

unicef   
for every child

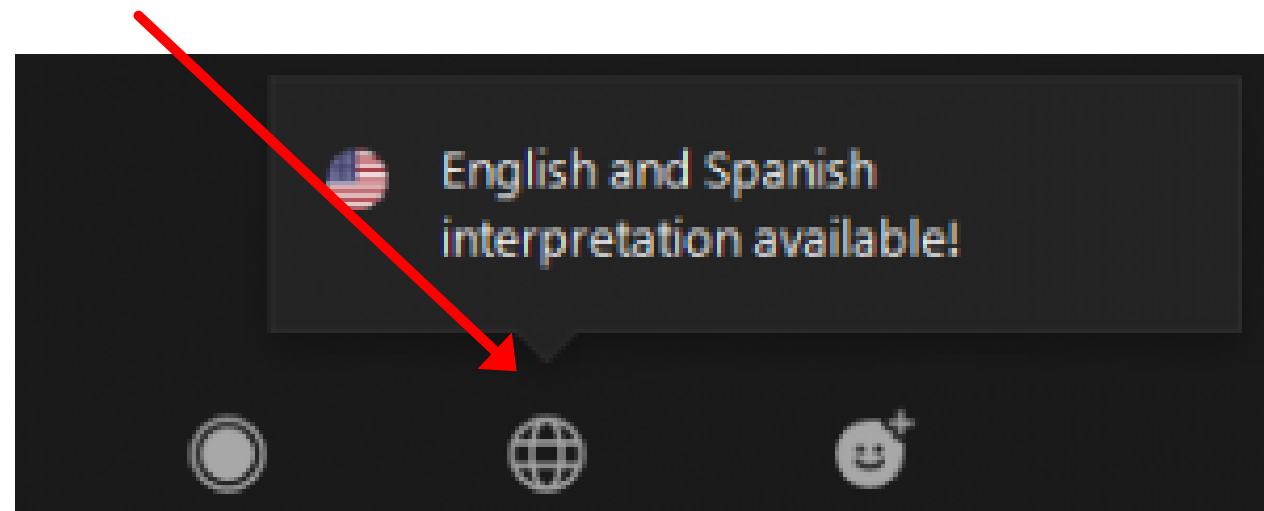
 GLOBAL  
NUTRITION  
CLUSTER  
Technical Alliance

# Gender-Based Violence Risk Mitigation Humanitarian Programme Cycle (HPC)

20 September 2022

## Webinar Series: “GBV Risk Mitigation in Nutrition and inclusion in the HRP” Gender and GBV Core Concepts for Nutrition

Translation is accessible by clicking the globe icon on the bottom of your screen.  
La traduction est accessible en cliquant sur l'icône du globe terrestre au bas de votre écran.  
Se puede acceder a la traducción haciendo clic en el icono del globo en la parte inferior de la pantalla.



يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق  
أيقونة الكرة الأرضية أسفل الشاشة

# **Webinar Series: “GBV Risk Mitigation in Nutrition and inclusion in the HRP”**

**20 September 2022    14:00-15:30 (GMT+1/CET/Geneva Time)**

## Webinar Working Group



## Supporting Donors



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

## Objectives:

- Understand the essential actions and core resources available for integration of GBV risk mitigation into the Humanitarian Programme Cycle (HPC).

## Reminder:

- 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.



## **Webinar Agenda**

- Introduction/Review
- Presentation 1: GBV Risk Mitigation in the HNO and HRP
- Q&A
- Presentation 2: GBV Risk Mitigation + Cross-cutting Concerns
- Presentation 3: GNC Technical Alliance
- Q&A
- Closing

## Today's Facilitators and Presenters



***Pamela Marie Godoy***  
Gender-Based Violence in Emergencies Specialist  
UNICEF



***Brooke Bauer***  
MIYCN-E and Gender Advisor  
GNC Technical Alliance



***Sona Sharma***  
SBC Advisor  
GNC Technical Alliance



# Highlights from Webinar 1

## 13 September 2022

Thematic Area Guide for:

## Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Reducing risk, promoting resilience and aiding recovery



[www.gbvguidelines.org](http://www.gbvguidelines.org)



**Gender-based violence** is 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)

All humanitarian personnel have the responsibility to **assume gender-based violence is taking place**, to treat it as a serious and life-threatening protection issue, and to take actions to minimize GBV risk, regardless of the presence or absence of concrete 'evidence'.



