WFP
World Food Programme

SAVING LIVES
CHANGING LIVES

Unequal Access

Gendered barriers to humanitarian assistance

May 2023

Contents

Executive Summary

Humanitarian access has two dimensions; the ability of humanitarians to reach populations affected by crisis and the ability of affected populations to access humanitarian assistance. Analyses on humanitarian access have traditionally focused on the former. This has resulted in a limited understanding of the access barriers experienced by diverse women and girls, as well as men and boys.

Building on the evaluations of the World Food Programme's (WFP) protection and gender policies, WFP Strategic Plan 2022-2025 emphasizes the need to strengthen gender and protection mainstreaming and calls for engagement of diverse groups within communities to inform programmes, with a *"focus on identifying barriers to access food and nutrition assistance, as well as the risks to which affected populations are exposed"*.[1] Challenges also remain to systematically operationalise gender analyses, participatory approaches and the tailoring of assistance to the needs of all women, girls, men and boys.

This study aims to fill these gaps by identifying the specific barriers and constraints that women and girls, in particular, face when attempting to access WFP assistance in different humanitarian contexts. The study will also propose a set of recommendations, including on best practices from the field.

It is a culmination of 10 months of qualitative research across Afghanistan, the Democratic Republic of the Congo (DRC), Haiti, South Sudan, and Syria, comprised of desk reviews, consultations with different segments of communities (78 focus group discussions) and interviews with global-, regional- and country-level practitioners (110 key interlocutor interviews).[2]

Broadly speaking, first, women and girls are among those most affected by conflict, crises and food insecurity and who experience the most barriers when it comes to safely accessing assistance that meets their needs. Secondly, gender considerations related to humanitarian access are not systematically integrated within humanitarian in-kind and cash assistance, which raises the likelihood of excluding a significant portion of the population from receiving and benefiting equitably from assistance. This can result in a cascading effect on the well-being, opportunities, and longer-term outcomes of the most vulnerable, people, households, communities and societies. Thus, when considering how assistance is informed, conceived, designed and delivered, access dimensions are key to ensuring that interventions have the desired impact, as well as ensuring that WFP assistance is consistent with humanitarian principles and standards.

The recommendations of this study echo and reinforce the work that WFP has been advocating for and implementing when possible. They validate corporate positions on gender and protection/people-centred programming. In Phase 2 of the study, the recommendations will be broken down into more detailed and nuanced action points tailored to each country.

MAIN FINDINGS

A general finding of the study is that many of the identified barriers apply to entire communities, men and women equally, while others are more specific and cater to the different needs, priorities and experiences of women and girls. The resulting analysis identified barriers emerging **before**, **during** and **after** the provision of in-kind and cash assistance. Traditionally, analyses of humanitarian access stop once assistance has been delivered by humanitarians and received by beneficiaries. However, this study points to the fact that obstacles remain even after assistance has been provided that prevent individuals, particularly women and girls, from effectively using and benefitting from it.

Before: This is the phase when communities receive information about assistance, learn about targeting and registration criteria and are informed about the modalities for collecting assistance.

1. Access to information: Compounded by lower representation in community structures, women and girls have lower levels of literacy, including digital literacy, and limited access to educational opportunities, technology, financial services and resources. That means that women and girls have less access to information than men on how, when and where to receive humanitarian assistance.

2. Community leaders' **lack of impartiality and transparency in selection processes**, such as

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1   World Food Programme (WFP), Evaluation of WFP Humanitarian Protection Policy (2018).

2   Data collection and analysis predate the Taliban's ban on women NGO workers in Afghanistan and therefore its implications are not referenced nor discussed in this study.

distribution lists, disproportionately excludes those already marginalized from formal community structures, such as women and girls, indigenous communities and persons with disabilities.

3. Prescribed gender roles limit women's ability to allocate time to tasks outside of care and household work. This is a particular problem for single-parent, women-headed households, where time is split between care work, economic labour and collecting food assistance. Hence, the lack of time is a major obstacle preventing women and girls from accessing information and registration. Competing constraints on beneficiaries' time is also relevant during the assistance phase.

4. The lack of structured alternatives for registering those without civil documentation remains a significant barrier to access assistance. Across all four countries, women and girls have lower rates of **access to identity documentation relative to men and boys** raising additional obstacles to humanitarian access. This phenomenon is especially pronounced among women-headed households, women in polygamous households, married adolescent girls, pregnant adolescent girls and adolescent mothers, as well as young men avoiding mandatory military service.

During: Once registration has occurred and an individual is considered eligible, assistance is picked up from a specific location, such as a distribution point or vendor.

1. Security concerns, such as exposure to shelling, violence and robberies, are barriers for both women and men in accessing humanitarian assistance. In situations of heightened insecurity or where more conservative social norms prevail, men cited risk of violence and robberies as the main reasons for limiting the movement of women and girls.

2. In contexts where primarily women are collecting assistance, **violence against women** – including sexual violence – is prevalent. In the Democratic Republic of the Congo, Haiti and South Sudan women, especially younger women and adolescent girls, are frequently targeted by armed carriers,[3] security and defence actors and other gender-based violence (GBV) perpetrators on their way to and from distribution sites.

3. Poorly organized distribution sites (i.e. overcrowding, crowd control, long wait times, messy lines where women and men are intermixed) and **lack of female staff** at distribution sites may increase risks of sexual exploitation, abuse, harassment and other forms of violence by male partners, family members, community leaders and authorities, thereby impeding access for women.

4. Remote areas, distance, difficult terrain and natural hazards create impediments for women and men in reaching distribution sites. Compounded by limited time availability for women and girls, long travel distances may result in young girls being pulled from school and/or women not receiving assistance.

After: Once assistance is collected or delivered, decision-making regarding its use may be associated with barriers to access.

1. In the four countries, **men tend to have the power, control, and decision-making authority** within households on how assistance is used once collected. WFP has neither a corporate system nor the human resource capacity to systematically assess women's decision-making power at the household level in a qualitative, meaningful and participatory manner.

2. This study did not systematically capture the extent of GBV related to assistance, however **the risk of GBV** is a barrier to women's access to assistance within the household.

3. Lack of corporate guidance, targeting, and assistance modalities for non-traditional and/or polygamous households can result in unequal and insufficient allocation of assistance within polygamous family units, widows living with husbands' families and other.

RECOMMENDATIONS

1. Rethink access using a gender lens. Overcoming constraints to access for affected communities requires in-depth analyses, looking at the barriers to accessing assistance through the lens of individuals and households affected, with the understanding that barriers are deeply rooted in an unequal context of specific gender norms.

2. Consult communities including women and girls. WFP and its partners should consistently and safely communicate with affected women and girls, as well as men and boys, to identify their needs and capacities and to formulate the effective modalities for delivering humanitarian assistance.

3. Design programmes following consultation. WFP should continue to design humanitarian assistance that is informed by consultations with affected communities and based on an analysis of the barriers to access and of real needs and capacities expressed by women and girls.

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3   Armed carriers include regular military forces, law enforcement/police bodies and non-State armed groups

4. Collect and analyse data. WFP and partners should regularly collect primary and secondary data that will inform integrated analysis. Data should capture the diversity of household composition, such as intra-household breakdown, polygamous families and non-conventional households.

5. Ensure women's participation in all stages of the programme cycle. WFP and its partners should, fully and equally, ensure that women participate in assessment, programme design, implementation and monitoring of the programme cycle of humanitarian assistance thereby ensuring adequate women's representation at the community-level.

By partnering with women-led civil society organizations (CSOs) throughout the programme cycle (including CSOs supporting other marginalized people) and ensuring recruitment and retention of female humanitarian staff, the meaningful participation of women can also be ensured.

6. Invest in partnerships and integrated programming. WFP and its partners should invest in developing and implementing multisectoral and integrated approaches that facilitate women and girls' access to humanitarian assistance that truly responds to their needs. This includes expanding partnerships with actors in the fields of gender, GBV, sexual and reproductive health rights and protection with regard to emergency contexts at the international, national and local levels.

1. Introduction

> *"WFP envisions a world with zero hunger where everyone has equal opportunities, equal access to resources and an equal voice in the decisions that shape their lives, including as individuals within households, communities and societies"*
>
> WFP gender policy 2022

This study focuses on the barriers faced by affected populations to access WFP assistance, rather than on how WFP and partners access affected populations. While these aspects of access are two sides of the same coin, this focus sheds light on why some people are harder to reach in order to inform efforts to realize WFP's commitment to leave no one behind.

When WFP began consulting with communities on the barriers they faced in accessing humanitarian assistance, we expected to identify more significant impediments for women and girls than for men and boys. What we did not expect to discover was that our capacities, efforts and resources to act upon those barriers in many contexts are also limited.

This study has clearly shown that women struggle more to access humanitarian assistance, as it tends to be provided in contexts where the legislative, social and normative environments are already biased by gender inequality. Our consultations with communities consistently revealed that women who receive WFP and partner assistance also struggle to access life-saving services other than just food and cash.

When having discussions with colleagues in WFP country offices during data collection, we found that WFP colleagues often lacked adequate tools and capacities to consult with affected communities and, even more so, with diverse women and girls in those communities, in a meaningful and participatory manner. It was often a struggle to find women and girls to consult and safe spaces and modalities that suited their needs. Participants for this study's focus group discussions were often selected by local partners, who frequently rely on community leaders who are mostly men, which only serves to further exclude women from active decision-making and participatory roles.

This is a structural challenge rather than a challenge posed by conflict and/or context.

It was generally determined that WFP modalities of assistance are overstandardized as assistance is often delivered simultaneously across many operational environments, and therefore does not account for specific vulnerabilities and challenges that various segments of the population face in accessing assistance. WFP systems are well aligned with overall food security requirements, but not always with the specific needs of certain individuals or groups.

