

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

## **A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012**

**Elizabeth Mkandawire** – PhD Candidate, Institute for Food, Nutrition and Wellbeing and the Department of Agricultural Economics, Agricultural Extension and Rural Development, University of Pretoria.

Address: Information Technology Building, Room 3-37, University of Pretoria, Pretoria 0002, Republic of South Africa, Mobile: +27 (0) 76 371 8764, Landline: +27 (0) 12 4203811, Email: [elimka23@gmail.com](mailto:elimka23@gmail.com)

Sheryl L Hendriks – Director, Institute for Food, Nutrition and Wellbeing and Associate Professor in Food Security and Professor in the Department of Agricultural Economics, Extension and Rural Development, University of Pretoria. Corresponding author:

Address: Information Technology Building, Room 3-34, University of Pretoria, Pretoria 0002, Republic of South Africa, Mobile: +27 (0) 78 063 3384, Landline: +27 (0) 12 420 3811, Email: [sheryl.hendriks@up.ac.za](mailto:sheryl.hendriks@up.ac.za)

Lucy Mkandawire-Vahlmu – Associate Professor, College of Nursing, University of Wisconsin – Milwaukee

Address: Cunningham Hall 695, Milwaukee, Wisconsin 53201, United States of America, Mobile: +1 (0) 608 347 2938, Landline: +1 (0) 414 229 6098, E-mail: [mkandawi@uwm.edu](mailto:mkandawi@uwm.edu)

**Corresponding author:**

**Sheryl L Hendriks**

## **Abstract**

Nutrition policies tend to emphasise women, overlooking the important role men can play as allies in achieving positive nutrition outcomes. This article applies an integrated framework for gender analysis to assess the extent to which Malawi's National Nutrition Policy and Strategic Plan (2007 – 2012) is gender-responsive. The study found that the Policy and Strategic Plan were not gender-responsive and did not adequately integrate gender considerations. The authors propose the promotion of a conducive environment for men's participation in maternal and child health by applying a more gender-responsive approach to nutrition policy. The findings could assist developing countries seeking to accelerate progress in reducing under-nutrition to meet national, continental and international commitments on gender equality, nutrition and development.

**Key words:** Gender, men's involvement, nutrition, gender mainstreaming, Malawi

## **1 Introduction**

Over the past five years, global commitment to addressing malnutrition has increased. Following the 2014 International Conference on Nutrition, the Rome Declaration (FAO, 2014) committed signatory countries to eradicating all forms of malnutrition, including under-nutrition among children under five years of age. The Sustainable Development Goals (UN, 2015), re-affirmed this commitment, with goal two specifically dedicated to ending hunger and at least 12 of the SDGs containing targets that are highly relevant to nutrition (IFPRI, 2016). In 2016, the UN launched the Decade of Action on Nutrition (WHO, 2016). This launch endorses the Rome Declaration and emphasises the necessity for addressing malnutrition.

Few developing countries can claim to have made as much progress as Malawi in terms of maternal and child health during the Millennium Development Goal (MDG) era. Malawi is one of a few low-income countries to have achieved MDG four on reducing child mortality (GoM, 2014). However, progress toward reducing malnutrition (MDG one) has not been as rapid. In 2010, 60% of deaths among children under five years of age in Malawi were related to under-nutrition (NSO and Macro, 2010). Between 2010 and 2015, the rate of under-nutrition among children under five years of age reduced from 47% to 37% respectively (NSO and

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.

Macro, 2010 and 2015 respectively). While this reduction is significant, more rapid progress is needed if Malawi is to meet the Malabo Declaration on Accelerated Growth and Agriculture Growth and Transformation for Shared Prosperity and Improved Livelihoods target of reducing child under-nutrition to 10% by 2025 (AUC, 2014). Accelerated progress is also necessary to meet the Sustainable Development Target under goal two (ending all forms of malnutrition by 2030) (UN, 2015).

One of the key principles of Malawi's National Nutrition Policy and Strategic Plan (NNPSP) (GoM, 2007) is to promote gender equality. This paper considers Malawi as a case study for assessing whether gender in Malawi's NNPSP is reduced to focussing interventions only on women or whether it is gender-responsive or gender-blind? The analysis considers whether policymakers' interpretations of gender are flawed and how these interpretations influence their decisions.

Gender inequality is an underlying cause of under-nutrition. Gender is not defined by biological differences (sex), but rather by the social attributes with which people identify themselves as male or female and the relationships between the sexes (Moser, 1993). Applying a gender lens is important for ensuring that gender is adequately and appropriately integrated in public policies. In this study, a gender lens refers to the analysis of nutrition policy using a gender mainstreaming approach. This approach includes identifying the power relations that constrain men's and women's access to food for improved child nutrition.

Excluding men from nutrition policy perpetuates the notion that nutrition is a woman's responsibility. Public policies can make men aware of their caring responsibilities but they can also help deconstruct systematically entrenched gender roles. Policy can assist in (re)defining the roles by promoting a conducive environment for men's participation in maternal and child health. Yet, development practitioners often focus on women in the design of development programmes, overlooking the important role men can play, not only in ensuring positive child nutrition outcomes, but also in reducing gender inequality.

Women are essential in reducing child under-nutrition (FAO, 2012). Yet, women in low-income countries typically experience constraints in accessing nutritious food because of systematically entrenched social dynamics (Cornwall and Rivas, 2015). Recent global attention to the importance of nutrition in a child's first thousand days has raised awareness of the important role of women in child nutrition (Bryce et. al., 2008). The first thousand days includes the period from conception to a child's second birthday. Evidence suggests that

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

improving the nutrient intake of women and infants during this period can significantly improve child under-nutrition (Horton and Sheeran, 2008).

Nutrition is typically considered women's responsibility (Bellows et al., 2011). Focusing on women assumes that men do not play a role in nutrition; absolving men of responsibility. The roles and needs of both women and men should be recognised in order to foster partnerships between men and women in meeting nutrition-related objectives (FAO, 2012).

While policymakers recognise the importance of integrating gender into policies, the way in which this is done often reinforces systems that perpetuate gender inequalities. Policymakers' frames of reference are often informed of their own experiences of gender, which are often influenced by institutionalised gender norms. Kabeer and Subrahmanian (1996: 3), argue that because of such biases and ideologies, policymakers need to "constantly check their assumptions and practices against the reality on the ground in order to avoid the consequences of their own preconceptions and prejudices or planning on the basis of some outmoded version of reality".

Gender-responsive policies consider norms, roles and inequalities, ensuring that these are addressed through policies. While gender sensitive programming recognises gender issues, but only raises awareness (WHO, 2008). Gender-blind implies that gender norms are ignored, perpetuating gender stereotypes (Pederson et al., 2014). This analysis of intended gender mainstreaming in the NNPS provides insight into oversights regarding gender-responsive policy making. Gender-responsive nutrition policies could accelerate progress in meeting international commitments such as the SDGs.