# 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*



# Humanitarian Needs Overview (HNO)

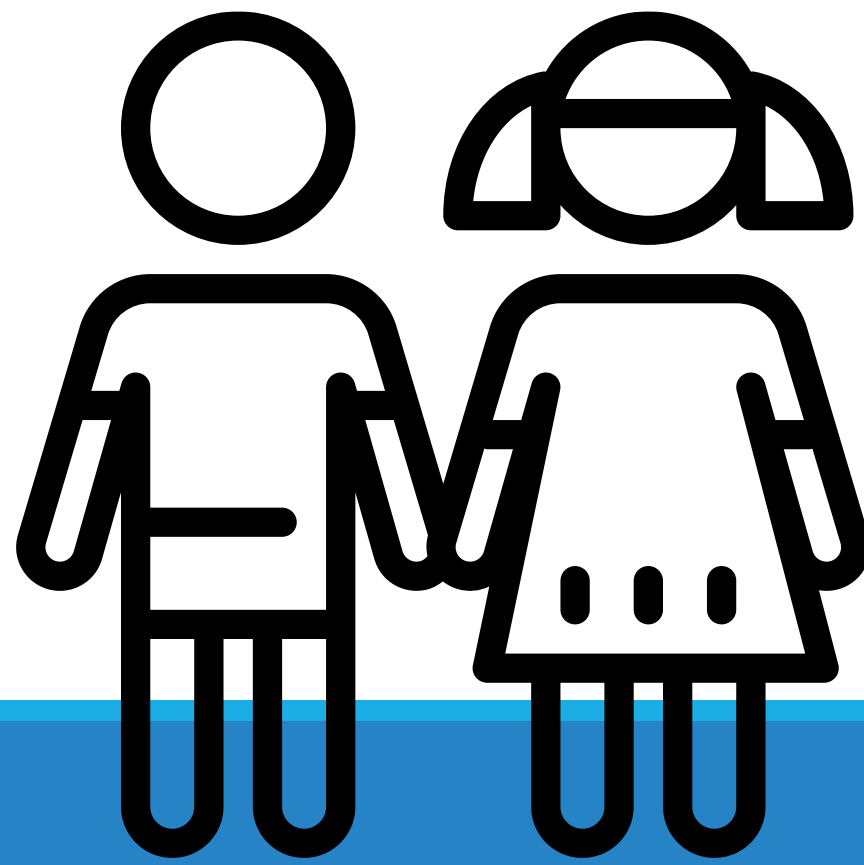


# Humanitarian Needs Overview (HNO)

Contextual information : Specific vulnerabilities of different population groups

Specific barriers and risks faced by women and girls when accessing services and activities

Coping mechanisms used to address risks and barriers and meet their basic needs







## NUTRITION HUMANITARIAN NEEDS ANALYSIS GUIDANCE

### Steps to conducting a Nutrition Humanitarian Needs Analysis

The purpose of this working guidance is to outline the steps (summarized in Figure 1 below) for conducting a Nutrition Situation Analysis, identifying information for the Humanitarian Needs Overview (HNO), which feeds into response plans and updates, whether IASC Cluster system has been activated or not. This includes the development and implementation of an annual nutrition assessment plan and a nutrition situation analysis (or align it with IPC's Acute Malnutrition (AMN) results) along with major contributing factors, and calculation of the number of People in Need (PiN) and other key figures for the HNO.

# ANNEX 2 GENDER CONSIDERATIONS FOR NUTRITION NEEDS ASSESSMENTS AND ANALYSES



### BOX H. BARRIER ANALYSIS

A **barrier analysis** should be conducted to assess the barriers that affected populations may face in accessing nutrition services. A barrier analysis typically looks at least four different aspects: Availability, Accessibility, Acceptability, and Quality of services:

- **Availability:** There are sufficient quantity of functioning nutrition facilities, goods and services, and programs which cover gaps and ensure an acceptable ratio of skilled nutrition workers to the population needs
- **Accessibility:** There are nutrition facilities, goods, and services that are safely accessible, affordable and that there is enough information about them communicated to the population without discrimination
- **Acceptability:** There are nutrition facilities, goods, and services that are culturally appropriate, sensitive to gender and age, respect confidentiality and improve the nutrition status of those concerned
- **Quality:** There are nutrition facilities, goods, and services that are scientifically and medically approved and of good quality.



