



Joining Forces for Food Security and Child Protection in Emergencies

JF-FS&CPIE

BASELINE STUDY SUMMARY REPORT



JOINING FORCES
For All Children



**german
humanitarian
assistance**

DEUTSCHE HUMANITÄRE HILFE

ChildFund
Alliance



Terre des Hommes
International Federation





EXECUTIVE SUMMARY

This executive summary presents the key findings, methodology, conclusions, and strategic recommendations from the baseline study of the Joining Forces for Food Security and Child Protection in Emergencies (JF-FS&CPiE) project, implemented across five countries: Bangladesh, Burkina Faso, Central African Republic, Ethiopia, and South Sudan.

Baseline data collection was conducted between September and December 2024 in the five target countries. Its main objective was to collect initial values for the logframe indicators requiring a before/after comparison. This study thus provides an essential foundation for monitoring project performance and assessing the achievement of expected outcomes during the final evaluation.

ABOUT JOINING FORCES



JOINING FORCES
For All Children



Joining Forces is a global alliance formed in 2017 under which the six largest child rights NGOs in Germany—ChildFund, Plan International, Save the Children, SOS Children's Villages, Terre des Hommes, and World Vision came together to join forces. Together, they are working with and for children and young people, to secure their rights and to end violence against them.



ChildFund
Alliance



Terre des Hommes
International Federation



THE JF-FS&CPiE PROJECT

The JF-FS&CPiE project represents the second phase of the Joining Forces for Child Protection in Emergencies project. The 2nd phase runs from 1 July 2024 to 31 August 2026 for a total duration of 26 months. It is a multi-agency initiative funded by the German Federal Foreign Office (GFFO). It brings together six major international child rights organizations (Plan International, Save the Children, World Vision, ChildFund, Terre des Hommes, and SOS Children's Villages) within a consortium coordinated by Plan International Germany. The project aims to reduce violence, abuse, neglect, and exploitation of children affected by crises by integrating food security and nutrition interventions and child protection actions.

This phase of the project places particular emphasis on the critical interlinkages between food insecurity, malnutrition, and child protection risks, recognizing that the deprivation of basic needs - especially food - significantly increases children's vulnerability to violence.





Introduction

The humanitarian situation in the 5 project countries reflects widespread violence, displacement, disrupted services, severe child protection issues, education disruption, and acute food insecurity. At a global level, the humanitarian situation shows a sharp escalation in the scale and intensity of armed conflicts and the increasing violation of International Humanitarian Law (IHL) and International Human Rights Law (IHRL) throughout 2023, which has been having devastating consequences for children's

rights, including their right to protection. One in five children globally lives in or are fleeing from conflict zones.

Forced displacement reached unprecedented levels in 2023, and children constitute 41% of all forcibly displaced people despite being only 30% of the world's population. Economic vulnerability stemming from the lack of livelihood opportunities continues to be a major driver of child protection risks. Funding shortfalls in 2023 saw significant cuts in food assistance, exacerbating root causes of protection risks. In 2024, food security is likely to remain one of the world's most critical challenges.





1 Methodological Approach

The baseline study employed quantitative and qualitative approaches across the five implementation countries—Bangladesh (Chattogram), Burkina Faso (Centre-Nord and Sahel), the Central African Republic (Haute-Kotto and Ouham), Ethiopia (Tigray and Amhara), and South Sudan (Central, Eastern, Southern, and Western Equatoria)—following the MEAL framework established by the project consortium. These approaches were applied in intervention regions within each country to ensure a comprehensive understanding of the context and project indicators.

Quantitative data were gathered through structured surveys with children, caregivers, household heads, and community members. A stratified random sampling method was used to ensure representativeness across target areas. Sample sizes were calculated using

national demographic statistics and project parameters, with adjustments made for an expected 10% non-response rate. A total of 5,719 participants took part in the study across all implementation regions. While tools were standardized across countries, they were also adapted to suit specific local contexts.

