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The U.S. Government's Global Hunger & Food Security Initiative



POLICY DIALOGUE: GENDERING NUTRITION POLICY



AUGUST 19, 2016

REPORT



Report on a workshop commissioned by USAID facilitated by the University of Pretoria Institute for Food, Nutrition and Well-being.

19 August 2016
Capital Hotel, Lilongwe

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Facilitators



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ELIZABETH MKANDAWIRE is a PhD candidate in the Department of Rural Development Planning at the University of Pretoria. Her PhD focuses on gender mainstreaming in food security and nutrition policy. She has a Masters degree in Sociology with a specific focus on gender studies. Her interests are in gender, particularly men's involvement in maternal and child health, policy studies and food security and nutrition. E-mail: elimka23@gmail.com

Background and rationale

This policy dialogue discussed the findings from a case study conducted in Malawi in 2015 on men's involvement in nutrition. The study was conducted as part of the USAID-funded Innovation Lab for Food Security Policy. Although the case study was conducted by the University of Pretoria, collaborative efforts include support from Michigan State University and the International Food Policy Research Institute (IFPRI). The workshop was hosted by the Ministry of Gender, Children, Disability and Social Welfare, Civil Society Network for Nutrition and the University of Pretoria.

As part of the Feed the Future Innovation Lab for Food Security Policy (FSP), a gender mainstreaming tool, referred to as the Integrated Framework for Gender Analysis in Nutrition, was developed to assist policy makers in analysing whether, nutrition policies, in particular, are gendered. The tool integrates the FAO gender mainstreaming in nutrition guidelines, the WHO Gender Assessment Tool and the Kaleidoscope Model for food security policy. In applying the FAO gender mainstreaming guidelines, the tool provides policy options for integrating gender in nutrition.

This workshop provided an opportunity for presentation of the findings of the case study, as well as applying the tool in analysing the extent to which Malawi's National Nutrition Policy (currently under review) is gendered. The in-country fieldwork set out to conceptualise men's involvement in Malawi and identify opportunities for nutrition within this context. The policy dialogue assisted in determining the applicability of the tool as well as providing recommendations for effectively mainstreaming gender in the revised National Nutrition Policy.

Purpose of the workshop

The purpose of the workshop was to present findings from the case study on men's involvement in Malawi, in particular with regard to barriers, facilitators and limitations of existing programmes and to explore the usefulness of the Integrated Framework for Gender Analysis in Nutrition Policy.

Plan of action

Workshop date: 19 August 2016

Place: Capital Hotel, Lilongwe



PROGRAMME		
TIME	ACTIVITY	OFFICIAL
08:00 – 08:30	Registration	
08:30 – 08:45	Welcome and introductions: Outline the purpose of the workshop, context and background	Elizabeth Mkandawire, Charles Mazinga, Lucy Mkandawire-Valhmu
08:45 – 09:15	Looking back: An analysis of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012 using the Integrated Framework for Gender Analysis in Nutrition Policy	Elizabeth Mkandawire
09:15 – 10:15	TEA	
10:30 – 12:00	Group work	Facilitated by team
12:00 – 12:30	Report back	Lucy Mkandawire-Valhmu
12:30 – 13:30	LUNCH	
13:30 – 14:00	Men's involvement: Barriers, facilitators and limitations	Elizabeth Mkandawire
14:00 – 15:00	Group work/discussion: Opportunities for nutrition	Facilitated by team
15:00 – 15:30	Report back	Lucy Mkandawire-Valhmu
15:30 – 15:45	TEA	
15:45 – 16:00	Wrap-up	Tisugeni Zimpita

Participants included colleagues from the Civil Society Organisation Nutrition Alliance, Ministry of Gender, Children, Disability and Social Welfare, Department of Nutrition, HIV and AIDS, University of Pretoria, CARE Malawi, International Potato Center (CIP), USAID, Mothers to Mothers, Network for Youth, Zomba Nutrition Platform, Ntcheu Nutrition Platform, Nutrition Diet Society, Angel Gender

Coordination, Concern Worldwide and several media houses including: Power 101, Nyasa Times, the Maravi Post and Livingstonia Radio.

