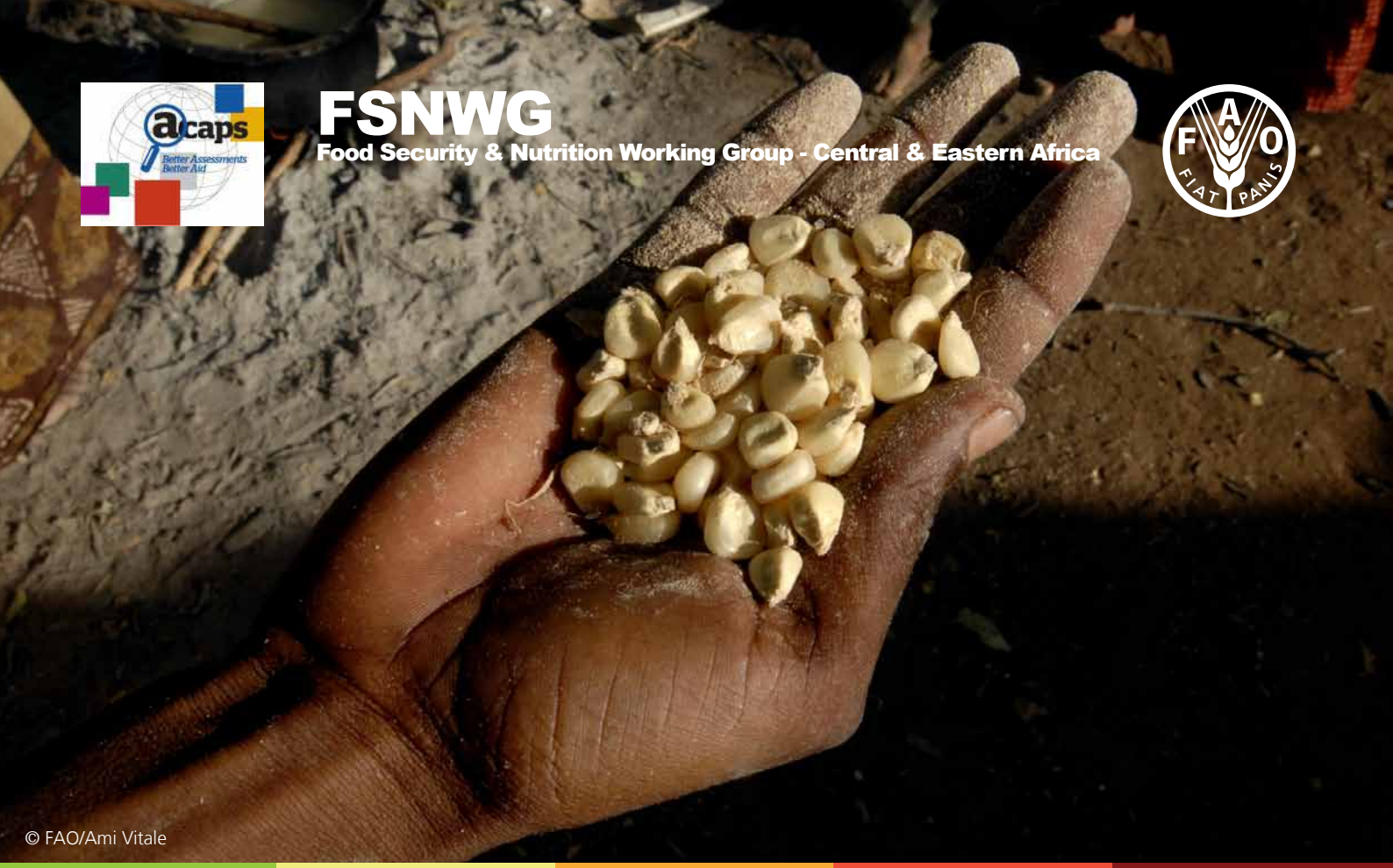

FSNWG
Food Security & Nutrition Working Group - Central & Eastern Africa

ACAPS mission report - March 2012

MAPPING INFORMATION SYSTEMS FOR BETTER FOOD SECURITY DECISIONS IN CENTRAL AFRICAN REPUBLIC

Mapping food security and nutrition information for the Integrated Food Security Phase Classification (IPC) in Central African Republic (CAR). Mission conducted by ACAPS in support to the Food and Agriculture Organization of the United Nations (FAO) under the umbrella of the regional Food Security and Nutrition Working Group (FSNWG).

Recommendations

- Advocate for the development of the essential information systems

  The lack of information systems in CAR has been highlighted by many as a major drawback but so far no coordinated approaches of advocacy or plans have been tempted. The IPC could be used as a tool to advocate for stronger information systems.

- Give the priority to chronic food security analysis

  Most of the information presently available could be used for chronic food security analysis. Food insecurity in CAR is a chronic as much as an acute issue.

