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GTFN* Insights Series

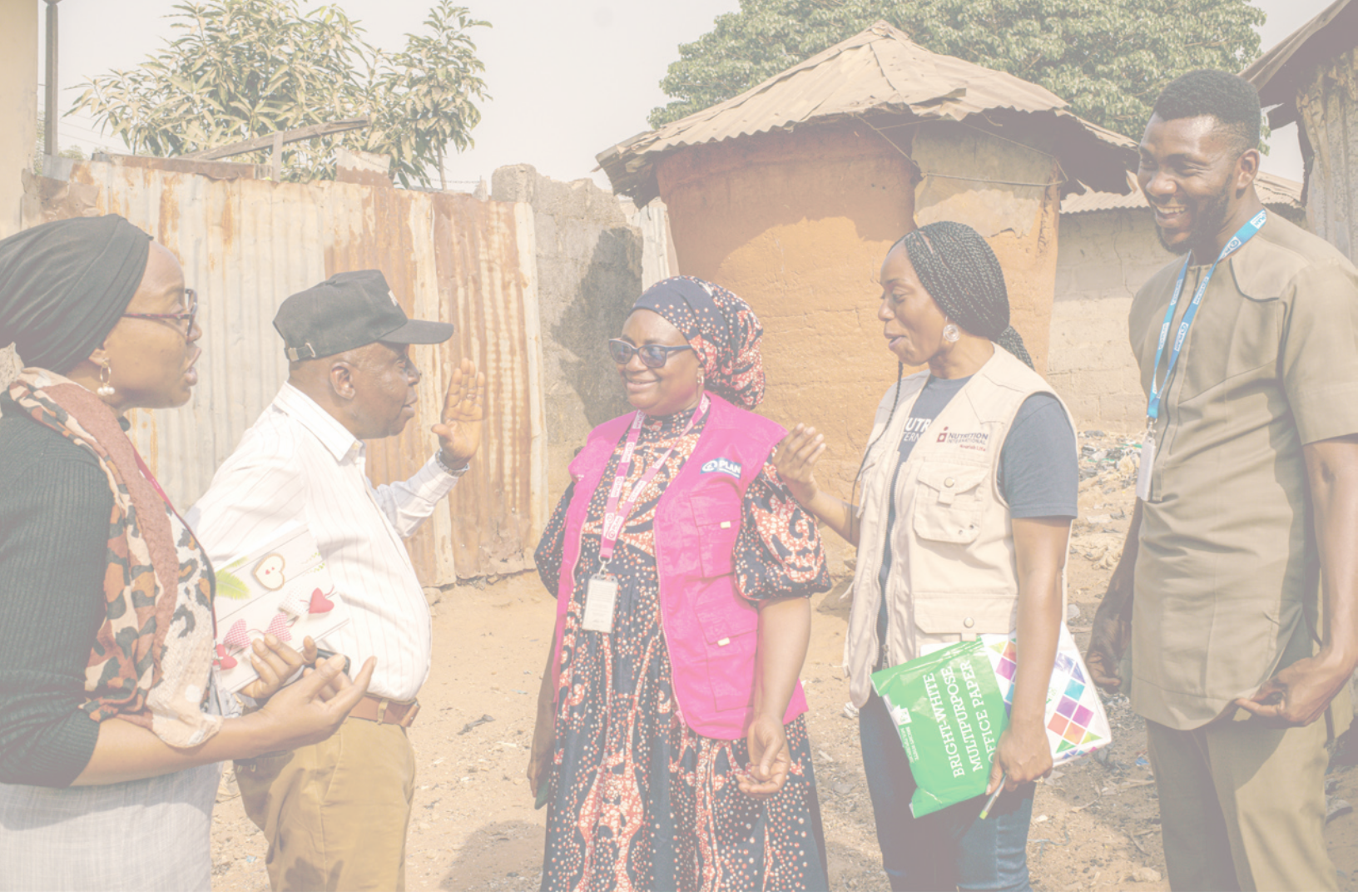
# Tool: Integrating Intersectionality in Nutrition Policies

With financial support from:

In partnership with Canada

CanWaCH
Canadian Partnership for Women and Children's Health

*Gender-Transformative Framework for Nutrition

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**Affiliations:** 1.Bruyère Health Research Institute. 2. University of Toronto. 3 Nutrition International.

**Copyediting:** Eileen Hoftyzer
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# Acronyms

| | |
|---|---|
| **GTFN** | Gender-Transformative Framework for Nutrition |
| **CanWaCH** | Canadian Partnership for Women and Children's Health |
| **NGO** | Non-Governmental Organization |
| **WHO** | World Health Organization |
| **FAO** | Food and Agriculture Organization of the United Nations |
| **MEAL** | Monitoring, Evaluation, Accountability & Learning |

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# Integrating Intersectionality in Nutrition Policies

## Purpose

This tool helps users **incorporate intersectionality into the development of gender-transformative nutrition policies and highlight weaknesses, gaps, and areas for improvement to ensure that no one is left behind within policies**. Using the Gender-Transformative Framework for Nutrition (GTFN) as the underlying framework, this tool will explicitly address key factors related to **agency**, **resources**, and **opportunity structures**, ensuring that these critical elements are carefully considered throughout the policy cycle. By guiding users to recognize and assess the diverse and intersecting identities and experiences of target populations, the tool will support the creation of more inclusive and effective nutrition policies that consider the complexities of gender, power, and access to resources

## A Note on the Approach and Language

While this approach focuses on the gendered barriers that disproportionately impact women and girls, **it does not negate the importance of men and boys in achieving gender equality**. Their engagement as allies is critical; however, given the current systemic realities, male engagement is not the dominant lens of analysis. Instead, all tools in the GTFN toolkit are designed to shift harmful norms and institutional practices that reinforce inequities, ensuring that all individuals—regardless of gender—can thrive

Throughout this tool, the term "**priority population(s)**" will be used to reference the unique individuals, groups, and communities that the policy targets, which may include women, girls, men, boys, and gender-diverse individuals of varying intersecting identities. This concept will be discussed in greater detail in **Step 1: Identifying the Priority Population(s)**.

