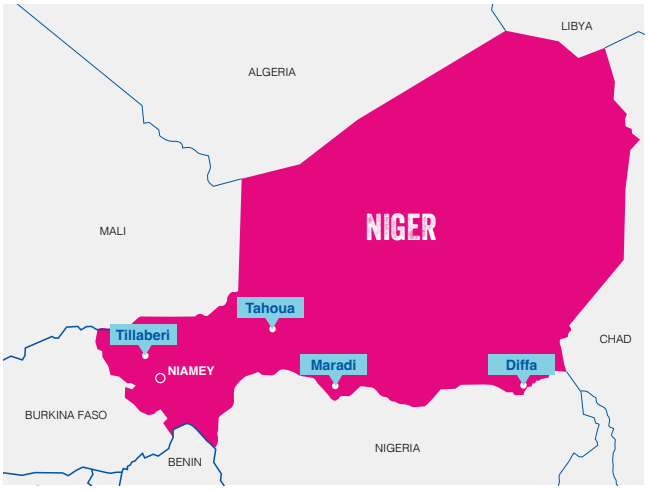
NIGER

RAPID NEEDS ASSESSMENT

FOOD SECURITY & SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

METHODOLOGY

A data gathering was conducted by Plan International in June 2023 in areas affected by food insecurity but also conflict and insecurity in the regions of Tillaberi, Tahoua, Maradi and Diffa through 83 adolescent focus groups, 60 adult focus groups and 45 key informant interviews. In total, 313 adolescents aged 14 to 17 (166 girls and 147 boys) and 303 heads of household (105 women and 198 men) were interviewed.



CONTEXT

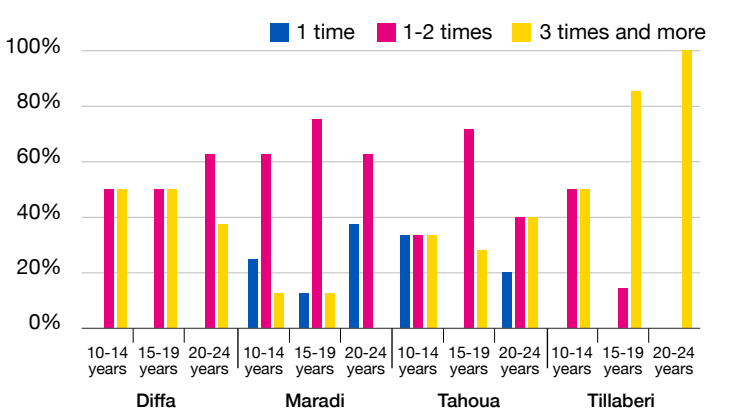
In August 2023, vulnerable and displaced households in the Tillaberi region and the north of the Tahoua region were facing acute food insecurity (IPC phase 3), a situation that now also affects those in the Diffa region and the south of the Maradi region. These households have neither food stocks nor income, their purchasing power is low due to very high prices, and they have no access to food and humanitarian assistance due to the reduced response capacity of the government and the World Food Programme (FEWS NET, august 2023).

KEYS FINDINGS

CHILDREN, ADOLESCENT AND YOUTH FOOD SECURITY

The study shows that children, adolescents and youth aged 10 to 24 in the 4 regions eat on average **1 TO 2 TIMES A DAY, COMPARED TO 3 TIMES BEFORE THE CRISIS.** Their average number of meals has decreased due to insecurity, conflict, displacement, the effects of climate change and rising prices. The **PARTICIPATION OF WOMEN** in household decision-making and their access to income-generating activities help to increase and improve the quantity and quality of meals, particularly for adolescent girls.

