

Menu of Measures

GBV Risk Mitigation Menu of Measures Adapted for the Nutrition Sector

SEPTEMBER 2022

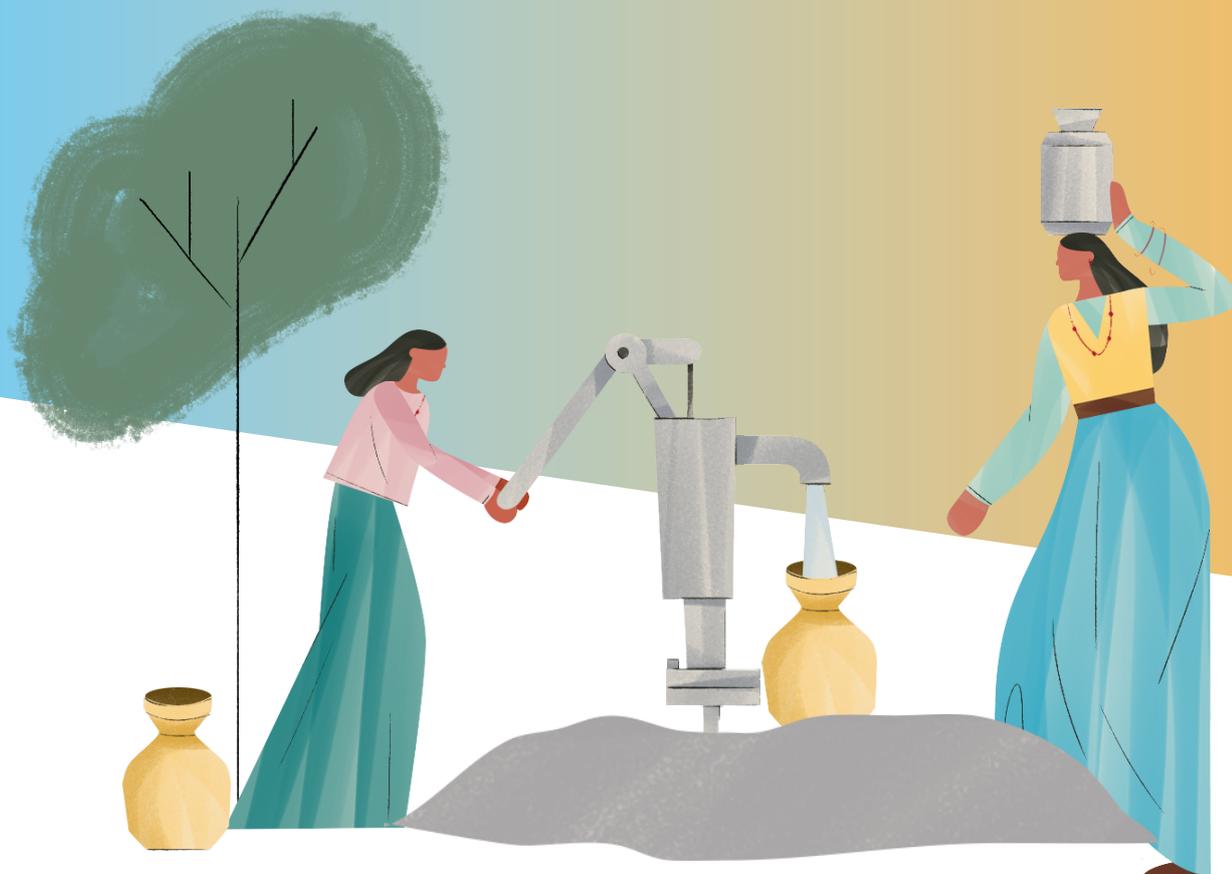
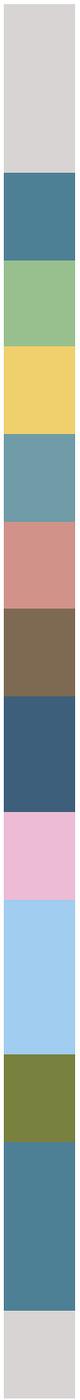


Table of Contents



3	HHI, UNICEF AND HARVARD HUMANITARIAN INITIATIVE
4	BACKGROUND AND MENU LAYOUT
5	SECTION 1: MENU OF QUANTITATIVE MEASURES
5	AVAILABILITY
6	ACCESSIBILITY
10	ACCEPTABILITY
11	QUALITY
13	COPING STRATEGIES
18	PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK
25	LINKAGES TO OTHER SERVICES
26	INDIRECT EFFECTS AND UNINTENDED CONSEQUENCES (E.G. EFFECT OF SERVICE-USE IN FAMILY AND COMMUNITY)
27	GBV RISK MITIGATION PROGRAMMING
29	SECTION 2: MENU OF QUALITATIVE MEASURES
33	SECTION 3: COMPLEMENTARY PARTICIPATORY METHODS
35	RESOURCES

HHI

The **Harvard Humanitarian Initiative** (HHI) is a university-wide academic and research center in humanitarian crisis and leadership. Our mission is to create new knowledge and advance evidence-based leadership in disasters and humanitarian crisis. Within HHI, the Program on Gender, Rights and Resilience (GR2) seeks to investigate and address issues relating to gender, peace, and security in fragile states. For more information, please visit: <https://hhi.harvard.edu>

UNICEF

UNICEF works in over 190 countries and territories to save children's lives, to defend their rights, and to help them fulfil their potential, from early childhood through adolescence. As the lead of interagency implementation of the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (GBV Guidelines), UNICEF has supported efforts globally to ensure that all humanitarian programs identify and address risks of GBV and provide safe, equitable access to assistance for all people. In South Sudan, UNICEF has supported strong collaborations and innovative partnerships with the Nutrition Cluster, NGOs, and civil society to strengthen GBV risk mitigation approaches within nutrition programs. For more information, please visit: <https://www.unicef.org>

UNICEF & HARVARD HUMANITARIAN INITIATIVE

Measuring GBV risk mitigation interventions is an area of work that continues to evolve. The content in this document represents a compilation of learning that was available at the time of its release. Colleagues who use the Menu of Measures are encouraged to provide feedback to the authors to help inform future iterations. Feedback can be shared with Christine Heckman (heckman@unicef.org), Katie Robinette (krobinette@unicef.org), Jocelyn Kelly (jtdkelly@gmail.com), or Vandana Sharma (vsharma@hsph.harvard.edu)

Additional resources and information on GBV risk mitigation measurement can be found here: <https://gbvguidelines.org/en/im/effectiveness/>

Designed by Manifest Media www.manifestmedia.de
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BACKGROUND

This document is intended to be used in conjunction with the accompanying “Guidance note: Measuring GBV Risk Mitigation Interventions in Humanitarian Settings.”

