



Joining Forces for Food Security and Child Protection in Emergencies

JF-FS&CPIE

BASELINE STUDY SUMMARY REPORT



JOINING FORCES
For All Children



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Joining Forces for Food Security and Child Protection in Emergencies (JF-FS&CPiE) in Bangladesh, Burkina Faso, Central African Republic, Ethiopia and South Sudan

Plan International
Baseline study

Prepared by:

Mamadou Thioune, Global MEAL Coordinator

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Acronyms

JF-FS&CPiE	Joining Forces for Food Security and Child Protection in Emergencies
GFFO	German Federal Foreign Office
PFA	Psychological First Aid
CVA	Cash and Voucher Assistance
NFIs	Non-Food Items
MEAL	Monitoring, Evaluation, Accountability, and Learning
FGD	Focus Group Discussion
KII	Key Informant Interviews
CP	Child Protection



Introduction

1.1 Background

This action represents the second phase project of the Joining Forces for Child Protection in Emergencies (JF-CPiE) intervention, funded by GFFO. It builds upon the foundations established in Phase 1, with a specific emphasis on the critical interlinkage between food security and child protection risks in humanitarian settings, recognizing that unmet basic needs, particularly food needs, pose a significant risk leading to detrimental outcomes for children. The JF-FS&CPiE project goal remains the reduction of violence, abuse, neglect, and exploitation for children affected by crises and food insecurity, leveraging food security programs to enhance children's protection and wellbeing, while minimizing the risk of causing harm in the process.

The JF-FS&CPiE project, implemented in Bangladesh, Burkina Faso, the Central African Republic, Ethiopia, and South Sudan, is multi-country initiative expands the scope and impact of the first phase by incorporating food security alongside child protection for vulnerable children and their families.

A baseline study will be conducted to collect essential data on key project outcomes, particularly regarding the practices, attitudes, and perceptions of stakeholders and communities in the five implementation countries. The findings will serve as a reference point for measuring progress and will contribute to refining the context analysis, project objectives, and indicator targets to ensure effective monitoring and evaluation throughout the project's duration.

Collaborative efforts between food security and child protection programming in humanitarian settings serve as a powerful strategy to make informed decisions strategically, aiming to effectively prevent, mitigate, and respond to child protection risks. In this sense, the JF-FS&CPiE project uses the socio-ecological model and proposes four key outputs responding to needs:

1.2 Output 1

Output 1 looks into the individual level and focuses on empowering crisis-affected girls, boys, and adolescents in vulnerable situations by improving their knowledge, skills, and capacities. Key activities of Output 1 are:

- A.1.1 focuses on conducting child protection monitoring and a child protection risk analysis;
- A.1.2 promotes raising awareness and disseminating information on child protection and related nutrition risks;
- A.1.3 establishes age and gender-sensitive life-skills groups that integrate nutrition messages for children and adolescents in food-insecure contexts;
- A.1.4 sets up or strengthens child-friendly spaces that incorporate nutrition education and breastfeeding support;
- A.1.5 distributes culturally and gender-appropriate dignity kits, non-food items (NFIs), and temporary income support to girls, boys, and adolescents;
- A.1.6 focuses on strengthening child protection referral pathways, including linkages with nutrition actors;
- A.1.7 provides Psychological First Aid (PFA) and case management, including emergency cash or in-kind assistance.

1.3 Output 2

Output 2 delves into the family level by enhancing caregivers' and families' abilities to provide adequate care and prevent negative coping mechanisms related to food insecurity that can expose children to protection risks.

Key activities of Output 2 are:

- A.2.1 focuses on positive parenting sessions to address household behaviours around child protection risks, dietary and feeding practices, and adequate care;
- A.2.2 provides cash and voucher assistance (CVA) or in-kind support to reduce child protection risks at the household level;
- A.2.3 offers short-term emergency support to households, including startup kits and lifesaving items.

1.4 Output 3

Output 3 prioritizes the community level via the community-based child protection mechanisms which will be reinforced to prevent potential harm against girls and boys, mitigate gender-related child protection risks, and enhance access to community-based food security and nutrition services. Key activities of Output 3 are:

■ A.3.1 sets up or strengthens community-based child protection groups and networks;

■ A.3.2 co-creates solutions on behaviours and prevalence of negative child protection coping mechanisms associated with food insecurity and malnutrition through community mappings;

■ A.3.3. delivers integrated nutrition, CP, and gender equality messages and provides financial and material support to community-level child protection, food security, and nutrition groups.

1.5 Output 4

Output 4 works on the institutional/societal level and equips global, regional, and national-level humanitarian actors with strengthened advocacy, programmatic tools, capacity-strengthening, and evidence for integrated, gender-sensitive child protection and food security programming for child and adolescent wellbeing outcomes.

Key activities of Output 4 are:

■ A.4.1 seeks to strengthen the capacity of regional and country-level child protection and food security organizations and clusters;

■ A.4.2 engages the JF Consortium to participate in humanitarian coordination group meetings, advocating for child protection, food security, and nutrition among clusters in the country;

■ A.4.3 conducts a global review of the existing policies, frameworks, and strategies to strengthen child protection and food security collaboration;

■ A.4.4 organizes high-level global, regional, and national advocacy and information briefings for humanitarian donors and other key stakeholders on the linkages between child protection and food security.





1.6 Study Rationale

The JF-FS&CPiE project recognizes the critical importance of establishing baseline data to measure changes in knowledge, attitudes, and behaviors related to child protection, food security, nutrition, and social safety nets. Given the project's integrated approach, which addresses vulnerabilities across individual, family, community, and institutional levels, understanding the dimensions of change is vital for refining interventions and maximizing their impact.

The baseline study will not only set benchmark data for the project's key indicators but also provide insights into the effectiveness of the current strategies in achieving the desired behavioural and systemic changes. The qualitative and quantitative data gathered will inform adjustments to ongoing initiatives, such as positive parenting sessions, community-based child protection mechanisms, and food security programming. This process will enhance the alignment of project activities with the specific needs of the target groups, including children, caregivers, and community members in the five countries of implementation.

Moreover, the study findings will help identify gaps and areas for improvement in the current interventions. This will ensure that the project not only meets its objectives of reducing violence, neglect, and exploitation but also promotes the well-being and resilience of communities affected by food insecurity and humanitarian crises. By providing actionable recommendations, the baseline study will serve as a foundation for achieving long-term impacts and ensuring the sustainability of integrated child protection and food security programming.

1.7 Baseline study objectives

The baseline study aims to provide a reference point to measure changes and impacts during the Phase 2 of the JF-FS&CPiE project, following the initial phase of the JF-CPiE project. This second phase introduces a food security component in addition to child protection, expanding the project's scope to address both protection and household resilience. The study ensures a clear assessment of the project's evolution while considering the continuity or shifts in target groups and locations.

Its specific objectives are:

- Setting or refining benchmarks to monitor progress;
- Understanding the current context to inform decision-making and program adjustments;
- Identifying gaps and opportunities to optimize project impact on children, families, and communities across the five implementation countries, while distinguishing the outcomes of Phase 2, particularly in food security and child protection, from any prior interventions conducted during Phase 1.

1.8 Limitations

A total of 39 questionnaires (10 from caregivers, 19 from children, and 10 from the community) were excluded from the analysis as the participants did not provide their consent to participate. This exclusion respects ethical principles and did not impact the representativeness of the sample.

In certain areas affected by fragile security situations, it was challenging to mobilize participants, particularly for the Focus Group Discussions (FGDs). For instance, in South Sudan, insecurity issues in Tambura created delays in the submission of FGD notes, despite the data collection being completed. This situation highlights the complexities of operating in fragile contexts and the impact on timelines for data consolidation.

The review and finalization of data collection tools were constrained due to the tight timeline established for project implementation.

In some regions, collaboration with local authorities presented challenges, causing delays in the implementation of planned activities.

Given the IPs' own priorities, the coordination of certain activities required additional time, which resulted in delays in the data collection schedule and affected the overall timeline.

Finally, it is important to note that the distribution of participants by gender did not follow a stratified sampling approach to ensure a balance between men and women. As a result, some respondent categories are predominantly composed of men whereas others are predominantly composed of women (caregivers), which may influence the interpretation of certain results. This disparity stems from the 'natural' composition of the groups at community level with primary caregivers being predominantly women whereas members of community groups are often predominantly men. This situation highlights the challenges related to women's engagement in certain communities and underscores the importance of targeted strategies to ensure a more balanced representation in future studies.



2 Methodology

2.1 Sampling frame

The same procedure was applied in the five project implementation countries: Bangladesh, Burkina Faso, the Central African Republic, Ethiopia and South Sudan.

A two-stage stratified random sampling design was used. For each draw level, the sampling frames described below were used with the selection procedures further defined.

2.1.1 Sampling units, analysis units and reporting units

To effectively organize the baseline survey, the various statistical units required were clearly defined according to the data collection tools used.

Sampling units: Sampling units refer to the statistical entities selected from a sampling frame. In this survey, these units included enumeration areas at the first stage of selection, followed by households at the second stage. These units were randomly selected to ensure statistical representativeness.

Units of analysis: Units of analysis are the entities to which the collected data directly relate. As per the tools developed for this survey, these units included households, caregivers, children, and community members.

Reporting Units: Reporting units are the individuals from whom information was collected to meet the study objectives. Depending on the specific tools, these units included household heads, a designated representative in case of unavailability, the spouse of the household head, or children residing in the household.

This methodological distinction of units facilitated a rigorous organization of data collection, ensuring optimal coverage and enhanced accuracy of the information gathered for this baseline study.



2.1.2 Target population

The target population of the survey included individuals under 18 years old, and adult, including parents/guardians of participants under 18 years old, living in the different areas of the JF-FS&CPiE project in Bangladesh, Burkina Faso, the Central African Republic, Ethiopia, and South Sudan.

2.1.3 Stratification

Samples were independently selected in non-overlapping population subgroups (strata). Stratification has several advantages including:

■ Ensure adequate sample sizes for subgroups of interest (census districts and households);

■ Improve the accuracy of the overall estimates.

For this survey, stratification was used to ensure appropriate representation of each area of intervention according to its actual weight within the population in order to improve the precision of the estimates to be made.

2.1.4 Sample sizes

The size n of the sample selected was calculated according to the following formula:

$$n = \frac{z^2 * r(1 - r) * f * k}{p * m * e^2} \quad (1)$$

■ z is the statistic that defines the level of confidence required for this specific case. Its value is 1.96 for a confidence level of 95%;

■ r is an estimate of one of the key indicators to be measured in the survey;

■ f is the effect attributable to the design of the sample, in the absence of available information, the default value is 1.2;

■ k is the multiplier to account for the expected non-response rate, usually this rate does not exceed 10% for such types of surveys, so for a precautionary measure $k = 1.1$;

■ p is the proportion of the total population represented by the target population on which the parameter r is based;

■ m is the average size (number of people per household):

Bangladesh: according to the NSO, the average household size is $m = 4.47$

Burkina Faso: according to the RGPHAE-2006, the average household size is $m = 6$

Central African Republic: according to the ICASEES, the average household size is $m = 8.6$

Ethiopia: according to the 2016 EDHS, the average household size is $m = 4.61$, and

South Sudan: according to the NBS, the average household size is $m = 5.95$

■ e the margin of error not to be exceeded. In general, it is recommended for surveys such as this one to set the precision level to 10% of r .



As a result of applying the above formula with the above estimates, the optimal size of the sample of households to be surveyed was determined for each key indicator (r) in order to obtain the desired accuracy.

Table 1: Optimal size for estimating key survey indicators per country per implementing partner

Country	Implementing Partner	Sample Size Number
Bangladesh	Plan International	233
	World Vision	233
Burkina Faso	ChildFund	174
	Terre des Hommes	174
Central African Republic	Plan International	121
	SOS Children's Villages	121
Ethiopia	ChildFund	226
	Save the Children	226
South Sudan	Save the Children	175
	World Vision	175

2.1.5 Qualitative method

Table 2: Number of FGD's and respondents that participated in FGD par implementing partner per status

Country	Caregivers				Community members				Children			# FGD	# part	
	# FGD	Female	Male	Total	# FGD	Female	Male	Total	# FGD	Girls	Boys			Total
BGD	4	12	12	24	4	12	12	24	4	12	12	24	12	72
Plan	2	6	6	12	2	6	6	12	2	6	6	12	6	36
WV	2	6	6	12	2	6	6	12	2	6	6	12	6	36
BFA	4	12	12	24	4	12	12	24	6	18	18	36	14	84
TdH	2	6	6	12	2	6	6	12	4	12	12	24	8	48
CF	2	6	6	12	2	6	6	12	2	6	6	12	6	36
CAR	12	30	42	72	9	18	36	54	14	48	36	84	35	210
Plan	9	18	36	54	9	18	36	54	12	42	30	72	30	180
SOS	3	12	6	18	0	0	0	0	2	6	6	12	5	30
ETH	4	12	12	24	4	12	12	24	8	24	24	48	16	96
CF	2	6	6	12	2	6	6	12	4	12	12	24	8	48
StC	2	6	6	12	2	6	6	12	4	12	12	24	8	48
SSD	4	12	12	24	4	12	12	24	4	12	12	24	12	72
StC	2	6	6	12	2	6	6	12	2	6	6	12	6	36
WV	2	6	6	12	2	6	6	12	2	6	6	12	6	36

Source: Baseline, 2024 © JF-FS&CPiE

As Table 2 highlights, a comprehensive qualitative data collection process was carried out involving a wide range of target groups, including caregivers, community members, and children. Different implementing partners were involved in conducting the FGDs across various countries, with the number of FGDs and participants varying depending on the country and target group. Each implementing partner contributed to the qualitative data collection process, which included both the number of FGDs held and the corresponding participant count.

The data collection process was designed to gather insights from diverse community groups. For each of the target groups (caregivers, community members, and children), specific FGDs were organized, and the participants were selected with a focus on gender balance, ensuring diverse representation from both males and females. The aim was to capture a broad range of perspectives and provide a comprehensive understanding of the communities involved.

In total, 89 FGDs were conducted across five countries—Bangladesh, Burkina Faso, Central African Republic, Ethiopia, and South Sudan—involving 466 participants. The number of FGDs and participants varied from country to country, with Central African Republic having the highest number of FGDs (35) and participants (210), followed by Bangladesh, Burkina Faso, and Ethiopia. South Sudan had a slightly smaller number of FGDs but still contributed valuable qualitative data.

All participating implementing partners, including Plan International, World Vision, Terre des Hommes, ChildFund, SOS Children's Villages, and Save the Children, actively carried out Focus Group Discussions (FGDs), ensuring that the data collected represented diverse voices from different community groups. While Plan International and World Vision led a significant portion of the FGDs, all implementing partners contributed to the process, ensuring a comprehensive representation of community voices across the project locations.

Overall, the qualitative data collection process aimed to ensure gender balance and diversity in terms of target groups, making sure that a wide array of voices was heard, and that the data provided a well-rounded understanding of the communities involved. This approach allowed for the inclusion of various perspectives, from caregivers and community members to children, ensuring a holistic view of the challenges and needs within the project areas.

This comprehensive data collection process, which included a total of 89 FGDs, is expected to have provided significant insights into the lived experiences of the participants, and the data will contribute to a deeper understanding of the target communities. The diverse involvement of different implementing partners further enriched the data, ensuring that a broad spectrum of stakeholders was represented.

2.2 Development of tools and guidelines

A set of tools was developed to collect data aligned with the objectives of this baseline study, capturing both quantitative and qualitative insights:

- **Structured questionnaires:** designed for individual interviews with caregivers, children, and community members, covering themes like food security, child protection, and community resilience.
- **FGD guidelines:** tailored for FGDs with caregivers, community members, and children, addressing context-specific issues and project themes.

These tools were contextualized with input from implementing partners, the global coordination team, and the ethics committee, then finalized prior to data collection in the field.



2.3 Training

A two-day training session was conducted for field staff, including data collectors, to ensure standardized and effective data collection. The training covered the following key aspects:

- Overview of the baseline study's objectives and its significance for monitoring and evaluation.
- Detailed instructions on the sampling approach and selection criteria for participants.
- Sessions focused on qualitative and quantitative data collection methods, including the use of structured questionnaires, FGD guidelines.
- Mock sessions allowed each participant to practice conducting interviews and facilitating FGDs.

During the exercises, trainers provided real-time feedback to refine techniques and address any challenges. This hands-on approach ensured that all data collectors were well-prepared and confident in applying the tools effectively during the fieldwork.

2.4 Data collection and analysis

Data collection in the field followed the sampling plan described above and utilized both qualitative and quantitative methodologies:

- individual face-to-face interviews: conducted within households using structured questionnaires targeting children, caregivers, and community members.
- FGDs: organized with key stakeholders, including children, caregivers, community representatives, and local authorities, to explore in-depth perceptions and contextual issues.

Data collection was carried out using Kobo platform, ensuring that all collected data were securely stored on a password-protected server. This method enhanced data accuracy and facilitated real-time monitoring of the field activities.

The analysis of the collected data was conducted using SPSS software for quantitative data and thematic analysis for qualitative data. The processed data were triangulated to provide a comprehensive understanding of the baseline indicators and to meet the study objectives.

2.5 Ethics and confidentiality

The baseline analysis adhered to rigorous ethical standards and maintained strict confidentiality protocols to protect the rights, safety, and dignity of all participants.