The qualitative component strengthened the quantitative data, with 89 focus group discussions conducted across the five countries, involving a total of 534 participants.

These discussions explored key themes such as food security, child protection, parenting, and community resilience. Each focus group discussion included six participants and was facilitated by a trained team using a structured thematic guide. Additionally, semi-structured key informant interviews were conducted with individuals who held contextual or technical knowledge relevant to the project.

All data collection tools and procedures were developed jointly by the global coordination team and country-level implementation partners. Tools were contextualized at the country level to ensure cultural and operational relevance.

Ethical standards were strictly observed. Oversight was provided by Plan International's Ethical Review Committee, which formally approved the baseline methodology and tools. All participants were informed about the study's purpose and procedures, and consent or assent was obtained. Participation was voluntary, with the option to withdraw at any time.

Strict confidentiality protocols were enforced. No personally identifiable information was collected. Sensitive data were anonymized, stored securely, and will be deleted at the project's close in 2026.

Field teams were trained in safeguarding and equipped to handle disclosures of protection concerns. Quantitative data were collected via Kobo Toolbox and analysed using SPSS, while qualitative data were thematically coded. Triangulation was used to ensure reliability and to build a solid foundation for monitoring and decision-making.

2 Key Findings

In the following only findings for a few significant indicators are presented. Findings for all the project's indicators can be found in the full evaluation report

2.1 Outcome indicator 1: % of girls, boys, and adolescents who report they can protect themselves from harm

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Outcome indicator 1: % of girls, boys, and adolescents who report they can protect themselves from harm	27,9%	30,3%	15,6%	7,9%	40,4%

Table 1: % of girls, boys, and adolescents who report they can protect themselves from harm

Across project areas in the five countries, children show limited confidence in their ability to protect themselves from violence, abuse, or neglect—an indicator closely linked to personal resilience and the perceived reliability of local child protection systems.

South Sudan stands out with the highest rate (40.4%), reflecting the presence of safe spaces and exposure to life skills activities. Bangladesh (27.9%) and Burkina Faso (30.3%) show moderate levels, suggesting early engagement in protection interventions but also gaps in awareness and trust in community-based systems.

In the Central African Republic (15.6%), persistent insecurity, weak local services, and low visibility of reporting mechanisms contribute to children's limited confidence. The situation is most concerning in Ethiopia (7.9%),

where few children are aware of their rights or know how to access support systems. These findings echoed in focus group discussions.



Girls consistently report lower levels of confidence than boys. In Ethiopia, only 3.7% (ChildFund) and 9.5% (Save the Children) of girls feel capable of self-protection, compared to 11.0% and 7.4% of boys respectively.

Similar gender gaps are found in CAR. These differences highlight the specific vulnerabilities girls face and the need for gender-sensitive life skills programs, safe spaces, and trusted adult-supported reporting mechanisms.

2.2 Outcome indicator 5 : % of households with acceptable food security status

Table 2: % of households with acceptable food security status

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Outcome indicator 5: % of households with acceptable food security status	10,7%	8,0%	0,3%	2,1%	0,7%

Food security remains critically low in the project areas across all five countries, with household acceptability rates rarely exceeding 10%. In Central African Republic (0.3%) and South Sudan (0,7%) food security is virtually absent, reflecting chronic insecurity, poor market access, and fragile social protection. Focus group discussions confirm low dietary diversity and widespread use of harmful

coping strategies, such as reducing meal sizes or selling essential assets.

Bangladesh (10.7%) and Burkina Faso (8,0%) show relatively better outcomes, though still far below acceptable levels. Here, climate variability and unstable agricultural income continue to undermine food access and availability.





Across all contexts, female-headed households consistently face higher levels of food insecurity, due to limited access to land, income-generating opportunities, and decision-making power.

In South Sudan, for instance, 100% of female-headed households in World Vision-supported areas were food insecure, illustrating compounded vulnerabilities.

This pattern confirms the need for gender-sensitive and locally adapted interventions that address both structural barriers and immediate needs.

