



Enhancing Nutrition and Food Security during the First 1,000 Days through Gender-sensitive Social and Behavior Change

A Technical Resource Guide

April 2015



CORE Group improves and expands community health practices for underserved populations, especially women and children, through collaborative action and learning. Established in 1997 in Washington, DC, CORE Group is an independent not-for-profit membership organization, and home of the *Community Health Network*, which brings together CORE Group member organizations, scholars, advocates, and donors to support communities where everyone can attain health and wellbeing.

WI-HER LLC (Women Influencing Health, Education, and Rule of Law) is an international consulting firm that identifies and implements creative solutions to complex health and social challenges to achieve better, healthier lives for women and men, girls, and boys. We employ an integrated, multisectoral approach that links health with education, rule of law, and agriculture to improve health outcomes and achieve sustained development. WI-HER LLC developed an innovative and systematic approach utilizing the science of improvement to address gender while building local capacity and institutionalizing successful models. WI-HER LLC is a woman-owned small business based in the Washington, DC area.

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Contents

ACRONYMS	iii
DEFINITIONS	iv
INTRODUCTION	1
Background	1
Purpose	2
Scope.....	3
Intended Users.....	3
Methodology.....	4
How to Use this Guide	4
GENDER-SENSITIVE SBC APPROACHES: THE WHAT AND THE WHY	5
EVIDENCE-BASED GENDER-SENSITIVE SBC INTERVENTIONS	8
Key Nutrition Behaviors to Achieve	8
How to Achieve Gender-sensitive SBC.....	9
CRITICAL ACTIONS, BEST PRACTICES, AND RESOURCES FOR GENDER-SENSITIVE SBC PROGRAMMING	11
Program Planning.....	11
<i>Overview</i>	11
<i>Critical Actions and Best Practices</i>	11
<i>Highlighted Resources and Tools</i>	15
Program Implementation	17
<i>Overview</i>	17
<i>Critical Actions and Best Practices</i>	17
<i>Highlighted Resources and Tools</i>	20
Program Monitoring and Evaluation and Documentation	21
<i>Overview</i>	21
<i>Critical Actions and Best Practices</i>	21
<i>Highlighted Resources and Tools</i>	23
Gender Mainstreaming.....	24
<i>Overview</i>	24
<i>Critical Actions and Best Practices</i>	24
<i>Highlighted Resources and Tools</i>	25
CONCLUSIONS	26
ANNEX 1. RESOURCES AND TOOLS	27
ANNEX 2. HOW THIS GUIDE WAS DEVELOPED	29
REFERENCES	31
ENDNOTES	34

ACRONYMS

EAS	Extension and Advisory Services
EBF	Exclusive breastfeeding
ENA	Essential Nutrition Actions
FAO	Food and Agriculture Organization of the United Nations
FFP	Food for Peace
FFS	Farmer Field School
FSN	Food Security and Nutrition
FTF	Feed the Future
GBV	Gender-based violence
GINA	Gender Informed Nutrition and Agriculture Alliance
HFP	Homestead food production
HKI	Helen Keller International
IFPRI	International Food Policy Research Institute
IGWG	Interagency Gender Working Group
ITN	Insecticide-treated nets
IYCN	Infant & Young Child Nutrition
M&E	Monitoring and evaluation
MCH	Maternal and child health
PLW	Pregnant and lactating women
POC	Point of contact
PRB	Population Reference Bureau
RH/FP	Reproductive health/Family planning
SBC	Social and behavior change
SHOUHARDO	Strengthening Household Ability to Respond to Development Opportunities
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
TOPS	Technical and Operational Performance Support
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VFL	Village farm leaders
WASH	Water, Sanitation, and Hygiene
WEAI	Women’s Empowerment in Agriculture Index

DEFINITIONS

1000-day window of opportunity: The period between conception and age two when irreversible damage caused by malnutrition can and should be prevented.

Complementary feeding practices: A set of 10 practices recommended for caregivers to implement from 6 to 24 months, at which point breastmilk and/or breastmilk substitutes alone are no longer sufficient to meet the nutritional needs of growing infants.

Conditional cash transfer (CCT): A social safety net program aimed at reducing both present and future poverty by linking a targeted transfer of cash to compliance with a pre-specified investment, usually in child education or health.

Dietary diversity: The number of food groups consumed over a given period of time. Household-level dietary diversity can be used as an indicator of household food security, and individual-level dietary diversity is an indicator of diet quality for an individual (typically measured for women or young children).

Early initiation of breastfeeding: Initiation of breastfeeding within one hour of birth. As a public health statistic, it is measured as the proportion of children born in the past 24 months who were put to the breast within one hour of birth.

Exclusive breastfeeding (EBF): The feeding of an infant only with breastmilk from his/her mother or a wet nurse, or expressed breastmilk, and *no other* liquids or solids except vitamins, mineral supplements, or medicines in drop or syrup form.

Female empowerment: When women and girls are able to act freely, exercise their rights, and fulfill their potential as full and equal members of society. While empowerment comes from within and individuals empower themselves, cultures, societies, and institutions create conditions that facilitate or undermine empowerment. It is a process and an outcome.

Food security: When all people at all times have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for a healthy and active life. It includes the pillars of food availability, access, utilization, and stability/vulnerability.

Gender: The economic, social, political, and cultural attributes, constraints, and opportunities associated with being male or female. It includes the roles, behaviors, activities, rights, and responsibilities that a society considers appropriate for girls, boys, women, and men. Definitions of what it means to be female or male vary within and between cultures and change over time.

Gender-sensitive: Describes an approach or intervention in which the different needs, abilities, and opportunities of women, men, girls, and boys are identified, considered, and accounted for to ensure that they receive equitable benefits from the development process.

Gender equality: When men and women have equal rights, freedoms, conditions, and opportunities for realizing their full potential and for contributing to and benefiting from economic, social, cultural and political development. It is the equal valuing by society of the similarities and differences of men and women and the roles they play. It is based on women and men being full partners in their home, community, and society. Equality results from equity.

Gender equity: The process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality.

Gender integration: Identifying and addressing gender inequalities during strategy and project planning, implementation and monitoring and evaluation.

Gender mainstreaming: The process of incorporating a gender perspective into policies, strategies, programs, project activities, and administrative functions, as well as into the institutional culture of an organization.

Gender norms: Social principles and rules that govern the behavior of girls, boys, women, and men in society and restrict their gender identity into what is considered to be an appropriate gender role at the time. They are neither static nor universal and change over time.

Gender roles: Behaviors, attitudes, and actions society feels are appropriate or inappropriate for a girl, boy, woman, or man, according to cultural norms and traditions. Gender vary between cultures, over time, and in relation to other social identities such as social class, socio-economic status, ethnicity, sexual orientation, religion, ability, and health status.

Malnutrition: Poor nutritional status caused by nutritional deficiencies (undernutrition, mainly indicated by stunting, wasting, underweight, and micronutrient deficiencies) or excess (overnutrition, indicated by overweight).

Micronutrient deficiency(ies) (hidden hunger): Deficiencies in one or more essential vitamin or mineral, often caused by disease and/or lack of access and/or consumption of micronutrient-rich foods such as fruit, vegetables, animal products, and fortified foods.

Nutrition security: Ongoing access to the basic elements of good nutrition, i.e., a balanced diet, safe environment, clean water, and adequate health care (preventive and curative), and the knowledge to care for and ensure a healthy and active life for all household members.

Nutrition-sensitive: Interventions or programs that address the underlying determinants of fetal and child nutrition and development—food security; adequate caregiving resources at the maternal, household, and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness. *Examples:* agriculture and food security; early child development; women’s empowerment; social safety nets; and water, sanitation, and hygiene.

Nutrition-specific: Interventions or programs that address the immediate determinants of fetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases. *Examples:* maternal and child dietary or micronutrient supplementation or fortification; promotion of optimum breastfeeding; complementary feeding; treatment of severe malnutrition.

Sex: The biological and physiological characteristics that identify a person as female or male, which are universal and determined at birth.

Social and behavior change (SBC): A behavior-centered approach to facilitating individuals, households, groups, and communities to adopt and sustain improved, evidence-based practices. It draws upon social science and behavior change theories to design policies and interventions that address behavior and the environment within which behavior change occurs.

Stunting (chronic malnutrition): Low height-for-age, defined as more than 2 SD below the mean of the sex-specific reference data. Stunting is the cumulative effect of long-term deficits in food intake, poor caring practices, and/or illness.

Wasting (acute malnutrition): Low weight-for-height defined as more than 2 SD below the mean of the sex-specific reference data. Wasting is the result of a recent shock such as lack of calories and nutrients and/or illness, and is linked strongly to mortality.

INTRODUCTION

Background

Food security requires physical and economic access to sufficient food to meet dietary needs for a productive and healthy life at all times. Households that are vulnerable to food insecurity often demonstrate poor nutrition outcomes. Women and children are at greater risk of malnutrition¹ than men: twice as many women suffer from malnutrition as men, and girls are more likely to die from malnutrition than boys (FAO). Nutrition is one of the critical drivers for economic growth and poverty reduction, making it a key component of promoting international stability and security.

Nutritional status is an intergenerational phenomenon. Optimal nutritional status prior to pregnancy helps to ensure a healthy pregnancy and fetus. However, undernutrition during the critical 1,000 days from conception to a child's second birthday can result in life-long, irreversible damage, and compromises maternal, neonatal, and child health, physical and cognitive growth, educational achievement, and productivity as adults (Dewey 2011). To prevent these detrimental results and to break the cycle of poor nutrition, the 1000-day window of opportunity has been identified as a critical period for ensuring adequate nutrition for women and their children (USAID 2014a; Save the Children 2014).

Malnutrition may be an outcome of food insecurity, or it may relate to a range of non-food factors, which has immediate, underlying, and basic causes (Herforth 2014) (See Figure 1). The immediate causes are related to food and nutrient intake and to health. Underlying causes include impacts at household and community levels, such as household food insecurity, inadequate care for women and children, unhealthy household environments, poor health and hygiene practices, and poverty. The basic causes of undernutrition are rooted in sociocultural, economic, environmental, and political issues.

