# HRP Key Considerations Tip Sheet for Nutrition Cluster/Sector Coordination Teams

## v.1, 14 October 2020

Notes:

* This tip sheet was developed as an output of the 2021 GNC HRP Process Webinar that was scheduled October 13th (English) and October 15th (French) 2020.
* The purpose of the tip sheet is to support nutrition cluster/sector coordinators, SAG members, partners, and the GNC team with the development of respective HRPs, and ultimately, project sheets.
* This tip sheet reflects minimum considerations for an HRP and should not be viewed as being exhaustive.
* For additional indicators and activities, please refer to specific guidance on AAP, disability and GBV at <https://www.nutritioncluster.net/resources>
* 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.
* If you have questions about this tool or if you would like to provide feedback, please contact Anteneh Dobamo at adobamo@unicef.org

|  |  |  |  |
| --- | --- | --- | --- |
| Key Consideration | Activity | Indicator | Comments |
| GBV | Train nutrition frontline workers on GBV referrals (and PSEA) | Percent of nutrition staffs who know how to support a survivor of GBV and how to link/provide referrals if a GBV referral is available. Percent of nutrition staff who have signed a code of conduct | Training to be combined with other activities, for example training and safety audit.Training materials are available.  |
| Conduct safety 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 | Safety audit tools are available.  |
| Percent of women and girls who feel safe when accessing nutrition services (outcome level i.e. for those countries have done GBV risk mitigation work already) | Support to measure this indicator is available.  |
| Disseminate GBV key messages through nutrition outreach and services (where there is GBV services) | Number of women and girls reached with key GBV messages through nutrition outreach. |  |
| Disability | Train relevant frontline workers, local and national staff on good nutrition practices for persons with disabilities | Percent of nutrition staffs who have received disability inclusion training |  |
| Strengthen inclusive life-saving preventive 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 preventive services through supplementary nutrition products (disaggregated by disability, age, sex) |  |
| Number of pregnant and lactating women and girls (15-49 years) receiving preventive services through supplementary nutrition products (disaggregated by disability & age) |  |
| Ensure that vendors, other distribution points and markets, and nutrition services and other facilities, meet the ‘Reach, Enter, Circulate and Use’ criteria of accessibility. | Percent of vendors, distribution points/markets retrofitted or constructed in accordance with criteria of accessibility |  |
| AAP | Information on the services provided is posted at nutrition facilities | Percent of nutrition facilities with information displayed |  |
| Complaint boxes available at nutrition facilities | Percent of nutrition facilities with complaint boxes | Consider literacy rates of affected population prior to implementing this activity |
| Standing agenda item on AAP to discuss feedback from affected populations in regular cluster meetings. | Feedback from affected population is discussed quarterly at nutrition cluster coordination meetings |  |
|  | Satisfaction surveys and Focus Group Discussions with affected populations are regularly conducted | Satisfaction surveys and/or FGDs with affected populations are conducted on a quarterly basis |  |