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World Food Programme
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Partnering for Gender Equality & Food Security:

Lessons from WFP/UNFPA partnerships in conflict and post-conflict settings

Summary Report

WFP Gender Office

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Executive Summary

In 2018, the World Food Programme (WFP) received a generous contribution from the Danish Government to advance creative partnerships focused on women and girls in humanitarian and conflict contexts.

A range of projects, aiming to address the food and nutritional needs and support of sexual and reproductive health and rights (SRHR) of women and girls were selected, on a competitive basis, to be funded in eight WFP country offices.[1] Implemented over a period of 18 months in partnership with other organizations, especially the United Nations Population Fund (UNFPA), the projects employed a range of context-dependent strategies, approaches, and implementation modalities to reach a total of 708,774 women and girls.

The key findings and lessons learned from the programme implementation include:

Programmatic achievements: By integrating sexual and reproductive health components into existing and ongoing food and nutrition interventions, the programme contributed to sustainable food security and nutrition results, contributing to changing lives while saving lives. Women and girls in remote and hard to reach areas had access to nutritional and health services through static and mobile health clinics. Women and girls' practical needs were met, through the provision of dignity kits and access to hygiene products. The nutritional and health services supported the creation of social networks, enhancing dignity and social capital of women and girls in situations at risk. The activities also had a positive impact on participants' families and support-systems. Knowledge and awareness of healthcare professionals were increased. The awareness of the importance of women's and girls' nutrition and health among government officials increased through dialogues.

Programmatic challenges: The programme addressed the short-term *practical* needs of women and adolescent girls, but it was not as effective at meeting their long-term *strategic* needs. While being gender sensitive, the activities fell short of being gender transformative, as they did not challenge or change power dynamics, partly because of the short duration of the programme. Even at the pilot stage, there was the potential for the design and implementation of activities to include more emphasis on sustainability of outcomes.

Operational achievements: having broad criteria for projects' selection allowed the country offices to implement interventions that were relevant and useful for their contexts. WFP country offices and partners increased their awareness on the importance of SRHR for food security and nutrition, as well as their capacity to adopt integrated, holistic and gender-

[1] Afghanistan, Cameroon, Ecuador, Lebanon, Nigeria, Republic of Congo, South Sudan, and Sri Lanka.

sensitive approaches within their programming. WFP employees were enthusiastic about joint programming and the results achieved by this programme. Relationships were strengthened between WFP colleagues, partners, and governments. The awareness of the approaches/methodologies undertaken, and impact achieved, was enhanced by publication of two journal articles.

Operational challenges: The timeframe to design and implement the projects was found to be too short, considering the complexities of working with new partners on sensitive issues that were relatively new for WFP. Country offices pointed to lack of technical support; while the programme would have benefitted from an overarching Theory of Change, baseline, or programme-wide indicators to support measurement of results. COVID-19 related disruptions impacted the momentum that was created by the project.

Partnership achievements: WFP established new partnerships based on country context and the needs of women and girls. Partnerships that were initiated during the project continued even after the projects closed. The initiatives led to an increased recognition of WFP as a valuable partner in promoting women's and girls' rights and empowerment.

Partnership challenges: The implementation capacity of some partners – particularly those sub-contracted by UNFPA – fell short of the standards expected by WFP in terms of use of time and modalities of service provisions.

Recommendations

Some of the below recommendations can be applied to general WFP programming, while others are specific to food security and SRHR comprehensive projects.

Programmatic:

- Ensure that WFP programmes, especially those with a humanitarian focus, are based on sound gender and conflict analysis, sensitive to cultural context, and adherence to the principle of 'do no harm'.
- Further investigate how supporting SRHR of women and girls contributes to food security and nutrition outcomes, particularly in conflict and post conflict settings.
- Expand the scope of nutritional and food distribution activities to use them as platform for providing SRHR-related information and services to women and girls in humanitarian response.
- Provide more support and information on how to partner for integration of SRHR services into existing WFP programming.

Operational:

- In case of future joint programmes, establish an overarching WFP headquarters (HQ) or regional coordination system to support country offices.
- Develop and implement a programme-level Theory of Change, M&E framework, and a learning framework to support measurement of progress and share knowledge obtained.

Partnership:

- Establish or reinforce partnerships, through global or regional Memorandum of Understanding (MoU) with other UN agencies, particularly UNFPA, UNICEF and UN Women, NGOs, and civil society organizations active in SRHR, to enable rapid response to the needs of women and girls in humanitarian settings and to encourage country offices to establish local partnership, complementing services and interventions.

The Danish-funded programme demonstrated that it is possible to integrate aspects of sexual and reproductive health and rights programming to complement and achieve food and nutrition goals and reinforce the sustainability and impact of food security interventions. Integrated programmes with SHRH components contribute towards achieving Zero Hunger, respond to practical gender needs,[2] and support longer term results within the changing lives agenda. They also help address key nutritional challenges experienced by women and girls at various lifecycle stages and contribute to equitable impact of and benefit from WFP's emergency response. Moreover, they reinforce WFP's contribution to gender equality within the 'Deliver as One UN' approach, ensuring faster and more effective operations through coordinated delivery at country level.

WFP is strategically well positioned to advance and implement food security and integrated SRHR/GBV programming due to its extensive operational reach and deep field presence. Technical partners benefited from access to WFP's regional and field offices. WFP's well-established projects can represent a platform for partner complementary activities, providing entry points and safe access to beneficiaries even in hard-to reach areas and conflict affected regions. Finally, WFP's existing relationships with governments and partners can be leveraged to implement more joint programming.

[2] Practical needs are material needs related to survival; what must exist for a person to live a decent life. Examples include portable water, food, shelter, and income. Practical needs are typically of an immediate or short-term nature that can be addressed through the provision of goods or services, such as cash, vouchers, and food. Access to menstrual hygiene products and contraception are considered gender practical needs. Strategic interests are related to the position that a person occupies within his or her society. Strategic interests are typically long-standing duration because they relate to roles, power, and control. For more information see WFP Gender Toolkit.