- Increase the IPC visibility and secure the collaboration of the Food Security cluster members to collect basic information

  The key actors present in the country, as international NGOs and UN agencies, are not sufficiently represented in the national IPC Technical Group (GTI) The collaboration of these actors in the IPC process in CAR should be enhanced. The Food Security cluster could become a forum to identify collaborative ways to fill essential information gaps all organisations are facing.

- Conduct the analysis at a decentralized level

  For acute food insecurity, conduct the analysis at a decentralized level where local knowledge is available on the major trends. Some information is collected on a regular basis at a decentralized level and it is often not transmitted to the central level or with a lot of delays. Moreover, staff based in the regions have a better knowledge of the situation.

CAR ranks 178 out of 179 on the Human Development Index (HDI)[1]. This indicator reflects the situation of a country where the governmental institutions have very limited means to provide basic public services, poverty is high and humanitarian actors are meeting difficulties to answer dramatic chronic and acute needs.

Information systems are also suffering from the lack of resources to provide the essential information and analysis to implement appropriate programming, surveillance and allow early warning.

Attempting to fill these dramatic gaps, the IPC project, supported by FAO, is pulling together the governmental and non-governmental humanitarian actors to conduct the analysis of the food security situation for better programmes and to increase the visibility of the situation in CAR.

1 - Objectives of the ACAPS mission

- Perform the overall data or information and institutional mapping for the IPC system in CAR.
- Through a collaboration with the regional IPC Steering Committee for Eastern and Central Africa of the FSNWG[2], support FAO on the implementation of the IPC in CAR.

The field mission took place from 7 to 22 March 2012.

The key activities conducted during the mission were:

- interviews of informants in agencies collecting information related to food security, nutrition, health, water or sanitation (list in annex 3);
- field visit to Sibut (Kemo region);
- reporting and debriefing.

Overall, the mission achieved to:

- identify the existing information sources and institutions to contribute to the IPC analysis;
- Identify the crucial gaps of information to conduct the IPC analysis;
- Identify opportunities to reduce the gaps for some indicators;
- propose an information management and sharing system;
- increase the visibility of the IPC process in CAR through meetings and a debriefing session with key partners (in annex 2)..

Some contacts could not be made because people were not available at the time of the ACAPS mission.

2 - The IPC project in CAR

The IPC is a collaborative process to analyse information already available. It is not an information system. For more information on the IPC, please visit the dedicated website: www.ipcinfo.org.

In CAR, the IPC was initiated in 2008. When the project ended in 2010, owing to funding constraints, the IPC in CAR had achieved to:

- conduct four analyses;
- create a Technical Group (Groupe Technique Interinstitutionnel or WGTI) with a strong representation of the governmental institutions;
- initiate the institutionalisation of the GTI;
- prepare the ground for the second phase of the project;
- participate in the annual regional IPC workshops for Eastern and Central Africa (in Nairobi, Kenya).

The Phase 2 of the IPC project in CAR was launched by the renewal of the GTI and training in March 2012. It is technically supported by the regional IPC Steering Committee for Eastern and Central Africa, launching the second version of the IPC guidance.

1 - United Nations Development Programme, HDI Statistical Update 2008, data as of 2006, hdr.undp.org

2 - http://www.disasterriskreduction.net/east-central-africa/fsnwg

The GTI is mostly composed of governmental institutions and lacks representation from international Non-Governmental Institutions (NGOs) and United Nations (UN) agencies, which have more capacity to provide information to the process. Stronger linkages with the cluster are needed.

The IPC is not an information system and it is not collecting information. The mission found that the main limits to the IPC implementation in CAR are:

- the humanitarian coordination and the overall humanitarian context;
- the availability of sufficient information and its quality.

3 - The humanitarian context

A difficult access

Conducting data collection at a national level and in some regions can be challenging. The physical access to some parts of the country is hampered by the lack of security and infrastructure. During the raining season (corresponding to the lean season or hunger gap), access is even more problematic.

The geographical coverage of the existing information is often partial. Few technical services are decentralized or have the means to collect information, or both. Information from organisations present on the ground (NGOs mostly) only covers intervention zones and is not always comparable in methodology.

Examples:

- Standardized Monitoring and Assessment of Relief and Transitions (SMART)[3] surveys are conducted as part of the nutrition interventions conducted by different international NGOs. They focus on the catchment area of the programme. Their reliability is high but they provide a very patchy map of the malnutrition in CAR and their frequency is not regular, depending on funding and capacities. The United Nations Children's Fund (UNICEF) is planning a national SMART survey in 2012, to be repeated every four years, alternating with the Multiple Indicator Cluster Survey (MICS)[4].

- Markets in CAR are not integrated. This means that the information collected on one market is not representative of the situation on the other markets, even in the same region. Information has to be collected at a decentralized level on many markets to be able to provide a global picture. Also, as a consequence of the non-integration, products are conditioned in many different forms and the units used vary.

Most of the country is suffering from limited access and also limited communication with the capital. The communication infrastructure is poor, owing to the lack of investment and power. A large part of the country does not have mobile coverage (or temporary, if it does, depending on power). The internet connection is very poor and many public services are not equipped. Very little electronic data circulates. All this affects trade and population movements but also the circulation of information.

