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Jennifer Park

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Gender considerations in COVID-19 Emergency Food and Nutrition Systems Workforce
Nutrition Programming in Kenya, India, Bangladesh, and Pakistan: A Report Prepared for the
Global Alliance for Improved Nutrition (GAIN)'s Keeping Food Markets Working (KFMW)
Grant

By

Jennifer Park

MPH

Hubert Department of Global Health

Amy Webb-Girard, PhD
Committee Chair

Lenette Golding, PhD, MPH
Committee Member

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Grant

By: Jennifer Park

Bachelor of Science, Public Health

American University

2019

Thesis Committee Chair: Amy Webb-Girard, PhD

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Abstract

Gender considerations in COVID-19 Emergency Food and Nutrition Systems Workforce Nutrition Programming in Kenya, India, Bangladesh, and Pakistan: A Report Prepared for the Global Alliance for Improved Nutrition (GAIN)'s Keeping Food Markets Working (KFMW) Grant

By: Jennifer Park

Background: COVID-19 continues to have massive immediate and long-term impacts on the food sector. The agri-food sector is critical because it produces products that are necessary for everyday life. Protecting employee health is one of the major concerns of agri-food companies during this time. Within the existing vulnerability of agri-food workers, women face great health disparities. Nutrition and gender are intricately linked, as twice as many women than men experience malnutrition. COVID-19 responses have had less focus on the agri-food sectors, with policy trackers showing no gender sensitivity focus in agri-food responses. Gender-sensitive nutrition programming interventions have great potential in improving gender equitable nutrition outcomes.

The Project: In response to the COVID-19 pandemic, the Global Alliance for Improved Nutrition (GAIN) developed a program of targeted support to help sustain core food systems, workers, and markets. Known as Keeping Food Markets Working (KFMW), this program provided small grants to the private sector and other organizations primarily in the agriculture and food sector (agri-food sector). Grants were to be used to provide food and nutrition security support to essential frontline workers in the agri-food system in low- and middle-income countries (LMICs).

Methods: The evaluation applied a mixed-methods case study series approach to evaluating the GAIN KFMW emergency food security grants program in the four countries.

Report: The final product of this special studies project is a gender report highlighting how gender was considered in the implementation of the KFMW grant that will be utilized to further inform GAIN Global and their partners.

Conclusion: The evaluation of the KFMW grant revealed many key takeaways on gender in the context of program design and implementation. First, the agri-food sector companies in many of the countries evaluated were largely male-dominated, which limited implementation of specific gender-specific guidelines. Second, while gender was a key consideration of the KFMW grant, both within and across countries, selection for beneficiaries was not standardized regarding gender. Lastly, when defining vulnerability, gender was not a primary consideration for many companies. Gender transformative programming should be utilized in future nutrition workforce programming.

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Chapter 1: Introduction

COVID-19 continues to have massive immediate and long-term impacts on the food sector.¹

Because COVID-19 affected every sector, countries were required to create preparedness and response plans for workers. For the agri-food sector, the impact was felt at every stage of the process, from food production to processing, to distribution, to the consumer². The agri-food sector is critical because it produces products that are necessary for everyday life. It also faces a unique set of challenges because of its importance in everyday life. Protecting employee health is one of the major concerns of agri-food companies during this time.³ Within the existing vulnerability of agri-food workers, women face great health disparities. Specifically, women face significant nutritional disparities that affect their overall health and health access⁴. Nutrition and gender are intricately linked,⁵ as twice as many women than men experience malnutrition as a result of gender inequality⁶. Moreover, women are more likely to face more barriers to care, mobility restrictions, unequal power in decision-making, lower literacy rates, and discriminatory attitudes towards them. In addition, women and girls face a greater risk of gender-based violence compared to men and boys⁷. COVID-19 responses have had less focus on the agri-food sectors, with policy trackers showing no gender sensitivity focus in agri-food responses⁸.

Workforce nutrition programming, in particular, is an essential intervention for nutrition programming. Not only is the workplace a reliable and contained location for programming, but nutrition programming can work within existing measures and structures already in place, with the opportunity to modify if needed⁹. In the agri-food sectors in LMICs, workforce nutrition programming has the potential to be an effective tool in addressing nutritional disparities.

In response to the COVID-19 pandemic, the Global Alliance for Improved Nutrition (GAIN) created a special emergency grants program called Keeping Food Markets Working (KFMW):

Supporting Frontline Food System Workers. The program intended to support the food and nutrition security of over 20,000 essential workers in low and middle-income countries (LMICs). This program provided small grants to the private sector and other agri-food sector organizations to provide food and nutrition support to essential frontline workers in the agri-food system within LMICs. The KFMW grant was a needed effort within a larger nutritional response to COVID-19 aimed at alleviating risks of economic collapse of food systems and addressing the need to provide safe and nutritious foods to essential workers. GAIN's overarching research question relates to how companies undertook the design and implementation of their programs and the implications of their process for effectiveness. A critical dimension of this research is how gender considerations were identified and addressed and ultimately how that translated into impacts for women workers.

The program was implemented in the ten countries that GAIN currently works with: Bangladesh, Ethiopia, India, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, Rwanda, and Tanzania. Four countries were selected by GAIN Global to be included in the KFMW evaluation conducted by Emory University: Kenya, India, Bangladesh, and Pakistan. The KFMW program targeted both existing GAIN partner companies and new ones through this grant. Based on GAIN requirements, companies provided nutritious food to vulnerable employees in the form of food vouchers, prepared meals or food baskets. As part of grant requirements, GAIN Global also provided specific gender guidelines for country offices in relation to grantee selection (i.e., greater weighting of companies with majority-female employees) and for grantees related to establishing gender-sensitive language, documenting COVID-related exacerbations of gender disparities, advocating for women's unique needs during COVID, and prioritization of women to receive of nutritious food. The completed guidelines are detailed in Appendix A.

Gender as Defined by GAIN Global

GAIN's gender considerations for the KFMW project focused on women-identifying workers, women who will be mothers, and women who are already mothers. GAIN's new programmatic gender strategy as of July 2019 addresses how gender inequality is an underlying cause of malnutrition. GAIN has an ambitious vision of strengthening nutritional outcomes by improving nutritious and safe food consumption. This is done through work in gender relations, specifically in households, communities, and the overall food supply chain.

Furthermore, young women and girls face a heavier burden of under-nutrition and over-nutrition. Malnutrition further causes adverse effects on mothers and their children, thus perpetuating the inter-generational cycle of malnutrition¹⁰. Gender was a main consideration in the implementation of the KFMW grant and was guided by both GAIN and company gender requirements and recommendations, as is analyzed in this report.

Currently, there is a lack of knowledge surrounding workforce nutrition programs in LMICs and how they work in the context of the COVID-19 pandemic. In addition, there is a lack of knowledge surrounding workforce nutrition programming in promoting gender equity. Our evaluation's purpose was related to how companies undertook the design and implementation of their KFMW-funded programs and the implications of their process for effectiveness. A critical dimension of this research understood how gender considerations were identified and addressed by the companies and, ultimately how that translated into impacts for women workers. The report developed will be used to inform future workforce nutrition programming within a COVID-19 and/or gender equity context. This work adds to the growing body of literature regarding workplace wellness programming in LMICs with a focus on gender equity.

This thesis is a culmination of a mixed-methods, multi-case study approach of selected company grantees in the four countries identified by GAIN Global for evaluation. It was conducted from May to December 2021 and identifies company grant implementation and best practices.

Below is a snapshot of the four countries evaluated and their standings in different areas of health according to the World Bank Forum's 2021 Global Gender Gap Report.

Cross-cultural Variation in Gender Status-Global Gender Gap Report 2021

Kenya

The World Bank Forum's 2021 Global Gender Gap Report ranked Kenya 95 out of 156 countries overall; 126 out of 156 in educational attainment; 60 out of 156 in health and survival; 84 out of 156 in economic participation and opportunity; and 79 out of 155 in political empowerment¹¹. The COVID-19 pandemic has exacerbated existing gender disparities in Kenya. At the start of the pandemic, Kenya's Ministry of Labour and Social Protection, county governments, and non-state actors offered vulnerable individuals support through cash, medical supplies, and food (mostly in informal settlements). The support was the same for both men and women, despite women experiencing more loss of income. Additionally, there was a decline in remittances for women in urban and rural areas (23% and 25%, respectively) vs. men (21% and 23%, respectively)¹².

Pakistan

The 2021 Global Gender Gap Report ranks Pakistan 153 out of 156 countries overall; 154 out of 156 in educational attainment; 153 out of 156 for health and survival; 152 of 156 in economic participation and opportunity; 144 out of 156 in educational attainment; and 98 out of 156 in political empowerment¹³. The report also discusses how only 22.6% of women in Pakistan are active in the labor market and have an average income of 16%¹⁴. COVID-19 has further

exacerbated gender disparities in women, affecting labor force participation, specifically in low-wage markets and small to medium enterprises¹⁵¹⁶.

Bangladesh

The 2021 Global Gender Gap Report ranked Bangladesh 65 out of 156 countries overall, 147 out of 156 in economic participation and opportunity; 121 out of 156 in educational attainment, and 7 out of 155 for political empowerment¹⁷. Bangladesh also has a wide gender gap in managerial positions, with just 11% of individuals in managerial positions being women. The COVID-19 lockdown has impacted women's lives regarding gender-based disparities between male and female access to information, resources to cope with the pandemic, and socioeconomic impacts. The report suggests that women who do domestic and informal work have rapidly lost their means to earn an income in the pandemic, and many women lost their primary source of income during the pandemic. Additionally, the COVID-19 pandemic greatly affected women who are garment workers due to factory closures. Domestic workers have lost jobs, which caused many women to return to their villages and face food shortages¹⁸. Hijra, the officially recognized third gender in South Asia, has difficulty accessing food and is further stigmatized. COVID-19 has further exacerbated hijra's ability to access health services and relief¹⁹.

India

The 2021 Global Gender Gap Report ranks India 140 out of 156 countries overall; 151 out of 156 in economic participation and opportunity; 114 out of 156 in educational attainment; 155 out of 156 in health and survival; and 51 out of 155 in political empowerment²⁰. Women account for more than 70% of the agricultural labor force in the country, where there is little pay and social protection if any. Although this large presence in the agricultural labor force demonstrates that women play an essential role in the rural economy as farmers, wage earners, and entrepreneurs,

most women still experience gender discrimination. Even without a health crisis such as the COVID-19 pandemic, women in India face critical challenges such as lack of education and employment, unpaid domestic work, a higher risk of maternal mortality, and domestic violence²¹.

Cross-cultural Variations

Across the four countries evaluated, based on the 2021 Global Gender Gap Report, Bangladesh ranks highest in terms of overall gender equity, followed by Kenya, India, and then Pakistan respectively. Kenya ranks highest for economic participation and opportunity, followed by Bangladesh, India, and Pakistan.

List of Definitions and Abbreviations:

COVID-19: Severe acute respiratory syndrome-related coronavirus 2 / SARS-CoV-2

KFMW: Keeping Food Markets Working

GAIN: Global Alliance for Improved Nutrition

LMICs: Low- and Middle-Income Countries

NGOs: Non-Governmental Organizations

IPs: Implementing Partners

RMG: Readymade Garment

GDP- Gross Domestic Product

GBV- Gender-based Violence

IPV- Intimate-partner Violence

DBM- Double Burden of Malnutrition

FNI- Food and Nutrition Security

LBW- Low Birth Weight

BMI- Body Mass Index

SFPs- School Feeding Programs

NCDs- Non-Communicable Diseases

THR- Take Home Rations

WHO- The World Health Organization

Chapter 2: Comprehensive Literature Review

Exploring Nutrition Disparities Among Women

Good nutrition is necessary for health and development²² and significantly impacts economic and social issues²³. In turn, economic and social issues impact nutritional outcomes. Nutrition itself affects pregnancy outcomes, household food security, and economic development²⁴. It is also linked to better infant, child, and maternal health, stronger immune systems, safer pregnancies and childbirth, and a lower risk of developing non-communicable diseases²⁵. Underlying factors affecting nutrition come from nutrition insecurity at household and community levels, insufficient care for women and children, inadequate health and hygiene practices, and poverty²⁶. Gender considerations are of paramount importance when considering nutrition at all these levels.

Defining Gender

To understand women's roles in nutrition, we must first understand the concept of gender and how these, in turn, affect nutrition and nutrition-related programs. The World Health

Organization (WHO) defines gender as “[...] the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors, and roles associated with being a woman, man, girl, or boy and relationships with each other. As a social construct, gender varies from society to society and can change over time”²⁷. Gender is part of a hierarchy and results in inequalities that affect economic, social, and healthcare access and experiences²⁸. Gender inequality results from power relations based on how societies are organized²⁹. Women and girls face the greatest effects of gender inequality³⁰. Gender is also intersectional, which means it intersects with other factors of discrimination. These can include ethnicity, socioeconomic status, disability, age, gender identity, and sexual orientation³¹. Women and girls face discrimination and inequality when accessing information about health and health services. Barriers include, but are not limited to, mobility restrictions, unequal power in decision-making, and lower literacy rates. From a healthcare standpoint, there can be a lack of training and awareness and discriminatory attitudes among healthcare professionals and communities. Compared to men and boys, women and girls experience greater gender-based violence. Gender-based practices such as female genital mutilation and child and early forced marriages can result in a higher risk of unintended pregnancies, sexually transmitted infections, and elder abuse³². The WHO reports that worldwide, 1 in 3 women has either experienced physical/sexual intimate partner violence (IPV) or non-partner sexual violence at some point in their lives³³. Each of these risk factors plays a role in the nutritional environment of women and girls.

Malnutrition and Gender

Gender and nutrition are inextricably linked, as gender inequality is a significant contributor to nutrition status and food security³⁴. There is a strong correlation between gender inequality, nutrition, and food insecurity. Twice as many women than men globally experience malnutrition,

and girls are more likely to die from malnutrition than men³⁵. Malnutrition refers to conditions of nutritional deficiency, including undernutrition and micronutrient deficiencies. There are two types of malnutrition; one is undernutrition, including micronutrient deficiencies, stunting, wasting, and being underweight. The second type of malnutrition relates to nutritional excess, including overweight, obesity, and non-communicable diseases because of diet³⁶. Inadequate nutrition is the root cause of over 3.5 million deaths of women and children worldwide each year. For mothers who are HIV+, those who face malnutrition are more likely to transmit HIV to their children and more likely to experience a quicker transition to AIDS³⁷. Women in developing countries can experience micronutrient deficiencies, infections, and the effects of heavy physical labor³⁸.

The nutritional landscape has also changed in LMICs as economic growth occurs. Diets tend to have more fat, refined carbohydrates, and sugar, with lifestyles becoming more sedentary³⁹. In LMICs especially, women often lack the power to decide where resources such as food go, affecting themselves and their children⁴⁰.

Women's lack of power can also result in serious health issues such as anemia. Anemia is an issue that disproportionately affects women and girls of reproductive age in LMICs⁴¹. Anemia, an iron deficiency, can be caused by increased physiological demands during pregnancy and menstruation and a lack of access to iron-rich foods. Anemia can cause fatigue, which affects women's productivity and ability to work⁴². According to the 2020 Global Nutrition Report, 32.8% of adolescent girls and women aged 15-49 are anemic, and more women than men are obese (15.1% vs. 11.1%, respectively)⁴³.

Furthermore, women in LMICs often experience the double burden of malnutrition (DBM), the coexistence of undernutrition and overweight or obesity. The prevalence of food and nutrition

security (FNI) is also rising, with approximately 10% of the world population being severely food insecure in 2017, versus 8.4% in 2015⁴⁴. FNI can lead to different forms of malnutrition, including undernutrition (underweight, stunting, and wasting), to overweight and obesity. As of 2020, 1 in 3 people globally (2.37 billion people) lacked access to adequate food⁴⁵. Moreover, COVID-19 has exacerbated gender inequities in food insecurity, with moderate to severe prevalence. The DBM is especially prevalent in LMICs nowadays, where both the coexistence of undernutrition and overweight and obesity exists⁴⁶. Existing research finds that women in households vulnerable to FNI face a greater risk of malnutrition than men in those same households⁴⁷. Undernutrition in women and children is also more common in rural areas of LMICs than in non-rural areas⁴⁸. Moreover, malnutrition can impact a woman's ability to generate income and care for family members⁴⁹. This is significant to note as more women in LMICs begin formal employment⁵⁰.

Food Security and Gender

Gender disparities also exist regarding access to food. Food security is exceptionally gendered, with women more likely to be affected by extreme food insecurity than men in Asia, Africa, and Latin America. Several studies discuss the link between food insecurity and sexually transmitted infections⁵¹. Research shows that adolescents facing chronic food insecurity and undernutrition face an increased risk of poor mental health, influencing risky sexual behavior. Moreover, political, economic, and environmental factors lead to gendered food insecurity. This can include discrimination in land, property, and inheritance laws and cuts in government agricultural subsidies in LMICs. In addition, the unpredictability of food prices also affects women, who often bear the burden of managing household food. To get affordable and quality food, women may also add to their existing workloads or even eat less to ensure adequate food for their family

members⁵². An understanding of gender sensitivity is necessary to understand socioeconomic issues undermining the nutrition of women and children.

Women's Roles in Nutrition

It is imperative to discuss socioeconomic issues that negatively affect women's nutrition to address childhood stunting. The socioeconomic issues women face that affect childhood stunting include, but are not limited to, women's healthcare, education, maternal height, early marriage, domestic violence, and decision-making abilities⁵³.

Gender equality affects economic and development growth, affecting women's and children's health⁵⁴. An analysis of 49 LMICs analyzed the relationship between gender equity and malnutrition and found that gender equity regarding education and employment is a significant health determinant in nutrition and access to care. Additionally, it lowers child malnutrition⁵⁵.

