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Assessing Institutional Capacity on Gender and Nutrition in Agriculture



A Case Study by IGNITE
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The Impacting Gender and Nutrition through Innovative Technical Exchange in Agriculture (IGNITE) project was a technical assistance programme, implemented by Tanager and its learning partners, in four African countries from 2018–2024. The project supported 35 African agricultural institutions across 18 countries to integrate gender and nutrition into their business operations and agricultural interventions.

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Introduction

In technical assistance and capacity building projects, assessing a client's capacity is an essential first step for ensuring services are tailored to the client's specific needs. A diagnostic assessment is a valuable resource for identifying opportunities for interventions, as well as for building relationships based on mutual understanding and trust.

As part of IGNITE's diagnostic assessment, Tanager developed a client diagnostic tool to evaluate clients' progress towards mainstreaming gender and nutrition. The tool was developed in 2019. Tanager through IGNITE successfully completed diagnostic assessments with four clients, all of which were African agricultural institutions operating in the project's target countries [Burkina Faso, Ethiopia, Nigeria, and Tanzania]. This case study outlines the lessons identified during tool development and the benefits of using it.

IGNITE compiled this case study through interviews with team members and feedback surveys with clients who had completed the diagnostic

assessment. While the assessment focussed on gender and nutrition in agriculture, it is possible that many of the lessons outlined in this brief can apply more broadly to organisations providing technical assistance and capacity building in other sectors.

Diagnostic Assessment Overview

IGNITE's diagnostic tool provides a blueprint for institutions looking to mainstream gender and nutrition into their way of doing business. In developing it, IGNITE wanted to answer the following question:

What does it mean to mainstream gender and nutrition for an agricultural institution?

Institutions often lack clarity on which activities they should focus on in gender and nutrition mainstreaming. By using this tool, IGNITE was able to score clients on their progress across the eight domains (see **Figure 1**), thus identifying opportunities for future improvement. The eight



Figure 1: Eight domains of IGNIITE's client diagnostic tool

domains² include sub-domains, which are the minimum standards that are used together to assess an institution's capacity for that domain. The diagnostic tool was adapted to assess client capacity for both gender and nutrition.

Diagnostic Methodology

The diagnostic assessment was a collaboration between IGNIITE and its clients. It entailed five steps and took between two and four months to complete for each client.

Five steps of IGNIITE's diagnostic assessment

1. Document review: IGNIITE's gender, nutrition, and monitoring, evaluation, and learning (MEL) experts conducted a review of client gender and nutrition documents (e.g., gender policies, nutrition approaches)

2. Interviews and field visits: IGNIITE's experts identified relevant staff members and conducted up to 30 interviews (in-person or online) to assess their capacity across the domains for both gender and nutrition.

3. Scoring and analysis: Sub-domains were scored to place clients on a gender and nutrition mainstreaming spectrum, from 'Nascent' to 'Institutionalised'.

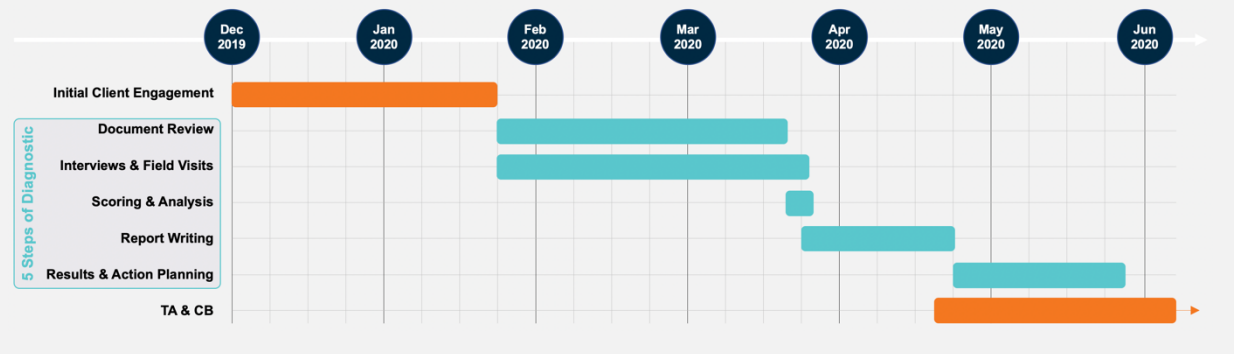
4. Report writing: IGNIITE drafted a comprehensive report, outlining key findings and opportunities for the mainstreaming of gender and nutrition, and presented the findings to the client's senior leadership.