Funding challenges

All organisations in CAR, governmental and non-governmental, are facing difficulties to access sufficient resources to implement their activities. Thus, technical and human resources are also a challenge. In 2011, only 48 percent of the needs (USD 89 million) identified in the Consolidated Appeal Process were funded[5]. Since the nutrition crisis of 2009, the level of funding in CAR has increased slightly. However, the humanitarian sector in CAR remained under-funded compared to other countries in the region. In addition, the country is entirely dependant on external aid to run basic services.

This has direct consequences on the information systems:

- competition among agencies and limited information sharing;
- reduced or non-existant funding or time, or both, for analysis, surveillance and information activities;
- the few surveys and assessments taking place are funded by external aid.

Quality of the information

All informants are also reporting limitation in the capacities of the field teams to collect reliable information, to analyse it and to transfer it on a regular basis.

3 - http://www.smartmethodology.org/

4 - http://www.unicef.org/statistics/index_24302.html

5 - Source: OCHA www.hdptcar.net

Acute humanitarian needs

As indicated in the 2012 Office for the Coordination of Humanitarian Affairs (OCHA) factsheet on CAR[6], the country is characterized by a strong instability and a high mobility of the population. One quarter of the population lives in urban and peri-urban Bangui.

The country is neighbouring Sudan, Demoratic Republic of the Congo and Chad, which bring additional instability in the country. They are also key economic partners for the population is landlocked within its own country because poor road and transport infrastructure. It is often easier to trade with neighbouring countries than within CAR.

The population, despite a fertile environment, is facing acute poverty and is barely reaching subsistence levels. The main constraints faced are:

- instability and displacements;
- weak livelihoods: lack of inputs and low human capital (e.g.: health, education, nutrition, etc.).

The needs for information and early warning is important in a country where vulnerability is high and shocks could push households quickly into food insecurity, malnutrition and displacement.

Challenging coordination

The coordination in CAR is rather low at all levels (e.g.: donors, NGOs, UN agencies, etc.). However, it varies among sectors. The cluster system is in place but informants are reporting that crucial information is not shared among UN agencies and NGOs, between UN agencies or NGOs and governmental institutions. In a country were resources are scarce, the lack of coordination is impinging upon opportunities to fill gaps through collaborative work.

★ **The coordination meetings could be better exploited by introducing more technical discussions and collaboration.**

4 - The information available for the IPC in CAR

Resulting from the constraints presented above, the information systems are dramatically poor in CAR. As a process based on existing information, the IPC is facing major challenges.

Some information is available regularly and nation-wide

The information regularly available is mainly related to health and nutrition but not only. There is also information on:

- chronic health, nutrition and Wash information (MICS);
- chronic food insecurity (Word Food Progamme (WFP), Comprehensive Food Security and Vulnerability Analysis (CFSVA)[7];
- health and nutrition routine data collection (Ministry of Health, UNICEF);
- physical access (OCHA);
- refugee situation (Unied Nations High Commissioner for Refugees, WFP).

Yet, information is often transmitted and released with a large delay:

- Routine information is coming from the health centres all over the country. The Ministry of Health' protocols are curently being revised and staff will be trained to cope with the changes but resources are lacking to conduct training in all the regions and prefectures. Most of the field health staff has not received any training in the past, either. The quality of the information could be improved and publishing the data often takes time (for example,the data for 2010 are published in 2012) but information exists, at least for the population accessing health facilities.
- The MICS 2010 was only released in 2012.

Some information is available only partially

Information could be collected on an *ad hoc* basis depending mostly on funding, human resources and programme needs:

- UN and NGOs assessments in their intervention areas only providing useful information on livelihoods, nutrition, and mortality and vulnerability;

6 - http://hdptcar.net/sites/default/files/HDPT-CAR-Info-Bulletin-English-187.pdf

7 - http://www.wfp.org/food-security/assessments/comprehensive-food-security-vulnerability-analysis

- population census;
- market and prices.

The IPC does not have access to sufficient information on food availability and access, two of the three pillars of food security.

Some 'standard' information systems just do not exist. For instance:

- A food security information system (as the Système d'Information sur la Sécurité Alimentaire (SISA)[8], present in most African countries) allowing surveillance and early warning;
- market prices monitoring (Système d'Information du Marché (SIM) in French) and other information on access;
- food availability; the last agricultural survey was conducted in 1985 and there is no information available on resources from fishing, forest and livestock;
- nutrition surveillance;
- baseline information for food security (e.g.: Household Economy Approach, livelihoods analysis, risk analysis, seasonal calendar, etc.).

Information systems suffer from the same lack of funding than the rest of the humanitarian and development programmes – confronted with a lack of funding, conducting surveys, assessments or information collection is not considered a priority compared to development programmes and, often, emergency programme (displacements are frequent and require a flexible programmatic approach). Information is most of the time collected for programme purposes (e.g.: project proposal, monitoring & evaluation, etc.). The information collected is not always useable for the IPC.