MENU LAYOUT

This Menu of Measures outlines a set of quantitative and qualitative measurements for programmes to choose and adapt based on their identified scenarios or approaches of measurement, setting and needs. There is one section dedicated to quantitative measures and one section on qualitative measures, each of which are grouped by category: ¹

- Availability
- Accessibility
- Acceptability
- Quality
- Coping strategies
- Perceptions of safety
- Linkages to other services
- Indirect effects / unintended consequences (e.g. effect of service use on family and community)
- GBV risk mitigation programming

Each category includes: a set of key indicators (for quantitative measures), target population for each indicator (affected communities and/or service providers), corresponding sample questions that inform each indicator, notes, associated outcomes and the recommended scenario(s) of measurement that correspond to the category.²

At present, the Menu of Measures is tailored to a single sector (Nutrition). This specificity was a deliberate decision taken to a) help ensure the content is as relevant as possible to the day-to-day work of colleagues in the sector and b) allow for more focused conversations during the field testing. In the future, the Menu may be expanded to other sectors as well.

The Menu of Measures as presented below has thus far been tested in one specific context (South Sudan). Practitioners are encouraged to use and/or adapt the questions and answer options most appropriate for their setting determined through pilot testing and consultations with local communities.

1. See far-left column of the table that begins on page 5. These categories align with – and build upon – UNICEF’s AAAQ framework that is described in the Guidance Note.
2. See accompanying Guidance Note for additional information on the various scenarios.

AVAILABILITY

Considerations

Availability can also mean coverage.

For this category, information collected via observation and/or service mapping (for example, through the Nutrition coordination mechanism) can be compared against responses from affected communities to see if the community’s reported knowledge of service coverage corresponds to the actual presence/coverage of services. For further information about understanding availability of services, please see the “Guidance Note: Measuring GBV Risk Mitigation Interventions in Humanitarian Settings”

Measurement Scenario(s)

Appropriate for Scenarios 1, 2 and 3.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of women and girls reporting nutrition services are available	Relevant groups from affected communities	<p>Awareness</p> <p>Are you aware of nutrition programs available in your community?</p> <ol style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don’t know 	<p>Women and girls have increased access to nutrition services</p> <p>AND</p> <p>Nutrition programming is inclusive</p> <p>LEADING TO</p> <p>Increased use of nutrition services</p>
% of women and girls reporting nutrition services are available at convenient times		<p>Timings of Available Services</p> <p>Are these nutrition programs/ services available at times which are convenient for you?</p> <ol style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don’t know 	

ACCESSIBILITY

Considerations

The suggested questions listed here (for consultations with affected communities) can also be paired with observational methods (facility checklist, safety audit, etc.).

For questions that relate to time or distance when accessing services: In some contexts, people may not be accustomed to describing their travel by citing a distance, but often they can estimate the time it takes and in what modality (e.g. walking, public transit etc.). The concept of time also differs across contexts and cultures; utilizing milestones in a day or a period of time may be more effective than minutes or hours. Engage local staff, other partners, and communities themselves to identify the best way to answer this question.

For questions about privacy: The term “privacy” requires adaptation and elaboration during contextualization processes in each setting. Privacy, as defined by women, girls and other groups, may include infrastructural/physical characteristics of service delivery and design that can be observed, such as presence of privacy screens.

A general note about language: The terms included in the topic area of acceptability, such as “satisfaction,” may require adaptation and elaboration during contextualization processes in each setting. It may require more than one question depending on the critical components that make up “satisfaction.”

Measurement Scenario(s)

Appropriate for Scenarios 1, 2 and 3.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of women and girls reporting being able to “usually” access nutrition services	Service users and/or relevant groups from affected communities	<p>Ability to Access Services (Direct and Indirect approach)</p> <p>Are you able to access nutrition services when needed?</p> <ol style="list-style-type: none"> <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> Don’t know <input type="radio"/> Refused to answer 	<p>Women and girls have increased access to nutrition services</p> <p>AND</p> <p>Nutrition programming is inclusive</p> <p>LEADING TO</p> <p>Increased use of nutrition services</p>
% of women and girls reporting women like them being able to “usually” access nutrition services	Service users and/or relevant groups from affected communities	<p>Is a [woman/girl] like you, living in the same community, able to access nutrition services when needed?</p> <ol style="list-style-type: none"> <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> Don’t know <input type="radio"/> Refused to answer 	
% of women and girls stating that [subpopulation] are “usually” able to access nutrition services	Service users and/or relevant groups from affected communities	<p>Do you believe [subpopulation in community*] are able to access nutrition services when needed?</p> <ol style="list-style-type: none"> <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> Don’t know <input type="radio"/> Refused to answer 	

ACCESSIBILITY

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
<p>% of women reporting barriers to accessing nutrition services</p>	<p>Service users and/or relevant groups from affected communities</p>	<p><i>*Subpopulations could include: people with disabilities, elderly women, adolescent girls, children who are the head of their household, etc.</i></p> <hr/> <p>How did you travel to the nutrition facility today? <i>Adapt to your context</i></p> <ol style="list-style-type: none"> 1. <input type="radio"/> Walk 2. <input type="radio"/> Bus 3. <input type="radio"/> Taxi 4. <input type="radio"/> Boat 5. <input type="radio"/> Other <hr/> <p>Have you ever had trouble traveling to the nutrition facility?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No <hr/> <p>Why did you have trouble? <i>Adapt to your context</i></p> <ol style="list-style-type: none"> 1. <input type="radio"/> Facility too far away 2. <input type="radio"/> Road to facility is unsafe 3. <input type="radio"/> Not allowed to travel alone 4. <input type="radio"/> Flooding 5. <input type="radio"/> No transportation available 6. <input type="radio"/> Can't afford the cost of transportation 7. <input type="radio"/> Other (specify) 8. <input type="radio"/> Refused to answer <hr/> <p>Did you travel to the nutrition facility with someone today?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No <p>If yes, why did you choose to travel with this person / these people?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Didn't feel safe traveling alone 2. <input type="radio"/> Need to travel with a male relative 3. <input type="radio"/> Couldn't find the site alone 4. <input type="radio"/> Other (specify) 5. <input type="radio"/> Refused to answer 	

