



Gender-Based Violence Manual

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About This Manual

What is it?

This manual provides an overview of the key issues related to gender-based violence (GBV) in the context of WFP's operations. It seeks to guide staff and partners so they can better identify and respond to GBV risks related to hunger and nutrition and to WFP programmes.

In particular, the guidance aims to identify practical steps to ensure that WFP staff are able to:

- Understand what GBV means;
- Understand how GBV is relevant to WFP;
- Conduct GBV analysis in order to identify GBV-related threats, vulnerabilities, capacities, gaps and opportunities;
- Apply specific measures to prevent, mitigate and respond to GBV threats within the context of WFP's activities;
- Identify opportunities to address GBV through food assistance, thereby achieving a dual objective of food security and protection;
- Monitor GBV risks in the operational context;
- Refer GBV survivors to appropriate service providers in a safe and ethical way; and
- Manage GBV case reporting in a safe and ethical way.

Who is it for?

This guidance is intended to reach all WFP staff and partners. It is especially important for those who are involved in one or more steps of WFP's programme cycle, including managers, programme officers and field monitors.

How should it be used?

The guidance should be used as a reference tool for integrating GBV as a protection concern into WFP operations. It does not provide a comprehensive overview of all types of GBV risks. Rather, it serves to guide staff through the process of identifying relevant GBV risks in their operational country context. It is ultimately up to WFP staff to determine how to adapt and apply the guidance to their situation. This guidance should be reviewed before planning, implementing and monitoring programmes and field activities.

Structure

The guidance is divided into the following sections:

Part 1 Introducing GBV Introduces the broader concept of GBV, explains WFP's approach to GBV, and provides the policy framework for GBV as a protection concern for WFP.

Part 2 Incorporating GBV in WFP Operations Outlines how to conduct a GBV analysis, explains incorporation of GBV in the programme cycle and provides a generic GBV risk analysis for each modality and programme type.

Part 3 Addressing GBV Incidents Through Referrals Outlines the process by which WFP staff should refer protection and GBV incidents that go beyond their expertise or capacity to respond; and

Part 4 Advocacy, Partnerships and Coordination Explains GBV advocacy, introduces key actors and partners in GBV, and highlights key interagency monitoring and reporting mechanisms.

Part 1: Introducing Gender-Based Violence

1.1 Definition, causes and consequences of GBV

The [IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings](#) defines gender-based violence as “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females”¹.

Gender-based violence (GBV) is a widespread phenomenon that exists in all societies and contexts around the world, regardless of religion, ethnicity, socio-economic status or level of education. Although forms and prevalence of GBV vary across cultures, countries and regions, GBV is a serious human rights violation and a potentially life-threatening protection issue that disproportionately affects women and children.

The common GBV categories are physical, sexual, economic, psychological/emotional abuse/violence, and harmful practices. Some of the more common examples of GBV include: sexual violence, sexual exploitation and/or abuse (SEA), domestic violence, trafficking, forced and/or early marriage, and other traditional practices that cause harm such as female genital mutilation, honour killings and widow inheritance.²

Gender-based violence is a consequence of deep-rooted socio-cultural beliefs and practices that attach specific roles, responsibilities, behaviours, expectations, opportunities and limitations to being a woman and to being a man. These norms create unequal power relationships between men and women that, in the majority of cases, results in the subordination of women, as well as discriminatory and restrictive notions of masculinity and femininity. Socio-cultural norms around the roles and the position of men vis-à-vis women also contribute to a distorted perception of what is considered a violation. Sometimes norms instil a generalised acceptance of some forms of violence. For example, in some contexts rape is considered a major humiliation for the survivor and a minor offence for the perpetrator, and in some countries marital rape is a criminal offence while in other countries it is not. Likewise, domestic violence is often considered a private matter in which outsiders should not interfere. These societal norms reduce the likelihood of reporting and access to justice for the survivors, as well as lead to a culture of impunity that is, in turn, a contributing factor to the increased likelihood of GBV.

From its theoretical beginnings GBV was synonymous with violence against women and girls, although over time the definition of GBV has been used to highlight certain forms of violence against men and boys. Prevalence rates for sexual violence against men can be more difficult to determine: men and boys may be less inclined to expose what has happened to them due to entrenched gender norms, cultural and religious taboos and ill-equipped services³.

The term gender-based violence also applies to violence perpetrated against lesbian, gay, bisexual, transgender and intersex persons that is “driven by a desire to punish those seen as defying gender norms”⁴.

In emergencies, whether natural disaster or conflict, GBV tends to be more prominent due to a range of factors, including disintegration of state power and control, breakdown of community and household networks, the use of rape as a weapon of war, widespread

¹ Inter-Agency Standing Committee (IASC). 2015. “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action”.

² GBV AoR (2010) Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings.

³ UNHCR, Working with Men and Boy Survivors of Sexual Violence and Gender-Based Violence, Need to Know Guidance

⁴ Office of the High Commissioner for Human Rights (OHCHR). 2011. *Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on Their Sexual Orientation and Gender Identity*

impunity, pervasive discriminatory cultural norms, and shifting gender roles that arise in situations of increased poverty, insecurity and displacement.

Gender-based violence has serious consequences, including immediate injury and possible long-term physical and psychosocial harm, as well as social and economic consequences and death. Children who witness violence are more likely to have emotional and behavioural problems, perform poorly in school and be at risk of perpetrating or experiencing violence in the future. Indirect impacts on individual and community productivity can lead to increased poverty and undermine potential economic and social development, creating a cycle of underdevelopment, poverty and violence. All of these consequences can have a critical impact on people's food security and nutritional status.

1.2 Protection from Sexual Exploitation and Abuse (PSEA)

Sexual exploitation and abuse (SEA) is a form of GBV and, within the United Nations system, refers to acts committed by aid personnel against affected populations. SEA violates universally recognized human rights. SEA also undermines the relationship of trust between an organization and the people it seeks to serve. SEA represents a failure of the United Nations to protect vulnerable people and jeopardizes the reputation of the United Nations at large.

The United Nations has adopted a zero tolerance policy against sexual exploitation and abuse (SEA). This is outlined in the **2003 Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13)(The SGB)**.⁵ The SGB relates PSEA specifically to the responsibilities of international humanitarian actors to prevent incidents of sexual exploitation and abuse committed by United Nations, non-governmental organization (NGO) and inter-governmental personnel against affected populations. The SGB highlights the responsibility of humanitarian actors to take prompt action when incidents occur. The SGB applies to all United Nations staff and related personnel, to all categories of United Nations peacekeeping personnel, as well as to non-United Nations entities or individuals in a cooperative agreement with the United Nations. WFP has reaffirmed its commitment to protection from SEA with four Executive Director Circulars issued since 2005, the latest in 2014. These circulars outline specific measures WFP staff at both Headquarters and field levels must take to prevent SEA in WFP operations.

Sexual exploitation and abuse is not to be confused with **sexual harassment**,⁶ which refers to "any unwelcome and unwanted sexual advances, requests for sexual favours, or other unwelcome or unwanted written, verbal or physical conduct of a sexual nature". It is associated with the workplace and occurs between employees. At WFP, sexual harassment is covered by the Policy on Harassment, Sexual Harassment and Abuse of Authority.

1.3 WFP's approach to GBV

WFP's operational contexts are sometimes characterised by a high prevalence of GBV, both in development and, particularly, in crisis settings. WFP has both an ethical obligation and a programmatic interest in taking GBV into account when planning, implementing and monitoring its operations. In addition, as a large humanitarian actor with a significant field presence, WFP staff may witness or come into contact with GBV issues. In this instance,

⁵ Secretary-General's Bulletin on Special Measures on Protection from Sexual Exploitation and Abuse. New York: UN Secretariat. ST/SGB/2003/13, section 3.2

⁶ WFP has a Policy on Harassment, Sexual Harassment and Abuse of Authority. It can be found at the following link: <http://www.docustore.wfp.org/stellent/groups/public/documents/cd/wfp236761.pdf>

WFP must ensure that its staff are able to deal with the affected person(s) in a safe and ethical way and refer them to the most appropriate actors for assistance and follow-up.

WFP's approach to GBV mirrors the broader approach to protection set forth in the [Policy on Humanitarian Protection](#), which defines protection as "designing and carrying out food and livelihood assistance activities that do not increase the protection risks faced by the crisis-affected populations receiving assistance, but rather, contribute to the **safety**, **dignity** and **integrity** of vulnerable people".

WHAT DOES PROTECTION MEAN FOR WFP?

Safety, dignity and integrity are key elements of WFP's definition of protection and should be understood in the following way:

- **Safety:** from injury, violence, coercion, deprivation, or the threat of any of these.
- **Dignity:** self-determination, respect for aspirations and wishes, self-worth.
- **Integrity:** respecting the full spectrum of people's needs, rights and capacities; and not discriminating on the ground of race, ethnicity, religion, gender, sex, political affiliation, etc.

1.3.1 GBV as a protection and gender concern for WFP

Gender-based violence is recognized as both a protection and gender concern. As required by the Protection Policy, Gender Policy and in accordance with the "do no harm" approach, WFP programmes and interventions must not create, exacerbate or contribute to gender inequality or discrimination and must mitigate risks of GBV.

When planning short- and medium-term emergency responses where GBV is recognized as a serious and widespread protection issue, the immediate response falls within the implementation of the Protection Policy.

In order to address the root causes of GBV, longer-term planning with a more concerted approach to promoting gender equality and women's empowerment is required. The implementation of the Gender Policy is key in achieving this.

1.3.2 GBV and food insecurity

It is important to note that WFP can only play a role in addressing protection concerns that are connected to food insecurity, as these can be influenced by food assistance interventions.

Since 2005, within the framework of the broader in-house protection discourse, WFP has been exploring the linkages among food insecurity, food assistance and GBV through extended field research and consultations with protection partners. In 2010, WFP engaged in a series of field studies aimed at "Enhancing prevention and response to sexual and gender-based violence in the context of food assistance in displacement settings". This guidance builds on the findings of those studies, among other sources.