Introduction

In 2018, the World Food Programme (WFP) received a generous contribution from the Danish Government to advance creative partnerships focused on women and girls in humanitarian and conflict contexts.

Through a selective process, eight WFP country offices were identified for implementation: Afghanistan, Cameroon, Ecuador, Lebanon, Nigeria, Republic of Congo, South Sudan, and Sri Lanka. Over a period of 18 months, a total of 708,774 women and girls were reached in partnership with other organizations, most prominently the United Nations Population Fund (UNFPA), aiming to address their food and nutritional needs and support of their sexual and reproductive health and rights (SRHR). To achieve these aims, various strategies, approaches, and implementation modalities were applied, depending on context.

The key activities implemented can be summarized as follows:[3]

- **Afghanistan** – WFP partnered with UNFPA to provide information and services related to maternal health, reproductive health, gender-based violence (GBV), early marriage, and nutrition to beneficiaries of WFP nutrition interventions, in stationary and mobile health clinics adjacent to WFP's nutritional specify which WFP support programme here distribution sites.
- **Cameroon** – In partnership with UNFPA, WFP provided food and nutrition support to women undergoing obstetric fistula treatments. These women also received financial support and training for income-generating activities. In addition, other women who were GBV survivors also received nutritional assistance.
- **Ecuador** – WFP partnered with the government to distribute cash-based transfers (CBT) to pregnant adolescents and girls. In partnership with UNFPA and Plan International, workshops on life skills, food security, nutrition, and sexual and reproductive health for youth were delivered. In addition, WFP partnered with UNFPA to provide Delivery Kits to assist adolescent mothers with the care of new-borns. Food assistance was also provided to survivors of domestic violence and their shelters were renovated.
- **Lebanon** – In partnership with the International Orthodox Christian Charities (IOCC), summer youth camps for Lebanese and Syrian-refugee youth were organized. Students received educational materials and participated in workshops on nutrition, health, life skills, and SRHR, and had access to psychologists. The development of summer camp curriculum was informed by UNFPA and WHO technical materials.

[3] For a complete list of key activities and outputs by country see Annex A.

- **Nigeria** – WFP partnered with UNFPA to provide outreach services and to increase knowledge about healthy nutrition practices in conflict-affected communities. As part of this partnership, UNFPA built or renovated Women and Girls Safe Spaces (WGSS) for SRHR health services. Vocational training, income-generating activities, and trainings for healthcare workers and government officials were also provided.
- **Republic of Congo** – WFP delivered "cash for dignity" for the purchase of menstrual and hygiene items to women participating in its Food for Assets (FFA) activities. UNFPA supported the same beneficiaries with awareness raising on GBV, unwanted pregnancies, and protection. Targeted women also received medical and psychological support, while local authorities, religious leaders, police, schoolteachers, and judicial officers were trained on GBV identification, treatment and referral system.
- **South Sudan** – In collaboration with UNFPA, WFP established mobile and stationary Women and Girls Safe Spaces. WFP also partnered with three NGO's specialized in GBV, providing women and girls with sustainable dignity kits, psychosocial services, vocational skills training, referrals for GBV services, and safe spaces to discuss the relationship between SRHR and food and nutrition outcomes. These mobile WGSS's provided services to formerly under-served remote locations. SRHR messaging was also developed and integrated into standard WFP outputs.
- **Sri Lanka** – Using pre-existing Mother Support Groups, WFP worked with UNFPA and the Sri Lankan government to disseminate healthy dietary practices and reproductive health information. Trainings on basic nutrition, life skills, learning techniques, and psychosocial wellbeing were provided to teachers and government officials, and four videos on nutrition and sexual and reproductive health were produced aimed at 14–15-year-olds.

In December 2021, a review of the implementation was carried out, capturing key lessons learned, achievements and challenges, as well as insights into operational and partnership arrangements. Thirty-one WFP current and former employees, UNFPA employees, and other cooperating partners' employees were interviewed, providing valuable recommendations for implementation of comprehensive food security and SRHR programmes through effective and efficient partnerships.[4]

This summary report is divided in two parts. The first part highlights key findings: lessons learned, achievements, challenges, and recommendations, while the second part summarizes WFP and implementing partners' perspectives on the rationale and ways in which WFP can leverage partnerships to increasingly contribute to meeting women and girls' practical and strategic needs related to food security and sexual and reproductive health and rights.

[4] A list of interviewees will not be included in this report to protect confidentiality and anonymity. The WFP Gender Office has a copy of key country contacts if more country specific information is needed.

Part One: Key Findings

Key findings are presented under the following sections, (1) Lessons Learned, (2) Achievements, (3) Challenges, (4) Recommendations. Each of these four sections includes an analysis of its programme, operational, and partnership arrangements.

1. Lessons Learned

The activities implemented provided WFP and implementing partners with an opportunity to test new concepts focused on integrating food and nutrition with SRHR and GBV programming. The following lessons learned can be applied to future programmes with similar aims.

2.1 Programmatic lessons learned

In most countries,[5] the existing WFP food and nutrition programmes were expanded by integrating sexual and reproductive health components, hence responding to wider practical needs of women and girls. In Lebanon for example, WFP and its partners added sexual and reproductive health information to the existing summer camps curriculum. In the Republic of Congo, beneficiaries were women taking part in WFP supported FFA activities, who hence accessed additional services. In Sri Lanka, WFP and UNFPA worked through existing government-supported Mother Support Groups to provide critical information on food and SRHR.

> *"In the past, nutrition was dealt separately from gender-based violence, sexual and reproductive health, etc.; training changed as well to make explicit connection between how poor nutrition could affect a pregnancy; how gender-based violence could affect someone's mental health."*
>
> **– UNFPA Sri Lanka National Programme Analyst**

Key lessons learned are presented below.