ACCESSIBILITY

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>What are the main reasons why a woman/girl like you may not be able to access nutrition services in your area?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Facility too far away 2. <input type="radio"/> Road to facility is unsafe 3. <input type="radio"/> Not enough female staff 4. <input type="radio"/> Waiting times are too long 5. <input type="radio"/> Women aren't treated respectfully 6. <input type="radio"/> Can't afford the cost 7. <input type="radio"/> Unable to find transportation 8. <input type="radio"/> Husband / family members won't allow me to go 9. <input type="radio"/> Facility isn't open at convenient times 10. <input type="radio"/> Don't know 11. <input type="radio"/> Refused to answer 	
Average distance or time travelled to nutrition center	Service users	<p>Distance or time travelled to nutrition service</p> <p>What is the distance that you travel to get to the nutrition center?</p> <p>____ km</p> <p>(OR) How long does it take you to travel from your home to the nutrition site?</p> <p>____ min</p>	
Average waiting time at facility	Service users	<p>Facility waiting times</p> <p>How long did you wait at the nutrition center before you received the service you were seeking?</p> <p>____ min</p>	
% of women and girls who reported that their privacy was ensured at the nutrition facility	Service users	<p>Privacy ensured</p> <p>Did you feel that your privacy was ensured while you were at the nutrition center?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know 	

ACCESSIBILITY

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of women and girls who report they are satisfied or very satisfied with nutrition services	Service users	<p>Satisfaction</p> <p>How satisfied are you with nutrition services you received?</p> <ol style="list-style-type: none"> <input type="radio"/> Not satisfied at all <input type="radio"/> Somewhat satisfied <input type="radio"/> Very satisfied <input type="radio"/> Extremely satisfied <input type="radio"/> Not sure 	
% of women and girls who report that services offered fit their needs	Service users	<p>Acceptable length of time taken</p> <p>Was the amount of time you spent at the facility too much, just right or too short?</p> <ol style="list-style-type: none"> <input type="radio"/> Too much <input type="radio"/> Just right <input type="radio"/> Too short 	
% of women and girls who report female nutrition staff are available at nutrition centers most of the time or all of the time		<p>Staffing (including availability of female staff)</p> <p>How satisfied are you with your interactions with the staff at the nutrition center?</p> <ol style="list-style-type: none"> <input type="radio"/> Not satisfied at all <input type="radio"/> Somewhat satisfied <input type="radio"/> Very satisfied <input type="radio"/> Extremely satisfied <input type="radio"/> Not sure <p>Are female nutrition staff available at nutrition centers to assist you?</p> <ol style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Most of the time <input type="radio"/> All of the time 	
% of women and girls who report comfort in using nutrition services	Service users	<p>Comfort in using nutrition services</p> <p>How comfortable do you feel when using nutrition services?</p> <ol style="list-style-type: none"> <input type="radio"/> Not at all comfortable <input type="radio"/> Somewhat comfortable <input type="radio"/> Comfortable <input type="radio"/> Very comfortable 	

ACCEPTABILITY

Considerations

A number of terms used in this section may require additional attention: terms like “dignity” “respect” and “fairness” may require adaptation and elaboration during contextualization processes in each setting.

Measurement Scenario(s)

Appropriate for Scenarios 1, 2 and 3.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of nutrition staff who report that they used feedback from women and girls to inform the design and implementation of nutrition services	Nutrition staff	<p>To what extent did feedback from women and girls inform the design of the nutrition services?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Not at all 2. <input type="radio"/> Somewhat 3. <input type="radio"/> Very much 4. <input type="radio"/> Don't know <p>.....</p> <p>To what extent did feedback from women and girls inform the implementation of the nutrition services?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Not at all 2. <input type="radio"/> Somewhat 3. <input type="radio"/> Very much 4. <input type="radio"/> Don't know 	Women and girls are satisfied with nutrition services
% of women and girls who reported being treated with respect at the nutrition facility	Service users	<p>Dignity ensured</p> <p>Did you feel that you were treated with respect at this facility?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know 	
% of women and girls who reported being treated fairly at the nutrition facility	Service users	<p>Did you feel that you were treated fairly at this facility?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know 	

QUALITY

Considerations

Sometimes it can be difficult for people to be able to disclose concerns about the quality of services for fear of losing access to the services or other reasons. The way that people speak about quality of services may vary by context and may be influenced by who is asking the question. It can be helpful to provide reassurance and privacy / confidentiality. Depending on the context, perceived quality is important since it can influence women's decisions to access nutrition facilities.

Measurement Scenario(s)

Appropriate for Scenarios 1, 2 and 3.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of women and girls who report high quality of nutrition services	Service users	<p>In your view, what is the overall quality of nutrition services available here?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> High quality 2. <input type="radio"/> Medium quality 3. <input type="radio"/> Low quality 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer <p>.....</p> <p>Do you think that the nutrition services here fit the needs of your community?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very much 2. <input type="radio"/> Mostly 3. <input type="radio"/> Somewhat 4. <input type="radio"/> Not really 5. <input type="radio"/> Not at all 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Do you think that the nutrition services here fit the needs of [subpopulation]?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very much 2. <input type="radio"/> Mostly 3. <input type="radio"/> Somewhat 4. <input type="radio"/> Not really 5. <input type="radio"/> Not at all 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Thinking about what you expected when you came here, are these services:</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Better than expected 2. <input type="radio"/> The same as expected 3. <input type="radio"/> Worse than expected 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer 	Nutrition services are high quality

QUALITY

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of staff who report high quality of nutrition services for women and girls	Nutrition staff	<p>In your view, what is the overall quality of nutrition services available here?</p> <ol style="list-style-type: none"><input type="radio"/> High quality<input type="radio"/> Medium quality<input type="radio"/> Low quality<input type="radio"/> Don't know<input type="radio"/> Refused to answer	



COPING STRATEGIES

Considerations

Limited food and nutritional resources are connected to GBV risk. Examples include: household disputes and tensions about nutrition-related decisions and resource scarcity may lead to intimate partner violence; social norms may lead families to feed girls and women less and/or last; and malnutrition among adolescent girls may drive early marriage and pregnancy. Because of this link, the GBV Guidelines recommend collecting data on household resource scarcity, which includes data on coping strategies.

Direct and indirect questions have been provided separately. Each approach has strengths and weaknesses. Direct questions ask a respondent about their own personal perceptions and concerns while indirect questions ask the respondent about the perceptions and concerns of people similar to them. In some contexts, women may feel safer and more comfortable to share concerns about similar women by answering the indirect version of a question. In other contexts, the direct questions may yield more accurate information and be preferred. Practitioners are encouraged to use the questions most appropriate for their setting determined through piloting and/or consultations with women.

Note that questions about the sale of therapeutic foods are very sensitive. In deciding whether this measure is appropriate to use, the risks of asking this question should be carefully assessed.

