

Executive Brief: **Central African Republic - Emergency Food Security Assessment- September- October 2007**

Overview, scope and methods

For more than 10 years, the Central African Republic (CAR) has been affected by political instability and internal conflicts. Between 1996 and 2002, six coups d'Etat have taken place. Insecurity had devastated the country and resulted in an overall deterioration of the living conditions and increased poverty. CAR is one of the poorest countries in the world. It ranks 172 out of 177 countries on the 2006 Human Development Index and the CAR has dropped by 5 percent between 1990 and 2003.

Insecurity continues to ravage the northern areas of the country where fighting and village attacks by bandits, rebels and military are still ongoing and has led to the internal displacement of about 220,000 people. About 73,000 people have sought refuge in Chad and Cameroon. There are also more than 2,600 refugees from neighboring western Sudan (Darfur) in the country.

At 6.2 percent, the country has one of the highest HIV/AIDS prevalence rates in the sub-region. Insecurity has led to a spread of the epidemic and an increased vulnerability of the population.

WFP and UNICEF conducted an emergency food security assessment in September and October 2007 to update the information available on food security and nutrition in the country and inform a new and targeted Protracted Relief and Recovery Operation (PRRO) covering mainly in the northern part of country.

Specifically the objective of the mission was to assess the food security situation of:

- rural households in the northern part of the country (7 provinces of Nana Mambéré, Ouham, Ouham Pendé, Nana Gribizi, Bamingui-Bangoran, Haute-Kotto and Vakaga)
- Sudanese refugees in the camp of Sam Ouandja in the province of Haute Kotto,
- households with people living with HIV in Bangui.

How was the assessment done? It is based on an analysis of secondary data and primary data collected at household level in the North and North Western provinces. A total of 1 335 of households were interviewed of which 809 rural households, 245 households with people living with HIV and 281 Sudanese refugee households.

How many people are food insecure? Who and where are they?

Twenty-two percent of rural households are food insecure, of which 7 % severely and 15 % moderate.

Twenty-four percent of persons living with HIV are food insecure of which 7% severe and 17% moderate.

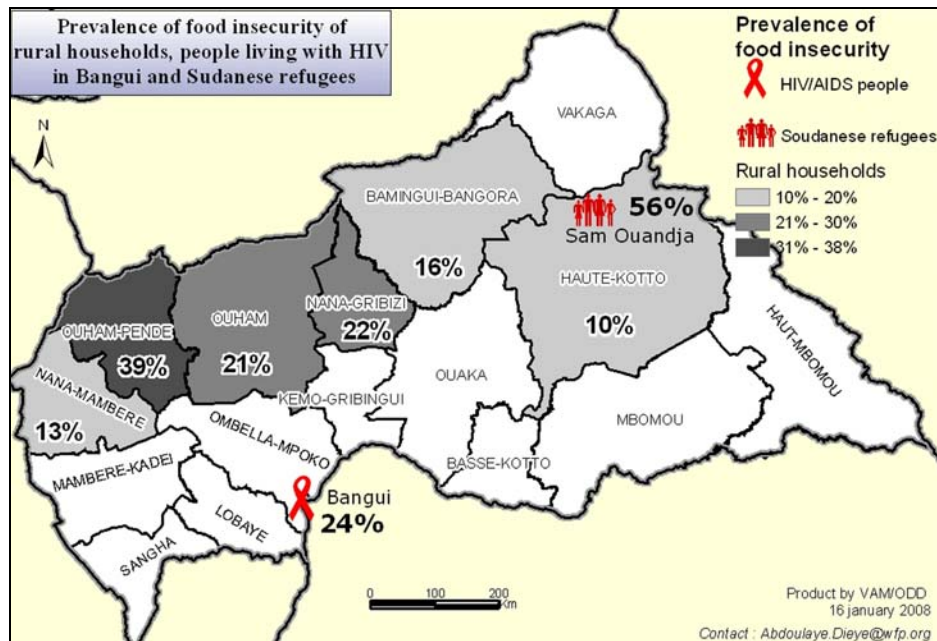
	Severely food insecure		Moderately food insecure		Total
	Percentage	Est. number of people	Percentage	Est. number of people	
Rural households	7%	108,000	15%	222,000	22%
Households with people living with HIV	7%	9,000	17%	20,000	

The 2,600 Sudanese refugees arrived in CAR in May 2007 and have no means to support themselves. They are vulnerable to food insecurity. 56 % are food insecure.

Households headed by a woman are more likely to be food insecure. 75 % of the households with people living with HIV are headed by a woman.

Definition: Food insecurity exists when people do not have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (FAO 2002, *The State of Food Insecurity in the World 2001*. In this survey, households' food insecurity is determined by their food consumption, based on diet diversity and frequency (what they eat and how often), and their food access (determined by the revenue sources and the percentage of expenditure spent on food).

The highest concentrations of food insecure people are in the provinces of Ouham Pendé (39 % of households) and Nana Gribizi (23 %).



The percentages of food insecurity for each province are indicative.

What are the causes of food insecurity?

Food insecure households have an inadequate food consumption and have problems accessing food.

