



# Gender in Nutrition in Humanitarian Context, including migration Training Series Session 4: Gender-based violence (GBV) mitigation in NiE

2, 09, 23 and 30 May 2024  
From 9:00 am (Panama time)

# Training organizers



## UNICEF LACRO



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# Housekeeping

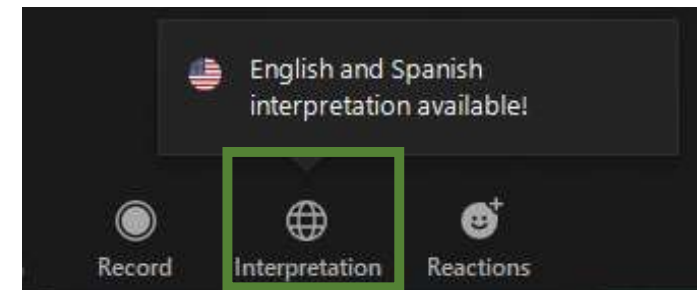


## English - Instructions to use ZOOM with interpretation service.

- 1. Click the icon “interpretation” available at the bottom of the screen.
- 2. Select the audio that you want to hear (English or Spanish).
- 3. Important for speakers: Please keep speaking in just one language, do not switch between 2 languages when you speak.

## Español- Instrucciones para utilizar ZOOM con servicio de interpretación.

- 1. Haga click en el ícono de “interpretación” que se encuentra en la parte inferior de la pantalla.
- 2. Seleccione el audio que desea escuchar (inglés o español).
- 3. Importante para las personas que hablan: mantenga el uso de un solo idioma al hablar.



# Housekeeping



## Language of the training

- Presentations/content on the screen will be shown in English
- Discussions will take place in English and Spanish

## Questions

- Ask your questions in the chat along the sessions and during Q&A.

## Folder of resources in UNICEF Sharedrive

At the end of the training, you will have access to:

- Presentations
- Recordings
- Resources/documentation



## Webinar Working Group



0



World Vision

## Supporting Donors

1



**Note:** This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC and the individual presenters and do not necessarily reflect the views of these donors.

## Slide 6

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**0** Logos to be updated based on the working group members

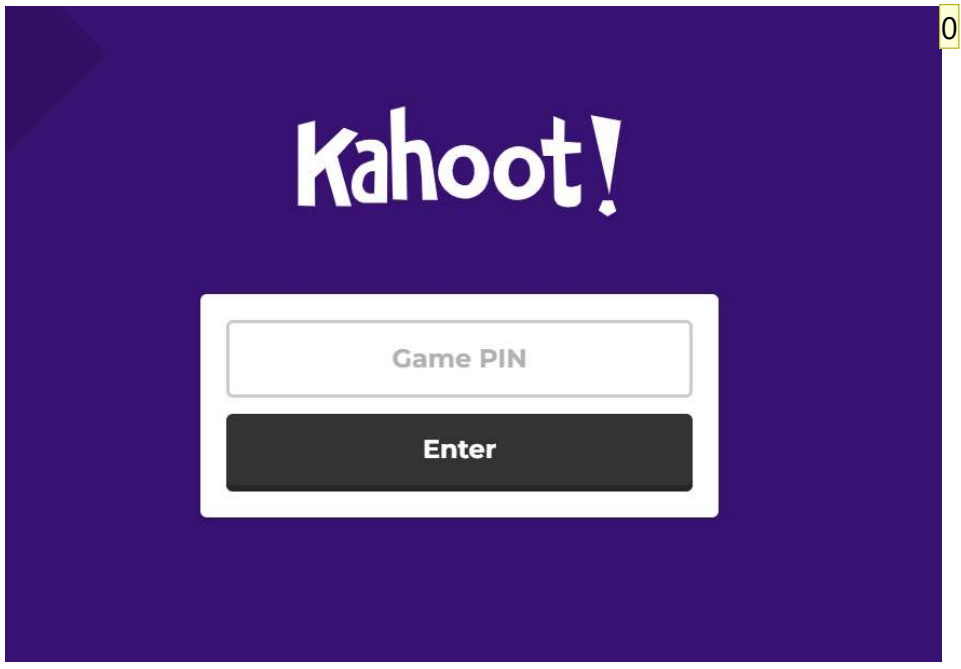
, 2023-02-10T17:46:06.530

**1** GNC Technical Alliance donors

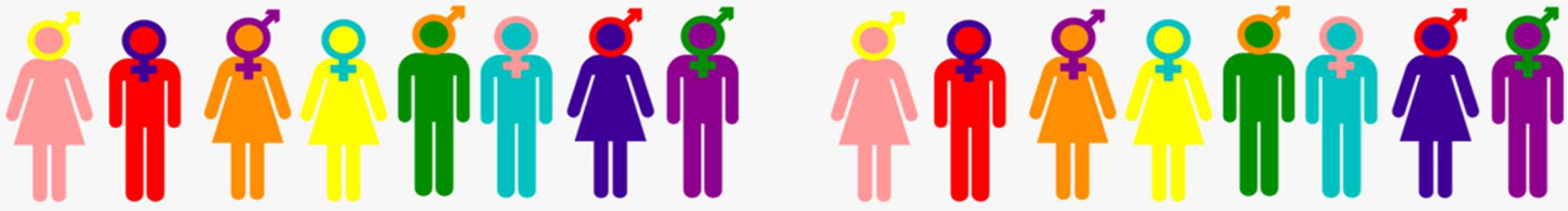
, 2023-02-10T17:48:01.710



# QUIZ Recap session 3



Join  
[www.Kahoot.it](http://www.Kahoot.it)





## Slide 7

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0 Women during humanitarian emergencies and migration

, 2024-04-22T19:26:39.276

1 For question 2: What about: Do you think the nutritional status of women and men are affected the same way in emergencies?

