Thematic Area Guide for:

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Reducing risk, promoting resilience and aiding recovery

Food Security and Agriculture

<www.gbvguidelines.org>
Food security and agriculture (FSA) is a critical concern of the food security and agriculture sector.

The causes of food insecurity are complex and numerous. They can include droughts, floods, tsunamis, earthquakes, wars, climate change, government failures, population growth, rising prices, and land and natural resource degradation. Whatever the origins, food insecurity affects entire communities in surprisingly similar ways across different settings—including in terms of how it contributes to the risk of GBV. For example:

- In many settings, women and girls are primarily responsible for procuring and cooking food for the family. Activities that require them to travel to remote or unfamiliar locations (e.g., to tend agricultural lands or livestock; to collect water, firewood and other non-food items for cooking; to go in search of feed, water or shelter materials for livestock; etc.) may place them at risk of sexual assault. In addition, their livelihoods in emergencies, as well as agricultural rehabilitation after a crisis. Women, girls and other at-risk groups must be actively engaged in decisions about how to best implement FSA activities.

- Exposure to GBV can, in turn, heighten food insecurity by undermining the physical and psychosocial well-being of survivors. Injuries or illness can affect a survivor’s capacity to work, limiting their ability to produce or secure food for themselves and their families. Stigma and exclusion may further reduce survivors’ access to food distributions, food- and agriculture-related technical trainings, and other forms of support.

Effective, safe and efficient strategies of the food security and agriculture (FSA) sector can only be achieved if the risks of GBV are factored into programme design and delivery. This requires assessing and addressing gender issues that affect food security and agricultural livelihoods in emergencies, as well as agricultural rehabilitation after a crisis. Women, girls and other at-risk groups must be actively engaged in decisions about how to best implement FSA activities.

Actions taken by the FSA sector to prevent and mitigate GBV should be done in coordination with GBV specialists and actors working in other humanitarian sectors. FSA actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV age and environment. (See ‘Coordination’ below.)

Why Addressing Gender-Based Violence Is a Critical Concern of the Food Security and Agriculture Sector

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Essential to know

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Although food distribution is still the predominant food relief response in humanitarian emergencies, there is growing awareness that cash- and voucher-based interventions can be used to address a range of commodity-based needs—particularly in urban settings where markets and banking systems are in place. Cash and vouchers can also be useful in rural areas and in camps where markets grow increasingly dynamic as more people settle in these areas. New technologies—such as money transfers through mobile phones—can facilitate the dispersal of assistance in insecure contexts; however, the selection must be context-specific.


Essential to know

Pillars of Food Security

Food security is based on four pillars, all of which must be fulfilled simultaneously in order to realize food security objectives:

- Physical Availability of food
- Economic and physical ACCESS to food
- Food UTILIZATION
- STABILITY of the other three dimensions over time.

(Adapted from European Commission and Food and Agriculture Organization. 2008. ‘An Introduction to the Basic Concepts of Food Security,’ www.fao.org/docrep/013/a0936e/a0936e00.pdf)

For the purposes of this TAG, at-risk groups include those whose particular vulnerabilities may increase their exposure to GBV and other forms of violence: adolescent girls; elderly women; woman and child heads of households; girls and women who bear children of rape and their children born of rape; indigenous people and ethnic and religious minorities; lesbian, gay, bisexual, transgender and intersex (LGBTI) persons; persons living with HIV; persons with disabilities; persons involved in forced and/or coerced prostitution and child victims of sexual exploitation; persons in detention; separated or unaccompanied children and orphans, including children associated with armed forces/groups; and survivors of violence. For a summary of the protection rights and needs of each of these groups, see page 10 of this TAG.

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### Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