Welcome and introductions: Outline the purpose of the workshop, context and background, Elizabeth Mkandawire, Charles Mazinga, Lucy Mkandawire-Valhmu

Elizabeth Mkandawire welcomed the participants highlighting that the purpose of the dialogue was to assess the extent to which the forthcoming National Nutrition Policy 2016 – 2020 integrates gender. Charles Mazinga, from the Ministry of Gender, Children, Disability and Social Welfare, provided opening remarks. He expressed that one of the mandates for the Ministry of Gender, Children, Disability and Social Welfare is to ensure that all policies mainstream gender. He emphasised the importance of evidence-based policy-making and expressed appreciation to the University of Pretoria for their willingness to collaborate with the ministry and share research findings that could inform the mainstreaming of gender in the forthcoming National Nutrition Policy. He re-emphasised that the purpose of the dialogue was to help in identifying gendered strategies that could be useful for fine-tuning the National Nutrition Policy.

Lucy Mkandawire provided the context and background for initiating the dialogue. The Sustainable Development Goals (SDGs) require multi-disciplinary approaches in order to achieve set targets. She mentioned that Malawi is a country where citizens are privileged to have a right to participate in the development of policies. It is a nation where policies are respected. Addressing gender equity is important in order to achieve the SDGs. She mentioned that the policy dialogue intended to engage participants in participatory governance as well as provide feedback on research findings.


Session 1: Looking back: An analysis of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012 using the Integrated Framework for Gender Analysis in Nutrition Policy, Elizabeth Mkandawire

Elizabeth Mkandawire presented the findings from an assessment of the National Nutrition Policy and Strategic Plan 2007 – 2012 (NNPSP). She mentioned that the policy focussed on the Essential Nutrition Actions of the World Health Organisation (WHO). The NNPSP had three main objectives: to prevent common nutrition disorders, to promote effective management of the most common nutrition disorder and to create an enabling environment for nutrition. The beneficiaries of the policy included: pregnant and lactating women, children 0 – 2 years, children under 5, school-aged children, people living with HIV and people in emergency situations.


An integrated framework for gender analysis in nutrition policy was developed in order to assess the policy. The framework integrated the WHO gender assessment tool and the Food and Agriculture Organisations (FAO) gender mainstreaming guidelines. She explained that the two tools were selected

because they were drawn from the two key areas that are important for nutrition, agriculture and health. She provided an overview of each of the tools and explained how they had been integrated.

The Integrated Framework for Gender Analysis in Nutrition Policy					
Policy instruments	Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?	Does the policy consider and include women's practical and strategic needs?	Does the policy consider gender norms, roles and relations?	Does the policy avoid considering men and women as homogenous groups?	Does the policy clearly differentiate between sex and gender?
Ag extension and nutrition					
Local food culture and gender					
Nutrition and the life cycle					✓
Gender and obesity					
Spending income on nutrition					
Rights based approach to nutrition					
Targeting in nutrition policy					



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She explained how the NNPS was gender accommodating highlighting that although the policy recognised that there were factors the prevented women from accessing nutritious food, it did not address these in the policy priorities. The policy did not address structural inequalities that prevented men and women from accessing nutritious food.

Group work: Assessing gender integration in Malawi's National Nutrition Policy 2016 – 2020 using the Integrated Framework for Gender Analysis in Nutrition Policy

The participants were asked to consider the weaknesses of the NNPS and apply the tool in assessing the extent to which the forthcoming nutrition policy integrated gender. There are eight priority areas in the






National Nutrition Policy. The participants were divided into four groups and each group was allocated 2 priority areas. They were asked to:

- 1.) Determine what policy instruments have been select
- 2.) Assess if these instruments are gendered, if not explain why they are not gendered
- 3.) Make recommendations to improve the gendered aspects of the policy

Participants were also encouraged to determine the usability of the tool and provide recommendations for improving the tool.

Group 1: Priority area 1: Prevention of under-nutrition and Priority area 2: Gender, equality, protection, participation and empowerment

Policy instruments	Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?	Does the policy consider and include women's practical and strategic needs?	Does the policy consider gender norms, roles and relations?	Does the policy avoid considering men and women as homogenous groups?	Does the policy clearly differentiate between sex and gender?
Ag extension and nutrition	✓	More strategic than practical	✓	✓	✓
Local food culture and gender					
Nutrition and the life cycle	✗	✗	✗	✗	✓
Gender and obesity					
Spending income on nutrition					
Rights based approach to nutrition					
Targeting in nutrition policy					

 If these sections are not ticked, it is possible that gender biases and ideologies have influenced the policy choices and that the policy is gender blind
 If these sections are not ticked, it is possible that a gender analysis of the programme has not been conducted and the policy might be gender accommodating.
 If this section is not ticked, it will not necessarily have any bearing on gender biases and ideologies

1.) Determine what policy instruments have been selected?

