

# Gender Inequality, Sharing of Supplementary Food Rations and Food Insecurity

## Findings Report

### KORE LAVI: MOTHER AND CHILD HEALTH



Paola Roche

August 22, 2016

## TABLE OF CONTENT

1. EXECUTIVE SUMMARY.....	4
2. INTRODUCTION/BACKGROUND.....	5
3. OVERVIEW OF RESEARCH.....	6
3.1 PURPOSE AND METHODOLOGY .....	7
3.2 LIMITATIONS.....	7
4. FINDINGS	
4.1 GENDER RELATIONS AND HOUSEHOLD DYNAMICS .....	9
4.1.1 DECISION-MAKING .....	10
4.1.2. WOMEN EMPOWERMENT.....	10
4.1.3 ATTITUDE TOWARDS GENDER NORMS.....	12
4.1.4 MALE ENGAGEMENT.....	13
4.1.5 HOUSEHOLDS WITH GENDER-EQUITABLE ATTITUDES.....	14
4.2 FOOD CONSUMPTION AND DISTRIBUTION.....	14
4.2.1 FOOD DISTRIBUTION IN THE HOUSEHOLD.....	14
4.2.2 PRACTICE OF SHARING FOOD .....	15
4.2.3 FOOD PRACTICES IN HOUSEHOLDS WITH GENDER-EQUITABLE ATTITUDES.....	15
4.2.4 SHARING OF FOOD RATIONS .....	16
4.3 VULNERABILITY AND FOOD INSECURITY.....	17
4.3.1 CHALLENGES FACED BY BENEFICIARIES.....	17
4.3.2 COPING STRATEGIES.....	18
5. CONCLUSION AND RECOMMENDATIONS .....	19
6. THE WAY FORWARD.....	21

## **Acknowledgments**

This research has been made possible by the CARE-Cornell Collaboration. Special thanks to the CARE Haiti office, in particular Magalie Benjamin, Afurika Juvenal and the SO3 team for their support and assistance.

## 1. EXECUTIVE SUMMARY

Kore Lavi is a four-year USAID funded project implemented by CARE and its partners, Action contre La Faim, the World Food Programme and World Vision. By supporting the Government of Haiti in establishing a replicable safety net system and expanding capacities to prevent child malnutrition, the overall goal of the project is to reduce food insecurity and vulnerability<sup>1</sup>. The project comprises of four components: SO1-vulnerability targeting, SO2-food vouchers based safety nets transfers, SO3-maternal and child health and SO4-capacity building of government institutions.

Through the CARE-Cornell Collaboration, research was conducted to better understand the gender dimensions of sharing supplementary food rations and the effect of women empowerment on food and nutrition security. The research was done between June and August of 2016 and the target population consisted of SO3 beneficiaries (pregnant and lactating women) in the Centre Department of Haiti between. Data was collected using focus groups and semi-structured interviews and a sample 105 respondents were involved in this study. Major findings of this research include:

- From the households interviewed, the data revealed high gender inequality. Women are not able
- Women have very few to no opportunities for income generation. While some beneficiaries have been able to start a business with savings from the Village Saving and Loans Associations, others have complained that the minimum amount that has to be given each week is too high.
- Families with fathers participating in Kore Lavi's trainings are living a fairly-gender-equitable lives. There have been positive changes in men's behaviors towards their wives and men have become more aware of what food to grow to provide balanced meals to their families.
- Food rations are widely shared within and outside the households and the main reasons for sharing that were mentioned are: kinship, altruism, social pressure and social capital
- Food sharing is strategy adopted by the majority of beneficiaries to cope with food insecurity
- Besides food sharing, the most adopted coping strategies by beneficiaries are likely to have far reaching effects.

