

Introduction

Protection and Accountability to Affected Populations (AAP) is not about what we do as WFP but rather how we do it – how we work to ensure that we assist people in a way that not only avoids exposing them to additional risks, but also strives to actively improve safety and dignity, enhance social cohesion, and be accountable to the individuals we serve as rights holders, taking their preferences and concerns into account in programme design and delivery.

Safe and Dignified Distributions

All countries in the region reported very high levels of satisfaction in terms of safety and dignity experienced while accessing food assistance, between 85-100 percent of those consulted from outcome monitoring responded positively in every operation. Particular attention was paid to distance from distribution sites, unhindered access, and prioritisation of people with specific needs. In Burundi, beneficiaries live between 1-2km from the distribution sites, 100 percent of people consulted reported that they felt they were treated in a dignified manner, and community leaders were involved in allocating support for those with special needs to ensure inclusion in assistance. 94 percent of respondents to post-distribution monitoring conducted in **Ethiopia** reported waiting less than three hours to receive their entitlement once the distribution started, and the elderly, people with physical disabilities and pregnant and lactating women and girls (PLW/G) were given priority in queuing. The positive results from corporate indicators on safe and dignified access were corroborated in **Somalia** by a perception survey conducted independently by Ground Truth Solutions, indicating that communities felt generally safe when receiving assistance.

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Protection Risk Assessments

To respond to protection risks arising within the scope of our operations, WFP needs to consult with communities and other relevant stakeholders including protection actors to identify and understand the most prevalent concerns. Protection risk assessments enable WFP to prioritise actions required to ensure the delivery of assistance does no unintended harm to those we assist. In Uganda protection risk assessments were conducted to inform the design of social protection and cash-based transfer (CBT) digital migration activities. WFP **South Sudan** continued to focus on sourcing, documenting and analysing protection, gender and conflict sensitive data,

and operationalizing this knowledge to inform evidence based and protection-sensitive programming. Specific guidance and a comprehensive protection risk register was developed in response to the COVID-19 pandemic, and this continues to be utilised by cooperating partner staff, protection agencies and coordination structures. Safety audits were conducted through collaboration with the Gender-based Violence (GBV) Sub-Cluster and the Nutrition Cluster, with a particular focus on safety for women and girls in the scope of nutrition service delivery, and the results used to identify and implement necessary mitigation measures.

Addressing Protection Concerns

Once issues are identified, WFP and partners address them through: implementing mitigating measures and programme adjustments; referral to external partners for concerns outside the scope of the mandate; or addressing staff, partner or service provider conduct related issues through appropriate sensitisation and necessary measures. Safe referrals were improved in **Rwanda** through updating of the community feedback mechanism (CFM) materials and feedback forms, to facilitate increased use of relevant referral pathways. CFM field monitors were trained on how to safely refer issues

including GBV, child protection and other protection-related incidents. All staff in WFP **Kenya** were sensitised on domestic violence, including on prevention, response, and referrals, in response to the increasing rates reported by helplines and safe shelters throughout the country. Actors closest to affected populations including community gatekeepers and security services were briefed on relevant codes of conduct and contractual obligations. Community leaders were informed of available services and referral pathways and encouraged to cascade information to their communities.

Meaningful Access and Disability Inclusion

The principle of meaningful access requires that access to assistance is ensured in proportion to need and without any barriers, including those relating to discrimination and people living with disability (PWD). WFP strengthened focus on disability inclusion across the region in 2020, with Somalia and South Sudan engaging with Humanity Inclusion and other specialised organisations and networks to provide training for staff and to improve inclusive approaches across all activity areas. Selected retailers in **Djibouti** were requested to grant priority access to people with special needs, including those with disabilities, during SCOPE card transactions. WFP Somalia collected sex and disability disaggregated data using the Washington Group Short Set Questions. Fifteen regional hubs in **Somalia** developed plans to ensure minority community members and people with specific needs have access to the

information and assistance they require.

A disability inclusion action plan was developed in **Kenya** outlining key priorities to structurally address inclusion issues. In partnership with the National Union of People with Disabilities in Uganda (NUDIPU), WFP **Uganda** provided training to 636 members of the Food and Cash Management Committees on disability and inclusion, focused on how to factor relevant concepts into their day-to-day work and how to advocate for the rights of PWD. WFP **South Sudan** finalised guidelines adapting relevant aspects of WFP's corporate disability inclusion roadmap and undertook a gaps and opportunities analysis on WFP's Community Based Participatory Planning process to generate concrete recommendations on how to strengthen disability inclusion.