Strengthening household resilience requires combining food assistance (CVA or In-kind) with social protection, women's empowerment, and inclusive livelihoods approaches tailored to the realities of each context.

2.3 Outcome indicator 6: % of children aged 0-23 months who receive optimal infant and young child feeding

Table 3: % of children aged 0-23 months who receive optimal infant and young child feeding

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Outcome indicator 6: % of children aged 0-23 months who receive optimal infant and young child feeding	35,7%	18,1%	9,2%	18,4%	12,3%

Adherence to optimal infant and young child feeding practices is low across all project areas in the different countries. Bangladesh leads with 35.7% of children aged 0–23 months receiving an appropriate and diversified diet. This outcome reflects the positive impact of child-friendly spaces and community nutrition messaging. However, focus group discussions highlight a persistent gender bias, with boys more likely than girls to benefit from diversified diets.

Burkina Faso (18.1%) and Ethiopia (18.4%) report similar results, with fewer than one in five children receiving adequate nutrition. Contributing factors include limited caregiver knowledge, food availability constraints, entrenched traditional practices, and the heavy domestic burden on women, especially in rural areas.

In the Central African Republic, only 9.2% of young children are fed appropriately—the lowest rate across all contexts. This reflects both structural food insecurity and a lack of awareness around optimal feeding practices in a protracted crisis setting.

South Sudan shows a slightly higher rate than the Central African Republic (12.3%), but chronic undernutrition persists, exacerbated by displacement, insecurity, and fragile community health services.

Across project areas in all countries, girls are consistently less likely than boys to receive optimal feeding, a pattern linked to sociocultural norms that prioritise male children in household food distribution. Tackling this requires a gender-sensitive approach combining nutrition education, promotion of equitable caregiving, and targeted support to food-insecure households.

2.4 Outcome indicator 7: % of parents/caregivers who are confident in practicing essential dietary and feeding practices

Table 4: % of parents/caregivers who are confident in practicing essential dietary and feeding practices

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Outcome indicator 7: % of parents/caregivers who are confident in practicing essential dietary and feeding practices	16,2%	15,7%	13,3%	14,6%	51,4%

In four out of five project countries, fewer than 20% of parents or caregivers feel confident in their ability to implement recommended infant and young child feeding practices. This low confidence presents a serious barrier to improving child nutrition, combining limited knowledge, resource constraints, and a strong sense of disempowerment.

Bangladesh (16.2%), Burkina Faso (15.7%), Central African Republic (13.3%), and Ethiopia (14.6%) all report very low confidence levels. Despite the availability of occasional training and community awareness efforts, focus group discussions reveal deep frustration—especially among mothers—who often know what to do but lack the means or family support to act. Cultural pressures, mental load, and interference from in-laws further compound this feeling of inadequacy.

South Sudan, with 51.4%, stands out. Structured capacity-building, access to nutritional resources, and stronger community engagement contribute to this result. However, expressed confidence does not always lead to consistent practice, particularly in areas affected by instability.

Gender analysis shows that men are generally less confident than women, though the pattern reverses in some contexts. In Central African Republic (Plan International), 30.1% of men report feeling confident, compared to only 18.4% of women. This gap highlights the under-recognition of women's central role in child nutrition and their exclusion from key decision-making spaces. Addressing this requires targeted, gender-sensitive support.

2.5 Result 1 indicator 1: % of children who have the knowledge and skills to protect themselves from violence

Table 5: % of children who have the knowledge and skills to protect themselves from violence

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 1 indicator 1: % of children who have the knowledge and skills to protect themselves from violence	47,1%	44,9%	32,8%	16,1%	36,1%

Child protection knowledge and skills among children and adolescents vary widely across targeted areas in the five project countries. Bangladesh (47.1%) and Burkina Faso (44.9%) report the highest levels, pointing to the early rollout of life skills sessions, children's clubs, and awareness campaigns. Focus group discussions confirm that these initiatives are reaching children, though boys are generally better equipped than girls to recognise and respond to situations involving violence.