## Audience

The **primary audience** for this guidance is organizations involved in designing and implementing nutrition policies, for example:

- Non-governmental organizations focused on nutrition, food security, and public health
- International development organizations
- Community-based organizations working on food security and nutrition
- Multilateral organizations, such as the World Health Organization (WHO) and UNICEF

**The guidance may also benefit other audiences including:**

- Government agencies responsible for health and nutrition programs
- Donor agencies and philanthropic organizations
- Academic institutions engaged in research

**This toolkit may supplement tools developed by the GTFN Coalition, including:**

- *Applying the GTFN: A Systems-Based Approach to Defining Nutrition Challenges*
- *Assessing Gender-Transformative Capacity in Nutrition Programming: An Organizational Guide*
- *Advocacy Guidance Note Using the Gender-Transformative Framework for Nutrition*

# Background

Good nutrition is critical for health and well-being, and acts as a foundation for education, economic prosperity, and equality. Without it, individuals of all ages may be unable to reach their full potential and/or break intergenerational cycles of poverty and inequality. Malnutrition currently impacts one in three people globally, disproportionately affecting women and girls. Given these disparities, attention to gender-based nutrition inequalities across the nutrition policy agenda has gained momentum in recent years (Fivian et al., 2024).

While intersectionality in programming has gained some momentum, there is limited guidance on the practical application of an intersectional approach to gender-transformative policies.

**An intersectional approach to policy-making is required to ensure that no one is left behind.** Intersectionality has gained traction as a theoretical framework to understand how social characteristics intersect to shape inequalities in health outcomes, including malnutrition (Fivian et al., 2024). As defined by the United Nations Network on Racial Discrimination and Protection of Minorities (2022), intersectionality is a concept and theoretical framework that facilitates the recognition of the complex ways in which social identities overlap and create compounding experiences of discrimination and concurrent forms of oppression based on two or more grounds, such as:

- Sex, gender identity, or gender expression
- Sexual orientation
- Ethnicity
- Age
- Class
- Caste, descent, or inherited status
- Education
- Income
- Disability
- Health status

Many global health groups and multilateral organizations have acknowledged the importance of intersectionality, including intersectional-related goals and objectives in strategic plans, guidelines, and other publicly available communications. For example, Nutrition International's *Program Gender Equality Strategy (2025–2030)* (2024) commits to taking "an intersectional approach, recognizing that 'women' and 'adolescent girls' are not homogeneous groups. Age, marital status, ethnicity, religion, education, ability, and many other factors compound the inequalities brought on by gender, making it more difficult for certain groups of women to realize their nutrition rights."

## Why take an intersectional approach to policy-making?

According to the *Guidance Note on Intersectionality, Racial Discrimination, and Protection of Minorities* (2022) developed by the United Nations Network on Racial Discrimination and Protection of Minorities, applying an intersectional framework helps to advance a human rights–based approach in policy development, programming, and project implementation **to ensure that no one is left behind**. This is especially important when developing policies for priority population(s) due to their vulnerability to human rights violations, discrimination, and oppression. Bridging principles from this guidance note with a gender-transformative context, an intersectional approach to the policy cycle can support human rights advancements in the following potential ways:

- **Ensuring specific attention to and action for priority population(s) who are insufficiently protected from human rights violations**, including those who belong to minorities and face racial and intersecting discrimination.
- **Increasing visibility, active participation, and an equal voice for priority population(s) who have historically and systemically been silenced.** An intersectional perspective stresses that addressing discrimination is interrelated with the empowerment, participation, and inclusion of priority population(s), including in the development, implementation, and monitoring of policies and programs affecting them.

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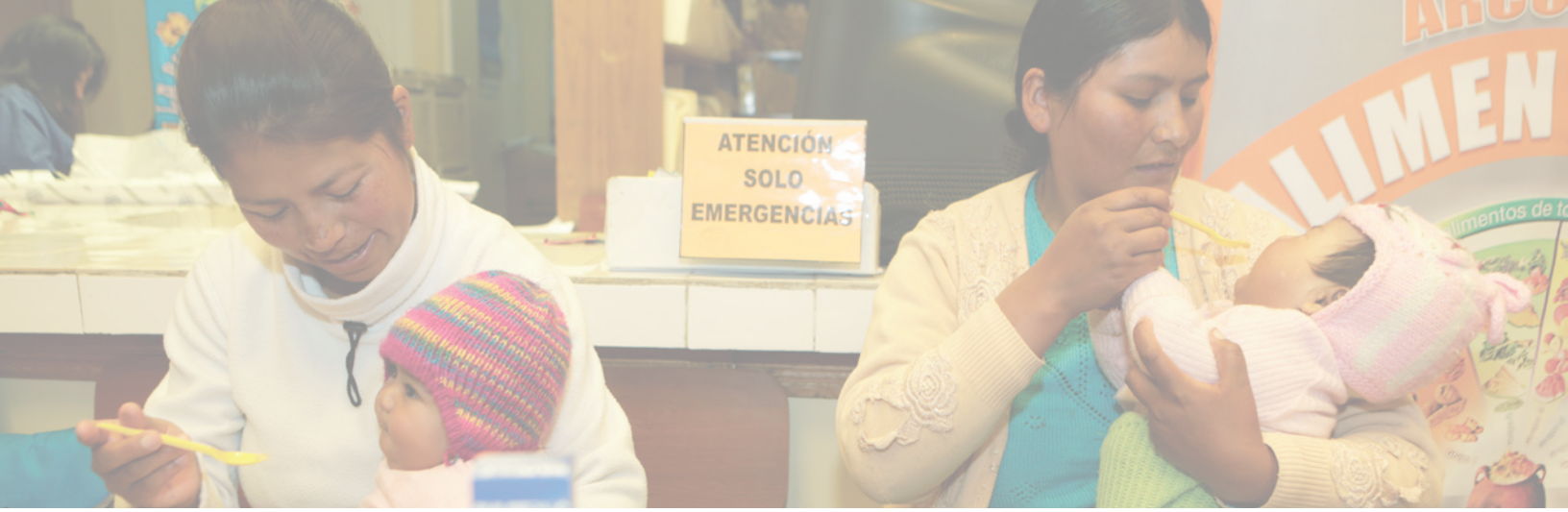
- **Recognizing that social categories (e.g., "women" and "girls") are not homogeneous.** Intersectionality facilitates the development of policies that recognize intra-group diversity and avoids homogenizing approaches while respecting, protecting, and ensuring human rights and responding to unaddressed needs of all priority populations.
- **Enhancing the availability and analysis of disaggregated data** as the basis for effective programming that targets priority population(s).
- **Advancing gender-transformative change** by addressing the structural causes of gender inequality that are associated with intersecting forms of discrimination, including the laws, policies, institutions, socio-cultural norms, and harmful stereotypes that perpetuate and/or aggravate the exclusion of certain individuals, groups, and communities.

