



**Multi-country Gender Study within the  
Global Programme “Food and Nutrition  
Security, Enhanced Resilience”**

Cross-Country Analysis Report

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## ACRONYMS

<b>BMZ</b>	German Federal Ministry for Economic Cooperation
<b>CGM</b>	Care Group Members
<b>CNG</b>	Community Nutrition Garden
<b>FAO</b>	United Nations Food and Agriculture Organisation
<b>FaNS</b>	Food and Nutrition Security, Enhanced Resilience
<b>FGD</b>	Focus Group Discussion
<b>GII</b>	Gender Inequality Index
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
<b>KII</b>	Key Informant Interview
<b>m4h</b>	management4health GmbH
<b>MUSEFO</b>	Multisectoral Food and Nutrition Programme, Cambodia
<b>NFSA</b>	National Food Security Act
<b>NGO</b>	Non-Governmental Organization
<b>NSAP</b>	Nutrition Sensitive Agriculture Project
<b>ProSAR</b>	Programme Globale "Sécurité Alimentaire et Renforcement de la Résilience
<b>SENU</b>	Securing Nutrition, Enhanced Resilience

# CONTEXT AND APPROACH



The GIZ Multi-country Gender Study within the Global Programme “Food and Nutrition Security, Enhanced Resilience” includes the country packages Cambodia, Ethiopia, Togo and India. This report covers the cross-country analysis. For

each of the countries, an independent report has been produced, where more elaborate details can be found on the tools, contexts of the country, respondents and findings.

## 1.1 The study and its methodology

GIZ has conducted a multi-country study in Cambodia, Ethiopia, India and Togo. The study has looked at the programmes in the four countries in terms of gender mainstreaming and women empowerment in the area of nutrition.

The objectives of the study were:

1. To analyse specific gender aspects and dimensions of women empowerment.
2. To analyse how men and other influencers can effectively be addressed and involved in nutrition activities, and to identify ways of strengthening the role and the empowerment of women so that they are able to influence nutrition related decisions.
3. To identify possible non-intended effects of the global programmes’ activities for women and their role in nutrition and propose options for adaptation.

With the help of the country teams, target locations were selected in the four countries and respondents identified. The respondents in surveys and Focus Group Discussions (FGDs) were programme beneficiaries and other stakeholders were interviewed in Key Informant Interviews (KIIs).

The team has interviewed 968 respondents in total (660 women, 308 men). Table 1 provides details for respondent numbers.

All questionnaires were field tested before the actual data collection. All respondents were asked for their consent, prior to the interview.

For all countries, a desk review was conducted (see bibliography) prior to the field missions. The field missions took place in December 2020 (Cambodia), February 2021 (India), March/April 2021 (Ethiopia) and April 2021 (Togo).

The responses to surveys were as much as possible quantified and analysed. The KII and FGD responses were analysed and combined with the findings from the surveys and categorised under the questions of the study matrix. This helped the team to obtain more details and causal insight for each country.

The main constraint was the size of the respondent group, which was not large enough to produce statistically significant findings, or compare various groups based on location or participation in different activities within or between the countries.

On 17 September 2021, a workshop was organised in Bonn with various GIZ staff. The results, recommendations, limitations of the study and further research needs were discussed, which led to interesting discussion and some additional feedback, which has been incorporated into the report.

**Table 1: Respondents for the country studies**

	KIIs			FGDs			Surveys			Case studies			Total		
	F	M	Total	F	M	Total	F	M	Total	F	M	Total	F	M	Total
Cambodia	10	8	18	54	27	81	13	7	20	1	1	2	78	43	121
Ethiopia	7	8	15	94	88	182	70	24	94	1	1	2	172	121	293
India	4	15	19	100	58	158	75	34	109	1	1	2	180	108	288
Togo	8	6	14	184	18	202	36	12	48	2		2	230	36	266
<b>Total</b>	<b>29</b>	<b>37</b>	<b>66</b>	<b>432</b>	<b>191</b>	<b>623</b>	<b>194</b>	<b>77</b>	<b>271</b>	<b>5</b>	<b>3</b>	<b>8</b>	<b>660</b>	<b>308</b>	<b>968</b>

## 1.2 Nutrition, food security and gender context – summary

### 1.1.2 Cambodia

Malnutrition prevalence is high in Cambodia, with under-five stunting at 32.4% in 2019, and wasting at 9.8%. Approximately 60% of women of reproductive age suffer from anaemia, 14% are underweight, and 18% overweight or obese.<sup>1</sup> Inadequate dietary diversity amongst in total 12% of households was higher in households headed by women (12.8%) than by men (11.2%).

The percentage of women employed in agriculture decreased from 43.9 in 2014 to 39 in 2017.<sup>2</sup> Though women and men have equal rights to land, women-headed households have less access, and own smaller plots.<sup>3</sup> Despite their high level of participation, women still tend to be left out of agricultural extension services.<sup>4</sup>

In general, women are in charge of all food related household activities as well as selling food products on markets. Mothers decide about the contents of the meal and also about the money to be spent for daily meals. If a mother is unable to do so, another woman will take on that responsibility. Health care is also seen as a woman's responsibility.

Cambodia ranked 117 from 189 countries on the 2019 Gender Inequality Index (GII). Though advancement is observed towards gender equality at national legislative and policy level,<sup>5</sup> in society, women are still perceived as subordinating to men's decisions and discrimination. Men are the decision-makers on family finance, whereas women decide only on daily business.

### 1.2.2 Ethiopia

Ethiopia has poor nutrition indicators. Under-five stunting is very high at 38.4% and under-five wasting prevalence is 10.0%. Only 56% of infants under 6 months are exclusively breastfed. Almost a quarter of women of reproductive age suffer from anaemia.<sup>6</sup>

The economy is dependent on agriculture, accounting for 40% of the Gross Domestic Product. 83% of the population live in rural areas and depend on rainfed agriculture for their livelihoods.<sup>7</sup> Food insecurity is high, even if decreasing over the past 20 years;<sup>8</sup> Ethiopia was ranked 97 out of 117 in the Global Hunger Index 2019.

Gender roles in Ethiopia are strongly defined. Household responsibilities are almost exclusively reserved for women. Men are mainly responsible for the production of commercial crops; women often engage in small livestock. Furthermore, women's political community engagement, particularly in decision-making, is very limited.<sup>9</sup>

Ethiopia ranked 125<sup>th</sup> out of 189 on the 2019 GII. Even though, as a result of a 30% quota, 37.3% of seats in parliament are held by women, women are worse off than men in terms of secondary education, average income and representation in the formal workforce.<sup>10</sup>

1 Cambodia Demographic and Health Survey 2014.

2 Ministry of Women Affairs, June 2019. Cambodia Report

3 FAO, 2015. The Impact of Gender Policy Processes on the Right of Food. The Case of Cambodia.

4 GIZ, April 2017. Global Programme Food and Nutrition Security and Enhanced Resilience, Cambodia. Gender Analysis MUSEFO

5 GIZ, April 2017. Global Programme Food and Nutrition Security and Enhanced Resilience, Cambodia. Gender Analysis MUSEFO

6 Global Nutrition Report 2020. Ethiopia Nutrition Profile

7 <https://www.usaid.gov/ethiopia/agriculture-and-food-security>

8 <https://www.globalhungerindex.org/>

9 DFID, March 2019. Strengthening Resilience and Response to Crisis. Analysing Gender Dynamics.

10 Human Development Indices and Indicators: 2019 Statistical Update, Ethiopia

### 1.2.3 India

Malnutrition prevalence is high in India. 38.4 % of children under five are stunted and 21.0 % wasted.<sup>11</sup> Anaemia affects more than half of women aged 15–49 years and children aged 6–59 months and 22.7 % of men aged 15–49 years. 20.7 % of women and 18.6 % of men are overweight or obese.<sup>12</sup>

The National Nutrition Mission is a flagship programme initiated by the government in May 2018, with a budget of around EUR 1.5 billion for the financial years 2018-21. It aims at improving the nutrition status of children from 0 to 6 years, adolescent girls, pregnant women and lactating mothers by means of nutrition-specific measures and an improved convergence of nutrition-sensitive measures in various sectors.