In the Central African Republic (32.8%), the low baseline is particularly troubling given the fragile security context and weak protection infrastructure. A large proportion of children report not knowing whom to approach for help, highlighting the urgent need to strengthen

local child protection networks and establish accessible, child-friendly spaces.

Ethiopia (16.1%) registers the lowest score, underscoring a significant disconnect between children and existing protection systems. The lack of outreach and sustained engagement results in limited awareness, especially among girls and displaced children. Discussions revealed a sense of resignation and an absence of basic rights knowledge, pointing to critical gaps in protection education.

In South Sudan (36.1%), results remain modest but provide a workable base. Some children reported exposure to prevention messages—mostly in schools or through community leaders—which can be scaled up to expand children's knowledge and confidence in protecting themselves.





2.6 Result 1 indicator 4: % of children with knowledge of essential dietary and feeding practices

Table 6: % of children with knowledge of essential dietary and feeding practices

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 1 indicator 4: % of children with knowledge of essential dietary and feeding practices	41,0%	52,4%	16,0%	19,6%	48,9%

Fewer than half of the children and adolescents across the five project countries demonstrate adequate knowledge of essential nutrition practices, with wide disparities between contexts.

Burkina Faso (52.4%) and South Sudan (48.9%) report the highest scores, suggesting that nutrition-related messaging is reaching children—particularly through schools, community channels, and child-friendly spaces where nutrition is integrated into protection activities. Yet, focus group discussions reveal that this knowledge is often theoretical. Practical application remains limited by barriers such as food unavailability, economic hardship, and restrictive cultural norms.

In Bangladesh (41.0%), children show moderate awareness. However, gender disparities persist: in some areas, more

than 75% of boys demonstrate adequate knowledge, compared to 67% of girls, highlighting unequal access to information and underlying household biases.

Ethiopia (19.6%) and the Central African Republic (16.0%) have the lowest levels of nutrition knowledge. These figures reflect minimal outreach, weak integration of nutrition into education, and limited community engagement. Both countries face compounded challenges such as food insecurity, low school attendance—particularly for girls—and a lack of intergenerational knowledge transfer.

Focus group findings underscore a persistent gender bias in household food allocation, often disadvantaging girls. This not only restricts their nutritional intake but also their opportunities to acquire essential knowledge—underscoring the need for targeted, gender-sensitive nutrition education.

2.7 Result 2 indicator 1: % of targeted caregivers that perceive themselves as better equipped to fulfil their protection responsibilities towards their children

Table 7: % of targeted caregivers that perceive themselves as better equipped to fulfil their protection responsibilities towards their children

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 2 indicator 1: % of targeted caregivers that perceive themselves as better equipped	21,1%	16,4%	30,0%	13,2%	53,8%

A low perceived level of competence among parents and caregivers regarding child protection is observed across most contexts.

With the exception of South Sudan, none of the other countries exceed 30%, revealing a significant weakness in the family pillar when it comes to preventing and responding to child protection risks.

At 53.8%, South Sudan stands out as an exception. This relatively high rate is explained by stronger links between community structures and households, as well as by previous interventions that included positive parenting and protective responsibility messages.

Qualitative interviews suggest that, in some areas, parents – particularly fathers – have been more actively engaged and sensitized to their protective role, including on issues such as early marriage, child labour, and domestic violence.

The Central African Republic (30.0%) sits in the middle of the ranking, but this figure

hides significant gender disparities: 45.1% of men report feeling confident, compared to only 22.4% of women, reflecting an unequal distribution of perceived roles and skills within households.

This imbalance, documented in several contexts throughout the project, highlights the importance of actively involving women in training sessions and recognising their central role in children's day-to-day protection.

Confidence levels are considerably lower in Bangladesh (21.1%), Burkina Faso (16.4%), and Ethiopia (13.2%), where parents express feelings of helplessness driven by a mix of factors: lack of awareness of protection mechanisms, limited institutional support, social pressure, and poverty.