This tool has been developed to fill an identified **gap related to the practical application of intersectionality frameworks**. While intersectionality in programming has gained some momentum, there is limited guidance on the practical application of an intersectional approach to gender-transformative policies. To further investigate the need for such a resource, a review was conducted of the Landscaping Analysis (2023) and Needs Assessment (2023), which were developed by members of the GTFN Coalition and the Canadian Partnership for Women and Children's Health (CanWaCH). A key takeaway from the review was that professionals of various backgrounds and levels want more support in integrating intersectionality in their work, as this is crucial for ensuring that gender-transformative approaches address the diverse and interconnected identities and experiences of individuals. As such, this tool has been developed to support organizations in both the **analysis of and guidance on** the integration of intersectionality into gender-transformative nutrition policies by identifying weaknesses, gaps, and areas for improvement to ensure inclusivity. Grounded in the GTFN, the tool helps users assess agency, resources, and opportunity structures, enabling the design of more equitable and effective policies that account for diverse and intersecting identities.

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## How To Use This Tool

This tool includes **three steps** to help users incorporate intersectionality into the development of gender-transformative nutrition policies to make sure that no one is left behind.

Using an intersectional lens in the first step of policy development helps to identify and address the unique overlapping factors that may affect priority population(s).

### Step 1: Using an intersectional lens, identify priority population(s) targeted by this policy (page 15).

Using an intersectional lens in the first step of policy development helps to identify and address the unique overlapping factors that may affect priority population(s). Intersectionality recognizes that issues like gender, race, socio-economic status, disability, and geographic location do not exist in isolation; rather, they intersect to create complex layers of disadvantage. Without this approach, policies may inadvertently overlook particularly oppressed groups, exacerbating inequalities in nutrition and health outcomes. For example, a woman from a low-income, rural community might face more barriers to accessing proper nutrition than an urban woman due to factors like limited access to health care, education, or nutritious food. By understanding these compounding challenges early in the policy development process, public health efforts can be more targeted, inclusive, and effective in improving the health and nutrition of priority population(s).

### Step 2: Complete the *Key Questions To Ask* in Policy-making table (page 16).

This tool includes a list of key questions to ask throughout the policy-making process to assess the extent to which intersectionality is considered in your policy and provide insight into areas of the policy where intersectionality may be integrated more meaningfully. The key questions are categorized based on **the five stages of policy-making** (agenda setting, policy formulation, policy selection, policy implementation, and monitoring and evaluation) and considerations from the GTFN of **agency**, **resources**, and **opportunity structure** (Hoefer, 2021).

### Step 3: Review recommendations and resources for additional learning (page 19).

After completing the table in Step 2, users will be able to identify areas for improvement to integrate intersectionality more meaningfully into their policy. Based on the identified area(s) for improvement, the user may refer to the general recommendations and specific online resources provided below (pg.X) to explore potential solutions and best practices. While this resource list is not exhaustive, it serves as a starting point for assessing and strengthening intersectional approaches within policy-making.

# Key Concepts

## Intersectionality

Intersectionality is a concept and theoretical framework that recognizes the ways in which social identities intersect and create compounding experiences of discrimination and concurrent forms of oppression. Intersectionality recognizes that different groups experience inequities as a result of their unique intersecting individual circumstances, identities, systems of power, and institutions (Figure 1). Intersectionality pays specific attention to:

- The socio-structural nature of discrimination and inequality
- The diversity within each category, group, or community (non-homogeneous experiences and needs)
- The narratives, empowerment, and agency of individuals and groups facing intersectional discrimination.

| Individual circumstances | Aspects of identity | Systems of power | Institutions |
|---|---|---|---|
| Referring to circumstances that are unique to each individual | • Gender<br>• Class<br>• Sexuality<br>• Family Structure<br>• Ethnicity<br>• Ability<br>• Indigeneity<br>• Religion<br>• Location<br>• Age<br>• Citizenship<br>• Language | • Ableism<br>• Racism<br>• Sexism<br>• Classism<br>• Ageism<br>• Capitalism<br>• Heterosexism<br>• Colonization | • Politics<br>• War<br>• Education<br>• Economy<br>• Government<br>• Law Globalization<br>• Immigration |

**Figure 1:** Intersectionality Recognizes Individual Circumstances, Aspects of Identity, Systems of Power, and Institutions (adapted from Manning, 2021)

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## What is an intersectional policy analysis?