Two-thirds of India's cultivated agricultural land is rainfed. The land is predominantly owned by men, while women provide mostly unpaid casual labour for subsistence agricultural activities.<sup>13</sup> Farmers are vulnerable, especially in households headed by single women. In addition, inequalities in intra-household food distribution disproportionately affect women and girls because socio-cultural norms dictate that they eat last and least, irrespective of age or health.

India ranked 123<sup>rd</sup> out of 189 on the 2019 GII. The Indian Government has instituted reservations for seats in local governments, but in parliament, women hold only 10.9 % of seats. Women are behind of men in terms of secondary education and labour force participation was more than 50 percentage points.<sup>14</sup> Women usually work in low paid functions and are more often unemployed.<sup>15</sup>



### 1.2.4 Togo

According to national statistics, in 2018, 28 % of children under five were stunted, and 4 % were wasted. 49 % of women of reproductive age suffer from anaemia.

43 % of households are food insecure, with rural areas even higher at 47 %. The underlying local causes are low productivity, soil degradation, irregular rains, post-harvest losses, and climate shocks (flooding and droughts). Agriculture plays a predominant role in Togo and provides more than 70 % of the population with employment.

Togo ranked 125<sup>th</sup> out of 189 on the 2019 GII. Poverty rates are higher in women-headed households, and women have fewer economic opportunities, lower average incomes and are underrepresented at high levels of decision-making.<sup>16</sup> Access to assets and credit has also been identified as a main source of gender differences, contributing to lower access to land and production.<sup>17</sup>

11 According to the WHO classification, these rates are at "very high" and "emergency" levels, respectively

12 Ministry of Health and Family Welfare. 2018. *National Family Health Survey 2015–2016*.

13 Statistics derived from the 2015–2016 agricultural census by the Ministry of Agriculture and Farmers' Welfare, Department of Agriculture and Cooperatives

14 UNDP, 2019. *Female Work and Labour Participation in India. A Meta-Study*

15 Human Development Indices and Indicators: 2019 Statistical Update, India

16 <https://www.worldbank.org/en/country/togo/overview>

17 Agbodji, A, et al., 2013. *Gender Inequality in Multidimensional Welfare Deprivation in West Africa: The Case of Burkina Faso and Togo*. Policy Research Working Paper 6522. The World Bank.



## 1.3 GIZ programme

### 1.3.1 Cambodia

The programme MUSEFO “Multisectoral Food and Nutrition Programme, Cambodia” is implemented from March 2015 to March 2023 with a budget of 16.3 million Euro, benefiting rural households in the provinces Kampot and Kampong Thom. The direct target group consists of 15,000 women of reproductive age, their children up to 24 months and their households in selected municipalities. In addition, 15,000 food insecure smallholders and their families are targeted with agricultural advisory services and nutritional advice.

MUSEFO is implemented in three areas, meant to lead to improved knowledge and practices of men and women about balanced diets for women and small children:

1. Health workers’ capacity to impart nutrition and basic hygiene knowledge
2. Diversity of nutrition and food production in the target region
3. Capacity of the multisectoral coordination units for planning and implementing the strategy for food security.

MUSEFO is undertaking many activities that are supposed to lead to an improvement of the gender relations at local level,<sup>18</sup> In project target farms, female smallholders take part in most agricultural activities; amply more than half of the participating farmers are women, also in training.



### 1.3.2 Ethiopia

The Nutrition Sensitive Agriculture Project (NSAP), which runs until March 2023, aims to improve the nutrition situation of food insecure people, particularly women of child-bearing age and their infants, in six woredas of Tigray (three since 2015 and three more in 2019) and six woredas of the Amhara Region (since 2018) in Ethiopia. NSAP focuses on community-based measures to promote nutrition-sensitive agriculture, coupled with nutrition-specific interventions for nutritional advisory services for food-insecure households and in particular women and young children. The focus of NSAP is on three areas of intervention:

- › Rural households in selected woredas of the Amhara and Tigray Region have increased availability of diverse foods
- › Rural households and intermediaries in the woredas of Amhara and Tigray Region have improved knowledge on healthy eating and hygiene and care practices
- › Multisectoral coordinating bodies at national, regional, woreda and village level are technically and organisationally strengthened.

18 GIZ, April 2017. Global Programme Food and Nutrition Security and Enhanced Resilience, Cambodia. Gender Analysis MUSEFO

### 1.3.3 India

The first phase of the programme FaNS “Food and Nutrition Security, Enhanced Resilience” was implemented in the districts Sheopur and Chhatarpur in Madhya Pradesh from March 2015 until June 2020.

The target group consisted of 144,000 women of reproductive age (15-49 years) and 30,000 small children (6-23 months) and an indirect target group of 54 million eligible people with subsidised food grains. The focus areas were:

1. Reform of the Targeted Public Distribution System
2. Improved nutrition and hygiene practices
3. Knowledge management and sustainability of the effects.

For the next phase, the programme will be named SENU “Securing Nutrition, Enhanced Resilience”, with an expanded target group of 280,000 women of reproductive age (15-49 years) and 56,000 small children (6-23 months) in four new project districts in Madhya Pradesh and Maharashtra. SENU will have a focus on:

1. Improving nutrition and hygiene knowledge and practice,
2. Diversify food production and income
3. Strengthening nutrition governance, institutionalisation.

### 1.3.4 Togo

The “Programme Multisectoriel de Sécurité Alimentaire et Renforcement de la Résilience au Togo” (ProSAR) is implemented from March 2015 until March 2023 with a budget of Euro 19.74 million. Its aim is to improve the nutritional status of food insecure rural households in selected municipalities in the Maritime region in the south of the country and since 2018 in the Kara and Plateaux regions in central Togo. ProSAR targets 28,500 women at reproductive age and their households, including 7,700 children under two years of age.

Food insecure smallholders and their families are targeted with agricultural extension services and nutritional counselling. In addition, other household members responsible for the nutrition and care of infants or young children are included in measures to improve nutritional knowledge and care and hygiene practices. Through sensitization measures in communities, men are closely involved, especially husbands or male members of women’s households.