Labor markets are still highly segmented, with women in many countries working predominantly in the informal sector in low-paying jobs that make them more vulnerable. Women working in countries with higher rates of women in the formal sector, often still hold lower quality jobs than men do⁵⁶.

Women play important roles in food and crop production, although they face much discrimination⁵⁷. Despite women's critical roles in being major food producers and household income earners, they often lack the decision-making abilities regarding food and finances in their household⁵⁸. According to the United Nations Women, women make up approximately 43% of the agricultural labor force in developing countries⁵⁹. Gender-based disparities exist in the agricultural field, though. Evidence suggests that if women had equal access to productive resources as their male counterparts do, then they would be able to increase yields on their farms by 20 to 30% which would, in turn, raise the total agricultural input of developing countries from

2.5 to 4%⁶⁰. The commercialization of agriculture has resulted in being more male-dominated because cash crops usually are in the male rather than the female domain. As a result, less women have control in this domain⁶¹.

Work and Nutrition

Women's employment can positively impact health and nutrition in the household. For example, their income can increase household food expenditure, help financial stability, and provide more nutrition-enhancing food being bought for their children.⁶² However, existing literature examining the effects of time constraints of employed mothers on children's health. In LMICs, for example, it was associated with mothers being less likely to prepare food, less time on childcare, and mothers being more likely to buy prepared food. Working mothers are also more likely to face challenges surrounding exclusive breastfeeding, especially when facilities are not present at the workplace.⁶³ Although countries have legislation surrounding maternity protection, approximately half meet the International Labor Organization (ILO)'s 14-week minimum leave. In the informal sector, this is even more pronounced. Approximately 25% of countries have no policy about paid breaks for breastfeeding in the formal employment sector. In a study done on maternal employment in LMICs, researchers found that employed mothers, compared to unemployed mothers, were more likely to feed their children with "healthful complementary feeding practices"⁶⁴.

Too much work can also harm women's maternal health and their children. A study found that excess work is linked to low birth weight (LBW) among children born to mothers who work excess in agriculture while they are pregnant⁶⁵. A study in Pakistan explored this, finding that mothers in agriculture are three times more likely than non-agriculture mothers to be underweight and have stunted children. Researchers note that although mothers working in

agriculture might increase access to resources, it can impact the time allotted to childcare and affect child feeding practices⁶⁶.

Domestic Violence and Nutrition

As briefly discussed earlier, domestic violence is another social issue that significantly impacts nutritional outcomes⁶⁷. Research confirms the association between a mother being exposed to domestic violence and poor nutritional outcomes for her children. Two common pathways discussed in the literature for domestic violence and its effects on nutrition of children and their mothers. The first surrounds food preparation, the division of food, and not enough food, provoking violence. The second covers withholding food as a form of punishment. These pathways can have adverse health outcomes on women and their children, resulting in undernourishment, stress, depression, and other adverse health outcomes that can, in turn, affect nutrition⁶⁸. A study that analyzed 44 countries found that domestic violence is more common in countries with structural factors. For example, these factors can include norms surrounding justified gender-based violence or male dominance over females and laws. In South Asia, mothers who experience domestic violence during pregnancy have a higher incidence of low birth weight and lower mean birth weight. It is also connected with women experiencing anemia and being underweight.⁶⁹ Another study from Bangladesh found an association between physical domestic violence and child undernutrition, specifically highlighting lower self-esteem, poor mental health, and little control over household resources and access to health services⁷⁰. Notably, domestic violence and nutrition and growth have not been well studied⁷¹.

Intimate-partner violence (IPV), which can include physical, sexual, and emotional violence by a current or past partner, is another public health issue that affects women's physical and psychosocial wellbeing.⁷² Studies on IPV and nutritional status in LMICs are limited. There is

existing literature discussing how IPV can increase stress and depression, which could result in women's caloric intake, thus affecting their weight. One study in Nepal found that physical violence among married Nepalese women was a risk factor for weight and anemia status⁷³. Domestic violence and IPV are social issues intertwined with nutrition and food security at the home level, affecting both mother and child.

Addressing Childhood Health Outcomes

Moreover, confronting gender discrimination is significant when addressing maternal, neonatal, and childhood health outcomes. Impacts of gender discrimination are felt beyond just women—they impact child health and nutrition. Maternal undernutrition is the underlying reason for approximately 20% of childhood stunting⁷⁴.

An analysis of demographic and health surveys from 36 countries in 3 developing regions (South Asia, Sub-Saharan Africa, and Latin America) revealed that women's decision-making power strongly affects the nutritional status of children. For example, women in India who had more decision-making power regarding access to money and the ability to go to the market found that there was a lower chance of having a stunted child⁷⁵.

Social determinants like gender, education, race, and income all play essential roles in child and infant mortality rates. From a global level, children who are born in rural areas, grow up in poverty, and have a mother without access to primary education are more likely to die before age five⁷⁶. Several studies have demonstrated a considerable gender bias against girls regarding nutrition distribution in a household⁷⁷. Women's education is an example of a crucial component that impacts childhood stunting. According to cross-country studies, improvement in women's education led to a 43% reduction in underweight children between 1970 and 1995⁷⁸.

In addition, women's economic status and participation in the workforce also impact childhood nutrition. Although this connection has not been systematically studied, there is consensus surrounding targeted nutrition programs for women and its influence on nutritional status. However, evidence shows that involving women in agricultural interventions are more likely to use their income toward improvements to household food security⁷⁹.

COVID-19's Impact on Nutrition

COVID-19 has also significantly impacted malnutrition. It has caused many interruptions in delivering essential health care services and nutrition interventions. According to a WHO survey analyzing essential health services during COVID-19, over half of the 105 countries surveyed reported disruptions in antenatal care, sick child services, and malnutrition management⁸⁰. At the beginning of the pandemic, lockdowns and restrictions caused formal and informal food vending and food services to close, which caused substantial job losses. The largest drop in income and labor force participation occurred in the informal sector, which disproportionately affected women, who are often in the informal sector in LMICs and bear the burden of childcare responsibilities. COVID-19 is expected to result in more individuals experiencing difficulties affording high-quality diets and those experiencing malnutrition. In addition, the reduction in social protection programs, such as food assistance and school meal programs, will disproportionately affect women, children, migrants, and displaced populations⁸¹.

Global policy trackers regarding COVID-19 have illustrated that there has been less of a focus on food and agriculture sectors, with agriculture ministries being absent from COVID-19 response committees. In addition, policy trackers often do not include gender sensitivity in agriculture and food sector responses. There has been some focus on women regarding social protection programs. Research has found that gender-targeted interventions usually target

adequate childhood feeding, nutrition, and addressing gender-based violence. They fail to recognize supporting women's economic opportunities, though⁸². In Myanmar, for example, the COVID-19 economic relief plan lacks a gender targeting component. Myanmar traditionally considers men as the income earners and head of household, so it's common for women to be excluded from different forms of assistance. Because of this exclusion, gender norms are further perpetuated. It is imperative to have a gender-sensitive lens in COVID-19 relief policies and practices⁸³.

Addressing Nutrition Disparities

Gender Sensitivity

Gender sensitivity is an approach to addressing gender equality. USAID defines it as “[...] an approach or intervention in which the different needs, abilities, and opportunities of women, men, girls, and boys are identified, considered, and accounted for to ensure that they receive equitable benefits from the development process”⁸⁴. The approach is based on how gender roles are socially constructed and raise awareness of barriers to gender equality and how these constructions result in inequalities or unequal distribution of opportunities⁸⁵. For this paper, GAIN defined gender as women and children, although companies were given the ability to define gender sensitivity and who constituted as “vulnerable” through the KFMW grant. Many programs aim to be gender-sensitive or gender transformative. According to Save the Children, gender transformative programs “work with key stakeholders to identify, address and positively transform the root causes of gender inequality, including complex power dynamics and harmful gender norms”⁸⁶. They challenge discriminatory practices in social, economic, political, and legal areas. Additionally, gender transformative programming prioritizes women

and girl's choices, their voices in decision making, and their unequal power relations to men.⁸⁷.

This is important to consider implementing when conducting workforce nutrition programming.

Empowerment and Promoting Nutrition

Literature has also discussed agricultural programs aimed at women's empowerment and nutrition. One study in Bangladesh used adolescent girl power groups to promote maternal and child health nutrition. It showed that using an empowerment-based approach helped shift gender dynamics at the household and community level, allowed girls to exercise their rights over nutrition, and access to and control over resources⁸⁸.

Women's empowerment is crucial to solving the DBM. The DBM affects 500 million women globally. Approximately 10% of women are underweight, and 40% are affected by overweight and obesity. Women are especially vulnerable to nutritional deficiencies due to the additional need for nutrients during pregnancy, lactation, and menstruation. Women's empowerment is key for addressing gender inequities surrounding household nutrition, specifically household availability and dietary diversity in LMICs⁸⁹.

One study in Bangladesh utilized adolescent girl power groups to promote maternal and child health nutrition projects. The utilization of these groups resulted in better nutrition practices and a shift in gender power dynamics at household and community levels. The study demonstrated that an empowerment approach focusing on gender equality is necessary to address the intergenerational cycle of malnutrition⁹⁰.

Studies of women empowerment interventions have occurred, although recent studies of existing evidence found that poor study designs yielded no associations between women's empowerment and child nutrition. As a result, researchers found that more rigorous study designs and better

measurement tools of women empowerment should be conducted⁹¹. Understanding gender sensitivity is imperative for understanding women's empowerment.

Agricultural Work Interventions

Although the impact of agriculture interventions on nutrition and childcare has not been well studied, agriculture interventions, coupled with nutrition education in some form, have been shown to be effective in higher consumption of foods during pregnancy⁹². It is important to note this as we discuss the KFMW grant and how nutrition education can be an additional benefit when coupled with nutrition interventions.

Investing resources to combat gender discrimination can have excellent health and socioeconomic returns. According to the New Global Framework for Women and Children's Health, investing just five dollars per person yearly in the countries that hold 95% of the maternity and child mortality burden can turn out approximately nine times the economic and social benefit by 2035⁹³. Moreover, this investment could prevent approximately five million maternal deaths and 147 million child deaths from 2013-to 2035 in the 74 high burden countries⁹⁴. Overall, women's nutrition disparities are significant to address from a variety of interventions. Their impact not only on women's health but also on childhood nutrition and economic and development advancements make it a worthwhile investment⁹⁵.

Definition and Benefits of Workforce Nutrition Programming

Workplaces can be potential settings for nutrition interventions and other interventions that address inequities⁹⁶. Workforce nutrition programs (also referred to as workplace wellness programs) have gained popularity for their nutritional and health benefits.

The Global Alliance for Improved Nutrition (GAIN) defines workforce nutrition programs as “a set of interventions that work through the existing structures of the workplace - whether a corporate office or tea plantation - to address fundamental aspects of nutrition amongst employees or supply chain workers”⁹⁷. The programs aim to improve access and demand for safe and nutritious foods, changing employees’ food consumption behaviors, and overall improving health. Additionally, breastfeeding support programs are under the umbrella of workforce nutrition programs since they allow working parents to provide needed nutrition to their children, which in turn is an investment in the health of future workforces⁹⁸

Why Workplaces as a Setting for Nutrition Programming

Workplaces are a unique setting for nutrition interventions and offer many benefits. Workplaces have repeated interactions with the target audiences, are in a contained environment that can be changed if needed and have potential returns on investment for the company/organization⁹⁹. 58% of the global population is projected to spend at least one-third of their adult lives at work, making it a significant location to conduct programming at workplaces¹⁰⁰. Moreover, employees often rely on their workplace to get meals¹⁰¹.

Workforce nutrition programs provide quick access to healthy meals, which impacts short-term cognitive function and long-term nutritional health. Diets are significant because better diets can lead to better workforce capacity, including less absenteeism and presenteeism¹⁰². Return on investment can affect business returns on Gross Domestic Product (GDP). If educational strategies are included in the workforce programming, then long-term behavioral changes (such as healthy food, the ability to make healthier choices for one’s family) can also occur¹⁰³.

When implementing workforce nutrition programming, it is important to note that every workplace has a different culture, history, stakeholders, and social, political, and economic

circumstances¹⁰⁴. This makes it important to understand the workplace when conducting programs to best meet the needs of the workers there.

Current Literature on Nutrition Workforce Programming

Existing literature on workforce nutrition programming has taken place globally, although the literature is much richer for HICs. In LMICs, providing nutrient-dense diets has been the focus of such interventions. On the other hand, in HICs, the focus has been more on caloric restriction, weight loss, physical activity, smoking cessation, and a reduction in alcohol use. There is evidence that programs in LMICs that provide diets adequate in energy and nutrients are linked to better population health and performance at work. Workplace nutrition interventions in HIC are more documented in literature than those in LMICs¹⁰⁵. Workforce nutrition programming has largely taken place in HICs, aiming to address diet-related chronic diseases. A review of U.S. workplace wellness programs found that such programs are prevalent, with 92% of employers with 200 or more employees reporting to have them in 2009. Survey data indicated that the most frequently targeted behaviors for wellness programs were exercise (63%), smoking (60%), and weight loss (53%). Despite the availability of these programs, the actual uptake is limited; a 2010 survey showed that only approximately 20% of eligible employees utilized these programs¹⁰⁶. The program found evidence similar to previous reviews of existing literature on workplace wellness programs on their positive effects on diet, exercise, smoking, alcohol use, and healthcare costs, but limited evidence when it came to absenteeism and mental health. Researchers also found it difficult to assess the impact of workplace wellness on health outcomes and cost, as the interventions were challenging to evaluate and created methodological issues that could invalidate the overall findings. Another aspect of workplace wellness programs that was discussed was the use of incentives (cash, cash equivalents, and cheaper health plan costs),

which is sparse in the existing literature. Overall, the review discussed how, despite positive literature, there is insufficient evidence to assess workplace wellness programs on health and cost outcomes definitively¹⁰⁷.

Systematic reviews on workplace wellness programs exist but are limited. A recent systematic review on workplace-based policies and practices focused on alcohol, tobacco, diet, physical activity, and obesity¹⁰⁸. Of the six trials that met the criteria for the review, four took place in the U.S. Researchers found that these programs targeted: healthy catering policies; point of purchase nutrition labeling; healthy eating and physical activity; environmental supports; tobacco control; weight management; and staff health promotion adherence. Multiple strategies were used, but the most common were education meetings, custom interventions, and local consensus processes. The systematic review concluded that the existing evidence for effective strategies for practices/policies in workplaces was inconsistent and limited. Moreover, little evidence suggested that these strategies make a difference in employee health behavior outcomes and if they are cost-effective, calling for more research in the workplace setting¹⁰⁹.

Another systematic review of the most current evidence of workplace interventions between 2019-2021 also warranted further research in the workplace setting regarding nutrition programming. The review looked at countries worldwide, although most programs were in HICs. The four focus areas were multicomponent wellness interventions, healthy diet interventions, physical activity interventions, and mental health/sleep interventions. Researchers found that the success of these programs was contingent upon company management and culture, organizational structure, program integration within organizations and with employee benefits, adapting interventions for participants, and paying for interventions.¹¹⁰ They highlighted how it is often difficult to pinpoint the core component of the program that is a success since workplace

wellness programs often have multiple components to them. Researchers discussed barriers to workplace nutrition programming, including lack of marketing, limited programming availability, an unsupportive workplace culture, privacy concerns, scheduling issues, and lack of facilities¹¹¹. Another limitation included short-term follow-up, calling for a need for longer follow-ups with objective measures to best see which interventions were most effective long-term¹¹².

A workplace wellness program documented in Kenya analyzed the influence of wellness programs on organizational performance in the Kenyan banking industry. Researchers discussed work-life balance and the need for employers to address it in LMICs, where informal employment is growing. Additionally, they discuss how women often face barriers in employment due to family responsibilities and the jobs available to them. Specifically, they focus on the banking industry and how globalization has created long working hours and difficulty in work-life balance. The study found that workplace wellness programs helped build worker loyalty and long-term relationships. Moreover, the study found that there was a strong relationship between physical wellness and the performance of employees. They also discussed the importance of top management being involved and vocal about employee wellness¹¹³.

One qualitative study of key informant interviews in Mexico and India discussed workplace wellness programs in the context of LMICs. Researchers examined how as LMICs experience economic transition, so do the workforce and disease burden in these countries. The study discusses how the World Health Organization (WHO) estimates that approximately 40 million deaths are from non-communicable diseases (NCDs), 80% of which happen in LMICs. As a result, a need for workplace wellness programs exists in LMICs. Workplace wellness programs benefit both public health and ROI, as NCDs are expensive for companies to address and treat.

Currently, there are 29% of workplace wellness programs worldwide. Still, the benefits from a survey are promising: 49% of workplace wellness programs cited lower health care costs within a year, and 80% reported improvements after five years of programming. Employers additionally reported reductions in absenteeism. The study highlighted gaps in capacity building, with domestic non-profits having a hard time adapting workplace wellness programs in a culturally and politically appropriate way. It was also found that low education and health literacy levels were challenges that corporations faced when trying to raise awareness about health concerns. Additionally, some countries, like Mexico, had standardized, government-run campaigns that helped shape workplace wellness programs. In other countries like India, the programs were not as standardized and exceedingly varied in implementation¹¹⁴.

Economic Benefits of Workforce Nutrition Programming

The economic benefits of workplace nutrition programming have also been studied. One systematic review analyzed 15 workplace programs, including three nutrition interventions, 11 lifestyle interventions, and one physical activity intervention. They concluded that workplace interventions focusing on lifestyle were cost-effective for both employers and society.- In a third of the studies analyzed, researchers found that it showed cost-effectiveness in terms of QALYs achieved, cost per kg of weight that was lost, reduction in absenteeism, and more. Additionally, the systematic review stated the importance of knowing the cost-benefit of different workforce nutrition interventions to have the most efficient resource use¹¹⁵.