An intersectional policy analysis examines how effectively public policies, services, and programs reflect the perspectives, knowledge, and experiences of diverse individuals and communities. It highlights whose needs are being overlooked or are unlikely to be addressed, serving as a foundation for implementing necessary changes. The main objective is to make policies, services, and programs more accessible and inclusive for everyone, **leaving no one behind** (Manning, 2021).

| Policy stage | Why take an intersectional approach? |
|---|---|
| **Agenda setting** | • **Intersectionality helps to identify historically overlooked issues.** Intersectionality ensures that the voices of priority population(s) with multiple identities (e.g., race, disability, socio-economic status, education, sexual orientation) are not overlooked in the agenda-setting process. Without considering the intersections of identities, policies may focus on one group while ignoring others who are experiencing compounded barriers.<br>• **Intersectionality helps to identify the "root causes" of policy issues.** Intersectionality helps in identifying the structural inequalities (e.g., racism, ableism, classism) that priority population(s) face, making it possible to identify the root causes of disparities in nutrition and well-being to inform the agenda-setting stage of policy-making. |
| **Policy formulation** | • **An intersectional approach helps to create responsive solutions.** An intersectional approach helps in formulating policies that are responsive to the unique needs of different groups to make meaningful change. For example, rural women may face different challenges than urban women, and young women, adolescents, and girls may have distinct needs compared to older women.<br>• **Intersectionality helps in understanding that groups are not homogeneous and require unique solutions.** This approach encourages the development of policies that do not treat all groups as one (e.g., "women and girls"), but as individuals with unique experiences. This is essential for developing inclusive policies that can address a variety of intersecting issues like economic disadvantage, cultural norms, and health disparities. |

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| Policy stage | Why take an intersectional approach? |
|---|---|
| **Policy setting** | • **Intersectionality helps advance health equity.** In policy selection, an intersectional lens ensures that the chosen option addresses the needs of the entire priority population(s), rather than just the majority. For instance, policies that benefit economically privileged women and girls might not address the needs of poor or rural communities, or women and girls with disabilities.<br>• **Intersectional policies support meaningful, sustainable change.** By understanding the specific barriers faced by various groups, policy-makers can choose options that will lead to lasting and meaningful changes for all identified priority population(s), not just a subset. |
| **Policy implementation** | • **An intersectional approach ensures that implemented policies respond to the needs of priority population(s).** For example, rural women might need access to improved transportation, while women with disabilities might need specific accessibility adaptations. Without considering intersectionality, the policy may not effectively reach all target groups.<br>• **Intersectionality builds trust and empowers priority population(s).** Ensuring that policies include priority population(s) fosters trust in the policy among diverse communities. If priority population(s) feel that their specific needs are addressed during implementation, they are more likely to engage with and benefit from the policy. |
| **Monitoring & evaluation** | • **An intersectional approach ensures that assessment is accurate and holistic.** Intersectionality helps assess whether the policy truly benefits priority population(s) or if certain groups are still being left behind. For instance, collecting disaggregated data might reveal that services are not reaching women with disabilities or women from minority ethnic groups because their needs were not adequately considered.<br>• **Intersectionality is necessary for public accountability and transparency.** Using an intersectional approach in the evaluation process ensures that everyone has a clear understanding of who benefits and who may still be excluded. It holds policy-makers accountable for ensuring that no one is left behind, particularly those with intersecting identities who face multiple forms of discrimination and oppression.<br>• **Intersectionality facilitates meaningful policy improvements to ensure that no one is left behind.** Through an intersectional lens, monitoring and evaluation can inform necessary adjustments in the policy, ensuring that any inequalities or gaps in implementation are addressed promptly. This allows for continual improvement in how policies affect different groups, ensuring long-term success and inclusivity. |

By applying an intersectional lens to programming, users can systematically analyze the complex interactions between gender, nutrition, and broader social determinants.

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# The Gender-Transformative Framework for Nutrition

The Gender-Transformative Framework for Nutrition (GTFN) is a conceptual model (Figure 2) supported by research and practice that enables improved gender analysis, solutions design, and monitoring and evaluation of nutrition approaches that advance gender equality and promote the empowerment of priority population(s). Through the empowerment rings of **agency**, **resources**, and **opportunity structure** found in the centre of the framework, the GTFN applies a systems-thinking approach that enables users to critically examine the multisectoral and gender-related drivers of malnutrition.

The GTFN acknowledges that achieving meaningful change in both nutrition and gender equality requires coordinated action across multiple sectors, referred to as **domains**. The seven domains outlined in the GTFN are, in no particular order:

- Equitable education
- Equitable food systems
- Gender- and adolescent-responsive health and nutrition systems
- Economic inclusion
- Safe and equitable water, sanitation, and hygiene
- Social protection
- Environmental and political resilience

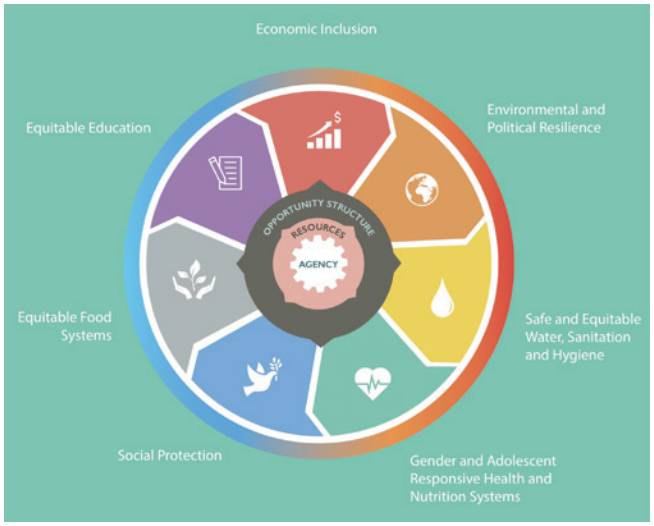


**Figure 2:** The GTFN modularizes the multisectoral dimensions of malnutrition and provides an analysis of each domain using the three empowerment components: agency, resources, and opportunity structure. The seven domains outline the relationship between diet and disease, as it relates to nutrition (GTFN, 2020).

# Agency, Resources, and Opportunity Structure

## Agency

Central to the GTFN is the promotion of **agency**: empowering priority population(s) to set and pursue their own goals. This is at the heart of the framework (Figure 3) because enhancing agency is fundamental to achieving gender equality and creating lasting, transformative change. By fostering agency, priority population(s) gain the ability to influence decisions that affect their lives, ultimately improving their health, nutrition, and overall well-being.

It is crucial to consider agency through an intersectional lens when developing nutrition policies because priority population(s) may face multiple barriers that could limit their ability to make choices about their nutrition and health. These barriers can be rooted in discrimination, social norms, or lack of access to decision-making power, and may be exacerbated by intersecting identities that compound oppression. By fostering agency, policies empower priority population(s) to actively shape decisions about their nutrition and well-being, ensuring that their voices and needs are central to policy outcomes.

