**Proposed GBV integration indicators/interventions in Nutrition Sector**

**Nigeria HNO/HRP 2019**

|  |  |  |
| --- | --- | --- |
| **Proposed indicators** | **Proposed interventions and consideration for budget** | **Reasons for the indicator and activities** |
| **Staffing**  |
| **% of nutrition staff[[1]](#footnote-1) who have received orientation on the GBV referral pathway and are able to refer survivors to appropriate care**  | Integrate Psychological First Aid (PFA) and GBV referral pathway training into nutrition frontline workers training. Make sure that all nutrition frontline workers know GBV referral pathway. Budget: training cost. PFA/GBV referral pathway training could take minimum half day.  | As nutrition personnel, nutrition staff are not GBV specialists and should not be actively identifying cases of GBV, however women receiving nutrition services for their children may also be survivors of GBV and request help. In this instance nutrition staff should be able to refer the survivor for appropriate services. |
| **% of nutrition staff who have signed a code of conduct** | Conduct PSEA and/or Code of Conduct training/orientation to all nutrition frontline workers. Establish a community based feedback mechanisms for nutrition services. Budget: training cost | women coming for nutrition services are amongst the most vulnerable women and are at risk of sexual exploitation not only within the community but even at OTPs and other nutrition services. For example, male nutrition staff person may offer a woman extra food, plumpy nut or BP5 for having sex with him. Having a code of conduct and ensuring all staff have signed the code of conduct can help prevent sexual exploitation and abuse. |
| **% of nutrition staff who are female**  | If it is difficult to recruit nutrition staff who has technical capacity, consider recruiting more female nutrition volunteers who help female users. Budget: allowance for volunteers. Cost for capacity building for volunteers.  | Though recruitment and retention of female staff is challenging due to differences in education levels amongst men and women but also due to social norms regarding women’s responsibility in and outside of the home, we have a responsibility to promote women’s recruitment. This is particularly important for nutrition services since women and their children are the primary users of nutrition services. Having female staff can make women more comfortable in coming forward and seeking assistance for nutrition services and increases their overall safety and protection if they are more likely to access these services with female staff. |
| **M&E** |
| **# or % of facilities established in consultation with women and girls.** | A consultation with women and girls about location and design of nutrition facilities. Budget: no additional cost.  | Reason for the indicator: It encourages nutrition actors to consult with women and girls before establishing nutrition services. Without consulting with them, the location and design could be not acceptable for them, which means that they may not access nutrition services even if they needed it. It will reduce risks of GBV but also ensure safe access of women and children to nutrition services.  |
| **# of women reached with key GBV messages through nutrition services.**  | * Disseminate GBV messages through nutrition outreach and services.
* Providing a safe space within IYCF centers, mother to mother groups and other forums that nutrition provides with GBV.
* Nutrition activities in Women Safe Spaces.

Budget: Dissemination of GBV key messages will not need if this is done as a part of nutrition outreach. A joint project will need budget. This programme modality works the best among the organizations that provide both nutrition and GBV services first and replicate the models later.  | Nutrition services provides an opportunity for women to learn about GBV i.e. what are available and how to access the services in the location. Since women uses nutrition services multiple time, they will establish trust with nutrition frontline workers and some survivors might seek support from nutrition frontline workers. A joint project with Nutrition and GBV to create a ‘safe space’ where women can learn GBV services and seek support using nutrition services (IYCF centers, mother to mother groups etc) can provide different entry points from women to seek support. Women safe spaces also can provide different spaces for nutrition actors to reach women with nutrition messages and activities.  |
|  |
| **# or % of sector assessments and monitoring including GBV risk analysis.** | * A joint assessment/monitoring with GBV actors.
* Integrate questions from [the IASC GBV guidelines](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-nutrition-08_26_2015.pdf) into nutrition assessment.

Budget: No additional cost is needed but if a large scale nutrition assessment/survey is planned, consider including a cost of a GBV specialist in the assessment team.  | GBV risks analysis in nutrition is a first step to integrate GBV systematically. Without knowing GBV risks in nutrition, it’s not possible to come up with appropriate strategies to reduce GBV in nutrition.  |
| **# of a safety audit/monitoring conducted jointly with GBV actors.**  | * Joint [safety audit](http://www.sddirect.org.uk/media/1556/unicef-helpdesk-rapid-programme-support-safety-audits-v2.pdf) with GBV actors

Budget: refreshment and stationery for community participants if needed. Same cost as usual monitoring i.e. participatory monitoring.  | Regular monitoring of GBV risks in nutrition services is critical to identify unexpected risks. A safety audit is a good way to monitor safety risks and a joint safety audit with GBV actors will help bringing different perspectives from nutrition.  |
| **# or % of community members reporting improved safety and comfort accessing nutrition services.** | * Conduct a client satisfactory survey.
* Conduct FDGs with women to find out if they feel safe/comfort accessing and using nutrition services.
* Conduct a safety perception survey on nutrition.

Budget: No additional cost beyond usual monitoring. These activities can be done as a part of regular monitoring. Safety perception survey will require funding.  | Consulting with the affected population i.e. women who are main users of nutrition services is important to identify and address any challenges that they face in accessing/using nutrition services. This data can be collected multiple way such as client satisfaction survey, FGDs with women, KIs with women.  |

1. Staff includes frontline workers who work in nutrition services i.e. IYCF centers and others. [↑](#footnote-ref-1)