★ **The key information needed to understand food insecurity – availability, accessibility and livelihoods – are not available in CAR.**

Few opportunities

The small size of the humanitarian community and the desperate needs for information to support resource mobilisation could ease the coordination and collaboration on information systems. As mentioned earlier, currently, the coordination is not really smooth but there is definitely an opportunity to improve it. This is the only way to collect reasonably reliable and regular information on a large part of the country. Efforts on communication should be made to secure the collaboration of all actors.

All stakeholders agree on the constraints brought by the lack of basic information systems in CAR:

- difficulties to mobilise resources;
- difficulties to show impact;
- no proper early warning.

The information systems have an important place in the national policies (e.g.: Document de Stratégie de Réduction de la Pauvreté, Programme National d'Investissement Agricole et de Sécurité Alimentaire, etc.).

5 - The information mapping focusing on the IPC indicators

A matrix has been developed to present the information sources available for the IPC. It represents a snapshot of the situation in March 2012 and it will have to be developed overtime.

The matrix is available in the annex 2 presenting by indicator:

- the information available which could potentially be used to inform the IPC process (information related to the issue but which could not be used by the IPC analysis is not presented in the matrix);
- the information source;
- its reliability;
- its geographical coverage;
- the theoretical collection frequency, the latest collection date and the expected next collection date;
- essential comments.

8 - As for example in Burkina Faso. See: http://www.sisa.bf/sisa/

For example:

- The indicator Food Consumption Score (FCS)[9] is present in the matrix, in the chronic Food Security section, as the information is collected by the WFP, during the CFSVA – theoretically conducted every 4 years. The last CFSVA took place in 2009. The next one is planned for 2013. The CFSVA is conducted according to a standard methodology, supervised by trained UN staff. The reliability is good.

Evidence Reliability Rating	Criteria
1 Somewhat reliable	Reasonable but questionable source, method or time-relevance of data
2 Reliable	From a reliable source, using scientific method, and data reflecting current or projected conditions
3 Very reliable	Effectively unquestioned source, method and time relevance of data

- The data from the Ministry of Agriculture on the agriculture production has not been included in the matrix. The latest agricultural survey took place in 1985 and, since then, only estimations have been made. All the other information on production is gathered for programme evaluation purposes from producer groups benefitting from specific support (i.e. not representative of the overall population).

The matrix could be further developed as part of the IPC process. Data and other sources of information could be added. The information for each region could also be presented in separate spreadsheets.

Big information gaps have been identified and highlighted in the matrix. However, on the other hand the context is really challenging.

The key information gaps identified to conduct the IPC are:

- dramatic lack of acute information;
- focus on agriculture, while households are extracting considerable resources from fishing, hunting and gathering of natural resources (from the tropical forest);
- no information on availability and accessibility;
- lack of or minimal baseline information (on livelihoods, practices, seasonal calendar etc.);
- information is fragmented. It is mostly available in the areas of intervention of specialized NGOs.

9 - http://www.wfp.org/content/technical-guidance-sheet-food-consumption-analysis-calculation-and-use-food-consumption-score-food-s

RECOMMENDATIONS

▶ Advocate for the development of the essential information systems

Without sufficient information the IPC could not be used for its primary purpose to adequately inform programming. The lack of information systems in CAR has been highlighted by many but so far no coordinated approaches of advocacy or plans have been tried out. Without regular basic information the IPC could not provide reliable analysis. However, it could be used as a tool to advocate for stronger information systems. The IPC requires minimal information (quantity and quality) standards in order to classify. If those minimal standards cannot be reached, the unit of analysis should be coloured in grey, labelled as "Area with inadequate evidence"; this could be used as a strong advocacy message.

There are 2 initiatives at the moment in CAR:

- The Action Contre la Faim project to build local capacity on surveillance systems (funded by the Common Humanitarian Fund/OCHA) – This project could provide an essential baseline to the IPC (e.g.: livelihoods zones, seasonal calendar and risk analysis), contribute to the advocacy to raise the priority of information systems in the humanitarian community and improve capacities. Nevertheless, it is limited in resources and time. FAO is already engaged in collaboration with this project.
- The WFP Food Security Monitoring System[10] project: WFP is trying to revive the Food Security monitoring system ended in 2008-2009. The previous system methodology and management could be improved. Yet, it is a system which could allow producing regular 'acute' information for surveillance and early warning (i.e.: sentinel sites).

FAO could have a more active role in supporting the development of surveillance and early warning systems in CAR through the Global Information Systems [11](Agricultural Development Economics Division of FAO[12] in Rome).

▶ Give the priority to chronic food security analysis

Most of the information available could be used for chronic food security analysis. Indeed, they are collected over a long period of time (in average, every 4 years) and could not directly reflect acute changes. For some information, it is sufficient, as trends evolve slowly. For instance, HIV/AIDS prevalence, access to drinking water or food utilisation.

Nevertheless, food insecurity in CAR is chronic as much as it is acute. Resultring from the high vulnerability of households and to the internal instability, shocks (i.e.: conflict, prices, epidemics, and natural disasters) could dramatically affect households' food security and nutritional status.