Coordination and Collaboration on Protection and AAP

WFP continued to collaborate with partners towards stronger collective outcomes related to protection and AAP. WFP participated in the update of **Somalia** Humanitarian Country Team's (HCT) Centrality of Protection Strategy 2020/2021. WFP engaged with Minority Rights Group International to incorporate a representative of minority rights groups in the Food Security Cluster monthly meetings, to ensure that minorities accessed humanitarian information and assistance. WFP joined the Risk Communication and Community Engagement Taskforce whose outputs informed AAP programming in the overall COVID-19 response and helped the development and dissemination of Community Engagement Guidelines on COVID-19. WFP Somalia provided training on GBV to cooperating partner staff in partnership with the Food Security Cluster and the GBV

Sub-Cluster, and updated GBV referral pathways for rural locations in collaboration with UNICEF and the GBV Sub-Cluster.

Collaboration with relevant actors in Somalia included the establishment of a Community Engagement and Accountability Working Group, which led to the establishment of an Inter-Agency Information Management system, designed to receive collective beneficiary feedback and facilitate strategic decision-making by the HCT. Similar engagement occurred in Ethiopia where WFP co-chaired the Inter-Agency Accountability Working Group and an Inter-Agency Protection against Sexual Exploitation and Abuse (PSEA) network, which produced a strategy for a Community-Based Complaints Mechanism and ensured that adequate support was given to survivors of violence.

Information Provision and Community Engagement

To ensure accountability in **Ethiopia**, WFP provided information on entitlements and rights to beneficiaries across all activities. This reduced the potential for confusion, tension, and diversion. Key messages were provided on the objective and nature of the assistance, the right to receive entitlements free from fees, to be treated with respect, and on how to lodge a complaint should any of the conditions be breached. Beneficiary consultations were conducted involving a diverse range of individuals from the community, to understand existing knowledge about the activities, preferences, and levels of access to the CFM. WFP **Djibouti** held consultations with a range of local partners and a broad sample of community members to ensure that perspectives and preferences were taken into account in the design, targeting and implementation of WFP programmes. These included consideration of appropriate locations and transfer modalities, and ensuring activities were inclusive and safe. WFP continued to upgrade distribution sites following continuous consultative dialogue with local communities and stakeholders.

The global COVID-19 pandemic presented a huge challenge in communicating and engaging with beneficiaries due to movement restrictions, geographic lockdowns and restrictions on public gatherings. Remote means of communication were thus employed in most countries to improve awareness of the programmes. WFP Kenya engaged radio stations across all areas of operations to communicate changes to food distribution processes due to COVID-19, entitlements, dates of disbursements, avenues of providing feedback and programme duration. Bulk SMS were sent to participants of the urban response programme, CBT beneficiaries and smallholder farmers. Animations, infographics and short videos were developed focusing on nutrition, cash redemption processes, COVID-19 prevention and protection. The content was disseminated using TV screens mounted at food distribution points and several social media platforms within refugee camps and settlements.



Community Feedback Mechanisms

Encouraging crisis affected populations to provide feedback and complaints is a key pillar of accountability for WFP. In **Burundi**, monthly reports on CFM were produced to provide a snapshot of the number and nature of feedback received and of the profile of people providing feedback. This allowed WFP to identify patterns of issues and communication preferences to be noted and addressed by management. One adjustment made was the introduction of new weighing scales at distribution sites for increased transparency. WFP **Djibouti** selected an external partner, the NGO Union Nationale des Femmes Diiboutiennes, to receive, coordinate, register and manage community feedback in the settlements. The NGO's strong links with local groups of women particularly guided WFP's choice to partner with them. Feedback received influenced a number of programme adjustments, including extensive consultations around the potential for e-vouchers to increase perceptions of dignified assistance, with the proportion of those surveyed considering their dignity was upheld rising from 47% to 96%. Retailer agreements were also amended to address unavailability of certain products and access challenges.

Food distribution committees in **Ethiopia**, composed of elders, religious leaders, women representatives, and village officials, played a crucial role in announcing food distribution dates to beneficiaries and facilitating crowd control at distribution points, where CFM awareness was raised through community outreach members. CFM operators provided support in Amharic, Oromia and Somali languages, broadening access. Information on the CFM was further provided through sensitization campaigns and the use of posters, stickers, beneficiary cards, food cartons and t-shirts worn by staff and committee members during community-based discussion sessions. In all cases, CFM operators called back the complainants and provided feedback and results to 'close the loop', and ensured the relevant WFP sub-office was notified of any relevant issues raised to improve programming.

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