With the approval of the WFP Gender Policy 2022, and WFP Protection and Accountability Policy, WFP is moving towards equal access and control over resources and is beginning to address the root causes of gender inequality within food security and nutrition. This study is aptly placed within the new phase of WFP's work on gender equality and women's empowerment. Phase 1 reflects on the barriers WFP and its partners encounter when trying to reach communities and to speak with them about the specific constraints that diverse women and men face in accessing our assistance. In the planned phase 2 of this study, consultations will be held on what strategies communities propose for overcoming those barriers and how programmes can be reformulated to take them into consideration and to mitigate potential marginalization and exclusion.

This study includes practical, actionable recommendations for increasing awareness of the critical importance of rethinking access and of consulting communities, in particular women, as well as the capacity to do so. The recommendations in Phase 1 are general and applicable to the countries studied and beyond. In Phase 2 of the study, they will be reformulated into country specific actionable recommendations.

It is worth noting that this is a purely qualitative analysis. The evidence provided is not corroborated by quantitative statistics and numbers, but instead represents the views of the individuals and groups consulted.

The power of this approach is that it amplifies the voice and diversity of affected communities. The safe environment fostered by a participatory qualitative approach allowed for honest discussions on sensitive topics, enabling more factual conclusions. The fact that the findings are homogeneous across Afghanistan, the Democratic Republic of the Congo, Haiti, South Sudan and Syria demonstrates that they are robust and meaningful, even if qualitative.

1.1 Literature review

Most of WFP's emergency operations (corporate scale-up and corporate attention) take place in countries affected by access constraints.[4] Conflict and insecurity, bureaucratic and administrative impediments, counterterrorism measures, physical terrain and seasonality – these pose significant obstacles for humanitarian organizations to deliver assistance and for affected populations to access aid and services.

The COVID-19 pandemic and its aftermath have increased access impediments, including exacerbating pre-existing constraints and risks for women and girls.[5] The recent acute humanitarian crises in Afghanistan, Ethiopia, Ukraine and Yemen shed fresh light on the importance of understanding and maintaining humanitarian access and analysing, measuring and reflecting on knowledge gaps in this area. Hence, gaining a better understanding of the gendered dimensions and implications of effective, or ineffective, humanitarian access is a key aspect.

The depth of analyses on access constraints is limited, and efforts to better understand the barriers encountered are very rarely differentiated by gender or other diversity considerations. One of the issues is that the criteria within access frameworks on which reporting is based typically include fewer indicators for affected people's capacity to access assistance.[6] This is further reinforced by reporting that is primarily incident-based. Current country humanitarian access mappings, such as those by the United Nations Office for the Coordinator of Humanitarian Affairs (UNOCHA) or the Assessment Capacities Project (ACAPS), do not disaggregate data by sex or systematically capture gender or other diversity considerations.

Additionally, significant gaps remain in the design, implementation and monitoring of gender-sensitive programming in humanitarian contexts.

> *"When looking at access, [UNOCHA has a lot of data] on humanitarian actors' access to populations. We know about checkpoint blocks, clearances, security incidents [...] but when it comes to populations accessing humanitarian assistance, monitoring and reporting is quite weak".*
> KII: UNOCHA HQ access advisor

The 2020 Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls found that the use of the Inter-Agency Standing Committee (IASC) gender with age marker had increased in 8 countries while decreasing in 12. There is also a general lack of prioritization, commitment and accountability throughout the humanitarian sector for ensuring that GBV risk-mitigation activities are prioritized and integrated into its work, with few accountability mechanisms to ensure that this essential work is implemented effectively and consistently.[7]

Very little of the existing literature specifically focuses on the gendered barriers to humanitarian access in emergency contexts and strategies for facilitating access, highlighting the need for further investigation. While analyses related to gender in humanitarian settings and issues of humanitarian access exist, it is rare to

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4   OPweb WFP, Corporate Scale-Up operations and Corporate Attention. Accessed on 14 November 2022.

5   The World Economic Forum's Global Gender Gap Report 2021 indicated that the impacts of the COVID-19 pandemic had extended the closing of the global gender gap, in terms of equal economic opportunities, education, health and political leadership, by a generation, from 99.5 years to 135.6 years.

6   Although WFP has three Corporate Results Framework indicators that aim to measure the perceptions of beneficiaries on access-related constraints, the global framework from the UNOCHA includes one point (out of nine) on "restrictions on, or obstruction of, conflict-affected populations' access to services and assistance".

7   Enhancing Research and Learning for Humanitarian Assistance, Gap Analysis of Gender-Based Violence in Humanitarian Settings

find analyses of both together.[8] One regional example is an inter-agency review of the situation of women and girls in the Middle East, North Africa and Arab States regions in which WFP took part,[9] which included sections on food security and nutrition and covered wider gender dimensions but which did not articulate specific conclusions relating to the ability of women and girls to access food assistance.

1.2 Objective

In line with the WFP's current policies on gender, protection, accountability and humanitarian principles, as well as objectives of the Global Protection Cluster, this study focuses explicitly on the ability of affected populations to access WFP and cooperating partners humanitarian assistance. In alignment with humanitarian principles, it is imperative that assistance be needs-based and non-discriminatory. Thus, a strong contextual understanding of needs by age, gender and other attributes of diversity[10] must inform our approach to addressing the barriers people face in accessing and benefiting from food and nutrition assistance.

This study further examines **gender barriers to accessing humanitarian assistance**, referring to barriers that people in all their diversity encounter because of their gender and, where possible, their intersecting attributes, such as disability and ethnicity. Such barriers stem from **the root causes of gender inequality** in a given context and on how they inform, or do not inform, the design and delivery of assistance. Hence, the focus is on women and girls, including other intersecting factors with gender, such as, but not limited to, age, disability, ethnicity, literacy and location.[11]

The objective of the study is to provide practical recommendations on how to ensure safe, meaningful and equitable access by women, girls, men and boys in need of humanitarian assistance provided by WFP and its partners in complex emergency contexts.

To achieve that objective, this analysis aims to:

i) Identify key gender-related barriers that affect the ability of diverse women and girls, as well as men and boys, to access humanitarian assistance

ii) Explore ways to address those barriers.

The study did not focus on whether potential protection/gender-related risks might be exacerbated when individuals and communities receive WFP assistance. That dimension is better reflected in ongoing protection and/or gender analyses at the country level where such risks are studied and their causes are identified, along with mitigation measures. Although this study strongly welcomes engagement in analysis, the scope is beyond these elements.

8   A CARE policy report issued in 2020 notes that nearly half of 73 global reports proposing solutions to the hunger pandemic (46 percent) do not refer to women and girls at all, and none "consistently analyse or reflect the gendered effects of the pandemic and hunger crises", See CARE International, Left Out and Left Behind: Ignoring Women Will Prevent Us From Solving the Hunger Crisis (2020).

9   WFP and others, Interagency Situational Analysis of Women and Girls in the MENA and Arab States Region: A Dedicated Review 2010–2020

10   In the WFP Gender Policy 2022, diversity is defined as "the range of attributes that may influence the likelihood that an individual or group of individuals is excluded from or overlooked by WFP interventions, including but not limited to sex, age, disability, race, ethnicity, religion and sexual orientation."

11   A reference table can be found in Annex II with a non-exhaustive list of marginalized groups and other diversity factors (noting that it is dependent on each context) for consideration. Linkages will be fostered to WFP and inter-agency guidance and initiatives supporting inclusion.

1.3 Methodology

The study took place over a 12-month period and comprised desk reviews and qualitative primary data collection. Field work was undertaken between March and June 2022 in consultation with the WFP country offices to ensure the data collection process was contextualized. A total of 78 focus group discussions (FGDs) were conducted across the participating countries with women, men, girls and boys, not all of whom were WFP recipients. Semi-structured key interlocutor interviews (KIIs) – including with WFP employees and the Country Office (CO) leadership, cooperating partners, women's organizations, other United Nations entities and local government authorities – were also conducted (in total 110 KIIs were conducted at the global, regional and country level). Annex II provides further details on the focus group discussions.

The final products of the study comprise the following: (1) country case studies as requested by the CO; and (2) a broad cross-country analysis (this document).

COUNTRY CASE STUDIES

The country case studies focus on complex emergencies, where significant challenges for populations in accessing WFP assistance have been identified. Complex emergencies defined as a humanitarian crisis where there is a total or considerable breakdown of authority resulting from internal or external conflict.[12] Countries were identified in consultation with gender and access experts in WFP regional bureaus and country offices, based on a further three criteria: geographical region, level of crisis and type of crisis. As a result, the following four countries were selected for case studies: Democratic Republic of the Congo, Haiti, South Sudan and Syria. See box 1 for further details.

The country case studies examined the specific barriers faced by women and girls, as well as men and boys, in accessing WFP and partner assistance. The case study field work provided an opportunity to consult directly with WFP national and local partners and diverse women, girls, men and boys in affected communities about their experiences, needs and challenges.

For each country case study, both secondary and primary data were collected, through a desk review, KIIs and FGDs. The FGDs were conducted across the five countries with women, men, girls and boys, not all of whom were WFP beneficiaries.

BOX 1: COUNTRY CASE STUDY SELECTION

The civilian population in the Democratic Republic of the Congo is particularly affected by insecurity, armed conflict and human rights violations, which have led to massive internal displacement. Emergency and development response is complicated by the sheer size of the country and its limited infrastructure.

Haiti faces a multitude of emergencies. The country is prone to natural hazards, ranging from hurricanes and earthquakes to floods and storms. The impacts of these hazards are compounded by the sociopolitical and economic crises following the assassination of the President in 2021 and associated rise of gang violence.

South Sudan continues to experience severe deterioration in the humanitarian situation due to the combination of protracted conflict and climate shocks. Flooding paired with subnational intercommunal violence has driven large-scale and often repeated displacement, with rising levels of acute and chronic food insecurity.

Lastly, Syria has experienced over a decade of prolonged conflict, with an estimated 6.9 million internally displaced persons in the country. Climatic shocks and human-made factors have resulted in a water crisis which, combined with the grave economic downturn and COVID-19 pandemic, have intensified the need for humanitarian assistance.

