



PLAN
INTERNATIONAL

BEYOND HUNGER

THE GENDERED IMPACTS OF
THE GLOBAL HUNGER CRISIS

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ACRONYMS

ART	Antiretroviral Therapy	KII	Key Informant Interview
CEFM	Child, Early and Forced Marriage	RGA	Rapid Gender Analysis
FGD	Focus Group Discussion	SRHR	Sexual and Reproductive Health and Rights
GBV	Gender Based Violence	STI	Sexually Transmitted Infection
HIV	Human Immunodeficiency Virus	UTI	Urinary Tract Infection
IDP	Internally Displaced Person		

INTRODUCTION

The world is in the midst of a devastating, and escalating, hunger crisis. At least 345 million people across 82 countries are currently facing or are at risk of acute food insecurity, with 50 million people on the brink of starvation, teetering on the edge of famine.¹ These statistics paint an arresting picture - yet there is much that they obscure. Global headlines tell us nothing about how individuals' vulnerability to and experiences of the hunger crisis differ, nor the factors that shape these differential impacts.

The causes and consequences of food insecurity are closely entwined with gender – the most food insecure countries are also the most gender unequal.² Gender inequality plays a role in how food is produced and consumed, shapes the strategies people employ to cope, and influences the manifold impacts of hunger and food insecurity on the protection and wellbeing of those affected. Often overlooked is the role of gender in shaping children's and adolescent's experiences of food insecurity.

This report presents new evidence on the gendered impacts of the current global hunger crisis from eight of the countries most affected: Ethiopia, Somalia, Kenya, South Sudan, Mali, Burkina Faso, Niger and Haiti. It draws on, and synthesises, data from recent Rapid Gender Analyses (RGAs) conducted by Plan International and its partners. These analyses were conducted primarily to inform Plan International's humanitarian response to the hunger crisis.

However, they also provide a wealth of evidence and insights which shed new light on how the crisis is affecting every aspect of life for girls, boys, women and men caught up in it. Together, the RGAs analysed for this report involved the participation of 7158 respondents across the eight countries.

Common themes emerged across all the countries included in this report: risks of gender-based violence are escalating; girls and women in particular face violence, abuse and exploitation in the course of their efforts to secure food and earn an income, but also in their own homes. Education is deprioritised as survival takes precedence and girls are married early to reduce the burden on families. Gender roles are shifting, and workloads are increasing, accompanied by levels of stress and anxiety.

The drivers of the current hunger crisis – a combination of conflict, economic challenges and climate shocks – show no sign of abating, and calls for the international community to redouble its efforts to respond are growing ever louder. This report clearly demonstrates that responses to the hunger crisis must take account of individuals' diverse experiences of food insecurity, and in particular the ways in which they are shaped by entrenched gender inequalities. Failure to do so will mean that the specific needs of girls and women risk being neglected, and that progress on gender equality will be undone.



DEFINING FOOD INSECURITY

Acute food insecurity

When a person's inability to consume adequate food puts their lives or livelihoods in immediate danger. Data on acute food insecurity draws on internationally-accepted measures of extreme hunger.³

METHODOLOGY

A Rapid Gender Analysis (RGA) is a methodology used in emergency settings to provide information about the different needs, vulnerabilities, capacities and coping strategies of women, men, boys and girls. It is intended to be done quickly and built up progressively, using primary and secondary data, into a more detailed and accurate picture. The primary purpose of an RGA is to provide practical recommendations to inform humanitarian programming and influencing.

Plan International has a particular focus on analysing how gender intersects with age and other inclusion factors in shaping individuals' experiences of crises as part of its RGAs. The organisation is placing a particular emphasis on the inclusion of adolescents and young people in the assessment and analysis, as their specific needs are often not addressed as part of humanitarian responses.

The specific objectives of the RGAs included in this report differed by context. However, they shared a common aim of providing information on the roles and responsibilities, capacities, vulnerabilities, priorities and specific needs of girls, boys, women and men affected by the hunger crisis, and offering programming and policy recommendations. Plan International and its partners are already using the country specific RGA findings and recommendations to design and adapt programming and to influence the decisions and actions of duty bearers.

SELECTION OF COUNTRIES

RGAs from eight countries have been analysed for this report: Kenya, Ethiopia, Somalia, South Sudan, Mali, Burkina Faso, Niger and Haiti. These countries have been prioritised by Plan International as part of its response to the global hunger crisis. Plan International has a long-standing presence in all eight countries, which were chosen based on the rapidly deteriorating situation and scale and depth of acute food insecurity. All countries covered by this report are included in the Global Report on Food Crises 2022⁴ and all have been identified as current 'hunger hotspots' by WFP/FAO,⁵ meaning that there is the potential for acute food insecurity to rise during the next few months.

OVERVIEW OF METHODS

The specific methods and tools used differed slightly by context (see figure 1) but in general the RGAs employed a mixed-method approach using a combination of:

- Reviews of literature/secondary data
- Household surveys
- Focus Group Discussions (FDGs) with women, men, girls and boys.⁶
- Key Informant Interviews (KIIs) with a mixture of community leaders, technical experts, service providers and government representatives.

In most countries, tools were adapted from Care's Rapid Gender Analysis Toolkit.⁷ In some countries, RGAs additionally used tools, designed to facilitate active participation, from Plan International's Adolescents in Crisis Programming Toolkit⁸ and/or Planting Equality 2.0 Toolkit⁹ in order to highlight the perspectives of adolescents.

In order to synthesise information across the RGAs, a thematic analysis of the country specific reports was undertaken.

SAMPLING

Sample sizes and sampling approaches differed by country (see figure 1). While in some countries the sample was selected to be representative of the study area, samples are not nationally or globally representative. In total, 7158 Participants were involved in RGAs across the eight countries, which included 3343 survey respondents, 3542 focus group participants and 273 individual interviewees.

Young woman, 30, was married at 15 and, despite food shortages, now campaigns against child marriage. © Plan International.



In all cases, sampled locations were selected based on Plan International's programming considerations. In most cases, data was collected in districts or regions of the country most affected by food insecurity.

In several countries, the sample included both displaced populations and host communities.

ETHICAL CONSIDERATIONS

Steps were taken in all cases to ensure that data was collected in accordance with ethical principles. Informed consent was obtained from all participants, and from parents/caregivers of child participants prior to data collection, and the protection, confidentiality and security of respondents' data was ensured. Data collection teams received training on Plan International's safeguarding policies and on gender and inclusion.

LIMITATIONS

There are inherent limitations with the data on which this report is based which arise from the nature of the RGA process itself. RGAs are intended to be fast, progressive and practical – data collected should be 'good enough' to inform decision making, but it is recognised that RGAs should be updated during the emergency response to strengthen the data and to capture changes that may occur.

A number of specific limitations apply to the analyses conducted in each country. Common limitations included:

- Security risks and instability affected data collection in some areas, leading to gaps in some data.
- Lack of disaggregated data at the local level in some countries limited the utility of secondary data.
- Inclusion of people with disabilities was inconsistent between countries, limiting the potential to highlight the experiences of people with disabilities in the synthesis.

The synthesis of data from country specific reports is limited to a narrative synthesis. It was not possible to undertake cross country analysis of the quantitative data due to differences in sampling approaches and survey tools between countries, and due to gaps in the availability of raw data. Where statistics are included, they are taken directly from the original reports; the approach to analysing quantitative data may differ between countries.

Additionally, differences between countries in the scope and focus of the reports mean that the thematic synthesis cannot be comprehensive. Not all topics were studied in all countries.