Focus group discussions highlight the urgent need for both practical and emotional capacity strengthening to enable caregivers to better fulfil their protective role.

2.8 Result 2 indicator 4 % of parents/caregivers with knowledge on essential dietary and feeding practices

Table 8: % of parents/caregivers with knowledge on essential dietary and feeding practices

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 2 indicator 4 % of parents/caregivers with knowledge on essential dietary and feeding practices	12,5%	24,2%	1,4%	16,4%	11,8%



There is a widespread deficit in nutritional knowledge among parents and caregivers, despite their central role in ensuring proper feeding of young children. None of the project areas across the five countries exceeds the 25% threshold, and in some contexts, the proportion of respondents demonstrating adequate knowledge remains extremely limited.

Burkina Faso shows the highest score (24.2%), reflecting integration of nutrition education into community-level interventions, particularly through health outreach structures and school-based sensitisation efforts. Yet, even in this relatively stronger context, major gaps persist—especially among male caregivers and in remote rural areas.

In Ethiopia, where 16.4% of parents meet the knowledge criteria, key messages are partially absorbed but still not applied consistently.

Qualitative data clearly point to structural barriers such as women's excessive domestic workload, the persistence of traditional food practices, and limited household resources.

Bangladesh (12.5%) and South Sudan (11.8%) report similarly low figures, revealing a general lack of knowledge. These results are directly linked to low literacy levels among mothers, restrictive gender norms that limit decision-making autonomy, and the absence of practical training opportunities on infant and young child feeding.

The situation is most critical in the Central African Republic, where only 1.4% of caregivers demonstrate the expected knowledge. This figure—the lowest of all countries surveyed—clearly reflects the near-total absence of structured nutrition education and the heightened vulnerability of households to child malnutrition.

2.9 Result 3 indicator 1: % of targeted community members aware of child protection risks

Table 9: % of targeted community members aware of child protection risks

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 3 indicator 1: % of targeted community members aware of child protection risks	33,0%	25,4%	39,9%	14,6%	37,0%



There is an uneven and overall insufficient level of awareness of child protection risks among members of the targeted communities.

While no country has yet reached a fully satisfactory level, some results offer a promising foundation for strengthening community engagement around protection issues.

The Central African Republic (39.9%) and South Sudan (37.0%) show the highest scores in this indicator. These results reflect the presence of active community focal points, the implementation of local awareness campaigns, and the recurrence of protection risks in the immediate environment, making these issues more visible.

However, focus group discussions reveal that even in these contexts, knowledge remains partial and often based on personal experience rather than a structured understanding of protection mechanisms.

Bangladesh (33.0%) shows a moderate level of awareness, which remains insufficient. While some community actors (teachers, religious leaders) are already engaged, their capacity to convey coherent and accessible protection messages still needs to be strengthened, particularly in rural and marginalised areas.

In Burkina Faso (25.4%), less than a quarter of respondents demonstrate a clear understanding of child protection risks. This limited awareness is often linked to a lack of local resources, poorly formalised reporting mechanisms, and the persistence of social norms that tolerate certain forms of violence against children.

Finally, Ethiopia reports the lowest score (14.6%), pointing to a nearly generalised lack of awareness within targeted communities. Qualitative findings indicate that issues such as abuse, neglect, or mistreatment remain highly taboo, even among adults in educational or social roles.

2.10 Result 3 indicator 2: % of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices

Table 10: % of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 3 indicator 2: % of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices	34,7%	46,5%	36,0%	44,6%	39,3%

A partial yet encouraging understanding of optimal dietary and feeding practices among community-based volunteers and frontline actors is found across the project areas in the five countries targeted.

With scores ranging from 34.7% to 46.5%, most countries demonstrate a solid knowledge base on which project interventions can effectively build.

Burkina Faso (46.5%) and Ethiopia (44.6%) report the highest rates. These figures reflect the active involvement of community health workers and local outreach agents in nutrition education campaigns. Previous initiatives—particularly in schools and health centers—have successfully contributed to the assimilation of key messages on dietary diversity, meal frequency, and the specific nutritional needs of young children.

