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**IPC & Rapid Gender Analysis Pilot - Somalia**

# **Gender, Food Insecurity & Drought**



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## List of acronyms

AFI	Acute Food Insecurity
CUSA	CARE USA
DHS	Demographic Health Survey
ECSA	East Central and Southern Africa
FAO	Food and Agriculture Organization
FEWS NET	Famine Early Warning Systems Network
FGDs	Focus Group Discussions
FGS	Federal Government of Somalia
FSNAU	Food Security and Nutrition Analysis Unit (Somalia)
GBV	Gender-Based Violence
GiB	Gender in Brief
HHS	Household Hunger Scale
HoH	Head of household
IDPs	Internally Displaced Persons
IPC	Integrated Food Security and Nutrition Phase Classification
KIIs	Key Informant Interviews
LZ	Livelihood Zone
MoLSA	Ministry of Labor & Social Affairs
PLW	Pregnant and Lactating Women
PWDs	People Living with Disabilities
RGA	Rapid Gender Analysis
SADDD	Sex, Age, and Disability Disaggregated Data
SDGs	Sustainable Development Goals
UNFPA	United Nations Population Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WRO	Women Rights Organizations





# Executive Summary

## Mixed Method Analysis in Somalia

Acute food insecurity (AFI) in Somalia has deepened amidst a prolonged humanitarian crisis that is further amplified by the climate crisis, conflict, disease outbreaks, and the ripple effect of government instability. The interconnection between gender equality and food security on the local, national, and global level is well established; wider gaps in gender inequality in the public and private sphere heighten the likelihood of food insecurity within a country.<sup>1</sup> Yet most global data sets on food insecurity are not disaggregated by sex. Primarily, gender-disaggregated approaches have been applied most consistently regarding indicators related to women's reproductive role – such as anemia in women of childbearing age – and overlook key questions around women's access to resources, safety, mobility, and participation. These spheres broaden the lens of data to provide a more holistic understanding of the experience of food insecurity, and most importantly, can inform strategic responses that target the needs of the most vulnerable. Thus, this objective Rapid Gender Analysis (RGA) is to strengthen and operationalize mixed methodologies that integrate gender analysis into global food security measurement systems, such as the Integrated Food Security and Nutrition Phase Classification (IPC), to account for the differential vulnerabilities of men and women and provide concrete and actionable recommendations that inform both the process of data collection and the implementation of more effective humanitarian programming. This study was conducted from February 25 to March 11, 2023 and focused on four districts in Somalia, each situated within two distinct pastoralist Livelihood Zones.

The Integrated Food Security and Nutrition Phase Classification (IPC) serves as a pivotal analytical instrument, guiding decision-makers in understanding the magnitude and extent of both acute and chronic food insecurity as well as acute malnutrition.<sup>2</sup> This assessment, which aligns with international standards, demonstrates a shortfall in the absence of consistently incorporating gender-disaggregated data and analysis, an aspect that is crucial for fostering a more inclusive approach to

<sup>1</sup> Food Security and Gender Equality: A synergistic understudied symphony. CARE. 2022

<sup>2</sup> Technical Manual Version 3.1. The Integrated Food Security Phase Classification (IPC) Global Partners. 2021.

addressing food and nutrition insecurities globally. The IPC analytical approach comprises of data from governments, UN agencies, NGOs, and other stakeholders that have applied the most rigorous and technical methodologies aligned with the IPC Technical Manual 3.1.<sup>3</sup> Recognizing the profound impact of gender dynamics on the escalating global acute food and nutrition crises, CARE implemented an adapted strategy that combined both quantitative and qualitative instruments and disaggregated by sex as well as individual and household level data. This pilot study engaged 1,708 respondents, encompassing both women and men, and incorporated quantitative surveys and qualitative data gathering techniques such as key informant interviews, focus group discussions, and individual stories. This synergistic fusion of methods illuminated the complex and diverse experiences of men and women, as well as the underlying themes associated with acute food insecurity in the specified two Livelihood Zones (LZs) and the subsequent four districts. The quantitative component incorporated IPC-approved indicators such as the Food Insecurity Experience Scale (FIES), the Household Hunger Scale (HHS), and the reduced Coping Strategies Index (rCSI), complemented by the WFP's adapted Gender Equality for Food Security (GE4FS) questions. Meanwhile, the qualitative analysis primarily utilized CARE's proven Rapid Gender Analysis (RGA) toolkit. Triangulation across quantitative and qualitative data sources underscores the importance of mixed method approaches and enables a more comprehensive understanding of the impacts of the prolonged drought on men and women and the development of more targeted programming that meets the needs of the most vulnerable crisis-affected populations.

Gender inequalities are both a cause of and the result of the differentiated experiences of acute food insecurity. Gender norms and dynamics impact men and women's social, economic, and political participation, as well as their access to resources and services. When shocks hit, they can both reinforce and exacerbate existing barriers and discriminatory practices and/or create new opportunities and pathways for resilience, adaptation, and recovery. This report notes multiple shifts in gender dynamics that have occurred since the start of the drought that have shaped the capacity of men and women to participate in the drought response and recovery.

Structural inequalities in Somalia are based on the patriarchal clan-based system that is the foundation of social systems. Numerous indicators demonstrate how - from an early age - women are socially positioned to face risks and barriers that significantly reduced their agency in accessing opportunities, participating in household and community decision making and improving living conditions. Simultaneously, men's roles towards their family defined by customary law and clan systems has been challenged due to the loss of livelihoods that has created increased vulnerability in accessing food and asserting their traditional roles.

The study explores nuanced gender disparities in acute food insecurity experiences within these LZs, highlighting the vulnerabilities exacerbated by the recent drought. The following highlight key findings:

- **Gender Disparities in Acute Food Insecurity:** There were distinct gender-based discrepancies, particularly in the Hawd LZ. In this LZ, the data indicated that men are facing a higher degree of acute food insecurity compared to women; the majority of women are grappling with conditions corresponding to IPC phase 3 (Crisis) or worse, whereas men are predominantly experiencing hardships consistent with indicative IPC phase 4 (Emergency). Conversely, in the Addun , both groups are contending with similar levels of acute food insecurity, at indicative IPC phase 4 (Emergency).
- **Gender Analysis and Cultural Factors:** Remarkably, the gender disparity observed in Hawd contradicts the traditional, cultural, and social norms that are prevalent in Somalia, which typically

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<sup>3</sup> Ibid

favor men. Thus, gender analysis of qualitative and secondary data provides critical nuance, with qualitative interviews indicating that men and women both generally perceive women as more vulnerable to acute food insecurity. Likewise, interviewees surfaced trends and cultural factors that may have influenced how men and women experienced or perceived acute food insecurity, such as customary eating habits, khat consumption, and humanitarian assistance. Further study is warranted to determine to what extent these factors are shaping IPC analysis in Somalia writ large.

- **Severe Acute Food Insecurity:** The findings from the study confirm a dire scenario, where over 70% of the population in the surveyed LZs are facing IPC phase 3+ (Crisis) or worse conditions, as confirmed by FIES, HHS, and rCSI outcome indicators. Disturbingly, there are households and individuals within these LZs confronting even more dire acute food insecurity circumstances consistent with IPC phase 5 (Catastrophe) levels.
- **Collapse of Livelihoods Impacts Gender Roles:** Drought conditions and the associated collapse of core livelihood pathways due to the loss of livestock has severely impacted traditional roles. The near total collapse of pastoralist livelihoods associated with the drought has threatened men's traditional role of "provider" and has led some men to report strong feelings of mental health distress. Women have increasingly expanded outside of their traditional roles in the home to seek income opportunities, however, disparities remain that continue to limit their decision-making power at the household and community levels.
- **Health Access:** Respondents frequently drew connections between the food insecurity and malnutrition situation in their area to the lack of access to basic and life-saving health services. Health services, particularly for pregnant women, were noted by many to be dire, as was the need for better access to clean water to mitigate risks of increased diseases from contaminated sources.
- **Protection:** Increased tensions within the household due to growing limitations around access to resources heightens risks for gender-based violence within the household, especially as the scope of women's roles expand around income generation and increased access to humanitarian aid. Culturally accepted practices around early and forced child marriage, as a coping method, also creates added stressors for women and families.



## Background

Somalia's prolonged humanitarian crisis is characterized by ongoing conflicts, climate-related shocks, communicable disease outbreaks, and weak social protection mechanisms.<sup>4</sup> Half of the Somali population of over 16 million people are facing acute food and water shortages, with more than 6.4 million people lacking sufficient access to safe water.<sup>5</sup> Six consecutive failed and/or below-average rainy seasons have led to a historic dry period unseen in Somalia for the last 40 years, which has compounded the socio-economic tensions from pre-existing instability and conflict. The drought combined with the overarching geopolitical instability has contributed to price volatility, increasing unemployment, and high food and fuel prices.<sup>6</sup> Economic and environmental strain has been particularly impactful for the 60% of the population that relies on pastoralist livelihoods<sup>7</sup> and displacement increasingly characterizes life, as families are forced to relocate to seek alternative pathways to sustain their families. By February 2023, the number of people displaced reached a record high of 3.8 million.<sup>8</sup>

These conditions have strained societal resilience mechanisms, and escalated humanitarian needs for men, women, boys, and girls. Impacts of the drought are largely seen as affecting women and girls disproportionately, due to cultural and social traditions, that restricts mobility, limits access to financial services (such as loans or credits)<sup>9</sup> and results in less ownership of capital and assets (including land and large livestock) for women and girls.<sup>10</sup> These factors shape the response and recovery capacity of women and their families to manage continuous shocks and meet their food security needs amidst the drought.

Global trends indicate that an estimated 84.2 million more women are food insecure compared to men,<sup>11</sup> and women are 2.4% more likely to experience moderate or severe food insecurity compared to men.<sup>12</sup> In the case of Somalia, a context where 90% of the country is facing severe to extreme drought conditions,<sup>13</sup> many have struggled to access diverse, nutritious diets and clean water. Acute malnutrition for pregnant and lactating mothers has increased between 2020 and 2022,<sup>14</sup> creating growing concerns around the generational impact of malnutrition. Women and adolescent girls are also reported to be facing higher risks of experiencing gender-based violence, including increasing rates of early or forced marriages.<sup>15</sup> Given these combined challenges, humanitarian assistance plays an essential role in sustaining communities. In 2023, half of Somalia's population (8.25 million people) was identified to be in need of humanitarian assistance, which includes 1.3 million women and 1.4 million men.<sup>16</sup> Of those in need, according to the IPC data of March 2023, an estimated 5 million people were experiencing high levels of acute food insecurity (IPC Phase 3+, crisis level or worse) and about 1.8 million children are expected to face acute malnutrition levels in 2023.<sup>17</sup>

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<sup>4</sup> Humanitarian Needs Overview (HNO), Somalia 2023. OCHA, February 2023

<sup>5</sup> IOM, Somalia Drought Response. February 2023.

<sup>6</sup> GIEWS Special Alert No. 350: East Africa. FAO, 27 September 2022; Somalia faces climate emergency and famine as fourth rainy season fails, NRC, June 23, 2022

<sup>7</sup> Somalia Drought Impact & Needs Assessment. Government of Somalia, European Union, United Nations, and the World Bank, 2018

<sup>8</sup> Displacement in Somalia Reaches Record High 3.8 million: IOM Deputy Director General Calls for Sustainable Solutions, IOM Global News, 28 February 2023.

