

# Assessing Institutional Capacity on Gender and Nutrition in Agriculture

## Case study on IGNITE's diagnostic process

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**The Impacting Gender and Nutrition through Innovative Technical Exchange in Agriculture (IGNITE)** mechanism is a five-year investment to strengthen African institutions' ability to integrate nutrition and gender into their way of doing business and their agriculture interventions. IGNITE works with African agricultural institutions in Ethiopia, Nigeria, Burkina Faso, and Tanzania.

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## Introduction

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

As part of IGNITE's diagnostic process, IGNITE has developed a client diagnostic tool to assess its clients' progress towards mainstreaming gender and nutrition. The tool was developed in 2019 and IGNITE has successfully completed diagnostic assessments with four clients, all of which are African agricultural institutions operating in IGNITE's target countries of Ethiopia, Nigeria, Burkina Faso, and Tanzania. This case study outlines the lessons identified during tool development and the benefits of implementing it.

IGNITE compiled this case study through interviews with IGNITE's team and feedback surveys with clients who have completed the diagnostic process. While IGNITE's diagnostic process focuses on gender and nutrition in agriculture, it is possible that many of the lessons apply more broadly to organizations providing TA and CB in other sectors.

## Diagnostic Process Overview

The guiding question for IGNITE in developing the client diagnostic was:

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

Institutions often lack clarity on which specific activities to focus on to work towards gender and nutrition mainstreaming. IGNITE's diagnostic tool provides a blueprint for institutions looking to mainstream gender and nutrition into their way of doing business. IGNITE scores clients on their progress across eight domains (see Figure 1) and identifies opportunities for future improvement. The eight domains<sup>2</sup> each include sub-domains, which are minimum standards that together are used to assess an institution's capacity for that domain. IGNITE's tool has been adapted to assess client capacity for both gender and nutrition.

## Diagnostic Methodology

The diagnostic process is a collaboration between IGNITE and its clients which entails five steps and takes between two and four months to complete.

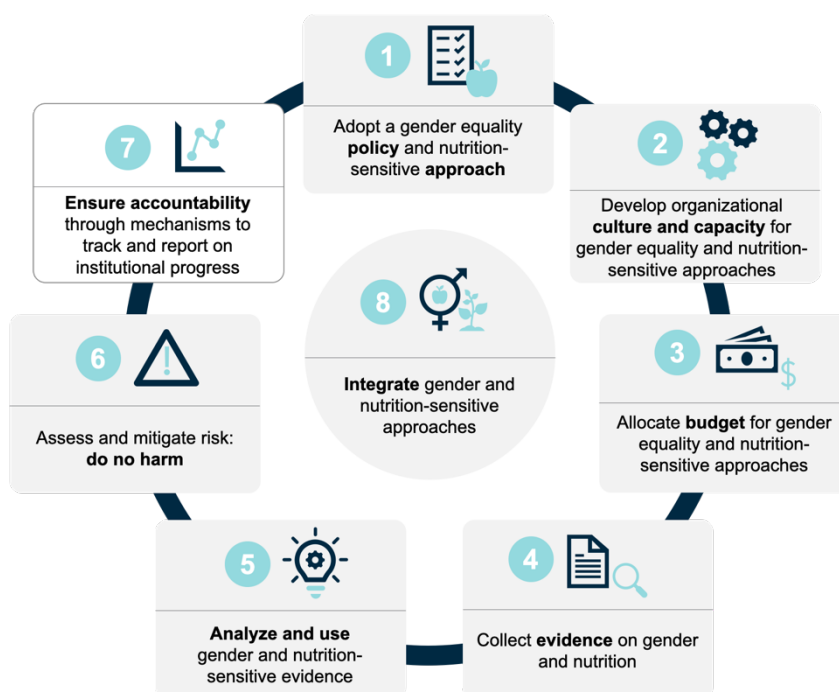
<sup>1</sup> IGNITE uses "clients" for the institutions that it supports. These include African agricultural institutions from the public to private sector and NGOs.