Maybe it is a basic one, but it could be useful for the Gender focal points.

, 2024-04-22T20:37:55.190

# Gender in Nutrition in Humanitarian Contexts, including migration

## Session 4: Gender-based violence (GBV) mitigation in NiE

Date 30 May 2024    Time 09-11 am Panama



## Objectives:



By the end of this session, participants will build key competencies and increase their understanding of:

- How to identify Gender-Based Violence (GBV) risks ?
- Gender-Based Violence Risk Mitigation in nutrition: and learn how to ensure the coordination, planning, implementation, monitoring and evaluation of essential GBV actions within nutrition programming.
- Core resources available for integration of GBV risk mitigation into nutrition programming

## Today's Agenda

- Quiz Review session 3
- General introduction to GBV
- Linkages between GBV and Nutrition: the evidence
- Identifying potential GBV risks linked to NiE programming
- Measuring effectiveness
- GBV Risk Mitigation & Standard practices
- What is the role of Nutrition programme staff?
- Supporting survivors, including GBV referral pathways
- Take home messages
- Quiz



## Key point:

- To ensure that we adhere to our Gender-Based Violence Guiding Principles (safety, respect, confidentiality, and non-discrimination), please refrain from sharing information about individual cases of gender-based violence.

For UNICEF, referral is to the LAC staff counselor:

**Anisa Zeqja**

Regional Staff Counsellor

Staff Wellbeing Section, UNICEF Latin America, and Caribbean Regional Office

Calle Alberto Tejada, build. 102, Ciudad del Saber, Panamá, República de Panamá

Phone: [+507 61699037](tel:+50761699037); eMail: [azeqja@unicef.org](mailto:azeqja@unicef.org)

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**All psychosocial services are confidential**

**Check out our [Staff Wellbeing intranet site](#)**





## What is gender-based violence?

*“...an umbrella term for any harmful act that is perpetrated against a person’s will and is based on socially ascribed (i.e. gender) differences between males and females.”*

(IASC GBV Guidelines)

Examples: rape, intimate partner violence, sexual harassment, deprivation of resources, etc.

## GBV and LGBTI

- Violence against an LGBTI individual constitutes GBV when it is “driven by a desire to punish those seen as defying gender norms” (OHCHR, 2011).
- Homosexual men and transgender women can be at particular risk because of gender stereotypes
- LGBTI survivors also often have limited ability to access support

# Linkages between GBV and Nutrition: the evidence

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for every child

**A Rapid Evidence Assessment covering 84 published articles highlighted:**



<https://www.unicef.org/documents/rapid-evidence-assessment-exposure-gender-based-violence-and-childrens-nutrition>



# Linkages between GBV and Nutrition: the evidence



## Direct/indirect exposure to GBV linked to:

- Low birth weight
- Breastfeeding practices
- Child growth indicators (stunting, wasting, underweight)

## With potential pathways:

- Maternal stress/mental health; household environment
- Coping mechanisms



# Linkages between GBV and Nutrition: the evidence



- Withholding food/preferential feeding based on gender is a form of GBV.
- Gender/power dynamics in the home affect uptake of Nutrition services.
- Lack of food → increased risk of harmful coping mechanisms and SEA.
- The importance of program design and delivery:
  - Location and timing of nutrition services/facilities
  - Community's understanding of nutrition programming, criteria, etc.
  - Opportunities for collaboration – including more systematic cross-referrals between nutrition and GBV programmes



# Identifying potential GBV risks linked to Nutrition programming



# Quiz

**What should be a priority when planning the location of nutrition program activities?**

- A) Proximity to markets
- B) Safety and accessibility for all community members, especially women and girls
- C) Scenic views
- D) Centrality to administrative offices

# Useful types of information for GBV risk analysis

Covered in session 2



- Barriers to accessing services → Accessibility, Availability, Acceptability, Quality (AAAQ) framework
- Perceptions of safety
- Coping mechanisms
- Safety Audit

Additional information and full set of safety audit tools available here:

[GNC South Sudan safety audits presentation 2021](#)

# Engaging women/ girls during consultations

Three critical moments:

1. Before a project begins: women/girls **themselves** can identify GBV risks in the environment and/or barriers to accessing services
2. During the project: women/girls provide **feedback** as to if/how your GBV risk mitigation efforts have affected their access to services and/or perceptions of safety.
3. Close or after project ended; consultations help identify what worked/did not work to generate lessons learned, next steps which most important risks and/or barriers to be addressed.