South Sudan (39.3%) and the Central African Republic (36.0%) show slightly lower, yet still meaningful results in settings affected by long-standing crises. Despite ongoing instability, many community actors demonstrate a sound understanding of recommended practices, thanks to prior experience gained during humanitarian responses that integrated nutrition components.

Bangladesh, with 34.7%, records the lowest score among the five countries. While nutrition messages are included in community-level training sessions, knowledge uptake remains inconsistent, particularly in remote rural areas. Qualitative findings also highlight challenges in adapting training content to local realities—including limited food access, entrenched cultural norms, and gendered caregiving roles.

2.11 Result 3 indicator 3: % of community members with favorable attitude towards optimal dietary and feeding practices

Table 11: % of community members with favorable attitude towards optimal dietary and feeding practices

Baseline	Bangladesh	Burkina Faso	Central African Republic	Ethiopia	South Sudan
Result 3 indicator 3: % of community members with favorable attitude towards optimal dietary and feeding practices	22,8%	20,4%	23,0%	19,0%	27,8%

Favorable attitudes towards dietary and feeding practices remain low across project areas in all countries, with scores ranging between 19.0% and 27.8%. These figures highlight the gap between awareness and actual willingness to adopt and support recommended nutritional behaviors at the community level.

South Sudan (27.8%) stands out with the highest level of positive perception. Local leaders and caregivers appear to recognise the importance of diversified diets and appropriate feeding schedules, even in resource-constrained settings.

The Central African Republic (23.0%) and Bangladesh (22.8%) follow closely,

showing early signs of behavioral change. In both contexts, a portion of the population expresses openness to improving child feeding habits, though qualitative insights suggest that favorable attitudes often coexist with traditional beliefs and social norms that continue to shape practices. For instance, certain foods remain culturally restricted for children, particularly girls, or are viewed as inappropriate before a certain age.

Burkina Faso (20.4%) and Ethiopia (19.0%) report the lowest levels of favorable attitudes. In these contexts, dietary decisions are still largely influenced by economic hardship, deeply rooted food taboos, and limited exposure to positive role models promoting nutrition.



3 Conclusions

The conclusions presented below are drawn from the key findings of the baseline study conducted across Bangladesh, Burkina Faso, the Central African Republic, Ethiopia, and South Sudan. They reflect the status of project indicators at project start, between September and December 2024, and provide evidence to guide programming adjustments and strategic priorities. Gender and inclusion aspects have been considered to ensure a comprehensive interpretation of the data. Although data on children with disabilities were collected — with 147 children aged 0 to 17 identified across the five countries, representing 2.57% of the total sample for that age group — their participation in the study remained very low in some countries, particularly when compared to adults over 25, who accounted for 8.18% of the overall sample. This low level of representation did not allow for meaningful comparisons by gender or by country. Moreover, children were surveyed through a single questionnaire only, covering indicators related to result 1 (indicator 1, and indicator 4), and outcome indicator 1, which limited the ability to

conduct indicator-specific or cross-tabulated analysis. Greater attention will be given to this population during the endline evaluation to ensure a more robust, disaggregated, and genuinely inclusive analysis.

Conclusion 1. Food insecurity is a major driver of child protection risks across all project countries' targeted intervention areas. Children living in food-insecure households are more likely to be exposed to harmful coping strategies, including child labor, early marriage, or risky migration. These findings confirm the need to systematically integrate child protection considerations into all food security-related interventions.

Conclusion 2. There are significant knowledge gaps among caregivers and community members regarding the link between food insecurity and child protection. While some awareness exists, it remains fragmented. Strengthening targeted awareness-raising and education efforts at community level is essential to promote a more holistic understanding of the interconnected risks.