Measurement Scenario(s)

Appropriate for Scenarios 1, 2 and 3.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of women and girls who report never having to sell therapeutic foods	Relevant groups from the affected community	<p>Direct Questions</p> <p>How often in the past month, have you experienced difficulty in your life, which led to a decision to sell the therapeutic food?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>If yes, was this your decision or someone else's decision?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> My decision 2. <input type="radio"/> My husband 3. <input type="radio"/> Other family member 4. <input type="radio"/> Non-family member 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	Women and girls report never having to sell therapeutic foods

COPING STRATEGIES

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>Indirect Question</p> <p>How often <u>in the past month</u>, have women like you experienced difficulty in life, which led to a decision to sell the therapeutic food?</p> <p>[INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	
<p>% of women and girls who report sharing therapeutic foods with people other than the child in treatment</p> <p>% of women and girls who report selling therapeutic foods</p>	<p>Relevant groups from the affected community</p>	<p>Direct Questions</p> <p>In the past month, due to challenges in your life, have you given the food from the nutrition center to someone other than the child it was intended for?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>If yes, was this your decision or someone else's decision?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> My decision 2. <input type="radio"/> My husband 3. <input type="radio"/> Other family member 4. <input type="radio"/> Non-family member 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Because of difficulty in your life, have you ever had to sell food you receive at the nutrition center in order to meet basic needs?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	<p>Women and girls report never having to give food to someone other than the intended recipient</p>

COPING STRATEGIES

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>If yes, was this your decision or someone else's decision? [DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> My decision 2. <input type="radio"/> My spouse/partner 3. <input type="radio"/> Other family member 4. <input type="radio"/> Non-family member 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Did you ever have to limit or skip meals so other family members could have enough food to eat, even after receiving services at the nutrition center? [DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Thinking about the child who received nutrition services: have you ever had to feed him or her less often than recommended by the nutrition services because there was not enough food? [DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Indirect Questions</p> <p>In the past month, due to challenges in life, have women like you given the food from the nutrition center to someone other than the child it was intended for? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Often 2. <input type="radio"/> Sometimes 3. <input type="radio"/> Seldom 4. <input type="radio"/> Never 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	

COPING STRATEGIES

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>Did women like you ever have to limit or skip meals so other family members could have enough food to eat, even after receiving services at the nutrition center?</p> <p>[INDIRECT]</p> <ol style="list-style-type: none">1. <input type="radio"/> Often2. <input type="radio"/> Sometimes3. <input type="radio"/> Seldom4. <input type="radio"/> Never5. <input type="radio"/> Don't know6. <input type="radio"/> Refused to answer	



PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

Considerations

Risk mitigation measurement should not ask questions about individual experiences of violence.

The concept of “safety,” including “personal safety” needs to be defined with women and girls before monitoring can take place.

Both direct and indirect safety perceptions questions have been included. Direct questions ask a respondent about their own personal perceptions/ concerns around safety while indirect questions ask the respondent about the perceptions and concerns of people similar to them. In some contexts, women may feel more comfortable to share concerns about similar women. In other contexts, the direct questions may yield more accurate information and be preferred. Practitioners are encouraged to use the questions most appropriate for their setting determined through piloting and/or consultations with women.

These consultations can also provide an opportunity to better understand women and girls’ experiences and actions they take to protect themselves, which can also inform what goes into the plan for risk mitigation measurement. For example, in some contexts women may travel to services in groups as a way of coping with safety concerns.

Questions on specific safety concerns can provide more detailed information about specific safety issues than the more general safety perception questions above. This can be useful for informing GBV risk mitigation actions. It is recommended to include both general safety perceptions questions as well as the more specific questions from this section. Keep in mind that asking about specific risk mitigation efforts (like security guards or lighting) may mean participants are more likely to volunteer information about these efforts as opposed to others. Therefore, the selection of which risk mitigation efforts are asked about can then influence which efforts are learned about from the research.

The questions in the perceived risk of exposure to GBV section provide more detailed information on women’s perceived risks of specific forms of violence. These questions can be helpful to inform GBV risk mitigation interventions. However, caution should be taken with this set of questions. Potential risks that may be associated with posing such questions in your setting should be carefully considered in collaboration with a GBV specialist. The questions in this section must be tested prior to data collection to ensure they are safe and appropriate to ask in the context.

Different types of response scales are given here. The measurement team can decide what works for best for their own contexts (for instance, the responses “very unsafe” and “unsafe” may be combined into one response option if that works best in your situation).

Measurement Scenario(s)

Appropriate for Scenarios 2 and 3.



PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
<p>% of women and girls who feel safe when accessing nutrition services</p> <p>% of women and girls who feel safe from GBV risk when accessing nutrition services</p> <p>% of women and girls who report [specific safety concern] when accessing nutrition services</p>	<p>Service users/ relevant groups from the affected communities</p>	<p>Perceptions of Safety</p> <p>How safe or unsafe do you feel when accessing nutrition services?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very unsafe 2. <input type="radio"/> Unsafe 3. <input type="radio"/> Safe 4. <input type="radio"/> Very safe 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>Do you worry about/fear for your personal safety when traveling to nutrition services?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> I worry a lot about safety when accessing services 2. <input type="radio"/> I worry a little about safety when accessing services 3. <input type="radio"/> I don't worry about safety at all when accessing nutrition services 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer <p>.....</p> <p>Do you worry about/fear for your personal safety when traveling home from nutrition services?</p> <p>[DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> I worry a lot about safety when accessing services 2. <input type="radio"/> I worry a little about safety when accessing services 3. <input type="radio"/> I don't worry about safety at all when accessing nutrition services 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer 	<p>Women and girls perceive safety in accessing nutrition services</p>

PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>Do you fear for your personal safety when you are in a nutrition facility (specify type, location)? [DIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> I worry a lot about safety when accessing services 2. <input type="radio"/> I worry a little about safety when accessing services 3. <input type="radio"/> I don't worry about safety at all when accessing nutrition services 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer <p>.....</p> <p>Are there any things you do to increase your safety while accessing the facility? [DIRECT] <i>Adapt responses to context</i></p> <ol style="list-style-type: none"> 1. <input type="radio"/> Travel in groups 2. <input type="radio"/> Travel with or check in with authorities 3. <input type="radio"/> Notify community leaders /members about trip 4. <input type="radio"/> Reduce the number of trips (such as by sending a male family member in my place, or skipping some visits) 5. <input type="radio"/> Travel only at certain times 6. <input type="radio"/> Use only specific/ safer modes of transportation 7. <input type="radio"/> No / nothing 8. <input type="radio"/> Don't know 9. <input type="radio"/> Refused to answer <p>.....</p> <p>How safe or unsafe would a woman like you, living in your community, generally feel when accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very unsafe 2. <input type="radio"/> Unsafe 3. <input type="radio"/> Safe 4. <input type="radio"/> Very safe 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	

PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>How safe or unsafe would a woman like you, living in your community, generally feel when accessing nutrition services?</p> <p>[INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very unsafe 2. <input type="radio"/> Unsafe 3. <input type="radio"/> Safe 4. <input type="radio"/> Very safe 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>How safe or unsafe does do you think [insert subpopulation*] feels when accessing nutrition services?</p> <p>[INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very unsafe 2. <input type="radio"/> Unsafe 3. <input type="radio"/> Safe 4. <input type="radio"/> Very safe 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p><i>*Subpopulations could include: people with disabilities, elderly women, adolescent girls, etc.</i></p> <p>.....</p> <p>Would a woman like you, living in your community, worry about/fear for her personal safety when traveling to nutrition services?</p> <p>[INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Worry a lot about safety when accessing services 2. <input type="radio"/> Worry a little about safety when accessing services 3. <input type="radio"/> Don't worry about safety at all when accessing nutrition services 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer 	

PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>Would a woman like you, living in your community, worry about/fear for her personal safety when traveling home from nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Worry a lot about safety when accessing services 2. <input type="radio"/> Worry a little about safety when accessing services 3. <input type="radio"/> Not worry about safety at all when accessing nutrition services 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer <p>.....</p> <p>Would a woman like you, living in your community, worry/fear for her personal safety when in a nutrition facility (specify type, location)? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Worry a lot about safety when accessing services 2. <input type="radio"/> Worry a little about safety when accessing services 3. <input type="radio"/> Don't worry about safety at all when accessing nutrition services 4. <input type="radio"/> Don't know 5. <input type="radio"/> Refused to answer <p>.....</p> <p>Specific safety concerns</p> <p>Do you feel this nutrition facility has adequate security measures in place such as guards or security gates?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know <p>.....</p> <p>Is there adequate lighting inside the health facility?</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know 	

³ Please note the wording of these questions will be adapted based on the field-specific context, in consultation with the GBV specialist and research team.

PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>Is there adequate lighting outside the facility in the area immediately surrounding it?</p> <p>1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know</p> <p>.....</p> <p>Is there adequate lighting in and around the facility's latrine?</p> <p>1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know</p> <p>.....</p> <p>Do the latrines have locks on the doors?</p> <p>1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know</p> <p>.....</p> <p>Perceived risk of exposure to GBV³</p> <p>How big of a concern is physical violence on the way to the facility for women accessing nutrition services? [INDIRECT]</p> <p>1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer</p> <p>.....</p> <p>How big of a concern is physical violence at the facility for women accessing nutrition services? [INDIRECT]</p> <p>1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer</p>	

PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>How big of a concern is sexual violence on the way to the facility for women accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>How big of a concern is sexual violence at the facility for women accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>How big of a concern is sexual harassment on the way to the facility for women accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>.....</p> <p>How big of a concern is sexual harassment at the nutrition facility for women accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	

PERCEPTIONS OF SAFETY, INCLUDING EXPOSURE TO GBV RISK

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>How big of a concern is violence by an intimate partner (such as a husband) that is a result of accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer 	
<p>% of nutrition staff who report GBV risk level in accessing nutrition services is moderate or high</p>	<p>Nutrition staff</p>	<p>Perceived risk of exposure to GBV</p> <p>What is the level of GBV risk for women and girls when accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p>What is the level of GBV risk for [subpopulation*] when accessing nutrition services? [INDIRECT]</p> <ol style="list-style-type: none"> 1. <input type="radio"/> Very high 2. <input type="radio"/> High 3. <input type="radio"/> Medium 4. <input type="radio"/> Low 5. <input type="radio"/> Don't know 6. <input type="radio"/> Refused to answer <p><i>*Subpopulations could include: people with disabilities, elderly women, adolescent girls etc.</i></p>	

LINKAGES TO OTHER SERVICES

Considerations

There may be different ways to refer to “GBV response services.” Use the appropriate terminology for the context.

Measurement Scenario(s)

Appropriate for Scenarios 2 and 3 only.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% of women and girls who state that they are aware nutrition staff are able to give referrals to other services	Service users	<p>Referrals</p> <p>Have you heard of nutrition staff referring women or girls to other services?</p> <ol style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <hr/> <p>Have you heard of nutrition staff providing information about GBV response services to women or girls?</p> <ol style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	<p>Services are integrated and help address full needs of beneficiaries</p> <p>Beneficiaries are appropriately referred to GBV services as needed</p>
% of nutrition staff who know how to support a survivor of GBV and how to link/provide referrals if a GBV referral is available	Nutrition staff	<p>Referrals</p> <p>How confident are you in providing referrals to GBV services [for women receiving nutrition services]?</p> <ol style="list-style-type: none"> <input type="radio"/> Very confident <input type="radio"/> Somewhat confident <input type="radio"/> Neutral <input type="radio"/> Not very confident <input type="radio"/> Not at all confident <input type="radio"/> Don't know 	

INDIRECT EFFECTS AND UNINTENDED CONSEQUENCES (E.G. EFFECT OF SERVICE-USE IN FAMILY AND COMMUNITY)

Considerations

It is important to capture both positive and negative indirect effects and unintended consequences of programming. Practitioners are encouraged to include additional questions to capture other potential unintended consequences that may be relevant for the programmatic activities.

Measurement Scenario(s)

Appropriate for Scenarios 2 and 3 only.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
% women and girls stating relationship in the home have stayed same or improved	Service users	<p>Relationships</p> <p>How have relationships in your home changed as a result of using nutrition services?</p> <ol style="list-style-type: none"> <input type="radio"/> Gotten better <input type="radio"/> Stayed the same <input type="radio"/> Gotten worse <input type="radio"/> Don't know <hr/> <p>How has your relationship with your spouse changed as a result of using nutrition services?</p> <ol style="list-style-type: none"> <input type="radio"/> Gotten better <input type="radio"/> Stayed the same <input type="radio"/> Gotten worse <input type="radio"/> Don't know 	Those who use nutrition services do not report negative indirect effects of service-seeking in their families or communities
% women and girls stating relationship in the community have stayed same or improved		<p>How have your relationships in your community changed as a result of using nutrition services?</p> <ol style="list-style-type: none"> <input type="radio"/> Gotten better <input type="radio"/> Stayed the same <input type="radio"/> Gotten worse <input type="radio"/> Don't know 	

GBV RISK MITIGATION PROGRAMMING

Considerations

This category of questions captures data on perceptions of GBV risk mitigation programming and are appropriate for integration in programmatic M&E when GBV risk mitigation interventions are planned or implemented.

Measurement Scenario(s)

Appropriate for Scenarios 1, 2 and 3.