## Resources

To achieve their goals, priority population(s) require access to a wide range of **resources**. These resources go beyond material assets like income and property, and include social support, knowledge and information, and access to services.

Access to nutrition-related resources—such as income, education, health care, and social support—varies significantly among priority population(s), requiring an intersectional approach. Priority population(s), including those from low-income or racialized populations or communities with disabilities, may have limited access to these resources, which can exacerbate health disparities. Analyzing resource distribution through an intersectional lens ensures that policies target these disparities and allocate resources equitably to address the unique needs of all groups.

## Opportunity structure

All priority population(s) exercise agency within a broader system known in the GTFN as **opportunity structure**. Opportunity structure speaks to the system that encompasses both formal and informal institutions, including laws, policies, and social and cultural norms and practices, which shape behaviour and determine the extent to which priority population(s) can fully exercise their agency.

Opportunity structure plays a key role in shaping the broader social and cultural contexts in which all priority population(s) live, impacting certain groups differently based on intersecting identities. By examining how these systems and structures influence priority population(s)' access to nutrition through an intersectional lens, policy-makers can ensure that policies dismantle barriers created by discriminatory practices and provide equitable opportunities for all to thrive, leaving no one behind.


**Figure 3:** Agency, Resources, and Opportunity Structure in the GTFN.

## Step 1: Identifying the Priority Population(s)

To meaningfully integrate an intersectional approach to policy-making, priority population(s) must first be identified in order to leave no one behind. Identifying priority population(s) in policy-making requires a multi-faceted approach that considers factors such as gender, sex, socio-economic status, geographic location, ethnicity, disability, age, and cultural or legal barriers. Additionally, attention must be paid to intersecting factors that further exacerbate their vulnerability, such as gender-based violence, education, and employment. These groups may face compounded discrimination, making it harder for them to access health services or participate in decision-making processes. Through an intersectional lens, key questions to investigate may include:

- Which group(s) are being affected by this policy?
- Which group(s) have historically and systemically been excluded throughout the policy-making process?
- Which group(s) disproportionately experience poor health outcomes?

There are many approaches to assess priority individuals, groups, and communities based on institutional, historical, legal or other circumstances that affect excluded groups across domains. For example, public health agencies may collect disaggregated data on health outcomes and incorporate perspectives from local communities to ensure the voices of priority population(s) are included. Additionally, collaborating with grassroots organizations and local leaders can also provide valuable insights into the unique challenges faced by these groups. Your organization may have its own process, indices, toolkit, framework, or model for assessing and identifying priority population(s). Examples from global health organizations spanning various domains include, but are not limited to:

- *Health Equity Assessment Toolkit (HEAT and HEAT Plus)*, WHO
- *Vulnerability Assessment Tool, UN High Commissioner for Refugees* (UNHCR)–IDC
- *Guidance Note on Gender-Sensitive Vulnerability Assessments in Agriculture*, UN Food and Agriculture Organization
- *Social Inclusion Assessment Tool (SiAT)*, World Bank
- *A Gender and Social Vulnerability Assessment Approach*, Mekong River Commission
- *How To Integrate Intersectionality Theory in Quantitative Health Equity Analysis? A Rapid Review and Checklist of Promising Practices*, Pan-Canadian Health Inequalities Reporting Initiative

## Step 2: Key Questions To Ask in Policy-making

Once the priority population(s) have been identified, policy-makers should review the questions in the table on page 16, responding with "Yes," "Somewhat," or "No," to assess gaps in the policy and prioritize areas for improvement. This tool is designed to be flexible and can be applied at any stage of the policy cycle, depending on organizational needs. For instance, policy-makers may use the table during the policy development phase to ensure an intersectional approach is integrated from the outset. Alternatively, the table can be used to evaluate past policies, identifying weaknesses and informing future policy decisions to enhance inclusivity and equity.

**Suggestions:**

- Policy-makers may print the table and highlight responses to facilitate visual analysis of strengths and areas requiring improvement.
  - (e.g., "Yes," "Somewhat," "No").
- Digital versions of the table can be used in collaborative digital platforms (e.g., Google Docs), allowing policy-makers, stakeholders, consultants, and organization leaders to document insights and share recommendations.
- Engaging local community partners in completing the table can provide valuable perspectives on policy gaps and support the meaningful inclusion of intersectionality.
- Policy teams may use this tool in group discussions to strengthen institutional capacity, ensuring that intersectionality is embedded in decision-making at all levels.

| Answer the following questions with "Yes," "Somewhat," or "No." | | | |
|---|---|---|---|
| **Policy stage** | **GTFN concepts** | | |
| | **Agency** | **Resources** | **Opportunity structure** |
| **General questions to ask in *all* stages of policy-making** | • Does this policy support priority population(s) *identified in Step 1* in gaining control of their lives, facilitating decision-making power, and pursuing their own goals? | • Does this policy address resource disparities and barriers to access for priority population(s) *identified in Step 1*? | • Does this policy address existing barriers to empowerment for priority population(s) *identified in Step 1* within structures and systems (e.g., formal and informal institutions including laws, policies, and social and cultural norms and practices)? |
| **Agenda setting**<br>***"What is the issue?"*** | • Have priority population(s) been consulted to identify their nutrition-related needs and priorities, giving them the agency to shape the policy agenda?<br>• Are relevant local and grassroots organizations consulted in identifying the issue?<br>• Does the identified problem acknowledge and seek to support priority population(s) in gaining agency (i.e., decision-making power and control over their own lives)? | • Has a needs assessment been conducted to assess disparities in access to key nutrition-related resources (e.g., food security programs, nutrition services for women and girls) among different intersecting identities?<br>• Are mechanisms in place to support the equitable inclusion of priority population(s) to contribute to policy-making (e.g., providing payment for consultation services and focus groups)?<br>• Does the identified problem acknowledge and seek to ameliorate resource disparity that affects certain priority population(s) differently than others based on intersecting factors such as race, education, income, disability, or sexual orientation?<br>• Are processes in place to ensure that the perspectives of priority population(s) are represented in the agenda-setting stage, including those who have limited access to financial, educational, and income resources? | • Do existing laws and social norms provide space for all priority population(s) to have a voice in setting the policy agenda?<br>• Does the identified policy problem acknowledge the heterogeneity among "priority population(s)"?<br>• Does the policy acknowledge that systemic forms of oppression and discrimination impact certain individuals of priority population(s) differently based on their intersecting identities?<br>• Does the identified policy problem acknowledge and seek to challenge the relevant structural and systemic barriers to empowerment?<br>• Were accommodations made to facilitate the inclusion of priority population(s) in the agenda-setting stage (e.g., accessible location, providing transportation, child care, translation, or interpretation)? |

