IPC

Integrated Food Security Phase Classification

Technical Manual Version 2.0

Evidence and **Standards**
for Better Food Security **Decisions**

The Integrated Food Security Phase Classification (IPC) Global Partners

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*The EC in the global partnership is represented by the Joint Research Centre of the European Commission

Funding Agencies

The Food and Agriculture Organization of the United Nations. Rome. 2012

Version 1 of this manual was originally prepared in 2006 by FAO/Food Security and Nutrition Analysis Unit – Somalia (FSNAU).

Please cite the version 1 of the manual as:
FAO/FSNAU 2006. Integrated Food Security and Humanitarian Phase Classification: Technical Manual Version 1. Nairobi. FAO/FSNAU Technical Series IV.

A revised version 1.1 was published by FAO in 2008.

Please cite the version 1.1 of the manual as:
IPC Global Partners. 2008. Integrated Food Security Phase Classification Technical Manual. Version 1.1. FAO. Rome.

Please cite this manual as:
IPC Global Partners. 2012. Integrated Food Security Phase Classification Technical Manual Version 2.0. Evidence and Standards for Better Food Security Decisions. FAO. Rome.

ISBN 978-92-5-107284-4

IPC Technical Manual Version 2.0 results from the joint efforts of the IPC Global Partners, a group of eight agencies and international non-governmental organizations (INGOs) including: Care International, the Famine Early Warning Systems Network (FEWS NET), the Food and Agriculture Organization of the United Nations (FAO), the Food Security Cluster (FSC), the Joint Research Centre of the European Commission (EC–JRC), Oxfam, Save the Children, and the United Nations World Food Programme (WFP). The IPC Technical Manual Version 2.0 is a comprehensive revision and update of the IPC Technical Manual Version 1.1 which has been conducted on behalf of the IPC Global Partners by the IPC Global Support Unit (GSU) with the support of the IPC Technical Advisory Group (TAG). Nicholas Haan coordinated the overall revision process and edited this manual.

FOREWORD

"Evidence and standards for better food security decisions": any by-line is imperfect but this is what IPC is about, a fact-based, harmonized analysis of the food security situation to enable informed decision-making, through consensus.

The above paragraph concentrates some of the guiding principles of the IPC that you will find in the Manual. These principles are at the core of the IPC and their adoption in Oxford in June 2009 marked in fact the real start of the reflection and progress towards the IPC Technical Manual 2.0, after the publication of version 1.1 in 2008[1].

Since then, IPC has become more mature, has gained international and scientific recognition and is now widely adopted. IPC was the reference for declaring famine in Somalia in 2011. Under the initiative of the European Commission Humanitarian Aid and Civil Protection (ECHO), and other stakeholders, it has reformed its governance by establishing a strategic and representative Steering Committee, a dedicated Global Support Unit and Regional and National Technical Working Groups in the front line of IPC realization. The IPC Technical Advisory Group has been instrumental for the preparation of this manual.

What will you find in IPC Manual 2.0? A number of key conceptual and technical improvements, as well as tools and procedures for practical IPC application. While you will be led through the major developments in the coming pages, let us stress three of them here:

- The IPC analytical framework. Built on four widely used conceptual frameworks for food security, livelihood and nutrition, it is an essential piece of the IPC identity, elaborated through passionate discussions with the food security and nutrition expert community.
- The piloting of a chronic scale for food insecurity. IPC Version 2.0 makes a distinction between acute and chronic food insecurity, and proposes for the first time a prototype for a chronic food insecurity scale, while the acute scale is revised and refined.
- Revised quality assurance. Processes and tools are proposed for ensuring the objectivity and rigour of the analysis. Self assessment and peer review are now part of the IPC process.

In closure, we would like to praise the efforts of all the writers and contributors to this Manual, and first and foremost the Global Support Unit team and its manager Nicholas Haan.

The IPC Steering Committee.[2]

1 A short historical background of the previous versions 1.0 and 1.1 of the IPC Technical Manual is provided in Annex 16.

2 The Steering Committee members during the preparation of Version 2.0: Daw Mohamed, Miles Murray (CARE), Felix Lee, John Scicchitano (Famine Early Warning Systems Network – FEWS NET), Luca Russo, Cristina Amaral (Food and Agriculture Organization of the United Nations – FAO), Graham Farmer (Food Security Cluster – FSC), Thierry Nègre (Joint Research Centre of the European Commission – EC-JRC), Chris Leather, Camilla Knox-Peebles (OXFAM), Alex Rees (Save the Children), Joyce Luma (United Nations World Food Programme – WFP).

ACKNOWLEDGEMENTS

Technical rigour, transparency, and collaboration—these values are equally important to country level IPC analysis as they have been to the development of this IPC Technical Manual Version 2.0. Developing IPC Manual V 2.0 has been a daunting task in that it looked afresh at the challenges of classifying food insecurity in different contexts around the world and attempted to reconcile varying perspectives and systems from leading food security agencies, methodologies, and concepts.

Meeting this challenge has been possible through the inputs of hundreds of professionals from countries and regions across the globe and representing multiple governments, non-governmental organizations (NGOs), United Nations, donors, and academic agencies. Annex 2 of the manual attempts to provide a comprehensive list of individuals who have directly contributed to the development of IPC Manual V 2.0. To all of these people, we in the IPC Global Support Unit (GSU) wish to express our deep appreciation for your technical knowledge, practical insights, and willingness to engage constructively towards the development of a common system for classifying food insecurity.

The development of IPC Manual V 2.0 has been led by the GSU with the active engagement of the IPC Technical Advisory Group (TAG) representing our partner agencies of Care International, the Famine Early Warning Systems Network (FEWS NET), the Food and Agriculture Organization of the United Nations (FAO), the Food Security Cluster (FSC), the Joint Research Centre of the European Commission (EC-JRC), Oxfam, Save the Children, and the United Nations World Food Programme (WFP) plus additional technical expertise. Some of these individuals include: Justus Liku, Kaija Korpi-Salmela, Oriane Turot, Siddharth Krishnaswamy, Rachele Santini, Zoe Druilhe, Thoric Cederstrom, Buzz Sharp, Agnes Dhur, Alexis Hoskins, Chris Hillbruner, Felix Lee, Cindy Holleman, Grainne Moloney, Jose Manuel Veiga, Kate Ogden, Leila Oliveira, Mark Gordon, Miles Murray, Neil Marsland, Suleiman Mohamed, Sylvie Montembault, Tamara Nanitashvili, Valerie Ceylon, Aida Ndiaye, Gina Kennedy, Marie Claude Dop, Helen Young, Susanne Jaspers, Andre Griekspoor, Jackson Kangethe, and Phil Fong . We also appreciated the inputs from our Technical Review Board, including Dan Maxwell (Tufts University), Nancy Mock (Tulane University), and James Darcy (Overseas Development Institute). I would like to give a particular 'shout out' to Chris Hillbruner and Leila Oliveira, both of whom continued to amaze with constructive, innovative solutions to some of the most intractable challenges.

We are also grateful to our IPC Steering Committee, who have provided necessary guidance and support all along the way, including: Alex Rees, Camilla Know-Peebles, Felix Lee, Joyce Luma, Luca Russo, Cristina Amaral, Mohamed Daw, Thierry Nègre, Graham Farmer, and Luca Alinovi (previously a member). The Steering Committee is expanding to include additional agencies and governments and we look forward to their future guidance as well. Allow me to also take this opportunity to welcome our incoming Global Programme Manager, Alemu Asfaw.

Moreover, we are appreciative of donor support from multiple agencies including the Australian Government Overseas Aid Program (AusAID), the Canadian International Development Agency (CIDA), European Commission Development and Cooperation – EuropeAid (EC DEVCO), European Commission Humanitarian Aid and Civil Protection (ECHO), the German Federal Ministry for Economic Cooperation and Development (BMZ), the Royal Government of the Netherlands, the Swedish International Development Cooperation Agency (SIDA), the UK Government (DFID), and the United States Agency for International Development (USAID).

Ending hunger is doable. But hunger is inherently a complex phenomenon that requires multiple stakeholders to work together. A major step in that direction is agreeing on a common system for classifying food insecurity—one that we all agree to and can all participate in. It is hoped that this IPC contributes to that goal, and thank you to all who have supported this vision.

Sincerely,
Nicholas Haan
IPC Global Programme Manager
May 2010 - 1 June 2012

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ACRONYMS

ACAPS	Assessment Capacities Project
ACF	*Action Contre la Faim* (Action Against Hunger)
AED	Academy for Educational Development
AusAID	Australian Government Overseas Aid Program
BMI	Body Mass Index
CAP	Consolidated Appeal Process
CDC	Center for Disease Control
CDR	Crude Death Rate
CFS	Committee on World Food Security
CFSAM	Crop and Food Supply Assessment Mission
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CIDA	Canadian International Development Agency
CILSS	*Comité Permanent Inter-Etats de Lutte Contre la Sécheresse au Sahel* (Permanent Interstate Committee for Drought Control in the Sahel)
CMR	Crude Mortality Rate
CRED	Centre for Research on the Epidemiology of Disasters
CRED CEDAT	Centre for Research on the Epidemiology of Disasters, Complex Emergency Database
CSI	Coping Strategies Index
DFID UK	United Kingdom Department for International Development
DHS	Demographic and Health Survey
DRR	Disaster Risk Reduction
EC	European Commission
ECA	East and Central Africa
EC DEVCO	European Commission Development and Cooperation – EuropeAid
ECHO	European Commission Humanitarian Aid and Civil Protection
EWARN	Early Warning Alert and Response Network
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FEG	Food Economy Group
FEWS NET	Famine Early Warning Systems Network
FSC	Food Security Cluster
FSNAU	Food Security and Nutrition Analysis Unit – Somalia
GAM	Global Acute Malnutrition
GSU	Global Support Unit
HAG	Household Analysis Group
HDDS	Household Dietary Diversity Score
HEA	Household Economy Approach
HFIAS/HHS	Household Food Insecurity Access Scale/Household Hunger Scale
HH	Household
HHS	Household Hunger Score
HLTF	High Level Task Force on the Global Food Security Crisis
HNTS	Health and Nutrition Tracking Service
IASC UN	Inter-Agency Standing Committee
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IRIN	Integrated Regional Information Network
ISDR	International Strategy for Disaster Reduction
JRC	Joint Research Centre of the European Commission
Kcal	Kilo calories
LRRD	Linking Relief, Recovery, and Development
MICS	Multiple Indicator Cluster Survey
MSF	*Médecins Sans Frontières* (Doctors Without Borders)

MUAC	Mid-Upper Arm Circumference
NAF	Needs Analysis Framework
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
RSU	Regional Support Unit
RVAA	Regional Vulnerability Assessment and Analysis Programme
SADC	Southern Africa Development Community
SAM	Severe Acute Malnutrition
SCF	Save the Children Fund
SCN - UN	Standing Committee on Nutrition
SIDA	Swedish International Development Cooperation Agency
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SWOT	Strengths, Weaknesses, Opportunities and Threats (analysis)
TAG	Technical Advisory Group
TWG	Technical Working Group
U5DR	Under 5 Years Death Rate
U5MR	Under 5 Mortality Rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN/OCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
VAC	Vulnerability Assessment Committee
WFP	United Nations World Food Programme
WHO	World Health Organization
ZimVac	Zimbabwe Vulnerability Assessment Committee

SECTION 1: INTRODUCTION

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The purpose of this Integrated Food Security Phase Classification (IPC) Technical Manual Version 2.0 is to provide food security analysts with technical standards and guidelines for conducting IPC analysis. Version 2.0 introduces revised standards based on field application and expert consultation over the past several years. The manual is targeted to technicians/practitioners. The manual is not an overview of the broader fields of food security, nutrition and livelihoods analysis. It is a prerequisite that IPC practitioners have expertise in these and related fields.

The IPC is a set of protocols (tools and procedures) to classify the severity of food insecurity and provide actionable knowledge for decision support. The IPC consolidates wide-ranging evidence on food-insecure people to provide core answers to the following questions: How severe is the situation? Where are areas that are food insecure? How many people are food insecure? Who are the food-insecure people in terms of socio-economic characteristics? Why are the people food insecure?

The IPC has four functions: (1) Building Technical Consensus; (2) Classifying Severity and Causes; (3) Communicating for Action; and (4) Quality Assurance. Each function includes protocols to guide the work of food security analysts. By systematizing these core aspects of food security analysis, the IPC contributes to developing standards and building capacity for food security professionals. The IPC approach is designed to be applicable in any context irrespective of the type of food insecurity, hazard, socio-economic, livelihood, institutional or data context. The IPC is developed around field realities and enables this plethora of diversity to be brought together in a systematic manner for decision-makers.

Food security[3] is a fundamental human right (World Food Summit 1996). Food insecurity can be both a cause and consequence of economic, social, environmental and political deterioration. The Committee on World Food Security (CFS), the establishment of the United Nations High Level Task Force on the Global Food Security Crisis (HLTF), the Comprehensive Framework for Action (CFA) (2010) and the Road Map for Scaling up Nutrition (2010) clearly demonstrate the renewed interest in addressing the devastating effects of food insecurity at all levels of society. The number of food-insecure people in the world remains at near 1 billion, and the frequency of disasters related to food insecurity is increasing (FAO 2009, 2010). The future will bring further pressures on food security due to climate change, price increases, decreasing natural resources, growing populations, increased urbanization and other dynamics. It is imperative to act proactively, impartially and holistically to mitigate the multi-faceted aspects of food insecurity. This requires strong collaboration, coordination and investment from multiple stakeholders including national governments, civil society, the private sector and international organizations. Without a standardized system for food security classification, such efforts will face many unnecessary challenges and inefficiency. The IPC 'common currency' for food security analysis enables decision-makers, analysts and other stakeholders – from local, national, regional and global levels – to work together to meet these challenges.

The IPC was first developed in 2004 (Food Security and Nutrition Analysis Unit, FSNAU) and emerged from the country-based realities of conducting applied food security analysis in an action-oriented manner (see Annex 16). Since then, the IPC has been implemented in many different contexts, with increasing interest in applying the IPC approach in countries throughout Africa, Asia and Latin America (see Annex 1 for map of IPC implementation). The IPC was presented and discussed at the Committee on World Food Security as a potential common classification system (33rd Session, 2007).

The IPC is managed by a Global Steering Committee composed of CARE International, the Famine Early Warning Systems Network (FEWS NET), the Food and Agriculture Organization of the United Nations (FAO), the Food Security Cluster (FSC), the Joint Research Centre of the European Commission (JRC-EC), Oxfam, Save the Children and the United Nations World Food Programme (WFP). The Steering Committee oversees the work of the IPC Global Support Unit, Nations which conducts technical development, provides technical support and training to countries/regions, and promotes the IPC within global decision-making structures and as it links to related initiatives.

The IPC Global Support Unit developed the IPC Manual Version 2.0 through numerous consultations with IPC country analysts, academic studies and direct inputs from the IPC Technical Advisory Group (a group of food

3 The World Food Summit iPlan of Action, 1996 states: "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food for a healthy and active life." The four dimensions of food security are: access, availability, utilization and stability.

security experts representing the IPC partner agencies and other organizations). See Annex 2 for a list of key consultations and contributors.

What's New in Version 2?

IPC usage in diverse country contexts since 2006 has highlighted a number of areas for improvement. Version 2.0 aims to meet these challenges and offers innovations such as the IPC Analytical Framework and a Chronic Food Insecurity Reference Table to complement analysis of Acute Food Insecurity.[4] Version 2.0 also reconciles key differences in approaches to food security analysis across national governments and international agencies, allowing for greater buy-in and collaboration.