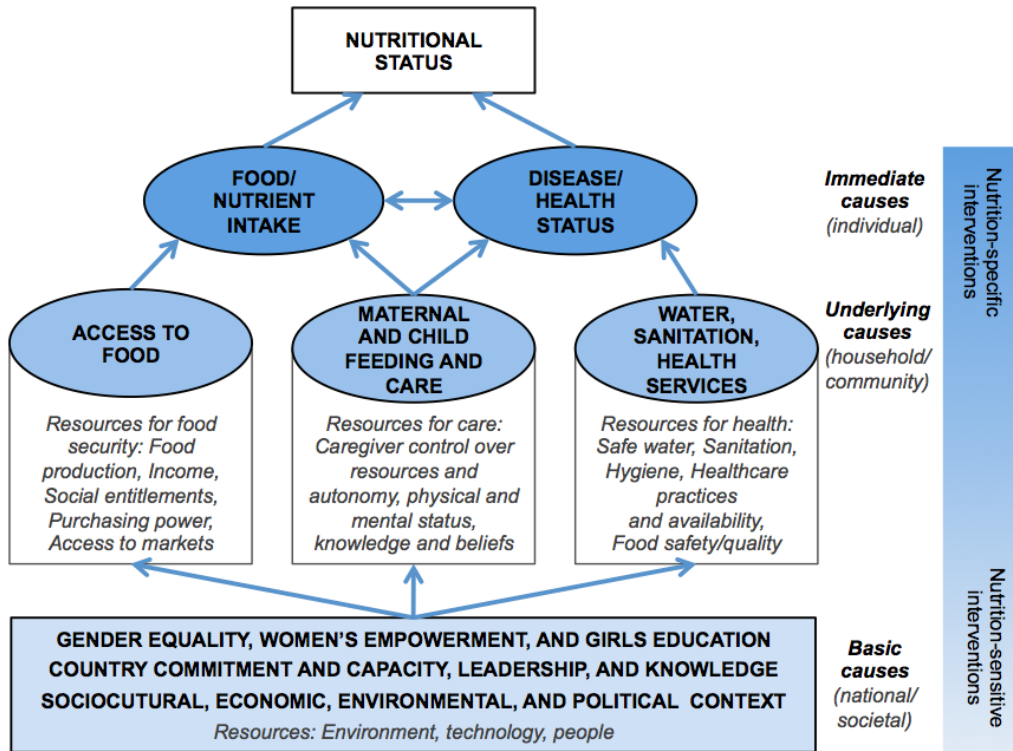
Evidence shows a strong correlation between gender inequality and nutrition and food insecurity. The nutrition and food security needs of women and children are often neglected at the household level due to social, cultural, and economic inequalities between men and women (BRIGE 2014). Women and girls typically eat a lower quantity and variety of food that is generally less nutritious than the food eaten by their male counterparts; at the same time, while women comprise a large percentage of the agricultural labor force, they often have limited access to the information and resources (e.g., income, land, equipment, training) needed to improve food security (IFPRI 2005). The strength of the relationship between women's status and child malnutrition differs across regions, with the largest impact in South Asia (Fan 2012). Yet, while women are disproportionately affected, they also play a critical role in guaranteeing nutrition and food security in households and driving economic growth (BRIDGE 2014).

Many of the core components of malnutrition and hunger—the multigenerational effects, behavioral manifestations, gender inequality—have proven to be insurmountable for traditional interventions. Although progress has been made over the past two decades in reducing micronutrient deficiency, progress regarding other indicators related to malnutrition and food security (e.g., anemia, wasting, stunting) remains to be seen (IFPRI 2014). To tackle this complex problem sustainably, a multisectoral approach that addresses the myriad of immediate, underlying, and basic causes of malnutrition is needed (Alderman 2013). As evidenced by the

¹ Malnutrition includes undernutrition and overnutrition. Undernutrition includes stunting (or chronic malnutrition), wasting (or acute malnutrition), underweight, and micronutrient deficiencies (or “hidden hunger”); overnutrition includes overweight and obesity. The background research conducted for this technical resource guide and subsequent guidance is focused on undernutrition.

case studies in this Guide, this approach must be gender-sensitive and utilize social and behavior change (SBC) to transform community norms. This technical resource guide highlights key research and methodological findings on gender-sensitive SBC approaches and presents critical actions, best practices, resources, and tools relevant to the planning, implementation, and evaluation of nutrition and food security projects, as well as gender mainstreaming within organizations, to improve nutrition outcomes during the 1,000-day window of opportunity.

FIGURE 1. A conceptual framework of factors affecting nutritional status for pregnant and lactating women and children under two



Adapted from Smith 2000, Van den Bold 2013, Alderman 2013, Brown 2008, USAID 2014a

Purpose

This technical resource guide is designed to build the capacity of development practitioners working in nutrition and food security to plan, implement, and evaluate gender-sensitive SBC programming in order to improve nutritional outcomes for pregnant and lactating women (PLW) and children under two. It does this by providing an overview, rationale, critical actions, best practices, resources, and tools for integrating gender-sensitive SBC into project activities.

The technical resource guide seeks to achieve three main goals:

- Increase the reader’s knowledge about the importance of gender-sensitive SBC programming in nutrition and food security programs/projects;
- Strengthen the planning, implementation, monitoring and evaluation (M&E), and documentation of gender-sensitive projects and gender mainstreaming of organizations to reduce gender gaps in nutrition outcomes; and
- Share resources and tools to support gender-sensitive SBC programming

Scope

This Guide aims to strengthen programming by providing clear approaches and recommendations for projects that promote gender-sensitive SBC to improve nutrition outcomes within the context of undernutrition and food security. This guidance is based on the 1,000 Days approach, thus PLW and children under two are the target beneficiaries for this work. It is intended to represent work conducted in the USAID-funded Food for Peace (FFP) countries that have active development projects. While the research focuses on this subset, findings may be applicable to similar projects in other countries. By applying this guidance to include gender-sensitive SBC approaches, nutrition and food security programming will be more effective, and efforts to improve nutrition in food-insecure settings will be strengthened.

This Guide is not intended to be overly specific or prescriptive and it should not be applied as such. The particular gender-sensitive SBC approaches suggested in this Guide may vary depending on the context. While it was designed for use in nutrition and food security programming, approaches may also be applicable to other sectors and programs. However, it may be necessary to tailor the recommendations and tools in this Guide to fit a particular program context. Practitioners are encouraged to consider a wide array of factors, such as the sociocultural and political environment and the local context, acceptance and capacity of implementing partners and stakeholders, as well as donor preferences.

There are a few important considerations that are beyond the scope of this Guide. For example, gender-related property rights and gender issues in agricultural value-chains are important factors that impact food security; additionally, gender-based violence (GBV), which can impact the nutritional status of women as well as be an unintended result of economic empowerment activities. Both topics should be considered in future technical publications.

Intended Users

This Guide will be of interest to many different types of readers working in nutrition and food security. The primary audience for this technical resource guide are development practitioners working in nutrition and food security, especially those who are in a position to apply gender-sensitive SBC approaches to the planning, implementation, and evaluation of food security projects that aim to improve nutrition for PLW and children during the 1,000 first days. However, findings and guidance will also be applicable to researchers or other professionals seeking to give greater attention to gender and SBC in their own studies or project responsibilities.

While some approaches may apply, this Guide is not for practitioners working to strengthen resilience in conflict or humanitarian settings (conflict or natural disaster). In addition, the guidance in this document focuses on staff involved in the planning, implementation, and evaluation of programming, but does not focus on policy approaches to reduce malnutrition.



Methodology

To ensure the Technical Resource Guide and complementary Technical Brief were both evidence-based and practical, substantial background research was conducted. First, a literature review of academic, white, and grey literature regarding SBC and gender in the nutrition and food security sectors was developed, with a focus on understanding well-recognized, evidence-based gender-sensitive SBC interventions that impact nutrition during the 1,000-day window of opportunity. Next, a project audit of 30 projects was conducted to determine how these SBC approaches were applied in development programs that jointly addressed nutrition and food security to improve maternal and child nutrition outcomes, with a particular focus on projects that utilized explicit gender-sensitive approaches as well as multisectoral approaches (a gap identified in the literature review). Interviews were also conducted with 11 practitioners working on audited projects and experts in the nutrition and food security fields to learn more about their experiences with gender-sensitive SBC programming as well as any best practices, lessons learned, resources, and tools to be shared. All findings from each phase of the background research process contributed substantially to this Guide and accompanying Technical Brief, particularly informing guidance related to evidence-based gender-sensitive SBC interventions, critical actions, and best practices. See Annex 2 for more information about how this Guide was developed.

How to Use this Guide

This technical resource guide provides an overview of the importance of using gender-sensitive SBC approaches, guidance on what specific interventions to consider, and clear action steps and best practices to support practitioners during project planning, implementation, and M&E and documentation to promote SBC and gender integration across a wide variety of countries and settings. It is organized around the key phases of the project cycle: planning, implementation, and M&E. The complementary Technical Brief, a shorter version of the Guide, is available at www.coregroup.org/GenderSBC and www.fsnnetwork.org/GenderSBC.

Section/annex title	What you will find
Gender-sensitive SBC approaches: The What and the Why	This section describes what gender-sensitive SBC approaches are and why nutrition and food security projects should utilize them.
Evidence-based gender-sensitive SBC interventions	This section describes key behaviors to encourage and explains how gender-sensitive SBC is achieved, including examples of multisectoral interventions to consider for improving maternal and child nutrition.
Critical actions, best practices, and resources and tools	This section provides an overview of the context, critical actions, and best practices to strengthen relevant programming, and highlights key resources and tools for each stage in the project cycle.
Common concerns about addressing gender	This text box voices common concerns individuals can have about addressing gender and provides tips to address them.
Resources and Tools	This annex lists key resources and tools to support relevant programming in nutrition and food security during the first 1,000 days.
How this Guide was developed	This annex describes the methodology used to develop the Guide.

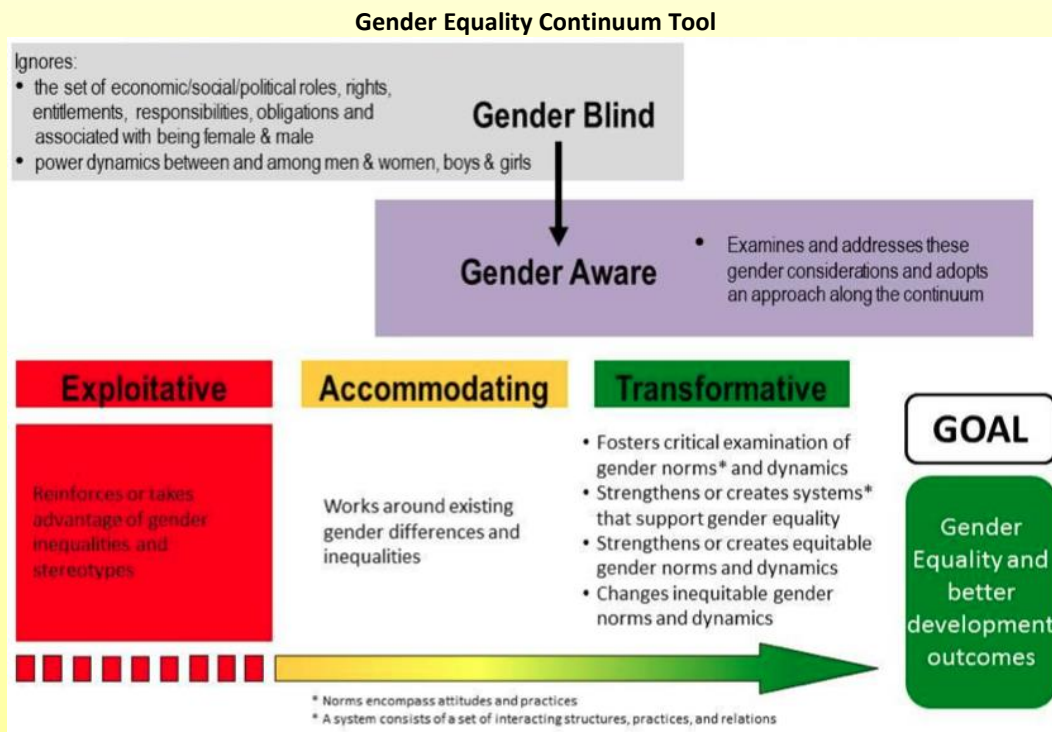
Readers are encouraged to review all chapters in the Guide as they intersect with and build upon each other. Tables, diagrams, text boxes, and case studies are provided throughout to help readers understand key concepts and to facilitate use of this guidance for practical application. Resources, tools, and references are provided at the end for further exploration.

