**FOOD SECURITY AND LIVELIHOODS NEEDS ASSESSMENT**

**\*\* KEY INFORMANT INTERVIEW GUIDE WITH HEALTH CENTRES \*\***

The main purpose of this interview is to understand the nutrition situation in assessed area, but in some areas it is likewise relevant to understand health centres’ support to gender-based violence survivors.

**Please note:** The survey needs to be contextualized to the setting and type of programme. Hence, operations may want to shorten in some areas and add specific questions in others. The survey is NOT multisectoral. All operations are encouraged to engage with other actors to collect multisectoral data. Questions related to protection mainstreaming, risks and community engagement and accountability (CEA) should be considered mandatory.

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| **Who:** Heath Centers, NGOs working in nutrition in the assessed area.  |
| **How:** Semi –structured interview |
| **Timing:** Depending on circumstances around 1 hour |

The following gives a bit of background information on gender-based violence to consider before your interview:

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| ***GENDER-BASED VIOLENCE*** |
| * Gender-based violence (GBV) is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. GBV includes, but is not limited to, sexual violence, domestic violence, trafficking in human beings, forced or early marriage, forced prostitution and sexual exploitation and abuse
* GBV can be physical, verbal, psychological, sexual or economic violence.
* **Physical violence:** might include domestic violence, groping, rape and intimate partner violence.
* **Verbal violence**: might be sexual harassment, intimidation and insults.
* **Psychological violence:** might be making someone feel less important because of their gender.
* **Economic violence:** might be discrimination, like denying a person a job, wage theft, access to credit or access to the marketplace.
* **Sexual violence:** may be rape, non-consensual sex (child sexual assault and incest, intimate partner sexual assault, other), sex-work or sexual transactions, sexual exploitation, unwanted sexual contact, showing genitals without consent, masturbation in public
* GBV can happen anywhere – at work, at home, in the street, in the market, anywhere!
* GBV can happen between family members, with neighbors, or with strangers.
* Men and boys might experience violence because they don’t fit into ideas of what a ‘real man’ or what a ‘real boy’ are.
* Everyone has the right to a life free of violence.
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## Presentation and introduction (interview / assessment objectives, duration, etc.)

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| **Interviewer Details** |
| **Name:**  |
| **Telephone:**  | **Mail:**  |

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| **Respondent Details** |
| **Centre:**  | **Name:**  |
| **Telephone:**  | **Mail:**  |
| **Date:** | **Village:** |
| **How can we best reach out to you if there’s a need for follow up?** |  |
| **Ask respondent to share any recently and relevant published reports if possible. Note here which reports you have agreed on to be able to follow up.**  |  |

## Interview guide

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| **Health and Nutrition Situation** |
| Is there a change in the health situation in the recent past? MAM and SAM figures |
| What is the level of availability of health personnel, drugs, and the management of malnutrition? |
| What is the rate of health coverage?  |
| Do women and men have the same access to health services?  If no, why not? |
| Is there any monitoring (screening) and treatment programme for malnutrition in the area? Who is in charge of it? |
| Is there a CMAM SURGE program (government or NGOs that supports the capacities of the Health Center during the period of peak malnutrition)? |
| What is the nutritional situation of children and PLW (pregnant and lactating women) compared to last year? *(Evolution of admissions - comparison of admissions last year at the same period)*. Request records if possible |
| What projection for the coming months? |
| What is the level of accessibility to drugs? *(Try to separate both by different age and sex as well as different socio-economic groups)* |
| Do you have a situation monitoring mechanism? What are the main indicators monitored by your service? Do you think there is a technical or operational gap to monitor the situation? |
| Do health centres share information about health issues with the communities? In which ways? (for example, work through existing groups/networks such as mother groups, which NS can engage with)  |
| Does the centre benefit from external support (UNICEF, AAH, Red Cross, etc.)? |
| **Gender-based violence, services**  |
| Which services related to GBV do you offer? (probe on clinical management of rape, availability of 72-hour kits) |
| How many GBV cases do you register in the clinic on a monthly basis? |
| How are cases referred to the centre/clinic / health service? |
| What happens when a case is referred to the centre? How do you collaborate with other actors such as NGOs and local actors (police, courts, local leaders)  |
| Are there established and updated referral pathways in place? Who is responsible for these?  |