**Q&A**

**Gender and GBV HRP Support**

September 20, 2022

**Question 1:** As a traditional and belief, some women are not allowed to go outside, work, and have to stay at home after delivery, so women lack chances of socialization, job opportunity, so what should we do to advocate their husbands, and religious workers for that.

**Answer 1:** Answered live

**Question 2:** The latest Joint Needs Assessments identified that severe food insecurity is higher in Male than females, and despite undernutrition being higher in boys, girls have more access to nutritional interventions. Just keep in mind criteria that promote gender equality in the interventions.

**Answer 2:** Answered live

**Question 3:** How to consider GBV in a context of Internal Displacement People (IDPS)?

**Answer 3:** Answered live

**Question 4:** Where can I find guidelines for integrating GBV interventions in Humanitarian Actions?

**Answer 4:** Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action - resource on the previous slide: <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-nutrition-08_26_2015.pdf>

**Question 5:** Where can I find GBV Pocket Guide?

**Answer 5:** GBV Pocket Guide: <https://gbvguidelines.org/en/pocketguide/>

**Question 6:** In some cases, girls are more undernourished (stunting and wasting) than those boys in Ethiopia, particularly pastoralist region. This may be linked to nutrition services access at various levels, how can you address challenge during HRP and other nutrition specific intervention programming by partners and government?

**Answer 6:** This is why it is crucial to identify the factors that exacerbate the vulnerability of girls to poor nutrition/malnutrition. For instance, poor families may sacrifice girl children’s nutrition in order to meet the needs of male children. You speak about the possible lack of access to nutrition services. This is where the Availability, Accessibility, Acceptability and Quality (AAAQ) Framework can be useful.

See Annex 2 - Nutrition humanitarian needs analysis guidance: Steps to conducting a Nutrition Humanitarian Needs Analysis

<https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2021-06/NC_Nutrition%20Humanitarian%20Needs%20Analysis%20Guidance_V2_0.pdf>

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| **AAAQ** | **Guiding questions for analysis**  |
| Availability  | * Whether the nutrition services[[1]](https://cac-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DUS&rs=en%2DUS&wopisrc=https%3A%2F%2Faahcanada.sharepoint.com%2Fsites%2FGNCTechnicalAlliance%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F666cb808c3094253ac72bd6d6c6fed72&wdenableroaming=1&mscc=0&hid=C5B568A0-90F8-2000-81F0-33416987111A&wdorigin=Sharing&jsapi=1&jsapiver=v1&newsession=1&corrid=eb889356-c95e-4bd6-89b1-744e793cc20e&usid=eb889356-c95e-4bd6-89b1-744e793cc20e&sftc=1&cac=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&rct=Medium&ctp=LeastProtected#_ftn1) are available according to the minimum standards?
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| Accessibility:Physical accessibility  | * Are nutrition facilities located within a reasonable distance for all women, girls and boys in the targeted area? Who are most likely have a problem?
* Is the route to and from the nutrition facility safe to travel for pregnant and lactating women, mothers with children and other users?
* Are there other forms of physical barriers, such as armed guards outside the facility?
* Are there any other safety concerns in accessing to nutrition services?
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| Financial Accessibility | * Do users have to pay a fee? If so, is the fee reasonable/manageable given the economic circumstances/means? Who would be the most affected by a fee?
* If no formal fee, are there any other hidden fees such as transportation that affect people’s access to nutrition services?
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| Bureaucratic/administrative accessibility | * Are there procedural steps that users must complete to access to nutrition services?
* Do the users need to have civil documents such as birth registration, documents related to refugee status etc to enrol in schools? If so, is it easy to obtain the documents? Who wold have challenges in accessing civil documents and thus using nutrition services?
* Are there any other bureaucratic/administrative barriers that hinders people’s access to education services?
* Are the facilities open at times that are convenient given the daily/weekly rhythm of women?
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| Social accessibility | * Are the opinions of target groups i.e., women reflected in nutrition services?
* Do nutrition respect and practice non-discrimination in the provision of services?
* Are certain groups excluded from nutrition because of language barriers?
* Are there adequate numbers of female frontline workers?
* Are there social norms/cultural barriers that hinder women, men i.e., single father with children under 5 and children’s access nutrition services?
* Are there social norms/cultural barriers that hinder local women from working at nutrition services?
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| Information accessibility | * How is information about nutrition services communicated to the community? Are both men and women receive the information?
* Do men understand importance of nutrition services, proper diet and breastfeeding?
* Is there an analysis of who makes a decision regarding nutrition at home and targeting a right person for information campaign?
* Are there alternatives to printed information in order to reach illiterate members of the community?
* Is personal information treated confidentially?
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| Acceptability | * Are nutrition services respectful of the culture of individuals, minorities, peoples, and communities?
* Is the nutrition service gender-sensitive?
* Are there certain characteristics of the nutrition services (gender balance of frontline workers, attitude/behaviours of teachers etc) that make the community more/less comfortable accessing services?
* Are there adequate numbers of female staff and volunteers in WASH? If not, are there a plan to increase numbers of female staff/volunteers?
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| Quality  | * Is there a Code of Conduct (CoC) for nutrition frontline workers which include PSEA? Are they trained and signed the CoC?
* Do nutrition frontline workers know how to ethically and safely refer GBV survivors to services?
* Are the quality of nutrition services meet the nutrition minimum standards?
* Do all users regardless sex, age, disability and their social status such as refugee, IDPs etc., feel respected in nutrition services?
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[[1]](https://cac-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DUS&rs=en%2DUS&wopisrc=https%3A%2F%2Faahcanada.sharepoint.com%2Fsites%2FGNCTechnicalAlliance%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F666cb808c3094253ac72bd6d6c6fed72&wdenableroaming=1&mscc=0&hid=C5B568A0-90F8-2000-81F0-33416987111A&wdorigin=Sharing&jsapi=1&jsapiver=v1&newsession=1&corrid=eb889356-c95e-4bd6-89b1-744e793cc20e&usid=eb889356-c95e-4bd6-89b1-744e793cc20e&sftc=1&cac=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&rct=Medium&ctp=LeastProtected#_ftnref1) It includes all facilities or places where nutrition services are provided such as IYCF centre, OTP services, health facilities, places where nutrition services are provided, places where distribution happens, places where mothers to mothers groups happen.

**Question 7:** How can we enhance community awareness and engagement in nutrition programming since community engagement is at the heart of the Community-Based Management of Acute Malnutrition (CMAM) program as well as an important entry point to address GBV risks related to the nutrition programming.

**Answer 7:** The use of the caregroup model in scaling up nutrition messaging and mainstreaming nutrition messaging through the FFS approach and lead farmer approach would help, using TFD and SFD.

To address the issues, one option is to advocate for governments and policymakers to promote nutrition key messages.

We also introduced birth spacing options for them to delay the second child and plan for their future also taking good care of themselves and the baby.

**Question 8:** where can we find the gender rapid assessment tool?

**Answer 8:** Humanitarian Programme Cycle (HPC) Toolkit on GBV Risk Mitigation for Nutrition Clusters: <https://gbvguidelines.org/en/documents/humanitarian-programme-cycle-hpc-toolkit-for-nutrition-cluster/>

**Question 9:** Kindly request to share the presentation including guidance tools related to GBV -Nutrition HRP.

**Answer 9:** Recording and presentation slides can be found in GNC Technical Alliance website, here: <https://ta.nutritioncluster.net/GBV-risk-mitigation-HRP-webinar>

**For any additional questions, please contact:** Pamela Marie Godoy pgodoy@unicef.org