The group determined that **Priority area 1: Prevention of under-nutrition** fell under the policy instrument 'nutrition and the life cycle'.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

- The policy instrument does not have an explicit commitment to promoting or achieving gender equality. The policy talks about women and children and does not define the role of the man.

- The policy does not consider women's practical and strategic needs. The only needs that are being considered are the nutritional needs of a woman. The policy also only talks about women's needs before, during and after pregnancy. It does not address women's economic needs.
- The policy does not consider gender roles norms and relations. This section only focuses on women and children and does not consider men.
- The policy does not consider men and women homogenous groups.
- The policy does clearly differentiate between sex and gender. The policy allocates women roles based on their biological make-up, the policy does consider women's biological needs.

1.) Determine what policy instruments have been selected?

The group determined that **Priority area 2: Gender, equality, protection, participation and empowerment** fell under several policy instruments, but the group did not have enough time to assess them all. They assessed the priority area under 'agriculture extension and nutrition'.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

- The policy instrument does have an explicit commitment to promoting or achieving gender equality. By explicitly stating that women's decision-making should be equitable to men's, the policy is reflecting a clear gender objective.
- The policy does consider women's strategic needs, but it does not consider their practical needs.
- The policy does consider gender roles norms and relations. The policy highlights that women should be empowered, but it also highlights men's involvement in nutrition.
- The policy does not consider men and women homogenous groups.
- The policy does clearly differentiate between sex and gender.

3.) Make recommendations to improve the gendered aspects of the policy

- Many of the concerns that the group had in Priority 1 were addressed under this section, but these have not been incorporated into other sections. This policy priority needs to be mainstreamed into the other policy priorities.

Was the tool useful and how can it be improved upon?

- The policy instruments could be more exhaustive
- Questions in the top row need to be better phrased



Group 2 - Priority area 3: Treatment and control of acute malnutrition and Priority area 4: Prevention and management of overnutrition and non-communicable diseases

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Policy instruments	Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?	Does the policy consider and include women's practical and strategic needs?	Does the policy consider gender norms, roles and relations?	Does the policy avoid considering men and women as homogenous groups?	Does the policy clearly differentiate between sex and gender?
Ag extension and nutrition					
Local food culture and gender					
Nutrition and the life cycle		✓			
Gender and obesity					
Spending income on nutrition					
Rights based approach to nutrition					
Targeting in nutrition policy					

If these sections are not ticked, it is possible that gender biases and ideologies have influenced the policy choices and that the policy is gender blind
 If these sections are not ticked, it is possible that a gender analysis of the programme has not been conducted and the policy might be gender accommodating.
 If this section is not ticked, it will not necessarily have any bearing on gender biases and ideologies

1.) Determine what policy instruments have been selected?

The group determined that **Priority area 3: Treatment and control of acute malnutrition** fell under the policy instrument 'nutrition and the life cycle'.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

- The policy instrument does not have an explicit commitment to promoting or achieving gender equality. It does not say anything about gender. It is silent on gender and can lead to neglect of key gender issues under the priority.
- The policy does consider women's practical and strategic needs. The policy considers nutrition treatment as well as people living with HIV/AIDS.
- The policy does not consider gender roles norms and relations.
- The policy does consider men and women homogenous groups. The only differentiation is in terms of age groups.
- The policy does not clearly differentiate between sex and gender. It only considers children, adolescents and adults.

1.) Determine what policy instruments have been selected?

The group determined that **Priority area 4: Prevention and management of overnutrition and non-communicable diseases** fell under 'gender and obesity'.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

- The policy instrument does not have an explicit commitment to promoting or achieving gender equality. The priority area was too general, it talks about lifestyles, but there is nothing on gender.
- The policy does consider women's practical and strategic needs. The policy was general and not specific to women, focusing only on children adolescents and adults.
- The policy does not consider gender roles norms and relations.
- The policy does consider men and women homogenous groups.
- The policy does not clearly differentiate between sex and gender. It only highlights the different age groups.