ProSAR works across the sectors health and agriculture and has three focus areas:

1. Improved knowledge on nutritional needs of mothers and children, basic hygiene, and nutrition-sensitive agricultural extension
2. Access and availability of quality food with high nutritional value
3. Raising awareness and improving knowledge of basic nutrition and hygiene.



# FINDINGS

# 2



The findings section is structured along the research questions in the study matrix. For an easy overview, below each question, a table and bullet list are presented to give the audience an easy insight into differences and similarities between

countries. These summaries need to be treated cautiously though, since they reflect the views of the majority of the respondents, whereas individual cases can be different.

## 2.1 Influence over and decision-making on household food consumption and production

### 2.1.1 Consumption and procurement of food

In Cambodia, there was consensus that it is mostly women, who decide on what kind and what quantity of food is bought and prepared, and who ensure that special food is cooked for young children, pregnant and lactating women.

In Togo, there were mixed responses, but it was reported in FGDs that only women decide

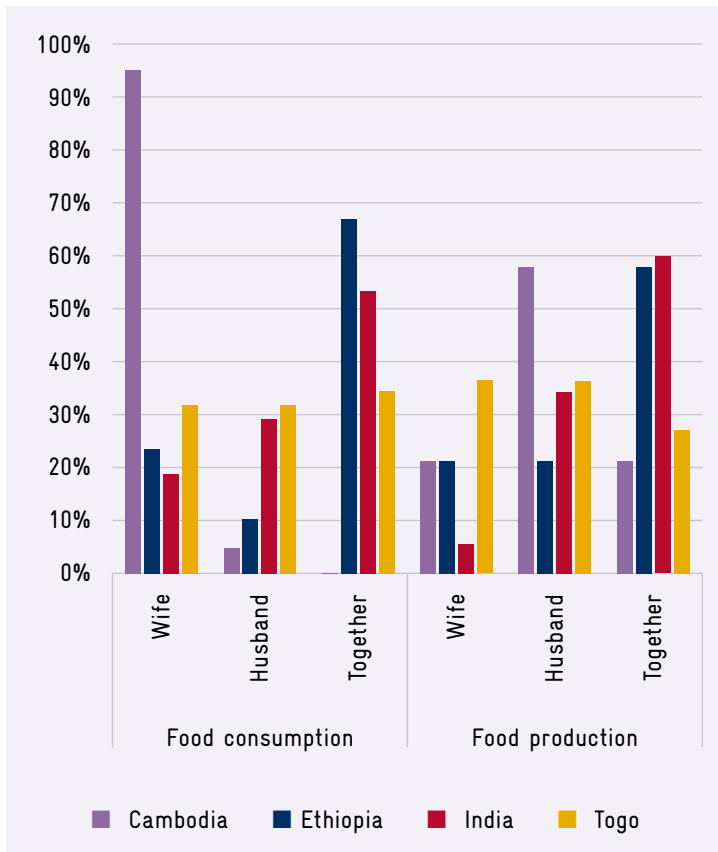
for infants and young children. In Ethiopia on the other hand, two-thirds of male and female respondents perceived that the decision was made together or alternately.

In India, the authority of the mother-in-law is strong throughout, if she lives with her son (whose side she will usually take) and his wife. In Cambodia, the mother-in-law sometimes has a say as well, especially if the woman in the household is having a baby or works outside the house. In Togo, grandmothers can decide when they want to share the food they have.

In Ethiopia, grandmothers and mothers-in-law were seen as having no role in decision-making on nutrition. Even if they live with their son or daughter, they are taken in out of kindness and eat what comes to the table (see Chart 1). In the survey, men are reported to have a role in decision-making on food consumption, but from FGDs a gender-based role allocation emerged. Men are buying (an Ethiopian female FGD: *‘as he avails of the money’*) and bringing the food home and women cook it and decide what comes to the table. An Ethiopian expert described it as: *‘men usually don’t go near the kitchen’*.

In India, the role of men in nutrition was also often found to buy and bring home food from the market, up to a week in advance. The project brought a positive change to this practice with the availability of vegetables from the nutrition gardens: *‘The household groceries were brought by our husbands for a period of 7-8 days and vegetables lost their freshness. There were times when we ate pulses five days in a row. Now we get fresh vegetables from the garden all the time.’* (Women’s group, Chhatarpur.)

Chart 1: Who decides on household food consumption and on food production?



As for intra-household food distribution, in India and Togo men and children often get food before their wives. Some respondents in India said that in their community the practice for women never to start eating before their husband was changing as a result of the project. In Togo, the children are served first, then the husband, and finally the wife, except when she is pregnant or breastfeeding. A female respondent said: *'On the day when the food is not enough for all, the woman does not eat; sometimes it happens to them to stay hungry all day.'*

In Cambodia and Ethiopia, intra-household food distribution was fully dependent on food availability, as one Ethiopian respondent said: *'Unless it is fasting season, we simply eat everything we have together.'*

Some changes are reported to decision-making on nutrition based on project support. In Togo, women found that they were able to decide more often. In Ethiopia, the large majority of male as well as female respondents perceived that there was more room for them to decide on what is consumed. In Togo and Cambodia, there was a change in intra-household distribution: *'Before, when we prepared the meat, we gave the right pieces to the husband. Now we favour children in the meat distributions.'* (Cambodian FGD respondent.)

## 2.1.2 Production

In Cambodia, all male and female survey respondents produce vegetables, fruit and chicken and eggs, with fishing and herb production done by men. In Ethiopia and India, roughly three-quarters of the respondents produce vegetables, fruit, and poultry and eggs. In Togo, grain was also mentioned.

From the production in the nutrition gardens, most is consumed in the households, as per the intention of the projects. Only if there is a remainder, it is sold. In Togo, a part of the harvest had to be sold for health and / or education purpose, with the remainder insufficient to cover food needs.

In all four countries, to begin with, the decision on food production is mostly based on external factors such as the seasonal calendar, water resources, seed availability and market needs.

In Cambodia, men were reported in general as dominant in decisions on food production, though some perceived the role of women enhanced as a result of the project (see Chart 1). A difference is seen in land preparation (men decide more often) and growing and taking care of crops (women's responsibility).

In Ethiopia, the decision is most often taken jointly, though some also said that this was only the case for backyard production, not for commercial agriculture (apart sometimes from seed selection). Many male and female respondents found that ploughing is too heavy for women, and that women cannot sow, since they do not avail of the money for seeds.

In India, the decision on food production was often taken together, but a majority also reported that men decide about agricultural food production, and that women decide about the nutrition garden. The project supports nutrition gardens close to the house as well as community nutrition gardens (CNGs), where women have the biggest role and men support. In FGDs in all countries, the distinction between nutrition garden and agricultural production came up, with men perceived as the main decision-maker in (commercial) agriculture.

In three countries a small increase of women's decision-making was perceived, but in Togo, many male and female respondents reported that women now decide more and men less. FGD participants reported that husbands often give a portion of land to their wives to cultivate, where she can decide what to produce. There is a clear gender division: men produce cash crops like yams, coffee, cotton, maize, cassava, peanuts, and ginger and women grow vegetables.

### 2.1.3 Similarities and differences between the countries

Summarising, a number of similarities were observed between the four study countries, notably:

- Women are mostly responsible for preparing food for and taking care of children.
- Men mostly decide on agricultural food production, but their decisions are also limited by seasonality, availability of seeds and market demand.

