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

## V.2, 21 July 2021

Notes:

* This tip sheet is based on the 2021 tip sheet developed by the GNC Coordination team to support country coordination teams with the 2021 HNO/HRP process.
* The tip sheet takes into consideration the latest available guidance up until July 21st 2021.
* 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

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| Key Consideration | Activity | Indicator | Comments |
| GBV | Context specific activities  |  | For example: Nutrition outreach/education targeting men in response to women not being allowed to go to nutrition services without husbands approval |
| Train nutrition frontline workers on GBV referrals (and PSEA) | Percentage of nutrition staff who know how to support a survivor of GBV and how to link/provide referrals if a GBV referral is available. Percentage 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 a year;Number of measures identified in safety audit that have been implemented | Safety audit tools are available.   |
| 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) | Support to measure this indicator is available. |
| 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. |  |
| Disability | Train relevant frontline workers, local and national staff on good nutrition practices for persons with disabilities | Percent of nutrition staff who have received disability inclusion training | Training can include knowledge on specific nutrition and feeding requirements and applying accessibility standards to all aspects of programming  |
| 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, distribution points and markets, 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 accessibility standards |  |
| AAP | Information on the services provided is posted at nutrition facilities in accessible formats and local languages | Percent of nutrition facilities with accessible information displayed |  |
| Accessible feedback and complaint mechanisms available at nutrition facilities | Percent of nutrition facilities with feedback and complaint mechanisms | Consider literacy rates of affected population prior to implementing this activity, as well as accessibility requirements for people with physical, hearing, visual and intellectual disabilities |
| 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 |  |
| CVA | Cash or vouchers are distributed to address economic barriers to goods and services related to underlying determinants of nutrition | Percentage of the response delivered by using CVA  | Consider also CVA delivered by other sectors or multipurpose cash, when relevant (in case designed in a such a way that it contributes to nutrition outcomes) |
| CVA |  | Percentage of targeted groups that receives CVA for nutrition outcomes | Consider also CVA delivered by other sectors or multipurpose cash, when relevant (in case designed in a such a way that it contributes to nutrition outcomes) |
| Inter Sectoral Collaboration- Multi Sectoral Programming | Inter- Sectoral (Food Security, Health, Nutrition, and WASH at a minimum) programing implemented to address the underlying determinants of nutrition | Percentage of response delivered as inter-sectoral programing | Inter-Sectoral programing delivered to the same population at the same time |
|  | Inter-Sectoral interventions developed and funded  | Percentage of inter-Sectoral responses funded |  |