| Answer the following questions with "Yes," "Somewhat," or "No." | | | |
|---|---|---|---|
| **Policy stage** | **GTFN concepts** | | |
| | **Agency** | **Resources** | **Opportunity structure** |
| **Policy formulation**<br>***"What are possible solutions to the identified issue?"*** | • Does the policy formulation stage include opportunities for priority population(s) to directly influence the process?<br>• Do the proposed solutions specifically address the barriers that prevent priority population(s) from exercising their agency in making nutrition-related decisions? | • Are adequate resources (e.g., knowledge, expertise, financial support) allocated to ensure that priority population(s) can participate meaningfully in the policy formulation process?<br>• Do the proposed solutions address resource disparities experienced by priority population(s) based on gender **and** intersecting identities (i.e., not treating "priority population[s]" as a homogeneous group)? | • Are legal or institutional frameworks that support the participation of priority population(s) included in the policy formulation process?<br>• Does the policy formulation process consider how institutional biases (e.g., policies reinforcing patriarchal norms or excluding Indigenous food systems) impact different groups' access to nutrition services? |
| **Policy selection**<br>***"How do we choose a policy and why that one?"*** | • Are priority population(s) consulted in the policy selection stage?<br>• Does the selection process prioritize policies that enhance self-determination and decision-making power for priority population(s)? | • Does the selected policy ensure that adequate financial, educational, and other resources are directed toward priority population(s) who are at risk of being left behind?<br>• Do priority population(s) have access to the resources necessary to contribute to the policy selection stage?<br>• Have policy-makers analyzed whether the selected policy options will disproportionately benefit or disadvantage specific groups based on gender, socio-economic status, disability, or ethnicity? | • Are the policy options designed to dismantle any existing structural barriers (e.g., discrimination, unequal access to services) that limit priority population(s)' ability to exercise their agency?<br>• Do the selected policies consider how laws or cultural norms might either support or hinder the full participation of priority population(s) in achieving better nutrition?<br>• Are institutional policies that limit access to nutrition resources (e.g., food assistance eligibility rules, land ownership laws) critically evaluated and reformed to enhance equity? |

| Answer the following questions with "Yes," "Somewhat," or "No." | | | |
|---|---|---|---|
| **Policy stage** | **GTFN concepts** | | |
| | **Agency** | **Resources** | **Opportunity structure** |
| **Policy implementation**<br><br>**"How do we put the policy into effect?"** | • Does the implementation plan empower priority population(s) to actively participate in the implementation and delivery of the nutrition policy, ensuring they can influence the process?<br>• Are implementation strategies designed to empower priority population(s) with leadership roles in delivering nutrition programs and advocating for their own nutrition needs? | • Are sufficient resources allocated to build the capacities of priority population(s) to access nutrition programs and services?<br>• Are tailored resources (e.g., culturally relevant nutrition education, accessible facilities for individuals with disabilities) included within the implementation plan to address the specific needs of priority population(s) from diverse backgrounds? | • Does the implementation process consider the existing opportunity structures (e.g., laws, policies, and social norms) that may limit or enable the ability of priority population(s) to benefit fully from the nutrition policy?<br>• Does the implementation plan address the intersecting barriers (e.g., cultural, legal) that prevent priority population(s) from benefiting equally from the nutrition policy? |
| **Monitoring & evaluation**<br><br>***"Is the policy doing what we want it to do?"*** | • Is a system in place to allow priority population(s) to provide ongoing feedback about the impact of the policy on their nutrition and well-being, ensuring their agency is recognized?<br>• Does the monitoring and evaluation process assess whether the policy has helped create more opportunities for priority population(s) to exercise their agency in making nutrition-related decisions? | • Are resources allocated for continuous capacity-building and support to enable priority population(s) to engage in the monitoring and evaluation process?<br>• Are processes in place to ensure that data are collected on priority population(s) who experience resource disparities (e.g., low socio-economic status, rural and non-urban areas, low education)?<br>• Are sufficient resources allocated to evaluate how well the policy reaches priority population(s), including those who may have limited access to data or support? | • Does the evaluation framework look at the broader social, cultural, and legal context to determine whether opportunity structures have been transformed to better support the nutrition and agency of priority population(s)?<br>• Does the monitoring and evaluation framework include intersectional indicators related to the dismantling of structural and systemic barriers (e.g., assessing changes in public attitudes and social norms regarding gender roles and sexual identity, tracking access of nutrition programs among rural, sexual minority women)? |

# Step 3: Areas for Improvement, Recommendations, and Resources

Review the answers to the questions in Step 2 to identify gaps and areas for improvement. Prioritize areas for improvement that reflect questions answered with "No," followed by "Somewhat." Refer to the general recommendations and specific online resources provided below to explore potential solutions and best practices. While this list is not exhaustive, it serves as a **starting point** for assessing and strengthening intersectional approaches to policy-making. Organizations should use these insights to engage in internal discussions and collaboratively determine the most effective strategies to address identified limitations.