<sup>9</sup> Gender, Climate and Conflict Analysis in Somalia and Assessment. UN Women, March 2022

<sup>10</sup> HNO Somalia. OCHA February 2023

<sup>11</sup> Gender Food Gap. CARE, July 2023

<sup>12</sup> The State of Food Security and Nutrition in the World 2023. FAO, 2023

<sup>13</sup> HNO Somalia. OCHA February 2023

<sup>14</sup> Undernourished and Overlooked. UNICEF, 2023

<sup>15</sup> Overview of Gender-Based Violence Situation in Somalia. UNFPA, Advocacy Brief, 2022

<sup>16</sup> HNO Somalia. OCHA February 2023

<sup>17</sup> Somalia: Acute Food Insecurity Situation March 2023 and Projection for April - June 2023. IPC

## Objectives

In recent decades, early warning systems like the Integrated Food Security and Nutrition Phase Classification (IPC) system, have played a critical role in mapping trends and assessing the severity and extent of acute food insecurity and acute malnutrition. These assessments are critical in guiding humanitarian action, funding, and advocacy. However, despite their importance, there is limited progress in integrating gender and other intersectional determinants of vulnerability into current tools for assessing acute food insecurity.<sup>18</sup> One of the key limitations is that data collected through household surveys is insufficient to document gender-related inequities in food security within a household.<sup>19</sup> Comparisons of household and individual-level food insecurity data find there are observable differences in acute food insecurity between family members residing in a single household.<sup>20</sup> Yet, the resulting shortage of disaggregated data hinders a more comprehensive understanding of these more nuanced realities that would enable more precise program design targeting the most vulnerable crisis affected populations.

Therefore, this study aims to achieve the following objectives:

- Strengthen and operationalize mixed methodologies that integrate gender analysis into the IPC and other global (food security) measurement systems, accounting for the differential vulnerabilities of men and women.
- Explore the different needs, capacities, levels of participation (both in the private sphere and the public) and coping strategies of Somali women and men, as well as barriers and opportunities around access to services.
- Provide concrete and actionable recommendations that inform both the process of data collection and analysis on the global level as well as the implementation of humanitarian programming based on evidence and established best practices.

## Summary of Methodology

The assessment adopted a mixed methods approach, including conducting a thorough secondary data review and collecting and analysing qualitative and quantitative primary data. Secondary data was used to inform adaptations to the primary data collection tools, highlight informational gaps and triangulate findings across specific areas of inquiry identified for this RGA.

The primary data methodology combined tools from the following:

- CARE's Rapid Gender Analysis (RGA) Toolkit<sup>21</sup>
- Gender Equality for Food Security Tool (GE4FS)<sup>22</sup>
- Food Insecurity Experience Scale (FIES)<sup>23</sup>
- reduced Coping Strategy Index (rCSI)<sup>24</sup>
- Household Hunger Scale (HHS).<sup>25</sup>

The primary data collection took place from February 25th to March 10<sup>th</sup>, 2023, and the data analysis was completed in May 2023 due to the need for triangulation of the findings across various primary quantitative and qualitative sources as well as the analysis of secondary data and relevant literature.<sup>26</sup>

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<sup>18</sup> Evaluation of the Integrated Food Security Phase Classification (IPC). Global Strategic Program (GSP) 2019–2022, FAO 2022.

<sup>19</sup> What explains gender differences in food insecurity? Nzinga H. Broussard, Economics: Food Policy, February 2019

<sup>20</sup> Generating evidence on individuals' experience of food insecurity and vulnerability. Agnes R. Quisumbing, Global Food Security, March 2013

<sup>21</sup> CARE's Rapid Gender Analysis Toolkit. CARE, January 22, 2019

<sup>22</sup> The power of gender equality for food security: Closing another gender data gap with a new quantitative measure. WFP, 2020.

<sup>23</sup> Voices of the Hungry, "The Food Insecurity Experience Scale". FAO, n.d.

<sup>24</sup> The Coping Strategies Index Field Methods Manual Second Edition. January 2008.

<sup>25</sup> Technical Manual Version 3.1. August 2021.

<sup>26</sup> The *deyr* rainfall season occurs between October to December. This was a historic fifth consecutive poor rainfall season and third



During the quantitative data collection, a total of 1,619 respondents, comprising both males and females, were surveyed across two different Livelihood Zones (LZs): The Hawd (Zone 5) and the Addun (Zone 9) pastoral zones, each encompassing two different districts as detailed below. The ratio of respondents was 41% (671) and 59% (948) for males and females, respectively. Of these individuals, 641 (39%) belonged to male-headed households and 978 (61%) belonged to female-headed households.

**Table 1: Population Table of Districts Studied**

Livelihood Zone	Districts	Survey Sample Size (Individual level)		Survey Sample Size (Household Level)	
		Male	Female	Male HH	Female HH
Hawd Pastoral (Zone 5)	1. Galdogob 2. Abudwak	315	459	322	473
Addun Pastoral (Zone 9)	1. Jariiban 2. Dhusamareb	356	489	319	505
<b>Total</b>		<b>671 (41%)</b>	<b>948 (59%)</b>	<b>641 (39%)</b>	<b>978 (61%)</b>

In Somalia, Livelihood Zones (LZs) (rather than administrative boundaries) serve as the primary units for IPC data analysis. For a visual representation of all the LZs in Somalia, please refer to Annex 1.<sup>27</sup>

**Quantitative data** was collected using an integrated questionnaire that combined FIES, GE4FS, RGA, HHS, and rCSI. The GE4FS and rCSI tools applied individual-level and household-level questionnaires, respectively. However, the FIES utilized only the individual level modules/questionnaire where a random individual selected from the household was interviewed. The research team used Computer Assisted Personal Interviews (CAPI) and KOBO Collect technologies on tablets to enable systematic and daily data quality assurance to be conducted. In the quantitative survey conducted across the two (2) different livelihood zones and four (4) districts within these zones, a total of 1,619 respondents participated.

**Qualitative data collection** tools were adapted from CARE’s RGA toolkit to include Focus Group Discussions (FGDs), Key Informant Interviews (KIs), and Individual Stories (IS). A total of 89 individuals – 41 women and 48 men – participated in the qualitative data collection across the two (2) different livelihood zones and four (4) districts:

- **7 FGDs** (30 female and 27 male participants).
- **15 Key informant interviews** (2 females and 13 males).
- **17 Individual Stories** (9 female and 8 male).

Respondents were selected using a combination of purposive and snowball sampling methods. For the purposive selection of interview candidates, the following factors were taken into consideration:

- Vulnerability groups experiencing compounding challenges, such as persons living with impairments and female-headed households.
- Accessibility through CARE or existing partner network to facilitate the rapid nature of the exercise.

failed *deyr* season, extending the longest drought on record (1981-2022) in Somalia. Famine Early Warning System Network (FEWS NET), January 5<sup>th</sup>, 2023.

<sup>27</sup> The zones are created to group areas together based on the common livelihoods of populations, rather than administrative borders or geographical landmarks, therefore ensuring relative homogeneity of populations within respective zones. See Annex I for more information.

The research had several **challenges and limitations**.

- Acquiring secondary data on population and demographics, which would have facilitated better sampling strategies, posed a significant challenge, especially in some targeted areas.
- While an equal number of KIIs with men and women were targeted (i.e., teachers, community leaders, health staff, police etc), most of these positions are dominated by men, leading to a significant imbalance between male and female KIIs completed.
- Conversely, the drought is driving more men into displacement to seek livelihoods in urban areas, contributing to the research team encountering a significantly higher number of female-headed households than male-headed households.
- There were security challenges in some of the targeted areas and some villages had to be replaced due to these security concerns.<sup>28</sup>
- Although a critical consideration, disability and age-related areas of inquiry were not incorporated into primary data collection due to insufficient staffing capacity and training.

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<sup>28</sup> It should be stressed that surveying respondents, like all humanitarian activities, required a reasonable level of access to ensure the safety of enumerators, staff, and participants. Studying areas where principled humanitarian access was already established or could be established quickly brought our study into proximity with humanitarian programming in the region. The effects programming has on gender relations and gendered food insecurity levels is a dynamic which we discuss within the paper.



# Findings & Analysis

## Gender Roles & Responsibilities

***Drought conditions and the associated collapse of core livelihood pathways due to the loss of livestock has severely impacted traditional roles. This has heightened social pressures and expectations, particularly for men who are no longer able to financially sustain their families and play the role of “provider”, and led to women having expanded beyond their traditional roles within the private sphere.***

Within Somali family systems, whether in monogamous or polygamous households, men are regarded as central figures of the household responsible for providing for and making decisions for the household.<sup>29</sup> As such, men are largely responsible for earning an income through livestock, running a business, vehicle mechanics, construction, and undertaking manual physical labor. Meanwhile, based on cultural and social norms, women and girls are primarily responsible for the private sphere within the household that includes caregiving responsibilities.<sup>30</sup> The most reported household responsibilities reported by women in the previous 2022 RGA was housework/cleaning (84%), followed by childcare (83%), and collecting water (78%).<sup>31</sup> Additionally, women are primarily responsible for food planning and preparation and arranging for healthcare for family members.<sup>32</sup> These gender roles and responsibilities were reiterated in qualitative interviews across the four districts and shared amongst women and men. While men remain mostly uninvolved in the domestic sphere, as the drought has severely increased strains on the household, men have become more involved in fetching water as they have been required to travel further and/or spend additional funds to purchase.<sup>33</sup> This shift could be the result of the heightened risks faced by women and girls as they walk longer distances in more difficult to access locations to get water, and

*“Usually, the father is the president of the house, and he is in charge of the family’s external/external affairs and brings everything that is needed, no matter how big or small.” – Male KII (Jariiban)*

<sup>29</sup> Economics, social status, and gender relations: what makes households ‘female-headed’ in Somalia? Lessons from a rapid learning exercise. Simon Levine and Irina Mosel March 2021

<sup>30</sup> Gender Gap Assessment: South Central Somalia and Puntland. Save Somali Women and Children (SSWC) & Oxfam, 2020.

<sup>31</sup> Somalia/Somaliland: Rapid Gender Analysis for the Drought, CARE Somalia, October 2022.

<sup>32</sup> FGD, IS and KII in 4 districts, 2023

<sup>33</sup> FGD, Men, Jariiban;

the inability of households to pay for transportation. According to FGDs with men, households also adopted practices of sharing water resources with neighbors as a coping strategy, especially when men were absent for longer periods of time. For female-headed households without support in fetching water, they faced increased risks providing for the household and managing household chores combined with stressors to balance the need to search for paid work with diminished resources.

Drought conditions have further heightened social pressures and expectations, particularly for men who are no longer able to financially sustain their families and play the role of “provider”. Similarly, as men migrate seeking opportunities and resources, women also have expanded outside their traditional paid and unpaid roles.

Traditionally, in pastoralist communities, the gendered division of labor has been established with women milking and selling by-product of livestock at markets and men charged with tending to herds, constructing and maintaining water installations, selling and buying livestock.<sup>34</sup> However, according

*“My whole life changed into destitution and displacement after losing all my precious property (livestock). I was a wealthy man who eventually became poor. Yes, I am concerned about this change because I cannot feed or meet my family's needs.” – Male respondent (Goldogob)*

to male and female respondents, the loss of livestock has had a ripple effect on food availability, nutritional diversity, financial resources, and has contributed to adaptations in men and women’s roles and responsibilities. Specifically, men are no longer occupied with tending and caring for livestock while women and girls no longer have by-products such as ghee, milk and hides to prepare or sell. Thus, men prioritized migration to urban centers seeking labor, mainly in construction, while more women also reported seeking casual day labor to supplement household income.<sup>35</sup> Men who experienced loss of livelihood and did not migrate away from their families reported that they were not contributing to the domestic sphere and a considerable amount of taboo continues around this that detours their increased participation in this domain. This is particularly true for pastoralist and semi-pastoral communities whereby it is even considered humiliating for men to undertake what is culturally considered “menial” (domestic) tasks.<sup>36</sup> This leaves women with a double burden of care both for the day-to-day well-being of the household and to pursue economic opportunities outside of the home.