Conclusion 3. Gender dynamics remain a challenge at both the household and community levels. Women caregivers report slightly higher confidence in caregiving roles,

while men express lower confidence in dietary and feeding practices. In contrast, male overrepresentation in community feedback and engagement highlights persistent gender imbalances in local governance and program reach. These findings can also be linked to traditional and discriminatory gender norms and roles.

Conclusion 4. Community-based child protection structures are present in all countries but are largely underfunded and poorly connected to food security programming. Strengthening these structures and improving their coordination with nutrition and livelihood services is critical to ensure sustainable and context-responsive support for vulnerable children and families.

Conclusion 5. Significant limitations were encountered in areas affected by insecurity, particularly in the Central African Republic and South Sudan. Restricted access, low level of participation, and limited cooperation from local authorities hindered data collection in several regions. In parallel, coordination activities required additional time, tool development was constrained by short timelines, and the absence of a gender-stratified sampling approach led to imbalances in respondent representation. These operational and methodological challenges highlight the importance of adopting flexible, adaptive data collection

strategies and reinforcing relationships with local actors, allowing sufficient time for tool development, and applying gender-sensitive sampling approaches to improve the reliability and inclusiveness of endline data collection.

4 Recommendations

Recommendation 1. In light of the strong connection between food insecurity and child protection risks, the JF-FS&CPiE project should ensure a regular integration of both sectors through harmonised programmatic approaches during project implementation. This includes developing joint implementation models, specifically around integrated targeting criteria, coordinated case management and referrals, and combined cash and protection targeting, ensuring that food security activities are assessed for potential child protection risks and include relevant safeguarding and participation measures, , while strengthening the capacity of community-level child protection actors to address food-related risks through training packages, dedicated tools and contextualised awareness sessions, as well as supervision..

Recommendation 2. Given the widespread lack of awareness on protective caregiving practices, particularly among male caregivers, the JF-FS&CPiE project should





scale up gender-sensitive and inclusive community engagement strategies. This may include contextualised behaviour change communication campaigns, positive parenting sessions involving fathers or male caregivers, and outreach addressing harmful coping mechanisms linked to food insecurity and nutrition practices.

Recommendation 3. To address the underrepresentation of women and girls in decision-making, especially in child protection and food security structures, the JF-FS&CPiE project should support the establishment of women-led spaces, promote their leadership within community committees, and implement local advocacy strategies to challenge the cultural norms that limit their participation.

Recommendation 4. Considering the central role of local child protection systems in project sustainability, the JF-FS&CPiE project should identify and increase sustainable financial and technical support to community-based structures. This should include strengthening referral pathways between national protection and food security actors, fostering partnerships with local authorities to institutionalise community mechanisms, and ensuring active coordination within the national cluster system to reinforce alignment and collective impact.

Recommendation 5. To improve the inclusiveness and reliability of project data,

it is recommended to adopt a more robust and gender-sensitive and inclusive approach to data collection. Strategies should include better sampling representation, improved enumerator training (with a focus on gender and inclusion dynamics), and the use of alternative methods—such as remote surveys or community facilitators—in hard-to-reach or insecure areas.

Recommendation 6. To promote cross-country learnings and to strengthen global coherence, the JF-FS&CPiE project should further strengthen capacities across and beyond project teams on relevant themes, including but not limited to the already established minimum standards and regular consortium-wide capacity strengthening sessions.

This could involve the organization of a 2nd global learning workshop, reuniting project teams to share knowledge, learnings and project implementation experiences from across project countries, the alignment of project interventions with national and regional strategies, including through the participation in relevant cluster meetings and through meetings with other organizations operating in the same context, including through the Joining Forces platforms in-country, and the facilitation of exchange visits among country teams operating in the same country to document and adapt best practices and learnings.



JOINING FORCES
For All Children



**german
humanitarian
assistance**

DEUTSCHE HUMANITÄRE HILFE

This publication was produced with the financial support of the German Humanitarian Assistance. Its contents are the sole responsibility of Joining Forces and do not necessarily reflect the views of the German Humanitarian Assistance.

ChildFund
Alliance



Terre des Hommes
International Federation