2.5.1 Approval of the baseline analysis process and tools

The baseline process and tools were designed collaboratively by the JF-FS&CPiE technical team within the Global Coordination Team. These tools were shared with implementing partner teams across the five countries—Bangladesh, Burkina Faso, Central African Republic, Ethiopia, and South Sudan—for review, contextualization, and validation to ensure local relevance and alignment with community-specific standards.

The ethical review process conducted by Plan International ensured that the tools were intentionally designed to respect the target groups, including vulnerable people such as children, young people,

and persons with disabilities. This review also focused on the appropriateness of the questions, methodologies, and participation strategies. Following this thorough process, the evaluation received formal approval from the ethics committee of Plan International, confirming that all tools and methodologies meet ethical standards.

2.5.2 Participant consent and voluntary participation

Participants were informed about the study objectives, methods, and their rights through detailed information sheets and consent/assent forms tailored for each target group:

■ Children under 18 years old

■ Adult participants , including parents/guardians of participants under 18 years old.

Participation was entirely voluntary, with individuals given the option to decline or withdraw at any stage without any repercussions. Consent or assent was obtained prior to data collection, ensuring that participants fully understood the purpose of the study and their role in it.

2.5.3 Confidentiality measures

The baseline analysis implemented strict measures to protect participants' confidentiality:

■ No personal identifiers, such as names, were collected. Sensitive personal data, such as age, disability status, and travel status, were anonymized and stored securely.

■ All data, including qualitative transcripts and quantitative entries, were encrypted and stored in password-protected systems accessible only to authorized personnel.

■ Data will be retained for two years, until the project concludes in 2026, after which it will be securely deleted.





2.5.4 Protection during data collection

Field teams were trained extensively to handle sensitive topics with care and ensure a safe environment for participants during discussions and interviews. Safeguarding protocols were emphasized to address any risks or distress arising during data collection. If a participant disclosed information indicating immediate danger or harm, field staff followed established referral pathways to ensure the individual's safety and well-being.

2.6 Organization of the report

The study report is structured into five main chapters, as outlined below:

- Chapter I Provides an overview of the JF-FS&CPiE project, including the background, objectives of the baseline study, scope, limitations, and rationale for conducting the study.
- Chapter II Details the study methodology, including the development of data collection tools, training of field staff, ethical considerations, data collection processes, and data processing and analysis procedures.
- Chapter III Presents the demographic and socio-economic profiles of the study population, providing a foundation for understanding the context in which the project is being implemented.
- Chapter IV Analyzes key findings from the baseline study, focusing on indicators related to food security, child protection risks, and community resilience. This chapter includes both quantitative results and qualitative insights derived from the data collection activities.
- Chapter V Discusses key issues identified during the study and offers recommendations for targeted interventions. It also outlines viable and sustainable approaches for achieving the project's objectives and ensuring its long-term impact.

3 Key findings

3.1 Sample interviewed

Table 3: Persons with disability sampled interviewed

Persons with disability	0-17 years		18-24 years		25 years +		Total		Pwd (%)	
	Num	Per cent (%)	Num	Per cent (%)	Num	Per cent (%)	Num	Per cent (%)	Num	Per cent (%)
Bangladesh	7	0,99	0	0	0	0	14	1,98	21	2,97
Plan International	1	0,3	0	0	0	0	11	3,25	12	3,55
Female	1	0,55	0	0	0	0	4	2,2	5	2,75
Male	0	0	0	0	0	0	7	4,49	7	4,49
World Vision	6	1,63	0	0	0	0	3	0,81	9	2,44
Female	4	2,6	0	0	0	0	1	0,65	5	3,25
Male	2	0,93	0	0	0	0	2	0,93	4	1,86
Burkina Faso	20	1,81	0	0	0	0	48	4,34	68	6,14
ChildFund	6	1,02	0	0	0	0	24	4,07	30	5,09
Female	5	1,24	0	0	0	0	12	2,97	17	4,21
Male	1	0,54	0	0	0	0	12	6,49	13	7,03
Terre des Hommes	14	2,7	0	0	0	0	24	4,63	38	7,34
Female	4	1,49	0	0	0	0	12	4,48	16	5,97
Male	10	4	0	0	0	0	12	4,8	22	8,8
Central African Republic	27	3,05	12	1,36	130	14,69	169	19,1		
Plan International	26	4,77	11	2,02	97	17,8	134	24,59		
Female	18	6,21	11	3,79	47	16,21	76	26,21		
Male	8	3,14	-	0	50	19,61	58	22,75		
SOS Children's Villages	1	0,29	1	0,29	33	9,71	35	10,29		
Female	1	0,55	1	0,55	19	10,38	21	11,48		
Male	0	0	0	0	14	8,92	14	8,92		
Ethiopia	57	2,52	2	0,09	153	6,77	212	9,38		
ChildFund	17	1,52	1	0,09	101	9	119	10,61		
Female	6	1,07	0	0	32	5,72	38	6,8		
Male	11	1,95	1	0,18	69	12,26	81	14,39		
Save the Children	40	3,51	1	0,09	52	4,57	93	8,17		
Female	23	3,06	1	0,13	44	5,85	68	9,04		
Male	17	4,4	0	0	8	2,07	25	6,48		
South Sudan	36	4,74	15	1,97	123	16,18	174	22,89		
Save the Children	28	5,1	11	2	69	12,57	108	19,67		
Female	17	5,06	11	3,27	41	12,2	69	20,54		
Male	11	5,16	0	0	28	13,15	39	18,31		
World Vision	8	3,79	4	1,9	54	25,59	66	31,28		
Female	6	7,32	3	3,66	19	23,17	28	34,15		
Male	2	1,55	1	0,78	35	27,13	38	29,46		
Global	147	2,57	29	0,51	468	8,18	644	11,26		

Source: Baseline, 2024 © JF-FS&CPiE

3.1.1 Bangladesh

Table 4 : Sex-disaggregated data of interviewees – Bangladesh

Surveys	Category	Plan International			World Vision		
		Number	Percent	Total	Number	Percent	Total
All participants	Female	182	53.8	338	154	42.0	369
	Male	156	46.2		215	58.0	
Caregivers	Female	51	63.0	81	10	56.0	100
	Male	30	37.0		8	44.0	
Children	Girls	70	55.0	127	107	50.0	216
	Boys	57	45.0		109	50.0	
Community members	Female	61	47.0	130	37	27.0	135
	Male	69	53.0		98	73.0	

Source: Baseline, 2024 © JF-FS&CPiE

Table 4 presents a sex-disaggregated analysis of survey participants under Plan International and World Vision in Bangladesh, highlighting gender representation across key respondent groups.

Among all participants, the study interviewed 338 individuals under Plan International, with 53.8 per cent female and 46.2 per cent male, ensuring a near-balanced gender representation. This near-equitable gender representation demonstrates an inclusive approach in data collection, ensuring diverse voices inform the baseline findings. In contrast, World Vision's sample of 369 respondents showed a male-majority (58 per cent), with 42 per cent female participants, reflecting potential differences in accessibility or engagement across surveyed communities.

For caregivers, the findings confirm a female-dominated caregiving role. Under Plan International, 63 per cent of caregivers were women, while World Vision reported 56 per cent female caregivers. The lower male participation (37 per cent and 44 per cent, respectively) aligns with traditional gender roles, yet the presence of male caregivers remains notable for shaping family-focused interventions.

Regarding children, the data highlights a balanced gender distribution. Girls accounted for 55 per cent of child participants under Plan International, while World Vision's sample was equally split (50 per cent girls, 50 per cent boys), ensuring both groups' experiences inform child-centered programming.



Among community members, a male-majority is evident. Plan International recorded 53 per cent male participation, while World Vision reported 73 per cent male respondents, indicating potential gender disparities in community engagement or decision-making spaces. The significant male majority suggests that community participation may be influenced by social dynamics or traditional gender roles favouring male representation in community decision-making.

Overall, the sex-disaggregated data underscores the commitment to inclusivity and gender-sensitive practices in the JF-FS&CPiE project. By capturing the perspectives of women, men, boys, and girls, the baseline study lays the groundwork for equitable and effective programmatic interventions.

In this study, challenges encountered during data collection included difficulties in mobilizing caregivers, particularly men, who were less available or willing to participate in the survey.

3.1.2 Burkina Faso

Table 5: Sex-disaggregated data of interviewees – Burkina Faso

Surveys	Category	ChildFund			Terre des Hommes		
		Number	Percent	Total	Number	Percent	Total
All participants	Female	404	68.0	590	268	52.0	518
	Male	186	32.0		250	48.0	
Caregivers	Female	203	85.0	238	108	51.0	212
	Male	35	15.0		104	49.0	
Children	Girls	161	67.0	239	111	53.0	211
	Boys	77	32.0		100	47.0	
Community members	Female	40	35.0	113	49	52.0	95
	Male	73	65.0		46	48.0	

Source: Baseline, 2024 © JF-FS&CPiE

Table 5 provides a sex-disaggregated overview of survey participants under ChildFund and Terre des Hommes in Burkina Faso, shedding light on gender representation across different respondent groups.

Among all participants, ChildFund's survey included 590 individuals, with a notable female majority (68 per cent), compared to 32 per cent male respondents. Conversely, Terre des Hommes reported a more balanced sample (52 per cent female, 48 per cent male) across 518 interviewees.

For caregivers, the findings highlight a strong female predominance under ChildFund, where 85 per cent of caregivers were women, reinforcing the traditional role of women in child-rearing. In contrast, Terre des Hommes showed a more equal distribution (51 per cent female, 49 per cent male), suggesting a higher involvement of men in caregiving activities within its intervention areas.

Regarding children, the gender distribution remains skewed towards girls. ChildFund reported 67 per cent female child respondents, while Terre des Hommes recorded 53 per cent, reflecting efforts to capture gender-specific vulnerabilities, particularly in education and protection.

Among community members, the trends differ significantly. ChildFund's sample was male-dominated (65 per cent), whereas Terre des Hommes had a slight female majority (52 per cent), suggesting variations in gender participation in community engagement.

In conclusion, the sex-disaggregated data in Burkina Faso ensures inclusivity across various demographic categories, prioritizing the voices of women and girls while incorporating the experiences of men and boys. This balanced approach strengthens the credibility of the baseline findings, laying a foundation for designing equitable and gender-responsive interventions under the JF-FS&CPiE project.



3.1.3 Central African Republic

Table 6: Sex-disaggregated data of interviewees – Central African Republic

Surveys	Category	Plan International			SOS Children's Villages		
		Number	Percent	Total	Number	Percent	Total
All participants	Female	290	53.0	545	183	54.0	340
	Male	255	47.0		157	46.0	
Caregivers	Female	174	61.0	287	148	65.0	226
	Male	113	39.0		78	35.0	
Children	Girls	103	51.0	203	23	46.0	50
	Boys	100	49.0		27	54.0	
Community members	Female	13	24.0	55	52	81.0	64
	Male	42	76.0		12	19.0	

Source: Baseline, 2024 © JF-FS&CPiE

Table 6 presents a sex-disaggregated analysis of survey participants under Plan International and SOS Children's Villages in the Central African Republic, offering insights into gender representation across different respondent groups.

Among all participants, Plan International interviewed 545 individuals, with a slight female majority (53 per cent), while SOS Children's Villages surveyed 340 participants, of whom 54 per cent were female. These figures indicate balanced gender participation, ensuring a diverse representation of perspectives.

For caregivers, both organizations recorded higher female representation. Plan International reported 61 per cent female caregivers, while SOS Children's Villages recorded an even higher proportion (65 per cent). This highlights the predominant caregiving role of women, though the presence of male caregivers (39 per cent and 35 per cent, respectively) underscores their growing involvement in child-rearing responsibilities.

Among children, the gender distribution appears relatively balanced. Plan International's sample included 51 per cent girls and 49 per cent boys, whereas SOS Children's Villages recorded 46 per cent girls and 54 per cent boys, ensuring both groups' perspectives contribute to child-centered programming.

For community members, gender disparities are more pronounced. Plan International reported a male majority (76 per cent), while SOS Children's Villages had a significant female majority (81 per cent), suggesting differences in gender roles within community engagement structures.

These findings reinforce the importance of gender-sensitive programming under the JF-FS&CPiE project, ensuring inclusive and context-specific interventions across targeted communities.

The community member category displayed an 81% representation of women, highlighting their active engagement in community-based initiatives and decision-making processes. This higher participation rate among women emphasizes their critical role in fostering household and community resilience.

These findings reinforce the importance of gender-sensitive programming under by prioritizing inclusivity to ensure that the perspectives of both women and men are adequately considered, thereby enhancing the relevance and effectiveness of interventions.

3.1.4 Ethiopia

Table 7: Sex-disaggregated data of interviewees – Ethiopia

Surveys	Category	ChildFund			Save the Children		
		Number	Percent	Total	Number	Percent	Total
All participants	Female	559	50.0	1 122	752	66.0	1 138
	Male	563	50.0		386	34.0	
Caregivers	Female	211	50.0	421	367	86.0	425
	Male	210	50.0		58	14.0	
Children	Girls	216	51.0	426	263	56.0	466
	Boys	210	49.0		203	44.0	
Community members	Female	132	48.0	275	122	49.0	247
	Male	143	52.0		125	51.0	

Source: Baseline, 2024 © JF-FS&CPiE

Table 7 presents a sex-disaggregated overview of survey participants under ChildFund and Save the Children in Ethiopia, highlighting gender representation across key respondent groups.

Among all participants, ChildFund's sample was evenly split (50 per cent female, 50 per cent male) across 1,122 respondents, ensuring a balanced gender representation. In contrast, Save the Children recorded a female majority (66 per cent) among 1,138 participants, reflecting higher female engagement in the surveyed communities.

For caregivers, the data reveals notable gender disparities. ChildFund's respondents were equally divided (50 per cent female, 50 per cent male), whereas Save the Children reported a strong female majority (86 per cent), reinforcing the traditional caregiving role of women. The lower male participation (14 per cent) suggests that men are less involved and less accessible for such surveys.

Among children, gender distribution remains fairly balanced. ChildFund reported 51 per cent girls and 49 per cent boys, while Save the Children had a slightly higher proportion of girls (56 per cent) compared to boys (44 per cent), ensuring both groups' perspectives are considered in child-centered programming.

For community members, gender representation was more balanced. ChildFund's sample comprised 48 per cent women and 52 per cent men, while Save the Children recorded 49 per cent female and

51 per cent male respondents, reflecting relatively equal community participation.

These findings highlight the commitment to gender parity regarding participation in its baseline study. This inclusive approach serves as a strong foundation for designing interventions that equitably address the challenges and opportunities faced by women, men, boys, and girls in Ethiopia. This approach is instrumental in addressing gender disparities and fostering balanced community participation.

3.1.5 South Sudan

Table 8: Sex-disaggregated data of interviewees – South Sudan

Surveys	Category	Save the Children			World Vision		
		Number	Percent	Total	Number	Percent	Total
All participants	Female	336	61.0	549	82	39.0	211
	Male	213	39.0		129	61.0	
Caregivers	Female	161	75.0	214	60	38.0	158
	Male	53	25.0		98	62.0	
Children	Girls	102	50,5	202	20	61.0	33
	Boys	100	49,5		13	39.0	
Community members	Female	73	55.0	133	2	10.0	20
	Male	60	45.0		18	90.0	

Source: Baseline, 2024 © JF-FS&CPIE

Table 8 presents a sex-disaggregated overview of survey participants under Save the Children and World Vision in South Sudan, highlighting gender representation across different respondent groups.

Among all participants, Save the Children's sample consisted of 61 per cent female and 39 per cent male respondents (549 individuals total), ensuring strong female representation. In contrast, World Vision's survey (211 participants) had a male majority (61 per cent), with only 39 per cent female respondents, suggesting gender disparities in overall participation.





For caregivers, the data reveals contrasting trends between the two organizations. Save the Children recorded a significant female majority (75 per cent), reinforcing the traditional role of women as primary caregivers. However, World Vision reported a higher proportion of male caregivers (62 per cent) compared to 38 per cent female, reflecting a different dynamic in caregiving responsibilities across targeted areas.

Among children, gender representation was relatively balanced in Save the Children's survey (50.5 per cent girls, 49.5 per cent boys across 202 respondents). World Vision, however, recorded a higher proportion of girls (61 per cent) compared to boys (39 per cent) among 33 child participants, indicating potential variations in access to programs or services.

For community members, Save the Children's sample included 55 per cent female and 45 per cent male respondents, whereas World Vision's survey was overwhelmingly male-dominated (90 per cent male, 10 per cent female), highlighting gender disparities in community engagement.

These findings underscore the need for gender-inclusive approach in South Sudan ensuring the diverse needs and perspectives of women, men, boys, and girls are captured. This baseline analysis serves as a critical resource for developing targeted and equitable interventions within the project.