## Household Decision-making

Traditional cultural, social, and religious norms within Somali communities are based on a patriarchal clan system<sup>37</sup> where men disproportionately bear the control, responsibility and pressures around decision making.<sup>38</sup> Therefore, traditionally, Somali women face social and cultural barriers to participation in both the public and private sphere. <sup>39</sup> However, male, and female respondents from this RGA indicated that as the economic participation of women increases, their participation in decision making within the household was also increasing. Although it was commonly accepted by both male and female RGA participants that men are expected to lead the household as primary decision makers, joint or consultative decision-making between wife and husband was recognized by men and women for certain household issues. For example, women are consulted on matters such as health and the education of children, while financial decisions and how to manage key assets are most commonly under the domain of men (with limited consultation if at all).<sup>40</sup> It was commonly

<sup>34</sup> National gender profile of agriculture and rural livelihoods Somalia. FAO, 2021

<sup>35</sup> KII, men; FGD, women; Nationwide 70 of workers in the informal sector and 60 of business owners are women. Sectoral Assessment of Women’s Entrepreneurship Development in the Agriculture and Renewable Energy Sectors in Somalia. IOL, 2020

<sup>36</sup> FGD, IS and KII in 4 districts, 2023. Male KII respondent in Jariban: “The father is responsible for availing food for the family. All other chores are reserved for the mother and her girls. This is true, because in the Somali culture, men have no space to intervene and even talk about the food and the kitchen. That is not culturally appropriate.”

<sup>37</sup> Somalia. UN Women, n.d. <https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/somalia>

<sup>38</sup> The Impact of War on Somali Men: An Inception Study. LOGiCA Study Series, World Bank, June 2015

<sup>39</sup> HNO Somalia 2023. OCHA, February 2023

<sup>40</sup> FGD, IS and KII in 4 districts, 2023 ; Somalia/Somaliland: Rapid Gender Analysis for the Drought, CARE Somalia, October 2022.



understood that decisions that were considered more significant would be held by men on behalf of the household. The domestic sphere, including food preparation, is considered strictly within the domain of women. Given the intensifying economic strain on the household due to loss of livestock and livelihood opportunities, women have additionally increased their economic participation in the household by securing employment and in some cases adopting the role as main breadwinner.

The shift in household decision making around the financial sphere is complex and nuanced, and initial qualitative findings indicate that central cultural themes around masculinity are being challenged in ways that have left men anxious, frustrated, and insecure about their contribution within the household, while also bearing the social pressures that come with identifying as a male headed household. Survey data indicates that a majority of men (60%) believed that financial decisions are made solely by male heads of the household, while only 48% of women agreed. An almost equal number of women (36%) and men (37%) reported that financial decisions are made jointly by husband and wife. Female headed households (i.e. households where the woman is unmarried, a widow or separated) control her own income.<sup>41</sup> Men are still considered as head of households when they are away from their home – in many instances for an extended period of times in search of economic opportunities – and not contributing to households finances.<sup>42</sup> During these periods, although not recognized as such, women are typically operating as the primary head of the household in terms of day-to-day matters of decision making in all spheres.<sup>43</sup>

*“The decisions are always taken by the men. Women are consulted but the decisions are taken by men as they are the leaders of household. What has changed is that men are no longer able to make decisions, because they have no contribution to the family income and livelihood support.” – Male KII respondent (Dhusamareb)*

*“The current trend is that women are fulfilling the role men used to perform in the past.” – Female KII (Goldgob)*

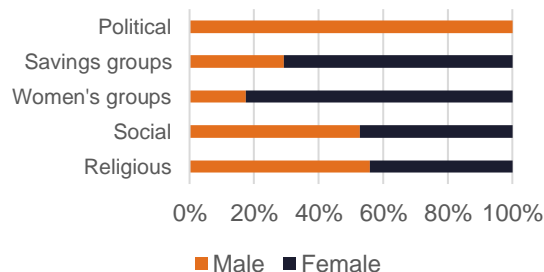
Despite cultural limitations, women have greater access to livestock – as opposed to assets such as land and property – women usually have smaller stock such as goats, sheep, and chicken, while men tend to own big animals, such as camels and cattle.<sup>44</sup> Increase in decision making for women, especially on selling of assets and property, could improve

availability of financial resources to meet immediate food, water, and health needs. Additional variables that influence decision making could be the increase of ownership of assets and survey data finds that property ownership among women is growing, which could also impact household dynamics and social expectations within the household.

## Community Decision Making

In targeted data collection areas, about 80% of men and 75% of women reported that community decisions are made by elders and traditional/religious leaders. Although both male and female respondents reported not being aware of any institutional barriers to the participation of women, yet women were less likely to participate in community groups compared to men.<sup>45</sup> Women’s participation is noted to be higher in urban centers than rural areas and often correlating to higher levels of education and literacy. Women in urban centers are most likely to participate in peacebuilding activities and

**Graph 1: Type of association or club membership by gender**



<sup>41</sup> National gender profile. FAO, 2021

<sup>42</sup> Ibid.

<sup>43</sup> Gender in Emergency Food Security, Livelihoods, and nutrition. FSNAU, 2012

<sup>44</sup> National gender profile. FAO, 2021.

<sup>45</sup> Gender Gap Assessment: South Central Somalia and Puntland. Save Somali Women and Children (SSWC) & Oxfam, 2020.

women's savings groups.<sup>46</sup> From respondents participating in this RGA, a higher percentage of men (35.3%) than women (28.9%) reported being a member of an association and/or group (such as political, social, or religious group). Women participate in higher percentage in savings group and women's groups.

According to respondents, participation and access to assistance information remains a significant challenge. Alternative outlets via digital technology provides opportunities as the gender gap in phone ownership is nominal with 79% of both men and women reporting to own a mobile phone.<sup>47</sup>

Finally, according to the Somali Health and Demographic Survey of 2020 access to formal education is higher for men than it is for women with 48% of the female population aged six and above never attending school, compared to 45% of males.<sup>48</sup> Consequently, illiteracy is more common among women.<sup>49</sup>

## Food Security and Livelihoods

***Typical IPC metrics conducted during this assessment show important differences in men and women's acute food security situation in some areas, with men and male-headed households generally reporting higher levels of acute food insecurity than women and women-headed households. Qualitative and secondary data nuance this trend and indicate that differences in aid access, consumption patterns, and livelihood changes may play an important role in acute food insecurity patterns.***

The official IPC Acute Food Security Assessment, conducted in January, revealed that despite a modest improvement in the rainy season, approximately 5 million people in Somalia are facing Crisis or higher levels of acute food insecurity (IPC Phase 3+, Crisis or worse). This includes over 1.3 million people in Emergency (IPC Phase 4) and an estimated 5,000 people in Catastrophe (IPC Phase 5).<sup>50</sup> The presence of individuals in IPC Phase 5 (Catastrophe) across these districts signals a deeply concerning situation of severe acute food insecurity associated with the near collapse of livelihood systems and extreme inadequacies in food consumption. While the start of the 2023 Gu season brought some relief by improving crop and livestock conditions, communities are still far from a full recovery from the drought.<sup>51</sup>

By combining gender-disaggregated data and IPC analysis guidelines, we can observe gendered disparities in the acute food insecurity situation of the regions studied. Indicators from the assessment show that acute food insecurity has increased in the month leading up to data collection periods for both men and women, and for female- and male-headed households. Due to the large number of people experiencing high levels of acute food insecurity, evidence of gender disparities emerged most prominently from analysis of the Household Hunger Scale (HHS), the only indicator used that has IPC-approved cutoff thresholds for all the five phases of the IPC classification system (see Figure 1). Disaggregating the analysis of male and female-headed households, HHS classified both household

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<sup>46</sup> Now and the Future: Gender Equality, Peace and Security in a COVID-19 World, Somalia Briefing. Somali Women Development Centre (SWDC) and Saferworld, March 2021.

<sup>47</sup> 2022 Somalia Integrated household budget survey (SIHBS). National Bureau of Statistics, The Federal Republic of Somalia, February 2023.

<sup>48</sup> The Somali Health and Demographic Survey 2020. Directorate of National Statistics, Federal Government of Somalia, 2020

<sup>49</sup> Ibid.

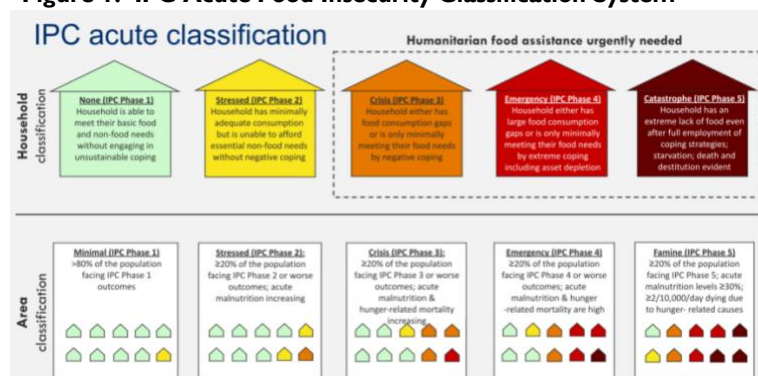
<sup>50</sup> Somalia: Acute Food Insecurity Situation March 2023 and Projection for April - June 2023. IPC, March 2023

<sup>51</sup> In Somalia, the rains have come but the crisis is far from over. Wafaa Saeed Abelatef, Al Jazeera. June 5, 2023.

types into an indicative<sup>52</sup> IPC Phase 4 (Emergency) in the Addun Livelihood Zone, while in the Hawd Livelihood Zone, male-headed households were identified in indicative IPC Phase 4 (Emergency) and female headed households were classified as indicative IPC Phase 3 (Crisis).

However, there are notable intra-IPC phase differences in both Livelihood Zones. Examining Hawd, both household types showed comparable levels of acute food insecurity at IPC Phase 1. However, progressing to the more severe end the classification scale, more female-headed households than male households are in IPC Phases 2+ (Stressed or worse) and 3+ (Crisis or worse). Remarkably, this trend inverted during IPC Phase 4 (Emergency), where a marked rise in acute food insecurity reports emerged from male headed households.

Figure 1: IPC Acute Food Insecurity Classification System



When we calculate acute food insecurity according to the gender of the individual, rather than the gender of the head of household, we see that the outcomes are similar but not identical between the different levels of analysis. Just as with women-headed households, women in Hawd are classified as having the least severe food insecurity outcomes compared to the other groups surveyed. While women are disproportionately represented in IPC Phase 3 (Crisis) in Addun, there is near parity between men and women in Hawd at Phase 3 (Crisis) and only a slight difference at Phase 4 (Emergency), favoring women. This contrasts with the household level analysis, where some of the starkest food insecurity differences were found between male and female headed households in Hawd at Phases 3 (Crisis) and 4 (Emergency). Overall, the variance in food insecurity data across phases indicates a dynamic whereby impacts are determined not only by sex of household head or respondent, but also informed by potentially compounding impacts over time and severity of the crisis reflecting how coping strategies may be adjusting for different people in different ways within the continuum of the IPC phases.

Table 2: Food Insecurity by Gender of Household Head, per HHS

			Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Indicative Phase
Livelihood Zone (LZ)	Hawd Pastoral	Male HH	2.6%	2.0%	67.8%	18.8%	8.9%	Phase 4
		Female HH	2.1%	7.7%	73.2%	10.0%	7.0%	Phase 3
		<b>Difference</b>	<b>0.50%</b>	<b>-5.70%</b>	<b>-5.40%</b>	<b>8.80%</b>	<b>1.90%</b>	
	Addun Pastoral	Male HH	2.4%	8.5%	53.5%	22.7%	13.0%	Phase 4
		Female HH	4.0%	5.4%	58.4%	20.9%	11.2%	Phase 4
		<b>Difference</b>	<b>-1.60%</b>	<b>3.10%</b>	<b>-4.90%</b>	<b>1.80%</b>	<b>1.80%</b>	

<sup>52</sup> In accordance with IPC guidelines, the term "indicative" phase classification denotes the most severe phase, affecting a minimum of 20% of the population. This classification is provisional, determined by each distinct outcome indicator, and is independent of a convergence of evidence procedure. It is crucial to underline that this does not represent an official classification of these LZ from Somalia's IPC Technical Working Group (TWG).