- Many respondents observed a slight increase of women’s decision-making on food production.

The differences between the countries in decision-making on household food consumption/production are presented in Table 2. They mostly relate to decisions on food consumption and production, intrahousehold food distribution and the role of the mother of the husband in the household.

**Table 2: Differences between the study countries in terms of decision-making on household (HH) food consumption and production**

	Cambodia	Ethiopia	India	Togo
<b>Who decides on HH food consumption?</b>	Almost only women	Mostly alternately or together	Mostly alternately or together	Mostly alternately or together
<b>Does grandmother/ mother-in-law have influence?</b>	Yes	No	Yes	No
<b>Intrahousehold food distribution</b>	Some women will not start eating before their husband	Eating patterns of all HH members depend on food availability	Eating patterns of all HH members depend on food availability	Children are served first, then the husband, and lastly the wife
<b>Who decides on HH food production?</b>	Mostly men	Mostly alternately or together	Mostly either together, or husband	Mostly alternately or together



## 2.2 Women’s possibilities to access and have control over agriculture extension services and inputs

### 2.2.1 Barriers for women to using agricultural extension

When it comes to engaging in agriculture and extension services, women are perceived to more often than men face challenges. This includes access to land, seeds, and equipment.

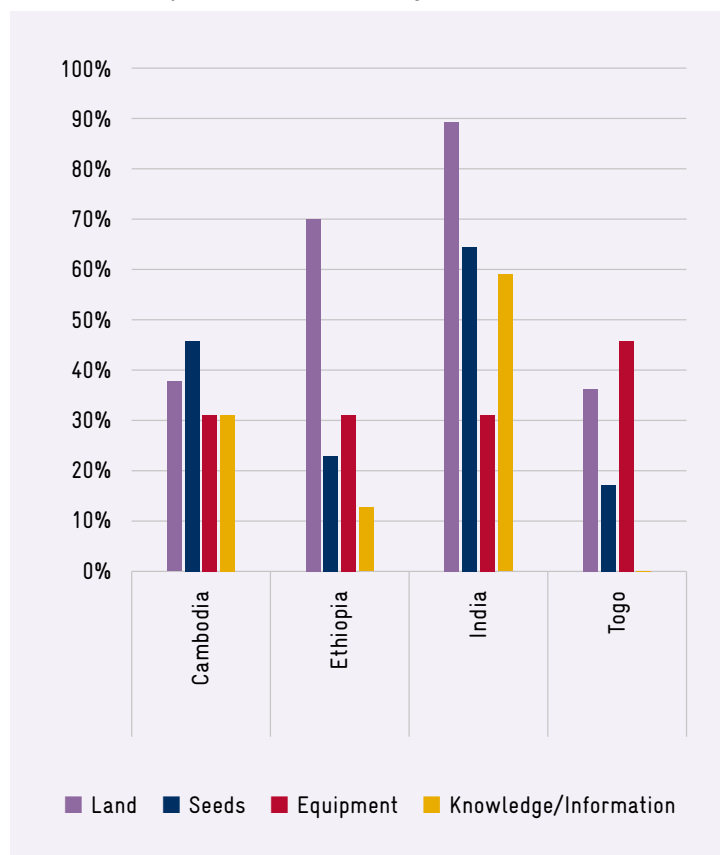
In Cambodia, men did not think women faced such challenges, but half of the women reported to face one or more, most frequently land or seeds.

In Ethiopia, threequarters said that women have less access to land than men, even if it is seen as a constraint for men as well. Even though women can technically inherit land, they will lose it if they move out of the village, for instance by marrying, or in case of divorce. Registration is unfavourable, as a women’s group said: *“The land is always registered in the name of the husband.”*

In India, land is a problem for both men and women, but more so for women, which was acknowledged by most male and female respondents. Documents demonstrating ownership of land and assets are in men’s names, which constrains women from using them to participate in extension. It is very rare that women own land, though it is not technically impossible for a woman to inherit it. Also here though, the woman will lose the land if she marries and moves in with the husband, and often, she will need to engage others to work the land since the land is too far away. Distance (to extension service points) was also brought up as a barrier for women to participate in extension. Bringing the service closer to the village was seen as potentially benefitting women.

In Togo, the vast majority of men and women agreed that men are better off in terms of their access to the agricultural inputs necessary for their participation in agricultural services. Access to seeds is only for women problematic, access to land is difficult for both, but worse for women, since they often do not inherit it. Women are legally entitled, but the practice turns out differently, as per one women’s FGD *‘The state has brought in a law that allows women to inherit land but here the men are mean. That’s why, we don’t have an inheritance’*. Therefore, in case their husbands cannot donate a large enough plot, only women with financial means can rent plots, which is rare.

Chart 2: Proportion of respondents reporting challenges faced by women when accessing extension



## 2.2.2 Specific extension needs for women

On the question whether women need different extension services than men, responses were mixed. In Cambodia, many respondents said that women need more extension services, and others said that they should get health services, as they found agricultural services to be for men. There was an equally sized group, however, who said that women had the same needs.

In Ethiopia, women are said to often not feel comfortable participating together with men and their skills are found more limited, as a men's group from Banja phrased it: *'If women would be able to do ploughing and other activities, they would have had equal access to the land, seed and extension.'* Some married women are not allowed by their husbands to go to extension training. Women mentioned high household work burden as an impeding factor. Here also, (male and female) respondents said that women should focus on health extension.

In India, the overall impression was that women may not need very different services, but that access is more difficult for them. Health extension (Anganwadi centres) is almost only used by women, and men rarely enter the centres due to social norms. Supported by the project, women use the centres more often. They go there for pre- and post-natal visits and take their adolescent daughters to get iron and folic acid tablets; moreover, events like street plays (on topics such as nutrition, hygiene, women rights, childcare, and COVID) organised by the project take place there.

In Togo, half of the women and a quarter of the men agreed that women need different extension services, as women need more knowledge to cultivate their fields. Currently, women are only invited by NGOs and official extension services for nutritional training sessions or for cooking demonstrations, but training focusing on export-oriented agricultural products, such as pineapples, targets only men. Women themselves say that they need more support than men because they are often overloaded with household work.

## 2.2.3 Similarities and differences between the countries

As in the overall literature, in the four study countries, women are perceived to have barriers to participate in agricultural extension, more so than men. This was reported by half of the women in Cambodia, threequarters in Ethiopia and most respondents in India and Togo. The most important barrier is access to land; though it is also difficult for men to get access to land, women face many more constraints (see for reasons section 2.2.1).

Nonetheless, respondents from various countries had also different views on certain topics (Table 3). Only in India, distance to extension services was seen as an issue. Access to seeds on the other hand was apparently difficult in Cambodia and Togo. In Cambodia and India, most respondents felt that health extension was women's domain, whereas in Togo they saw (agricultural) extension as an opportunity for women to step into commercial production.