3.1.6 Outcome: Analysis of protection of girls and boys in emergency contexts through access to lifesaving, gender-sensitive, and inclusive child protection, food security, and nutrition-sensitive interventions

3.1.6.1 Output indicator - oi.1 % of girls, boys, and adolescents who report they can protect themselves from harm

■ Scoring: To be considered as "children reporting they can protect themselves from harm," a child must:

■ Respond 'Yes' (including 'Yes rather confident' to B1) and to 3 out of 3 main questions (A1; A2; A3) in Section A

■ Provide a positive answer (see response options in bold) to 2 out of 2 main questions (B1; B2) in Section B

■ Calculation: = (# Number of children who reach the thresholds in both sections)/(total # of children sampled).100

Table 9: % of children who report they can protect themselves from harm

oi.1	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	55	50	50	55	50	50	40	45	55	55
Baseline value (%)	45,7	10,2	20,6	40,0	19,2	12,1	7,3	8,4	36,6	44,2

3.1.6.1.1 Bangladesh

Table 10: Analysis of children reporting they can protect themselves from harm – Bangladesh

Gender	Confident level	Plan International		World Vision	
		Number	Percent (%)	Number	Percent (%)
Girls	Total	70	100	107	100
	Cannot protect themselves from harm	38	54.3	100	93.5
	Can protect themselves from harm	32	45.7	7	6.5
Boys	Total	57	100	109	100
	Cannot protect themselves from harm	31	54.4	94	86.2
	Can protect themselves from harm	26	45.6	15	13.8

Source: Baseline, 2024 © JF-FS&CPiE

Table 10 presents the analysis of children who reported feeling capable of protecting themselves from harm, disaggregated by gender and implementing partner in Bangladesh. The data reveals significant disparities in children's perceived ability to protect themselves, with a substantial proportion expressing a lack of confidence in their own safety.

Among girls, the results indicate that more than half of the respondents under both Plan International 54.3 per cent and World Vision 93.5 per cent reported that they cannot protect themselves from harm. Conversely, only 45.7 per cent of girls under Plan International and a mere 6.5 per cent under World Vision expressed confidence in their ability to protect themselves. This sharp contrast suggests that girls reached by World Vision may face additional vulnerabilities or perceive greater risks in their environments compared to those supported by Plan International.





Similarly, for boys, the trend is comparable. Under Plan International, 54.4 per cent stated that they cannot protect themselves, while 45.6 per cent felt they could. The gap is even more pronounced under World Vision, where 86.2 per cent of boys reported being unable to protect themselves, leaving just 13.8 per cent who believed they could ensure their own safety.

These findings highlight critical concerns regarding children's sense of security and self-protection across the surveyed communities. The significantly low percentage of children—particularly those reached by World Vision—who feel capable of protecting themselves from harm suggests a pressing need for targeted interventions. Strengthening child protection mechanisms, promoting awareness, and providing tailored support to enhance children's resilience and confidence in safeguarding themselves should be prioritized. The notable discrepancies between the two implementing partners also suggest that contextual factors or programmatic differences may influence children's perceptions of safety, warranting further exploration.

3.1.6.1.2 Burkina Faso

Table 11: Analysis of children reporting they can protect themselves from harm – Burkina Faso

Gender	Confident level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Girls	Total	161	100	111	100
	Cannot protect themselves from harm	128	79.5	60	54.1
	Can protect themselves from harm	33	20.5	51	45.9
Boys	Total	77	100	100	100
	Cannot protect themselves from harm	61	79.2	66	66.0
	Can protect themselves from harm	16	20.8	34	34.0

Source: Baseline. 2024 © JF-FS&CPiE

Table 11 presents data on children's self-reported ability to protect themselves from harm, disaggregated by gender and implementing partner in Burkina Faso. The findings reveal notable differences in confidence levels between children supported by ChildFund and those under Terre des Hommes.

Among girls, only 20.5 per cent under ChildFund reported feeling capable of protecting themselves, compared to 45.9 per cent of girls supported by Terre des Hommes. Conversely, a significant proportion of girls under both organizations stated they could not protect themselves, with 79.5 per cent under ChildFund and 54.1 per cent under Terre des Hommes expressing this concern.

A similar trend is observed among boys, where 20.8 per cent of those under ChildFund felt confident in their ability to protect themselves, while 34.0 per cent of boys under Terre des Hommes reported the same. The proportion of boys who felt unable to protect themselves was notably high across both partners, reaching 79.2 per cent under ChildFund and 66.0 per cent under Terre des Hommes.

These findings suggest that while a substantial number of children, regardless of gender, struggle with self-protection, children supported by Terre des Hommes appear to have slightly higher confidence levels in their ability to safeguard themselves compared to those under ChildFund. This discrepancy raises critical questions regarding differences in programmatic interventions, the availability of protective mechanisms, and the extent to which children are exposed to empowerment initiatives.

3.1.6.1.3 Central African Republic

Table 12: Analysis of children reporting they can protect themselves from harm – Central African Republic

Gender	Confident level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Girls	Total	103	100	23	100
	Cannot protect themselves from harm	80	77.7	20	87.0
	Can protect themselves from harm	23	22.3	3	13.0
Boys	Total	100	100	27	100
	Cannot protect themselves from harm	84	84.0	24	88.9
	Can protect themselves from harm	16	16.0	3	11.1

Source: Baseline. 2024 © JF-FS&CPiE

Table 12 presents insights into children's self-reported ability to protect themselves from harm in the Central African Republic, disaggregated by gender and implementing partners, Plan International and SOS Children's Villages. The data highlights significant concerns regarding children's sense of safety, with a majority expressing a lack of confidence in their ability to protect themselves.

Among girls, the findings reveal that under Plan International, 77.7 per cent reported that they could not protect themselves from harm, while 22.3 per cent expressed confidence in their ability to do so. Similarly, under SOS Children's Villages, 87.0 per cent of girls stated that they could not protect themselves, leaving only 13.0 per cent feeling capable of self-protection. These figures indicate a widespread perception of vulnerability among girls across both implementing partners.

For boys, a comparable trend emerges. Under Plan International, 84.0 per cent of boys reported being unable to protect themselves, with only 16.0 per cent indicating that they could. Likewise, SOS Children's Villages recorded 88.9 per cent of boys feeling unprotected, with just 11.1 per cent confident in their ability to safeguard themselves. This suggests that boys also experience substantial concerns regarding their personal safety, albeit with slight variations between the two organizations.

The qualitative findings from the focus group discussions (FGDs) reinforce the quantitative data by highlighting key concerns and priorities expressed by children regarding their protection. One of the most pressing needs identified is the "lack of awareness and sensitization on child protection". Children emphasized the importance of understanding "how to report cases of abuse and how complaint mechanisms function within child protection services". Without this knowledge, they feel vulnerable and uncertain about how to seek help when needed.

Another major concern raised relates to "access to hygiene resources", particularly for girls, who stressed the need for "hygiene kits in schools" to support menstrual hygiene management. This issue is directly linked to school attendance, as inadequate facilities and resources can lead to absenteeism among girls.

Children also expressed a strong desire for “more information on their rights”, recognizing that knowledge about child rights is essential in preventing exploitation and promoting self-advocacy. They highlighted the importance of ensuring “educational and vocational training opportunities for girls”, as many face barriers that hinder their ability to continue their studies or acquire professional skills.

Another key issue brought forward was the “lack of accessible emergency reporting mechanisms”. Many children suggested the implementation of “toll-free hotlines” that they could use to report abuse or urgent protection concerns. They believe this would ensure a faster response in crisis situations and provide them with a greater sense of security.

Additionally, the discussions revealed concerns about “food security and overall child protection”. Children recognized that economic hardships often increase their vulnerability and called for strengthened efforts to ensure their basic needs are met. They also pointed out “the need for better lighting in areas considered dangerous”, as poor lighting in certain locations increases their risk of harm.

3.1.6.1.4 Ethiopia

Table 13: Analysis of children reporting they can protect themselves from harm – Ethiopia

Gender	Confident level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Girls	Total	216	100	263	100
	Cannot protect themselves from harm	208	96.3	238	90.5
	Can protect themselves from harm	8	3.7	25	9.5
Boys	Total	210	100	203	100
	Cannot protect themselves from harm	187	89.0	188	92.6
	Can protect themselves from harm	23	11.0	15	7.4

Source: Baseline. 2024 © JF-FS&CPiE

The analysis of children’s abilities to protect themselves from harm in Ethiopia reveals a concerning trend. Across both implementing partners, ChildFund and Save the Children the majority of children reported feeling unable to protect themselves, with percentages exceeding 90 per cent in some cases.

Among girls, the data indicates that 96.3 per cent of ChildFund beneficiaries and 90.5 per cent of Save the Children beneficiaries believe they cannot protect themselves from harm. This highlights a significant gap in children’s sense of personal safety and agency, pointing to the need for strengthened protection interventions, awareness programs, and empowerment initiatives tailored specifically to girls. Only a small fraction of girls, 3.7 per cent ChildFund) and 9.5 per cent Save the Children, reported feeling capable of self-protection.

For boys, similar trends are observed. A large proportion 89.0 per cent under ChildFund and 92.6 per cent under Save the Children reported not feeling equipped to protect themselves, indicating that both genders experience vulnerabilities that must be addressed. Only 11.0 per cent of boys under ChildFund and 7.4 per cent under Save the Children expressed confidence in their ability to stay safe.

These findings underscore the urgency of strengthening child protection mechanisms, enhancing awareness about self-protection, and promoting community-based safety initiatives. The low self-perceived protection rates suggest that children may not have access to the necessary knowledge, skills, or support systems to navigate risks in their environments. Additionally, this data points to a broader need for psychosocial support, capacity-building programs, and inclusive child protection policies that empower both boys and girls to recognize threats and take appropriate action when faced with harm.

3.1.6.1.5 South Sudan

Table 14: Analysis of children reporting they can protect themselves from harm – South Sudan

Gender	Confident level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Girls	Total	102	100	20	100
	Cannot protect themselves from harm	63	61.8	10	50.0
	Can protect themselves from harm	39	38.2	10	50.0
Boys	Total	100	100	13	100
	Cannot protect themselves from harm	65	65.0	8	61.5
	Can protect themselves from harm	35	35.0	5	38.5

Source: Baseline. 2024 © JF-FS&CPiE

The data in Table 14 presents the self-reported ability of children in South Sudan to protect themselves from harm, disaggregated by gender and implementing partner (Save the Children and World Vision). The findings highlight significant differences in children's confidence in their self-protection abilities, with a notable proportion expressing vulnerability.

Among girls, the results show that in both Save the Children and World Vision target areas, self-perceived protection is divided. Under Save the Children, 61.8 per cent of girls reported that they could not protect themselves from harm, while 38.2 per cent felt capable of doing so. A more balanced result was observed under World Vision, where the proportion was evenly split—50 per cent of girls believed they could protect themselves, while the other 50 per cent did not.

Among boys, the trend remains similar, with a higher proportion expressing that they could not protect themselves from harm. Under Save the Children, 65 per cent of boys reported feeling unable to protect themselves, while only 35 per cent believed they could. In World Vision's intervention areas, 61.5 per cent of boys felt they lacked the ability to protect themselves, while 38.5 per cent expressed confidence in their self-protection.

Quantitative data reveals that a significant proportion of the children surveyed do not feel capable of protecting themselves from the dangers and risks present in their environment. To better understand the underlying reasons for this perception, focus group discussions (FGDs) were conducted with children, providing essential contextual insights.

Children identified several key figures and community structures as crucial to their safety. Parents, caregivers, teachers, community leaders, UNMISS soldiers, and humanitarian organizations play a central role in protecting young people. Additionally, schools, churches, and internally displaced persons (IDP) camps are widely perceived as safe spaces where children feel protected. Humanitarian organizations, particularly World Vision, are recognized for their awareness-raising efforts on risks such as early marriage, hygiene, and children's rights. These initiatives are deemed essential in strengthening children's ability to recognize and avoid dangerous situations.

Despite the existence of these protective mechanisms, several challenges persist and continue to jeopardize children's safety. Some children reported that severe punishments inflicted by their parents contribute to their vulnerability. However, family members such as aunts or community figures sometimes act as intermediaries, encouraging parents to adopt more appropriate disciplinary practices. Limited access to essential services is another major issue. The shortage of qualified teachers, lack of school supplies, and insufficient medical equipment in health centers further expose children to risks such as marginalization, child labor, and recruitment into armed groups.

A lack of future prospects further exacerbates their vulnerability. Many children view education as a means of protecting themselves and securing a better future. However, difficulties in accessing quality education and the absence of career guidance structures reinforce their sense of uncertainty about what lies ahead. These findings highlight the urgent need to strengthen child protection interventions and improve access to education and healthcare services.

3.1.6.2 oi.5 % of households with acceptable food security status

Scoring: To be considered as having an acceptable food security status, a household must have:

- Acceptable FCS: Achieve a Food Consumption Score that falls within the acceptable range (> 35)

- Phase 1 rCSI: Report a reduced Coping Strategies Index that falls within Phase 1 (minimal or no coping strategies: 0 - 4)

Calculation: = (# of households having an acceptable food security status)/(total # of households surveyed).100

Table 15: % of households with acceptable food security status

oi.5	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	30	30	22	22	12	12	15	15	10	10
Baseline value (%)	10,2	11,3	9,9	6,1	0,0	0,7	1,4	2,7	0,9	0,5

3.1.6.3 Bangladesh

Table 16: Analysis of households considered to have an acceptable food security status – Bangladesh

Gender	Confident level	Plan International		World Vision	
		Number	Percent	Number	Percent
Female	Total	51	100	10	100
	HH with no acceptable food security status	44	86.3	9	90.0
	HH with acceptable food security status	7	13.7	1	10.0
Male	Total	30	100	8	100
	HH with no acceptable food security status	28	93.3	7	87.5
	HH with acceptable food security status	2	6.7	1	12.5

Source: Baseline. 2024 © JF-FS&CPIE

Table 16 presents sex-disaggregated data on the food security status of households in the project intervention areas in Bangladesh. A total of 81 households were analysed in the areas covered by Plan International, including 51 female-headed households and 30 male-headed households. For World Vision, the sample consisted of 18 households, with 10 female-headed and 8 male-headed households.

The analysis reveals a significant prevalence of food insecurity among female-headed households. In Plan International's intervention areas, 86.3 per cent of female-headed households were classified as having unacceptable food security status, while this figure rose to 90 per cent for World Vision. These findings highlight the heightened vulnerability of these households, which face greater challenges in ensuring stable food access for their members.

Among male-headed households, the situation remains concerning. According to Plan International, 93.3 per cent of these households experience food insecurity, whereas World Vision estimates this rate at 87.5 per cent. This trend suggests that although food insecurity affects all households, gender disparities influence a household's ability to secure adequate and sufficient food.

Additionally, among households classified as food secure, a higher proportion of female-headed households is observed compared to male-headed ones. According to Plan International, 13.7 per cent of female-headed households have acceptable food security status, compared to only 6.7 per cent of male-headed households. Conversely, World Vision reports a different pattern, with 12.5 per cent of male-headed households being food secure compared to 10 per cent of female-headed households. This distribution highlights a notable presence of female-headed households among those classified as food secure in certain areas.

These findings underscore the scale of the food security challenge within the studied communities. The increased vulnerability of female-headed households emphasizes the urgent need for targeted interventions to improve their access to food resources and strengthen their economic resilience.

3.1.6.2.1 Burkina Faso

Table 17: Analysis of households considered to have an acceptable food security status – Burkina Faso

Gender	Confident level	Plan International		World Vision	
		Number	Percent	Number	Percent
Female	Total	203	100	108	100
	HH with no acceptable food security status	192	94.6	102	94.4
	HH with acceptable food security status	11	5.4	6	5.6
Male	Total	35	100	104	100
	HH with no acceptable food security status	30	85.7	97	93.3
	HH with acceptable food security status	5	14.3	7	6.7

Source: Baseline. 2024 © JF-FS&CPiE

Table 17 presents an analysis of households considered to have an acceptable food security status, disaggregated by gender and implementing organization in Burkina Faso. The data reveals a high prevalence of food insecurity, with a significant proportion of households lacking sufficient access to adequate food.

Regarding female-headed households, the majority are in a state of food insecurity. In areas covered by Plan International, 94.6 per cent of these households do not have an acceptable food security status, while for World Vision, this figure stands at 94.4 per cent. Conversely, only 5.4 per cent of female-headed households under Plan International and 5.6 per cent under World Vision are considered food secure. This trend highlights the heightened vulnerability of female-led households, emphasizing the need for targeted initiatives to improve their access to sufficient and sustainable food resources.

For male-headed households, the situation remains concerning. In Plan International's intervention areas, 85.7 per cent are classified as food insecure, while 14.3 per cent have an acceptable food security status. Under World Vision, 93.3 per cent of male-headed households experience food insecurity, with only 6.7 per cent having sufficient food access.

These findings clearly illustrate the magnitude of food security challenges in the studied communities. The significant proportion of food-insecure households, regardless of the gender of the household head, underscores the urgency of targeted interventions. Strengthening access to food resources, promoting resilience strategies, and adapting interventions to local realities are essential steps in improving the food security situation of the affected populations.

3.1.6.2.2 Central African Republic

Table 18: Analysis of households considered to have an acceptable food security status – Central African Republic

Gender	Confident level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Female	Total	174	100	148	100
	HH with no acceptable food security status	174	100	146	98.6
	HH with acceptable food security status	0	0.0	2	1.4
Male	Total	113	100	78	100
	HH with no acceptable food security status	113	100	78	100
	HH with acceptable food security status	0	0.0	0	0.0

Source: Baseline, 2024 © JF-FS&CPiE

Table 18 highlights the severe extent of food insecurity among surveyed households in the Central African Republic, particularly in the intervention areas of Plan International and SOS Children's Villages. The data reveals that in Plan International's project areas, 100 per cent of surveyed households were classified as having no acceptable food security status, with no households meeting the criteria for food security. Similarly, in SOS Children's Villages intervention areas, 98.6 per cent of households were food insecure, while only 1.4 per cent were considered food secure.