3.) Make recommendations to improve the gendered aspects of the policy

- The policy does not look at other gender groups, it only looks at children, adolescents and adults in these policy areas. All the priority areas need to apply a gender lens even though there is a priority area that looks at gender.
- The summary of the priority areas should talk about gender issues that have an impact on nutrition.
- There needs to be a strategy on gender on each of the priority areas.

Was the tool useful and how can it be improved upon?

The tool was useful but it has some limitations:

- There was no gradient, you can only tick yes or no.
- The tool focuses only on women; it should also consider other gender groups.
- The tool needs to have definitions of the concepts and questions.
- The colour coding is misleading

Priority area 5: Nutrition education, social mobilisation and positive behaviour change and Nutrition during emergency situations



Gr 3

Policy instruments	Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?	Does the policy consider and include women's practical and strategic needs?	Does the policy consider gender norms, roles and relations?	Does the policy avoid considering men and women as homogenous groups?	Does the policy clearly differentiate between sex and gender?
Ag extension and nutrition		✓	×		×
Local food culture and gender	×	×	×	×	×
Nutrition and the life cycle		✓	×		×
Gender and obesity			×		×
Spending income on nutrition	×	×	×	×	×
Rights based approach to nutrition		✓	×		×
Targeting in nutrition policy	×		×		×

If these sections are not ticked, it is possible that gender biases and ideologies have influenced the policy choices and that the policy is gender blind
 If these sections are not ticked, it is possible that a gender analysis of the programme has not been conducted and the policy might be gender accommodating.
 If this section is not ticked, it will not necessarily have any bearing on gender biases and ideologies

1.) Determine what policy instruments have been selected?

Priority area 5: Nutrition education, social mobilisation and positive behaviour change falls under spending income on nutrition, agricultural extension, and targeting in nutrition policy.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

One reason for placing priority area 5 under spending income on nutrition is that through education the citizenry is empowered with information which can lead to modification of expenditure patterns. One member made a point that culture and mind-set drive most of the outcomes we observe in society. He gave an example that if a household is faced with food shortage; it is regular/cultural in Malawi for the wife to ensure that the husband has food to eat even if it means sacrificing the food the children. Another added that men typical have ways and means of surviving in such instances and that outreach programs should focus on broader groups than women alone. For instance, care groups can involve men.

Participants said that all the policy instruments are not gendered in terms of the top row. Major concerns include nonspecific goals (the goals are too general in nature), the instruments talk about the population in general without specifically mentioning women and their needs, and the roles, norms and the synergies thereof are not clearly defined. Also, the policy refers to vulnerable groups without identifying these groups. A member raised a concern that if all these details are added to the policy it will be too big and may discourage reading. However, some of the omissions and ideas can be captured in the strategies.

1.) Determine what policy instruments have been selected?

Priority area 6: Nutrition during emergency situations falls under agricultural extension, targeting in nutrition policy, right based approach to nutrition, nutrition and the life cycle.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

A member raised a point that priority area 6 falls under rights-based approach to nutrition because the right to safe and nutritious food is enshrined in the Malawian constitution. He, however, acknowledged that this provision is not binding.

The group acknowledged that priority area 6 does consider and include women's practical and strategic needs. Notwithstanding, the answers to the other top row questions was no. The group identified priority area 5 as not gendered while priority area 6 is partially gendered because it considered women's strategic needs.

3.) Make recommendations to improve the gendered aspects of the policy

Vulnerable groups must be clearly defined. They may include the following, women, children, people living with HIV and people with disabilities. Also, gender roles and norms must be clearly defined. What are these gender roles and norms and the linkages between them?

Was the tool useful and how can it be improved upon?

The tool was useful. It helped identify some of the elements that policy makers need to consider. However:

- The tool assumes expert knowledge, thus is difficult to be used by a novice or a lay person. A bit of background should be provided to enable general use.
- The colour coding is confusion and misleading. The colour should be removed or amended.
- There is no guideline or decision rule for concluding that the policy is gendered or not. For instance, how many ticks must an instrument have before we conclude that it is gendered? This must be addressed to make the tool more effective.