The links between GBV and food insecurity are clear. GBV can increase levels of hunger and malnutrition by affecting people's degree of access to and control over food. For example, poor families may sacrifice female children's nutrition in order to meet the needs of male children. Additionally, people who have been exposed to GBV may suffer psychosocial or physical harm, stigma and exclusion, and consequently be unable to generate income and care for their dependants. In many contexts, women's lack of access to and control of assets, services and income increases their economic dependence as well

as their vulnerabilities to abusive and exploitative situations. These factors can lead to food insecurity.

WFP recognizes its responsibility to:

- Assume that gender-based violence is taking place;
- Treat it as a serious and life-threatening protection issue; and
- Take actions to minimize the risk of gender-based violence through its interventions, regardless of the presence or absence of concrete evidence.

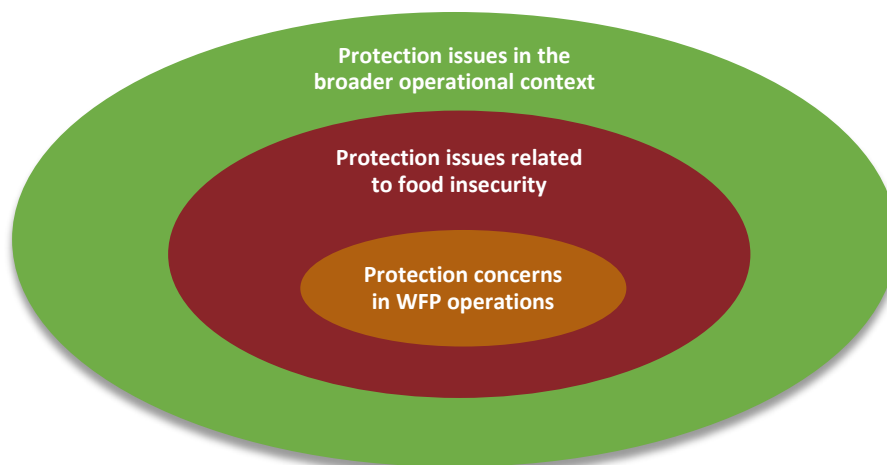
For more information, refer to [IASC GBV Guidelines](#) and the [GBV AoR Handbook for Coordinating GBV Interventions in Humanitarian Settings](#).

Food insecurity may exacerbate some forms of GBV. For example, women and girls who are traditionally tasked with finding fuel to prepare food, may need to venture to unsafe areas to collect firewood and be exposed to risk of assault. Within households, domestic violence can rise during periods of food scarcity, and may decline as assistance fills the food gap. Women heads of households may engage in transactional sex to be able to meet food needs, and parents may push for early marriage for their daughters in the hope they will have their food needs met elsewhere.

Food or cash assistance in itself may also unintentionally contribute to GBV. A food distribution site that is located in an unsafe area, or is far from where people live, may expose women to sexual violence. Cash delivered to women without taking into consideration gender roles and responsibilities may unintentionally increase domestic violence in a society that is strictly opposed to women having control over economic resources.

1.3.3 The concentric circles model

WFP sees protection as a corporate cross-cutting issue that informs all aspects of its response. WFP's mandate and expertise defines what this means at different operational levels. The scope of WFP's role in addressing GBV as a protection concern can be illustrated by the following concentric circles model.



Inner circle: Protection concerns in WFP's operations

The inner circle refers to protection concerns directly related to food assistance activities carried out by WFP and its partners. WFP needs to implement its programmes in a way that does not exacerbate existing GBV risks or create additional ones. WFP has the obligation to take all possible measures to prevent and/or react to any GBV risk arising from its activities and presence on the ground.

Example: Managing risks at distribution sites in South Sudan

In South Sudan, WFP has considered protection concerns, such as distance, cultural and physical barriers and insecurity, when selecting programme implementation sites. In the early stages of the crisis, for example, WFP only distributed milled and blended commodities due to fears that women could be attacked if they were forced to leave the sites in search of milling facilities. Generally, distribution sites are selected based on whether they provide shelter from harsh weather conditions, water can be provided, and a gender-balanced crowd-control staff is employed.

Middle circle: Protection issues related to food security

This circle refers to protection concerns that contribute to or are exacerbated by food insecurity. It is important for WFP to engage and actively identify opportunities for supporting protection outcomes through food assistance.

Example: Safe houses in the Democratic Republic of the Congo

WFP provides food for survivors of sexual violence who are recovering in Panzi Hospital, in Bukavu, in the Democratic Republic of the Congo. Rape is widespread in the country, particularly in the war-torn east of the country. Many of the women come from remote rural areas and know no one in Bukavu to cater for their needs. WFP's food assistance is vital and enables women to stay for the time that is recommended for recovery. Women participate in workshops on life skills, and sessions on psychosocial care are available in Panzi Hospital. The skills they learn while staying in hospital give them a greater capacity to earn a living once they return home.

Outer circle: Protection issues in the broader context

WFP staff may witness or in other ways come into contact with GBV issues that go beyond their capacity and expertise to respond. Regardless of whether or not these issues relate to food insecurity or WFP's operations, WFP must ensure that its staff are able to deal with the affected persons in a safe and ethical way and report them to the most appropriate actors for follow-up and assistance.

When possible, WFP can conduct advocacy. WFP should cooperate with protection and other humanitarian actors to use its leverage to advocate for the rights of the affected population. In situations where WFP is the only United Nations presence, WFP can advocate with protection actors to strengthen presence and develop responses to protection issues occurring on the ground.

Example: Referral cards for Syrian refugees

As part of the response to the Syrian refugee crisis, WFP has developed a business-card-size Protection Issue Referral Card designed for staff to carry in their wallet. Although WFP does not deal directly with GBV cases, WFP staff receive training on how to deal with cases that are presented to them in the field. The Protection Issue Referral Card is designed to help WFP staff respond in a way that links individuals at risk to the most appropriate care quickly, compassionately and professionally.

1.4 Policy Framework

1.4.1 WFP's commitment to GBV

Because of their central importance in WFP, both gender and protection are corporate cross-cutting issues that need to be integrated into all aspects of WFP's work. WFP recognizes that GBV results from gender inequalities and treats it as a life-threatening protection issue. WFP takes measures to minimize the risk of GBV occurring through its programme interventions. WFP's specific commitment to GBV is outlined in both the Policy on Humanitarian Protection and the Gender Policy. In addition, a number of policy frameworks and corporate commitments help define WFP's role in addressing GBV as a protection concern.

1.4.2 Policy on Humanitarian Protection

In 2012, WFP adopted the [Policy on Humanitarian Protection](#), which sets forth WFP's commitment to address protection issues within its operations and to maximise the protective impact of its presence and activities. The Policy on Humanitarian Protection makes reference to gender and GBV. It highlights the importance of making programmatic choices through a protection lens. This guidance is part of the operationalization of the Humanitarian Protection Policy.

1.4.3 Gender Policy 2015–2020

The goal of the Gender Policy is to enable WFP to fully integrate gender equality and women's empowerment in all of its work and activities in order to ensure that the different food security and nutrition needs of women, men, girls and boys are addressed. WFP's gender approach requires taking account of other social dimensions such as age, sexual orientation, religion, ethnicity and disability status, which can also impact food security and nutrition.

1.4.4 Commitment to Accountability to Affected Populations (AAP)

In line with the Protection Policy, WFP endorsed the [five IASC commitments to ensuring accountability to affected populations \(AAP\)](#). An AAP approach reinforces and complements protection by providing methodologies for understanding and mitigating protection concerns.

To operationalise its AAP commitments, WFP focuses on three areas that it considers key to facilitating greater communication with and participation by affected populations:

1. Information Provision;
2. Consultation; and
3. Complaints and Feedback Mechanisms (CFMs).

Each of these elements is relevant when addressing GBV, as each one contributes to developing a better understanding of the GBV risks that affected people are exposed to and can help identify appropriate responses.

For more information, see section 2.1.7 Accountability to Affected Populations.

1.4.5 Global Commitments

At the global level, through its work on protection of civilians, the United Nations Security Council has recognized the centrality of women, peace and security by adopting a series of thematic resolutions (1325, 1889 and 2212 on women, peace and security broadly; 1820, 1888, 1960 and 2106 on women's participation, and, more specifically, on conflict-related sexual violence). Also, the 2005 Security Council Resolution 1612 established a monitoring and reporting mechanism (MRM) on six grave violations against children in armed conflict, including rape and sexual violence against children.

[The Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#), adopted in 1979 by the United Nations General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

Launched in 2008, the United Nations Secretary-General's [UNiTE to End Violence against Women Campaign](#) aims to raise public awareness and increase political will and resources for preventing and ending all forms of violence against women and girls in all parts of the world. WFP is committed to actively participate every year in the UNiTE 16-Days of Activism Campaign to end violence against women and girls (from 25 November to 16 December). WFP's participation includes advocacy to prevent, mitigate, respond and eradicate gender-based violence within its mandate. The theme colour is orange, and multiple initiatives are developed by the country office, regional bureaux and Headquarters to celebrate the "Orange Campaign" and the "Orange Days" on the 25th of every month.

In November 2013, the Department for International Development launched the "Call to Action on Protection from Gender-Based Violence in Emergencies". The objective of the initiative is to mobilize donors, United Nations agencies, NGOs and other stakeholders to establish a framework for accountability and action to address GBV in emergencies. Within this framework WFP committed to take actions to enhance its efforts to prevent and respond to GBV.

In 2015, the updated IASC Guidelines for "Integrating Gender-Based Violence Interventions in Humanitarian Settings" were published. The purpose of these guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement and monitor actions for the prevention and mitigation of GBV across all sectors of humanitarian response. This guidance follows a similar operational approach.

Part 2: Integrating GBV into WFP Operations

2.1 GBV in the Project Cycle

In order to ensure programmes and interventions do not create, exacerbate or contribute to perpetuating gender inequalities or discrimination, GBV protection considerations must be integrated throughout the programme cycle. When looking at the project cycle within the concentric circles model, you will be focusing on the **Inner circle: protection concerns in WFP's operations** and also considering the **Middle circle: protection issues related to food security**.

This section presents concepts and practical recommendations that are applicable to all types of programmes. Further considerations specifically tailored for each programme and transfer modality are developed in section 2.2.