**Table 3: Differences between the study countries in terms of women's access to extension services**

	Cambodia	Ethiopia	India	Togo
<b>Other barriers for women to access extension beyond land</b>	Seeds	-	Distance to extension service points	Seeds
<b>Do women have the same needs for extension as men?</b>	Women need more health extension	Women have the same needs but are shy to participate in men's groups	Women need more health extension	Women need extension services on producing commercial crops



## 2.3 Extent to which the Global Programme has facilitated women’s empowerment

Women’s empowerment in the study is defined as the process where women move towards having the same rights and opportunities as men in all areas. The study, however, did not specify this to the respondents, but probed into areas like economic empowerment, changes in decision-making in the household, on nutrition and food production related topics and in the community, and women’s membership of groups.

### 2.3.1 Economic empowerment

#### Decision-making on expenditure

In the Cambodia survey, opinions on who decides about expenditure differed greatly among men and women: most men said it was their wife, whereas most women said it was their husband, and almost no change was seen because of the project. KIIs and FGD respondents said that women decide on day-to-day expenditure like food, schooling, and household, whereas big expenditures (such as land, livestock, pumping machine and motorcycle) are decided together.

In Ethiopia, most respondents perceived that husband and wife decide together or alternately in various variations, such as taking all decisions together, or small expenditures are decided by the wife and big ones together. Key informants saw especially decisions on big expenditures taken by the husbands, one even said: *“there is no way women can decide about expenditure”*.

In India, most respondents perceived that men have the decision-making power over expenditure except for household expenses, which are decided jointly, according to 76% of the survey respondents. In the tribal belt, women have a bit more to say, but the situation is still not equal.

In Togo, in general women decide how to use the income for daily expenses, school fees or child-care, and men pay for the purchase or rental of land. In case of large expenses, women would seek their husbands’ advice. 53% of women said that they were more often able to decide on expenditure now than before the project.

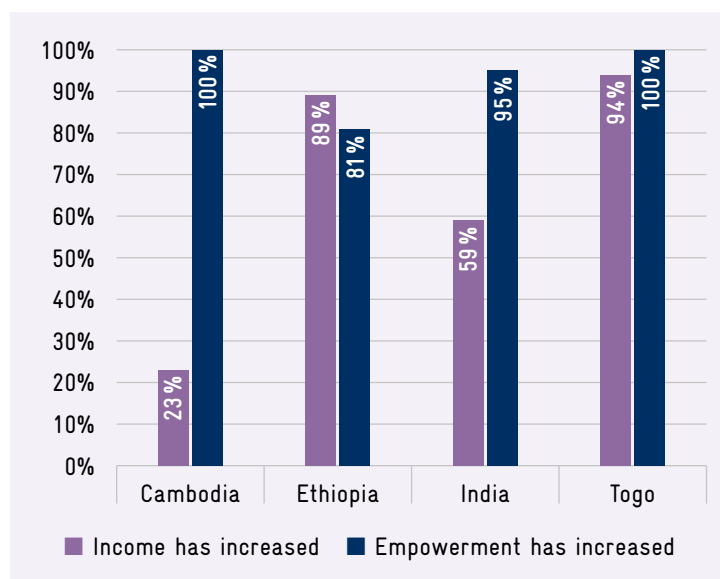
#### Income increase

Income increase was not a direct objective of the projects but was still achieved in several cases. In the Cambodia survey, 23% of women reported such increase (see Chart 3). FGDs confirmed that these were mainly female key farmers, as women in care groups did not have such an increased income. Women are said to have full spending over the income accrued under the project.

In India, 59% of the surveyed women reported an increased income. In two female FGDs, savings in food expenditure were also seen as factors affecting the household income positively.

In Ethiopia, 89% said they avail of some money of their own through selling vegetables, chicken, and eggs.

Chart 3: Proportion of women, who reported stronger empowerment and/or increased income





In Togo, as many as 95 % of women found their income increased under the project and were able to spend it as they decided. This coincided with the fact that only in Togo the project included marketing and food processing activities. Women's incomes had increased by among others raising poultry and processing soybeans into cheese, which allowed them to sell these products in the market. The participation of women in saving groups allowed them to have access to small amounts of credit.

### 2.3.2 Women's workload

In Cambodia, in many cases women's workload was reported as increased because of their participation in the project, since they frequently participated in training and sometimes provided training to others, besides their regular household work. Also, they were more often busy with growing vegetables and raising livestock. Many women also said that they did not mind, since it was in exchange for more knowledge and healthier children.

In India, because of project activities in the home-stead nutrition garden and CNGs, the workload of women increased, sometimes considerably, as perceived by a large majority of respondents. One of the reasons was, apart from the food production work, that the CNG was far away in some locations.

In Togo, 61 % of women reported it had increased, mainly because they had to invest time in new crops. Here as well, the positive effects of the project were seen as offsetting the additional workload. Moreover, increased knowledge on agricultural techniques like row sowing has also helped decrease the workload and having vegetables from the garden helps avoid the need to go to the market.

In Ethiopia, women's workload was seen as unchanged, and men were seen to chip in more often because of the project. Nonetheless, there were also women who admitted to not being able to convince their husband to engage. Also, quite a few women saw potential to engage their husband even more strongly.

### 2.3.3 Social empowerment

All women in the survey in Cambodia and Togo, 95 % in India and 81 % in Ethiopia (see also Chart 3) said they were empowered through the project, and many men confirmed this. As evidence was brought up women's stronger ability to speak in public. One women's FGD in Ethiopia brought up: *'In the past, we were expected to stay in the kitchen, but now, due to the training, we are able to speak in public with no one to mock us.'* This was echoed by a women's FGD in India *'Earlier when we were not aware of all this information we*

*did not even step out of our village. Now we dare to go to meetings, even if the household chores are not ready yet.'*

In Togo, women also felt that they had gained more confidence in public speaking, as a female FGD said: *'Before we did not speak, but with the meetings we started to express ourselves better.'* The key informants confirmed that women were more involved in debates, and respect for women was perceived to have increased at the village / community level.

In all countries, the improved technical knowledge on nutrition and agriculture and increased agricultural produce was seen as an additional empowering factor, which enabled women to participate in discussions and meetings. If women could transfer their knowledge to men as well as women, they felt this empowerment even more. Women also felt more confident to take nutrition-related decisions, based on the acquired knowledge.

In Ethiopia, several men said that participating in nutrition training convinced them to engage in the household and childcare, which was also seen as empowering for women.

Group membership can also be an indicator of increased empowerment. In Ethiopia, only five women were already members of a group and none of them became member through the project. Through the survey, it was found that in Ethiopia, half of the women had become member groups.

In the other three countries, the membership of women in groups had increased, and though the new memberships concerned project-driven groups, positive effects were equally perceived in terms of access to a bigger network, and confidence. In India, the proportion had increased

from 4% to 17% (members of self-help group). In Cambodia, the proportion increased from 31% to 54% (in care groups or key farmer groups). In Togo, the proportion most markedly changed from 40% to 94% (in field schools and internal savings and credit unions).

### 2.3.4 Similarities and differences between the countries

A number of similarities were observed between the countries in terms of empowerment and workload, as follows:

- ▶ Many women saw their income increase under the project as a result of selling produce from the nutrition gardens, to varying degrees: 23% in Cambodia, 59% in India, 89% in Ethiopia and 95% in Togo.
- ▶ Large proportions of women reported that they felt more empowered as a result of the project; this was reported by 81% of women in Ethiopia, 95% in India and all women in Cambodia and Togo.
- ▶ Most women in all countries felt stronger when speaking in public and empowered by being better able to produce and having increased their knowledge on nutrition. This was confirmed by male respondents.
- ▶ Virtually none of the women reported to perceive any additional workload as cumbersome, as they saw it being offset by positive results.