Group 4 - Priority area 7: Creating an enabling environment and Priority area 8: Nutrition monitoring and evaluation, research and surveillance

Policy Instruments	Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?	Does the policy consider and include women's practical and strategic needs?	Does the policy consider gender norms, roles and relations?	Does the policy avoid considering men and women as homogenous groups?	Does the policy clearly differentiate between sex and gender?
Ag extension and nutrition	✓ 7				
Local food culture and gender					
Nutrition and the life cycle					
Gender and obesity					
Spending income on nutrition					
Rights based approach to nutrition	✓ 7 ✓ 8			✓ 7	
Targeting in nutrition policy	✓ 7 2 8			7	

If these sections are not ticked, it is possible that gender biases and ideologies have influenced the policy choices and that the policy is gender blind
 If these sections are not ticked, it is possible that a gender analysis of the programme has not been conducted and the policy might be gender accommodating.
 If this section is not ticked, it will not necessarily have any bearing on gender biases and ideologies

1.) Determine what policy instruments have been selected?

- **Priority area 7: Creating an enabling environment** falls under the policy instruments 'agriculture extension and nutrition', 'rights based approach to nutrition' and 'targeting in policy'.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

- On page number seven the policy speaks to nutrition-sensitive actions. Because it mentions women's empowerment and agriculture and food security, the group determined that the policy did have an explicit commitment to promoting or achieving gender equality.
- The policy speaks of 'certain family members' in doing so it avoids considering men and women a homogenous group.

1.) Determine what policy instruments have been selected?

- **Priority area 8: Nutrition monitoring and evaluation, research and surveillance** falls under the policy instruments 'rights based approach to nutrition' and 'targeting in policy'.

2.) Assess if these instruments are gendered, if not explain why they are not gendered?

- The policy area refers to at-risk groups, this suggests that they are going to be targeting a broad range of groups that are at risk of under-nutrition. These would include women, pregnant women and children under two years of age. The summary of the priority areas should talk about gender issues that have an impact on nutrition.

3.) Make recommendations to improve the gendered aspects of the policy

- Page 22 refers to front-line level; more clarity needs to be provided as to how front-line level is defined. Is this facility level or community level?
- On page 22 the policy refers to high-impact interventions. The policy needs to be clear as to what these high-impact interventions are.

Was the tool useful and how can it be improved upon?

- The tool is useful, but it would be better if it related to health, education and other social sectors.

The recommendations and thematic grouping of the recommendations can be found in the appendix.

Session 2: Men's involvement: Barriers, facilitators and limitations, Elizabeth Mkandawire

The session began with three community members sharing their experiences of men's involvement in maternal and child health in the area in which the case study was conducted.



Lucy Kayenga expressed how issues of safe motherhood are really progressing in traditional authority Champiti. She mentioned that in the past men were not taking any responsibility when women became pregnant. Women were attending antenatal care by themselves. Now because of safe motherhood, women are attending antenatal care when they are three months pregnant. When they go to antenatal care, they must go with the baby's father. When they go to the clinics, men also hear information that is important for the baby to be born healthy. They also get tested to ensure that if any of the parents is HIV positive, they can protect the baby from contracting HIV. The nurses also tell the woman that she needs to eat properly whilst she is pregnant. Men are responsible for ensuring that women

eat properly and don't struggle to find six food groups so that the baby is not born under-nourished.



Weston Kammwamba said that safe motherhood has really changed things in their community. He gave the example of how in the past when women were pregnant, they still had to do farmwork. Both men and women would work equally as hard but when going home, the woman would carry firewood, hoes and other things. The man would only carry an axe. These days' men try to help to decrease the workload. These days when a woman is three months pregnant, the man needs to go with her to antenatal care so that he too can receive information on the pregnancy. It is men's responsibility to escort women to antenatal clinics, but also to help them find different types of food.



Lesten Nyagulu added that men are embarrassed to go to antenatal care. But in Champiti, they are really encouraging men to go to antenatal care with their partners. The men help the woman look for food from the six food groups. Just because it's the village, it doesn't mean that the six food groups are not available. There are mice and grasshoppers that can be eaten. If a woman tells a man that she wants to eat from six food groups, he might tell her that she is being greedy, but in Champiti, there are committees that explain all of these things to the men. These days men and women are doing the same work. There is nothing stopping men from attending antenatal care.

Chief Kwataine from Ntcheu spoke about the various groups of male champions in the local communities. He spoke of male motivators and male role models. He also spoke of growth monitors who register children who are undernourished. They also record progress on weight increase or decrease. This information is presented to the traditional authority. As such, he is aware of how many women are pregnant in his community, how many will give birth in August, how many children are under-nourished and what is the progress of these children once they begin receiving treatment.