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<tr>
<th>ASSESSMENT, ANALYSIS AND PLANNING</th>
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<tbody>
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<td>Pre-Emergency</td>
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<tr>
<td>Promote the active participation of women, girls and other at-risk groups in all food security and agricultural assessment processes</td>
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<tr>
<td>Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of FSA activities (e.g. ratio of male/female staff; representation of women and other at-risk persons in food assistance management groups, committees and other relevant organizations; etc.)</td>
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<tr>
<td>Assess community norms and practices and how they relate to food insecurity, with a focus on the barriers faced by women, girls and other at-risk groups in achieving food security (e.g. decision-making in the family; roles related to agriculture/livestock; restricted access to lands, water; cooking fuel or FSA programmes; etc.)</td>
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<tr>
<td>Assess the physical safety risks associated with FSA activities (e.g. distance and routes travelled for distribution/work sites and agriculture/livestock activities; distribution/work times and locations; existence of safety patrols and other security measures for those travelling to distribution/work sites; accessibility features at distribution sites for persons with disabilities; etc.)</td>
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<tr>
<td>Assess awareness of FSA staff on basic issues related to gender, GBV, women’s human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between FSA programming and GBV risk reduction; etc.)</td>
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<tr>
<td>Review existing/proposed community outreach material related to FSA to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)</td>
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<td><strong>RESOURCE MOBILIZATION</strong></td>
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<tr>
<td>Develop proposals for FSA programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks</td>
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<tr>
<td>Prepare and provide trainings for government, staff and community groups engaged in FSA on the safe design and implementation of FSA programming that mitigates the risk of GBV</td>
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<td>▶ Programming</td>
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<tr>
<td>Involve women and other at-risk groups in the planning, design and implementation of all FSA activities (with due caution where this poses a potential security risk or increases the risk of GBV)</td>
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<tr>
<td>Design commodity- and cash-based interventions in ways that minimize the risk of GBV (e.g. transfer modalities that meet food requirement needs; food ration cards assigned without discrimination; girls and boys included in school feeding programmes; etc.)</td>
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<td>Take steps to address food insecurity for women, girls and other at-risk groups through agriculture and livestock programming (e.g. include interventions that increase agricultural production and diversification into humanitarian response; facilitate ownership of livestock assets for women, girls and other at-risk groups; etc.)</td>
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<tr>
<td>Implement strategies that increase the safety in and around food security and agricultural livelihoods activities (e.g. adhere to Sphere standards for safe locations; carry out food distribution during daylight hours; consider sex-segregated distribution sites; etc.)</td>
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<tr>
<td>Incorporate safe access to cooking fuel and alternative energy into programmes (e.g. consult local populations to create strategies for accessing cooking fuel; encourage use of fuel-efficient stoves and fuel-saving cooking techniques; etc.)</td>
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<tr>
<td>Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines of FSA programmes (e.g. standards for equal employment of females; procedures and policies for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)</td>
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<tr>
<td>Advocate for the integration of GBV risk-reduction activities into national and local policies and plans related to FSA, and allocate funding for sustainability (e.g. policies for safe access to cooking fuel; plans to promote the participation of women and other at-risk groups in agricultural diversification and livestock programmes; protection of natural resources and related skills-building; etc.)</td>
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<td>Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure FSA staff have the basic skills to provide them with information on where they can obtain support</td>
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<td>Ensure that FSA programmes sharing information about reports of GBV within the FSA sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)</td>
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<tr>
<td>Incorporate GBV messages (including where to report risk and how to access care) into community outreach and awareness-raising activities related to FSA, using multiple formats to ensure accessibility</td>
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<td>Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups</td>
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<tr>
<td>Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign an FSA sector focal point to regularly participate in GBV coordination meetings</td>
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<td>Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle</td>
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<tr>
<td>Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability</td>
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**NOTE:** The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the suggested minimum commitments for food security and agriculture actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see Part Two: Background to Food Security and Agriculture Guidance.
FOOD SECURITY
AND AGRICULTURE

THIS SECTION APPLIES TO:
• Food security and agriculture (FSA) coordination mechanisms
• Actors (staff and leadership) involved in the provision of food assistance such as food products, cash and vouchers, and seeds/tools for agricultural and livestock interventions: community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies
• Local committees and community-based groups (e.g. groups for women, adolescents/youth older persons, etc.) related to FSA
• Other FSA stakeholders, including national and local governments, community leaders and civil society groups

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GBV Guidelines

Information about or access to food assistance (commodity and cash-based interventions) can cause household tensions that increase their risk of intimate partner and other forms of domestic violence.

- When commodity and cash-based interventions or agricultural livelihoods programming are insufficient to meet a family’s food needs, are not contextualized or only target male heads of households, certain at-risk groups (particularly woman and child heads of households and single women) may be forced or coerced to provide sex in exchange for food and agricultural inputs.

- Unsafe locations of distribution sites for food and agricultural inputs, long distances required to travel to sites, and heavy weight of food rations or agricultural inputs (that require women and girls to seek assistance when transporting them) all pose risks for sexual assault and exploitation.

- In some cases, food insecurity may put pressure on families to marry daughters at young ages in order to gain bride wealth, ensure the economic well-being of the girl or lessen food needs within the family.

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1 The term ‘food security and agriculture’ (FSA) is used throughout to refer to a wide variety of methods used for food production, including agriculture, forestry and fisheries, aquaculture, agriculture, livestock, etc.

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Addressing Gender-Based Violence throughout the Programme Cycle

KEY GBV CONSIDERATIONS FOR ASSESSMENT, ANALYSIS AND PLANNING

The questions listed below are recommendations for possible areas of inquiry that can be selectively incorporated into various assessments and routine monitoring undertaken by FSA actors. Wherever possible, assessments should be inter-sectoral and interdisciplinary, with FSA actors working in partnership with other sectors as well as with GBV specialists.

The areas of inquiry below should be used to complement existing guidance materials, such as assessment checklists found in the Livestock Emergency Guidelines and Standards (<www.livestock-emergency.net>). Ideally, nutrition and FSA assessments should overlap to identify barriers to adequate nutrition as well as interventions to improve the availability and optimal utilization of food intake.

These areas of inquiry are linked to the three main types of responsibilities detailed below under ‘Implementation’: programming, policies, and communications and information sharing. The information generated from these areas of inquiry should be analysed to inform planning of FSA programmes in ways that prevent and mitigate the risk of GBV. This information may highlight priorities and gaps that need to be addressed when planning new programmes or adjusting existing programmes. For general information on programme planning and on safe and ethical assessment, data management and data sharing, see Part Two: Background to Food Security and Agriculture Guidance.

KEY ASSESSMENT TARGET GROUPS

• Key stakeholders in FSA: governments; civil societies; local leaders; local food assistance committees; nutrition actors; livelihoods actors; GBV, gender and diversity specialists
• Affected populations and communities, including agricultural workers, farmers and livestock owners, market traders, etc.
• In IDP/refugee settings, members of receptor/host communities

POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

Areas Related to Food Security and Agriculture PROGRAMMING

Participation and Leadership
a) What is the ratio of male to female FSA staff working directly with affected populations, including in positions of leadership?
   • What is the ratio of males to females in food distribution teams, particularly at distribution sites?
   • Are systems in place for training and retaining female staff?
   • Are there any cultural or security issues related to their employment that may increase their risk of GBV?
b) Are women and other at-risk groups actively involved in community-based activities related to FSA (e.g. community food assistance or agricultural rehabilitation committees)? Are they in leadership roles when possible?
c) Are the lead actors in food assistance response aware of international standards (including this TAG as well as the comprehensive Guidelines) for mainstreaming GBV prevention and mitigation strategies into their activities?

