

WFP's Contribution to the Implementation of the Solemn Declaration on Gender Equality in Africa

WFP works together with national governments, its partners in the United Nations and NGOs in pursuit of a millennium free from hunger and towards meeting the Millennium Development Goals. WFP is active in more than 40 countries in Africa, assisting more than 49 million people (year 2005) to survive food crises, rebuild their communities after disasters, attain food security, get an education and improve their nutritional status.

Gender equality and empowerment of women have been a priority for WFP since the 1985 World Conference on Women in Nairobi. WFP's Gender Policy reaffirms its commitment to gender equality and calls for gender mainstreaming throughout all its programmes. Within its mandate, WFP contributes and assists member states to achieve Commitments 1, 3, 4, and 8 of the Solemn Declaration on Gender Equality in Africa.

Commitment 1: HIV/AIDS and other infectious diseases

WFP uses the existing food-based activities as platform for HIV/AIDS interventions and works together with national governments, NGOs and other UN Agencies in several HIV/AIDS related activities. HIV/AIDS interventions are implemented on mainly three different levels (i) prevention, education and awareness, (ii) mitigation to reduce the impact of HIV/AIDS and (iii) care through the provision of direct support to people living with HIV/AIDS and their families. In 2005, WFP reached 8.9 million beneficiaries impacted by HIV/AIDS in Africa, 54% of who were women.

Twenty-two (22) countries – Burkina Faso, Burundi, Central African Republic, Congo, Democratic Republic of Congo, Djibouti, Eritrea, Ethiopia, Guinea Bissau, Ivory Coast, Kenya, Lesotho, Malawi, Mali, Mozambique, Rwanda, Somalia, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe – are supporting specific activities to provide food and nutritional support (and other inputs) as part of comprehensive care related to HIV/AIDS. On-going programmes include food and nutritional assistance to women and their families to prevent mother to child transmission and home-based care, each in 12 countries; anti-retroviral initiatives in 16 countries; and awareness raising targeting school children, teachers, beneficiaries of relief operations, PLWHA and their families, and other vulnerable groups, as well as support to orphans and vulnerable children through school feeding, vocational training or community-based programmes in a wide range of countries.

As part of the prevention, education and awareness activities, gender issues are also included. In Swaziland, for example, WFP, UNFPA and the Ministry of Education are jointly implementing a project to raise the understanding of HIV/AIDS, gender and gender-based violence among the population through Relief Communities. In Malawi, WFP developed an integrated training of trainers manual with the aim to enhance training skills of women and men at grassroots level in gender, HIV/AIDS, leadership skills and community participatory decision-making. WFP also assisted the Government of Malawi to place a containerised Wellness Centre at the busy border between Malawi and Mozambique offering services to long distance truckers and other transport workers who have limited access, due to their mobility, to services during regular working hours. These were established based on the South African model of roadside health clinics and provide counselling, HIV/ STI prevention, condoms, STI diagnosis and treatment, among other things. They also address gender issues by involving men and making them aware of HIV/AIDS and STI and encouraging them to be responsible for their own health and the health of their partners. In Zimbabwe, WFP has partnered with international NGO Africare and supports its Home Based Care program which has a strong gender focus. To lighten the burden of care on women, Africare embarked on training men as caregivers. Village units in the project site are now served by teams of 40 caregivers, men and women alike. This initiative has challenged the myth that men cannot provide care for the sick and has reduced the burden of care on women.

Commitment 3: Child Soldiers

WFP has been supporting UNICEF in demobilisation programmes of child soldiers. According to August 2005 figures available, nearly 20,000 children in Africa associated with armed

groups have been assisted by WFP in a variety of ways. In Liberia, for example, WFP provided food and take-home rations to ex-combatants in the Interim Care Centres, specializing in counselling and reunification of child ex-combatants. In Burundi, WFP worked through implementing partners to provide child soldiers with an extra food ration for family members and the DDDR programme for this target group included family tracing and unification, trauma counselling and psycho-social care, as well as facilitation of access to education and recreation in communities of settlement. At present, the Burundi office is negotiating with donors in order to provide similar support for children in the last remaining rebel group. In the DRC, WFP currently supports vocational training for alternative skills by providing incentive food rations for child soldiers attending such courses.

Commitment 4: Gender-based Violence

Even though WFP does not have a protection mandate, WFP's Gender Policy (2003-2007) and its Eight Commitments to Women (ECW) to Ensure Food Security provide a normative and programmatic framework for the protection of beneficiaries in the context of WFP operations. WFP works closely with partners to better understand and address the issue of gender-based violence and its link to food security. In doing so, women's role as drivers of peace and as key actors in preserving the community's social fabric should also be acknowledged.

Some examples of activities supported by WFP are in the Democratic Republic of Congo (DRC), Liberia, and Uganda where Gender-Based Violence (GBV) is widespread. In the DRC and Liberia, WFP has worked with medical centres to provide food aid to hospitalized women as an incentive to remain in care until full recovery, and has provided food for training programmes for female survivors of GBV in order for them to develop income generating skills and become economically independent. Additionally, protection rations have been provided for women to safeguard their income and make them less susceptible to GBV. In Uganda, WFP activities have been used as an awareness raising forum at the community level, involving both men and women, for sensitization on GBV and its socio-economic and health implications, including HIV/AIDS. A project was conducted in Djibouti. In response to the large number of cases of female genital mutilation (FGM) taking place, WFP provided alternative skills training to traditional practitioners. Finally, ongoing food-supported capacity building activities provide vulnerable women and girls with necessary skills to avoid resorting to destructive coping mechanisms such as transactional sex.

Commitment 8: Education

For over forty years, WFP has helped make education possible to the world's poorest children and youth by providing Food for Training (FFT) and Food for Education (FFE) programmes, the latter of which comprises school meals. A school feeding programme provides children with dietary support for the nutrition and energy they need to concentrate in class, and gives an incentive for poor families to enrol their children in school. In partnership with national governments, communities, NGOs and other UN Agencies, WFP provided 10.3 million African children with school meals throughout the academic year in 2005. Girls constituted 47% of the total. The current school feeding programmes have a more integrated approach, known as the Essential Package. It comprises 12 interventions related to (i) education (such as school meals and home-take food rations to improve enrolment and reduce drop-out rates especially of girls), (ii) nutrition (micronutrient supplementation and school gardens), (iii) hygiene (sanitation and latrine installation, construction of clean water systems) and (iv) health (de-worming treatment, HIV/AIDS and malaria prevention programmes), and includes a strategy to build the capacity of governments to keep the programmes going after WFP has phased out.

In Niger for example, an evaluation study of the de-worming pilot programme indicates a significant drop (from 67% to 4%) in the average prevalence rate of schistosomiasis in the most affected areas. By 2005, 28 countries in Africa have adopted the Essential Package. In addition, a number of countries in Africa have taken over the school feeding programme – Morocco, Togo, Equatorial Guinea, Gabon, Namibia, Botswana, Comoros and Mauritius. Cape Verde is currently in the process of doing so.

In Food for Training (FFT) programmes, incentive rations are provided to individuals from food insecure households to enable and encourage them to undertake training. The purpose of training activities can vary and may include: (a) income-generating activities and training on vocational skills in order to protect livelihoods and increase resilience to shocks; (b) training on nutrition, health, HIV/AIDS, hygiene and/or sanitation in order to enhance nutrition and health status of vulnerable people; and/or (c) life skills training - comprising functional literacy and numeracy, leadership skills, etc – that support access to education and could serve as a tool for women's empowerment. In 2005, FFT programmes reached over 510,000 people in Africa. The majority (64%) of the FFT beneficiaries in Africa were women.