## 2. INTRODUCTION/BACKGROUND

Poverty, food insecurity and low food production are amongst the main challenges that Haiti faces today. According to The State of Food Insecurity in the World 2015, more than 50 percent of the Haitian population (53.4%) is undernourished<sup>2</sup> Although malnutrition and food insecurity are widespread in the country, pregnant and lactating women and young children are the most vulnerable groups to malnutrition. In addition to 22 percent of children under age five being stunted, only 30 percent of pregnant women are meeting the recommended intake for iron, a mineral that should be taken during pregnancy to prevent anemia and other complications.<sup>3</sup>

In order to support the efforts of the Government of Haiti to prevent hunger and malnutrition, Care implemented the Kore Lavi project in October 2013, in partnership with the World Food Programme, World Vision, and Action Against Hunger. Funded by the USAID and implemented in 23 communes of the five departments of Haiti, the overall goal of the four-year project is to reduce food insecurity and vulnerability by supporting the Government of Haiti in establishing a replicable safety net system and expanding capacities to prevent child undernutrition.<sup>4</sup> The project focuses on four inter-related areas:

- (i) **SO1- Vulnerability targeting:** Kore Lavi is working to institutionalize a food security vulnerability monitoring and targeting system in order to reinforce the *Ministere des Affaires Sociales et du Travail (MAST)* ability to collect data on vulnerable households.
- (ii) **SO2- Food Voucher Based Safety Net:** Kore Lavi establishes a food voucher-based safety net system that enables vulnerable households access to locally produced and nutritious foods.
- (iii) **SO3- Maternal and Child Health:** Targeting pregnant and lactating women and children under two years of age, Kore Lavi implements a variety of health and nutrition intervention to improve the nutritional status of both mothers and children
- (iv) **SO40- Capacity Building:** The project seeks to strengthen the institutional capacity of the Haitian government and civil society to implement, manage and coordinate gender responsive social safety nets

At the heart of this study is the maternal and child health (SO3) component, which is designed to improve maternal and child nutritional status. Using the Preventing Malnutrition in Children Under 2 Approach (PM2A), the SO3 component offers three main services: (i) social and behavior change communication interventions to improve nutrition behaviors through the CARE Group model; (ii) preventive and curative health and nutrition services; (iii) supplementary food rations for pregnant and lactating women (PLW) and children under two to prevent micronutrient deficiencies.<sup>5</sup>

### **3. OVERVIEW OF RESEARCH**

Although the provision of supplementary food ration is an approach to prevent stunting and micronutrient deficiencies amongst pregnant and lactating women and children under two, there is no guarantee that it will be consumed by the intended beneficiary. In fact, in Haiti, it was observed that beneficiaries share the provided rations within and outside the household. This raised concerns that women's and children's needs for sufficient amount of nutritious food are not being met despite the provision of supplementary food ration. In that context, Kore Lavi management wanted to study the gender dimension of sharing and explore how gender dynamics affect food consumption and sharing practices.

#### **3.1 PURPOSE AND METHODOLOGY**

The objective of this research was to better understand the gender dimensions of sharing supplementary food rations and the effect of gender empowerment on food security.

Specific questions included:

- Does being sensitive to gender issues (gender equality) influence (positively or negatively) the sharing of rations?
- How do women effectively cope with household food insecurity?
- How does male engagement enhance women's coping capacity with respect to shocks and stresses?

The study was conducted in five of the interventions area of the Kore Lavi project: Thomonde, Thomassique, Cerca La Source, Cerca Carvaja, Hinche. To answer the research questions, data was collected using focus groups and semi-structured interviews with lead fathers, fathers who

are members of the fathers' club and their wives and beneficiaries including lead mothers. A total of 105 respondents was used in the study: 51 beneficiaries who are lead mothers and 39 beneficiaries who are not lead mothers from each communes, 7 non-beneficiaries and 4 lead fathers. The respondents were selected using the sample random sampling methods. The focus groups were used to understand the norms and beliefs in relation to food sharing practices and the data was analyzed using thematic areas that emerged from the discussions.

For the interviews, a two-section questionnaire was used. The first section asked the respondents about their practices and attitudes in their household regarding the division of labor and workload, responsibilities, roles, access and control of resources as well as power and decision-making patterns. This group of questions aimed to get a sense of how the couples are interacting with each other and to assess gender differences in household duties. This section also contained a number of questions that were adapted from the Gender Equitable Men scale, Gender Norm Attitudes scale and Women's Empowerment scale to assess gender-related attitudes and beliefs and women's statuses and empowerment. Another group of questions was designed to capture data on the contribution and behaviors in the households of fathers involved in SO3 activities

The second section of the questionnaire consisted of open-ended questions on the beneficiary's household food consumption and food sharing practices to also assess mother and children food consumption in comparison to the other members in the household. Questions were also asked to assess the difficulties they are facing and how do women cope with household food insecurity.