Figure 1: Number of meals eaten per day, by age group, and region for children, adolescents and youth

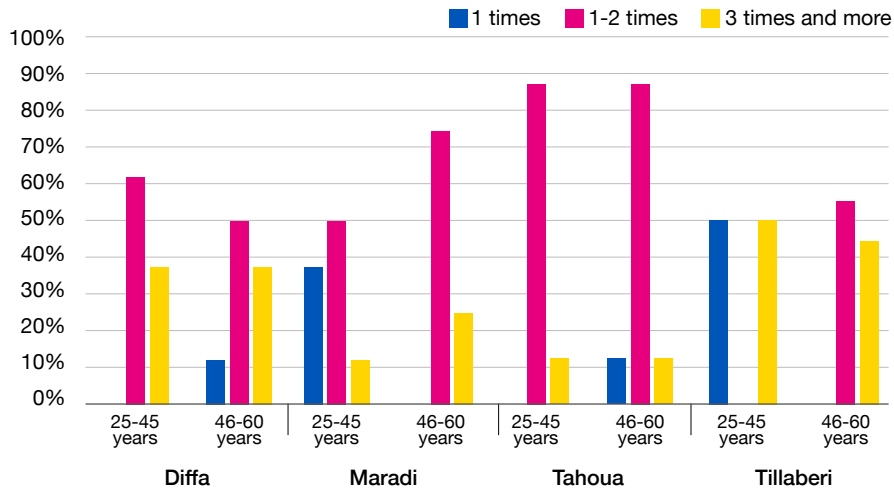


ADULT FOOD SECURITY

In Maradi and Tahoua, which are agricultural and agro pastoral regions where food security should not be an issue, **50% AND 89% OF ADULTS AGED 25 TO 45 EAT 1 OR 2 TIMES A DAY** respectively. This can be explained by the fact that the study took place during the lean season, which is known for its low availability and accessibility to food, and leads to undernourishment and need for food assistance.

The humanitarian access and response in Diffa has allowed to cover needs to some extent. In Tillaberi, **50% OF ADULTS EAT ONLY ONCE A DAY**, and this is connected to the high number of refugees and displaced people living in this border area with Mali and Burkina Faso, where insecurity restricts humanitarian access.

Figure 2: Number of meals eaten per day, by age group, and region by adults

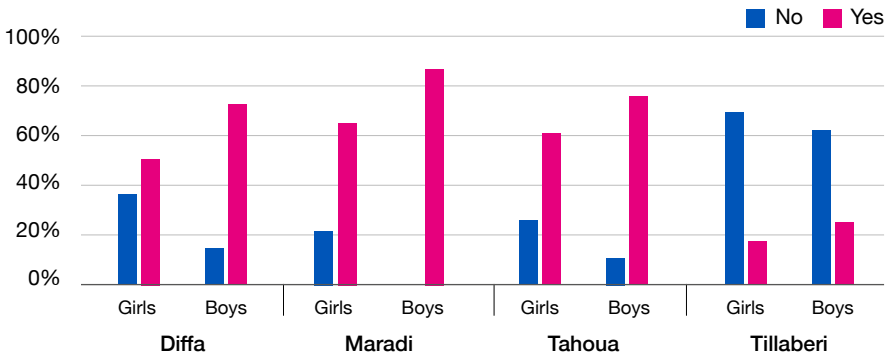


PARTICIPATION OF ADOLESCENTS IN HOUSEHOLD FOOD SECURITY

67% OF ADOLESCENTS IN ALL REGIONS PARTICIPATE IN FOOD SECURITY. According to social practices and collective beliefs, the younger family members should look after elders. They contribute to this through income-generating activities, including petty trading for girls and seasonal work for boys (bricklaying, selling wood, straw or banco, transporting goods, etc.). When these opportunities are not available, adolescents resort to **NEGATIVE COPING STRATEGIES**, including migration, exodus to peri-urban and urban centres, sex work, begging, etc.

A high percentage of adolescents participate in food security in Maradi and Diffa since populations from these two regions take advantage from the cross border trade opportunities with neighbouring Nigeria. In addition, insecurity due to attacks from armed groups in Nigeria also affects these regions and contribute to increased humanitarian needs.