5. Results and action planning: IGNIITE worked with clients to plan and take action on the identified opportunities.

² Adapted from the Minimum Standards for Mainstreaming Gender Equality: <https://genderstandards.org/>

Diagnostic in action: Client example

IGNITE conducted a diagnostic with an international agriculture NGO with country offices and programmes in the Democratic Republic of Congo, Ethiopia, Tanzania, and Uganda. The process took approximately four months to complete, from document review to a completed action plan. It included 25 interviews (11 online, 14 in-person) with staff in four countries. In a client feedback survey, IGNITE clients noted that the process had high value for effort, and the findings highlighted a need for a dedicated nutrition focal person and a gender e-learning platform. The process also inspired the client to start developing an internal assessment tool of their own, and a gender and nutrition improvement plan.



Lessons and Recommendations

IGNITE learnt the following lessons across the three phases of the creation and application of the diagnostic tool:

- 1. Tool development** — the process to build the tool, including scoping, designing, iterating, testing, and piloting
- 2. Implementation** — applying the tool with clients, including client engagement, document review, key informant interviews, scoring, and report writing
- 3. Taking action** — how the output of the diagnostic was used to help provide technical assistance and capacity building, included results presentations, action planning, feedback surveys, learning meetings

Tool Development

1. Gender and nutrition are complementary, but different

Although gender and nutrition outcomes mutually affect each other — especially at the programmatic level — institutions conceptualise and operationalise them as two distinct topics (see Figure 2). Through the Minimum Standards for Mainstreaming Gender Equality, there is already industry consensus on what this entails for mainstreaming gender. For nutrition, however, minimum standards are not as clearly defined. IGNITE faced the challenge of incorporating nutrition into a gender-focused framework and had to be flexible when designing its diagnostic assessment and attempting to integrate gender and nutrition with each other.

Gender	Nutrition
<ul style="list-style-type: none"> Often considered at the institutional level as well as at the programmatic level Highly influenced by personal and cultural beliefs Operationalised through gender policies and strategies, pay scales, institutional culture, etc. Institutions often have a gender lead who is a focal point for all gender-related work in the institution 	<ul style="list-style-type: none"> Often considered at the programmatic level, but not as often at the institutional level Rare for an organisation to have a nutrition policy; more common to have approaches to integrating nutrition into other activities Not as common to have a cross-project nutrition lead who oversees all nutrition-related work, unless it is a nutrition-focused institution

Figure 2: Organisational differences in mainstreaming gender and nutrition

Better together: Presenting gender and nutrition as interconnected, integrated approaches

Gender and nutrition outcomes can be interconnected and mutually reinforcing, so one of IGNITE's goals was to support African institutions to not only mainstream gender and nutrition separately, but also in an integrated manner. Conceptualising what this integration meant and how it should be measured and implemented was an ongoing consideration and an iterative process of learning by doing. Through the diagnostic process, some lessons have emerged, including the following:

- Communication: Most institutions typically do not think in an integrated way about gender and nutrition, so communicating the importance of this integration to clients in a way that resonates with them is an essential step.
- Do not force it: There is ample opportunity to provide tools, trainings, and approaches that integrate both gender and nutrition, but some areas require separate approaches to be effective. Integration should not be forced.
- Related but different: Institutional strengthening means different things for gender and nutrition; this must be taken into consideration when conceptualising a technical assistance and capacity building approach.



Figure 3: Skill requirements by development phase

2. Assemble the right team

Developing and implementing a diagnostic assessment in gender and nutrition requires a specialised team with expertise in numerous fields. Thematic experts in gender, nutrition, MEL, and organisational development³ were crucial for the success of IGNITE's diagnostic tool. Cross-sectoral skills, such as qualitative interview skills, analytical tool development skills, client management, and project management were essential. Figure 3 illustrates the various skills that were most critical for IGNITE throughout the different phases of developing the diagnostic tool

3. Iterate and learn by doing

Developing any tool requires continuous learning by doing. IGNITE benefitted greatly from its iterative approach to tool development, which included two critical junctures that provided clarity and allowed the team to move forward. An iterative approach allows a team to make mistakes, learn from those mistakes, and make improvements based on what works and what does not. Throughout the process, IGNITE had to make strategic decisions to balance perfectionism and progress, and recognise the point of diminishing returns from additional tweaks to the minutiae of the tool. Moving to piloting once a minimum viable product was ready, and keeping the overall goals in mind, were important to avoid continuous iteration.

