MATCHING MATRIX FOR NUTRITION

Risks, Barriers, GBVRM Measures and Matching Indicators.

Background

This matrix was developed based on requests from multiple cluster coordination teams in the field to help match barriers and risks faced by women and girls with concrete GBV risk mitigation measures and indicators. The information below is *not an exhaustive list of risk mitigation interventions*. Rather, it captures examples that were collected during the 2021 review exercise of the HNOHRP of the UNICEF-led clusters and AoR. This should be considered as a working document that will be continuously reviewed and updated.

How to use the matrix

Cluster coordination teams and/or GBV focal points in countries can use the matrix when developing their humanitarian needs overviews (HNOs) and humanitarian response plans (HRPs), as well as assessments, M&E processes, funding allocation criteria, and cluster capacity-building plans. It is recommended the matrix to be used in conjunction with other core tools identified in the HPC toolkit for GBV risk mitigation (e.g. AAAQ, safety audits, tip sheet on consultations with women and girls, etc.). It can also be used to generate in-country reflection on GBV risk mitigation, and identify priority needs/gaps in this area.

Examples of barriers facing women and girls in accessing services (AAAQ framework) and exacerbated risks to GBV (from 2021 HNOs)	**Examples of GBV risk mitigation measures (from 2021 HRPs)**

Factors exacerbating vulnerability of women/girls to poor nutrition/malnutrition	**Meaningful engagement of women and girls:**
	• Proactive consultations with women and girls throughout all HPC phases.
	• Working with women rights/women-led organizations to collect important information and reach women and girls.
	• Ensuring gender balance in staffing for nutrition programs.
	
	Measurement/monitoring of risks and barriers:
	• AAAQ framework to assess and overcome gender-related risks and barriers to accessing services.
	• Safety, accessibility, and security 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.
	• Using community engagement to identify and address GBV/protection issues in and to nutrition sites through established complaint mechanism systems.
	
	Training:
	• Training of nutrition staff on the IASC GBV Guidelines (pocket guide) / safe GBV referrals / PSEA so services can be an entry point for survivors looking for assistance (e.g. training for nutrition staff and partners on how to support survivors choosing to disclose their experience upon arrive to nutrition site.)
	• Entry points within existing programming to implement recommended actions from the GBV Guidelines.
	
	Adapted/improved programming to address social norms:
	• Community-based actions to address GBV underlying causes and drivers including economic, social and political empowerment of women and girls, as well as to tackle social norms that condone GBV, all in collaboration with GBV/gender specialists.
	  ○ Behavior change communication with communities including awareness on gender-responsive and inclusive intra-household food distribution.
	  ○ Integration of WASH and PSEA/GBV into IYCF promotion targeting the general community, including fathers and men, to highlight the importance of proper nutrition for women/girls and their infants.
	
	Adapted/improved programming to prevent/address GBV risks:
	• Safe selection of location and hours in which to conduct nutrition activities.
	• GBV referral pathways considering barriers caused by social norms – used in nutrition sites.
	• Working with GBV specialists in your area / linking with GBV services.
	• Mobile clinics to reduce needs to walk long distances.

Negative social norms / gender role exacerbating women/ girls' vulnerabilities to poor nutrition (e.g. Expectations of women to eat last; double expectations of women-led households to both provide food and care for the children, leading to poor infant feeding practices; greater workload and lack of knowledge on breastfeeding practices.)	
Early marriage/pregnancy increasing malnutrition.	
Barriers to accessing nutrition services/programs.	
Harmful social norms / gender roles affecting **access** to nutrition services (e.g. constraints to **accessing** services due to cultural discrimination and limited mobility).	
Increased protection risks in/on the way to nutrition sites (including GBV) hampering **acceptability and access**.	
Limited female staff in nutrition sites/programs limiting **acceptability** of services by women.	
Factors exacerbating risks of GBV	
Lack of access to basic needs for women and girls (due to conflict, displacement, poverty, COVID-19 etc.) exacerbating risks of negative coping mechanisms (e.g. survival sex).	
Potential sexual abuse by individuals responding to emergencies.	

Examples of barriers facing women and girls in accessing services (AAAQ framework) and exacerbated risks to GBV (from 2021 HNOs)	Examples of GBV risk mitigation measures (from 2021 HRPs)
	• Establish safe feeding spaces for mothers to prevent protection risks • SRH services for women integrated in nutrition sites/ activities. • Dignity kits and MHM supply distribution in nutrition sites. **Safeguarding:** • PSEA codes of conduct in place in nutrition sites. • Complaint mechanisms system in nutrition sites.

Examples of GBV risk mitigation indicators from 2021 HRPs:

- #/% of women consulted.
- #/% of nutrition sector assessments and monitoring that included GBV risk analysis.
- #/% of people (disaggregated by sex and age) reached with key messages on the importance of equitable nutrition.
- #/% of staff (m/f) trained in GBV referrals / GBV pocket guide / PSEA.
- # of partnerships with WLOs.
- #/% of sites where safety audits were conducted.
- # of sites with a GBV referral pathways.
- #/% of female staff recruited.
- #/% of sites with a code of conducts

Link to a list of comprehensive examples and good practices from countries from HPC 2021.