Differences were also observed, for notably in decision-making on expenditure, even though women had overall more say in day-to-day expenditure and men in large expenses. As for workload, only Ethiopian women perceived their workload as not having increased under the project.

**Table 4: Differences between the study countries in terms of women's empowerment and workload**

	Cambodia	Ethiopia	India	Togo
<b>Decision-making on day-to-day expenditure</b>	Mostly women	Mostly women	Together	Mostly women
<b>Decision making on large expenditure</b>	Together	Together or men	Men	Mostly men
<b>Has women's workload increased as result of project activities?</b>	Yes, because they participate in or conduct training and work in the garden	No, the work is shared between men and women	Yes, because of work in the nutrition garden and CNG, and distance to CNG	Yes, because of work in the nutrition garden

## 2.4 Extent to which the Global Programme engages men with positive effects on women’s empowerment and better household nutrition

The projects combine support to nutritious food production (mostly to be used at household level) with training on nutrition for men and women. Apart from women, the projects have been quite successful in engaging men as well. Nonetheless, the overall picture is that men were more often engaged in food production and women in food preparation (except for Ethiopia) (Chart 4).

In Cambodia, almost all male respondents had participated in integrated farming, against 38 % of women, all participants of the care group training had been female. Participation in the nutrition training was almost equal between men and women, but in food preparation training there were far more female participants (69 % against 14 %).

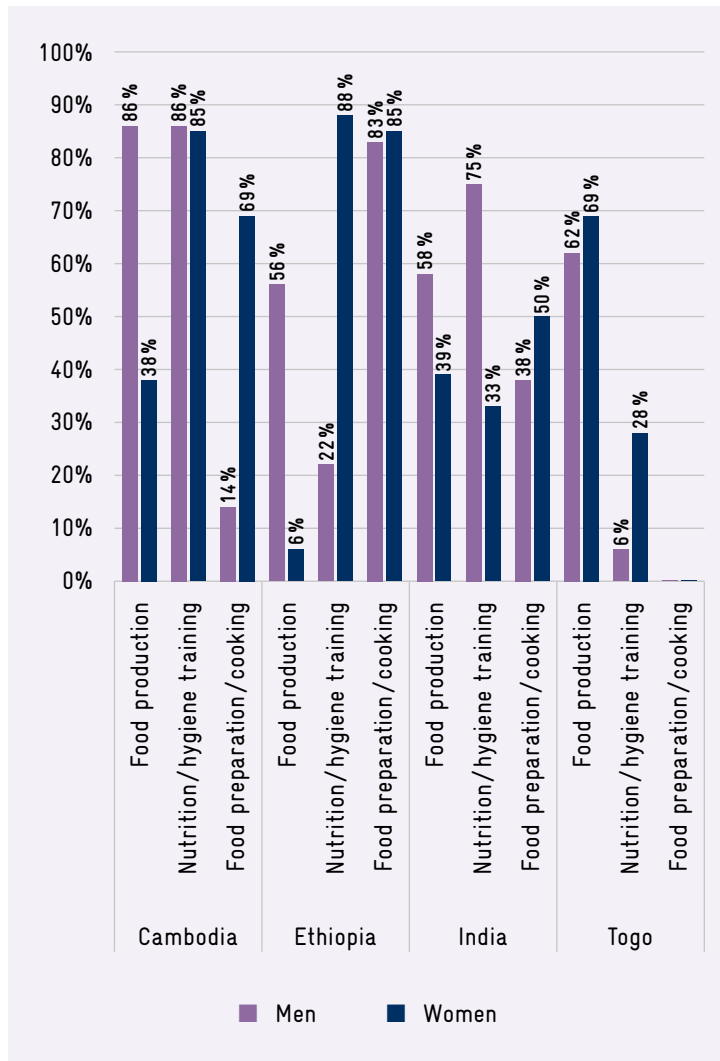
In Ethiopia, the percentage of men in food production training was much larger and in nutrition much smaller than women. Cooking demonstrations were participated by 85 % of female participants, but 83 % of men said they joined their wife at least once – which had resulted in some men starting to cook at home.

In India, women and men were selected for training to produce food in the nutrition garden at home or in the community nutrition garden, and more women than men for nutrition training.

Engagement of men in ensuring good nutrition for the households was perceived as positive and useful in all countries by approximately threequarters of the male and female respondents. Women in Ethiopia brought up that it not only is beneficial to the household situation, but it also makes men more supportive. It was reported that training men on child feeding, and care has borne fruit in that sense, which was confirmed in male FGDs.

Female FGD participants in Togo perceived men’s support both in food production and in the household added that men, by training in hygiene and nutrition, now better understand the value and importance of their engagement in good nutrition for the health of children. One male FGD participant from Togo said that *“the women are more self-sufficient thanks to the project, which allows the men to save”*.

Chart 4: Engagement of men and women (proportion) in food production, nutrition, and food demos



In India, the support of men was mainly perceived in the garden work, both in homestead garden and the CNG. Similarly, in Cambodia, almost all male and female participants in the survey (95 %) found participation of men in household nutrition very helpful. At the same time, the role of men

was seen as contributing through better production only, whereas women were seen as responsible for the preparation of food. Still, 23 % of female respondents said that their husband contributed more to the household work.

## 2.5 What factors keep men from engaging in nutrition, keeps women from engaging men and hampers women in decision-making

### 2.5.1 Findings from interviews

Culture and traditions play a strong role in the contribution that any intervention, including those supported by GIZ, can make to women's empowerment in or beyond a nutrition programme. It also partially defines the potential effect of engagement of men. In all four countries, men were reported to engage more in the household work and child nutrition to different degrees, but this was a small group of men. Some key informants highlighted though, that these traditions have been formed over a long time, and that GIZ must not give up but allow sufficient time for it to change.

In Ethiopia, men gradually started taking a stronger role in nutrition and food preparation, additional to food production. Nonetheless, undermining factors were identified in culture and tradition. It was said that *'men cannot enter the kitchen because women fear the outside opinion'* and *'others will badmouth the man'*. Some key informants said that women are not supposed to speak in public and lack self-confidence, others that men cannot be seen hugging a child. One key informant said that *'men have learned that kitchen work is for women since they were young'*. The community was perceived as often preventing women's decision-making. Moreover, women not having access to the household money, or their own income, obstructs them to fully engage men.

In India, male respondents saw themselves as "supporting the participation of their wives in helping in CNGs and homestead nutrition

gardens", thus defining the project activity as an activity for women. Men acquired more knowledge about nutrition, but they were, as one male FGD group had it *"at the receiving end only"*. Key informants said that since gender roles do not change, and since they are not expected to change soon, men do not yet put the new knowledge into practice at household level. According to FGDs, men would never engage in child feeding. In a male FGD, it was said that *"We now have more nutrition knowledge, but women are better at it."* Women said that *"the men in our house know how to cook and make tea for themselves in case of emergency, but they will never do it for us"*. Speaking in public was also brought up as an issue that is culturally defined and hard to address, even if women report an improvement under the projects. Key informants observed that speaking up remains difficult for women, because they are not supposed to do so in front of the husband and elders (notably the mother-in-law).