- Gender roles and responsibilities
- Decision making at household- and community- levels for nutrition-related aspects (e.g. who decides on when and what to eat, breastfeeding, access and use of nutrition facilities, etc)
- Access and control over resources (e.g. money, markets, land, etc)
- Mobility and freedom of movement

## Where can we find this information?



Conflict Sensitive

Rapid Gender Analysis

Cabo Delgado, Mozambique

April 2022

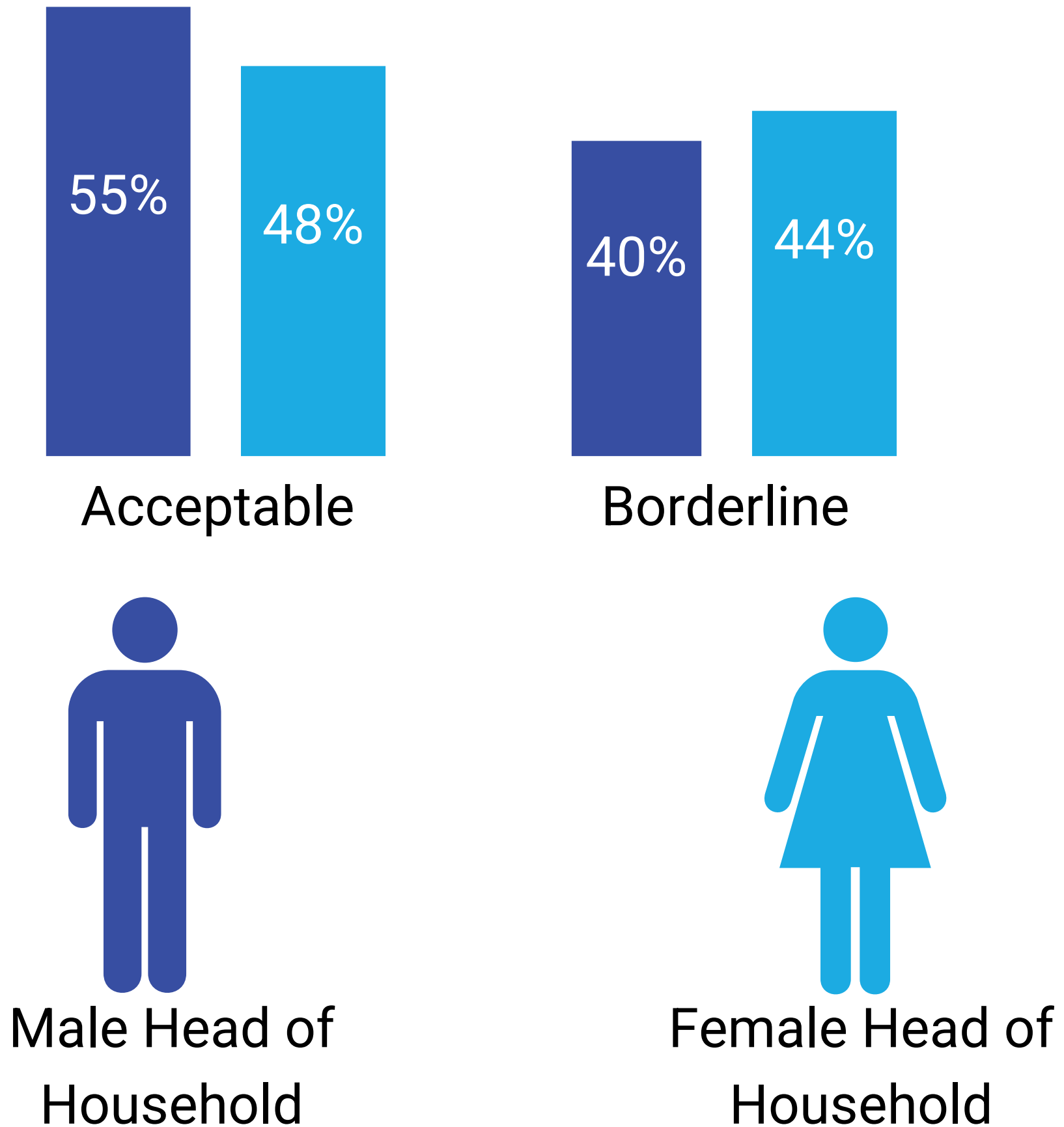


*Having lost their livelihoods, men are now more present in the house and are more involved in household matters they were not involved in before (e.g. food consumption management). Women noted that men's increased presence in the household had diminished their decision-making space within the home.*