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
<p>% of women and girls reporting facility actions to help them feel safer</p> <p>% of nutrition staff reporting facility actions to help women and girls feel safer</p>	<p>Service users</p> <p>Nutrition staff</p>	<p>In the last X month(s), has this facility done anything to help women feel safer when receiving nutrition services? <i>Adapt based on program period</i></p> <p>1. <input type="radio"/> Yes 2. <input type="radio"/> No 3. <input type="radio"/> Don't know</p> <p>.....</p> <p>If yes, what has this facility done to help women feel safer? <i>Adapt options based on context</i></p> <p>1. <input type="radio"/> Improved lighting in and around facility 2. <input type="radio"/> Enhanced security <input type="radio"/> Employed more female staff 3. <input type="radio"/> Limited the number of people at the facility at any given time to avoid over-crowding 4. <input type="radio"/> Reduced frequency of visits 5. <input type="radio"/> Scheduled visits that are not too late in the day so that women do not travel at night 6. <input type="radio"/> Training conducted for Staff 8. <input type="radio"/> Policies on sexual abuse and exploitation developed 9. <input type="radio"/> Complaints mechanism put in place 10. <input type="radio"/> Included women and girls in design of programs 11. <input type="radio"/> Engaged with / involved men</p>	<p>Women and girls perceive that effective GBV risk mitigation actions have been undertaken at facilities to help them feel safer and address their concerns</p>

GBV RISK MITIGATION PROGRAMMING

INDICATORS	TARGET POPULATION	QUESTIONS	OUTCOME
		<p>12. <input type="radio"/> Worked with local authorities to increase safety on way to facility</p> <p>13. <input type="radio"/> WASH facilities were segregated by gender</p> <p>14. <input type="radio"/> Added locks to WASH facilities</p> <p>15. <input type="radio"/> Other (Specify)_____</p> <p>.....</p> <p>Overall, how effective would you say these efforts have been in improving the safety of women receiving nutrition services?</p> <p>1. <input type="radio"/> Not effective at all</p> <p>2. <input type="radio"/> Slightly effective</p> <p>3. <input type="radio"/> Somewhat effective</p> <p>4. <input type="radio"/> Fairly effective</p> <p>5. <input type="radio"/> Very Effective</p> <p>6. <input type="radio"/> Not sure / Don't know</p>	



SECTION 2:

MENU OF QUALITATIVE QUESTIONS RELATED TO GBV RISK MITIGATION ISSUES

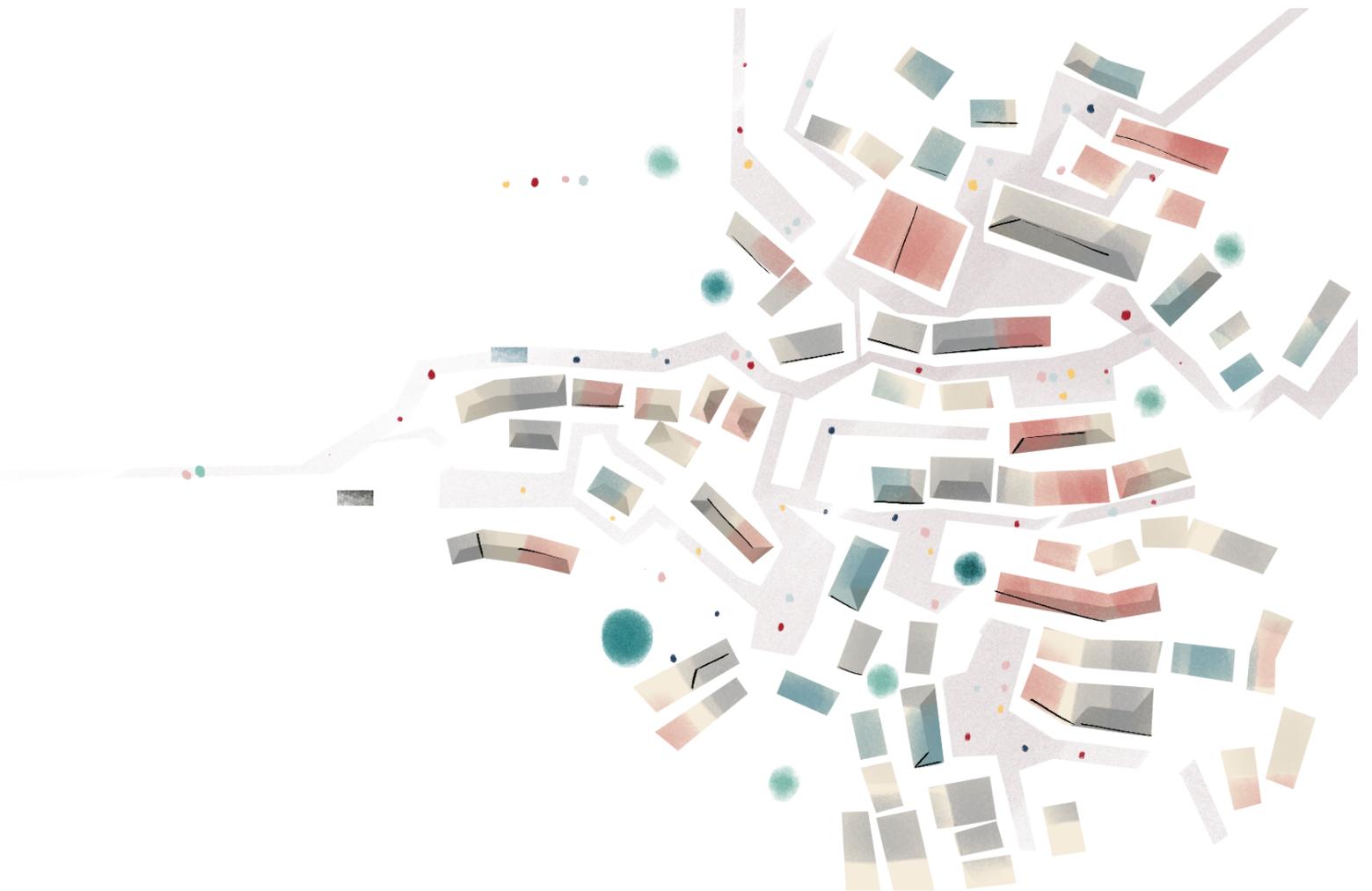
GBV RISK MITIGATION TOPIC AREA	TARGET POPULATION	QUALITATIVE QUESTIONS	SCENARIOS(S)
Availability	Relevant groups from the affected community	Are you aware of nutrition services in your community? If so, what types of nutrition services are available for your community?	Scenarios 1,2 and 3.
Accessibility	Relevant groups from the affected community	<p>What, if any, barriers might women or girls face when accessing nutrition services, either on the way to services or at the nutrition service itself? [For Scenarios 2 and 3, probe for safety concerns] Are there barriers that may also exist for children who have no caregivers and/or are responsible for taking care of other children? What about for specific populations like the elderly or people living with disabilities?</p> <p>Are there any groups or people in the community unable to access nutrition services because they have specific safety concerns? If so, who? Why? [Scenarios 2 and 3] Keep in mind this may be especially true for specific populations like the elderly, children without adult caregivers or people living with disabilities?</p>	Scenarios 1, 2 and 3.
Acceptability	Relevant groups from the affected community	<p>What do you think of the available services for women and girls in this community? Are they delivered in a good way? Why or why not?</p> <p>Are there specific groups or people in the community that do not like how the services are delivered? [Some populations, like the elderly, children without adult caregivers or people living with disabilities may have different experiences with service delivery, and it can be helpful to keep these populations in mind]</p> <p>Are there specific groups or people in the community that might not feel very comfortable using the nutrition services? [Some populations, like the elderly, children without adult caregivers or people living with disabilities may have different experiences using services, and it can be helpful to keep these populations in mind]</p> <ul style="list-style-type: none"> • Probe: Which groups? Why? 	Scenarios 1, 2 and 3.