## General resources

- *Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind* (UN Women & UNPRPD, 2022)
- *Practical Guide for the Incorporation of the Intersectionality Approach in Sustainable Rural Development Programmes and Projects* (FAO, 2022)
- *Guidance Note on Intersectionality, Racial Discrimination and Protection of Minorities* (UN OHCHR, 2022)

| Area for improvement | Recommendations | Additional resources |
|---|---|---|
| **Policy objective & target population** | • **Be explicit and specific when defining your policy goals and target population.** During the agenda-setting stage, explicitly prioritize those who are disproportionately affected by the issue (e.g., food insecurity, malnutrition) to ensure the policy focuses on those facing multiple compounding barriers.<br>• **Challenge gender norms when defining your target population.** Design policies that engage men and boys from diverse backgrounds in promoting gender-transformative change. This ensures that perspectives of everyone impacted by gender bias are heard and can help create "buy-in" to support the dismantling of harmful social norms.<br>• **Define intersectionality in the policy objective.** Ensure the policy recognizes how gender, ethnicity, disability, socio-economic status, and other identities intersect to shape nutrition outcomes. This can help ensure that priority population(s) are targeted. | • **Applying the GTFN:** A Systems-Based Approach to Defining Nutrition Challenges (Gender-Transformative Framework for Nutrition)<br>• **Revisit Step 1: Identifying the Priority Population(s)** (p.15) for additional resources |

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| **Policy reach & accessibility considerations** | • **Utilize inclusive and accessible communication strategies.** Design public messaging materials in multiple languages and formats that reflect intersectional identities, such as inclusive images, sign language, audio formats, or braille. Ensure materials do not reinforce gender stereotypes or ignore the experiences of non-binary individuals.<br>• **Consult with community-based organizations to develop appropriate outreach strategies for public programs.** Collaboration with groups that already serve priority population(s) can improve trust and program engagement. These partnerships can help tailor outreach strategies, identify program participants, and facilitate appropriate communication.<br>• **Include allocation of costs related to accessibility in resource mobilization and budgeting.** Any additional costs required to support inclusion of priority population(s), such as costs for hiring technical experts and consultants experienced in applying an intersectional approach to policy development, should be determined and included in the budget. This will help broaden the policy reach to be more inclusive of the priority population(s). | • *Including Children with Disabilities in Humanitarian Action: Nutrition* (UNICEF)<br>• *Budgeting and Mobilizing Resources for Disability Inclusion in Humanitarian Actions* (UNICEF) |

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|---|---|---|
| **Community engagement & partnerships** | • **Engage in meaningful consultations with priority population(s) at all stages of policy-making.** Co-create policies with community-based organizations, women's groups, and advocacy networks relevant to priority population(s). This will ensure that policies are truly reflective of and responsive to the lived experiences of priority population(s).<br>• **Create long-term mechanisms for feedback to sustain community engagement.** Strategies may include establishing advisory councils and strengthening partnerships with local organizations and collectives. This can ensure that the policy is adaptive and continuously responsive to changing community needs.<br>• **Apply participatory approaches to uplift and empower the voice of your community.** When conducting research, apply participatory approaches (e.g., community-based participatory research, feminist participatory action research) that centre the lived experiences of your community. This will help you to understand if your policy is having its intended effect and provide insight into areas that may need improvement. | • *Gender Equality and Social Inclusion (GESI) Toolkit for Health Partnerships* (Tropical Health and Education Trust)<br>• *Engaging with Organizations of Persons with Disabilities in Humanitarian Action* (UNICEF) |

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| **Policy implementation & training** | • **Create leadership opportunities for those with intersecting identities within the organization.** By actively recruiting individuals with diverse lived experiences into decision-making roles, organizations ensure diverse perspectives are considered. Representation should go beyond tokenism to ensure meaningful participation.<br>• **Incorporate anti-discrimination safeguards.** Ensure the policy explicitly prohibits exclusionary practices in food distribution, social protection programs, and health services that reinforce inequality. This will ensure that marginalized populations are not further disadvantaged by the very policies meant to help them.<br>• **Create intersectionality training for workers.** Provide mandatory training for nutritionists, health care providers, and policy-makers on gender equity, disability inclusion, and culturally responsive service delivery. This will ensure that those responsible for implementing policies do so in a way that is inclusive and equitable.<br>• **Co-develop capacity-building strategies with priority population(s).** Co-designing culturally relevant, easy-to-use resources on integrating intersectionality (such as toolkits, training manuals, and community-led monitoring frameworks that local groups can adapt) ensures these materials are inclusive and available in accessible formats and languages. | • *Assessing Gender-Transformative Capacity in Nutrition Programming: An Organizational Guide* (Gender-Transformative Framework for Nutrition) |

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| **Data collection & analysis** | • **Avoid grouping priority population(s) into a single category.** Collect and analyze disaggregated data by sex, gender identity, race, ethnicity, disability, socio-economic status, Indigenous status, and other key factors to understand disparities more comprehensively.<br>• **Measure outcomes related to agency, empowerment, and opportunity structures.** Track whether priority population(s) have gained decision-making power over their food and nutrition choices, not just changes in health outcomes. This will ensure that nutrition policies contribute to lasting social change, not just short-term improvements.<br>• **Use qualitative and mixed-methods approaches to gain in-depth information.** Supplementing quantitative data collection methods (e.g., surveys and statistics) with in-depth interviews, focus groups, or photovoice projects can capture information that may be missed otherwise.<br>• **Engage community members as co-researchers.** Training and hiring local researchers to conduct interviews or surveys can help build trust, ensure data is gathered in a culturally sensitive manner, and create opportunities for empowerment.<br>• **Apply an intersectional approach when designing surveys and interviews.** Avoid one-size-fits-all questions that assume homogeneity among your participants or community. For example, instead of asking about the general community's access to food, explore how the social location and identities of individuals living in that community (e.g., gender roles, disability, education, rural or urban location) influence their access. | • *Sex & Gender in Health Research Resource Hub* (WHO)<br>› Toolkits and resources available online<br>• *Sex- and Gender-Based Analysis (SGBA): A Toolkit for Nutrition Programs* (Nutrition International)<br>• *PROGRESS-Plus Framework* (Cochrane Equity Methods)<br>• *Gender-based Analysis Plus Course* (Government of Canada)<br>• *Strengthening the Integration of Intersectionality Theory in Health Inequality Analysis (SIITHIA) Checklist* (Public Health Agency of Canada)<br>• *A Primer on an Intersectional Approach to Data* (Global Partnership for Sustainable Development Data)<br>• *Unpacking Intersectional Approaches to Data* (Global Partnership for Sustainable Development Data) |

