



South Sudan
Nutrition Cluster



Nutrition Site Safety Audit Tool

Background

This tool was designed to support Nutrition partners in South Sudan to identify potential GBV-related safety risks at and around Nutrition sites. The South Sudan Nutrition Cluster formally endorsed and adopted this tool in late 2018.

General tips on using this tool

- The tool is divided into three parts: 1) Observation; 2) Community Consultation (through focus group discussions); and 3) Staff Consultation. Ideally, all components should be used together, but depending on time, staff capacity, etc. individual components of the tool can also be used independently.
- For Part 2 (community consultations), it is recommended to have a female enumerator. If it is not possible to translate this tool into the local language ahead of time and/or train someone who speaks the local language to collect the data directly, then it is also recommended to have a female translator.
- When forming the focus groups for Part 2 of the tool, consider the power dynamics that might affect some participants' ability to speak freely. For example, in some communities, older women may tend to dominate the conversation and younger women/adolescent girls may not have an opportunity to express their views unless there is a separate group just for them. Similarly, in some communities, unmarried women may feel less free to speak than married women may.

Suggested preparation steps prior to beginning data collection

- The purpose of this tool is NOT to actively identify specific GBV cases or survivors. However, when discussing topics such as safety, some participants may choose to disclose their personal experience or the experience of someone they know. Before beginning the data collection process, it is important to ensure that enumerators are prepared for such disclosures, including training on psychological first aid (PFA) and the available GBV response services in the location (if there are any). If GBV response services are not available in the location where data collection is taking place, enumerators should receive training on the Pocket Guide¹ and/or have the GBV Pocket Guide app.

¹ <https://gbvguidelines.org/en/pocketguide/>

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Name of site and county: _____ Name of agency: _____

Date of safety audit: _____ Time of safety audit: _____

| PART 1: Observation/ Checklist | | | |
|--------------------------------|--|--|---|
| # | Question | Check Yes/No | Explain |
| 1 | Are female staff participating in nutrition activities at the nutrition site? <i>[if there is any other category of staff at the site, please mention that separately in other]</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | CNWs Total number of staff <input type="text"/> Number of female staff <input type="text"/> Nurse aids Total number of staff <input type="text"/> Number of female staff <input type="text"/> Other category of staff Total number of other staff <input type="text"/> Number of female staff <input type="text"/> |
| 2 | Is there overcrowding at the Nutrition site? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3 | Do you see any violence ⁱ or potential safety concerns for women and children (either during the screening, nutrition education session or at the stage of consultation and supply distribution)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 4 | Are there any potential safety issues outside or along the route to the Nutrition site (<i>presence of armed actors, checkpoints, etc</i>)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please describe |
| 5 | Is there a private consultation/Nutrition or MIYCN counselling room/space for mothers/ caregivers? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| WASH facilities at the Nutrition Site | | | |
| 6 | Does the Nutrition site have handwashing facility with soap? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If not, how far away is the nearest handwashing facility? |
| 7 | Does the Nutrition site have clean drinking water? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, how far away is the nearest source of drinking water? |
| 8 | Does the Nutrition site have lockable latrines? (<i>check the inside locks</i>) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 9 | Is it or are the latrines separated by gender (<i>male and female</i>)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 10 | Are the latrines user-friendly for people with disabilities? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 11 | Is there a functional handwashing station with soap for latrines users? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| GBV Referrals | | | |
| 12 | Have the staff working at the Nutrition Site been trained on Gender Based Violence | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 13 | Has any staff been assigned as a focal person for GBV issues | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 14 | Is there any GBV referral pathway/hotlines displayed inside the Nutrition site | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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Introduction Script for Part 2 (Community Consultation):

Hello. My name is _____ and _____ is the translator during our discussion. We work with _____ (organization) and we are interested in learning about your experience at this Nutrition site.

It is your decision if and how you would like to participate in this discussion. You do not have to answer any questions that you do not want to answer. You may leave at any time.

I also want to be clear that we are here to listen and learn; there will be no payment or distribution related to the time we spend together today. However, this discussion will help improve the Nutrition services to help meet the needs of this community.

This discussion is **confidential**, which means that we will speak privately. We will not ask for your name and will not write it down. We will not link anything that is said to an individual person.

The questions we will ask you today are about your experience in and around this Nutrition site. If there are any issues or problems you would like to tell us about, please share this information in a general way, rather than telling exactly about an incident or what happened to an individual person.

_____ is taking notes to make sure that we record our discussion accurately, and do not miss any of the information you share with us.

