

Disability and Food Security:

Central African Republic - Findings from the 2020 ENSA disaggregated by disability

Since 2013, CAR has experienced ongoing conflict, with the security situation deteriorating since electionrelated violence in December 2020. Disruption to the 2020 harvests has worsened the food security situation, while armed groups have prevented access for the passage of goods and humanitarian relief. A second wave of Covid-19 is currently impacting the country.

The 2020 Humanitarian Needs Overview (HNO) showed efforts to integrate disability inclusion. However, a lack of data on persons with disabilities, their needs, and the barriers they face impacts the ability of humanitarian responders to plan, deliver and evaluate inclusive activities. In 2020, data collected by Humanity & Inclusion showed that **87% of persons with disabilities reported difficulties accessing NFI distributions, food, and cash**.

The December 2020 Enquête Nationale sur l'agriculture at la Sécurité Alimentaire (ENSA) was disaggregated by disability, to improve WFP's understanding of food security needs for this group. Data were collected through integration of the Washington Group Short Set of Questions (WGQ-SS)¹. The WGQ-SS were asked directly to the respondent and recorded a maximum of one other, positively identified household member.²

- ¹ The WGQ-SS is an internationally validated and comparable tool for disaggregating data by disability, it focuses on difficulties people may have completing common every day tasks.
- ² A person is positively identified by the WGQ-SS as having a disability if they report 'a lot of difficulty' or 'cannot do at all' to at least one question.



SAVING LIVES

LIVES

CHANGING

Findings

DEMOGRAPHICS:

Sex of head of household



Language of response



Two out of three households (67%) surveyed were headed by someone 45 years or younger

Of **6,410 households surveyed**, **10.1% of households** reported **at least one member with a disability**. While two out of three households were headed by males, survey respondents were almost equally male and female. The young age of households (67% headed by a person 45 years or less) show that disability is likely to be an ongoing consideration for the population, as prevalence of disability also increases with age.

FOOD SECURITY

Overall, households with at least one member with a disability were less likely to be food secure (20% vs 24%) and twice as many were severely food insecure (11% vs 5%), compared to households without disability.³ Twice as many households with disability were classified as IPC 5 as households without (6% vs 3%). Compared to households with no disability, significantly more households with at least one member with a disability reported adopting **emergency coping strategies** (24% vs 17%) and **spending >75% of household income on food** (30% vs 21%). These households also more

frequently experienced problems **accessing the bathroom** (17.5% vs 8%), with implications for hygiene and handwashing during Covid-19.

RECOMMENDATIONS FOR ACTION

Ensure targeted assistance takes account of disability.

• Prioritisation of assistance and its delivery should mainstream inclusion principles and be aware that households with disability may experience higher needs and face barriers accessing assistance if not designed inclusively.

Prioritise livelihood strengthening that is inclusive and accessible.

• Persons with certain impairments may be unable to take part in unmodified manual labour, a rights based approach to programming should provide dignified options enable persons with disabilities to participate on an equal basis with others.

Validation of data driven targeting approaches to ensure the most excluded are included.

• Where disaggregated data contributes to prioritisation criteria, community validation exercises should be accessible and consider intersectional identities to ensure marginalised voices are heard.

Continue to improve and build upon inclusive data practices.

• Inclusive data collection moves beyond disaggregation to ensure people with disabilities, speaking in their non-native language or with low literacy/educational attainment can respond to surveys and participate in focus groups.

Improve hygiene access for households with disability who may be most vulnerable to Covid-19 and least able to protect themselves.

• In line with SDG 17, a whole sector approach to inclusive programming, e.g. WASH, will support households with disabilities to be less food insecure and protect their well-being.

Continue to consult with communities to understand their needs and preferences, raise awareness among other responders and advocate for the inclusion of persons with disabilities.

 Increasing our understanding of the situation of persons and households with disabilities will allow us to respond with assistance that is relevant, accessible, and dignified.

³ All reported findings significant at the level p<.001