Four Functions

IPC Version 2.0 is reorganized into four core functions, each of which includes protocols (tools and procedures) that guide the work of IPC analysts:

(1) Building Technical Consensus
(2) Classifying Severity and Causes
(3) Communicating for Action
(4) Quality Assurance

New Tools

- An **IPC Analytical Framework** is introduced that builds from and draws together four commonly used conceptual frameworks: Risk = *f* (Hazard, Vulnerability), Sustainable Livelihoods Approach, Nutrition Conceptual Model, and the four "dimensions" of food security (availability, access, utilization and stability).
- The **IPC Reference Table** has been revised in four main ways:
  - The **Phase names and descriptions** are revised to provide greater clarity on the distinctions between the Phases.
  - The **Reference Outcomes** are condensed to only four indicators (food consumption, livelihood change, nutrition and mortality), complemented by an open set of contributing factors. While the IPC classification should be referenced against the outcomes, the contributing factors can be used as evidence to infer the outcomes (when such data are not available) and to inform contextual and causal analysis.
  - **Commonly used methodologies** for measuring food insecurity are integrated into the Reference Table and calibrated to the IPC Phases. These include: Household Dietary Diversity Score, Household Hunger Score, Household Economy Approach, Food Consumption Score, and Coping Strategies Index.
  - The **Priority Response Objectives** are revised to be at the level of identifying objectives rather than activities – this further clarifies where the IPC Situation Analysis ends and subsequent Response Analysis should begin.
- The **Analysis Worksheets** are revised to improve usability and analytical rigour. A new tool is introduced to classify causes called the **Limiting Factors Matrix**. This enables identifying which and to what degree the food security dimensions (availability, access, utilization) are limiting people from being food secure.
- The importance of technical consensus to the IPC process is clarified and a simple tool is introduced to guide the formation of national Technical Working Groups called the **TWG Composition Matrix**.
- New tools for Quality Assurance are introduced including the **TWG Self Assessment Tool** and the **Peer Review Assessment Tool**.
- A new **Communication Template** is introduced that has four parts: A map, a brief narrative, population tables, and key conclusions from area-specific analyses. The revised IPC map contains additional key information for decision support; some pieces of information that were previously making the maps "too busy" have been removed.

4 Note that the Chronic Food Insecurity Reference Table and associated tools are introduced as prototypes in Annex 5 of Version 2.0; pending country application and feedback, they will be fully developed and integrated into a later version of the manual.

- A new reference table and procedures are introduced to analyse **Chronic Food Insecurity**. This is designed to complement analysis of Acute Food Insecurity, and will help inform intervention design with medium- and longer-term strategic objectives that address underlying and structural causes of food insecurity.

New Procedures

- Key **units of analysis** are revised and clarified, including the socio-spatial and temporal units of analysis.
  - For socio-spatial, the **minimum unit of analysis is the whole population in a given area**, meaning a single IPC Phase is assigned to the whole population in a given area based on criteria of severity and prevalence of food insecurity. Whenever possible (depending on data availability, time and capacity) the IPC practitioners can also classify various **Household Groups** into different Phases.
  - For temporal, the IPC now allows the **option to classify food insecurity for two time periods**: a current snapshot, and a future projection. The future projection is based on the most likely scenario for any time period in the future (as short as a week or as long as a year). This distinction clarifies the early warning function of the IPC.

- How to account for **humanitarian assistance** is clarified. The current snapshot is based on actual conditions, without removing effects of humanitarian assistance. The future projection includes anticipated effects of humanitarian assistance which is regularly programmed/inter-annual, and any ad hoc assistance which is most likely to occur in the projection period and reach beneficiaries. A new mapping protocol is introduced to signify "areas which would likely be at least one Phase worse without the effects of humanitarian assistance".

Guidance and criteria for assigning **Reliability Scores** and **Confidence Levels** are introduced which will improve consistency and comparability for this quality assurance function.

SECTION 2: OVERVIEW

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What is the Purpose of the IPC?

The purpose of the IPC is to consolidate complex analysis of food security situations for evidence-based decision support. The IPC contributes to answering questions on **where to allocate resources, to whom and to how many people, when, and on what should be done**. Together, these questions help inform 'Situation Analysis', which is the focus of the IPC. Additional information is needed to conduct Response Analysis, a subsequent stage for effective response. Food security analysis is inherently challenging with respect to data sources, methodologies, varying types of hazards, different livelihood systems and multiple stakeholder institutions. Given these challenges and complexity, the IPC provides a **common way to classify the nature and severity of food insecurity**. The IPC communicates *actionable knowledge* to decision-makers on current and future food security conditions, together with strategic information to guide action.

The IPC is designed from the perspective of decision-making. Thus, rather than 'pushing' complex information to decision-makers, the IPC is designed to be demand driven – taking stock of the essential aspects of situation analysis that decision-makers consistently require, and focusing on providing that information in the most reliable, consistent and accessible way.

The IPC aims for optimal decision support, recognizing that in almost all cases of food security decision-making, there will be less than ideal data and evidence. Therefore, the approach of the IPC **is to make the best use of what evidence is available**, and to do so in a rigorous and transparent manner. Particularly in sudden onset crises, decisions need to be made quickly and with sparse information. The IPC provides a structured process to make the best of what we do know, be transparent about the confidence levels, and identify areas for further data collection to improve the quality of the analysis. See Annex 6 for a diagrammatic representation of evidence-based decision support.

Why is the IPC Needed?

Within the cross-sectoral and multidisciplinary field of food security, there are increasingly strong calls for improved quality in the analysis of food security situations. These include: the need for greater **comparability** of results from one place to another, increased **rigour**, greater **transparency** of evidence to support findings, increased **relevance** to strategic decision-making, and stronger linkages between information and **action**. Improving analysis along these lines would enable food security and humanitarian interventions to be more **needs-based**, **strategic** and **timely**.

Central to meeting these challenges is the development of a classification system that is **generic** enough to be utilized in a vast array of food security situations, disaster types and livelihood systems; **simple** enough to be practical in the field and understood by multiple stakeholders; and **rigorous** enough to meet international standards.

Based on a global review of needs assessment practice, the Overseas Development Institute (ODI) Humanitarian Policy Group Report "According to Need? - Needs Assessment and Decision-Making in the Humanitarian Sector" (Darcy and Hofmann, 2003) identified a critical gap in food security and needs assessment practice. While there is a broadly accepted definition of food security, there is a lack of clarity and common definitions for classifying various situations in terms of varying severity and implications for action. This lack of clarity is operationally problematic because the way in which a situation is classified determines not only the form of action, but the source of funding and its scale, the planning time frame and the organizational roles of different stakeholders. These problems can lead to misallocations of scarce resources, and in the worst case scenario, even loss of lives. There is an urgent practical and operational need for a broadly accepted food security classification system.

The IPC helps meet the goals of the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere, 2004), as well as numerous international conventions asserting human rights, as captured in the World Food Summit Plan of Action (FAO, 1996) and as stated in the "Voluntary Guidelines" adopted by the United Nations towards the realization of the right to adequate food (FAO, 2005).[5]

5 FAO 2005. Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security. www.fao.org/docrep/meeting/009/y9825e/y9825e00.htm

What Does the IPC Do?

At its core, the IPC is a **set of tools *and* procedures** to classify the nature and severity of food insecurity for decision support. The IPC classifies areas with Acute Food Insecurity into five Phases: Minimal, Stressed, Crisis, Emergency and Famine. Each of these Phases has different implications for response objectives.

The IPC classifies the severity of the situation for **two time periods**: the current situation and for a future projection (the time period of which is fully flexible according to the situation at hand and the needs of decision-makers). The future projection provides an early warning statement for proactive decision-making.

Further, the IPC "package" has **four mutually supporting functions**: (1) Building Technical Consensus; (2) Classifying Severity and Causes; (3) Communicating for Action; and (4) Quality Assurance. Each of these functions has a set of protocols (tools and procedures) as described in Table 1 below. The functions are presented in a non sequential order. This sequence does not have to be adhered to strictly.

Table 1: Overview of IPC Functions

Functions	Purpose	Protocols	
		Tools	Procedures
1. Building Technical Consensus	To enable technical consensus from multisectoral experts.	Technical Working Group Composition Matrix	1. Establish a Technical Working Group that is hosted by an institution and composed of: (1) relevant sectoral expertise; and (2) key stakeholder organizations. 2. Ensure Technical Working Group members have expertise in related fields and are trained in the IPC protocols. 3. Activate the working group to conduct IPC analysis as needed. 4. Conduct IPC analysis in a neutral, evidence-based and consensus-building manner. 5. Hold consultative meeting with key decision-makers prior to public release and make any revisions necessary if they are substantiated with adequate evidence.
2. Classifying Severity and Causes	To classify complex information on severity and causes into meaningful categories for decision support.	• IPC Analytical Framework • Acute Reference Tables • Chronic Reference Table • Analysis Worksheets	1. Decide when to conduct IPC analysis. 2. Identify analysis units: Timeframe, Area, Population and Household Analysis Groups. 3. Gather and document relevant data/ evidence. 4. Identify key assumptions and develop summary evidence statements for each food security element. 5. Critically review overall evidence and use "convergence of evidence" as compared to IPC Reference Tables to assign Acute Phase and/or Chronic Level of Food Insecurity. 6. Identify key immediate and underlying causes.

3. Communicating for Action	To communicate core aspects of situation analysis in a consistent, accessible and effective manner.	IPC Communication Template	1. Create map and complete IPC Communication Template. 2. Distribute and present IPC findings to all stakeholders in a timely manner.
4. Quality Assurance	To ensure technical rigour and neutrality of analysis.	• Technical Working Group Self Assessment Tool • Peer Review Assessment Tool	1. Complete Technical Working Group Self Assessment Tool. 2. Conduct Technical Peer Review (if necessary) and complete Peer Review Assessment Tool. 3. Make Analysis Worksheets publicly available.

What is the Value-added of the IPC Approach?

- ***Flexibility***: The IPC is an open approach to classifying food security, meaning that a wide range of data, information, evidence, methods and tools can be used to support a classification. This enables the IPC to be flexible and adaptable to multiple contexts without being strictly dependent on specific data sets or formats.
- ***Technical Consensus***: Situations involving food-insecure populations always involve multiple stakeholders, and their actions are much more effective (whether for leveraging resources or for coordination) if there is technical consensus on the underlying situation analysis. Without common terminology and criteria, such consensus is very difficult to build and can be undermined by non-technical agendas.
- ***Comparability over Space***: In order to ensure the best use of limited resources, decision-makers need to know how the severity of crisis situations compares from one place to another, both within and across countries. Only when such a comparison can be made using commonly adopted criteria can food security action be directed to the people most in need.
- ***Comparability over Time***: Decision-makers need to be able to understand the evolution of a crisis as it worsens or improves in order to increase, decrease or change the strategic focus of the response, as well as identify exit criteria. Examination of past trends provides a foundation for understanding current and future scenarios. This allows for longitudinal analysis of a situation. For an example, see Annex 13, which presents 18 IPC analyses in Somalia since 2005.
- ***Transparency through Evidence-based Analysis***: Analysts should be fully transparent in how conclusions are made, and decision-makers should demand evidence to support findings. Without reference criteria, the requirements for an adequate evidence base remain ambiguous.
- ***Accountability***: Without mutually agreed-upon standards in referencing severity, "analytical" accountability is not possible. A common reference is needed to avoid errors of commission (i.e. exaggerating a crisis, which can lead to over-response) or errors of omission (i.e. "missing" or understating a crisis, which can lead to lack of response). The former can waste resources and undermine livelihoods, while the latter can lead to loss of human lives and chronic poverty. With reference criteria and evidence standards, it is possible to enforce accountability among those responsible for food security analysis through peer review and public challenges to questionable findings.
- ***Effective Early Warning***: Decision-makers need to know the potential severity, likelihood and timing of a pending crisis. Without a common technical understanding for describing crises, early warning messages can be ambiguous and go unheeded.
- ***More Strategic Action***: Depending on the severity of outcomes and typology of contributing factors in a given food security situation, there is a need for fundamentally different emphases in strategic response.
- ***Improved Data Quality***: Although the IPC itself is not a data collection tool, using the IPC can help identify critical data gaps and encourage investments in their future collection.

An "IPC Product" versus "IPC Compatible"

Ideally, an 'IPC Product' is one that follows the protocols described in this manual. However, there may be times when not all of the protocols are fully followed for reasons of practicality or preference. At a minimum, in order to be labelled an 'IPC Product' (i.e. using the IPC Communication Template and Logo), the following criteria must be met:

- The analysis represents a working consensus of technicians representing key stakeholder agencies and relevant sectoral expertise.
- The IPC Reference Tables are used to determine the Phase classification.
- The analysis adheres to key parameters of units of analysis and accounting for humanitarian assistance.
- Evidence used to support the classification is clearly documented and made available.
- The analysis is mapped using the IPC colour scheme and Phase names.

It is preferred that governments and agencies conducting food security analysis create IPC Products whenever possible.

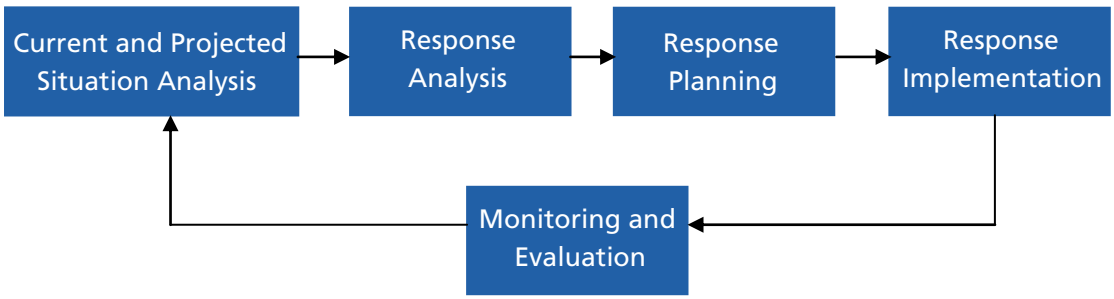
That said, there are some situations where governments/agencies will need to conduct food security situation analysis and are not able to do so in a consensus-building manner. These situations can arise due to reasons of timing or frequency of the analysis, urgency, the need for independence, or other motives. In such cases, as long as the minimum criteria listed above are followed, the analysis can be labelled "IPC Compatible".

IPC Compatible analysis that uses the same phase names, reference tables and evidence-based criteria is still beneficial because it allows for inter-operability of core results and evidence. This means that the results can be directly compared, questioned and built upon by analysts and decision-makers in the broader community.

How Does the IPC Fit within Other Aspects of Analysis and Response?

The IPC focuses on Current and Projected Situation Analysis – a distinct yet often overlooked or assumed stage in a broad "Analysis-Response Continuum". Diagram 1 below illustrates its relationship with other key stages for effective response including Response Analysis, Response Planning, Response Implementation and Monitoring/Evaluation.

Diagram 1: Key Stages of the Analysis-Response Continuum



The overall objectives of each stage are as follows:

- **Current and Projected Situation Analysis**: To identify fundamental aspects of a current or projected situation (e.g. severity, magnitude, causes) which are most relevant for an effective and efficient response and for which there should be broad technical consensus.
- **Response Analysis**: To identify the range of potential strategic actions that would be most effective and efficient in mitigating immediate negative outcomes, supporting livelihoods and addressing underlying causes. Response Analysis requires critical assessment of operational, logistical, financial and security constraints and opportunities, as well as analysis of the most appropriate transfer modalities (e.g. in-kind assistance, cash and/or voucher).

- **Response Planning**: To identify and put in place operational requirements and systems to enable an effective and efficient response. These include logistics, financing, institutional partnerships, advocacy and training.
- **Response Implementation**: To implement multiple operational modalities towards an effective and efficient response.
- **Monitoring and Evaluation:** To detect changes in Response Implementation and Situation Analysis; to determine degrees of desired impact from policy, programme and/or project outputs and overall impact perspectives; and to inform adjustments in the response as necessary.

