



Policy Report

Gender, Acute Food Insecurity & the IPC: Pilot Findings from Somalia

OVERVIEW Rooted in the principles of technical rigor and consensus building, Integrated Food Security and Nutrition Phase Classification (IPC) assessments are a critical tool for guiding humanitarian action, funding, and advocacy.

However, despite their importance, there has been limited progress in integrating gender and other determinants of vulnerability into the IPC's analysis of food insecurity and malnutrition. Typically, IPC assessments focus on household level data, and consideration of factors like gender, age, disability that can aggravate food insecurity outcomes are not analyzed. Other key data collection tools that have an important role in integrating more in-depth local experiences – such as qualitative interviews – are not systematically collected or analyzed.

Since the IPC was first established, the evidence base to prove that the burden of food insecurity is not felt equally has only grown, with most studies showing that women are more likely to be food insecure than men. **Yet, the lack of systematic data disaggregation, gender analysis, and qualitative data in early warning systems prevents a comprehensive, real-time understanding of these trends which in turn hinders humanitarians' capacity to plan, target, and respond to food insecurity as effectively as possible. This begs the question, if we know that food insecurity is unequal, why are we still relying on gender-unaware data?**

Pilot Objectives & Design

To test the value and feasibility of integrating sex disaggregated data food security datasets into the IPC, CARE designed and conducted a pilot to measure the differences in food insecurity between men and women in Somalia.

The pilot took place from February 25th to March 10th, 2023 and focused on two livelihood zones¹, which were represented by the following four districts within those zones:

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
Total		671 (41%)	948 (59%)	641 (39%)	978 (61%)

¹ In Somalia, Livelihood Zones (LZs) serve as the primary units for IPC data analysis. 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.

Components of the Mixed Methods Approach:

Quantitative data was collected using an integrated questionnaire that combined several IPC-approved indicators as well as indicators specifically designed for gender analysis. Each household² provided two respondents: one who answered the questionnaire to describe their household's experience (as would be conducted in a typical IPC assessment) and an additional respondent who described their experience as an individual. All respondent data was disaggregated by sex.

Qualitative data collection tools were adapted from CARE's Rapid Gender Analysis (RGA) toolkit to include Focus Group Discussions (FGDs), key informant interviews (KIIs), and individual stories (IS). A total of 89 individuals – 41 of women and 48 of men – participated in qualitative data collection across four districts.

Evidence from the Pilot: Key Findings and Takeaways

Key Finding #1:

Standard, quantitative-only IPC questionnaires find that men are reporting more food insecurity than women, but there are variations across locations and severity.

Quantitative indicators showed that food insecurity had deteriorated for all groups in the regions studied, and the presence of people in IPC 5 indicates a deeply alarming situation of extreme food insecurity.

Table 1: IPC Phase at Individual Level by Livelihood Zone, 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%	

Table 2: 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%	-5.7%	-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%	

² Whether a household was defined as female or male-headed was based on the self-reporting of respondents.

Cumulatively, men and people living in male-headed households generally reported higher levels of food insecurity than women, and people living in female-headed households and male respondents reported more severe outcomes than females, on average.

Overall, the difference in food insecurity data across phases and levels of analysis indicates that impacts are determined not only by sex of household head or respondent. Instead, they are potentially shaped by compounding impacts over time and the severity of the crisis. This could reflect how coping strategies may be adapted for people in different ways within the continuum of the IPC phases.

Key Finding #2:

To get the full picture on food insecurity, we have to look at qualitative and quantitative data together.

Alone, these quantitative metrics present a puzzling picture, and one that runs counter to expectations about inequality, vulnerability, and food insecurity. But within the secondary data and qualitative findings, a more nuanced picture of food insecurity and gender emerges:

- **Male and female respondents reported being accustomed to food security programs active in the area that prioritized women.** This could suggest that while traditionally men would have preferential access to resources and institutions, in times of crisis, food security is highly correlated with access to humanitarian food assistance that often emphasize ensuring support to women and children.
- **Cultural expectations in Somalia are that men and older sons eat first and are given the best food portions while women and children eat what remains afterwards.** Therefore, while all participants were asked identical questions about how his or her 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.
- **“Intra-household inequality”** has been studied in the region, leading researchers to find that even in households where financial and food resources are not limited, when a male-head of household appears to be well nourished, there is still a high likelihood that women and children will be underweight or undernourished.³
- This may explain why, **even though men scored as more food insecure in quantitative surveys, in the qualitative interviews, both men and women were more likely to report that women were among the hardest hit by hunger during the drought.** As a woman participant in an FGD in Abudwak notes, “The vulnerable groups such as women, children, disabled and the elderly are hugely exposed to starvation.”
- **In no interviews were men noted as being especially vulnerable to hunger compared to women,** however many respondents emphasized the profound mental distress experienced by male pastoralists who had lost livestock (and therefore livelihoods) in the drought. Such losses were sometimes referred to as a “failure” on the part of men –a dynamic which had undermined men’s sense of masculinity, further exacerbated mental burden, and was re-shaping roles in households and communities.

³ Most of Africa’s Nutritionally Deprived Women Are Not Found in Poor Households. Brown, et al, The Review of Economics and Statistics, 2019

Key Finding #3:

Systematic and consistent application of gender-disaggregated and mixed methods approaches can serve to present more nuanced understanding of the data to improve humanitarian response.

If the first pilot in Somalia raises questions, further studies can help provide answers.

Key data points to determine the causes behind gender food insecurity disparities – such as the baseline levels of men and women’s malnutrition, food consumption, and coping strategies – could be better answered by collecting and analysis gender-disaggregated data consistently over time. Other questions, such as the influence of aid targeting strategies could be studied by including more geographic areas. Moreover, the limitations and challenges CARE encountered to conduct the pilot could be mitigated or resolved if the approaches were adopted by country-wide actors that have the access and means to study regions that can’t be reached by a single NGO.

The lack of consistently collected data disaggregated over time (including further studying the impact of aid on social norms, safety and attitudes) limits analysis and creates hurdles to providing targeted and safe humanitarian programming that responds to the diverse and evolving needs of vulnerable populations. By providing a larger mandate and further technical guidance across agencies to systematically and regularly include data disaggregation and mixed methods into analysis, humanitarian actors, donors and governments would have more accurate understanding and measurement of food insecurity.

Critically, consistent application of gender-disaggregated and mixed methods approaches can help improve the tools we use to understand food insecurity in Somalia and elsewhere. Quantitative metrics used in this study, like FIES, HHS, and rCSI⁴ have been rigorously tested for their cross-cultural relevance but the absence of consistent ways to incorporate gender in the data collection or analysis can lead to data that is misleading and limiting. The questions raised in this study demonstrate the potential value of integrating gender analysis to account for differences that affect food insecurity measurement – such as cultural customs which dictate that women eat last and least – to help us more accurately capture realities on the ground.

CONCLUSION

Somalia demonstrates that disaggregated analysis can yield rich findings that aren’t detected using conventional methods. The nature of the counter-intuitive findings – namely that more men than women reported acute food insecurity – points to the potential additive value of disaggregate analysis, while also revealing potential weakness of quantitative indicators in the cultural context. Determining the dynamics that led to men reporting more severe acute food insecurity merits serious inquiry – inquiries that should be buttressed with more regular and systematic gender-disaggregated food insecurity analysis.

As a global partner of the IPC, CARE encourages the IPC community both within Somalia and globally, to carry forward mixed method disaggregated analysis to better understand these trends. Furthermore, we encourage actors to continue testing for other factors that drive vulnerability to food insecurity and malnutrition, such as age, disability, and displacement. Altogether, these efforts can build an early warning system that is truly capable of identifying the most vulnerable populations and mobilizing targeted responses for transformational change.

⁴ Food Insecurity Experience Scale (FIES); Household Hunger Scale (HHS), reduced Coping Skills Index (rCSI)

RECOMMENDATIONS

For the global IPC Partners and IPC Global Support Unit:

- 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.
- 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.
- 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.
- Publish materials to guide data collection practitioners on best practices on the collection, analysis, and utilization of SADDD.
- Support UN agencies, INGO, and national organizations in utilizing SADDD and gender analysis to inform programming to be sustainable, targeted, and multifaceted.

To Donors:

- Ensure all funded proposals are informed by a gender analysis, a protection and GBV risk assessment, the use of SADDD data, 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, GBV, SRH and MHPSS programming as stand-alone or part of multi-sectoral programming.
- Increase investments in targeted interventions for gender equality and increase support to women-led organizations.



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