Early warning and alert is needed but, currently, no information is collected systematically. First of all, the IPC could focus on building a solid baseline and conducting a first chronic analysis based on the existing information while information systems are strengthened (see recommendation above).

▶ Increase the IPC visibility and secure the collaboration of the Food Security cluster members to collect basic information

The key actors present in the country, able to collect quality information on a regular basis, are the international actors: NGOs and UN agencies. Yet, they are not sufficiently represented in the GTI. The collaboration of the international NGOs and UN agencies in the IPC process in CAR should be enhanced.

Government partners are also important to ensure the sustainability of the project. They are well represented in the GTI. Nonetheless, the persons present in the trainings or meetings are not systematically the decision makers. Governmental organisations decision makers should be better involved in the IPC process.

The IPC is a collaborative process, based on humanitarian actors sharing information and participating actively in the analysis process. In order to secure the collaboration of all actors, the visibility of the IPC and its advantages for all should be promoted.

The Food Security cluster could become a forum to identify collaborative ways to fill essential information gaps all organisations are facing. Other clusters should also be involved in the multisectoral process (e.g.: nutrition, health, water, sanitation, hygiene, etc.).

For example:

- Organise the collection of the price and availability of cassava or other staples, or both, at least on a monthly basis in all the markets where the cluster members are present. Use a common methodology and disseminate the information back to the cluster members.

10 - http://www.wfp.org/food-security/assessments/food-security-monitoring-system

11 - http://www.fsnnetwork.org/

12 - http://www.fao.org/economic/esa/en/

- At the beginning and at the end of the agricultural season share evaluation and analysis on the performance of the agricultural season.
- Ensure that all reports of assessments are shared among cluster members.
- Discuss collaborative assessments in the cluster.

▶ Conduct the analysis at a decentralized level

For acute food insecurity, conduct the analysis at a decentralized level where local knowledge on the major trends is available**.** Some information is collected on a regular basis at a decentralized level:

- morbidity (for the ones attending medical centres only) from the Health Data collection system;
- malnutrition cases admitted in a rehabilitation programme, from the Health Data collection system and NGOs;
- prices of basic food sources (mostly cassava), availability on the markets and market constraints from the regional departments of the Ministry of Planning and the NGOs;
- performance of the agricultural campaign from the Agence Centrafricaine pour le Développement Agricole (Ministry of Agriculture), NGOS, farmers groups, etc..

This information is often not transmitted to the central level or it is with a lot of delay. This information could not be used in absolute terms but in relative ones: it could allow to identify trends. Information, however, will still have to be harmonized at a centralised level.

The NGOs, but also governmental institutions staff based in the region, have a better knowledge than the people at the central level of the population, livelihoods, shocks and vulnerability. Organising IPC analysis in the region could allow for fully using this knowledge, to motivate people to keep an eye on the situation all year round and to have a wider geographical coverage.

Considering that 25 percent of the population of CAR lives in Bangui means conducting a specific analysis for the urban area of Bangui, which is more easily accessible. At least a fourth of CAR's population could benefit from a less costly regular surveillance.

Report conducted by Catherine Chazaly – Assessment epert at ACAPS

The mission was conducted by an expert from ACAPS. The project ACVAPS was created in 2009 by an NGO consortium formed by HelpAge International, Merlin and the Norwegian Refugee Council.

The objectives of the project are to:

- Support and build the capacities to conduct multi-sector needs assessments before, during and after crisis;
- Improve the quality of humanitarian aid.

To know more : www.acaps.org


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Annex 1: Matrix of available information

	Indicator for CAR	Description	Available information					
			Data	Source	Reliability	Peridocity (collection data)	Geographical coverage	Comments
Acute food insecurity								
AREA RESULTS	Food consumption	Needs coverage (in months)		WFP, NGOs	Weak to avarege depending on the the cacpacities of the source	Very irregular	Partial, only on areas of intervention	Second best in the absence of some other systematic information - Infomation to be consolidated through a regional analysis within the Food Security cluster
	Adaptation strategies	Changes / Appareance of negative strategies						
	Livelihood change	Changes/stabiliity						
	Nutritional status	GAM / SAM		NGOs	Good (SMART)	Annual or more (depending on available funding)	Partial, only on areas of intervention	**Not availble for the acute analysis - Use the admissions**
	Nutritional status	BMI	**NOT AVAILABLE**					
	Nutritional status	Admissions at care centres and/or outpatient care centres	Number of admissions	UNICEF, SNIS, NGOs	Average	Regular	Partial, only on areas of intervention	The trend is only reliable if the number of centres does not change and their supply is secured on a stable manner. Currently, this is not the case.
	Mortality	CDR	<5 years	MSF	Good	Regular	Only on MSF intervention areas	**NOT AVAILABLE**
	Mortality	U5DR	**NOT AVAILABLE**					
BY HOUSEHOLD GROUPS	Food consumption	Quantity	**NOT AVAILABLE**					
		HDDS, FCS, HHS, CSI, HEA	**NOT AVAILABLE**					
	Livelihood change		**NOT AVAILABLE**					
	Nutritional status	GAM / SAM	**NOT AVAILABLE**					
		BMI	**NOT AVAILABLE**					
	Morbidity		**NOT AVAILABLE**					
	Mortality		**NOT AVAILABLE**					
	Availability		**NOT AVAILABLE**					
	Access		**NOT AVAILABLE**					
	Price		**NOT AVAILABLE**					
	Use		**NOT AVAILABLE**					
	Drinking water		**NOT AVAILABLE**					
	Harzards and vulnerability		**NOT AVAILABLE**					