Each of these stages involves unique expertise, institutions, timing and outputs. Therefore, they warrant distinct protocols designed to facilitate completion of that stage and ensure minimal standards of information provision, rigour and consistency.

The IPC provides protocols for Situation Analysis and the platform for each of the subsequent stages. Although these latter aspects of the analysis-response continuum are not covered in this manual, they also warrant basic protocols and standards. The Needs Analysis Framework (NAF, 2005) is an example of a global effort to provide protocols for multisectoral and inter-agency Response Analysis (Inter-Agency Standing Committee (IASC), 2005). More recently, the FAO-led Response Analysis Framework project and the WFP-led Response Analysis project are efforts to develop more systematic approaches to Response Analysis (FAO, 2011).

Key Aspects of Situation Analysis

- **Severity of the current and projected situation:** How severe is the situation, with regards to impacts on human lives and livelihoods, currently and for a future projected time period (early warning)?
  - **Geographic extent:** What is the approximate geographic area of populations with varying degrees of food insecurity? (This should be defined according to actual spatial analysis, but can be guided by livelihood zones, administrative boundaries, agro-ecological zones and other spatial markers.)
  - **Magnitude and depth (number and percentage of people):** What is the estimated number and percentage of people experiencing varying degrees of food insecurity?
- **Social characteristics:** What are the social characteristics of the food-insecure people (e.g. gender, age, ethnicity, livelihood patterns) that will inform strategic response?
- **Immediate causes:** What are the direct, or proximate, causes of the food insecurity?
- **Underlying causes:** What are the underlying, or structural causes of the food insecurity?
- **Confidence level of analysis:** What is the overall confidence level of the analysis given the reliability and body of evidence used to support a phase classification.

IPC in Urban Settings

While food security analysis can sometimes have a bias towards rural settings, food insecurity in urban areas can also be a critical concern. This is particularly true with the global trend of urbanization and commodity price spikes. The flexible design of the IPC makes it applicable in both rural and urban settings. While some challenges emerge with urban food security analysis, they are not unique to the IPC. These include: more heterogeneous populations, greater focus on labour and commodity prices, smaller geographic areas with dense populations, strong rural-urban connections. The IPC protocols can be applied to urban areas, but require the analysts to identify the appropriate unit of analysis, food security indicators, and other factors that apply in an urban setting.

Limitations

Despite its important contribution to food security decision support, the IPC is one piece in a much larger puzzle of data, analysis and institutions. The IPC is not a food security data collection system or methodology for directly measuring food insecurity. It is a complementary "add on" that draws from, and provides focus to existing analytical systems, enables comparability, and links analysis to action. See Annex 4 for an illustration of a comprehensive national food security analysis system, of which the IPC is but one component.

The IPC is a system for "meta-analysis", or big-picture analysis. It draws together data and information obtained through various methods from a wide range of sources. The IPC does not replace the need for specific methods that collect and analyse various dimensions of food security in any particular way. Rather, the IPC approach incorporates and is strengthened by specific analytical methods.

Since the IPC approach is not based on a mathematical model, it requires critical thinking on the part of the food security analysts. While the IPC is designed to structure the analysis process as systematically as possible, it does require the analysts to have strong understanding of the concepts and technical details of conducting food security, nutrition and livelihoods analysis. Further, because the IPC relies on a consensus-based approach, it requires the analysts to be conscious of, and minimize, any potential biases in their analysis. The IPC focuses on answering questions related to the situation analysis, and stops short of determining recommendations for specific action. This intentional limitation aims to ensure that the IPC analysis is neutral and minimally influenced by a wide range of potential biases associated with preferred types of food security response by any institution or agency. Rather, the Situation Analysis of the IPC provides a solid foundation for subsequent Response Analysis.

IPC Guiding Principles

The IPC Global Steering Committee has developed a set of guiding principles for implementing the IPC with a common inter-agency approach. These are intended to ensure that the process is sustainable, owned by national governments and mindful of existing mechanisms and processes under way.

Table 2: IPC Guiding Principles

1. The IPC process is consensual and facilitated by key stakeholders, including the government.
2. All efforts should be made to engage and build capacity of government and promote ownership and strengthen the institutional process.
3. Internationally agreed standards are maintained for IPC analysis.
4. IPC analysis is conducted in a timely fashion.
5. Agencies commit to a multi-year process.
6. The implementation of IPC processes should be demand-driven by government where possible.
7. IPC can be started regardless of data availability. The initial situation analysis will be useful and improved.
8. Any data used should contain confidence rankings.
9. The IPC process should comprise a mechanism to build an institutional commitment from government.
10. Results of IPC analysis should be made available to the public.
11. IPC analysis should be performed with technical neutrality and through consensus building.
12. IPC results are peer-reviewed to check quality and maintain standards.
13. IPC should be developed as an iterative learning process.
14. The leadership of IPC processes depends on comparative advantages and responsibilities.
15. IPC should be used to engage/advocate with donors to make decisions according to need.

SECTION 3: ANALYTICAL APPROACH AND FRAMEWORK

SECTION 3: ANALYTICAL APPROACH AND FRAMEWORK

To conduct situation analysis, the IPC Analytical Approach has four key aspects: (1) meta-analysis, (2) convergence of evidence, (3) a distinction between acute and chronic food insecurity, and (4) the IPC Analytical Framework.

1. Meta-analysis

The IPC is best characterized as a set of protocols for meta-analysis of food security situations, also known as "big picture analysis". The IPC draws from existing data and information to classify broad patterns of food insecurity that are essential for decision-making. Nuanced information may also be needed to inform particular decisions or answer certain questions; however, the IPC aims to provide the big-picture analysis that is consistently required for decision-making by multiple stakeholders. The IPC meta-analysis draws from more specific methodologies and key indicators that measure food insecurity. The meta-analysis approach of the IPC enables it to be used in a wide range of contexts and to consistently provide essential information in comparable ways.

2. Convergence of Evidence

Rather than mathematical modelling, the IPC uses a "convergence-of-evidence" approach. This requires the analysts to compile evidence and interpret it in relation to a common reference table for classifying food insecurity into 5 Phases. The IPC uses the convergence-of-evidence approach due to a number of challenges inherent in food security analysis. These include the complexity of the analysis, data limitations and quality, and the need to contextualize indicators.

To enable comparability, the IPC Reference Tables are based on food security outcomes (which are generally comparable across population groups) supported by contributing factors (which can vary and need to be understood in their local context). The IPC convergence-of-evidence approach requires the analysts to critically evaluate the body of evidence and, all things considered, make their best estimation of the severity of the situation based on the IPC Reference Table. This is similar to what is called the "Delphi Decision-Making Process", which is commonly used in the medical and other fields, where the phenomenon being studied is complex and data/information is incomplete or inconclusive.

The process requires clear documentation of the evidence and evaluation of its reliability. While tempting from a modelling perspective, the IPC does not *a priori* weight evidence. Universal weighting is not possible given that each situation has its own unique livelihood, historical and other contexts that would have a bearing on how to interpret indicators.

3. Acute and Chronic Food Insecurity

IPC Version 2.0 distinguishes between two conditions of food insecurity – acute and chronic. For the IPC, acute food insecurity is a snapshot of the current or projected severity of the situation, regardless of the causes, context or duration. Chronic food insecurity is the prevalence of persistent food insecurity – i.e. levels of food insecurity that continue even in the absence of hazards/shocks or high frequency of years with acute food insecurity.

From a decision support perspective, with acute food Insecurity it is appropriate to have short-term strategic objectives (ideally these are also linked to medium- and longer-term objectives). Chronic food insecurity, however, requires medium- and long-term strategic objectives to address underlying causes. Acute and chronic food insecurity are not mutually exclusive. An area or household can be in one of the conditions or both simultaneously – indeed, acute food insecurity is often "on top of" chronic food insecurity. It is necessary to examine the nature of, and linkages between, chronic and acute conditions in order to develop the most effective and appropriate strategies for action.

This Version 2.0 of the IPC Manual focuses on revisions for analysis of acute food insecurity. Since the tools and procedures for analysing chronic food insecurity are still in prototype forms (pending field testing and revision), they are presented in Annex 5. In the next version of the IPC manual it is expected that the tools and procedures for analysing chronic food insecurity will be fully integrated into the manual. Even so, country users are encouraged to use the protocols for analysing chronic food insecurity and provide feedback to the Global Support Unit.

4. IPC Analytical Framework

With an emphasis on household food security, the IPC Analytical Framework draws together key aspects of four commonly accepted conceptual frameworks for food security, nutrition, and livelihoods analysis:

(1) Risk = *f* (Hazard, Vulnerability) (White, 1975: Turner et al. 2003).

(2) Sustainable Livelihoods Framework (Sen, 1981; Frankenburger, 1992; Save the Children Fund (SCF)–United Kingdom, 2000; DFID, 2001)

(3) The four dimensions of food security: Availability, Access, Utilization, and Stability (FAO 2006)

(4) The United Nations Children's Fund Nutrition Conceptual Framework (UNICEF, 1996)

Diagram 2 illustrates how key aspects of these frameworks are integrated to guide the IPC analysis. See Annex 6 for further details on each of these individual frameworks.

The overall IPC classification of Acute or Chronic food insecurity is based on the entire body of food security evidence, which is divided into food security outcomes and food security contributing factors.

Food Security Outcomes

The IPC enables comparability in the analysis by making the classification with direct reference to actual or inferred **outcomes**, including primary outcomes (food consumption and livelihood change) and secondary outcomes (nutritional status and mortality rates). Food security outcomes are generally comparable irrespective of livelihood, ethnic, socio-economic and other contexts. IPC analysis is carried out with reference to international standards of these outcomes. The IPC Acute and Chronic Reference Tables specify thresholds for key outcome indicators associated with methods used to measure these outcomes, and associate them with various Phases (for acute food insecurity) and Levels (for chronic food insecurity).

BOX 1: IPC AND HEALTH

There is a strong relationship between food security and health. The IPC analytical framework includes health in three ways: (1) as an underlying vulnerability in terms of human capital; (2) as an acute/chronic event in the form of disease; and (3) as a non-food-security-specific contributing factor to the IPC food security outcomes. Health or disease, however, is not included as one of the four IPC food security outcomes for two reasons: (1) the impacts of negative health should be evident in the nutrition or mortality indicators; and (2) health/disease does not have clear, universal thresholds that can be used for classification purposes. For further discussion on the relationship between health and food security see Annex 6.

It is important to note that of these four outcomes, only food consumption (including both quantity and nutritious quality) is exclusively unique to food security. The others (livelihood change, nutrition rates, and mortality rates) can all have non-food-security-specific contributing factors (for example, health, disease, water, sanitation, access to social services). This approach is consistent with the UNICEF Nutrition Conceptual Framework (see Annex 6). The IPC classification is a classification of the food security situation, not the overall nutrition situation (which, as stated previously, may have completely different drivers than those of food security, including health, disease and sanitation). Thus, when using evidence of nutrition, mortality and livelihood change, it is essential for analysts to examine carefully whether or not these are the result of food security drivers or non-food security drivers. To better understand the causes and drivers of an overall nutrition situation requires equally thorough analysis of the health and sanitation situations. While this can be a challenging task, IPC analysis that relies on nutrition and mortality evidence needs at the very least to demonstrate food-security-specific drivers of those outcomes.

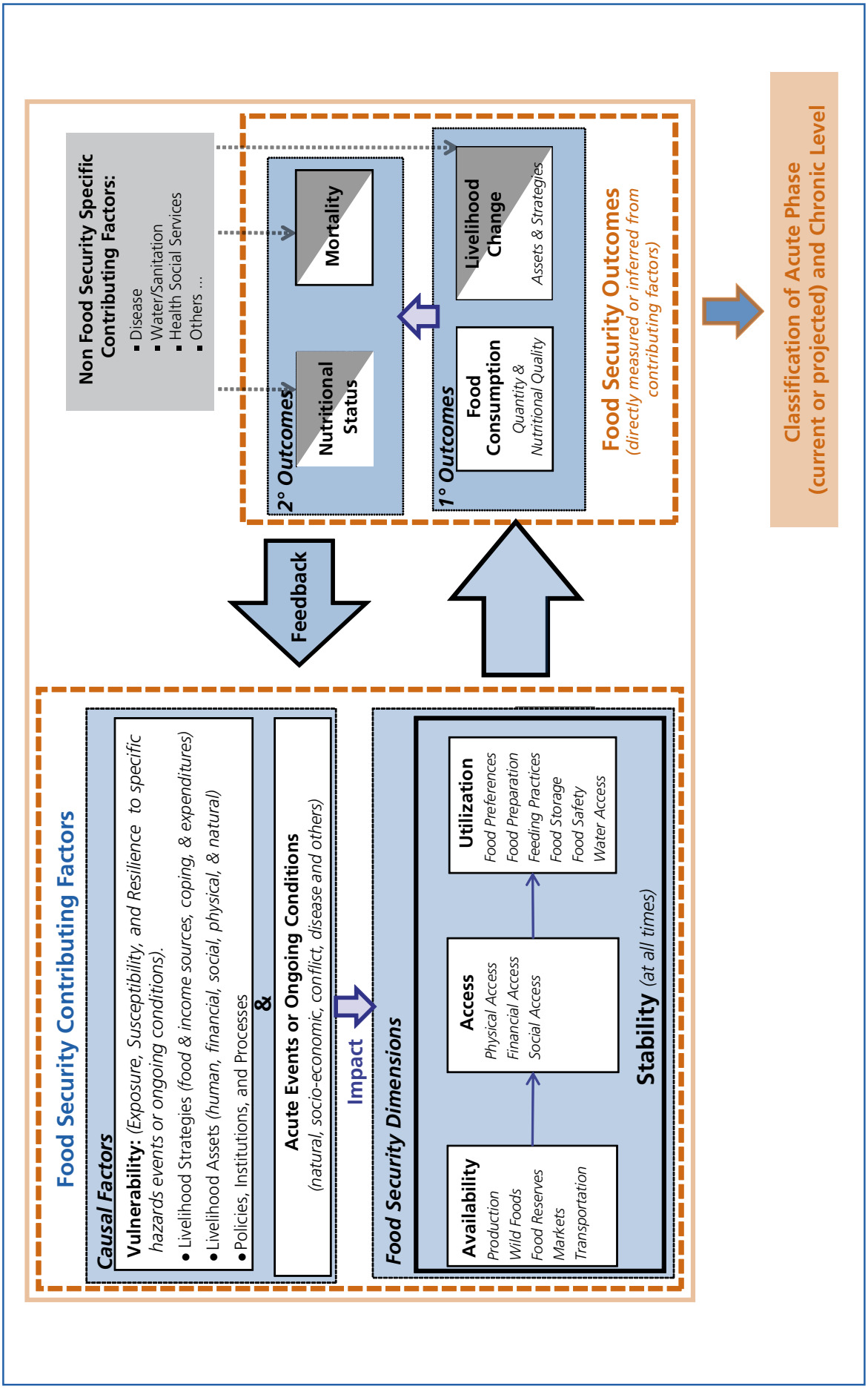
Food Security Contributing Factors

The Food Security Contributing Factors are divided into two components: Causal Factors and Impact on Food Security Dimensions.

Causal Factors

Consistent with the Risk= *f* (Hazard, Vulnerability) framework, causal factors include vulnerability elements and hazard elements. In this framework, Vulnerability is conceptually understood in relation to: *exposure* (Does the hazard event affect a population, and to what degree?), *susceptibility* (In what ways does the hazard event affect the livelihood of a population, and to what degree?), and *resilience* (What is the population's coping capacity?).

Diagram 2: IPC Analytical Framework



Consistent with the Sustainable Livelihoods Approach, vulnerability can be analytically understood in terms of:

- **Livelihood Strategies** – a behavioural analysis of the pattern and amounts of food sources, income sources and expenditure patterns of households;
- **Livelihood Assets** – a structural analysis of the five capitals required for sustaining a household livelihood: human, financial, social, physical and natural capital;
- **Policies, Institutions and Processes** – a social, political and economic analysis of how well these aspects support (or do not support) household livelihoods.