These findings underscore the widespread nature of food insecurity in the surveyed communities, with female-headed households particularly vulnerable. The project should prioritize targeted interventions that address these disparities and focus on supporting the most at-risk households. Ensuring equitable access to food resources and strengthening resilience among vulnerable groups will be essential to improving food security outcomes in the region.

3.1.6.2.3 Ethiopia

Table 19: Analysis of households considered to have an acceptable food security status – Ethiopia

Gender	Confident level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Female	Total	211	100	367	100
	HH with no acceptable food security status	208	98.6	360	98.1
	HH with acceptable food security status	3	1.4	7	1.9
Male	Total	210	100	58	100
	HH with no acceptable food security status	207	98.6	56	96.6
	HH with acceptable food security status	3	1.4	2	3.4

Source: Baseline, 2024 © JF-FS&CPiE

Table 19 provides an overview of the food security status of surveyed households in Ethiopia under the ChildFund and Save the Children intervention areas. The data reveals a severe prevalence of food insecurity, affecting nearly all households, regardless of gender or implementing organization.

In the areas covered by ChildFund, 98.6 per cent of female-headed households were classified as food insecure, with only 1.4 per cent meeting the criteria for food security. A similar situation was observed under Save the Children, where 98.1 per cent of female-headed households lacked acceptable food security, while just 1.9 per cent were classified as food secure.





For male-headed households, food insecurity remains a major challenge, though slightly lower in some areas. Under ChildFund, 98.6 per cent of male-headed households were food insecure, with only 1.4 per cent achieving food security. In Save the Children's project areas, 96.6 per cent of male-headed households were classified as food insecure, while 3.4 per cent met the food security threshold.

These findings highlight the pervasive nature of food insecurity in the surveyed population, with extremely low rates of food security across both male- and female-headed households. The project should prioritize large-scale interventions aimed at reducing food insecurity. At the same time, a focus on equitable support for both female- and male-headed households will be crucial in ensuring sustainable and inclusive food security improvements in Ethiopia.

3.1.6.2.4 South Sudan

Table 20: Analysis of households considered to have an acceptable food security status – South Sudan

Gender	Confident level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Female	Total	161	100	60	100
	HH with no acceptable food security status	161	100	60	100
	HH with acceptable food security status	0	0.0	0	0.0
Male	Total	53	100	98	100
	HH with no acceptable food security status	52	98.1	97	99.0
	HH with acceptable food security status	1	1.9	1	1.0

Source: Baseline, 2024 © JF-FS&CPiE

Table 20 presents an analysis of the food security status of surveyed households in South Sudan under the intervention areas of Save the Children and World Vision. The findings highlight a critical and widespread food insecurity crisis, with nearly all households classified as food insecure.

A comparative analysis between the two organizations reveals similar trends in food insecurity across both female- and male-headed households. Under Save the Children, all surveyed female-headed households 100 per cent were classified as food insecure, with no household meeting the criteria for food security. The situation is equally concerning in World Vision's intervention areas, where 100 per cent of female-headed households also fall under food insecurity, leaving no household with an acceptable food security status.

For male-headed households, a slight variation is observed between the two organizations. Under Save the Children, 98.1 per cent of male-headed households were classified as food insecure, with only 1.9 per cent achieving food security. In comparison, World Vision reported a slightly higher food insecurity rate among male-headed households, reaching 99 per cent, with just 1 per cent classified as food secure.

These findings emphasize the extreme prevalence of food insecurity in the surveyed areas, affecting both male- and female-headed households, though female-headed households remain particularly vulnerable. Given these alarming trends, the project should prioritize targeted interventions that address these disparities and ensure equitable access to food resources. Strengthening resilience strategies and implementing sustainable food security solutions will be essential in mitigating these vulnerabilities across South Sudan.

3.1.6.3 oi.6 % of children aged 0-23 months who receive optimal infant and young child feeding

■ Scoring: To be considered as having an acceptable food security status, a household must have:

■ - children aged 0 - 5 months that during the previous day and night were exclusively breastfed

■ - children aged 6 - 8 months that during the previous day and night 1) were breastfed, 2) consumed at least two meals, 3) the consumed meals contained foods from at least two food groups

■ - children aged 9 - 11 months that during the previous day and night 1) were breastfed, 2) consumed at least three meals, 3) the consumed meals contained foods from at least three food groups

■ - children aged 12 - 23 months that during the previous day and night 1) were breastfed, 2) consumed at least four meals, 3) the consumed meals contained foods from at least four food groups

■ Calculation: = (# of households where children aged 0-23 months receive “optimal infant and young child feeding practices”)/(total # surveyed households with children aged 0-23 months).100





Table 21: % of children aged 0-23 months who receive optimal infant and young child feeding

oi.6	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	55	55	30	40	35	25	35	35	30	30
Baseline value (%)	37,5	33,9	12,2	24,1	13,4	5,0	16,2	20,5	11,1	13,5

3.1.6.3.1 Bangladesh

Table 22: Analysis of children aged 0–23 months receiving optimal infant and young child feeding – Bangladesh

Gender	Confident level	Plan International		World Vision	
		Number	Percent	Number	Percent
Girls	Total	12	100	7	100
	Do not receive optimal infant and young child feeding	7	58.3	4	57.1
	Receive optimal infant and young child feeding	5	41.7	3	42.9
Boys	Total	6	100	4	100
	Do not receive optimal infant and young child feeding	4	66.7	3	75.0
	Receive optimal infant and young child feeding	2	33.3	1	25.0

Source: Baseline, 2024 © JF-FS&CPiE

Table 22 presents an analysis of children aged 0-23 months receiving optimal infant and young child feeding practices in Bangladesh, under the intervention areas of Plan International and World Vision. The findings reveal notable gaps in adherence to optimal feeding practices, with a significant proportion of children not receiving adequate nutrition.

Under Plan International, among the surveyed households, 58.3 per cent of girls identified under Plan International Bangladesh project areas were not receiving optimal feeding, while 41.7 per cent were identified as meeting optimal feeding standards. Similarly, under World Vision, 57.1 per cent of girls in the surveyed households did not receive appropriate feeding practices, whereas 42.9 per cent were provided with optimal nutrition.

In a separate group of boys, 66.7 per cent of those in households under Plan International were not receiving optimal feeding, while only 33.3 per cent met the recommended standards. Among those assessed under World Vision, 75 per cent were not receiving optimal infant and young child feeding, with just 25 per cent benefiting from appropriate nutrition.

These findings highlight critical gaps in infant and young child feeding practices in Bangladesh, with many children not meeting optimal nutritional standards. The project should prioritize interventions that promote optimal feeding practices, strengthen caregivers awareness, and enhance access to nutritional support to improve the well-being of young children in these communities.

The qualitative analysis of the FGD data reveals seven key reasons contributing to suboptimal infant and young child feeding practices in Bangladesh. First, socioeconomic constraints and food insecurity limit access to diverse and nutritious foods, while knowledge gaps in nutrition prevent caregivers from adopting optimal feeding practices. Second, cultural beliefs, gendered household responsibilities, and coping strategies—such as selling nutritious food—further undermine child nutrition, while factors like conflict, displacement, and limited access to nutrition education exacerbate the situation. Finally, these findings highlight the need for targeted interventions that address economic barriers, improve caregiver education, challenge harmful traditions, and promote equitable food distribution within households to enhance child nutrition outcomes.

3.1.6.3.2 Burkina Faso

Table 23: Analysis of children aged 0–23 months receiving optimal infant and young child feeding – Burkina Faso

Gender	Confident level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Girls	Total	72	100	43	100
	Do not receive optimal infant and young child feeding	61	84.7	34	79.1
	Receive optimal infant and young child feeding	11	15.3	9	20.9
Boys	Total	22	100	44	100
	Do not receive optimal infant and young child feeding	20	90.9	32	72.7
	Receive optimal infant and young child feeding	2	9.1	12	27.3

Source: Baseline, 2024 © JF-FS&CPiE

Table 23 presents the status of infant and young child feeding practices for children aged 0–23 months in Burkina Faso, under the intervention areas of ChildFund and Terre des Hommes. The findings highlight significant gaps in adherence to optimal feeding practices, with a large proportion of children not receiving adequate nutrition.



Among girls, 84.7 per cent under ChildFund and 79.1 per cent under Terre des Hommes do not receive optimal infant and young child feeding. Only 15.3 per cent of girls under ChildFund and 20.9 per cent under Terre des Hommes are classified as meeting optimal feeding standards.

For boys, the situation appears even more concerning. Under ChildFund, 90.9 per cent of boys do not receive optimal feeding, with only 9.1 per cent benefiting from appropriate nutrition. In Terre des Hommes' intervention areas, 72.7 per cent of boys lack optimal feeding, while 27.3 per cent receive adequate nutrition.

These findings highlight significant gaps in the implementation of optimal infant and young child feeding practices, particularly among boys. The project should focus on addressing these disparities to ensure equitable access to proper feeding practices for all children in Burkina Faso.

3.1.6.3.3 Central African Republic

Table 24: Analysis of children aged 0–23 months receiving optimal infant and young child feeding – Central African Republic

Gender	Confident level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Girls	Total	87	100	51	100
	Do not receive optimal infant and young child feeding	74	85.1	48	94.1
	Receive optimal infant and young child feeding	13	14.9	3	5.9
Boys	Total	42	100	24	100
	Do not receive optimal infant and young child feeding	37	88.1	23	95.8
	Receive optimal infant and young child feeding	5	11.9	1	4.2

Source: Baseline, 2024 © JF-FS&CPiE

The analysis of feeding practices among children aged 0 to 23 months in the Central African Republic, highlights major gaps in the adoption of optimal nutrition. A vast majority of children do not receive adequate feeding, underscoring significant challenges in infant and young child nutrition.

For girls, the data reveals that 85.1 per cent of those supported by Plan International and 94.1 per cent of those under SOS Children's Villages do not receive feeding that meets recommended nutritional standards. As a result, only 14.9 per cent of girls under Plan International and 5.9 per cent under SOS Children's Villages have access to appropriate nutrition.

The situation is equally concerning for boys. Among those under Plan International, 88.1 per cent lack adequate nutrition, while only 11.9 per cent receive proper feeding. In SOS Children's Villages' intervention areas, the figures are even more alarming, with 95.8 per cent of boys not receiving optimal nutrition and just 4.2 per cent meeting recommended feeding standards.

These findings highlight the urgent need for targeted interventions to improve infant and young child feeding practices, with boys being more affected. The project should prioritize targeted interventions to improve feeding practices and address the disparities to ensure equitable outcomes for boys and girls. The project should focus on enhancing caregiver education, increasing access to nutritious foods, and implementing sustainable solutions to address the barriers preventing the adoption of proper feeding practices.

3.1.6.3.4 Ethiopia

Table 25: Analysis of children aged 0–23 months receiving optimal infant and young child feeding – Ethiopia

Gender	Confident level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Girls	Total	52	100	195	100
	Do not receive optimal infant and young child feeding	44	84.6	166	85.1
	Receive optimal infant and young child feeding	8	15.4	29	14.9
Boys	Total	82	100	23	100
	Do not receive optimal infant and young child feeding	68	82.9	17	73.9
	Receive optimal infant and young child feeding	14	17.1	6	26.1

Source: Baseline, 2024 © JF-FS&CPiE

The analysis of infant and young child feeding practices for children aged 0 to 23 months in Ethiopia, based on data from ChildFund and Save the Children, reveals significant gaps in nutrition, with a large proportion of children not receiving adequate feeding.

For girls, the findings show that 84.6 per cent of those under ChildFund and 85.1 per cent under Save the Children do not receive optimal infant and young child feeding. This means that only 15.4 per cent of girls supported by ChildFund and 14.9 per cent under Save the Children benefit from proper nutrition.

The situation among boys presents a similar concern. Under ChildFund, 82.9 per cent do not receive adequate feeding, while just 17.1 per cent meet recommended standards. In Save the Children's intervention areas, 73.9 per cent of boys lack optimal nutrition, with only 26.1 per cent receiving appropriate feeding.

These findings reveal a substantial gap in feeding practices, with a slight gender disparity favoring boys in receiving optimal feeding.

The qualitative analysis of FGD data highlights a food distribution bias favoring boys within households, leading to disparities in infant and young child feeding practices. According to the FGD findings, the higher percentage of girls not receiving optimal feeding in Ethiopia can be attributed to their constant domestic responsibilities, which often deprive them of equal food access, while boys engage more in physically demanding and seasonal tasks, such as herding livestock and agricultural labor, increasing their nutritional needs. Meanwhile, girls face an ongoing domestic workload throughout the year, restricting their access to education and exposing them to greater risks of child labor and early marriage. These findings suggest that while cultural norms favor boys in food allocation, their nutritional deficit may stem from an underestimation of their energy needs due to the physical intensity of their work.

The project should focus on addressing overall feeding inadequacies while ensuring equitable access to proper feeding practices for both boys and girls in Ethiopia.

3.1.6.3. South Sudan

Table 26: Analysis of children aged 0–23 months receiving optimal infant and young child feeding – South Sudan

Gender	Confident level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Girls	Total	109	100	28	100
	Do not receive optimal infant and young child feeding	100	91.7	23	82.1
	Receive optimal infant and young child feeding	9	8.3	5	17.9
Boys	Total	36	100	44	100
	Do not receive optimal infant and young child feeding	31	86.1	40	90.9
	Receive optimal infant and young child feeding	5	13.9	4	9.1

Source: Baseline, 2024 © JF-FS&CPiE

Table 26 presents an analysis of infant and young child feeding practices among children aged 0 to 23 months in South Sudan, based on data from Save the Children and World Vision. The findings reveal significant gaps in optimal feeding, with a large proportion of children not receiving adequate nutrition.

For girls, the data shows that 91.7 per cent under Save the Children and 82.1 per cent under World Vision do not receive optimal infant and young child feeding. This means that only 8.3 per cent of girls in Save the Children's intervention areas and 17.9 per cent in World Vision-supported households benefit from proper nutrition.

Among boys, the situation remains similarly concerning. Under Save the Children, 86.1 per cent do not receive adequate feeding, while just 13.9 per cent meet recommended standards. In World Vision's intervention areas, 90.9 per cent of boys lack optimal nutrition, with only 9.1 per cent receiving appropriate feeding.

These findings highlight widespread nutritional deficiencies affecting young children in South Sudan, with girls experiencing slightly higher rates of inadequate feeding than boys. The project should focus on strengthening caregiver education, ensuring better access to nutritious foods, and addressing systemic barriers to improve feeding practices for both boys and girls in the region.

3.1.6.4 oi.7 % of parents/caregivers who are confident in practicing essential dietary and feeding practices

■ **Scoring:** To be considered as confident, a parent/caregiver must

■ Report feeling either “Very confident” in practicing all of the 4 essential dietary and feeding practices

■ **Calculation:** = (# of hparents/caregivers reporting confidence)/(total # of parents/caregivers surveyed surveyed).100

Table 27: % of parents/caregivers who are confident in practicing essential dietary and feeding practices

oi.7	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	35	30	25	40	45	20	35	30	70	60
Baseline value (%)	17,5	15,0	11,0	20,4	24,2	2,3	16,4	12,8	59,0	43,7

3.1.6.4.1 Bangladesh

Table 28: Analysis of the level of confidence of parents/caregivers in practicing essential dietary and feeding practices – Bangladesh

Gender	Confident level	Plan International		World Vision	
		Number	Percent	Number	Percent
Female	Total	51	100	10	100
	Not confident	40	78.4	7	70.0
	Confident	11	21.6	3	30.0
Male	Total	30	100	8	100
	Not confident	26	86.7	8	100.0
	Confident	4	13.3	0	0.0

Source: Baseline, 2024 © JF-FS&CPIE

Table 28 presents an analysis of the level of confidence among parents and caregivers in Bangladesh regarding essential dietary and feeding practices, based on data from Plan International and World Vision. The findings indicate significant gaps in caregiver confidence, with a notable proportion of both female and male caregivers expressing a lack of assurance in their ability to implement proper feeding practices.

Among female caregivers, 78.4 per cent under Plan International and 70 per cent under World Vision reported not feeling confident in practicing essential dietary and feeding guidelines. In contrast, only 21.6 per cent of female caregivers in Plan International's intervention areas and 30 per cent in World Vision-supported households expressed confidence in their ability to apply proper feeding practices.

The situation is even more concerning for male caregivers. Under Plan International, 86.7 per cent of male caregivers lack confidence, with only 13.3 per cent feeling assured in their feeding practices. In World Vision's intervention areas, 100 per cent of male caregivers reported not feeling confident, with none expressing confidence in their ability to implement proper dietary practices.

These findings highlight a critical need for targeted interventions to enhance caregiver education and support programs, particularly for male caregivers, who demonstrate the lowest levels of confidence in feeding practices. The project should focus on capacity-building initiatives, improved access to

nutrition education, and community-driven awareness programs to empower caregivers and improve child feeding outcomes in Bangladesh.

3.1.6.4.2 Burkina Faso

Table 29: Analysis of the level of confidence of parents/caregivers in practicing essential dietary and feeding practices –Burkina Faso

Gender	Confident level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Female	Total	203	100	108	100
	Not confident	164	80.8	94	87.0
	Confident	39	19.2	14	13.0
Male	Total	35	100	104	100
	Not confident	34	97.1	75	72.1
	Confident	1	2.9	29	27.9

Source: Baseline, 2024 © JF-FS&CPiE

Table 29 presents an analysis of parental and caregiver confidence in applying essential dietary and feeding practices in Burkina Faso, based on data from ChildFund and Terre des Hommes. The findings indicate a widespread lack of confidence, particularly among male caregivers, in their ability to implement proper feeding practices.

