

GENDER TIP SHEET FOR NUTRITION

Purpose: Identify entry points for humanitarian actors working in the Nutrition sector in Cox's Bazar to accelerate gender equality

Why is gender important for the Nutrition Sector in the Rohingya Refugee Response? The Business Case for focusing on gender.

- Recognizing the specific nutritional needs and vulnerabilities of women, girls, boys, and adolescents is essential for mitigating the risks of malnutrition and promoting overall health.
- Gender-responsive nutrition interventions can facilitate the co-creation of culturally appropriate strategies to improve dietary diversity and food sufficiency.
- Improving the nutritional status for women and girls can enable them to lead healthier lives, access opportunities, and escape extreme poverty.
- Nutrition services and social protection need to go together especially in humanitarian crises.
- Address the social and cultural barriers that limit women and girls' access to nutritional services. intra-household food distribution inequalities (**e.g., gender norms restricting food allocation, leftover food for females in the family, mobility restrictions preventing receiving nutrition services, counseling services on nutrition etc.**).

Questions to discuss with your team when doing gender analysis in the nutrition sector:

Norms and Attitudes: What are the gender differences in dietary diversity and consumption patterns? What is the role of women in delivering nutrition services?

Differentiated Risks and Impacts: How does the crisis affect the nutritional well-being of girls and boys, women, and men? What age groups or sub-groups are affected by poor nutrition? Are there cultural practices and personal beliefs that may affect positive nutrition and dietary outcome for women and children?

Resources and Access: How do individuals with disabilities and older persons access food, and does it meet their specific needs?

Who controls household resources, and how does this affect access to food and feeding patterns? Who are the key actors involved in delivering nutrition and dietary service delivery and what are their roles?

What are the nutritional interventions that address cross-sectoral priorities on health, protection, and food security?

2. Entry Points (include examples of good practice)

<p>Governance and policy</p>	<p>Promote guidelines and frameworks tailored to address local malnutrition challenges and ensure quality implementation. Good practices can include:</p> <ul style="list-style-type: none"> ● Adoption of WHO 2023 wasting management and prevention guidelines tailored to Bangladesh's context. ● Policy advocacy for the inclusion of locally produced Ready-to-Use Therapeutic Food (RUTF) in national protocols.
<p>Access and Opportunities</p>	<p>Enhance household-level food security and dietary diversity through integrated nutrition-sensitive interventions. Good practices can include:</p> <ul style="list-style-type: none"> ● Distributing fortified rice in both refugee camps and host communities – collaborating with Food Security Sector ● Access to nutritional supplements for adolescent girls who are at higher risk of anemia, malnutrition, and early pregnancy complications. ● Access for persons with disability and pregnant women ● The decision-making power of women and girls on the nutritional aspect of their children. ● Men engage in food and nutrition planning together with their female counterparts in the family.
<p>Agency and Empowerment</p>	<p>Strengthen beneficiary participation to increase ownership of and engagement with nutrition programs. Good practices can include:</p> <ul style="list-style-type: none"> ● Conducting support groups with women and caregivers to co-design feeding strategies ● Organizing awareness campaigns for Infant and Young Child Feeding (IYCF) – Breastfeeding week celebration ● Involving men and other caregivers in the nutrition support group

3. Data sets to enable Sex-Age-Disability Disaggregated Data (SADDD) and gender analysis

Data sets
<ul style="list-style-type: none"> ● % of children under 5 years old (Girls and boys) whose height-for-age is below the international reference standard (stunting rate) ● % of children under 5 years old (Girls and boys) whose weight-for-height is below the international reference standard (Wasting rate by WFH only) ● % of women of reproductive age with a hemoglobin level below the threshold indicating anemia ● % children under 5 years of old (Boys and girls) with a hemoglobin level below the threshold indicating anemia ● % of children aged 0-6 months who were exclusively breastfeed ● Rate of complementary feeding (introduction of semi solid or soft foods) 6-8 months age children ● % of pregnant and breastfeeding women who are acutely malnourished using MUAC ● % of under 5 years old (girls and boys) are administered Vitamin A capsules