The other element of causal factors are acute events or ongoing conditions which can include natural (drought, flood, tsunami, etc.), socio-economic (high or extreme fluctuations in prices), conflict (war, civil unrest, etc.), disease (HIV/AIDS, cholera, malaria, etc.) and other events/conditions that impact the food security dimensions.

While the completion of vulnerability/livelihood baselines is not part of the IPC analysis *per se*, in most situations having a recent livelihood baseline would ensure ready access to important contextual information.

Impact of Food Security Dimensions

The interactions of Causal Factors (including acute/chronic events and vulnerability) have direct impacts on the four food security dimensions: availability, access, utilization and stability. These dimensions interact in a sequential manner, meaning food must be available, then households must have access to it, then they must utilize it appropriately, and then the whole system must be stable (Barrett, 2010).

- **Availability** – This dimension addresses whether or not food is actually or potentially physically present, including aspects of production, wild foods, food reserves, markets and transportation.
- **Access** – If food is actually or potentially physically present, the next question is whether or not households have sufficient access (i.e. entitlement) to that food, including physical (distance, infrastructure, etc.), financial (purchasing power) and social (ethnicity, religion, political affiliation, etc.) aspects.
- **Utilization** – If food is available and households have adequate access to it, the next question is whether or not households are sufficiently utilizing the food in terms of food preferences, preparation, feeding practices, storage and access to improved water sources. While there are varying understandings of the term "utilization", the IPC Analytical Framework uses this term to explicitly refer to the physical utilization of food at the household level – i.e. not including the biological utilization of food at the individual level. Biological utilization of food at the individual level, for the IPC at least, is an important factor in understanding nutritional outcomes overall.
- **Stability** – If the dimensions of availability, access and utilization are sufficiently met such that households have adequate quality and quantity of food, the next question is whether or not the whole system is stable, thus ensuring that the households are food-secure at all times. Stability can refer to short-term instability (which can lead to acute food insecurity) or medium/long-term instability (which can lead to chronic food insecurity). Climatic, economic, social and political factors can all be a source of instability.

The interaction among Contributing Factors (including causal factors and impacts on food security dimensions) leads to a risk of deterioration or a positive change in the food security outcomes. The framework explicitly includes a feedback mechanism whereby changes in food security outcomes often lead to subsequent changes in the food security contributing factors such as a worsening or improvement of vulnerability and/or acute events or chronic conditions, thus leading to changes to the impacts on food security dimensions.

Gender analysis is cross-cutting throughout the entire IPC Analytical Framework. In some respects gender can be considered along with age, wealth group, ethnicity, and others as already included in the IPC vulnerability framework. However, given the pronounced and nearly universal effect that gender can have on household food security analysis, all aspects of the IPC Analytical Framework should include gender-based analysis.

While the Analytical Framework is intentionally comprehensive, it does not mean that evidence is required for each of the elements of the framework to make a classification. On the contrary, IPC classification can be performed with whatever evidence is available. In other words, it makes the best use of available information.

SECTION 4: BUILDING TECHNICAL CONSENSUS

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The purpose of Building Technical Consensus is to enable **multisectoral experts** to **provide inputs** and **reach technical consensus** and for key stakeholders to **endorse the process**.

Building Technical Consensus is important for two main reasons. Firstly, food security analysis requires expert knowledge from a wide range of disciplines (nutrition, markets, agriculture, and many others depending on the situation). The consensus-based process involves bringing together experts from different disciplines and perspectives to evaluate and debate the evidence, leading to the big-picture conclusions for the IPC. Secondly, bringing technical experts from key stakeholder organizations together in the analysis process ensures that the results of the analysis will be widely accepted and acted upon in a coordinated manner.

The IPC enables technical consensus by forming a multi-stakeholder Technical Working Group (TWG) to conduct the analysis and by consulting with key decision-makers as part of the process.

Forming a Technical Working Group

The TWG should be hosted by an existing institution, which prevents duplication and also strengthens these institutions. The TWG chairperson should ideally be a technical officer in the national government. The participants of the TWG should be technically pre-eminent in their respective sectors and should have strong knowledge of food security analysis in general. Paramount to the analysis is that the participants should engage in the analysis in an objective, non-biased manner, with their only concern being to classify and describe food security situations as accurately as possible.

The parameters for the TWG are as follows:

- There can be regional, national and/or subnational TWGs, depending on the needs and context.
- The TWG is composed of technical experts representing key stakeholder agencies and relevant sectors.
- The size of the TWG can vary greatly depending on the context, but should be in the range of 5 to 20 members.
- The TWG is ideally chaired by a technical officer from the national government.
- Members of the TWG must commit to conducting critical, unbiased analysis using the IPC protocols and scientific methods.
- Members of the TWG must have strong analytical capacity and knowledge in their fields, and the majority must have training and experience in conducting food security analysis.[6]
- A consultation with key decision-makers should be held before findings are released, allowing for any revisions to be made that can be substantiated with adequate evidence.

6 On-line food security distance learning courses are offered by both FAO and WFP. Visit:
(1) http://www.foodsec.org/dl/elcpages/food-security-courses.asp?pgLanguage=en&leftItemSelected=food-security-courses, and
(2) http://odan.wfp.org/repository/index.asp

Diagram 3: Technical Working Group Matrix

Chairperson and Hosting Organization		**Stakeholder Organization Representation** (Aim to include at least one representative of all applicable groups. A single individual can cover multiple areas of expertise)				
		National Government (at all relevant levels)	National NGOs/ Civil Society/ Private Sector	International NGOs	United Nations Agencies and Programmes	Technical Agencies
Area of Expertise (include as relevant)	Food Security					
	Livelihoods					
	Nutrition					
	Markets					
	Agriculture					
	Climate					
	Health					
	Water/Sanitation					
	Gender					
	Statistics.					
	Others....					
	....					

Further guidance for completing the TWG Matrix includes:

a. Insert name and organization of TWG members according to their organizational affiliation and sectoral expertise.
b. There can be multiple names in each cell. Not all cells need to be filled. A single member can be repeated in different areas of sectoral expertise.
c. To achieve IPC Technical Consensus, ensure representation by at least one person from each applicable stakeholder group.
d. Ensure that each relevant sectoral area is represented (insert additional sectors as relevant).

The chairperson should call a meeting of the TWG whenever IPC analysis needs to be conducted. This can happen as part of regularly scheduled/planned analytical cycles (e.g. seasonal analysis) or in an ad hoc manner (e.g. sudden onset crisis).

Consulting with Key Decision-Makers

The preliminary IPC results produced by the TWG should be presented and discussed in a **consultative meeting with key decision-makers** in a manner that allows for open discussion and the possibility of making revisions if necessary and if substantiated with adequate evidence. In so doing, this consultative stage achieves two objectives: (1) it is a double check on the results, allowing for revisions if and as necessary; and (2) it promotes ownership and consensus of the findings by key stakeholders before the findings are presented to public audiences.

SECTION 5: CLASSIFYING SEVERITY AND CAUSES

SECTION 5: CLASSIFYING SEVERITY AND CAUSES

The purpose of Classifying Severity and Causes is to consolidate diverse data and methods into an overall food security statement that is comparable over space and time, answering questions of:

- **How severe is the situation?** To inform the urgency and strategic objectives of interventions.
- **Where are different geographic areas with food-insecure populations?** To inform targeting so that interventions are in the right place.
- **Who are the food insecure people?** To inform targeting so that interventions are for the right social groups.
- **How many are food insecure?** To inform decisions on the scale of the response.
- **Why are people food insecure?** To inform Response Analysis and the strategic design of interventions.
- **When will people be food insecure?** To inform contingency planning, mitigation, and prevention strategies.

Key Parameters for Classification

- **Five Phases**. The IPC classifies severity of Acute Food Insecurity into five phases based on common reference indicators: None/Minimal, Stressed, Crisis, Emergency, and Humanitarian Catastrophe/Famine.
- **Informing Short-term Strategic Objectives**. The classification of Acute Food Insecurity primarily informs short-term strategic objectives – i.e. responses and interventions which expect to see measurable results immediately or within a one-year time period. Ideally these should be linked to medium- and longer-term objectives.
- **Unit of Analysis**. For Acute Food Insecurity, the IPC has two units of classification: (1) Area-based (i.e. the overall population within a given area[7]); and (2) Household Group-based (i.e. relatively homogenous groups of households with regard to food security outcomes, and determined by a wide range of factors such as wealth groups, social affiliations and location).

The minimum standard for IPC analysis Area-based classification. A population within a given geographic area is classified as being in Phase 1, 2, 3, 4 or 5. The Area-based classification is what is mapped on the IPC communication template. Ideally, and whenever possible, however, IPC practitioners are encouraged to provide more detailed analysis by also classifying Household Groups. Thus, an area with a single classification can further be broken into Household Group classifications.

The Area classification is directly linked to the Household Group classification. A key criterion for the Area classification is that **20 percent of the population must be in that Phase or worse** based on the Household Group classification. Therefore it is necessary to refer to the Household Group Reference Table in order to make an Area-based classification. The key difference, however, is that with the Area-based classification, different Household Groups are not identified. Some pros and cons of Area-based and Household Group-based classifications are listed in Table 3 below.

7 Typically the term *population* refers to the whole population in a given area. It is also possible, however, to specify *a priori* a sub-set of the population for which the IPC analysis will be conducted. For example, the IPC analysis can be undertaken for the (subset) population of internally displaced persons, or migrant workers, or people of a certain ethnicity, etc. And still, within these populations, various household groups can be identified with varying IPC phases. If a subset of the whole population is being analysed, this should be clearly stated on the IPC map and elsewhere.

Table 3: Pros and Cons of Area and Household Group-based Classification

	Pros	Cons
Area-based Classification Only	• Less Complicated. Does not require as detailed data and analysis as the Household Group classification. Many of the steps involved in completing the Analysis Worksheets and Communication Template can be skipped. • Nutrition and mortality data are typically provided for whole populations in a given area (e.g. Global Acute Malnutrition (GAM), Severe Acute Malnutrition (SAM), Crude Death Rate (CDR), and Under 5 years Death Rate (U5DR)), which is directly compatible with an Area-based IPC classification. • Good for general severity analysis and geographic targeting. • Area-based only classification is comparable to a Household Group and Area-based classification in terms of the mapped area.	Does not provide detailed breakdown of severity of food insecurity for different household groups within a given area. This information is important for strategic design of a response that is tailored to the needs of different household groups.
Household Group and Area-based Classification	• Provides a detailed breakdown of the severity of food insecurity for different household groups within a given area. This information is important for the strategic design of a response that is tailored to the needs of different household groups. • Forces analysts to critically examine vulnerability for different household groups.	• Can be difficult to achieve given data, time and human capacity constraints. It requires identification of the various household groups in a given area, estimation of their respective populations, critical examination of evidence for each household group individually, and overall Phase classification for each individual household group. • Difficult to utilize nutrition and mortality data that is typically provided not for household groups, but for whole populations in a given area.

- **Current and Early Warning Projections**. The classifications should be undertaken to describe current conditions and future projected conditions for early warning purposes. The future projection is based on the most likely scenario.
- **A Snapshot in Time**. The severity classification is a "snapshot in time" of food insecurity conditions that are: (1) currently happening; and/or (2) projected for a specified time in the future (which can be as short or long a time period as necessary, depending on the situation at hand and the needs of decision-makers – i.e. as short as weeks and as long as up to a year). Furthermore, multiple projected snapshots for different time periods can be done if they are beneficial for decision-making. Since the classification is a "snapshot in time", it is a real-time statement and can change/fluctuate depending on how dynamic the food security situation is.

BOX 2: WHAT'S A PROJECTION?

The IPC has two different time periods for situation analysis: (1) the current snapshot (i.e. at the time the analysis is conducted); and (2) a future projected snapshot. The projection is akin to an early warning statement but is not restricted to projecting when the situation might get worse. The time period for the projection is entirely up to the IPC analysts' and decision-makers' needs. For highly dynamic situations (e.g. floods, political unrest) the projection could be a matter of weeks into the future. And for slow onset situations the projection could be six months or a year into the future. Projections can also be for regular time intervals, such as six months. An example of this is undertaken by FEWS NET whereby the analysis regularly includes a six-month outlook projection. It is also possible to make multiple projections for different time periods into the future.

- **When to Conduct Analysis?** IPC analysis should be conducted whenever the food security situation has changed or is expected to change significantly, so as to inform programme design and early warning. Thus, the IPC can be undertaken very frequently with rapidly changing situations, or can be done annually with regular seasonal changes.
- **Humanitarian Assistance**. The classification of the current situation is referenced on actual outcomes (food consumption, livelihood change, nutrition and mortality) irrespective of whether humanitarian or development assistance is being provided. For projections, assistance is included in the most likely scenario if it is inter-annual (meaning it is provided every year on a regular basis) or if it is short-term humanitarian/emergency assistance that is currently programmed and is most likely to be continued into the projection period and reach beneficiaries. Newly planned or appealed for assistance is not included in the projected classification.
- **Evidence-based**. Evidence in support of the classification must be documented in the IPC Analysis Worksheets, including an assessment of reliability of the evidence and overall confidence in the analysis.
- **Convergence of Evidence**. The classification is based on a convergence of evidence. This requires that the body of evidence be examined, including on food security contributing factors and outcomes, to make the final call on the classification.
- **Minimum Quality**. Only areas which meet at least the criteria for "Low Confidence" should be classified. The minimum evidence base for classification is: *At least 1 piece of reliable evidence (direct or indirect) for any of the food security outcomes* **+** *at least 4 pieces of reliable evidence from different contributing factor and outcome elements.* (See the discussion below on Reliability Ratings and Confidence Levels for further guidance.)
- **Causal Analysis**. The IPC provides tools for basic causal analysis. Immediate causes of food insecurity are analysed using the Limiting Factors Matrix in the Analysis Worksheet to identify which combination of availability, access, utilization and stability are limiting people from being food secure. Underlying causes can be identified using the prototype tools for classifying chronic food insecurity – in particular the Vulnerability SWOT (strengths, weaknesses, opportunities and threats) Analysis.

Tools for Classifying Severity and Causes

The tools for classifying severity and causes include: Acute Food Insecurity Reference Table for Area Classification (Diagram 4); Acute Food Insecurity Reference Table for Household Group Classification (Diagram 5); Potential Indirect Evidence to Support IPC Analysis (Diagram 6); and Acute Food Insecurity Analysis Worksheet (Diagram 7).

Reference Table for Area Classification

The IPC Acute Food Insecurity Reference Table for Area Classification (Diagram 4) provides Reference Outcomes and Priority Response Objectives for five Phases of Acute Food Insecurity for the population in a given area: *Phase 1–Minimal, Phase 2–Stressed, Phase 3–Crisis, Phase 4–Emergency, and Phase 5–Famine.* Unless otherwise stated, the analysis is based on the whole population in the area. Within a given area, there can be multiple groups of households experiencing different Phases of food insecurity.

The References Outcomes include Food Consumption, Livelihood Change, Nutritional Status, and Mortality.

- **Food Consumption and Livelihood Change** – It is necessary to refer to the Household Group Reference Table (see below) to determine the conditions for food consumption and livelihood change. The Phase is based on whether or not at least 20 percent of the population is in a particular Phase or worse. Note: although the Area-based classification is derived partly from the Household Group Reference Table, the distinction is that the Area-based classification does not necessarily identify various groups of households with different Phases. Rather it is a general classification for the population as a whole.