2.1.1 GBV analysis

Addressing GBV requires a comprehensive understanding of the operational context, with a particular focus on its socio-cultural dimensions, and reflecting this analysis in WFP programmes.

BE PRACTICAL ...

Essential GBV risk-reduction measures can and should be introduced regardless of a formal GBV analysis. Common sense and basic good programming principles should guide WFP staff in identifying these measures. For example:

- Ensure that food distribution points are placed in safe, accessible locations; and
- Schedule distributions at times that are accessible and safe for any at-risk groups.

Therefore, a GBV analysis, incorporating elements of both protection and gender, needs to be carried out at the onset of programme planning, throughout implementation and as part of monitoring.

What to analyse

In general, an analysis aimed at gathering relevant GBV information should identify and document GBV and include the following key questions:

GBV analysis

- What GBV risks are people exposed to (e.g. sexual violence, sexual exploitation, trafficking, transactional sex, forced prostitution, denied access to education, harmful practices, economic violence, domestic violence, restrictions on mobility, physical abuse)?
- Who is affected and how? Men, women, boys and girls, different age groups, ethnic groups, lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ), and people with special needs may be affected differently.
- What is the cause of GBV risks?
- Who perpetrates GBV and what are their motivations?
- To what extent do women, men, girls and boys pursue negative coping mechanisms as a result of food insecurity (e.g. transactional sex, trafficking, early/forced marriage)?

- Are certain groups of people stigmatised, isolated or discriminated against within their households or the broader community (e.g. domestic workers, unaccompanied children, persons living in institutions, elderly people, persons living with disabilities, people belonging to ethnic minorities, etc.)? How? To what extent? What are the consequences? Among these groups, do sex, gender and/or sexuality create further isolation and discrimination?

Gender analysis

- What is the division of labour between men and women (e.g. productive, reproductive, community-management roles)?
- Who is responsible for food security (e.g. procuring, processing, preparing and storing food)?
- In case of scarcity of food in the household, who eats first and who eats last? Who eats the largest versus the smallest quantity?
- Who provides family income?
- Who controls family expenditure?
- What proportion of household income is spent on food, clothing, education, utilities and leisure activities?
- What are the main differences between men and women in the access to and control of household and community resources and services?
- What are the main differences between men and women in relation to access to education and the labour market?
- To what extent do local laws protect women's rights, for example, in relation to inheritance, land ownership, divorce, seeking justice for violence?

Programmatic risks

- Are GBV risks created by WFP's programmes (are people put at risk when they access assistance or participate in programmes)? Do programmes inadvertently create or exacerbate household or community tensions?
- What are the risks and why?
- What can be done to mitigate or eliminate the risks?
- Do GBV risks affect the impact of WFP's programmes (will people's access to assistance be affected? Is the sustainability of the programme affected)? How? To what extent?

Programmatic opportunities

- What are the capacities that women, men, girls and boys in the affected communities, and their organizations, have to face the identified risks? How can WFP support these capacities?
- What are the opportunities that WFP's programme offers to address GBV?
- How can WFP's programmes have a positive effect on people's protection by reducing GBV risks? Whose protection? What risks?
- Can food assistance reduce negative coping mechanisms that put people at risk? Can food assistance support reintegration of marginalised groups? Can food assistance help reduce household or community tension?

When to conduct a GBV analysis

GBV analyses are more effective when carried out prior to the **programme design** stage and during **monitoring and evaluation**. GBV analyses can be carried out either as stand-alone exercises or in conjunction with other types of analyses and/or assessments, especially if related to protection. The latter modality is preferred, as it avoids exposing the same affected group/individuals to multiple analyses/assessments. For the same reason and to avoid duplication of efforts, when capacity exists GBV analyses should be carried out jointly with partners or if capacity is limited, efforts should be made to strengthen it. In sudden onset emergencies, a GBV analysis should accompany the rapid

food security assessments – Emergency Food Security Assessment (EFSA), JAM (Joint Assessment Mission), or other assessments or analyses. On an ongoing basis, GBV elements can be integrated into regular monitoring.

How to conduct a GBV analysis

Step 1 – Desk review

GBV issues can usually be identified through a review of existing documentation such as reports or bulletins from protection organisations such as the Office of the High Commissioner for Human Rights (OHCHR), United Nations High Commissioner for Refugees (UNHCR), United Nations Children’s Fund (UNICEF), International Committee of the Red Cross (ICRC), Human Rights Watch, Amnesty International, International Crisis Group, Oxfam, Medicins Sans Frontieres (MSF) and others. News reports, press releases and public statements can also be used for preliminary scoping. Other socio-cultural elements related to gender may be found in reports and documents from gender-mandated organisations, such as the United Nations Population Fund (UNFPA) and UN Women, or development actors such as the United Nations Development Programme (UNDP) and the World Bank.

Step 2 – Key informant discussions

To supplement the desk review and better understand the link between GBV and food insecurity and food assistance, interviews and group discussions with key informants should be undertaken.

Key informants may include:

- WFP staff (Management, Programme, VAM, M&E, Logistics, Security);
- Cluster/working group members (Protection, GBV Sub-Cluster, Food Security);
- Humanitarian Coordinator/Resident Coordinator’s office;
- United Nations agencies, including OHCHR, UNHCR, UNICEF, ICRC, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNDP and UNFPA;
- Red Cross/Red Crescent, INGOs and local NGOs doing protection programming;
- Religious leaders, community leaders and community-based organisations, including women’s rights organisations, youth organisations and organisations of people with disabilities;
- Police, health services, psychosocial services; and
- Government and/or *de facto* authorities.

Step 3 – On-site observations

Whenever possible, the information gathered through desk reviews and key informant interviews should be complemented and corroborated through on-site observations.

Step 4 (Only with the involvement of a GBV specialist or protection adviser. When one is not available, staff and partners should focus only on Steps 1–3 highlighted above) Participatory GBV analyses: speaking directly to those affected

Talking to people about the protection risks to which they are exposed requires trained specialists to avoid exposing people to further harm. Participatory analysis methodologies, such as focus group discussions, smaller discussion groups or bilateral conversations with beneficiaries, should therefore only be undertaken under the leadership of a GBV specialist, protection adviser or other qualified person like a psychologist, a registered/qualified counsellor or psychiatric nurses who have the skills needed to do a GBV analysis. Basic principles are set out in the box on the following page.

Checklist for conducting a participatory GBV analysis

- Conduct a participatory GBV analysis only under the leadership of a GBV specialist or protection adviser.
- Involve local GBV expertise, if available.
- Be inclusive: consult women, men, boys and girls of all backgrounds, being sure to include people with specific needs, including the elderly and people with disabilities.
- Ensure separate focus groups for men and women, women survivors, girl survivors, boy soldiers, etc., as appropriate. Ensure focus groups facilitate sharing and safety can be guaranteed.
- Ensure confidentiality.
- Ensure availability of women and men facilitators, assessors and translators, depending on cultural sensitivities.
- Ensure a secure setting to guarantee safety and confidentiality.
- Consider cultural and religious sensitivities.
- Unless otherwise required, ensure anonymity of the consultations.
- Inform the respondent about the: (1) nature and type of questions that will be asked; (2) reasons why these questions are asked; (3) intended use of the information gathered; and (4) people who will access the information gathered. Explain that participation is voluntary and people are free to leave or choose not to answer.
- State at the beginning of a group discussion or interview that the participants are welcome to share their experiences.
- Do not ask respondents to explicitly talk about their own experience or report specific incidents unless it is considered affirming and empowering to share personal experiences.
- Do not collect information that is not necessary to fulfil the purpose of your assessment.
- In all cases, ensure that the best interests of the affected people prevail.

2.1.2 Project Formulation

By integrating GBV analysis in its programmes, WFP can enhance the impact of food assistance, help avoid potential GBV risks, and ensure that assistance is delivered in a safe and appropriate manner to the context and international human rights standards. Used strategically, food can support and promote protection outcomes and mitigate risks of GBV. Regardless of the specific programme to be implemented, GBV as a protection concern needs to be reflected in common elements of overall programme formulation. These include targeting and selection of appropriate transfer modalities.

Targeting

Targeting is relied upon to ensure that the right intervention reaches the right people at the right time. Decisions regarding targeting are taken at the outset of a programme, but adjustments can be made throughout the programme cycle.

Good targeting should take into account the dynamics of the local context, including gender, age, ethnicity, religion, disability and any other specific vulnerability.

GBV sensitive targeting should:

- Include specific GBV vulnerability-related indicators (specific to women, men, girls and boys) among targeting criteria (e.g. women at risk of transactional sex and/or other types of exploitative situations; girls at risk of abduction).

- Consider whether the active targeting of women and/or girls contributes to empowerment and equality or rather triggers a negative backlash (e.g. misunderstanding and frustration among men, domestic violence).
- Be prepared to revise the project activities/outputs to ensure that the project contributes to gender equality and women's empowerment and not GBV (i.e. GBV risk should lead to project revision, not ending an initiative).
- Identify at-risk groups through consultation with different segments of the population (e.g. community elders, women, female youth, teenage boys).
- Avoid negative reaction that could lead to tension in the household by discussing the rationale behind targeting with both men and women and try to reach a mutual understanding with the community.
- Ensure open dialogue with men and women throughout the project cycle to ascertain what impacts targeting specific groups, such as women, as beneficiaries, participants and food entitlement holders have on household and community dynamics and respond accordingly.

Choosing an appropriate transfer modality

Choosing an appropriate transfer modality is an important step in programme design. Each modality whether cash, vouchers or in-kind assistance may bring protection risks as well as opportunities. GBV risks associated with a certain modality are context specific. Risks may change over time. Inclusion of GBV and protection considerations in regular market surveys, needs assessments and monitoring is necessary to understand the changing dynamics and to enable adjustment of programmes.

For more detailed information on choosing an appropriate transfer modality, see section 2.2.1 and the [Protection Guidance Manual](#).

2.1.3 Project Review and Approval

The integration of GBV as a protection concern in the project document is critical. Once the document has been cleared by government (if applicable) and approved by WFP's Executive Board, there is limited opportunity to subsequently add protection objectives, and limited scope to include additional, meaningful protection activities.