## *1.2 Gender divisions of labour*

Gender labour divisions are work or responsibilities allocated to men or women on the basis of their sex. Policymakers tend to overlook normative gendered divisions of labour that undermine women (Moser, 1993; Kabeer, 1994). These gendered divisions of labour often result in heavy workloads for women (Moser, 1993). While both sexes are involved in income generating activities to supplement household income, men's work is often limited to certain hours, interchanged with leisure time. Women perform reproductive work (caring for children and domestic tasks) and community work (work that benefits the collective community, for

example caring for the sick). Women's reproductive work is significantly more time-demanding (Moser, 1993; Kabeer, 1994). In addition, duties such as childcare are 24-hour responsibilities. Men's reproductive work is largely undefined (Moser, 1993). Redistributing reproductive work between men and women would leave women with more time to pursue income-generating activities and grant them leisure time. Involving men in work that is typically associated with women may break traditional divisions of labour that disadvantage women. Nutrition presented an interesting case for understanding how redistribution of gendered work could improve gender equality.

While involving men in child nutrition is important in order to free up women's time, men also need to be involved in child nutrition because they often control the resources required for households to access nutritious food. Research suggests that women often allocate more resources towards the well-being of household members (Miezen-Dick, 2012). The limited access to resources and decision-making power of women in low-income countries has a negative impact on the nutrition outcomes of household members (Richards et al., 2015). Women often face constraints accessing economic resources to meet their dietary and medical requirements in pregnancy due to socio-culturally constructed gender roles. Women often depend on their partners for resources to attend antenatal clinics and to access diverse diets (van den Berg et al., 2015). Likewise, socio-cultural sanctions often prevent men who want to be involved in maternal and child health from participating (Osman et al., 2014).

## **2 Mainstreaming men into gender equality**

Men's involvement in women's sexual and reproductive health was a focus of the 1995 Beijing Fourth Conference on Women, where the notion of gender mainstreaming was conceived (UN, 1995). Gender mainstreaming is the integration of a gender perspective into policy or programme at all levels (UNESCO, 1997). Gender mainstreaming serves to ensure that both men and women's interests and concerns are an integral part of the design, implementation, monitoring and evaluation of policies and programmes.

Policies and programmes integrate men and women's interests by identifying their strategic and practical needs. Strategic needs refer to men or women requirements for improving their status in society (Moser, 1993; Kabeer and Subrahmanian). For example, a strategic need may be to increase paternity leave days allocated to men, enabling them to

participate more actively in the first few months of a child's life. Such policies assist in alleviating the burden of reproductive work women undertake, allowing them more time to engage in other activities. Practical needs are men and women's immediate needs. For example, women's microfinance programmes for improved nutrition. Moser (1993) suggests that policymakers should be cautious of only addressing practical needs as these might distort the attainment of strategic needs. For example, while increasing women's income in the household may lead to improved nutrition outcomes for household members; it does not change decision-making dynamics between men and women.

The concept of men's involvement in women's sexual and reproductive health first emerged on the development policy agenda at the International Conference on Population Development in 1994 (ICPD) (UN, 1994). Around this time, feminist scholars began recognising that women's status was not a consequence of their lack of involvement in development, but rather a systematic reproduction of gender relations that undermined women's participation in development. This systematic oppression needs to be undone to view men as allies (Levy et al., 2000). Involving men in development was premised on the understanding that gender relations were at the core of improving gender equality and that "challenging aspects of masculinities (and femininities) is an important dimension to improving women's lives" (Levy et al., 2000: 87).

Harnessing the complementary role of men in child nutrition can improve relationships between men and women. Including men as equal partners in reproductive work positions men in a supportive role and deconstructs the notion that men are only perpetrators of injustices against women. In the past, this notion served to increase tensions between men and women (Okali, 2011). Engaging men as allies and recognising their capacity to provide care and support to women could strengthen relationships between men and women.

Critics of gender mainstreaming argue that the concept of transforming gender relations has been 'lost in translation' (Tolhurst et al., 2012). Meier and Celis (2011), suggest that the Beijing Platform for Action (UN, 1994), failed to define a substantive goal for gender mainstreaming and transferred the responsibility of setting gender priorities to actors in various policy domains. Actors often lack the capacity to integrate gender into policy. Policymakers often overlook interrogating the gendered nature of policies.

Discourses on gender equality in nutrition policy have been rhetoric. First, the term gender is often misconstrued to mean women. Policies are often deemed to address gender if

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

they mention women (Nyalunga, 2007). Payne (2014: 36) argues that ‘the practical interpretation of gender has come to mean women’. Second, some scholars resist the idea, fearing the approach is overshadowing women’s empowerment. Others are concerned that gender programmes are not only diverting resources from the women’s empowerment approach, but contend that proponents of gender mainstreaming shift the focus away from women to men (Samarasinghe, 2014). Third, according to Correia and Bannon (2006), the demand for addressing women’s issues surpasses the demand for addressing issues of gender. Women are more adversely affected by poverty than men are; increasing their vulnerability to threats such as food insecurity. In addition, there is a perception that empowering women empowers communities. Subsequently, focusing on women is considered a development priority. Fourth, in low-income countries, programme designers often work around cultural norms. In doing so, they accommodate gender inequalities and avoid addressing structural inequalities, perpetuating the status quo. For example, pregnancy and childcare are traditionally associated with women. Consequently, men are often excluded from maternal and child health programmes (Greene, 2006).

## ***2.1 Food security and nutrition with regards to women in Malawi***

Malawi began championing men’s involvement in women’s sexual and reproductive health in 1996, with the establishment of the Malawi Platform for Action (MoCWCS, 2004). As a signatory to the Beijing Declaration and Platform for Action (UN, 1995), Malawi is obliged to mainstream gender in all policies and programmes. In response, Malawi engaged in awareness campaigns and, amongst other activities, formed the Men for Gender Equality Network. The Network mobilised men interested in supporting gender equality, particularly in the areas of gender based violence and HIV/AIDS (MoGCWCS, 2004). Although Malawi has made significant efforts to domesticate the Beijing Platform for Action, these efforts have not been sufficient to accelerate the necessary progress toward positive food security, nutrition and gender outcomes.

According to the Government of Malawi, 39% of the population would not be able to meet their annual food requirements between July 2016 and March 2017 (GoM, 2016). The 2015 Global Nutrition Report states that only 29% of infants between six and 23 months consumed diets of at least four food groups (IFPRI, 2015). Malawian diets consist primarily of two food

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

groups: cereals or grains (mainly as *nsima*, a stiff maize-meal porridge), and vegetables. WHO (2010) recommends a diverse diet, including foods from at least four food groups four times a week.

Malawian men have greater control over household income. Women earn 70% less than their partners and are less involved in deciding how earnings are used (NSO and Macro, 2015). The 2015 Malawi Demographic and Health Survey (NSO and Macro, 2015) reports that while joint control is exercised over women's earnings (42%), women often have no say regarding men's earnings (47%). Men also often make decisions on resource allocation for transport to health facilities. Women may walk long distances to attend antenatal care or ask their partners for money for transportation (Geoffrey et al. 2014). Accordingly, 56% of women reported that the distance to health facilities constrained access in 2015 (NSO and Macro, 2015).