CROSS-COUNTRY ANALYSIS

The second component of the study is a cross-country analysis comparing the results from all country case studies and building on them with a desk review of global secondary literature on gender and access, as well as 26 KIIs with selected WFP and partner humanitarian experts.

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12 A complex emergency can be defined as a major humanitarian crisis in a country, region, or society where there is a total or considerable breakdown of authority resulting from internal or external conflict [...]. Likely characteristics of complex emergencies include: a large number of civilian victims, populations who are besieged or displaced, [and] human suffering on a major scale; substantial international assistance is needed [...]; delivery of humanitarian assistance is impeded or prevented by parties to the conflict; [...]". See UNHCR, "Coordination in Complex Emergencies", in reference to the IASC definition of the term "complex emergency".

Table 1: Data collection for each component of the study

COMPONENT	DATA COLLECTION
Country case studies	(1) Desk review of selected secondary data in the field of gender and access for each country (2) Interviews with country office focal points from WFP, cooperating partners, coordination leads and other relevant actors (3) FGDs with affected populations in communities, including both recipients of WFP assistance and non-recipients
Cross-country analysis	(1) Desk review of secondary data related to gender and access globally (2) Country case studies (3) Interviews with global and regional focal points from WFP and relevant external organizations

Note – Data protection and anonymization: Data is maintained within the WFP research team in the Gender Equality Office and the Emergencies and Transitions Access Unit. Permission to access the data may also be provided to individuals with the support of data analysis (noting that data will be anonymous). Additional data protection measures applied include removing identifying information of respondents in the data stored, and requesting that the facilitators involved with conducting the country FGDs delete/dispose of any notes following the exercise. Informed consent was sought from FGD participants, including assent from adolescents and consent from their parents/guardians. The report does not reference any names or other identifying information. Country offices engaged in the country analyses were invited to participate and provided their consent beforehand.

LIMITATIONS

While generalizing the findings and results from the four case studies dilutes the rich information and insights gathered, it provides critical input for adjusting WFP interventions in ways that improve the ability of diverse women, girls, men and boys to access humanitarian assistance. As with any analysis, the choice of tools and techniques yields strengths and limitations. The strength of the qualitative approach used in this case was the gathering of multifaceted information on the perceptions of affected communities' ability to access assistance, allowing a better understanding of how and why such barriers arise.

Interviews were mainly conducted online by the core research team (HQ Gender Equality Office, the Emergencies and Transitions Unit, an external consultant and WFP country office focal points). FGDs were led by local WFP staff and cooperating partners, as the research team could only travel to Haiti and South Sudan. To ensure appropriate processes, FGD facilitators were identified by WFP country offices and/or partners based on their familiarity with each context. Prior to the FGDs, facilitators were trained on the data collection tools, as well as on gender, protection and participatory assessment approaches. Ideally, women facilitators would have been used for women-only groups and men facilitators for men-only groups, but that was not always possible. In addition to the FGDs, feedback was sought from individuals who were not direct beneficiaries of WFP assistance, to better understand the reach and impact of the identified access barriers.

Although the study was primarily focused on understanding the gendered barriers to assistance access, the analysis acknowledges that gender intersects with other diversity factors that further perpetuate inequality. Primary data collection attempted to promote diversity by ensuring inclusive accommodation of persons with disabilities and dividing FGDs by language, ethnicity and refugee/internally displaced person (IDP)/returnee status. However, persons with disabilities were not systematically consulted and data was not always disaggregated by status, which speaks to how difficult it can be to access certain population subsets and to the fact that WFP does not always have the capacity and ability to do so. It was equally difficult to speak directly with local groups or networks led by women, persons with disabilities and young people.

Qualitative data was also collected in Afghanistan through FGDs and KIIs in early 2022, however given large shifts in the country context, the analysis and the findings themselves are no longer representative of the current situation and have not been included in this global report. Country specific findings remain with WFP Afghanistan Country Office for their internal use and have already inspired ongoing necessary adjustments to programmes and operations.

2. Main findings

A general finding of the study is that many of the identified barriers apply to entire communities, men and women equally, while others are more specific to the different needs, priorities and experiences of women and girls. The barriers faced by women and men, girls and boys are multifaceted, interrelated and nuanced. Women and girls across contexts face heightened barriers to access due to pre-existing structural power disparities. Barriers can be driven by the following factors:

• **Contextual challenges:** These include such things as sociocultural norms, safety and security concerns, natural and physical environment, and voice and agency, meaning the ability to be represented and consulted in local decision-making and thus in programme design.

• **Subjective challenges:** These include aspects like how an individual or group of individuals perceives humanitarian assistance or the presence of conscious or unconscious discrimination in who can seek assistance and why.

• **Personal challenges:** These include attributes, such as sex, age, disability, race, ethnicity, religion, sexual orientation, literacy (including financial and digital literacy) and geographic location, and the challenges created by the intersection of two or more of these attributes.

Barriers can manifest differently at different stages of the programme. The consultations revealed sociocultural and economic impediments influencing targeting, selection, registration, collection and use of assistance. This study examined the barriers faced for both in-kind and cash assistance. Although many of the barriers are similar, others become more pronounced depending on the type of assistance. For example, physical and environmental impediments create more difficulties for in-kind assistance, whereas digital illiteracy and mobile phone ownership can create challenges for cash recipients.

External factors (security, weather, logistics and environmental barriers) have more impact during the delivery phase for all segments of the affected populations, while discriminatory social norms and unequal power dynamics mainly limit women's decision-making capacity at the household level and affect their access to assistance and control over it once received. Although varied across and within countries, women's representation and participation at the community level is lower, as is their engagement in programme design

and subsequent provision of humanitarian assistance, meaning that their needs are not fully taken into account in programme design or implementation. It is clear that what happens after assistance is received and who actually has decision-making power about its use is an area requiring further investigation.

The study revealed that gender-related barriers are particularly exacerbated in hard-to-reach and remote areas where people face heightened insecurity, restrictive social norms, a limited WFP and/or cooperating partner presence, limited community engagement and little meaningful engagement of women.

The analysis identified barriers emerging **before, during and after** the provision of assistance:

• **Before:** This is the phase when communities receive information about the assistance to be provided, learn about the targeting and registration criteria and are informed of the modalities for collecting assistance.

• **During:** Once registration has occurred and an individual is considered eligible, assistance is picked up from a specific location, such as a distribution point or vendor.

• **After:** Once assistance is collected or delivered, decision-making regarding its use may be associated with barriers to access.

Table 2: Access barriers faced by affected communities and individuals*

CATEGORY	DESCRIPTION
1. Restricted mobility and limited access to public and digital space	• **Administrative restrictions** (e.g. required travel permission, no-go areas, forced displacement) • **Limited facilities for persons with disabilities** (e.g. remote or not distribution points) • **Limited freedom of movement for women and girls** (e.g. mahram, travelling in groups, distance limitation and public space policy) • **Limited/shutdown of internet and communication**
2. Armed conflict and/or Insecurity	• **Indiscriminate violence and insecurity** affecting civilians and civilian objects and/or targeted violence (e.g. ongoing hostilities and military operations, killing, abduction, kidnapping, checkpoints, blockages, encirclement, political repression) • **Military occupation of civilian infrastructures** (schools, hospitals and public buildings) • **Criminality, violent theft, diversion, levy/taxation on beneficiaries**
3. Physical and environmental impediments	• **Infrastructure that is lacking or unsafe**, including due to damage and destruction (e.g. no suitable distribution point) • **Lack of accessible transportation** options for reaching distribution sites (e.g. no public means, lack of fuel, affordability) • **Distance** to distribution locations (e.g. remote areas) • **Difficult terrain** (e.g. mountains, desert, rivers) • **Climate, natural hazards and seasonality** often exacerbated by climate change (e.g. floods, avalanches, heavy snowfall, torrential rain/storms, extreme heat, rainy season)
4. Sociocultural and economic impediments	• **Lower level of literacy** • **Limited access to educational opportunities, technology, financial services and resources** (e.g. phones, internet, social media, bank account, transportation cost, affordability) • **Marginalization, stigmatization and discrimination**: limited access to information about assistance or challenged access on the basis of gender, race, sexual orientation, among others (e.g. widowed and divorced women, persons with disabilities, minority groups, GBV survivors, persons living with HIV/AIDS, unmarried mothers) • **Burden of care / unpaid care work** (e.g. roles and responsibilities in the household conflicting with the timing of programme distribution; lack of child or elder care)
5. Political, administrative, and legal impediments	• **Denial of existence of humanitarian needs or entitlement to humanitarian assistance** (e.g. for specific ethnic, religious or linguistic minority groups or based on alleged association with armed groups or on gender norms or community dynamics) • **Interference** with, obstruction of, or restriction to assistance (e.g. beneficiary selection, employee recruitment) • **Set requirements and bureaucratic procedure**s to be considered eligible for assistance and have the necessary documentation to receive assistance (e.g. registration as an IDP, civil documentation, specific authorization to travel) • Population considered to be **affiliated to terrorist groups and/or armed opposition groups** • **Limited presence and proximity of humanitarian assistance** (e.g. violence against aid workers, politicization, donor sanctions, counter-terrorism measures
6. Protection risks, including gender-based violence	• **Sexual violence**, including sexual harassment, sexual assault and rape, on the way to and from or at distribution sites • **Sexual exploitation and abuse** by those engaged in humanitarian service provision • **Intimate partner violence and domestic abuse** related to accessing assistance or decision-making over its allocation; modality type; restricted mobility and denial of resources • **Discrimination** against and stigmatization of GBV survivors • **Arbitrary arrest and/or detention** especially for male in fighting age

*This table presents the access barriers faced by affected communities and individuals identified over the course of the study, including the inception phase, literature review and primary data collection.