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| **Monitoring, evaluation, & accountability** | • **Design flexible policies that support adaptive learning.** Policies with built-in flexibility can integrate new insights from data collected, informing real-time adjustments to better serve priority population(s). This will ensure that nutrition policies remain dynamic and capable of responding to emerging challenges and inequities.<br>• **Prioritize dissemination at the community level to address power dynamics in knowledge translation.** Local advocacy efforts, policy change, and capacity-building based on data collected should be prioritized over institutional or academic dissemination.<br>• **Report all information back to the community and create opportunities for dialogue.** Your organization may decide to host feedback sessions or town halls where findings are shared interactively. Priority population(s) should know how and where to access information related to the policy and relevant data collection.<br>• **Translate findings into multiple formats to support inclusivity and accessibility.** Your organization may use infographics, videos, or social media to support traditional knowledge translation methods (e.g., written reports, academic articles). | • *Feminist Monitoring, Evaluation, Accountability and Learning (MEAL)* (OXFAM Canada)<br>• *UNICEF Guidance on Gender Integration in Evaluation* (UNICEF)<br>• *Gender and Intersectionality in Rapid Assessments*[1] (UN Women) |

**1** This guidance note was developed in response to a growing need for guidance on integrating gender and intersectionality into rapid assessments during the COVID-19 pandemic; however, the guidance can be adapted to be used within a nutrition and/or other context.

# Conclusion

This tool provides practical guidance on integrating intersectionality and key GTFN concepts—including agency, resources, and opportunity structures—into gender-transformative nutrition policies. It is designed to help users identify and address areas where intersectionality may be integrated more meaningfully into nutrition policies to promote equity advancements and inclusion of priority population(s). By applying an intersectional lens to policy-making, users can systematically analyze the complex interactions between gender, nutrition, and broader social determinants. This approach will enable users to develop strategies that create sustainable, meaningful impact in diverse contexts.

# References

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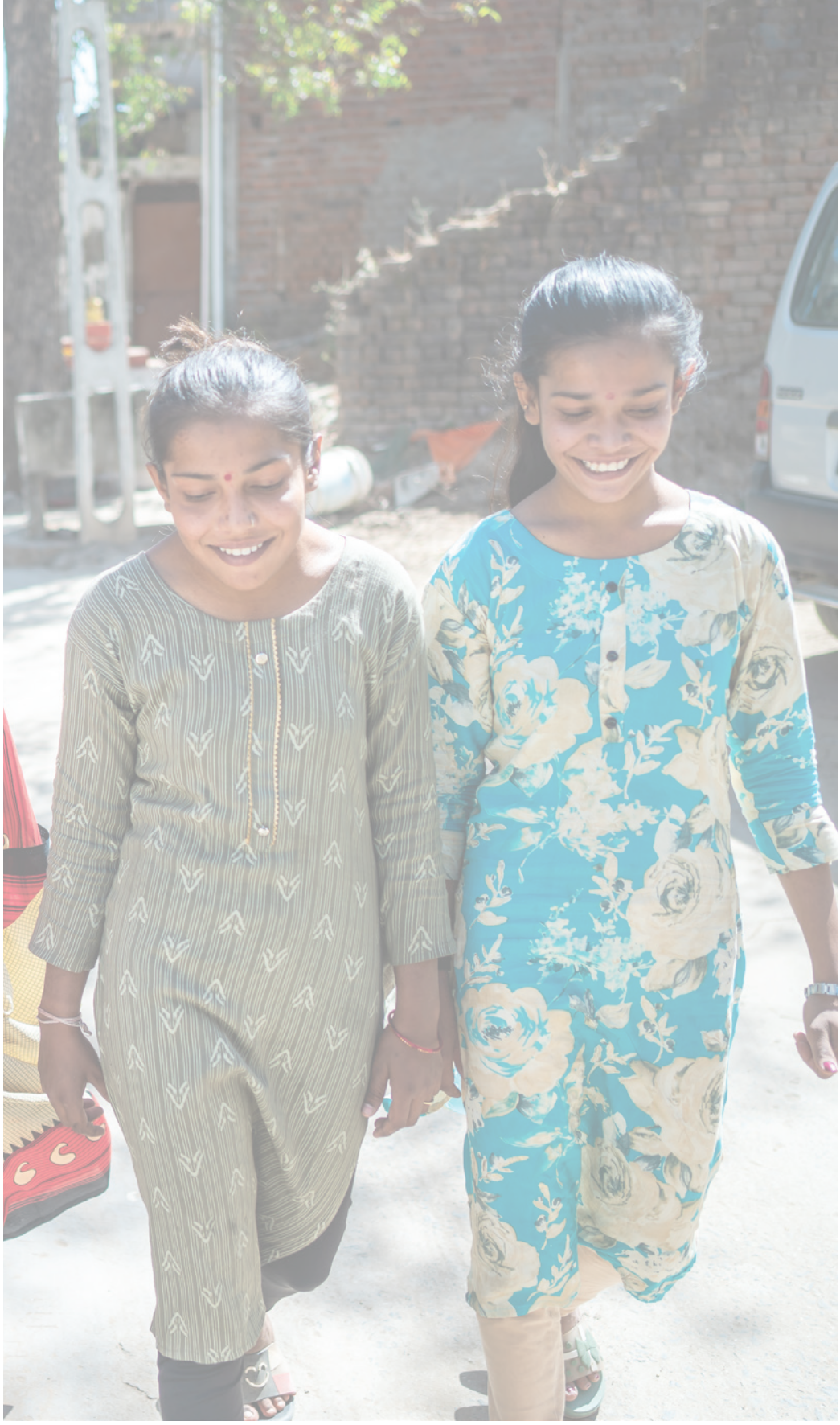

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