Considering the critical role men play in decision-making and allocation of resources, this study analysed Malawi's NNPS to determine if it responds to such gender dynamics. While Malawi appears to be responsive to international agreements like the Beijing Platform for Action, it is unclear whether commitments have reshaped policymakers' gender normative assumptions in the context of nutrition policy. This study assess Malawi's NNPS to understand if the policy is gender-responsive or if gender normative biases and ideologies influenced policy choices.

### **3 Research methodology**

Several tools have been developed to guide policymakers in gender mainstreaming (Overholt et al., 1985; Anderson and Woodrow, 1989; Moser, 1993; Parker, 1993; Williams, 1994; Kabeer and Subrahmanian, 1996). No tools could be found in the available literature that were designed specifically for determining the gender-responsiveness of nutrition policy, including the identification of gender biases that may influence policy choices.

Considering the paucity of appropriate tools, the researchers developed an analytical tool to assess Malawi's NNPS. The desk study analysis tool combined three existing tools: the WHO Gender Assessment Tool, the FAO Gender Mainstreaming in Nutrition Framework and a policy chronology (adapted from Babu et al., 2016, Haggblade et al., 2016 and Hendriks et al., 2016). In the interest of space, these tools, although described in the following section, will be presented in the results section with the exception of the FAO Gender Mainstreaming



Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

in Nutrition Framework. The limitations of a desk study are acknowledged, recognising that a natural next step of this study will be an active validation engagement with in-country stakeholders. However, there is merit in detailing the process and findings of the desk review at this stage for the benefit of on-going policy reform in Malawi and for others to learn from the process.

### **3.1 WHO Gender Assessment Tool**

The World Health Organization (WHO) Gender Assessment Tool (2011) was integrated into this study. It provides criteria for assessing whether a policy or programme is gender-responsive or gender-blind. A gender-responsive policy reflects commitment of decision-makers to achieving gender equality. The tool forms part of a manual developed, applied and refined through workshops in 23 WHO countries in the context of gender analysis within the health sector (WHO, 2011). The tool asks 23 'yes' or 'no' questions. The scorecard for this tool is presented in Table 2. If the responses are predominantly affirmative in the first section of questions (1 – 18), then a policy is considered gender-responsive. If questions are predominantly affirmative in the second section of questions (19 – 23), then a policy is considered gender-blind.

The researchers felt that some of the questions could be collapsed. For example 'Does the policy or programme consider life conditions and opportunities of women and men?' was collapsed with the question 'Does the policy consider and include men and women's practical needs'.

### **3.2 FAO Gender Mainstreaming and Nutrition Framework**

The Food and Agriculture Organization (FAO) Gender Mainstreaming and Nutrition Framework (FAO, 2012) is referred to as the FAO framework in this paper. This tool combines issues of both nutrition and gender (Table 1). The FAO framework focuses on gender both in terms of agriculture, food security and health. It highlights gender issues related to nutrition and the life cycle, agriculture extension and technology, socio-cultural issues and distribution, rights based approaches and nutrition and allocation of income toward nutritious food. It also promotes policies that foster partnerships between men and women by including men as targets

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

of policy interventions. It proposes seven key areas for nutrition policies. These key areas can strengthen men's and women's capacity to access nutritious food for their families. The key areas were identified through a comprehensive review of international literature on nutrition and gender.

### **3. Policy chronology**

The third tool used was a policy chronology (Babu et al., 2016; Haggblade et al., 2016; Hendriks et al., 2016). This documented the events that influenced policy choices, including nutrition events in Malawi as well as political, gender and relevant international development events. The policy chronology assists in identifying binding and non-binding international commitments. These commitments provide an indication of Malawi's commitments and the progress it has made in terms of gender mainstreaming and nutrition.

#### **3.4. Applying the integrated framework for gender analysis in nutrition policy**

In an attempt to present a simplified and holistic outlook of the findings, the three tools were integrated into a consolidated and condensed tool. The integrated tool adopts six of the most pertinent questions from the WHO Gender Assessment Tool. While this tool is useful in determining what types of questions should be asked to discern if a policy is gender-responsive, it is not specific to nutrition.

The FAO framework (FAO, 2012), was adopted as options that policy-makers could choose to guide them in developing gender-sensitive policies. These options are referred to as policy instruments. Policy instruments, in this case, referred to gendered actions that can be taken to improve nutrition outcomes. While the FAO framework provides possible areas for mainstreaming gender in nutrition policy, it does not provide criteria for assessing whether the policy is gender-responsive or gender-blind.

To ensure that each policy instrument was rigorously interrogated, the policy instruments were cross-referenced with the WHO questions (WHO, 2011) to determine whether the policy instrument reflects an understanding of gender issues. Aligning the questions and instruments ensured careful interrogation of each policy instrument using a gender lens, assessing if the policy elements are gender-blind or gender-responsive.

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

**Table 1: FAO Gender Mainstreaming in Nutrition Framework**

<b>Gender and nutrition in ag extension</b>	<b>Income generating activities and spending income on nutrition</b>	<b>Local food culture and gender</b>	<b>Nutrition and the life cycle</b>	<b>Obesity and nutrition</b>	<b>Rights based perspective related to gender and nutrition</b>	<b>Targeting in nutrition</b>
Men are often favoured in both food and resource distribution, typically at the expense of women and children.	Efforts shall be devoted to improving women's socio-economic status relative to that of men in all aspects of nutrition.	Men are often favoured in both food and resource distribution, typically at the expense of women and children.	Promotion of women's nutritional status among the general public.	Controlling of nutrition related non-communicable and other diseases.	The right of all people to have access to safe and nutritious diets shall be observed in accordance with the fundamental basic rights of citizens to be free from malnutrition and related disorders.	Most nutrition education programmes have been targeting women yet household-level decisions are mostly done by men. Gender roles further skew the distribution of nutritious diets within a household.
Empowerment of communities with adequate nutrition knowledge, skills and resources will be prioritised for the successful implementation of the policy.	Promotion of practices that promote healthy life styles, food availability, diversity, access, proper storage, preparation, utilisation, the consumption of a variety of foods from the six food groups every day, safety and quality in the general population		Promotion of optimal feeding practices for children 6-24 months or beyond to sustain breast feeding while giving appropriate complementary feeds with emphasis on feeding frequency, amount, energy and nutrient density and diversity based on the six food groups. Strengthening of optimal feeding of a sick child during and after illness.			

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

Strengthening capacities for households and communities to attain adequate nutrition for their families with emphasis on socio-economically deprived persons.

Prevention and control of micronutrient deficiency disorders with emphasis on Vitamin A Deficiency, anemia and iodine deficiency disorders.

Promotion of optimal breastfeeding practices for children 0-6 months in the context of HIV and AIDS at facility, community and household level.

---

The framework enabled reflection on assumptions that may have influenced policy decisions. The shading in Table 4, reflects the level of biased assumptions in the policy. The lighter shade of grey suggests that the question is of mild relevance to bias and ideologies. Medium shading suggest a moderate relevance and the darker shade of grey suggests strong relevance. For example, if the question ‘Does the policy avoid considering men and women as homogenous groups?’ is not satisfied, it is possible that the policymaker assumes that only women have nutrition interests and responsibilities. This suggests that the policy may have been significantly influenced by institutionalised gender normative biases and ideologies. Some examples of what a gender-responsive policy would look like are presented in Table 4.