*Women's domestic responsibilities and social expectations placed on them mean they do not have the same freedom to travel outside their communities, while men may simply choose to leave, often on the grounds of seeking income generating opportunities.*

*Tensions with host communities were pointed out as another reason for women and girls to avoid venturing outside the resettlement centres.*

# % of households by food consumption score, by sex of head of household



Comparing male/female HH respondents:

Female-headed households in this assessment were less likely than male-headed households to have an “acceptable” calculated FCS.

This indicates that female-headed households are less likely to have diets of adequate quantity and quality when compared with male-headed households and are more vulnerable to being food insecure.



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## HUMANITARIAN NEEDS OVERVIEW CAMEROON

HUMANITARIAN  
PROGRAMME CYCLE  
2022  
ISSUED APRIL 2022



*Women often face constraints in accessing humanitarian services because of insecurity, cultural discrimination and limited mobility.*

*While remaining the main caretakers of children and other dependents within a household, women take on additional activities to support household food security, especially in situations where male, formal heads of households are absent. This often leads to disruption in infant and young child feeding practices and reduced caring capacities.*

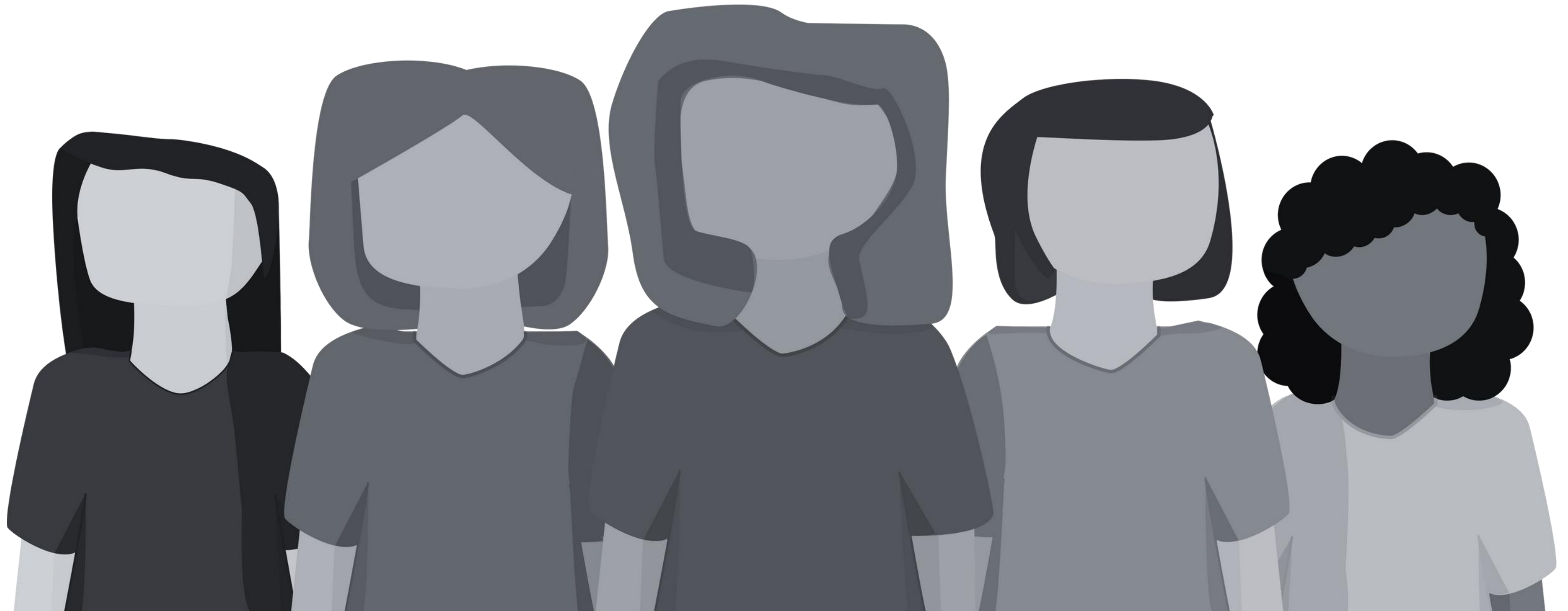
*In crisis situations where food is in short supply, women and girls are more likely to reduce their food intake as a coping strategy. This can contribute to under-nutrition among women and girls.*