2.1.4 Project Implementation

Integrating GBV as a protection concern in project implementation becomes much more straightforward when the project is designed following a sound GBV and/or protection analysis, and specific objectives and/or considerations are included in the project document. However, the reality on the ground once a project starts often changes over time, and project implementation needs to adapt to such changes.

2.1.5 Monitoring and Reporting

Monitoring is a core activity of WFP programmes, where GBV risks can be identified, understood and later addressed. Furthermore, monitoring allows us to check whether measures put in place to mitigate identified GBV concerns are working.

There can be challenges collecting specific information due to the stigma, silence and impunity surrounding GBV. As with analyses, integrating appropriate and essential protection and GBV-related questions in monitoring tools, especially in post-distribution monitoring, will assist the office to capture the information needed to enable better prevention of and response to GBV.

Specific questions should be formulated based on the gender and GBV analysis. If a specific protection or GBV objective is integrated into a WFP programme, indicators to monitor its impact should be developed.

In [WFP's Corporate Results Framework 2017–2021](#), protection is not part of one specific activity or programme, rather it intersects with a range of outputs and outcomes as one

of the three corporate cross-cutting issues (protection, accountability to affected populations and gender).

The Corporate Results Framework (CRF) includes corporate indicators to measure protection and AAP. These indicators together measure whether programmes are designed and implemented in consideration of beneficiary safety and whether minimum standards in information provision are being met. Guidance on how to measure these indicators can be found in the [Strategic Results Framework \(SRF\) Indicator Compendium](#).

2.1.6 Evaluation

WFP evaluations serve the dual purpose of accountability for performance and learning.

With the inclusion of specific protection and AAP indicators in WFP's Corporate Results Framework, programme evaluations must now include evaluation of WFP's performance on protection and AAP. GBV risks may be reported when collecting information to report on these indicators. Referrals when GBV is raised in post-distribution monitoring should also be reported. It may be necessary to reassess programmes and do further analysis when the GBV issues raise warrant.

Stand-alone protection evaluations may be warranted in certain contexts where, for example, human rights abuses and an environment of violence is widespread and has a direct impact on programme participants. These evaluations should consider the positive and negative impact of the programme on the safety, dignity and integrity of affected persons paying attention to GBV-related risks that may arise.

2.1.7 Accountability to Affected Populations

The considerations below are specifically tailored to address GBV issues through AAP within the project cycle.

WFP's first accountability is to food insecure people who should and must be the primary actors in their own survival and protection. AAP is about engaging affected people in the processes and decisions that affect their lives, by ensuring there is an ongoing, two-way communication and dialogue throughout all stages of the project cycle. Operationally, WFP focuses on three areas that are core to these commitments: (1) information provision; (2) consultation; and (3) complaints and feedback mechanisms (CFMs).

Information provision

WFP must provide accurate, timely and accessible information to affected people about programmes and operations. Information provided has to be clearly understandable, irrespective of the age, gender or other characteristics of affected people, such as literacy level, access to technology and aural/visual impairments. In relation to GBV, WFP should:

- Engage all women and men (and girls and boys as applicable) in a discussion about objectives, targeting rationale and other criteria for continued assistance;
- Discuss rationale behind targeting and participation in activities with both men and women so as to avoid any backlash that could lead to violence against women in the home;
- Inform people about existing safe, confidential and appropriate service providers, in case they wish to seek GBV-related assistance;
- Inform all people of WFP's code of conduct and commitments to PSEA principles and procedures.
- Ensure that all people understand that assistance is free and not subject to any type of conditionality (e.g. financial contributions, sexual favours);
- Inform people about existing complaints and feedback mechanisms.

Consultation

WFP must seek the views of all segments of the affected population throughout each stage of the project cycle. In relation to GBV, WFP should involve all sectors of the community (taking into account different gender, ages, ethnicities, religions, disabilities, etc.), paying particular attention to at-risk groups (e.g. households headed by women and young girls or boys separated from families) in programme design, implementation and monitoring activities.

Complaints and feedback mechanisms (CFMs)

WFP must provide a means for affected people to voice complaints and provide feedback on WFP's operations and programmes in a safe and dignified manner. A formal complaints and feedback mechanism (CFM) system must include established procedures for recording, referring, taking action and providing feedback to the complainant. In relation to GBV, WFP should ensure:

- **Accessibility and safety:** Prior to the establishment of a CFM, discuss, understand and factor in economic, social, cultural and physical obstacles that at-risk people might have in accessing different types of CFMs (e.g. only men heads of households are entitled to speak on behalf of the family; it may not be culturally appropriate for unrelated people of the opposite sex to communicate; persons who are illiterate may not be able to write and use a complaints box). Consider safety risks to which people may be exposed as a result of their reporting (e.g. reprisals and/or social isolation as a result of denunciation of sexual violence).
- **Risk awareness and acceptance:** Part of information provision requires people to be informed about the CFM system.
- **Link with referral pathways:** WFP's support to protection from GBV requires the identification of a referral mechanism that can link the affected person to a safe and reliable service provider. There should be an established link between the CFM and referral mechanisms to facilitate prompt follow-up and assistance.
- **Link with PSEA focal point:** Every country office is required to have a PSEA focal point and an alternate responsible for referring SEA-related complaints. An established link between the CFM and the PSEA focal point needs to be in place in case a SEA complaint is raised through the CFM.
- **Provide timely feedback to the complainant:** Timely feedback is an essential element of any CFM and even more important when dealing with GBV. These issues require immediate follow-up out of duty of care and respect to the complainant and due to the gravity of the issue. **Some GBV cases will require immediate medical attention.**

2.2 GBV in WFP Programmes

The following section provides practical tips to ensure GBV-sensitive analysis, planning, implementation and monitoring in each of WFP's programmes and transfer modalities. The section begins with insights on the three transfer modalities, then goes into detail by programme. When looking at WFP programmes within the concentric circles model, you will be focusing on the **Inner circle: protection concerns in WFP's operations** and also considering the **Middle circle: protection issues related to food security**.

2.2.1 General Distribution: selecting and implementing a GBV-sensitive transfer modality

WFP is increasingly using cash and vouchers in its operations, especially in contexts where food is available and accessible, but people lack the resources to buy it. While the benefits inherent to cash-based transfers and commodity vouchers are significant, it should not be

assumed that these are always more efficient and effective than in-kind food assistance. The choice of the most appropriate transfer modality should be underpinned by a comprehensive assessment and analysis of multiple factors, including protection and gender (and consequentially GBV). Once the choice is made, the same analysis – with the related risks identified therein – should guide the planning, implementation and monitoring phases.

Food assistance – be it in the form of food, cash or voucher – is a form of protection *per se*. It is often a life-saving activity, which helps people recover and allows them to reorganize their lives. It helps to reduce pressure on families to engage in negative coping mechanisms, such as transactional sex, trafficking and early marriage. It may also assist GBV survivors by catering for their food needs and thereby supporting a prompt and integrated recovery process.

Conversely, GBV risks, if not duly assessed, may potentially interfere with WFP's programmes and their intended objectives, so it is fundamental to factor in all identified risks throughout the programme cycle and find ways to mitigate these.

Refer to [Cash and Voucher Manual](#) for comprehensive guidance on how to choose the most appropriate transfer modality and implement cash- and voucher-based programmes.

Refer to the [Protection Guidance Manual](#) for information on protection concerns common to cash and voucher programmes and general food distributions.

CASH AND VOUCHERS: PRELIMINARY CONSIDERATIONS

These considerations may help guide the process of **selecting** and **implementing** the right transfer modality in a safe and dignified manner:

- Cash and vouchers are often more desirable than food in many contexts, which may lead to more incidences of theft, physical assault and extortion. Women may be even more exposed to these risks in certain cultural settings.
- At the same time cash, value vouchers, commodity vouchers are less visible than food, making it easier to hide and protect from theft or physical assault.
- Women may have less access to or be less familiar with new technologies or services, such as mobile phones or banks. In this instance, it is necessary to ask women what they want and make sure they are informed of the pros and cons and support available so they do not need to rely on others to use their cash or vouchers, and to prevent exploitation or abuse by shopkeepers, traders or persons who assist them and activities closely monitored. Help desks and/or call centres can be very effective in supporting women and in reducing the potential for exploitation.
- If illiteracy is high in the community, the rate is most likely higher for women than men. This might make them more prone to exploitation at the time of redemption at the point of sale or at the bank.
- In some contexts, sharing resources with others is an important cultural practice that establishes social ties, which are important for boosting status, but also for securing support for difficult times ahead. Studies show that in many contexts cash is shared less than food, and men and women share different commodities with different intentions. It is important to consider how cash and voucher interventions are impacting social ties to ensure that no harm is being done.
- Identification cards may be an obstacle (they are often needed for opening a bank account or for getting a mobile phone), as women often do not have them or they are listed under male relatives. WFP could facilitate the acquisition of identification documents, or otherwise seek alternatives for identification.
- Cash and vouchers are considered to have the potential, albeit small, to contribute to women's empowerment if women have otherwise been excluded previously from handling cash and procuring food items. Targeting women to be the recipients of cash and vouchers might be a good idea if both men and women have been consulted on the rationale and agree to it. On the other hand, blanket assumptions to target women to receive cash assistance has led to cases of violence against women in the home.

Analysis

Bearing in mind the considerations above, and in addition to what is illustrated in section 2.1.1 on gender and GBV analysis, the following specific analysis questions may help to better understand GBV gaps, risks and opportunities at the moment of both **selecting** and **implementing** the most appropriate transfer modality.

- Would WFP's distribution modalities add a further burden to women, men, girls and boys? If so, was that risk discussed, and accepted or mitigated?
- Can food/cash/vouchers be used as a tool to assist GBV survivors (i.e. of sexual assault or conscription in fighting forces) in their recovery?
- Can food/cash/vouchers be used as a tool to prevent/mitigate risks against individuals or families adopting negative coping mechanisms, such as transactional sex or early, forced and child marriage?
- If firewood is used, is it available near the beneficiaries' camps or villages? If not, how far do people need to walk? Is there any risk in walking that distance?
- Are there safety issues in and around the communities? If so, which ones and where? Map them!
- Are women and young girls and boys reported to be engaging in transactional sex or other exploitative types of activities to meet food needs?
- At what age do boys and girls get married? If they marry at a young age, why?
- What are the possible GBV-related risks associated with accessing WFP's distribution sites for men, women, boys and girls?
- Is access to existing shops and banks safe? If not, why?