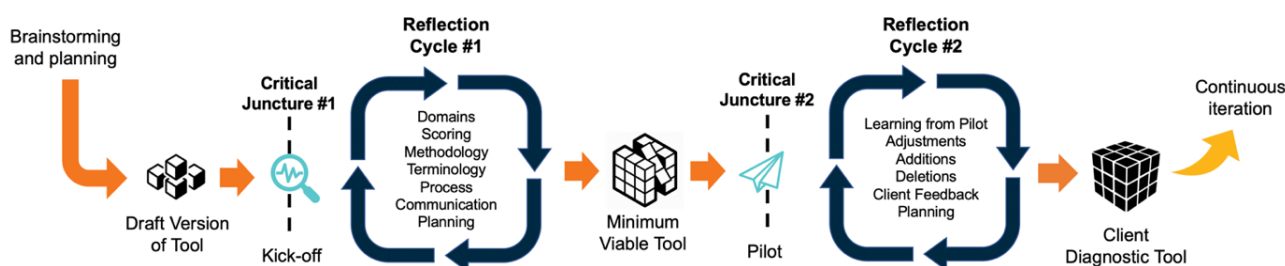


Figure 4: IGNITE's iterative process for tool development

³ Organizational development is the study of successful organizational change and performance.

Implementation

4. Balance a participatory approach with a top–down approach

Any diagnostic process that includes two parties — a client and an external advisor (in this case, IGNITE) — must include a high level of collaboration between the two parties. This includes client participation along the lines of a partnership (participatory approach), as opposed to one party analysing the other (top–down approach). As every client has different needs and expertise, striking a balance in IGNITE’s approach was important for the success of the process. **Figure 5** highlights the IGNITE approach.



Figure 5: Top–down vs. participatory approaches

Trade-offs: Top–down approaches tend to be less intensive for clients in terms of time and resources, but less advantageous for building a strong client relationship. In technical assistance and capacity building projects, building a strong relationship is vital; a more participatory approach can therefore be beneficial. On the other hand, a full participatory approach is more time consuming and resource intensive for both the client and the advisor. In feedback surveys, IGNITE’s clients expressed preference for both approaches.

Culture: Institutional cultures differ from client to client, and may require moving along the continuum to accommodate client expectations. In some cases, a top–down approach is expected, but in other cases it may be seen as patronising or ignoring the client’s needs. When in doubt, IGNITE found that leading with a participatory approach ensured that clients felt that they were an equal partner in the process.

5. Strike a balance between rigour and efficiency

Conducting a diagnostic process is a time and resource-intensive activity, particularly when employing a more participatory approach, as it requires thorough planning, data collection, and analysis. As a result, finding the right balance between rigour and efficiency is imperative. It is also important to note that the intensity is felt differently by the two parties — IGNITE and client — so this balancing must be done for both sides to ensure continued engagement.

Interviews and Saturation: Interviews are the heaviest part of the diagnostic process. IGNITE found that limiting the number of interviews to

the most important stakeholders reduced the burden on the team. Communication amongst interviewers is also important to identify the saturation point⁴.

Online vs. In-person: IGNITE conducted in-person interviews for the first two client diagnostic processes, but the COVID-19 pandemic forced the team to switch its approach and conduct online interviews. IGNITE found that online interviews were less time consuming, as they tended to be shorter and did not require travel. They also allowed IGNITE’s experts to interview multiple people in different locations on the same day. Online interviews are susceptible to connectivity issues, however. While in-person interviews are more time-intensive, scheduling several in one day allowed for a shorter cumulative time. In IGNITE’s client feedback survey, clients reported satisfaction with both online and in-person methods.

Client effort: IGNITE’s clients indicated that the diagnostic presented high value for effort, suggesting that the level of effort required on their part was reasonable. This is likely because

⁴ The saturation point is the point at which the interviews are producing little to no new information from each additional interview

IGNITE adopted a more top–down approach for the interviews and scoring, which reduced the effort required from the client.

6. Do not get too technical

Too much technical detail, such as in domains and scoring can lead to a highly technical report that yields less value for a client. IGNITE found that keeping its audience (the client) in mind when scoring and reporting was essential for producing a useful final product.

Reports: Keep audience in mind. IGNITE found that different clients and audiences (e.g., technical experts, management, board members) had different preferences in terms of the level of detail included in a report. Creating both a detailed report as well as a shorter, easier-to-understand presentation — where the focus of both is on the opportunities and next steps and not on the technical specifics of domains and scoring — ensured that IGNITE’s work would be understood and appreciated by all audiences.