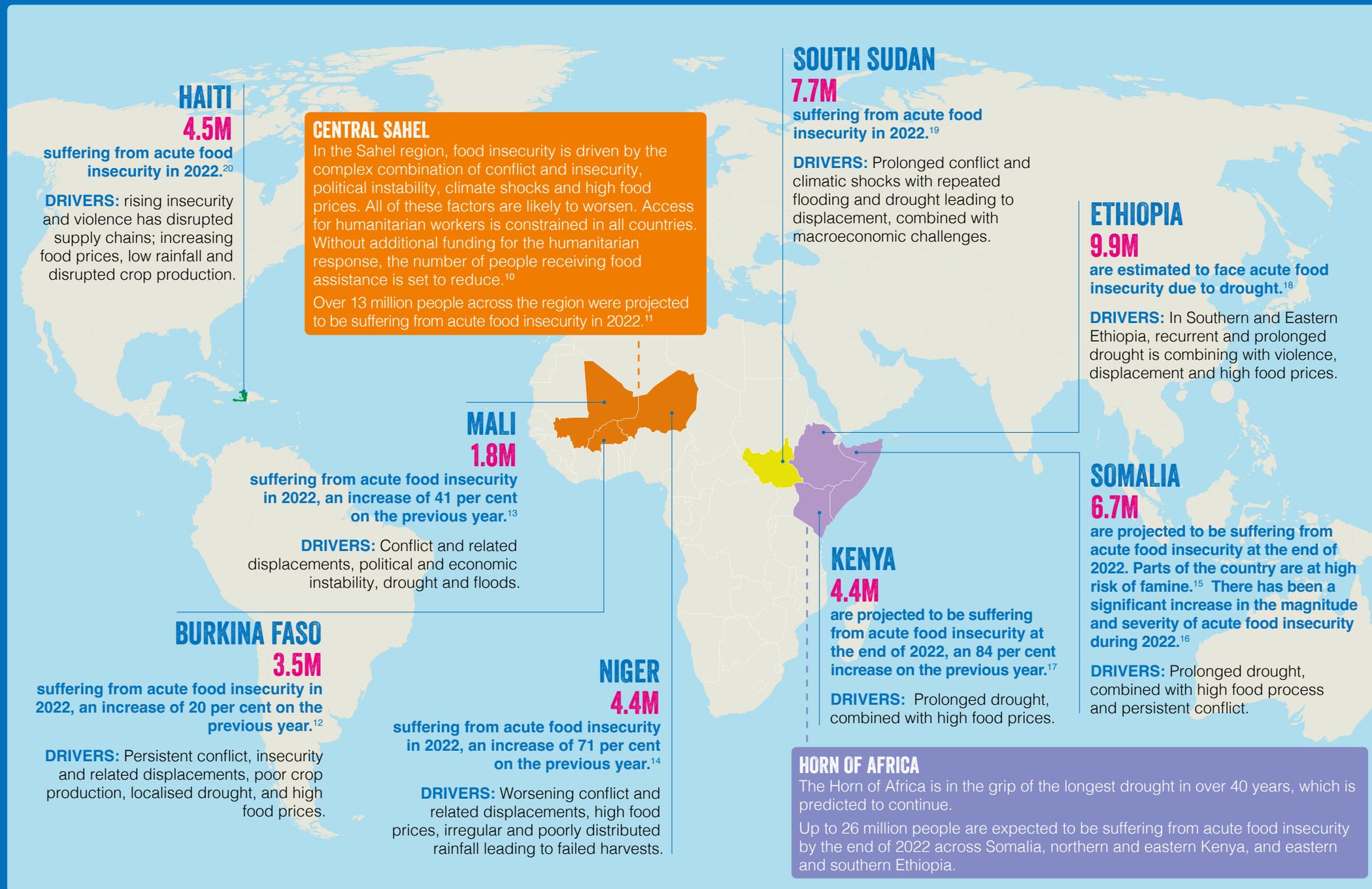


Women wait under a tree for food distribution in Rumbek, South Sudan. © Plan International / Peter Caton

Figure 1: Methodologies employed by country

BURKINA FASO	NIGER
<p>Regions: North, Centre-North, Sahel and East</p> <p>Dates: July 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  25 FGDs involving 223 participants  Survey of 394 households and 143 individuals  106 KIs 	<p>Regions: Tillabéri, Tahoua, Dosso, Diffa and Zinder</p> <p>Dates: August 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  160 FGDs involving 1920 participants  Survey of 216 households  90 KIs
MALI	ETHIOPIA
<p>Regions: Gao, Mopti, Segou and Timbuktu</p> <p>Dates: August 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  80 FGDs involving 365 participants  Survey of 199 households surveyed  28 KIs 	<p>Oromia Region: West Harerga and East Harerga Zones</p> <p>Dates: April 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  7 FGDs involving 90 participants  8 KIs
KENYA	SOMALIA
<p>Regions: Marsabit county</p> <p>Dates: September 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  40 FGDs involving 316 participants  Survey of 460 households  18 KIs 	<p>Regions: Somaliland (Sool, Sanaag and Togdheer)</p> <p>Dates: April 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  24 FGDs involving 240 participants  Survey of 384 respondents  11 KIs
SOUTH SUDAN	HAITI
<p>Regions : Pibor Boma in Greater Pibor Administrative Area, Tonj South in Warrap State and Kapoeta North and Kapoeta South, Eastern Equatoria State</p> <p>Dates: November–December 2021</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  24 FGDs involving 192 participants  Survey of 1547 respondents  12 KIs 	<p>Regions : Marigot, Jacmel and Belle-Anse communes of South-East department</p> <p>Dates: July–August 2022</p> <p>Methods:</p> <ul style="list-style-type: none">  Secondary data review  21 FGDs involving 196 participants  21 KIs and 3 individual stories

Figure 2: Overview of contexts included in this report



CONTEXT AND BACKGROUND

DRIVERS OF ACUTE FOOD INSECURITY

The world is in the midst of a devastating, and escalating, hunger crisis. At least 345 million people across 82 countries are currently facing or are at risk of acute food insecurity, with 49 million people on the brink of starvation.²¹

The contexts included in this report are amongst those where levels of hunger are causing the greatest concern.²² While their circumstances differ, they are all contending with multiple, often interlinked and mutually reinforcing drivers of hunger. In most cases these countries are facing a perfect storm of conflict, economic blows and climate shocks, combined with heavy constraints to humanitarian access.

The presence of organised violence and conflict is common to many of the contexts in this report. This is unsurprising, given that food insecurity is strongly correlated with conflict; more than 70 per cent of people facing crisis or worse levels of acute food insecurity in 2021 were living in conflict-affected countries.²³ Conflict results in disruption of food systems and markets and

displacement of civilians, meaning agricultural land is abandoned and assets are lost. Countries facing conflict are also the most complex and challenging contexts for humanitarian actors to work in. In the Central Sahel (Burkina Faso, Mali and Niger), South Sudan, Somalia and Haiti, organised violence and conflict is a key driver of food insecurity. Conversely, in Kenya and Southern Ethiopia, drought and resource shortages are worsening intercommunal tensions and heightening insecurity.

The countries featured in the report also vividly illustrate the role of climate variability and extremes in driving food insecurity and demonstrate the already devastating impacts of the climate crisis. Countries in the Horn of Africa (Somalia, Kenya and Ethiopia) are in the grip of the longest drought in over 40 years – at the time of writing, the region is facing a fifth poor rainy season in succession. Meanwhile, flooding in South Sudan, drought in Haiti and dry spells and floods across the Central Sahel are all impacting food production.

Reduced domestic food production is increasing many countries' reliance on imports amid high global prices. The war in Ukraine is pushing up already inflated global food and energy prices and many economies are still suffering following the COVID-19-induced economic slowdown. For all the countries in this report, high food and energy prices are key drivers of acute food insecurity.²⁴ Price rises also put pressure on humanitarian budgets; in 2021 the cost of a food basket was at least 30 per cent higher in 11 crisis affected countries than it had been five years earlier.²⁵

GENDER AND FOOD INSECURITY

Global statistics on the scale of the hunger crisis present an arresting picture - yet there is much that they obscure. The statistics tell us nothing about how individuals' vulnerability to and experiences of food insecurity differs, nor the factors that shape these differential impacts.

Available data suggests that in 2021, 126.3 million more women than men were food insecure²⁶ – a gap which is growing.²⁷ Yet global datasets only shed light on sex-disaggregated differences amongst adults and older adolescents. While it has been estimated that, if children are included, there could be as many as 150 million more girls and women globally who are food



Displaced mother with her young daughter in Koupela, Burkina Faso. © Plan International / Souleymane Drabo / Tamani Films

insecure compared to boys and men,²⁸ this is an extrapolation - no global sex-disaggregated food security data are available on under 15s. Despite this gap in data, there is ample evidence that, as with adults, gender plays an important role in shaping children's and adolescent's experiences of food insecurity, including their protection and well-being,²⁹ in combination with factors including age, (dis)ability, ethnicity and displacement status.

The causes and consequences of food insecurity are closely entwined with gender and there is a strong correlation between gender equality and food security. Analysis of data from 109 countries has shown that the higher the levels of gender inequality in a country, the hungrier people are.³⁰ All the countries included in this report for which data are available are ranked in the bottom quartile globally for gender equality.³¹

The relationship between gender inequality and food insecurity plays out in complex ways. Gender inequality plays a role in how food is produced and consumed, shapes the strategies employed to cope with food insecurity and influences the manifold impacts of hunger and food insecurity on protection and wellbeing of those affected.

Access to and control over productive resources, such as land, water, livestock, seeds, or fertilizers, is a key contributor to food security,³² yet the majority of women in the lowest income countries are denied access to finance, land ownership and decision making. Globally, only 15 per cent of landholders are women,³³ yet women constitute around 43 per cent of the agricultural labour force.³⁴ Girls and women are also responsible for the majority of food preparation and most of the food shopping.

Despite their fundamental role in food production and preparation, entrenched gender inequalities and gender norms surrounding food consumption disproportionately increase girls' and women's vulnerability to hunger and malnutrition. When food is scarce, girls and women may eat last, eat least, and eat the least nutritious foods, and their nutritional needs may take a back seat to those of boys and men.³⁵ Evidence from several contexts has shown that married adolescent girls are particularly vulnerable to denial of food by husbands, in-laws or other wives.³⁶ Their lower household status can mean that they face challenges in advocating for access to food for themselves and their children, and may lack sufficient knowledge about their own health, nutrition, and food security.³⁷ This gender discrimination can start early in life – evidence

Grandmother, 62, shares bowl of rice with her granddaughter, Haiti. © Plan International



from India, for example has found that female infants are breastfed for shorter periods on average and given smaller quantities and less nutritious food than boys.³⁸

Gendered patterns of food consumption negatively affect girls' and women's nutrition, despite their physiological need for more nutrient rich food.³⁹ Not only are girls and women at higher risk of malnutrition, but malnutrition poses particular threats to adolescent girls and women who are pregnant and breastfeeding - it increases their risk of miscarriage and maternal mortality and the risks of stillbirth, newborn deaths, low birth weight and stunting for their children, leading to an intergenerational cycle of malnutrition. Maternal under-nutrition contributes to an estimated 2.4 million neonatal deaths a year.⁴⁰

Adolescent girls have increased needs for iron due to menstruation and are particularly at risk of malnutrition during pregnancy.⁴¹ Lack of access to nutritious food during early childhood and adolescence can stunt children's growth and has significant impacts on brain development, which undermines the capacity to learn and educational attainment, health, and economic outcomes.