BOX 3: DEGREES OF FAMINE

There can be many degrees of "famine". Various researchers have identified different thresholds for key indicators such as Crude Death Rate (CDR) indicating famine, ranging from 1/10,000/day for "minor famine" (Howe and Devereux, 2004) to >5/10,000/day (Hakewill and Moren, 1991). The purpose of the IPC, however, is not to classify various degrees of famine, nor is it to categorize the "worst famine". Rather, in order to inform real-time decision-making, the IPC thresholds for famine (in particular CDR > 2/10,000/day, GAM > 30%, and near complete Food Consumption gap for >20% of the population) are set to signify the beginning of famine stages. The IPC does not preclude a post-facto analysis of a famine event that may further categorize and compare a famine with other historical famines. See Annex 8 for further technical discussion on the IPC thresholds for CDR.

- **Nutritional Status** (due to inadequate food consumption)
  - **Wasting Rate** – percentage of the population below 2 standard deviations from normal
  - **Body Mass Index (BMI)** – percentage of the population below the benchmarked rate of 18.5.
- **Mortality** (due to inadequate food consumption)
  - **Crude Death Rate (CDR)** – number of deaths per 10,000 people in the whole population per day.
  - **Under 5 Years Death Rate (U5DR)** – number of deaths per 10,000 children under 5 years per day.

The **Priority Response Objectives** provide specific objectives for each of the Phases on the Acute Reference Table. The priority response for each phase include: Phase 1: Build Resilience and Disaster Risk Reduction; Phase 2: Disaster Risk Reduction and Protect Livelihoods; Phase 3: Protect Livelihoods, Reduce Food Consumption Gaps, and Reduce Acute Malnutrition; Phase 4: Save Lives and Livelihoods; and Phase 5: Prevent Widespread Death and Total Collapse of Livelihoods.

While the IPC Reference Tables link response objectives with each Phase, subsequent to the IPC analysis it is necessary to conduct Response Analysis to determine which particular interventions and activities are best suited to mitigate food insecurity.

Reference Table for Household Group Classification

The IPC Acute Food Insecurity Reference Table for Household Group Classification (Diagram 5) provides a general description, reference outcomes and Priority Response Objectives for five Phases of Acute Food Insecurity at the household level: *Phase 1–No Acute Food Insecurity, Phase 2–Stressed, Phase 3–Crisis, Phase 4–Emergency, and Phase 5–Catastrophe*. In this way, groups of relatively homogenous households can be classified in different Phases within a given area.

The reference indicators are organized according to the IPC Analytical Framework: Outcomes of Household Food Security and Contributing Factors.

The Reference Table includes both single indicators and commonly used methodologies that have been calibrated to the common IPC scale. These are briefly described below. See Annex 8 for detailed descriptions of each of these indicators and methodologies.

Household Outcomes

- **Food Consumption** – including nutritional quality and quantity of food
  - Quantity – in reference to the commonly used general requirement of 2,100 kcal per person per day.
  - Quality – in reference to micronutrient requirements.
  - Household Dietary Diversity Score (HDDS) – a commonly used methodology that indicates quality of food consumption and, to a lesser degree, quantity.
  - Food Consumption Score (FCS) – a method developed by WFP to indicate quantity and quality of food consumption.
  - Household Hunger Score (HHS) – a method developed by Food and Nutrition Technical Assistance (FANTA) based on perceptions of food insecurity at household levels.
  - Coping Strategies Index (CSI) – a method developed by Maxwell et al (2008) to track changes in household behaviours and indicate degrees of food insecurity when compared over time or to a baseline.
  - Household Economy Approach (HEA) – a method developed by Save the Children and the Food Economy Group (2008) to comprehensively examine livelihood strategies and the impact of shocks on food consumption and other livelihood needs.
- **Livelihood Change** – This is difficult to quantify because livelihood changes can come in a multitude of ways and universal thresholds do not exist. Thus general descriptions are used in conjunction with a typology of coping strategies developed by *Médecins Sans Frontières* (MSF, Holland) that identifies three main levels: (1) insurance strategies (reversible coping, preserving productive assets, reduced food intake, etc.); (2) crisis strategies (irreversible coping threatening future livelihoods, sale of productive assets, etc.); and (3) distress strategies (starvation and death, and no more coping mechanisms) (MSF, 2005).

- **Nutritional Status and Mortality** – Both nutritional status and mortality data is typically collected for whole populations in a given area. Therefore this data can help infer household groups, but international guidelines do not exist for specific groups.

Contributing Factors

For contributing factors, it is not possible to specify universal thresholds that are relevant and comparable in all situations. This is because each of the contributing factors must be analysed within its livelihood, social and historical contexts. Thus, the IPC Reference Table only provides general descriptions, not thresholds, for contributing factors. Diagram 6 provides examples of Indicators and Indirect Evidence that can be used to guide the analysis of contributing factors, as well as likely sources.

IPC analysts must evaluate these indicators within the local context in order to infer what outcomes, and thus what Phase, they equate to. In situations where robust food security information systems are in place, it is possible to develop specific thresholds for contributing factors that equate to the IPC reference outcomes in specific livelihood systems. However, analysts should provide an explicit explanation and evidence of how these contributing factor indicators relate to food security outcomes. The IPC Analytical Framework divides contributing factors into:

- Hazards and Vulnerability – a general description for each Phase is provided.
- Food Availability, Access, Utilization and Stability – a general description for each Phase is provided.

Potential Indirect Evidence for IPC Analysis

The table of Potential Indirect Evidence (Diagram 6) provides a list of indicators that can be used to support IPC analysis. They are arranged to correspond to the IPC Analytical Framework. The list is not exhaustive, and in any given situation, analysts are encouraged to utilize any relevant evidence to support the classification. The table provides indirect indicators of outcome data as well as indicators of contributing factors.

As previously noted, by definition contributing factors effectively do not have universal thresholds. Rather, they need to be analysed and interpreted within particular livelihood, social, historical and other contexts. Thus, while the table in Diagram 6 does provide a list of typical indicators of contributing factors, including vulnerability, hazards, food availability, food access, food utilization and stability, it does *not* provide threshold cutoffs for these indicators. It is incumbent on the analysts to infer the meaning of a contributing factor and to relate that to the IPC outcomes and Phases.

Analysis Worksheets

The Analysis Worksheet for Acute Food Insecurity (Diagram 7) enables the organization, documentation, and analysis of evidence in order to classify the severity of acute food insecurity and diagnose immediate causes. One Analysis Worksheet should be completed for each area analysed. A single Analysis Worksheet can be used for conducting analysis of the Current and Projected Situations.

Note, if the TWG is classifying Areas only, the parts of the Analysis Worksheets that are **diagonally shaded light grey do not need to be completed**. If the TWG is conducting analysis for Areas *and* Household Groups, it is necessary to complete all parts of the Analysis Worksheets.

Diagram 4: IPC Acute Food Insecurity Reference Table for Area Classification

Purpose: To guide short term strategic objectives linked to medium and long-term objectives that address underlying causes and chronic food insecurity.
Usage: Classification is based on convergence of evidence of current or projected most likely conditions, including effects of humanitarian assistance.

	Phase 1 Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Famine
Phase Name and Description	*More than four in five households (HHs) are able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance*	*Even with any humanitarian assistance at least one in five HHs in the area have the following or worse:* *Minimally adequate food consumption but are unable to afford some essential non food expenditures without engaging in irreversible coping strategies.*	*Even with any humanitarian assistance at least one in five HHs in the area have the following or worse:* *Food consumption gaps with high or above usual acute malnutrition* ***OR*** *Are marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.*	*Even with any humanitarian assistance at least one in five HHs in the area have the following or worse:* *Large food consumption gaps resulting in very high acute malnutrition and excess mortality* ***OR*** *Extreme loss of livelihood assets that will lead to food consumption gaps in the short term.*	*Even with any humanitarian assistance at least one in five HHs in the area have an extreme lack of food and other basic needs where starvation, death, and destitution are evident.* *(Evidence for all three criteria of food consumption, wasting, and CDR is required to classify Famine.)*
Priority Response Objectives	Action required to Build Resilience and for Disaster Risk Reduction	Action required for Disaster Risk Reduction and to Protect Livelihoods	**Urgent Action Required to:** → Protect livelihoods, reduce food consumption gaps, and reduce acute malnutrition	Save lives and livelihoods	Prevent widespread mortality and total collapse of livelihoods
Area Outcomes (directly measured or inferred) — **Food Consumption and Livelihood Change**	More than 80% of households in the area are able to meet basic food needs without engaging in atypical strategies to access food and income, and livelihoods are sustainable	Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 2 or worse	Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 3 or worse	Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 4 or worse	Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 5
Nutritional Status*	**Acute Malnutrition**: <5% **BMI <18.5 Prevalence**: <10%	**Acute Malnutrition**: 5–10%, **BMI <18.5 Prevalence**: 10–20%	**Acute Malnutrition**: 10–15% OR > usual and increasing **BMI <18.5 Prevalence**: 20–40%, 1.5 x greater than reference	**Acute Malnutrition**: 15–30%; OR > usual and increasing **BMI <18.5 Prevalence**: >40%	**Acute Malnutrition**: >30% **BMI <18.5 Prevalence**: far > 40%
Mortality*	**CDR**: <0.5/10,000/day **U5DR**: ≤1/10,000/day	**CDR**: <0.5/10,000/day **U5DR**: ≤1/10,000/day	**CDR**: 0.5–1/10,000/day **U5DR**: 1–2/10,000/day	**CDR**: 1–2/10,000/day OR >2x reference **U5DR**: 2–4/10,000/day	**CDR**: >2/10,000/day **U5DR**: >4/10,000/day

*For both nutrition and mortality area outcomes, household food consumption deficits must be an explanatory factor in order for that evidence to be used in support of a Phase classification. For example, elevated malnutrition due to disease outbreak or lack of health access—if it is determined to not be related to food consumption deficits—should not be used as evidence for an IPC classification. Similarly, excess mortality rates due to, murder or conflict –if they are not related to food consumption deficits--should not be used as evidence for a Phase classification. For Acute Malnutrition, the IPC thresholds are based on % of children under 5 years that are below 2 standard deviations of weight for height or presence of oedema. BMI is an acronym for Body Mass Index. CDR is Crude Death Rate. U5DR is Under 5 Death Rate.

Diagram 5: Acute Food Insecurity Reference Table for Household Group Classification

Purpose: To guide short-term strategic objectives tailored to the needs of household groups with relatively similar Phase classifications, which should compliment medium- and long-term objectives that address underlying causes and chronic food insecurity.
Usage: Classification is based on convergence of evidence of current or projected most likely conditions, including effects of humanitarian assistance.

		Phase 1 None	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe
Phase Name and Description		*HH group is able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance.*	*Even with any humanitarian assistance:* · *HH group has minimally adequate food consumption but is unable to afford some essential non-food expenditures without engaging in irreversible coping strategies*	*Even with any humanitarian assistance:* · *HH group has food consumption gaps with high or above usual acute malnutrition;* ***OR*** · *HH group is marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.*	*Even with any humanitarian assistance:* · *HH group has large food consumption gaps resulting in very high acute malnutrition and excess mortality;* ***OR*** · *HH group has extreme loss of livelihood assets that will lead to large food consumption gaps in the short term.*	*Even with any humanitarian assistance:* · *HH group has an extreme lack of food and/or other basic needs even with full employment of coping strategies. Starvation, death, and destitution are evident.*
Priority Response Objectives		Action required to Build Resilience and for Disaster Risk Reduction	Action required for Disaster Risk Reduction and to Protect Livelihoods	**Urgent Action Required to:** → Protect livelihoods, reduce food consumption gaps, and reduce acute malnutrition	Save lives and livelihoods	Prevent widespread death and total collapse of livelihoods
Household Outcomes (directly measured or inferred)	**Food Consumption*** (quantity and nutritional quality)	**Quantity**: adequate (2,100kcal pp/day); stable ***HDDS***: no recent deterioration *and >=4 food groups* (based on 12 food groups) ***FCS:*** *"acceptable consumption"; stable* ***HHS:*** *"none" (0)* ***CSI:*** *= reference, stable* ***HEA:*** *No "Livelihood Protection Deficit"*	**Quantity**: minimally adequate (2,100kcal pp/day) ***HDDS***: recent deterioration of HDDS (loss of 1 food group from typical based on 12 food groups) ***FCS:*** *"acceptable" consumption (but deteriorating)* ***HHS:*** *"slight" (1)* ***CSI:*** *= reference, but unstable* ***HEA:*** *"Small or moderate Livelihood Protection Deficit"*	**Quantity**: food gap; below 2,100 kcal pp/day OR 2,100 kcal pp/day via asset stripping ***HDDS***: severe recent deterioration of HDDS (loss of 2 food groups from typical based on 12 food groups) ***FCS:*** *"borderline" consumption* ***HHS:*** *"moderate" (2–3)* ***CSI:*** *> reference and* increasing ***HEA:*** *Substantial "Livelihood Protection Deficit" OR small "Survival Deficit" of <20%*	**Quantity**: large food gap; much below 2,100kcal pp/day ***HDDS:*** *<4 out of 12 food groups* ***FCS:*** *"poor" consumption* ***HHS:*** *"severe" (4–6)* ***CSI:*** *Significantly > reference* ***HEA:*** *"Survival Deficit" >20% but <50% with reversible coping considered*	**Quantity**: extreme food gap ***HDDS*** *1–2 out of 12 food groups* ***FCS:*** [below] *"poor" consumption* ***HHS:*** *"severe" (6)* ***CSI:*** *far > reference* ***HEA:*** *"Survival Deficit" >50% with reversible coping considered*
	Livelihood Change (assets and strategies)	Sustainable livelihood strategies and assets	**Livelihood:** Stressed strategies and assets; reduced ability to invest in livelihoods **Coping**: "Insurance Strategies"	**Livelihood:** Accelerated depletion/erosion of strategies and assets that will lead to high food consumption gaps **Coping**: "Crisis Strategies"	**Livelihood:** Extreme depletion/ liquidation of strategies and assets that will lead to very high food consumption gaps **Coping:** "Distress Strategies"	**Livelihood:** Near complete collapse of strategies and assets **Coping**: effectively no ability to cope
Contributing Factors		*For Contributing Factors, specific indicators and thresholds for inferring Phase need to be determined and analysed according to the unique causes and livelihood context of household groups. General descriptions are provided below. See IPC Analytical Framework for further guidance on key aspects of availability, access, utilization, and stability.*				
	Food Availability, Access, Utilization, and Stability	· Adequate to meet food consumption requirements and short-term stable; · Safe Water ≥15 litres pppd	· Borderline adequate to meet food consumption requirements; · Safe Water marginally ≥15 litres pppd	· Highly inadequate to meet food consumption requirements; · Safe Water 7.5 to 15 litres pppd	· Very highly inadequate to meet food consumption requirements; · Safe Water 4 to 7.5 litres pppd	· Extremely inadequate to meet food consumption requirements; · Safe Water <4 litres pppd
	Hazards and Vulnerability	None or minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/ or food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/ or near complete food consumption deficits

*The acronyms for the commonly used methodologies included in the reference table include: HDDS (Household Dietary Diversity Score), FCS (Food Consumption Score), HHS (Household Hunger Score), CSI (Coping Strategies Index), and HEA (Household Economy Approach).