### ***3.5. An overview of Malawi's NNPS***

The NNPS is guided by the WHO's seven Essential Nutrition Actions (ENAs) (WHO, 2007). These are a set of actions that can be taken during the first thousand days of a child's life (from conception to two years of age) to reduce maternal and child mortality, morbidity and under-nutrition. These are women's nutrition, breastfeeding, complementary feeding, care of sick and malnourished children, prevention and control of anaemia, prevention and the control of vitamin A and iodine deficiencies (WHO, 2007).

The NNPS has three main objectives: prevention of common nutrition disorders; increasing timely and effective management of the most common nutrition disorders and creating an enabling environment for effective implementation of nutrition interventions. The first two objectives focus primarily on integrating the ENAs into strategic objectives. The third objective focuses on improving multisectoral coordination of nutrition with the Department of Nutrition, HIV and AIDS taking responsibility for oversight. It promotes the establishment of a harmonised, decentralised nutrition sector.

The policy targets pregnant and lactating women, children between birth and two years of age, children under five years of age, school-aged children, people living with HIV and people in emergencies. Six strategic objectives are presented. The policy sets out a range of strategies and expected results. Strategic outcomes are stated and specific annual targets and outputs are set out.

## **4 Results and discussion**

The results of the analysis are presented in the sections that follow. First, some preliminary observations are presented. Second, the results of the WHO tool and the policy chronology are presented. Third, the results of the FAO Framework assessment are presented along with the integrated framework for gender analysis of nutrition policy. The results are presented in two steps, the first identifies the policy instrument and the second interrogates the policy instrument.

### ***4.1. Preliminary observations***

The researchers first conducted a universal search of the words gender, women and men in the NNPS (GoM, 2007). Gender appears eight times in the document. The word 'women' appears 94 times and the word 'men' appears 30 times. The word 'men' often appears in a situation where women, men, boys and girls were listed as beneficiaries. The word 'women' appears in relation to pregnant and/or lactating women, or with reference to improving women and adolescent girls' nutrition. The use of the word 'women' in this context could suggest that nutrition in Malawi, specifically maternal and child nutrition, was still predominantly considered women's responsibility. Although the focus on women is aligned with literature that recommends focusing on the first thousand days, the NNPS perpetuates the stereotype that maternal and child health and nutrition are primarily women's responsibility.

### **4.2 Findings from the individual tools**

The application of the WHO tool found that the NNPS was not gender-responsive (Table 2). The assessment of questions one to 18 were primarily negative, with 12 negative and only four affirmative responses. According to the guidelines, the number of negative responses suggests that the policy is gender-blind. It must be noted that questions five, six, seven and fourteen (Table 2) were eliminated as they could not be answered without consulting the stakeholders involved in the

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

development of the policy. Assessment of questions 19 to 23 found that three of the five questions were affirmative. This suggests that the policy may be gender-blind.

**Table 2: WHO Gender Assessment Tool (Analysis of NNPS)**

Question	Yes	No
1. Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?	✓	
<b>Scoring hints:</b>  'No' may indicate gender-blindness.  'Yes' may indicate that the programme is gender-sensitive, gender-specific or gender-transformative		
2. Does the policy or programme include sex as a selection criterion for the target population?		✓
3. Does the policy or programme clearly understand the difference between sex and gender?	✓	
4. Does the target population purposely include both women and men?	✓	
5. Have women and men participated in the following stages?		
6. Have steps been taken to ensure equal participation of women and men?		
7. Do both male and female team members have an equal role in decision-making?		
8. Does the policy or programme consider life conditions and opportunities of women and men?		✓
9. Does the policy or programme consider and include women's practical and strategic needs?		✓
10. Have the methods or tools been piloted with both sexes?		✓
11. Does the policy or programme consider family or household dynamics, including different effects and opportunities for individual members, such as the allocation of resources or decision-making power within the household?		✓
12. Does the policy or programme include a range of stakeholders with gender expertise as partners, such as government affiliated bodies, national or international non-governmental organizations or community organizations?	✓	

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

Question	Yes	No
13. Does the policy or programme collect and report evidence by sex?		✓
14. Is the evidence generated by or informing the policy or programme based on gender analysis?		
15. Does the policy or programme consider different health needs for women and men?		✓
16. Does the policy or programme include quantitative and qualitative indicators to monitor women's and men's participation?		✓
17. Does the policy or programme consider gender-based divisions of labour (paid versus unpaid and productive versus reproductive)?		✓
18. Does the policy or programme address gender norms, roles and relations?		✓
19. Does the policy or programme exclude (intentionally or not) one sex but assume that the conclusions apply to both sexes?	✓	
<b>Scoring hints:</b>  'No' may indicate that the programme is gender-sensitive, gender-specific or gender-transformative.  'Yes' may indicate that the programme is gender-blind or gender-unequal.		
20. Does the policy or programme exclude one sex in areas that are traditionally thought of as relevant only for the other sex, such as maternal health or occupational health?	✓	
21. Does the policy or programme treat women and men as homogeneous groups when there are foreseeable, different outcomes for subgroups, such as low-income versus high-income women or employed versus unemployed men?	✓	
22. Do materials or publications portray men and women based on gender-based stereotypes?		✓
23. Does the language exclude or privilege one sex?		✓

The policy chronology provided the context in which the NNPS was developed (Table 3). Malawi's international binding and non-binding agreements include the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (UN, 1979), the Beijing



Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

Declaration and Platform for Action (UN, 1995), the SADC Gender and Development Declaration (SADC, 1997), the Sustainable Development Goals (UN,2015), the African Charter on Human Rights and People's Rights on the Rights of Women in Africa (African Union, 2005). Malawi's NNPSPP does not comply with commitments made in Beijing to mainstream gender. The policy chronology provided reference to other policies in Malawi that may intersect with the NNPSPP. Notably, the Sexual and Reproductive Health and Rights Policy (SRHRP) provided some interesting insights.

Although NNPSPP focuses considerably on coordination, there appears to be a disconnect between nutrition and health policies. Malawi's Sexual and Reproductive Health and Rights (SRHR) Policy explicitly recognises that: 'Men's shared responsibility and active involvement in parenthood and reproductive behaviour shall be emphasised in the delivery of SRHR services' (SRHRP, 2009: 16).

The SRHR Policy recognises that men have an important role to play in health because they are typically the main decision-makers in the household. The SRHR Policy sets out specific strategic objectives to promote men's involvement in SRHR matters, including maternal and child health. Targets are defined for achieving men's involvement in maternal and child health. Guidance is provided on who should be responsible for achieving these objectives. In all these objectives, the Department of Nutrition, HIV and AIDS is not mentioned in the SRHR, yet the Department of Nutrition, HIV and AIDS plays an important role in promoting and coordinating activities related to maternal and child nutrition which is intrinsic to maternal and child health.