As seen in the literature, workplace interventions in LMICs exist but are limited and have many gaps. These include, but are not limited to, standardization of programming, low health literacy and education levels among participants, and adapting programs in a culturally and politically appropriate way, especially in LMICs. There are also not many long-term evaluations of the

programs, leaving questions about the long-term effect of worker wellness. Additionally, gender sensitivity was not the main concern for the majority of existing literature, despite the health and wellness disparities women face, calling for additional literature on gender sensitivity within workplace wellness programs.

School Feeding Programs

Nutrition School Feeding Programs

School feeding programs (SFPs) share many similarities to workforce nutrition programs and therefore are important to cover in this paper given their popularity in LMICs. SFPs provide food to school-going children and adolescents in varying formats and scales. It is reported that countries in the world have some form of SFPs¹¹⁶. SFPs have become increasingly popular in developing countries, with particular popularity in those countries that experience poor childhood hunger and malnourishment¹¹⁷. According to a report published by the World Bank and the WFP, SFPs have three main objectives. They include: 1) providing a safety net for families for absorbing social and economic shocks; 2) improving the education and performance of children; and 3) enhancing the health and nutritional status of children¹¹⁸.

SFPs are an avenue for addressing short-term hunger. They also help improve the nutrition and cognition of children and transfer income to families. Approximately 305 million school-aged children and adolescents, which is half of those enrolled, get a daily meal from their school. This is the only regular meal they receive daily for many of these children, highlighting the reliance that many children have on SFPs for regular meals¹¹⁹. In LMICs, school feeding programs exist in 70 of the 108 countries, and most have been run and funded by the World Food Programme (WFP). Some of these programs have been nationally adopted, while others have continued to rely on assistance and funding from the WFP and other development partners¹²⁰.

Benefits of SFPs include energy intake, micronutrient status, and increased school enrollment and attendance¹²¹. Additionally, they prevent overweight and obesity, help with school enrollment/attendance, increase academic performance, and contribute to gender equity in education¹²². SFPs are important programs in meeting the Sustainable Development Goals (SDGs) toward ending hunger and reaching food security¹²³.

Existing Literature on SFPs

Although there are still gaps in research on this topic, literature reviews on SFPs exist. SFPs often vary in design but lack scientific rigor, pointing out the need for more standardized methods. Although SFP benefits are known, the scale of the benefits must be further explored. Another area that needs further exploration is the independent vs. combined effects of SFPs and supplemental health and education on nutritional behaviors¹²⁴. Systematic reviews on SFP studies showed that most studies on SFPs used school feeding as the only intervention and did not use any additional interventions¹²⁵. Lastly, because SFPs address short-term hunger, long-term studies and program evaluations must be conducted to track the overall impacts¹²⁶.

In terms of the impact of SFPs on education and learning, virtually all literature has shown positive benefits from SFPs on school enrollment and attendance and a reduction in the dropout rate. Literature documented this was true for both school meals as well as take-home rations. Additionally, it had the most significant benefit for girls when both school meals and take-home rations were offered¹²⁷.

Especially with COVID-19, 265 million people worldwide are facing acute food insecurity. With families struggling to have enough food at home, the value of school feeding programs becomes even more apparent. SFPs are also critical for addressing gender-based disparities from COVID-19 since a disproportionate number of girls dropped out of school

compared to boys. Addressing this would contribute to SDG Goal 5 of achieving gender equality and empowering women and girls¹²⁸. In a recent systematic review of school feeding programs in LMICs, most programs solely used school feeding programs alone, not in conjunction with any other intervention, such as nutrition or health education. Interventions provided snacks, in-school breakfast, in-school lunch, and other food to the habitual diet. The review additionally highlighted that the heterogeneity in types of interventions points out a lack of guidance on the design of SFPs in resource-limited settings¹²⁹.

A systematic review and meta-analysis plan on SFPs in LMICs outline the most recent literature on the topic. They discuss the wide availability of SFPs in HICs, but in LICs the availability is usually in highly food insecure regions, specifically in Sub-Saharan Africa. They highlight that there is no one-size-fits-all model for SFPs, but there are common best practices found. These include, but are not limited to, fruits and vegetables, working with local smallholder farmers, and including SFPs in a broader nutrition and health curriculum¹³⁰. Like workforce nutrition programs, variation in design ranges for SFPs. A recent report from the FAO analyzed nutrition guidelines and standards for LMICs and found a large amount of variation in how countries coordinated, managed, and funded SFPs. It was also found that nutrition education and school gardens were common complementary interventions to SFPs¹³¹.

As discussed in the literature above, SFPs also address gender-based disparities and address some gaps in gender-sensitive programming that workforce nutrition programming lacks. The World Bank discussed how girls' enrollment in school is one of the most significant benefits of SFPs. With the introduction of SFPs in Pakistan, girls' enrollment went up 135% between 1998 and 2003. Additionally, the benefits of girls' education also increased. Initially, 48% of households did not have their daughters attend school, but after the program, at least one

daughter per household went to school. The same pattern was true for Bangladesh, whose program saw a 44% increase in girls' enrollment in school after program implementation¹³². A different program in rural Burkina Faso provided lunch and take-home rations (THR) to girls, increasing their enrollment rates by 5-6%¹³³.

One program in the literature discussed school feeding reducing anemia prevalence for adolescent girls and their vulnerable family members in a camp for internally displaced people (IDP) in Uganda. The program found that based on economic theory, providing transfer to children through school can have added benefits for their households through a spillover effect to other members of the household¹³⁴. This effect can also occur with workforce nutrition programming.

GAIN-KFMW

GAIN Workforce Nutrition Programming Background

GAIN is the only major organization found in existing literature that has programs focused on the nutrition of workforces in LMICs. The program uses existing business structures (workplaces and supply chains) as entry points for nutrition programming. GAIN has worked in the tea, garment, and cocoa sectors, and their target groups are farmers, workers, households, and women¹³⁵. GAIN covers the importance of nutrition education in workforce nutrition programming. Nutrition education is often necessary to see a more significant impact on changing health behaviors in workplace nutrition programming¹³⁶. Nutrition education programs “aim to change employees' nutrition and/or lifestyle behaviors by increasing employees' knowledge of beneficial health habits. Nutrition education may act on several levels, including (1) changing attitudes towards a specific behavior; (2) addressing normative beliefs (i.e., the perceived norm); (3) modifying beliefs about self-control and the ability to change. Interventions

often work through groups with cooperative menu planning methods, dissemination of educational materials, interactive information sessions and workshops; an alternative approach is one-to-one counseling¹³⁷. There have been systematic reviews that found nutrition education can result in behavior change to some extent. However, moving beyond that and focusing on the accessibility and affordability of healthy food at work will create a larger impact¹³⁸.

Nutrition-focused health checks are another key component of workforce nutrition programming that was found in the literature. Nutrition-focused health checks are defined as “periodic one-to-one meetings with a health or nutrition professional to assess, and usually discuss the employee’s nutritional health”¹³⁹. Health checks provide personalized data for each employee, giving them a better understanding of their nutritional risk factors. These might include cholesterol and/or blood-pressure screenings or weight monitoring and classification (for example, using Body Mass Index (BMI) to assess whether an employee is underweight, overweight, or obese). Individual counseling can be coupled with health checks to help devise lifestyle change strategies, and follow-up counseling can support employees in tracking their progress towards nutrition-related goals¹⁴⁰. Existing evidence suggests that nutrition-focused health checks are beneficial in preventing non-communicable diseases when implemented in the workplace and implemented with counseling. Systematic reviews have been conducted on diabetes and weight management interventions. One systematic review of 22 studies found consistently positive results in a diabetes reduction program that offered screening and weekly counseling for 6-12 months. Another systematic review of 23 randomized trials of workplace management interventions (mostly in the U.S. and Europe) results in mixed weight loss results, with optimal results of 6-12 months¹⁴¹. There needs to be more studies on workplace management interventions in LMICs. In sum nutrition screening is most likely to have an impact when it is

paired with frequent nutrition counseling. One study demonstrated that after at-risk workers were screened, a two-hour behavior change intervention was more effective in lowering cholesterol levels within 12 months than 5 minutes of counseling¹⁴².

Lastly, workplace breastfeeding support is another type of workplace nutrition intervention that GAIN covers. Workplace breastfeeding support is defined by “programs or company policies which enable working mothers to breastfeed exclusively for six months and continually up to 2 years”¹⁴³. Such programs include: respecting or exceeding national laws on duration of paid maternity leave (ensuring 6 months minimum); providing an appropriate place and time to express/pump milk during work hours and providing options for working mothers such as on-site childcare and flexible work schedules. Some programs include awareness-raising or nutrition education campaigns for mothers and co-workers on the importance of breastfeeding”¹⁴⁴. A systematic review of 22 programs in 9 countries found that having a space for breastfeeding at work significantly increased breastfeeding duration and exclusivity. The study also found that breastfeeding rooms were more important than dedicated breaks. Moreover, several studies illustrated additional benefits for mothers and the workforce. Breastfeeding support improved productivity, reduced absenteeism, and lessens healthcare costs¹⁴⁵.

[Keeping Food Markets Working \(KFMW\) Grant](#)

In response to the global COVID-19 pandemic, GAIN developed a program of targeted support to help sustain core food systems, workers, and markets, especially in LMICs in Africa and Asia. The grant worked with different companies in the agri-food sector to provide food assistance to workers through various modes. The KFMW grant was implemented in ten countries in which GAIN currently works in (i.e., Bangladesh, Ethiopia, India, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, Rwanda, and Tanzania). Emory was hired by GAIN to evaluate the

implementation of the KFMW grant. Emory ended up evaluating four of the ten countries the KFMW grant was implemented in Bangladesh, India, Kenya, and Pakistan. Gender was a key consideration of this grant that GAIN aimed to explore. Specifically, the evaluation focused on how companies considered gender during grant implementation, due to how companies defined vulnerable workers, this varied considerably. The following sections, we provide an in-depth report on gender considerations in the KFMW grant among the four countries evaluated, followed by best practices in gender considerations and recommendations for GAIN for future workforce nutrition programming.

Chapter 3: Methods

Evaluation Approach

GAIN's overarching research question for the KFMW evaluation related to how companies undertook the design and implementation of their KFMW-funded programs and the implications of their process for effectiveness. A critical dimension of this research was understanding how gender considerations were identified and addressed by the companies and, ultimately how that translated into impacts for women workers. To address these evaluation goals, Emory used a mixed-methods, multi-case study approach of selected company grantees in the four countries identified by GAIN Global for evaluation. The details of the approach are described in the individual country evaluation reports and the summative report. They are briefly summarized in **Figure 1.**

Figure 1: Companies selected for the case study evaluation of the KFMW emergency food grants program; *previous relationship with GAIN prior to KFMW; whether the company workforce was majority male or female is indicated in parenthesis



Company Sampling for Evaluation

Companies for the qualitative case studies were chosen for evaluation after a thorough review of company applications and key documents. Fifteen companies were ultimately selected to represent the range of diversity in the sector, geography, gender makeup, previous experience with GAIN, and company size: four in Kenya, three each in Pakistan and India, and five in Bangladesh. In Kenya, Pakistan, and India, all companies represented different aspects of the agri-food sector, including producers, processors, distributors, and retail. In Bangladesh, four of the selected companies represented varying components of the agri-food sector, and one of the companies included a factory from the ready-made garment sector. Characteristics of selected companies are depicted in **Figure 1**.

Data Collection on Gender

Primary data were collected through interviews with GAIN Global, GAIN country offices, and company leadership. A total of 13 in-depth interviews were conducted with GAIN country office staff (of whom four were female) across the four countries, and 33 in-depth interviews were conducted with company staff (of whom nine were female). The evaluation also collected 1,059 phone surveys with employees or community beneficiaries of the program (of whom 489 were female) (**Table 1**). Additional secondary data were collected by reviewing documents from GAIN global and GAIN country offices regarding gender guidelines.

| Table 1: Data Collection for Evaluation of the KFMW Emergency Food Grants | | | | | |
|--|---------------------|--------------------|------------------------|------------------|-------------------|
| Countries | GAIN Country Office | Company Management | Implementing Partners* | Total Interviews | Employee Surveys* |
| India (n=3) | 1 (0F) | 12 (2F) | 1F | 14 (3F) | 235 (176F) |
| Kenya (n=4) | 2 (1F) | 6 (3F) | 0 | 8 (4F) | 279 (146F)** |
| Pakistan (n=3) | 6 (2F) | 7 (4F) | 0 | 14 (6F) | 268 (22F) |
| Bangladesh (n=5) | 4 (1F) | 8 (0F) | 3 (1F) | 15 (2F) | 277 (145F) |
| Total | 13 (4F) | 33 (9F) | 3 (2F) | 51 (15F) | 1,059 (489F) |
| F represents female. * Implementing partners were organizations such as NGOs that managed grants on behalf of companies. **Kenya conducted surveys with only three of the four selected companies **n= number of companies per country | | | | | |

Data Analysis

During the development of the qualitative analysis codebook, a single “Gender” code was created to apply to any text from interviews and documents relating to gender. This was done to enable a more flexible analysis and assessment of patterns across countries after the first pass coding of data for the parent evaluation analysis. Developing a separate codebook for gender was

deemed unnecessary due to the limited amount of data. As such, the team was able to transition to data analysis and development of thick descriptions for the gendered aspects of program processes by country. These processes include, for example, program application, beneficiary selection, and implementation processes.

Data were coded and analyzed using MAXQDA. Coded segments were then analyzed by creating a synthesis matrix to note major gender themes. The synthesis matrix was then used to develop detailed thick descriptions for themes that cut across the four countries. These key themes included: (1) Application process from GAIN country perspective; (2) Company experiences in the implementation of the KFMW grant; and (3) Best practices of KFMW grant in the respective country. In the results section below, we elaborate on these themes, providing key quotes that further highlight experiences, perspectives, and practices related to gender within the context of the KFMW emergency food grant program. Following country-specific analysis, we synthesized data across companies to benchmark performance against the GAIN global gender guidelines (Appendix 1).

Chapter 4: Results

Results are presented by country, with company characteristics presented first, followed by qualitative findings from that country. After qualitative country findings are discussed, results across countries are synthesized and benchmarked against the GAIN global gender guidelines.

Gender Considerations in Kenya

In Kenya, of the twelve applicant companies, ten had a majority male workforce (Table 2), one had a majority female workforce, and one reported being evenly split. Both companies with equal or predominantly female workforces were ultimately selected.

| Table 2: Summary of applications to the KFMW grant in Kenya; overall and by funding status | | | |
|---|--|-------------------------------|---------------------------------|
| Variables | Total company applicants (N=12) | Companies funded (N=8) | Companies unfunded (N=4) |
| Gender distribution of the workforce | | | |
| Majority female | 2 | 1 | 1 |
| Majority male | 9 | 6 | 3 |
| Equal | 1 | 1 | 0 |
| Number of beneficiaries | | | |
| Total number of planned direct beneficiaries | 16,415 | 10,378 | 6037 |
| Total number of planned indirect beneficiaries | 72,819 | 50,088 | 22,731 |

From the eight funded companies, we selected four to contribute data to the case study evaluation. The selection process sought heterogeneity and diversity in the sector (i.e., production, processing, retail), geography within country, size, gender distribution and previous partnership with GAIN. Potentially as a result of differing workplace gender culture, there were variations in how companies defined gender and vulnerable populations. Some companies had explicit guidelines on what constituted “vulnerable” populations, while others deferred to GAIN’s criteria. These comprised a tea estate co-op (Company 1) with a workforce that included both male farmers and female tea pluckers, a food production and processing company (Company 2), and two supermarkets (Company 3 and Company 4). **Table 3** outlines the characteristics of these four Kenyan companies. Because of its large size, Company 1 had the most total workers of all four companies, female and male workers. In contrast, Company 4 had the greatest number of planned and reached beneficiaries. However, Company 2 had the highest percentage of female workers. We were only able to determine the proposed gender

disaggregation of beneficiaries for Company 4 as this was the only company reporting this information in their application

| Table 3: Characteristics of the four companies selected for inclusion in the case study evaluation in Kenya based on grant application documents (n=4) | | | | |
|--|--|------------------|------------------|------------------|
| Company | Company 1 | Company 2 | Company 3 | Company 4 |
| Company Type | Tea Estate Co-op | Food processor | Supermarket | Supermarket |
| Total number of workers | 620,000 | 651 | 8,600 | 3,659 |
| Total number of male workers | 434,000 (70%) | 301 (46.2%) | 5,800 (67.4%) | 2,196 (60%) |
| Total number of female workers | 186,000 (30%) | 350 (53.8%) | 2,800 (32.6%) | 1,463 (40%) |
| Planned total number of beneficiaries | 1,000 households (total number not specified) | 640 | 1,000 | 3,659 |
| Planned total number of male beneficiaries | Not reported | Not reported | Not reported | 2,196 (60%) |
| Planned total number of female beneficiaries | Not reported in applications; interviews noted they planned to reach 70% | Not reported | Not reported | 1,463 (40%) |
| <p>*Not reported- this was not a requirement from GAIN Kenya *Planned total was not gender-disaggregated; not all final reports reported final beneficiaries reached *n= total number of companies</p> | | | | |

Application Process from GAIN Kenya Perspective

GAIN Kenya collaborated with GAIN Global and other KFMW implementing countries in creating guidelines for supporting vulnerable workers, specifically vulnerable women. Analysis of in-depth interviews with GAIN Kenya revealed variations in the way gender was considered in the implementation of the program and how GAIN Kenya defined vulnerability and other criteria for companies and beneficiaries. GAIN Kenya played a supportive role in the implementation process and worked to support companies to ensure that the needs of vulnerable

women within the companies were met throughout the implementation process. For example, GAIN Kenya identified potential companies to partner with, helped companies complete the application, provided feedback for company applications concerning their gender strategy, assisted in revising budgets for the application, assisted in coordinating the overall implementation, and participated in food distribution events.