The analysis revealed that the above barriers are often exacerbated by gaps or flaws in programme design and implementation. When not appropriately and proportionally addressed or planned for during programme design and implementation, gender-related barriers especially limit the ability of women, girls and other marginalized groups to understand the assistance available to them, or to access and equitably benefit from such assistance. This results in the diminished visibility of specific segments of the community or population WFP is attempting to reach, thereby exacerbating the exclusion and/or marginalization they face.

2.1 Barriers faced before provision of assistance

Marginalization and discrimination by community leaders. Throughout the four countries, recipients, particularly women and girls, indicated that they were not systematically and effectively consulted on their needs or modality preference prior to WFP assistance. According to a country Gender Capacity Advisor, the biggest issue when it comes to women and girls is not involving them in order to understand the barriers and risks they face. Owing to pervasive sociocultural norms in the areas studied, women and girls are placed lower in the power hierarchy by male community leaders, who therefore do not consider their voices relevant.

For example, in Syria, *"women and girls are not consulted on their food and nutrition needs because of the culture [they] live in, but men and boys are consulted"* (FGD: Syria, Aleppo, host community, women, age 22–29).

WFP and its partners can exacerbate this exclusion. A number of respondents reported that women and girls were less likely to be included in consultations and that these processes were not as impactful as they could have been as they were conducted after key design decisions had already been taken.

When male leaders provide information, they may misinterpret or misrepresent the needs of women and

even neglect them. For example, while both women and men in Haiti reported that they had not been consulted by humanitarian organizations before or after a crisis, the women reported to community leaders and subsequently to humanitarian actors that they faced greater barriers to access assistance because they were less represented in community structures (FGD: Haiti, Les Cayes, rural, women, adult).

Even women-led organizations, networks and CSOs are rarely consulted or involved in programme design. In South Sudan, there are *"very strong women-led organizations, who are very active, but they are not given the opportunity [to contribute]"* (KII: United Nations Population Fund (UNFPA) South Sudan gender officer). It is difficult for WFP to partner formally with many women-led organizations and networks, especially informal ones, because of detailed partner selection criteria and due diligence (KII: WFP HQ partnership officer). Although local men-led organizations face similar obstacles, their voices are adequately represented by community leaders and structures. At a corporate level there is ongoing progress to develop simplified formal partnerships agreements (i.e. field-level agreements) to make the selection process easier for local organizations.

Low levels of literacy and limited access to educational opportunities and resources were found to constitute one of the main barriers women and girls face in all four countries.[13] Compounded by very limited representation in community structures, this barrier means that women and girls have less access to information than men on how, when and where to receive humanitarian assistance. Although men and boys may also have low literacy levels, this was not commonly identified as a barrier for them as they are generally represented by leaders and elders at the community level.

In the Democratic Republic of the Congo, Haiti, South Sudan and Syria, access to information about humanitarian assistance can be life-saving. Such information is commonly **disseminated in writing** through visual posters, leaflets and banners, text messaging and social media and awareness sessions with communities, normally arranged by organizations with the support of community leaders. Each channel poses different challenges for women and girls and

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13 Literacy and education rates across the five countries:

  • Men are nearly twice as likely as women to go beyond primary education in the Democratic Republic of the Congo; 65.8 percent of men have at least some secondary education, in contrast to merely 36.7 percent of women. See Concern Worldwide, "Gender equality in DRC: How we're bridging the divide", 15 March 2022.

  • In South Sudan, only one girl in ten completes primary education, and girls comprise only one-third of the secondary school population. See Mott MacDonald, "Girls' Education, South Sudan".

  • Up-to-date data is not available for either Syria or Haiti.

other marginalized groups, according to the context. WFP beneficiaries have stated that the best form of communication and awareness-raising on assistance remains word of mouth through community structures, both formal and informal. Informal communication channels are particularly prominent for women and girls, especially for IDPs who may not be fully embedded into formal information mechanisms. In North Kivu, Democratic Republic of the Congo, where women struggle to access education, they seek information from churches or women's organizations they trust (FGDs), as such channels are considered more appropriate and socially acceptable. In South Sudan, where high illiteracy rates create information gaps, women tend to *"get informed through friends and school by girls attending classes and sharing the information with friends or relatives"* (FGD: South Sudan, Bentiu, IDP camp, women, age 15–24). However, reliance on word of mouth may continue to marginalize certain groups and keep them from accessing assistance, for example those who live far from the town (FGD: South Sudan, Pibor, women, age 15-20).

Mobile phones can provide access to important information, including regarding humanitarian assistance. As 84 percent of women in low- and middle-income countries now own a mobile phone and 60 percent use mobile internet,[14] mobile messages were found to be widely used for disseminating information on assistance across the four countries of this study, such as to inform communities of the time and date of assistance delivery or their eligibility for assistance. However, the connectivity issues and protracted power shortages associated with the remoteness of many conflict areas where WFP works constitute a general barrier to accessing such information, for both men and women (KII: WFP South Sudan country office programme officer).

In addition, mobile phone ownership and usage remains unequal. Globally, there is a widening gender gap in **smartphone** ownership that is particularly pronounced in South Asia and sub-Saharan Africa.[15] For example, there is a noted digital gender divide in Haiti, especially in rural areas, where there is also a lack of network coverage, which makes access for women even more complex, given the limited mobility they face, because of the security concerns and the local traditional norms.[16] In addition, some women have indicated that they choose not to own a smart phone to avoid jealousy issues that might lead to domestic violence.[17] Moreover, when women do own smartphones, men may still control them (KII: Haiti,

Port-au-Prince, interview with activist). In the Democratic Republic of the Congo, single-parent women-headed households have a particularly low level of smartphone ownership.[18]

Digital illiteracy also creates a barrier to humanitarian assistance access. Owning a smartphone, whether it is for individual or household use, requires basic digital literacy skills to navigate the technology and understand all aspects of the assistance and information available. Women more often than men, in this study, claimed to lack the digital skills to use their phones to access assistance information in a timely manner. This is particularly true for older people (KII: UNFPA HQ programme officer). Digital illiteracy further reduces the access of women and girls to community feedback mechanisms, for which WFP mainly uses mobile hotlines (KII: WFP HQ protection advisor). In many of the contexts studied, several interlocutors from the COs stated that the **legal frameworks** were generally not supportive of women owning property, a reflection of less formal but equally significant underlying social norms and power dynamics. In the Democratic Republic of the Congo, a married woman must have her husband's permission to open a bank account. In several countries, women are not allowed by family, laws and social norms to access places where they might be obliged to face a man, let alone access a bank, for instance. Such limitations, among other factors, such as intra-household dynamics, access to markets and mobility issues, affect women's ability and preference to participate in WFP cash-based transfer programmes.

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14 Groupe Spéciale Mobile Association, The Mobile Gender Gap Report 2022

15 ibid.

16 Instituto Interamericano de Cooperación para la Agricultura, Digital rural gender divide in Latin America and the Caribbean (2020).

17 WFP, L'Analyse de genre dans la chaine de valeur du programme d'alimentation scolaire avec les achats locaux (2020)

18 WFP, Rapport de mission d'analyse de protection à Kabalo (2022).

Inadequate beneficiary selection. Many community members in Afghanistan, the Democratic Republic of the Congo, Haiti, South Sudan and Syria identified the **lack of impartiality and transparency among community leaders** in registration processes as a key access issue. This is an acute barrier inherent in beneficiary selection processes and development of distribution lists. Women and men shared the perception that those who were relatives of or had connections to community leaders and humanitarian personnel were prioritized for registration. Older women in South Sudan believed that their needs were hidden by camp workers, both from the community and from organizations, noting that *"registration involves a lot of games played by local workers who register those for assistance"*.

In Les Cayes, Haiti, both women and men both noted that *"recipients are not chosen based on their vulnerability, but because they are friends with the local authorities and to secure votes in local elections"*.

Marginalized population groups or individuals. Gender also intersects with other identities which further heighten barriers to access assistance, such as persons with disabilities, survivors of GBV, persons living with HIV/ AIDS and ethnic and tribal minorities.

For example, pygmies[19] are largely excluded from formal community structures owing to language barriers and the mistrust of village leaders (FGD: the Democratic Republic of the Congo, North Kivu, Pygmy men). FGDs with Pygmy men revealed that they felt particularly excluded from information channels and registration processes, emphasizing that they are rarely considered as beneficiaries: *"The chiefs neglect us, and we have difficulty approaching them, because they think of us as animals"*.

Additionally, in North Kivu and Tanganyika provinces, women and young girls with children were **stigmatized when registered for WFP nutrition programming**, *"as the community may have misperceived them as persons living with HIV or for the latter, as young girls who had 'misbehaved'"* (KII). This is because HIV screening is one of the mandatory components that occurs at health centres. Consequently, these societal perceptions have prevented participants from striving for inclusion in WFP nutrition programmes.

Burden of care / unpaid care work. Even when women and girls obtain information about assistance, their ability to register for and access assistance is not guaranteed.

Across all four countries, prescribed gender roles limit women's ability to allocate time to tasks outside care and household work. In essence, **lack of time** is a major obstacle preventing women and girls from accessing humanitarian assistance. They are expected to grow, prepare and serve food, take care of children and elderly members of the household, collect water and firewood and perform other unpaid care tasks, and often do not have time to participate in consultation processes and targeting committees, thereby adding to their struggle to register for assistance (KII: WFP HQ emergency officer).

This is a particular problem for single-parent women-headed households, where time is split between care work, economic labour and collecting food assistance (FGDs). This can also apply to men-headed single-parent households, but in conflict and emergency settings, single-parent women-headed households are more prevalent (KII: WFP HQ emergency officer). In the Democratic Republic of the Congo, which has one of the highest fertility rates in the world, with rural women having more than seven children on average, lack of time is a commonly cited as a barrier to accessing assistance.[20]

Lack of identity documents. In most contexts, WFP and its cooperating partners use **identification documentation (ID)** to register beneficiaries for assistance, and there is often no structured alternative for registering those who lack civil documentation. There have been some improvements globally in reducing women's gap in ID ownership, but approximately 35 percent of women living in low-income countries still do not have an ID, compared with 27 percent of men.[21]

In the Democratic Republic of the Congo, many women and girls have **limited access to identification cards** (KIIs)[22] but can be registered for assistance by being designated as "alternates", whereas men and boys who lack the necessary identification may be refused assistance (FGDs). This discrepancy may be due to the fact that men are registered as the primary beneficiary and as such must have proper identification. The need for identification cards is also a particular challenge for IDPs, as noted in South Sudan: *"Newcomers in the camp are not registered for assistance because they have no cards and no names"* (FGD: South Sudan, Bentiu, IDP camp, women, age 15–24).