I might interrupt the discussion sometimes, but only to ensure that everyone who would like to participate has an opportunity to speak. I expect our discussion to last for a maximum time of 1 hour.

Do you have any questions for me before we begin?

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| Part 2. Community consultation with Women | | |
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| # | Question | Explain |
| 1 | How long have you been coming to this Nutrition site? (Optional question) | |
| 2 | On average, how much time does one spent at nutrition site? | |
| 3 | Is the location of the nutrition site safe and accessible? | |

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| 4 | Do you receive enough information about when, where and how the nutrition treatment session would be conducted? | |
| 5 | Do you have to give or do anything to receive the services at the nutrition site? | |

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| 6 | How does your family feel about your participation in these Nutrition services? | |
| 7 | How is the behavior/attitude of the staff at this site towards caretakers? Women? Children? | |
| 10 | What challenges do women and children face when they visit nutrition site? | |

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| 11 | <p>Are there any safety concerns for women, children or other groups related to the access of nutrition site and/or the services themselves? (merge with 3)</p> <p><i>[Some of the safety concerns could be, attack on the way to nutrition site, abduction, incidence of rape and sexual assault, people being killed on the way to the nutrition site, rivers flooded during rainy season, etc.]</i></p> <p><i>Note: Do not list down the options mentioned above. Give a chance to the respondents to provide their answers. However, you can use these options for probing.</i></p> | If yes, who is most affected and what describe what happened? |
| 12 | Has anyone reported problems before? | If yes, to whom (if no, skip to 14) |

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| 13 | Were the issues addressed? | If yes, how and if no, why not? |
| 14 | If you will experience any problems with your nutrition site, where will you go to complain/report the situation? | |
| | | |

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Introduction Script for Part 3 (Key informant interviews):

Hello. My name is _____ and _____ is the translator (*only when necessary*) during our discussion. We work with _____ (organization) and we are interested in learning about your experience as a staff at this Nutrition site.

I would want to conduct an interview with you and want to be clear that this is not false finding mission about what you failed to do but this process can help our organization improve it program delivery in this area.

Our discussion will be **confidential**, which means that we will speak privately. We will not ask for your name and will not write it down. We therefore request you to be as open and truthful as possible as none report will be attributed to you as an individual person.

The questions we will ask you today are about your experience in and around this Nutrition site. If there are any issues or problems you would like to tell us about, please share this information in a general way, rather than telling exactly about an incident or what happened to an individual person.

Mr/Ms _____ is taking notes to make sure that we record our discussion accurately, and do not miss any of the information you share with us.

Do you have any questions for me before we begin?

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| PART 3: Consultation with Staff at Nutrition Site | | | |
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| # | Question | Check Yes/No | Explain |
| 1 | In your opinion, is the location of this nutrition service safe and accessible for women and children? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Why or why not? |
| 2 | Based on your experience, are services at this nutrition site offered at times that are convenient and safe for beneficiaries? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Why or why not? |
| 3 | Based on your experience, what measures (if any) have been taken to avoid long waiting times at this nutrition site? | | |
| 4 | Have you seen or heard about any safety risks associated with the nutrition site and/or route for caregivers and children to access the site? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, what are their safety concerns? |

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| 5 | Do you know of any individuals or groups of people who have failed to access services at this site? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, what happened? |
| 6 | If a woman came to you and told you that she needed urgent help (but did not specify why), what would you do? | | |
| GBV referral pathway | | | |
| 7 | Do you know about the referral pathway for GBV? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 8 | If a woman came to you and told you she had recently been raped/abused, what would you do? | | |

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| 9 | If a woman came to you and told you that her husband has been beating her, what would you do? | | |
| 10 | Have you ever received training on gender-based violence? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes when? Trained by which organization? |
| 11 | Have you ever received training on psychological first aid (PFA)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes when? Trained by which organization? |
| 12 | Have you ever received training on prevention of sexual exploitation and abuse (PSEA)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes when? Trained by which organization? |

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| 13 | Within your current job, have you signed a Code of Conduct with your organization? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, why |
| 14 | Have you ever seen (or heard of) anything happening that could present safety risks for the women and children of this location, during or immediately after receiving nutrition services? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please explain |
| 15 | Do you have any suggestions for how the nutrition meetings/clinics could be run more smoothly and/or safely? | | |
| 16 | If the women/children/community experienced any problems with the nutrition site, where would they complain/report? | | |

ⁱ Examples of violence could include but not limited to shouting, pushing, fighting, insults

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