GENDER-SENSITIVE SBC APPROACHES: THE WHAT AND THE WHY

Gender inequality continues to place burdens on the state of food insecurity and undernutrition of PLW and their infant and young children. Women’s education, economic standing, social status, age, health, and decision-making capacity relative to men’s are significant determinants of maternal and child health (MCH) and nutrition (McNairn 2011, Kraft 2014). Changes in the ways that men and women live in the world and interact with each other are an expression of changes in gender roles and relations (IFPRI 2013); it is these dynamics related to nutrition and food security practices that practitioners are trying to change in order to improve nutrition outcomes during the first 1,000 days. Both men and women have unique roles to play to improve nutrition within their households and these roles and related practices must be addressed in behavioral interventions (Kraft 2014).

BOX 1. Gender-sensitive programming

The Interagency Gender Working Group (IGWG) developed the following tool, which serves both as a diagnostic tool and planning framework to help practitioners integrate gender into their programs/policies.



Gender-blind approaches typically do not acknowledge the role of gender in different social contexts and ignore the different ways that men and women engage with productive resources.

Gender-aware approaches take gender into account. More specifically, **gender-accommodating** programs/policies acknowledge the role of gender norms and inequities and seek to develop actions that adjust to and often compensate for them. While such projects do not actively seek to change the norms and inequities, they strive to limit any harmful impact on gender relations. **Gender-transformative** programs/policies actively strive to examine, question, and change rigid gender norms and imbalance of power to reach health as well as gender equity objectives. Gender inequities should never be exploited to achieve health outcomes (“Do no harm”). **For the purposes of this Guide, the term “gender-sensitive” includes both gender-accommodating and gender-transformative approaches.**



Gender-sensitive programming describes an approach or intervention in which the different needs, abilities, and opportunities of women, men, girls, and boys are identified, considered, and accounted for. In addition to understanding the influence of gender roles and norms on relevant practices and subsequent outcomes, it addresses constraints and opportunities in an accommodating and/or a transformative way during project planning, implementation, and M&E by proposing content that addresses women's and men's interests and needs and by adopting methods that enhance women's and men's active participation in the

development process (see Box 1). Addressing gender also allows for successful and effective linkages across sectors, spanning health, agriculture, food security, and economic empowerment, among others. A review of relevant projects indicates a heavier and more explicit focus on gender-sensitive nutrition and food security programming in the past five years. This may be due to USAID's and other donors' increased dialogue and focus on gender integration in development programming. Two such examples include the release of the Gender Equality and Female Empowerment Policy and the launch of the Women's Empowerment in Agriculture Index in 2012 (USAID 2012; IFPRI). These initiatives, in addition to others, signaled an increased interest by USAID to include stronger gender integration components in programming to aid in ensuring optimal impact in programming. Prior to these efforts, organizations were not held accountable for implementing targeted gendered activities in FFP-funded development food assistance projects, nor were they responsible for reporting detailed gendered results and impacts (TOPS 2014).

SBC is a behavior-centered approach to facilitating individuals, households, groups, and communities to adopt and sustain improved, evidence-based practices. The approach draws upon social science and behavior change theories to design policies and interventions that change behavior due to information, motivation, and skills as well as transform the environment within which behavior change occurs. Improved SBC approaches are essential for increasing optimal nutrition practices, demand for services and commodities, and ultimately, increasing utilization of services (USAID 2014a). In some cases, SBC approaches provide key insights to the challenges associated with micronutrient intake, dietary diversity, and feeding practices in communities. SBC approaches can also highlight specific gaps and societal barriers to improving nutrition in education, health care, or women's status.

Gender-sensitive SBC approaches are behavior-centered approaches that identify, consider, and account for the different needs, abilities, and opportunities of women, men, girls, and boys to facilitate individuals, households, groups, and communities to adopt and sustain evidence-based practices as well as transform the environment within which behavior change occurs.

When planning, implementing, or evaluating nutrition interventions, it is important to understand the social and gender dynamics that could help or hinder their effectiveness. Gender-sensitive SBC approaches during the first 1,000 days must support activities that target women's nutrition as well as their children's, while addressing the complex determinants that lead to improved behaviors. Gender-sensitive SBC approaches also must target other influential change agents, in order to reinforce consistent behaviors and promote healthy

food; water, sanitation, and hygiene (WASH); and nutrition practices (USAID 2014a). Gender-sensitive SBC interventions are not separate or autonomous activities that have to be “added” onto other projects. It is a functional approach to development programming that needs to be integrated within all interventions to enhance the project’s effectiveness. Gender-sensitive SBC approaches to improve nutrition outcomes for PLW and their children during the first 1,000 days are powerful tools in the battle against food insecurity.

Expanding the scope of behavior change interventions to address social and structural factors, including gender norms and inequalities, is increasingly considered a best practice and evidence suggests it leads to improved MCH outcomes (Lamstein 2014, Kraft 2014, Muralidharan 2014). Projects that promote gender equality and women’s empowerment (e.g., women’s decision-making power and status), and in some cases increasing male support and involvement, significantly improve nutrition and wellbeing for the entire household through women’s and couple’s ability to make and act on decisions that benefit their own, their children’s and, in some cases, their community’s health. Although the influence of male partners, relatives, and community members on MCH and nutrition behaviors is well noted, there is a lack of in depth research regarding this social factor (Kraft 2014).² More specifically, the use of gender-sensitive SBC approaches has not been well researched or articulated. As this evidence base is being built, and considering the critical 1,000-day window of opportunity when nutritional deprivation and toxic environmental exposures can have lifelong consequences, SBC approaches and interventions should strive to be gender-sensitive and culturally appropriate to tackle the multi-faceted nature of undernutrition affecting maternal and child wellbeing.

BOX 2. HIV, food security, and nutrition

HIV/AIDS heightens vulnerability to food insecurity, and food insecurity in turn heightens susceptibility to HIV exposure and infection. HIV impacts human, social, and physical capital, thus severely threatens agricultural production. This cycle is particularly devastating for women who are physiologically, economically, and culturally more at risk of HIV infection than men and who bear a double burden as both producers of food and caretakers of the sick (IFPRI 2005). Some projects have addressed HIV/AIDS along with nutrition and food security (FAO 2012, Hoogendoorn 2008). For example, the Urban Agriculture Program for HIV/AIDS Affected Women and Children in Ethiopia strove to provide healthier, more empowered lifestyles for people with HIV/AIDS and their families by increasing access to fresh, nutritious food while, at the same time, improving their skills and livelihoods using small home and group gardens. In addition to improved nutrition and economic outcomes, participating households experienced psychosocial benefits of self-efficacy and reduced stigma and discrimination (Hoogendoorn 2008).








² It is not surprising there is more solid evidence on women’s empowerment approaches, given that more recognition in the field has been given to issues of women in development than gender and development (Kraft 2014).

EVIDENCE-BASED GENDER-SENSITIVE SBC INTERVENTIONS

Key Nutrition Behaviors to Achieve

Malnutrition can be greatly reduced through the delivery of simple interventions encouraging specific behaviors³ at key times in the lifecycle—for the mother, during pregnancy; and for the mother and child, during delivery, infancy, and early childhood (see Figure 2). In addition to the behaviors listed, adolescent pregnancy should be prevented and has a significant impact on the nutritional status of women and children under two (Mason 2014). If effectively scaled up, these key interventions have the potential to improve maternal and child nutrition and reduce the severity of childhood illness and under-5 mortality (USAID 2014a).

FIGURE 2. Key family behaviors for maternal and child nutrition during the first 1,000 days

Pregnancy 	Delivery  	0-6 Months  	6-24 months  
<ul style="list-style-type: none"> • ANC visits • Iron folate or maternal micronutrients supplementation • Calcium supplementation • Iodized salt • Reduced indoor air pollution and tobacco use • Deworming • Intermittent preventive treatment for malaria • Insecticide-treated nets (ITN) • Increased energy and protein intake • Enhanced dietary diversity and quantity • Increased rest and decreased work 	<ul style="list-style-type: none"> • Immediate and exclusive breastfeeding (EBF) • Delayed cord clamping • Vitamin A supplementation 	<ul style="list-style-type: none"> • EBF • Hand washing or hygiene • Conditional cash transfers (with nutrition education) • ITN • Increased energy and protein intake • Enhanced dietary diversity and quantity • Healthy timing and spacing of pregnancy 	<ul style="list-style-type: none"> • Continued breastfeeding • Complementary feeding • Preventive zinc supplementation • Zinc in management of diarrhea • Vitamin A supplementation • Iodized salt • Multiple micronutrient powders • Hand washing and proper hygiene • Growth monitoring and promotion • Treatment of severe acute malnutrition • Deworming • Iron supplementation and fortification • Conditional cash transfers (with nutrition education) • ITN • Increased energy and protein intake • Enhanced dietary diversity and quantity • Healthy timing and spacing of pregnancy

Adapted from Save the Children 2012, TOPS 2014, World Bank 2014, Lamstein 2014

Many of these practices are a part of the Essential Nutrition Actions (ENA), a set of SBC interventions to improve maternal, newborn, infant, and young child health (CORE Group). Projects can target one or multiple ENA: from 2003-2009, 70 percent of the Title II development programs worked on four or more of the ENA, and many projects address all or most of the ENA (van Haeften 2013). In addition, projects should aim to integrate the Essential Hygiene Actions (e.g., safe drinking water, hand washing with soap, food hygiene) as essential components to reduce diarrhea, undernutrition, and food insecurity (USAID 2014b, van Haeften 2013).

³ Practices and behaviors are used interchangeably in this document, both referring to conventional or accepted ways of doing things.