Women and girls also have lower rates of access to identity documents in Syria. The most common identity document – the family booklet – is under the man's name. The booklets prove identity and family composition, on

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19 Pygmies are a group of ethnicities native to Central Africa, mainly in the Congo Basin, traditionally subsisting on a forager and hunter-gatherer lifestyle. They are largely stigmatized by other ethnic groups given their lifestyle and different food and cultural habits.

which basis assistance is provided, and when men leave the household with their booklets, women have no way to register for assistance independently (KII: WFP Syria country office programme officer).

As a result of this system, women-headed households, women in polygamous households, married adolescent girls, pregnant adolescent girls and adolescent mothers cannot legally access services, whether national or humanitarian. In Syria, widowed, divorced and separated women face acute constraints to obtaining documentation due to the politically charged environment and punitive government policies.

Women, girls, men and boys without identity papers also face severe movement restrictions and difficulty navigating checkpoints (KII: cooperating partner, Syria). In Syria, young men **avoiding the compulsory military** service might be confined to the house until they can have their papers renewed or reissued (KIIs). Men lacking civil documentation or allegedly affiliated to armed groups in opposition to the regime might risk imprisonment, physical violence and even death when crossing military barriers. In those cases, often the women in the household work and pick up the assistance on their behalf, which exposes them to additional risks.

Men who might be affiliated to parties in opposition to the existing government also are reluctant to approach official channels to renew their civil documentation for

fears of retaliation, imprisonment and even death (KIIs: WFP HQ protection officer and UNOCHA HQ access advisor). Gender is not synonymous with women and girls, the humanitarian sector *"is seeing increased violence towards adolescent boys and their recruitment into the armed forces, as well as food being used as a means of control"* (KII: United Nations Children's Fund (UNICEF) HQ protection officer).

This is also the case for men living in the metropolitan area of Port-au-Prince Haiti with high non-state armed groups activity. Movements of men may be restricted and women in turn take on the role of the head of household to seek humanitarian assistance (KII).

"I always try to tell the municipality and government offices that I have seen cases of women who are not able to bring their papers/IDs and missed out on assistance [...]The first time I talked about divorced women not getting assistance in a room full of 20 men, they all stared at me, but then I found a way through attending country meetings and being in the field to build relationships and bring in additional information that I can use to compel them [to act to help the divorced women]."
KII: WFP employee, Syria

20   World Bank Group, Gender data, 2022. Available here.
21   World Bank Group, ID4D Global Dataset (2021).
22   Concern Worldwide, "Gender equality in DRC: How we're bridging the divide", 15 March 2022.

2.2 Barriers faced during provision of assistance

Insecurity and violence are very relevant barriers to accessing assistance in all the four countries studied, for both women and men, although they are affected differently according to the context, social norms and their perceived roles. Security concerns reflect the challenges faced by communities when they need to travel to collect assistance, coupled with a general exposure to shelling, violence and sexual assault and harassment, all of which are consistent with conflict-affected contexts characterized by armed violence and arbitrary legal systems.

Checkpoints, military barriers and sieges were identified as a main barrier for most of the respondents across the four countries. In Syria, roads and public areas may still be contaminated with unexploded ordnances and improvised explosive devices, which are also barriers for WFP and cooperating partners in accessing communities. In contexts with heightened insecurity or more conservative social norms, men cited safety and insecurity as the main reasons for limiting the movement of women and girls, reflecting the notion that women and girls need a male protector. [23]

In Syria, several women said that they preferred to travel with their mother-in-law or another family member as a coping strategy to mitigate security risks and facilitate mobility. The presence of armed personnel around distribution sites was identified as a deterrent in Syria, particularly for women, minority groups and those with security concerns. Restricted movement of women and girls was a particular concern in rural and conservative areas where certain groups of women, such as "single women" (KIIs, FGDs) significantly limit their movements as they lack a "protector".

In South Sudan, insecurity has increased throughout IDP camps, where recipients noted that *"robberies by armed youth within the camp has increased. Young people have imported guns. The United Nations Mission in South Sudan has left Bentiu, and joint forces run the camp […] women and girls do not feel safe to go to the distribution site and health facilities because of youth crime"* (FGD: South Sudan, Bentiu, IDP camp, women, age 25-50). With over 64 different ethnic groups in South Sudan and those groups themselves subdivided into clans, even outside camps ethnic violence and tension prohibit various groups from reaching distribution sites (KII: WFP South Sudan country office programme officer).

Gender-based violence. In contexts where primarily women are collecting assistance, sexual violence is prevalent and to some extent normalized, where women and girls knowingly assume the risk each time they venture out (KIIs/FGDs). In South Sudan, the Democratic Republic of the Congo and Haiti, women, especially younger women and adolescent girls, are frequently targeted by non-state armed groups and other GBV perpetrators on their way to and from distribution sites, even when they travel in groups.[24] In Haiti, there is a high incidence of rape of women and girls by non-state armed groups, especially in urban centres: *"Some roads are so dangerous for women as they are controlled by non-state armed groups"* (KII: WFP HQ emergency officer).

In Bentiu and Pibor, South Sudan, it is predominately women and girls who are registered for and collect food and nutrition assistance, as cultural norms assign food management as part of women's unpaid care role. It is thus common to find distribution lines consisting entirely of women, to the extent that *"sometimes men and boys who have registered for themselves find it difficult to receive such assistance in the midst of women and girls"* (FGD: South Sudan, Pibor, rural, women, age 50–65).

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23 Whole of Syria Gender-based Violence Area of Responsibility, Voices from Syria 2022; World Vision, Northwest Syria Gender Analysis: A Comprehensive Gender and Age Analysis for the Northwest Syria Humanitarian Response (2020).

24 United Nations Mission in South Sudan and the Office of the United Nations High Commissioner for Human Rights. Conflict-related sexual violence in Northern Unity, September-December 2018 (2019), p. 9.

In the crowded and chaotic conditions at distribution points, the risk of sexual exploitation, abuse, harassment and other forms of sexual violence by male partners and family members, community leaders and authorities were cited by communities as a primary barrier of access for women. While sexual exploitation and abuse can also affect men and boys, women and girls are more vulnerable due to power disparities and gender norms. This is a finding of the present study for the four countries, but it seems to be a global phenomenon.[25] Very often predominately men work at distribution sites, with no separate lines for women, girls and the elderly.

This lack of female staff to support registration or provide assistance is concerning, as beneficiaries may be afraid to report abuse or simply choose to avoid a potentially negative interaction. Women in South Sudan noted that *"violence against women is high if there are no separate lines for women and men at the distribution centres"* (FGD: South Sudan, Bentiu, IDP camp, women, age 25–50).

Furthermore, in contexts where employment of women is restricted or uncommon, female beneficiaries have limited interaction with humanitarian organizations that are represented by men (KIIs) and struggle to obtain reliable information on assistance. Women in various FGDs specifically called for further awareness-raising for men involved in delivering and receiving assistance, on issues such as gender equality and human rights, in order to promote access to humanitarian assistance regardless of nation, religion, disability and sex (male, female).

Similar frustration occurs when women would like to share feedback and complaints: *"When we go to community committees, we cannot give feedback. There is no woman representative who could deal with our issues and report or address them seriously. Women do not have the language to speak to United Nations entities or NGO partners to report issues such as rape and gender-based violence."* (South Sudan, Bentiu, IDP camp, women, age 15-24).

Women and girls who experience sexual exploitation and abuse often do not disclose it for various reasons, including lack of awareness and fear of perpetrators and their possible retaliation, as perpetrators tend to be in positions of power.[26] Consequently, women are hesitant to attend distributions in congested, male-dominated settings, and to travel long distances or travel at night to reach the sites (multiple FGDs and KIIs).

Remote areas, distance, difficult terrain and natural hazards were also cited by men and women alike as a main barrier to reaching food assistance. For example, floods in South Sudan causing dangerous river crossings were reported as a major deterrent (multiple KIIs, and FGDs). Such barriers become even more prominent for women when coupled with the social norms and mobility constraints they face in the four countries of this study, as well as elderly women and those with physical disabilities. The need for women and girls from remote areas in South Sudan to travel many hours "through the bush" to collect assistance, only to experience delays in distributions, was widely reported as increasing their exposure to sexual harassment, violence, rape and abduction and influencing their decision about accessing assistance.

In all four countries, women and girls also identified distance in connection with time availability as a barrier to accessing distribution sites, as sites can be several hours from home, challenging women's ability to fulfil their household responsibilities. As women might also be responsible for farming, the agricultural cycle can also pose a barrier (KIIs). This was particularly relevant in South Sudan, where girls were pulled from school to collect assistance when women were occupied with agricultural responsibilities, affecting learning outcomes (KIIs). This is especially worrisome for those living in very rural communities, where women sometimes have to walk three or four hours to the distribution sites and that same distance back home (KII: WFP South Sudan country office programme officer).

Lacking or unsafe infrastructure was another major barrier mentioned by women and men across the four countries, often resulting in messy lines where men and women are mixed, long wait times and lack of crowd control. In Haiti, regardless of their sex, all recipients face mobility restrictions due to the poor infrastructure, limited public transportation and/or destruction of roads (particularly in Les Cayes and surroundings after the 7.2 magnitude earthquake in August 2021). However, women reported greater constraints than their male counterparts in accessing and paying for transportation,[27] as in Haiti men have access to motorbikes while women can rarely afford such transportation.