**Table 3: IPC Phase at Individual Level by Livelihood Zone, per HHS**

			Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Indicative Phase
Livelihood Zone (LZ)	Hawd Pastoral	Male	1.0%	3.2%	71.1%	14.0%	10.7%	Phase 4
		Female	3.3%	7.0%	71.0%	13.0%	5.7%	Phase 3
		Difference	-2.3%	-3.8%	0.1%	1.0%	5.0%	
	Addun Pastoral	Male	8.0%	8.40%	49.7%	23.6%	13.5%	Phase 4
		Female	5.5%	5.0%	59.5%	19.4%	10.5%	Phase 4
		Difference	2.50%	3.40%	-9.80%	4.20%	3.00%	

As with the quantitative survey, male and female qualitative respondents in all regions indicate that everyone – men, women, boys, and girls – is more food insecure due to the drought. Men and women both consistently reported that due to rising food insecurity they have reduced food consumption as a coping strategy. However, respondents seemed aware of differential vulnerability, as they described that certain member of their household, including children, elderly, disabled people, pregnant and lactating women, are usually given priority at mealtime, as explained by a **woman (Abubwak) sharing her story**: “*On the other hand, we reduce the meals during the day to store what we have. For instance, we only cook one meal or two and those meals are given to those most vulnerable, including young children, elderly people and pregnant or lactating women.*” Findings that both men and women are reducing food consumption were echoed in quantitative surveys, where, again, gendered differences emerge. FIES results show men reported a higher incidence of skipping meals than running out of food, whereas women were more likely to report the opposite. Within qualitative interviews, men and women referenced cultural norms that are known to influence food consumption and meal skipping.

*“After losing their livelihoods, people are becoming destitute and have no skills (beyond managing livestock)... They face hunger and starvation.” -- Female KII (Jariiban)*

One such example is reference to some men and boys increasing khat consumption, a local stimulant which suppresses appetite. As a **woman in Goldogob** noted, “*Boys now use khat as they have no work and education opportunities.*” The consumption of khat is more socially accepted for men to participate in than women,<sup>53</sup> however, the influence of this practice was beyond the scope of this exercise.

Moreover, prominent in the secondary literature are references to the cultural expectation that men and older sons eat first and are given the best food portions while women and young children eat thereafter separately.<sup>54</sup> This imbalance in food distribution and consumption within families, referred to as “intra-household inequalities,” has been rigorously analyzed in various studies spanning diverse regions.<sup>55</sup> Even in households not categorized as financially disadvantaged, households where the male head of households is well nourished still have a substantial probability of women and children family members being undernourished or underweight.<sup>56</sup> Therefore, in the Livelihood Zones studied, while men and women were both asked identical questions regarding how their eating habits have been affected by drought in the last 30 days, men and women may have answered from a different, gendered expectation of what their “normal” food consumption should be. This dynamic is consistent with qualitative interviews in this study, in which respondents consistently note that it is women who are among the most vulnerable to hunger during the drought, even if all members have reduced consumption. As a **woman participant in an FGD in Abudwak** notes, “*The vulnerable groups*

<sup>53</sup> Khat use prevalence, Gebiresilus et. al., European Scientific Journal, 2014

<sup>54</sup> Gender in Emergency Food Security, Livelihoods, and nutrition. FSNAU, 2012

<sup>55</sup> See for example: Generating evidence on individuals' experience of food insecurity and vulnerability, Quisumbing. Global Food Insecurity, 2013; What Explains Gender Gaps in Household Food Security? Gebra et. al., Social Indicators Research. 2021; World Development Report 2012, World Bank.2013;

<sup>56</sup> Most of Africa's Nutritionally Deprived Women Are Not Found in Poor Households. Brown, et al, The Review of Economics and Statistics, 2019



*such as women, children, disabled and the elderly are hugely exposed to starvation.*” Despite men’s lower outcomes in quantitative indicators, men’s vulnerability, if mentioned in qualitative interviews, often relates to their mental distress in the face of dwindling food security and livelihood opportunities. The loss of income and collapse of livelihoods is at times referred to as a “failure” on the part of men, a situation which they note causes a heavy mental burden.<sup>57</sup>

The districts from which the data were collected are exclusively comprised of pastoralist communities that relied heavily on livestock; nationally, over 60% of the nation's inhabitants also rely on livestock for their livelihoods contributing to 40% of the country's GDP.<sup>58</sup> As the drought persists, combined with inflation and price volatility, pastoralists have experienced significant loss in livelihood that has heightened food insecurity for the household and amplified the pressures on men to economically sustain the family. Thus, the impact of the drought on the livestock had a ripple effect on food consumption, economic viability of the household to provide essential items (including fuel for food preparation), population displacement and market sustainability. Nationally, the drought has led to massive displacement of families (especially men) in search of grazing lands for remaining livestock and basic goods and services. By March 2023, out of the 1.8 million people displaced due to natural hazard in Somalia since 2021, an estimated 1.6 million people had been displaced due to the drought alone.<sup>59</sup>

Among the respondents of this RGA, men in particular feel increased social pressures to seek out low wage jobs as casual laborers and thus travel further away from their family experiencing higher rates of food insecurity. While most women (84.6%) and men (83.8%) respondents reported not having access to other sources of income other than their main livelihood, other coping strategies identified included collecting remittances and developing informal community support mechanisms. A previous study showed that among pastoralist and rural groups, recipients of remittances are generally male while women are the predominant recipients in urban areas.<sup>60</sup> Additional strategies cited by both men and women highlighted borrowing money or purchasing food on credit. Yet, numerous men reported that shop owners have started to reduce and/or limit the quantity of goods for purchasing on credit, in part because of the limited supply of goods on the market and because they fear people will be unable to repay.

*“Community leaders and individuals help each other according to how they are better than each other. For instance, if my family has enough food today and their neighbor does not have, they will either invite them to share or borrow it”– Female respondent (Goldogob)*

The influence of humanitarian aid has also impacted the evolving roles of gender, particularly for men who reported struggling to fulfil their role as providers for the household. Given the historic data trends around the increased vulnerability of women in accessing resources and opportunities combined with long-standing programming around gender equality in Somalia,<sup>61</sup> male and female respondents reported being accustomed to food security programs active in the area prioritizing women. Women and people living in women-headed households were more likely to report that they had received humanitarian assistance in the previous 30 days – about 68% of female headed households that reported an additional source of income said they received humanitarian assistance, compared to about 60% male-headed households. A previous CARE gender analysis in Somalia found that for those households reporting to have received assistance within the 30 days preceding the assessment, it was largely collected by women (80%) compared to men (16%) and children (4%).<sup>62</sup> This trend is

<sup>57</sup> FGD, women, Abudwak

<sup>58</sup> Somalia Drought Impact & Needs Assessment. Government of Somalia, European Union, United Nations, and the World Bank, 2018

<sup>59</sup> Somalia Drought Response. IOM, March 2023

<sup>60</sup> Remittances and Vulnerability in Somalia Assessing sources, uses and delivery mechanisms. Rift Valley Institute Nisar Majid, with Khalif Abdirahman and Shamsa Hassan. November 2017

<sup>61</sup> Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming. UN Women, 2020

<sup>62</sup> Rapid Gender Analysis, CARE Somalia, 2021

further discussed by women and men in our qualitative interviews. Men added that not only are women the first recipients of food assistance, but they also have control over the food received because it's women's responsibility to manage food within households. This could suggest that while traditionally men have preferential access to resources and institutions, in times of crisis when these structures are compromised, men's access to food increasingly depends on women's access to humanitarian food assistance. Such dynamics could be contributing to the challenging cultural and social norms within the household during a time where livelihoods of men (primarily through livestock) have been nearly eliminated in the area. This tension was evident in some qualitative interviews, as a **male FGD respondent in Goldogob expresses**, "*Now women are the only ones being contacted [about aid]; men are excluded, and they are the ones who were responsible for the families, and they know the real needs of their households.*"

## Health

**Respondents frequently drew connections between the food insecurity and malnutrition situation in their area to the lack of access to basic and life-saving health services. Health services, particularly for pregnant women, were noted by many to be particularly dire, as was the need for better access to clean water to prevent further health challenges as a result of contamination.**

The Somali health care system has historically been under-resourced and inadequate to meet the needs of the community leaving the humanitarian and private sector to play a vital role in bridging the gaps in the provision of health care services.<sup>63</sup> The impact of the drought has led to a significant decline in access to clean water for cooking, cleaning and availability of diverse and nutritious food, which has contributed to the decline of overall health in the Somali population.<sup>64</sup> According to FGD and KII with men, water installations and structures (*i.e.*, water pumping machines, boreholes) are non-existent or not functioning properly and water trucks and other modes of delivery are the only water option. However, these sources are typically privately owned and prone to fuel price fluctuation; and increased costs were reported to be beyond household income. Thus, disruptions within the household water and food supply contributed to an 11% increase in severe health needs in 2022.<sup>65</sup> Both men and women respondents of FGDs repeatedly reported how the loss of livelihoods (primarily through livestock) and reduced food sources has led to an increase in their health service needs and that their community has no adequate health facilities. As medical supplies and appropriate staffing were rapidly exhausted, respondents indicated that they did not have confidence their needs could be met and health seeking behaviours of both men and women were decreasing. Below highlights three spheres of inquiry that most prominently emerged in data collection: 1) Nutritional deficiencies leading to increased vulnerabilities to disease; 2) Limitations and barriers to sexual and reproductive health services amidst heightened food crisis and required household trade-offs; and 3) The mental health strain on households (especially men).

*"Health conditions are generally getting worse as people are overcrowded which results in diarrhea outbreaks. On top of that, many people have no shelter and there is no safe water for people to drink, and latrines remain essential." – KII Female health care worker (Goldogob)*

## Nutritional Deficiencies

Prolonged acute food insecurity affects the scale, diversity, and nutrient value available in the diet of individuals and households, even at moderate levels of food insecurity.<sup>66</sup> Those who experience moderate or severe food insecurity consume less meat, and fewer dairy products and fruits and

<sup>63</sup> The Ministry of Health and Human Service, the Federal Government of Somalia. The Essential Package of Health Services (EPHS) Somalia, 2020

<sup>64</sup> Somalia faces increased Risk of Famine as acute food insecurity, malnutrition and mortality worsen. IPC, June 2023, IPC

<sup>65</sup> HNO Somalia 2023, OCHA, February 2023

<sup>66</sup> The State of Food Security and Nutrition in the World 2020: Repurposing food and agricultural policies to make healthy diets more affordable. FAO, 2020

vegetables, than those who are food secure or mildly food insecure.<sup>67</sup> Men and women have differentiated nutritional needs and experiences of food insecurity that are socially, culturally and physiologically defined. Male respondents highlighted the lack of milk, meat, and vegetables and the need for inclusion of these dietary elements in nutrition related service provisions. Both men and female respondents were sensitized to the importance of food diversity and expressed significant stress around the malnutrition for pregnant women and newborns. Breastfeeding, according to all respondents, was confirmed to be common practice widely accepted; however, a common perception expressed was concerns that breastfeeding was not possible if the mother experienced malnutrition and support for mothers who struggled to breastfeed was challenging. Another nutritional factor

*“Access to a balanced diet is critical for household nutrition... Yes, it's worrying that meat, milk, and ghee are not available at all. This means we eat a less nutritious diet and that is why malnutrition is common nowadays.” -- Male KII (Jariiban)*

impacting pregnancy is anemia. In 2019, 47.4% of pregnant women in Somalia suffered from anemia, which is known to increase the likelihood of high-risk pregnancies and complications.<sup>68</sup> Despite this awareness, health seeking behaviors around perinatal nutritional supplementation was not common due to the unavailability, cost and distance of health clinics and services.