(continued)
POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

Cultural and Community Norms and Practices

d) How has the humanitarian emergency impacted the ability of different at-risk groups to secure and use food?
   • Who makes decisions about food use and access within the household?
   • Are any at-risk groups being denied access to food?
e) What strategies do members of the affected community use to secure food, and how has the humanitarian emergency affected these strategies (e.g. access to grazing and to water resources for livestock; daily and seasonal movements; natural resources; the gender division of labour; etc.)?
   • What are the different roles of males and females in agricultural production, fisheries, forestry, etc.?
   • What are the different roles of males and females in livestock ownership, control, care and management—including use and disposal rights?
   • How do agriculture and livestock ownership and management affect household food security?
f) Are there cultural norms that restrict women, girls and other at-risk groups from accessing agricultural lands, water points, seed and tool dispersal programmes, or food/cash/voucher distribution programmes?
g) Is there a risk of conflict between different groups using natural resources (e.g. agriculturalists and pastoralists) that could in turn increase the risks of GBV for women, girls and other at-risk groups?
h) Are there school meal programmes for students? Do these programmes take into account security risks for programme participants (e.g. attacks between school and home in the case of take-home rations)?

Physical Safety and Risks of GBV

i) Are women and other at-risk groups involved in decisions about food/asset baskets and planned agriculture or livestock activities (e.g. seed or livestock distribution)?
   • Has the transfer modality of assistance (e.g. food, cash/in-kind, vouchers) been designed in a way that reduces the risks of GBV?

j) Are distribution sites safe for women, girls and other at-risk groups?
   • What specific measures are being taken to prevent, monitor and respond to GBV risks (e.g. segregating men and women through a physical barrier or offering separate distribution times; awareness among distribution teams about appropriate conduct and penalties; presence of female staff to oversee off-loading, registration, distribution and post-distribution of food; etc.)?
   • Are distribution sites protected from raiding by fighting forces in conflict situations?
   • Do distribution/work sites adhere to standards of universal design and/or reasonable accommodation to ensure accessibility for all persons, including those with disabilities (e.g. physical disabilities, injuries, visual or other sensory impairments, etc.)?

k) Are the distances and routes to be travelled to distribution sites, work sites, and agriculture or livestock activities safe for women, girls and other at-risk groups?
   • Are they clearly marked, accessible and frequently used by other members of the community?
   • Has safety mapping been conducted with women, girls and other at-risk groups to identify security concerns related to accessing water, fuel, agriculture lands and distribution sites?

l) Do interventions reduce the burden that receiving food assistance may pose for women, girls, men and boys (e.g. are food distribution points located as close to living/cooking areas as possible; are the sizes and weights of food packages manageable for women, girls and at-risk groups; are distributions timed in a way that minimizes GBV risks; are women and other at-risk groups provided with alternative modes of receiving their food assistance if the situation permits; etc.)?

m) Is there a system for security personnel to patrol potentially insecure areas in and around distribution sites, agricultural lands, water points, firewood collection sites and/or markets?
   • Does this system include women from the community? Are there any security risks associated with their participation?

n) How are ration cards being issued (e.g. can women and other at-risk groups be issued cards directly)?

o) Are cash, vouchers, and food-for-work and training programmes available specifically for GBV survivors? If so, have measures been taken to ensure these programmes don’t stigmatize survivors or exacerbate their risk of re-victimization?

(continued)

3 For more information regarding universal design and/or reasonable accommodation, see definitions in Annex 4 of the comprehensive Guidelines, available at <www.gbvguidelines.org>.
Areas Related to Food Security and Agriculture POLICIES

a) Are GBV prevention and mitigation strategies incorporated into the policies, standards and guidelines of FSA programmes?
   • Are women, girls and other at-risk groups meaningfully engaged in the development of FSA policies, standards and guidelines that address their rights and needs, particularly as they relate to GBV? In what ways are they engaged?
   • Are these policies, standards and guidelines communicated to women, girls, boys and men (separately when necessary)?
   • Are FSA staff properly trained and equipped with the necessary skills to implement these policies?

b) Do national and local FSA sector policies and plans integrate GBV-related risk-reduction strategies? Do they allocate funding for sustainability of these strategies?
   • Are there policies for safe access to cooking fuel?
   • Do they address discriminatory practices hindering women and other at-risk groups from safe participation (as staff, in community-based groups, etc.) in the FSA sector? Are there standards to promote the participation of women and other at-risk groups in agricultural diversification and livestock programmes?
   • Are there standards for the allocation and protection of natural resources?

Areas Related to Food Security and Agriculture COMMUNICATIONS and INFORMATION SHARING

a) Has training been provided to FSA staff on:
   • Issues of gender, GBV, women’s/human rights, social exclusion and sexuality?
   • How to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care?

b) Do FSA-related community mobilization activities raise awareness about general safety and GBV risk reduction?
   • Does this awareness-raising include information on survivor rights (including to confidentiality at the service delivery and community levels), where to report risk and how to access care for GBV?
   • Is this information provided in age-, gender-, and culturally appropriate ways?
   • Are males, particularly leaders in the community, engaged in these awareness-raising activities as agents of change?

c) Are FSA discussion forums age-, gender-, and culturally sensitive? Are they accessible to women, girls and other at-risk groups (e.g. confidential, with females as facilitators of women’s and girls’ discussion groups, etc.) so that participants feel safe to raise GBV issues?
KEY GBV CONSIDERATIONS FOR RESOURCE MOBILIZATION

The information below highlights important considerations for mobilizing GBV-related resources when drafting proposals for FSA sector programming. Whether requesting pre/emergency funding or accessing post-emergency and recovery/development funding, proposals will be strengthened when they reflect knowledge of the particular risks of GBV and propose strategies for addressing those risks.