GAIN Kenya required all companies to collect information about vulnerable direct and indirect beneficiaries, including household and community members. For example, companies were required to report on the number of household members, pregnant women, children under two years of age, school-going children, and adolescents of each beneficiary. As part of the monitoring and evaluation process, GAIN Kenya tried to capture and track women that were being reached through the KFMW grant. While the emphasis on detailed reporting was laudable, reporting burden, particularly detailed data on gender, age, and other breakdowns, was cited as a significant challenge by companies.

“I don't know why they needed all this. But at least for lactating mothers, how many household members, I think that should be okay because they may want to know whether these nutrition foods are reaching the lactating mothers, pregnant ones, because...these nutrients are good for these kind of people...But school going and adolescents, I don't think it was necessary.” - Company 2

The perceived impacts of COVID on workers seemed to be the main criteria in defining vulnerable beneficiaries for GAIN Kenya, with a lesser emphasis on gender. For example, GAIN Kenya largely identified vulnerable employees as those affected by COVID-19 in terms of their salary, emphasizing those in non-managerial positions (shelf stockers, floor sales representatives,

Box 1: Company Perspectives on Gender Requirements of the KFMW Grant Program in Kenya

I: “Okay. And even female staff that was at the cashier level or management, I mean, branch management level...they would be defined, I guess, as vulnerable because of gender, but not because of their level. So how were you handling that?”

“A good question. Yeah, I appreciate that. Because now this other question comes in, and remember my plea before to you, and indirectly, directly to GAIN that, we need to, we ought to extended this to cover even those at the management level, because we have a good number of female staff at the management level, but you see per the grant specification was that we needed to just focus on the vulnerable staff. So if we have say only five vulnerable female staff in the store, we focused on those. Yeah. I’m hoping that in future we will, you know, just also extend the same to every other female staff at different levels.” -Company 4

I: “But with this grant, do you think that it was difficult to target women and have that kind of, you know, gender focus with this grant?...would you say it was difficult to target women?”

“Um, I wouldn’t say it was difficult to target women because this, this grant, according to our guidelines, was targeting both the farmers and the tea pluckers who are majority women. And the tea farmers are majority men so it kind of went 50/50, and, also according to the criteria, we also mentioned the lactating women and the pregnant mothers and also single parent families, especially where a single mom so it was, you can say we reached 50/50.” -Company 1

security personnel, tea farmers, tea pluckers).

In addition to this broad identification, GAIN Kenya shared how companies were given the ability to then further define “vulnerable populations” in conjunction with GAIN’s requirements of reaching women and children.

Company Experiences in the KFMW Grant

Four companies were selected for inclusion in the KFMW emergency food grants case study evaluation following conversations with GAIN Kenya. Company culture regarding gender differed among companies in Kenya, which may have influenced how

companies defined vulnerability and their processes for implementation. We first describe this company culture followed by a discussion of how gender considerations were integrated into company implementation processes.

All retail companies mentioned having women in management positions, despite the male-dominated workforce, and in interviews discussed how they are creating policies related to gender equality and women in the workplace. Kenya has national workplace policies that cater to women given certain conditions. According to Kenya’s Employment Act Section 29, female workers are entitled to three months of paid maternity leave with full pay, with certain caveats¹⁴⁶.

All four companies discussed having sexual harassment policies and maternity leave policies

within their workplace in accordance with Kenya's Employment Act¹⁴⁷. Because childcare is not currently offered at any retail companies, several reported they are developing options to accommodate women in this regard. For example, Company 4 discussed working with Human Resources to extend childcare services to those female staff at branch levels. Company 2 does not offer childcare on the premises, but they allow new and lactating mothers to arrive at work late and leave early to care for their children. They noted this approach allows for more flexibility for mothers during the workday. Additionally, Company 2 allowed pregnant and lactating mothers to work in less labor-intensive positions. Company 3, on the other hand, focused on balancing genders at branches through recruitment practices that transferred women to areas that are currently male-dominated. Conversely, Company 1, an agricultural cooperative, reported very few women in factory management positions, despite a large number (90%) of the tea pluckers being women. They did not note strategies to shift this gender dynamic.

In initial applications, all four companies listed pregnant and lactating mothers as priority populations in their applications, though Company 2 only noted lactating mothers as their priority population. Conversely, Company 1 noted that women-led households with young children were also a main focus of the KFMW grant and discussed in its application how each Company 1 managed factory has a committee that is equipped to ensure that gender-sensitive approaches are utilized in internal and external programs. In their application, Company 1 planned to have women represent 70 percent of the beneficiaries of the KFMW project, though, in actuality, they noted reaching approximately 50% (**Box 1**). Company 3 and Company 4 also included additional information for their gender and vulnerability strategy, with Company 3 adding that those with non-communicable diseases such as diabetes, as well as female employees and those with children under age five, would be selected as beneficiaries. Company 4 proposed

additionally covering single mothers, physically challenged, widowed, and “sole earning” women (i.e., female heads of household).

Moreover, an additional note was that some company interviewees were not content with the selection criteria from GAIN regarding vulnerability. Some company interviewees mentioned that women in managerial positions (such as chief cashiers) were still vulnerable. It was not qualified whether the criteria of solely selecting employees in non-managerial positions was per GAIN Kenya country office guidelines or company guidelines. Still, given company’s perspectives in interviews, it seemed that it was a guideline from GAIN Kenya.

In contrast to application documents, interviews with company management revealed less emphasis on gender. Company 4 and Company 2 highlighted vulnerability as reflected in income and position and targeted all workers in non-managerial positions, noting gender was not as relevant because they were covering all workers in non-managerial positions. Rather than prioritizing women for engagement, Company 2 and 4 interviewees spoke more about making sure that women were not excluded from the program.

On the other hand, company 1 and Company 3 opted for targeted selection of beneficiaries and allowed branch/factory managers or board members to select beneficiaries. Company 1 provided specific guidelines to its managers/board members for beneficiary selection, which included specific gender-related vulnerabilities, such as “single-parent families that are female or child-led families, [...] households with several dependents, a high number of dependents and the vulnerable population in the vulnerable population bracket, especially mothers who are pregnant and lactating”, and “children less than five years [...]”. Company 3, on the other hand, gave free rein to its branch managers to select workers who they believed were struggling the most in their

branches as a result of the pandemic. As a result, Company 3's strategy for beneficiary selection focused more on overall vulnerability to COVID-19 rather than gender-specific vulnerability.

Lessons Learned and Best Practices of KFMW Grant in Kenya

GAIN Kenya was very hands-on with company applications and assisted in the different stages of the application and implementation process for companies. Additionally, GAIN's strategy for gender was flexible, both in responding to a male-dominated agri-food sector workforce and as it aimed to reach women in vulnerable work positions (non-managerial positions) while also considering other vulnerabilities exacerbated by COVID such as income loss. However, this approach had some downsides in relation to gender, as women who were in managerial positions were excluded from receiving food support because they did not meet income/position criteria.

Gender responsiveness varied across companies, with some emphasizing gender-focused initiatives than others, both during the KFMW grant implementation and as a general company priority. However, specific best practices emerged from the company examples in Kenya related to engaging women, both as employees and in the broader community. For example, some companies discussed how it was a priority to have local communities participate in KFMW implementation. Company 1 stressed the importance of local procurement and applied a gender lens to decision-making in that regard: they wanted to grow the economy of the catchment area, so they bought food from kiosks and small shops, prioritizing those run by women (i.e., "Mama Mbogas"). As a result, local women small business owners benefitted from the sale of their produce for this program. Because Mama Mbogas cannot produce receipts, Company 1 crafted simple reporting forms to meet the needs of the Mama Mbogas to enable their participation in the process. In doing so, Company 1 met women business owners where they were to ensure their full engagement.

Gender Considerations in Pakistan

A total of 21 companies applied to KFMW in Pakistan. The vast majority of applicants were development NGOs, but half of those funded covered the food production, food processing, and food retail sectors respectively. While gender distribution of workforces was evenly split between majority male and majority female groups among all applicants, 67% of funded applicants were majority male workforces (**Table 4**). The majority of predominant female workforce applicants were not in the agri-food sector.

| Table 4: Gender Breakdown of Workforce for Companies that Applied to the KFMW Grant in Pakistan | | | |
|--|--|-------------------------------|----------------------------------|
| Variables | Total company applicants (N=21) | Companies funded (N=6) | Companies unfunded (N=15) |
| Gender distribution of the workforce | | | |
| Majority female | 10 (47.6) | 2 (33.3) | 8 (53.3) |
| Majority male | 10 (47.6) | 4 (66.7) | 6 (40.0) |
| Equal | 1 (4.8) | 0 | 1 (6.7) |

The case study evaluation selected three companies from the six funded by the Pakistan KFMW program. The three companies consisted of a commodity salt refinery (Company 1), a farmers' cooperative development agency (Company 3), and a food bank (Company 2). Notably, of the 15 unfunded applicants for Pakistan, 8 (53%) were majority female workforce, compared to two of the six (33%) funded companies; however, these companies mostly comprised development-focused community organizations/ NGOs as opposed to the agri-food sector.

Ultimately GAIN Pakistan loosened its gender guidelines to accommodate increased private sector engagement by the agri-food sector. As a result, four of the six funded companies were predominantly male but agri-food sector-oriented. **Table 5** outlines the three Pakistani companies that were selected for inclusion in the KFMW program evaluation. As can be seen in

Table 5, Company 2 had the most total workers and was the only company with majority of female employees. However, they did not report planned beneficiary data. Company 1 had the fewest female employees and planned female beneficiaries due to the male-majority working environment.

| Table 5: Characteristics of the three companies selected for inclusion in the case study evaluation in Pakistan based on grant application document (n=3) | | | |
|---|------------------|------------------|------------------|
| Companies | Company 1 | Company 2 | Company 3 |
| Total workers | 727 | 6250 | 618 |
| Male workers | 719 (99%) | 2,500 (40%) | 393 (64%) |
| Female workers | 8 (1%) | 3,750 (60%) | 207 (33%) |
| Planned total beneficiaries | 727 | Not reported | 618 |
| Planned male beneficiaries | 719 (99%) | Not reported | 411 (67%) |
| Planned female beneficiaries | 8 (1%) | Not reported | 207 (33%) |
| *Numbers did not always add up since they were extracted from company reports and applications. *Not reported- this was not a requirement from GAIN Pakistan. *n= total number of companies | | | |

Application Process from GAIN Pakistan Perspective

Analysis of interviews with GAIN Pakistan revealed that gender and vulnerability definitions were less structured due to food system companies in Pakistan being a majority male workforce. Notably, GAIN Pakistan initially defined vulnerability based on gender – one of their main selection criteria at the outset of the grant was ranking companies that had more female beneficiaries as a higher priority. Another selection strategy that GAIN Pakistan initially utilized to highlight gender included prioritizing female-led companies. However, these criteria and expectations were ultimately adjusted due to the limited engagement of women in the formal

agri-food sector workforce. GAIN Pakistan also noted regional differences in gender, with some provinces being more progressive than others, particularly Punjab and Sindh. GAIN Pakistan reflected that while change is occurring, the transition to a more inclusive environment for women in the workforce more broadly, or in leadership more specifically, is a slow and gradual one.

Company Experiences in the KFMW Grant

Before describing company experiences, we briefly discuss the culture of gender in Pakistani companies. While GAIN Pakistan placed gender as a top priority, the companies themselves noted less emphasis on gender. Despite less emphasis, all three companies reported women in management positions, either in the past for some companies or currently for others. Some companies noted conservative environments continued to hinder women's engagement and/or advancement in the workplace (Box 2).

Box 2: Company Perspectives on Gender Culture in Pakistan

“There are no women laborers here. It is very conservative environment, so women here do not work in factories. We have educated ones in office but not in the labor category.” -Company 1

Company 1 reported the least female involvement as beneficiaries because no women work in this particular labor category/agri-food sector. However, they did report having “educated” women in financial, procurement, and export departments, while “unmarried” women worked in

the social media marketing department. Company 3, on the other hand, had no women in management positions at the time of KFMW implementation. However, women farmers and laborers were a large part of Company 3 and served as social organizers and trainers. As a company, Company 3 mentioned how important gender equality is to the organization and how it has been incorporated through programming and organizational structure. Company 3 ran open schools for women led by women farmers and laborers. Before COVID-19, food security

projects for women in the open schools were implemented. The program funded educational projects which allowed women to harvest independently and rent their own land to grow vegetables. In addition, lawyers and human rights activists educated the women on women's rights and protection laws. Moreover, if the program focuses on females, the female staff conducted outreach and meetings. This is true for all the programs run. Meanwhile, Company 2 had the highest ratio of females to males in the office, with a 50:50 ratio. During interviews, Company 2 highlighted its women-oriented work environment. Women served in management positions, the co-founders included women, and managers and the research department included women. They also discussed how nearly 3000-4000 of the organization's community volunteers were women, and many girls are active were in universities.

According to the Pakistani Maternity and Paternity Act, women are entitled to 180 days of paid maternity leave for their first child, 120 for their second child, and 90 days for their third child¹⁴⁸. Despite this being a national law, interviews revealed that most companies did not follow this policy. The existence and implementation of childcare policies were similarly variable. For example, Company 3 had a maternity policy with three months' leave, but it had yet to be used because if a woman left due to pregnancy or domestic reasons, a second woman "would take up her position." What this meant was not clarified in interviews, so it is unclear how this process worked. Company 1 had no maternity leave policy for women because all their female employees were unmarried – it is unknown if women were no longer allowed to work at the company after marriage per company policy or if this was a social norm. This was not further probed in interviews.

Box 3: Company Perspectives on Gender Culture in Pakistan

I: “Were there any gender requirements from GAIN?”

“No.” -Company 1

There were variations in how companies selected for evaluation in Pakistan defined gender and vulnerability within the KFMW grant. None of the companies had a “gender sensitivity” section outlined in their application. However, they listed who would count as a

beneficiary in their “beneficiary types” section, which included women in some capacity.

Company 1 listed how the pregnant and lactating wives of their most vulnerable labor class members cannot get the proper diet needed. In interviews, companies described their rationale in some detail. Yet, Company 1 reported a very conservative labor environment, and while women were employed by the company, specifically educated women in the office, there were no women employed in the labor category and, therefore, no specific gender requirements or criteria in terms of reaching female front-line workers. Company 3, which specified women/girl/widow headed households as the main gender component, also listed other vulnerable populations in their application, including low income/poor staff, volunteers & affiliated smallholders, and “deserving” families. More specifically, Company 3 listed that they would strictly follow the criteria that covered organization staff, volunteers, affiliated smallholders, daily wagers, landless farmer families, widow/girl/women-headed households, orphan headed families, families living with a person with special needs, and families living with a person with a chronic disease. Company 2, which had the most female employees and intended beneficiaries, specifically targeted widow/separated women as a priority population in their applications.

When asked in interviews about gender requirements from GAIN (e.g., whether a certain number of women should be reached), Company 1 responded that there were no gender requirements from GAIN, and each of the three companies noted they did not have specific gender

requirements for beneficiary selection. However, this latter finding from interviews appears to contradict data from application documents; wherein several funded food companies reported having specific criteria for the inclusion of women.

One notable practice observed in Pakistan was that when selecting beneficiaries, all three companies used systematic and strict screening protocols to determine beneficiary eligibility. If employees met the eligible criteria, companies would cross-check eligibility by reviewing profiles of beneficiaries, checking government records, or on-site visits to beneficiaries' homes. For example, Company 1 looked at the economic and social profiles of members who would benefit from food provisioning and those whose income was affected and thus indirectly affected their nutrition intake. Company 3 took a similar approach to Company 1 and analyzed beneficiary profiles, cross-checking with government records to see if potential beneficiaries received support from other organizations. Company 2 took a more hands-on approach and enlisted a verification agent to visit applicants' homes for on-site surveys using a mobile survey app. The verification agent gathered data to calculate a poverty scorecard for households, then used it to identify a threshold for beneficiary selection.

Box 4: Company Insight into Distribution Processes

I: "Alright. Also, were the volunteers only men, or were women involved too?"

"Mostly the volunteers were men, but there were some women involved too. Usually, women are more aware of the living conditions of the people around them. So the women volunteers would bring their children or household men to carry these packets." -Company 3

Food distribution strategies also differed across companies in gendered ways. Company 3, despite mostly male volunteers for distribution, highlighted the importance of women volunteers in the distribution process since women were "more aware of the living conditions of those around them." Indeed, women were in charge of distribution for

several companies. Company 3 distributions due to a better understanding of other women and accommodating women who were hesitant to interact with men. Women volunteers for Company 3 both received the vouchers to deliver to beneficiaries and brought their children or male household members to help deliver the food packages. Women volunteers also served as social organizers and trainers. However, it was unclear from interviews if women volunteers also received food support from the company or other forms of remuneration for their contributions.

Across multiple companies, given women's constrained mobility in this context, adjustments were made for identification. A woman's first male relative (e.g., brother, father, or son) could collect the ration if they provided the woman's identification number at the distribution site. Men beneficiaries had to pick their food up in person and show identification.

[Lessons Learned and Best Practices of KFMW Grant in Pakistan](#)

For GAIN Pakistan, adjusting the gender requirements due to the agri-food sector being majority-male was identified as a best practice to meet companies where they are and achieve the goal of providing relief to agri-food sector front line workers. Additionally, the rigorous grantee and beneficiary selection processes applied by both GAIN Pakistan and companies to identify beneficiaries was another best practice to ensure appropriate targeting and avoid perceptions of favoritism. This process aimed to use objective metrics to determine eligibility, although it is unclear how strictly these measures were ultimately adhered to. Lastly, utilizing women volunteers to manage distribution likely facilitated greater efficiency and effectiveness of delivery. Women volunteers understood the living conditions of those around them and provided women beneficiaries with a more comfortable option for participation, which allowed smoother distribution. However, care must be taken when using women volunteers so as not to further

exacerbate gender pay disparities and gendered time constraints. The misperception that women's work can be unpaid undermines women's economic empowerment.