From

- [Tip sheet for conducting consultations with women and girls](#)

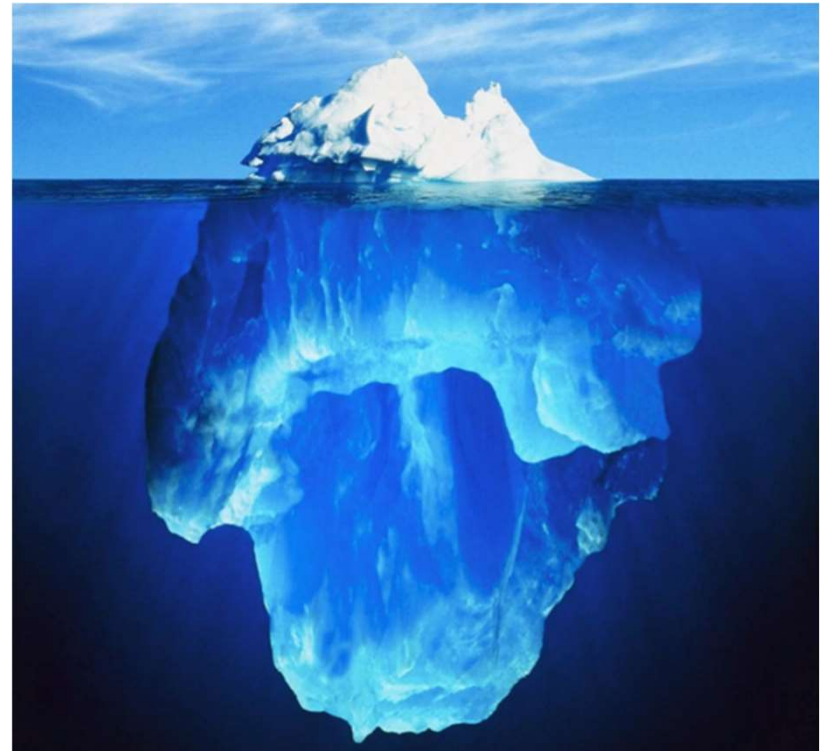
# Measuring Effectiveness



From <https://gbvguidelines.org/en/im/effectiveness/>

# Tip: Don't be led astray by GBV incident data!

- “Tip of the iceberg”
- Too easily misinterpreted
- Does not tell us what we need to know for risk mitigation



**In general, Nutrition programme staff should not be collecting GBV incident data**



# Other examples of GBV risk from your work?



# Quiz

**Which of the following is a primary goal of Gender Based Violence risk mitigation?**

- A) To increase awareness about Gender Based Violence
- B) To reduce the risk and impact of GBV in various settings
- C) To collect GBV incident data
- D) To make programming across nutrition sector as safe and accessible as possible for women and girls
- E) To enhance economic development

# GBV RISK MITIGATION

1

Related to – but distinct from – GBV specialised programming

2

Aims to make programming across ALL sectors as safe and accessible as possible for women and girls