Addressing GBV concerns arising in cash/voucher-based programmes

- Discuss the distribution site layout and shop/bank locations with local communities, (including women and at-risk groups), protection specialists and United Nations Department of Safety and Security to confirm with them whether they are located in areas safe from assaults and raids.
- Ensure that distance to a distribution/shop/bank site does not exceed 5 kilometres and that routes that people need to take are safe.
- Ensure that local people involved in food distribution, WFP and partner staff, shop and bank attendants have been informed/trained about WFP's code of conduct, minimum professional and ethical standards and PSEA policy.
- Ensure that all people understand and master the use of technology involved (e-voucher, smart cards, biometrics, mobile phones, etc.).
- If identification (ID) cards are needed, find ways to ensure that people who do not hold ID cards may access assistance (e.g. specific agreements with service providers; ad hoc agreement with local authorities for rapid ID issuance).
- In polygamous households, food may not be shared fairly and equally among all wives and children. For this reason, ensure that a separate ration card or voucher is issued for each wife. Depending on the situation, the husband should be registered as a member of one of the wives or given a separate ration card.
- If WFP is made aware that food is not to be shared fairly and equally in some households, a separate ration card may need to be issued depending on the situation.

Addressing GBV in food distribution

- Ensure that distribution sites are clearly marked, accessible to all affected people, and frequently used by other members of the community; in particular, situate the site in neutral areas not associated with any particular power group. With the support of protection actors, consider promoting escorts and patrols to protect women, adolescent girls and at-risk groups.
- At the distribution site, provide separate lanes for women and men as appropriate, taking into account roles and relationships. This can be done by either having distributions at different times, or by establishing a physical barrier between them during the distribution.

- Ensure priority and adequate assistance for women and men with children, lactating and pregnant women, elderly persons, and people with disabilities during the waiting period and the distribution.
- Ensure the presence of women staff members from WFP and/or cooperating partners during distributions.
- When involving the local community in distribution, ensure the presence of women guardians/volunteers to oversee and or participate in the process.
- Ensure sex-balanced food distribution committees, or alternatively, where men and women cannot work together because of socio-cultural norms, consider separate committees for men and women with a central overseer or women-only committees.
- Take every reasonable step to ensure that food commodities are packed in bags and cartons of sizes suitable to the context and target group. This, however, can only be determined through effective collaboration and information-sharing between programme, procurement and logistics staff as well as other relevant stakeholders.
- Ensure that food is consistent with people's tradition and beliefs, including any food taboos for pregnant or breastfeeding women.
- When an unfamiliar food is distributed, ensure that instructions on its preparation in an understandable manner, with minimum nutrient loss, are provided. This may contribute to decrease tensions in the households due to methods of food preparation and taste.

Doing more: actively supporting protection from GBV through food/cash/vouchers

- **Target at-risk groups:** In time of distress and/or extreme poverty, people may resort to negative coping mechanisms to meet basic needs. Including GBV vulnerability into targeting criteria is therefore an effective way to prevent or respond to GBV while pursuing a food assistance objective. Among at-risk groups that should be considered are: adolescent girls, separated or unaccompanied girls and boys, orphans, women heads of household, lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ), and people with disabilities. The existence of at-risk groups is very context specific and therefore needs to be identified as part of the GBV analysis. Food/cash/voucher assistance may protect at-risk groups from the adoption of negative coping mechanisms, as well as from other exploitative and unsafe situations, such as prostitution, transactional sex, early pregnancy, enlistment into armed groups, early/forced/child marriage.
- **Support to GBV survivors:** Food assistance can be used to assist survivors in their recovery process, such as survivors who are in hospitals and safe shelters. Food is a complementary component to other services that survivors are receiving and facilitates physical recovery at the same time as ensuring the patient can stay in the facility for as long as is necessary for full recovery before returning home or to a safe location. It is recommended that WFP engages in a rapid mapping of existing shelters and seeks advice from a protection or GBV specialists to determine whether existing minimum standards are in place.
- **Promote safe access to cooking fuel:** When fuel collection exposes women and girls to risk of violence, provide emergency rations of cooking fuel and/or promote/facilitate the use of fuel-efficient stoves and fuel-saving cooking techniques. Consult with the affected population – women and men – to create a strategy for accessing cooking fuel, including safe and sustainable access to natural resources.
- **Use WFP's scale of presence and outreach to advocate about GBV:** If feasible, invite GBV specialists or representatives of women's rights organisations to hold advocacy events in the registration/distribution area, with the purpose of informing people on GBV risks and available systems of care.

Fuel: A Dangerous Business

WFP's SAFE (Safe Access to Fuel and Energy) Initiative

Every day, millions of people face serious challenges while they search for the firewood to cook their food. In humanitarian settings where resources are scarce, mostly women and girls spend hours travelling long distances in dangerous environments to collect firewood to cook, putting themselves at risk of gender-based violence (GBV).

SAFE follows a holistic approach that aims to address the numerous safety, nutrition, health and environmental challenges linked with access to cooking fuel, including protection risks and GBV. The initiative reinforces WFP's Protection Policy (2012) to provide assistance in ways that aim to support the protection of conflict- and disaster-affected populations and not expose people to further harm. SAFE relies on an innovative combination of energy and livelihood related activities to reduce the dependency on firewood and firewood collection trips, reducing the probability of GBV and other safety risks.

A 2016 evaluation of SAFE between 2014 and 2016 showed that 270,000 households benefited from the use of fuel-efficient stove technologies, which resulted in a 40 percent reduction in firewood use per person, per day. In conjunction, 716,624 households benefited from fire fuel briquette-making activities, which helped consolidate the reductions achieved in per person firewood use. In this respect, SAFE has been effective in addressing and mitigating protection risks. Household surveys and focus group discussions confirmed that the reductions in firewood consumption contributed to a reduction in the frequency of firewood collection trips, limiting people's exposure to GBV risks.

To further combat GBV, SAFE promoted the economic empowerment of women through income-generating activities and supported awareness-raising campaigns on GBV and women's role in society. This was intended to further bolster the inclusion of women beyond the household sphere.

2.2.2 Livelihood, agriculture and market-access programmes

Note: From a GBV standpoint, livelihood, agriculture and market-access programmes present many similarities, which is why they are presented together. This approach also reflects the IASC Guidelines, where livelihoods and agricultural activities are presented in the same chapter. WFP's main livelihood, agriculture and market-access programmes are food assistance for assets (FFA) and Purchase for Progress (P4P).

Food Assistance for Assets (FFA)

Food Assistance for Assets (FFA) programmes⁷ are among WFP's key tools to assist the most vulnerable by: (1) providing a direct food- or cash-based transfer to meet the food consumption gap of the most vulnerable (i.e. short-term access to food); and (2) simultaneously build household and community assets that reduce the risk of disaster, strengthen livelihoods and build resilience over time. The shift to FFA away from the previous Food/Cash for Work (FFW/CFW) approach reflects a focus on assets and their impact on people and communities rather than on the conditionality (i.e. labour).

⁷ The Food Assistance for Assets Manual is available at this link: <http://ffa.manuals.wfp.org>.

Purchase for Progress (P4P)

In the five-year, twenty-country Purchase for Progress (P4P) pilot, WFP explored ways in which its programme design and food procurement could better support smallholder farmers in developing countries. The P4P pilot ended in December 2013, and P4P has since become an integral part of how WFP does business. The P4P approach entails strong coordination across four major areas: demand, aggregation, production and enabling environment. Stable demand from WFP and other buyers provides smallholder farmers with the incentive to invest. Partners provide support across the entire value chain. Coordinated supply-side support helps farmers improve production. Efforts to strengthen aggregation systems empower farmers to build collective businesses. Governments forge more conducive enabling environments to foster thriving private sectors in rural areas. When combined, these four elements can help farmers gain a foothold in formal markets and strengthen their livelihoods as they increasingly sell through aggregation systems over time.

GBV risks

GBV risks in the context of FFA and P4P are various and can negatively affect the expected impact of the programmes. Specifically, rolling out FFA and P4P programmes with the intention to promote women's empowerment without taking gender norms into account can create backlash and inadvertently heighten the risk of violence against women. For example, domestic violence can increase if partners or family members feel threatened by women's economic independence; engagement in FFA and P4P activities may put an excessive strain on women. That said, support to people's livelihoods may produce beneficial effects that contribute to reduce peoples' exposure to, and the incidence of, GBV. When planned, taking GBV considerations into account activities may provide women and at-risk groups with safe livelihood alternatives, promote their independence and increase their ability to leave exploitative or abusive situations, support resilience of families, and prevent the adoption of negative coping mechanisms.

See the [Protection Guidance Manual](#) sections 3.4 and 3.5 for more information on protection concerns common in FFA and P4P programmes.

Analysis

In addition to what is illustrated in section 2.1.1 on GBV and gender analysis, the following analysis questions may help to better understand GBV gaps, risks and opportunities in livelihood, agriculture and market-access programmes. When conducting an analysis, it is necessary to consider the distinct programmatic considerations and context which relate to FFA and P4P activities and interventions.

Note: some questions may not apply to P4P or FFA due to the characteristics of specific operational context.

- Could livelihood, agriculture and market access activities add additional burdens to food insecure individuals? How? What burdens? If so, was this risk discussed? What actions can be taken to reduce or eliminate additional burdens on the time of women and/or men? In the unlikely event that there are no mitigating actions, are the additional burdens accepted by the participating women and/or men?
 - **FFA:** Under FFA, livelihood and agriculture activities' likely include two different things: (i) the asset creation work; and (ii) the livelihood activities that will afterwards build upon these new assets. Are there additional burdens caused by asset creation (labour intensive) activities?
 - **P4P:** Are there additional burdens caused by capacity-development activities or increased engagement in agriculture and farmers' organizations?
- Could livelihood, agriculture and/or market access activities contribute to preventing, mitigating and responding to negative coping mechanisms and GBV risks?

