventions are life-saving

When prevention fails, treatment is a must



Nutrition interventions to identify and treat malnutrition

IDENTIFICATION

Middle-up arm circumference



Hemoglobin levels



Height



Weight



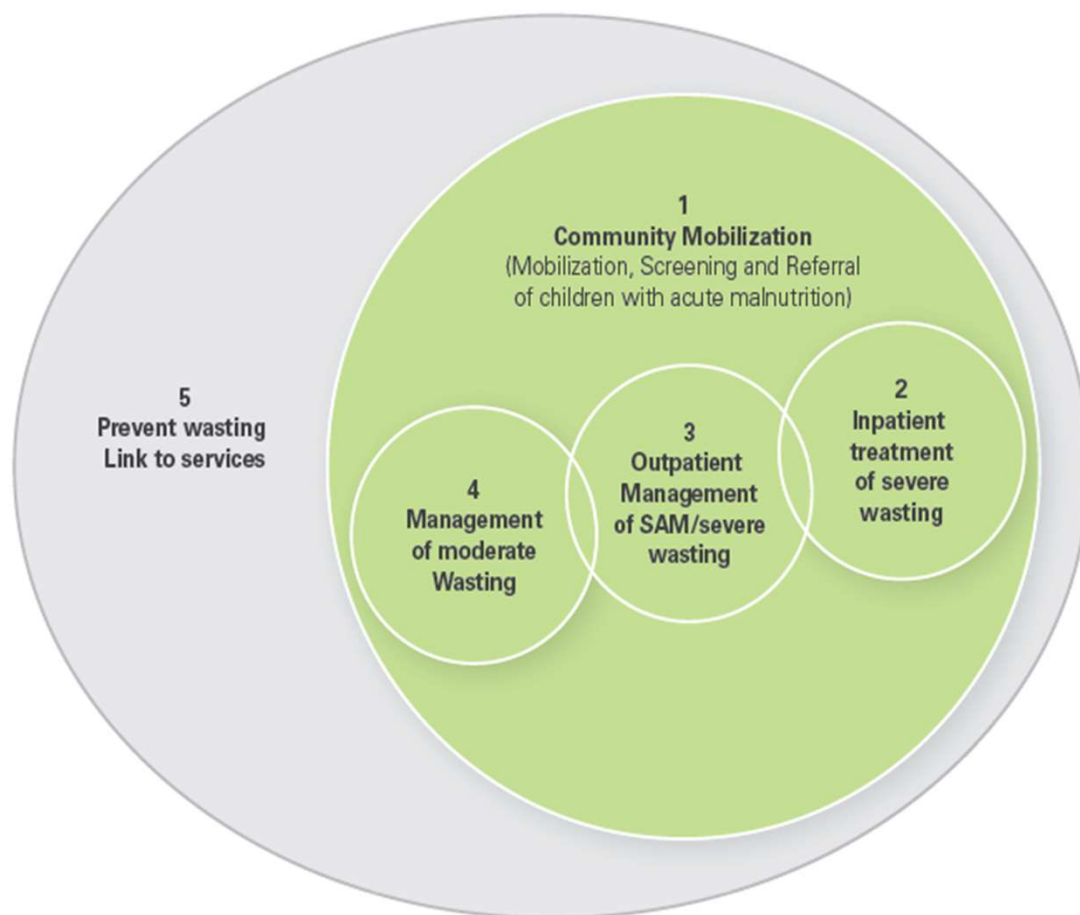
TREATMENT



Gender-responsive Management of Acute Malnutrition / Wasting



Components of Integrated Management of Acute Malnutrition



Example of doable actions for gender responsive management of acute malnutrition



Improve Equitable Access to Services

- a. Nutrition services, including screening, treatment, and SBC interventions.
- b. Implement mobile health clinics or outreach programs to bring screening & treatment services closer to communities, reducing the distance barrier.
- c. Provide financial support or transportation vouchers to ensure that women, especially those with limited mobility or childcare responsibilities, can access healthcare & nutrition services.
- d. Evaluate with Women, adolescents and girls in the community the safety of access to nutrition centres.