PROTECTION RISKS

The impacts of food insecurity extend far beyond the direct consequences of undernutrition. The indirect effects, while less visible, can also be deeply damaging and are intertwined with gender inequality. There is a growing body of evidence that shows that food insecurity negatively affects mental health and psychosocial well-being. As stress, anxiety and tensions within households are exacerbated by food insecurity and other unmet basic needs, and as more time is spent acquiring food or generating income, risks of intimate partner violence – most often perpetrated against girls and women – and neglect and violence against children are exacerbated.⁴² The impact of food insecurity on the mental health of caregivers directly affects their ability to provide nurturing care to their children. Children who experience food insecurity are also at a heightened risk of experiencing poorer mental health outcomes.⁴³

In contexts of food insecurity, girls and women often have to spend more time collecting food, water, and firewood, which in turn puts them at risk of sexual violence. Food distributions can also increase protection risks, particularly for unaccompanied and separated children, girls and women, who face sexual exploitation, abuse, violence and harassment.⁴⁴ Children are at risk of being separated from parents and caregivers or being injured, particularly if distributions are chaotic or violent. Unaccompanied children or children living in child-headed households may struggle to access food distributions – they may be left out during registration or may be unable to access information about distributions.

When food is scarce, and as poverty and a lack of access to livelihoods deepen, families increasingly resort to negative and sometimes extreme coping mechanisms to survive. Gender, as well as age, disability and other factors all influence the strategies available, but also the impacts of coping strategies. For girls and women, negative coping mechanisms often heighten their protection risks and burdens.

For adolescent girls, food insecurity often means that their risk of child, early and forced marriage (CEFM) and with it their risk of early pregnancy and other sexual and reproductive health and rights (SRHR) concerns increases. In many contexts child marriage is used by families as a way of reducing financial burdens or of having one less family member to feed.⁴⁵ In drought



Girl suffering from lack of food in Tahoua region, Niger. © Plan International / Fabien Akakpo

affected areas of Ethiopia, for example, child marriage cases have reportedly increased by 51 per cent in a year.⁴⁶ Girls who marry before the age of 18 are more likely to experience intimate partner violence, dangerous complications in pregnancy, and often drop out of school.⁴⁷ Yet in some cases, amid limited options, girls have been reported to initiate marriages as a way to increase their own access to food.⁴⁸

Migration is another common strategy for increasing income and livelihood opportunities in the face of food insecurity and poverty – yet opportunities to migrate are often gendered. Migration can increase protection risks for girls and women and heighten their care burdens. Food insecurity is a leading cause of family separation and migration of parents can result in negative impacts for children's protection, safety and overall wellbeing.⁴⁹

Amid increased pressure on livelihoods and deepening poverty, children themselves are often forced to enter the labour market and in some cases migrate to urban centres. Child labour exposes children to life-threatening risk factors and harmful conditions, and the impacts of child labour often last well into adulthood and can reinforce intergenerational cycles of poverty.⁵⁰ Evidence shows that child labour is also gendered, with girls and boys having access

to different livelihood opportunities and facing different risks. While available data suggest that boys are at higher risk of child labour, girls are more commonly involved in “hidden” forms of labour such as domestic work.⁵¹ Some of the worst forms of child labour, such as trafficking and commercial sexual exploitation, also disproportionately impact girls.⁵² These differences can in turn affect children’s earning potential and their ability to access food and meet their other needs.⁵³ In conflict areas, recruitment of children into armed groups may increase in times of food insecurity as the most marginalized children look for means to survive and for parental care substitutes.⁵⁴

Lack of food and other resources food heightens risks of sexual exploitation in the context of selling or exchanging sex for food. Evidence from many contexts has shown that hunger, in combination with power imbalances, heightens the vulnerability of girls and women to sexual exploitation, including by humanitarian actors, community leaders and security forces.⁵⁵ In Nigeria, for example, girls and women reported being sexually exploited by state security forces in order to obtain food and access to limited livelihood opportunities and in order to avoid detainment and beatings.⁵⁶

IMPACTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

During crises, including food security crises, the sexual and reproductive health and rights of girls and young women in particular are often neglected. The provision of SRHR information, services and supplies are often deprioritised at the same time as needs may be increasing as risks of gender-based violence, child marriage, female genital mutilation/cutting and sexual abuse and exploitation are amplified, and with them exposure to unintended or unwanted pregnancies and sexually transmitted infections. Food insecurity has, for example, been associated with increased HIV transmission.⁵⁷ Risks for people living with HIV are also increased as food insecurity has been linked to poor clinic attendance, poor antiretroviral therapy (ART) uptake and adherence, lower efficacy of ART, and higher mortality.⁵⁸

When food is scarce, households may be forced to deprioritise the purchase of sexual and reproductive health services and supplies, such as contraceptives or menstrual health products. This leaves girls and women increasingly

Girls eat their lunch at primary school in Kilifi county, Kenya. © Plan International



vulnerable to unintended or unwanted pregnancies and poor menstrual health. And yet, ensuring girls’ and women’s SRHR needs are fulfilled can increase resilience to food insecurity, allowing them to plan their pregnancies according to their own preferences and resources in a given year. Similarly, girls’ women’s ability to time and space their pregnancies has been directly linked to greater workforce participation, earnings, income and savings, and economic growth more broadly.⁵⁹

IMPACTS ON EDUCATION

Hunger and food insecurity have detrimental impacts on children’s education. Compounding the impact of school closures during COVID-19, the current global food crisis risks further damaging children’s education in many countries.⁶⁰

Hunger and malnutrition negatively affect children’s ability to learn.⁶¹ This in turn leads to deficits in both academic skills and outcomes, but also affects children’s acquisition of critical life skills - skills which build individual resilience in the face of crisis.

Education can be an early casualty in situations of acute food insecurity and for adolescent girls, food insecurity can compound the barriers they already face in accessing education. Their education is often first to be deprioritised and they are forced to miss or drop out of school in order to care for younger siblings so parents can work or seek food. In situations where food insecurity co-exists with conflict and insecurity, such as in the Sahel, school attacks, closures

and insecurity further curtail girls' access to education.⁶² Loss of access to education jeopardises children's' immediate protection but also undermines their long-term wellbeing and future prospects; for girls, dropping out of school increases their exposure to gender-based violence, child early and forced marriage and other harmful practices.

Conversely, there is strong evidence that when food is provided at school through school feeding initiatives, this not only improves children's nutritional status, and supports household food security but also helps increase enrolment and attendance, particularly among adolescent girls.⁶³

HUMANITARIAN RESPONSES

Despite clear evidence that gender, in combination with age, (dis)ability and other factors fundamentally shapes individuals' vulnerability to and experiences of food insecurity, this is often overlooked in humanitarian responses to food crises. Moreover, responses frequently neglect the specific needs, risks and burdens faced by girls and women, and fail to recognise their capacities.

Sex and age disaggregated data are essential for understanding who is affected, where, when, why, and how. Yet blind spots in global datasets on gender, age and food insecurity are often mirrored at the level of specific food crisis

responses.⁶⁴ Sex and age disaggregated data are still not consistently collected and reported on, nor used to inform response plans and projects.⁶⁵ Meanwhile, children's experiences of hunger and food insecurity are almost never captured in assessments or in monitoring data, and most data collection related to children's food insecurity is centred on anthropometric measures of malnutrition in children below 5 years. School-age children and adolescents have been labelled as the 'forgotten population' in food security literature.⁶⁶

These gaps have a negative effect on how well humanitarian responses to food crises meet the needs of girls and women⁶⁷ and address the protection and wellbeing of children. Adolescents, particularly adolescent girls, are often overlooked by both food security and child protection responses and fall through the gaps of services for children and women.⁶⁸

During emergency responses, gender-based violence,⁶⁹ child protection⁷⁰ education⁷¹ and SRHR programmes⁷² are systematically underfunded and under-prioritised. As global food insecurity continues to escalate and overall funding fails to keep up with needs, there is an urgent need to address these shortfalls in funding, alongside ensuring that overall humanitarian funding keeps pace with the scale of the needs and embeds gender and protection as central to the response to the hunger crisis in all countries.

Young girl, 8, collects water in Haiti. © Plan



PLAN INTERNATIONAL'S RESPONSE

Plan International has declared a Red Alert to address the hunger crisis. The organisation is working in prioritised countries Burkina Faso, Ethiopia, Haiti, Kenya, Mali, Niger, Somalia, South Sudan by scaling up response efforts such as food distributions, cash and voucher assistance, school meals, malnutrition screening and nutrition supplementation. Plan International is also integrating and mainstreaming gender responsive child protection activities into food security programming. In addition to lifesaving interventions, livelihood protection and support activities are being stepped up.

In each country, the humanitarian response is tailored based on the findings of the Rapid Gender Analysis. Plan International is committed to all interventions being, at a minimum, gender aware and, where possible, to contribute to gender transformative change. Understanding power dynamics, access to and control over resources, and how gender norms and stereotypes are embedded in daily life is key to addressing the specific needs and protection risks that affect girls, boys and adolescents differently.

CASE STUDY 1 SCHOOL MEALS PROGRAMMES



Girls eat their lunch at primary school in Kilifi county, Kenya. © Plan International

School meal programmes, or school feeding activities involve providing children with breakfast, lunch or both, while in school or as take-home rations. Meals eaten at school are prepared at school, in the community or are delivered from centralised kitchens. As often as possible, food is procured locally.

School meals can be a powerful intervention to support children's nutrition and their learning, while providing an important safety net for food insecure households. School meals provide a strong incentive for parents and caregivers to send their children to school and can reduce gender disparities in education outcomes.⁷³ School meals programmes draw children - especially girls - into schools and encourage them to stay.⁷⁴ Long term sustainability is an essential consideration

- the School Meals Coalition, launched in 2021, is a government-led initiative to drive actions that support governments and their partners to improve or restore national, sustainable school meal programmes as part of national systems. Its objective is for every child to have the opportunity to receive a healthy, nutritious meal in school by 2030.⁷⁵

Amongst the countries included in this report, Plan International is implementing school meals programmes in Kenya, Ethiopia and South Sudan. In 2022, Plan International Kenya, for example, reached over 22,500 children across four counties with a midday hot meal. As the hunger crisis continues to worsen, this programme is being scaled up to reach more children over a wider area.