Among female caregivers, the majority expressed uncertainty regarding their ability to practice adequate feeding. Under ChildFund, 80.8 per cent of female caregivers reported not feeling confident, while this proportion was even higher under Terre des Hommes, reaching 87 per cent. Consequently, only 19.2 per cent of female caregivers under ChildFund and 13 per cent under Terre des Hommes reported feeling confident in their feeding practices.

For male caregivers, the situation is even more critical. Under ChildFund, a staggering 97.1 per cent of male caregivers expressed a lack of confidence, with only 2.9 per cent reporting confidence in their ability to practice essential feeding. In Terre des Hommes' intervention areas, the confidence level was slightly higher, with 27.9 per cent of male caregivers feeling confident, while 72.1 per cent remained uncertain about their ability to provide adequate nutrition. The observed disparity in confidence levels between men and women caregivers could reflect underlying gender norms and societal expectations regarding caregiving roles.

These findings emphasize the urgent need for targeted interventions to improve caregiver education and support, particularly for male caregivers, who exhibit the lowest confidence levels in dietary and feeding practices. While men require tailored training to enhance their confidence, women's existing knowledge can be further reinforced to maximize its impact within households. The project should focus on capacity-building initiatives and nutritional awareness programs, equipping caregivers with the skills and resources needed to ensure proper feeding and nutrition for young children in Burkina Faso.

3.1.6.4.3 Central African Republic

Table 30: Analysis of the level of confidence of parents/caregivers in practicing essential dietary and feeding practices –Central African Republic

Gender	Confident level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Female	Total	174	100	148	100
	Not confident	142	81.6	143	96.6
	Confident	32	18.4	5	3.4
Male	Total	113	100	78	100
	Not confident	79	69.9	77	98.7
	Confident	34	30.1	1	1.3

Source: Baseline, 2024 © JF-FS&CPiE

Table 30 presents an analysis of caregiver confidence in implementing essential dietary and feeding practices in the Central African Republic, based on data from Plan International and SOS Children's Villages. The findings reveal significant gaps in confidence, with female caregivers demonstrating lower confidence levels than male caregivers, particularly in areas supported by SOS Children's Villages.

Among female caregivers, confidence in dietary and feeding practices remains critically low. Under Plan International, 81.6 per cent of female caregivers do not feel confident, while in SOS Children's Villages' intervention areas, this proportion rises to 96.6 per cent. As a result, only 18.4 per cent of female caregivers under Plan International and a mere 3.4 per cent under SOS Children's Villages express confidence in their ability to implement proper feeding practices.

For male caregivers, the situation varies across the two organizations. Under Plan International, 69.9 per cent of male caregivers report not feeling confident, while 30.1 per cent feel assured in their feeding practices. However, the confidence gap is even wider in SOS Children's Villages' areas, where 98.7 per cent of male caregivers report a lack of confidence, leaving just 1.3 per cent expressing confidence.

These findings highlight the urgent need for targeted interventions to strengthen caregiver confidence in dietary and feeding practices, with a particular focus on female caregivers, who report the highest levels of uncertainty. The project should prioritize practical training, nutrition education programs, and ongoing community support to empower caregivers and ensure improved feeding practices for young children in the Central African Republic.

3.1.6.4.4 Ethiopia

Table 31: Analysis of the level of confidence of parents/caregivers in practicing essential dietary and feeding practices – Ethiopia

Gender	Confident level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Female	Total	211	100	367	100
	Not confident	175	82.9	330	89.9
	Confident	36	17.1	37	10.1
Male	Total	210	100	58	100
	Not confident	177	84.3	49	84.5
	Confident	33	15.7	9	15.5

Source: Baseline, 2024 © JF-FS&CPiE

Table 31 presents an analysis of caregiver confidence in implementing essential dietary and feeding practices in Ethiopia, based on data from ChildFund and Save the Children. The findings reveal a widespread lack of confidence among both female and male caregivers, with particularly low confidence levels in areas supported by Save the Children.

Among female caregivers, a significant proportion report not feeling confident in their ability to implement proper feeding practices. Under ChildFund, 82.9 per cent lack confidence, while under Save the Children, this figure rises to 89.9 per cent. Consequently, only 17.1 per cent of female caregivers under ChildFund and 10.1 per cent under Save the Children express confidence in their feeding practices.

For male caregivers, the situation is similarly concerning. Under ChildFund, 84.3 per cent report not feeling confident, with only 15.7 per cent expressing confidence. In Save the Children's intervention areas, 84.5 per cent of male caregivers lack confidence, leaving just 15.5 per cent feeling assured in their ability to provide adequate nutrition.

These results underscore the need to address the lower confidence levels among men while continuing to support women to tackle gender norms in childcare. Interventions under the project should aim to strengthen household dietary practices by fostering inclusive strategies that empower both genders, ensuring balanced and sustainable outcomes in Ethiopia.



3.1.6.4.5 South Sudan

Table 32: Analysis of the level of confidence of parents/caregivers in practicing essential dietary and feeding practices – South Sudan

Gender	Confident level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Female	Total	161	100	60	100
	Not confident	59	36.6	40	66.7
	Confident	102	63.4	20	33.3
Male	Total	53	100	98	100
	Not confident	24	45.3	45	45.9
	Confident	29	54.7	53	54.1

Source: Baseline, 2024 © JF-FS&CPiE

Table 32, based on data from Save the Children and World Vision, shows that while some caregivers feel assured in their ability to implement proper feeding practices, a significant proportion still lacks confidence, particularly among female caregivers in World Vision-supported areas.

Among female caregivers, confidence levels vary widely between the two organizations. Under Save the Children, 63.4 per cent of female caregivers feel confident in their feeding practices, while 36.6 per cent report not feeling confident. However, in World Vision-supported areas, the situation is more concerning, with 66.7 per cent lacking confidence and only 33.3 per cent expressing confidence in their ability to provide proper nutrition.

For male caregivers, the confidence gap is narrower. Under Save the Children, 54.7 per cent of male caregivers report feeling confident, while 45.3 per cent lack confidence. In World Vision's intervention areas, confidence levels are nearly identical, with 54.1 per cent feeling confident and 45.9 per cent reporting a lack of confidence in their feeding practices.

These findings highlight the need for targeted support programs to reinforce caregiver confidence in dietary and feeding practices, especially among female caregivers in World Vision-supported areas. The project should focus on strengthening nutrition education, providing hands-on training, and fostering peer-learning initiatives to empower caregivers and improve child feeding outcomes in South Sudan.

3.1.7 Result 1 Crisis-affected girls and boys in vulnerable situations, have knowledge, skills, and capacities to protect themselves from violence, enhance their diets, and access protection and other specialized services

3.1.7.1 r1.1 % of children who have the knowledge and skills to protect themselves from violence

■ **Scoring:** To be considered as “children reporting they can protect themselves from harm,” a child must:

■ - ‘Yes’ to at least 3 child protection risks and (‘Yes’ to questions A1b in Section A

■ - ‘Yes’ to either B1 or B2 or both and (‘Yes’ to questions B1b and/or B2b) in Section B

■ **Calculation:** = (# children who reach the thresholds in both sections)/(total # of children surveyed).100

Table 33: % of children that have the knowledge and skills to protect themselves from violence

r1.1	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	75	65	50	80	60	45	45	45	50	75
Baseline value (%)	54.2	40.0	21.9	67.8	35.5	18.5	15.5	16.7	21.8	50.4

3.1.7.1.1 Bangladesh

Table 34: Analysis of children that have the knowledge and skills to protect themselves from violence – Bangladesh

Gender	Knowledge level	Plan International		World Vision	
		Number	Percent	Number	Percent
Girls	Total	70	100	107	100
	Do not have knowledge and skills	31	44.3	41	38.3
	Have knowledge and skills	39	55.7	66	61.7
Boys	Total	57	100	109	100
	Do not have knowledge and skills	27	47.4	89	81.7
	Have knowledge and skills	30	52.6	20	18.3

Source: Baseline, 2024 © JF-FS&CPiE

Table 34 presents a sex-disaggregated analysis of children’s ability to protect themselves from violence under Plan International and World Vision in Bangladesh. The findings highlight significant gender disparities in knowledge and skills related to self-protection.

Among girls, the data reveals a higher level of preparedness. Under Plan International, 55.7 per cent of girls Have knowledge and skills to protect themselves, while 44.3 per cent lacked sufficient awareness. Similarly, in World Vision’s survey, 61.7 per cent of girls had the necessary skills, leaving 38.3 per cent without adequate protection knowledge.

For boys, the results indicate greater challenges. Under Plan International, only 52.6 per cent of boys had adequate self-protection skills, while 47.4 per cent lacked them. The gap is even wider under World Vision, where only 18.3 per cent of boys possessed the required knowledge, and a concerning 81.7 per cent did not.

These findings underscore a gendered disparity in self-protection knowledge, with girls being generally better equipped than boys, particularly under World Vision’s intervention areas. The project should prioritize targeted interventions to enhance boys’ knowledge and skills, ensuring that all children are equally prepared to protect themselves from violence.

3.1.7.1.2 Burkina Faso

Table 35: Analysis of children that have the knowledge and skills to protect themselves from violence – Burkina Faso

Gender	Knowledge level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Girls	Total	161	100	111	100
	Do not have knowledge and skills	126	78.3	27	24.3
	Have knowledge and skills	35	21.7	84	75.7
Boys	Total	77	100	100	100
	Do not have knowledge and skills	60	77.9	40	40.0
	Have knowledge and skills	17	22.1	60	60.0

Source: Baseline, 2024 © JF-FS&CPiE

Table 35 reveals significant disparities in knowledge and skills for children, across gender and implementing partners. Among girls, the data indicates contrasting levels of preparedness. Under ChildFund, only 21.7 per cent of girls demonstrated adequate knowledge and skills, while a concerning 78.3 per cent lacked sufficient awareness to protect themselves. In contrast, Terre des Hommes' intervention areas show a much stronger outcome, with 75.7 per cent of girls possessing the necessary self-protection skills, and only 24.3 per cent lacking them.

For boys, the results follow a similar pattern. Under ChildFund, only 22.1 per cent of boys had adequate self-protection knowledge, while 77.9 per cent lacked it. However, under Terre des Hommes, the situation improves significantly, with 60 per cent of boys demonstrating sufficient skills, compared to 40 per cent who do not.

These findings highlight a stark contrast in effectiveness between the two implementing partners, with Terre des Hommes reporting significantly higher levels of self-protection knowledge and skills among children. The project should focus on strengthening interventions under ChildFund to bridge this gap, focusing on equitable and inclusive strategies to ensure that all children, regardless of gender or location, develop the necessary skills to protect themselves from violence.

3.1.7.1.3 Central African Republic

Table 36: Analysis of children that have the knowledge and skills to protect themselves from violence – Central African Republic

Gender	Knowledge level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Girls	Total	103	100	13	77
	Do not have knowledge and skills	69	67.0	7	53.8
	Have knowledge and skills	34	33.0	3	23.1
Boys	Total	100	100	27	100
	Do not have knowledge and skills	62	62.0	17	63.0
	Have knowledge and skills	38	38.0	10	37.0

Source: Baseline, 2024 © JF-FS&CPiE

Table 36 presents a sex-disaggregated analysis of children's ability to protect themselves from violence under Plan International and SOS Children's Villages in the Central African Republic. The findings show gaps in self-protection knowledge and skills among both girls and boys, with notable variations between implementing partners.

Among girls, the data shows limited preparedness in both intervention areas. Under Plan International, 33 per cent of girls demonstrated adequate knowledge and skills, while 67 per cent lacked the necessary awareness to protect themselves. In SOS Children's Villages' areas, the situation is more concerning, with only 23.1 per cent of girls possessing self-protection skills, while 53.8 per cent lacked them.

For boys, the data reveal similar challenges. Under Plan International, 38 per cent of boys had adequate self-protection knowledge, while 62 per cent did not. In SOS Children's Villages' intervention areas, 37 per cent of boys demonstrated sufficient skills, whereas 63 per cent lacked them.

These results emphasize the need for targeted interventions to strengthen children's ability to protect themselves from violence. The project should focus on enhancing awareness programs, integrating self-protection training into child-focused initiatives, and ensuring gender-sensitive approaches to close these gaps in both implementing areas.

3.1.7.1.4 Ethiopia

Table 37: Analysis of children that have the knowledge and skills to protect themselves from violence – Ethiopia

Gender	Knowledge level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Girls	Total	216	100	263	100
	Do not have knowledge and skills	188	87.0	214	81.4
	Have knowledge and skills	28	13.0	49	18.6
Boys	Total	210	100	203	100
	Do not have knowledge and skills	172	81.9	173	85.2
	Have knowledge and skills	38	18.1	30	14.8

Source: Baseline, 2024 © JF-FS&CPiE

The findings in table 37 highlight significant gaps in self-protection knowledge and skills, with a majority of children lacking adequate awareness.

Among girls, the data reveals limited preparedness. Under ChildFund, only 13 per cent of girls demonstrated adequate self-protection knowledge, while 87 per cent lacked the necessary skills. The situation is slightly better under Save the Children, where 18.6 per cent of girls had sufficient knowledge, while 81.4 per cent did not.

For boys, the results show similar challenges. Under ChildFund, 18.1 per cent of boys had adequate self-protection knowledge, while 81.9 per cent lacked the necessary skills. The gap is even wider under Save the Children, where only 14.8 per cent of boys demonstrated sufficient awareness, compared to 85.2 per cent who did not.

These findings emphasize the urgent need for targeted interventions to improve children's ability to protect themselves from violence, ensuring that both girls and boys are equipped with the necessary knowledge and skills to stay safe.

3.1.7.1.5 South Sudan

Table 38: Analysis of children that have the knowledge and skills to protect themselves from violence – South Sudan

Gender	Knowledge level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Girls	Total	102	100	20	100
	Do not have knowledge and skills	77	75.5	6	30.0
	Have knowledge and skills	25	24.5	14	70.0
Boys	Total	100	100	13	100
	Do not have knowledge and skills	81	81.0	9	69.2
	Have knowledge and skills	19	19.0	4	30.8

Source: Baseline, 2024 © JF-FS&CPiE

Table 38 highlight notable disparities in self-protection knowledge and skills across implementing partners. Among girls, the data reveals a significant contrast between the two organizations. Under Save the Children, only 24.5 per cent of girls demonstrated adequate self-protection knowledge, while 75.5 per cent lacked the necessary skills. In comparison, under World Vision, 70 per cent of girls had sufficient self-protection knowledge, whereas 30 per cent did not.

For boys, a similar trend is observed. Under Save the Children, only 19 per cent of boys had adequate self-protection knowledge, compared to 81 per cent who did not. However, in World Vision-supported areas, 30.8 per cent of boys demonstrated self-protection skills, while 69.2 per cent lacked them.

These findings indicate that children under World Vision's intervention areas exhibit stronger self-protection skills than those under Save the Children. The project should focus on strengthening interventions in Save the Children-supported areas, ensuring that both girls and boys receive targeted support to improve their knowledge and skills in protecting themselves from violence.

3.1.7.2 r1.4 % of children with knowledge of essential dietary and feeding practices

■ Scoring: To be considered as having knowledge, a child must provide:

■ Validated 2 answer (positive answer to A1b and A2b) out of the 2 questions in Section A

■ 5 correct answers out of the 5 questions in Section B

■ Calculation: = (# children demonstrated knowledge related to essential dietary and feeding practices)/(total # of children surveyed).100

Table 39: % of children with knowledge of essential dietary and feeding practices

r1.4	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	80	35	65	80	35	35	40	25	60	80
Baseline value (%)	61,6	20,4	41,4	63,3	16,3	15,8	27,8	11,4	39,5	58,3

3.1.7.2.1 Bangladesh

Table 40: Analysis of children with knowledge of essential dietary and feeding practices – Bangladesh

Gender	Knowledge level	Plan International		World Vision	
		Number	Percent	Number	Percent
Girls	Total	70	100	107	100
	Do not have adequate knowledge	23	32.9	83	77.6
	Have adequate knowledge	47	67.1	24	22.4
Boys	Total	57	100	109	100
	Do not have adequate knowledge	25	43.9	89	81.7
	Have adequate knowledge	32	56.1	20	18.3

Source: Baseline, 2024 © JF-FS&CPiE

The data illustrates significant disparities in dietary knowledge among children, with notable differences between Plan International and World Vision intervention areas.

Among girls, the level of dietary knowledge varies widely. Under Plan International, 67.1 per cent of girls possess adequate knowledge of essential dietary practices, while 32.9 per cent lack sufficient awareness. However, in World Vision-supported areas, the situation is more concerning, with 77.6 per cent of girls lacking adequate dietary knowledge, and only 22.4 per cent demonstrating sufficient understanding.

For boys, the findings reveal a similar trend. Under Plan International, 56.1 per cent of boys have adequate knowledge of essential dietary practices, whereas 43.9 per cent do not. In contrast, under World Vision, 81.7 per cent of boys lack adequate dietary knowledge, leaving only 18.3 per cent with sufficient understanding.

These results highlight a critical gap in dietary knowledge among children, particularly in World Vision's intervention areas, where a higher proportion of children lack essential dietary awareness. The project should focus on enhancing nutrition education programs, ensuring that both girls and boys receive the necessary knowledge to adopt healthy dietary practices.