Traditionally, pre-drought, pastoralist communities were able to maintain regular consumption of nutritious food in accordance with cultural and dietary customs.<sup>69</sup> However, the loss of livestock by-products for immediate food consumption and/or selling at markets has been negatively impacted by the sharp rise in price and the diminishing purchasing power of households at local markets.<sup>70</sup> Globally, research show that in general women consume less macronutrients and have a relatively lower nutritional status compared to men<sup>71</sup> and evidence suggest that this trend persists across income levels.<sup>72</sup> In a recent study, a majority of underweight women and undernourished children in Sub-Saharan Africa were found in households where the male household head was deemed adequately nourished.<sup>73</sup> The data also revealed less intra-household inequality in nutritional outcomes for households headed by women relative to those headed by men irrespective of whether the head is undernourished or not.<sup>74</sup> While beyond the scope of this RGA, reports of reduced food intake for men and women and the shifting roles of household heads vis-a-vis global trends merits further exploration in future RGA iterations.

## Access to health services

### Sexual and reproductive health

In Somalia, the total fertility rate is 6.9 children per woman,<sup>75</sup> which is one of the highest in the world,<sup>76</sup> implying that women may not be able to maintain optimal spacing between pregnancies to regain their physical and nutritional status before the next pregnancy. Fertility rates differ significantly based on the level of education from 7.2 children for women with

*“Since the drought, mothers are malnourished as they have no access to nutritious food. This means, both mother and children are starving together” -- Female KII (Abubwak)*

<sup>67</sup> Ibid

<sup>68</sup> Prevalence of anemia among pregnant women, World Bank, accessed July 2023

<sup>69</sup> According to FAO, communities in the north, who are mainly pastoralist, have better nutrition standards among adults due to the availability and consumption of milk and animal-sourced proteins. FAO, National gender profile of agriculture and rural livelihoods, Somalia, 2021

<sup>70</sup> “Mogadishu shops shuttered as soaring food prices add to desperation in Somalia. Fathi Mohamed Ahmed, The Guardian, June 8, 2022

<sup>71</sup> Most of Africa’s Nutritionally Deprived Women Are Not Found in Poor Households. Brown, et al, The Review of Economics and Statistics, 2019

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> The Somali Health and Demographic Survey 2020. Directorate of National Statistics, Federal Government of Somalia.

<sup>76</sup> Ibid.

no education to 3.7 children for women with higher education.<sup>77</sup> Maternal mortality rates are among the highest in the world with 621 deaths per 100,000 live births.<sup>78</sup> Reproductive and maternal health services and antenatal care coverage remains low across the country with 32% of births delivered with the assistance of a skilled healthcare provider and 21% of births delivered at a health facility.<sup>79</sup> UN Women reports that in 2019, nationally virtually no women had their need for family planning satisfied.<sup>80</sup> These figures are due in part to a shortage of essential health workforce, especially female physicians and those skilled in reproductive, maternal, new-born and child health.<sup>81</sup>

Access to routine health services (e.g., reproductive health services, antenatal care (ANC) and obstetric care) has been challenged in the constrained context of drought response where resources from health care are reallocated to meet basic household needs of food and water. Reduced access may increase the risk of unwanted pregnancies, micronutrient deficiencies such as anemia (due to lack of supplementation), pregnancy and delivery complications.<sup>82</sup> Both men and women respondents prioritized the need for nutrition services as most critical for pregnant and lactating women. Yet, a persistent lack of knowledge and support amongst women (and male allies) about the importance of perinatal visits during pregnancy perpetuates the risk of complications and postpartum challenges with breastfeeding. The lack of knowledge about prenatal care is paralleled by the lack of adequate and trusted SRH services reported by male and female respondents.

*“Women are facing enormous problem specially during pregnancy because they have no access to nutritious food which leads to anemia. We don’t have health services to bring serve for when delivering children and the closest site is 20 km.” – Female FGD (Abubwak)*

While 26% of women reported having control over decisions regarding accessing health care services for their personal needs, significant barriers to receiving care persist including long distances to reach professional care, lack of trusted providers and safety of women while commuting. For example, female respondents in FGD agreed that it is preferred and easier that men access medical resources than for women to walk the long distance to a health center. Additionally, some health interventions (i.e., surgery) require men’s consent due to

the financial implications and because of the potential impact of the procedure on women and the household.<sup>83</sup> The predominant concern expressed by women in FGDs related to the commute time to clinics and associated costs that were considered too high a trade-off for the limited quality of care they expected to receive. Several qualitative interviewees noted that these distances could be deadly, as they expressed being influenced by stories within the community where women in labor died because they could not reach a health center in time. These narratives and experiences reduced women’s confidence in health services and reduced health seeking behaviors.

### **Mental health**

The stress and compounding anxieties around survival and food insecurity has had a profound impact across all individuals and households included within this RGA. In qualitative interviews both men and women reported an increase in mental health issues due to the loss of livestock and scarcity of food brought on by the drought. Both women and men cite an increase in stress, anxiety, and depression.

*“As a result of a problem, I worry about getting stressed and having mental health issues. Having no food to feed the children is a stressful situation for the women.”- Female KII (Abubwak): “*

<sup>77</sup> Ibid

<sup>78</sup> Maternal Mortality Ratio (modeled estimate, per 100,000 live births) – Somalia. World Bank, accessed August 2023.

<sup>79</sup> Somali Health and Demographic Survey, 2020

<sup>80</sup> Somalia. Women Count, UN Women. Accessed August 2023

<sup>81</sup> Somalia: Health System Danish Immigration Service, November 2020.

<sup>82</sup> Nutrition of women and adolescent girls in humanitarian contexts: Current state of play. Natasha Leliveld, et. al. ; Singh NS, Ataullahjan A, Ndiaye K, et al.. Emergency Nutrition Network, October 2022. Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies? The Lancet 2021; 397(10273): 533-42

<sup>83</sup> Somalia: Health System, Danish Immigration Service, November 2020.



A report in 2020 notes a rise in mental health disorders attributed to the effects of the armed conflict, underemployment, sedentary lifestyles, socio-economic stress, and (for men) high khat consumption.<sup>84</sup>

Both men and women mentioned how the degradation of people's well-being and mental health is due to the confusion and stress induced by changes in gender roles brought on by the loss of livestock. Most men reported during FGD, KII and Individual stories how their inability to fulfil their role

*“Men are affected the most, since they are the ones responsible for household needs and the families expecting them to gain income. [...] In addition, women and children could be sick and need health service so trying to meet all those needs during this difficult time triggers mental health problems and stress to the men.” – Female FGD (Dhusamareb)*

(as providers, leaders, herders, decision makers) is cause for heightened stress, uncertainty, and tension. In Somali culture, men's capacity to provide for the well-being of their family is an essential criterion against which men - across the country - are measured and measure themselves.<sup>85</sup> Men's struggle with social expectations – according to women – has led to an increase of discord and tensions within household. When asked if certain groups of people are more effected by mental health issues there were mixed results, with some respondents noting that men were especially affected, and

others noting that they thought women were more impacted.

Most respondents confirmed that support for their mental health challenges (including depression and anxiety) was unavailable, and they were unaware of available related services. Locally, it was a shared understanding that emerged in FGDs that increased mental health challenges were inherently part of all households and amplified with the continued drought crisis.

## Safety and Protection

***Gender-based violence is widespread in Somalia and is present in all forms – including at the individual and the structural level. Lack of appropriate service providers and barriers to reporting persist.***

Intimate partner violence, sexual assault, and abuse has risen with the effects of the drought are worsening in regions and states across Somalia as household tensions around reduced resources rise.<sup>86</sup> The nationwide increase in GBV is reflected in quantitative data that indicates about 50% of women and about 48% of men reported an increase in security concerns facing women and girls since last failed growing season. About half of female respondents in this RGA also echoed the increase of violence such as sexual harassment experienced outside of the home. Both men and women in FGD reported domestic violence as a predominant security issue within the household, especially as living conditions of Somalis deteriorate. Intra-household violence, to some extent, was more normalized due to the tensions brought about by the droughts, according to respondents. Intra-household violence includes forced marriage, FGM, denial of resources, emotional and psychological abuse, and intimate partner violence.

Male respondents had a more limited view of GBV and primarily highlighted this risk specifically related to the inability of women to safely access services and resources. The distance to food distribution centers, increasing distance to fetching water and accessing basic health services

<sup>84</sup> Somalia: Health System, Danish Immigration Service, November 2020.

<sup>85</sup> The impact of war on Somali men and its effects on the family, women and children, Judith Gardner and Judy El-Bushram, Rift Valley Institute Briefing paper, February 2016.

<sup>86</sup> Overview of GBV in Somalia, Advocacy Brief, UNFPA & Protection Cluster, 2022. See also CARE gender assessments related to food insecurity 2021 & 2022. Reports shows that 1 in 4 women reported violence in homes as one of their primary concerns in 2021, and that by 2022, those reporting domestic violence as a key safety and security concern had risen to 1 in 3. These fears—and the increase over time—are echoed by adolescent girls.

continue to create heightened vulnerability for women to GBV.<sup>87</sup> However, the existing risks, primarily for women, are significantly broader, and includes within the household. Additionally, migration has also exacerbated GBV risks for women<sup>88</sup>, while exposing men and boys to forced recruitment into armed groups.<sup>89</sup> The quantitative results show that women (56%) and men (49%) prioritize seeking support from family members to address protection risks. If a survivor decided to report a situation of GBV, men and women respondents reported that they would report to community leaders and/or elders. That said, overall reporting rates are low due to lack of reporting mechanisms and severe stigma that would potentially be brought upon a woman and her family.

Beyond inter-personal manifestations of gender-based violence, respondents also referenced dynamics which demonstrate the ways that institutions (or lack thereof) perpetuate gendered structural violence<sup>90</sup> on men and women. One of the severe structural GBV impacts mentioned was the increase in early and forced marriages. Reports indicate that rates of early marriage have increased with the drought.<sup>91</sup> A FGD participant in **Goldogob** reinforces this, noting the use of early marriage as a coping strategy that is growing more prominent, *“[The drought] has increased the number of girls under the age of 18 who have migrated to towns. The reason is that they are trying to find a better life by marrying older men which is resulting in higher dropout rates.”*

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<sup>87</sup> Overview of Gender-Based Violence Situation in Somalia, UNFPA, Advocacy Brief, 2022

<sup>88</sup> Ibid

<sup>89</sup> Children in Armed Conflict: A Human Rights Crisis in Somalia, Salvador Santino Jr. Fulo Regilme, and Elisabetta Spoldi, *Global Jurist* 2021; 21(2): 365–402, March 2021

<sup>90</sup> Structural Violence on Women: An Impediment to Women Empowerment. Sinha, et. al, *Indian Journal of Community Medicine*, July-September 2017.

<sup>91</sup> Child marriage on the rise in Horn of Africa as drought crisis intensifies. UNICEF. June 2022



# Conclusion

The differentiated needs of adult men and women in the four districts where data collection took place point towards a severe and urgent humanitarian crisis. The profound impacts to food security, livelihoods, health, and protection will require targeted and sustained efforts to meet immediate needs, and ultimately build stronger systems to support communities. Given the ways in which gender roles and responsibilities play a profound role in driving and shaping needs, the data also reveals opportunities to tailor responses towards gender transformative action. This study accentuates the urgent need for a more inclusive and robust analysis of acute food security, one that integrates mixed methods, gender analysis and recognizes the dynamic nature of the crisis.