CASE STUDY 2

INTEGRATING PROTECTION INTO FOOD AND NUTRITION PROGRAMMING IN SOUTH SUDAN



Monica waits in line for food distribution in Rumbek, South Sudan. © Plan International / Peter Caton

South Sudan is experiencing catastrophic levels of food insecurity.⁷⁶ It also remains one of the most severe protection crises in the world; an estimated 5.2 million girls, women, boys and men were expected to face protection risks and violations in 2022.⁷⁷ Plan International South Sudan is working in Pibor, one of the most affected regions, where the worsening food security situation is rapidly increasing child protection and Sexual and Gender Based Violence risks for children and adolescents, especially adolescent girls.

Plan International South Sudan is responding to both the food insecurity and protection challenges in Pibor. Recognising the inter-dependent nature of these challenges, a range of initiatives are being implemented to integrate protection needs into food assistance and nutrition programming.

- Project Management Committees have been established at all food distribution points to oversee the management of the food assistance programmes. Recognising that food distributions are often accompanied by protection risks for children and women, Project Management Committees work with Plan International's Gender and Protection staff to identify key protection concerns affecting children and women at the distribution sites and nutrition centres as well as on their way back home. Protection risks identified included children becoming lost in crowds or made to carry food and men harassing women during distributions.
- Help Desks have been set up at food distribution points and nutrition centres to allow programme participants to identify protection issues. Issues raised at the Help Desks include child exploitation concerns, cases of GBV and identification of at-risk children. Help Desk staff have been trained on the referral systems in place in Pibor for child protection and GBV cases and local NGOs⁷⁸ assist in the identification and referral of GBV cases and children associated with armed forces and armed groups. Unaccompanied and separated children are assisted in registering for food assistance.

A key learning from these initiatives has been the importance of having different mechanisms for community feedback and complaints.

Plan International South Sudan has also taken a number of other steps to integrate protection needs in food assistance programming, including: prioritising the most vulnerable protection cases when selecting participants in Food Security and Livelihoods programmes; planning and implementing food distributions during daylight hours; selecting food distribution points and nutrition sites in consultation with community members to ensure that they are accessible, safe and secure; linking Project Management Committees to Community Based Child Protection Networks; and running Child Friendly Spaces at nutrition sites, which serve as a mechanism for protecting children from abuse, exploitation and violence.

FINDINGS

GENDERED ACCESS TO FOOD

While all communities covered in this report face high levels of food insecurity, the RGAs provide evidence that some households, and individuals, face greater barriers to food access than others. In all three countries in the Central Sahel, households headed by women, children and people with disabilities were identified as being particularly excluded from access to available food resources. In Burkina Faso and Mali, these vulnerability factors intersect with displacement – survey results indicate that internally displaced households have less access to food compared to those in host communities, and Internally Displaced Persons (IDP) households headed by women and children were identified as being most food insecure. A range of factors were identified through KIIs as contributing to this inequality between households, including their higher levels of poverty, lower access to cultivable land and failure to register with service providers.

There is also ample evidence from the RGAs of differential access to food within households. Findings from five of the eight countries⁷⁹ describe how gendered food distribution and consumption practices at the household level can work to the detriment of girls and women. In Niger and Ethiopia, it was reported in FGDs that girls and women were typically last to eat within the household, while in Haiti, Mali, Niger and Ethiopia, girls and women were found to receive less food than boys and men in the same household. In Haiti, for example, the majority of participants in FGDs reported that women received smaller portions of food than men, and more than half reported that girls received smaller portions than boys in the same household. This difference in portions was attributed to the belief that men ‘work harder’ than women. In Niger, it was reported that girls and women with disabilities suffer additional discrimination and are reduced to begging, which highlights the impact of intersecting vulnerability factors.



Woman collects food kit during distribution in Tahoua region, Niger. © Plan International / Fabien Akakpo

In some countries,⁸⁰ there was evidence that gender discrimination begins early, with infant feeding practices differing between boys and girls. In Haiti, for example, it was reported in KIIs that male babies are breastfed for a longer period of time to make them physically stronger. Similarly, in Niger, FGDs revealed a belief that male babies should be breastfed differently from female babies as boys need to be stronger in order to farm and feed the family.

Food restrictions and taboos around food consumption, some of which were reported to be detrimental to girls’ and women’s nutrition were mentioned in some countries.⁸¹ In Haiti, for example, key informants noted that pregnant women do not eat “quenepe, meat bone, malanga, wheat, annas”. Breastfeeding women do not eat “sugar cane, cassava, the true tree, the tree of peace”. Avoiding these foods, it was reported, affects the nutritional status of women and girls compared to men and boys. Gendered food taboos, which disproportionately affect girls and women’s nutrition were also found to be present in Niger and Mali.

FGDs conducted in Burkina Faso, Mali and Niger specifically explored the perspectives and attitudes of boys and young men. Across and between countries a mixed picture emerged, with findings suggesting that although gender discriminatory attitudes surrounding food access are present among young men, these are not universally held, nor do they go unchallenged. In Burkina Faso, for example, while around a third of boys and men in focus groups agreed that boys and men should sometimes or always be

prioritised for meals, a majority agreed that they should never be prioritised. Additionally, almost half of young men in focus groups in Burkina Faso reported that they always challenge sexism.

In Niger, however, where men in FGDs were asked about gender discriminatory behaviour both before and during the crisis, it was found that the proportion of male respondents who think that men and boys should be prioritised in the event of food shortages has increased since the onset of the crisis. Moreover, it was found that discrimination against girls and women with respect to access to food is much more pronounced in fragile and conflict affected areas such as Diffa and Tillabéri. This finding was echoed in focus groups in Ethiopia, which reported that social norms which discriminate

against girls with respect to access to food have been reinforced by the food crisis and that discrimination and inequality has increased.

Despite these discriminatory practices, it was recognised by respondents that girls and women have specific and enhanced nutritional needs, and in some cases are more vulnerable to malnutrition. FGDs and KIIs in Burkina Faso, Mali and Haiti indicated a widespread acknowledgement that pregnant and breastfeeding girls and women, along with children and people with disabilities were particularly vulnerable to malnutrition, and that their nutritional needs were not being met. FGD respondents in Haiti and key informants Mali specifically mentioned girls and women facing greater difficulties in breastfeeding their babies as a result of malnutrition.

GENDER BASED VIOLENCE

In almost all the RGAs, it was reported that incidences of gender-based violence (GBV) have increased since the onset of the current crisis.⁸² Although in most cases formal GBV reporting data are not available, notable proportions of survey respondents and key informants in most countries believed that incidences of rape, domestic violence, female genital mutilation/cutting, child, early and forced marriages and sexual harassment, amongst other protection violations, were on the rise. In Ethiopia, where local level data on reported GBV cases were available, an increase in GBV cases, in particular cases of rape and early and forced marriage were reported. An increase in rape cases was also the most reported security concern amongst survey respondents in Somalia, while around of third of girls in focus groups reported that sexual violence was the most important security concern they face.⁸³

One notable way in which the food crisis is increasing girls and women's exposure to sexual violence in public spaces is through the increasing demands placed on them to collect food, water and firewood. In all three drought affected countries in the Horn of Africa and in Haiti it was reported in focus groups that girls and women are having to walk ever increasing distances and spend more time collecting water as the drought progresses, and that journeys to collect water and firewood are insecure. In

Somalia, amongst survey respondents who had crossed the border from Ethiopia, the majority reported that lack of water was a critical protection concern for girls and women as they needed to travel long distances to collect water.

In Kenya and Somalia, girls and women in focus groups described travelling in groups to collect water and firewood in order to mitigate risks, and in Somalia there were reports of some households preferring to use charcoal rather than firewood for cooking in order to mitigate the risk of sexual violence.

“

We had a reported case of a little girl who was raped while she was collecting firewood, and another 11 year old girl also was raped and died of bleeding.

KII with local government representative, Ethiopia

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Water collection points were also identified as locations where girls and women experience violence. In Haiti, it was reported that girls and women are physically abused at water

collection sites, while in South Sudan, a litany of safety concerns surrounding water points were described during FGDs with both women and men, including frequent disputes, armed robbers, being raped, and fear of contracting diseases due to dirty conditions.

Shortage of water also increases competition for water and waiting times at water points; in Kenya, waiting times at water points in the area studied have doubled since the drought and now average 90 – 120 minutes.⁸⁴ In response to long waits for water, participants in Ethiopia reported travelling to collect water at night, which increases their risks of sexual violence and other risks:

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Travelling long distances at night-time is very risky for us. Younger girls and women are exposed to sexual violence risks including rape and they are endangered by dangerous wild animals like a hyena. However, mostly we prefer to go to the water sources by night just to avoid the competition and get water.

FGD participant, Ethiopia

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In Kenya, it was also noted that girls have a role in looking after livestock and that with the drought, distances covered with livestock in search of pasture are also increasing. Spending long periods of time in the fields without security was identified as a key security concern for girls, who are at risk of sexual harassment and rape, but also presents risks for boys and for elderly men.

