while a principal risk is the forced or violent sexual interaction. It is true that poverty, migration and changing social structures increase young women’s vulnerability to HIV – but the specific risks are most often directly related to sexual violence and to sexual exploitation, including high-risk sexual encounters for survival, in exchange for food or other relief supplies, to pass borders or to gain certain types of protection. In fact, the term ‘civilian-military interaction’ is often a euphemism for describing situations of sexual violence and exploitation.

Many victims and survivors of sexual violence experience multiple forms of violence across the various conflict stages: before conflict, during flight, in so-called protected areas, throughout resettlement and upon return. In many post-war environments, women and girls who have experienced sexual assault, rape or sexual exploitation – all of which can involve the physiological aspects of forced sex – are also then stigmatised, expelled from their families and experience types of social marginalisation which then expose them further to exploitation, unstable relationships and continued forced sex, thus perpetuating the cycle of vulnerability. Awareness of such dynamics has led to increasing attention to the importance of addressing multiple factors such as education and livelihoods as well as psychosocial and medical care for survivors. Very little empirical analysis, however, has been done on this combination of physiological and behavioural risk as a driver of HIV infection during or after conflict situations.

Distinguishing between sexual violence as a ‘driver’ and ‘risk factor’ is central to how emergency and HIV policies and programmes are conceived and implemented. Although HIV/AIDS prevention is likely to be a first-line response to sexual violence (such as through STI treatment and provision of post-exposure prophylaxis), it is far less likely that sexual violence prevention is seen and used as an entry point for HIV/AIDS prevention in the context of disarmament and demobilisation programmes, information and education campaigns, and reconstruction and early recovery programmes. For the most part, addressing sexual violence is considered (and therefore resourced and programmed) as part of human rights advocacy, reproductive health or as a gender issue.

Conclusions

Until the role of force or coercion is made explicit in the data linking HIV with other factors, its potentially decisive impact on transmission risk will continue to be obscured or even remain hidden. Theoretical, legal and policy agreement is needed on what constitutes sexual violence and force across different socio-cultural settings, and more research is needed to explain the patterns, scale and scope of sexual violence over time. This information must be linked to surveillance, monitoring and reporting systems for HIV/AIDS in order to determine more clearly the specific dynamics of the relationship between sexual violence, forced sex and HIV vulnerability and risk.

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Integrating protection into food aid

by Mariangela Bizzarri

The World Food Programme (WFP) does not have a specific protection mandate but its activities are increasingly shaped by awareness of the need to protect women and girls from sexual and gender-based violence (SGBV).

WFP operates in unpredictable situations where staff members are often confronted with human rights violations and other protection-related challenges. They need appropriate guidance and support in dealing with these challenges. Adopted in 2002, WFP’s Gender Policy1 ensures that certain protection measures are integrated into the agency’s operations such as enhancing women’s control of food in relief food distributions. In 2005 we launched a country-level protection project, one part of which examined the link between protection and gender and focused specifically on SGBV including the issue of sexual exploitation and abuse and its link to HIV/AIDS. Protection and SGBV-focused research conducted in the Democratic Republic of Congo, Colombia, Liberia, Uganda and Colombia confirmed WFP’s need to continue focusing on:

- taking women’s concerns into account
- delivering food aid as close as possible to where beneficiaries are located to reduce risks during collection
- keeping deliveries of food rations small in order to reduce the
SEXUAL VIOLENCE

occurrence of attacks on refugee/IDP camps to steal rations

- providing gender sensitisation and SGBV awareness training for all WFP field staff.

Findings from the missions included the following good practices and the need for an increased focus on SGBV-related issues in food distribution:

- use participatory approaches for beneficiary identification, activity identification and planning to make sure that women's needs and concerns are taken into account
- examine the impact of SGBV on women, girls, families and communities as well as its social, economic and health implications, including HIV/AIDS
- establish distribution points in secure places and help ensure safe travel to and from them
- designate women as family ration card holders
- start distribution early in the day to avoid the need to travel in the dark
- explain clearly about food entitlements (size and composition of rations, beneficiary selection criteria, distribution time and place) to all beneficiaries
- establish channels for beneficiaries to report cases of abuse linked to food distribution
- encourage women to travel in groups to and from distribution points to reduce the risk of attacks in situation of high insecurity
- expand programmes, where food aid is an appropriate response, to support survivors of SGBV – such as providing food to hospitalised women to allow them to stay in hospital for the full recovery time.

It is recommended that WFP should continue supporting activities to restore, enhance or secure the resilience of households and of communities via income-generating activities and food-supported training and work activities. Specific capacity-building activities should be developed to provide vulnerable women and girls with the necessary livelihood skills to avoid resorting to such destructive coping mechanisms as transactional sex. It is important to link with partner organisations working on the sensitisation of communities – and especially men – on issues such as human rights violations and abuses, SGBV and its link with HIV/AIDS.

WFP needs to work with partners to better understand the link between violence generated by conflict and food insecurity and SGBV's impact on the health, social and economic status of the population. Women's roles as drivers of peace and key actors in preserving a community's social fabric must be acknowledged. Resources must be sufficient to address the root causes of violence. Demobilised fighters need adequate resources to meet their basic needs, food in particular.

Action on these recommendations will help WFP develop a more strategic approach to protection, providing sound policies and guidance to support WFP staff members in dealing with protection-related challenges, including sexual and gender-based violence.

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Vulnerable women beneficiaries of a Food for Training Project run by the World Food Programme in Bangladesh.