It was not until 2009 that the aspect of men's involvement was integrated into Malawi's Sexual and Reproductive Health and Rights Policy (SRHRP). According to Taalo (2010), men's involvement in maternal and child health emerged on the sexual reproductive health agenda in Malawi in 2009. Men's involvement was advocated for by the University of Malawi's College of Medicine who provided evidence on the importance of including men in maternal and child health at a multi-stakeholder conference where key decision-makers were present.

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

**Table 3: Chronology of international, African and national events and documents**

Nutrition events	Dates	Political events	Gender events	International events
	1985		A National Commission of Women in Development, was established through an act of Parliament (MNGCN, 2009)	
	1987			Ratified CEDAW
	1992		Renaming of Ministry of Communication to Ministry of Women and Children's Affairs, Community Development and Social Welfare (MNGCN, 2009)	
	1993		Women in Development policy and action plan (MNGCN, 2009)	
National Plan of Action for Nutrition	1994	Change in constitution and government		ICPD (UN, 1994)
	1995			Beijing Fourth Conference on Women and signing of Beijing Declaration and Platform for Action
	1996		Malawi National Platform established (MNGCN, 2009)	
	1997			The SADC Gender and Development Declaration, 1997
	1998		Formally adopted the GAD approach (MNGCN, 2009)	
	2001		Establishment of Special Law Commission on Gender Law Reform (MNGCN, 2009)	

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

Food crisis triggered need for a new food security and nutrition policy	<b>2000</b>		National Gender Policy (GoM, 2000)	Millennium Development Goals
Nutrition was included in the Malawi Growth and Development Strategy I	<b>2002</b>			
DNHA Established	<b>2004</b>			
	<b>2005</b>	Bingu came into power		Ratified African Charter on Human Rights and People's Rights on the Rights of Women (AU, 2005)
National food security and nutrition policy and strategic plan was finalized	<b>2007</b>		Revision of National Gender Policy (MNGCN, 2009)	
Sexual and Reproductive Health and Rights Policy	<b>2009</b>			
Malawi signs up for SUN	<b>2010</b>			
Revision of the 2007 nutrition policy begins	<b>2013</b>		The gender equality Act was passed	
Nutrition out of OPC and back to health	<b>2014</b>	Change in government (Peter Mutharika)		

---

### **4.3. Outcomes of the analysis of the integrated framework**

Only one key area of the FAO framework could be identified in the NNPS. Nutrition and the life-cycle is the only focus of the NNPS. Emphasis is placed on women's nutrition before, during and after pregnancy. The policy makes explicit commitments to improving maternal and child health and lists strategies for doing so. However, it provides no clarity on how the underlying constraints to women's nutrition will be addressed. For example, the policy sets targets to increase the number of pregnant women receiving iron supplements.

However, evidence suggests that women face geographical constraints accessing clinics where these supplements are distributed (NSO and Macro, 2010). The NNPS provided no indication of how such constraints are addressed.

The other policy instruments in the FAO framework (Table 2) are mentioned in the background of the NNPS. At no point does the policy provide guidance on how these key areas will be addressed. For example, the policy states: 'Men are often favoured in both food and resource distribution, typically at the expense of women and children.' NNPS (2007: 36), acknowledging some understanding of the gender context.

Although the NNPS acknowledges that men are favoured in terms of food and resource distribution, it makes no attempt to address women's limited access to agricultural resources in a predominantly agricultural society. The policy mentions that actions will be taken to facilitate empowerment activities for improved nutrition, but no specific group of beneficiaries is identified. Both sexes have specific nutritional needs, which are not mentioned or indicated in the policy. Similarly, the elderly and people with disabilities have specific dietary requirements. The policy does not define 'deprived persons'. Conflating these groups does not consider the specific needs of each group. While the policy mentions non-communicable diseases, there is no indication of key actions or programmes to address non-communicable diseases.

The policy states that: 'Gender roles further skew the distribution of nutritious diets within the household' (NNPS, 2007: 36), alluding to the notion that the food culture and gender may threaten women's nutrition. However, it does not mention how socio-cultural constraints will be addressed.

Reference is made to the right to food, which is included in Malawi's Constitution (Article 30.2). The policy refers to the 'right to safe and nutritious diets' and the 'right of all citizens to be free from malnutrition'. However, nutrition is only recognised as a Constitutional principle and not necessarily a right. The policy misinterprets the 1948 Universal Declaration of Human Rights, by stating that nutrition is a right. The 1948 Declaration only refers to the right to food and not nutrition. The policy provides no guidance on how people can realise the Constitutional principle related to nutrition. In 2014, de Schutter, the United Nations special rapporteur on the right to food, recommended the drafting of a national food security bill in Malawi. Such a bill could offer more specific binding rights and obligations, assisting in the realisation of the Constitutional principle related to nutrition. To date, no legislation exists to support the policy's commitment to enforcing people's right to nutritious food.

In terms of targeting, the policy states that: 'Most nutrition education programmes have been targeting women, yet household-level decisions are mostly done by men' (GoM, 2007: 36). The policy focuses primarily on pregnant and lactating women. No mention of men's role in nutrition or men's dietary requirements is made. The NNPSPP provides no guidance as to how to re-negotiate programmes so that men are involved as allies in improving nutrition outcomes of women and children. The policy also does not consider how gender relations can be improved to increase women's agency with regard to decision-making for nutrition. Although not explicitly, it conforms to traditional role allocations through neglect of men's participation in maternal and child health and nutrition. It perpetuates the notion that men should not be involved in 'women's work'. Although the policy refers to behaviour change, which may have provided opportunities for introducing men's involvement, the concept of behaviour change is not defined and little clarity is given as to how or even what behaviours should change.

Next the analysis interrogated the policy's elements related to nutrition and the life-cycle, using the questions in the top row of Table 4. The NNPSPP outlines several guiding principles and strategic objectives. One guiding principle specifically relates to gender equality: 'Gender equality and equity will be enhanced in all nutrition initiatives to ensure improved nutritional status of women, men, boys and girls. Efforts shall be devoted to improving women's socio-economic status relative to that of men's in all aspects of nutrition' (GoM, 2007: 67). This statement satisfies the first question in the top row of Table 4: 'Do the vision, goals or principles have an explicit

commitment to promoting or achieving gender equality?', but not in relation to nutrition and the life-cycle policy interventions. It is unclear how gender equality will be enhanced through the nutrition and the life-cycle. The word 'women' appears often, but no mention is made of gender relations or what actions will be taken to increase equity. No indicators are included that would determine if gender equality has been met in the context of nutrition.

The NNPSP does not satisfy the question of whether the policy considered and included men and women's practical needs. Women's practical needs in terms access to resources and decision-making power for nutrition are not taken into account, neither are men's practical needs considered. The policy reflects a limited understanding of the constraints that women face and does not consider what actions could be taken to support men's participation in maternal and child health. For example, one of the strategic outputs to promoting women's nutrition is to increase the number of women eating a variety of food from the six food groups with the appropriate number of meals according to their physiological status (GoM, 2007:81). The six food groups refer to: animal foods, fats, fruits, legumes and nuts, staples and vegetables (MoH, 2007). While accessing six food groups per day is important for dietary diversity, expecting communities (and women in particular) to access six food groups per day does not seem practical in a country where a 39% of the population is reported to be food insecure. Simply 'promoting women's nutrition before, during and after pregnancy' (GoM, 2007: 81) does not address women's resource constraints or decision-making challenges mentioned in the background section of the NNPSP. The policy is not explicit in its description of how women's access to diverse diets (six food groups) can be achieved.