### **3.2 LIMITATIONS**

The most significant limitation to the research is small sample sizes. Given that lead fathers model is a nascent phenomenon, there are not many lead fathers in Centre Department of Haiti. The size of the sample of lead fathers as well as father club members will limit the generalizations of the findings. As it is very small, it will be difficult to consider the results to be representative of the whole population. The same applies to the households with beneficiaries living a gender equitable lives. Few of these households were found from the study sample and might not be representative of all households with families with gender equality. The research also faced logistical constraints and difficulties findings beneficiaries, as a results it is possible that beneficiaries who were not accessible because of work have different practices and attitudes.

## 4. FINDINGS

The findings are organized into three sections: gender relations and household dynamics, household food consumption, and vulnerability and food insecurity.

### Demographics of the Respondents

The demographic components of the respondents such as age, educational status, occupation and household size were analyzed descriptively. With the average age being 30 years, beneficiaries in the study are relatively young. The majority of respondents (51%) are between the ages of 25-34 years, 26% between ages 34-44 years, 20% between 17-24 years and only 3% of beneficiaries are above 44 years of age.

**Table 1: Ages of Beneficiaries**

AGE	FREQUENCY	PERCENTAGE
17-24	18	20
25-34	45	51
35-44	23	26
Above 44	3	3

On educational status, the majority of the respondents (58%) had completed primary education and 35% of respondents had completed secondary education. 6% did not go to school and only 1% is a graduate of a professional school. This is shown in table 1.2 below:



**Table 2: Levels of Education**

<b>EDUCATION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>Primary</b>	51	58
<b>Secondary</b>	31	35
<b>None</b>	5	6
<b>Other</b>	1	1

In terms of employment, while 59% of beneficiaries are unemployed, 41% are engaged in the informal sector. Of the 41%, 62% are lead mothers. The latter either operates a small business selling food or used clothing (78%), cultivate the land (19%) or performs odd jobs in the community (3%). They have reported that their income is not much and one respondent said that they they didn't have the skills necessary for other jobs. Discussions from focus groups revealed that the men are the head of the households because he is a man and also brings more money in the household. The majority of the husbands (51%) are engaged in farming and rely on it as their main source of income for the household, which indicates the importance of farming in the country for rural households. Average household size of beneficiaries interviewed is 6 indicating that there is a fairly large number of members to be fed in a household.

## **4.1 Gender Relations and Household Dynamics**

### **4.1.1 Decision Making**

In order to measure gender equity in the household and to asses whether the women make decisions or participate in the decision making process, the questionnaire inquired about who makes the decisions in regards to household purchases, the food to buy and eat, children's welfare, women's mobility and how to spend income. When asked if they agree, partially agree or do not agree with the following statements:

(1) *"the husband should decide to buy the major household items"*

(2) *“a man should have the final word about decisions in his home”*

24% of beneficiaries interviewed agreed with the first statement and 27% agreed with the second statement, but looking at the different groups of beneficiaries interviewed, in the household with lead mothers, only 10% of the beneficiaries agreed with the first statement and 41% of beneficiaries who are not lead mothers agreed. This indicates a high support for equitable gender norms in regards to decision making in the household. Nonetheless, in practice, the situation was different. When the beneficiaries were asked what they did in their households, the results showed that in 48% of households, the husband has the final word on decisions regarding family expenditures. Men are the main decision makers in matters related to expenditures, however, when looking exclusively at beneficiaries who are lead mothers, this is the case in 43% of households compared to 54% in households without a lead mother. Some of the reasons given as to why the man has the last word on decisions regarding family expenditure are the following:

*“He is able to make more money than me”, “*

*“He is the only who has the money”*

*“I have to accept what he decides”*

*“He is the man, whatever he says goes”*

These reasons were expressed by all the beneficiaries including lead mothers and could explain the discrepancy in their beliefs and actual behaviors. This also illustrates that many lead mothers lack power in their household due to no or insufficient income. In fact, less than half of lead mothers interviewed (45%) earns an income.