Nutrition centers and Women and Girls Friendly Spaces (WGSS) were effective SRHR and GBV service-delivery entry points. In Nigeria and South Sudan, a total of 27 Women and Girls Friendly Spaces (WGSS) were built or repurposed into culturally appropriate and safe locations for women to discuss health needs. Nutrition centres were also perceived by

[5] The following country programs integrated new activities into existing food and nutrition programming Afghanistan, Lebanon, Nigeria, Republic of Congo, and Sri Lanka.

the communities as "neutral" sites for distribution of SRHR information because they would normally work with women and girls. In Afghanistan, mobile health clinics were set up at or near-by nutrition distribution sites to enable safe access.

In the Republic of Congo, FFA women participants were given "cash for dignity" vouchers to buy sanitary napkins, bath soaps, underwear, toothpaste, or toothbrushes, and they received information on how to access psychosocial support from UNFPA in case they experienced GBV in the same stores where they were redeeming the vouchers. When the cash distributions were organized, UNFPA provided information about services available for SRHR and GBV, opening a space for informal exchanges and dialogue with local authorities and stakeholders on the specific needs of women and girls living in displacement.

Cash-Based Transfers (CBTs) proved effective at attracting women and girls to attend complementary sexual and reproductive health initiatives. In the Republic of Congo, when women attended distributions, they received assistance and sensitization on SRHR issues. In Ecuador, the cash assistance was an incentive to attend the nutrition and SRHR sensitization sessions. Furthermore, the final assessment indicated that adolescents felt empowered by receiving unconditional cash-based transfers, as they allowed them to make their own spending decisions. It was also found that their dietary diversity increased heavily. Most beneficiaries responded that they spent the cash on food, followed by sanitary supplies, transport costs for attending medical services, savings, clothes, or items for their new-borns.

Income generating activities and life skill training contributed to women and girls' empowerment and should complement interventions aimed at supporting practical needs of women and girls.[6] The activity design in Nigeria, Cameroon and South Sudan recognized that women and girls in vulnerable situations need access to economic development opportunities in order to be self-sufficient and live healthy lives. Hence, additional activities were offered. In Nigeria, women received vocational training on economic activities such as sewing and bedsheets making. After the project ended, the NGO that provided the training continued to offer similar activities as there was a high appreciation from participants. In Cameroon, the women that had obstetric surgery received training and seed funding for income generating activities. A total of 5,428 women and adolescents received skills-based training in South Sudan. Although no data is available regarding the long-term outcomes of these interventions, it can be assumed that women

[6] For similar lessons-learned please see Gender and Cash- WFP Study https://www.wfp.org/publications/gender-and-cash-wfp-study

and girls will be able to generate income from applying the skills achieved, hence contributing to economic empowerment.

2.2 Operational lesson learned

The implementation modalities varied across countries, with different units or roles being responsible for the projects and with different challenges experienced.

Key lessons learned are presented below.

More time would have been required for both the design and implementation of the projects Given the complexity of the interventions and of the establishment of new partnerships. WFP country offices were given a short turnaround to submit proposals, which had repercussions on the programme design, as WFP lacked technical knowledge on SRHR. The time for expenditure was also limited to 18 months, which did not allow country offices to carry out a detailed gender analysis to inform the design of the activities in a participatory manner. This timeframe was further deemed inadequate, considering the administrative processes required to establish MoUs with partners, government buy-in and the development of joint workplans, which subsequently reduced the implementation timeline.

The selection criteria established to select the proposals allowed each country office to design and implement programmes that were relevant for the country and institutional context. Hence, the projects show a variety of implementation focuses and modalities adopted. Each country office selected the partner on the basis of their experience in the topic they were covering and the geographical location where the assistance was most needed. At the same time, this diversity does not allow for easy extrapolation of general features and lessons learned for future programmes.

Smaller audiences more were effective for SRHR information and service delivery. In Afghanistan, Ecuador, Lebanon, South Sudan and Sri Lanka, SRHR information and services were more effective when provided to women and girls in small group or one-on-one settings, given the local sensitivities surrounding these topics were not conducive to open discussion. In Lebanon, a peer-reviewed evaluation demonstrated that Lebanese and Syrian refugees' knowledge of topics that are considered taboo (e.g. STDs, reproductive health, and menstrual periods) were significantly higher at post-test analysis when compared to pre-

test analysis.[7] In Nigeria, South Sudan, Cameroon, and Afghanistan, at least 140,858 women and girls received one-on-one support, information, and medical services on reproductive health and GBV from health practitioners at health or mobile clinics, which was confidential and ensured their safety

2.3 Partnership lessons learned

WFP formed new partnerships with a diverse range of actors, such as UNFPA, local and international NGOs, and national governments. Each WFP country office selected partners based on operational context, beneficiary needs, and partners' technical expertise required to achieve the goals of the intervention.

For example, in Sri Lanka, WFP and UNFPA formed a technical partnership for intervention design, while the government was responsible for implementation. In Lebanon, WFP partnered with Orthodox Christian Charity (IOCC), a local NGO to implement the summer camps, while the curriculum development was informed by UNFPA and WHO training materials. In Ecuador, WFP provided cash assistance to adolescent girls, while Plan International and UNFPA implemented support activities, particularly awareness raising sessions on teenage pregnancies in schools and life plan workshops. In South Sudan, WFP worked with the GBV sub-cluster that was headed by UNFPA to identify key gender practical and strategic needs related to SRHR. With support from WFP, three implementing NGO partners led the design and implementation of the activities. Each NGO operated in different parts of South Sudan and activities were not jointly implemented. This decision was strategically made given South Sudan's context.

Key lessons learned are presented below.

A more coordinated integration of planning processes between partners could have enhanced the project outcomes to better leverage, for example, WFP's food and nutrition programming along with UNFPA's work on sexual and reproductive health programming. Where partners jointly decided on location of health facilities, jointly reviewed training curriculums, and logistics, they produced highly complementary activities that supported the various needs of beneficiaries in a more holistic and sustainable way.

Partners chosen for their complementary strengths worked more effectively. In Afghanistan for example, WFP had the necessary infrastructure to access beneficiaries, while

[7] El-Jor, C., Rahi, B., El Khoury Malhame, M., Mattar, L., Moussa, S., & Zeeni, N. (2021). Assessment of the World Food Programme summer camps in Lebanon: A model of effective interventions for vulnerable adolescents. *British Journal of Nutrition, 125*(12), 1416-1426. doi:10.1017/S0007114520003682. Available at this link.