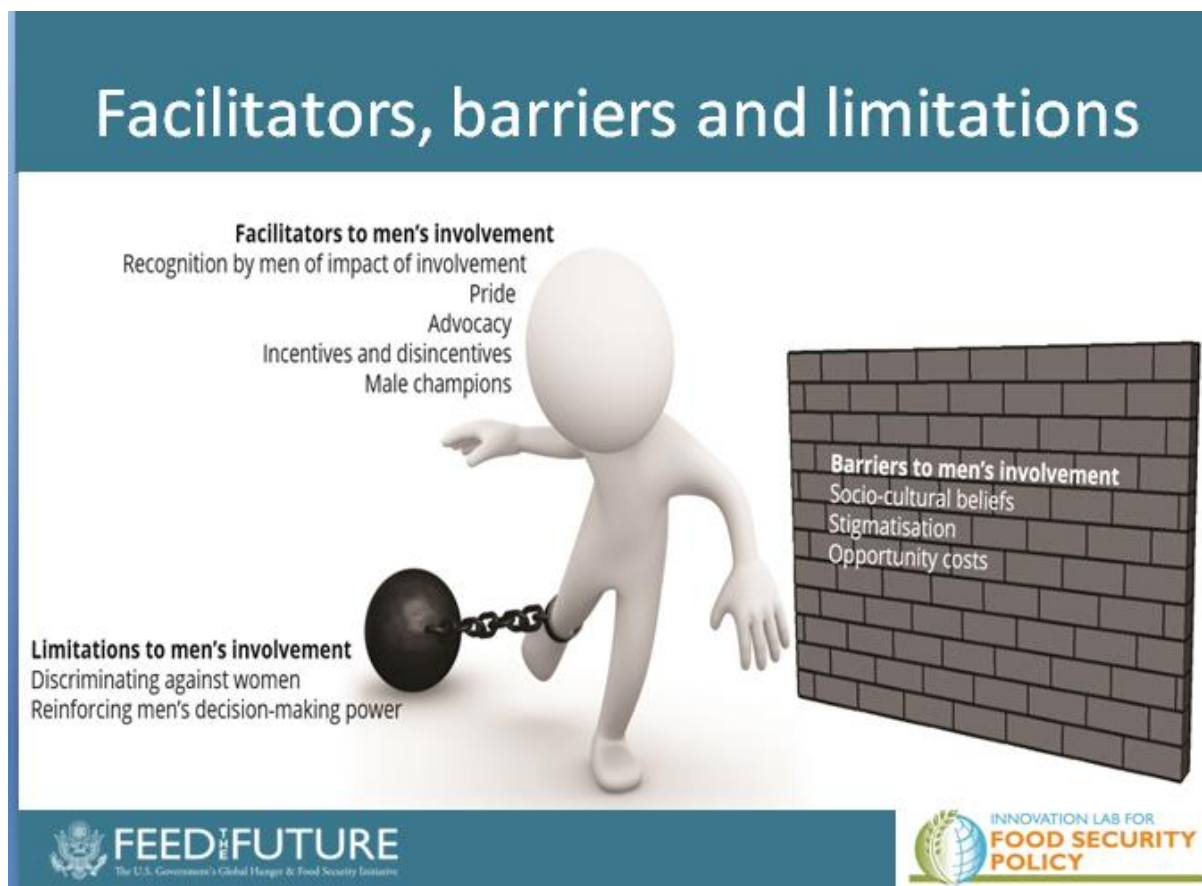
He mentioned that bylaws have been established to encourage men to attend antenatal care with their partners. Men who attend antenatal care are able to understand that women need to eat well because they hear it directly from the nurses or doctors. They understand that the woman needs to eat as if she is eating medicine so that the baby can grow and be healthy. When men attend antenatal care, they are also able to learn about family planning and child spacing. Men's attendance of antenatal care includes them in the pregnancy. They too become expectant of the child and they begin to understand what the woman requires during pregnancy. Similarly, when a child is under-nourished, men understand that a child needs food the same way they would need medicine and a man is able to go out of his way to ensure that his child gets the food that they need.

Click [here](#) to listen to Lucy Kayenga, Lesten Nyangulu and Chief Kwataine share their experiences of men's involvement in maternal and child health.