Gender Considerations in Bangladesh

Bangladesh was unique in its utilization of implementing partners (IPs) for different components of grant administration. GAIN Bangladesh had an existing relationship with Change Associates and READI, the two IPs managing the KFMW grant implementation. This existing relationship included extensive work in the RMG sector around workforce nutrition. The IPs managed all aspects of the application process including supporting companies with proposal development, revisions, and procurement, delivery and reporting. This support allowed GAIN Bangladesh to include a larger sample of smaller companies than the other KFMW countries. In total, 34 companies applied for the grant and all but one was funded. Of these, nine had a majority female workforce, of which eight were in the RMG sector, and one was an agri-food sector company. Gender makeup of other funded companies in the agri-food sector ranged from 13% to 46% female.

| Variables | Total company applicants (N=34) | Companies funded (N=33) | Companies unfunded (N=1) |
|---|--|--------------------------------|---------------------------------|
| Gender distribution of the workforce | | | |
| Majority female | 8 | 8 | 0 |
| Majority male | 25 | 25 | 0 |
| Equal | 0 | 0 | 0 |
| NA | 1 | 0 | 1 |

This case study evaluation selected five companies from the 33 companies that participated in the Bangladesh KFMW program. The selection of case study companies sought to represent the

main sectors that KFMW engaged with in Bangladesh — Ready Made Garments, Agri Food (bread), and Aquaculture Hatcheries. Companies representing the cold storage sector were excluded because of their location, as high COVID-19 rates in Khulna Division in Jessore impeded data collection in that area. The five companies consisted of one readymade garment (RMG) factory (Company 1), two export-oriented agri-food businesses (Company 2 and Company 3), one commodity export company (Company 4), and a crab hatchery (Company 5). **Table 6** provides information on company size, gender makeup, and intended beneficiaries stated in applications by gender. Companies differed significantly regarding gender makeup, such as the male to female ratio of workers and the percent of female beneficiaries. Company 1 had the largest number of workers, the largest number of female employees, and the largest number of female beneficiaries. Company 4 did not report gender-disaggregated data because gender was not a requirement from GAIN Bangladesh at the time of their application.

| Table 6: Characteristics of the five companies selected for inclusion in the case study evaluation in Bangladesh based on grant application document (n=5) | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|
| Characteristics | Company 1 | Company 2 | Company 3 | Company 4 | Company 5 |
| Total workers | 2528 | 113 | 700 | 507 | 300 |
| Male workers | 1,112 (44%) | 83 (73%) | 405 (58%) | 152 (30%) | 205 (68%) |
| Female workers | 1,416 (56%) | 30 (27%) | 295 (42%) | 355 (70%) | 95 (32%) |
| Planned total beneficiaries | 2500 | 113 | 700 | 500 | 300 |
| Planned male beneficiaries | 1,112 (44%) | 83 (73%) | 400 (57%) | Not Reported | 205 (68%) |
| Planned female beneficiaries | 1,416 (57%) | 30 (27%) | 295 (42%) | Not Reported | 95 (32%) |
| *Numbers did not always add up, since they were extracted from company reports and applications. | | | | | |
| *Not reported- this was not a requirement from GAIN Pakistan. | | | | | |
| *Planned total was not gender disaggregated; not all final reports reported final beneficiaries reached | | | | | |
| *n= total number of companies | | | | | |

Application Process from GAIN Country Perspective

For the early rounds of grant applications and implementation, both GAIN Bangladesh and their implementing partners focused on recruitment and selection of companies from the RMG sector given previous successful partnerships. Notably, the RMG sector in Bangladesh predominantly employs women and hijra, unlike other labor sectors of Bangladesh. However, for later rounds of the grant, with the need to focus on food system workers, GAIN Bangladesh and implementing partners focused recruitment and funding on cold storage, food distribution, crab and fish hatcheries, rice mills, and other food system sectors that are much more male-dominated. These contextualizing factors shed light on the ways in which gender considerations were incorporated into the KFMW grant implementation in Bangladesh.

One of the main gender-related selection criteria cited by the Bangladesh country office was the company's overall number of female workers. GAIN Bangladesh also mentioned that when choosing a company from those that the IPs recommended, they wanted to require that factories have more than 50% of female workers. When meeting with companies, though, GAIN Bangladesh and implementing partners found it difficult to meet this criterion for companies outside the readymade garment sector. Given this issue and wanting to include food-based companies, GAIN Bangladesh relaxed its gender requirements if companies met other desired criteria. GAIN also stated that another of their criteria was based on companies' vulnerability to COVID, specifically how some companies had to lay off workers or shut down completely.

Company Experiences in the KFMW Grant

Before describing company experiences, we first discuss the culture of gender in the selected companies and how companies instituted gender-specific policies and practices. It is common in Bangladeshi culture to have paternal grandparents and aunts take care of the children. Because of

this, many companies reported that childcare was not offered, and even if there were places for children at the workplace, they were not utilized. Company 5, Company 1, and Company 3 discussed this in-depth. Company 5 stated that they have a playground in their factory, but nobody brings in their children because they are all taken care of at the father's house. Company 1 had a childcare room and a breastfeeding room, although women do not usually bring in children because they also are taken care of at home by family members. Company 3 explained that they do not have a dedicated childcare center, but they have big rooms where women can manage their work and feed/keep their children in. On the other hand, Company 4 mentioned how they do not have any feeding facilities for children.

Maternity leave and benefits were other topics discussed in the interviews. Company 4 discussed how female workers on maternity leave could not get a salary but were able to rejoin the job and get their previous position. Company 3 also offered three months' leave without pay. If the leave is only one month or half a month, then workers get a salary. If they take leave for 3-4 months, they do not get a salary, but can rejoin the company. Company 3 also had a breastfeeding room.

When asked about sexual harassment policies, all companies discussed a zero-tolerance policy and goals to create a safe work environment for women. Company 3 discussed how people in violation of sexual harassment would face punishment. Since women workers work 24 hours a day, security is available around the clock, with female security present and available when women eat and rest. Company 5 replied that two individuals had been fired in the past six years for sexually harassing women. Company 1 had the most extensive approach to addressing sexual harassment in the workplace. When a worker joined the company they were informed that sexual harassment was not tolerated. Additionally, the company had an anti-harassment policy and a

committee on anti-harassment. The interviewee discussed that if a complaint about sexual harassment is serious enough, the male would be fired to provide women more security at work.

Box 5: Company Perspectives on Gender and Vulnerability in Bangladesh

I: “What is the reaction of the workers in the neighborhood with whom the transgender people are working? Isn’t it with this type of people that our society or culture has not become so acceptable yet? Now, what is the reaction of other workers?”

“No. Everything is normal between us here. We have seen here that they have done it as usually. No one has ever looked in a different way and taken it a different way and everyone has accepted it very well. They were not working before but they’re doing very well, the way ten people are working.” -Company 1

Hijra are known in the Indian subcontinent as the “third gender and represent non-binary gender expression within Hindi society. It is common for hijras to be born male and dress traditionally feminine.¹⁴⁹” One notable gender practice, although not related to the KFMW grant, was among Company 1, which was also the only company that was employing individuals who identified as hijra. Although all three South Asian countries that are

involved in the KFMW program formally recognize hijras, Bangladesh was the only country that included them in the grant. The company discussed how the head of the company had recruited them to work and offered them the ability to study at an Asian University. When asked about reactions from people in the neighborhood/other workers, the company replied that workers and the community accepted hijras (**Box 5**).

In initial applications, all five companies included in this evaluation outlined their gender focus in similar formats. All companies discussed increasing gender sensitivity among workers, staff, and management. All companies also discussed their commitment to take action against GBV in the workplace. Additionally, all companies noted that they would provide gender awareness messaging among their workers. However, interviews with companies revealed differences in the gender strategy outlined in the applications versus what was ultimately implemented. In

interviews with companies, Company 4 and Company 3, both agri-food companies, listed women as the most vulnerable group in the factory. Despite this, Company 3 only included 50% of female workers in the program, while Company 5, a crab hatchery, and Company 1, a denim RMG factory, included 100% of their female workers. Companies also discussed beneficiary types, which included those that had been affected by COVID-19. Both Company 4 and Company 3 discussed beneficiary types such as those that were affected by COVID-19 as opposed to focusing on gender alone. In total, only Company 4 and Company 1 had majority female workers of the evaluated companies.

As discussed in GAIN Bangladesh interviews, companies having more than 50% female workers were one of the main criteria for company selection. However, it was difficult to identify companies outside the ready-made garment industry meeting this criterion. Among companies included in this evaluation, interviews with management revealed significant diversity in organizational structure, with some companies having women in a variety of different roles while others strictly in one type of position. Company 4 and Company 3 were the only companies with females in managerial positions (in HR and operations, respectively). For Company 3, the operations manager was the wife of the company's chairman. Other than her, all other women exclusively worked in the packaging sector. Company 2 and Company 1 only allowed women in some areas. Specifically, Company 2 had barely any women in positions because the workers were majority male, so the company mentioned they “would not be able to create a good working environment for the women.” However, they would like more women since they “keep the environment clean” and “work nicely”. Company 1 had females only working in the finishing sector and as helpers since the washing department is all male. Benefits for women in the workplace also varied. Company 3 discussed how they have benefits for women, including

first aid facilities at the factory level, dining facilities, rest facilities, a changing facility, and bathroom. The three other companies discussed benefits only in terms of pregnancy and childcare

One notable difference between Bangladesh compared to other countries was how they managed food distribution. IPs, for the majority of companies, opted to have companies provide meals and snacks to employees only while they were onsite. As such, there were no indirect beneficiaries in the Bangladesh KFMW though some employees were reported to take their meal or snack home to their children. In settings where the workplace is predominantly female such as the RMG sector, this strategy ensures women are provided safe and nutritious meals. However, when this strategy is applied to a male-dominated workplace it may undermine gender goals as safe, nutritious foods are not made available to women in the employee's household. If husbands' receipt of meals/snacks at work enables more money to be available for household food purchases, then this strategy may ultimately benefit women; but if men, who often control household budgets, opt to reduce the allocation of funds to food budgets as a result of receiving food at work then this strategy could have unintended negative consequences and deepen gender disparities in food access.

Overall, companies did not discuss specific gender strategies implemented in the KFMW grant. However, companies did discuss overall gender best practices within their company outside of the KFMW grant, which was described as part of company culture. As discussed earlier, gender was not a key component of the grant in Bangladesh, given agri-food sector companies were unable to fulfill the gender requirements.

Best Practices of the KFMW Grant in Bangladesh

One best practice from the Bangladesh KFMW program was the utilization of IPs for implementation. Because IPs had prior relationships with many of the companies, especially those with the majority of women workforces, the recruitment of companies and supporting them through the application process was more efficient for country office staff. Moreover, the IPs could administratively handle the management of giving more companies smaller grants, thus expanding the reach and impact of the grant. However, the IPs took a very top-down approach to grant management, providing companies with very limited say in distributing the food benefits, which may ultimately harm women. Lastly, the flexibility of GAIN Bangladesh regarding relaxing their criteria to accommodate both the nonfood garment sector to reach women and the male-dominated agri-food sector to reach food system front line workers could be viewed as a best practice depending on GAIN's priorities.

Gender Considerations in India

The GAIN India country office received applications from 30 different organizations, and a total of eight organizations were selected for KFMW funding over several grant cycles. Over half of the applicants had a majority female workforce, with ultimately five majority female and three majority male companies selected (**Table 7**). India was unique in that government restrictions on private sector companies receiving foreign funds (FRCA laws) meant that GAIN India had to work through NGOs to reach agri-food sector workers as opposed to working directly with the private sector. As such, most applicants were NGOs primarily working in community development. One applicant was a private sector food production company that ultimately partnered with an NGO to become eligible for grant administration and implementation.

| Table 7: Descriptive Statistics for Companies that Applied to the KFMW Grant in India | | | |
|--|--|-------------------------------|----------------------------------|
| Variables | Total company applicants (N=30) | Companies funded (N=8) | Companies unfunded (N=22) |
| Gender distribution of the workforce | | | |
| Majority female | 11 | 5 | 6 |
| Majority male | 12 | 2 | 10 |
| Equal | 3 | 0 | 3 |

This case study evaluation selected three companies from the eight funded companies that participated in the India KFMW program. The three companies consisted of two NGOs (Company 1 and Company 2) and a Private Limited Company (Company 3). **Table 8** provides information on company size and intended beneficiaries stated in applications by gender.

Companies differed significantly in regard to gender makeup, such as the male to female ratio of workers and the percent of female beneficiaries. Company 3 had the largest number of workers, the largest number of male workers, and the largest number of female workers. Company 1 had the largest number of intended beneficiaries, followed by Company 2, and Company 3. None of the companies reported gender-disaggregated data for intended beneficiaries.

| Table 8: Characteristics of the three companies selected for inclusion in the case study evaluation in India based on grant application document (n=3) | | | |
|--|------------------|------------------|------------------|
| Company | Company 1 | Company 2 | Company 3 |
| Total workers | 44 | 80 | 13,895 |
| Male workers | 40 (91%) | 67 (84%) | 4,340 (31%) |
| Female workers | 4 (9%) | 31 (39%) | 9,635 (69%) |
| Planned total beneficiaries | 2,600 | 2,000 | 1,700 |
| <p>*Numbers did not always add up, since they were extracted from company reports and applications. *Not reported- this was not a requirement from GAIN Pakistan. *Planned total was not gender disaggregated; not all final reports reported final beneficiaries reached *n= total number of companies</p> | | | |

[Application Process from the GAIN Country Office Perspective](#)

All of the applications that GAIN India received included women beneficiaries, and GAIN India required gender-disaggregated on the company workforce, while grant reporting required gender-disaggregated data on beneficiaries receiving food support. When probed about gender-specific selection criteria, GAIN India described a significant focus on gender sensitivity and how more than 50% of the beneficiaries in a selected company must be women. In addition to reaching a high number of women, GAIN India wanted companies to prioritize the most vulnerable women or “women with particular vulnerabilities,” as GAIN aimed to increase their inclusion in GAIN India programming. GAIN India mentioned a specific section in their application that asked companies to describe how they would integrate the needs and vulnerabilities of the most vulnerable women selected. Some applicants responded that they

would choose beneficiaries that are in women-headed households - a single woman “who has all families while selecting COVID” or widows; others focused on pregnant and lactating women or those with young children.

GAIN India also discussed how they worked with companies to modify their application, for example, increasing the percentage of female beneficiaries. GAIN India also asked companies to clarify which women were being included as beneficiaries (pregnant, lactating, etc.). Once companies were selected, GAIN India held face-to-face conversations with company management to more clearly define and revise definitions of vulnerability among women. Once these definitions and criteria were agreed upon, companies revised applications to clarify this point. Further, gender was carefully monitored during implementation by all companies and reported to GAIN to verify food was being received by the intended beneficiaries per the gender requirements.

“Yes, we told them, today we had distributed this much ration. And in this, there were this much male and this much female.” – Company 1 District Manager

Before describing company experiences, we first discuss the culture of gender in the selected companies and how companies instituted gender-specific policies and practices. All three companies discussed their work environments and policies for women in the workplace. When asked about maternity leave policies and women-friendly spaces in the workplace, Company 1 and Company 3 noted a lack of maternity leave. Company 1 said that because women are daily wage workers, maternity leave does not matter since the woman will stay home if she is pregnant. Company 3 briefly discussed its maternity leave policy according to the government policy, which currently grants women 26 weeks of maternity leave¹⁵⁰, but did not go into further detail.

Box 6: GAIN India Perspectives on Gender

“Yeah, I think one of the things about GAIN...the bringing gender, gender sensitivity into the program has been quite big now. But also, I think, for this from our GAIN donors as well. The global efforts in other industries that scuttling at least one global effort, or there was a strong gender focus and then particularly status in any activities that you do, you must keep a strong focus on inclusion of women and their vulnerabilities. So that’s how we try for our template, this with our grantees as well. So in our application, we had a specific section wherein we are you know, this is general focus in CP when we would like to integrate the needs and vulnerabilities of women. So how would you sort of ensure that the most vulnerable women selected? So those were casually asked, and some of the applicants, of course mentioned that, you know, we would choose beneficiaries, which are women headed or a single women who has all families while selecting COVID. This thing, we would select women who has lost her husband or depend on another one. And so all those things I think, grantees have proposed and of course, we did sort of consider that, you know, very strongly...

I, of course, I think, the KFMW project that we do have a strong gender focus and more than 50% of our beneficiaries that, we provide food to has to be, you know, for women.” -GAIN India

Two companies (Company 3 and Company 2) discussed sexual harassment policies and existing support measures for women workers in their companies.

While Company 3 had an articulated and formal strategy for preventing sexual harassment and workplace violence -- including a central committee, legal support, and other supporting committees that meet regularly to discuss and address grievances — Company 2, only referenced the federal government guidelines and that they “think” they have gender and sexual harassment policies but could not clarify further. When Company 1 was asked about sexual harassment and

the safety of women, they replied it was never discussed, so the respondent does “not have any idea on that.”

Regarding the KFMW grant, India was the only country evaluated in which all funded companies had at least 50% female beneficiaries (though not all had a majority female workforce). The gender culture of the included companies was discussed in depth during interviews and likely influenced the way in which companies approached the gender

requirements and their decision-making with regards to who should benefit from and how to deliver the grant. It is important to note that Company 3 had a partnership with an NGO. This partnership was needed to participate in the KFMW grant due to its status as a private company.

Other companies did not need to create partnerships with NGOs to participate in the grant.