UNFPA had the subject matter expertise. In other countries, partners had relationships with different Ministries, and this helped implement activities efficiently and effectively.

2. Achievements

Implementation of activities yielded several achievements, with the most common achievements found across the countries described below.

3.1 Programmatic achievements

WFP's strong field presence enabled the partners to reach and directly support some specific practical needs[6] of vulnerable women and girls, including in remote and hard to reach locations. WFP and its partners responded to a wide range of practical specific needs of individual women and girls. Nutrition, access to health services and information related to menstrual hygiene and SRHR were addressed, indirectly contributing to their empowerment and better nutrition and health. The programme allowed for services to reach formerly under-served, remote and hard-to reach locations, particularly in Ecuador, Nigeria the Republic of Congo and South Sudan. Establishment of mobile and stationary Women and Girls Safe Spaces and related practices in remote locations also provided the infrastructure needed for future programming by local GBV actors using.

The nutritional and health services that were offered created support networks and dignity among women participants. In Ecuador, pregnant and lactating adolescents from remote rural areas came together to receive life skills and nutrition training. This offered unique opportunity to meet their peers and to form supportive relationships during this challenging period in their lives. A final evaluation of the Ecuador project showed that the provision of health-related information provided influenced decisions of pregnant adolescents to maintain their pre-natal check-ups.
In the Republic of Congo, women who had experienced gender-based violence and conflict received funds to purchase dignity kits. One of them shared that: "the transfer of money over the phone has made things easier for us, in the choice of *the items of the kits that are distributed to us but also with less risk of losing the money received. Thank you for the choice and the dignity you give us back.*"

The activities had a positive impact on beneficiaries' families and support-systems. In Afghanistan, women were encouraged to bring a family member to the food distribution and health centres. This approach allowed for those family members to receiving information on sexual and reproductive health. One woman shared: "*my mother-in-law accompanied me to visit the midwife and the explanations provided to her on birth spacing and birth control convinced my husband and myself.*"

The projects also increased SRHR knowledge among WFP employees, healthcare professionals, government officials, and implementing partners. In many countries, local partners did not have adequate knowledge to work on sexual and reproductive health or nutrition. A total of 745 healthcare workers and peer educators were therefore trained on SRHR in Afghanistan, Cameroon, Nigeria, Republic of Congo, South Sudan, and Sri Lanka. The activities provided space for dialogue and discussion at all levels of government about the needs of women and girls. In Sri Lanka, the project helped inform country strategies on food nutrition, SRHR and GBV. In Ecuador, capacity strengthening activities were organized with the Ministry of Health, Ministry of Education and Ministry of Economic and Social Inclusion (MIES), helping implementation of the Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents.

> In Sri Lanka, a WFP employee shared that one of the main achievements of the collaboration with the government was that "*materials, partners, and conversations around gender [were cross-pollinated]. It was also new for the government to collaborate across sectors – gender, health, and nutrition. This kind of model presents opportunities for a multiplier effect.*"
>
> **– WFP Sri Lanka Employee**

3.2 Operational achievements

WFP colleagues and implementing partners were enthusiastic about the new areas of work and results achieved, despite the challenges. For many current and former WFP employees this was the first time working on a holistic project that integrated food and nutrition with elements of SRHR and GBV, achieving concrete results. Interviewees expressed enthusiasm and commitment to these new areas of work. Many increased their programmatic capacity as the activities were implemented. WFP Nigeria and WFP Sri Lanka for example trained UNFPA stakeholders on key issues related to food and nutrition, while UNFPA increased WFP's knowledge of SRHR and GBV. Two articles were written about the experiences in Ecuador and Lebanon.

This project allowed WFP country offices and partners to adopt a more holistic approach to women and girls' needs. A member of the WFP Republic of Congo team reflected that "*[the project] changed the way we looked at things. When COVID came and we had to do a programme in Urban Brazzaville, it was just natural that we would plan to integrate aspects of SRHR and GBV. We mainstreamed the intervention [funded by the Danish government] into our programming without asking anyone for new money*." In Sri Lanka, the project

reinforced the need for integration across units, while also reinforcing the benefits of taking a systems-based approach to programming. A WFP Sri Lanka employee stated that this project "*gave the office a tangible example of how a systems-based approach to programming could be done*." In South Sudan, an implementing partner shared that their organization reflected internally on how they might continue to implement similar projects. WFP Lebanon intends to continue to offer modules on sexual and reproductive health and GBV when public schools are opened and summer camps return.

> *"During the COVID lockdowns in Brazzaville, Republic of Congo, GBV reported cases increased. UNFPA and the Ministry of Women and Development set up a toll-free hotline to report cases. Because of the Danish funded project, WFP and UNFPA had a relationship that they could leverage. As a result, shops where WFP mobile money transfers were used, UNFPA employees were present to identify and provide assistance to victims. During the period of 22-27 May 2020, a total of 138 GBV cases were reported in the targeted shops."*
>
> **– Republic of Congo Final Project Report**

3.3 Partnership achievements

Partnerships initiated continued even after the activities ended. Most WFP interviewees stated that they would like to continue or expand existing partnership with UNFPA. Activities implemented enabled organizations to establish and deepen partnerships. In Nigeria both UNFPA and WFP worked in the same camps but had not previously worked in an integrated project. This type of partnership was an "*interaction that continued even after the project because colleagues now know each other,*" shared a WFP Nigeria team member. In the Republic of Congo, the partnership continued and expanded after the project closed.[10] In Sri Lanka and Afghanistan, WFP continued to fundraise for joint work with UNFPA. In Ecuador, the project led to the development of a similar cooperation with several UN agencies, including UNFPA, UNESCO, UN-WOMEN, UNICEF, and IOM.

There was increased recognition of WFP as a valuable partner in promoting women and girls' empowerment. Partners recognized that WFP is a technically competent partner to work on gender issues and its activities in the field offer important entry points for their specialized SRHR work. They appreciated the opportunity granted by WFP's expansive operations to reach more beneficiaries. WFP Sri Lanka shared that the Ministry of Health became interested in WFP's work in addressing the needs of women and girls.