How to Achieve Gender-sensitive SBC

By implementing gender-sensitive SBC interventions that include a mix of approaches, projects can encourage changes in knowledge, attitudes, and skills and create a supportive and enabling environment, leading to sustained changes in key behaviors. While there are too many potential gender-sensitive SBC interventions to list, the following table highlights a number of well-recognized evidence-based, multisectoral gender-sensitive SBC interventions that impact nutrition outcomes during the 1,000-day window of opportunity (Figure 3).⁴

FIGURE 3. Examples of effective gender-sensitive SBC interventions

	Access to Food	Maternal and Child Care	Water, Sanitation, Health Services
Interpersonal/ Individual/Family Approach	<ul style="list-style-type: none"> • Increase access to high-nutrient content food through homestead food production • Incorporate nutrition-related education in Farmer Field School (FFS) 	<ul style="list-style-type: none"> • Promote dietary diversification through one-on-one counseling • Organize husbands/father peer groups to build skills to enhance gender roles, motivators, and barriers 	<ul style="list-style-type: none"> • Promote hand washing and hygiene practices • Install water wells and tanks to reduce women’s time and labor burdens
Community Level Approach and Advocacy	<ul style="list-style-type: none"> • Develop a village model farm that highlights crops managed by women • Form, organize, and support farmer and non-agricultural associations for women 	<ul style="list-style-type: none"> • Organize Care Groups to promote good feeding and nutritional care practices • Train healthcare workers on SBC of feeding practices 	<ul style="list-style-type: none"> • Hold Child Health Days to provide health and nutrition services • Provide ITN to PLW and children and ensure usage
Mass Media and Information and Communication Technology	<ul style="list-style-type: none"> • Produce documentary promoting gender equality, nutrition, and HIV in FFS • Develop billboards to promote Animal Source Foods and Food Production 	<ul style="list-style-type: none"> • Give fathers reminder stickers for antenatal care visits • Distribute information, education, communication materials on EBF to males 	<ul style="list-style-type: none"> • Develop a radio and TV campaign for men focused on feeding actions • Create drama about harmful cultural practices that affect maternal and child nutrition
Structural/ Systems Approach (Enabling Environment)	<ul style="list-style-type: none"> • Focus poverty reduction and economic growth programs on women and girls • Promote nutrition dimension in development, poverty, and food security plans 	<ul style="list-style-type: none"> • Enhance capacity of national research institutions to address gender and nutrition in extension training • Enforce legal marriage age of 18 years or older 	<ul style="list-style-type: none"> • Strengthen health systems to improve availability and access to medical products • Increase capacity of female managers in organizations

Interpersonal/Individual/Family Approaches focus on change at an individual or a family level, which involve face-to-face interaction. Health care providers, health workers, or peers can conduct such interventions in facilities, communities, or homes. Research shows that all forms of extra support—such as from peers, male partners, or family members—can improve desired behaviors (Bhutta 2008).

Community Level Approaches and Advocacy addresses change at the community level, but outcomes can be measured at either the community or individual level. Various projects support some method of community-based and/or nutrition-sensitive education to improve nutritional behavior. Peer groups can take a variety of forms depending on the focus of the project, utilizing Care Groups⁵, mothers’ groups, breastfeeding support groups, and women’s associations, for example. Some studies encourage gender- and/or age-specific groups to relay behavior messages, but not always.

⁴ When not explicitly mentioned, the authors made the determination what was gender-sensitive after reading the methodology or background of reviewed academic and grey literature, project evaluations, and case studies.

⁵ Care Groups—a group of 10-15 volunteer community-based health educators who regularly meet together with project staff for training and supervision—can impact nutrition at scale and at low cost. One project reported that Care Groups had an interesting and unexpected side effect: women’s involvement led to an increased respect of themselves and from others due to their accomplishments and the acceptability of GBV decreased (Davis 2013).

Mass Media and Information and Communication Technology use a array of technologies—including the Internet, television, cellular phones, newspapers, film, and radio—that are capable of simultaneously reaching audiences on a large scale, often over distance. They have the potential to positively affect SBC, especially when mixed with other delivery approaches (e.g., face-to-face).


Structural/Systems Approaches seek to create an enabling environment to promote health by altering the dynamic context within which health is produced and reproduced. While these macro-level changes can take time and effort, they can be highly impactful.



Simply increasing knowledge and awareness of good nutrition practices rarely leads to sustained behavior change, nor is sustained change in nutrition behavior likely to be achieved through a single activity. There is considerable variation in effective gender-sensitive SBC interventions used during the critical first 1,000 days. Evidence suggests that using multiple SBC interventions to change behaviors is more effective than using one, that targeting multiple contacts has a greater effect than targeting only the woman herself (e.g., women, husbands, mothers-in-law, community leaders), and that more visits or contacts results in greater change (Lamstein 2014). In addition, interventions may have different content, messages, scale and coverage, length, and intensity. They should aim to cut across sectors (e.g., agriculture, education, health, WASH) to harmonize interventions, messages, and resources to foster nutrition during the 1,000-day window of opportunity. Also, it is best to utilize existing mechanisms, such as integrating technical assistance activities within the existing government health and nutrition systems (Mason 2014).

In addition to being gender-sensitive and culturally appropriate, SBC interventions should also be nutrition-sensitive and nutrition-specific. Nutrition-specific interventions address the immediate causes of nutrition such as treating acute malnutrition, increasing micronutrient intake and supplementation, and promoting EBF and complementary feeding (see Figure 1). Nutrition-sensitive interventions address the underlying and basic causes of undernutrition such as poverty, gender inequality, and poor access to safe water and hygiene (USAID 2014b). Nutrition-sensitive interventions have the potential for significant, positive nutritional impact if they have explicit nutrition objectives, empower women, and target poorer households. USAID has committed to work across sectors and with public and private partners to scale up gender-sensitive nutrition-sensitive services appropriate to local needs and contexts (USAID 2014a).

CRITICAL ACTIONS, BEST PRACTICES, AND RESOURCES FOR GENDER-SENSITIVE SBC PROGRAMMING

Gender must be explicitly considered as a social determinant of health in nutrition and food security programs. Addressing gender-related social norms and behaviors has the potential to improve agricultural productivity, food security, and health and nutrition outcomes for families during the first 1,000 days and beyond. Gender integration is used to identify and respond to gender-related issues and gaps during project planning, implementation, and M&E. Based on the background research findings, an overview of critical actions necessary to improve the gender sensitivity of SBC programming during each programming phase is provided, along with best practices suggested by practitioners implementing relevant programs (indicated by ). Key resources and tools are provided for each phase; a complete list of resources and tools can be found in Annex 1, including overarching guidance and checklists. Case studies are presented throughout this Guide to demonstrate global examples of gender-sensitive SBC programming.

Program Planning

Overview

Gender-sensitive SBC projects need to be grounded in formative research to understand how gender dynamics could be barriers for nutrition-related goals of the project and to identify appropriate targeting, communications, training, and advocacy to effectively change harmful practices and encourage sustainability of positive ones (USAID 2014a). While there are clear steps to increase the gender sensitivity of programs, the specific approaches and materials used should be multisectoral, engage relevant partners, and be tailored to the local context.

Critical Actions and Best Practices

Conduct a gender analysis and SBC formative research

Differences in local context (including social and cultural norms related to gender) affect the success of an intervention, making it essential that a proper context assessment, formative research and/or ethnographic study prior to SBC implementation is conducted (Lamstein 2014). A key foundation for responding to gender-related barriers to program and health outcomes is a gender analysis. A gender analysis is a systematic way of examining relational differences between women, men, girls, and boys related to laws, policies, regulations, and institutional practices; cultural norms and beliefs; gender roles, responsibilities and time used; access to and control over assets and resources; and patterns of power and decision-making. This process helps practitioners understand both *how gender influences/impacts the project* and *how the project may influence/impact gender relations*. Gender experts have developed a number of analytical tools to guide practitioners through the analysis, some that are sector-specific and others that can be used across different sectors. See Annex 1 for specific tools.

A gender analysis should be applied at the project level, ideally before a project begins, to determine which, if any, gender-related constraints should be addressed within the project. However, a gender analysis can be conducted during any stage of a project. Both quantitative and qualitative data should be included in the analysis, if possible. While quantitative data can show us what is happening, qualitative data gives meaning to gender roles and norms, and helps explain why people act in certain ways within the health system. In addition to original research, existing data sources such as gender assessments, academic or grey literature, or local organizations and partners can be of use. The gender analysis should complement other formative research methods in SBC such as Barrier Analysis and Causal Analysis.

Findings from the gender analysis should inform all subsequent project activities, including planning, implementation, M&E, and documentation.



Interview women, men, girls, and boys to get all relevant perspectives during formative research to understand relevant gender dynamics in the community.

Ensure project strategies and plans are gender sensitive

Gender is often added on after program planning, but this is not ideal. At the beginning of project activities, some practitioners suggest developing explicit gender and SBC strategies that outline theories of change the project is trying to address, specific messages, and communication channels, for example. Depending on the project, these strategies can address gender and SBC separately or jointly. If stand-alone gender and SBC strategies are not possible, ensure all planning documents or strategies (e.g., log frame, M&E, Performance Management Plan) integrate gender analysis findings. This will make gender-sensitive SBC activities more explicit and desired outcomes more clear. When budgeting and planning for project activities, remember that gender and SBC are substantive topics that require time and financial support to show necessary results.

BOX 3. Gender equality vs female empowerment

Gender equality is when men and women have equal rights, freedoms, conditions, and opportunities for realizing their full potential and for contributing to and benefiting from economic, social, cultural, and political development. Examples of interventions addressing gender equality include ensuring equal access to education, water, and healthcare for males and females. Female empowerment is when women and girls are able to act freely, exercise their rights, and fulfill their potential as full and equal members of society. Examples of interventions addressing female empowerment include providing women and girls economic opportunities, education, and collective action. In addition to impacting nutrition and food security, women's empowerment is also an outcome: if a woman is not healthy, she cannot fully participate in society to raise her rights. Numerous studies have shown that, independent of other factors, the greater a woman's decision-making power, the greater the positive effect on MCH (McNairn 2011). Yet increases in women's productive and financial capacity will not ensure she has the power to use those resources, be involved in decision-making, or make informed life choices (BRIDGE 2014).

Some projects think that if they are targeting women in programming, they are addressing gender equality. Women's empowerment is a good first step, but if societal attitudes, behaviors, roles, and responsibilities related to gender are not changed, sustainable behavior change will not be achieved; men and boys need to be involved as well as women and girls. To ensure sustainable nutrition and food security, both gender equality and female empowerment need to be addressed.

Strengthen gender-related partnerships

Create transformational partnerships by engaging an appropriate set of stakeholders to address the issue. Such partners include government, non-governmental organizations, community-based organizations, the private sector, international platforms (e.g., Scaling Up Nutrition [SUN] Movement), and others that impact gender. Leverage the core competencies of all partners and determine how the project can best coordinate efforts to address gender inequalities affecting relevant health outcomes. Projects should build the widest possible network of partnerships across sectors so that interventions, practices, and messages are harmonized and similar materials and job aids are used to maximize impact and help disseminate information to support behavior change (USAID 2014a). In addition, utilizing existing community structures

and engaging local community and religious leaders and members can help get buy-in and local ownership of activities and make efforts more effective and sustainable.



Meet with local community leaders to understand points of entry to transform gender attitudes and norms and how to leverage them to create change. Separate meetings with men and women may be needed to ensure full participation of all.

Ensure project objectives and SBC interventions address gender needs and gaps

Project interventions should go beyond targeting and ‘counting’ women; they should address relevant identified gender needs and gaps, with an emphasis on leveraging existing gender equity and increasing women’s participation in project and community activities, where possible. Gender equality should be valued as an outcome and as a determinant of health outcomes: ideally project activities will challenge gender norms and inequalities that impede access to services and healthy behaviors, as well as promote equitable relationships and decision-making. Women’s roles in both household livelihoods and community organizations need to be considered when planning projects. Staff may need guidance on supporting women’s participation and leadership in communities and program activities, and while this may take time, it can lead to attitudinal changes and transform social norms. In addition to being gender sensitive, project objectives and SBC interventions should be tailored to the local context and needs. For example, in addition to significant gender differences impacting the nutritional needs and behaviors of PLW and children under two between countries in different parts of the world, this can also be true between

regions and even rural and urban settings in the same country. Projects should account for these differences and adjust their approach, which often requires only small changes. Projects should aim to increase women’s ability to actively participate in the development process, which may require special outreach and training for poorer and less educated women (IFRPI 2005).



