

## Checklist on integrating cross-cutting issues in Humanitarian Needs Overview (HNOs) and Humanitarian Response Plans (HRPs) for Nutrition Cluster/Sector Coordination Teams As of 16 August 2023

- The purpose of the tip sheet is to support nutrition cluster/sector coordinators, information management officers, SAG members, technical working groups members, partners, and the GNC team with the development of respective HNOs.
- This tip sheet reflects minimum considerations for HNOs and HRPs and should not be viewed as being exhaustive.
- This tip sheet is a living document and open to inputs from colleagues.
- It is important to note that all considerations are to be discussed with other sectors, where relevant.
- For additional indicators and activities, please refer to specific guidance on accountability to affected populations (AAP), disability inclusion and GBV risk mitigation at <https://www.nutritioncluster.net/resources>
- If you have questions about this tool or if you would like to provide feedback, please contact Anteneh Dobamo at [adobamo@unicef.org](mailto:adobamo@unicef.org) and/or your relevant Coordination Helpdesk focal point.

## HUMANITARIAN NEEDS OVERVIEW

### Community engagement & accountability

	Women	Girls	Boys	Children and adults with disabilities	Others (marginalized groups/ individuals)
Describe the extent to which the following groups have participated in needs assessments					
Describe the following group's preferred communication channels for receiving information and providing feedback/raising complaints					
Describe the barriers and enablers for the following groups to access information and complaints and feedback mechanisms					

Describe how complaints and feedback mechanisms/CFM data have informed the needs analysis.	
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Tips:

- Provide a concrete description of how different population groups were included in community engagement, for example, “separate focus group discussions were held with women and girls and OPDs were engaged to support participation by persons with disabilities in the needs assessments.”
- Identify any barriers to accessing information and complaints and feedback mechanisms. Examples of barriers may include restricted access to phones for women and girls, some persons with disabilities and persons who are illiterate are not able to access written communication, and lack of trust by some groups in reporting sensitive issues with staff/agencies.

**Risk analysis**

	<b>Women (Pregnant and breastfeeding, elderly)</b>	<b>Girls</b>	<b>Boys</b>	<b>Children and adults with disabilities</b>	<b>Other marginalized groups</b>
Describe the specific risks/needs faced by the following groups including barriers to accessing services					
Describe the factors causing or contributing to risks for the following groups					
Describe coping mechanisms (negative and positive) employed by the following groups					

To be able to put together the information about multiple and intersecting forms of vulnerabilities, pre-existing and crisis-related factors including other contextual information like power dynamics and social norms, the following data sources may be tapped:

- Add a question related to access and/or barriers to access in the MSNA, if possible.

- Rapid Gender Analysis Reports
- Secondary Data Reviews from Protection Cluster/GBV Area of Responsibility/Child Protection AoR
- Safety audits data – based on observation and when feasible, conduct key informant interviews with local/national actors focus group discussions with women and girls
- Data from barriers analysis using the Availability, Accessibility, Acceptability and Quality (AAAQ) Framework
- Nutrition monitoring data
- Nutrition assessments data
- CMAM programme coverage surveys (SQUEAC)
- 3/4/5Ws of Nutrition and/or Health Clusters

The data gathering and needs analysis phase is an opportunity for inter-sectoral collaboration:

- Plan and conduct joint needs assessment, joint needs analysis with other clusters/sectors especially WASH, Health and Food Security.
- Disaggregate data by different sectoral needs and map overlap with nutrition.
- Prioritize intervention areas and affected groups with WASH, Health, and Food Security clusters/sectors.

#### CASH & VOUCHER ASSISTANCE

- Based on the results of the analysis from primary and secondary data, this can help provide information on the most economically vulnerable who can be targeted for cash and voucher assistance.
- Assess market capacity and functionality to provide diverse and nutritious foods. Where market do not have sufficient capacity and functionality, the limitation should be articulated in the HNO as a gap that needs to be addressed.
- Make sure that the amount of the cash transfer is sufficient to cover the cost of an adequate and nutritious diet.
- Discuss with targeted groups about assistance modality (cash, voucher, in-kind) and delivery modality as well as whether there are protection and safety concerns related to CVA.

Tips:

- Describe how intersecting forms of discrimination and marginalization (on the basis of gender, age, disability and other diversity factors) exacerbate risks and hinder access to services. For example, some groups may face heightened risk of different forms of GBV, may be disproportionately excluded from education or lack access to nutrition interventions

- Describe the underlying factors contributing to these risks (i.e., explain why these groups are at heightened risk). For example, a lack of female staff in schools may contribute to girls being out of school, certain attitudes and beliefs about disability may contribute to heightened risk of GBV for women and girls with disabilities. Underlying factors often include physical, communication, social/ attitudinal and policy- related barriers to accessing services and assistance.
- Identify coping mechanisms used by women, girls, boys, persons/children with disabilities to address risks and barriers.
  - Negative coping mechanisms may include, but not limited to, dropping out from school, child labor, child marriage. In crises, when food is in short supply, women and girls are more likely to reduce their food intake as a coping strategy in favor of other household members. This can contribute to under-nutrition among women and girls.
  - Positive coping mechanisms may include accessing community support groups, peer networks, and other safety nets.