Chronic food insecurity by area								
	Availability	Quantity	Stock	CFSVA	Good	Every four years (May/June 2009)	National	
		Quantity	Production	NOT AVAILABLE				
		Food Consumption Score (FCS)		CFSVA	Good	Every four years (May/June 2009)	National	
		Dietary Diversity		CFSVA	Good	Every four years (May/June 2009)	National	
		CSI		CFSVA	Good	Every four years (May/June 2009)	National	
	Access	Income, prices, markets…		NOT AVAILABLE				
	Utilization	Uses, water, fuel, care		MICS	Good	Four to six years	National	
	Livelihood change			EFSA, ONGs	Weak to avarege depending on the the cacpacities of the source	Very irregular	Partial, only on areas of intervention	Second best in the absence of some other systematic information - Infomation to be consolidated through a regional analysis within the Food Security cluster
	Nutritional state	Growth delay		MICS, national SMART	Good	Four to six years	National	
		BMI	NOT AVAILABLE					
		Anemia	NOT AVAILABLE					
		Vitamine A		MICS	Good	Four to six years	National	
	Mortality	Infant mortality rate	/000	MICS	Good	Four to six years	National	
		Mortaly rate < 5 years	/000	MICS	Good	Four to six years	National	
	HIV/AIDS	Adult prevalence		MICS	Good	Four to six years	National	Prevalence is high and should be intregrated in the food security analysis
	Morbidity	Occurrence		CFSVA	Good	Every four years (May/June 2009)	National	
		Health data	Ministry of Health	Routine data	Average	Every year with a one-year delay on the publiccation	National	
	Acute crises recurrence							It could be analyzed through regional excercises
	Harzards and vulnerability	Hazards		CFSVA	Good	Every four years (May/June 2009)	National	
		Markets	Market survey	WFP	Good	2011, on time	National	
		Belongings	NOT AVAILABLE					
		Poverty threshold	Poverty profile	ICASEES	Good	2003, 2008	National	
		Strategies	NOT AVAILABLE					
		Policies, Institutions and Processes (PIP)	NOT AVAILABLE					

1

Annex 2

IPC
The Integrated Food Security Phase Classification

Preuves et standards pour de meilleures décisions en sécurité alimentaire

L'IPC en République Centrafricaine

Réunion d'information avec les partenaires

Bangui, 21 Mars 2012

Présenté par Catherine Chazaly, Assessment Expert, ACAPS

IPC Global Partners

Oxfam · Save the Children · FEWS NET · JRC

2

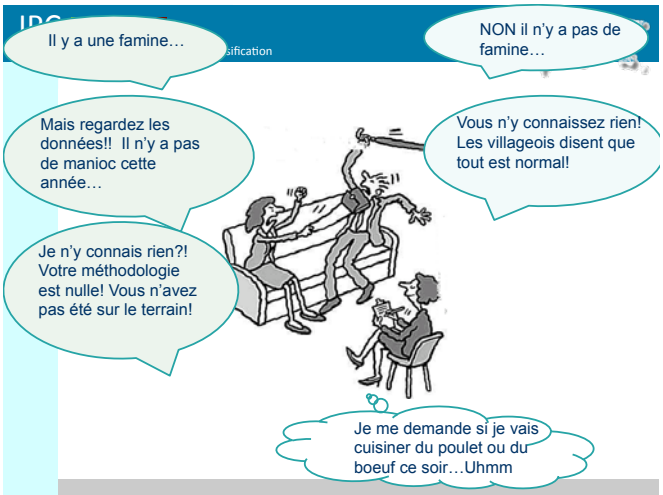
IPC
Integrated Food Security Phase Classification

Le Cadre Intégré de Classification de la Sécurité Alimentaire

Une aide à la prise de décision

- Un ensemble d'**outils et de procédures** (**protocoles**) pour la classification de la nature et sévérité de la sécurité alimentaire
- Un **processus impliquant de multiples parties prenantes** pour échanger des informations et construire un **consensus technique**

3



4

IPC
Integrated Food Security Phase Classification

La Valeur ajoutée de l'IPC

Mise en commun d'informations provenant de différents:

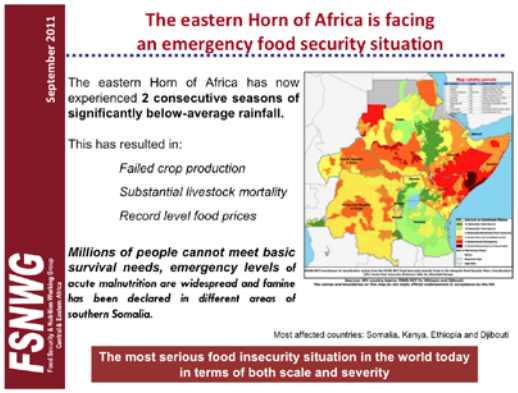
- **secteurs**: Sécurité alimentaire, agriculture, élevage, pêche, nutrition, santé, eau…
- **organisations**: governementale, ONGs, Uns…
- **zones géographiques**
- **périodes**

Représentation simple d'une situation complexe pour le plaidoyer

5

Integrated Food Security Phase Classification

IPC Regional Map highlights HOA Crisis



6

IPC
Integrated Food Security Phase Classification

Et ce que l'IPC **n'est pas**...

- Un **outil de collecte de données** – mais il peut informer la collecte de données et identifier des lacunes
- Un **système d'information** – mais est un outil d'analyse et de communication
- Une **analyse de la réponse** – mais est la base sur laquelle repose l'analyse de la réponse

7

IPC
The Integrated Food Security Phase Classification

La version 2 de l'IPC

- Repose sur les **cadres conceptuels** de la sécurité alimentaire, des moyens d'existence et de la malnutrition
- Plusieurs tables de référence: insécurité alimentaire **aigue** par zones et par groupes de ménage et insécurité alimentaire **chronique**
- Des **grilles d'analyse** successives
- Mesures de la **fiabilité et de la qualité** de l'information

8

IPC
Integrated Food Security Phase Classification

Pour plus d'information...

Le site Internet comprend:
- **Manuels et outils**
- **Cartes**
- **Pages dédiées aux pays**
- **Projects en court**

www.ipcinfo.org

9

IPC
The Integrated Food Security Phase Classification

En RCA: 1ère phase 2008 - 2010

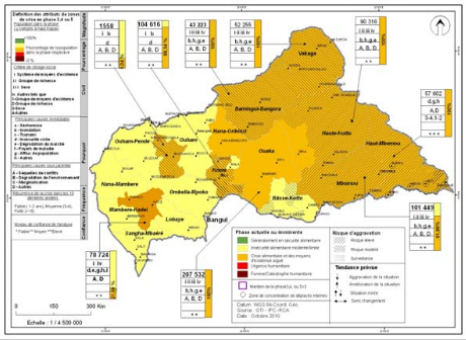
Résultats:
- Création du GTI-IPC rassemblant de nombreux acteurs gouvernementaux et non-gouvernementaux
- Plaidoyer avec le gouvernement pour l'institutionalisation du GTI-IPC
- 4 Analyses IPC
- Participation à l'atelier régional (2011)
- Financement obtenu pour la poursuite des activités avec la version 2 IPC (Gouvernement Australien – projet régional)

Difficultés:
- Situation nationale instable
- Difficulté de financement

10

IPC
The Integrated Food Security Phase Classification

Une première analyse en 2010/11



11

IPC
The Integrated Food Security Phase Classification

En RCA: 2ème phase en 2012

Formation à Bangui du 6 au 9 Mars 2012 - IPC vs.2.0 - Niveau 1
- 40 IPC analystes des organisations membres du GTT (Gouvernement – differentes Ministeres, ONG Int., ONG Locales, Agences ONU, Université)
- Organisée par le secretariat du GTT avec le support technique et financier de la FAO, le support technique du PAM et de ACF

GTI – IPC en cours d'institutionalisation

IPC officer au sein de la FAO en appui au GTI

Coordination avec le Projet de renforcement de la surveillance nutritionnelle et multisectorielle (ACF)

Mission d'appui ACAPS

12

acaps
Better Assessments Better Aid

Le projet a été fondé en 2009 par un consortium d'ONGs (HelpAge International, Merlin et le Norwegian Refugee Council).

Supporter et renforcer les capacités humanitaires pour conduire des évaluations multisectorielles des besoins, avant, pendant et après les crises.

Améliorer la qualité de l'aide humanitaire.

- Outils et Méthodologies
- Formation
- Déploiements d'experts

www.acaps.org

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Les objectifs de la mission d'appui ACAPS

- Identifier les informations pouvant appuyer l'analyse IPC
- Appuyer la FAO dans la mise en œuvre de l'IPC

A travers rencontres avec les organisations gouvernementales et non-gouvernementales, y compris décentralisées, pouvant collecter et détenir les informations

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Les fondements de l'IPC en RCA

- Besoin de donner plus de **visibilité à la situation critique d'insécurité alimentaire** de la RCA
- Besoin d'une analyse **coordonnée et multisectorielle** – Rassembler les acteurs et leur donner une voix plus claire et plus forte - Répondre aux besoins de toute la population et pas seulement dans les zones d'intervention traditionnelles
- Besoin d'une analyse **régulière et facile à communiquer** de la vulnérabilité – Permettre l'alerte précoce

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Les limites de l'IPC en RCA

- L'information disponible
- La qualité de l'information
- La coordination sectorielle et multisectorielle