Nutrition Education and Behavior Change

Developing culturally sensitive tailored educational materials.

Example of doable actions for gender responsive management of acute malnutrition



Involving Men & adolescent boys in Caregiving: Organizing fatherhood support groups and adolescent boys nutrition sensitive activities

Empowering Women: Establishing women's groups or community-based organizations that focus on nutrition education, income-generating activities, and leadership development.

Addressing Social Norms: Collaborating with local leaders, religious institutions, and media outlets to challenge stereotypes regarding malnutrition

Data Collection and Analysis: Analyse data on HH decision-making processes related to food purchasing, meal preparation, and healthcare seeking behaviours and make sure it inform your SBC strategy. Use the data to refine and adjust interventions (nb. of nutrition sessions/week, mobile intervention..)



QUIZ

Which of the following strategies can help integrate gender considerations into nutrition programs?

- a) Engaging partners and support people as allies in promoting women's & adolescent's girls nutrition
- b) Providing nutrition education only to women
- c) Excluding women from decision-making processes related to food security
- d) Ignoring cultural norms and practices related to food consumption



Venezuela case study



Venezuela
NUTRITION
CLUSTER

Gender Checklist for Nutrition Interventions



Kimberly Blanco

Co- Coordinador del Cluster de
Nutrición

Venezuela

May 2024

Importance of gender integration in Nutrition Venezuela

Context:

57%
Women use loans to acquire food

25%
Pregnant women are underweight

33%

Pregnant women go to controls or delivery in centers at more than 30 minutes by foot or need transport

53%
Women have report domestic work as main source to buy food

Capacity:



JAN 2023
Gender equity network (RIG) is formally created



First integration:

Logical Framework

Trough a general workshop with participation of the RIG and GEN CAP, advocate to integrate better gender in the nutrition indicators and strategy .

Main results

Nutrition focal points need more information to integrate and understand better gender, with practical examples, and the RIG, need more Nutrition information to adapt community strategies

Actions:

- ✓ Regular meetings RIG- NCC- IMO
- ✓ Landed training gender end nutrition
- ✓ Designation of organization focal point in the cluster.
- ✓ Definition of minimum standards

Gender checklist for nutrition intervention process



Coordination among RIG and Nutrition Cluster Coordination

- ✓ The development of the document supports inclusion of gender in nutrition programming.
- ✓ Allows nutrition workers and managers self-evaluate and creates assessment on how gender is integrated and what action take.
- ✓ The tool must be included on the internal and external evaluations to programmes on the HRP with recommendation reports after.

Capacity strengthening on gender inclusión in Nutrition interventions

- ✓ Gender basic definitions
- ✓ Main needs on nutrition and gender
- ✓ Main activities to prioritize according with the logical framework
- ✓ Practical examples PLP

Validation of the checklist form the Cluster Members

- ✓ General workshop 60% participation
- ✓ Using Jamboard to review by groups the categories viability and practicality on the current projects.
- ✓ Recommendations added to the document

Next Steps

- ✓ Creation of cross sector checklist (indigenous, disability, etc)
- ✓ Validation of checklist with current projects and recommendation reports by project.
- ✓ Support the members with RIG to integrate gender in new projects for HVF and HRP



Monitoring the response



Gender markers

Example of IASC Gender with Age Marker (GAM)

- Looks at the extent to which essential programming actions address gender- & age-related differences in humanitarian response..
- In addition to measuring program effectiveness, it is a valuable teaching & self-monitoring tool, allowing organizations to learn by doing in developing programs that respond to all aspects of diversity.