Involve women, men, girls, and boys in planning objectives and interventions to ensure everyone’s needs are met.

Nutrition programs should strive to transform gender relations. If projects are just impacting maternal and child nutrition outcomes but not transforming gender relations, they are not making a lasting difference.

Make linkages across multiple sectors

There is a new global consensus on the need for multisectoral SBC approaches to improving nutrition outcomes, and ultimately the livelihoods of women and children (Mucha 2012, Herforth 2014). This consensus recognizes that there are pervasive and complex health, social, and behavioral determinants to undernutrition and illness, such as lack of access to nutrient-rich foods, cultural and behavioral barriers, education, climate shocks, inadequate sanitation, and gender inequality. These factors require tangible, cost-effective, innovative solutions. Gender cuts across all sectors and should not be addressed as a stand-alone topic, but instead must be integrated across all of these dimensions (BRIDGE 2014). In addition to the gender-sensitive SBC interventions in agricultural, health, and WASH described above, some projects exemplify innovative multisectoral approaches by incorporating the following sectors:

Education

Without basic education like literacy and numeracy skills, the cycle of poverty cannot be broken and nutrition outcomes will remain unchanged. By addressing women's access to basic education, messages will better resonate because women can better understand the connections between nutrition, health, and hygiene.

Social protection

Some governments provide public interventions (e.g., social assistance, social insurance, labor market policies, social funds, social services) aimed at supporting the poorer and more vulnerable members of society. In some cases, PLW can receive food rations until their child turns one year old without having to work.

Economic strengthening

Improvements in women's income are more likely to improve household food security than improvements in men's—as long as women have adequate time for child care (FAO). Livelihoods programs and other interventions (e.g. access to markets, savings, credit) should accompany SBC interventions to address economic constraints to food and inputs that can improve nutrition and food security.

Women's empowerment

Some projects incorporate programming that focuses specifically on reducing gender inequalities and women's empowerment, such as women's decision-making or assets (see Case 3). These interventions can have a strong independent impact on nutrition outcomes (Smith 2011).

It is important that these and other (e.g., labor, environment, energy) sectors collaborate to adopt programs, coordinate and integrate messaging, and strengthen policies that foster nutrition during the first 1,000 days. While this can be challenging since institutions and funding streams can work in silos, the potential impact of multisectoral collaboration is worth the effort.



Gender should be addressed within other project components and be given as much time as other project components.

BOX 4. USAID's 2014-2025 multi-sectoral nutrition strategy

USAID released a strategy to decrease chronic malnutrition by 20 percent by utilizing a multisectoral approach that addresses both direct and underlying causes of malnutrition, and focuses on linking humanitarian assistance with development programming helps build resilience to shocks (e.g., armed conflicts, sudden-onset natural disasters) in vulnerable communities. In this strategy, USAID promotes a preventive programming approach focused on preventing child malnutrition during the critical first 1,000 days to help children fulfill their potential for a healthy, productive, and dignified life by preventing malnutrition before it starts. Recognizing their impact as underlying determinants of nutrition, the strategy includes gender equality and women's empowerment as one of its guiding principles and states that all nutrition programs will be designed with a gender lens. It also highlights the critical importance of female empowerment given the role that women play as mothers, caregivers, farmers and income earners. Read more at <http://www.usaid.gov/nutrition-strategy>.

Highlighted Resources and Tools *See Annex 1 for more*

- [A practical guide for managing and conducting gender assessments in the health sector \(2013\)](#)ⁱ
- [Gender analysis, assessment and audit manual & toolkit \(2012\)](#)ⁱⁱ

CASE 1. GINA II–Nigeria, Uganda and Mozambique

The Gender Informed Nutrition and Agriculture (GINA) II project combined agriculture and nutrition interventions with a focus on gender roles to improve health outcomes of vulnerable families in food insecure areas, specifically for children under 5 years and PLW in Nigeria, Uganda, and Mozambique. The project focused on promoting weight gain for young children, increasing the availability of nutritious foods to participating vulnerable households, promoting women's increased knowledge of feeding practices for infants and young children, empowering mothers with knowledge and skills to prevent or reverse malnutrition, and strengthening families' capacity to care for the health of their children. Mothers were targeted as the project's main recipients due to their role as caregivers and producers/processors of food, although many GINA II program groups engaged male partners as well (Chikodzore).

In Uganda, GINA II promoted the uptake of home and community gardening and provided support in the growing and consuming of nutrient-enriched food crops, including orange-fleshed sweet potato and animal-derived foods. Staff weighed children at Growth Centers on a monthly basis to track progress and communicated with caregivers during regular counseling sessions throughout the duration of the project (Fanzo 2013). Understanding that the provision of food is not enough to counteract malnutrition, GINA II worked to promote good feeding practices to compliment increased and diversified food supplies to vulnerable families. Within GINA II's focus groups, harmful nutritional customs were identified as key challenges contributing to malnutrition (Amuwah 2009). Such customs included preventing women and children from eating eggs and liver, which deprived them of essential proteins and iron; depriving babies of colostrum, which predisposed them to diseases early and denied them the necessary protection from infection; and having children and women eat last, which denied them adequate nutrition. Additionally, training sites worked to counteract the belief that malnutrition was caused by traditional beliefs such as witchcraft, bad luck, and the consequence of husbands' extra marital affairs (IFBF 2007). GINA II's focus on empowering women and their male partners to understand the underlying causes of malnutrition and providing them with greater nutritional knowledge and the skills to prevent or reverse malnutrition, while strengthening their shared capacity to care for children's nutritional health resulted in reduced in a 43.8 percent reduction in severely and moderately underweight young children (Chikodzore).

BOX 5. Common concerns about addressing gender***I don't know how to start.***

Addressing gender is not as complicated as it might seem. In addition to understanding critical actions to addressing gender as discussed in this Guide, it is important that staff understand that addressing gender is important and critical to improving outcomes. In addition, it is important to know and understand the local culture, religion, and social contexts where projects are being implemented. Practitioners should begin with a conversation with colleagues who have addressed gender in their projects or activities and familiarize themselves with relevant gender integration resources. Once they are familiar with the process, materials, and the way forward, integrating gender will become a regular part of their everyday activities.

This will make the project more expensive.

It might increase project costs. It will require more attention from staff and potentially external consultants to ensure gender integration activities are being implemented appropriately. However, there are many actions practitioners can take to address gender that do not cost anything or cost very little. In addition, the potential impact of addressing gender is worth the investment. It is important to consider the potential costs of ignoring gender issues and how it can limit project outcomes or even have unintended detrimental affects on project beneficiaries.

Our staff are not gender experts.

Staff planning, implementing, and evaluating programs do not need to be gender experts to be able to address gender issues and gaps affecting program outcomes. Staff need to be aware that gender issues might affect program outcomes and be sensitized to the importance of addressing gender at all levels of implementation. Staff can play different roles in addressing gender depending on their level of responsibility, but all staff should work together. Projects can use short-term expert advice on gender issues depending on program complexity. Once gender is integrated in SBC programs, it becomes a part of daily routine program implementation.

There is too much resistance to gender.

Changing people's behaviors and beliefs takes a long time, especially when it comes to addressing gender issues and gaps. In addition, people might have their own beliefs and biases about gender, especially when they come from different backgrounds and communities even within the same country. Staff should be sensitive to this issue. Forcing concepts on people will not work, and it definitely will not lead to sustainable change. Explaining how addressing gender might affect outcomes will help reduce resistance to gender among staff. Having staff participate in developing local solutions is key to their buy-in and successful implementation.

This is too difficult.

While it may not always be easy to address gender, if approached from a perspective of improving nutrition outcomes for females and males, it will be rewarding. Introducing gender at the beginning of program planning phases is critical, as is sensitizing and training staff. It will require intentional and explicit attention to addressing gender issues throughout project planning, implementation, M&E, and documentation. This Guide provides numerous resources to support practitioners in their efforts. It is also important to reach out to colleagues and experts who have successfully addressed gender in their work for additional support and guidance.

Program Implementation

Overview

Implementing gender-sensitive SBC approaches requires flexibility, regular monitoring of results, and continuous adjustments to approaches to ensure project activities are achieving desired outcomes and reaching the most vulnerable—women and children in the first 1,000 days. Again, context is critical during implementation as one approach might work in some communities and might not work in others. To maximize impact, practitioners should involve a range of influencers and consider the needs and preferences of males and females.



Critical Actions and Best Practices

Engage a range of important influencers

Maternal and child nutrition practices are influenced by a variety of actors within the household and wider community. The unique social and cultural realities of these actors and dynamics of these relationships need to be recognized and leveraged to improve nutrition outcomes.

Husbands and fathers

Male partners and fathers may be the most important stakeholders and a top-priority audience for SBC interventions to improve maternal and child nutrition. Men often control the allocation of household resources. They can also feel responsible as the primary income earner in a family and perceive their duties to include being providers and advisors for their wives and children (The Manoff Group 2014). However, they are rarely involved in discussions about improving families' nutritional health. SBC interventions should emphasize men's culturally prescribed roles as providers and advisors and support them to engage in more communication and joint decision-making with their wives about their family's nutrition. Activities should enable males to encourage and support their partners' healthy practices as well as ensure their own health and wellbeing (Muralidharan 2014).

Mothers-in-law and grandmothers

Mothers-in-law and grandmothers in many countries often hold an advisory role in marriage counseling and child care and are sometimes primary caregivers, meaning they have a strong influence over nutrition practices among PLW and children. By improving grandmothers' nutritional knowledge and subsequent advice to PLW, gender-sensitive SBC approaches can strengthen the role of grandmothers at the household and community levels in the promotion of optimal practices related to women's and children's nutrition, while at the same time promoting changes in community norms related to maternal and child nutritional practices.

Religious and community leaders

Religious and community leaders, such as village chiefs, have significant influence over community norms and behaviors. In some communities, cultural beliefs and improper interpretation of religious beliefs can provoke backlash against gender-sensitive SBC interventions because they are perceived to challenge

tradition. However, the role of religion can be leveraged in project materials and messages, especially since most religions advocate for positive behaviors such as EBF. Project staff and frontline workers need to be trained on the importance of collaborating with religious and community leaders and on how to respond to backlash. Utilizing evidence-based religious texts and teachings can be particularly important.

Health workers and community-based extension workers

Health workers and agricultural extension workers play a unique role in communities because they provide technical knowledge and are respected by the community. In addition, their reach expands to rural and often impoverished families that need such support. Integrating gender-sensitive SBC knowledge and messages related to nutrition into their routine activities presents an important opportunity to improve outcomes during the first 1,000 days.