- What negative coping mechanisms are women and men using? Why? To what extent? In what ways are livelihood activities impacting upon these coping mechanisms?
- Would different livelihood options (or strengthened livelihoods) allow households to avoid negative coping strategies in the presence of shocks and stressors?
- What are the risks associated with women and at-risk groups engaging in livelihood and agriculture programmes (e.g. tensions in the household, assaults on the way to the programme activities, exploitation at the work place. children left without adult supervision)?
 - **FFA:** Are there specific risks caused by asset creation (labour-intensive activities)?
 - **P4P:** Are there specific risks caused by capacity-development activities, engagement in leadership positions, and participation in farmers' organizations or increased engagement in agricultural labour?

FFA analysis

- During the analysis stage, it is important to keep in mind that FFA is first and foremost a **food assistance** programme, while P4P supports smallholder farmers across the value chain by both providing capacity development support and ensuring they can access the markets. FFA modalities (i.e. engaging in community-based consultations, targeting the food insecure, providing a transfer, and building assets through community labour) imply very specific GBV risks and opportunities.
- For FFA, the basic understanding of the local community and household dynamics (economic structure, labour practices and norms, gender roles, existing/potential livelihood options, coping strategies) should be obtained from the [Community-Based Participatory Planning](#) (CBPP).
- Information on gender-specific livelihood roles (including during shock years) and appropriate timing of the year for FFA activities should be extracted from the [Seasonal Livelihood Programming](#) (SLP).

P4P analysis

- GBV risks in P4P may be related to participation in capacity development, membership or leadership in farmers' organizations or other aggregators, as well as increased access to cash and other assets.
- P4P Global Gender Strategy sets forth a list of exhaustive recommendations to promote gender empowerment and contribute to gender equality in P4P programmes. This tool would be used when conducting a GBV analysis in P4P programmes. Other tools could include the [P4P Gender Factsheet](#) and [P4P's Women's Empowerment Pathways: Roadblocks and Successes](#).

Addressing GBV concerns in livelihood/agriculture/market-access programmes

The following are some suggestions to prevent GBV-related issues when implementing livelihood, agriculture and market-access programmes:

- Situate activities in safe locations and schedule them during times of the day that minimize GBV risks;
- Discuss rationale behind targeting and participation activities with both men and women so as to avoid any backlash that could lead to violence against women, including domestic violence;
- Ensure that programmes do not promote the unsustainable use of natural resources or put groups of people in competition over natural resources, which could exacerbate some forms of gender-based reprisals;
- Consider engaging men and adolescent boys as direct participants in parallel programmes or as supportive partners in existing programmes for women;
- Ensure locations and times of the day and year that meet the needs of women who are usually very busy with other family-related responsibilities; and

- Consider providing childcare for programme participants, so as to mitigate the risk of children being left without supervision and at risk of violence or girls being withdrawn from school to care for younger siblings.

FFA specific

- Organize the FFA workplace in a way that is sensitive to local norms and minimizes the risk of GBV (e.g. depending on contexts it may be more appropriate to have mixed teams of beneficiaries, while in others it may be more appropriate to have women-only groups).

Doing more: actively supporting protection from GBV through livelihood/agriculture/market-access programmes

- **Increase women's access to and control of assets:** When possible, design programmes in a way to increase women's (and at-risk groups) access to and control of livelihood assets (e.g. land, natural resources) and time and labour saving equipment (bicycles, shellers, etc.). Use trainings that promote gender equality and advocacy with communities to revise socio-cultural norms and practices that discriminate against women and girls and prevent them from having access to and control over assets.
- **Use WFP's scale of presence and outreach to raise awareness on GBV:** With the help of GBV specialists, or women's rights organizations, use space created by the programme to hold sensitisation sessions on GBV, existing GBV systems of care and gender equality – for women, men, girls and boys, separately and together.
- **Promoting GBV awareness-raising events:** In collaboration with Farmer Organizations (FO), consider promoting GBV awareness-raising events (e.g. round tables, sensitisation sessions, women's days) for women and men FO's member farmers, their spouses and, when appropriate, other relatives, and board members.

FFA specific

- **Consider alternative programmes suitable for women engaged in unsafe livelihood activities** (e.g. firewood collection, charcoal production, mining).
- **Combine environment and protection objectives:** Consider whether FFA interventions aimed at regenerating the natural resource base may be a way to reduce women's exposure to risks of violence associated with water or firewood collection.
- **Provide support to GBV survivors:** As a complementary activity as FFA itself would not target specifically/exclusively GBV survivors, consider providing support to safe shelters where GBV survivors are engaged in livelihood activities as a strategy to support psychological healing, community reintegration and economic independence. It is recommended that WFP undertakes a mapping exercise of existing shelters and seeks advice from a protection or GBV specialist to determine whether existing minimum standards are in place.

FFA tools

- [FFA Manual regarding Gender](#)
- [FFA Manual regarding Protection](#)

P4P tools

- [P4P Gender Strategy](#)
- [P4P Gender Factsheet](#)
- [P4P's Women's Empowerment Pathways: Roadblocks and Successes](#)

2.2.3 School feeding

The protection potential of education is enormous, both in emergency and development settings. In emergencies, schools can be safe places where children can be protected from recruitment into militias and sexual and economic exploitation. Schools also represent therapeutic spaces by re-establishing a daily routine and helping to restore a sense of normalcy. Through linkages with psychosocial programmes, learning and play, schools serve an essential role in children's healing process.

In all settings, schools are the ideal venue where discriminatory cultural norms can be challenged and reshaped to support gender equality and prevent GBV. Quality education contributes to building children's long-term resilience and to break generational cycles of poverty and violence, such as early, forced and child marriage, and sexual exploitation. Quality primary and secondary education equips girls and boys with the knowledge and skills they need to know about and defend their rights, adopt healthy and respectful life styles, protect themselves from HIV, and take an active role in social, economic and political decision-making as they transition to adolescence and adulthood.

At the same time, schools may be a place where students suffer from discrimination, bullying, violence and harassment, either by their peers or by their teachers; and where discriminatory gender roles are reinforced. Schools are sometimes used to recruit/abduct children by traffickers and armed groups. School-based GBV is, unfortunately, a relatively common phenomenon, whether perpetrated by students or parents. Lack of infrastructure, trained teachers and impunity can place girls and boys at risk of violence. WFP has therefore the obligation to ensure that its interventions take place in safe and healthy environments in order to avoid creating incentives towards unsafe or exploitative situations.

The implementation of school feeding programmes, which effectively address GBV and integrate protection, require the identification of and partnership with specialized agencies. WFP must partner with agencies who have a mandate focused on schools/education and protection. As such, the local ministry of education and UNICEF are critical partners.

See the [Protection Manual section 3.3](#) for more information on protection concerns common to school meals programmes).

Analysis

In addition to what is illustrated in section 2.1.1 on GBV and gender analysis, the following analysis questions may help to better understand GBV gaps, risks and opportunities in school feeding programmes:

- What are the common GBV-related risks faced by students when on school premises (e.g. sexual exploitation and abuse by teachers and/or peers; gender-based bullying/discrimination)?
- Are there certain characteristics which make students more vulnerable to GBV (e.g. specific ethnic groups, refugees or internally displaced persons, different religious groups)?
- What safety precautions must girls take when (1) travelling to school and (2) at school? Boys?
- Are girls suffering from negative consequences at both the household and community level if they attend school? Boys?
- Are girls suffering from negative consequences at both the household and community level if they **do not** attend school? Boys?
- Do parent/teacher associations exist? If so, what is the percentage of men and women members? Does the parent/teacher association address the issue of GBV? How? To what extent?
- Are school facilities, including toilets and potable water points, located in safe areas? Are they safe for all students?

- Are the distances and the routes to be travelled to school safe for all girls and boys?
- Have students received any information on GBV, referral pathways, gender equality, HIV, human rights? What information? Was it adequate? What was the method of delivery?
- Are teachers trained on GBV, gender equality and other gender-related education issues – what it is, how to prevent it, how to respond?
- Have teachers received any training on how to engage with GBV survivors and to provide immediate referrals in an ethical, safe and confidential manner?

Addressing GBV concerns arising in school meals programmes

- Encourage and, when possible, directly support the establishment of private and sex-segregated toilets, dormitories and bathing facilities;
- Where possible, ensure that school premises are located in a safe area;
- Where possible, ensure the routes students need to travel are safe;
- Consider promoting a rota of adults to conduct safety patrols of potential risk areas in and around schools and/or to walk with groups of children from households to schools;
- Consider providing fuel-efficient stoves and potable water to minimise firewood and water collection for school meals;
- Encourage and support the establishment of teacher-parent associations and ensure that women are actively involved and conduct awareness training on GBV; and
- Seek partnership with relevant stakeholders (e.g. Ministry of Education, UNICEF) to encourage and support the development of a code of conduct and the adoption of an institutional ethos of zero tolerance of violence (including sexual violence and harassment, peer-to-peer violence, corporal punishment) in the school with consequences for breach of the code.

Doing more: actively supporting protection from GBV through school meals

- When relevant and safe to do so, consider introducing conditional transfer for education for girls as a way to encourage girls' education attendance and prevent some forms of GBV and discrimination (e.g. early, forced and child marriage, and overburdening of domestic responsibilities); or conditional transfers for education for boys in context where they are at risk of child labour or enrolment in armed groups;
- Advocate with concerned actors (e.g. Ministry of Education, UNICEF in education sector/cluster forums, or child-protection clusters) to ensure that education staff (including administration, security guards, etc.) receive training on issues of gender, GBV and women's rights. In particular, encourage and advocate to ensure that teachers receive a proper training on how to engage with GBV survivors and to provide immediate referrals in an ethical, safe and confidential manner;
- With the support of GBV specialists and other specialised agencies or ministries, encourage the engagement of teachers and education staff in discussions around creating a culture of non-violence; challenging beliefs around masculinity that condone GBV; and what their role can be in creating safe and non-threatening environments for all students and teachers;
- Advocate with concerned actors (e.g. Ministry of Education, education and protection actors) for the integration of age, gender and culturally appropriate curricula on GBV-related issues, comprehensive sexual health education, including HIV prevention, conflict-sensitivity and peacebuilding;
- With the support of GBV and protection specialists, encourage and, when possible, support awareness campaigns for students and parents on gender-based violence, gender equality, children's rights, tolerance, peace building and conflict resolution. This may be done through NGO partners implementing school feeding and with local governments; and
- With the support of GBV specialists, encourage that ad hoc sensitisation sessions are held in schools to inform students on existing GBV systems of care. When appropriate, through partnerships with UNICEF and other education and protection

- actors encourage the establishment of GBV reporting mechanisms within the school;
- Link with existing mental health and psychosocial programmes to provide support to teachers who are coping with their own GBV-related issues as well as those of their students.