INTIMATE PARTNER VIOLENCE

Several of the RGAs highlighted the link between intimate partner violence and the food crisis. In Burkina Faso and Mali, increases in intimate partner violence against girls and women were noted, including increases in beatings, insults, psychological and emotional violence, running away, denial of dialogue, and deprivation of food. In Mali, a majority of focus group participants reported increased cases of intimate partner violence linked to difficulties accessing food. In Kenya and Somalia, violence in the home was also identified as a source of insecurity for girls and women.

“

Yes, with the lack of food, it is often difficult for couples to understand each other. This often leads to shortcomings in families.

FGD with boys, Burkina Faso

Women always ask for food, and the husband, for lack of means, scolds or insults her and they can beat each other up, which sometimes leads to the women running away from home.

FGD participant, Niger

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Discussions with boys and young men also indicated that violence against women is prevalent in households. In Niger, the vast majority of the boys and men in focus groups said they have used violence against girls and women, and in Burkina Faso, a majority of boys and men in focus groups said that physical violence towards girls or women had increased since the onset of the crisis.

While food insecurity and associated stress and anxiety may have exacerbated risks of intimate partner violence, the problem was pre-existing, and strongly linked to patriarchal social norms, compounded by impunity for perpetrators. In Mali, for example, it was highlighted that the social system, which advocates tolerance, forgiveness and the submission of the wife to her husband and allows for men's dominance, means that intimate partner violence is tolerated and makes some men believe that they have the right of life or death over their wives. Girls' and women's lack of financial autonomy was also cited as a factor increasing the risk of intimate partner violence.

SEXUAL EXPLOITATION

Hunger and food insecurity heightens the risks of sexual exploitation – being unable to meet basic needs puts girls and women in a position of acute vulnerability and they may have few options to secure food or money other than selling or exchanging sex. Examples of sexual exploitation were reported in most of the countries in this report. In Niger, for example, it was reported by boys and men in focus groups in all regions studied that some men were buying sex, and that

this has increased since the onset of the crisis. In discussions with boys and young men in Burkina Faso, over half reported to have sometimes or often observed girls and young women being sexually exploited in the context of selling or exchanging sex.

Power imbalances are amplified in situations of food insecurity. Examples were cited of where men with relative power were using the situation to exploit girls and young women. In Haiti, for example:

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Girls and young women are the pleasure of men from the capital or from abroad because they have money. They come to spend some time in the area. They exploit them sexually... it's sad to see 14, 15 and 16 year old girls with men over 30 years old on the beach in Marigot.

FGD participant, Haiti.

”

In Ethiopia, it was reported in KII that girls and young women are exposed to sexual exploitation by IDP camp security guards. As a result, some young women have become pregnant and there is an increased number of single mothers in the camp.

“

Some young women...engaged in sexual relationships with the camp security guards who are assigned to protect the shelter, they will stay in relationships by giving false promises to young girls to support and marry them in the future, however, they left the place without a trace after impregnating the women.

KII with local government official, Ethiopia

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Family separation due to migration prompted by food insecurity is also increasing the risks of sexual exploitation of girls and women. In Haiti, for example, sexual exploitation was linked to the fact that migration has left many women- and child-headed households, and that women struggle to raise their children alone. The link between sexual exploitation and unwanted pregnancies was highlighted in focus groups in Haiti – it was reported that in some cases, when mothers sell sex to meet the needs of their children, they become pregnant again.

ACCESS TO JUSTICE AND SUPPORT FOR SURVIVORS

In many contexts, impunity for perpetrators of violence against girls and women was reported to be a driver of violence, alongside harmful social norms. In Mali, for example, respondents described how most cases of rape were not formally reported and were instead handled informally by families and communities. Similarly, in Ethiopia, it was reported in KIIs that social norms mean that it is taboo to disclose experiences of rape, particularly for older and married women. As a result, cases are unreported, and survivors of sexual violence live with trauma without seeking support. In South Sudan, during FGDs with both women and men it was reported that survivors are often forced to marry men who raped them, which further discourages reporting.

In countries where respondents were asked about the structures for reporting protection violations, a mixed picture emerged. In Haiti, for example, community protection structures in the area studied were very limited, were often headed by men with little participation of women or children. As a result, respondents reported that girls and women lack confidence in these structures and that they don't serve their purpose. Survivors of violence in Haiti fear reprisals and do not speak out, and often leave the area. In Kenya, it was concluded that although reporting structures exist, they are unable to manage, given the escalating incidences of protection violations. Access to reporting structures is particularly challenging for girls and women who have been displaced; In Somalia, 68 per cent of respondents⁸⁵ reported that there was nowhere for girls and women who had crossed the border to report protection violations.

A lack of law enforcement and weak or non-existent judicial systems was mentioned in both Haiti and South Sudan, meaning that survivors lack access

to justice and impunity is encouraged. In Somalia, focus group participants indicated that no formal legal services are available for GBV cases, but rather traditional litigation structures exist.

Medical services, including clinical management of rape and psycho-social support are critical for survivors of sexual violence, yet several of the RGAs described services for survivors of sexual violence as weak or absent. In Somalia, for example, 48 per cent of respondents⁸⁶ indicated that services for survivors of sexual and gender-based violence were not available. In Haiti, it was reported that the services are found in cities, far from the areas studied. It was also mentioned that services that are available are not inclusive for people with disabilities. In Ethiopia, while a 'One-Stop Centre' providing free medical, legal, and psycho-social services to survivors of gender-based violence was present in the area studied, key informants reported that this was inadequately resourced and unable to meet the needs of survivors.

In Haiti and Kenya, respondents reported low levels of knowledge of whether services for survivors were available and an unwillingness to access services that are available; in Kenya, only 10 per cent⁸⁷ of respondents had knowledge of services and stigma and fear resulted in many people being unwilling to seek services.

IMPACTS OF CONFLICT, INSECURITY AND DISPLACEMENT

In all of the countries in this report, the food crisis is intertwined with conflict and insecurity in some form, resulting in security risks for all members of the community. While girls and women face protection risks in all domains, including within their own homes, conflict and insecurity amplifies the risks of violence they face outside the home and renders almost all spaces unsafe.

In Kenya, attacks by neighbouring communities and bandits were mentioned in focus groups as key security concerns for girls and women, while in South Sudan, cattle raiding, which was cited as the major cause of intercommunal and inter-tribal conflict, results in sexual violence against girls and women, along with other risks, including temporary displacement. In Mali, conflict and insecurity and the presence of armed groups has heightened protection concerns, particularly for girls and women. Since the onset of the conflict

in Mali, the use of ethnically oriented rape as a weapon of war has been exacerbated and police and other security services have increasingly been involved in violence.

In several of the contexts in this report people have been displaced – often by a combination of food insecurity, drought or flooding, and conflict. Many of the RGAs highlight the ways in which displacement increases protection risks for girls and women. In Burkina Faso, Somalia and Ethiopia, IDPs were reported to be more vulnerable to GBV as a result of higher levels of poverty, greater challenges in accessing food, water and firewood, and inadequate shelter, lighting and toilet facilities in displacement sites, which exposes girls and women to sexual violence. In Somalia, amongst survey respondents who reported that protection concerns exist for displaced women and girls, poor shelter was reported as a concern by a majority of respondents, particularly related to congestion and shared spaces.

In Ethiopia, displacement and migration associated with the drought is contributing to an increase in human trafficking of girls and young women from both IDP and host communities. Key informants reported that drought-affected people are moving to urban areas and are forced to live in unprotected shelters, often in the street, which in turn increases the exposure of children, and particularly girls, to sexual abuse and violence, and to risks of trafficking.

“

Particularly young girls age from 14 to 17 years old who are living on the street are highly vulnerable to GBV and trafficking, school closing has also highly contributed to increasing GBV in the area.

**Kil with local government official,
Ethiopia**

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Survey responses in Mali highlighted a range of challenges faced by IDPs which can increase the insecurity and protection risks they face. 68 per cent of respondents mentioned that IDPs lack access to employment, 41 per cent reported family separation and 37 per cent mentioned that IDPs lack information about assistance.⁸⁸

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Yes. rapes are on the increase because we are left to our own devices and there is no one to help us displaced people; yes, it is the internally displaced people who are most affected, especially women and girls. They are raped, beaten and injured.

FGDs with girls, Burkina Faso

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A widely reported impact of insecurity in public spaces is the curtailment of girls' and women's freedom of movement. RGAs from Mali, Niger, Somalia and South Sudan all mentioned that girls' and women's ability to move freely within and beyond their communities had been restricted,

in turn limiting their participation opportunities outside the home and ability to access services.

Limits on freedom of movement were widely attributed to insecurity – in Mali, 86 per cent⁸⁹ of survey respondents identified this as the main factor restricting girls' and women's freedom of movement, while in South Sudan, focus group participants explained that girls' and women's freedom of movement is particularly curtailed during times of cattle raiding. However, the influence of social norms was also evident – in Somalia, for example, 'cultural acceptance' was the most cited factor limiting movement of girls and women amongst survey respondents. It is also noteworthy that while in some contexts, including South Sudan and Mali, it was noted that boys also face protection risks and that their freedom of movement is also limited in some situations, across the RGAs, the limitations mentioned overwhelmingly affect girls and women.

COPING STRATEGIES

REDUCING FOOD CONSUMPTION

In the face of food shortages, households are reducing food consumption in an effort to make available food stretch further. RGAs from Burkina Faso, Mali and Kenya all described how families are rationing food, eating smaller portions, reducing the number of meals eaten per day, or eating less expensive, nutritious or appropriate food. In Kenya, for example, 92 per cent of survey respondents have limited portion sizes and 93 per cent had reduced the number of meals eaten at least once in the last week.⁹⁰ In both Kenya and Burkina Faso, it was explained that these strategies are intended to ensure children have enough to eat. While these findings described household level strategies, when seen in the context of findings about gendered food distribution practices within households, specifically where girls and women eat less and eat last, these coping strategies are likely to further undermine girl's and women's nutrition.