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

## Five Steps of IGNITE's Diagnostic

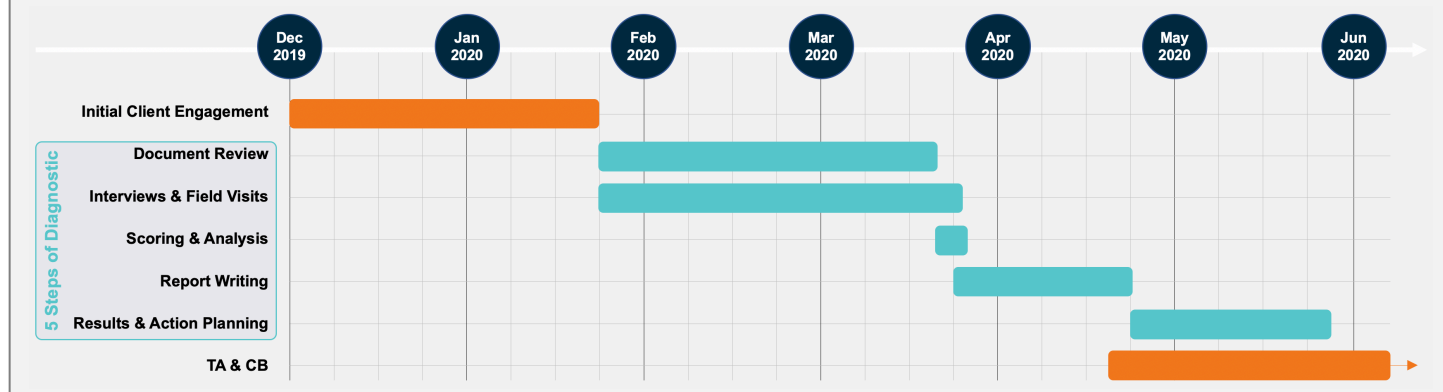
- 1. Document Review.** IGNITE's gender, nutrition, and monitoring, evaluation, and learning (MEL) experts conduct a review of client gender and nutrition documents (e.g., gender policies, nutrition approaches)
- 2. Interviews & Field Visits.** IGNITE's experts identify relevant staff members and conduct up to 30 interviews (in-person or online) to assess their capacity across the domains for both gender and nutrition.
- 3. Scoring & Analysis.** Sub-domains are scored to place clients on a spectrum from 'Nascent' to 'Institutionalized'.
- 4. Report Writing.** IGNITE drafts a comprehensive report, outlining key findings and opportunities for the mainstreaming of gender and nutrition, and presents the findings to client senior leadership.
- 5. Results & Action Planning.** IGNITE works with the client to plan and take action on the identified opportunities.

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



## Diagnostic in Action: Client example

IGNITE conducted a diagnostic with an international agriculture NGO with country offices and programmes in the DRC, 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, clients noted 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 Learned

IGNITE has identified lessons across three phases of the creation and application of the diagnostic tool:

- 1. Tool Development** — the process to build the tool
  - Includes scoping, designing, iterating, testing, and piloting
- 2. Implementation** — applying the tool with clients
  - Includes client engagement, document review, key informant interviews, scoring, and report writing
- 3. Taking Action** — how the output of the diagnostic is used to help IGNITE undertake TA and CB
  - Includes results presentations, action planning, feedback surveys, IGNITE learning meetings

## Tool Development

### Lesson 1: Gender and Nutrition – complementary, but different

Although nutrition and gender outcomes mutually affect each other – especially at the programmatic level – institutions conceptualize and operationalize them as two distinct topics (see Figure 2). Through the Minimum Standards for Mainstreaming Gender Equality, there is already industry consensus on the minimum standards 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 and attempting to integrate the themes of gender and nutrition with each other.

**Figure 2:** Organizational differences in mainstreaming gender and nutrition

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

#### 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 is to support African institutions not only in the mainstreaming of gender and nutrition separately, but also in an integrated way. Conceptualizing what this integration means and how it should be measured and implemented is an ongoing consideration as IGNITE continues its iterative process of learning by doing. Through the diagnostic process, some lessons have been learned:

- **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; IGNITE must take this into consideration when conceptualizing its approach to TA and CB.

### Lesson 2: Assemble the right team for the job

Developing and implementing a diagnostic assessment in gender and nutrition requires a specialized team with expertise in numerous fields. For IGNITE's diagnostic tool, thematic experts in gender, nutrition, MEL, and organizational development<sup>3</sup> were crucial for success. 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.