25 CARE International, Using innovative approaches to better understand Sexual Harassment and Exploitation within the Food Distribution Program (2005).
26 IASC, Best Practice Guide: Inter-Agency Community-Based Complaint Mechanisms – Protection against Sexual Exploitation and Abuse (2016).
27 WFP, L'Analyse de Genre dans la Chaine de Valeur du Programme d'Alimentation Scolaire avec les Achats Locaux (2020).

In contexts with poor infrastructure and severe mobility restrictions, transporting the assistance once collected is another significant barrier reported across the four countries. A bag of 50 kilos of food is not easy to manage, particularly over long distances and in unsafe conditions (KIIs and FGDs). Traditional dress such as the burqa further complicates transportation for women, while securing extra services to transport food assistance, such as wheelbarrows, often results in situations where vendors attempt to extort food or simply run off with the goods. Even within IDP camps, distribution centres are not very accessible to diverse women; in Syria, for example, there may be limited outdoor and indoor lighting due to limited infrastructure or shortages of fuel and electricity, which compounds safety issues for women and girls (KII: UNFPA Syria gender officer).

All of these barriers are even more severe for vulnerable groups with mobility constraints: persons with disabilities, older women and men, women who are pregnant and heads of single-parent-headed households were found to be unable to access assistance on their own (KIIs, FGDs).

2.3 Barriers faced after provision of assistance

Marginalization, stigmatization and discrimination pose major challenges to the capacity of women, girls and other marginalized people to access and control their assistance once received. The study revealed that, as a result of gender inequalities in the four contexts, men tend to have the power, control and decision-making authority within households to decide how the assistance is allocated and used once collected.

This is reflected in the views of one key interlocutor, who noted that: *"It is challenging to ensure that women have decision-making power at the household-level. WFP does not have the capacity to assess this [...] it is not easy for women to report that the man took the rations, but we know that it happens"* (KII: WFP HQ nutrition officer). Syria noted that "men are usually the ones who make decision about how food assistance is used within the household" (FGD: Syria, Aleppo, host community, women, age 22-39 years old).

In South Sudan, although it is mainly women who travel to distribution points and carry assistance home, key interlocutors consistently stated that women have

significantly less decision-making power regarding the use of assistance within the household. This is particularly relevant in rural areas, where *"women receive food and hand it over to their husbands to decide on how to use the assistance. Married women are not allowed to use assistance to meet their own needs without the consent of their husbands [...] If you do not obey, you will be beaten. Even if you are given the money, you cannot touch it until you hand it over to your husbands."* (FGD: South Sudan, Pibor, rural, women, age 15–20). The situation in IDP camps in South Sudan may be different, based on feedback from one FGD: *"Women make decisions at home on how to allocate and manage food. She will inform the man when food becomes less. Men do not have much role over the management of food at home"* (FGD: South Sudan, Bentiu, IDP camp, men, age 25–50).

In Haiti, although women are registered as the primary recipient to receive the entitlement because *"they will use it for the family"* (FGD: Haiti, Les Cayes, women and men), and men prefer that women collect the entitlement because of a misperception that they have more free time, as they are not necessarily involved in income-generating activities (FGD: Haiti, Les Cayes, adult men), various WFP employees observed that men still decide what to do with the assistance when it is brought home. Although WFP cooperating partners said that women and girls do not face challenges in accessing assistance in Haiti "because women receive special attention", in reality this was found to be directly linked to women being the recipients of the entitlement rather than to their ability to access the distribution site or control the assistance received.

One WFP cooperating partner said that they preferred women beneficiaries because they are calmer and complain less during the distribution. Such views not only reinforce discriminatory gender norms, but they also undervalue women's contribution as socioeconomic actors in their own right. It underscores the risk of assistance adding to the time pressures related to women's unpaid domestic work and thus not being designed to empower women.

In Haiti, according to an experienced humanitarian worker, *"Women and men who receive assistance in urban areas may be forced surrender up to 50 percent of their humanitarian assistance to non-state armed groups regardless of the modality of assistance, and might still face security threats after such payment is made."*

In Syria, most respondents indicated that, owing to intra-household dynamics and social norms, women and girls have limited ability to influence decision-making, often leading to inequitable allocation of assistance in the household. One key interlocutor noted that in *"[rural] communities, men and boys start to eat before women and girls. Usually, women and girls are offered what is left of the food once men and boys have finished"* (KII: WFP staff, Syria).

As food management is more universally seen as a women's issue, barriers to controlling assistance once collected are particularly relevant within the programmatic areas of nutrition and cash-based transfers (CBTs). In South Sudan and Haiti, women consistently cited the risk of cash being used by men for other purposes as a critical concern, and the FGDs revealed that men often used cash assistance for non-food or non-essential items.

In terms of nutrition, supplements for prevention and treatment of malnutrition for pregnant and breastfeeding women and girls and children under 5 are often reallocated for use by other members of the household deemed more needy, sometimes even by women themselves, owing to a lack of awareness of nutritional requirements. Key interlocutors indicated that in certain contexts, men find nutrition supplements intended for other household members desirable owing to their taste, nutritional value and portability. In one context, this apparently led to supplements being resold on the market and to a risk of theft from warehouses and convoys by armed groups. A key interlocutor also reported the circulation of the myth that nutrition supplements were beneficial for men's reproductive health.

Within the household, women and girls may avoid demanding their portion of the entitlement or equitable distribution for fear of violence by their husbands or other members of the household. The extent of **GBV related to assistance received** was difficult to capture during the course of this study, but GBV was often mentioned as a barrier to women's access to assistance within the household.

Allocation of assistance within polygamous households was another instance of marginalization and discrimination reported in all four countries. In Syria, women and men from both rural and urban areas agreed that, *"For the polygamous family, the husband decides food ration usage and allocation. He decides which wife gets the food, which can result in fights and conflict [..] Third or fourth wives might not even receive food, with newer wives receiving the best treatment".*

For polygamous households, differing feedback was received regarding whether older or newer wives are marginalized (FGDs). Registration by WFP and cooperating partners of polygamous households can vary (KIIs). There is no corporate guidance on how to handle polygamous family units to ensure that all household members have equal access to assistance.

In several contexts, polygamous households are apparently not registered as separate households, exacerbating conflict and inequitable distribution (KII: WFP regional protection advisor). Such issues also arise for other multi-family living situations, such as widows living with their husband's family.

Traditional targeting and assistance modalities are not applicable to polygamous or other non-traditional families. As noted by a WFP regional humanitarian advisor, in many cases *"whether you are 2 or 3 or 10 people in a household, you will get the entitlement for 5 people, that is the way it is"*. It is urgent that WFP consider and re-evaluate these many exceptions in its selection, targeting, prioritization and registration approaches.

"[WFP] needs a structural change in mindset, as [we] still have this idea that the transfer in and of itself will be accessible for all individuals of the household."

KII: WFP regional protection advisor

3. Existing solutions and good practices identified

Despite the many gendered barriers to access before, during and after assistance provision, WFP country offices and the humanitarian community at large have identified ways to mitigate some of the barriers faced by women and girls in particular. **Gender parity among WFP employees is an essential practice**, especially in these four contexts, where women humanitarian workers are key to secure access for women in affected communities. As a gender and humanitarian expert from CARE International[28] put it, organizations *"cannot underestimate the importance of addressing the gender imbalance in the humanitarian workforce"*. In conservative communities, women and girls may not be able to speak with men outside their immediate family and thus may be immediately excluded from consultations and ultimately from receiving assistance.

In addition to a gender-balanced workforce, strengthened technical capacity in **gender, protection and access** is critical. Across WFP there has been increasing investment in gender and protection, as well as in humanitarian access focal points in emergency contexts. In South Sudan and Syria, for example, there is a dedicated access unit. With an increase in capacity, there has also been a subsequent **rise in interdepartmental approaches through formal or informal humanitarian access discussions that include WFP gender and protection personnel.** The good practices identified, such as ensuring that gender and protection focal points review targeting, community engagement, prioritization and monitoring tools or approaches, enable WFP to reflect on how intersecting identities affect the ability of women, men, girls and boys to have their needs and priorities met in a responsive and sustainable manner.

Other existing approaches, such as assigning **different days and times for women and men to access distribution sites**, were identified as good strategies for facilitating access by women. To address the issue of limited mobile phone access, all four countries reported using **multiple community feedback channels**, in addition to hotlines, such as help and feedback desks managed by partners, community complaint committees, suggestion boxes and face-to-face consultations.

Although KIIs identified various solutions and good practices, the examples provided below were selected based on their replicability across contexts. More detailed country-specific information is explored in the forthcoming five country case study summary reports.

3.1 Democratic Republic of the Congo

• In terms of marginalized groups, WFP **works directly with the local Pygmy association to facilitate communication and consultation** with marginalized Pygmy groups within communities. In Tanganyika, resilience activities include a component on social cohesion aimed at working with Twa and Bantu communities to ensure equal, safe and meaningful access to information (KII: WFP staff, Democratic Republic of the Congo).

• Polygamous households face hardships in ensuring equal access among household members, as the various adult members may not be accounted for. To address this, WFP considers each **wife and her children in a polygamous arrangement as separate households**, each with their own rations (KII: WFP staff, Democratic Republic of the Congo).

3.2 Haiti

• WFP manages the community feedback hotline for Haiti, referring concerns to other humanitarian organizations as appropriate. WFP always **ensures that women personnel are available for the hotline** (KII: WFP country office staff, Haiti).

• WFP is an **active participant in inter-agency forums specific to gender in the humanitarian response**, including gender in humanitarian action and Réseau pour l'égalité de genre en action humanitaire. The latter was established in mid-2021 to support the humanitarian country team in mainstreaming gender in the emergency response plan.