*Good example:*

[Cameroon, Humanitarian Needs Overview 2021](#)

*Pages 67-68*

*It contained a specific section on “how gender issues affect nutritional status” that explained in depth different vulnerabilities, risks and barriers, and consequences on women and girls. It also has a section on “how disabilities and age affect nutritional status.”*

*In addition to describing the physiological causes and consequences of malnutrition on women and children, it also emphasized the impact of social and gender norms on nutrition in crises and contained a strong analysis of coping mechanisms of women and girls to meet their basic needs.*

**Data**

	<b>Sex</b>	<b>Age</b>	<b>Disability</b>
Include a PIN disaggregated by:			

	<b>Women</b>	<b>Girls</b>	<b>Boys</b>	<b>Children and adults with disabilities</b>	<b>Other marginalized groups</b>
Present data on the needs of the following groups					

**Tips:**

- Present available primary and secondary data (from sector-led assessments, multi-cluster needs assessments, secondary data reviews) to articulate the specific needs, risks, and coping mechanisms of various population groups. Disaggregation of needs assessment data by sex, age, and disability is key to having this data available.

**Localization**

	<b>Local/national women's rights organizations/women-led organizations</b>	<b>Local/ national organization of persons with disabilities (OPDs)</b>	<b>Local/ national youth-led groups/organizations</b>	<b>Others marginalized local and national actors</b>
Identify the following local and national actors and describe how they participated in the HNO development process				
Describe the capacities of the following Local and National Actors (LNAs) and capture their needs and challenges				

## HUMANITARIAN RESPONSE PLANS

### Community engagement & accountability

	<b>Women</b>	<b>Girls</b>	<b>Boys</b>	<b>Persons/children with disabilities</b>	<b>Others</b>
Describe how the following groups will participate as actors in the response					
Describe how safe and accessible complaints and feedback mechanisms (CFMs) will be established					
Describe how information will be made accessible to the following groups, in their preferred languages and formats					

Describe how existing complaints and feedback mechanisms will inform the response.	
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Activities that can be outlined are as follows:

Share information in accessible formats and local languages on services provided at nutrition facilities	% of nutrition facilities with accessible information displayed
Establish accessible complaint and feedback mechanisms at nutrition facilities	% of nutrition facilities with complaints and feedback mechanisms
Discuss feedback from affected populations in regular nutrition cluster meetings	Feedback from affected population is discussed at nutrition cluster coordination meetings (Yes/No)
Conduct satisfaction surveys and FGDs with affected populations	Satisfaction surveys and/or FGDs with affected populations are conducted on a quarterly basis (Yes/No)

Tips:

- Describe the role of affected populations in all their diversity as actors in the response, for example, engaging affected populations in community outreach teams.
- Describe how information and feedback and complaints mechanisms will be made safe and accessible e.g., ensuring information is provided in multiple formats, outreach to seek feedback from more isolated population groups.

### Response to risk

	<b>Women</b>	<b>Girls</b>	<b>Boys</b>	<b>Children and adults with disabilities</b>	<b>Others</b>
Describe how the response will address the risks, including					



	<b>Women</b>	<b>Girls</b>	<b>Boys</b>	<b>Children and adults with disabilities</b>	<b>Others</b>
barriers to accessing services, for the following groups, as identified in the HNO					
Describe a cross sectoral approach to address intersecting needs for the following groups					

Activities and risk mitigation measures that can be outlined are as follows:

Train nutrition frontline workers on how to safely receive disclosures of GBV (including sexual exploitation and abuse) ***Note: This is applicable if when there are GBV actors/services available.	% of nutrition staff who know how to support a survivor of GBV and how to provide information about available GBV services (when applicable) % of nutrition staff who have signed a code of conduct
Train relevant frontline workers, local and national staff on good nutrition practices for persons with disabilities	% of nutrition staff who have received disability inclusion training
Strengthen inclusive life-saving nutrition services for vulnerable population groups focusing on improving nutritional status through provision of supplementary nutrition products, appropriate infant and young child feeding practices in emergency and micronutrient interventions.	Number of boys and girls (6-23 months) receiving emergency/ lifesaving nutrition services t (disaggregated by disability, age, sex)  Number of pregnant and lactating women and girls (15-49 years) receiving emergency/ lifesaving nutrition services (disaggregated by disability & age)
Ensure that vendors, distribution points and markets, nutrition services and other facilities, meet the 'Reach, Enter, Circulate and Use' criteria of accessibility.	% of vendors, distribution points/markets retrofitted or constructed in accordance with accessibility standards
Conduct safety and accessibility audit of nutrition site (either nutrition/GBV specific or multisectoral with other sectors)	Number of nutrition sites with GBV safety audits conducted at least once a year

	Number of measures identified in safety audit that have been implemented
Implement GBV risk mitigation activities (e.g., as identified through safety audit)	Percentage of women and girls who feel safe when accessing nutrition services (outcome level)
Disseminate GBV key messages through nutrition outreach and services (where GBV services are available)	Number of women and girls reached with key GBV messages through nutrition outreach
Distribute cash and voucher assistance to address economic barriers to goods and services related to underlying determinants of nutrition	% of the response delivering using CVA  % of targeted groups that receive CVA to improve nutrition outcomes

