**Q&A**

**Gender and GBV Core Concepts for Nutrition Webinar**

September 13, 2022

**Question 1:** I was wondering if opportunities to develop integrated programmes are also being explored, not only referrals? There is strong evidence about success of GBV/Protection areas working very well in integrated approaches with other sectors. Thoughts?

**Answer 1:** Answered live

**Question 2:** Hi, She may have said this but will we be able to have access to the links Christine is referring to in her slides? Thank you

**Answer 2:** Hello, here are the links that Christine mentioned so far:

Availability, Accessibility, Acceptability and Quality framework: A tool to identify potential barriers to accessing services in humanitarian settings

<https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf>

Tip Sheet: Consulting with Women and Girls

<https://gbvguidelines.org/en/documents/tip-sheet-consulting-with-women-and-girls/>

Measuring Gender-Based Violence Risk Mitigation in Humanitarian Settings

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

**Question 3:** There is fear of self security or fear of counter attack to report GBV especially at communities with low literacy. Is there any approach or experience you can share with us to overcome this challenge?

**Answer 3:** That is very true. GBV survivors face many hindrances in reporting and seeking lifesaving GBV servies. Thus one key way we address these hindrances is what Christine mentioned about training Nutrition actors on how to safely receive disclosures of GBV and having up-to-date information on available GBV services (when available). A nutrition actor in OTPs or stabilization centers may be the most accessible and safest entry point for a survivor to seek help.

**Question 4:** Will the tool for the GBV audit be shared after the webinar ? Thanks !

**Answer 4a:** Link is included in the PowerPoint slides.

**Question 5:** Sometimes it seems like GBV-related risks are so deeply connected to gender roles in general that it seems like there is not much that can be done in a humanitarian (short) project. One example: decision-making related to Houshold finances, which is a challange in cash/nutition programming - Targeting the woman to receive e.g. vouchers may lead to domestic GBV.

**Answer 5:** Answered live

**Question 6:** My question: What is your recommendation in cases where it seems like a more gender transformative approach would be needed to mitigate GBV risks but it is simply outside the scope of a humanitarian project?

**Answer 6:** Answered live

**Question 7:** Thanks Pamela, but some times even the staffs at OTP and SC fear of reporting the cases for thier own safety .

**Answer 7:** Thank you for sharing this additional information. Just to clarify that nutrition actors do not have mandatory reporting requirements — meaning they don’t need to report to relevant authorities the GBV disclosures that they receive.

For cases involving children, the GBV pocket guide also has a specific section on how to support children and adolescents under 18 years. I hope this is helpful.

Additional information:

NOTE: Mandatory sexual exploitation and abuse (SEA) reporting for staff: Humanitarian workers have a duty to report any concern, doubt, or allegation of sexual exploitation and abuse in accordance with the internal policies and procedures of their agency, whether or not the alleged perpetrator is from the same agency.

There needs to be clear, accessible, and appropriate policies, standards and safeguards in place to address and respond to sexual exploitation and abuse.

Relevant resource: [https://psea.interagencystandingcommittee.org/safe-accessible-reporting](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpsea.interagencystandingcommittee.org%2Fsafe-accessible-reporting&data=05%7C01%7Cssegvic%40actionagainsthunger.ca%7C2e321a10658a417ad37108da97f0be51%7Cfa1a4e02d3a84f7286dce1825f376d80%7C0%7C0%7C637989357487157617%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ZhwGSOnzN5x3a%2FwJ%2FxaxX6IPq1e1kYBNunF39kBdjnw%3D&reserved=0)

**Question 8:** Is the French version of the available?

**Answer 8:** Answered live. All tools are available in French, except for the safety audit tools. Links available for English version in the PowerPoint slides.

**Question 9:** Sorry, should have put this in the Q&A: quick Q - out of interest, why shoud non-GBV specific programs 'not' include screening Q's that might support those needing more specialist support through trained GBV serivces/specialists?

**Answer 9:** In addition to what Christine mentioned, there are concerns about routine or universal screening, particularly in resource-poor settings where there is limited training to prepare service providers to conduct screening and where adequate GBV services do not exist.

**Question 10:** In nutrition projects, we often have intermediaries in the implementation in areas of armed conflict. So how do we take gender into account in this context?

**Answer 10:** Answered live

**For any additional questions, please contact:** [**checkman@unicef.org**](mailto:checkman@unicef.org)