ESSENTIAL TO KNOW

Beyond Accessing Funds

‘Resource mobilization’ refers not only to accessing funding, but also to scaling up human resources, supplies and donor commitment. For more general considerations about resource mobilization, see Part Two: Background to Food Security and Agriculture Guidance. Some additional strategies for resource mobilization through collaboration with other humanitarian sectors/partners are listed under ‘Coordination’, below.

A. HUMANITARIAN NEEDS OVERVIEW

- Are the different roles and responsibilities for food management, livestock management and agriculture (in both the home and wider community) understood and disaggregated by sex, age, disability, and other relevant vulnerability factors? Are the related risk factors of GBV for women, girls and other at-risk groups recognized and described?

- Are risks for specific forms of GBV (e.g. sex for food, sexual assault, forced and/or coerced prostitution, child and/or forced marriage, intimate partner violence and other forms of domestic violence, etc.) described and analysed, rather than a broader reference to ‘GBV’?

B. PROJECT RATIONALE/JUSTIFICATION

- When drafting a proposal for emergency preparedness:
  - Is there a strategy for preparing and providing trainings for government, staff and community groups engaged in the FSA sector on the safe design and implementation of programming that mitigates the risk of GBV?
  - Are additional costs required to ensure any GBV-related community outreach materials will be available in multiple formats and languages (e.g. Braille; sign language; simplified messaging such as pictograms and pictures; etc.)?

- When drafting a proposal for emergency response:
  - Is there a clear description of how food assistance programmes will mitigate exposure to GBV (e.g. location and time of food distributions; provision of ration cards to women and other at-risk groups, where appropriate; size of food packages; transportation support to and from distribution sites; etc.)?
  - Do strategies meet standards promoted in the Sphere Handbook?
  - Are additional costs required to ensure the safety and effective working environments for female staff in the food assistance sector (e.g. supporting more than one female staff member to undertake any assignments involving travel, or funding a male family member to travel with the female staff member)?

- When drafting a proposal for post-emergency and recovery:
  - Is there an explanation of how the project will contribute to sustainable strategies that promote the safety and well-being of those at risk of GBV, and to long-term efforts to reduce specific types of GBV (e.g. provide agricultural input to enhance production; ensure national and local policies address discriminatory practices hindering access to land and ownership of livestock for women and other at-risk groups; contribute to women’s access to livelihoods that can support wider changes in gender roles in the household and community; support women as full participants in farm activities; etc.)?
  - Does the proposal reflect a commitment to working with the community to ensure sustainability?

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The following are some common GBV-related considerations when implementing FSA programmes in humanitarian settings. These considerations should be adapted to each context, always taking into account the essential rights, expressed needs and identified resources of the target community.

**Integrating GBV Risk Reduction into Food Security and Agriculture PROGRAMMING**

1. Involve women and other at-risk groups as staff and leaders in the planning, design and implementation of all FSA activities (with due caution in situations where this poses a potential security risk or increases the risk of GBV).
   - Strive for 50 per cent representation of females within FSA programme staff. Provide women with formal and on-the-job training as well as targeted support to assume leadership and training positions.
   - Ensure women (and where appropriate, adolescent girls) are actively involved in FSA committees and management groups. Be aware of potential tensions that may be caused by attempting to change the role of women and girls in communities and, as necessary, engage in dialogue with males to ensure their support.
   - Employ persons from at-risk groups in FSA staff, leadership and training positions. Solicit their input to ensure specific issues of vulnerability are adequately represented and addressed in programmes.

**ESSENTIAL TO KNOW**

**LGBTI Persons**

Lesbian, gay, bisexual, transgender and intersex persons (LGBTI) face unique difficulties in food assistance programmes. For example, food assistance may be based on assumptions of heterosexual relationships and may exclude lesbian, gay and bisexual persons. LGBTI persons may be further marginalized or forced out of lines during food and/or agricultural inputs distributions. Exclusion or delays in food distribution may force LGBTI persons to engage in risky practices like survival sex. When possible, food assistance programmers should consult with local LGBTI organizations and specialists to consider how targeted food assistance may impact the food security of LGBTI persons, and develop culturally sensitive strategies that ensure their basic rights and needs are addressed in a way that minimizes the risks of GBV.

(Information provided by Duncan Breen, Human Rights First, Personal Communication, 20 May 2013)
2. **Design commodity- and cash-based interventions in ways that minimize the risks of GBV.**

- Establish clear, consistent and transparent systems for distribution that are known by all members of the community. Regularly provide information (written, verbal and illustrated) to inform women, girls, boys and men about policies and procedures, including who qualifies for assistance. This can help to minimize the risk of GBV related to distribution and assistance (e.g. escalation of intimate partner violence as spouses fight over control of assistance; exposure to sexual assault after food and/or agricultural inputs distributions; reprisal attacks on women for their participation in cash- or food-work activities; etc.).

- Ensure that the chosen transfer modality is substantial enough to meet food requirements so that women, girls and other at-risk groups are deterred from having to exchange sex for food and/or agricultural inputs.

- Carefully consider, in collaboration with the community, how to assign and monitor the use of food ration cards and/or agricultural inputs vouchers. This helps to ensure that needs are being met regardless of a person’s marital status, sexual orientation or gender identity.