Elizabeth Mkandawire presented some findings from the case study. She highlighted that men's involvement in maternal and child health in Malawi included: protecting the baby from contracting HIV,

encouraging women to eat food that will promote the health of the baby and recognising signs that could lead to maternal and child mortality.

She highlighted the facilitators, barriers and limitations of the men's involvement interventions that were implemented in the area in which the case study was conducted.



She concluded by highlighting that the case study reflected one important finding for policy-makers in the nutrition domain. Nutrition is not just a woman's responsibility; men too can be and in some cases are involved in nutrition. Policy-makers in the nutrition domain, need to recognise that men have a supportive role to play in nutrition and that a conducive environment needs to be created in order to enable men to support nutrition activities.

Group work: Identifying opportunities for nutrition in the context of men's involvement in maternal and child health

Participants were asked to work together with the community members present to:

- 1.) Determine how men's involvement strategies can be improved, taking into consideration the limitations?
- 2.) Identify opportunities for nutrition to leverage on given the structures the health sector has already established?
- 3.) Determine how nutrition can improve men's involvement activities so that they are more gender equality focused?

Group 1

1.) Determine how men's involvement strategies can be improved, taking into consideration the limitations?

- Model villages could be used to motivate other communities to make progress in terms of nutrition.

2.) Identify opportunities for nutrition to leverage on given the structures the health sector has already established?

- Combine nutrition messages with messages of safe motherhood. There are men who are involved in safe motherhood, but not necessarily nutrition. These messages need to be promoted at areas like antenatal clinics or other meetings in the communities.
- Incorporate community leaders like chiefs, in the dissemination of nutrition messages as well as messages of men's involvement in nutrition. Faith-based leaders are another group that can be used to promote nutrition messages.
- Use technologies to disseminate nutrition information. Work with telecommunications networks to disseminate nutrition messages.
- Don't under estimate the knowledge of the community. There are reasons that communities don't always apply the lessons that are taught to them by advocacy groups. A bottom-up approach to developing policies needs to be applied. When coming up with strategies and interventions, communities should be involved because they are the ones who understand their needs. If communities are involved in developing policies and strategies, it will be easier for them to implement.

3.) Determine how nutrition can improve men's involvement activities so that they are more gender equality focused?

- Although it is important to have a gender priority, gender needs to be incorporated into all policy statements. The nutrition policy statements need to be carefully constructed so that they don't infringe upon human rights.
- Women also need to be educated and sensitised on men's involvement. It's not sufficient to just sensitise men. Women can also perpetuate gender stereotypes.
- Nutrition messages also need to be gender sensitive

Group 2

1.) Determine how men's involvement strategies can be improved, taking into consideration the limitations?

- When men attend antenatal clinics with their partners, they too can be provided with services so that they see some benefit from participating in antenatal care. Men should not be left idle. Men's healthcare services can be integrated into antenatal care visits, for example, men can be tested for high blood pressure or hypertension. In this way, men are incentivised to attend antenatal care because they know that they too will be benefiting from a visit to the clinic.

2.) Identify opportunities for nutrition to leverage on given the structures the health sector has already established?

- The messages that are promoted should target both men and women. Men should also know that they have a role to play in nutrition. It should be clear that both men and women have a role to play in nutrition.
- In health, service providers provide pregnancy education even before pregnancy. This can also be applied to nutrition. Nutrition education shouldn't only be provided when women are pregnant. Infant and young child feeding education shouldn't only be provided when women are pregnant. By the time a woman gets pregnant, both men and women should know what food is required, because they have been prepared.
- If nutrition committees can be set up at the community level, these committees can be the bridge between hospitals and households.

3.) Determine how nutrition can improve men's involvement activities so that they are more gender equality focused?

- Nutrition messages and interventions need to be designed keeping in mind gender equality. Nutrition messages should target the family, including both men and women. Messages should not be targeted at women only, or men only. They should be targeted at families.

Wrap-up, Tisungeni Zimpita

Tisungeni Zimpita highlighted the importance of integrating gender in nutrition, but also the importance of community leaders in assisting to address structural inequalities in advancing both nutrition and gender objectives. She expressed that the research findings presented and the dialogue has revealed a need for nutrition stakeholders to begin working towards creating a symbiotic relationship between nutrition and gender.