Some companies, such as Company 3, had a larger focus on general gender-based initiatives given their majority female workforce. All three companies discussed having women in leadership positions in some capacity. Company 1 mentioned that some women had been appointed to the village panchayat (a village council). Company 2 reported one woman in a management position as a welfare officer. In contrast, Company 3, a predominantly female company, had the most women in leadership positions, including middle and senior-level positions. Further, Company 3 was the only company to discuss expanding the number of women in managerial positions, hoping to increase representation to 25% over the next two to three years. However, it noted one corporate division had already achieved 60% female.

All three companies included a section outlining how they would address gender sensitivity. All three companies discussed in their applications how women would be the main beneficiaries, either directly and/or indirectly, though some companies went into more detail than others.

Company 3 included the least about gender sensitivity, although they were the only company with majority female workers. Company 1 discussed women as indirect beneficiaries of the grant, since many are dependent on daily wage laborers. Company 2 included the most detail about ensuring gender sensitivity being the program's prime objective. They discussed how the focus would be evaluated through a needs-based gender lens, and women beneficiaries would communicate to ensure the contents of their food packages are socially and culturally appropriate. Company 2 was the only company to discuss socially and culturally appropriate

nutrition in their application and nutrition education programming. Company interviews further revealed a dedication to gender sensitivity among companies in India, particularly regarding how an emphasis on women benefited the entire household.

“When you feed a woman, it's not just the woman, but you're feeding the entire family”

– Company 3/NGO State Head

In defining which women would be eligible or considered more vulnerable, Company 1, where 60-70% of the beneficiaries were women, took a more systematic, data-driven approach that used linear programming to find the best foods for women’s nutritional needs. The company provided dal, almonds, and beetroot to the women to improve their nutrition. Company 1 focused more on women because there was an emphasis to provide these items first to women who would be included as beneficiaries. One notable practice of defining vulnerability from Company 1 was targeting two main groups: pregnant and lactating mothers working in the flour mill and migrants with families who had pregnant and lactating women.

Company 2 also focused on the most vulnerable women, targeting women tea workers whose family members were daily wage laborers. Within this group, they reported focusing efforts on women who were pregnant, lactating, had very low annual income and had adolescent girls in the household. Company 3 had a high percentage of female beneficiaries (75-80%) and identified pregnant and lactating mothers and older women as most vulnerable for purposes of targeting.

India companies also regularly cited gendered impacts to a greater extent than other countries, with company leadership highlighting impacts on women when discussing more general impacts.

“Yeah, so first and foremost, I think the benefit would definitely be in terms of higher immunity levels. That translates to coming to workplace for more number of days, which

means your absenteeism is less, from one point of view. Second is from a family point of view, healthy... As I said, it's, it's women workers largely in cashew locations, right. So women empowerment, because the more the number of days the person is able to come to a factory location, the more their earning capacities, and hence, the way of living or the lifestyle of their living would improve, the standard of living will definitely improve. Number three, you know, from a Company 3 point of view, I think the direct impact will be in terms of absenteeism. Absenteeism goes down because of this project. I think it's going to be fantastic output for us.” -Company 3

Best Practices of KFMW Grant in India

GAIN India was the only country included in this evaluation fully able to utilize and implement the grant’s gender guidelines to prioritize those grantees with a majority female reach and ensure the majority of beneficiaries were female. One best practice of GAIN India was that they emphasized and provided ample support to companies to identify specific categories of vulnerable women for improved targeting. They also supported companies to articulate how they would identify and reach those women. Lastly, they identified strategies for monitoring the distribution of food aid to women, which assisted GAIN country office and companies in monitoring adherence to the gender guidelines. From the company perspective Company 2 communicated directly with women beneficiaries to ensure the contents of the food packages were socially and culturally appropriate and provided nutrition education.

Best Practices Derived from Qualitative Interviews and GAIN Global Guidelines

Table 9 summarizes those best practices highlighted from qualitative research and the degree to which grantees met these. As the table illustrates, all four countries had at least one grantee that met all the major gender best practices listed, except for procurement. Only Kenya had a

company that prioritized gender in the procurement process. Notably, Bangladesh was the only country that recognized additional genders or LGBTQ+ individuals in their workplace. The Discussion section, we discuss which GAIN guidelines were met, and why some companies failed to meet these guidelines. Additionally, we present recommendations for how GAIN Global and GAIN Country offices can support companies in meeting gender guidelines in the future.

| Table 9: Gender Best Practices Emerging from Qualitative Interviews and the extent to which these were met by grantees included in the case study evaluation | | | | |
|---|--------------|-----------------|-------------------|---------------|
| Description | Kenya | Pakistan | Bangladesh | India |
| Grantees included female perspectives in grant management and / or implementation (delivery). | 2/4 (50%) | 2/3 (67%) | 1/5 (20%) | 2/3 (67%) |
| Grantees selected for evaluation had majority-female workforce. | 1/4 (25%) | 1/3 (33%) | 2/5 (40%) | 1/3 (33%) |
| Grantees prioritized women for program engagement as direct or indirect beneficiaries (intended and/or actual recipients) | 1/4 (25%) | (0/3) | 1/5 (20%) | 3/3 (100%) |
| Grantees recognized and prioritized additional genders or LGBTQ+ individuals in their gender culture at their workplace. | (0/4) | (0/4) | (1/5) = 20% | (0/4) |
| Grantees engaged local women entrepreneurs in procurement efforts. | 1/4 (25%) | (0/4) | (0/4) | (0/4) |
| **The ratios and percentages listed show how many companies out of the total companies evaluated within each respective country met the criteria. | | | | |

Based on the findings that emerged from analysis of interviews with country office staff, company management, and document review, we further summarize how country offices and grantee' processes aligned with the gender guidelines set forth by GAIN global (**Appendix 1**). In general, few guidelines were fully met. For example, neither country offices nor grantees developed score cards to assess women's vulnerability and needs. Similarly, recognition of how COVID disproportionately affects women was absent, and gender trainings and sensitization activities were not implemented. Further, the food sector workforce is predominantly male in

most countries included in the KFMW grants program, making it challenging to meet the guideline related to prioritizing companies with a majority female workforce. Though, among those companies with women in their workforce, most highlighted prioritizing women as either direct or indirect beneficiaries. Exceptions were companies with no female labor force, those with women in management positions only, and those where the beneficiary selection was decentralized and branch/district managers developed criteria using their own definitions of vulnerability. Lastly, while most companies cited gender-disaggregated reporting requirements related to food distribution, not all companies were required to provide this level of detail.

Chapter 5: Discussion & Recommendations

The evaluation of the KFMW grant revealed many key takeaways on gender in the context of program design and implementation. The three key takeaways listed below are further discussed in the context of existing literature and findings from the KFMW grant.

- **The agri-food sector companies in many of the countries evaluated were largely male-dominated which limited implementation of specific gender-specific guidelines.**
- **While gender was a key consideration of the KFMW grant, both within and across countries, selection for beneficiaries was not standardized regarding gender.**
- **When defining vulnerability, gender was not a primary consideration for many companies.**

In the conceptualization of the GAIN KFMW grants program, gender was a key consideration that GAIN aimed to address in grant implementation. To that end GAIN required gender-specific criteria be applied when selecting companies and ultimately beneficiaries. These criteria included

a specific focus on women-identifying workers, women who will be mothers, and women who are already mothers.

The first key takeaway was that the roles and responsibilities within the agri-food sector in the four countries evaluated were gender-segregated. The companies included in the case study analysis highlighted how women dominate certain areas of the value chain, notably production, while men dominate other areas of the value chain, including production (notably cash crops) but also positions farther up the value chain, such as processing, storage/transportation, and retail. From a corporate perspective, in these countries, the production side of the agri-food sector may be largely informal, whereas as you move to cash crops and up the value chain, you become more incorporated / business engaged.

Many companies had difficulty in meeting the gender requirements of GAIN Global and GAIN country offices. As a result, many GAIN country offices relaxed their gender requirements. The exception was India, where gender guidelines were able to be fully implemented by most organizations and monitored by the country office. Currently, literature shows that women globally make up approximately 43% of the agricultural labor force yet own less land than 20% of landholders. Furthermore, the majority of the food supply is produced by over 400 million women¹⁵¹. Yet women's contributions are often not formally recognized, and they face numerous obstacles in engaging on equitable grounds¹⁵². Moreover, the commercialization of agriculture has promoted the continual male-domination of the agri-food sector, as cash crops often fall in the male domain¹⁵³.

It is important to note that gender stratification in the four countries evaluated in the KFMW grant shows that female employment in agriculture differentiates according to the World Bank's female labor force participation. In Pakistan, 23.52% of women were employed in agriculture;

Kenya had a rate of 62.9; India had a rate of 21.2, and Bangladesh had no data¹⁵⁴. Within the specific companies, though, the number of female workers differed and did not always reflect these female labor force employment rates in agriculture. Funded versus unfunded companies' gender disaggregation revealed different gender patterns within companies. In Kenya, only one company out of the eight funded was a majority female of employees. In Pakistan, 2 of 6 companies were majority female. In Bangladesh, 8 out of 25 funded companies were majority female. However, Bangladesh represents a unique example since it also worked with the RMG sector. Of the eight companies that were funded, 7 of them were clothing commodity companies in the RMG sector, and these were female-dominated. The remainder of the funded companies were in the agri-food sector, which was majority male. India differed from the other three countries, with 5 of 8 funded companies being majority female. Additionally, companies across all four countries discussed women in managerial positions, although not all presently had women in such positions. In Kenya and India, women were noted to be in managerial positions at all companies analyzed. In Pakistan, they noted that all three companies analyzed have or have had women in managerial positions at one point in time. Bangladesh noted that the RMG sector mainly employed women, which was not the case for the agri-food sector resulting in their loosening gender guidelines for the KMFV grant.

Commercialization of agriculture has promoted the continual male-domination of the agri-food sector, as cash crops often fall in the male domain¹⁵⁵. It is important to note the gender segregation within the agri-food sector and how that is reflected in the KFMV grant agri-food sector landscape. Women and men often have different roles in adopting and accessing new food-related technologies, accessing and participating in markets, and decision-making roles.

Researchers discussed the importance of having to consider both gendered perspectives in gender-sensitive agricultural interventions¹⁵⁶.

For example, across funded studies included in this evaluation, women that were employed in the agri-food sector were typically engaged in agriculture production (i.e., growing). Two out of the four companies in Kenya were in the food retail sector in funded companies. The food retail sector was largely male-dominated, but the food growing sector was heavily female-dominated. In Bangladesh, women largely worked in the garment industry. At the same time, the agri-food sector was more male-dominated in export-oriented agri-food businesses and crab hatcheries and more female-dominated in commodity exports. Pakistan also had a largely male-dominated formal agri-food sector. However, it is important to note the increased private sector engagement for this grant, which was required to accommodate the food sector, and how gender dynamics were thus affected.

Lastly, out of the three companies in India, private limited food and agri-company had the largest number of female workers. Notably, GAIN India had an intentional focus on gender.

Specifically, through their application process, GAIN India ensured that at least 50% of companies' beneficiaries were women. It is also worth mentioning that the companies were NGOs working in community development, both of which focused on nutrition security as one of their key activities. Due to India's government restrictions on working with private sector companies and these companies receiving international / NGO funding.

Country-specific conditions can impact and influence workplace wellness programs. It is imperative to understand the company demographic makeup to see if it is pragmatic to have a gender focus, particularly within sectors or companies with low participation by women. On the other hand, if gender is a key focus for GAIN's future workforce nutrition grants, conducting

research with countries or sectors that have companies with large female workforces will be beneficial for future grant implementation. GAIN may need to decide which they want to prioritize -- agri-food sector workers or women in the grant design. In specific contexts, both may be possible, but in other contexts, it might not be.

Another takeaway was that both within and across countries, selection for beneficiaries was not standardized. Some companies had more streamlined processes, while others had more subjective, case-by-case strategies for selecting beneficiaries. This lack of standardization reflects existing literature regarding workplace nutrition programming. Although some literature discussed how countries, such as Mexico, had standardized, government-run campaigns that helped shape workplace nutrition programs, many other countries did not have such standardization, leading to a wide variety of designs in recruitment and programming¹⁵⁷. Overall, a lack of standardization of programming was evident both in the literature and the GAIN KFMW implementation. There are benefits and drawbacks to having more standardization in programming. Standardization can be beneficial by creating a baseline guideline for GAIN global or GAIN national that will allow for similar definitions of vulnerability and gender before grant implementation. Similarity can improve comparability within and /or across countries depending on which level of programming the guideline addresses. However, because GAIN works in numerous countries, one standardized toolkit might not be culturally appropriate or meet the unique needs of different countries. However, with stricter standardization, there is less leeway for both GAIN Global and companies to define vulnerability and gender in their context. Standardization could limit companies' freedom in grant implementation and who they deem most vulnerable. With more flexible standard guidelines set by GAIN Global, both GAIN Global and companies would have the autonomy and flexibility to define their vulnerability and gender

guidelines. These definitions could be more culturally relevant to their specific country and company culture. They would allow them to reach specific vulnerable populations that might not be included in a broader standardization for all GAIN country offices. More flexible standards could also further consider the unique characteristics of certain companies and the gendered segmentation within the agri-food sector. GAIN Global can work with GAIN country offices to develop capacity-strengthening tools and materials that will help create standardized, country-specific toolkits that can be used for future programming.

Lastly, gender was not the main defining factor for many companies when defining vulnerability. Instead, susceptibility to COVID-19 and its impacts on the workforce were common defining factors across countries. Companies did not recognize or prioritize the enhanced vulnerability women experience as a direct result of COVID-19. As demonstrated in existing literature, women, even before COVID, face disproportionate disparities in accessing food, health care, and other essentials. Women are more likely to face extreme food insecurity than men in Asia, Africa, and Latin America. Moreover, in LMICs, political, economic, and environmental factors, such as access and ownership of land and property and inheritance laws, further discriminate against women¹⁵⁸. COVID-19 has had a disproportionate impact on women and girls and exacerbated gender inequities in food insecurity¹⁵⁹. COVID-19 has resulted in a huge drop in income within the informal sector, which disproportionately affects women. Specifically, it affects women working in the informal sector in LMICs, which in turn affects their burden of childcare responsibilities¹⁶⁰. Additionally, women faced barriers in accessing health services, were more likely to take on domestic or unpaid work, and faced unemployment and economic losses. Women were also at a greater risk for adverse mental health effects than men during the pandemic¹⁶¹. Each of these effects was further exacerbated among migrant and displaced women.

From an economic standpoint, there is strong evidence surrounding the disproportionate increase in unpaid domestic labor for women compared to men, especially in the Asia Pacific and Africa¹⁶². There is an urgent need to clarify this connection between gender and vulnerability, especially the heightened risks related to emergencies such as COVID, to mitigate negative impacts on those who are most at risk, such as women workers.

Lastly, concerning beneficiary selection, the gender evaluation of the KFMW grant implementation primarily illustrated differences in defining vulnerability. In some capacity, all GAIN country offices referred to the KFMW gender guidelines, but some prioritized them more than others. The variability in prioritization of and emphasis on the gender guidelines by country offices may have resulted from the gender context of the country and the degree of male workforce predominance in the agri-food sector. All country offices discussed working with GAIN Global to create broad and sometimes more flexible guidelines that fit the needs of their respective countries.

Procedures and processes for countries regarding vulnerability also differed. For Kenya, most companies did not focus on gender in the interviews but instead emphasized income-based vulnerabilities and how these have been or may be affected by COVID. Kenya did prioritize meeting the requirements of GAIN to report women beneficiaries in the application process. Similarly, GAIN Bangladesh included a question within the application process related to gender concerns. All funded companies defined as the percentage of women that worked at the company, accompanied by a pledge towards gender sensitivity at work. However, during the implementation process in Bangladesh, a strong focus on gender was not possible beyond engagement with the readymade garment sector. Conversely, GAIN Pakistan did not emphasize gender within the application process; rather, the importance of gender emerged during the

implementation process, particularly in later rounds, as companies sought to utilize women and their insight from a community perspective in the distribution process. In contrast to these, India had a strong focus on gender throughout the entire project lifecycle from application through implementation and monitoring and was able to meet the gender requirements and focused on meeting the most vulnerable women.

The evaluation also identified some implementation best practices among companies. In Kenya, an emphasis on community engagement through local procurement that prioritized female produce vendors bolstered the local economy and empowered female vendors in the community. In Pakistan, female volunteers assisted in the distribution of food. This practice engaged local women, raising their status as trusted members of the community and improving the efficiency of distribution as these women knew the living situations of those around them. In India, one of the companies communicated directly with female beneficiaries to ensure the contents of the food packages were socially and culturally appropriate and provided nutrition education. Lastly, in Bangladesh, their use of Implementing Partners (IPs) allowed for both a more efficient application process and for more majority-women workforces to be reached.

In future programming, it is important for countries and company leadership to have a solid foundation of gender disparities in food security to better prioritize vulnerable populations such as women and children. This foundation can be established through resources discussed in existing workplace wellness literature. For example, evidence-based toolkits and educational resources that also cover COVID-19 disparities focusing on women and children can be provided by GAIN Global to either GAIN Country Offices or directly to companies prior to program implementation.

Limitations

Limitations for this program included gender not being a main defining factor in the KFMW grant implementation, despite its emphasis on program design. This limitation resulted in sparse gender data relating to KFMW grant implementation and highlights critical knowledge gaps in workplace nutrition programming in the agri-food sector in Kenya, India, Pakistan, and Bangladesh. Additionally, the companies within the agri-food sector that were covered in this grant were largely male-dominated, which made it challenging to examine gender-specific considerations. Furthermore, the research team was unable to travel to conduct data collection, therefore limiting observations and potential in-person discussions relating to gender with companies.