The study highlights critical areas that warrant further exploration and consideration by humanitarian stakeholders in Somalia and beyond.

- Most broadly, the assessment demonstrates the need for consistent and wide-scale gender-disaggregated acute food insecurity data and mixed method approaches. Primarily, the nature of the counterintuitive results – namely that men were more food insecure than women – points to the need for consistent monitoring of individual-level data to identify vulnerability and qualitative research to inform response. Food security stakeholders, such as the IPC Partnership, have the access and resources to not only adopt the approaches utilized in this study, but also to conduct more comprehensive research on these issues.
- Further quantitative and qualitative study is needed to definitely identify the factors that resulted in more men reporting food insecurity outcomes at Phase 4 and 5. While several plausible hypotheses are suggested by the data collected in this study, further integration and triangulation of diverse data sources is needed to advance our understandings of how acute food insecurity is experienced by men and women over time in prolonged conflict, and in environments of pre-existing gender inequality. Such studies should also explore other mitigating factors of vulnerability and resilience, such as age or disability.

- Gender and protection experts should examine the knock-on effects of growing acute food insecurity related to the use of forced and early marriage as a coping strategy. While some respondents mentioned this phenomenon, it merits further attention to uncover the extent and nature of the issue.
- Examining the push-pull factors of migration and associated risks for men, women, and families, specifically around safety and protection (including thefts, kidnapping, GBV, etc.

## Recommendations

### DATA COLLECTION, ASSESSMENT AND ANALYSIS

1. For the global IPC Partners and Global Support Unit:
  - a. To foster a truly comprehensive understanding of a community's acute food insecurity situation, endorse the concurrent utilization of both household-based and individual-based data collection methods. Furthermore, IPC partners should consider allowing classification options for groups of individuals, similar to the existing classification provisions for groups of households.
  - b. Consider systematizing the collection of sex, age, disability disaggregated data (SADDD) on acute food insecurity at individual-level or strengthening partnerships with agencies that specialize in age and disability analysis. Data collection tools used to establish acute food insecurity and nutrition status should systematically capture and analyze data on adult men and women, and breakdown demographic categories on other social determinants such as status, residency, type of livelihoods, type of household, disability.
  - c. Invest in capacity-building activities at the global and country level of the IPC and IPC partner agencies, expand gender expertise and support the ensure integration of SADDD and gendered analysis of the food and nutrition insecurity data of women, girls, men and boys in standard assessments.
  - d. Publish materials to guide data collection practitioners on best practices on the collection, analysis, and utilization of SADDD.
  - e. Support UN agencies, INGO, and national organizations in utilizing SADDD and gender analysis to inform programming to be sustainable, targeted, and multifaceted.
- 
2. Humanitarian food insecurity actors should:
  - a. Ensure the equal participation and inclusion of women, men, girls, and boys in data collection for assessment, and ensure implementation of measures that guarantees their safety and well-being during the process. Use an intersectional approach to break down demographics into sub-categories such as people from minority clans, displaced populations, documented/undocumented individual, people living with disabilities, and individuals from urban/rural and rural areas.
  - b. Participate actively in information dissemination of current and up-coming gender analysis in humanitarian coordination mechanisms to drive the use of SADDD and gender analysis in informing program design.

### HUMANITARIAN IMPLEMENTERS

1. Sector-specific actors should design programs that are informed by the gender division of labor and intra-household decision-making patterns and how the drought has affected them



with the aim of avoiding to further exacerbate the burden of the drought on women and men. It is recommended that a time poverty analysis of women and girls be conducted prior to the implementation of programmatic activities. Consider introducing notions of sharing household chores, joint decision-making, and control over resources within households in community awareness-raising activities, regardless of the sector of activity.

2. Increase budgets to ensure allocation for a gender expertise in program teams to support gender considerations throughout program cycle. Gender integration into sector specific activities should be supported by technical knowledge and skills to enable programs to be informed by the nuances and complexities of the gendered impacts of crisis on food security.
3. Consider activities to promote and support women and girls and women-led organizations in responding to the effects of the drought.

## **DONORS**

- Ensure that all funded proposals for food security interventions are, at a minimum, gender-responsive, and where possible gender transformative. Ensure all funded proposals are informed by a gender analysis, a protection and GBV risk assessment, the use of SADDD, and an assessment against the IASC Gender and Age marker.
- Along with funding for food security interventions, address the intersecting impacts of the food crisis - such as increased protection risks and displacements - by adequately funding protection and GBV programming as stand-alone or part of multi-sectoral programming.
- Increase investments in targeted interventions for gender equality and the empowerment of women and girls, as well as increase support to women-led organizations.

# ANNEX I

## Methodology

The assessment adopted a mixed methods approach, including conducting a thorough secondary data review and collecting and analysing qualitative and quantitative primary data. Secondary data was used to inform adaptations of the tools to highlight informational gaps and triangulate findings across the gender specific areas of inquiry identified for this RGA.

The primary data methodology combined tools from the following:

- CARE’s Rapid Gender Analysis Toolkit<sup>92</sup>
- Gender Equality for Food Security Tool (GE4FS)<sup>93</sup>
- Food Insecurity Experience Scale (FIES)<sup>94</sup>
- reduced Coping Strategy Index (rCSI).<sup>95</sup>
- Household Hunger Scale (HHS).<sup>96</sup>

**Table 1: Population Table of Districts Studied**

Livelihood Zone	Districts	Survey Sample Size (Individual level)		Survey Sample Size (Household Level)	
		Male	Female	Male HH	Female HH
Hawd Pastoral (Zone 5)	3. Galdogob 4. Abudwak	315	459	322	473
Addun Pastoral (Zone 9)	3. Jariiban 4. Dhusamareb	356	489	319	505
<b>Total</b>		<b>671 (41%)</b>	<b>948 (59%)</b>	<b>641 (39%)</b>	<b>978 (61%)</b>

The primary data collection took place from February 25th to March 10<sup>th</sup>, 2023.<sup>97</sup> During the quantitative data collection, a total of 1,619 respondents, comprising both males and females, were surveyed across two (2) different Livelihood Zones (LZs): The Hawd (Zone 5) and the Addun (Zone 9) pastoral zones, each encompassing two different districts as detailed below. The ratio of respondents was 41% (671) and 59% (948) for males and females, respectively. Of these individuals, 641 (39%) belonged to male-headed households and 978 (61%) belonged to female-headed households

In Somalia, Livelihood Zones (LZs) serve as the primary units for IPC data analysis. For a visual representation of all the LZs in Somalia, please refer to Figure 1.<sup>98</sup> The main criterion that informed geographic targeting for data collection was to identify LZs and their corresponding districts where our operational capacities aligned with Food Security and Nutrition Analysis Unit’s (FSNAU) IPC data collection and analysis. As a result, we identified two districts, namely Galdogob and Abudwak, within

<sup>92</sup>CARE’s Rapid Gender Analysis Toolkit. CARE, January 22, 2019

<sup>93</sup>The power of gender equality for food security: Closing another gender data gap with a new quantitative measure. WFP, 2020.

<sup>94</sup>Voices of the Hungry, “The Food Insecurity Experience Scale”. FAO, n.d.

<sup>95</sup>The Coping Strategies Index Field Methods Manual Second Edition, January 2008.

<sup>96</sup>Technical Manual Version 3.1. August 2021.

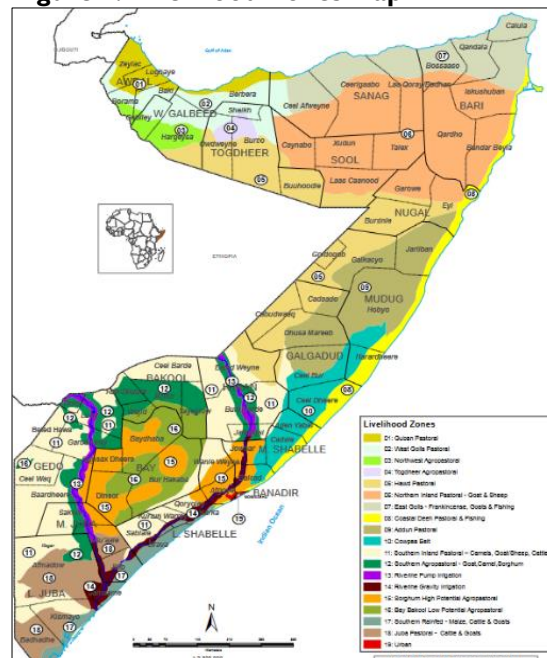
<sup>97</sup>The *deyr* rainfall season occurs between October to December. This was a historic fifth consecutive poor rainfall season and third failed *deyr* season, extending the longest drought on record (1981-2022) in Somalia. Famine Early Warning System Network (FEWS NET), January 5<sup>th</sup>, 2023.

<sup>98</sup>The zones are created to group areas together based on the common livelihoods of populations, rather than administrative borders or geographical landmarks, therefore ensuring relative homogeneity of populations within respective zones. Figure 2: Somalia Livelihoods Zones Map, FEWS NET 2011.

LZ 5 (Hawd Pastoral), as well as two other districts, Jariiban and Dhusamareb, within LZ 9 (Addun Pastoral), as the most suitable and aligned for our assessment. Additional considerations in the geographic selection included:

- Closely align with FSNAU’s Nutrition Assessment Protocol, including sampling plan.<sup>99</sup>
- Safety, security, and access factors to ensure that the chosen areas were both logistically feasible and operationally viable, while maintaining a strong commitment to the principle of "Do No Harm."
- Deliberate efforts were made to avoid redundancy or duplication with other ongoing assessments conducted at the time, ensuring optimal utilization of available resources.
- The LZs and respective districts are prone to shocks and emergency situations and are consistently a priority for data collection and IPC analysis.

**Figure 1: Livelihood Zones Map**



As a result, villages that fulfilled the above-mentioned criteria were chosen from these four districts. A total of 24 enumerators (12 females and 12 males) were trained extensively on the methodology and do no harm principles and worked in teams divided by sex and according to assigned tools.

**Quantitative data** was collected using an integrated questionnaire that combined FIES, GE4FS, RGA, HHS, and rCSI. The GE4FS and rCSI tools applied individual-level and household-level questionnaires, respectively. However, the FIES utilized only the individual level modules/questionnaire. The research team used Computer Assisted Personal Interviews (CAPI) and KOBO Collect technologies on tablets to enable systematic and daily data quality assurance to be conducted. Across the four (4) districts, a total of 1,619 respondents participated in the survey.

At the unit of analysis (LZ), the quantitative questionnaire met or surpassed the minimum sampling thresholds for both IPC analysis and, specifically, the sample size requirements of the FIES module.<sup>100</sup> Respondents were selected through probability proportional to size (PPS) sampling method, which involved generating a random number to select the first household and then employing a systematic sampling interval to determine the subsequent households to be included in the survey. Given that most of the respondents are nomadic pastoralists, households that were unavailable for the survey were replaced with the next available household. For random sampling of individual respondents, the interviewer first conducted a listing of all the eligible respondents in the household at the time of the survey. The household module of the survey was then administered to the household head to obtain information regarding the household. A household member was then randomly selected using the random respondent generator in the mobile data collection application to determine who should respond to the individual level questionnaire. If a respondent selected declined to be interviewed, another household member was selected through the random respondent generator. The selection of the respondent for the individual questionnaire took place after the household questionnaire had already been answered, which reduced the likelihood of the selected individual respondent declining the interview.

**Qualitative data collection** tools were adapted from CARE’s RGA toolkit to include Focus Group

<sup>99</sup> Somalia 2022 Post Deyr IDP and Rural Integrated Assessment Protocol. FSNAU and FAO, October 2022.