THE ADAPT & ACT-C FRAMEWORK: A PRACTICAL TOOL TO DESIGN/REVIEW NUTRITION PROJECTS THROUGH A GENDER EQUALITY LENS:

A	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.
D	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
A	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.
P	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.
T	Ensure that women and men benefit equally from TRAINING or other skills development initiatives offered by the project.
&	
A	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.
C	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.
T	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
C	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 & NFIs, WASH, Health and CCCM – to coordinate on gender issues, including participating proactively in meetings of the gender network

Example of indicators in monitoring



Example of indicators specific to gender to assess change between baseline and endline in—

- percentage or proportion of community groups with **women in leadership and membership roles**
- proportion of women who report making **nutrition-related decisions jointly with their male partner**
- proportion of women/HWs who report **that their husband or partner attended antenatal care visits.**



Nutrition focal points should :

- **Use gender and GBV lens** throughout nutrition project as critical to achieving outcomes
- Include **Women & Girls of all ages but also Men & Boys** is crucial to improve prevention of malnutrition & access to nutrition services
- **Develop SBC strategy** that are gender-transformative, providing adolescents with the knowledge and skills to make informed dietary choices
- **Provide safe and supportive environments** where women & adolescents can learn about nutrition without fear of stigma or discrimination

**Take
Home
Messages**

RESOURCES



Have you read section A ?

GENDER AND NUTRITION IN EMERGENCIES



Integrating Gender into Nutrition Programs
Program Guide

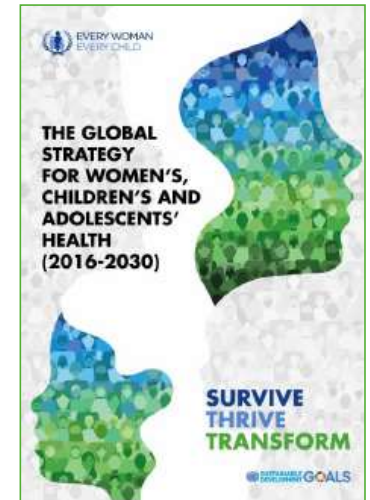
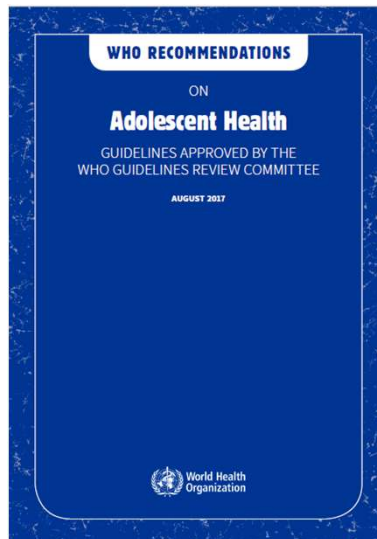
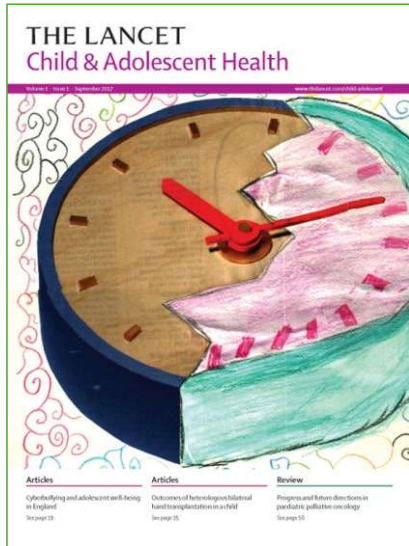


USAID ADVANCING NUTRITION September 2017

Action Brief

GENDER RESPONSIVE EMERGENCY PREPAREDNESS

Principles & Priority Actions for UNICEF Country Offices



Multiple Micronutrient Supplements (MMS)

- MMS play an important role in **improving nutrition and survival outcomes for pregnant women and newborns** especially in humanitarian settings (In capsules or Power forms).
- This report fulfills **knowledge gap on the use of MMS in humanitarian emergencies by synthesizing Key evidence and policies on the use of MMS**





Thank you !