Inter-sectoral collaboration may include the following:

Inter- Sectoral (Food Security, Health, Nutrition, and WASH at a minimum) programming validated and implemented to address the underlying determinants of nutrition	Number intersectoral projects validated (by all the clusters)/ total number projects submitted  Number intersectoral projects in consortium (INGOs + local NGO)/ total number intersectoral projects  % of programs delivered as inter-sectoral collaboration
Inter-Sectoral interventions funded	% of inter-sectoral projects funded/ total intersectoral projects validated

Example from Myanmar HRP 2023 – Nutrition:

Page 89 CO3: To respond with life-saving and preventative interventions among the 590,263 people targeted for assistance while mainstreaming protection by ensuring that protection risks are monitored, identified, mitigated and addressed for those targeted for support; upholding the centrality of protection; and promoting respect for human rights and humanitarian principles. Page 91 Protection mainstreaming was also factored into the costing for the Nutrition Cluster response in 2023. To this end, a 7 per cent protection mainstreaming cost was included in the final Cluster requirements adding \$3 million , bringing the total cost to \$48 million including the inflation calculation.

## Tips:

- HRP should go beyond general references to addressing risks and needs (e.g., 'the response will be fully inclusive/ will take safety of women and girls into account'), to describe specific activities, including those to address barriers.
- A twin track approach refers to a response that provides both targeted interventions for a specific group, as well as mainstreaming the needs (e.g., for safety or accessibility) of that group into all interventions.
- Response activities should be linked to the needs and underlying factors contributing to the risks faced by different population groups, as described in the HNO.
- To reflect the diverse needs of individuals, response activities should include those that are cross-sectoral, implemented through collaboration across clusters.

## Data and monitoring

	<b>Sex</b>	<b>Age</b>	<b>Disability</b>
Include targets disaggregated by			
Include indicators disaggregated by			

## Indicators:

- CAR HRP 2023: # de formation sur l'abus sexuel, l'integration de la protection transversale et de la redevabilité dans la reponse humanitaire. [# of training on sexual abuse, integration of cross-cutting protection and accountability into humanitarian response.]
- CAR HRP 2023: % de partenaires ayant organisé des groupes de discussion séparés hommes, femmes, filles [% of partners who conducted separate focus groups for men, women, girls]
- DRC HRP 2023: % de projets du Cluster Nutrition prévoyant des activités ou initiatives visant à renforcer la prise en compte des principes de la protection transversale. [% of Nutrition Cluster projects with activities or initiatives to strengthen the mainstreaming of cross-cutting protection principles.]

- DRC HRP 2023: # de sensibilisations menées par les membres du Cluster Nutrition auprès des communautés affectées sur la manière de signaler l'exploitation et les abus sexuels et sur la manière d'accéder à une assistance centrée sur les victimes/survivants ( groupe de discussion, sensibilisation de proximité et de masse, campagne médiatique, les guichets d'informations etc..) [# awareness-raising conducted by members of the Nutrition Cluster with affected communities on how to report sexual exploitation and abuse and how to access assistance focused on victims/survivors (discussion group, community and mass awareness-raising, media campaign, information desks etc.)]

	<b>Safety</b>	<b>Inclusion</b>	<b>Accountability to Affected Populations</b>	<b>Local actors</b>
At least one sector/cluster objective makes specific reference to safety, inclusion, AAP, and local actors.				

#### Examples:

- Strategic objective: Involves a multisectoral approach to cross-cutting issues and linkage with protection services. Women and children will have access to nutrition services while exercising prevention and mitigation of protection risks. This includes partners adopting and implementing community-based livelihood interventions in targeted localities that contribute to lowering malnutrition levels and alleviating protection risks (Sudan HRP 2021)
- In order to ensure a people-centered approach guides response planning and delivery, include at least one strategic objective addressing an inclusive, safe and accountable response that engages meaningfully with local actors. For example, 'SO 2: Sustain the lives of 16.5 million people requiring humanitarian assistance and protection and basic services, including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 889 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods and protection and other essential services by the end of 2022 and enhance the protection environment' (Ethiopia HRP 2022)

#### Localization

	<b>Local/national women's rights organizations/women-led organizations</b>	<b>Local/national organization of persons with disabilities (OPDs)</b>	<b>Local/national youth-led groups/organizations</b>	<b>Others (local authorities, government actors, etc.)</b>
Include technical and institutional capacity strengthening of the following local actors				
Describe funding for the following local actors				
Describe the role of the following local actors in the response				

Tips:

- Concretely describe capacity strengthening/sharing activities for these local actors, which encompasses technical, operational, and institutional capacities further to their expressed needs.
  - For example, for OPDs, capacity strengthening may include supporting them to reach out to the full diversity of persons with disabilities among affected populations.
  - For local/national women's rights organizations/youth-led organizations, capacity strengthening may include mentorship and secondment arrangements beyond the one-off capacity building.