Diagram 6: Potential Indirect Evidence to Support IPC Analysis

Element	Potential Indirect Evidence for IPC Analysis	Potential Sources
Food Consumption (Quantity and Nutritional Quality)	Availability of fortified staple food items (e.g. maize and wheat flour)	(Grain traders, distributors)
	Shifts in expenditure patterns toward cheaper and less nutritious foods	(Food security monitoring)
	Number of meals/day	CFSVA (Comprehensive Food Security and Vulnerability Analysis), food security surveys
	Number of food groups consumed	HDDS (Household Dietary Diversity Score), CFSVA, food security surveys
Livelihood Change (Assets and Strategies)	Ownership of productive assets, e.g. bicycle and farming tools and recent changes in ownership	Household Budget Surveys, population census, household food security surveys
	Ownership of livestock and recent changes in ownership	Food security surveys
	Migration, e.g. from rural to urban areas or in search of casual labour	Food security surveys, authorities
	Expansion of informal settlements	Authorities, UN-Habitat
	Proportion of urban population living in slums	UN-Habitat, authorities
	Internally displaced persons/refugee concentrations	Authorities, Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), International Organization for Migration (IOM)
	Prevalence of extreme behavioural patterns, e.g. begging	Food security surveys
Nutritional Status	Underweight	Multiple Indicator Cluster Survey (MICS), Demographic and Health Survey (DHS), Nutrition studies (e.g. –Centre for Research on the Epidemiology of Disasters, Complex Emergency Database (CRED CEDAT database)
	Admissions to feeding programmes	Health Information System Data Sentinel site data
	Prevalence of night blindness (children under 5/pregnant mothers)	DHS (pregnant mothers)
	Prevalence of low birth weight	MICS
	Household iodized salt consumption	MICS
	Iron and folic acid supplementation programmes to pregnant women	MICS and DHS
	Vitamin A supplementation programmes to children under 5 and/or breastfeeding mothers	MICS

Element	Potential Indirect Evidence for IPC Analysis	Potential Sources
Mortality/Death Rate	Infant Mortality Rate (IMR)	MICS, DHS
	Neonatal mortality	DHS, birth records
	Under 5 Mortality Rate (U5MR)	MICS, DHS
	Mid-Upper Arm Circumference (<115 mm) (MUAC)	DHS, CFSVA, Nutrition surveys
	Severe Acute Malnutrition	MICS, DHS, CFSVA, Nutrition data
	Global Acute Malnutrition (GAM)	MICS, DHS, CFSVA, Nutrition data
	Maternal mortality rate	DHS (women)
	Adult Body Mass Index (BMI)	DHS (women)
	Case fatality rates (e.g. epidemics)	Health surveillance bulletins Religious leader consultations Grave counting
Availability	Food balance sheet	FAO
	Production figures	FAO, CFSAM (Crop and Food Supply Assessment Mission), national agricultural surveys
	Average cereal yield (kg per ha)	National agricultural surveys
	Land ownership/access to land	CFSVA, food security surveys
	Food sources of households	CFSVA, food security surveys
	Remote sensing data (rainfall, vegetation)	FEWS NET, Africa Data Dissemination Service, EC-JRC (Joint Research Centre of the European Commission)
Access	Prices (staple food items, price trends)	Government data, NGOs, United Nations agencies
	Distance to markets/market density (no. of markets per unit area)	FAO
	Purchasing power / terms of trade (livestock to cereals, labour to cereals)	CFSVA, food security surveys
	Percentage of population in lowest wealth quintile/ wealth index	DHS, CFSVA
	Proportion of population unable to access a basic consumption basket during the analysis period (poverty or food poverty line)	Household Budget Surveys, DHS, population census
	Percentage of income spent on food (for the poorest quintile)	CFSVA

Element	Potential Indirect Evidence for IPC Analysis	Potential Sources
Utilization	Typical meal composition/dietary preferences	(Food security surveys)
	Food preparation practices	(Food security surveys)
	Food storage practices	(Food security surveys)
	Child care practices (breastfeeding, weaning age, feeding, hygiene)	MICS, DHS
	Types of water sources	CFSVAs, MICS
	Average distance to water sources	(CFSVA, food security monitoring, government)
	Seasonality of water access	(CFSVA, food security monitoring, government)
	Price of water	(CFSVA, food security monitoring, government)
	Access to improved sanitation facilities	MICS, food security surveys, government
	Access to and type of cooking fuel used by households	Food security surveys
Stability	Cropping calendar	(Food security surveys)
	Seasonal migration patterns	(Food security surveys)
	Household food stocks	CFSVA, food security surveys
	Trends of food production	CSFAM, food security monitoring, government
Hazards and Vulnerability	Disease epidemics (human and animal)	WHO (World Health Organization), FAO, OCHA
	Morbidity patterns	Ministry of Health annual reports
	Measles vaccination coverage	DHS, MICS
	Household expenditure, out-of-pocket – expenditure on health	WHO Global Health Observatory Data Repository
	HIV/AIDS prevalence	DHS, national statistics, UNAIDS
	Coverage of antiretroviral therapy (ART)	UNAIDS (Joint United Nations Programme on HIV/AIDS country estimation reports), Ministry of Health
	Fertility rate	DHS
	Assisted deliveries by skilled birth attendants	DHS
	Natural hazards: drought, floods, earthquakes, etc.	Authorities, United Nations, NGOs
	Man-made hazards: conflict, deforestation, erosion, etc.	Authorities, United Nations, NGOs
	Number of displaced	OCHA, UNHCR
	Percentage of population under the national poverty line	Household budget surveys, census reports

ACUTE FOOD INSECURITY ANALYSIS WORKSHEET

ANALYSIS AREA: _____ **DATE OF ANALYSIS:**_____ **VALID FOR: [ ] CURRENT** _____ **[ ]PROJECTED** _____
(which area) (created on) (from when to when) (from when to when)

Section A: Area and HH Analysis Group Definitions

STEP 1: Area Description, HH Analysis Group Definitions, and Map

Brief Area and Livelihood Description		
Estimated # of People in Area (specify source of pop. data)	Current	Projected (with assumed in and out migration)
Chronic Food Insecurity Level for the area (if available)		

HH Analysis Group (HAG) Definitions

- Identify groups of relatively homogenous households with regard to their food security situation (consider contributing factors and likely outcomes). These HH Analysis Groups will be analysed independently for their respective Phase Classifications.
- The number of groups will depend upon analytical needs, data availability and desired level of precision.

Label of HAG	Brief Description of Each HAG [Specify Source(s):]	# of people in HAG	% of pop in HAG
A			
B			
C			
D (...)			

Map and Seasonal Calendar of Analysis Area

(insert image of map identifying spatial extent of analysis area and seasonal calendar indicating major seasons and annual events)

Diagram 7: Acute Food Insecurity Analysis Worksheet

Section B: Classification Conclusions and Justification

STEP 4: HH Analysis Group (HAG) Classification Conclusions – Classify each HH Analysis Group and estimate number and percentage of people in various IPC Phases based on convergence of evidence (from STEP 3). If a single HH Analysis Group is determined to have 2 or more distinct Phases of Household Groups, then indicate partial percentages and numbers.

Label of HAG	Current Situation			Projected Situation		
	Phase	# of People and % of total pop	Summary Justification	Phase	# of People and % of total pop	Summary Justification
A						
B						
C						
D (...)						

STEP 5: Phase Classification Conclusions. – Combine different HH Analysis Groups with the same Phase. If analysis is Area-based only, complete for only the one applicable Phase, and for "estimated # of people and %" use the cumulative number of people in the Area Phase plus people in worse Phases.

Phase	Current Situation [Confidence Level for Overall Analysis:]			Projected Situation [Confidence Level for Overall Analysis:]		
	Estimated pop or range	% of total pop or range	Justification (key evidence and rationale of directly measured or inferred outcomes: food consumption, livelihood change, nutritional status, and mortality)	Estimated pop or range	% of total pop or range	Justification (evidence and rationale of directly measured or inferred outcomes: food consumption, livelihood change, nutritional status, and mortality)
1						
2						
3						
4						
5						

STEP 6: Humanitarian Assistance Impact (e.g. humanitarian/disaster relief). **–** Write a brief statement generally describing the type, timing and coverage of assistance to the extent possible. Assess effects of assistance on Phase classification.

Period	What are the main humanitarian assistance programmes?	Without these programmes would the Area Phase likely be worse than classified?
Current		Yes/No
Projected		Yes/No

STEP 7: Risk Factors to Monitor (List key risk factors to monitor and the monitoring period in brackets)

1. _____ (____) 2. _____ (____) 3. _____ (____) 4. _____ (_____)

Section C: Causes Complete one for Area (reflecting the worst affected households) or for each HH Analysis Group in Phase 3 or higher

STEP 8: Limiting Factors Matrix **Specify if for Current or Projected:** _____ **HH Analysis Group:** _____

- Based on guiding question, indicate the degree to which Availability, Access or Utilization is a limiting factor to people being food secure in the short term.
- Shade/Colour that cell accordingly and write a brief evidence justification on the cause and effects inside of the cell.
- Note gender issues and differences where relevant.

	Food Availability *Guiding Question: Is sufficient food actually or potentially physically present?* *(Consider national and local production, imports, markets, and natural source; and note in the justification as relevant).*	**Food Access** *Guiding Question: Are households able to sufficiently access food?* *(Consider aspects of physical, financial, and social access, and note in the justification as relevant).*	**Food Utilization** *Guiding Question: Are households making effective use of food which they have access to?* *(Consider aspects of preferences, preparation, storage, and water; and note in the justification as relevant).*
Extreme Limiting Factor	No *(write brief justification)*	No *(write brief justification)*	No *(write brief justification)*
Major Limiting Factor	Somewhat, but very little and/or unreliable *(write brief justification)*	Somewhat, but very little and/or unreliable *(write brief justification)*	Somewhat, but very little and/or unreliable *(write brief justification)*
Minor Limiting Factor	Yes, but not quite enough and/or erratic supply *(write brief justification)*	Yes, but not quite enough and/or erratic supply *(write brief justification)*	Yes, but not quite enough and/or erratic supply *(write brief justification)*
Not a Limiting Factor	Yes *(write brief justification)*	Yes *(write brief justification)*	Yes *(write brief justification)*

Section D: Evidence Documentation and Analysis

STEP 3: Key Evidence and Conclusions for Contributing Factors and Outcomes

- Document key evidence statement. For each key evidence statement: (i) Indicate Document Code (DC) to link to the Evidence Repository Template; and (ii) Specify reliability score for each evidence statement: 1=somewhat reliable, 2= reliable, 3=very reliable.
- For example: *Market prices increased 200% as compared to same time last year (DC=1, R=2)*
- Write summary element conclusion statements and note difference between and within HAGs and gender differences as relevant.
- For outcome elements, when possible determine the indicative Phase for Area or HAGs.

Contributing Factor Elements	CURRENT	PROJECTED
Hazards and Vulnerability	*Key Evidence Statement & Element Conclusion Statement for Area and each HAG (if applicable)*	*Key Evidence/Assumptions Statement & Element Conclusion Statement for Area and each HAG (if applicable)*
Food Availability	*Key Evidence Statement & Element Conclusion Statement for Area and each HAG (if applicable)*	*Key Evidence/Assumptions Statement & Element Conclusion Statement for Area and each HAG (if applicable)*
Food Access	*Key Evidence Statement & Element Conclusion Statement for Area and each HAG (if applicable)*	*Key Evidence/Assumptions Statement & Element Conclusion Statement for Area and each HAG (if applicable)*
Food Utilization including Water	*Key Evidence Statement & Element Conclusion Statement for Area and each HAG (if applicable)*	*Key Evidence/Assumptions Statement & Element Conclusion Statement for Area and each HAG (if applicable)*
Stability	*Key Evidence Statement & Element Conclusion Statement for Area and each HAG (if applicable)*	*Key Evidence/Assumptions Statement & Element Conclusion Statement for Area and each HAG (if applicable)*

Outcome Elements	CURRENT	PROJECTED
Food Consumption	HAG A: HAG B: HAG C: HAG D: AREA: *Key Evidence of directly measured and/or inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*	HAG A: HAG B: HAG C: HAG D: AREA: *Key Evidence/assumptions of inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*
Livelihood Change	HAG A: HAG B: HAG C: HAG D: AREA: *Key Evidence of directly measured and/or inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*	HAG A: HAG B: HAG C: HAG D: AREA: *Key Evidence/assumptions of inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*
Nutritional Status	AREA: *Key Evidence of directly measured and/or inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*	AREA: *Key Evidence/assumptions of inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*
Mortality	AREA: *Key Evidence of directly measured and/or inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*	AREA: *Key Evidence/assumptions of inferred outcomes & Element Conclusion Statement for Area and each HAG (if applicable)*

STEP 2: Evidence Repository			
Document Code • To link to template in Step 3. • Order is not important..	**Reference** Multiple pieces of evidence in Step 3 can link to a single source.		**Raw Evidence** When possible, insert raw evidence (e.g. graph, image, table, quote).
	Source	Date	
1			
2			
3			
4			
5			
6			
...			

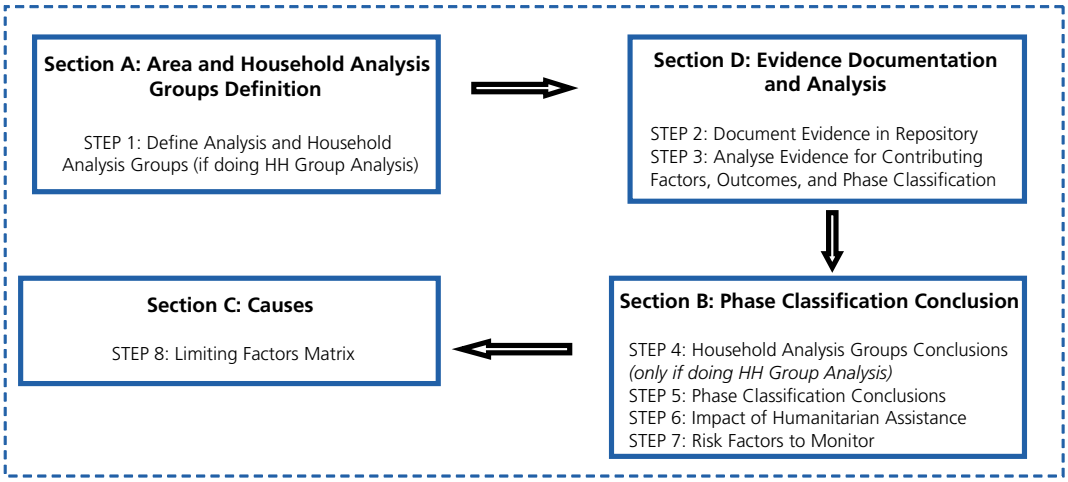
Procedures for Classifying Severity and Causes

These procedures guide the classification of Current and/or Project Situation Analysis. They are presented in a generally sequential order. However, they do not strictly need to be followed in the sequence described here.

Depending on whether the classification is Area only or Household Groups + Area, not all of the procedures need to be followed. The parts that do not need to be completed for Area only classification are shaded in a diagonal light grey.

The flow-chart in Diagram 8 illustrates the process for completing the Analysis Worksheets.

Diagram 8: Flow Chart for Completing the Acute Analysis Worksheets



- **Decide whether to conduct Area only or Household Groups + Area Analysis**

The decision should be informed by the pros and cons outlined in Table 3. **As a minimum standard, an IPC classification must be Area-based**. Ideally, however, if time, data and capacities exist, TWGs are encouraged to conduct analysis of Household Groups and Areas.

- **Decide when to conduct Current or Projected Situation Analysis and completed Analysis Worksheets**

Analysis of Acute Food Insecurity should be undertaken whenever decision support is required. This can be done on a regular basis (e.g. seasons) or an *ad hoc* basis (e.g. when there is or likely to be an unexpected event that will change the food security situation). Analysis of the Current Situation is essentially making conclusions on what is currently occurring at that snapshot in time. While it may be based on recent data, it is still a best-estimate statement of what is currently happening. For early warning purposes the Projected Situation Analysis describes the most likely scenario for some future snapshot in time. The projected time period can vary depending on the situation, context and needs of decision-makers – it may be a week, a month, several months or a year into the future.

Building projected scenarios is by definition an even more challenging task than conducting analysis of the current situation. It requires increased interpretation and extrapolation of potential scenarios and outcomes. FEWS NET has developed detailed guidelines on making projections. A summary of these guidelines is provided in Annex 9.