In addition to these stakeholders, national, regional, and local government representatives, schoolteachers, peers, and others can play important roles in gender-sensitive SBC interventions. Projects should strengthen the capacity of these actors to positively contribute to maternal and child nutrition. Project activities should be delivered in places beneficiaries typically congregate and feel safe (Muralidharan 2014). In many places, nutrition is not a community priority in the face of other challenges. To engage participants, projects may require leveraging community-level champions who understand and effectively communicate the issues. In addition, they should identify and promote positive role models among husbands and fathers who already demonstrate good maternal and child nutrition practices.



Try to achieve gender balance in the recruitment of project participants to influence both parents for improvements in MCH and nutrition practices.

Celebrate successes. For example, recognizing families who successfully demonstrate optimal practices or celebrating the commitment and championship of health and extension workers can inspire others to do the same.

Consider needs and preferences of men and women when implementing activities

Men and women play different roles in guaranteeing nutrition and food security for their households and communities, and they both need to be engaged in project activities. Yet project staff need to consider the unique needs and preferences of men and women when implementing gender-sensitive SBC interventions.

Challenge gender norms in gender-specific practices

Nutrition and food security are often considered gender-specific practices. For example, practitioners have found that men often focus on the production of cash crops and respond better to agricultural extension workers just as women often focus on food production for household consumption and respond better to female health workers, although there is some overlap. When trying to engage female farmers in more productive and nutritious agricultural output, and men to improve maternal and child feeding practices, gender barriers of access and comfort need to be overcome. Projects should seek to create interest among male community members in nutrition and involve them in nutrition activities, either through building on positive community norms or roles or creating safe spaces to challenge those gender-specific practices. For example, some projects found that including men in cooking demonstrations was an effective way to involve men (Connell 2013, Olney 2013, FHI360 2014). Similarly, networks or peer-based groups are an effective way to secure women's participation because they help women access critical support services and strengthen their social capital so they can engage in other activities. For community workers, pairing men with women for events has been shown to be a helpful way to share responsibilities and voice.

Respect or address overstretched workloads

When implementing activities, be aware of the burden project activities can sometimes add to men and women's workloads and identify ways to lessen it. This has been found to be a particular concern for women, where women can work 12-15 hours a day or more. Asking women to participate in trainings or other project activities, while critically important, can increase their workload even further, especially if no childcare is provided. A gender-aware example of how to address the problem of women's overstretched workloads is to provide participants money for lunch during trainings so they are not anxious about needing to prepare food once home. A gender-transformative approach would be to address the division of labor within the household and encourage men to share some of the nutrition responsibilities and share tasks that typically fall to women (e.g., child feeding, homestead farming). This work, while critically important, is rare, although it is beginning to be addressed in urban areas.

Maximize the adoption of technology

Making labor- and time-saving technologies (e.g., mobile phones, water wells and tanks) accessible to poor men and women has contributed to positive project outcomes and the achievement of greater gender equality, particularly in agricultural interventions. Such technology can increase knowledge, maximize time, and increase output. However, women have much lower observed rates of adoption of a wide range of technologies than men. The most commonly-cited reasons for this gender gap in technology adoption are greater time and labor constraints; relatively less access to funds and credit; more limited information, education, and training; more limited capacity and opportunity for participation in innovation and decision-making processes; and more limited access to accompanying inputs and services (Ragasa 2014). These obstacles need to be examined and addressed in all project activities.



Help beneficiaries recognize the impact of program activities. For example, when parents see a difference in their child's health, dialogue between husbands and wives increases.

If men or women are reluctant to participate in activities, set minimum target levels for gender-balanced participation.

Gender and SBC trainings need to be integrated, balanced, and impactful

Capacity strengthening in gender and SBC is necessary to transform gender inequalities that exacerbate food insecurity and undernutrition (McNairn 2011). Project staff, implementing partners, and beneficiaries frequently need to be trained on various project components. Often projects hold a separate gender training, which is not as effective because it is not matched to sector-specific project activities. Some projects fail to incorporate gender into trainings at all. Raising participants' awareness and changing their behaviors are long-term processes that need to be adequately addressed through integrated and coordinated training activities.

In addition, there are important considerations to training facilitation. The right person needs to facilitate the message. Front line workers need to be trained to understand how gender is related to their sector-specific work. Facilitators also need to be sensitized to gender issues within trainings, such as ensuring men and women are both being heard. Some practitioners suggest that trainings should have an equal number of male and female participants and be led by male and female co-facilitators. Trainings should enable co-learning rather than just delivering project-related messages to maximize impact and encourage behavior change.



When projects send staff to trainings, give them a role and a responsibility to share new learning when they return. This enables them to apply the learning, build their capacity as facilitators, and share knowledge with colleagues or stakeholders.

When facilitating trainings, be sensitive to the local context and personal beliefs. Facilitators need to be sure not to make assumptions or judgments and to be respectful but also acknowledge and process their own related beliefs.

Review project messages and materials to ensure gender considerations are included, where appropriate

All gender-sensitive SBC projects require a range of practical, focused, and user-friendly messaging and materials related to project content to improve nutrition outcomes for PLW and children under two. While many maternal and child nutrition messages and materials traditionally focus on women, consider the broad range of all stakeholders the project is addressing. Materials should cater to their identities and abilities to reduce knowledge gaps and change behavior. For example, when targeting rural men, one project used positive messages and images to promote maternal and child nutrition as part of a modern and progressive lifestyle, and reaffirmed their hard-work, physical strength, and provider roles for their wives and children, taking care not to undermine their self-efficacy and self-esteem (The Manoff Group 2014). Ensure all diverse stakeholders are represented in project materials, such as images in manuals or mass media and characters in TV or radio campaigns.



Develop an internal checklist with input from stakeholders to ensure SBC messages and materials are gender sensitive. For example, does the practice or message address social norms? Does it evoke self-efficacy and confidence?

Ensure interventions “do no harm”

Issues related to gender and culture can be very sensitive and sometimes project activities can have unintended consequences. No mother, child, or any vulnerable person should be harmed by activities aiming to improve nutrition and food security. Practitioners must ensure that gender-sensitive SBC interventions do not create or increase risk for women, men, girls, or boys. For example, time-consuming and physical participation in project activities that require mothers to be away from the home for long periods of time can limit a woman’s ability to feed her children properly, leading to poorer nutritional status (IYCN 2011). Practitioners should be vigilant to identify and address any such consequences. This requires an ongoing monitoring of shifts in the local context. Spot checks and community discussions can yield important issues or unintended consequences that should be promptly addressed.

Highlighted Resources and Tools *See Annex 1 for more*

- [Nurturing connections: A participatory approach to gender and nutrition \(2012\)](#)ⁱⁱⁱ
- [Gender model family manual for community workers \(2013\)](#)^{iv}

CASE 2. Enhanced-Homestead Food Production (E-HFP)—Burkina Faso

Helen Keller International (HKI) has been implementing its Homestead Food Production (HFP) model in Asia for over two decades since the 1990s. HFP is a dietary diversification approach to ensuring better micronutrient status of households by providing technical support for the production of nutrient-rich gardens and animal products and conducting nutritional education to inform optimal nutrition and feeding practices (Talukder 2010). Such projects provide resources and education/support for entire households to put nutritional messages into practice, reduce dependency on food aid, and lessen the burden on the public health system. Recently, HKI has enhanced the program by strengthening existing components such as the BCC strategy and improved targeting to reach households with women and children in the vital 1,000-day window and has started to adapt and implement these programs in Sub-Saharan Africa.

In Burkina Faso, unreliable food access and suboptimal child-feeding practices result in high rates of micronutrient deficiencies and anemia among women and children (Harris 2014). In 2010-2012, HKI implemented the Enhanced-HFP program (E-HFP) in eastern Burkina Faso, which aimed to improve women's agricultural production of nutrient-rich foods, deepen the nutritional knowledge of the family, and improve nutrition and feeding practices, ultimately strengthening nutrition and health outcomes for women and children. E-HFP worked with local landowners to establish community gardens for female village farm leaders (VFL) to use as communal village farms. Village farms served as training sites where VFL were trained in HFP; VFL then trained other women in the community (selected if they had a child 3-12 months old) in these production techniques. HKI provided beneficiary VFL and mother's group members with seeds, gardening tools, and training to establish home-gardening activities and empowered them with nutritional knowledge and skills in order to increase their capacities as leaders and improve consumption practices for themselves and their families (Van den Bold 2013). Grandmothers and village committee members also received training on nutrition, gardening skills, and health practices, strengthening their capacity as respected motivational figures who provided beneficiary women with advice and support throughout the program (Harris 2014). E-HFP resulted in increased dietary diversity and reduced prevalence of wasting, anemia, and diarrhea for children, increased intake of nutrient-rich foods and reduced prevalence of thinness for women, as well as shifting patterns with regard to women's control and ownership of assets (IFPRI 2014).

Program Monitoring and Evaluation and Documentation

Overview

The different roles and status of women and men affect the activities to be undertaken; additionally, the anticipated results affect women and men differently. Therefore, all projects require continuous monitoring and evaluation utilizing standardized sex-disaggregated data and gender-sensitive indicators. Additionally, findings should be documented and disseminated broadly as well as used to broaden the evidence base.

Critical Actions and Best Practices

Collect and analyze sex-disaggregated and gender-sensitive indicators

Sex-disaggregated data is tracked separately for males and females for an intervention that targets both. Sex-disaggregated data is very important but it does not explain why gender differences occur, thus additional investigation is needed in order to transform gender norms in communities. Gender-sensitive indicators are indicators that measure changes in the status and role of men and women over time. Appropriate gender-sensitive indicators and sex-disaggregated data should be reflected in the project's M&E plan. Inputs and outcomes must be measured at the individual level and it is important to measure both objective and subjective indicators (Peterman 2012). This data should be collected where feasible and relevant. It should be regularly monitored and analyzed to identify discrepancies between males and

females in services, access, and outcomes (both attitudes and behaviors). It is critical to start collecting and analyzing this data at the beginning of activity, but is still useful at any stage—it's never too late.



Ensure that project teams conducting M&E activities and project beneficiaries sampled in data collection are comprised of both women and men.

Standardize gender-sensitive SBC measures within and between projects

Within a project, gender-sensitive SBC practices and indicators need to be standardized in order to attribute changes in outcomes. This is challenging since gender relationships are complex and often determined by cultural norms. The lack of consistency in measures of gender dynamics (e.g., attitudes, decision-making) or MCH behaviors makes it difficult to compare findings across projects (Kraft 2014). In nutrition research, gender is well established, tends to have more standardized measurements, and includes relevant individual-level indicators. However, gender in agriculture research is less established, more focused on men as primary actors in behavior change interventions and recipients of inputs, and has more basic indicators, often at the household level, but great progress is being made (Peterman 2012).

It is important to develop practices and indicators that are globally recognized, accepted, and used by the research and program communities. Some SBC interventions (e.g., EBF, complementary feeding) may be suited to iterative measures, because even if standards for behaviors are not met, there can be incremental change toward the optimal, evidence-based behaviors. This means that more easily achieved indicators (components of standardized indicators or shorter time periods) may also be needed to measure progress toward the ultimate goal of changes in the standardized indicators of behaviors (Lamstein 2014).