- Consider innovative ways of ensuring that GBV survivors have access to food, particularly if they are unable to travel to the distribution sites (for example, providing daily food requirements in health centres). Ensure that programmes do not increase survivors’ sense of exclusion or stigma.

- Ensure students in need of food support have access to school feeding programmes (such as those that provide take-home rations) and cash or voucher assistance where appropriate.

- In contexts where there are polygynous households, each wife and her children should be treated as a separate household, or provisions should be made to allow second and third wives to claim their cash/food as a separate family unit.

---

**PROMISING PRACTICE**

From mid-2013 to April 2014, UNICEF Mali and Catholic Relief Services implemented a cash transfer programme to assist displaced and host family households that faced food insecurity in the Bamako and Mopti regions. Households received cash transfers through direct distribution or electronic transfer. The goal of the programme was to provide unconditional cash transfers to meet food and other basic needs, while decreasing risky coping strategies and other protection risks, including the exchange of sex for food. Despite the complexity of the operation (e.g. actual cash transfers), final evaluation results and participant feedback revealed the programme’s success in reaching planned targets, improving the protection of women and children, decreasing and preventing risky coping strategies, and overall participant satisfaction. Cash transfers improved households’ access to food, access to education and health services, lodging conditions and ability to invest and establish long-term revenue. Moreover, participants reported that the assistance contributed towards maintaining their dignity under difficult circumstances.

(Information provided by the Mali GBV Sub-Cluster, Personal Communication, September 24, 2014)

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**FOOD SECURITY**

**IMPLEMENTATION**
3. Take steps to address food insecurity for women, girls and other at-risk groups through agriculture and livestock programming.

- Proactively include interventions that increase agricultural production and diversification in humanitarian response. Identify appropriate livestock responses that do not increase the labour burden—or reduce access to key assets—for women and other at-risk groups.

- Working in partnership with local organizations, ensure women, adolescent girls and other at-risk groups receive the necessary tools, inputs and training to carry out locally viable and sustainable agricultural activities (e.g. training in: technical skills for food production, process, preparation and storage; livestock maintenance; marketing and distribution of food products; etc.).

- Seek ways to increase ownership and control of agriculture and livestock assets for women, adolescent girls, and other at-risk groups. Ensure these assets are age-, gender-, and culturally appropriate (for example, in certain contexts it is more culturally acceptable for women to control the production, end sale, and use of horticultural products and poultry rather than staple grains and crops).

4. Implement strategies that increase the safety in and around food security and agricultural livelihoods activities.

- Adhere to Sphere standards in selecting secure and centralized locations for food and agricultural asset distribution points. Ensure that roads to and from the distribution points are clearly marked, accessible and frequently used by other members of the community. When security concerns restrict access to distribution sites, work with protection actors to provide escorts and patrols to protect women, adolescent girls and other at-risk groups or establish a community-based security plan for distribution sites and departure roads.

- Address safety in the design and layout of food and asset distribution sites by:
  - Scheduling distribution at times that are easily accessible and safe for women, girls and other at-risk groups (e.g. begin and end distributions during the day to allow safe return home).
  - Ensuring there are female staff members from the implementing organization present during distributions, and setting up women-friendly spaces at food and asset distribution sites.
  - Placing women as guardians (with vests, whistles, agency logos, etc.) to oversee off-loading, registration, distribution and post-distribution of food and assets.

PROMISING PRACTICE

In the Democratic Republic of the Congo, the World Food Programme (WFP) distributed food to survivors of sexual violence admitted to the hospital, allowing them to rest and heal with adequate nutrition. According to hospital staff in one centre—the Panzi Hospital in Bukavu, South Kivu—the contribution made a significant difference in the healing process. Food assistance may support women to stay in hospital for the time needed to recover, where they can also receive psychological counselling, advice on socio-economic matters and legal issues and learn new skills such as making handicrafts. WFP explored other methods of providing assistance to survivors such as facilitating survivors’ participation in food-for-training projects in order to provide income-generating options and a greater chance for survivors to re-establish their lives.

(Adapted from World Food Programme of the United Nations. 2011. Enhancing Prevention and Response to Sexual and Gender-Based Violence in the Context of Food Assistance in Displacement Settings, internal publication, p. 10)
• Providing, as necessary, sex-segregated distribution sites and monitoring these sites to ensure that the risks of GBV are not increased (e.g. if a single woman is easily identified when leaving the site).

▶ Design interventions to reduce the burden that the receipt of food and agricultural assets may pose on affected population (e.g. place food distribution points as close to living/cooking areas as possible; ensure the weight of food packages is manageable for women, children and persons with disabilities; develop transport strategies for heavy packages; etc.).

▶ When setting up agricultural plots for cultivation, make sure they are located in secure and centralized settings. This helps protect women, adolescent girls and other at-risk persons who are working alone or in small groups, and might otherwise be at risk of attack while working or travelling to and from their plots. Consider contextually appropriate security methods (e.g. escorts, patrols, safe passage, etc.).

5. Incorporate safe access to cooking fuel and alternative energy into programmes.

▶ Consult with the affected population to create a strategy for accessing cooking fuel, including safe and sustainable access to natural resources. Recognize and respect preferences associated with cooking fuel needs. When feasible and appropriate, provide emergency rations of cooking fuel along with food rations.

▶ Encourage the use of fuel-efficient stoves and fuel-saving cooking techniques—including in schools and therapeutic feeding centres or stabilization centres. Provide people with the means of accessing fuel-efficient stoves, and provide technical training on stove use and maintenance to decrease cooking fuel consumption.