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28   In accordance with the WFP dashboard, the current breakdown of female to male employees (as of June 2023) in the four countries are as follows:
- Haiti: Female 49%, Male 51%
- DRC: Female 39%, Male 61%
- South Sudan: Female 27%, Male 73%
- Syria: Female 39%, Male 61%

WFP has also applied to the Peacebuilding Fund's Gender Equality and Youth Promotion initiative to increase the availability of funding for the implementation of gender-responsive youth-centred activities (KII: WFP country office staff, Haiti).

• WFP provides an opportunity to those without an ID, who have been identified as eligible for assistance and "vulnerable" through targeting criteria, to **designate a trustworthy alternate with an ID to accompany them to collect assistance**.

🗺 3.3 South Sudan

• **Adapting programming in response** to the needs expressed by the affected community can be considered a good practice. An example of that comes from South Sudan, where a WFP/UNFPA partnership addressed women's requests for new-born diapers, a costly item, by topping up the UNFPA vouchers by the appropriate amount (KII: WFP country office staff, South Sudan).

• Another good practice identified in South Sudan is to **ensure that recipients can collect in-kind assistance and use their card at retailers on the same day**, allowing travel time and cost to be minimized.

• Efforts have been made to **increase women's meaningful participation** by supporting representation of both women and men on project management committees, and by ensuring female representation during engagement with local authorities and community stakeholders

• Including **representatives from the country office gender and protection team at all distribution sites**, particularly when WFP conducts direct distributions, can facilitate women's access, along with provisions for child-friendly spaces and shade for women, children and older people (KII: WFP South Sudan country office programme officer).

🗺 3.4 Syria

• The Syria country office makes an effort to **adapt distribution locations and times to the needs of communities in conflict** (KII: WFP staff, Syria), sometimes even adding distribution points to avoid having communities in conflict at the same site. Mapping was done as part of the CBT programme to identify vendors close to partner offices, and to avoid large concentrations of populations in order to mitigate security risks and enhance access for women (KII: WFP Syria country office programme officer).

Alternative modalities to identify people with no valid legal documentation are also being explored, so as to assist this group of people, who are generally extremely vulnerable.

• Affected communities are consulted to ensure **joint exploration of potential access barriers prior to switching assistance modalities**. This has reduced the challenges in accessing general food assistance in the form of CBT, especially in the South.

• **Having a broad network of retailers for e-voucher programmes** has facilitated access for pregnant and breastfeeding women and girls, as well as elderly persons and persons with disabilities. Mobile modalities are also available through certain partners for home delivery in sensitive areas or in specific cases with access constraints. There is also the possibility of "delegation" in special circumstances, where assistance can be collected on behalf of the specified beneficiary.

• The Syria country office has established a **technical access cell** that brings together programme staff, including protection and gender officers, at regular intervals to tackle access issues and follow up on reporting. The cell produces analyses of access risks and obstacles and devises strategies for overcoming them, jointly prepared by security analysts and protection, gender and accountability-to-affected-populations officers. The Country Office has also created a network of access focal points in all field offices.

• **Participation in national coordination mechanisms**, such as Gender, Protection from Sexual Exploitation and Abuse and Access Working Groups and the Accountability to Affected People Working Group, where communities are actively consulted on issues around access and associated barriers, has increased the visibility and capacity of the country office in thematic areas of relevance.

• Collaborating with gender-mandated organizations, such as UNFPA, has allowed WFP to **provide integrated assistance**, for instance, combining WFP nutrition e-vouchers with UNFPA top-up for hygiene items, and linking nutrition services to sexual and reproductive health and GBV services (KII: UNFPA Syria gender officers).

4. Recommendations

The following recommendations stem from the main findings of the analysis regarding the primary types of gendered barriers to accessing the humanitarian assistance provided by WFP and its cooperating partners. These recommendations are articulated as "overarching standards", with suggested modalities of implementation. The modalities are not prescriptive, but serve as guidance for regional and national offices, which can adapt them for specific contexts and needs. During the second phase of this study, the country offices that were the subjects of the study will put the recommendations into practice, tailoring them to their individual contexts and implementing them. If the recommendations prove actionable, they will be scaled up to other operations where community consultations have identified similar barriers for affected populations, especially women and girls.

4.1 Rethink access using a gender lens

WFP should promote a holistic understanding and institutional prioritization of safe, meaningful and equitable access by affected persons to humanitarian assistance not just WFP and partner access to affected areas and populations. Helping affected communities overcoming access challenges requires in-depth analyses, where the barriers to accessing assistance are analysed through the lens of those affected, with the understanding that barriers are deeply rooted in unequal, context-specific gender norms. The overall approach to access should shift to the perspective of those who are entitled to receive assistance, but might not be able to access it. This should be done to fulfil the following aims:

1. Ensure that **attention to access barriers** for women and girls and other marginalized groups is on the global agenda for WFP.

2. Ensure that the **dual concept of access** is well understood and the barriers for affected communities are examined in conjunction with WFP's constraints to access population in need.

3. Facilitate coordination between humanitarian access and gender, GBV and protection to ensure that an integrated lens is applied to all programmes.

4. Ensure that **access units** and strategies at the regional and national levels, integrate gender and protection issues through the contribution of protection and gender officers.

4.2 Consult communities including women and girls

WFP and its partners should consistently and safely communicate with women and girls, men and boys, from the affected communities to identify their needs and capacities and the subsequent effective modalities for delivering humanitarian assistance. At WFP systematic and meaningful consultation with affected community members is in its early stages. Although great improvements and progress have been made, FGD participants routinely noted that community members and particularly women and girls were not yet fully involved in the design, implementation and monitoring of WFP programmes. Women and girls, as well as men and boys have a right to be heard and involved in the design and implementation of life-changing assistance, and WFP has an obligation to respect that right. As expressed by a Haitian activist, assistance *"needs to be decided on by the community or else it is not effective. It needs to be in solidarity with communities as they are the ones that best know their needs."*

The following actions are suggested as guidance for meaningful consultation with affected communities:

1. Develop and disseminate a dedicated global guidance brief and training module on how to engage with affected communities and conduct direct consultations (and especially FGDs) with women, men and other marginalized persons during all the programme cycle phases. Consultations should be gender-sensitive, disaggregated by sex and conducted by employees/partners trained on gender/protection

principles and referral mechanisms. This guidance should further complement the recently released Community Engagement Strategy.

2. Develop a global guidance brief and training modules on how to **engage with adolescent girls and boys during all phases of the programme cycle**.

3. Develop a country-level **summary note on common gender-related access barriers** for food, nutrition and CBT humanitarian assistance as a starting point for programme design.

4. Make WFP and cooperating partner senior management aware of the importance of engaging directly with communities and consulting specifically with women and girls to inform the design of humanitarian assistance, as prescribed by the recently released Community Engagement Strategy.

5. Provide guidance and **training** for WFP employees and cooperating partners on how to design and implement **gender-sensitive and inclusive community feedback mechanisms** that women and girls and other marginalized people can access effectively and safely, based on the corporate guidance on common feedback mechanism standardization.

6. Diversify the locations of distribution sites to ensure that all community groups have more meaningful access to diversified locations, including the use of schools, hospitals, and others.

7. Develop key contextualized messages in varied media formats and **increase the dissemination of information** regarding assistance eligibility, type and modality and available community feedback mechanisms through multiple channels (e.g. leaflets, radio/video messages) to reach women and girls and other marginalized people, including those with mobility and literacy constraints and those living in hard-to-reach areas.

8. Leverage women-led CSOs and networks and local gender and GBV actors (local and international NGOs, other United Nations entities, and others) to support **safe consultations with women and girls**, community feedback mechanisms and referral of sensitive cases.

9. Build **partnerships with women-led CSOs** and networks to ensure that diverse people's views are incorporated in all the stages of the programme cycle and that their needs are fully addressed.

4.3 Design programmes following consultation

The design of humanitarian assistance should follow consultations with affected communities and be based on an analysis of barriers to access and of the real needs and capacities expressed by women, girls and marginalized persons during consultations and assessments.

1. Develop a dedicated global guidance brief on gender-sensitive and inclusive design of humanitarian assistance, noting the types of gender-related access barriers to consider and mitigate during planning for food, nutrition and CBT assistance.

2. Integrate gender and access considerations into the design stage for WFP emergency response manuals, procedures and Concept of Operations (CONOPS), promoting community-oriented design and risk mitigation measures.

3. Ensure that programme guidelines highlight potential access barriers for women, girls and other marginalized groups in emergency contexts, to be considered when determining the feasibility of a programme modality.

4. Develop a risk mitigation plan for sexual exploitation and abuse and wider GBV and protection concerns prior to programme implementation, with actionable measures and responsibilities, in collaboration with women-led CSOs and protection, gender and GBV actors.

5. Integrate gender-sensitive criteria and guidance for targeting, registration and prioritization processes/approaches. Aim to understand household structures and dynamics for women and child-headed households, polygamous households, married adolescent girls, and others.

6. Ensure that appropriate budgeting for gender and humanitarian access training/modules for units, field offices and cooperating partners is included in programme planning and implementation.

7. Ensure appropriate design and budgeting for adaptation of assistance modalities to support flexible programme approaches responding to the preferences of, and facilitating access for, women and girls. Address recurring issues, such as lack of time of women with families, by designing delivery modalities that can support such services as childcare and transportation.

4.4 Collect and analyse data

WFP and its partners should engage regularly in the collection of primary and secondary data that will inform the integrated analysis. Consulting directly with communities is the first step to analysing and understanding the context and socioeconomic realities in which WFP operates. This primary data can be combined with secondary data from sources such as literature reviews, existing studies and country reports to inform the broader analysis and programme design. Data should capture the diversity of household composition, such as intra-household breakdown, polygamous families and non-conventional households. Such an analysis can provide a better understanding of the many different factors that give rise to crisis and that will either hamper or enable the humanitarian response.

1. Develop global tools that guide operations in conducting **integrated analysis** (e.g. context, gender, access, protection, disability) and build capacity to adapt and use the tools.

2. Develop guidance and tools for conducting **in-depth analysis** of specific issues and topics, such as gender, conflict and access, and hold training sessions.