3.1.7.2.2 Burkina Faso

Table 41: Analysis of children with knowledge of essential dietary and feeding practices – Burkina Faso

Gender	Knowledge level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Girls	Total	161	100	111	100
	Do not have adequate knowledge	82	50.9	27	24.3
	Have adequate knowledge	79	49.1	84	75.7
Boys	Total	77	100	100	100
	Do not have adequate knowledge	51	66.2	49	49.0
	Have adequate knowledge	26	33.8	51	51.0

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights notable differences in dietary knowledge between children under ChildFund and Terre des Hommes, with significant variations between girls and boys.

Among girls, the findings reveal contrasting levels of knowledge. Under ChildFund, 49.1 per cent of girls demonstrated adequate knowledge of essential dietary practices, while 50.9 per cent lacked sufficient awareness. In comparison, under Terre des Hommes, the situation is more favorable, with 75.7 per cent of girls possessing adequate dietary knowledge, while 24.3 per cent did not.

For boys, the trend follows a similar pattern, although with less disparity. Under ChildFund, only 33.8 per cent of boys had sufficient dietary knowledge, while 66.2 per cent lacked it. In contrast, under Terre des Hommes, the distribution is more balanced, with 51 per cent of boys possessing adequate knowledge, compared to 49 per cent who did not.

These findings indicate a significant gap in dietary awareness among children, particularly in ChildFund-supported areas, where a higher proportion of boys and girls lack essential dietary knowledge. The project should prioritize strengthening nutrition education and food security interventions, ensuring that both girls and boys gain the necessary skills to adopt healthy dietary practices.

3.1.7.2.3 Central African Republic

Table 42: Analysis of children with knowledge of essential dietary and feeding practices – Central African Republic

Gender	Knowledge level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Girls	Total	103	100	23	100
	Do not have adequate knowledge	89	86.4	20	87.0
	Have adequate knowledge	14	13.6	3	13.0
Boys	Total	100	100	27	100
	Do not have adequate knowledge	81	81.0	22	81.5
	Have adequate knowledge	19	19.0	5	18.5

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights a critical gap in dietary knowledge among children, with a majority lacking adequate awareness of essential dietary and feeding practices across both Plan International and SOS Children's Villages intervention areas.

Among girls, the findings reveal severe deficiencies in dietary knowledge. Under Plan International, only 13.6 per cent demonstrated adequate knowledge, while 86.4 per cent lacked the necessary understanding of essential dietary practices. Similarly, in SOS Children's Villages, the situation is equally concerning, with just 13 per cent of girls possessing sufficient knowledge, whereas 87 per cent did not.

For boys, the trend follows a similar pattern. Under Plan International, 19 per cent of boys had adequate dietary knowledge, compared to 81 per cent who lacked it. In SOS Children's Villages, the

situation remains largely unchanged, with 18.5 per cent of boys demonstrating sufficient knowledge, while 81.5 per cent did not.

These findings highlight a widespread lack of dietary awareness among children in the Central African Republic, with both girls and boys experiencing significant knowledge gaps. The project should prioritize expanding nutrition education programs, enhancing food security initiatives, and integrating dietary awareness into child-focused interventions to ensure improved knowledge and healthier dietary practices.

3.1.7.2.4 Ethiopia

Table 43: Analysis of children with knowledge of essential dietary and feeding practices – Ethiopia

Gender	Knowledge level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Girls	Total	216	100	263	100
	Do not have adequate knowledge	165	76.4	225	85.6
	Have adequate knowledge	51	23.6	38	14.4
Boys	Total	210	100	203	100
	Do not have adequate knowledge	143	68.1	186	91.6
	Have adequate knowledge	67	31.9	17	8.4

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights significant gaps in dietary knowledge among children, with a majority lacking adequate awareness of essential dietary and feeding practices, particularly in Save the Children-supported areas.

Among girls, the findings reveal a concerning lack of knowledge. Under ChildFund, only 23.6 per cent of girls demonstrated adequate knowledge of dietary practices, while 76.4 per cent lacked sufficient understanding. The situation is even more critical under Save the Children, where just 14.4 per cent of girls possessed adequate dietary knowledge, compared to 85.6 per cent who did not.

For boys, the results indicate even wider disparities. Under ChildFund, 31.9 per cent of boys had adequate knowledge of essential dietary practices, while 68.1 per cent lacked it. In contrast, under Save the Children, 91.6 per cent of boys did not have adequate dietary knowledge, leaving only 8.4 per cent with sufficient understanding.

These findings emphasize a critical need for improved nutrition education, particularly among children in Save the Children-supported areas, where knowledge gaps are most pronounced. The project should focus on expanding dietary awareness programs, integrating nutrition education into school curricula, and strengthening community-based interventions to ensure that both girls and boys gain the necessary knowledge for healthier dietary practices.

3.1.7.2.5 South Sudan

Table 44: Analysis of children with knowledge of essential dietary and feeding practices – South Sudan

Gender	Knowledge level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Girls	Total	102	100	20	100
	Do not have adequate knowledge	52	51.0	9	45.0
	Have adequate knowledge	50	49.0	11	55.0
Boys	Total	100	100	13	100
	Do not have adequate knowledge	70	70.0	5	38.5
	Have adequate knowledge	30	30.0	8	61.5

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals varying levels of dietary knowledge among children, with notable differences between Save the Children and World Vision-supported areas.

Among girls, the findings indicate a relatively balanced distribution of dietary knowledge. Under Save the Children, 49.0 per cent of girls demonstrated adequate knowledge of essential dietary practices, while 51.0 per cent lacked sufficient understanding. In contrast, under World Vision, 55.0 per cent of girls had adequate dietary knowledge, compared to 45.0 per cent who did not.

For boys, the disparities are more pronounced. Under Save the Children, only 30.0 per cent of boys possessed adequate dietary knowledge, while 70.0 per cent lacked it. However, in World Vision-supported areas, the situation is more favorable, with 61.5 per cent of boys demonstrating sufficient knowledge, while 38.5 per cent did not.

These findings suggest that boys in Save the Children-supported areas face greater challenges in acquiring essential dietary knowledge, while World Vision-supported areas show relatively better results, particularly for boys. The project should focus on strengthening nutrition education in Save the Children intervention areas, ensuring that both girls and boys have equitable access to essential dietary knowledge and skills for improved nutrition practices.

3.1.8 Result 2 Caregivers and families have improved their ability to provide adequate care and prevent negative child protection coping mechanisms related to food insecurity that expose children to child protection risks

3.1.8.1 r2.1 % of targeted caregivers that perceive themselves as better equipped to fulfil their protection responsibilities towards their children (protection responsibilities: access to education, health care, shelter, food, preventing early marriage/pregnancy, avoiding physical punishment, child labor)

■ **Scoring:** To be considered as equipped to fulfill their protection responsibilities towards their children, caregivers must:

■ Answer “Strongly Agree” to R2.1a and “Agree” or “Strongly Agree” to 6 out of 6 others questions

■ **Calculation:** = (# respondents responding “Agree” or “Strongly Agree” to all the questions)/(total # of respondents surveyed).100

Table 45: % of targeted caregivers that perceive themselves as equipped

r2.1	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	60	50	50	55	65	60	50	50	75	65
Baseline value (%)	31,0	11,3	13,6	19,1	33,8	26,2	13,3	13,2	69,7	37,8

3.1.8.1.1 Bangladesh

Table 46: Analysis % of targeted caregivers that perceive themselves as equipped – Bangladesh

Gender	Confidence Level	Plan International		World Vision	
		Number	Percent	Number	Percent
Women	Total	51	100	10	100
	Not confident	33	64.7	9	90.0
	Confident	18	35.3	1	10.0
Men	Total	30	100	8	100
	Not confident	22	73.3	7	87.5
	Confident	8	26.7	1	12.5

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights significant differences in caregivers' confidence levels regarding their ability to fulfill their roles, with notable disparities between Plan International and World Vision-supported areas.

Among women, confidence levels vary considerably. Under Plan International, 35.3 per cent of female caregivers perceive themselves as equipped, while 64.7 per cent lack confidence. The situation is more concerning under World Vision, where only 10 per cent of women feel adequately equipped, while 90 per cent do not. For men, confidence levels are generally lower than women's, particularly in World Vision-supported areas. Under Plan International, 26.7 per cent of male caregivers feel confident in their abilities, whereas 73.3 per cent do not. In contrast, under World Vision, only 12.5 per cent of men perceive themselves as equipped, while a significant 87.5 per cent lack confidence.

These findings underscore a critical gap in caregiver preparedness, particularly in World Vision-supported areas, where both female and male caregivers exhibit low confidence levels.

3.1.8.1.2 Burkina Faso

Table 47: Analysis % of targeted caregivers that perceive themselves as equipped – Burkina Faso

Gender	Confidence Level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Women	Total	203	100	108	100
	Not confident	171	84.2	102	94.4
	Confident	32	15.8	6	5.6
Men	Total	35	100	104	100
	Not confident	31	88.6	70	67.3
	Confident	4	11.4	34	32.7

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights low confidence levels among caregivers, with notable differences between ChildFund and Terre des Hommes-supported areas.

Among women, confidence levels are particularly low. Under ChildFund, only 15.8 per cent of female caregivers feel equipped, while 84.2 per cent lack confidence. The situation is even more critical under Terre des Hommes, where only 5.6 per cent of women perceive themselves as adequately equipped, whereas 94.4 per cent do not.

For men, confidence levels are slightly higher, but still concerning. Under ChildFund, only 11.4 per cent of male caregivers feel confident in their abilities, while 88.6 per cent lack confidence. In contrast, under Terre des Hommes, 32.7 per cent of men perceive themselves as equipped, while 67.3 per cent do not.

These findings indicate a widespread lack of confidence among caregivers, particularly female caregivers in both intervention areas. The project should focus on capacity-building initiatives, targeted training programs, and community-based support to strengthen caregivers' skills and enhance their confidence in providing effective care.

3.1.8.1.3 Central African Republic

Table 48: Analysis % of targeted caregivers that perceive themselves as equipped – Central African Republic

Gender	Confidence Level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Women	Total	174	100%	148	100%
	Not confident	135	77,6%	116	78,4%
	Confident	39	22,4%	32	21,6%
Men	Total	113	100%	78	100%
	Not confident	62	54,9%	54	69,2%
	Confident	51	45,1%	24	30,8%

Source: Baseline, 2024 © JF-FS&CPiE



The data highlights moderate to low confidence levels among caregivers, with notable differences between men and women in both Plan International and SOS Children's Villages-supported areas.

Among women, confidence remains limited across both intervention areas. Under Plan International, only 22.4 per cent of female caregivers perceive themselves as adequately equipped, while 77.6 per cent lack confidence. Similarly, in SOS Children's Villages' intervention areas, 21.6 per cent of women feel equipped, whereas 78.4 per cent do not, reflecting widespread uncertainty in caregiving abilities.

For men, the confidence gap is less pronounced, but disparities persist. Under Plan International, 45.1 per cent of male caregivers perceive themselves as equipped, while 54.9 per cent lack confidence. In contrast, under SOS Children's Villages, only 30.8 per cent of men feel adequately prepared, while 69.2 per cent do not.

These findings underscore a critical need for targeted capacity-building interventions, particularly among female caregivers, who report significantly lower confidence levels. The project should focus on enhancing training programs, promoting peer learning, and strengthening community-based support systems to increase caregivers' confidence and effectiveness in providing care.

3.1.8.1.4 Ethiopia

Table 49: Analysis % of targeted caregivers that perceive themselves as equipped – Ethiopia

Gender	Confidence Level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Women	Total	211	100	367	100
	Not confident	193	91.5	340	92.6
	Confident	18	8.5	27	7.4
Men	Total	210	100	58	100
	Not confident	172	81.9	47	81.0
	Confident	38	18.1	11	19.0

Source: Baseline, 2024 © JF-FS&CPIE

The data highlights very low confidence levels among caregivers, particularly women, across ChildFund and Save the Children-supported areas.

Among women, the findings reveal widespread uncertainty in caregiving abilities. Under ChildFund, only 8.5 per cent of female caregivers feel equipped, while 91.5 per cent lack confidence. A similar trend is observed under Save the Children, where only 7.4 per cent of women perceive themselves as adequately equipped, while 92.6 per cent do not.

For men, confidence levels are slightly higher but remain critically low. Under ChildFund, 18.1 per cent of male caregivers perceive themselves as confident in their caregiving skills, while 81.9 per cent do not. A similar pattern is seen under Save the Children, where 19 per cent of men feel equipped, compared to 81 per cent who lack confidence.

These findings highlight a pressing need for targeted interventions to enhance caregivers' skills and confidence, especially among female caregivers, who report the lowest confidence levels. The project should prioritize capacity-building programs, mentorship initiatives, and community-based support to strengthen caregivers' ability to provide effective care.

3.1.8.1.5 South Sudan

Table 50: Analysis % of targeted caregivers that perceive themselves as equipped – South Sudan

Gender	Confidence Level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Women	Total	161	100%	60	100%
	Not confident	52	32,3%	33	55,0%
	Confident	109	67,7%	27	45,0%
Men	Total	53	100%	98	100%
	Not confident	15	28,3%	68	69,4%
	Confident	38	71,7%	30	30,6%

Source: Baseline, 2024 © JF-FS&CPiE



The data highlights varying levels of confidence among caregivers, with notable differences between Save the Children and World Vision-supported areas.

Among women, confidence levels are significantly higher in Save the Children-supported areas. Here, 67.7 per cent of female caregivers feel equipped, while 32.3 per cent lack confidence. In contrast, under World Vision, only 45 per cent of women perceive themselves as adequately equipped, whereas 55 per cent do not.

For men, the findings show a stark contrast between the two organizations. Under Save the Children, 71.7 per cent of male caregivers feel confident in their abilities, while 28.3 per cent lack confidence. However, under World Vision, the situation is reversed, with 69.4 per cent of men reporting a lack of confidence, and only 30.6 per cent feeling adequately equipped.

These findings emphasize the need for targeted interventions to strengthen caregiver confidence, particularly in World Vision-supported areas, where both women and men report lower confidence levels. The project should focus on enhancing training programs, fostering peer-learning opportunities, and implementing community-based support mechanisms to ensure caregivers are well-equipped to fulfill their roles effectively.

3.1.8.2 r2.4 % of parents/caregivers with the desired knowledge on essential dietary and feeding practices

Scoring: To be considered as equipped to fulfill their protection responsibilities towards their children, caregivers must:

Answer “Agree” or “Strongly Agree” to all the questions

Calculation: = (# respondents responding “Agree” or “Strongly Agree” to all the questions)/(total # of respondents surveyed).100

Table 51: % of parents/caregivers with knowledge on essential dietary and feeding practices

r2.4	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	50	45	50	65	30	25	55	50	35	55
Baseline value (%)	14,9	10,0	11,7	36,8	1,5	1,3	22,8	10,0	4,7	18,9

3.1.8.2.1 Bangladesh

Table 52: Analysis of parents/caregivers with knowledge on essential dietary and feeding practices – Bangladesh

Gender	Knowledge Level	Plan International		World Vision	
		Number	Percent	Number	Percent
Female	Total	51	100	10	100
	Do not have desired knowledge	46	90.2	8	80.0
	Have desired knowledge	5	9.8	2	20.0
Male	Total	30	100	8	100
	Do not have desired knowledge	24	80.0	8	100.0
	Have desired knowledge	6	20.0	0	0.0

Source: Baseline, 2024 © JF-FS&CPIE

The data highlights limited knowledge of essential dietary and feeding practices among parents and caregivers, with notable gaps across both Plan International and World Vision-supported areas.

Among women, confidence in dietary knowledge is very low. Under Plan International, only 9.8 per cent of female caregivers possess the desired knowledge, while 90.2 per cent lack sufficient awareness. The situation is slightly better under World Vision, where 20 per cent of women have adequate knowledge, though 80 per cent still lack the necessary understanding.

For men, the findings indicate even lower levels of knowledge, particularly in World Vision-supported areas. Under Plan International, 20 per cent of male caregivers have the desired knowledge, while 80 per cent do not. However, under World Vision, 100 per cent of male caregivers lack adequate knowledge, with none reporting confidence in their understanding of essential dietary and feeding practices.

These findings underscore a critical need for enhanced nutrition education programs, particularly targeting male caregivers, who exhibit the lowest levels of knowledge. The project should focus on strengthening awareness campaigns, integrating practical dietary training into community programs, and fostering gender-inclusive education initiatives to ensure that both female and male caregivers are equipped with the necessary knowledge to support child nutrition effectively.

3.1.8.2 Burkina Faso

Table 53: Analysis of parents/caregivers with knowledge on essential dietary and feeding practices – Burkina Faso

Gender	Knowledge Level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Female	Total	203	100	108	100
	Do not have desired knowledge	167	82.3	67	62.0
	Have desired knowledge	36	17.7	41	38.0
Male	Total	35	100	104	100
	Do not have desired knowledge	33	94.3	67	64.4
	Have desired knowledge	2	5.7	37	35.6

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals significant gaps in dietary knowledge among parents and caregivers, with notable differences between ChildFund and Terre des Hommes-supported areas.

Among women, the findings show higher knowledge levels in Terre des Hommes-supported areas. Under ChildFund, only 17.7 per cent of female caregivers possess the desired knowledge, while 82.3 per cent lack sufficient awareness. In contrast, under Terre des Hommes, 38 per cent of women demonstrate adequate knowledge, with 62 per cent still needing improvement.