3

Collective responsibility  
Everyone has a role to play

4

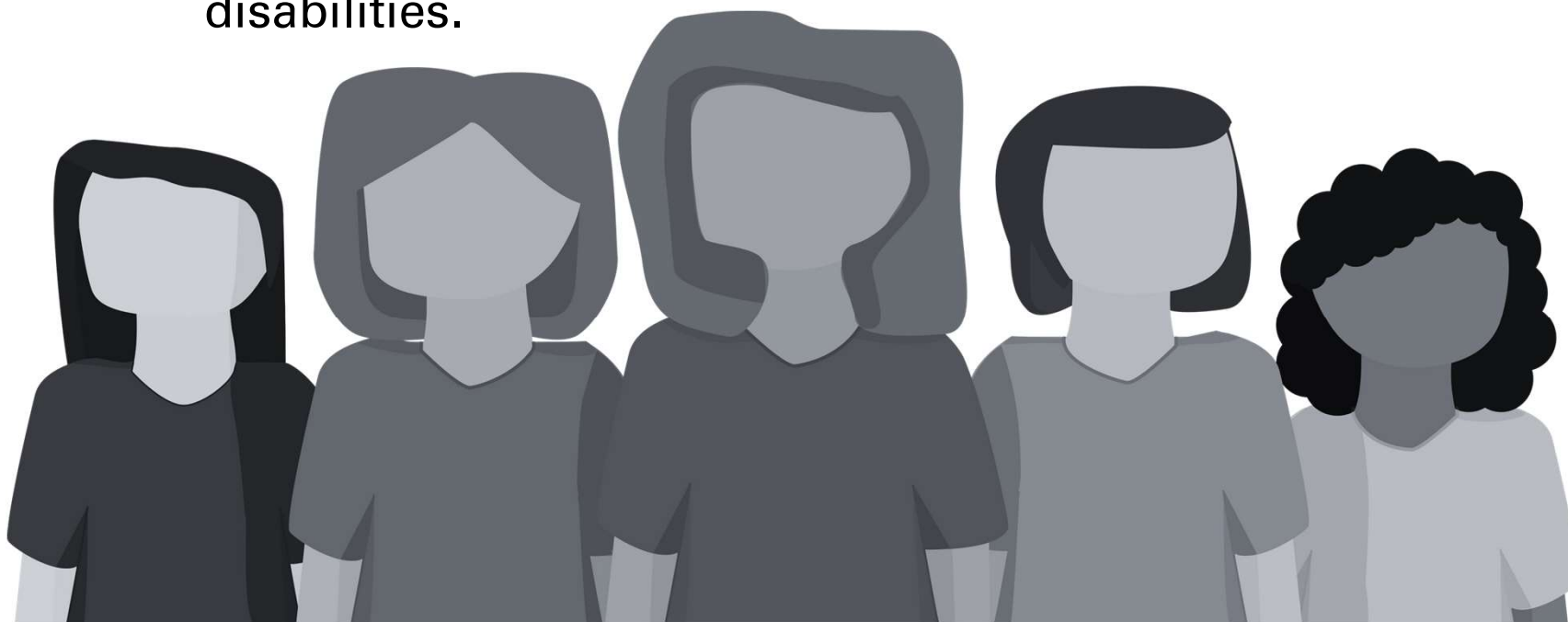
Core component of Do No Harm



# STANDARD PRACTICES IN GBV RISK MITIGATION

1

Meaningfully and safely consult women and girls.  
Increase/enhance partnerships with women-led/women's rights organizations and organizations of persons with disabilities.



## STANDARD PRACTICES IN GBV RISK MITIGATION

# 2

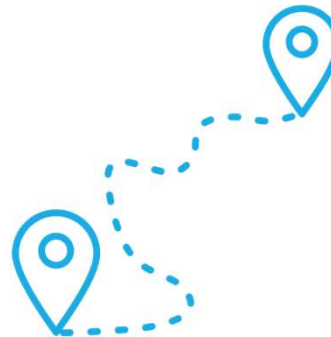
Conduct safety audits. When conducted regularly, safety audits can help to monitor the effectiveness of established mitigation measures and measure on-going GBV risks

60-70% of nutrition sites lack female staff to facilitate referral of gender sensitive cases & collect feedback from women who are not comfortable reporting issues to male staff



Reco: Gender-diverse staffing is critical to quality service delivery and should be made a standard on all nutrition sites

Theft and assault were especially common on sites located in urban areas or adjacent to markets, & findings indicated that risk of GBV increased with distance travelled to nutrition sites



Reco: Strengthen advocacy with local authorities & community leaders to increase overall coverage of nutrition services & decrease distance travelled

## STANDARD PRACTICES IN GBV RISK MITIGATION



Train frontline workers on psychological first aid and how to receive GBV disclosures in a supportive and non-stigmatizing manner.

Indicator: % of Nutrition staff and frontline workers who received an orientation/training on how to safely receive disclosures of GBV and provide the latest information on available GBV services



# HPC Toolkit on GBV Risk Mitigation for Nutrition Cluster

## HPC Toolkit Nutrition Cluster



Overarching Documents



Needs Assessment



Strategic Planning



Implementation



Monitoring & Evaluation



Training & Institutionalization

### What is GBV risk mitigation?

GBV risk mitigation (GBVRM) makes humanitarian services and responses safer and more effective by proactively identifying and mitigating the barriers and risks that women and girls face, and tackling their specific needs and rights. GBVRM should be apprehended in correlation with other cross-cutting themes, such as gender, inclusion of people with disabilities, localization, and Accountability of Affected Population (AAP).

### Why does it matter?

Integrating GBV risk mitigation measures is a core responsibility of all humanitarian actors<sup>1</sup>, as it significantly improves the safety and well-being of crisis-affected populations. Preparing for and delivering aid and services in the safest and most dignified way allow more people to access better services. Failing to address GBV in emergencies compromises the effectiveness of emergency preparedness and response across all sectors.

### How should this toolkit be used?

This HPC toolkit is a compilation of the top tools that clusters can use to strengthen GBVRM throughout the HPC. It includes practical tools for essential actions and concrete examples of integration. This compilation was the result of a thorough consultative process with partners.

### ACTIVITIES & SERVICES

which

- ✓ are safe and accessible
- ✓ proactively identify, and take action to reduce, the barriers and risks faced by women and girls
- ✓ include regular consultations with women and girls
- ✓ work closely with GBV services (e.g. for referrals)

## Essential Links

- ◊ [GBV Risk Mitigation in UNICEF-led Clusters/AoRs](#)
- ◊ [Overarching Picture of Cross-Cutting Themes and Tools](#)
- ◊ [Frequently Asked Questions](#)









IASC Guidelines for Integrating GBV Interventions in Humanitarian Action - Thematic Area Guides

“  
GBV risk mitigation is a key component of quality programming and contributes to sectors' ability to meet their own core standards and targets.  
”