The data also revealed that women have a more active role in certain types of household decisions. Of the five types of decisions contained in the questionnaire, decisions about food and decisions concerning their children’s welfare such as schooling, activities and health care are taken by the women. 79% of women make decisions about food purchases and 82% of women make decisions about what everyone is going to eat. Decisions about the children were the decisions that were most taken jointly with 70% of beneficiaries participating in the decisions about the children schooling and activities, 89% participating in decisions about the number of children to have and finally 90% of beneficiaries participating in decisions about going to the doctor. However, it is important to note that it is in the households with lead mothers that decisions are most taken jointly, wife and husband. Despite the fact that the husband is the one in nearly

half of the households (43%) with a lead mother to have the final word on decisions regarding family expenditures, 64% of the lead mothers participate in decision about how money is spent.

#### **4.1.2 Women Empowerment**

Results from the Women's Empowerment Scale revealed that more than four fifths (82%) of beneficiaries have never had their assets appropriated, have never been prevented from visiting parents or working outside the home by their husbands or other family member. This is the case in 86% of households with a lead mother and 75% of households with a beneficiary who is not a lead mother.

Although all these women were classified as "empowered" since none of these things had happened to them, responses from questions regarding decision making revealed that:

Beneficiary households without a lead mother

- 66% still required permission for where they can go and how often and
- 72% had someone else decided whether the beneficiary can go out alone.

This high control of women's mobility by men is also present in households with a lead mother.

Beneficiary households with a lead mother

- 51% had someone else decides where she can go and how often
- 43% of households, someone other than the beneficiary decided whether she can go out alone

The results from the Women Empowerment Scale also showed that less than half of lead mothers interviewed, 40%, are empowered economically. In focus group discussions with lead mothers who were also interviewed individually, they expressed that they have very few to no opportunities for income generation. With the Village Savings and Loans Associations program, also offered by Kore Lavi, some lead mothers have been able to start a small business; however, more than the majority of lead mothers in the focus group had not heard about the VSLA program or they reported the minimum amount that has to be given each week, 0.40 cents to be too high.

#### **4.1.3 Gender Equitable Men Scale- Attitude towards gender norms**

The unequal relationship between men and women is also illustrated by the responses received from the domestic chores and daily life domain items in the Gender Equitable Men Scale. Some of these items include:

- (1) Changing diapers, giving a bath, feeding kids is the mother's responsibility
- (2) A woman's role is taking taker of her home and family
- (3) A woman should obey her husband in all things

87% of beneficiaries agree with item 1, 89% agree with item 2 and 49% agree with item 3. An in-depth analysis found that in households with lead mothers, there is a relatively high support for these gender inequitable norms. 82% of them agree with item 1, 82% also agree with item 2 and 36% agree with item 3. Despite the low percentage of lead mothers agreeing with item 3, in comparison to non-lead mothers with (67%), this percentage might reflect a lack or rejection of gender equity activities during trainings. This inequality is considered by a large number of beneficiaries, lead mothers and non-lead mothers, to be culturally appropriate as they revealed during focus groups that they live their life's according to the teachings of the bible; wives should submit to their husbands. This inequality is also reflected in the division of chores in the households; only 18% of non-lead mother beneficiaries receive help from their husband with household chores while only 43% of lead mothers receive help from their husband.

From the Gender Equitable Men Scale, the total score calculated for all the inequitable gender norms items included in the questionnaire (violence domain and domestic chores and daily life domain) shows that 60% of lead mothers have moderate support for gender equitable norms and 40% have a high support for gender equitable norms. For non-lead mothers, it shows that 23% have low support for gender equitable norms, 54% have moderate support for gender equitable norms, and 23% have high support for gender equitable norms. For the violence domain items, approximately 90 percent of all households were opposed to violence.

Based on the following criteria: gender equitable beliefs, opposition to violence against women, sharing of household chores, sharing of caregiving responsibilities and participation of women in decision making process, the results have showed that inequalities in gender relations within the household is present in a large portion of household interviewed.

#### 4.1.4 Male Engagement

Interestingly, out of the 4 lead fathers that were interviewed, to learn more about gender dynamics in their households, it was found that, based on the previously mentioned criteria, they lived a fairly gender-equitable lives. They all do household chores, help their wives do households work and take care of the children. Scores from the Gender Equitable Men Scale showed that 2 out of the 4 have moderate support for gender equitable norms and the other two have high support for gender equitable norms. They are all opposed to using violence on women. Additionally, on the gender norm attitudes scales, all lead fathers' responses reflected an egalitarian perspective, meaning that there was little agreement with men having more rights and privileges than women. However, it is important to note that not all women participate in decision making. This was the case in two of the households in regards decisions about financial expenditures.