There were also limitations in the generalizability of this program outside of the COVID-19 pandemic. Despite the KFMW grant directly responding to COVID-19's threat to food and nutrition security of essential food sector workers, this program still has applicable learnings that can be utilized outside of the COVID-19 pandemic. For example, incorporating broad gender considerations into nutrition programming is of utmost importance to address those populations that are most vulnerable to nutrition disparities. Additionally, the findings of workplaces being a convenient and reliable location for workers to get food is another lesson that can be used in future nutrition programming. Moreover, the best practices for gender inclusion during times when there is a greater vulnerability for women, children, and other vulnerable populations is another best practice that can be incorporated into future nutrition programming.

Recommendations

COVID-19 has exacerbated gender disparities within nutrition. Gender inequality is one of the main drivers of inadequate nutrition and food security among women and children. Globally,

inadequate nutrition causes 3.5 million deaths among women and children annually¹⁶³. Women living in low- and middle-income countries experience micro and macronutrient deficiencies, infections, and other nutritional issues, particularly during their reproductive years¹⁶⁴. Moreover, women cannot often make decisions about food and resource distribution in their households, thus affecting both themselves and their children¹⁶⁵. Concerning the KFMW grant, COVID-19's disproportionate effect on women was not emphasized in their definition of vulnerability. We recommend that GAIN country offices create training for companies to address the lack of awareness around women being disproportionately affected by COVID-19. Even beyond COVID, during crisis periods (conflicts, pandemics, climate displacements) these trainings can inform companies of women's heightened disparities. and help companies be on the same page as GAIN Global to raise gender sensitivity within the company culture and in future grant implementation.

Aside from GAIN publications, the most relevant literature found on this topic was on nutrition workforce programs in high-income countries and school feeding programs with a gender focus and a COVID-19 focus. For example, one study analyzed school feeding programs during COVID-19 and gender inequalities¹⁶⁶. The authors discussed how school closures due to COVID-19 disproportionately affected girls who received school meals, which are often the only meals that kids get in a day; without these meals, issues like poverty, malnutrition, and hunger for children and their families are exacerbated. Moreover, the study brought up the importance of school feeding programs in reaching girls at risk of not returning to school as families weigh the financial and opportunity costs of education. In response to school closures, World Food Programme (WFP) and UNICEF planned to reach vulnerable children with health and nutrition packages,¹⁶⁷ take-home rations, vouchers, and cash transfers, have been other ways to reach

vulnerable children during school closures. The authors also discuss how school meals are an opportunity to increase local spending and invest in the local economy¹⁶⁸. Within the KFMW grant, these results warrant further exploration of ways to reach vulnerable populations, including children. While this may be beyond the scope of GAIN, it is worth further consideration when identifying how to best reach indirect beneficiaries.

Another study focused on public health workforce development in Europe. During interviews with key informants from a variety of different sectors, they found that policy environment, public health organizations, and workforce composition were three areas that were discussed. Participants said that although government policy development has focused on nutrition, there is a lack of focus on workforce nutrition development policy. The authors discussed the need for a “development of competencies” since no existing literature discusses the socio-political conditions that affect workforces¹⁶⁹. This literature also suggests the importance of national goals being more consistent at regional and local levels. Overall, more coordination and communication would be beneficial between policymakers and those implementing the programs¹⁷⁰. In the context of the KFMW grant, this study highlights the need for GAIN Global to communicate clearer guidelines to GAIN country offices. Alternatively, GAIN country offices should decide on those guidelines and communicate them to companies.

Other workplace wellness programming found in existing literature does focus on LMICs, although studies are much more limited. One study in Mexico and India discusses the need for workplace wellness programs in LMICs, focusing on the economic transition and growing NCD burden¹⁷¹. Other systematic reviews discuss gaps in workplace wellness programs but lack information on gender and nutrition regarding workplace wellness programs. Another study focused on reducing risk factors in workplace settings in LMICs¹⁷². This study was on workplace

interventions in China, India, and Mexico, focusing on reduced tobacco use, improved dietary intake, and increased physical activity. Results showed that workplace interventions did reduce risk factors in these countries¹⁷³. There was no specific gender focus for this study. As seen in the literature review section of this paper, gender-specific workplace wellness programs are not well-studied. Because of the relatively recent emergence of COVID-19, the existing literature is sparse. Gathering current literature surrounding nutrition and gender disparities and applying it to workplace wellness structures is a way to approach the gaps in the literature.

Based on the limited literature surrounding gender and workplace nutrition programming and outlined best practices from the KFMW grant evaluation, we have compiled recommendations for future GAIN workforce nutrition programming. Below are recommendations for GAIN Global and GAIN country offices and companies, respectively.

Recommendations for Workplace Wellness Programming

- Broader policy recommendations
 - Government policy
 - Build workplace nutrition programs into existing nutrition policies/plans/strategies
 - Provide tax incentives for companies that run workplace wellness programs
 - Establish state/national standard operating procedures (SOPs) on workplace wellness programming that companies can utilize when implementing their programs
 - Create government training modules that cover the importance of workplace wellness for company leadership to utilize

- Company policy
 - Company leadership should meet with key stakeholders within state/national governance and company leadership to gain insight into workplace cultures and desired policy outcomes
 - Allocate company funding for meals and take-home rations at workplaces
 - Workplace wellness programs should be culturally and gender-sensitive and fit into the existing organizational structure, taking into account the culture of the workplace and employees¹⁷⁴
 - Companies should conduct health risk appraisals to analyze both existing and needed health needs within the workplace¹⁷⁵
 - Workplace wellness programs should focus on vulnerable employees, specifically women, women who are mothers and their children, trans folks, and hijra (in South Asian countries). Programs should take into account new mothers and the specific facilities and flexible schedules needed for mothers (i.e., breastfeeding rooms, childcare centers)
- When selecting beneficiaries, companies should utilize toolkits focusing on gender disparities within nutrition to gain an understanding of the unique nutritional needs of women and children, especially during COVID-19
- Further research recommendations:
 - Additional research can be conducted on gender considerations within nutritional workforce wellness programming

- Specifically, measuring the nutritional outcomes of women and children for over and under-nutrition who are enrolled in workplace wellness programming / have family members enrolled in such programming
- Toolkits that assess nutritional disparities among women workers during COVID-19 should be utilized to explore how disparities affect women's role at work and at home

Recommendations for GAIN Global

- **Have a gender-specific focus while accounting for the segregation within country's agri-food sectors.**
 - In many countries, companies define vulnerable workers as someone affected by COVID-19; gender was rarely considered when determining vulnerability. If GAIN aims to prioritize agri-food workers, then gender may not be an appropriate focus if companies within the agri-food sector of a given country do not employ many women. The KFMW grant demonstrated a lack of female employment in the agri-food sector. Alternatively, if gender is the focus, then GAIN should emphasize sectors that predominantly employ women.
- **Utilize gender transformative programming in grant design and implementation.**
 - Gender transformative programming works with key stakeholders to address the root causes of gender inequality, specifically power dynamics and gender norms. It is based on prioritizing women's and girls' choices and voices in decision making¹⁷⁶.
 - Gender transformative programming, such as those from *Save the Children*, is another way to further empower and focus on vulnerable populations. *Save the*

Children has utilized gender transformative programming to help to challenge the complex power dynamics, and gender norms, and prioritizes women and girls in their decision-making and choices¹⁷⁷.

- Researchers have analyzed the gender responsiveness of COVID-19 in conflict-affected humanitarian emergencies. Results showed that although a few responses were gender blind and none were gender negative, none of the plans were gender transformative¹⁷⁸. Another study completed by a sustainable trade initiative, IDI, discussed and analyzed gender equity in businesses. They found that 4 percent of agricultural-based organizations that they evaluated were gender transformative; 36 were gender intentional (taking steps towards gender-based practices); and 60 percent were gender-unintentional (were not taking any steps toward using a gender-based lens). As a result, these organizations could potentially be excluding women as producers, employees, and consumers¹⁷⁹.
- **Develop a uniform definition of gender for GAIN country offices and companies to follow.**
 - Though not discussed in the literature, companies demonstrated the need to identify criteria for defining gender. If gender was a main defining factor, it was defined as reaching purely women or the most vulnerable among women. Identifying and defining vulnerable workers beyond the gender binary of men vs. women can be further explored in the context of each country. For example, in Pakistan, India, and Bangladesh, hijras may be included in the future as vulnerable workers if companies employ them, leading to a more flexible approach for selecting beneficiaries. Defining criteria can be done at either the

GAIN Global level or GAIN country office level, so companies clearly understand how to select beneficiaries. A uniform definition will also address differences in vulnerabilities across contexts.

Recommendations for GAIN Country Offices & Companies

- **Create alternative ways for GAIN country offices and companies to monitor grant implementation.**
 - In terms of monitoring, many companies did not report gender disaggregated data in terms of beneficiaries intended. Some were not required to report disaggregated data for those reached. Several characterized the reporting burden as significant and a barrier, while other companies discussed more informal methods of reporting to reduce the burden.
 - Explore informal methods of monitoring, such as *WhatsApp*, texting, and phone calls, that may reduce reporting bias and allow easier collection of gender-disaggregated data. GAIN Global must meet companies where they are with existing and effective monitoring methods that allow for gender-disaggregated data without overburdening grantees.
- **Explore gendered aspects of food packages and women's engagement in grant implementation.**
 - GAIN should strive to integrate local women's engagement at all levels of the grant process, beyond just as beneficiaries -- from design to management, procurement and delivery.
 - In Kenya, one grantee purposefully targeted the local economy, specifically women, in its procurement efforts. In Pakistan women volunteers were used to

manage and distribute take-home rations because of their intimate knowledge of the communities and their access to women. In India, companies specifically sought women's input on the appropriateness of the packages, while in Bangladesh, workplace meals and snacks in the garment sector ensured women received nutritious foods.

- Worksite meals and snacks for employees may need further evaluation in male-dominated sectors to ensure they do not exacerbate gender disparities in nutritious food access.

In conclusion, the KFMW grant aimed to support the food and nutrition security of essential workers in LMICs in 10 countries, 4 of which were evaluated by Emory University. We found three key takeaways from the KFMW grant. First, the companies within the agri-food sector in all countries were largely male-dominated. Next, there was a lack of standardization in programming and selection of beneficiaries regarding gender. Lastly, COVID-19, not gender, was the main factor in defining vulnerability.

To address these key takeaways, we advise that GAIN Global create toolkits that GAIN country offices can utilize to train companies in gender transformative programming and disparities surrounding COVID-19 and gender. Additionally, defining a broad definition of gender that GAIN country offices and companies can be trained in will further help them apply gender transformative programming to grant implementation. Furthermore, alternative modes of monitoring and evaluation are necessary to incorporate for future analysis. We hope that this analysis of the KFMW grant will inform future grant design and implementation, as well as integrate gender considerations into future nutrition programming.

Chapter 6: Appendices

Appendix A:

| Table A1: GAIN Global Gender Recommendations for the KFMW Emergency Food Grants Program. If and how these recommendations were met was synthesized from interviews with country offices, grantees, and document review. | |
|--|---|
| Gender recommendations | If/ How Gender Recommendations were Met |
| Development of scorecards needs to include gender-sensitive language that encourages employers to assess their current workforce nutrition program in a way that assesses the needs, participation, and inclusion of both men and women. | Scorecards were not developed/utilized by GAIN Country Offices or grantees. One company in India utilized a linear programming approach to understanding the diet needs of women and identifying foods to fill those needs |
| In communicating with employers, explain how women may be disproportionately affected by COVID-19 and as such, advocate for special measures that take female workers' time and needs (e.g., increased time spent caring for sick relatives or out-of-school children) into consideration. | Neither country offices nor grantees raised the issue of heightened risk/vulnerability of women as a result of COVID-19. It does not appear these discussions were conducted or if they were, were not memorable. |
| Training packages developed as part of the Workforce Nutrition Alliance acknowledge and address the needs of both men and women in the recommendations made to employers and use gender-sensitive languages and images, where relevant. | No references to training packages or gender sensitization activities were made in-country office interviews, nor were they referenced as activities by grantees. |
| In developing grant criteria, include assurance on the provision of nutritious and safe foods to women and men and report on reach numbers by gender. | While gender-disaggregated data on intended beneficiaries were not included universally within or across countries and companies, GAIN country offices consistently lauded for the support they provided to grantees to identify nutritious foods and refine gender and vulnerability criteria. Many grantees cited reporting requirements that included gender-disaggregated data related to numbers reached, noting the degree of disaggregation made reporting burdensome. |
| Potential grantees will be assessed on their ability to consider the needs of female and male workers and understanding of gender dynamics, as well as the ability to address inequalities in these | Vulnerability definitions went beyond gender to include income and position, given the range of COVID impacts, and sometimes these criteria led to the exclusion of women. Those with |

| | |
|---|---|
| | majority-female workforces also cited additional specifications for inclusion, targeting women with particular vulnerabilities. One company in India utilized a linear programming approach to understanding the diet needs of women and identifying foods to fill those needs |
| Employers with predominantly female workforces may be considered with greater weight than employers with male-dominated workforces. The nutritional needs of pregnant and lactating women workers would be given weight in grant applications. | This was a priority for many GAIN Country offices, but given many food sector companies in these countries had a male-dominated workforce, they had to shift gender guidelines in order to accommodate companies |
| If food aid or use of the grant is not distributed equally among all workers in a company but used to target more vulnerable workers (e.g., pregnant or lactating women), conduct a risk assessment of potential implications for gender-based violence. Ensure the employer receiving the grant is aware of this potential risk and will take steps to minimize the risk | Risk assessment was not raised as an activity to guide selection during qualitative interviews or in company applications/documentation. Moreover, gender-based violence was not discussed in relation to the KFMW grant, but only when asked directly about sexual harassment policies and the gender culture of the workplace |
| The grant selection committee will include both men and women on the panel where possible. | Unclear if this was done across all countries. |
| Support to grantees will include sensitization, where needed, on the differing impacts of the COVID-19 pandemic on women's burden of care, livelihoods, and nutritional status. | COVID-19's impact on women's burden of care, livelihoods, and nutritional status was only minimally covered. Women's nutritional status, in general, was covered by some companies, but it was largely believed that everyone's vulnerability (men and women) was heightened as a result of COVID |
| Monitoring of grants will ensure gender-disaggregated data is collected from a representative sample of both men and women and analyzed comparatively. | While most companies presented/collected gender-disaggregated data, not all GAIN Country offices required this information |
| Learnings related to gender from emergency grants can be consolidated in between grant administration rounds through an internal (to GAIN) rapid assessment and applied to the next selection round. | It was unclear if this occurred. Qualitative interviews and company documentation made no mention of this when discussing monitoring and reporting |
| Ensure all external communications on the project use gender-sensitive language and images, where relevant, and that some showcase gender equity issues | Unclear if this occurred. Qualitative interviews and company documentation do not cover this. |

| | |
|---|---|
| Include gender-equity issues in donor reporting, particularly to GAC. | Unclear if this occurred. Qualitative interviews and company documentation do not cover this. |
| | |

Appendix B: Cross-cultural Variation in Gender Considerations

Kenya

Current State of Gender in Kenya

Kenya has made tremendous strides in gender equality over the past few decades. In 2010, a new human rights-based constitution was introduced to protect the most vulnerable in society, specifically women and children¹⁸⁰. The constitution also includes a provision stating that elected bodies can have no more than two-thirds of their members be of the same gender¹⁸¹. Moreover, it includes provisions that advance women's land ownership, and a framework to address gender-based violence (GBV)¹⁸². Outlined in the appendix at the bottom of the report are some of the key gender policies implemented in Kenya over the past 20 years. Kenya ranks 95 out of 156 countries in the Global Gender Gap report 2021, highlighting that there is still room for improvement for Kenya in reaching gender equality¹⁸³. Kenya ranks 126 out of 156 for educational attainment, 60 out of 156 on health and survival, and 84 out of 156 on economic participation and opportunity¹⁸⁴.

Still, gaps remain in women's educational opportunities, access to health, government representation, and participation in the labor market¹⁸⁵. These gaps can be attributed to gender norms that women experience in formal and informal social, political, and economic institutions¹⁸⁶. At the household and community level, women and adolescent girls remain vulnerable to poverty, which heightens their vulnerability to a multitude of issues¹⁸⁷

Maternity Leave and Sexual Harassment in the Workplace

According to Kenya's Employment Act Section 29, female workers are entitled to three months of paid maternity leave with full pay, given that female workers provide at least seven days'

notice about when they will be leaving and returning to work. Employers may also require a medical letter outlining the female's condition prior to granting maternity leave¹⁸⁸.

Section 6 of Kenya's Employment Act prohibits sexual harassment in the workplace. It defines what constitutes sexual harassment, but the law does not suggest a punishment. It also states that companies with at least 20 employees must have a sexual harassment policy statement. This statement includes the Employment Act's definition of sexual harassment, the employer's role in creating a workplace free of sexual harassment, how employees can bring complaints to the employer, confidentiality in cases, and disciplinary actions employers can take¹⁸⁹.

Gender-based Violence and Intimate Partner Violence

Gender-based violence (GBV) and intimate partner violence (IPV) remain serious issues in Kenya. According to the 2014 Kenya Demographic and Health Survey, 40.7% of women reported experiencing physical and/or sexual IPV in their lifetime, and 25.5% of women reported experiencing physical and/or sexual IPV within the last 12 months¹⁹⁰. According to USAID's report on GBV during COVID-19 in Kenya, an increase in sexual violence cases occurred during the first two weeks of lockdown in Kenya. Sexual violence cases accounted for 35.8% of cases reported. Many legal services were paused, resulting in a lack of medical and social services for survivors¹⁹¹.

Effects of COVID-19 on Labor Force and Healthcare

Kenya's economy relies heavily on the agriculture sector, employing approximately 40% of the general population and 70% of the rural population. The agricultural sector also represents 33% of the country's Gross Domestic Product (GDP)¹⁹², and women contribute ¹⁹³ farm labor¹⁹⁴.