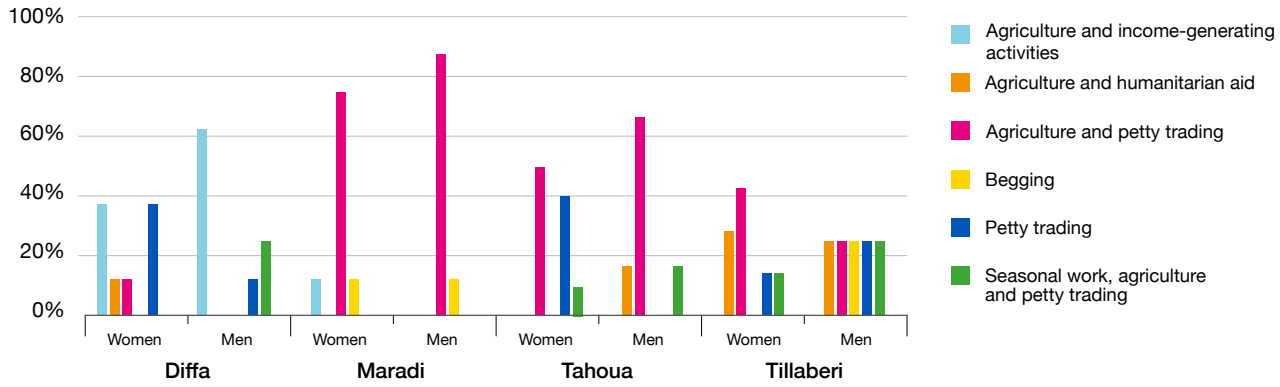
Figure 3: Participation of adolescents in household food security by gender and region



HOUSEHOLD FOOD SOURCES

Since the crisis, households' harvests have decreased due to insufficient access to and degradation of arable land, irregular rainfall, and insecurity forcing them to buy food. Displacements in certain regions have also contributed to a reduction in arable land. Despite this, **MOST HOUSEHOLDS STILL DEPEND ON THEIR OWN AGRICULTURAL PRODUCTION TO EAT**. In such a context, the regular and adequate supply of markets offering foodstuffs becomes essential, but this presupposes that households can access these markets and have the means to purchase basic foodstuffs.

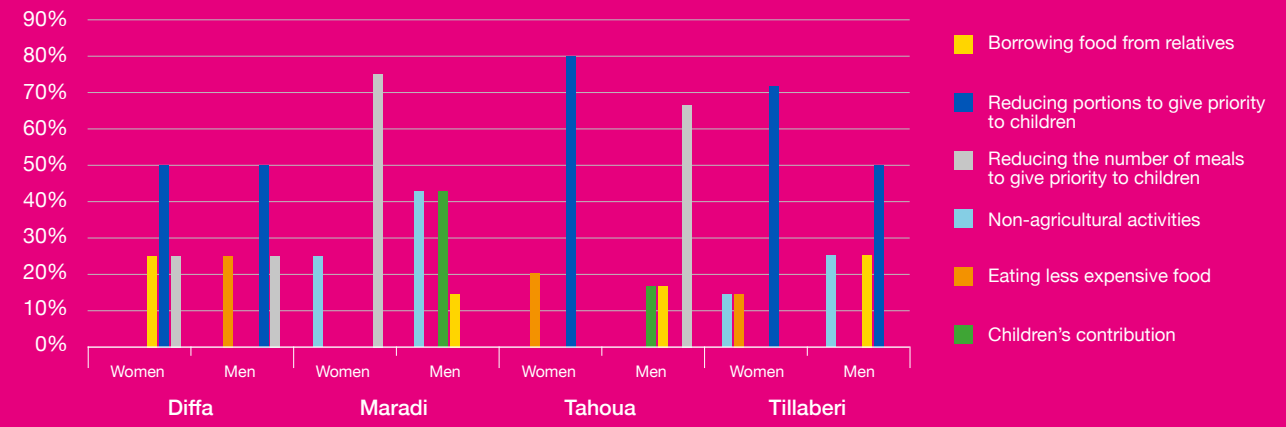
Food sources by sex according to adults



HOUSEHOLD FOOD SECURITY AND NEGATIVE COPING STRATEGIES

NON-AGRICULTURAL AND NON-PASTORAL ACTIVITIES ARE PLAYING AN INCREASINGLY IMPORTANT ROLE in the diets of vulnerable households, particularly during the lean season. This study and the findings of Plan International's 2022 study show that they use coping strategies such as reducing the number of meals and rations for adults in order to give priority to children, eating less expensive food and borrowing food from relatives. The **CONTRIBUTION OF CHILDREN** aged 10 to 14 to food security is particularly noteworthy in Maradi and Tahoua.