**Figure 3:** Skill requirements by development phase

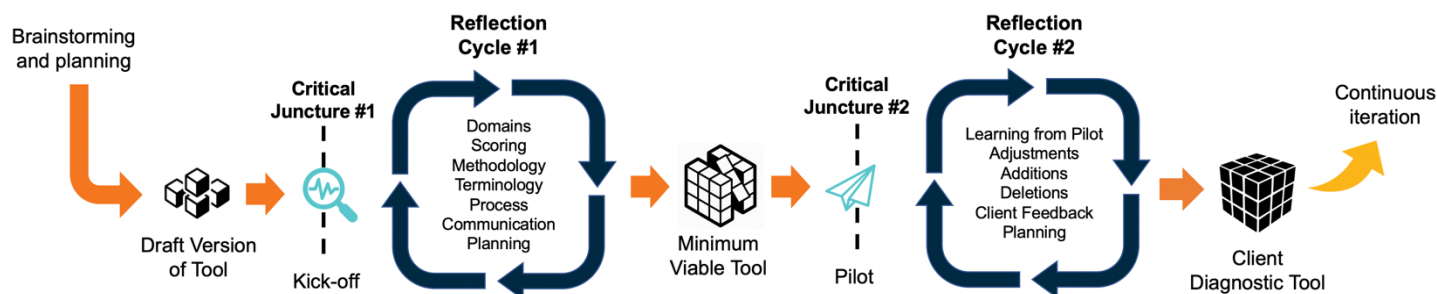
Creation	Implementation	Taking Action
Gender, Nutrition, & MEL		
Analytical tool development	Client management	
Organizational development	Qualitative interviewing	
	Report writing	

<sup>3</sup> Organizational development is the study of successful organizational change and performance.

### Lesson 3: Iterate and learn by doing

Developing any tool requires continuous learning by doing. IGNITE has 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, as there comes a point where there are diminishing returns to additional tweaks to the minutiae of the tool. IGNITE found that moving to piloting once a minimum viable product was ready and keeping the overall goals in mind was important to avoid getting lost in the weeds of continuously iterating.

**Figure 4:** IGNITE's iterative process for tool development



## Implementation

### Lesson 4: Balance a participatory approach with a top-down approach

Any diagnostic process which includes two parties – a client and an external advisor (in this case IGNITE) – must include a level of collaboration between the two parties. This collaboration can include varying degrees of client participation, such that the relationship becomes more of a partnership (participatory approach), as opposed to one party analyzing the other (top-down approach). Each approach has pros and cons, and each client has different needs and expertise, so striking a balance in IGNITE's approach was important for the success of the diagnostic.

**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 TA and CB projects, building a strong relationship is vital, therefore, a more participatory approach can be beneficial. On the other hand, a full participatory approach is more time consuming and resource intensive for the client and can also be for the advisor. In feedback surveys, IGNITE's clients have described preference for both approaches.

**Culture.** Institutional cultures differ from client to client, which 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 patronizing or ignoring the client's needs. When in doubt, IGNITE found that leading with a participatory approach ensures clients feel that they are an equal partner in the process.

## Lesson 5: Strike a balance between rigor 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 rigor and efficiency is imperative. It is also important to note that this intensiveness is felt differently by the two parties – IGNITE and client – so this balancing must be done for both sides to ensure continued engagement.



**Interviews & Saturation.** Interviews are the heaviest part of the diagnostic process, so limiting the number of interviews to the most important stakeholders reduced heaviness for IGNITE's team. Communication amongst interviewers is important for identifying the saturation point<sup>4</sup>, as interviewers may reach saturation at different times.



**Online vs. In-person.** IGNITE originally intended to conduct all interviews in-person, as was the case for the first two client diagnostic processes. However, the COVID-19 pandemic required the team to switch its approach and conduct online interviews. IGNITE found online interviews to be less time consuming as they tend to be shorter in duration and do not require travel and allow IGNITE's experts to interview multiple people in different locations on the same day. However, online interviews are susceptible to connectivity issues. In-person interviews are individually more time-intensive but scheduling a series of in-person interviews all 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 and IGNITE plans to continue to use both.



**Heaviness for Client.** IGNITE's clients have indicated that the diagnostic presented high value for effort, suggesting that the level of effort required on their part is reasonable. This is likely due to the fact that IGNITE has adopted a more top-down style approach for the interviews and scoring, which reduces the effort required from the client side.