▶ Because women are often dependent on the sale of firewood for household income, consider linking alternative energy programmes with women’s livelihoods programmes to support safer, more sustainable income-generating activities.
PART 3: GUIDANCE

GBV Guidelines

IMPLEMENTATION

FOOD SECURITY

Integrating GBV Risk Reduction into Food Security and Agriculture POLICIES

1. Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines of FSA programmes.
   ▶ Identify and ensure the implementation of programmatic policies that (1) mitigate the risks of GBV and (2) support the participation of women, adolescent girls and other at-risk groups as staff and leaders in FSA activities. These can include, among others:
     • Policies regarding childcare for FSA staff.
     • Standards for equal employment of females.
     • Procedures and protocols for sharing protected or confidential information about GBV incidents.
     • Relevant information about agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse.
   ▶ Circulate these widely among FSA staff, committees and management groups and—where appropriate—in national and local languages to the wider community (using accessible methods such as Braille; sign language; posters with visual content for non-literate persons; announcements at community meetings; etc.).

2. Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to food security and agricultural livelihoods, and allocate funding for sustainability.
   ▶ Support government, customary and traditional leaders, and other stakeholders to review and reform national and local policies and plans to address discriminatory practices hindering women and other at-risk groups from safe participation (as staff and/or community advisers) in the FSA sector.
   ▶ Ensure national FSA sector policies and plans include GBV-related measures (e.g. policies for safe access to cooking fuel; plans to promote the participation of women and other at-risk groups in agricultural diversification and livestock programmes, protection of natural resources and related skills-building; etc.).
   ▶ Support relevant line ministries in developing implementation strategies for GBV-related policies and plans. Undertake awareness-raising campaigns highlighting how such policies and plans will benefit communities in order to encourage community support and mitigate backlash.

In 2009, WFP launched the Safe Access to Firewood and alternative Energy (SAFE) programme in North Darfur to help address protection threats, faced mostly by females, when collecting firewood and other types of cooking fuel. The programme includes 33 centres where women make fuel-efficient stoves and fuel briquettes, resulting in women having to venture out less frequently to collect firewood and buy charcoal. This, in turn, has decreased exposure to rape and other types of sexual assault. The SAFE programme has also created safe social spaces where women can be trained in income generation, literacy, nutrition, improved hygiene and community reforestation.


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Integrating GBV Risk Reduction into Food Security and Agriculture COMMUNICATIONS and INFORMATION SHARING

1. Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure that staff have the basic skills to provide them with information on where they can obtain support.

   ▶ Ensure all FSA personnel who engage with affected populations—including agricultural extension workers—have written information about where to refer survivors for care and support. Regularly update information about survivor services.

   ▶ Train all FSA personnel who engage with affected populations—including agricultural extension workers—in gender, GBV, women’s/human rights, social exclusion, sexuality and psychological first aid (e.g. how to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care).

2. Ensure that FSA programmes sharing information about reports of GBV within the FSA sector, or with partners in the larger humanitarian community, abide by safety and ethical standards.

   ▶ Develop inter- and intra-agency information-sharing standards that do not reveal the identity of or pose a security risk to individual survivors, their families or the broader community.

3. Incorporate GBV messages into FSA-related community outreach and awareness-raising activities.

   ▶ Work with GBV specialists to integrate community awareness-raising on GBV into FSA outreach initiatives (e.g. community dialogues; workshops; meetings with community leaders; GBV messaging; etc.).

   • Ensure this awareness-raising includes information on survivor rights (including the right to confidentiality at the service delivery and community levels), where to report risk and how to access care for GBV.

   • Raise awareness with local communities, affected populations and humanitarian partners through workshops and campaigns about the link between cooking fuel and GBV (e.g. firewood collection, selling rations for cooking fuel or developing risky coping behaviour to secure fuel). Foster discussion, research and development of safe options and strategies.

   • Use multiple formats and languages to ensure accessibility (e.g. Braille; sign language; simplified messaging such as pictograms and pictures; etc.).
• Engage women, girls, men and boys (separately when necessary) in the development of messages and in strategies for their dissemination so they are age-, gender-, and culturally appropriate.

- Engage males, particularly leaders in the community, as agents of change in FSA outreach activities related to the prevention of GBV.

- Consider the barriers faced by women, girls and other at-risk groups to their safe participation in community discussion forums and educational workshops (e.g. transportation; meeting times and locations; risk of backlash related to participation; need for childcare; accessibility for persons with disabilities; etc.). Implement strategies to make discussion forums age-, gender-, and culturally sensitive (e.g. confidential, with females as facilitators of separate women’s and girls’ discussion groups, etc.) so that participants feel safe to raise GBV issues.

- Provide community members with information about existing codes of conduct for FSA personnel, as well as where to report sexual exploitation and abuse committed by staff providing food and agricultural assistance. Ensure appropriate training is provided for staff and partners on the prevention of sexual exploitation and abuse.

### KEY GBV CONSIDERATIONS FOR COORDINATION WITH OTHER HUMANITARIAN SECTORS

As a first step in coordination, FSA programmers should seek out the GBV coordination mechanism to identify where GBV expertise is available in-country. GBV specialists can be enlisted to assist FSA actors to:

- Design and conduct food security and agricultural assessments that examine the risks of GBV related to food security and agricultural programming, and strategize with FSA actors about ways for such risks to be mitigated.

- Provide trainings for FSA staff on issues of gender, GBV and women’s/human rights.

- Identify where survivors who may report instances of GBV exposure to FSA staff can receive safe, confidential and appropriate care, and provide FSA staff with the basic skills and information to respond supportively to survivors.

- Provide training and awareness-raising for the affected community on issues of gender, GBV and women’s/human rights as they relate to food security and agricultural interventions.