Question four queries whether the policy considers gender norms, roles and relations. The NNPSP does not consider gender norms or relations. It fails to deconstruct socially prescribed gender norms that allocate the responsibility for maternal and child health and nutrition to women. It does not cater for gender norms that may have a negative impact on policy outcomes. For example, as mentioned above, men are typically responsible for resource allocation for food and antenatal care, but the policy does not mention how men will be engaged to improve women's access to diverse food and antenatal care. Neglecting gender norms constrains women's ability to meet their dietary requirements. Instead, the policy reinforces stereotypical gender roles by excluding men, potentially perpetuating gender inequalities. By excluding men, the NNPSP overlooks men's right to provide care and nutrition for children. It condones social stigmatisation

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

**Table 4: Integrated framework for gender analysis of nutrition policy**

<b>Policy instruments</b>	<b>Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?</b>	<b>Does the policy consider and include men and women's practical needs?</b>	<b>Does the policy include men and women's strategic needs?</b>	<b>Does the policy consider gender norms, roles and relations?</b>	<b>Does the policy avoid considering men and women as homogenous groups?</b>	<b>Does the policy clearly differentiate between sex and gender?</b>
Agricultural extension and nutrition	Commitment to equitable access to agriculture extension	Promoting training of male and female extension workers	Establishing legislation supporting 50/50 representation of extension workers	Promoting early childhood development centers to free up women's time spent on care work so they can access extension services	Promoting men's gender education and highlighting the benefits of gender equality for men, in the context of extension services targeted towards women	Promoting men's agriculture extension for improved nutrition.
Local food culture and gender	Commitment to addressing cultural and gender norms	Promoting involvement of traditional authorities in shifting cultural norms related food	Establishing legislation to give traditional authorities the power to enforce legislation related to food	Promoting men and women's cooking groups to promote sharing of household responsibilities	Promoting community champions both sexes to support changes in local food cultures that favour men at the expense of women	Promoting men's awareness on the importance of women's nutrition before, during and after pregnancy
Nutrition and the life cycle	Commitment to addressing gender inequalities pertaining to nutrition and the life cycle	Promoting individual and joint counselling for men and women before, during and after pregnancy	Establishing policies to incentivise men's attendance of antenatal visits	Promoting the integration of nutrition in the school curriculum	Promoting different types of awareness campaigns targeted towards men and women on nutrition	Promoting redistribution of reproductive work

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

					before, during and after pregnancy	
Gender, obesity and non-communicable diseases	Commitment to addressing gender inequalities related to obesity and non-communicable diseases	Creating a conducive environment for men's behaviour change in eating habits given men's predisposing to NCDs	Establishing policies/legislation to support men's behaviour change in relation to eating habits	Promoting men's uptake of health care services, given that most health initiatives are directed towards women	Promoting sensitisation campaigns targeted towards women to raise awareness of the importance of men's nutrition	Promoting the re-socialisation of men to improve their consumption of nutritious food
Spending income on nutrition	Commitment related to inequalities in terms of access to income, opportunities and equal decision-making	Promoting joint decision-making regarding food choices	Establish policies that promote joint decision-making programmes	Promoting joint decision-making	Promoting men's nutrition education for increased allocation of resources for nutrition	Promoting women's participation in household decisions and resource allocation
Rights based approach to nutrition	Commitment to improved legislation on gender and nutrition e.g. land rights	Promoting the establishment of legal support services at community level	Strengthen legislation related to gender and nutrition		Promoting both women and in particular men's rights with relation to maternal and child health as often only women's rights are highlighted	Establishing regulatory frameworks that support participation of men in antenatal clinics
Targeting in nutrition policy	Commitment to involving <i>men in particular</i> as well as other vulnerable groups (these must be clearly defined)	Promoting men's maternal and child health clubs	Strengthen or develop maternity and paternity leave legislation	Ensuring all media and promotion material supports men's participation in maternal and child health	Promoting awareness raising on the importance of men's participation in maternal and child health	Promoting improved participation of men in maternal and child health



discouraging opportunities for men's active participation in maternal and child health and nutrition.

Question five from Table 4, asks if the policy avoids considering men and women as homogenous groups. With the exception of pregnant and lactating women, beneficiaries are referred to using gender-neutral language. The NNPSPP often conflates beneficiaries by using the phrase 'women, men, boys and girls'. This lack of distinction presumes equal decision-making power, access to resources and similar dietary requirements. The term 'caregiver' is used often. While this term is internationally recognised as gender-neutral, in this context, it reinforces the gender status quo. Malawian women are typically responsible for providing care. Consequently, the gender-neutral language can be said to automatically presume that caregivers are women. In this case, the use of gender-neutral language has no purpose.

The NNPSPP does not clearly differentiate between sex and gender, failing to satisfy question six from Table 4. While the NNPSPP recognises that both sexes are allocated gender-stereotyped roles, it perpetuates the notion that only women can be responsible for nutrition. The NNPSPP places emphasis on women, overlooking the supportive role men can play in improving nutrition. This focus on women suggests that the policy drafters were indeed influenced by gender normative biases and ideologies. Men are not included as targets for the NNPSPP, consequently perpetuating the notion that men do not have a role to play in reproductive work.

Several deficiencies and gaps were identified in the NNPSPP. The lack of affirmative responses to the questions in Table 4, suggests that the drafters of the policy lacked understanding of how to mainstream gender. The NNPSPP interprets gender as women. While the policy makes reference to gender and even includes a principle on gender, it fails to include measures to ensure that gender inequalities in the context of nutrition will be addressed. The focus on women suggests that the policy decisions were influenced by gender-normative biases and ideologies regarding the allocation of reproductive work. Therefore, the policy is not gender-responsive.

While the policy focuses on women's access to nutritious food, it overlooks the means through which women can access nutritious food, demonstrating a limited understanding of the relationships between the sexes and how these relationships hinder or facilitate improved access to nutritious food. Women have limited control over resources and decision-making, often preventing access to nutritious food during the first thousand days of a child's life.

The policy overlooks the importance of creating a conducive environment for men's participation in child nutrition. Redistribution of women's work could free up women's time, enabling them to pursue other activities. Creating a conducive environment for men to participate in maternal and child health can deconstruct institutionalised norms that prevent men from participating in maternal and child health and increase the work burden on women. However, this would require understanding men's needs in order for them to be involved.

## **5 Conclusion and policy recommendations**

While Malawi has made much progress in reducing under-nutrition, gender-responsive policies could accelerate progress with regard to nutrition and gender equality. The policy has failed to meet Malawi's commitments to the Beijing Platform for Action. Gender is included in the text, but there are no explicit actions stated to achieve gender equality without the creation of an environment that fosters gender equality. The policy is not gender-responsive. The policy does not challenge institutionalised gender norms. It accommodates existing societal gender roles by focusing only on women and young children and their immediate nutritional needs. However, even in focusing on women, the NNPSF fails to recognise women's constraints in accessing nutritious food and health care services.