# HPC Toolkit on GBV Risk Mitigation for Nutrition Cluster



Phase	Top GBV Risk Mitigation Activities
 <a href="#">Overarching (Across All Phases)</a>	<ul style="list-style-type: none"> <li>☑ Proactively engage women and girls and reflect their opinions into all HPC phases.</li> <li>☑ Increase meaningful partnerships between Women-Led Organizations (WLOs) and clusters/AoRs.</li> </ul>
 <a href="#">Needs Assessment &amp; Analysis (HNO Process)</a>	<ul style="list-style-type: none"> <li>☑ Identify the barriers and risks faced by women and girls, and their specific needs, and integrate this analysis in the HNOs.</li> <li>☑ Meaningfully and safely consult women and girls.</li> <li>☑ Partner with WLOs to conduct needs assessments.</li> <li>☑ Where a face-to-face consultation is not possible, seek information from WLOs.</li> </ul>
 <a href="#">Strategic Planning (HRP Process)</a>	<ul style="list-style-type: none"> <li>☑ Include GBV risk mitigation measures that correspond to the HNO findings.</li> <li>☑ Include sectoral objectives and indicators that reflect the GBVRM narrative.</li> <li>☑ At very minimum include a safety audit and training of frontline workers on GBV referrals and GBVRM.</li> <li>☑ Include capacity-strengthening of WLOs in HRPs.</li> </ul>
 <a href="#">Implementation</a>	<ul style="list-style-type: none"> <li>☑ Work with WLOs.</li> <li>☑ Work with GBV partners and services (e.g. for safe referrals).</li> <li>☑ Use safety audits and tweak the project interventions based on findings.</li> </ul>
 <a href="#">Measuring, Monitoring and Evaluation</a>	<ul style="list-style-type: none"> <li>☑ Integrate GBVRM into the project vetting criteria and the country-based pool funding allocation strategy.</li> <li>☑ Include GBVRM activities in monitoring mechanisms (e.g. 5Ws).</li> </ul>
 <a href="#">Training &amp; Institutionalization</a>	<ul style="list-style-type: none"> <li>☑ Continuously build the capacity of partners in GBVRM jointly with GBV actors.</li> <li>☑ Include mandatory trainings on GBV referrals and PSEA for all.</li> <li>☑ Integrate GBVRM into cluster's knowledge management plans and handovers.</li> </ul>



# What is the role of Nutrition programme staff?

Identify and address potential GBV-related risks linked to your program



Be prepared to provide referrals to GBV response services if a survivor chooses to disclose their experience.

# Supporting survivors: Roles and responsibilities of all frontline workers



- All actors, even the nutrition staff, are responsible for knowing the GBV referral pathways and available services in the area that you work.
- Your role is to provide a listening ear, free of judgement, and to provide accurate, up-to-date information on available services and let the survivor make their own choices.
- All survivors have different needs so the key is listening and ensuring they are the ones making all decisions, while we provide accurate information on available services.
- Apply survivor-centered principles: confidentiality, non-discrimination, respect and safety

# Integrating the Management of Gender-Based Violence (GBV) into the Nutritional Response to Humanitarian Emergencies in **Haiti**

## Causes of gender-based violence in Haiti

In Haiti, with the collapse of basic social services and the weakening of family and community support systems, pregnant women, nursing mothers, girls and children are at increased risk of malnutrition.



At least **5,587** cases of gender-based violence reported in 2023

An increase of over **49%** compared with 2022

Violence and discriminatory practices are compromising:

- their ability to access adequate food
- Access to appropriate health and nutrition care, thus contributing to malnutrition.
- their ability to make independent decisions.

## Importance of integrating GBV into emergency nutrition programs in Haiti

- Fear of rejection and stigmatization limits access to quality care and services for women and girl survivors of violence.
- Discrimination tends to revictimize survivors by making them feel guilty.
- Early marriages and pregnancies (serious violations of children's rights) have serious repercussions on the nutrition and well-being of adolescent girls and their children.



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**→ Need to develop an operational strategy for integrating GBV into emergency nutrition programs.**

# Implementation strategies

- **Intersectoral coordination :**
  - Operational collaboration between nutrition and protection teams
  - Partnerships with local NGOs
- **Training and awareness :**
  - Training of health and nutrition personnel and humanitarian workers in the identification and referral of cases of GBV.
  - Raising awareness among families and communities about GBV and the link with nutrition.
- **Screening and referencing :**
  - Integration of GBV identification into nutrition programs.
  - Develop clear protocols for referrals to support services.
  - Provide accurate information on available services and contact details for service providers
- **Monitoring and evaluation :**
  - Identification of specific indicators to measure the integration of GBV into the nutritional response
  - Strengthening the collection and analysis of GBV-Nutrition data to improve interventions and decision-making

## Actions in progress

- Capacity building for service providers and partner NGOs
- Awareness-raising campaigns on the links between GBV and nutrition and the importance of integration
- Mobile clinics for sites with difficult access
- Involvement of mothers, young people and community leaders in prevention and response
- Mobilizing additional resources for integration



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# Practicing a survivor-centered approach: key principles

**Respect:** all actions you take are guided by respect for the survivor's choices, wishes, rights and dignity.

**Safety:** the safety of the survivor is the number one priority.

**Confidentiality:** people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone.

**Non-discrimination:** providing equal and fair treatment to anyone in need of support



# Practicing a survivor-centered approach





“ ...Why is a “GBV”  
referral system different  
from any other referral?”