3. Challenges

This section focuses on challenges that were observed in several country activities and which affected their performance or impact.

4.1 Programmatic challenges

The projects were gender sensitive, but not necessarily transformative.[7] The programme was gender sensitive as it sought to respond to women and girls' practical needs. It integrated a comprehensive approach to health that included addressing women's physical, mental, and emotional needs, and this has likely contributed to their empowerment and autonomy. The activities, however, did not purposedly aim to challenge and change power dynamics related to gender roles, which was a missed opportunity. This was in part because the project duration was perceived as insufficient to change behaviours, social norms and attitudes, and because men and boys were not explicitly included in most of the activities. Still, some men and boys may have benefited from information shared through community outreach events.

The activities did not significantly contribute towards social cohesion or peace outcomes, even though they were implemented in conflict or post-conflict environments**.** In the Republic of Congo, South Sudan, and Nigeria, activities sought to mitigate or provide relief to women from the effects of experiencing violence and conflict. However, no evidence was collected to suggest that the projects contributed directly to peace outcomes or increased social cohesion. Lebanon was the only country that brought together members of different groups (Lebanese youth from host communities and Syrian refugees) to participate in joint activities. In this case, the final peer-reviewed evaluation found that Lebanese and Syrian students had mixed experiences in terms of social cohesion at the summer camps. While some students formed new friendships; other students stated that "*there were some people who do not like to mix with others*."

The limited time of implementation did not allow for addressing the sustainability of some of the interventions. In particular, the short time available for designing proposal did not allow for a comprehensive gender analysis to be carried out. While some interventions have continued in different forms after their scheduled end, others were limited to the 18 months project duration and could not be scaled up. In Nigeria, South Sudan and Sri Lanka a Training of Trainers strategy was implemented to increase the ownership and potential sustainability of outcomes. In Ecuador and Sri Lanka, government officials were provided with key information and capacity-strengthening activities. Given the short duration of the project, however, it is unlikely that either strategy was effective.

4.2 Operational challenges

The lack of a dedicated M&E framework for the projects, prevented a proper follow up and assessment of the programme implementation and results. Some countries conducted baselines and evaluations, but not all. The lack of guidance on how to create robust indicators in projects that had dual food security and SRHR aims meant that countries opted to collect only output level indicators. Reporting was minimal for WFP and implementing partners. The lack of a global Theory of Change, overarching monitoring and evaluation framework, and learning framework was a missed opportunity to fully capture programme results and impacts.

COVID-related disruptions impacted the momentum created by the project. Several WFP country offices shared that the project had created enthusiasm for programming on SRHR/GBV and a desire to continue with the new partnerships. Unfortunately, limitations caused by COVID-19 pandemic impacted much of the follow up work. In Lebanon for example, the schools were closed, and summer camps were cancelled, hence these activities could not be continued. Research on the impacts of the project in Ecuador and Lebanon were published in peer-reviewed journals but were not widely disseminated because conferences and strategic meetings were cancelled.[8]

4.3 Partnership challenges

Some partners had excellent technical capacity but not as much implementation capacity. In some partnerships, the lead technical partner did not have the resources or expertise to implement the key activities at short notice and on a large scale. Lack of implementation capacity led to delays and to subcontracting of work to consultants or local NGOs, reducing time and resource efficiency. More timely and comprehensive discussions with partners on work implementation modalities and work culture would have helped set clearer expectations from them.

4. Recommendations

The following recommendations were made by WFP and implementing partners that were involved in the projects. Some of the recommendations can be applied to general WFP programming, while others are specific to food security and SRHR comprehensive projects.

[8] Please see Lebanon article; and Ecuador article.

5.1 Programmatic recommendations

Ensure that WFP programmes, and especially those with a humanitarian focus, are based on sound gender and conflict analysis, sensitive to cultural context, and adherence to the principle of 'do no harm'. The analysis should take into consideration how SRHR affects food security and nutrition of potential beneficiaries**.** Context and conflict analysis, as well as scoping exercises to identify key actors, can unpack important social cohesion and power dynamics. As a requirement, project design should include a baseline and clear change indicators, prior to project partners receiving the resources.

Further investigate how supporting SRHR of women and girls contributes to food security and nutrition outcomes, particularly in conflict and post conflict settings.[9] Literature indicates that when women have access to family planning, menstrual hygiene products and support to address GBV incidents, their nutrition status and that of their children is enhanced. Additional analysis of how to respond to these needs in conflict settings can inform future WFP and UNFPA operational partnerships in the field.

Expand the scope of nutritional and food distribution activities to use them as platform for providing SRHR-related information and services to women and girls in humanitarian response. The WFP Strategic Plan (2022-25) recognises the importance of layering of activities for sustainability and impact. When activities were delivered in a culturally appropriate manner and with engagement of government officials, there was no negative feedback from the communities in Afghanistan, Nigeria, and South Sudan.

Provide more support and information on how to partner for integration of SRHR services into existing WFP programming. WFP employees shared that they lacked guidance on how to operationalize concepts and information within the framework of WFP modalities of assistance. For instance, nutritional and gender officers shared that it would be useful to include information and guidance in existing nutritional manuals about how to safely and confidentially manage GBV disclosures, particularly in areas where there are no other services available.

[9] Nutrition and SRHR initiatives are mutually reinforcing. Improved nutrition during pregnancy is associated with optimal birth outcomes and maternal health status. Correcting nutritional deficiencies, especially anemia and subsequently improving diets for women and adolescent girls, allows them to enter pregnancy in a healthier state. As complications from pregnancy and childbirth are the leading cause of death for adolescent girls aged 15-19, this is of critical importance (*C. R. Canavan & W. W. Fawzi, Addressing Knowledge Gaps in Adolescent Nutrition: Toward Advancing Public Health and Sustainable Development, 2019; https://www.unfpa.org/resources/food-hygiene-and-security-emergencies*). Women and girls' often face gender discrimination that hampers their access to nutrition, in addition to the gendered barriers they face to stay in school and to learn life skills to compete in the labour market. Lack of access to SRHR compounds these challenges, hindering girls from controlling their own health and shaping their own future (https://www.nutritionintl.org/news/all-blog-posts/bringing-nutrition-and-sexual-and-reproductive-health-together-for-women-and-girls/).