2.2.4 Nutrition and HIV

Nutrition is a key factor in ensuring that people are able to live healthy and productive lives in safety and dignity. Malnutrition can have long-term consequences that impact the health of individuals, and also render them more vulnerable to protection risks. Incidences of sexual and gender-based violence (with its associated risk of HIV transmission) can also increase with drought, conflict, and food and water scarcity. Gender discrimination may lead to malnutrition among girls, increasing their vulnerability and thus exposing them to heightened risk of GBV.

In many communities, women and girls are the main caregivers in the family. Women as family caretakers may have to trek long distances to remote locations to collect water for household use, and this may expose them to sexual harassment, violence and rape. Food scarcity and malnutrition may inherently lead to tensions within the households, thus increasing the likelihood of domestic violence. Household tensions and how to cope with them can influence the nutritional status of its members (e.g. alcohol and drugs may consume household resources and have a negative impact on the nutritional status of those who use them, as well as increasing all forms of violence. Both men and women play their gendered role in this and may be approached in different ways).

Food insecurity is a critical barrier to treatment uptake, adherence and retention in care, and malnourished people living with HIV have a two- to six-fold increased risk of mortality within the first six months of treatment. Ensuring proper food and nutrition should be considered a fundamental component of effective HIV care and treatment. Protection risks such as social exclusion, discrimination, stigma related to HIV status, community or household violence all influence people's access to, consumption and quality of food, with profound impacts on nutrition. Women may also suffer reprisal attacks for their participation in food assistance activities by their partners. HIV-affected people may be identified and stigmatized.

In addition, the location of nutritional services can expose people to safety risks; enrolment in a nutrition programme might be considered shameful by the community and the family might be stigmatised, hence raising household tensions. In some cases, it has been reported that husbands have felt ashamed to have their wives included in a supplementary feeding programme as they felt like they failed as breadwinner – so they did not allow their wives to join and thus deprived them of the services.

Example: Coordinated response in Pakistan

In Pakistan, WFP has partnered with the GBV Sub-Cluster so that families at risk or GBV survivors can be referred to nutrition services or to food-for-asset programmes. In Pakistan, this is a common form of providing food assistance and women are integral to these schemes in both planning and participating in activities. Implementing partners also participate in GBV awareness training.

See the [Protection Manual section 3.2](#) for more information on protection concerns common to nutrition programmes.

Analysis

In addition to what is illustrated in section 2.1.1 on GBV and gender analysis, the following analysis questions may help to better understand GBV gaps, risks and opportunities in nutrition and HIV interventions.

- Are there any reported or potential safety risks that people may face by participating in WFP nutritional programmes? Are there safety issues in and around nutrition centres?
- Are there opportunities for nutrition and HIV programmes to support protection outcomes by linking these with GBV interventions?
- What are the competences of nutrition workers with regard to GBV? Are they equipped to provide a safe space for affected women, girls, men and boys and to deal with incidences of GBV?
- What are the positive strategies that women and men are using to meet nutritional needs? How can the positive strategies be supported/amplified?
- Is there coordination between protection and nutrition actors?
- Do services exist which address GBV and provide affected women and men with support?
- What communication materials exist and are available to raise awareness and to inform about help services?
- Are there negative community perceptions towards beneficiaries receiving assistance? Which beneficiaries? What assistance?
- Are there cultural restrictions that may impede women, girls and members of at-risk groups from safely travelling to the nutritional centres and participating in the programme?
- Can participation in a WFP programme lead to stigma?
- Do households pursue negative coping mechanisms to overcome nutritional problems? Which ones?

Addressing protection concerns arising in nutrition programmes

- Ensure nutritional services are placed in a safe location. Services should be located away from military installations and natural hazards;
- Take into account the unique needs and access barriers faced by key populations (sex workers, men who have sex with men, lesbian, bisexual, gay, transgender, queer/questioning (LGBTQ) people and, people who inject drugs) and other marginalized groups including prisoners and people with disabilities;
- Ensure that services are provided during the safest and most convenient times of the day (ensuring enough daylight for travel to and from services and accommodating women's and girls' unpaid care and domestic work);
- Involve both women and men in the registration of ration cards, as this is a potential cause of GBV;
- Encourage men's full involvement in programmes to ensure their support and active participation towards nutritional goals;
- Understand, respect and support positive cultural beliefs and practices around maternal and child health;
- Identify, through participatory gender analysis, the most vulnerable individuals including persons living with HIV (PLHIV) and ensure their participation;
- Identify and engage PLHIV support groups or solidarity networks; seek opportunities for livelihood diversification; and provide HIV sensitization and, when possible, incorporate prevention awareness into food distribution activities;
- Provide clear information regarding targeting criteria and the progression of assistance to avoid that people engage in negative coping mechanisms/HIV risk behaviours which drive HIV transmission. Negative coping mechanisms may include families deliberately withholding food from children to maintain eligibility for assistance or commercial or transactional sex;
- Collaborate with other agencies and share information and training about GBV while adhering to safety and ethical standards (IASC);

- Ensure that staff are aware and trained and that mechanisms to refer beneficiaries to health and to HIV testing, care, treatment and support services exist;
- Ensure that available materials and messages that inform about GBV and human rights are displayed in nutrition centres, indicating where victims can find support and treatment; and
- Include awareness of GBV risks and strategies for its reduction into programme planning and implementation (IASC).

Doing more: actively supporting protection from GBV through nutrition and HIV programmes

- **Integrated approach:** Violence prevention and HIV programming, when integrated into existing development platforms, such as microfinance, social protection and education, greatly facilitate scalability and sustainability.
- **Support to GBV survivors:** Nutrition support can be used to assist survivors in their recovery process in hospitals and safe shelters. Food is a complementary component to other services that survivors are receiving and facilitates physical recovery at the same time as ensuring the patient can stay in the facility for as long as is necessary for full recovery before returning home. It is recommended that WFP engages in a mapping exercise of existing shelters and seeks advice from a protection or GBV specialist to determine whether existing minimum standards are in place.
- **Facilitate GBV counselling and psychosocial support:** Advocate for the recruitment of a trained professional, such as a social worker, specialising in GBV cases at centres/clinics where nutrition programmes are run. The caseworker can play an active role in identifying cases of GBV; provide GBV survivors with information about where to access further care, including PEP (post-exposure prophylaxis) to prevent HIV transmission; and, where warranted, accompany survivors to care and support services. Also consider linking nutritional programmes to mental health and psychosocial interventions, as well as legal support, to provide support to individuals who are experiencing GBV.
- **Introduce GBV-related education in nutrition trainings:** Consider including rights issues and life skills components in GBV and GBV systems of care (e.g. referral pathways and effective linkage to needed HIV treatment and service) in training initiatives related to nutrition and HIV.
- **Prevention and response:** In collaboration with community and local leaders, develop a programme on the prevention of and response to GBV, including clear and acceptable referral and reporting that respects confidentiality and the rights of survivors. Ensure that HIV issues are identified and addressed in the gender-based violence response, including access to HIV prevention, treatment, care and support for survivors.

PART 3: Addressing GBV Incidents through Referrals

WFP staff may witness or otherwise come into contact with protection issues that may go beyond its capacity and expertise to respond. Regardless of whether these issues relate to food insecurity or WFP's operations, WFP must ensure that staff are able to interact with the affected persons in a safe and ethical way and refer them to the most appropriate actors for follow-up and assistance. As such, the referral of GBV cases may occur across the concentric circles model.

3.1 GBV referral methods

Referral can be done in two ways:

1. Passing on information regarding a situation or case to a trusted service, protection or GBV actor for follow-up. This should only be done with the informed consent of the concerned person; and
2. Indicating trusted services, protection or GBV actors to a person in need of assistance.

INFORMED CONSENT

Before WFP actively passes on information regarding a case to a trusted partner, GBV survivors need to provide their informed consent. To be able to do so, survivors need to be duly informed about: (1) nature and mandate of the partner; (2) what will happen once the case is reported; (3) what other actors will be involved in the follow-up of their case; and (4) how to contact the partner in case they no longer wish to avail themselves of the assistance.

All this information should be part of the referral protocol that WFP establishes with the partners.

3.2 GBV referrals in the WFP operational environment

Generally, there are three common scenarios in the WFP operational environment:

1. Presence of GBV and/or protection actors in affected areas.

Action – Direct the affected person to the appropriate agency/actor for services, e.g. sharing a hotline number with the person, or advising of the location of specific support services.

2. GBV and/or protection actors with established information management systems exist only at the central level, or with irregular or limited access to affected areas.

Action – Forward basic, essential information of the protection incident to the relevant actor on behalf of the affected person, including incident type, date, location, name or contact information of the person when confidentiality can be ensured (e.g. using an established CFM) and consent has been obtained from the complainant.

3. Complete absence of GBV and/or protection actors in affected areas.

Action – In these cases, it must be made clear to WFP and partner staff, as well as affected people themselves, that WFP cannot refer affected people or their cases to GBV and/or protection actors and that WFP is not equipped to handle the case. It is crucial to pass on

this message clearly to dispel any expectation and to do so with sensitivity and respect. If possible, the matter should be discussed with senior management to identify other options.

3.3 Developing a GBV Referral Strategy

When developing a GBV referral strategy, WFP should follow five key steps:

- (1) Map available services, protection and GBV actors. And in cooperation with a protection expert, establish which partners can be trusted to provide assistance, in accordance with international standards;
- (2) Establish and endorse protocols on when and how to make referrals to each actor (refer to common scenarios below);
- (3) Ensure appropriate standards for information sharing and data management are in place to safeguard that personal data is kept confidential;
- (4) Disseminate protocols among field staff (WFP and cooperating partner) and ensure staff are trained on appropriate referral and reporting procedures; and
- (5) When possible, ensure that WFP staff are trained on how to deal with GBV survivors during initial contact.