In addition, FSA programmers should link with other humanitarian sectors to further reduce the risk of GBV. Some recommendations for coordination with other sectors are indicated below (to be considered according to the sectors that are mobilized in a given humanitarian response). While not included in the table, FSA actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. For more general information on GBV-related coordination responsibilities, see [Part Two: Background to Food Security and Agriculture Guidance](#).
Where stoves and cooking fuel are the responsibility of SS&R actors, consult them on the provision of energy-efficient cooking stoves and safe fuel options.

Consult with health actors to determine flexible delivery times of food rations that can facilitate recovery for hospitalized survivors of GBV.

Determine whether food-for-work initiatives can support the reconstruction of hospitals and health-care centres, which may in turn increase women’s access to medical care in areas where infrastructure had been destroyed.

Consult with health actors to determine flexible delivery times of food rations that can facilitate recovery for hospitalized survivors of GBV.

Determine whether food-for-work initiatives can support the reconstruction of hospitals and health-care centres, which may in turn increase women’s access to medical care in areas where infrastructure had been destroyed.

Link with HLP actors to:
- Reduce unintended and negative impacts of using land for FSA purposes (e.g. as food distribution sites; for agriculture and livestock programmes; etc.)
- Increase land tenure rights for women, girls and other at-risk groups when addressing food insecurity through agriculture

Work with livelihoods actors to:
- Identify the most pressing agriculture-related market demands of the community (e.g. farming, growing and selling cash crops, raising livestock, etc.) that can be developed into opportunities for food security-related livelihoods programmes
- Address long-term solutions to food insecurity through food-for-assets and food-for-work programmes
- Identify alternative income-generating activities to replace the collection and sale of firewood

Link with nutrition actors to:
- Ensure that FSA assessments incorporate nutrition needs for at-risk groups where relevant
- Determine innovative ways of providing nutritional support to survivors of GBV, particularly if they are unable to travel to therapeutic feeding centres or stabilization centres

Work with protection actors to:
- Understand trends in GBV that are linked to FSA interventions and seek their support to reduce exposure to these risks
- Ensure that a lack of personal identification does not act as a barrier to receiving food assistance
- Understand local conflicts over access to natural resources (e.g. when water points and grazing lands become flashpoints for conflict)
- Provide escorts and patrols to protect women, girls and other at-risk groups in situations where security restricts their access to distribution sites

Where stoves and cooking fuel are the responsibility of SS&R actors, consult them on the provision of energy-efficient cooking stoves and safe fuel options.

Work with WASH actors to facilitate access to and use of water for cooking needs, agricultural lands and livestock.
KEY GBV CONSIDERATIONS FOR MONITORING AND EVALUATION THROUGHOUT THE PROGRAMME CYCLE

The indicators listed below are non-exhaustive suggestions based on the recommendations contained in this TAG. Indicators can be used to measure the progress and outcomes of activities undertaken across the programme cycle, with the ultimate aim of maintaining effective programmes and improving accountability to affected populations. The ‘Indicator Definition’ describes the information needed to measure the indicator; ‘Possible Data Sources’ suggests existing sources where an FSA programme sector or agency can gather the necessary information; ‘Target’ represents a benchmark for success in implementation; ‘Baseline’ indicators are collected prior to or at the earliest stage of a programme to be used as a reference point for subsequent measurements; ‘Output’ monitors a tangible and immediate product of an activity; and ‘Outcome’ measures a change in progress in social, behavioural or environmental conditions. Targets should be set prior to the start of an activity and adjusted as the project progresses based on the project duration, available resources and contextual concerns to ensure they are appropriate for the setting.

The indicators should be collected and reported by the FSA sector. Several indicators have been taken from the FSA sector’s own guidance and resources (see footnotes below the table). See Part Two: Background to Food Security and Agriculture Guidance for more information on monitoring and evaluation.

To the extent possible, indicators should be disaggregated by sex, age, disability and other vulnerability factors. See Part One: Introduction for more information on vulnerability factors for at-risk groups.

<table>
<thead>
<tr>
<th>Monitoring and Evaluation Indicators</th>
<th>Stage of Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDICATOR</td>
<td>INDICATOR DEFINITION</td>
</tr>
<tr>
<td><strong>ASSESSMENT, ANALYSIS AND PLANNING</strong></td>
<td></td>
</tr>
<tr>
<td>Inclusion of GBV-related questions in assessments conducted by the food security and agriculture (FSA) sector*</td>
<td># of assessments by FSA sector that include GBV-related questions* from the GBV Guidelines × 100</td>
</tr>
<tr>
<td>* See page 41 for GBV areas of inquiry that can be adapted to questions in assessments</td>
<td></td>
</tr>
<tr>
<td>Female participation in assessments</td>
<td># of assessment respondents who are female × 100</td>
</tr>
<tr>
<td></td>
<td># of assessment respondents and # of assessment team members who are female × 100</td>
</tr>
</tbody>
</table>

Consultations with the affected population on GBV risk factors in FSA activities\(^5\)

**Quantitative:**
\[
\frac{\text{# of FSA activities conducting consultations with the affected population to discuss GBV risk factors in accessing the service}}{\text{# of FSA activities}} \times 100
\]

**Qualitative:**
What types of GBV-related risk factors do affected persons experience in accessing FSA activities?

* FSA activities include commodity and cash-based interventions and agriculture and livestock programming

Disaggregate consultations by sex and age

Female participation prior to programme design\(^5\)

**Quantitative:**
\[
\frac{\text{# of affected persons consulted before designing a programme who are female}}{\text{# of affected persons consulted before designing a programme}} \times 100
\]

**Qualitative:**
How do women and girls perceive their level of participation in the programme design? What enhances women's and girls' participation in the design process? What are barriers to female participation in these processes?