5.2 Operational recommendations

In case of future joint programmes, establish an overarching WFP headquarters (HQ) or regional coordination system to support country offices. This should include a coordinator to provide leadership and guidance to country offices, and coordinate communication campaigns for wider dissemination.

Develop and implement a programme-level Theory of Change, M&E framework, and a learning framework to support measurement of progress and share knowledge obtained.

5.3 Partnership recommendations

Establish or reinforce partnerships, through global or regional Memorandum of Understanding (MoU) with other UN agencies, particularly UNFPA, UNICEF and UN Women, NGOs, and civil society organizations active in SRHR, to enable rapid response to the needs of women and girls in humanitarian settings and to encourage country offices to establish local partnership, complementing services and interventions.

> *"We learned how a comprehensive approach to a nutrition really works. The workshops for adolescents on nutrition, SRHR, and life skills worked well. Each organization that specialized in each topic focused on providing their workshop with cash transfers helped. After all, it is not just about knowing the nutrients that one needs but also having the cash to buy the products. This showed us how three organizations can complement each other. For WFP it is good for us to work with vulnerable populations, such as pregnant adolescents. This work can be done and we can work together with other organizations in the UN system and NGOs."*
>
> **– WFP Ecuador Country Office Employee**

Part Two: Expanding the scope of WFP programmes to complement nutrition interventions with activities addressing gender needs – lessons learned from this pilot programme

The stakeholders interviewed shared reflections on the reasons why WFP should enter strategic partnerships which lead to more comprehensive programmes addressing both food security and nutrition *as well as* sexual reproductive health and rights. The interviews also articulated some of WFP's unique comparative advantages in this area.

5. Reasons for WFP to implement comprehensive food security and sexual and reproductive health and rights programmes in partnership

Contributing towards achieving Zero Hunger/saving lives: *Implementing programmes that address SRHR of women and girls contribute to reaching Zero Hunger.* Nutrition and SRHR initiatives are mutually reinforcing. Improved nutrition during pregnancy is associated with optimal birth outcomes and maternal health status. When women have less children and later in life, the nutrition status of them and their families is enhanced. When girls are not married early and do not face discrimination when they have periods, they can pursue longer education, with benefits for them, their families, and the communities.[10]

Responding to women and girls' practical needs beyond food, and working towards changing lives: *Women and girls have essential needs in conflict and post conflict settings that go beyond access to food.* During acute or chronic crises, women's needs include access to hygiene and menstrual products, as well as contraception supplies. Pregnant and lactating women also have specific needs that may be overlooked in emergency settings. The delivery of dignity kits in the Republic of Congo and South Sudan demonstrated how such needs of women can be met through existing distribution channels and by partnering with organizations with adequate technical expertise.

Contributing to leveraging nutrition interventions to offer entry points for GBV prevention and response activities of specialized partners, such as UNFPA and INGOs. WFP works in areas affected by high levels of food insecurity and hunger. Heightened food

[10] See: Sexual & Reproductive Health and Nutrition. Also, the link between improved nutritional status and wellbeing and empowerment of women and girls, is clearly evidenced in the Gender Equality for Food Security Report.

insecurity can lead to violence between different groups of people and within households as well. Survivors of gender-based violence experience physical, psychological, and emotional consequences that impact their consumption of healthy and nutritious food. WFP food assistance (as broadly conceived) can contribute to addressing the GBV related nutritional deficiencies.

Addressing nutrition challenges experienced by women and girls in different lifecycle stages, particularly during adolescence, pregnancy, and lactation. Literature indicates that there is a relationship between sexual and reproductive health and nutritional status.[11] Information on sexual and reproductive health is critical for women and girls to remain healthy. For example, information on birth spacing is important to ensure that mother and child have sufficient nutrients. Research shows short birth intervals lead to adverse nutritional outcomes for mother and child and can contribute to higher rates of fistula. In many of the countries that WFP operates, especially in remote locations, information on sexual and reproductive health is not readily available. Women and girls need access to information and services in order to make informed decisions that impact their nutrition and that of their household.

Playing a key role on gender equality within the Delivery as One approach. WFP is a critical player in the United Nations Country Team (UNCT) given its expertise in emergencies and humanitarian assistance. In many instances, WFP is the first organization to reach people suffering from acute food insecurity, conflict, and other emergencies. *WFP has wide operational reach which provides an opportunity for access to populations, both by WFP and other actors.* WFP has a moral responsibility to partner with key organizations to provide access to additional services to beneficiaries, particularly in emergencies. As a result, WFP can support partners in providing their comparative technical expertise to vulnerable and malnourished people it supports. WFP may also advocate, considering its operational presence, to highlight issues related to gender equality and SRHR.

6. WFP's strategic and comparative advantage to implement comprehensive food security and SRHR programmes with partners

WFP has extensive operational reach and a deep field presence, including regional and field offices. Unlike other UN agencies or not-for-profit organizations, WFP often has well established presence in areas of greatest needs. Many partners in this project appreciated that WFP had regional and field offices, which helped to manage activities, communications,

[11] See Footnote 8.

and relationships with local government officials to ensure successful implementation. In some cases this included areas of conflict, where WFP's neutral and impartial humanitarian standing resulted in the ability to reach populations and to dialogue with actors on both sides of a conflict.

Nutrition interventions provided perfect entry points to enable safe and widespread access to services and information related to SRHR, both programmatically as well as from an operational point of view. Women and girls felt it was acceptable to attend a health clinic for nutrition counselling, so they could safely access services which might be perceived by some as more "controversial". These service providers could introduce SRHR issues within a broader counselling service offered in relation to nutrition, in a safe and acceptable manner. While WFP often uses nutrition interventions to talk about gender equality and GBV, this approach could be formalized to include partnerships that complement nutrition with SRHR services, thus contributing to WFP's changing lives agenda.