# Humanitarian Response Plan (HRP)

# 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.

Lack of female staff on site

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



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

Theft and assault around the nutrition site

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



Recommendation: Strengthen advocacy with local authorities and community leaders to increase overall coverage of nutrition services and decrease distance travelled.

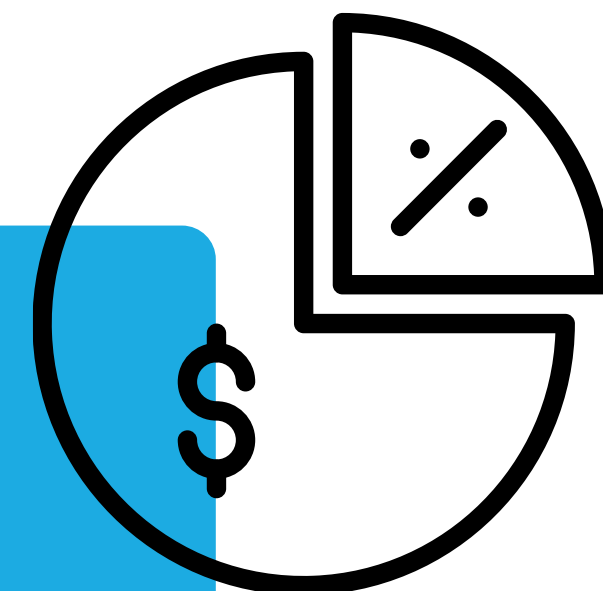


# SAFETY AUDITS: Good Practice Recommendations



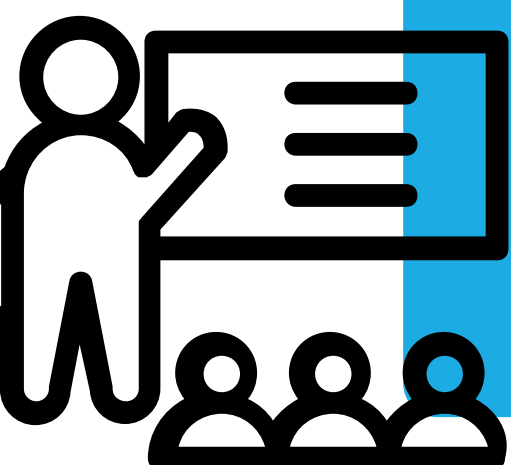
Coordinate to set up multi-sectoral safety audit teams to encourage joint ownership and accountability.

Coincide with HNO/HRP cycles to ensure that implementation of recommendations is included in budget allocations.



Train nutrition actors to conduct safety audits in a safe and ethical way, especially when including FGDs.

Integrate follow-up, M&E mechanisms into the tool design to ensure that the safety audit exercise is not an end in itself.



# STANDARD PRACTICES IN GBV RISK MITIGATION

3

**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



# Interactive Discussion: How do we address these barriers/risks?

**Negative social norms/gender role exacerbating women/ girls' vulnerabilities to poor nutrition**

Expectations of women to eat last  
Expectations of female-headed households to both provide food and care for the children



## Interactive Discussion: How do we address these barriers/risks?

**Negative social norms/gender role exacerbating women/ girls'**

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Expectations of female-headed

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care for the children

Possible GBV Risk Mitigation Measures

# Interactive Discussion: How do we address these barriers/risks?

## Adolescent girls

Early pregnancies and motherhood  
(maternal-fetal nutrition)

Increased domestic responsibilities that  
keep them isolated in the home



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Adolescent girls  
Early pregnancies and  
motherhood (maternal-fetal nutrition)  
Increased domestic responsibilities  
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Possible GBV Risk Mitigation Measures