Staff knowledge of referral pathway for GBV survivors

**Quantitative:**
\[
\frac{\text{# of FSA staff who, in response to a prompted question, correctly say the referral pathway for GBV survivors}}{\text{# of surveyed FSA staff}} \times 100
\]

**Possible Data Sources:**
Organizational records, focus group discussion (FGD), key informant interview (KII)

**Target:**
100%

**Stage of Programme:**
Determine in the field

---

**ASSESSMENT, ANALYSIS AND PLANNING** (continued)

**RESOURCE MOBILIZATION**

Inclusion of GBV risk reduction in FSA funding proposals or strategies

**Quantitative:**
\[
\frac{\text{# of FSA funding proposals or strategies that include at least one GBV risk-reduction objective, activity or indicator from the GBV Guidelines}}{\text{# of FSA funding proposals or strategies}} \times 100
\]

**Possible Data Sources:**
Proposal review (at agency or sector level)

**Target:**
100%

Training of FSA staff on the GBV Guidelines

**Quantitative:**
\[
\frac{\text{# of FSA staff who participated in a training on the GBV Guidelines}}{\text{# of FSA staff}} \times 100
\]

**Possible Data Sources:**
Training attendance, meeting minutes, survey (at agency or sector level)

**Target:**
100%

---

## IMPLEMENTATION

### Programming

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Possible Data Sources</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female participation in FSA-related community-based committees</td>
<td>Quantitative: # of affected persons who participate in FSA-related community-based committees who are female × 100</td>
<td>Site management reports, Displacement Tracking Matrix, FGD, KII</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Qualitative: How do women perceive their level of participation in FSA-related community-based committees? What are barriers to female participation in FSA-related committees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female staff in FSA activities</td>
<td># of staff in FSA activities who are female × 100</td>
<td>Organizational records</td>
<td>50%</td>
</tr>
<tr>
<td>Risk factors of GBV in commodity or cash based interventions</td>
<td>Quantitative: # of affected persons who report concerns about experiencing GBV when asked about participating in commodity- or cash-based interventions × 100</td>
<td>Survey, FGD, KII, participatory community mapping</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Qualitative: Do affected persons feel safe from GBV when participating in commodity- or cash-based interventions? What types of safety concerns does the affected population describe in these interventions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control over agricultural inputs or livestock by female affected persons</td>
<td># of females who report retaining control over agricultural inputs and/or livestock × 100</td>
<td>Survey</td>
<td>100%</td>
</tr>
<tr>
<td>Risk factors of GBV in and around FSA-related distribution sites</td>
<td>Quantitative: # of affected persons who report concerns about experiencing GBV when asked about FSA-related distribution sites × 100</td>
<td>Survey, FGD, KII, participatory community mapping</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Qualitative: What types of safety concerns does the affected population describe in and around FSA-related distribution sites?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in time, frequency and distance for collecting fuel or firewood</td>
<td>(endline time/frequency/distance for collecting fuel or firewood−baseline time/frequency/distance for collecting fuel or firewood) × 100</td>
<td>Survey</td>
<td>Determine in the field</td>
</tr>
</tbody>
</table>

(continued)
### IMPLEMENTATION (continued)

#### Policies

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Possible Data Sources</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion of GBV prevention and mitigation strategies in FSA policies, guidelines or standards</td>
<td># of FSA policies, guidelines or standards that include GBV prevention and mitigation strategies from the GBV Guidelines $\times 100$</td>
<td>Desk review (at agency, sector, national or global level)</td>
<td>Determine in the field</td>
</tr>
</tbody>
</table>

#### Communications and Information Sharing

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Possible Data Sources</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff knowledge of standards for confidential sharing of GBV reports</td>
<td># of staff who, in response to a prompted question, correctly say that information shared on GBV reports should not reveal the identity of survivors $\times 100$</td>
<td>Survey (at agency or programme level)</td>
<td>100%</td>
</tr>
<tr>
<td>Inclusion of GBV referral information in FSA community outreach activities</td>
<td># of FSA community outreach activities programmes that include information on where to report risk and access care for GBV survivors $\times 100$</td>
<td>Desk review, KII, survey (at agency or sector level)</td>
<td>Determine in the field</td>
</tr>
</tbody>
</table>

#### COORDINATION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Possible Data Sources</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination of GBV risk-reduction activities with other sectors</td>
<td># of non-FSA sectors consulted with to address GBV risk-reduction activities $\times 100$</td>
<td>KII, meeting minutes (at agency or sector level)</td>
<td>Determine in the field</td>
</tr>
</tbody>
</table>

* See page 52 for list of sectors and GBV risk-reduction activities
RESOURCES

Key Resources


Additional Resources

- Global Food Security Cluster. The cluster coordinates the food security response during a humanitarian crisis and addresses issues of food availability, access and utilization. A range of resources can be accessed through this site. For more information, <http://foodsecuritycluster.net>


- Women’s Refugee Commission. Task Force on Safe Access to Firewood and alternative Energy (SAFE) to determine safe and appropriate means of meeting cooking fuel needs under difficult circumstances.

- Livestock Emergency Guidelines and Standards (LEGS). The LEGS provide a set of international guidelines and standards for the design, implementation and assessment of livestock interventions to assist people affected by humanitarian crises. LEGS aims to improve the quality of emergency response by increasing the appropriateness, timeliness and feasibility of livelihoods-based interventions: <www.livestock-emergency.net>