4. Performance indicators and key questions for discussion

	Suggested minimum indicators for ensuring gender equality and WE actions	Key Discussion Questions
Nutritional status	<ul style="list-style-type: none"> ● Prevalence of stunting, and wasting among children under 5 years old, disaggregated by sex ● Prevalence of anemia among women and girls age 15-49 years old ● Prevalence of pregnant and breastfeeding women who are acutely malnourished 	<ul style="list-style-type: none"> ● What are the factors influencing poor nutritional outcomes by gender? ● What are the challenges faced by current nutrition programming to address critical concerns of wasting and stunting? ● How can nutrition interventions be tailored to address gender disparities in nutritional outcomes by gender and age?
Dietary diversity	<ul style="list-style-type: none"> ● % of children 6-23 months meeting Minimum dietary diversity disaggregated by sex 	

	<ul style="list-style-type: none"> ● % of children 6-23 months meeting Minimum acceptable diet, disaggregated by sex 	<ul style="list-style-type: none"> ● How GBV (e.g., domestic violence, intimate partner violence, sexual exploitation, and early marriage) impacts women and girls' nutrition status? ● What strategies can be implemented to ensure that all genders have access to nutrient-rich foods? ● What barriers can hinder the screening of pregnant and lactating women, and children from malnutrition? ● What are the community support systems and healthcare provisions that support women's confidence in accessing nutrition? ● What is the role of women and women's groups in improving nutritional services and coverage? ● What are innovations that can improve nutritional incomes for vulnerable groups? ● What measures can be taken to ensure safe spaces where women can access food and nutrition counseling without fear of violence?
Screening, Rehabilitation and Treatment	<ul style="list-style-type: none"> ● % of under 5 children (girls and boys) who are screened ● % of pregnant and breastfeeding women who are screened ● % of children under 5 receiving the targeted supplementary feeding, disaggregated by sex and age ● % of children under 5 experiencing severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), disaggregated by sex ● % of children under 5 recovered from severe acute malnutrition, disaggregated by sex ● % of children under 5 recovered from moderate acute malnutrition, disaggregated by sex 	
Knowledge and information	<ul style="list-style-type: none"> ● % of pregnant and breastfeeding women who are aware of breastfeeding and maternal care practices, ● % of nutritional facilities with breastfeeding space ● % of nutrition managers/ supervisors who are female ● % of nutritional facilities with separate washroom facilities for males and females. 	

Resources:

- Inter-Sector Needs Assessment (ISNA) Sector: Nutrition, October 2024
- USAID (2015). Integrating Gender and Nutrition with Agricultural Extension Services” Facilitator’s Guide. USAID Integrating Gender and Nutrition into Agricultural Extension Systems (INGENAES), 2015. <http://dev.ingenaes.illinois.edu/wpcontent/uploads/Gender-and-Nutrition-Facilitators-Guide.pdf>
- USAID. Gender and Nutrition Fact Sheet. Food and Agriculture Organization. <http://www.fao.org/docrep/012/al184e/al184e00.pdf>
- “Nutrition-Sensitive Agriculture Training.” USAID. <https://agrilinks.org/training/nutrition-sensitive-agriculture>
- FAO (2012). Gender and Nutrition Issue Paper. http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/Gender-Nutrition_FAO_IssuePaper_Draft.pdf
- UNICEF (2023). Undernourished and overlooked. A Global Nutrition Crisis for Women and Girls. [https://www.unicef.org/media/136876/file/Full%20report%20\(English\).pdf](https://www.unicef.org/media/136876/file/Full%20report%20(English).pdf)
- WFP (2022). Community Based Management of Acute Malnutrition (CMAM) Program Coverage Assessment Report.
- WFP (2014). Food Security Indicators. Integrating Nutrition and Food Security Programming for Emergency response workshop. https://www.fao.org/fileadmin/user_upload/food-security-capacity-building/docs/Nutrition/NairobiWorkshop/5.WFP_IndicatorsFSandNutIntegration.pdf
- Cox’s Bazar Nutrition Sector Multi-year strategy 2023-2025
- SENS executive summary 2023 in Rohingya camps, Cox’s Bazar, Bangladesh