Through interviews with wives of fathers involved in the fathers' club, they all reported that their husband's behaviors had changed since they have been participating in the trainings. Some of the changes most reported are:

- No longer raises his voice to his wife
- Started taking part in households' tasks
- Fewer disputes
- More proactive with water treatment and health practices

There have been positive changes in men's behaviors towards their wives. In terms of their impact on food security, the changes that have been reported are that men are aware of what to grow and what produces to get from their gardens to provide a balanced meal for their family when they do not have the money to buy food. Although these changes cannot be generalized to all lead fathers, they still indicate that the trainings are contributing to behavior changes.

When asked about what they thought about having men engaged in the promotion of nutrition and health practices, all lead mothers believed that it was a good idea as men who are leaders in the community are generally well respected and often well received. A few of the most frequently mentioned reasons as to why it was a good idea are that by having a men doing household visits, it will influence other fathers to take more seriously the advices that they are giving them. Since some men think that lead mothers are wasting their time doing household visits, by seeing fathers do the same work, they will take the work that lead mothers are doing more seriously. Another reason is that mothers would feel more comfortable leaving their babies at home because the father would be capable of taking care of the baby. Additionally, when beneficiaries were asked

how they felt about the lead fathers model, they all appreciate the model and said that lead fathers could talk to other fathers. Despite the fact that all lead mothers were pleased with the lead fathers model and the interests of their husbands in their work, they also pointed out that men do not have much time available to participate in the trainings and do the households visits. Since more than half of the husbands are engaged in farming, they spent most of their day in the field or they travel to the Dominican Republic for extended period of time to work.

### **Households with gender-equitable attitudes**

Besides the lead fathers' households, very few of the households interviewed met the all the criteria defined for a household with gender-equitable attitudes; a total of eleven beneficiary households were identified. This reflects the severity of gender inequality in these areas. Among these beneficiary households, nine were lead mothers' households. However, from the data collected it appears that they are no common characteristics to them all. Beneficiaries' age range from 25-55; some completed primary education, others secondary, some work others do not and the same goes for their husbands.

## **4.2 Food Consumption and Distribution**

### **4.2.1 Food Distribution in the Household**

Findings indicated that in 40% of all households interviewed, men are more favored in terms of food consumption. In these households, they based their allocation of food by sex and activity levels. The men are the ones who brings in more income in the house and works hard when they are in the field. During group discussion, beneficiaries reported that serving the man's meal first is a custom in the country that was learned from their mothers and this often done at the expense of the women's nutritional needs. In fact, in 86% of all households interviewed, the women are the last one to eat and they have experienced being hungry after eating due to insufficient food remaining. Nevertheless, 29% of these respondents have reported that they are sometimes able to get more food if their husband has money to give them. This again show the dependency of these women on their husband to meet their food needs.

Another reason why women are not eating properly is because they give preference to their children. In households where the mothers are not giving food to the men first, the children are

the ones who eat first. 50% of respondents said they have never reduced the quantity of food given to their baby even when they don't have much. They rather stay hungry than having to reduce the quantity of food their baby needs.

#### **4.2.2 Practice of Sharing Food**

One of the characteristics of Haitian eating practices is sharing their food. Of all the households interviewed, 71% share the food that they cook with their neighbors at least 3 times a week or share when someone comes for a visit. The latter occurs in 28% of the 71% of households who share their food. In the instance of the sharing of food with neighbors, for nearly all households, the neighbors are family members and the sharing works in two ways. Either they both cooked food in their house and gave each other a dish of food or they alternate days of cooking and share the food with person who did not cook that day. In the instance of sharing food with people who visits, several respondents voiced that often when someone comes to your house, it is usually because they are hungry so you should not wait for them to ask you for food. Respondents explained that the reason why they share the food is that they have experienced hunger and they refuse to ignore others who are hungry. The main reason that was given as to why the other respondents do not share their food is that they do not have family living nearby and since they have few resources, they are afraid of being criticized for the quality of the food they cook. In regards to the food rations provided to the beneficiaries, they are widely shared within and outside the household. All beneficiaries have reported sharing the food rations with other family members.