## What are referrals?

- The processes by which a survivor is able to access specialized GBV services, which can include case management, health, psychosocial, shelter, legal etc. depending on what services are available
- The processes by which different sectors and actors communicate and work together, in a safe, ethical and confidential manner, to provide survivors with comprehensive support

## What is a “referral pathway”?

- A flexible mechanism that safely links survivors to supportive and competent services
- Services may include: health care, psychosocial, legal aid/access to justice, livelihoods/economic support, safe shelter, child care services, nutrition etc.
- Always refer survivors using the GBV referral pathway or to a designated GBV specialist in your area if you are not sure of the referral pathway.

# CIRCUIT DE REFERENCEMENT VBG DEPARTEMENT DE L'OUEST – HAITI 2024



**Divulgateur** : une survivant(e) a le droit de divulguer son expérience de VBG à la personne de son choix, qu'il s'agisse d'un membre de la famille en qui il a confiance, d'un ami ou d'un leader de la communauté, ou qu'il s'adresse directement à un prestataire de services VBG ou Protection ou alors à un acteur humanitaire non VBG.

**Réponse immédiate Directive pour intervenant** : Respectez toujours les principes directeurs de base: **Sécurité, Confidentialité, respect- Non-discrimination -Approche centrée sur la survivante** : Respect de la confidentialité et des souhaits de la survivante. Fournir des informations fiables et complètes sur les services disponibles pour le soutien aux survivants de VBG et tenir compte de l'obligation de déclaration prévue par la législation haïtienne, **Obtenir le consentement éclairé**, lorsque des membres de la famille ou des tuteurs prennent des décisions au nom de l'enfant, **prioriser l'intérêt supérieur de l'enfant. Signalement obligatoire** pour les cas de **EAS (Exploitation et Abus sexuel)** se sont les cas dont les présumés auteurs sont des acteurs humanitaires

## SI LA SURVIVANTE A DONNE LE CONSENTEMENT ECLAIRE

Gestion des cas: lorsqu'il existe une organisation de gestion des cas VBG ou une équipe mobile PSS, ils veilleront à orienter la survivante vers les services spécialisés dont elle a besoin et qu'elle a choisis. L'orientation efficace vers des services spécialisés peut également se faire par l'intermédiaire de la ligne verte

MCFDF:

MSF Hollande: **8108** (pour urgence médicale)



OIM: **8840** (urgence non médicale)

## COMMUNE DE PORT AU PRINCE

- Clinique Pran Menm/MSF Hollande 509 3170 95 04
- GHESKIO 509 3728 89 37 / 509 3760 34 00
- MdM Suisse 509 3718 01 65 / 3666 92 58 3826 01 07
- Hôpital de l'université d'Etat d'Haïti 509 3808 90 50
- Centre de santé La Saline 509 4256 84 55
- FOSREF 509 3658 79 29
- Centre de santé 1er Avenue: 31435723
- Fondation Cacao: 45432312
- Hôpital Fondation de la Grâce: 37329843
- AFVK: 4431190

Gratuit ● Non Gratuit ●

**EAS (Exploitation et Abus sexuel)** : une approche de tolérance zéro garantit l'obligation de signaler tout incidents de EAS ou suspicion. Orienter la victime vers les services de lutte contre la VBG de son choix et de ses besoins de utiliser la ligne téléphonique d'urgence **8877**. Ou contacter [lara.chefa@un.org](mailto:lara.chefa@un.org)

### Médicale



### Psychosocial



### Hébergement Temporaire



### Juridico-Legal



- SOFA 509 3879 50 26
- Clinique Pran Menm/MSF Hollande 509 3170 95 04
- GHESKIO 509 3728 89 37 / 509 3760 34 00
- RAPHA House International 509 34 44 2110 / 509 46 53 7049
- (A.J.F.P.D'H) 509 3709 43 44
- Kay Fanm 509 4448 23 23 / 3401 92 84 509 4436 99 34
- Fondation Toya 3501 21 21 (Alo Toya)
- OFAVAH 509 3747 06 87 / 4175 50 60
- Medecin du monde Suisse 509 3718 01 65 / 3666 92 58 3826 01 07
- glise Shiba de Fontamara (OCH): 4407031143614430
- Centre d'intervention Psychosociale: 34636308
- AFVK: 4431190 -AJEDH: 42824389-CAPAC: 36421279-O.JRN:31690442
- APADEH: 47566433
- SOFA 509 3879 50 26
- OFAVAH 509 3747 06 87 / 4175 50 60
- MdM Suisse 509 3718 01 65 / 3666 92 58 3826 01 07

## Why are referrals needed?

- Survivors may have multiple and complex needs that require a comprehensive set of services
- Providing services for survivors of GBV is provided by specialized service providers
- One single organization cannot effectively provide all of these services
  - ✓ Coordinated, multi-sectoral response is necessary

# Poll

**Do a gender-based violence referral pathway exist in programs location you support?**

- A) Yes. If yes mention the country in the chat box
- B) NO
- C) Don't know

What do I do in case I “hear” about a GBV incident from someone other than the survivor themselves?