<sup>100</sup> IPC Technical Manual Version 3.1: Evidence and Standards for Better Food Security and Nutrition Decision. IPC, 2021

Discussions (FGDs), key informant interviews (KIIs), and individual stories (IS). A total of 89 individuals participated – 41 of women and 48 of men – participated in the qualitative data collection across four districts.

- **7 FGDs** (total of 30 female and 27 male participants)
- **15 Key informant interviews** (2 females and 13 males)
- **17 Individual Stories** (9 female and 8 male)

Respondents were selected using a combination of purposeful sampling and snowball sampling. For the purposeful selection of candidates for interviews the following factors were taken into consideration:

- Vulnerability groups experiencing compounding challenges, such as persons living with impairments and female-headed households.
- Accessibility through CARE or existing partner network to facilitate the rapid nature of the exercise.
- 

The research had several **challenges and limitations**.

- There was a challenge in obtaining secondary data on population and demographics for some of the targeted areas that would have enhanced sampling strategies.
- While an equal number of KIIs with men and women were targeted (i.e., teachers, community leaders, health staff, police etc), most of these positions are dominated by men, leading to a significant imbalance between male and female KIIs completed.
- Conversely, the drought is driving more men into displacement to seek livelihoods in urban areas, contributing to the research team encountering a significantly higher number of female-headed households than male-headed households.
- There were security challenges in some of the targeted areas and some villages had to be replaced due to these security concerns.<sup>101</sup>
- Although a critical consideration, disability and age-related areas of inquiry were not incorporated into primary data collection due to insufficient staffing capacity and training.

Counter measures:

- The research planning was refined using secondary data from CARE’s program reports to account for the lack of secondary data from other sources.
- Villages that were inaccessible due to security reasons were replaced with a nearby village that was as demographically similar as possible to the village being replaced.

## ANNEX II

### FIES, HHS, rCSI, and GE4FS RESULTS

The Integrated Food Security and Nutrition Phase Classification (IPC) is a common global scale for the classification of food security and malnutrition in terms of severity and magnitude. The FIES, HHS, and rCSI are food security indicators utilized and approved for use in IPC Acute Food Insecurity Analyses.<sup>102</sup> The FIES measures mild, moderate, and severe food insecurity whereas the HHS is best suited to capture the severe end of the acute food insecurity spectrum and the rCSI measures the strategies that are used by individuals to cope with acute food insecurity and is best suited to capture acute food insecurity from mild to moderate end of the acute food insecurity spectrum.

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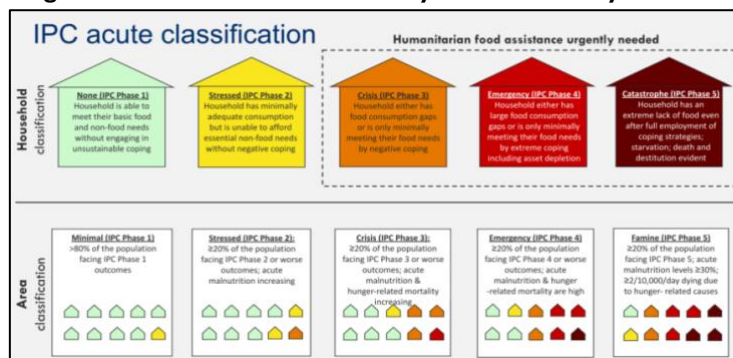
<sup>101</sup> It should be stressed that surveying respondents, like all humanitarian activities, required a reasonable level of access to ensure the safety of enumerators, staff, and participants. Studying areas where principled humanitarian access was already established or could be established quickly brought our study into proximity with humanitarian programming in the region. The effects programming has on gender relations and gendered food insecurity levels is a dynamic which we discuss within the paper.

<sup>102</sup> IPC Resource 5 Indicators Utilized by IPC. IPC, June 21, 2021



The classification of acute food insecurity in this assessment was done to classify the population in a specific IPC phase or higher to enable comparisons with secondary literature and in a specific IPC phase only. This would facilitate the conclusion as to whether the findings are like those of previous studies or to conclude on any changes in the food security situation. The classification according to the population in the specific IPC phase was conducted in line with the IPC guidelines and this was conducted per livelihood zone (See Annex I).

Figure 2: IPC Acute Food Insecurity Classification System



Generally, reporting methods of the IPC acknowledge that populations can transition between phases over time and can indicate changes through a reduction in the number of people in a particular phase, but cannot on its own indicate as to whether this reduction is due to an improvement or a worsening of the acute food insecurity situation. Consequently, relying exclusively on the percentage of individuals in any single specific phase (aside from the extremes of phases 1 and 5) cannot be considered a precise quantitative indicator of acute food insecurity trends. The data may not illustrate a consistent trend, which underscores the rationale for employing notations such as IPC phase 2+ (covering all classifications from Phase 2 to Phase 5), IPC phase 3+ (covering all classifications from Phase 3 to Phase 5), etc. This approach is particularly essential when comparing intra-phase discrepancies between different groups, such as between males and females, within these livelihood zones. However, given that these 'IPC phase plus' notations are not a standard feature in IPC classifications, for the sake of consistency and clarity, we have incorporated additional tables with IPC-approved thresholds for each outcome immediate after each table with 'IPC phase plus'.

### Acute Food Insecurity Indicator Definitions:<sup>103</sup>

- **The Food Insecurity Experiential Scale (FIES)** is an eight-question scale designed to measure people's access to adequate food and can be utilized to measure acute food insecurity at the household or individual level. It has been approved and integrated into the IPC Technical Manual for analysis at the household level and has also been successfully deployed in disaggregated studies to gauge differences in food insecurity outcomes among different characteristics such as gender, age, and disability status. The IPC-approved thresholds are 0-3, 4-18, and >19 and is consistent with IPC phases of 1, 2, and 3+, respectively.
- **The reduced Coping Strategies Index (rCSI)** is an experience-based indicator measuring the behavior of households over the past seven days when they did not have enough food or money to purchase food. The different coping strategies are scored according to the weights specified and the final score is categorized to represent the level of coping strategies an individual employs to manage food insecurity. IPC-approved thresholds of 0-3, 4-18, and >19 is consistent with IPC phases of 1, 2, and 3+, respectively. Although not approved by the IPC, it is beneficial to implement a different strategy when the rCSI-based percentage of the population in Phase 3+ is high. It can be useful to divide the group in Phase 3 and above into two distinct groups, using a tentative cutoff developed for Phase 4. Consequently, households can be segmented into four categories: 0-3, 4-18, 19-42, and >43, which align with the IPC phases 1, 2, 3, and 4+, respectively. This is the methodology that CARE utilized in our IPC indicative classification.
- **The Household Hunger Scale** is an indicator developed by FANTA. It assesses whether households have experienced problems of food access in the preceding 30 days, as reported by the households themselves. The HHS assesses the food consumption strategies adopted

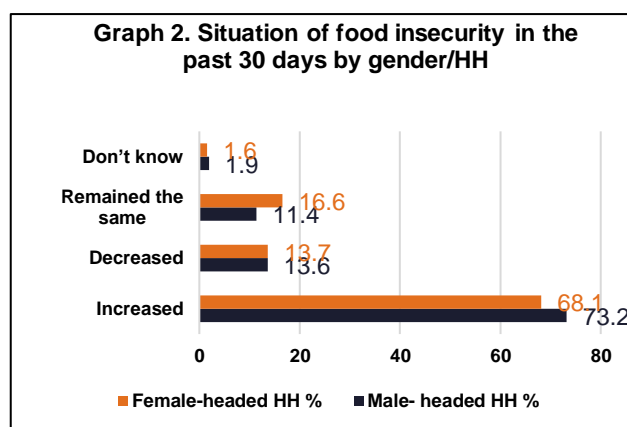
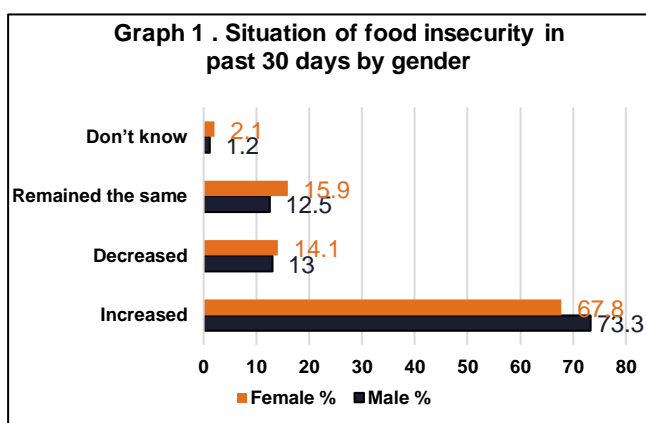
<sup>103</sup> IPC Resource 5 Indicators Utilized by IPC. IPC, June 21, 2021

by households facing a lack of access to food. The cut-offs for the HHS are based on the FANTA (2015) Household Food Consumption Indicator Study report, and the alignment with the Acute Food Insecurity Reference Table phase descriptions. The IPC approved thresholds are 0, 1, 2-3, 4, and 5-6 is consistent with IPC phases of 1, 2, 3, 4, and 5, respectively.

## RESULTS FROM FIES

The gender disaggregation of the FIES analysis used statistical methodology that account for differential item functioning (DIF) which occurs when groups have different probabilities of endorsing a given item on a multi-item scale after controlling for the total scores. Participants were asked to recall their individual experience with acute food insecurity in the 30 days preceding the interview. Overall, the data indicates that acute food insecurity has worsened for both genders and across all types of households. At an individual level, a greater percentage of men (73.3%) have experienced an increase in acute food insecurity compared to women (67.8%). Women and men in both Hawd and Addun were classified in the indicative IPC phase 3.

The trends in the FIES which have been developed as a global standard for food security measurement indicate unique results as males reported skipping meals much more often than running out of food and yet it was the vice versa for women. This is a unique observation in the global applications of FIES and some of the reasons could include cultural factors such as the tendency of a vast majority of men to chew *khat*. A higher percentage of women than men claim that acute food insecurity has remained the same, and - to a lesser extent - has decreased over the past 30 days. Results at household level are like those at individual level with male-headed household reporting an increase of acute food insecurity in the last 30 days. The number of female and male headed household claiming that food insecurity has decreased is the same (F-HH: 13.7% vs M-HH: 13.6%) while a slightly higher percentage of female headed-household reported that acute food insecurity has remained the same.



At the individual level, the widest differences of the FIES tool were observed at IPC Phase 3+ (Crisis or Worse), where results show that about 80.3% of men and 73.6% of women reported acute food insecurity – a difference of 6.7% ( $p < 0.05$ ), indicating that within a given household, men are more likely to be food insecure than their female counterparts. These results are consistent with those at the household level with the widest differences observed at IPC Phase 3+ (Crisis or worse), where FIES results show that about 81.8% of individuals in male headed households and 72.7% of people in female headed households reported acute food insecurity. This is a difference of 9.1%, indicating that people of any gender living in male-headed households in the districts studied are presently more

food insecure than people of any gender residing in female-headed households.<sup>104</sup>

The analysis of the FIES data necessitated equating of the severity scale for both men and women as well as adjustments to the coding of the 3 most severe questions to categories of “Never or rarely”, “Sometimes” and “Often” due to the low percentages in some response categories. The FIT statistics for the items were precisely calculated, revealing that the infit statistics for all items fell within the range of 0.8355626 and 1.0640456 for men, and between 0.8873058 and 1.1270346 for women. This analysis unequivocally demonstrated that each item was a reliable measure. Consequently, all eight items from the FIES were utilized in the study, highlighting the high caliber of the data collected.