#### **4.2.3 Food Practices in Households with Gender Equitable Attitudes**

Analysis of these households revealed that five of the 11 households share food with their neighbors and according to their responses three of the five also share the rations outside the household. In regards to general eating practices, in all except one, children are served their meals first with the women always eating last. Other than the cases where beneficiaries were not able to eat during her pregnancy, they all said that they ate more and even had more food than their husband during their pregnancy. In regards to the food given to the baby, five of the beneficiaries reduced the quantity of food given to them when they did not have enough in the house. Although in some households, the ration was not shared often with people in and outside the household and the woman and children had enough food to eat as the husbands understood their nutritional needs, the information gathered on these households greatly differs from one another. Moreover, due to the fact that only a few households were identified as having gender-

equitable attitudes, it is difficult to make a firm conclusion as to whether there is a link between gender equity and the sharing of food ration or the allocation of food within the household

#### 4.2.4 Sharing of Food Rations

In addition to the culture of sharing food in the rural areas, the situation of food insecurity makes it difficult for beneficiaries to not share this food with others. When asked beneficiaries if they knew who was supposed to consume the food rations, with the exception of six, they all knew that it was only meant for the mother and children. In spite of that, these beneficiaries described sharing it amongst friends and family members inside and outside the household. Once again, in practice the situation was different. The reasons given as to why this happens can be seen in the table below:

**Table 3: Reasons for sharing**

<p><b>Within the House:</b></p> <ul style="list-style-type: none"><li>• No other food available in the house to give other members</li><li>• Do not have the opportunity to consume wheat</li></ul> <p><b>Beyond the House:</b></p> <ul style="list-style-type: none"><li>• Kinship</li><li>• Altruism</li><li>• Social pressure</li><li>• Social capital</li></ul>
---

These beneficiaries are extremely vulnerable and sometimes have limited resources to buy sufficient food. All responded yes to the question of whether there are times they did not have enough food in the household and did not have money to purchase more. The average number of children of interviewed beneficiaries is 3 and average household size 6. For sharing with people outside the house, beneficiaries have reported giving a goblet or two to family members and friends who them also do not have access to sufficient food. It was discovered that these friends that they share the food with also have babies, therefore it might be possible that the food ration



service does not reach everyone in the community who are in need. They have also expressed that it is inhumane for them to only use the food rations for the mother and the baby when others in the community or household, particularly children, are also hungry. Many have said: *“cooked food must be shared with everybody.”*

Social pressure and social capital were widely shared-reason for sharing food ration. Many beneficiaries reported giving some of the food ration because when other people asked them, they were afraid that if they did not share it with them they would do something to hurt their children. According to two beneficiaries, a child was killed because the mother refused to share the food with someone else. Additionally, in beneficiaries' responses, they seemed obliged to share the food to ensure the safety of their children. People from the community, non-beneficiaries, appear to be aggressive when asking for some of the food ration. They would, days before the distribution, tell beneficiaries that they are expecting them to share the food or would also follow beneficiaries to distribution sites.

Beneficiaries have a widely-shared perception that if they give food to others when they are hungry, when the beneficiaries themselves are in need, someone will return the favor. Many beneficiaries reported that when they give food to their neighbors, their neighbors also do the same. Sharing food not only builds social relations but also is way to address the problem of food shortages and turns out to be a coping mechanisms.

- *“what you give with your right hand, you will receive with your left hand”*
- *“as long as you eat with other people, your food will never finish”*
- *“what you give you get back”*

## **4.3 Vulnerability and Food Insecurity**

### **4.3.1 Challenges Faced by Beneficiaries**

In addition to not having access to food at all times, 85% of households interviewed are not able to give a balanced meal to their babies. These household face nutritional vulnerabilities because they face many challenges in ensuring food availability in the house. To begin with, they lack the resources to buy or produce food in order to have a healthy diet. Despite the fact that lead mothers know what kind of food to put together to give a balance meal to their family, during focus groups