## Lesson 6: Do not get too technical

It is easy to get lost in the technical details of domains and scoring, which can translate to a highly technical report that yields less value for a client. IGNITE has found that keeping its audience (the client) in mind when scoring and reporting is 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) have different preferences in terms of the level of detail included in a report. Creating both a detailed report as well as a shorter, more marketable presentation – where the focus of both is on the opportunities and next steps and not on the technical specifics of domains and scoring – ensures that IGNITE's work will be understood and appreciated by all audiences.



**Domains – good analytical vehicles, bad communication vehicles.** 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 de-emphasizing domains in presentations or reports 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 that is repeatable and as objective as possible. This meant a quantitative scoring approach, which is preferable for placing clients on a spectrum, as well as for internal and external accountability. However, this quantitative scoring is complemented by qualitative analysis of interview data, which adds context to the scoring and provides a more robust picture. For IGNITE, scoring remains a necessary component for tracking and reporting, but clients primarily value information from the qualitative analysis.

## Taking Action

### Lesson 7: Be proactive and structured when action planning

One of the main purposes of a diagnostic is 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 can help ensure that momentum is not lost, and opportunities are prioritized in a methodical way.



**Categorize and Prioritize.** Not all identified opportunities are equal. Categorizing opportunities into: 1) opportunities where a client needs external assistance; 2) opportunities a client can handle themselves; 3)

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



backburner opportunities (i.e., opportunities where there is disagreement, lack of consensus or will, lack of resources), and then prioritizing those within each category, has proved to be an effective methodology for action planning for IGNITE. This categorization is helpful because it sets expectations, makes clear where the client is responsible and where a partnership can be forged, and mobilizes client action.



**Improvement Plans.** Designing a multi-year improvement plan for both the areas where a client needs assistance as well as areas that a client should handle themselves has proved effective. These plans identify timelines as well as a focal person to ensure accountability and create a link between actions in the plan and diagnostic scoring, showing how scoring will improve if actions are all taken.



**Evidence and Best Practices:** Through IGNITE's client feedback surveys, clients have indicated that having evidence-based research and examples of how other institutions have addressed similar opportunities is critical for taking action. Institutions are more likely to take action when they know others are approaching a challenge in a similar way and know they are following best practices.



**Senior Leadership Buy-In.** Ensuring senior leadership is committed and engaged in the diagnostic process has been essential for IGNITE's success. Senior leaders can spur continued action and energize employees around the recommendations provided in the diagnostic, ensure proper resourcing to support the actions, and also have the authority to enact broad institutional for mainstreaming gender and nutrition.

## Conclusion

In TA and CB projects, a diagnostic process 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 is an important starting point, which provides value for both clients and IGNITE in the following ways:

### *For Clients*

1. **Demystifies gender and nutrition**  
Helps clients understand broad industry best practices and provides a first step towards mainstreaming gender and nutrition
2. **Identifies opportunities**  
Helps identify specific gaps and opportunities within the institution
3. **Spurs institutional commitment**  
Ensures commitment and accountability for senior leadership by giving clear actions, and shows the institution is focused on gender and nutrition integration, which is a selling point for leadership
4. **Objective external assessment**  
External and objective assessment that can amplify or confirm what client may already know

### *For IGNITE*

1. **Identifies opportunities for TA & CB**  
Helps identify specific gaps and opportunities for providing TA & CB to institutions
2. **Yardstick to measure change**  
Provides a tool to measure IGNITE's impact, which is necessary for learning purposes and for reporting to IGNITE's donor
3. **Relationship builder**  
Helps build a strong client relationship based on mutual understanding and trust
4. **IGNITE team alignment**  
The creation and implementation of the tool provides alignment within the IGNITE team on goals, priorities, and terminology

IGNITE's experience in developing and implementing its client diagnostic tool for assessing the mainstreaming of gender and nutrition has provided numerous lessons. In sharing these lessons, the hope is that other TA and CB projects will benefit from IGNITE's experience and apply these lessons elsewhere – be that in gender and nutrition or in other sectors. For those projects operating in the domains of gender and nutrition, IGNITE's client diagnostic tool can be considered as an option to understand what work needs to be done to mainstream gender and nutrition at the client institution.