In Cambodia, almost all respondents from various backgrounds confirmed that traditions in rural Cambodia hold men responsible for earning an income and women for the household work and care for the children. In all respondent groups, the role of men was seen as contributing through better production only, whereas women were seen as responsible for the preparation and childcare. This was to a certain extent perpetuated by the project, since the project-driven care groups were seen by both men and women as meant only for women, including by their name "Me Me groups" (mothers' groups).

Men are still seen as head of the households, and as the one who can participate in community decision-making. According to KII respondents, one of the reasons for this could be the lower education level of women.

In Togo, women also observe that the inherited traditions concerning the tasks of men and women still pose an obstacle to the better involvement of men in domestic affairs.

According to women, even if there is improvement, only a few men are engaged, and not all. The men who were engaged, were mainly those who came to the cooking demonstration sessions. Other obstacles noted are food bans for some men because of their traditional religion, however, this was not further elaborated.

## 2.5.2 Similarities and differences between the countries

It clearly transpires from the exchanges with women and men from various backgrounds from all countries, that culture and traditions are the most important factor to keep men from engaging in nutrition and women from encouraging men to do so. In none of the countries, it is fully accepted to have men working in the kitchen or taking care of the children. Men are mostly seen as the earners of the income and women as responsible for domestic tasks.



A woman with long black hair tied back, wearing a grey polo shirt and a red sarong with a white and blue floral pattern, is kneeling in a lush green field. She is holding a young tree with both hands and measuring its height with a yellow measuring tape. The background is filled with various green plants and trees, suggesting a rural or agricultural setting. A purple semi-transparent banner is overlaid on the top part of the image, containing the text 'CONCLUSIONS, RECOMMENDATIONS AND LESSONS LEARNED'. A large purple number '3' is positioned on the right side of the image.

CONCLUSIONS, RECOMMENDATIONS  
AND LESSONS LEARNED

3

## 3.1 Conclusions

When looking at women empowerment and men's engagement in GIZ nutrition programmes in the four target countries, there are several similarities as well as differences. For projects to successfully achieve their targets in this field, therefore, there are approaches that would be valid for all, but differences per country must be considered and activities tailored to the various contexts.

One of the areas where differences transpired was the success of engaging men; it looked like the success was least prominent, where the biggest gains could have been made, namely where the traditions that kept women responsible for the household chores and childcare were strongest.

There were also similarities though, which can drive a programme of global nature. One of these are the observation that women are still weak in decision-making at household and community level, so that strengthening their self-confidence remains an important goal. Decision-making about expenditure in the household is a key issue everywhere, which strengthens women's empowerment. Economic empowerment was seen as improving even without women being able to sell food items, since they saved money by having to buy less food for the household.

Empowerment of women was perceived possible in all countries by strengthening knowledge on nutrition and food production, through the pathway of social empowerment, and sometimes through economic empowerment. The projects were seen as having achieved this in all four countries.

The workload of women had increased under the projects in three countries – only not in Ethiopia. This was also the country where the increase of men in the household and childcare was most often reported – even if still only for a minority of men. Togo was the second most-positive country in this regard. A similarity between the two countries was that men had participated actively in cooking demonstrations and had started cooking at home. This study does not have sufficient information however, to indicate whether there is a causal relation.

The projects were overall successful in engaging men, which was perceived as positive by men as well as women. Nonetheless, even if to some extent the engagement of men had increased in food production in the gardens, and in the household preparing food and ensuring good nutrition for children and others, they were still mostly seen as the providers for the households and not as responsible for nutrition.

The underlying culture and traditions heavily influenced the success of the projects and the activities, including the engagement of men. They affected the potential to influence empowerment through nutrition, in a relatively short project duration, especially if compared to the time that the traditions and gender roles had existed.





## 3.2 Recommendations

Based on the findings of the study and on previous experience, various ways can be suggested to increase options for strengthening women's empowerment and gender equality as part of a nutrition intervention, as indicated below.

### 3.2.1 Recommendations for the Global Programme and GIZ nutrition-related interventions in general

Based on the many similarities in the findings, a number of recommendations were derived, which are valid for all countries and similar nutrition-related programmes in other countries.

1. **BMZ/GIZ at global level needs to ensure that all nutrition programmes and activities are gender-responsive and equally engage men and women.**

For GIZ global staff responsible for nutrition and gender, it is recommended to further strengthen GIZ's role in knowledge exchange on nutrition and gender. BMZ and GIZ are already well-known actors and advocates in this field. Further gains can be made by more frequently and more widely sharing results with others, including from this study. GIZ must also keep abreast of findings and achievement of others through knowledge exchange. Additionally, implementing partners should be encouraged to emphasise the importance of gender, women's empowerment and nutrition and the engagement of men in their projects and activities. Finally, to ensure that gender, women empowerment and inclusion of men are optimally included in nutrition programmes, systematic gender-responsive monitoring must be conducted, that goes beyond one-off studies and is to be considered as a regular and compulsory part of nutrition interventions.

2. **For those responsible for design and implementation of nutrition interventions, to use equal engagement of women and men in all activities as an instrument to contribute to gender equality, based on local context.**

The study observed a tendency in all four countries for activities to engage preferably men in food production and women in food preparation and childcare related activities. Though it is acknowledged that generally, men are not as actively engaged in food preparation as women and vice versa for food production, this also provides an opportunity for nutrition interventions to contribute to more equality.

Interventions must not only provide equal participation possibilities for both women and men but need to also pursue this in terms of encouraging men and women to participate equally in all activities and help address barriers to such participation if these are observed in either group.

3. **For GIZ staff and implementers responsible for implementation of the Global Programme, consider various types of training to strengthen gender sensitivity of nutrition interventions**

A number of trainings can be considered for inclusion under the global programme, which have appeared successful in some of the countries as well as in other existing or previous nutrition programmes.

Cooking demonstrations have appeared successful in both Ethiopia and Togo to convince men to enlarge their role in food preparation and household work. Cooking classes and demonstrations are found to be enjoyable to both women and men, and men appear willing to prepare meals more often at home and use their acquired knowledge.

Training and awareness raising for young couples and for adolescents on nutrition and gender were suggested as essential by quite a few respondents from various backgrounds, to strengthen the effort towards changing long-standing gender roles. Youth and adolescents were perceived as suitable change agents to influence their families and community members. As they are the future adults, their improved nutrition and gender practices will benefit themselves and the community for a long time.

**4. For GIZ at global level, include a stronger component of economic empowerment for women into the Global Programme and other nutrition interventions**

Even though economic empowerment was not a specific objective, it did emerge in the projects as a positive and much appreciated result. There are several ways that projects can include a more deliberate focus. If more women are more often enrolled and more strongly encouraged to participate in training on food production and good agricultural practice, their production and productivity potential will increase and so will the likelihood that food items remain available for selling.