Broaden the focus of SBC indicators and evaluation designs to include those that will measure antecedents on the pathway to behavior change (e.g., changes in perceptions, intentions, attitudes; shift in social norms, power relationships; and individual and collective self efficacy).

Broaden the evidence base

Despite some patterns of key elements of promising gender-sensitive nutrition and food security projects, the limited evaluation studies, impact assessments, and rigorous evidence hinder understanding under what conditions or contexts certain approaches work or do not work (IFPRI 2014, Mason 2014). Quasi-experimental and non-experimental designs have been most often used to evaluate gender-aware programs (Muralidharan 2014), however, interventions designed to create a larger impact on households and communities often require more complex approaches and M&E to demonstrate results (TOPS 2014). Since randomized controlled trials are not always feasible, ethical, or an effective way to understand community-related change, alternative designs (e.g., step-wedge) using both quantitative and qualitative data should be considered (Kraft 2014). Strategic evaluation approaches should be designed with scale up and sustainability in mind, piloted for conditions such as feasibility and acceptability, and then assessed with more rigorous research designs in one or two sites with control or comparison groups, incorporating monitoring and process evaluation data to help interpret findings. More intensive and rigorous evaluation research will be critical for creating future behavioral interventions that are effective, sustainable, and challenge—but do not exploit—gender norms and inequalities to help achieve better nutrition outcomes during the first 1,000 days (Kraft 2014). Such data is important for scaling up these approaches and for institutional learning.



SBC—especially related to gender—takes a long time. Unlike measuring stunting or growth, both of which show dramatic change after effective interventions, SBC is an ongoing process impacted by people’s deeply held beliefs. Monitoring of gender-sensitive SBC projects should continue throughout and evaluation activities should continue after implementation, if possible, to measure sustainable change.

Facilitate partnerships on research, monitoring, and evaluation for gender-sensitive SBC amongst national research boards, local universities, regional centers of excellence, and global health partnerships.

Document and share results, best practices, and lessons learned

There is a need to document gender-sensitive interventions on MCH and nutrition and to make links between other interventions aimed at improving nutrition outcomes and gender equity during the 1,000 day window. Successful, innovative gender-sensitive SBC approaches in nutrition and food security projects exist but are rarely shared. Projects are encouraged to document and share success, failures, and lessons learned both within the organization and externally to local authorities, partners, and other practitioners. Effective formats include articles, blogs, case studies, videos, or newsletters. Reveal how gender gaps were closed, new opportunities, negative impacts on males or females that were addressed or avoided, or what needs and gender inequalities emerged or remain. This sharing can inspire changes in approaches and cultivate a deeper understanding of local gender issues and responses.

Highlighted Resources and Tools *See Annex 1 for more*

- [Tool kit on gender equality results and indicators \(2013\)^v](#)
- [Guidance on methodologies for researching gender influences on child survival, health and nutrition \(2011\)^{vi}](#)

CASE 3. SHOUHARDO and SHOUHARDO II–Bangladesh

From 2004-2010, the SHOUHARDO (Strengthening Household Abilities for Responding to Development Opportunities) program aimed to sustainably reduce chronic and transitory food insecurity affecting children 6-24 months and PLW by addressing availability, access, and utilization issues. It also addressed underlying issues that contribute to vulnerabilities such as poverty, unsanitary living conditions, recurrent natural disasters, lack of participation, and discrimination that prevent people from realizing their full potential in leading healthy and productive lives. Using a rights-based, livelihoods approach, interventions sought to improve the availability of and access to food through strengthening livelihoods, entitlements, and enhancing accountability of service providers; sustainably improve the health and nutrition of participants; empower women and girls from targeted vulnerable households; and strengthen the ability of communities and institutions to prepare for, mitigate, and respond to natural disasters. Of note, Empowerment Knowledge and Transformative Action (EKATA) groups were formed to promote women's leadership, life-skills education, empowerment, and social change. The groups' participatory nature made them highly valued by community members and contributed to their impact. In addition, regular Health, Hygiene and Nutrition community-based learning sessions engaged women, PLW, and children, as well as male family members and mothers-in-law. One recipient reported her husband and mother-in-law began sharing equal responsibility in making sure she received sufficient food on a daily basis and also began ensuring her young son and daughter were fed equally (TANGO 2009).

Reaching over 400,000 households in 18 of the poorest and most difficult to reach areas of Bangladesh, SHOUHARDO reduced the prevalence of childhood stunting by 4.5 percent per year; one analysis concluded that the project's women's empowerment interventions were found to have a strong independent impact on stunting (Smith 2011). In addition, the program improved the dietary diversity of children and PLW through food assistance and greater availability of nutrient rich foods; addressed the social and health related vulnerabilities caused by food insecurity; and resulted in tangible changes in women's empowerment, including freedom of movement, increased access to and control over income and resources, reduced violence against women, and increased women's leadership (TANGO 2009, CARE Bangladesh 2014). Building on the achievements of SHOUHARDO, SHOUHARDO II continues to address the health and nutrition of the country's most vulnerable and food insecure until May 2015.

Gender Mainstreaming

Overview

While it is important to ensure SBC programming is gender sensitive, it is equally important to incorporate the principles of gender integration into organizations. Gender mainstreaming is the process of incorporating a gender perspective into organizational policies, strategies, and administrative functions, as well as into the organization's institutional culture. This could result in a range of organizational practices and policies, programmatic resources, and mandated trainings, for example; these must be clearly communicated to all staff. Improving gender equality at an organizational level strengthens the impact of gender-sensitive SBC programming (Gilles 2015). While this does require political will, time, and resources (which often are not provided by donors), a lot can be achieved with moderate funds and time. Although a range of actions is required to successfully mainstream an organization, three are highlighted below.

Critical Actions and Best Practices

Leadership is supportive of and committed to gender issues

Sometimes, an organization's gender strategies, policies, and tools are not communicated effectively and gender mainstreaming is not seen as mission-critical by all managers and can be uneven in its application. This is impacted by women's limited representation in leadership positions, among other things. Successful gender mainstreaming needs to be prioritized by organizational leadership and given the space required to be effective. While it can be challenging and time consuming, all members of leadership and all staff will understand that gender transformation is not only important but is fundamental. Such support from leadership is necessary to ensure policies are communicated and applied in all organizational activities.



Often the gender point of contact (POC) is solely responsible for leading gender integration across project activities but they are not involved in the rest of work. The gender POC should be a core member of the project implementation team.

Consider gender issues in the hiring process and workplace

Gender roles, norms, stereotypes, and power relations influence workers' positions and distribution, the conditions and terms of their work, and how men and women interact in the workplace. They also influence their performance, opportunities, and career patterns. Female workers often experience unequal opportunities for and access to education, occupation, and paid employment because of systemic gender discrimination. They are under-represented at the highest management and leadership levels and overrepresented at the primary level (e.g., community health workers who are often un- or under-remunerated, receive no training or support, have no ties to the formal health system). In addition, women are disproportionately impacted by lifecycle events (e.g., marriage, having children, taking care of elderly relatives), which affect their educational and career advancement opportunities.

A well-performing workforce is responsive and delivers care and services fairly and efficiently for the best outcomes possible, given available resources and circumstances. Worker education, training, and health services must be responsive to gender differences and inequalities and other social determinants of health. Organizational leaders, project managers, and service providers should recognize how gender influences education and work in order to recruit and retain the robust workforce needed to meet nutrition and food security challenges.

Build capacity of all staff to address gender

Organizations need to develop and implement a comprehensive plan to strengthen staff competencies on gender integration in food security and its associated technical sectors. Without capacity development on gender, gender integration will not lead to the transformation of gender inequalities that exacerbate undernutrition and food security in the first 1,000 days (McNairn 2011). Staff need to understand the principles of gender integration in projects (e.g., conduct gender analyses, collect and analyze sex-disaggregated data).

In addition, staff need the space to critically reflect on the impact of gender on their own lives. All staff members have their own gender-related experiences and biases; the resulting attitudes and practices impact their work. SBC is complex and relating it to our own lives is important. Individual reflection and growth is necessary for it to trickle down to our communities. Staff need to be able to integrate and practice the same behaviors they want beneficiaries to implement.



Regular fieldwork helps practitioners understand gender realities and gather feedback. Such findings need to be shared with all staff to inform program planning and implementation.

Highlighted Resources and Tools *See Annex 1 for more*

- Pursuing gender equality inside and out: gender mainstreaming in international development organizations (2015)^{vii}
- The gender audit handbook: A tool for organizational self-assessment and transformation (2010)^{viii}

CONCLUSIONS

Gender-sensitive SBC approaches to improve nutrition outcomes during the first 1,000 days are powerful yet underutilized tools in the battle against food insecurity. Fortunately, things are changing: more donors and projects are making clear linkages between gender and nutrition and food security in project goals and activities. While there is considerable variation in effective gender-sensitive SBC interventions, more programs are adopting gender- and nutrition-sensitive, multisectoral approaches to promote positive changes in discriminatory social norms and practices in order to promote gender equality and the adoption of healthy, nutritious behaviors. While there are clear actions needed to make SBC programs more gender sensitive, the specific approaches and materials used must be tailored to the local context. More rigorous research is needed to fully demonstrate the impact and the cost effectiveness of gender-sensitive SBC approaches. While this evidence base is growing stronger and wider, more efforts need to be made to ensure that such approaches become an integral component of all programs to help achieve improved outcomes at a wider and bigger scale. Addressing gender is a community effort and requires broad participation and multisectoral linkages to achieve project goals. Transforming habits and preferences around food and care takes effort, research, resources, but the effort and investments are well worth the undertaking and can make an invaluable contribution to the nutritional health and wellbeing of women, men, girl, and boys.