**Table 2: Comparison of IPC phase distribution by Gender at the Individual Level (FIES)**

IPC Phases	Men	Women	FI difference
IPC2+	96.2%	93.7%	2.6%*
IPC3+	80.3%	73.6%	6.7%*
IPC4+	10.3%	8.1%	2.2%
IPC5	2.3%	1.8%	0.5%

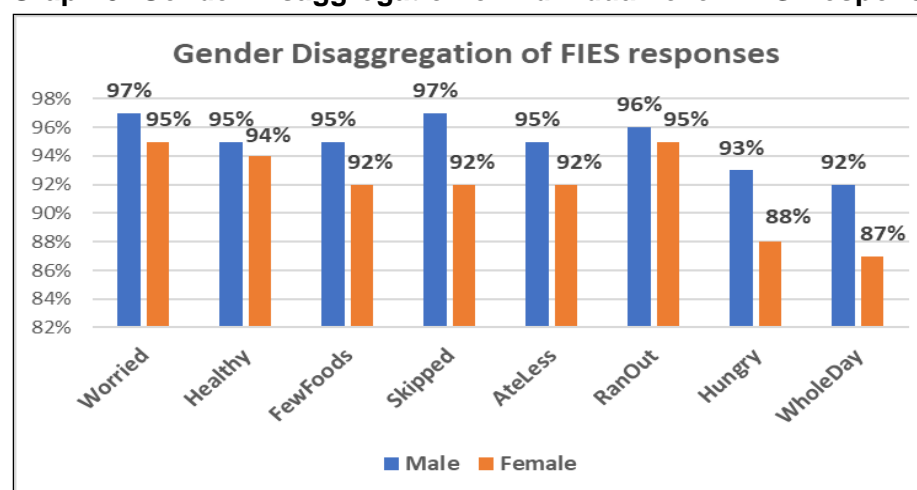
\* Difference is statistically significant at 95 confidence level.

**Table 3: Comparison of IPC Phase distribution by Gender of Household Head (FIES).**

IPC Phases	Male-headed	Female-headed	FI difference
IPC2+	96.9%	93.3%	3.6%*
IPC3+	81.8%	72.7%	9.1%*
IPC4+	10.8%	8.1%	2.7%*
IPC5	2.3%	1.9%	0.4%

\* Difference is statistically significant at 95 confidence level.

**Graph 3: Gender Disaggregation of Individual-level FIES Responses**



**Table 4: IPC AFI Phases at Individual-level, Per Livelihood Zone (FIES)**

Gender	Phase 1	Phase 2	Phase 3+	Indicative Phase
Male	4.60%	15.30%	80.10%	Phase 3+

<sup>105</sup> Technical Manual Version 3.1 IPC.

Livelihood Zone (LZ)	Hawd Pastoral	Female	9.00%	21.20%	69.80%	Phase 3+
		Difference	-4.40%	-5.90%	10.30%	
	Addun Pastoral	Male	3.60%	18.30%	78.10%	Phase 3+
		Female	4.20%	21.60%	74.20%	Phase 3+
		Difference	-0.60%	-3.30%	3.90%	

## HOUSEHOLD HUNGER SCALE (HHS) RESULTS CONVERTED INTO IPC PHASES

Data from FIES questionnaire was used to conduct analysis at the household level basing on the Household Hunger Scale (HHS) and integrated into IPC analysis through the establishment of normalized cut offs that correspond with the IPC Acute Food Insecurity Phases.<sup>105</sup> We have applied these phases to disaggregate the acute food insecurity experience of people as individuals, as well as to disaggregate the experience of people who live within male- and female-headed households, respectively. Results show that women are less food insecure than men in all the phases of the IPC with women in Hawd livelihood zone classified in indicative IPC phase 3 (Crisis) while men are classified in indicative IPC phase 4 (Emergency) whereas both men and women in Addun livelihood zone have been classified in indicative IPC phase 4 (Emergency).

**Table 5: IPC phase at individual level per gender, HHS**

IPC Phases	Men	Women	FI difference
IPC2+	99.0%	97.4%	1.6%*
IPC3+	95.6%	92.8%	2.8%*
IPC4+	32.3%	25.9%	6.4%*
IPC5	11.6%	9.2%	2.4%

\* Difference is statistically significant at 95 confidence level.

**Table 6: IPC phase at household level per gender of headed HH, HHS**

IPC Phases	Male-headed HH	Female-headed HH	FI difference
IPC2+	98.9%	97.5%	1.4%*
IPC3+	96.3%	92.3%	4.0%*
IPC4+	33.7%	25.5%	8.2%*
IPC5	12.2%	9.1%	3.1%*

\* Difference is statistically significant at 95 confidence level.

**Table 7: IPC Phase at Individual Level by Livelihood Zone, HHS**

Livelihood Zone (LZ)			Phase	Phase	Phase	Phase	Phase	Indicative Phase
			1	2	3	4	5	
Livelihood Zone (LZ)	Hawd Pastoral	Male	1.0%	3.2%	71.1%	14.0%	10.7%	Phase 4
		Female	3.3%	7.0%	71.0%	13.0%	5.7%	Phase 3
		Difference	-2.3%	-3.8%	0.1%	1.0%	5.0%	
	Addun Pastoral	Male	8.0%	8.40%	49.7%	23.6%	13.5%	Phase 4
		Female	5.5%	5.0%	59.5%	19.4%	10.5%	Phase 4
		Difference	2.50%	3.40%	-9.80%	4.20%	3.00%	

<sup>105</sup> Technical Manual Version 3.1 IPC.



**Table 8: IPC Phase at Household Level by Livelihood Zone, HHS**

			Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Indicative Phase
Livelihood Zone (LZ)	Hawd Pastoral	Male HH	2.60%	2.00%	67.80%	18.80%	8.90%	Phase 4
		Female HH	2.10%	7.70%	73.20%	10.00%	7.00%	Phase 3
		Difference	0.50%	-5.70%	-5.40%	8.80%	1.90%	
	Addun Pastoral	Male HH	2.40%	8.50%	53.50%	22.70%	13.00%	Phase 4
		Female HH	4.00%	5.40%	58.40%	20.90%	11.20%	Phase 4
		Difference	1.60%	3.10%	-4.90%	1.80%	1.80%	

### rCSI RESULTS CONVERTED INTO IPC PHASE

Results from rCSI are converted into IPC phases. At the individual level more men (76%) than women (69%) are categorized as being in IPC phase 3+ (Crisis or worse). Conversely, there is a higher percentage of women (28%) than men (21%) in the IPC phase 2 (Stressed). A similar trend can be observed at household level whereby female-headed household are in greater percentage in IPC 2 and male-headed household in greater percentage in IPC phase +3 (Crisis or worse). Both women and men in the Hawd and Addun livelihood zones were classified indicatively as facing a food security crisis (IPC phase 3).

**Table 9: Results of the reduced Coping Strategies Index (rCSI)**

IPC Phases	Gender of Respondent (individual)				FI Difference
	Male		Female		
	No.	%	No.	%	
IPC Phase 2+	665	99	938	99	0%
IPC Phase 3+	523	78	673	71	7%
IPC Phase 4+	14	2	18	2	0
Total	671	100	948	100	-

**Table 10: reduced Coping Strategies Index (rCSI) of individuals by Livelihood Zone**

			Phase 1	Phase 2	Phase 3	Phase 4+	Indicative Phase
Livelihood Zone (LZ)	Hawd Pastoral	Male	1.00%	18.40%	78.10%	2.50%	Phase 3+
		Female	1.30%	28.60%	68.60%	1.50%	Phase 3+
	Addun Pastoral	Male	0.80%	23.60%	73.90%	1.70%	Phase 3+
		Female	0.80%	27.40%	69.50%	2.30%	Phase 3+

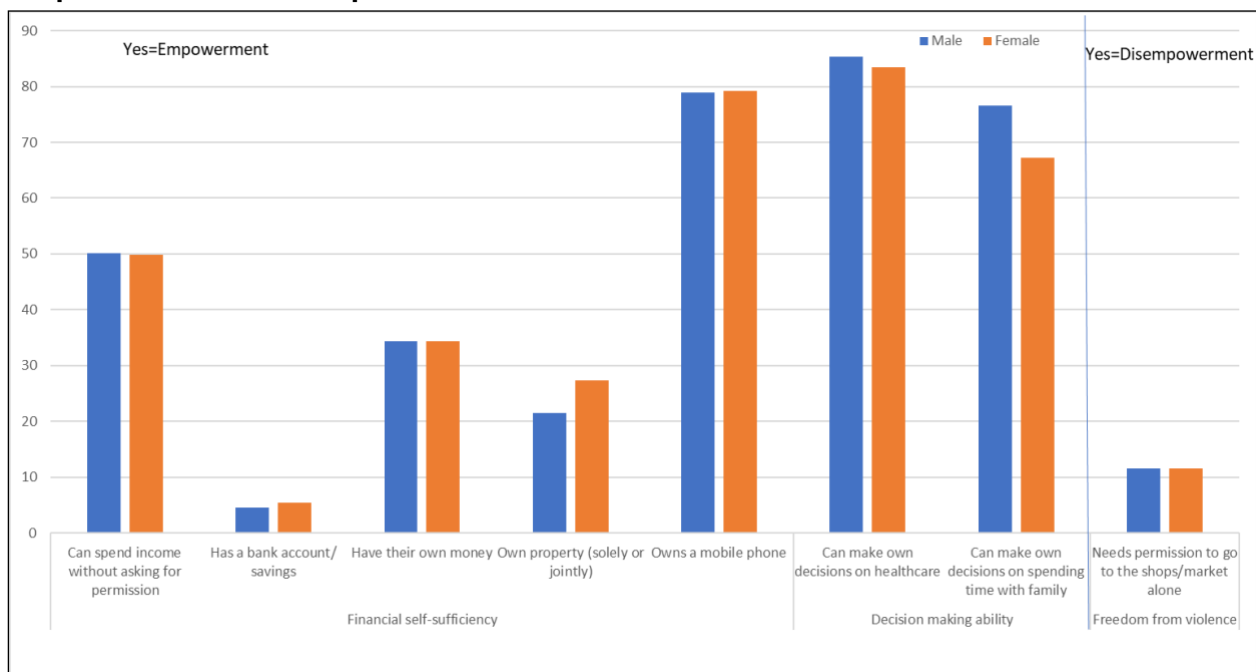
**Table 11: reduced Coping Strategies Index (rCSI) of Households by Livelihood Zone**

			Phase 1	Phase 2	Phase 3	Phase 4+	Indicative Phase
Livelihood Zone (LZ)	Hawd Pastoral	Male	1.60%	16.80%	79.30%	2.30%	Phase 3+
		Female	0.90%	29.40%	68.10%	1.70%	Phase 3+
	Addun Pastoral	Male	0.30%	19.30%	78.30%	2.10%	Phase 3+
		Female	1.20%	30.10%	66.70%	2.00%	Phase 3+

## GENDER EQUALITY FOR FOOD SECURITY (GE4FS)

Gender Equality for Food Security is a measure that has been designed to be compatible with the FIES to evaluate “interconnectedness of dis/empowerment and food in/security.”<sup>106</sup> The full tool consists of 18 questions, 8 of which were integrated into this study. Men and women are asked to respond to questions regarding their experience with the 8 questions. Questions were selected based on their relevance to the context, and objectives of this study. Men and women demonstrated a considerable similarity relating to financial self-sufficiency, perhaps reflecting the livelihood-driven changes in gender roles. However, women were more likely to report that they owned property, either solely or jointly. Vanishingly few respondents of either gender were likely to state that they had a bank account, although women were slightly more likely to report this. When it comes to decision-making abilities, men were more likely than women to report that they were empowered to make decisions about their own health care or how to spend time with family. Neither men nor women were very likely to report that they needed permission to travel to nearby shops or markets.

**Graph 3: Gender and Empowerment**



<sup>106</sup> The power of gender equality for food security: Closing another gender data gap with a new quantitative measure. WFP, 2020.

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