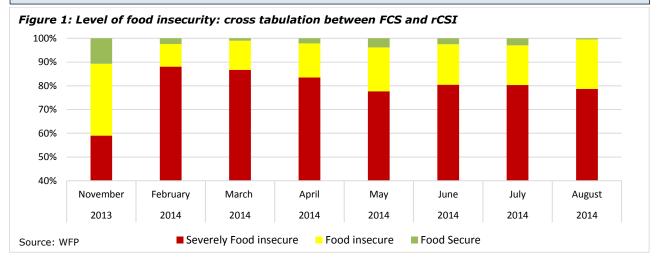
August 2014: Food insecurity remains high. Indications that beneficiaries have lower coping.

Key Messages

- In August, levels of food insecurity remain stable at high levels for the fourth consecutive month.
- While beneficiaries of food assistance have the same diet as non-beneficiaries, they recur less frequently to negative coping strategies.



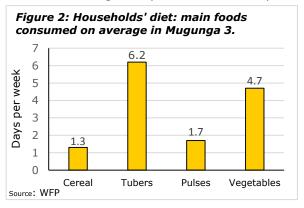
High levels of food insecurity persist in August

In August, 241 households were reached by the mVAM phone survey in Mugunga 3. Results show that the level of food insecurity remained fairly stable at high levels (*Figure 1*). July and August fall within a post-harvest period. A high consumption of tubers continues to be observed, reflecting the low seasonal cost of cassava.

Food Consumption & Coping strategies

The percentage of households with poor food consumption decreased from 69.9% in July, to 66.8% in August. However, this difference is not statically significant at the 95% level (p-value 0.465). As in July, the household diet largely relied on tubers, which were consumed on average 6 days a week. Consumption

of vegetables increased from an average consumption of 3 days a week in July to nearly 5 days a week in August. Households rarely consumed cereals and pulses (on average 1.5 days a week), and nearly no proteins or dairy products. Also the coping strategy index remained stable (mean 20). The most common coping strategy was, as in June and July, "Rely on less preferred and less expensive foods", followed by "Limit portion size at mealtimes" and "Reduced number of meals eaten in a day". These strategies were all used by more than 90% of the households.



Beneficiaries vs. non-beneficiaries

In August, 18% of respondents received food assistance from WFP. Food assistance consists of some maize, CSB, oil, pulses and salt. 81.8% of WFP beneficiaries, even after food distributions, have a poor food consumption and the diet of beneficiaries and non-beneficiaries is very similar. However, use of coping strategies by beneficiaries is less frequent (mean rCSI=15) than non-beneficiaries (mean rCSI=21). The difference is statistically significant (p-value 0.000). This is mainly due to the fact that only 15.0% of beneficiaries recurred to the most severe strategy, "restricting consumption by adults in order for small children to eat' compared to 41.5% of non-beneficiaries (difference in proportion statistically significant, p-value 0.002).