GBV RISK MITIGATION TOPIC AREA	TARGET POPULATION	QUALITATIVE QUESTIONS	SCENARIOS(S)
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		<p>Is there anything that might prevent a woman or girl from going to nutrition services, even if she or her children may need these services? [For Scenarios 2 and 3 only, probe for safety issues] What about other groups, such as those living with disabilities? Are there factors that might keep these groups from accessing services, even if they are needed?</p> <p>Is there anything that might make a woman or girl stop using nutrition services, even if she or her children may need these services? [For Scenarios 2 and 3 only, probe for safety issues] What about other groups, such as those living with disabilities? Are there factors that might make this population stop using nutrition services, even if they are needed?</p>	
Quality	Relevant groups from the community	<p>What could be done to improve available nutrition services?</p> <ul style="list-style-type: none"> • Probe about timings, staff, how patients are treated etc. 	Scenarios 1, 2 and 3.
Coping Strategies	<p>Service providers</p> <p>Relevant groups from the affected community</p>	<p>People seeking nutrition services may sometimes face hardship in their homes and communities even after accessing services. Are you aware of reasons people might not use their rations as directed when they are coping with hardship? What are some of these strategies?</p> <ul style="list-style-type: none"> • If needed, prompt with examples of skipping meals or sharing rations intended for only one individual <p>How are these decisions made?</p> <p>Who are some of the people involved in deciding these strategies?</p> <p>Within the household, who is most affected by these decisions and why? [think about girl and boy children in the home, elderly family members, other wives, people living with disabilities and other characteristics that can impact access to food]</p> <p>[Service providers] What are some ways you are aware of to identify these strategies?</p> <p>[Service providers] What about ways to adapt programs to prevent people from having to turn to these strategies?</p>	Scenarios 1, 2 and 3.

GBV RISK MITIGATION TOPIC AREA	TARGET POPULATION	QUALITATIVE QUESTIONS	SCENARIOS(S)
<p>Perceptions of safety, including exposure to GBV risk</p>	<p>Relevant groups from the affected community</p>	<p>Tell me about any safety risks for women and girls while they access nutrition services</p> <p>Please tell me about any safety concerns for women and girls related to risk of violence.</p> <p>For each violence concern raised, probe about the following:</p> <ul style="list-style-type: none"> • Where does this violence risk occur (i.e., on the way to the facility vs at the facility)? • Ask for more specifics related to location (i.e., on the road, at the river crossing, etc.) • What times of the day does this type of violence concern occurs (i.e., any time of the day, only after dark etc.)? • Probe about which specific groups are affected [the elderly, people living with disabilities and others] 	<p>Scenarios 2 and 3.</p>
<p>Linkages to other services</p>	<p>Relevant groups from the affected community</p> <p>Service providers</p>	<p>If people access nutrition services, do you think this could help them access other services?</p> <p>What about for women and girls in especially? How could nutrition service staff help them get other services that they might need?</p> <p>Are you aware of any barriers or challenges people face in accessing services here? [Probe about women and girls versus men and boys, as well as specific populations like those living with disabilities]</p> <p>Please describe some of the key steps in supporting a survivor of GBV if they willingly disclose to you.</p> <p>Please describe some of the key steps in facilitating a GBV referral (if services are available).</p>	<p>Scenarios 1, 2 and 3.</p> <p>Scenarios 1, 2 and 3.</p>
<p>Indirect effects and unintended consequences (e.g. effect of service-use in family and community)</p>	<p>Relevant groups from the affected communities</p>	<p>If people access nutrition services, could this impact relationships within their family or home?</p> <ul style="list-style-type: none"> • Are there situations where relations improve? • Are there situations where relations get worse? <p>If people access nutrition services, could this impact relationships within their community?</p> <ul style="list-style-type: none"> • Are there situations where relations improve? • Are there situations where relations get worse? 	<p>Scenarios 1, 2 and 3.</p>

GBV RISK MITIGATION TOPIC AREA	TARGET POPULATION	QUALITATIVE QUESTIONS	SCENARIOS(S)
GBV risk mitigation programming	Service providers Relevant groups from the affected communities	<p>Are you aware of anything this facility has done to help women and girls feel safer when receiving nutrition services?</p> <ul style="list-style-type: none"> • If yes, please describe some of these actions. • Have these actions been effective in helping women and girls feel safer? Why or why not? • If no, are there any actions or changes you think might be helpful to help the facility feel safer for women and girls? 	Scenarios 1, 2 and 3.



SECTION 3: COMPLEMENTARY PARTICIPATORY METHODS

In addition to the quantitative and qualitative methods described in the previous sections, participatory methods can complement the more traditional methods used to measure GBV risk mitigation. Participatory approaches foster collaboration between beneficiaries and humanitarian actors by helping to create knowledge that is owned and used by and for the stakeholders. In addition, participatory research often draws on visual methods to help participants engage actively in the exercise. This means that groups that may not have had access to education, and groups that may often feel less comfortable participating in traditional research (such as adolescent girls), may feel more comfortable engaging and sharing their experiences.

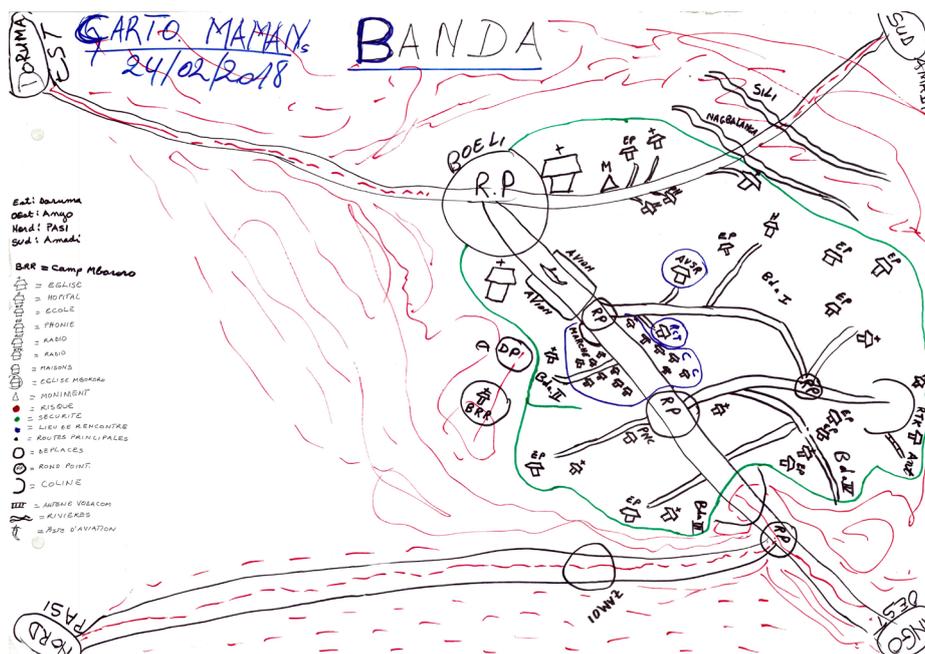
Participatory methods can:

- Identify issues of importance to a community as a whole, and to certain groups within a community
- Identify the relative importance of different issues, and how this may change based on a person's role or identity within a community
- Highlight differences in experiences, attitudes, vulnerabilities and strengths between different groups

These approaches can also complement other participatory approaches such as Participatory Rural Appraise or Proportional Piling techniques. At the end of this section are additional resources on participatory research methods.

PARTICIPATORY MAPPING

This exercise involves guiding participants through a map-making process using a semi-structured guide to encourage participants to identify local security threats and vulnerabilities, cite community boundaries, map engagements with external actors, and document sources of protection and resilience. The exercise should be undertaken with relatively homogeneous groups of individuals who may have similar experiences. Examples of such groups may be: older women, those who have functional limitations, and adolescent girls. The maps are intended to show not only areas of risk but also areas of protection and resilience, and how both may change temporally (daily, seasonally and yearly). Notes should be taken during mapping exercises to orient the viewer to the mapping approach, and a legend should be included to describe symbols used in the map. These maps can be particularly useful in understanding spatial dimensions of safety.



Example of Community Map Created by Women in the Democratic Republic of the Congo.

24-HOUR CLOCK EXERCISE

This exercise shows how different groups spend a typical day and their feelings of safety throughout this day. A visual image is used to represent a clock or different times of the day (for instance sunrise, noon, sunset and night). A more formalized approach may have a chart that shows each hour of the day and may ask participants to partition out how different groups spend each hour. As with participatory mapping, a group is convened bringing together people with shared experiences (for instance, women, men, adolescent girls and adolescent boys). This group is then asked to partition the day based on their usual activities. For each activity, the participants note whether they feel “very unsafe, somewhat unsafe, safe, or very safe.” Once this exercise is completed, the group can reflect on those activities that feel unsafe or very unsafe. The next step involves brainstorming around how those activities that feel risky could be improved. Humanitarian staff can then reflect on how to incorporate these suggestions into their programs, or to modify the program in other ways to respond to the activities (such as going to the latrine, or walking to a nutritional feeding center) that feel unsafe.

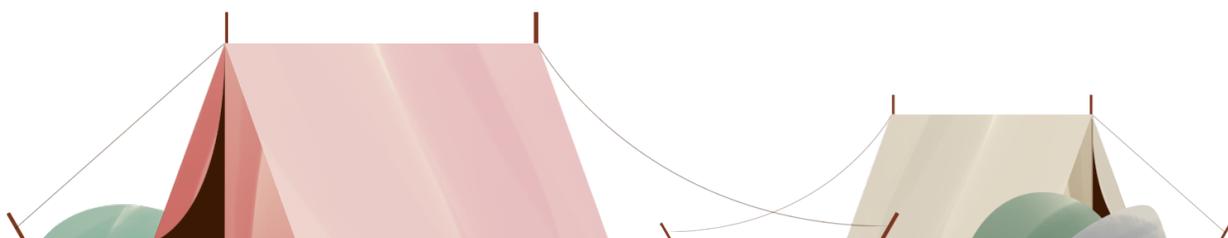
PARTICIPATORY RANKING OR VOTING

Broadly, these tools use participatory approaches that allow participants to identify and prioritize the issues that are most important to them. There are a number of approaches to help participants express these opinions. The particular approach can be determined based on what works best for the particular research question, and the context.

One approach involves creating a chart. The rows represent community actors, and the columns represent decisions, practices or behaviors in a community (such as cleaning the water point, finding food, collecting firewood, selecting a community leadership committee, etc.). People can then use tokens to vote for, firstly, which actor participates in a certain activity and, secondly, which actors make decisions about a certain activity. Different tokens can be used for each. In addition, women and men may be given different colored or shaped tokens so the humanitarian staff running the exercise can see how different groups may have systematically different responses to the exercise. These activities can be carried out separately for difference groups (such as men and women) for very sensitive topics, but, often, the groups can be combined to promote discussion around important issues and to help different groups understand the perspectives of others.

Another approach involves having a group rank issues along a spectrum to determine the relative importance of each issue compared to the others. The exercise starts with a pile of objects that each represent a certain issue. Participants are then asked to place the objects in order to reflect their relative importance. Other participants can then agree or disagree with the order – promoting discussion and compromise until the group as a whole reaches consensus on the final prioritization. Sometimes participants have trouble narrowing down or prioritizing their top concerns. Facilitators should encourage the group to reach consensus on one item for each position in the ranked list.

For any voting or raking method used, the key final step is facilitating a group discussion around the results of the exercise. Discussion questions can include: why participants made the decisions they did; whether certain groups had different opinions or priorities than others and why; and how these issues can be better addressed in the future.



ADDITIONAL RESOURCES

1. Participatory Research Methods: A Methodological Approach in Motion

Citation: Bergold, Jarg & Thomas, Stefan (2012). Participatory Research Methods: A Methodological Approach in Motion [110 paragraphs]. Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 13 (1). Art. 30, <http://nbn-resolving.de/urn:nbn:de:0114-fqs1201302>.

Accessible at: <http://www.qualitative-research.net/index.php/fqs/article/view/1801/3334>

2. Community-Based Participatory Research: A Training Manual for Community-Based Researchers

Citation: Shallwani, S., & Mohammed, S. (2007). Community-based participatory research: a training manual for community-based researchers. Aga Khan University.

Accessible at: https://www.livingknowledge.org/fileadmin/Dateien-Living-Knowledge/Dokumente_Dateien/Toolbox/LK_A_Training_manual.pdf

3. What is participatory research?

Citation: Cornwall, A., & Jewkes, R. (1995). What is participatory research?. Social science & medicine, 41(12), 1667-1676.

Available at: <https://www.sciencedirect.com/science/article/abs/pii/027795369500127S>