<b>Barriers in accessing services/ risks to GBV (Humanitarian Needs Overview)</b>	<b>Possible GBV Risk Mitigation Measures (Humanitarian Response Plan)</b>	<b>GBV Risk Mitigation Indicators (Humanitarian Response Plan)</b>
Increased protection risks in/on the way to nutrition sites (including GBV) hampering access	Conduct safety and accessibility audits of sites to better understand areas where there are safety concerns (e.g., on the way to/around nutrition sites) and ensure safe access to nutrition sites	# or % of sites where safety audits were conducted
Women cannot access nutrition treatment services due to cultural norms (they cannot travel without a male chaperone)	Create mobile nutrition teams or establish mobile nutrition centers	# of % of sites covered by mobile nutrition teams/centers
Negative coping strategies to obtain food or money to buy food especially for child- and female-headed households	Include child- and female-headed households (with SAM children) in the selection criteria for cash assistance	# or % of households/individuals (disaggregated by sex, age, disability) that have received CVA





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Questions. Reflections.



# Complementarity and linkages of GBV Risk Mitigation with cross-cutting concerns





## **GBV RISK MITIGATION & LOCALIZATION**

**Does the HRP describe capacity strengthening activities for women-led/women's rights organizations?**

### **LOCALIZATION**

The process of recognizing, respecting and strengthening the independence of leadership and decision making by local and national actors in humanitarian action in order to better address the needs of affected populations







## **GBV RISK MITIGATION & ACCOUNTABILITY TO AFFECTED POPULATIONS**

Successful GBV risk mitigation can only be achieved if the affected population, and especially women, girls, and other groups at risk of GBV, play the central role in all aspects of emergency preparedness, readiness, and response.



# GBV RISK MITIGATION & PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE

% 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 gender-based violence.

2

Match the HNO narrative with concrete and practical GBV risk mitigation measures.

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

3

Technical support is available!

# HPC Toolkit on GBV Risk Mitigation for Nutrition Cluster

## HPC Toolkit Nutrition Cluster



Overarching Documents



Needs Assessment



Strategic Planning



Implementation



Monitoring & Evaluation



Training & Institutionalization

## HPC TOOLKIT ON GBV RISK MITIGATION FOR UNICEF-LED CLUSTERS/AORS



### 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.



## 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.**  
 ”

## NAVIGATE THROUGH THE TOOLKIT

The toolkit is organized into six pages of tools. Click on a phase below to reach the relevant tools. Some tools can be used across different HPC phases represented by the icons below.

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 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>



# A brief overview of the Technical Support Team (TST)

September 2022





Where to find technical support:

The GNC Technical Alliance explained

2 minutes 30 seconds

# How we provide support

## Technical Support Team

### 1. Helpdesk support

- NiE programming
- Intersectoral Collaboration
- Cluster Coordination
- IM/Nutrition Information for Coordination
- Advocacy

### 2. In-depth support (~8 weeks)

In-country

Technical Advisors provide technical support in-country

Remote

Technical Advisors work with teams remotely to provide technical support

### 3. Consultant Roster

Recommendations of technically vetted consultants. You select the best consultant and bring them on-board (and pay)

# Additional Technical Support: UNICEF

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Technical support (remote and in-country) available from

Pamela Marie Godoy

Gender-Based Violence in Emergencies Specialist

Global Cluster Coordination Section

Email: [pgoody@unicef.org](mailto:pgoody@unicef.org)



# Technical support on Gender/GBV

- Helpdesk support: existing resources, guidance and tools on gender/GBV risk reduction
- In-depth support (remote or in-country):
  - Capacity strengthening on gender transformative approaches and GBV risk reduction
  - Integrating gender/GBV risk reduction into nutrition programmes (support in design, implementation and monitoring)
  - Gender analysis studies
  - Review/development of Gender/GBV Policy or Strategy and action plan