The analysis suggests that although focusing on the first thousand days is important, it disproportionately increased the focus on women. While the recommendations that follow can apply to Malawi's review of the NNPSF, they are also more generally applicable. Women alone cannot reduce under-nutrition because they face several constraints in accessing nutritious food. Men have a shared interest in reducing maternal and child mortality. Therefore, their participation as partners is warranted. Moreover, men have a right to participate in maternal and child health and nutrition and it is important for policymakers to recognise the gender norms that constrain men from becoming involved. Such an approach could accelerate progress towards reducing malnutrition and improve gender equality. Involving men would reduce women's work burdens and increase women's opportunities to pursue other activities.

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. Development Policy Review, 1 - 23. doi:10.1111/dpr.12287.

While mainstreaming gender in public policy is important, policymakers should be cognisant that gender includes both men and women. In the interest of enhancing partnerships between men and women to improve gender equality, both men's and women's needs should be addressed. Involving men can indeed reduce women's work burdens but it is not sufficient for changing the gender dynamics that prevent women from accessing nutritious food. Concerted effort is needed to increase women's control over resources and promote joint household decision-making. Men are integral to strengthening these efforts and incentives for men's involvement in maternal and child health should be provided.

Policy makers should consider both men and women's practical needs. Measures should be put in place to support men's involvement in maternal and child health, such as the identification of male champions to advocate for men's involvement in maternal and child health. Similarly, men's strategic needs could be addressed by, for example, establishing paternity leave policies.

Insights from the analysis on Malawi can be applied in other countries. At a continental level, more gender-responsive approaches to nutrition policies could accelerate progress in meeting the Malabo Declaration on Accelerated Growth and Agriculture Growth and Transformation for Shared Prosperity and Improved Livelihoods targets. Gender-responsive nutrition policies could also accelerate progress in meeting not only SDG two, but also meeting the nutrition related targets identified in the SDGs.

## References

- African Union Commission (2005) *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa*. Addis Ababa: African Union Commission.
- AUC. (2014) *Malabo Declaration on Accelerated Growth and Agriculture Growth and Transformation for Shared Prosperity and Improved Livelihoods*. Addis Ababa: African Union Commission.
- Anderson, M. and Woodrow, P. (1989) *Rising from the Ashes: Development Strategies in Times of Disaster*. Boulder and San Francisco: Westview Press.

- Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.
- Babu, S. C., Haggblade, S., Mkandawire, E., Nankhuni, F. and Hendriks, S. 2016. *Micronutrient Policy Processes in Malawi*. Washington, DC: International Food Policy Research Institute.
- Bellows, A. C; Scherbaum, V.; Lemke, S.; Jenderedjian, A. and do Socorro Gonçalves Viana, R. (2011) 'Gender-specific risks and accountability: Women, nutrition and the right to food', in A. Bellows; M. Immink; S. Oenema; B. Patnaik; F. Siles; S. Speicher; S. Vicente; B. Walter and M. Wolpold-Bosien (eds) *Food First Information and Action Network (FIAN) International Right to Food and Nutrition Watch*. Hiedelburg: FIAN International.
- Bryce, J.; Coitinho, D.; Darnton-Hill, I.; Pelletier, D. and Pinstrup-Andersen, P. (2008) 'Maternal and child under-nutrition: Effective action at national level' in *Lancet Series*, 371, 9611, 510 – 526.
- Chilanga, E. (2013) *Assessing the impact of nutritional education on gender roles and child care in Northern Malawi*. Ontario: School of Graduate and Postdoctoral Studies Western University.
- Correia, M. and Bannon, I. (2006) *The Other Half of Gender*. Washington, DC: World Bank.
- Cornwall, A and Rivas, A. M. (2015). From 'gender equality' and 'women's empowerment' to global justice: reclaiming a transformative agenda for gender and development. *Third World Quarterly*, 36 (2) 396 – 415.
- de Schutter, O. (2014) 'Report of the Special Rapporteur on the right to food: Mission to Malawi'. ([www.srfood.org/images/stories/pdf/officialreports/20140310\\_Malawi\\_en.pdf](http://www.srfood.org/images/stories/pdf/officialreports/20140310_Malawi_en.pdf)) Accessed 7 April 2014.
- FAO (2011) *Gender and nutrition*. Rome: Food and Agriculture Organisation.
- FAO. (2014). *Rome Declaration*. Rome: Food and Agriculture Organisation.
- FAO. (2016). *United Nations Decade of Action on Nutrition*. Rome: Food and Agriculture Organisation.

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.

Flood, M. (2007) 'Involving men in gender policy and practice. Engaging men in "women's issues": Inclusive approaches to gender and development', *Biannual Journal for Women in Women International*, 5(1): 9 – 12.

Geoffrey, E.; Harries, A. D.; Bissell, K.; Schell, E.; Bvumbwe, A.; Tayler-Smith, K. and Kizito, W. (2014) 'Bringing care to the community: expanding access to health care in rural Malawi through mobile health clinics', *Public Healthcare Action*, 4(4): 252 -258.

Government of Malawi (2009) *National Sexual and Reproductive Health and Rights Policy*. Lilongwe: Government of Malawi.

Government of Malawi (2007) *National Nutrition Policy and Strategic Plan 2007 – 2012*. Lilongwe: Government of Malawi.

GoM. (2014). *Malawi Millennium Development Goals Endline Report*. Lilongwe: Government of Malawi.

Greene, E. M.; Mehta, M.; Pulerwitz, J.; Wulf, D.; Bankole, A. and Singh, S. (2006) *Involving men in reproductive health: contributions to development*. Washington, DC: UN Millennium Project.

Haggblade, S., Babu, S., Harris, J., Mkandawire, E. Nthani, D., and Hendriks, S. L. (2016) Drivers of Micronutrient Policy Change in Zambia: An Application of the Kaleidoscope Model, Innovation Lab for Food Security Policy Working Paper No.C3-3. East Lansing: Innovation Lab for Food Security.

Hendriks, S. L., Mkandawire, E., Hall, N., Olivier, N. J. J., Schönfeldt, H.C., Randall, P., Morgan, S., Olivier, N. J. J., Haggblade, S. and Babu, S. C. (2016) Micronutrient policy change in South Africa: Implications for the kaleidoscope model for Food security policy change, Research paper 18. East Lansing: Feed the Future Innovation Lab for Food Security.

Horton, R. and Sheeran, J. (2008) Maternal and child undernutrition. *The Lancet Series*, 371(9608).

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.

Inter-agency Standing Committee. (2006) *Gender Handbook in Humanitarian Action*. New York: Inter-agency Standing Committee.

IFPRI (2015) *Global Nutrition Report*. Washington, DC: International Food Policy Research Institute.

IFPRI (2016) *Global Nutrition Report*. Washington, DC: International Food Policy Research Institute.

Kabeer, N. (2003) *Gender Mainstreaming in Poverty Eradication and the Millenium Development Goals: A Handbook for Policy-makers and Other Stakeholders*. London: Commonwealth Secretariat, CIDA, IDRC.