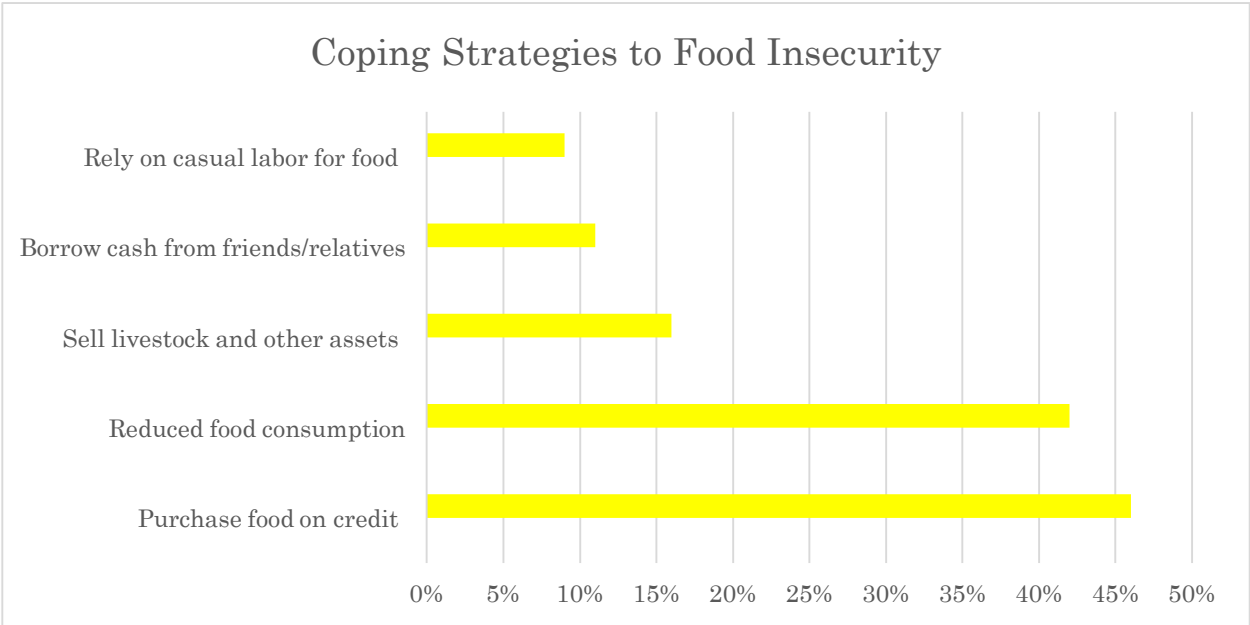
discussion, they said that they don't always have the means to buy the different kind of food. They have said that this is the hardest during the back to school period when school necessities take precedence. Sending their children to school is an important strategy for them to get out of poverty. The little money that they receive either from their husband or from odd jobs performed have to be used to pay fees and tuition and buy uniforms and supplies for their children. This lack of resources is exacerbated by the political and economic instability in the country.

Nearly all beneficiaries have gardens and during these difficult times, several respondents, 38%, depend on their gardens as a food source; however, during the dry season, they have to deal with scarcity of water and end up with dry crops. Other times too much rain destroys what they have in their gardens. With regards to loss of harvest, at the beginning of the year, several beneficiaries witnessed the millets they were growing being ravaged by plagues. In a focus group with lead mothers, they described how devastating the loss of millet harvest was to them because it is a source to feed their children; it has many different health benefits and it grows in large quantity.

### 4.3.2 Coping Strategies

The copings strategies adopted by the interviewed beneficiaries during times they have very little food in their households is presented in the figure below.

**Figure 1: Coping Strategies to Food Insecurity**



The most adopted coping strategies are purchasing food on credit as reported by 46% of respondents, followed by reducing the amounts of food consumed as reported by 42% of respondents. 15% sold livestock and other assets, 11% turned to friends or relatives to borrow money and 9% relied on casual labor for food. Although the beneficiaries are able to cope with food insecurity by adopting these strategies, the most adopted ones are very costly. Due to the fact that these beneficiaries suffer from a lack of resources, by purchasing food on credit, they encounter difficulties to repay their debts which in turn may threaten social capital. The lack of income to buy food results in beneficiaries reducing food consumption, the second most adopted strategies. However, this can lead to severe malnutrition and beneficiaries have reported reducing the amount of food they consumed so as to ensure that their children had more food to eat. Although this cushions other members from not having enough food, reducing food consumption is often done at the expense of the women's own needs. Selling livestock and assets is also a drastic strategy as this decision is not easily reversible. The adoption of these drastic strategies may illustrate the desperation of beneficiaries to provide for their family.