WFP has expertise and operational outreach in cash-based transfers, in emergency as well as development contexts. Cash transfers can be a powerful vehicle for providing choice and autonomy for the purchase of items and access services which support beneficiary SRHR, as well as to serve as an incentive for women and girls to attend trainings and awareness raising sessions.

WFP has pre-existing and strong relationships with the governments that can be leveraged to implement joint programming in a wide range of areas. WFP has a reputation as a competent actor in food security related interventions, hence WFP should advocate more strongly to complement nutrition and cash interventions with services that promote SRHR and address both the practical needs and strategic interests of women and girls more broadly to advance their empowerment.

Conclusions

Emergencies and humanitarian crises substantially increase the exposure of women and girls to risks associated with pregnancy, reproductive health, sexual violence and sexual exploitation. At the same time, during crises, access to sexual and reproductive health services is frequently severely limited, and the needs of women and girls are more likely to be overlooked, whether within the households and communities, or by actors engaged in emergency response. These inequalities, compounded with heightened risk of inadequate nutrition, make women and girls more vulnerable to malnutrition, disease, exploitation/abuse, psychological trauma and even death. As such, it is essential that SRHR related services complement WFP assistance in emergencies, to avoid disproportionate impact of crises on women and girls.[12]

This pilot programme showed *how* WFP can expand its work to promote gender equality and women's empowerment by partnering to respond to practical gender needs, particularly in humanitarian assistance programmes. It also demonstrated that WFP *can* integrate sexual and reproductive health and rights of women and girls and GBV response into food security and nutrition programming, in view of longer term results and within its changing lives agenda. Integrating services to respond and promote SRHR of women and girls in humanitarian assistance is not only possible, but also critically important for the people we serve, to 'do no harm' and ensure equitable impact and benefit of WFP's emergency response. The lessons highlighted in this report also demonstrate the *opportunities* for WFP to take a step further to change lives while saving lives.

The flexibility of the selection criteria to assign the funds allowed WFP country offices to focus on relevant activities that responded to real needs of vulnerable women and girls and hence to expand coverage and assistance beyond food and cash.

The findings and recommendations presented in this report provided key inputs for the development of WFP Gender Policy 2022 and are in line with the new Strategic Plan 2022-2026 outcomes i) People are better able to meet their urgent food and nutrition needs, ii) People have better nutrition, health and education outcomes, and iii) Humanitarian and development actors are more efficient and effective. They also align with WFP's commitment that "*beyond emergencies, WFP will work with communities, households and individuals to enhance their capacity to protect and improve their diets and nutrition status in the face of shocks*

[12] See for example: Askew I, Khosla R, Daniels U, et al. Sexual and reproductive health and rights in emergencies. *Bull World Health Organ*. 2016;94(5):311. doi:10.2471/BLT.16.173567

and long-term stressors, while addressing inequality (e.g., social, gender, disability) that affects access to a healthy diet."[13]

In addition to providing evidence, this report is also intended to stimulate internal and external discussion on how WFP can maximise the impact of its interventions for all the people it serves, and capitalise on future partnerships to contribute to gender equality and women's empowerment.

[13] WFP Strategic Plan 2022-2025. Abridged version.

Annex A: Summary of key activities implemented and beneficiaries reached by country office

Country	Summary of Key Activities
Afghanistan	• Provision of reproductive health and gender-based violence (GBV) prevention and response services to women returnees, internal displaced and host communities in Kabul and Nangarhar. • Provision of information related to harmful consequences of early marriage and provided psychosocial counselling services, while referring sever patients to nearest health facilities • Implemented in seven Basic Package of Health Services (BPHS) Health Facilities (HFs) and two Mobile Health Teams provided services to 46 service delivery points (SDPs) • 117,466 clients benefited from different types of health, GBV, psychosocial, health education on SRH and GBV, and awareness-raiding and nutrition services (of which 71,155 were women, 16,014 girls <18) • Advocacy campaign was disseminated. • Healthcare staff were provided with relevant subject matter training • 126 healthcare staff (101 female and 25 male) were provided with training on SRH, GBV, Nutrition, Psycho-social counselling, Immunization. • Activities were implemented adjacent to WFP's food-distribution and nutrition activities.
Cameroon	• 150 women were provided with food assistance during and after their obstetric fistula operation for the duration of two months • 125 women that received basic GBV support were also provided with nutritional assistance • 64 peer educators trained in comprehensive sexual education including HIV and obstetric fistula prevention • Women were provided with funds and training to undertake income-generating activities
Ecuador	• WFP and the Ministry of Economics and Social Inclusion (MIES) identified beneficiaries so that they could be part of a broader assistance with social and health services. • 776 pregnant adolescents received monthly cash-based transfers (CBTs) of USD$50 • 265 youth participated in UNFPA, Plan International, and WFP led workshops on food security, nutrition, and sexual and reproductive health • 458 community leaders and 3,086 students received training on SRH • 468 technicians from MIES, Ministry of Education and Ministry of Health were trained • 654 Delivery kits with essential supplies (diapers, baby clothes, carrier blankets, FSN and breastfeeding information) to care for babies were provided to the adolescents