- Provide accurate information about services available and contact details of service providers
- Encourage the person who shared this information to pass this information along to the person they are talking about.
- Do not provide a referral in this situation – remember the need of seeking permission from survivors
- **Take time to reflect on your own feelings. This is a frustrating situation that is difficult to manage.**



# “GBV Pocket Guide”

- Resource package
  - Background Note with key messages
  - User Guide: briefing your team
  - “Pocket Guide”
- Target audience: non-GBV specialists
- \*Can be used in settings without GBV services + settings with GBV services/referral pathway\*
- PDF available in English, Spanish, French, Arabic, Burmese, Turkish and more...
- Mobile app in English (FR, SP, AR forthcoming)

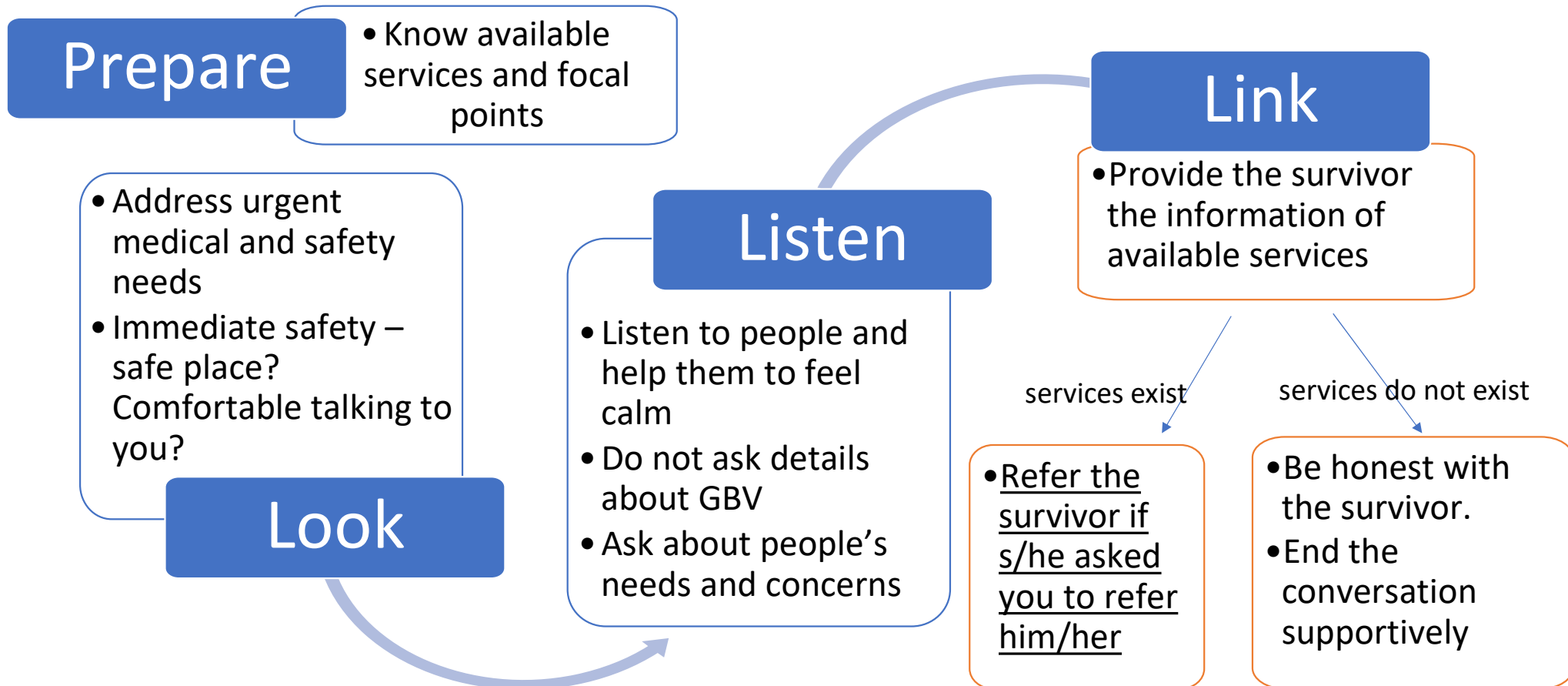


Smartphone  
app!