There will be a follow-up event to determine how far the recommendations have been taken in terms of integration into the National Nutrition Policy, the Strategic Plan and the Implementation Plan. She extended her thanks to the University of Pretoria for sharing evidence that could inform policy. She also extended a vote of thanks to the Ministry of Gender, Children, Disability and Social Welfare for

providing the collaborators with a platform on which to discuss the policy. Finally, she thanked the Department of Nutrition, HIV and AIDS, for their willingness to have the policy assessed.

Reflections

For reflections on the policy dialogue please click [here](#).

Media reports

For media reports on the dialogue, please follow the links below:

[Gendering Malawi's National Nutrition Policy](#) – Elizabeth Mkandawire, University of Pretoria

[Gendering Malawi's National Nutrition Policy](#) – Rhoda Msiska, Voice of Livingstonia

[Men's involvement in safe motherhood](#) – Rhoda Msiska, Voice of Livingstonia

Follow-up actions

A policy brief will be made available to all participants. The brief will be sent to the Director of the Department of Nutrition, HIV and AIDS as well as the Principal Secretary at the Ministry of Gender, Children, Disability and Social Welfare.

Appendix

Thematic grouping of recommendations

Broadening target groups	Include gender in all priority areas	Nutrition messaging	Engagement of community leaders and communities in the development of policies and strategies
The policy does not look at other gender groups, it only looks at children, adolescents and adults in these policy areas.	There needs to be a strategy on gender on each of the priority areas.	Combine nutrition messages with messages of safe motherhood. There are men who are involved in safe motherhood, but not necessarily nutrition. These messages need to be promoted at areas like antenatal clinics or other meetings in the communities.	Don't under estimate the knowledge of the community. There are reasons that communities don't always apply the lessons that are taught to them by advocacy groups. A bottom up approach to developing policies needs to be applied. When coming up with strategies and interventions, communities should be involved because they are the ones who understand their needs. If communities are involved in developing policies and strategies, it will be easier for them to implement.
Vulnerable groups must be clearly defined. They may include the following, women, children, people living with HIV and people with disabilities. Also, gender roles and norms must be clearly defined. What are these gender roles and norms and the linkages between them?	Many of the concerns that the group had in Priority 1 were addressed under this section, but these have not been incorporated into other sections. This policy priority needs to be mainstreamed into the other policy priorities.	Use technologies to disseminate nutrition information. Work with telecommunications networks to disseminate nutrition messages.	If nutrition committees can be set up at community level, these committees can be the bridge between hospitals and households.
	Although it is important to have a gender priority, gender needs to be incorporated into all policy statements. The nutrition	Incorporate community leaders like chiefs, in the dissemination of nutrition messages as well as messages of men's involvement in nutrition. Faith-based leaders	



	policy statements need to be carefully constructed so that they don't infringe upon human rights.	are another group that can be used to promote nutrition messages.	
	All the priority areas need to apply a gender lens even though there is a priority area that looks at gender.	The messages that are promoted should target both men and women. Men should also know that they have a role to play in nutrition. It should be clear that both men and women have a role to play in nutrition.	
		Nutrition messages and interventions need to be designed keeping in mind gender equality. Nutrition messages should target the family, including both men and women. Messages should not be targeted at women only, or men only. They should be targeted at families.	
		Nutrition messages also need to be gender sensitive	
		In health, service providers provide pregnancy education even before pregnancy. This can also be applied to nutrition. Nutrition education shouldn't only be provided when women are pregnant. Infant and young child feeding education shouldn't only be provided when women are pregnant. By	



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		the time a woman gets pregnant, both men and women should know what food is required, because they have been prepared.	
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Specific recommendations

- Page 22 refers to front-line level; more clarity needs to be provided as to how front-line level is defined. Is this facility level of community level.
- On page 22 the policy refers to high-impact interventions. The policy needs to be clear as to what these high-impact interventions are.
- Page 17 of the policy states that ‘An increase in men’s shared responsibility for child care and household duties to enable women to have more time to provide optimal child care’ is gender biased. First, it suggests that men should be involved in these activities only so that women can have time to provide optimal care. It also suggests that only women can provide optimal child care. The statement should consider involving men as partners in child care, so that women have more time to pursue other activities, but also so that men recognise the important role they have to play in nutrition and child care.
- Model villages could be used to motivate other communities to make progress in terms of nutrition.
- Women also need to be educated and sensitised on men’s involvement. It’s not sufficient to just sensitise men. Women can also perpetuate gender stereotypes.