Kabeer, N. and Subrahmanian, R. (1996) *Institutions, Relations and Outcomes: Framework and Tools for Gender-Aware Planning*. Discussion Paper 357. Brighton: Institute of Development Studies.

Kraft, J. M.; Wilkins, K. G.; Morales, G. J.; Widyono, M. and Middlestadt, S. E. (2014) 'An evidence review of gender-integrated interventions in reproductive and maternal-child health', *Journal of Health Communication*, 19: 122 – 141.

Levy, C. Taher, N. and Vouhe, C. (2000) Men and masculinities in GAD, IDS Bulletin, 31(2): 86 – 96.

Meier, P. and Celis, K. (2011) Sowing the seeds of its own failure: Implementing the concept of gender mainstreaming. *Social Politics*, 0(0): 1 – 21.

Mienzen-Dick, R., Behrman, J., Menon, P. and Quinsumbing, A. (2012) Gender a key dimension linking agricultural programmes to improved nutrition and health. In *Reshaping Agriculture for Nutrition and Health*. (Eds) Fan, S and Pandya-Lorch. International Food Policy Research Institute, Washington DC.

Ministry of Gender, Child Welfare and Community Services (2004) *Progress on the Beijing +10 Report*. Lilongwe: Government of Malawi.

Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.

Ministry of Health (2007) *National Nutrition Guidelines for Malawi*. Lilongwe: Government of Malawi.

Monlyneaux, M. (1985) 'Mobilization without emancipation? women's interests, state and revolution in Nicaragua', *Feminist Studies*, 11(2).

Moser, C. (1993) *Gender Planning and Development: Theory, Practice, and Training*. London: Routledge.

Mseu, D., Nyasulu, B. M. and Muheriwa, S. R. (2014) 'Evaluation of a safe motherhood project in Ntcheu district, Malawi', *International Journal of Women's Health*, 6: 1045 – 1055.

NSO and Macro (2010) *Malawi Demographic Health Survey*. Lilongwe: Government of Malawi.

Nyalunga, D. (2007) 'Dispelling the misconceptions and myths about gender', *International NGO Journal*, 2 (1): 1 – 5.

Okali C. (2011) Achieving transformative change for rural women's empowerment. Paper prepared for the Expert Group Meeting on Enabling Rural Women's Economic Empowerment: Institutions, Opportunities and Participation, Accra, Ghana, 20–23 September. New York: UN Women.

Osman, J. R.; Unkels, R.; Aliyu, U.; Musa, H. and Matthew, O. K. (2014) 'Barriers to male involvement in uptake of prevention of mother-to-child-transmission (PMTCT) of HIV in Sub-Saharan Africa', *Journal of Nursing and Health Services*, 3(1): 1 – 7.

Overholt, C.; Anderson, M.; Austin, K. and Cloud, J. (1985) *Gender Roles in Development Projects*. Connecticut: Kumarian Press Inc.

Parker, A. R. (1993) *Another Point of View: A Manual on Gender Analysis Training for Grassroots Workers*. New York: Women, Ink. Publishers,

Payne, S. (2014) Gender mainstreaming as a global policy paradigm: barriers to gender justice in health, *Journal of International and Comparative Social Policy*, 30(1): 28 – 40.

- Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.
- Pederson, A., Greaves, L. and Poole, N. (2014) Gender-transformative health promotion for women: a framework for action, *Health Promotion International*, 30(1): 140 – 150.
- Resnick, D.; Babu, S.; Haggblade, S.; Hendriks, S. and Mather, D. (2014) *Conceptualizing drivers of policy change in agriculture, nutrition, and food security: The kaleidoscope model*. Washington, DC: International Food Policy Research Institute.
- Samarasinghe, V. (2014) 'Lost in translation?: Keeping women's issues alive', *Development in Practice*, 2(1): 30 – 38.
- Samdup, C. (2006) *The Human Right to Food in Malawi: Report of an International Fact-finding Mission*. Heidelberg: Food First Information and Action Network (FIAN) International.
- Smith, L. C. and Haddad, L. (2014) 'Reducing child undernutrition: Past drivers and priorities for the post-MDG', era *World Development*, 68: 180 –204.
- SADC (1997) *Gender and Development*. Gaborone: Southern African Development Community.
- Stromquist, N. P. (2015) 'Women's empowerment and education: linking knowledge to transformative action', *European Journal of Education*, 50(3): 307 – 324.
- Tiessen, R. (2011) *Everywhere/Nowhere: Gender mainstreaming in development agencies*. Bloomfield: Kumarian Press.
- Tolhurst, R.; Leach, B.; Price, J.; Robinson, J.; Ettore, E.; Scott-Samuel, A.; Kilonzo, N.; Sabuni, L. P.; Robertson, S.; Kapilashrami, A.; Bristwo, K.; Lang, R.; Ramao, F. and Theobald, S. (2012) Intersectionality and gender mainstreaming in international health: Using feminist participatory action research process to analyse voices and debates from the global south and north, *Social Science and Medicine*, 74: 1825 – 1832.
- UN (2000) *Millennium Development Goals*. New York: United Nations.
- UN (1995) *Beijing Declaration and Platform for Action*. New York: United Nations.
- UN (1994) *International Conference on Population Development*. New York: United Nations.



Mkandawire, E., Hendriks, S L. and Mkandawire-Valhmu, L. 2017. A gender assessment of Malawi's National Nutrition Policy and Strategic Plan 2007 – 2012. *Development Policy Review*, 1 - 23. doi:10.1111/dpr.12287.

UN (1979) *Convention of the Elimination of all Forms of Discrimination Against Women*. New York: United Nations.

UN. 2015. *Transforming Our World: The 2030 Agenda for Sustainable Development*. New York: United Nations.

UNESCO. (1997) *Gender Mainstreaming*. Vienna: Division for Advancement of Women. UN Department of Economic and Social Affairs.

van den Berg, W.; Brittain, K.; Mercer, G.; Peacock, D.; Stinson, K. and Janson, H. (2015) 'Improving men's participation in Preventing Mother-to-Child-Transmission of HIV as a maternal, neonatal, and child health priority in South Africa', *PLoS Med*, 12(4).

van den Bold, M., Quisumbing, A. R. and Gillespie, S. (2013). Women's empowerment and nutrition: An evidence review. Washington, DC: International Food Policy Research Institute.

Williams, S. (1994) *Oxfam Gender Training Manual*. Oxford: Oxfam.

WHO (2011) *Gender Mainstreaming for Health Managers: A Practical Approach*, Geneva: World Health Organisation.

WHO (2007) *Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition*. Geneva: World Health Organisation.

WHO. (2010) *Indicators for Assessing Infant and Young Child Feeding Practices. Part II: Measurement*. Geneva: World Health Organisation.

WFP (2012). *Comprehensive Food Security and Vulnerability Analysis (CFSVA) and Nutrition Assessment*, Lilongwe: World Food Programme.

Yeboah, T., Serbah, R. and Bembir, P. (2015) 'Omission of men from gender-development theory and praxis: A pathway for addressing the plights of women?', *Journal of Social Science*, 11(1): 7-19.