For men, knowledge levels are even lower, particularly in ChildFund-supported areas. Under ChildFund, only 5.7 per cent of male caregivers have the desired dietary knowledge, while a concerning 94.3 per cent lack it. Meanwhile, under Terre des Hommes, 35.6 per cent of men possess adequate knowledge, compared to 64.4 per cent who do not.

These findings highlight a critical need for expanded nutrition education programs, particularly in ChildFund-supported areas, where male caregivers show the lowest knowledge levels. The project should prioritize practical training, awareness campaigns, and community-based learning initiatives to ensure that both female and male caregivers are equipped with the necessary dietary knowledge to support child nutrition effectively.

3.1.8.2.3 Central African Republic

Table 54: Analysis of parents/caregivers with knowledge on essential dietary and feeding practices – Central African Republic

Gender	Knowledge Level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Female	Total	174	100	148	100
	Do not have desired knowledge	172	98.9	148	100.0
	Have desired knowledge	2	1.1	0	0.0
Male	Total	113	100	78	100
	Do not have desired knowledge	111	98.2	76	97.4
	Have desired knowledge	2	1.8	2	2.6

Source: Baseline, 2024 © JF-FS&CPiE



The data reveals extremely low levels of dietary knowledge among parents and caregivers, with both Plan International and SOS Children's Villages reporting significant knowledge gaps.

Among women, the findings are particularly concerning. Under Plan International, only 1.1 per cent of female caregivers possess the desired knowledge, while 98.9 per cent lack sufficient understanding of essential dietary practices. The situation is even more critical under SOS Children's Villages, where 100.0 per cent of women report inadequate dietary knowledge, with none demonstrating sufficient understanding.

For men, knowledge levels are slightly higher but remain critically low. Under Plan International, 1.8 per cent of male caregivers have adequate knowledge, while 98.2 per cent lack it. Similarly, in SOS Children's Villages-supported areas, 2.6 per cent of male caregivers demonstrate sufficient knowledge, while 97.4 per cent do not.

These findings emphasize a severe gap in nutrition education, requiring urgent intervention. The project should prioritize comprehensive training programs, awareness campaigns, and community-based education initiatives to ensure caregivers, both women and men, acquire essential dietary knowledge for improved child nutrition and household food security.

3.1.8.2.4 Ethiopia

Table 55: Analysis of parents/caregivers with knowledge on essential dietary and feeding practices – Ethiopia

Gender	Knowledge Level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Female	Total	211	100	367	100
	Do not have desired knowledge	171	81.0	306	83.4
	Have desired knowledge	40	19.0	61	16.6
Male	Total	210	100	58	100
	Do not have desired knowledge	154	73.3	56	96.6
	Have desired knowledge	56	26.7	2	3.4

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights widespread gaps in dietary knowledge among caregivers, with notable differences between ChildFund and Save the Children-supported areas.

Among women, knowledge levels remain low in both intervention areas. Under ChildFund, 19 per cent of female caregivers possess the desired knowledge, while 81 per cent lack sufficient awareness. Similarly, under Save the Children, only 16.6 per cent of women demonstrate adequate knowledge, whereas 83.4 per cent do not.

For men, the findings indicate even greater disparities, particularly in Save the Children-supported areas. Under ChildFund, 26.7 per cent of male caregivers report having the desired dietary knowledge, while 73.3 per cent lack it. However, under Save the Children, the situation is much worse, with only 3.4 per cent of male caregivers possessing adequate knowledge, while 96.6 per cent do not.

These findings underscore a critical need for expanded nutrition education, especially for male caregivers in Save the Children-supported areas, where knowledge levels are the lowest. The project should focus on community-based training, awareness campaigns, and gender-inclusive education strategies to ensure both female and male caregivers have the necessary knowledge to support proper dietary practices.

3.1.8.2.5 South Sudan

Table 56: Analysis of parents/caregivers with knowledge on essential dietary and feeding practices – South Sudan

Gender	Knowledge Level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Female	Total	161	100	60	100
	Do not have desired knowledge	158	98.1	49	81.7
	Have desired knowledge	3	1.9	11	18.3
Male	Total	53	100	98	100
	Do not have desired knowledge	49	92.5	79	80.6
	Have desired knowledge	4	7.5	19	19.4

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights severe gaps in dietary knowledge among caregivers, with notable differences between Save the Children and World Vision-supported areas.

Among women, knowledge levels are critically low, particularly under Save the Children. Here, only 1.9 per cent of female caregivers possess the desired knowledge, while 98.1 per cent lack sufficient awareness. The situation is slightly better under World Vision, where 18.3 per cent of women have adequate knowledge, though 81.7 per cent still do not.

For men, knowledge levels remain very low, but with some variations between implementing partners. Under Save the Children, 7.5 per cent of male caregivers report having the desired dietary knowledge, while 92.5 per cent lack it. In contrast, under World Vision, 19.4 per cent of men possess adequate knowledge, whereas 80.6 per cent do not.

These findings emphasize a critical need for large-scale nutrition education initiatives, particularly in Save the Children-supported areas, where knowledge levels are the lowest. The project should prioritize intensive training, targeted awareness campaigns, and gender-inclusive educational strategies to ensure both female and male caregivers acquire essential dietary knowledge to support improved child nutrition..

3.1.9 Result 3 Community-based child protection mechanisms are supported to prevent potential harm against girls and boys, reduce and alleviate gender-related child protection risks, and strengthen access to community-based food security and nutrition services

3.1.9.1 r3.1 % of targeted community members aware of child protection risks

Scoring: To be considered having awareness of child protection risks, a community member must: Select at least 4 correct responses provided for each question see in bold to all 5 questions

Calculation: = (# of community members who ticked at least 2 of the correct responses to all questions)/(total # of community members surveyed).100

Table 57: % of targeted community members aware of child protection risks

r3.1	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	50	70	60	55	45	75	50	45	65	70
Baseline value (%)	18,2	47,9	27,7	23,1	11,0	68,9	15,4	13,8	32,3	41,7

3.1.9.1.1 Bangladesh

Table 58: Analysis of community members aware of child protection risks – Bangladesh

Gender	Awareness level	Plan International		World Vision	
		Number	Percent	Number	Percent
Girls	Total	61	100	37	100
	Not aware of child protection risks	53	86.9	17	45.9
	Aware of child protection risks	8	13.1	20	54.1
Boys	Total	69	100	98	100
	Not aware of child protection risks	53	76.8	57	58.2
	Aware of child protection risks	16	23.2	41	41.8

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals notable disparities in awareness of child protection risks among community members, with significant variations between Plan International and World Vision-supported areas.

Among women, awareness levels differ considerably. Under Plan International, a large majority (86.9 per cent) of women are unaware of child protection risks, with only 13.1 per cent demonstrating knowledge on the subject. In contrast, in World Vision-supported areas, awareness is much higher, with 54.1 per cent of women acknowledging child protection risks, while 45.9 per cent remain uninformed.

For men, the trend follows a similar pattern, though with a less pronounced gap. Under Plan International, 76.8 per cent of men lack awareness of child protection risks, leaving only 23.2 per cent with adequate knowledge. On the other hand, in World Vision's intervention areas, awareness is relatively stronger, with 41.8 per cent of men demonstrating knowledge, though 58.2 per cent are still unaware.

These findings highlight the need for strengthened awareness initiatives, particularly in Plan International-supported areas, where child protection knowledge remains alarmingly low. The project should focus on community-led awareness campaigns, integrating child protection training

in educational settings, and promoting engagement strategies tailored to both men and women to ensure widespread understanding of child protection risks.

3.1.9.1.2 Burkina Faso

Table 59: Analysis of community members aware of child protection risks – Burkina Faso

Gender	Awareness level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Women	Total	40	100	49	100
	Not aware of child protection risks	31	77.5	37	75.5
	Aware of child protection risks	9	22.5	12	24.5
	Total	73	100	46	100
Men	Not aware of child protection risks	49	67.1	36	78.3
	Aware of child protection risks	24	32.9	10	21.7

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights low levels of awareness of child protection risks among community members, with notable differences between ChildFund and Terre des Hommes-supported areas.

Among women, the findings indicate a widespread lack of awareness. In ChildFund-supported areas, 77.5 per cent of women do not recognize child protection risks, leaving only 22.5 per cent with adequate knowledge. Similarly, in Terre des Hommes-supported communities, 75.5 per cent of women lack awareness, while 24.5 per cent demonstrate an understanding of these risks.

For men, the trend varies slightly. Under ChildFund, 67.1 per cent of men are unaware of child protection risks, with 32.9 per cent demonstrating awareness. In Terre des Hommes-supported areas, the situation is more concerning, with 78.3 per cent of men lacking knowledge on child protection risks, leaving only 21.7 per cent informed.

These findings emphasize the urgent need for targeted awareness campaigns, particularly among women and men in Terre des Hommes-supported areas, where knowledge gaps are more pronounced. The project should prioritize community-based training, advocacy programs, and the integration of child protection education into local initiatives to ensure that both women and men gain a stronger understanding of child protection risks and how to address them effectively.

3.1.9.1.3 Central African Republic

Table 60: Analysis of community members aware of child protection risks – Central African Republic

Gender	Awareness level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Women	Total	13	100	12	100
	Not aware of child protection risks	12	92.3	4	33.3
	Aware of child protection risks	1	7.7	8	66.7
	Total	42	100	52	100
Men	Not aware of child protection risks	36	85.7	15	28.8
	Aware of child protection risks	6	14.3	37	71.2

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals significant disparities in child protection awareness among community members, with notable differences between Plan International and SOS Children's Villages-supported areas.

Among women, awareness levels vary considerably. In Plan International-supported areas, 92.3 per cent of women are unaware of child protection risks, leaving only 7.7 per cent with sufficient knowledge. However, in SOS Children's Villages' intervention areas, awareness is much higher, with 66.7 per cent of women demonstrating an understanding of child protection risks, while 33.3 per cent remain uninformed.

For men, the findings follow a similar pattern, though with a wider gap in awareness levels. Under Plan International, 85.7 per cent of men lack awareness of child protection risks, while only 14.3 per cent are informed. Conversely, in SOS Children's Villages-supported areas, 71.2 per cent of men have adequate awareness, with 28.8 per cent remaining unaware.

These results emphasize the need for expanded child protection awareness initiatives, particularly in Plan International-supported areas, where knowledge levels are alarmingly low. The project should focus on strengthening community-based awareness programs, integrating child protection education into local engagement activities, and ensuring that both men and women are equipped with the knowledge to identify and respond to child protection risks effectively.

3.1.9.1.4 Ethiopia

Table 61: Analysis of community members aware of child protection risks – Ethiopia

Gender	Awareness level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Women	Total	132	100	122	100
	Not aware of child protection risks	109	82.6	106	86.9
	Aware of child protection risks	23	17.4	16	13.1
Men	Total	143	100	125	100
	Not aware of child protection risks	124	86.7	107	85.6
	Aware of child protection risks	19	13.3	18	14.4

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals low levels of awareness of child protection risks among community members, with minimal differences between ChildFund and Save the Children-supported areas.

Among women, the findings indicate a widespread lack of knowledge. In ChildFund-supported areas, 82.6 per cent of women are unaware of child protection risks, while only 17.4 per cent demonstrate sufficient awareness. The situation is even more concerning in Save the Children-supported areas, where 86.9 per cent of women lack awareness, leaving only 13.1 per cent informed.

For men, awareness levels remain similarly low. Under ChildFund, 86.7 per cent of men are not aware of child protection risks, with only 13.3 per cent demonstrating knowledge. In Save the Children-supported areas, the trend is nearly identical, with 85.6 per cent lacking awareness and just 14.4 per cent having adequate understanding of child protection risks.

These findings highlight an urgent need for child protection awareness programs, particularly among both men and women in ChildFund and Save the Children-supported areas, where knowledge remains alarmingly low. The project should focus on strengthening community-led awareness campaigns, integrating child protection education into social structures, and promoting gender-inclusive training programs to ensure that both women and men are better equipped to recognize and address child protection risks effectively.

3.1.9.1.5 South Sudan

Table 62: Analysis of community members aware of child protection risks – South Sudan

Gender	Awareness level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Women	Total	73	100	2	100
	Not aware of child protection risks	55	75.3	1	50.0
	Aware of child protection risks	18	24.7	1	50.0
Men	Total	60	100	18	100
	Not aware of child protection risks	36	60.0	12	66.7
	Aware of child protection risks	24	40.0	6	33.3

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights significant gaps in awareness of child protection risks, with notable differences between Save the Children and World Vision-supported areas.

Among women, the findings indicate low overall awareness, but with substantial variation. In Save the Children-supported areas, 75.3 per cent of women are unaware of child protection risks, while 24.7 per cent have adequate knowledge. In contrast, among the two women surveyed under World Vision, awareness is split evenly, with 50 per cent demonstrating understanding of child protection risks and the remaining 50 per cent lacking awareness.

For men, knowledge levels show slightly better results, but awareness remains limited. Under Save the Children, 40 per cent of men are aware of child protection risks, while 60 per cent lack adequate knowledge. In World Vision-supported areas, only 33.3 per cent of men have some level of awareness, with 66.7 per cent remaining uninformed.

These findings underscore the need for targeted child protection awareness initiatives, particularly in Save the Children-supported areas, where women and men demonstrate lower levels of knowledge. The project should prioritize community-based education programs, awareness campaigns, and gender-responsive training to ensure broader and more effective understanding of child protection risks among community members.

3.1.9.2 r3.2 % of community-based volunteers/healthcare providers and community members with demonstrated acceptable knowledge on optimal dietary and feeding practices

■ **Scoring:** To be considered as having acceptable knowledge on optimal dietary and feeding practices, a community member must:

■ Answer “Very confident” or “Confident to question R3.2a in Section A

■ Answer correctly at least 3 out of the 4 questions R3.2b-e in Section B

■ **Calculation:** = (# of households where children aged 0-23 months receive “optimal infant and young child feeding practices”)/(total number of surveyed households with children aged 0-23 months).100



Table 63: % of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices

r3.2	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	75	75	75	75	75	75	75	75	75	75
Baseline value (%)	40,3	29,0	44,5	48,5	38,0	34,0	44,7	44,5	34,2	44,4

3.1.9.2.1 Bangladesh

Table 64: Analysis of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices – Bangladesh

Gender	Knowledge level	Plan International		World Vision	
		Number	Percent	Number	Percent
Women	Total	61	100	37	100
	Do not have knowledge on optimal dietary and feeding practices	33	54.1	28	75.7
	Have knowledge on optimal dietary and feeding practices	28	45.9	9	24.3
Men	Total	69	100	98	100
	Do not have knowledge on optimal dietary and feeding practices	45	65.2	65	66.3
	Have knowledge on optimal dietary and feeding practices	24	34.8	33	33.7

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights notable gaps in knowledge of optimal dietary and feeding practices, with significant differences between Plan International and World Vision-supported areas.

Among women, the findings show varying levels of awareness. In Plan International-supported areas, 45.9 per cent of Women community-based volunteers and healthcare providers have adequate knowledge, while 54.1 per cent lack sufficient understanding. The situation is more concerning in World Vision-supported areas, where only 24.3 per cent of women demonstrate knowledge of optimal dietary and feeding practices, while 75.7 per cent remain uninformed.

For men, knowledge levels are lower overall, though the gap between the two organizations is less pronounced. Under Plan International, 34.8 per cent of men possess adequate knowledge, while 65.2 per cent lack awareness. In World Vision-supported areas, 33.7 per cent of men demonstrate knowledge of optimal dietary practices, while 66.3 per cent do not.

These findings emphasize the need for enhanced nutrition education and capacity-building programs, particularly targeting Women volunteers and healthcare providers in World Vision-supported areas, where knowledge levels are significantly lower. The project should focus on expanding training initiatives, integrating nutrition education into community outreach efforts, and strengthening awareness campaigns to ensure both women and men are well-equipped with essential dietary and feeding knowledge.

3.1.9.2.2 Burkina Faso

Table 65: Analysis of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices – Burkina Faso

Gender	Knowledge level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Women	Total	40	100	49	100
	Do not have knowledge on optimal dietary and feeding practices	23	57.5	26	53.1
	Have knowledge on optimal dietary and feeding practices	17	42.5	23	46.9
Men	Total	73	100	46	100
	Do not have knowledge on optimal dietary and feeding practices	39	53.4	23	50.0
	Have knowledge on optimal dietary and feeding practices	34	46.6	23	50.0

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights gaps in knowledge of optimal dietary and feeding practices, though the differences between ChildFund and Terre des Hommes-supported areas are less pronounced.

Among women, awareness levels are relatively similar across both organizations. In ChildFund-supported areas, 42.5 per cent of Women community-based volunteers and healthcare providers have adequate knowledge, while 57.5 per cent lack sufficient awareness. In Terre des Hommes-supported areas, the trend is comparable, with 46.9 per cent demonstrating knowledge of optimal dietary practices, while 53.1 per cent do not.

For men, the findings reveal a slightly higher level of knowledge compared to women. Under ChildFund, 46.6 per cent of men possess adequate dietary knowledge, while 53.4 per cent lack it. In Terre des Hommes-supported areas, 50 per cent of men demonstrate knowledge of optimal dietary practices, while the other half remain uninformed.