There was also evidence that coping strategies are straining or undermining longer-term resilience. In South Sudan, it was mentioned that people are consuming seed stocks intended for next planting season. Borrowing food

from friends, neighbours or relatives was also mentioned as a strategy in Kenya, South Sudan and Ethiopia; in Kenya, 95 per cent⁹¹ of survey respondents have borrowed food at least once in the last week. In Ethiopia, however, it was mentioned that the traditional systems of social support, which allow people to save and borrow money, grain and food, have collapsed in the face of the crisis.

CHILD, EARLY AND FORCED MARRIAGE

A widely reported coping strategy, which exclusively affects girls, was child, early and forced marriage (CEFM). In several countries included in this report, this harmful practice was already commonplace before the crisis. However, there was evidence that the hunger crisis is exacerbating girls' risks of being married early. RGAs from Mali, Niger and Ethiopia specifically mentioned that CEFM had increased in the context of the current crisis.⁹²

Reasons given for girls being married off early mostly focused on reducing the burden on families by reducing the number of mouths to feed, or as a source of dowry. In South Sudan, where forced engagement - or 'booking' – of girls starts as

young as two years old, dowry payment was identified during FGDs as an important source of income. CEFM was also mentioned as a way to protect girls – including from pregnancy outside of marriage. In Ethiopia and Mali, school closures were noted as being a factor exacerbating rates of CEFM. In Ethiopia, during FGDs girls themselves described marriage as a way to cope and increase their own food security.

Evidence from the countries where CEFM is practiced illustrates the detrimental impact of the practice on girls' health, protection and wellbeing. CEFM often leads to early and frequent pregnancies, with the associated risks of complications and maternal and infant death. In Niger, for example, 36 per cent of adolescent girls aged 15 - 19 are pregnant or have already given birth.⁹³ It was also noted that girls who are married early are often removed from school, lack decision making powers within their new household and are at amplified risk of intimate partner violence. In South Sudan, it was reported during FGDs with adolescent girls that some married girls have run away from home, leaving them vulnerable to sexual exploitation.

LIVELIHOOD RESPONSES

In all countries included in this report there was evidence that the hunger crisis is forcing changes to livelihoods; households are having to supplement and diversify their sources of income in order to make ends meet. It is clear that in all contexts livelihood options, and their associated risks and burdens, are shaped by both gender and age. Significant gendered child protection risks, including child labour, were highlighted in most contexts.

In some contexts, conditions related to the crisis, such as drought or conflict, mean that previous livelihood activities are no longer possible or are more challenging. In Haiti, for example, crop failure due to drought has interrupted agricultural activities, and rising insecurity, particularly around Port-au-Prince, is limiting the ability of both women and men to move around and trade. As a consequence, many men are now working as motorcycle taxi drivers or in masonry. Similarly, in Mali, agriculture and livestock breeding have been disrupted by insecurity, prompting recourse to alternative sources of income such as daily casual labour.

While the specific types of income generating activities differed between contexts, some common themes emerged. Amongst girls and

women, domestic work - in private homes, or taking in laundry – was commonly mentioned, along with petty trade and hairdressing. As described above, there was also evidence from several of the countries of women selling or exchanging sex. In many cases, it was reported that girls and women are taking on new or additional income generating activities, in addition to their domestic and caring responsibilities. Amongst boys and men, daily labouring, petty trade, collecting and transporting of stones to sell, masonry, agricultural work, motorcycle taxi driving and panning for gold were all mentioned in at least two countries. In some contexts, it appeared that efforts to generate income were undermining longer term resilience through selling off productive assets.

In some cases, the activities described suggest that young women and men have or are developing skills and capacities, including entrepreneurial skills, that they are able to use to generate income and in turn to cope with the food crisis. However, it was also clear that in many cases a lack of economic resources limited young people's ability to initiate activities of their choosing, and that young women's lower access to resources further restricted their options.

Despite the persistence of gender differences in livelihood activities, even in the face of food insecurity, there was evidence from some contexts that gendered livelihood roles are shifting. In Niger, girls and women were reported

A young woman, who is pregnant, is worried about how she will provide for a second child, Haiti. © Plan International



to be taking on production roles that they hadn't done in the past. Girls, for example, are now involved in some activities previously carried out by the boys, such as selling straw and providing agricultural labour.

Migration, most commonly to urban centres and in some cases internationally, was mentioned in almost all countries. Examples of movement referenced in the RGAs ranged from migration as an intentional livelihood strategy, to forced displacement and trafficking. Depending on the context, women and men, girls and boys were found to be migrating as a deliberate livelihood strategy, although in most cases the opportunities associated with migration were shaped by gender. In Ethiopia and Niger, for example, both girls and young women and boys and young men have migrated to urban areas – in the case of girls and young women in search of domestic work, while boys and young men often work as daily labourers.

Across the Horn of Africa, the drought, in combination with insecurity is prompting the mass movement of people, including large numbers of people crossing the border from Ethiopia into Somalia. In Kenya and Ethiopia, drought is prompting the movement of people in search of pasture, water, security, and food. However, it appeared that men had greater freedom to move than women:

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...if a man lacks food to eat he will move with these cattle from one grazing area to another. Women prefer to stay at their village with her children. Thus, they will suffer a lot to feed their family.

Male FGD participant, Ethiopia

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Examples of international migration in response to food insecurity were described in Haiti and Ethiopia. In Haiti, migration to other countries in the region, including the Dominican Republic, Brazil, and Chile in search of work is widespread, and particularly common amongst men. In Ethiopia, large numbers of girls and young women have migrated to the Middle East – many of whom appear to be victims of trafficking. It was reported in KIIs that large number of young women are

taken from drought-affected areas and sent to Middle Eastern countries by 'brokers', and that economic hardship, displacement and migration of girls and women to urban areas were all factors increasing girls' and women's risk of trafficking.

Across all countries, coping with the hunger crisis through expanding and diversifying livelihood activities is increasing burdens and responsibilities. While these increased burdens affect all members of the household, gendered roles and responsibilities mean that the impact on girls and women is different to the impact on boys and men. In most countries, the observation was made that, as women have begun to engage in new income generating activities outside the home, this has extended the hours they work on top of domestic and caring responsibilities, including walking to collect water, food and firewood. In many cases, the additional burdens on women have spill-over effects to their daughters, who are called on to support their mothers in household chores, collecting water and firewood, as well as taking care of their younger siblings.

In Ethiopia, FDG participants reported that girls and women are experiencing psychological distress, such as anxiety, as a result of increasing burdens. In Niger, FGDs revealed that additional work has impacted girls' and women's participation in informal information and learning spaces that exist at community level, such as women's chat rooms, savings and credit groups, in turn depriving them of the little time they had previously used to learn and grow.

Boys and men are also working longer hours and multiplying their sources of income, which in turn is depriving them of leisure time. The pressure on men as primary income earners, particularly during the hunger crisis was evident in South Sudan and Ethiopia. In South Sudan, it was mentioned in FGDs that men are under stress, which contributes to fights, alcohol abuse and intimate partner violence and, although uncommon, some men have committed suicide when they have been unable to take care of their families. In Ethiopia, male FGD participants expressed their feelings of psychological stress, depression and anxiety caused by shouldering an increased burden of family responsibility.

Burdens are especially amplified when one or more members of the household have migrated to find work. In some of the areas studied in Niger for example, from which large numbers of men have migrated, women left behind described during focus groups the pressures of assuming all family

responsibilities, with some resorting to selling off assets such as crockery and other personal belongings to meet the costs of food. In Haiti, where migration is also more common amongst men, 65 per cent of households in the study area were headed by women. In some families, the crisis has resulted in both parents migrating in search of work, leaving child headed households. This is leaving women and older adolescents burdened with the task of raising children alone as well as earning an income, which in turn puts them at heightened risk of abuse and exploitation.

GENDERED CHILD PROTECTION RISKS ASSOCIATED WITH LIVELIHOOD RESPONSES

Many of the livelihood strategies being resorted to during the food crisis carry significant child protection and gender-based violence risks. In many contexts both girls and boys are engaged in child labour. In several cases references were made to children being involved in work which would be classified as one of the worst forms of child labour, including sexual exploitation in the context of selling and exchanging sex and joining armed groups. In many cases, engaging in child labour was interfering with children's education by reducing their attendance or by forcing them to drop out of school altogether.

Unaccompanied children on the move are particularly exposed to risks of violence, abuse and exploitation. In Niger and Ethiopia, it was reported that girls who have migrated to urban centres, without their families, are at high risk of sexual assault, particularly when approaching strangers to sell food in the street. Key informants in Ethiopia reported that girls who are forced to sleep in the street are at particular risk of

trafficking. In Burkina Faso and Haiti, the risks to girls working as domestic workers were highlighted during FGDs. Homes of individuals where they do laundry in exchange for payment was identified by girls in Burkina Faso as one of the most insecure locations.

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Yes. The girls who are housekeepers are beaten and insulted by their bosses.

FGD with girls, Burkina Faso

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In both Burkina Faso and Haiti, the risks to girls and young women who are exploited in the context of selling or exchanging sex, including unwanted pregnancies, sexually transmitted infections and physical and sexual violence were emphasised.

Boys too are exposed to protection risks as a result of activities they are engaging in to earn an income. In Mali and South Sudan, the involvement of boys and young men in high-risk activities such as banditry, armed groups and cattle raiding was referenced – all of which carry risks of injuries and death. During FGDs with boys in South Sudan and in FGDs and KIIs in Niger, Mali, Ethiopia it was mentioned that some boys are falling into criminality and drug use, which in turn is heightening their risks of exploitation. In Niger, adolescent boys are increasingly engaging in physically arduous income generating activities, such as collecting and transporting stones to sell.