# Where to find the Alliance



## Request form

Fill in the form below to get in touch with the **Technical Alliance Team**

Name and Surname

Email Address

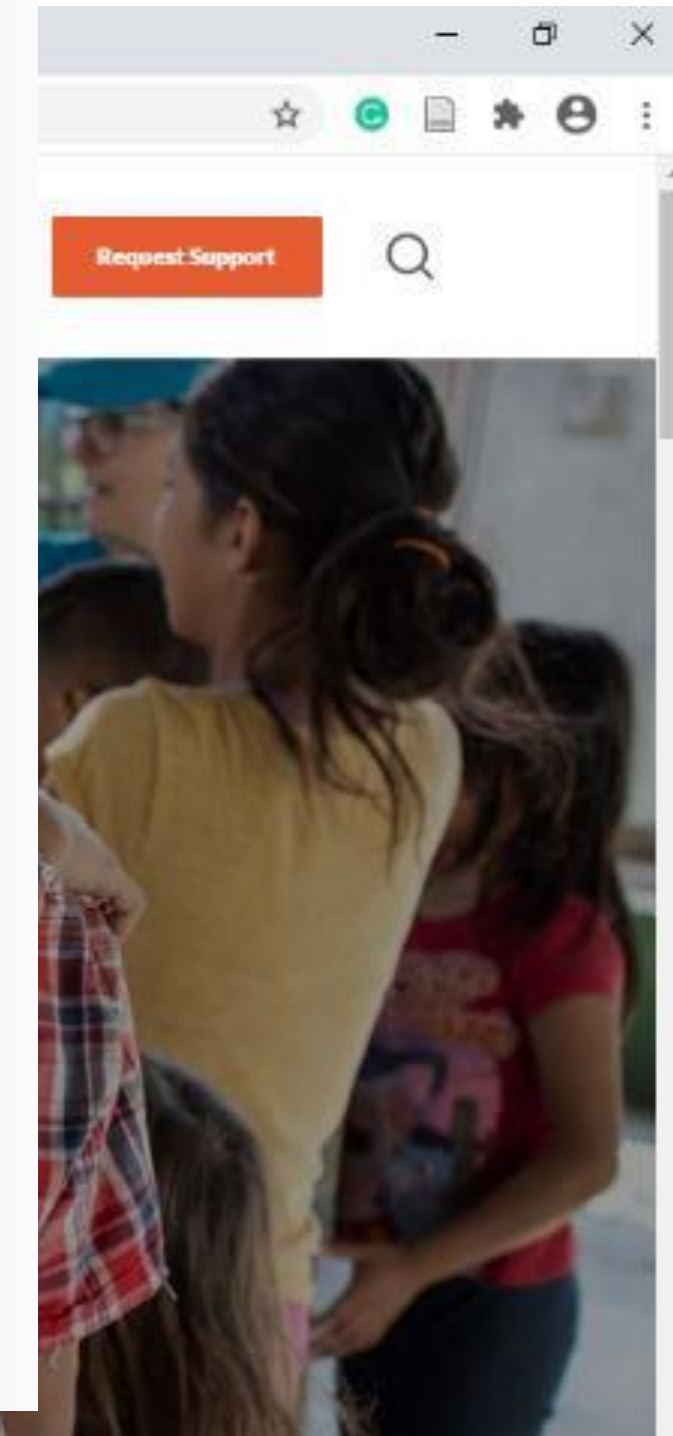
Type of Organization

Location Region

Type of Enquiry Request Urgency

Subject of Request

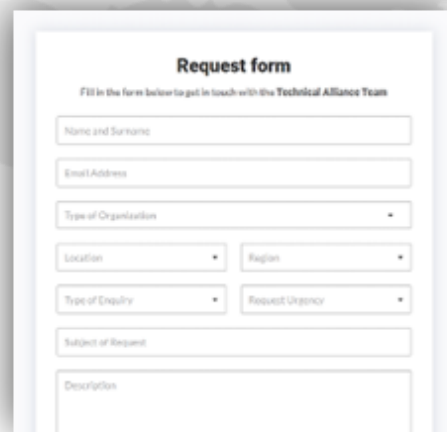
Description





# What's the process? (in-depth support)

1. You submit request



A screenshot of a 'Request form' with the following fields: Name and Surname, Email Address, Type of Organization, Location, Region, Type of Disability, Request Urgency, Subject of Request, and Description.

2. Initial scoping call with TST



3. Together we determine needs



4. Find best HR



7. Support takes place with quality assurance



8. Evaluation and follow up



6. Together prepare for support



5. TST identify best funding



Advice | Guidance | Expertise | Learning



Questions. Reflections.



Please fill out the brief webinar evaluation  
it will take less than 5 minutes  
*(it will pop up when you close the webinar)*

Thank you!