When the first COVID-related lockdown was put in place in Kenya in March 2020, the Government of Kenya implemented a set of restrictions and social distancing measures. These

mobility restrictions greatly impacted economic tasks, which resulted in loss of jobs and incomes for many in the food sector¹⁹⁵. Women and those living in urban areas were at an increased risk for job losses. In Kenya, almost 1 in 3 household enterprises closed due to COVID-19.

Additionally, the closing of markets, limited transportation, and decline in farm prices resulted in a decrease in agricultural incomes¹⁹⁶. As of July 2020, approximately 52% of small businesses and 58% of micro-businesses focused in the agricultural, hospitality, transport, and manufacturing sector experienced layoffs. Small and medium-sized enterprises (SMEs), which¹⁹⁶ play a large role in supply and distribution, also experienced financial and transportation challenges¹⁹⁷.

The COVID-19 pandemic has exacerbated existing gender disparities in Kenya. At the start of the pandemic, Kenya's Ministry of Labour and Social Protection, county governments, and non-state actors offered vulnerable individuals support through cash, medical supplies, and food (mostly in informal settlements). The support was the same for both men and women, despite women experiencing more loss of income. Additionally, there was a decline in remittances for women in urban and rural areas (23% and 25% respectively) vs. men (21% and 23% respectively)¹⁹⁸.

COVID-19 has greatly impacted women's livelihoods, with women experiencing more loss of income (20%) versus men (12%). The report also highlighted that more women than men, specifically in the urban informal sector, lost their jobs during COVID. A slightly higher proportion of women than men (41% vs. 39%, respectively) cared for children in unpaid work during COVID-19. There was also a higher proportion of women than men (53% and 15%, respectively) teaching children in unpaid work. Women have also disproportionately faced household food insecurity due to COVID-19. Women tended to eat less and skip meals more

than men (33% vs. 31%, respectively). Women also reported going hungry more than men (12% and 10%, respectively). Additionally, disruptions in supply chains from market closures and movement restrictions affected the availability of certain agricultural inputs, such as fertilizers and seeds. In urban areas, women saw a higher decline in access to these agricultural inputs than men, especially for women living in urban areas (42% and 37%, respectively)¹⁹⁹.

Finally, COVID-19 has disproportionately affected women's overall health and access to healthcare. The United Nations Kenya COVID-19 2020 Gender Report found that women overall have experienced a disproportionate burden on mental and psychological health effects, which can be attributed to disproportionate household and childbearing responsibilities. Women's access to menstrual hygiene products was another health concern women faced during the pandemic. Over 90% of women and girls reported less access / no access to hygiene products, citing reduced income and school closures (schools in certain areas provided these products) as a barrier. The Government of Kenya, County governments, and numerous non-state actors have collaborated to combat COVID-19 by implementing social distancing measures, PPE for healthcare workers, temporary closures, tax reliefs and reviews, and a national emergency COVID-19 fund, to name a few²⁰⁰. Despite these efforts, gender-based disparities during COVID-19 remain a pressing issue that must continue to be addressed in COVID-19 relief work.

Pakistan

Gender in Pakistan

The federation of Pakistan is currently the 6th most populated country globally²⁰¹. The 2021 Global Gender Gap Index ranks Pakistan 153 out of 156 overall; 154 out of 156 for educational attainment; 152 of 156 for economic participation and opportunity; 144 out of 156 for

educational attainment; 153 out of 156 for health and survival; and 98 out of 156 for political empowerment²⁰².

According to the 2021 Global Gender Report, only 22.6% of women in Pakistan are active in the labor market and have an average income of 16% less than men. Gender gaps are more pronounced in certain areas, specifically jobs requiring a higher skill set. For example, 25.3% of women hold technical roles, 4.9% hold managerial positions, and 4.2% hold middle or senior managerial positions. Gaps in income also exist, with women's average income approximately 16% less than men's income²⁰³. The informal sector is majority women-dominated, partly due to women's education traditionally not being seen as an important investment²⁰⁴.

Maternity Leave and Sexual Harassment in the Workplace

In accordance with Section 4 of the West Pakistan Maternity Benefit Ordinance, 1958, women in Pakistan are entitled to 3 months of maternity leave with full pay and six months of post-natal leave. To receive this, women must have worked with an enterprise for at least four months prior to delivery. In 2010, Pakistan enacted a law addressing sexual harassment in the workplace. The Protection Against Harassment of Women at Workplace Act marks the first time Pakistan has defined sexual harassment in the workplace. Before this law, there was no definition of harassment in the workplace, nor any law prohibiting sexual harassment in the workplace²⁰⁵.

Gender-based Violence and Intimate Partner Violence

Gender-based violence (GBV) in Pakistan continues to be a serious problem that emergencies like COVID-19 has exacerbated^{li}. According to the 2012-2013 Pakistan Demographic and Health Survey, 32% of women in Pakistan reported having experienced physical violence in their lives²⁰⁶. Of those who have been married, 40% reported experiencing violence from their spouse²⁰⁷. Resources and health referral systems to support survivors of GBV are meager, further

impacting a traditionally patriarchal society with social norms that often make discussions surrounding GBV limited²⁰⁸.

Effects of COVID-19 on Labor Force and Healthcare

Gender disparities also exist in access to and quality of healthcare in Pakistan. In terms of reproductive health, Pakistan has one of the highest unmet family planning needs in Asia²⁰⁹. It has the third-highest burden of maternal, fetal, and child mortality globally²¹⁰. The fertility rate is 3.8 children per woman²¹¹, and 48.6% of women aged 15-49 reported having their family planning needs met with modern methods²¹². According to a UN policy brief on the gendered impact of COVID-19 on Pakistan, women overall reported being less likely than men to seek medical care during the pandemic, with only 34% of women speaking with a healthcare professional for health issues. 55% of women reported having access to adequate healthcare during the pandemic²¹³. COVID-19 has further exacerbated gender disparities in Pakistan²¹⁴. Additionally, COVID has greatly affected women in the workforce. Women informal workers who are based at home have lost their source of income and taken on the additional burden of caring for children at home during lockdowns²¹⁵.

The pandemic also impacted reproductive health and family planning facilities. According to the World Bank, pre-and post-natal services were not fully operating due to community health workers' lack of PPE and mobility restrictions. Moreover, health facilities, isolation wards, and quarantine areas have reported a lack in menstruation products to provide for women²¹⁶. More women stayed at home during lockdown when schools closed to tend to household responsibilities. Even as schools reopen, women will face challenges to balance differing responsibilities²¹⁷.

India

Gender in India

According to the 2021 Global Gender Gap, India ranks 140 out of 156 countries overall. In India, only 22.3% of women participate in the labor market. In Economic Participation and Opportunity, India ranks 151 out of 156; 114 out of 156 in Educational Attainment; 155 out of 156 in Health and Survival; and 51 out of 155 for Political Empowerment²¹⁸.

In India, women account for more than 70% of the agricultural labor force in the country. There is little pay and social protection. Although 70% indicates how women play an essential role in the rural economy as farmers, wage earners, and entrepreneurs, most still experience gender discrimination. Even without a health crisis such as the COVID-19 pandemic, women in India face critical challenges such as lack of education and employment, unpaid domestic work, a higher risk of maternal mortality, and domestic violence²¹⁹.

Maternity Leave and Sexual Harassment in the Workplace

The 2017 amendment to the Maternity Benefit Act allows female workers in India a maximum of 26 weeks for maternity leave. Eight of these weeks are allotted to post-natal leave. Women with two or more children are entitled to 12 weeks of maternity leave. Women who experience a miscarriage or medical termination of pregnancy are allowed six weeks of paid maternity leave. Additionally, female civil servants may also have a maternity leave of 180 days for their first two live-born children²²⁰.

Sexual harassment in the workplace continues to be a serious issue in India. In 2013, the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act to protect women in both formal and informal sectors²²¹.

Gender-based Violence and Intimate-partner Violence

In India, violence against women refers to physical or sexual violence committed against Indian women, typically by men. Typical forms of gender-based violence against women in India include domestic abuse, sexual assault, and murder. Additionally, crimes against women such as rape, acid throwing, dowry killings, honor killings, and the forced prostitution of young girls have been reported in India throughout the past decade. In 1961, the Government of India passed the Dowry Prohibition Act making dowry demands in wedding arrangements illegal; despite this prohibition, reports of dowry-related domestic violence, suicides, and murders are still reported²²². To reduce gender-based violence, the government has three pieces of legislation that address women's rights violations throughout India, the Protection of Women from Domestic Violence Act, 2005, Prohibition of Child Marriage Act, and Preconception and Pre Natal-Diagnostic Techniques (Prohibition of Sex Selection) Act²²³.

During the COVID-19 global health crisis, men and women have been affected differently. Pre-existing gender inequalities have worsened the risk of abuse and have grown in India²²⁴. The surge of domestic violence can be related to people being forced into lockdown, working from home, and not being able to protect the health and well-being of the general public; this could contribute to increased suffering for women in terms of both sufferings from diseases and increased domestic violence during the pandemic²²⁵.

There are variations in patterns of GBV not only by time period but also by region of the country. According to the 2019-2020 National Family Health Survey, women who worked in the last 12 months and were paid in cash composed 19% of Assam's population, 13% of Bihar's population, 42.1% of Andhra Pradesh's population, 37% of Karnataka's population, and 45% of Telangana's population. This pattern distinguishes gendered work differences between northern

areas of India (Assam and Bihar) and southern areas (Telegana, Andrah Pradesh, and Karnataka). Additionally, never married women aged 18-49 who have ever experienced spousal violence composed 32% of Assam's population, 86% of Bihar's population, 31% of Andrah Pradesh's population, 44% of Karnataka's population, and 37% of Telangana's population. This pattern does not map as clearly onto geographical ties but highlights unique issues in Bihar²²⁶.

Effects of COVID-19 on Labor Force and Healthcare

Before the current pandemic, women in India were dealing with malnutrition, lack of maternal health care, AIDS, breast cancer, and domestic violence²²⁷. However, due to the pandemic, issues around women's health have grown worse; the extreme shortages of medical doctors, paramedical staff, and health workers/Auxiliary Nurse Midwife in large parts of India make women more likely not to receive the proper care needed²²⁸.

The effects of COVID-19 on women are a significant concern, particularly in the rural regions of India, because of maternal healthcare. When COVID-19 was mainly "mild" in pregnant women, in the second wave, experts saw many pregnant women succumbing to COVID-19 complications. Pregnant women have difficulty coping with COVID-19 because of their weaker immune systems, which developed widespread scarring after getting infected by the virus. Even as maternal mortality has declined in the past decade, it remains high at 143 per 100,000 live births in rural districts. The pandemic has only worsened how women cope with their health; media reports suggest that many pregnant women in rural India optout of institutional delivery because of fear of undergoing a COVID-19 test. In the absence of a gendered response to the pandemic, current inequalities faced by rural women will only get exacerbated²²⁹.

COVID-19 has made fighting malnutrition particularly challenging. One positive outlook is that India has Anganwadi workers, employed women who provide supplementary healthcare and

nutritional services to children and pregnant women²³⁰. Additionally, Anganwadi workers offer other services to women, such as health and nutritional education. According to the *World Bank*, with about 1.3 billion people in lockdown, the Anganwadi women workers recognized their roles in the battle against undernutrition were even more critical. Due to past pandemics and economic disruptions, Anganwadi workers have learned that ensuring food security and nutrition becomes even more critical. Many people were laid off at the beginning of the pandemic primarily factory workers. The lay-offs may have caused food prices to rise and supply chains to break down, and the earnings of the poor and vulnerable to fall substantially. During such times, women and young children were the most brutal hit. As such, Anganwadi workers believe they must help improve the nutrition of women and children across rural India. Therefore, they continue to distribute food such as rations of rice and dal (pulses) and sometimes eggs to ensure they receive a regular supply of nutrients. To reduce the spread of COVID-19, this group of women stopped distributing at the Anganwadi centers; instead, they took food directly to vulnerable families' homes. Now that they were going door to door, they recorded people's travel history, noted flu symptoms, and, where needed, even helped contact tracing²³¹.

COVID-19 has only made these gender inequities worse; many women are under stress due to increased domestic workloads during the pandemic cooking, cleaning, and taking care of their children^{lxxviii}. Their responsibility to care for the elderly has also increased as hospitals are overworked and sending mild or asymptomatic cases home for treatment. Women who work in the unorganized sector (farming, domestic work, fruit processing, pickle making, etc.) had to permanently exit from the labor market due to the lockdown or take care of ill family members. Those who could not find informal jobs were forced to return to their villages²³².

Bangladesh

Gender in Bangladesh

During the past 20 years, Bangladesh has made remarkable progress in improving women's lives in the country. The Ministry of Women and Children Affairs had developed a *Domestic Violence (Protection and Preservation)* rule that ensures equal rights and prevents all forms of discrimination²³³. Additionally, Bangladesh has developed and implemented the *National Plan of Action*, a National Women Development Policy and prevention of violence against women and children²³⁴. The policies in the previous sentences are targeted to improve the quality of life of women through political, social, administrative, and economic empowerment²³⁵.

Maternity Leave and Sexual Harassment in the Workplace

Bangladesh has made tremendous progress in many health-related areas throughout the years, especially for women. According to USAID, Bangladesh is one of the few countries to achieve its Millennium Development Goal of decreasing childhood mortality before 2015²³⁶. As of 2019, USAID has provided family planning and reproductive health services through over 209,000 public, private, and NGO sector services because of this one-third of Bangladesh's current contraceptive use²³⁷. However, this remains a challenge, such as improving maternal and child health, expanding family planning and reproductive health, and integrating family planning and nutrition into basic health care to improve the quality and availability of services across Bangladesh²³⁸.

Despite many women participating in the workforce in Bangladesh, with a majority in the manufacturing sector, sexual harassment continues to be a massive issue in the workplace that has yet to be addressed by Bangladeshi law. The only law that aims to protect women in the workplace is the Bangladesh Labor Act of 2006. Amendments have been made to the Act, but do not fully meet the needs of women experiencing sexual harassment in the workplace²³⁹.

Gender-based Violence and Intimate Partner Violence

According to the USAID, Bangladesh had approximately 82 percent of married women suffered gender-based violence during the COVID-19 pandemic²⁴⁰. Another study conducted during the COVID-19 showed that 397 women had died because of domestic and sexual violence, and only 208 cases were filed²⁴¹. This study also found that at least 975 women were raped, 204 women were made victims of rape, and death after raping 43 women^{lxxxix}. Although there have been acts passed, such as the Domestic Act and the Prevention of Cruelty to Women and Children Act, there is still work to be done, especially during times of pandemics, to better the women's lives in Bangladesh.

Effects of COVID-19 on Labor Force and Healthcare

According to USAID Bangladesh gender equality and women's empowerment, women's participation in the workforce has increased over the years, but it remains limited in low-paying sectors²⁴². The women in Bangladesh are primarily employed within the garment sector, Bangladesh's largest export industry. Although this is Bangladesh's most prominent export industry, women still face financial burdens and stability.

According to the *COVID-19 Bangladesh Rapid Gender Analysis*, the COVID-19 lockdown impacted women's lives regarding gender-based disparities between males and females' access to information, resources to cope with the pandemic, and its socio-economic impacts. A significant impact that the pandemic women were unable to work. The analysis report suggests that women who do domestic and informal work have rapidly lost their means to earn an income in the pandemic; many women lost their primary source of income during the pandemic. In addition, the COVID-19 pandemic has struck women who are garment workers due to factory closures. Domestic workers have lost jobs, which caused many women to return to their villages

and face food shortages²⁴³. According to the gender analysis report, Hijra is already a vulnerable population because populations are discriminated against, have difficulty accessing food, and society is stigmatized. Thus, making it hard for Hijra's to access health services and relief per-covid, but COVID-19 worsened the Hijra community²⁴⁴ Overall, COVID-19 has impacted the most vulnerable women in Bangladesh.

¹ Serpil Aday, Mehmet Seckin Aday, Impact of COVID-19 on the food supply chain, *Food Quality and Safety*, Volume 4, Issue 4, December 2020, Pages 167–180, <https://doi.org/10.1093/fqsafe/fyaa024>

² Serpil Aday, Mehmet Seckin Aday, Impact of COVID-19 on the food supply chain, *Food Quality and Safety*, Volume 4, Issue 4, December 2020, Pages 167–180, <https://doi.org/10.1093/fqsafe/fyaa024>

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⁴ Levy, J. K., Darmstadt, G. L., Ashby, C., Quandt, M., Halsey, E., Nagar, A., & Greene, M. E. (2020). Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: a systematic review. *The Lancet Global Health*, 8(2), e225-e236.

⁵ FHI 360. (n.d.). Nutrition: Gender. FHI 360. Retrieved December 5, 2021, from <https://www.fhi360.org/expertise/nutrition-gender>

⁶ USAID. Enhancing Nutrition and Food Security during the First 1,000 Days through Gender-sensitive Social and Behavior Change: A Technical Brief. USAID. Retrieved from https://coregroup.org/wp-content/uploads/media-backup/documents/Resources/Tools/Gender_Sensitive_SBC_Tech_Brief_Final.pdf.

⁷ World Health Organization. (n.d.). *Gender and health*. World Health Organization. Retrieved January 7, 2022, from <https://www.who.int/westernpacific/health-topics/gender>

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¹² Republic of Kenya; United Nations Kenya. (2020.). COVID-19 Gender Assessment. Republic of Kenya and United Nations Kenya. https://kenya.unfpa.org/sites/default/files/pub-pdf/covid-19_gender_assessment_kenya_full_report.pdf

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¹⁴ UN Women (n.d.). Gendered Impact and Implications of COVID-19 in Pakistan. United Nations Women.

Retrieved from <https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/pk-gendered-impact-and-implications-of-covid.pdf?la=en&vs=2138>.

¹⁵ UN Women (n.d.). Gendered Impact and Implications of COVID-19 in Pakistan. United Nations Women.

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