CHANGING ROLES AND RESPONSIBILITIES

In all the countries included in this report, it was apparent that prior to the crisis, roles and responsibilities at household and community level were divided starkly along gender lines. While there were differences between contexts, girls and women assumed primary responsibility for domestic and caring responsibilities, while boys and men had a greater role in economically productive activities. Although many household decisions were reportedly made jointly between women and men, typically men had a greater role

in major household decisions and in community level decision making.

Since the crisis, while roles and responsibilities still, in the main, divide along gender lines, in most countries some evidence was found of shifts in gender roles. In many cases these changes had been brought about by changes to livelihoods made in response to the food crisis, in particular by migration of household members, and by the experience of displacement.

Young girl has her arm measurement taken to check for malnourishment in South Sudan.
© Plan International / Charles Atiki Lomodong



As previously described, in many contexts girls and women have moved into more economically productive roles by taking on new or additional income generating activities alongside their domestic and caring responsibilities. While in some countries it was emphasised that domestic work remains an almost exclusively female domain, there were examples cited of boys' and men's roles' shifting to assume more domestic responsibilities. In Somalia, for example, FGD responses indicated that alongside girls and women taking on income generating activities, men and boys are now engaged in cleaning the home, cooking, childcare and collecting firewood.

In Kenya, elderly men, who are no longer able to look after livestock as the distances to reach grazing land are too far, are now helping to care for young children while their mothers are away from home looking for food. Meanwhile, in Ethiopia, in cases where women have migrated overseas to earn an income, men are taking on a greater share of the family responsibilities and taking care of their children and other family members.

As an increasing number of women have become heads of household, their responsibilities and decision-making powers at household level have, in many cases, also grown. In Niger and Ethiopia, for example, it was mentioned that as men leave for urban areas, women are taking on responsibility for household management and decision-making. In Burkina Faso, both IDPs and host communities were surveyed; women and adolescent-headed households were more common amongst the IDP population, and it was observed that women and adolescents who are in this position are responsible for and make decisions about the supply and management of food and nutrition. In contrast, amongst the host community, men remain the decision-makers at household level. This change was characterised as an opportunity for girls and women to lift the food taboos or restrictions they face because of gender norms.

In other cases, new responsibilities at household level present challenges for women beyond the additional burden of work. In Haiti, for example, female heads of household reported having to take on the role of father as well as mother. Some women in focus groups described struggling to raise their sons in this situation as boys only respect what a man says.

Even where girls and women have experienced increased decision-making powers at household level, this does not appear to translate into community level decision making. In Mali, for example, over half of survey respondents said that women are absent from community decision making structures and the majority of key informants reported that the crisis had not changed community decision-making responsibilities.

IMPACTS ON EDUCATION

In all countries included in this report, evidence from the RGAs indicates that the hunger crisis is having a negative impact on children's education, and that this impact differs by gender. In most cases, either quantitative or qualitative data was presented which showed that school enrolment and/or attendance has reduced since the onset of the crisis. In the case of Kenya, for example, school attendance amongst households surveyed had fallen by 10.4 per cent on average

since before the drought, from 61.5 per cent to 51.1 per cent.⁹⁴ Data from Kenya also indicate that the gender gap in school attendance which existed before the drought has persisted; 14.3 per cent of households surveyed reported that girls are now out of school compared to 13.5 per cent reporting that boys are out of school.⁹⁵ Somalia was the one exception to this trend; data from the survey suggested that school attendance in the area studied had increased

since the drought – a finding attributed to the conditional provision of multi-purpose cash assistance to households.

Evidence from other countries also suggests that, while the education of both boys and girls has been impacted by the food crisis, girls' education has been disproportionately deprioritised. In Mali, for example, findings from key informant interviews strongly suggested that girls' education has been heavily impacted by the food crisis. Amongst boys and young men in Burkina Faso, almost half of respondents in focus groups thought that girls' education should be put on hold some or all of the time because of the hunger crisis. There was also some evidence that girls themselves are deprioritising education in the context of the hunger crisis. In none of the focus groups with girls or young women in Mali, for example, was education identified as an activity to which time would be devoted, and in Niger and Haiti it was reported in focus groups that both girls and boys are losing interest in their studies.

The reasons given for children dropping out of school were similar for most countries, and clearly linked to families' livelihood coping strategies. In the majority of countries, the need for children to support the family through income generating activities and/or domestic work was mentioned. RGAs from Kenya, Niger, Ethiopia, South Sudan and Haiti all found evidence that domestic demands were greater for girls than for boys. In Haiti and Ethiopia, the task of collecting water was specifically cited during FGDs and KIs as a reason for children being late or repeatedly absent from school.

Child, early and forced marriage and early pregnancy were also mentioned in South Sudan, Niger and Haiti as factors contributing to girls dropping out of school, while in South Sudan gender norms further disincentivise girls' education; during FGDs it was reported that as educated girls attract less dowry or bride price as it is thought they will produce fewer children, the decision is usually taken to marry girls early rather than send them to school.

Another cited reason for removing children from school, mentioned in Haiti, Somalia and Kenya, was lack of money for school fees. In Kenya, shortage of money for fees was linked to loss of livestock during the drought. Response to drought conditions were also a factor in Ethiopia, where key informants explained that family

migration in search of water sources and grazing land for their cattle is leading children to drop out of school.

In contexts affected by conflict and insecurity, in combination with the food crisis, there are additional challenges facing children's, and particularly girls' education. For example, in the region of Tillabéri, in Niger, 817 schools were closed in the region in 2021, largely due to insecurity.⁹⁶ Similarly, in the Pibor region of South Sudan, frequent intercommunal violence has resulted in the destruction of schools and displacement of thousands of people, who in turn are using remaining schools as shelters. Among girls and women surveyed in South Sudan, 72 per cent⁹⁷ identified insecurity as a factor contributing to girls not attending school.

Hunger itself is also having an impact on the ability of children who do attend school to learn. In Haiti and Niger it was noted by key informants that children's concentration is suffering due to hunger. As one girl in a focus group in Burkina Faso commented: "when you don't have a full belly you can't study". Conversely, when school meals are provided, this acts as a strong incentive for parents to send their children to school. In Haiti, parents explained that they send their children to school not just for learning but also for feeding, while a school principal noted that previously, when hot meals had been provided, children were happy and learned with pleasure, but since the crisis, provision of school meals is no longer possible, and children do not want to stay in school because they are hungry.

When children drop out of school early, the immediate and longer-term impacts are



significant, and differ by gender. School dropout, child labour and early marriage are closely intertwined and mutually reinforcing. When children lose the protection of being in school, their exposure to other protection risks and violations increases. For girls, child, early and forced marriage is both a cause and

a consequence of dropping out of school. In some of the RGAs, the longer-term and wider implications of school dropout, particularly of girls, were discussed. In Niger, for example, it was highlighted that dropouts would reinforce gender inequality and undermine the country's human resources in the longer term.

IMPACTS ON HEALTH

The hunger crisis is negatively affecting the physical and mental health of people affected in a multitude of ways. In addition to pre-existing health needs, the crisis is exacerbating health problems including malnutrition and water-borne diseases. In countries where data were provided, there is evidence that some health problems are disproportionately affecting girls and women. In Kenya, for example, sexually transmitted infections (STIs) and water-borne diseases were reported to be more common amongst girls and women than amongst boys and men, while rates of malnutrition amongst girls was reportedly higher than amongst boys. In Somalia, urinary tract infections (UTIs) were the most common type of disease reported by girls and women, with 48 per cent⁹⁸ reporting suffering from a UTI in the past 30 days.

SEXUAL AND REPRODUCTIVE HEALTH

In many countries, girls' and women's sexual and reproductive health needs were already underserved and there was evidence from some RGAs that SRHR needs are increasing with the crisis. Increasing incidences of sexual violence and sexual exploitation were reported to be increasing the numbers of unwanted pregnancies and STIs in countries including Ethiopia and Haiti; during key informant interviews in Ethiopia it was reported that this year, in the area studied, 28 newborn infants have been found left on the street as mothers are unable to look after them.

Even if sexual and reproductive health services and supplies are available, findings from some of the RGAs point to the fact that social norms and levels of awareness shape and in some cases limit adolescent girls' and young women's access. In Haiti, for example, it was mentioned that decision making around contraceptive use is dominated by men. In Ethiopia, a lack of sexual and reproductive health awareness amongst the

IDP community results in girls and young women not being willing to use contraception.

“

Culturally women and girls are not allowed or cannot accept to access or use contraception

**KII with community leader,
South Sudan**

”

Yet in most cases access to health services, including sexual and reproductive health services, was reported to be poor in most of the areas studied. In Kenya, for example, only half of respondents mentioned having safe access to a health facility. Somalia, however, was an anomaly, with 82 per cent⁹⁹ of survey respondents reporting that accessible health services were available in the area studied. Mental healthcare, however, remains a gap – only 9 per cent¹⁰⁰ of respondents in Somalia reported having access to psychosocial support services, despite the level of physical, sexual and emotional violence experienced by the affected population.

Reasons for lack of access to healthcare services varied. In many contexts it was apparent that in the areas studied there was an absence of health facilities or health workers, resulting in long distances to functioning health facilities. In Ethiopia, focus groups with IDP women highlighted that this is a particular concern for girls and women who are pregnant or breastfeeding, and who are forced to travel long distance to access prenatal and postnatal care as well as to get health care for their children.