<https://gbvguidelines.org/en/pocketguide/>

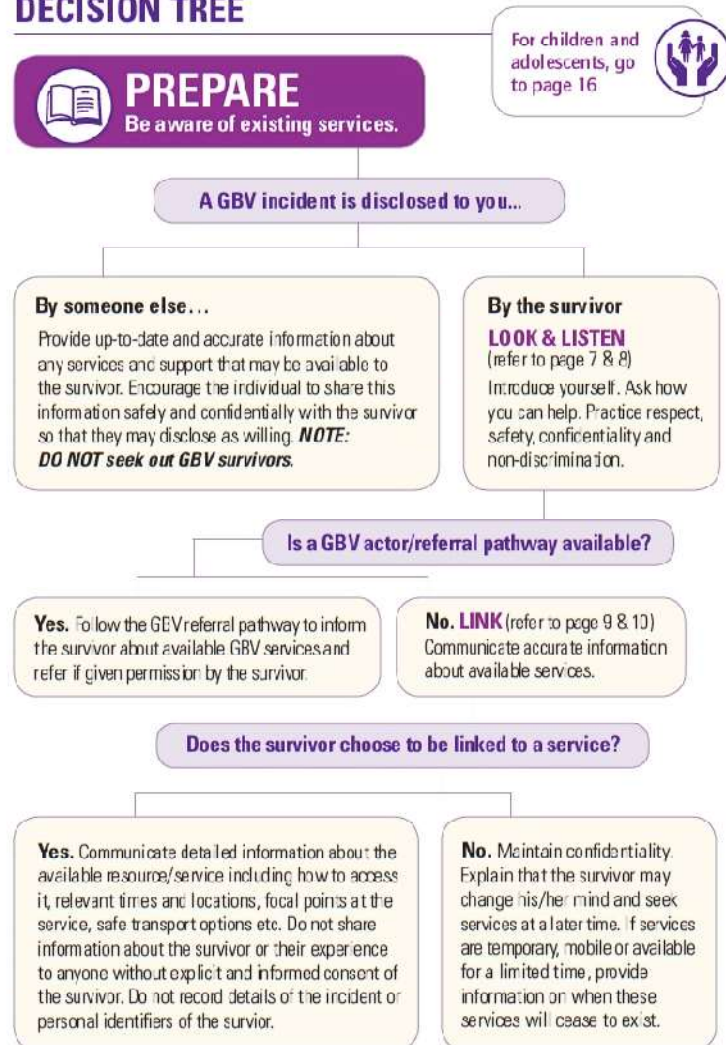


# Steps to respond to a direct disclosure of GBV



# Decision-tree

## DECISION TREE



Adapted from the Shelter Cluster's GBV Constant Companion ([www.sheltercluster.org/gbv/](http://www.sheltercluster.org/gbv/)).

**DO NOT!**  
**Actively look for**  
**or identify**  
**survivors.**

# Guiding Principles: child and adolescent survivors of GBV



- Best interest of the child
  - Decisions and actions affecting the child should reflect what is best for the safety, well-being and development of that particular child.
- A specialized practitioner – with experience working with children and adolescents who experience GBV –to determine a child/adolescent’s ability to make decisions in coordination with the child/adolescent themselves and the caregiver.
- Your role
  - Listen to and comfort the child
  - Link them to an adult they trust
  - Share information on available services
  - Follow GBV and CP referral pathways (if services available)

## FACILITATING SENSITIVE TOPIC

### 1. **Navigate a discussion where participants violate confidentiality:**

From the beginning, ask participants not to share identifying names or information when talking about someone else's experiences.

---

### 2. **Deflect and redirect statements of blame:** redirect the conversation, emphasizing that gender-based violence is never the survivor's fault.

---

### 3. **Ensure everyone has an opportunity to participate in the discussion:** break into smaller groups, emphasize that you would like to hear from everyone

---

### 4. **Ending a session that is headed in an unhealthy direction:** calmly tell the group that everyone will take a 15-minute break before transitioning to a new topic

---

### 5. **If a participant shares their experience as a GBV survivor:** listen without judgement and help the survivor feel calm

# RESPONDING TO DISCLOSURE OF A GBV INCIDENT





## GBV RISK MITIGATION & LOCALIZATION



The process of recognizing, respecting and strengthening the independence of leadership and decision making by local and national actors

Include other vulnerable groups such as LGBTAI+ groups and ensure their meaningful leadership in programme development and feedback to create a more equitable and appropriate response.





## Example of GBV Monitoring indicators



% of Nutrition staff and frontline workers who have received an orientation and/or training on Protection from Sexual Exploitation and Abuse (PSEA).

% of Nutrition staff who have signed a code of conduct (including PSEA).



# Key Messages

1

All humanitarian sectors and actors are responsible for promoting women's and girls' safety and reducing their risks of GBV

2

Match the nutrition programmes with concrete and practical GBV risk mitigation measures.

Maximize capacity, meaningful engagement of, and partnerships with, women-led/women's rights organizations.

3

The needs of the survivor come first-  
Prepare,  
look,  
listen,  
link

4

It's not about Nutrition specialists to become Gender specialists but about improving access to GBV services

## Last quiz

**What is a crucial step when setting up GBV response services?**

- A) Making services expensive
- B) Ensuring confidentiality and safety for survivors
- C) Limiting access to only certain groups
- D) Involve Women-led/Women's Rights Organizations
- E) Publicizing the identities of survivors

Thank you !





## Resource list

- IASC GBV Guidelines – [Thematic Area Guide for Nutrition](#)
- [GBV risk mitigation knowledge hub](#)
- [GBV Pocket Guide](#)
- [AAAQ](#) framework (barriers to accessing services)
- [Tip sheet for conducting consultations with women and girls](#)
- GBV Guidelines website: [“Measuring Effectiveness”](#) and [“Information Management”](#) sub-pages
- [GBV integration toolkit for HPC \(Nutrition Cluster\)](#)