Key messages

- In February, nearly one third of the interviewed households was found to be severely food insecure.
- The food security situation has worsened compared to January, when the positive effects of the harvest — increased labor opportunities and reduced food prices - were reflected on households' food consumption and use of negative coping strategies.

Methodology – mVAM remote data collection

This bulletin analyses data collected through live phone calls in February 2015 (previous bulletins are available here). In February, 230 IPD households residing in Mugunga 3 camp were successfully contacted and asked questions about their food consumption and the coping strategies they employed when experiencing a lack of food and/or money to buy food.

The data collected was used to calculate the Food Consumption Score (FCS), a composite score based on food diversity, frequency and relative nutritional importance of different food groups, and the reduced Coping Strategies Index (rCSI), a score based on the frequency with which coping strategies are employed and the severity associated to each strategy.

Food Insecurity

The percentage of households classified as severely food insecure increased from 48.77% in January to 60.43% in February 2015 (p-value=0.01). Overall, the food insecurity situation observed in Mugunga 3 in February is comparable to that of the months of November and December 2014.

January, which shown relatively low levels of food insecurity compared to the preceding months and February, represented a very particular month. Households probably experienced improved access to food as harvests of maize and beans were underway in the region, increasing daily agricultural labour opportunities and incomes for IDPs and bringing prices of food staples down.

Figure 1: Level of food insecurity, Mugunga 3 camp, cross tabulation between FCS and rCSI (October 2014–February 2015).
Food Consumption and Coping Strategies

As shown in Figure 2, the percentage of households classified as having poor food consumption increased from 44.3% in January to 55.7% in February (p-value: 0.01). Overall, however, the average diet of respondents remained fairly stable, except for a slight decrease in the consumption of pulses and vegetables. In February, the level of negative coping remained similar to January, and it was lower than that of December (Figure 3).

The cross tabulation (Figure 1) indicates that some of the households that have borderline food consumption are using severe coping strategies to sustain their diet.

Beneficiaries vs. non-Beneficiaries

As in previous months, in February the share of households classified as having poor food consumption was lower among WFP beneficiaries than among non-beneficiaries (42.2% and 64.2% respectively, p-value: 0.01). However, combined, the percentages of households classified as having poor and borderline food consumption was approximately the same (around 93%) between the two groups.

Beneficiaries eat cereals (the staple distributed by WFP) more often than non-beneficiaries. They also eat more pulses, and use more oil/fats. On the contrary, non-beneficiaries eat more tubers, which are often used as a cheaper alternative to cereals (Figure 5).

Beneficiaries also employ negative coping strategies less than non-beneficiaries (rCSI values being 10.13 vs 15.62 respectively, p-value: 0.00) as shown in Figure 6.

These results suggest that WFP food assistance is indeed helping the poorest households in Mugunga 3 camp to sustain their diet and to minimise - if not prevent - their engagement in negative coping strategies. Nevertheless, WFP assistance is not enough to guarantee recipient households an acceptable food consumption and to lift them out of food insecurity.

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