“

Yesterday I went to the health centre. I have travel a long distance by foot. I felt very tired and felt sick when I get back home.

Pregnant IDP young woman, during FGD in Ethiopia

”

Lack of economic resources was also cited as a key reason for people being unable to access healthcare, as money is prioritised elsewhere. In Kenya, over half of survey respondents reported not having enough money to pay for health care.

It was also apparent in some contexts that available healthcare does not meet the needs of adolescent girls and young women in particular.

In Mali, it was reported that adolescents find it difficult to access healthcare due to a lack of information on healthcare that meets their specific needs. In Kenya, some respondents pointed to the lack of female health staff as being a barrier to accessing healthcare.

There was widespread evidence from across the RGAs that girls' and women's menstrual health and hygiene needs are not being adequately met, and that the food crisis is making this situation worse. In Kenya, for example, 40 per cent of girls and women of reproductive age surveyed do not have their menstrual hygiene needs met,¹⁰¹ while in Somalia the figure was 30 per cent.¹⁰² Lack of money to buy menstrual hygiene supplies was mentioned as a barrier, while in Ethiopia, women described how water shortages creates challenges for them to maintain their menstrual hygiene in a safe, private and dignified manner, as they require water to wash their cloths and themselves.

HUMANITARIAN ASSISTANCE

Across all countries where respondents were asked about the adequacy of humanitarian assistance there was evidence that it is insufficient. Recalling that the areas studied are among the world's hunger hotspots, there are evident shortfalls in the level of assistance being provided given the scale of humanitarian needs. In Ethiopia and South Sudan, focus group participants described how food rations were insufficient to feed their family. In all three countries in the Sahel, key informant interviews and secondary data revealed that assistance is reaching low proportions of the population, is infrequent, and often not reaching the most vulnerable. While the specific priorities for humanitarian assistance differed between contexts, a common finding across most of the countries was that, in general, both women and men preferred to receive assistance in the form of cash over other forms of delivery.

While there was limited evidence in the RGAs about how inclusive and accountable the humanitarian response is in the countries studied, evidence which was presented paints a mixed picture. In Mali, for example, it was reported that food distribution sites are more accessible to men and affected households have been consulted very

little about their needs by humanitarian agencies. In contrast, in Ethiopia, IDP women reported that, although assistance is insufficient, that which is provided is inclusive and equitable; that women have equal access to all humanitarian assistance; and that priority is given to the elderly and to people with disabilities.



Sorghumis distributed to women in Rumbek, South Sudan.
© Plan International / Peter Caton

CONCLUSION

The global hunger crisis looks set to continue to escalate. The forces driving food insecurity across multiple countries show little sign of abating, and the numbers of people affected are climbing.

Yet the experiences of individuals affected by food crises – their needs, vulnerabilities, capacities and coping strategies - differ markedly and are shaped by gender, age and other factors. Responses to the current global hunger crisis must take account of these differential impacts and experiences, and in particular the ways in which they are shaped by entrenched gender inequalities. Failure to do so will mean that the specific needs of girls and women risk being neglected, and that progress on gender equality will be undone.

Drawing on recent analysis from eight of the world's hunger hotspots, the report had shown that:

- Pre-existing gender norms shape girls' and women's vulnerability to the direct and indirect impacts of food insecurity. Gendered food distribution and consumption at the household level mean that girls and women often eat less and eat after boys and men. Women and child-headed households, particularly in displaced communities, and girls and women with disabilities face disproportionately higher barriers to accessing food.
- Acute food insecurity amplifies the risks of violence, abuse and exploitation faced by girls and women, both within and outside the home. Strategies employed to cope with food insecurity are increasing girls' and women's exposure to violence; risks which are further amplified in situations of conflict, insecurity and displacement. Child, early and forced marriage, already commonplace in many of the contexts studied, was widely reported to be a strategy to cope with food insecurity, along with child labour. Unaccompanied children migrating to urban centres are particularly exposed to risks of violence, abuse and exploitation.
- Coping strategies are shaped by gender, but in most countries some evidence was found of shifts in gender roles. For girls and women, taking on more economically productive roles has extended the hours they work on top of domestic and caring responsibilities, including walking to collect water, food and firewood. For both women and men, increasing burdens are contributing to stress and anxiety.
- The hunger crisis is having a negative impact on children's education, and this impact differs by gender. School enrolment and/or attendance has reduced since the crisis and the evidence suggests that girls' education has been disproportionately deprioritised. Hunger itself is also having an impact on the ability of children who do attend school to learn.
- Girls' and women's sexual and reproductive health needs were already underserved before the crisis. Increasing incidences of sexual violence and sexual exploitation were reported to be increasing the numbers of unwanted pregnancies and sexually transmitted infections are increasing needs, yet there is a lack of accessible services and supplies. Girls' and women's menstrual health and hygiene needs are not being adequately met, and the hunger crisis is making this situation worse.

RECOMMENDATIONS

Based on the findings of this report, Plan International makes the following recommendations for governments, donors and other humanitarian actors:



GENDER RESPONSIVE PROGRAMMES

Urgently provide the funding required to avert the risk of starvation for millions of people who stand at the brink of famine.¹⁰³

Funds need to be readily available, immediately provided, flexible and unearmarked. **Funding for the hunger crisis must not be diverted to other emergencies.**

Ensure that funding for gender responsive child protection, gender-based violence, mental health and psychosocial support, sexual and reproductive health and rights and education interventions, including critical school meals programmes is requested and provided at the onset of food security crises, commensurate with needs. Funding for both specialised and integrated interventions is urgently needed to ensure the protection, health and wellbeing of children, particularly girls, and women in contexts of acute food insecurity.

Implement school meals programmes as a key intervention in food insecure contexts. Where necessary, alternative food distribution measures should be identified in the event of school closures, such as school meal collection services, take-home rations, food vouchers or cash transfers where appropriate, to replace school meals. These should be adapted to ensure they reach the youngest children and adolescent girls – including those that were out of school before the crisis.

Use multi-purpose cash and vouchers as a preferred modality of assistance wherever possible and where markets remain functional.¹⁰⁴ Financial assistance should be explicitly directed to maintaining the health, nutrition and well-being of children and young people, with particular attention to the needs and vulnerabilities of the youngest children, adolescent girls and boys

and young women, particularly pregnant and lactating mothers. There should be careful assessment of possible child protection and GBV risks that may be associated with cash and voucher assistance.

Integrate child protection and GBV considerations into food security programming and vice versa in order to strengthen protection outcomes and avoid doing harm. This includes designing, implementing and monitoring **integrated child protection and food security programs** that aim to prevent and respond to risks such as child labour, child, early, and forced marriage, family separation, and psychological distress arising as a result of food insecurity. This requires strengthening collaboration between food security and child protection and GBV actors at all stages of the programme cycle.

Act early to save lives by funding and implementing gender responsive, child sensitive and locally led anticipatory action and preparedness. Anticipatory actions aim to prevent and mitigate the impacts of climate shocks and should be based on an understanding of how gender and other forms of inequality shape vulnerability and resilience and influence the extent to which individuals can access and benefit from anticipatory action. Girls and women must be involved in the planning, design and implementation of anticipatory action activities.

Support governments to reinforce and scale-up gender responsive, unconditional social protection and income support measures for the most affected and vulnerable people and families, including child- and female-headed households, families with young children, displaced populations. Social protection programmes should be designed to promote gender equality by considering how they can

increase women's control over household expenditure; reduce household stress and economic insecurity that can drive gender-based violence; and promote girls' enrolment and attendance at school.

Increase investment in gender responsive, child sensitive and locally led resilience and climate change adaptation.

It is particularly important that the resilience of services critical to girl's and women's protection, health and wellbeing is strengthened. This includes education, nutrition, protection, water and sanitation, and health, including sexual and reproductive health services.



DATA AND EVIDENCE

Ensure that food security data is sex- age- and disability disaggregated and includes information about the needs of school-age children and adolescents. Assessments and data collection conducted during food crises should be strengthened to better identify and understand specific needs and risks by gender and age group, with particular attention to adolescent girls and adolescent boys given their particular vulnerability to protection risks associated with food insecurity



GIRLS' PARTICIPATION AND LEADERSHIP

Ensure that children, adolescents and young people are consulted and engaged in the design of humanitarian programming

in contexts of acute food insecurity. Children and adolescents must be provided with inclusive, safe and confidential ways to receive information, provide feedback and meaningfully participate in humanitarian programming.

Support locally led responses wherever possible.

Local organisations, including young women-led organisations, need direct, flexible and increased funding and to have a central role in decision making about the response.



TACKLING ROOT CAUSES

Increasing efforts to address the root causes of conflict and insecurity, promote conditions of peace and security and guarantee humanitarian access in conflict-affected hotspots. Concerted effort by all relevant actors is needed to ensure the full protection of affected populations and to allow humanitarian workers to safely reach those in need and to stay and deliver.

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94. Based on survey responses. Sample size 460 households
95. Based on survey responses. Sample size 460 households
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97. Based on a survey sample size of 1,038 female respondents
98. Based on a survey sample size of 289 female respondents
99. Based on a survey sample size of 384 respondents
100. Based on a survey sample size of 384 respondents
101. Based on sample size of 390 female respondents
102. Based on sample size of 289 female respondents
103. As of June 2022 this funding requirement stood at US\$ 22.2 billion.
104. WFP, Global Operational Response Plan: Update #5 – June 2022. Retrieved 10th December 2022: www.wfp.org/publications/wfp-global-operational-response-plan-update-5-june-2022
105. Respecting the Minimum Expenditure Basket for at least consecutive months

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Cover Photo: Young woman waits for food distribution in Rumbek, South Sudan.

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We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected.

As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

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