	• WFP supported six safe shelters for survivors of gender-based violence by enhancing kitchen and bedrooms and providing hot meals • 553 women, girls and boys living in shelters received six months of WFP's food assistance • 3 events named *Time to Live your Adolescents* with the aim to reflect on knowledge and perception of sexuality and prevention of teenage pregnancy were organized
Lebanon	• 15 summer camps were organized in public schools. Each camp lasted 15 days. At the camps, students received information on nutrition, health, and life skills. The camps encouraged social cohesion between students • 5 mini camps took place lasting 5 days. • 3143 students, 35% Lebanese and 64% Syrian participated • 27 cases were referred by psychologists to more specialized NGOs.
Nigeria	• 34,189 individuals were reached with SRH/GBV and nutrition information, while 2266 referred individuals presented for care at the newly constructed safe space. • 2,933 women and girls were provided with income generating activities (IGAs) • 1116 adolescents and young persons were reached with SRH services, including family planning and HIV education • 150 adolescents and young persons received nutrition counselling and services • 232 women participated in skill acquisition training to improve resilience and recovery • 125 people were trained on GBV identification, treatment and referring systems, including local authorities, religious leaders, schoolteachers, police and judicial officers • 50 health workers were trained in provision of SRH/GBV and nutritional services • 350 community volunteers were trained on conducting outreach services in the communities on SRH and good nutrition practices. The community volunteers were also sensitized on referral services. • 250 individuals (200 community volunteers and 50 health workers) were mobilised to provide SRH/GBV and nutrition services, a total of 12 community outreaches were conducted. • 4 mini ambulance drivers were trained in SRH and GBV emergencies and referrals. • 8 Women and Girl Safe Spaces (WGSS) were rehabilitated/constructed and equipped to provide integrated SRH/GBV and nutrition services • 408 women and girls were reached through WGSS spaces
Republic of Congo	• 9,156 women received cash-transfers (4 rounds over the year) to purchase dignity kits • 4,000 FFA participants received awareness raising on GBV, unwanted pregnancies and protection • A toll-free hotline was set up to report problems with distribution of SCOPE card or report cases of gender-based violence. • 21 people received psychosocial consultations

	• 38 survivors of violence received culturally appropriate services, including psychological support, of which 7 cases were referred to hospital, and 12 to family planning or gynaecological consultations • 10 health agents were train in local health centres on GBV medical and psychological treatment. • 70 victims received medical and psychological support from midwives and psychologists • 120 local authorities, religious leaders, teachers, police received training on GBV identification, treatment and referring system • UNFPA teams monitored cases of GBV and organized and facilitated community discussion groups to raise awareness and manage cases. • UNFPA furnished health centres with supply of rape kits for violated women.
South Sudan	• 19 WGFS were established and operationalized to provide quality case management for survivors and build community protection networks to promote and uphold their rights • 238 awareness-raising and "Tea-Talk" sessions were organized on GVB prevention and response, nutrition practices, and SRHR topics • 38,638 participants (29,587 women and 951 girls) were reached • Dedicated Sexual and Reproductive Health Sessions (SRHS) held for over 25,000 women and girls on different topics such as FGM, PSEA, unsafe abortion, family planning and puberty, menstruation, as well as reproductive arising from early/child marriage and Sexually Transmitted Infections (STIs). • 122 community outreach sessions were conducted • 60,811 community members (11,550 men, 29,300 women and 7461 boys, 12,500 girls) • 1351 women and adolescents (635 women and 716 girls) received dignity kits along with key messages on menstrual hygiene management • 3,997 participants (2725 women, 1272 adolescent girls) were enrolled and attended skill building activities across WGFS. Skills developed include bedsheet, knitting, beading, basket weaving, groundnut paste making, bread making, and local perfume production. • 238 women and girls were trained on the production and maintenance of home and community stoves. • 457 women and girls were trained on the production, washing and maintenance of reusable sanitary towels and knickers. Of these 53 women were trained as 'Trainers of Trainers' (TOTs) and continued working to sensitize the community on hygiene concerns and menstruation management. • In Kapoeta South 4,500 pieces of sanitary towels were distributed to 1,500 women and girls, whilst 457 women and girls were trained on making reusable sanitary towels and knickers in Nachilagur, Longeleya and Kapoeta town • 154 individuals (126 women, 28 girls) received business skill training • 291 women received training on making reusable sanitary towels

	• 53 women completed training on sewing, while 238 preferred hand sewing training • 1,200 GBV cases were identified and provided with case management services and psychological support servicers, or referred to health and legal support • 9,610 participants (7,375 women and 2,235 girls) received individual and group PSS services by a social worker. • 8,684 participants (6,195 women and 2,489 girls) received periodic individual and group psychosocial support at safe spaces. • 25,306 individuals (10,063 women, 6,149 girls, 5,208 boys, and 3,866 men) were reached through community outreach to raise awareness on GBV through a total of 225 community awareness events • 34 staff participated in trainings on GBV case management • 22 individuals were trained in GBV Emergency preparedness and response, including case management of child survivors and psychosocial support. • 6 referral pathways updated and developed • 11 staff members received psychosocial support training • 7 risk mitigation training and TOT conducted on production of FES and briquettes using locally available materials. • 31 humanitarian workers trained on GBV mainstreaming using IASC guidelines, including PSEA • 102 non-GBV frontline workers trained on GBV basic concepts, including GBV referral pathways and PFA • 8,263 participants (2,548 women, 3,944 men, 780 boys, and 991 girls) attended community engagement meetings and dialogues. These meetings supported positive behaviour change to end GBV in the community.
Sri Lanka	• 1250 Mother Support Groups, with the potential reach of 12,500 women • 8,000 women participated in the project • Approximately 450,000 people participated in village level awareness sessions to promote healthy dietary practices. • Used existing Mother Support Groups (MSG) to disseminate health information related to reproductive health • Mobile Application was created to support planning of the intervention • Assessment of the Youth Health Program was carried out to assess knowledge, attitude, and practice on healthy lifestyles, including sexual and reproductive health (sample: 435) • Creation of training module to include information on basic nutrition, life skills, teaching and learning techniques • Strengthening of the Adolescent and Youth Friendly Health Services (AYFHS) at the Ministry of Health. • Supported National Strategy Plan for Adolescent and Youth Health (2018-2025) by identifying best practices to better implement the strategy. • 214 teachers were trained on psychosocial well-being, including brain and psychosocial development, stress management, mental health problems, bullying, prevention of child abuse and mindfulness

	• 613 law enforcement officials, including 118 female officers were provided with training to raise awareness about provision of SRH information and services to adolescents and youth • 124 trainings conducted for community volunteers • 495 healthcare providers participated in a Trainer of Trainers (ToT) to disseminate a Behaviour Change Communication (BCC) Manual related to gender-based violence • 4 life skill videos were created aimed at 14–15-year-old on life skills related to nutrition and SRH.

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