Domains: good analytical vehicles but bad for communication. IGNITE’s client feedback survey highlighted that some clients were confused by the domains, which may have distracted from IGNITE’s findings. Therefore, it is important to consider who the domains are for: the external advisor (in this case, IGNITE) or the client. Consider tailoring presentations or reports to the audience, so as to not distract from the identified opportunities.

Scoring: balancing consistency with depth. For IGNITE, it was necessary to have a consistent assessment methodology to monitor progress — one that could be replicated and was as objective as possible. This meant using a quantitative scoring approach, which placed clients on a spectrum, and was preferred for internal and external accountability. However, the quantitative scoring was complemented by qualitative data, which added context to the scoring and provided a more robust picture. For IGNITE, scoring was a necessary component for tracking and reporting, but clients primarily value information from the qualitative analysis.

Taking Action

7. Be proactive and structured during action planning

One of the main purposes of the diagnostic assessment was not only to identify opportunities for improvement, but also to help clients take action and pursue those opportunities. IGNITE

found that taking a proactive and strategic approach to action planning helped ensure that momentum was not lost, and opportunities were prioritised in a methodical way.

Categorise and prioritise: Not all identified opportunities are equal. IGNITE categorised them into:

- 1) opportunities where a client needed external assistance;
- 2) opportunities a client could handle themselves;
- 3) backburner opportunities (i.e., where there is disagreement, lack of consensus or will, lack of resources).

The opportunities in each category were also prioritised, and this proved to be an effective methodology for action planning. This process was helpful because it set expectations, made clear where the client was responsible and where a partnership could be forged, and also mobilised client action.

Improvement plans: IGNITE found that it was effective to design a multi-year improvement plan for both the areas where a client needed assistance as well as areas that a client should handle themselves. These plans identified timelines as well as a focal person to ensure accountability and created a link between actions in the plan and diagnostic scoring, showing how scoring would improve if all actions were taken.

Evidence and best practices: IGNITE’s client feedback surveys indicated that having evidence-based research and examples of how other institutions addressed similar opportunities is critical for taking action. Institutions were more likely to act when they knew that others similarly approached the challenge and that they were following best practices.

Senior leadership buy-in: Ensuring senior leadership is committed and engaged in the diagnostic process was essential for IGNITE’s success. Senior leaders can spur continued action and energise employees around the recommendations provided in the diagnostic assessment. They can also ensure proper resourcing to support the actions, and have authority to enact broad institutional for mainstreaming gender and nutrition.

Process Value for Clients

1. Demystified gender and nutrition

Helped clients understand broad industry best practices and provided a first step towards mainstreaming gender and nutrition

2. Identified opportunities

Helped identify specific gaps and opportunities within the institution

3. Spurred institutional commitment

Ensured commitment and accountability for senior leadership by giving clear actions, and showed the institution is focused on gender and nutrition integration, which was a selling point for leadership

4. Objective external assessment

External and objective assessment that could amplify or confirm what client may already know

Process Value for IGNITE

1. Identified opportunities for technical assistance

Helped identify specific gaps and opportunities for providing technical assistance and capacity building to institutions

2. Yardstick to measure change

Provided a tool to measure IGNITE's impact, which was necessary for learning purposes and for reporting to IGNITE's donor

3. Relationship builder

Helped build a strong client relationship based on mutual understanding and trust

4. IGNITE team alignment

The creation and implementation of the tool provided alignment within the IGNITE team on goals, priorities, and terminology

Conclusion

A diagnostic process in technical assistance and capacity building projects can play a valuable role for both the advisor and the client. For IGNITE, assessing a client's institutional capacity on gender and nutrition in agriculture was an important starting point, which provided value for both clients.

Other similar projects can benefit from IGNITE's experience and apply these lessons elsewhere — in gender and nutrition or in other sectors. For projects operating in gender and nutrition, IGNITE's client diagnostic tool can be considered as an option to understand what needs to be done to mainstream gender and nutrition at the client institution.



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IGNITE Partners

Tanager, an ACIDI/VOCA affiliate, is a global development organization that empowers people to realize life-changing economic and social opportunities. We have 30 years of experience implementing gender-transformative and nutrition-sensitive agriculture approaches, connecting actors across the production supply chain, fostering knowledge and access for women and other marginalized groups, and unlocking sustainable, climate-smart economic opportunities for all.

Laterite is a data, research, and advisory firm dedicated to providing high-quality research services for social impact in East Africa. We provide technical advice on the design and implementation of research projects, development interventions, and socio-economic policies. We strive to deliver impactful research that helps decision-makers find solutions to complex development problems.

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