Food consumption: 26 % of rural households and 22 % of households with people living with HIV, have a poor food consumption. 44 % of refugees have a poor food consumption.

Diet diversity is very low. Households eat mainly tubers such as cassava, vegetables and leaves with hardly any cereals or meat. Refugees have a better diet as the food aid ration is more diverse.

Rural households have coping strategies that put their lives and/or livelihoods at risk. They reduce the quantity of food they eat or the number of meals. Households with people living with HIV, have the following coping strategies: reduction of quantity, debt or begging.

Food access: More than half of rural households, almost half of the people living with HIV have difficulties accessing food. In rural areas food mainly comes from people's own production. Insecurity and looting as a result has displaced local population, destabilised the production system and disrupted trade and income-generating opportunities. Cultivated areas have diminished substantially due to insecurity in the field. Families only cultivate what is necessary for their self subsistence, when they can. Many have been displaced. Traditionally, the Northern provinces of Ouham, Ouham Pendé and Nana Gribizi have been surplus producers of maize and cassava.

In Bangui, households with people living with HIV buy food on the market. They often have very limited and irregular sources of income due to the disease of the household head, the fact that three quarter of these households are headed by women, and generally have a large household size (average of 10 people, often with orphans). They rely on aid, petty trade, and the sale of agricultural products.

Sudanese refugees, who only arrived in May 2007, have not developed any income-generating activities and rely on food aid and the sale of wood.

In general, insecurity in rural areas, the impact of HIV/AIDS, widespread poverty and the arrival of refugees are severely limiting livelihood opportunities and prevent households to generate sufficient income to buy food.

Child malnutrition: According to the UNICEF MICS 2006, acute malnutrition rates are below emergency thresholds but exist and concern 2 percent of children under five. It is likely that the deterioration of the food security situation and of the hygiene and health situation have led to an increase of acute malnutrition since 2006. Acute malnutrition rates are nonetheless 5,3 percent and 2,5 percent in the Sam Ouandja refugee camp and in the Vakaga province respectively.

Education: Many children, along with their families, have been displaced and have left their schools. Informal schooling is being organised with UNICEF. Teachers still have unpaid salaries of 42 months

Recommendations

Severely food insecure households need emergency food assistance. Moderately food insecure households need support to strengthen their livelihoods.

The likely scenario of the coming months is a deterioration of the food security and nutritional situation of households affected by insecurity and people living with HIV, in particular children, pregnant and lactating women, and elderly people. The assessment mission recommends to:

- Implement **General Food Distributions** for internally displaced people and host households, severely food insecure households, Sudanese refugees and orphan children due to HIV. *Priority provinces: Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran, Vakaga, Sam Ouandja refugee camp*
- Provide emergency **school feeding** for the children of displaced families, voluntary teachers and schools staff *Priority provinces: Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran, Vakaga*
- Provide **therapeutic feeding and / or complementary feeding** to acutely malnourished children and their mothers. Children suffering from acute malnutrition from households with people living with HIV should be targeted as a priority. *Priority provinces: Nana-Mambéré, Ouham-Pendé, Ouham, Bamingui-Bangoran, Nana-Gribizi, Vakaga, Haute-Kotto, Sam Ouandja, Bangui.*
- Organise a mission to **assess the nutrition situation** in the Provinces of Ouham Pendé, Ouham, Nana Gribizi and Haute Kotto where acute malnutrition rates are above 2 percent.
- Provide **food assistance to people living with HIV** and part of ART, Prevention of mother to child transmission and tuberculosis programmes. *Priority zones: Bangui and capital of each province.*
- Implement **food for work programme**. Projects should include infrastructure rehabilitation or assets creation activities. They should be targeted at moderately food insecure rural households and households headed by a woman.
- Continue and strengthen the FAO seeds distribution. WFP should provide food assistance to reinforce seeds protection to displaced, returned and refugee households.
- Implement **food for training**: Food insecure households headed by women, including households with a member living with HIV.

Priority provinces for the last three interventions are: Sam Ouandja, Nana-Mambéré, Ouham-Pendé, Ouham, Haute-Kotto.

Interventions	Description	Beneficiaries
General Food Distribution	IDPs and host families	75 000
	Severe food insecure people	105 000
	Refugees (Sam Ouandja Camp)	3 000
	HIV Orphans	800
School feeding	Extend to Ouham-Pendé	120 000
	Children of displaced families	100 000
	Voluntary teachers and schools staff	3 000
Health and nutrition	Therapeutic and supplementary feeding for acute malnourished children under 5	6 000
	Support to mothers	6 000
	Food insecure people living with HIV	9 000
Food-for-training	food insecure households headed by a woman	5 000
Food-for-work	Moderately food insecure rural households and households headed by a woman	2 000
Seed protection	Food insecure households, who have been displaced, have returned to their village, and refugees.	23 000

For more information, please contact:

Sitta Kai-Kai, WFP Country Director, sitta.kai-kai@wfp.org

Mamadou Diouf, Regional Assessment Officer for West Africa, mamadou.diouf@wfp.org