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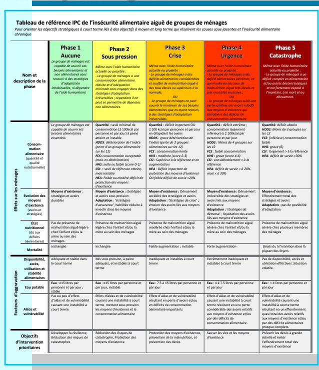
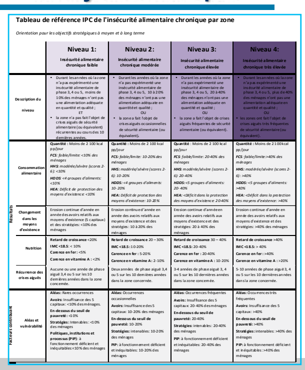
Les indicateurs pour l'IPC

Analyse Aiguë



Analyse Chronique



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Certaines informations sont disponibles

Notamment:

- Les données chroniques Santé, Nutrition, Eau et assainissement (MICS)
- La sécurité alimentaire chronique au niveau national (PAM)
- Les données de routine sanitaires et nutritionnelles (SNIS, UNICEF…)
- L'accessibilité physique (OCHA)
- La situation des réfugiés (UNHCR, PAM)

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Certaines informations sont disponibles partiellement

Ce sont notamment les informations collectées par les ONGs dans leurs zones d'interventions et de façon ponctuelle:

- Moyens d'existence, stratégies d'adaptation, vulnérabilité
- Informations sanitaires
- Malnutrition et Mortalité
- Prix

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Certaines informations ne sont pas disponibles

Principalement:

- La disponibilité alimentaire, provenant de l'agriculture mais aussi de la pêche, de l'élevage et des produits forestiers
- L'accessibilité des ménages en fonction de leurs moyens d'existence, de la situation des marchés, des prix sur les marchés locaux
- Les données permettant l'alerte précoce: surveillance de la sécurité alimentaire, surveillance nutritionnelle, surveillance des risques et des chocs…

Ce sont de indicateurs essentiels pour comprendre la sécurité alimentaire

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Des opportunités existent pour améliorer l'accès à l'information

L'information tient une place importante dans les politiques nationales

Les informations collectées par les organisations sur leurs zones d'interventions pourraient être mieux partagées et harmonisées (Clusters)

Certaines données sont disponibles avec un retard important du fait du manque de moyens pour faire remonter l'information

Des systèmes d'information essentiels pourraient être appuyés: le FSMS par exemple

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L'environnement est difficile

- Accès physique et manque de communication
- Manque de moyens techniques, humains et financiers
- Capacités techniques

L'information et une analyse de qualité sont essentiels pour améliorer l'aide apporter aux populations

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Recommandation- clés

Conduire l'analyse IPC à un niveau décentralisé pour impliquer les organisations disposant d'informations et d'une bonne connaissance des tendances dans leurs zones d'interventions

Renforcer la coordination pour améliorer le partage de l'information existante - Mettre en commun les ressources existantes pour renforcer l'information rapidement

Plaidoyer actif pour le renforcement des systèmes d'information en RCA pour permettre de répondre de façon adéquate aux besoins de la population – Appui aux initiatives en cours (ACF, PAM…)

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Les prochaines activités

- Analyse prévue en Mai 2012
- Collaboration au projet de renforcement de la surveillance nutritionnelle et multisectorielle (ACF)

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QUESTIONS ????

Annex 3: List of informants

Agency	Person met /spoke with	Position
ACDA	Abel Kongbo	Director – M&E
ACDA - Sibut (Kemo)	Jean-Paul Zibini	Local agent
ACF	Sébastien Bouillon	Coordinateur Sécurité Alimentaire
EAA RCA	Karim Savadogo	Resident representative
ECHO	Xavier Trompette	Representative
Health authority – Sibut (Kemo)	Dr Thomas Kowanga	Chef de la Préfecture sanitaire - Kemo
ICASEES	Perkyss Mbaïndudjim	Director – Economic, demographic and social statistics
	Serge Matchinde	DG
Institut Pasteur	Dr Mirdad Kazanji	Director
	Sandrine Moussa	HIV/AIDS Researcher
MCI	Amavi BADA	Livelihoods programme manager
Ministry of Agriculture	Francois Gonide	Directeur de Cabinet
	Reginald Bida-Kette	Director – Statistics, Documentation and IT
Ministry of Energy and Water	Barnabé Falibaï	Director – Studies and planning
Ministry of Health	Philemon Mbessan	Head of research and planning
OCHA	Magali Carpy	Humanitarian affairs
	Laura Faung	Information officer
	Jimena	Information officer
PU / AMI	Martin Chatelet	Technical Coordinator
Regional Planning authority Sibut (Kemo)	Faustin Yangoupanda	Directeur Regional du Plan
UNICEF	Elisabeth Zanou	Nutrition Specialist
WFP	Donatien Pandikuziku	VAM officer