Both Current and Projected Situation Analysis can be conducted on the same Analysis Worksheet. The spatial area of the classification can vary widely and is determined by the TWG depending on the situation and the needs of decision-makers. At the top of the Analysis Worksheet is space for noting: the name of the area, whether it is Current and/or Projected Analysis and the respective dates, and the date when the analysis was completed.

STEP 1: Define Analysis Area and Household Analysis Groups (Section A)

a. Decide on the spatial extent of the Analysis Area. A single Phase Classification will be determined for this area. The determination of the Analysis Area can be informed by, but not limited to, units such as livelihood zones, hazard zones, administrative boundaries, market catchment zones and others. The IPC is adaptable and applicable to any spatial size. It is up to the IPC analysts to determine the spatial extent of the Analysis Area. In general, the Analysis Area should be as homogenous as possible with regards to likely food security outcomes and causes. There are many trade-offs when determining Analysis Areas. Some criteria to consider include:

   i. Spatial extent of a hazard
   ii. Variation of livelihood patterns and vulnerability
   iii. Needs of decision-makers
   iv. Availability of data/information
   v. Practicality of doing the multiple analyses.

b. Provide a brief narrative description of the area. This may include the agro-ecology, livelihood systems, socio-economic descriptions or other important contextual information for the analysis.

c. Provide an estimate of the total number of people expected to be present in the area for the current and/or projected time periods.

d. If available, specify the Level of Chronic Food Insecurity based on analysis using the IPC protocols for Chronic analysis.

e. Identify and provide brief descriptions of Household Analysis Groups (HAGs). Household Analysis Groups are groups of households which are hypothesized to likely have different Phase Classifications pending evaluation and analysis of the evidence. Household Analysis Groups are relatively homogenous groups of households with regards to their food security situation, including contributing factors and likely outcomes. These groups may be defined, for example, by variations in wealth, gender, ethnic affiliation, livelihood, religion, exposure to a hazard event or any other factor or combination of factors that make those groups distinct. The number of Household Analysis Groups identified will depend on the complexity of the situation. Also specify the estimated number of people in each Household Analysis Group and their percentage of the total population in the area.

f. Insert or draw a map of the analysis area that shows its spatial extent.

STEP 2: Document Evidence in Repository (Section D)

a. Gather and document relevant data/evidence, noting the source and date of each piece of evidence. The evidence can be in a "raw" format, meaning it can be tables, graphs and charts. The order of the evidence is not important, and the associated Document Code is arbitrary. However, once a piece of evidence is documented, its Document Code will be used to make a cross-reference in the Evidence Analysis Templates in STEP 3.

b. For Reliability Scores, indicate the appropriate number as follows: 1=somewhat, 2= reliable, and 3=very reliable. Assigning Reliability Scores requires critical evaluation of the source, method and time relevance of the evidence. Table 4 below provides a general guide.

BOX 4: EVIDENCE – HOW MUCH IS ENOUGH?

The objective of building an evidence base for IPC Analysis is to document and analyse the necessary amount of evidence in order to substantiate a Phase Classification with at least Acceptable Confidence and understand the basic causes. The point is NOT to document everything that is known about the area, nor to analyse questions beyond the scope of the IPC. Documenting and analysing extraneous evidence is time-consuming and can distract from the core analysis.

Table 4: Criteria for Assessing Evidence Reliability Ratings

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 methods, and data reflecting current or projected conditions
3. Very Reliable	Effectively unquestioned source, method and time relevance of data

Note, if evidence is not considered "somewhat reliable" it should not be included in the IPC analysis.

STEP 3: Analyse Evidence for Contributing Factors, Outcomes, and Phase Classification (Section D)

a. Write Key Evidence Statements for each food security outcome and contributing factor element and indicate the Document Code that links it to the Template in STEP 2. Use the IPC Analytical Framework, the Reference Table for Acute Food Insecurity, and the Potential Indicators and Indirect Evidence Table as guides for determining the type of evidence appropriate for each element.

b. Of particular note: For Current analysis of Contributing Factors and Outcomes, be sure to include inputs of short-term, humanitarian/emergency assistance. For Projections, include assistance that is inter-annual (meaning it is provided every year on a regular basis) and short-term, humanitarian/emergency assistance only if it is most likely to occur in the projection period and reach beneficiaries.

c. After documenting relevant evidence statements, take stock of the body of evidence for that element and formulate a brief narrative conclusion for that element.

d. Based on the evidence and the conclusion for each outcome element, indicate the likely Phase Classification for that element, if interpreted on its own. Base this analysis on the indicators and descriptions in the Reference Table for Acute Food Insecurity. Do so for each Household Analysis Group separately. If doing projections, follow the same procedures, inserting key assumptions and the justification for each assumption.

STEPS 4 and 5: Household Analysis Groups and Phase Classification Conclusions (Section B)

a. Determine the overall Phase Classification. Take stock of and critically analyse the overall body of evidence from elements of contributing factors and outcomes. Use convergence of evidence as compared to Reference Tables for Acute Food Insecurity. Make an overall Phase Classification estimate for each Household Analysis Group. Make an overall Phase Classification for the area.

b. Note, for the rare and extreme case of classifying Phase 5 (Famine), there must be evidence of all three outcomes of mortality, wasting and food consumption according to the Reference Table. As a Famine situation improves, in order to shift from Phase 5 to Phase 4, mortality must come down to Phase 4 levels plus at least one other of food consumption or GAM.

c. If conducting HH Group analysis, complete the Template in STEP 4 to identify the estimated Phase for each Household Analysis Group, the estimated number of people in that group, and a summary justification statement that supports the conclusions. If a single Household Analysis Group is determined to consist of two or more distinct Phases of Household Groups, then indicate partial percentages and numbers.

d. Complete the Template in STEP 5 by totalling up the number of people from STEP 4 who are in the same Phases and indicate the estimated number of people in each Phase overall. Also indicate the percentage of the total population in the area that those people represent. If classifying Area only, insert for the appropriate Phase the estimated number of people who are at least in that Phase.

e. Indicate the overall confidence level for the classification: *=acceptable, **=medium, and ***=high using the guidance in Table 5 below.

Table 5: Criteria for Assessing Confidence Levels

Confidence Level	Criteria for Corroborating Evidence for Confidence Levels	
	Current	**Projected**
Acceptable *	At least 1 piece of reliable evidence (direct or indirect) for any of the food security outcomes + At least 4 pieces of reliable evidence from different contributing factors or outcome elements	At least 4 pieces of reliable evidence from different contributing factors or outcome elements
Medium **	At least 1 piece of reliable direct evidence for any of the food security outcomes + At least 5 pieces of reliable evidence from different contributing factors or outcome elements	At least 6 pieces of reliable evidence from different contributing factors or outcome elements
High ***	At least 2 pieces of reliable direct evidence for any of the food security outcomes + At least 6 pieces of reliable evidence from different contributing factors or outcome elements + There is no reliable contradictory evidence	At least 8 pieces of reliable evidence from different contributing factors or outcome elements

STEP 6: Impact of Humanitarian Assistance (Section B)

Complete the Template in STEP 6 to roughly indicate the level of short-term, humanitarian/emergency assistance in the analysis area. Write a brief statement describing the type, timing and coverage of assistance. Indicate whether or not the levels of assistance are likely to be preventing the Phase from being worse than classified.

STEP 7: Risk Factors to Monitor

Complete the Template in STEP 7, listing key risk factors to monitor and the monitoring period (e.g. elections in three months, market price of maize in six months, flood season in two months).

STEP 8: Classifying Causes (Section C)

a. Complete the Template in STEP 8, Section C of the Analysis Worksheet. Do so for the Area as a whole or for each Household Analysis Group (if applicable) that is determined to be Phase 3 or higher.

b. For any situation of food insecurity, irrespective of the severity of that situation, by definition there must be limiting factors with regards to one or more of the food security dimensions of availability, access, utilization. The Limiting Factors Matrix enables identification of the degree to which each of these is a limiting factor. Note: While stability is one of the four food security dimensions in the IPC analytical framework, it is not included in the Limiting Factors Matrix because the effects of stability would be reflected in the future projection analysis as well as the chronic food insecurity classification (if conducted).

c. Based on the guiding question for each of the dimensions and the generic answers in each of the cells, shade the cell that best answers the question according to the colour scheme in the first column. Reflect on the evidence documented in STEP 3 to inform this analysis. Do not shade the other cells in that same column.

d. Write a brief evidence justification in the appropriate cell summarizing the cause and effects of that limiting factor.

e. Note and describe gender differences where relevant.

f. Analysis of immediate causes (Limiting Factors) can be complemented by analysis of the underlying causes and opportunities as per the prototype Chronic Food Insecurity analysis protocols (see Annex 5), which includes a detailed SWOT analysis for each of the Vulnerability Elements. Together these analyses of immediate/underlying causes and opportunities can more effectively inform Response Analysis.

SECTION 6: COMMUNICATING FOR ACTION

SECTION 6: COMMUNICATING FOR ACTION

The purpose of Communicating for Action is to communicate core aspects of situation analysis in a consistent, accessible and timely manner. No matter how well food security analysis is done, if it is not communicated effectively it is not likely to inform decisions or lead to mitigating food insecurity. Therefore it is essential that communication is considered an integral part of food security analysis itself.

The IPC enables Communicating for Action by using maps, charts, tables and text in a standardized Communication Template to present and describe core aspects of situation analysis.

Effectively linking the IPC to decision support is strengthened with an overall communication strategy that identifies: target audience(s); appropriate time to issue the analysis according to when/how decisions are made; appropriate medium for distributing the Communication Template (e.g. e-mail, post, Web sites); arrangements for presentations at strategic fora; and other key components.

Key Parameters

- The IPC Communication Template includes four parts: (1) the first page of graphics (including a map); (2) a second page of summary text; (3) population tables; and (4) Sections A,B, and C from the Analysis Worksheets for all areas included in the analysis.
- Separate Communication Templates should be completed for Current and Projected analysis.
- Areas should be mapped according to the criteria and colour scheme of the Acute Food Insecurity Reference Table for Area Classification using the following RGB colour scheme levels: Phase 1 (205,250,205); Phase 2 (250,230,030); Phase 3 (230,120,000); Phase 4 (200,000,000); Phase 5 (100,000,000).

Only areas which meet the criteria for "Acceptable Confidence" should be classified. The minimum evidence base for classification of the current situation is: *At least 1 piece of reliable evidence for any of the food security outcomes* **+** *At least 4 pieces of reliable evidence from different contributing factors or outcome elements.* The minimum evidence base for classification of the projected situation is: *At least 4 pieces of reliable evidence from different contributing factors or outcome elements.* Areas which were intended to be part of the analysis but for which there is not an adequate minimum evidence base should be mapped using grey colour.

Tools for Communicating for Action

The Communication Template for Acute Food Insecurity (Diagram 9) enables clear and accessible communication of key aspects of situation analysis.

The first part graphically presents key information on situation analysis including:

- Overall number of people classified in various Phases
- Key outcomes for the worst-affected areas
- Narrative summary of causes, context and key issues
- Map showing areas classified in various Phases using a standardized colour scheme
- Call-out boxes for any areas that are Phase 3, 4 or 5 with additional information specific to those areas
- Identification of participating agencies.

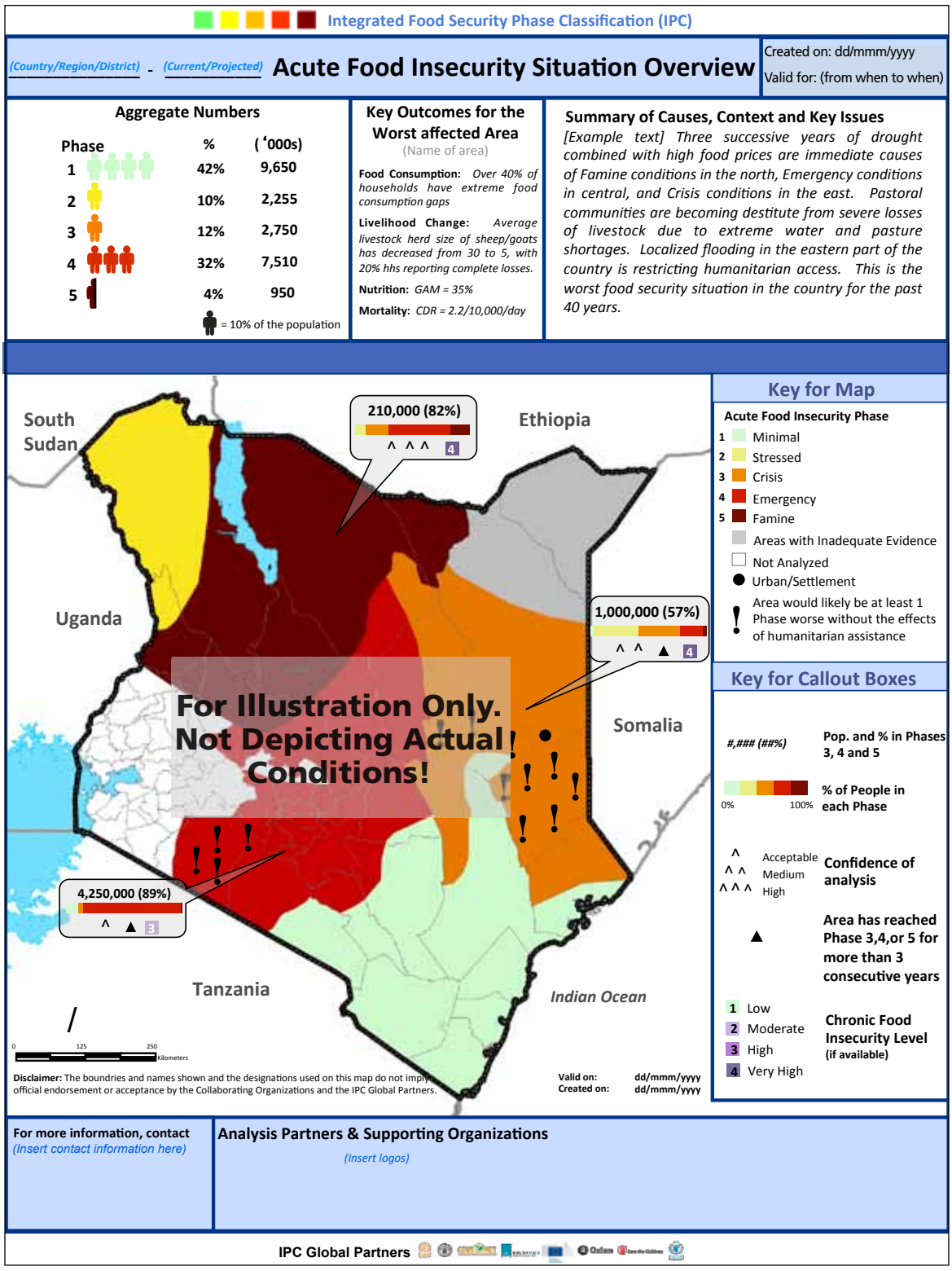
The second part is based on a narrative presentation of additional information including:

- Key Findings and Issues
- Methods, Process and Key Issues
- Food Security Seasonal Calendar and Monitoring Implications
- Recommendations for Next Steps for analysis and decision-making

The third part is the population table showing the numbers of people in various Phases for the appropriate administrative unit.

The fourth part includes Sections A,B, and C of the Analysis Worksheets for all areas classified, providing more detailed information on specific areas.