These findings indicate a need for continued investment in nutrition education, particularly for women in both intervention areas, where knowledge levels remain below 50 per cent. The project should focus on expanding training programs, integrating practical nutrition education into community outreach, and ensuring that both Women and Men volunteers and healthcare providers receive adequate support to enhance their dietary knowledge and ability to guide others effectively.

3.1.9.2.3 Central African Republic

Table 66: Analysis of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices – Central African Republic

Gender	Knowledge level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Women	Total	13	100	12	100
	Do not have knowledge on optimal dietary and feeding practices	9	69.2	8	66.7
	Have knowledge on optimal dietary and feeding practices	4	30.8	4	33.3
Men	Total	42	100	52	92
	Do not have knowledge on optimal dietary and feeding practices	23	54.8	30	57.7
	Have knowledge on optimal dietary and feeding practices	19	45.2	18	34.6

Source: Baseline, 2024 © JF-FS&CPiE

The results highlights moderate gaps in knowledge of optimal dietary and feeding practices, with similar trends observed between Plan International and SOS Children's Villages-supported areas.

Among women, awareness levels remain relatively low. In Plan International-supported areas, 30.8 per cent of Women community-based volunteers and healthcare providers possess adequate knowledge, while 69.2 per cent lack the necessary understanding. Similarly, in SOS Children's Villages-supported areas, 33.3 per cent of women demonstrate knowledge of optimal dietary practices, while 66.7 per cent remain uninformed.

For men, the findings show a slightly better knowledge level than women, though gaps persist. Under Plan International, 45.2 per cent of men have sufficient knowledge of optimal dietary practices, while 54.8 per cent lack awareness. In SOS Children's Villages-supported areas, 34.6 per cent of men demonstrate adequate knowledge, whereas 57.7 per cent do not.

These findings suggest a need for continued investment in nutrition education, particularly for women and men in both intervention areas, where over half of respondents lack sufficient dietary knowledge. The project should prioritize enhancing training programs, strengthening community-based awareness campaigns, and equipping volunteers and healthcare providers with the necessary skills to effectively support nutrition education at the community level.

3.1.9.2.4 Ethiopia

Table 67: Analysis of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices – Ethiopia

Gender	Knowledge level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
	Total	132	100	122	100
Women	Do not have knowledge on optimal dietary and feeding practices	75	56.8	69	56.6
	Have knowledge on optimal dietary and feeding practices	57	43.2	53	43.4
	Total	143	100	125	100
Men	Do not have knowledge on optimal dietary and feeding practices	77	53.8	68	54.4
	Have knowledge on optimal dietary and feeding practices	66	46.2	57	45.6

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights moderate levels of knowledge on dietary and feeding practices, with relatively balanced trends between ChildFund and Save the Children-supported areas.

Among women, awareness levels are almost identical across both organizations. In ChildFund-supported areas, 43.2 per cent of Women community-based volunteers and healthcare providers have adequate knowledge, while 56.8 per cent lack sufficient understanding. Similarly, in Save the Children-supported areas, 43.4 per cent of women possess the necessary knowledge, with 56.6 per cent remaining uninformed.

For men, the findings reveal similar patterns to those observed among women. Under ChildFund, 46.2 per cent of Men respondents demonstrate adequate knowledge of optimal dietary practices, while 53.8 per cent lack awareness. In Save the Children-supported areas, 45.6 per cent of men report having the necessary knowledge, while 54.4 per cent do not.

These findings indicate that while nearly half of respondents possess adequate dietary knowledge, a significant proportion still requires further education and support. The project should focus on expanding nutrition education programs, strengthening training for community-based volunteers, and reinforcing awareness campaigns to ensure both men and women are well-equipped to promote optimal dietary and feeding practices within their communities.

3.1.9.2.5 South Sudan

Table 68: Analysis of community-based volunteers/healthcare providers and community members with knowledge on optimal dietary and feeding practices – South Sudan

Gender	Knowledge level	Save the Children		World Vision	
		Number	Percent	Number	Percent
	Total	73	100	2	100
Women	Do not have knowledge on optimal dietary and feeding practices	51	69.9	1	50.0
	Have knowledge on optimal dietary and feeding practices	22	30.1	1	50.0
	Total	60	100	18	100
Men	Do not have knowledge on optimal dietary and feeding practices	37	61.7	11	61.1
	Have knowledge on optimal dietary and feeding practices	23	38.3	7	38.9

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights significant gaps in dietary knowledge among community-based volunteers and healthcare providers, with notable differences between Save the Children and World Vision-supported areas.

Among women, awareness levels show substantial variation. In Save the Children-supported areas, 30.1 per cent of women respondents possess adequate knowledge, while 69.9 per cent lack sufficient understanding. In contrast, in World Vision-supported areas, the sample is very limited (two women surveyed), with 50 per cent demonstrating knowledge of optimal dietary and feeding practices, while the other 50 per cent lack awareness.

For men, the findings follow a similar pattern. Under Save the Children, 38.3 per cent of men respondents have adequate dietary knowledge, while 61.7 per cent do not. In World Vision-supported areas, 38.9 per cent of men possess sufficient knowledge, whereas 61.1 per cent remain uninformed.

These results underscore the need for strengthened nutrition education initiatives, particularly in Save the Children-supported areas, where knowledge levels are notably lower. The project should focus on expanding training programs, reinforcing community awareness efforts, and ensuring both men and women are equipped with skills to promote optimal dietary and feeding practices within their communities.

3.9.3 r3.3 % of community members with favorable attitude towards optimal dietary and feeding practices

Scoring: To be considered as having a favourable attitude towards optimal dietary and feeding practices, community member must: Answer “Strongly Agree” to all of the 9 statements . Calculation: = (# of community members who respond “Strongly agree”)/(total # of community members sampled).100

Table 69: % of community members with a favorable attitude towards optimal dietary and feeding practices

r3.3	Bangladesh		Burkina Faso		CAR		Ethiopia		South Sudan	
	Plan	WV	CF	TdH	Plan	SOS	CF	StC	StC	WV
Target (%)	50	50	45	55	50	55	45	45	60	50
Baseline value (%)	24,0	21,6	16,4	24,3	22,3	23,7	19,4	18,6	33,4	24,0

3.1.9.31 Bangladesh

Table 70: Analysis of community members with favorable attitude towards optimal dietary and feeding practices – Bangladesh

Gender	Attitude level	Plan International		World Vision	
		Number	Percent	Number	Percent
Women	Total	61	100	37	100
	Not a favorable attitude	45	73.8	24	64.9
	Favorable attitude	16	26.2	13	35.1
Men	Total	69	100	98	100
	Not a favorable attitude	54	78.3	90	91.8
	Favorable attitude	15	21.7	8	8.2

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals significant gaps in positive attitudes toward optimal dietary and feeding practices, with notable variations between Plan International and World Vision-supported areas.

Among women, attitudes toward dietary practices differ across intervention areas. In Plan International-supported areas, 26.2 per cent of women hold a favorable attitude, while 73.8 per cent do not. The situation is slightly better under World Vision, where 35.1 per cent of women demonstrate a positive outlook toward optimal dietary practices, whereas 64.9 per cent lack such an attitude.

For men, the findings indicate even lower levels of favorable attitudes, particularly in World Vision-supported areas. Under Plan International, 21.7 per cent of men have a favorable attitude toward dietary practices, while 78.3 per cent do not. In World Vision-supported areas, the situation is more concerning, with only 8.2 per cent of men showing a positive attitude, while 91.8 per cent remain unconvinced or indifferent.

These findings highlight a need for targeted behavior change initiatives, particularly among men, who show the lowest levels of favorable attitudes. The project should focus on strengthening community engagement, promoting culturally appropriate dietary awareness campaigns, and integrating nutrition education into school and community programs to foster positive attitudes toward optimal dietary and feeding practices.

3.1.9.3.2 Burkina Faso

Table 71: Analysis of community members with favorable attitude towards optimal dietary and feeding practices – Burkina Faso

Gender	Attitude level	ChildFund		Terre des Hommes	
		Number	Percent	Number	Percent
Women	Total	40	100	49	100
	Not a favorable attitude	34	85.0	39	79.6
	Favorable attitude	6	15.0	10	20.4
Men	Total	73	100	46	100
	Not a favorable attitude	60	82.2	33	71.7
	Favorable attitude	13	17.8	13	28.3

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals low levels of favorable attitudes toward optimal dietary and feeding practices, with notable differences between ChildFund and Terre des Hommes-supported areas.

Among women, attitudes toward dietary practices remain largely unfavorable. In ChildFund-supported areas, only 15 per cent of Women exhibit a positive attitude, while 85 per cent do not. The situation is slightly better under Terre des Hommes, where 20.4 per cent of women demonstrate a favorable outlook, though 79.6 per cent still lack a positive attitude.

For men, attitudes are somewhat more positive, particularly in Terre des Hommes-supported areas. Under ChildFund, 17.8 per cent of men hold a favorable attitude, whereas 82.2 per cent do not. In contrast, under Terre des Hommes, 28.3 per cent of men demonstrate a positive perspective, while 71.7 per cent still lack a favorable attitude.

These findings emphasize the need for strengthened behavioral change initiatives, particularly among women, who show the lowest levels of favorable attitudes. The project should focus on community-driven engagement, culturally appropriate nutrition awareness campaigns, and interactive education programs to promote positive attitudes toward optimal dietary and feeding practices.

3.1.9.3.3 Central African Republic

Table 72: Analysis of community members with favorable attitude towards optimal dietary and feeding practices – Central African Republic

Gender	Attitude level	Plan International		SOS Children's Villages	
		Number	Percent	Number	Percent
Women	Total	13	100	12	100
	Not a favorable attitude	10	76.9	10	83.3
	Favorable attitude	3	23.1	2	16.7
Men	Total	42	100	52	100
	Not a favorable attitude	33	78.6	36	69.2
	Favorable attitude	9	21.4	16	30.8

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals low levels of favorable attitudes toward optimal dietary and feeding practices, with notable variations between Plan International and SOS Children's Villages-supported areas.

Among women, attitudes remain largely unfavorable. In Plan International-supported areas, only 23.1 per cent of women exhibit a positive attitude, while 76.9 per cent do not. The situation is even more concerning in SOS Children's Villages-supported areas, where just 16.7 per cent of women hold a favorable attitude, whereas 83.3 per cent remain unconvinced or indifferent to optimal dietary and feeding practices.

For men, attitudes are slightly more positive, particularly under SOS Children's Villages. In Plan International-supported areas, 21.4 per cent of men demonstrate a favorable attitude, while 78.6 per cent do not. In contrast, in SOS Children's Villages-supported areas, 30.8 per cent of men express a positive outlook, though 69.2 per cent still lack a favorable attitude toward dietary practices.



These findings underscore the need for targeted interventions to promote behavioral change, particularly among women, who show the lowest levels of favorable attitudes. The project should focus on community-driven engagement, culturally sensitive nutrition education campaigns, and interactive training programs to encourage positive dietary and feeding practices among both men and women.

3.1.9.3.4 Ethiopia

Table 73: Analysis of community members with favorable attitude towards optimal dietary and feeding practices – Ethiopia

Gender	Attitude level	ChildFund		Save the Children	
		Number	Percent	Number	Percent
Women	Total	132	100	122	100
	Not a favorable attitude	114	86.4	114	93.4
	Favorable attitude	18	13.6	8	6.6
Men	Total	143	100	137	100
	Not a favorable attitude	107	74.8	95	69.3
	Favorable attitude	36	25.2	42	30.7

Source: Baseline, 2024 © JF-FS&CPiE

The data highlights low levels of favorable attitudes toward optimal dietary and feeding practices, with notable disparities between women and men, as well as across ChildFund and Save the Children-supported areas.

Among women, the findings indicate a widespread lack of positive attitudes toward dietary practices. In ChildFund-supported areas, only 13.6 per cent of women demonstrate a favorable attitude, while 86.4 per cent do not. The situation is even more concerning in Save the Children-supported areas, where only 6.6 per cent of women hold a favorable attitude, while 93.4 per cent remain uninformed or indifferent toward optimal dietary practices.

For men, attitudes are slightly more positive, though gaps persist. Under ChildFund, 25.2 per cent of men express a favorable attitude, while 74.8 per cent do not. In Save the Children-supported areas, 30.7 per cent of men report a positive attitude, whereas 69.3 per cent still lack one.

These findings emphasize a critical need for behavioral change interventions, particularly among women, who report the lowest levels of favorable attitudes. The project should prioritize nutrition education programs, culturally relevant awareness campaigns, and gender-inclusive community training to encourage wider adoption of optimal dietary and feeding practices.

3.1.9.3.5 South Sudan

Table 74: Analysis of community members with favorable attitude towards optimal dietary and feeding practices – South Sudan

Gender	Attitude level	Save the Children		World Vision	
		Number	Percent	Number	Percent
Women	Total	73	100	2	100
	Not a favorable attitude	51	69.9	2	100.0
	Favorable attitude	22	30.1	0	0.0
Men	Total	60	100	18	100
	Not a favorable attitude	38	63.3	10	55.6
	Favorable attitude	22	36.7	8	44.4

Source: Baseline, 2024 © JF-FS&CPiE

The data reveals low levels of favorable attitudes toward optimal dietary and feeding practices, with significant variations between Save the Children and World Vision-supported areas.

Among women, attitudes toward dietary practices are particularly low. In Save the Children-supported areas, 30.1 per cent of women demonstrate a favorable attitude, while 69.9 per cent do not. The situation is even more concerning in World Vision-supported areas, where none of the women surveyed (0 per cent) expressed a favorable attitude, while 100 per cent remained unconvinced or indifferent toward optimal dietary and feeding practices.

For men, attitudes are slightly more positive, though gaps persist. Under Save the Children, 36.7 per cent of men express a favorable attitude, while 63.3 per cent do not. In World Vision-supported areas, 44.4 per cent of men report a positive attitude, whereas 55.6 per cent still lack one.

These findings underscore a critical need for behavior change interventions, particularly among women in World Vision-supported areas, where no participants expressed a favorable attitude. The project should prioritize nutrition education programs, targeted awareness campaigns, and culturally adapted community training to promote greater acceptance and adoption of optimal dietary and feeding practices among both men and women.





4. Conclusions and recommendations

Conclusions

The baseline study for the JF-FS&CPIE project across Bangladesh, Burkina Faso, the Central African Republic, Ethiopia, and South Sudan highlights critical findings that inform the direction of interventions.

Key conclusions include:

Interconnection between food security and child protection:

The study reaffirms that food insecurity is a key driver of child protection risks. Households facing economic hardship and food scarcity are more likely to adopt negative coping mechanisms, including child labor, child marriage, and unsafe migration.

Gaps in community knowledge and practices:

While the baseline data highlights existing awareness of child protection, significant knowledge gaps persist, particularly among caregivers and community members regarding the link between food security and child protection risks. This underscores the need for stronger, targeted awareness-raising efforts to ensure a more comprehensive understanding of these interconnected issues.

Gender dynamics and representation challenges:

The baseline study reveals gender disparities in confidence levels and participation. Women caregivers reported higher confidence in providing adequate care, while men exhibited lower confidence in dietary and feeding practices. Additionally, more male community members participated in the study than females, raising concerns about the gender balance in community-level engagement.

Capacity of local structures:

Community-based child protection mechanisms exist but remain underfunded and lack integration with food security interventions. Strengthening these structures is essential for long-term impact.

Challenges in data collection and security contexts:

Data collection faced obstacles in certain fragile areas, such as South Sudan and the Central African Republic, where insecurity limited participation. In some regions, engagement with local authorities also posed challenges.

Recommendations

To strengthen the impact of the JF-FS&CPiE project, the following key recommendations are proposed:

1. Strengthen the integration of food security and child protection programming

- Develop and implement joint programming models that ensure food security interventions are designed with child protection considerations.
- Increase awareness among implementing partners on the interlinkages between food security and child protection, ensuring a holistic approach in interventions.
- Train community-based child protection structures on integrating food security awareness into their activities.





2. Enhance caregiver and community awareness on protective practices

- Design and roll out gender-sensitive community engagement strategies to increase awareness about negative coping mechanisms linked to food insecurity.
- Strengthen positive parenting initiatives with a focus on the role of fathers in caregiving and nutrition.
- Use behavior change communication (BCC) strategies tailored to address food security-related child protection risks.

3. Improve the representation of women and girls in decision-making

- Adopt targeted strategies to encourage greater participation of women in community discussions and leadership roles in child protection committees.
- Address cultural barriers preventing women's participation in community-level initiatives.
- Establish women-led forums within project locations to promote their voices in local decision-making on food security and child protection.



4. Strengthen and expand the capacity of community-based child protection structures

- Provide financial and technical support to child protection committees and community-based organizations to expand their role in addressing food security-related risks.
- Develop referral mechanisms linking food security programs with child protection services to ensure holistic support for vulnerable children and families.
- Build partnerships with local government structures to reinforce community-based interventions.

5. Address data collection challenges and improve gender-sensitive sampling approaches

- Develop more structured strategies to ensure gender-balanced participation in surveys and focus group discussions.
- Increase training for data collectors to address potential biases and challenges in engaging women respondents.
- Explore alternative data collection methods, such as remote surveys or community facilitators, in insecure areas where direct access is limited.

6. Develop a global-level framework for coordination and learning

- Establish a global learning platform to share best practices across the five project countries.
- Align project activities with existing national and strategies on food security and child protection.
- Facilitate exchange visits between country teams to strengthen peer learning and cross-country adaptation of effective strategies.



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