ANNEX 1. RESOURCES AND TOOLS

Overarching Guidance

- **Improving nutrition through multisectoral approaches.**^{ix} The World Bank (2013). *Modules on poverty, economic growth, and nutrition that provide guidance to maximize the impact of investments on nutrition outcomes for women and young children.*
- **IGWG gender and health toolkit.**^x IGWG (2012). *A compilation of practical resources for gender integration and mainstreaming in health policies, programs, and institutions.*
- **Engendering transformational change: Save the Children gender equality program guidance & toolkit.**^{xi} Save the Children (2014). *A toolkit on integrating gender into all areas of programmatic development work across the program cycle.*
- **Integrating gender throughout a project's life cycle: A guidance document for international development organizations and practitioners 2.0.**^{xii} Land O'Lakes (2015). *A guide on integrating gender over the project life cycle from proposal development, project design, project management, communications, and M&E.*
- **Integrating gender in improvement activities: Implementation guide.**^{xiii} WI-HER LLC/URC (2012). *An overview of key gender integration concepts and concrete guidance on an innovative approach to integrate gender into improvement activities.*
- **ADS chapter 205: Integrating gender equality and female empowerment in USAID's program cycle.**^{xiv} USAID (2013). *Elaborates requirements for integrating gender equality and women's empowerment in programming, budgeting, and reporting.*

Planning

- **Gender mainstreaming for health managers: A practical approach (Facilitators' guide and Participant's notes).**^{xv} World Health Organization (2011). *The guide raises awareness and develops skills on gender analysis and gender-responsive planning.*
- **A practical guide for managing and conducting gender assessments in the health sector.**^{xvi} USAID/IGWG (2013). *Practical, concise, and user-friendly guidance for managing and conducting a gender assessment in the health sector.*
- **Gender analysis, assessment and audit manual & toolkit.**^{xvii} ACDI/VOCA (2012). *This toolkit provides guidance on conducting gender analysis, assessments, and audits, while providing useful tools and methods to operationalize this guidance.*
- **CARE gender toolkit.**^{xviii} CARE. *A toolbox of methods with discussion on tried successes, struggles, and lessons on gender analysis.*
- **Designing for behavior change: For agriculture, natural resource management, and gender.**^{xix} CORE Group (2014). *The six-day curriculum gives staff the skills and tools to apply a behavioral approach to designing community development programs.*

Implementation

- **Nurturing connections: A participatory approach to gender and nutrition.** HKI Bangladesh (2012). *This curriculum presents structured activities for communities to discuss and challenge intra-household gender inequalities that underlie food insecurity and malnutrition. Contact Ramona Ridolfi (rriidolfi@hki.org) for more information.*
- **Gender model family manual for community workers.**^{xx} SEND West Africa (2013). *A step-by-step implementation manual for organizations interested in implementing the Gender Model Family program into their initiatives.*
- **Guidelines for implementing Nutrition Impact & Positive Practice (NIPP) Circles.** GOAL Ireland (2013). *Guidelines for implementing these male and female gatherings to improve malnutrition. Contact Hatty Barthorp (hbarthorp@goal.ie) or Sinead O'Mahony (somahony@goal.ie) for more information.*

- **Gender-specific approaches, rural institutions and technological innovations.**^{xxi} IFPRI/FAO (2014). *This paper identifies demand-and supply-side constraints and opportunities in access, adoption, and impact of agricultural technological innovations.*
- **Violence, gender & WASH: A practitioner's toolkit.**^{xxii} SHARE (2014). *This toolkit provides examples of promising approaches, which may reduce vulnerabilities to violence.*
- **Engaging grandmothers to improve nutrition: A training manual for dialogue group mentors.**^{xxiii} USAID/IYCN (2011). *This manual is designed to build capacity of mentors of grandmother dialogue groups on family care and optimal child feeding.*
- **The integration of nutrition within Extension and Advisory Services (EAS): A synthesis of experiences, lessons, and recommendations.**^{xxiv} GFRAS (2013). *This report summarizes the role of nutrition in EAS and highlights good practices.*

Evaluation

- **M&E of gender and health programs.**^{xxv} MEASURE Evaluation (2014). *A 3-hour online introductory training on to basic concepts in gender and its impact on health and M&E.*
- **Tool kit on gender equality results and indicators.**^{xxvi} Asian Development Bank/Australian Aid (2013). *This user-friendly toolkit presents a range of gender equality outcomes, results, and indicators to be adapted by practitioners for individual projects.*
- **Gender-sensitive evaluation and monitoring best and promising practices in engendering evaluations.**^{xxvii} USAID (2014). *This document provides a range of best and promising practices related to the successful engendering of programmatic evaluations.*
- **Guidance on methodologies for researching gender influences on child survival, health and nutrition.**^{xxviii} United Nations Children's Fund (UNICEF) (2011). *This report provides an overview of research on gender influences on child survival, health, and nutrition and identifies relevant methodologies and tools for formative research.*
- **Gender and health data and statistics: An annotated resource guide.**^{xxix} MEASURE Evaluation (2011). *An annotated compilation of resources related to gender and health.*
- **Compendium of gender scales.**^{xxx} C-Change (2011). *This compendium presents gender scales can be used to assess knowledge, attitudes, and beliefs in a community.*
- **Women's Empowerment in Agriculture Index (WEAI).**^{xxxi} IFPRI (2012). *A composite measurement tool that indicates women's control over their lives in the household, community, and economy; a useful tool for tracking progress toward gender equality.*

Gender Mainstreaming

- **Pursuing gender equality inside and out: gender mainstreaming in international development organizations.**^{xxxii} PRB (2015). *This resource shares tools and resources available in gender mainstreaming to initiate, support, and sustain that process.*
- **The gender audit handbook: A tool for organizational self-assessment and transformation.**^{xxxiii} InterAction (2010). *This guide is intended to help practitioners conduct a gender audit-organizational transformation process in their organization.*
- **IASC gender marker tip sheet.**^{xxxiv} IASC. (2011). *This tool helps ensure all beneficiaries have equal access to nutrition activities and that activities based on a gender analysis.*

Reference Documents

- **USAID gender equality and female empowerment policy.**^{xxxv} USAID (2012)
- **USAID multisectoral nutrition strategy.**^{xxxvi} USAID (2014)
- **World Development Report 2012: Gender equality and development.**^{xxxvii} The World Bank (2012)
- **Agriculture, nutrition and health essentials for non-specialist development professionals.**^{xxxviii} IFPRI (2011)

ANNEX 2. HOW THIS GUIDE WAS DEVELOPED

CORE Group's SBC Working Group, together with partner WI-HER LLC, was awarded a USAID Technical and Operational Performance Support (TOPS) Program Micro Grant. The purpose of this grant was to strengthen the capacity of development practitioners working in nutrition and security to plan, implement, and evaluate gender-sensitive SBC programming in order to improve nutritional outcomes for PLW and children under two during the 1000-day window of opportunity. To achieve this goal, a technical resource guide, technical brief, and webinar were developed that present the rationale, critical actions, best practices, resources, and tools for integrating gender-sensitive SBC into project activities.

To ensure our guidance was both evidence-based and practical, we conducted substantial background research. First, we gathered academic, white, and grey literature regarding SBC and gender in the nutrition and food security sectors published on or after 2001. We analyzed all relevant literature and developed a literature review. This literature review addressed to what extent gender-sensitive SBC approaches lead to improved nutrition and food security outcomes for PLW and children under the age of two. Although this review was not exhaustive, it highlighted a number of well-recognized evidence-based gender- and nutrition-sensitive SBC interventions that impact nutrition during the 1,000-day window of opportunity.

Next, we conducted a project audit. We developed a project audit template utilizing Feed the Future (FTF)'s Gender Integration Framework to track programs reviewed, adapting it to focus on nutrition outcomes. We identified projects in different regions through various sources, such as USAID's Development Experience Clearinghouse, Food Security and Nutrition (FSN) Network, and the literature review. We limited the scope of the audit to include Title II FFP countries with active development programs⁶ and included projects that A) addressed nutrition; B) addressed food security; and C) targeted PLW and children under two years of age. The projects in the table below were included in the audit. Using publically available documentation, we assessed the projects to determine whether a project utilized gender-sensitive SBC approaches and interventions and the extent to which it led to improved nutrition outcomes.

Project/Program	Country	Period
COMPLETED		
Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO)	Bangladesh	2004-2010
Addressing HIV and Gender Inequities through a Food Security and Nutrition Response in Eastern and Central Africa	Burundi, CAR, DRC , Kenya, Rwanda, Uganda	2010-2012
Homestead Food Production (HFP)	Bangladesh , Cambodia, Nepal, Philippines	2003-2007
Enhanced-Homestead Food Production (E-HFP) pilot project	Burkina Faso	2010-2012
Gender Informed Nutrition and Agriculture Alliance (GINA) pilot project	Uganda , Mozambique, Nigeria	2005-2008
Jibon o Jibika (Life and Livelihoods)	Bangladesh	2004-2010
Reaching End Users (REU)	Uganda	2007-2009
Livelihood Expansion and Asset Development (LEAD)	Sierra Leone	2007-2009
Project Laser BEAM	Bangladesh , Indonesia	2009-2014
Yallando Kleya Child Survival	Niger	2004-2009
Alive & Thrive	Bangladesh, Ethiopia , Vietnam	P1 2009-2014; P2: 2014-2017

⁶ Bangladesh, DRC, Uganda, Zimbabwe, Ethiopia, Guatemala, Haiti, Burkina Faso, Liberia, Niger, and Sierra Leone

Food Security Initiative in Niger (FSIN)	Niger	2000-2005
Maya Food Security Program (PROMASA)	Guatemala	2006-2011
SEGAMAYA	Guatemala	2007-2011
Title II Improved Food Security Program (IFSP)	Guatemala	2006-2011
Ethiopian Management of Participatory Opportunities for Women in Extension and Research (EMPOWER)	Ethiopia	1998-2003
Improving Nutrition and Household Food Security In Northern Shoa and Southern Zone of Tigray, Ethiopia	Ethiopia	2001-2005
Urban Agriculture Program for HIV/AIDS Affected Women and Children (UA)	Ethiopia	2004-2008
2008-2011 multi-year assistance program (MYAP)	DRC	2008-2011
Strengthening integrated systems for management and prevention of malnutrition in greater Monrovia	Liberia	2011-2012
ONGOING		
Empowering New Generations to Improve Nutrition and Economic opportunities (ENGINE)	Ethiopia	2011-2016
Nutrition Security Program (NSP)	Haiti	2013-2016
Community Connector	Uganda	2012-2017
Integrating Gender and Nutrition within Agricultural Extension Services (INGENAES)	Global	2014-2018
Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project (SPRING)	Multiple	2011-2016
Creating Homestead Agriculture for Nutrition and Gender Equity (CHANGE)	Tanzania, Burkina Faso , Côte d'Ivoire	2013-2016
AMALIMA Project	Zimbabwe	2013-2018
Health, Agriculture, and Nutrition Development for Sustainability (HANDS)	Liberia	2010-2015
Development Food Aid Program (DFAP)	Ethiopia	2011-2016
Programa Comunitario Materno Infantil de Diversificación Alimentaria (PROCOMIDA)	Guatemala	2009-2015

Next, we conducted interviews with practitioners and stakeholders working on audited projects or in the nutrition and food security fields to get a deeper understanding of relevant programs that have been or are currently being implemented as well as learn from the experience of experts. We developed separate key informant interview guides for practitioners and stakeholders. All questions were designed to learn more about the key informants' experiences with gender-sensitive nutrition and food security programming as well as any best practices, lessons learned, and tools or resources to be shared. Six practitioners and five experts were interviewed (with one individual responding to questions in writing) from the following organizations: **FHI360, Food for the Hungry, Harvest Plus, HKI, HKI/Bangladesh, Mercy Corps, The Hunger Project, University of Illinois at Urbana-Champaign, USAID, and USAID Bangladesh.** Notes from the interviews were analyzed to identify SBC approaches utilized, critically examine how outcomes of the promising practices were influenced or ameliorated as a result of the gender-sensitive SBC activities, and to compile best practices and lessons learned relevant to nutrition and food security practitioners.

Finally, we reached out to CORE Group and FSN Network's communities of practice for resources and tools (e.g., evidence-based guidelines, tools, manuals, published articles) that they found helpful in the planning, implementation, and evaluation of gender-sensitive SBC programming to improve nutrition outcomes for PLW and children under two. All findings from each phase of our background research process contributed substantially to this technical resource guide and accompanying technical brief.

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