Note that in the case of rape or other forms of sexual violence, it is vitally important to act quickly. Rape requires immediate medical treatment, if possible, and in any event within 72 hours after the incident.

COMING INTO CONTACT WITH A GBV SURVIVOR: DOs and DON'Ts

DO

- ✓ Ensure your own safety and that of other staff and Cooperating Partners;
- ✓ Ask if the affected person(s) are safe at present so as to assess any immediate or medium term risk;
- ✓ Alert medical services if assistance is required;
- ✓ Be supportive and show empathy. Listen;
- ✓ Inform your WFP manager and a trusted protection actor by appropriate means as soon as possible;
- ✓ Provide accurate information about where to receive assistance, e.g. address, phone number;
- ✓ If immediate assistance is necessary (e.g. medical care), facilitate by requesting others to find transport or making phone calls on their behalf; and
- ✓ Maintain confidentiality.

DON'T

- x Investigate the incident or try to verify if the abuse is true;
- x Interview the affected person(s);
- x Interview witnesses or others implicated in the incident;
- x Provide counselling to the affected person(s);
- x Cut off or send away the person(s) seeking to share their experience;
- x Document, monitor, or otherwise record details of the incident;
- x Encourage the affected person(s) to report the abuse to the authorities;
- x Encourage the person to return to the source of abuse e.g. family member; and
- x Do anything that is against the survivor's wishes or without his/her consent (unless the life of others is endangered).

PROTECTING PERSONAL DATA IN REFERRAL MECHANISMS

When establishing a referral pathway protocol between WFP and GBV/protection partners:

- Understand and clarify when (e.g. for what cases) and how referral needs to be done;
- Understand what happens once WFP reports to, or the GBV survivor is referred to, the services of partners;
- Establish whether other actors will be involved in the follow up of the case (survivors need to know before deciding whether to approach the service/actor);
- Ask and verify that partner has a data protection policy, as well as physical and technological safeguards in place to guarantee confidentiality; and
- Once the referral is done, dispose of any record that may allow the identification of the GBV survivor.

Part 4: Advocacy and Partnership

This final section looks at advocacy and partnerships, which are key components in addressing the **Outer circle: protection issues in the broader context**.

4.1 Advocacy

WFPs gender-based violence related advocacy will often address issues that are also related to food insecurity and/or to the broader human rights context. In most cases, WFP engages in advocacy as part of the United Nations Country Team or with partner agencies on specific issues. In all cases, it will be the task of the country director and the management team to assess whether other agencies or the community itself should be the primary advocate, with WFP serving a supportive function. It is also important to consider any potential risks to affected populations, staff or programmes that being involved in conducting advocacy could create, as well as the potential risks of not being involved. That being said, it may often be appropriate and important for WFP to be involved in GBV advocacy.

How can WFP be involved in GBV advocacy?

- WFP can be involved in information campaigns and advocacy activities that help raise awareness of GBV, initiate discussions both at the community and national levels, contribute to challenging discriminatory beliefs, promote safe coping mechanisms, reduce stigma, and encourage survivors to report incidents and seek care.
- WFP can engage with other United Nations agencies and conduct unified advocacy with national and local government representatives.
- WFP can engage with and support local GBV grassroots efforts, whether through food, advice, referrals, resources, advocacy or symbolic partnerships. In doing so, WFP may strengthen smaller organizations through more leverage and credibility.
- In situations where WFP is the only United Nations agency present, WFP can advocate with protection actors to strengthen their presence and response to protection issues such as GBV.

What can WFP advocate about?

- **Security at programme sites:** WFP may advocate for increased security presence to ensure safety at distribution sites and for beneficiaries on their return home (e.g. with government/police forces, peacekeeping mission).
- **Protection by presence:** Where WFP observes serious GBV trends, WFP may advocate with protection agencies/protection cluster and the United Nations Country Team for increased presence.
- **Gross violations of humanitarian law/human rights related to GBV:** In contexts where mass rapes occur (e.g. Darfur and the Democratic Republic of the Congo), WFP may advocate with other partners to raise awareness and urge concerned actors to pledge responsive action.
- **Land rights:** When denied access to land affects women's economic independence and food security, WFP may engage in advocacy with relevant actors, such as FAO and UNHCR.
- **Issuance of ID cards:** Women often do not have an ID card or are listed under male relatives. This may represent a problem, especially in those programmes where an ID is requested (e.g. for opening a bank account or to get a mobile phone). WFP may engage in advocacy activities with relevant authorities to have a rapid ID issuance process.

In all these cases, it is important that WFP focuses on the relationship between food insecurity and GBV. Where that is not applicable, and especially in cases of gross human rights violation, WFP's advocacy will be based on its obligation to respect international human rights and humanitarian law.

4.2 Partnerships

WFP can most effectively respond to GBV as a protection concern through strong coordination with partners. Advocacy is almost exclusively done in coordination with protection actors. Programme implementation requires operational support from cooperating partners and relevant authorities who are relied upon to ensure access, endorse programme formulation, and increasingly implement programmes directly. Where authorities are the source of the violence, WFP will work within the United Nations Country Team to formulate appropriate responses. WFP's partnership with GBV specialists and protection actors is detailed below. For detailed information on working with food security actors on protection-related issues, see the [Protection Manual](#).

4.2.1 Partnerships with GBV Specialists and Protection Actors

Gender-based violence is a complex issue and requires cross-sectorial coordination, as no single agency can prevent nor respond to GBV alone. Holistic support to sexual violence survivors requires coordination between legal, medical and psychosocial support actors. Moreover, the amount of information that is required to undertake GBV-related activities often only comes from the synergy of various actors who have access to different sources.

For an agency like WFP, where GBV is not part of its core mandate, but rather part of a cross-cutting concern, partnership and coordination play a crucial role. WFP will necessarily have to rely on GBV specialists and/or protection actors to ensure the application of most of the recommendations contained in this guidance.

WFP should seek support from protection actors and GBV specialists when:

- Undertaking GBV and protection analyses (desk and field based), including when endeavouring to understand the relationship between GBV and food insecurity to better tailor programmes to respond to the needs of the population;
- Identifying and reaching the groups at risk of GBV;
- Training WFP and its partners on GBV mainstreaming;
- Training beneficiaries (e.g. as a component of food for training) on GBV;
- Mapping GBV actors and setting up a referral mechanisms; and
- Undertaking advocacy initiatives and other types of activity that requires specific GBV expertise.

WFP'S POSSIBLE PARTNERS ON GBV

- the GBV working group under the Global Protection Cluster (normally co-led by UNICEF and UNFPA);
- other United Nations agencies with a gender/protection mandate, such as UNHCR, UNICEF, UNFPA, OCHA and the International Organization for Migration;
- international agencies, such as the International Rescue Committee, Save the Children, Norwegian Refugee Council and Danish Refugee Council;
- government agencies, such as the Ministry of Women and Children's Affairs;
- local NGOs; and
- grassroots organizations.

In some instances, bilateral coordination with specific GBV specialists and protection actors can be helpful for targeted interventions. However, the most natural entry point for structured engagement with protection actors is through existing protection coordination mechanisms in the field, such as protection and GBV working groups, or the Protection Cluster and GBV Sub-Cluster.

4.2.2 Interagency Monitoring and Reporting Mechanisms

It is important to understand the international mechanisms present in many contexts where WFP operates. The mechanisms related to GBV are:

1. Gender-based violence information management system (GBVIMS)

The Gender-based Violence Information Management System (GBVIMS) is a multifaceted initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyse and share data reported by GBV survivors among protection actors. To date, the GBVIMS has been implemented in Burundi, Colombia, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Guinea, Iraq, Kenya, Liberia, Nepal, Sierra Leone, South Sudan, Thailand and Uganda.

For more information and tools on the GBVIMS, see <http://www.gbvims.com>.

2. United Nations Security Council Monitoring and Reporting Mechanism (MRM).

The Monitoring and Reporting Mechanism (MRM) was established in 2005 by United Nations Security Council Resolution 1612 (and subsequent Resolution 1882 in 2009) and is managed by country-based task forces that provide timely and reliable information on six grave violations⁸ against children in armed conflict. On the basis of the information collected through the MRM, the United Nations Secretary-General prepares an annual report identifying parties to the conflict who are responsible for children's rights violations. The Security Council Working Group on Children and Armed Conflict regularly reviews the reports stemming from the MRM and makes recommendations on how to better protect children in specific country situations, such as the imposition of sanctions by relevant Security Council committees.

For more information related to the MRM, see <http://www.mrmtools.org/mrm/>.

3. Monitoring, Analysis and Reporting Arrangements (MARA).

The Monitoring, Analysis and Reporting Arrangements (MARA) is a specific coordination mechanism for conflict-related sexual violence. It was established in 2010 under Security Council Resolution 1960. The ultimate purpose of the MARA is to provide systematic, timely, reliable and objective information on conflict-related sexual violence to the Security Council, which will help reduce the risk of sexual violence and improve assistance to survivors. The process will also help to provide information on patterns and trends of sexual violence in situations of armed conflict, as well as information on parties to the conflict who may be committing or be responsible for rape and other forms of conflict-related sexual violence. At the country level, information and data collected for the MARA will be submitted to the United Nations leadership through existing data collection systems, which work in any given country, such as the Protection Cluster, the GBV Area of Responsibility and gender theme groups.

Because of its potential sensitivity, WFP's engagement in MRM and MARA needs to be carefully vetted by WFP's managers, in consultation with WFP's protection advisers at the country office or Headquarters level. In fact, reporting on human rights violation to political organs (such as the United Nations Security Council) may have serious repercussions on WFP's access and programmes, which might outweigh the intended benefit of the reporting mechanisms.

⁸ The six grave violations reported on are 1. Killing and maiming of children; 2. Recruitment or use of children by armed forces or armed groups; 3. Rape and/or sexual violence against children 4. Attacks against schools or hospitals; 5. Abduction of children; and 6. Denial of humanitarian access for children.