3. Identify and analyse **barriers faced by women and girls and other specific groups** to understand how gender interacts with other diversity considerations and how that interaction affects gender-related access barriers, to inform programme design.

4. Leverage available **secondary data** on gender-related access barriers through desk reviews. During assessments, integrate findings from inter-agency gender analyses, GBV safety audits and other exercises conducted in the context under analysis.

5. In close cooperation with monitoring and evaluation units, capture and analyse **intra-household-level data** to gain a clearer understanding of the intra-household food distribution dynamics, and shape WFP actions to improve gender equality outcomes.

6. Increase **direct monitoring and data collection** whenever feasible and ensure that monitoring teams from WFP and its partners are gender-balanced and trained in gender concepts and potential sensitivities.

7. Prioritize protection of beneficiaries' data and prioritize modalities that increase women's privacy over the entitlements they receive.

4.5 Ensure women's participation in the programme cycle

WFP and its partners should guarantee that women of all backgrounds can participate in all stages of the programme cycle of humanitarian assistance. It is crucial to ensure that women are represented at the community level, that they participate meaningfully in food committees where they exist, and that new food committees are created where they do not already exist. Meaningful participation of women can also be ensured by partnering with women-led CSOs throughout the programme cycle (including CSOs supporting other marginalized people) and by ensuring recruitment and retention of female humanitarian staff.

1. Explore how to **support small community initiatives** designed and implemented by women to facilitate the access of women and girls to assistance and contribute to gender equality and women's empowerment.

2. Engage women-led CSOs and networks and inter-agency gender, GBV, protection and humanitarian access actors – as well as the food security and nutrition sectors – in **identification of barriers to and strategies for women's participation** in the cycle of humanitarian assistance, drawing from effective practices of other humanitarian organizations.

3. Build the capacity of women's networks and CSOs in humanitarian access and support their engagement in humanitarian access missions and negotiations.

4. Continue efforts to increase the representation and participation of **women humanitarian workers** in emergency response by WFP and its partners.

5. Continue to promote women's inclusion in WFP and cooperating partner teams conducting outreach, assessments and monitoring, as well as for emergency response deployments and humanitarian access missions.

6. Require **gender parity at WFP and partner premises** and distribution points and in monitoring teams, complemented by the presence of women-led CSOs and gender and GBV actors, particularly in areas where it is difficult to have sufficient WFP and partner women employees on site, and provide gender-awareness training for all.

7. Consult with women employees within WFP and cooperating partners to **identify strategies** that facilitate the recruitment, retention and meaningful participation of women in the humanitarian workforce.

4.6 Invest in partnerships and integrated programming

WFP and its partners should invest in developing and implementing multisectoral approaches that facilitate the access of women and girls to humanitarian assistance that truly responds to their needs. In complex contexts and emergencies, it is impossible for a single agency with a specific mandate to address the root causes of food insecurity and gender inequalities in a way that responds to the multifaceted needs of the affected communities. Food insecurity and gender inequalities are interwoven and require multisectoral approaches, where multiple actions are aimed at addressing the identified root causes through the involvement of technical staff and specialized support, including in the areas of law, health, education and employment.

1. Expand **partnerships with gender, GBV, protection of children, persons with disabilities and sexual and reproductive health rights actors** in emergency contexts (at the international, national and local level) to ensure their vulnerabilities are identified and their complex needs are addressed with integrated and more efficient programming.

2. Leverage **joint programming** to complement the provision of food and nutrition assistance, including for **awareness-raising on harmful gender norms targeting men and boys, women and girls**.

3. Enhance **GBV and sexual exploitation and abuse** referral pathways and conduct joint **advocacy** on gender-related access barriers.

4. Develop **global memorandums of understanding** to promote and facilitate increased partnership with gender, GBV and sexual and reproductive health rights actors (similar to the memorandums of understanding between WFP and the World Health Organization and between WFP and the UNHCR

5. Produce **case studies** on effective partnerships and multisectoral approaches with gender, GBV and protection actors in country office emergency contexts that have succeeded in mitigating access barriers for women, girls and other marginalized people.

Annexes

Annex I: Focus group discussion participants

Focus group	Country	Location	Type	Number of participants	Sex		Age range (years)	Status	Other diversity considerations
					F	M			
1-15	Afghanistan								
16	Haiti	Les Cayes: Port-à-Piment	Rural	7	7		Adult women (age range not available)		
17	Haiti	Les Cayes: Port-à-Piment	Rural	8		8	Adult men		
18	Haiti	Les Cayes: Port-à-Piment	Rural	8	8		Older women		
19	Haiti	Les Cayes: Port-à-Piment	Rural	10		10	Older men		
20	Haiti	Les Cayes: Port-à-Piment	Rural	9	5	4	Adult women and men		
21	Haiti	Les Cayes: Port-à-Piment	Rural	11	6	5	Adult women and men		
22	Haiti	Cité Soleil	Urban	7	7		Young women		
23	Haiti	Cité Soleil	Urban	7		7	Young men		
24	Haiti	Cité Soleil	Urban	8		8	Young men		
25	South Sudan	Bentiu	IDP camp	8	8		15–24		
26	South Sudan	Bentiu	IDP camp	10	10		25–50		
27	South Sudan	Bentiu	IDP camp	10	10		Older women (60+)		2 individuals with visual impairments
28	South Sudan	Bentiu	IDP camp	7		7	15–24		
29	South Sudan	Bentiu	IDP camp	8		8	25–50		
30	South Sudan	Bentiu	IDP camp	8		8	Older men (60+)		Persons with disabilities, including visual impairment and mobility constraints
31	South Sudan	Bentiu	Rural	13	13		15–24	IDP	Mixed IDPs and host community members
32	South Sudan	Bentiu	Rural	8	8		25–50	IDP	Mixed IDPs and host community members

Focus group	Country	Location	Type	Number of participants	Sex F	Sex M	Age range (years)	Status	Other diversity considerations
33	South Sudan	Bentiu	Rural	7	7		Older women (60+)	IDP	Persons with disabilities (4 visual impairment; 1 mobility constraint; 1 auditory impairment; 1 cognitive disability)
34	South Sudan	Bentiu	Rural	8		8	15–24	IDP	1 person with cognitive disability; mixed IDPs and host
35	South Sudan	Bentiu	Rural	8		8	25–50	IDP	Mixed IDPs and host community members
36	South Sudan	Bentiu	Rural	8		8	Older men (60+)	IDP	
37	South Sudan	Pibor	—	8	8		15–20		
38	South Sudan	Pibor	—	8	8		30–45		
39	South Sudan	Pibor	—	8	8		50–65 years		
40	South Sudan	Pibor	—	8		8	18–30 years		
41	South Sudan	Pibor	—	-		X	25–30 years		
42	South Sudan	Pibor	—	8		8	50–65 years		
43	Syria	Deir Ezzor	—	12	X	X	24–50 years		1 person with disability
44	Syria	Deir Ezzor	—	10	10		20–30 years		
45	Syria	Deir Ezzor	—	12		12	18–30 years		1 polygamous household
46	Syria	Deir Ezzor	Rural	8	8		Adult women		
47	Syria	Deir Ezzor	Rural	10		10	28–35 years		
48	Syria	Aleppo	Urban	8	8		Adult women		
49	Syria	Aleppo	Urban	8	8		Adult women		
50	Syria	Aleppo	Urban	8		8	Adult men		
51	Syria	Aleppo	Urban	10	10		15–60 years		Pregnant and breastfeeding women, some widows living with in-laws
52	Syria	Aleppo	Urban	8	8		18–60 years (and 1 under 18)		Pregnant and breastfeeding women, some widows living with in-laws
53	Syria	Aleppo	Urban	10		10	18–60 (2 above 60)		
54	Syria	Aleppo	Urban	6		6	18–60 years		

Focus group	Country	Location	Type	Number of participants	Sex		Age range (years)	Status	Other diversity considerations
55	Syria	Aleppo	Rural	7	7		22–40 years	IDPs	
56	Syria	Aleppo	Rural	8	8		22–39 years		
57	DRC	North Kivu	—	19		19		4 IDPs, 10 HC, 5 returnees	
58	DRC	North Kivu	—	12		12		2 IDPs, 10 HC	
59	DRC	North Kivu	—	8		8		HC	Pygmy
60	DRC	North Kivu	—	14		14	16–18 years	4 IDPs, 10 HC	
61	DRC	North Kivu	—	13	13			2 IDPs, 10 HC, 2 returnees	
62	DRC	North Kivu	—	9	9			IDP	
63	DRC	North Kivu	—	18	18			6 IDPs, 10 HC, 2 returnees	
64	DRC	North Kivu	—	15	15			5 IDPs, 5 HC, 5 returnees	
65	DRC	North Kivu	—	12	12			4 IDPs, 8 HC	
66	DRC	North Kivu	—	10	10			4 IDPs, 5 HC, 1 returnee	
67	DRC	North Kivu	—	9	9		50+	IDPS	
68	DRC	North Kivu	—	13	13			HC	
69	DRC	North Kivu	—	7	7			HC	Pygmy
70	DRC	North Kivu	—	9	9		Adolescent mothers		
71	DRC	Tanganyika	—	7	7				
72	DRC	Tanganyika	—	7	7				
73	DRC	Tanganyika	—	8	8				
74	DRC	Tanganyika	—	8	8				
75	DRC	Tanganyika	—	8	4	4			
76	DRC	Tanganyika	—	8	4	4			
77	DRC	Tanganyika	—	8	4	4			
78	DRC	Tanganyika	—	8	4	4			

Abbreviations: DRC: Democratic Republic of the Congo; HC: host community.

Acronyms

ACAPS	Assessment Capacities Project
CBT	Cash-based transfer
CO	Country Office
CONOPS	Concept of Operations
COVID-19	Coronavirus disease 2019
CSO	Civil society organization
FGD	Focus group discussion
GBV	Gender-based violence
HQ	Headquarters
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
KII	Key interlocutor interview
NGO	Non-governmental organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs

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