At the onset, providing additional support in the form of seed and equipment can be included in nutrition interventions. Follow-up support can be provided in terms of marketing, storage and food processing.

Furthermore, trained women can also be engaged as agricultural extensionist, which will boost their self-confidence and status as well as simultaneously provide them with a regular income.

**5. For implementers of interventions with a gender and women's empowerment component, pilot innovative ways to speed up changing stereotypes and cultural barriers**

Many respondents indicated that the use of a positive deviance model could help addressing stereotypes. Men who support their wives well in the household can thus become role models for men and boys, and women who are doing very well in a certain nutrition related area or in income generation can become role models for women and girls.

Community leaders can also be engaged in this process. Competitions for adolescent boys and girls are a good incentive for them to come up with and implement ideas that generate progress in achieving gender equality that attract the young generation.

### 3.2.2 Recommendations for the singular interventions in the four study countries

A few observations were very specific for the four countries under consideration and have led to the recommendations below.

**1. For the Cambodia country team and implementing partners: strengthen and expand the women's groups with group-wise activities around food production**

Women's groups were an important part of the intervention, yet also perceived as groups that were fully focused on activities "for mothers", including related to health and childcare.

Women were at the same time eager to further expand their engagement in home garden and food production activities but were sometimes constrained by the required time investment in childcare and domestic work.

Engaging them into food production in their respective groups can address some of these constraints. Within the group, effective task distribution can help decrease the workload by assigning responsibilities for food production tasks, and at the same time effectively organizing care of young children.

Moreover, the group will contribute to women's better bargaining position, for instance when buying seeds, selling produce or organising transport to markets.



2. In Ethiopia, more emphasis needs to be included in the existing activities on the exemption of fasting rules for pregnant and lactating women

In Ethiopia, many people follow specific religion-related fasting rules. During the 40 days advent fast, only one daily vegan meal is allowed. The Ethiopian Orthodox Church has acknowledged that these rules may hamper the required nutrition intake of pregnant and lactating women. Therefore, a declaration has been issued on the exemption of fasting to pregnant mothers and mothers breastfeeding children under the age of two.

Awareness on this exemption was low, only 5 % of women knew about it. Therefore, it is suggested that in the nutrition training for both women and men, emphasis on the declaration on the exemption of fasting to pregnant, lactating mother and children under the age of 2 is increased. The message also needs to be repeated and shared with a larger audience shortly before the fasting period, to refresh the memory.

3. For India, assess the potential to include men more strongly into health aspects, for instance by training them as Anganwadi Health Workers

In India there was a strong distinction between health extension – almost only for women – and agricultural extension, which has a strong focus on men. The country team may want to consider assessing the possibility of engaging/ training men as Anganwadi Health Workers, in cooperation with the Women and Child Department, thus also trying to attract more men to the health extension centres. As long as these centres are seen as women’s business where no men go, it is also difficult for men to engage in childcare. This would be quite an innovative activity, but the suggestion was brought up by various respondents and backed up by Anganwadi Health Workers.

4. In Togo, it is recommended to consider including more and different agricultural activities

In Togo, more so than in other countries, respondents suggested to expand the number and type of agricultural activities under the project. This could include access to financial resources, small-scale irrigation and equipment. If based on a gender assessment and well-designed, this will contribute specifically to women’s income generating potential as well.

### 3.3 Lessons learned

Though probably acknowledged by many actors in development and humanitarian aid, it was deemed relevant to reiterate the lessons learned below.

- › Culture and traditions related to gender roles and women’s empowerment are deeply rooted in many countries and have existed for centuries. Project activities had brought some change to the empowerment of female participants, be it small. The magnitude of the problem of gender inequality however calls for a certain degree of modesty in the design of interventions, especially when it comes to what results can be expected.

## 3.4 Suggestions for follow-up studies

Based on the findings from this study, the following areas for further study and assessment are suggested:

**1. Assess potential labour-saving technology in the home gardens and the household, with a focus on reducing work burden for women**

Women's work burden was often mentioned as hampering them from going to meetings or getting engaged in food production and other income generating activities. Moreover, in three out of four countries, the work burden was observed as increased due to project activities.

An in-depth assessment could help to identify possibilities for women to save time, suitable to the context. The best examples coming out from the assessment can then be included into the nutrition interventions, based on affordability.

Moreover, prior to implementation, it needs to be ensured that there are no activities that create additional work burden for women. If this is the case, mitigating measures need to be considered and included. Encouraging men to engage more strongly in household chores would be one way to offset extra work burden for women in food production.

**2. Assess how men and women can be more strongly and frequently engaged in activities that are perceived as for men or women only**

The study brought out strong gender roles in agriculture, food preparation, domestic work and childcare, which were difficult to change. Nonetheless, many respondents were aware of this, and especially women seem eager for the roles to change. Different ways were suggested by respondents from various backgrounds to accomplish this. Men-only training on nutrition and childcare was suggested in Cambodia, Ethiopia and India, and to take place in the evening to accommodate for men being out of the village. It was perceived that such men-only groups would enable men to speak openly about gender-related issues and avoid social stigma.

In Togo, respondents did not think men-only training was a good idea, though. In India it was suggested to couple these trainings with good agricultural practice, to ensure men are attracted to the training. In Ethiopia, it was also recommended to have more female participants to participate in women-only training food production training with female trainers, who can act as role models.

Therefore, further context-sensitive study is needed into ways to better engage women in activities that are seen as "men-only" and vice versa. This can be done by participatory research, and subsequently piloting various sets of activities and measuring the results.

**3. Set up a study into women's land rights in various countries and identify methods for interventions to help strengthen these**

The projects under this study were not aimed at addressing land rights. Nonetheless, women's unequal access to land came up frequently as a specific constraint for women in all four countries, voiced by respondents from various respondent groups.

If women's access to land is lower than men's, their potential to make a living is also lower and it is more difficult for them to access agricultural extension.

A study on women's land rights can start off with a systematic review bringing together existing information. It can then compare content and implementation of land laws and customary rules in various countries against the actual situation at local level. Field study and interviews can help bring out to what extent land laws, if they are gender equal, are implemented and if not, why this is the case.

Such a study can bring out useful findings and recommendations for including work on women's land rights into nutrition and food security programmes, strengthen the contribution to gender equality.



### 3.5 Limits to the study

The study size prevented statistically significant results, as mentioned in the methodology section. With hindsight, however, there was also probably more important limitation to the study, which had to do with identifying barriers. Though some responses clearly came out, like culture and tradition, and women's limited access to extension and land, the findings related to question 5 were not very concrete. The question was:

*What gender influencing factors or barriers on cultural /family level:*

- ▶ *keep men from taking part in nutrition in households?*
- ▶ *prevent women from actively involving men in nutrition?*
- ▶ *impede women participating in decision-making processes on household and community level?*

Respondents, especially project participants, did not come up with clear observations on what hampered them in this regard. Some findings were derived from combining data from all questions, but there were very few straight answers. It is possible that the methodology did not allow responding to this question, as respondents may not have some information immediately available. In-depth research, or an anthropological approach through a local expert, interviewing project participants and non-participants, looks like a more suitable option to respond to this question. Also, the country context being different, having complex consequences for such barriers, indicates that it would be better to set up an individual study in each country.

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and Development