## **5. Conclusion and Recommendations**

Lessons learned from this research relate to possibilities for improve practice for the Kore Lavi project. Overall, all these practices in the households shows that most of the beneficiaries interviewed are not living gender-equitable lives and more noteworthy, this is also applicable to nearly half of households with lead mothers. This has also revealed that process of women empowerment is limited. Based on the findings of the research, a recommendation is suggested for five areas: women empowerment, food rations, coping with food insecurity and male engagement.

### **1. Women Empowerment**

During trainings provided to lead mothers and fathers, in addition to having topics on nutrition and health practices, there is a need to also have topics and activities on gender equality in order to develop changes in attitudes and more importantly also behaviors. It is necessary for not only women but also men to understand the role gender plays and question these inequitable gender norms.

In addition to understanding the role gender plays, it is imperative that Kore Lavi incorporates

more activities to empower economically lead mothers. The results have showed that women are economically dependent and submissive to their husband and the main reason for that is that they have to rely on their partner to have money. As a result, Kore Lavi should implement activities so as to equip these women with skills and knowledge about income-generating activities. By equipping them with these skills they would be able to engage in income generating activity that would improve their financial situation and be more autonomous to more effectively cope with food insecurity. In this same path the VSLA project should be scaled up in order to allow more lead mother the opportunity to participate and save money.

## **2. Male Engagement**

Although the number of lead fathers interviewed was very small, from the information gathered on the practices in their households, most of them lived a gender-equitable live and understood gender equality. This is why it is imperative that Kore Lavi continues to recruit more lead fathers in Hinche. The idea of the lead fathers model was very much welcomed. To address the problem of time availability of men, Kore Lavi might consider having a different schedule and set of requirements for the men to allow for more flexibility around their work in the field. Also in order to have other men understand the role of gender, the food rations could be given to beneficiaries provided that their husbands participate in the gender equality trainings and activities.

## **3. Food Rations**

Food rations only address part of the food insecurity problem. The recipients of the food ration are extremely vulnerable and do not have the resources to have a sufficient food supply for everyone in their house. With the food ration, supposedly, only pregnant and lactating women and children under two are able to have access to supplementary feeding but other members of the households are also hungry. As a result, from the data collected, it appears that it is very unlikely that the sharing of these food ration will stop; here it might be a good idea for Kore Lavi to test if that would stop if SO3 beneficiaries were to also receive food vouchers from the SO2 component.

## 6. The Way Forward

For strong conclusions to be made in the area of gender and sharing of food rations, a two-part research over a longer time period should be conducted. The first part would be identifying households with gender-equitable attitudes. For this, a much larger sample of beneficiaries should be used in order to increase the likelihood of finding more households with these characteristics. The second part of the research would consist of interviewing the beneficiaries who have been identified as living gender-equitable lives. These interviews would be to study the mother and children's food consumption.

Another interesting research would be on the food vouchers. One of the recommendation was to provide SO3 beneficiaries with food vouchers in addition to the food rations. If this recommendation is followed, during the pilot phase, a research exploring sharing practices would allow to see whether in this case, the sharing of food rations would go to the intended beneficiary. Along with that research, a study on the sharing practices of SO2 beneficiaries (beneficiaries of food vouchers) could also be conducted. As per the recommendations, more relations between the different component of the Kore Lavi project might results in greater achievements in terms of preventing malnutrition and effectively coping with food insecurity.

---

<sup>1</sup> <https://www.usaid.gov/news-information/fact-sheets/support-national-food-security-and-nutrition-program-kore-lavi>

<sup>2</sup> <http://www.fao.org/hunger/en/>

<sup>3</sup> <https://dhsprogram.com/pubs/pdf/SR199/SR199.eng.pdf>

<sup>4</sup> <https://www.usaid.gov/news-information/fact-sheets/support-national-food-security-and-nutrition-program-kore-lavi>

<sup>5</sup> Guide Operationnel- Objectif Stratetique Sante Maternelle et Infantile et Nutrition