Figure 5: Household coping strategies by gender according to adults



FOOD SECURITY AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Menstrual hygiene management

Adolescent girls and women mainly manage their menstrual hygiene with sanitary pads and pieces of loincloth combined with other products such as soap or perfume. Before the crisis, they mainly used sanitary pads. With the crisis, **THE USE OF PIECES OF LOINCLOTH IS ON THE RISE**. With the growing needs, distribution of dignity kits, including sanitary pads, by NGOs has proven insufficient.

For adolescent girls, before the crisis, sanitary pads were used by 92%, 58% and 44% respectively in Diffa, Maradi and Tahoua. In Tillaberi, pieces of loincloth and/or mattress foam were used the most (33%). Since the crisis, **THE USE OF SANITARY PADS HAS BEEN REPLACED BY THE USE OF PIECES OF LOINCLOTH IN DIFFA, MARADI AND TAHOUA**. In Tillaberi, the situation has remained the same as before the crisis.

Adolescent girls mentioned that their three main concerns include **THE LACK OF MEANS TO BUY THE NECESSARY PRODUCTS, INADEQUATE ACCESS TO WATER AND THE MANAGEMENT OF MENSTRUAL PAIN** (combined with the lack of means to access appropriate healthcare).

The same applies to adult women. Before the crisis, more than 50% of women in all regions used sanitary pads. Since the crisis, the majority of women have been using pieces of loincloth.

Link between food security and menstrual hygiene management

The main risks to adolescent girls' sexual and reproductive health are unwanted pregnancy, access to sexual and reproductive health and rights (SRHR) services and sexually transmitted diseases. In humanitarian contexts, **DISRUPTIONS, RESTRICTIONS AND/OR LACK OF ACCESS TO HEALTHCARE CAN EXACERBATE THESE RISKS**, especially when household resources are essentially allocated to food security. Despite their preference for sanitary pads, girls and women prioritise their food security, even if it means using less appropriate means to manage their menstrual hygiene.

In addition, the active participation of adolescent girls and women in the search for food is **AN OBSTACLE TO THEIR ACCESS TO HEALTH SERVICES**.

Finally, in a context of insecurity, by moving away from their homes to contribute to food security, **GIRLS AND WOMEN EXPOSE THEMSELVES EVEN MORE TO DIFFERENT RISKS** including physical and sexual violence, trafficking, abduction and/or forced marriage.

RECOMMENDATIONS

FOOD SECURITY

- Maintain an **INTEGRATED HUMANITARIAN RESPONSE** covering food security, WASH, health (including SRHR), nutrition, education and protection, in order to ensure that the needs of vulnerable populations are met in an optimal and efficient way
- Better adapt the response to the needs of households/communities by **TAKING GREATER ACCOUNT OF THEIR VOICES** through participation and feedback mechanisms
- **INCREASE PEOPLE'S RESILIENCE** through actions to support agricultural products processing, income-generating activities and connecting producers, suppliers of goods and services with buyers
- **STRENGTHEN HOUSEHOLD FOOD AND NUTRITIONAL SECURITY** by increasing agricultural and market garden production, improving the nutritional diversity of their diets and developing nutritional knowledge and good practices
- **RAISE AWARENESS** of children's participation in the search for food
- **STRENGTHEN HEALTH INFRASTRUCTURE SERVICES** by supporting the establishment of nutritional recovery centres
- Reduce the impact of climate change by setting up **IRRIGATION SYSTEMS** to enable landless farmers, returnees and refugees to cultivate plots of land.

MANAGEMENT OF SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING MENSTRUAL HEALTH MANAGEMENT

- **MAKE SRHR A PRIORITY IN HUMANITARIAN ACTION**, and integrate it into other interventions, including food security
- Work with national authorities to develop and implement effective and concrete measures **TO ELIMINATE ACCESS CONSTRAINTS TO SRHR SERVICES**, particularly for adolescents and women
- **BUILD THE CAPACITY** of community structures in SRHR
- **TRAIN COMMUNITY RELAYS,** including youth, on topics relevant to their background, age and concerns
- Work with **COMMUNITY AND RELIGIOUS LEADERS AND WOMEN'S AND YOUTH ASSOCIATIONS** on taking into account and managing the needs of adolescents, education including SRHR, family planning, the responsibilities of the heads of household, etc.
- Raise awareness of the application of **HUMAN RIGHTS AND INTERNATIONAL HUMANITARIAN LAW** in relation to SRHR.

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