Diagram 9: Acute Food Insecurity Communication Template



Part 2: Summary of Findings, Methods, and Next Steps

Key Findings and Issues
(Briefly discuss key findings)

Methods, Process & Key Issues
(Write a brief description of the IPC Methods and challenges encountered during analyses)

Food Security Seasonal Calendar and Monitoring Implications
(Insert seasonal calendar relevant to monitoring food security analyses in the coming year)

Recommendations for Next Steps for Analysis and Decision-Making
(Discuss expected and recommended next steps focusing on analytical activities, monitoring actions and linkage to action)

Contact for Further Information
IPC Technical Working Group: *Identify contact(s)*
IPC Global Support Unit: www.ipcinfo.org

Part 3: Population Tables

Detailed Population Table

(Insert a detailed population table merging the population tables of all areas. Level of reporting should be the lowest administrative unit subdivided by household food security situation groups when applicable)

Name of Relevant Administrative Unit Level	Name of Relevant Administrative Unit Level	Total # of people (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or Higher	
			# of pp	% of pp	# of pp	% of pp	# of pp	% of pp	# of pp	% of pp	# of pp	% of pp	# of pp	% of pp
E.g. Province 1	E.g District A	37,000	20,000	20%	10,000	20%	5,000	17%	2,000	10%	-	0%	7,000	13%
	E.g District B	21,000	10,000	10%	7,000	14%	3,000	10%	1,000	5%	-	0%	4,000	7%
	E.g District C	46,500	30,000	30%	3,000	6%	7,000	23%	5,000	25%	1,500	30%	13,500	25%
	E.g District D	61,000	25,000	25%	15,000	30%	10,000	33%	8,000	40%	3,000	60%	21,000	38%
	E.g District E	39,000	15,000	15%	15,000	30%	5,000	17%	4,000	20%	500	10%	9,500	17%
	Total	**205,000**	**100,000**	**49%**	**50,000**	**24%**	**30,000**	**15%**	**20,000**	**10%**	**5,000**	**2%**	**55,000**	**27%**
E.g. Province 2	E.g District A	107,000	20,000	40%	30,000	43%	40,000	40%	15,000	50%	2,000	17%	57,000	43%
	E.g District B	83,000	18,000	36%	25,000	36%	30,000	30%	10,000	33%	-	0%	40,000	30%
	E.g District C	62,000	12,000	24%	15,000	21%	30,000	30%	5,000	17%	-	0%	35,000	27%
	Total	**262,000**	**50,000**	**19%**	**70,000**	**27%**	**100,000**	**38%**	**30,000**	**11%**	**12,000**	**5%**	**132,000**	**50%**
E.g. Province 3	E.g District A	32,000	15,000	50%	10,000	33%	5,000	25%	2,000	40%	-	0%	7,000	28%
	E.g District B	25,000	5,000	17%	10,000	33%	8,000	40%	2,000	40%	-	0%	10,000	40%
	E.g District C	28,000	10,000	33%	10,000	33%	7,000	35%	1,000	20%	-	0%	8,000	32%
	Total	**85,000**	**30,000**	**35%**	**30,000**	**35%**	**20,000**	**24%**	**5,000**	**6%**	**-**	**0%**	**25,000**	**29%**
E.g. Province 4	E.g District A	74,500	50,000	19%	15,000	6%	8,000	3%	1,500	1%	-	0%	9,500	4%
	E.g District B	44,000	30,000	15%	5,000	10%	6,000	20%	2,000	20%	1,000	20%	9,000	20%
	E.g District C	45,500	30,000	15%	6,000	16%	5,000	17%	1,500	15%	1,000	20%	7,500	17%
	E.g District D	131,000	90,000	45%	22,000	44%	11,000	37%	5,000	50%	3,000	60%	19,000	42%
	Total	**295,000**	**200,000**	**68%**	**50,000**	**17%**	**30,000**	**10%**	**10,000**	**3%**	**5,000**	**2%**	**45,000**	**15%**
E.g. Province 5	E.g District A	160,000	100,000	67%	30,000	60%	20,000	67%	10,000	100%	-	0%	30,000	75%
	E.g District B	62,000	50,000	33%	2,000	4%	10,000	33%	-	0%	-	0%	10,000	25%
	Total	**240,000**	**150,000**	**63%**	**50,000**	**21%**	**30,000**	**13%**	**10,000**	**4%**	**-**	**0%**	**40,000**	**17%**
Total		**492,000**	**200,000**	**41%**	**120,000**	**24%**	**130,000**	**26%**	**40,000**	**8%**	**2,000**	**0%**	**172,00,**	**35%**

Part 4: Insert Sections A, B, and C from Analysis Worksheets

Section A: Area and HH Analysis Group Definitions

STEP 1: Area Description, HH Analysis Group Definitions, and Map

Brief Area and Livelihood Description		
Estimated # of People in Area (specify source of pop. data)	Current	Projected (with assumed in and out migration)
Chronic Food Insecurity Level for the area (if available)		

HH Analysis Group (HAG) Definitions

- Identify groups of relatively homogenous households with regard to their food security situation (consider contributing factors and likely outcomes). These HH Analysis Groups will be analysed independently for their respective Phase Classifications.
- The number of groups will depend upon analytical needs, data availability and desired level of precision

Label of HAG	Brief Description of Each HAG [Specify Source(s):]	# of people in HAG	% of pop in HAG
A			
B			
C			
D (...)			

Map and Seasonal Calendar of Analysis Area

(insert image of map identifying spatial extent of analysis area and seasonal calendar indicating major seasons and annual events)

Section B: Classification Conclusions and Justification

STEP 4: HH Analysis Group (HAG) Classification Conclusions – Classify each HH Analysis Group and estimate number and percentage of people in various IPC Phases based on convergence of evidence (from STEP 3). If a single HH Analysis Group is determined to have 2 or more distinct Phases of Household Groups, then indicate partial percentages and numbers.

Label of HAG	Current Situation			Projected Situation		
	Phase	# of People and % of total pop	Summary Justification	Phase	# of People and % of total pop	Summary Justification
A						
B						
C						
D (...)						

STEP 5: Phase Classification Conclusions. – Combine different HH Analysis Groups with the same Phase. If analysis is Area-based only, complete for only the one applicable Phase, and for "estimated # of people and %" use the cumulative number of people in the Area Phase plus people in worse Phases.

Phase	Current Situation [Confidence Level for Overall Analysis:]			Projected Situation [Confidence Level for Overall Analysis:]		
	Estimated pop or range	% of total pop or range	Justification (key evidence and rationale of directly measured or inferred outcomes: food consumption, livelihood change, nutritional status, and mortality)	Estimated pop or range	% of total pop or range	Justification (evidence and rationale of directly measured or inferred outcomes: food consumption, livelihood change, nutritional status, and mortality)
1						
2						
3						
4						
5						

STEP 6: Humanitarian Assistance Impact (e.g. humanitarian/disaster relief). **–** Write a brief statement generally describing the type, timing and coverage of assistance to the extent possible. Assess effects of assistance on Phase classification.

Period	What are the main humanitarian assistance programmes?	Without these programmes would the Area Phase likely be worse than classified?
Current		Yes/No
Projected		Yes/No

STEP 7: Risk Factors to Monitor (List key risk factors to monitor and the monitoring period in brackets)

1. _____ (____) 2. _____ (____) 3. _____ (____) 4. _____ (_____)

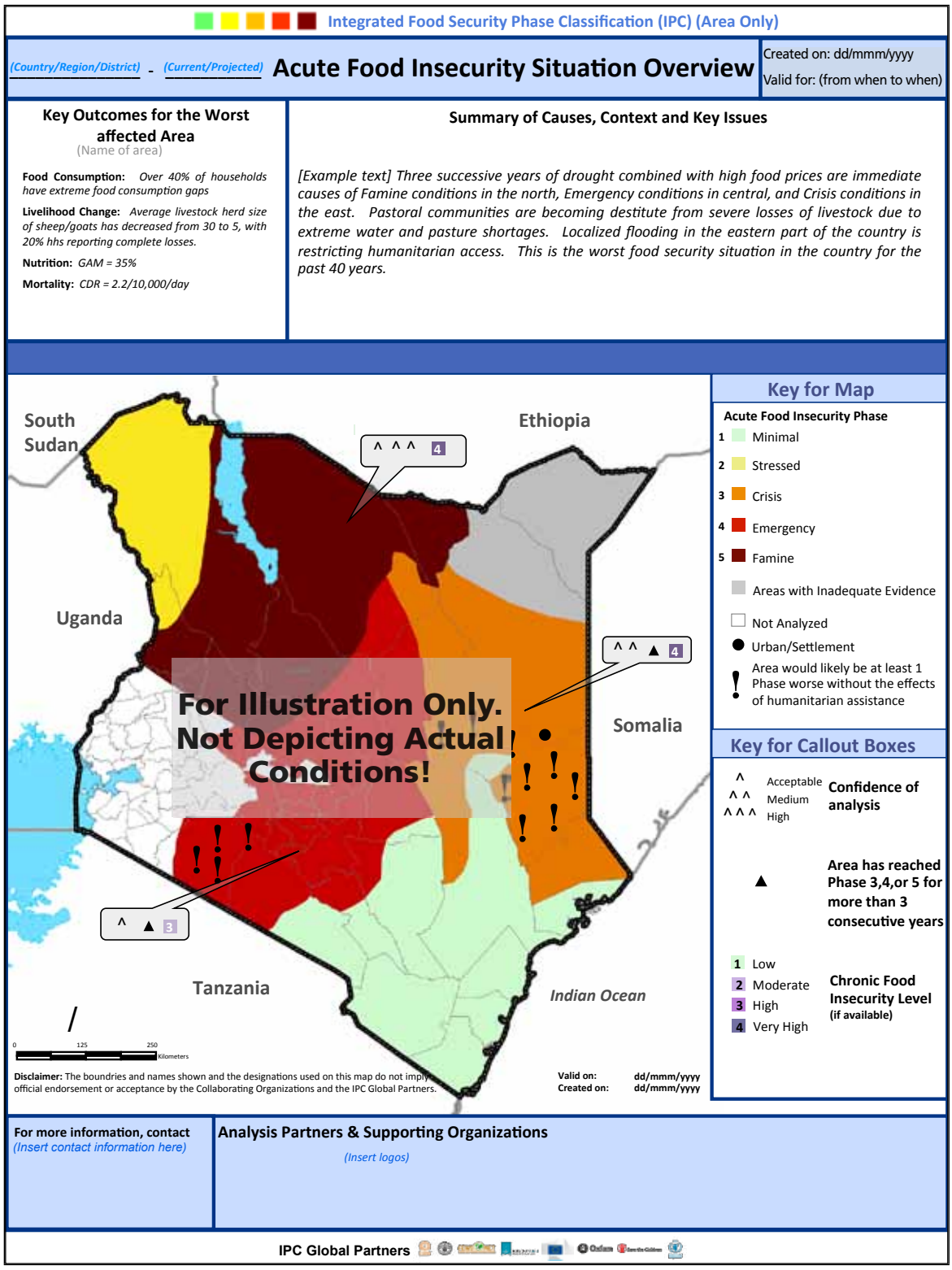
Section C: Causes Complete one for Area (reflecting the worst affected households) or for each HH Analysis Group in Phase 3 or higher

STEP 8: Limiting Factors Matrix **Specify if for Current or Projected:** _____ **HH Analysis Group:** _____

- Based on guiding question, indicate the degree to which Availability, Access or Utilization is a limiting factor to people being food secure in the short term
- Shade/Colour that cell accordingly and write a brief evidence justification on the cause and effects inside of the cell
- Note gender issues and differences where relevant

	Food Availability *Guiding Question: Is sufficient food actually or potentially physically present?* *(Consider national and local production, imports, markets, and natural source; and note in the justification as relevant)*	**Food Access** *Guiding Question: Are households able to sufficiently access food?* *(Consider aspects of physical, financial, and social access, and note in the justification as relevant).*	**Food Utilization** *Guiding Question: Are households making effective use of food which they have access to?* *(Consider aspects of preferences, preparation, storage, and water; and note in the justification as relevant).*
Extreme Limiting Factor	No *(write brief justification)*	No *(write brief justification)*	No *(write brief justification)*
Major Limiting Factor	Somewhat, but very little and/or unreliable *(write brief justification)*	Somewhat, but very little and/or unreliable *(write brief justification)*	Somewhat, but very little and/or unreliable *(write brief justification)*
Minor Limiting Factor	Yes, but not quite enough and/or erratic supply *(write brief justification)*	Yes, but not quite enough and/or erratic supply *(write brief justification)*	Yes, but not quite enough and/or erratic supply *(write brief justification)*
Not a Limiting Factor	Yes *(write brief justification)*	Yes *(write brief justification)*	Yes *(write brief justification)*

Diagram 9b: Acute Food Insecurity Communication Template (for Area Only)



Procedures for Communicating for Action

- **Complete separate Communication Templates for Current and Projected analysis and indicate at the top of the template the date the analysis was completed and the date of validity of the analysis.** For Current analysis the "Created on" date may be the same as the completion date. For Projected analysis the "Valid for" date will be some date in the future for which the projection will be most likely correct. The analysts may choose to put a specific date or a time period for which the analysis is valid.
- **Create a map**
  - a. Create a map showing the IPC classifications for various areas of analysis using the colour scheme indicated on the Template and specific RGB values indicated in the Key Parameters section above.
  - b. Areas that do not meet the criteria for a minimum evidence based should not be classified. Rather they should be mapped using a grey colour indicating "inadequate evidence".
  - c. Areas that are not included in the analysis should be coloured white. These might be areas that were never intended to be analysed.
  - d. Use the symbol of an "!" to indicate areas for which the Phase classification would likely be worse without existing or projected levels of humanitarian assistance.
  - e. Create callout boxes for each area analysed using the graphics indicated on the map for the following information:
    - i. estimated number and percentage of people in Phase 3 or higher.
    - ii. use the bar graph to indicate the percentage of people in each Phase for the area (not necessary for Area-Only Classifications).
    - iii. use the shaded stars 1, 2 or 3 stars to indicate confidence levels (acceptable, medium, high).
    - iv. use a shaded triangle to indicate if the area has reached Phase 3, 4 or 5 for more than 3 consecutive years.
    - v. if available, indicate the Level of Chronic Food Insecurity in the area.
- **Insert Map into page 1** of the Communication Template and complete additional information components.
  - a. In the upper left box, complete the stick figure chart to represent the aggregated percentage and number of people in each Phase for all areas analysed.
  - b. In the upper centre box, identify key outcomes for the worst-affected area. Be sure to note the location of the worst-affected area. These can be quantified indicators (e.g. wasting rates) or narrative descriptions.
  - c. In the upper right box, write a narrative summary of the causes, context and any key issues that describe the overall analysis (think of this as the nightly news bulletin that the news broadcaster would read). In particular, include any gender aspects of the analysis.
  - d. In the box at the bottom of the map, insert logos of partner agencies in the analysis.
- **Complete Part 2 of the Communication Template.**
  - a. Write brief statements for each of the boxes:
    - i. key findings and issues
    - ii. methods, processes and key issues
    - iii. insert a food security seasonal calendar and describe monitoring indications
    - iv. recommendations for next steps for analysis and decision-making
- **In Part 3 of the Communication Template, create and insert a detailed population table at the lowest administrative unit possible showing the Phase classification numbers and percentages.**
- **In Part 4 of the Communication Template, attach the Analysis Worksheets Sections A,B and C for all areas analysed.**
- **Distribute and present IPC findings to all stakeholders – including the IPC Global Support Unit – in a timely manner.**

SECTION 7: QUALITY ASSURANCE

SECTION 7: QUALITY ASSURANCE

The purpose of Quality Assurance is to **ensure technical rigour and neutrality of analysis**. The IPC approach is not a direct measure of food insecurity. It is a consolidation of various data and methodological sources that uses a convergence of evidence, consensus-based process. This means that the IPC results do not have statistically valid confidence scores. Thus, quality assurance mechanisms are important to ensure the rigour and transparency of the analysis.

Several quality assurance mechanisms have already been presented because they are an integral part of the IPC protocols, including: formation of a TWG, documenting evidence, assigning reliability scores, assigning confidence levels. This section presents two additional protocols for quality assurance: a TWG Self-Assessment and a Technical Peer Review.

Key Parameters

- The TWG should hold a consultative meeting with key decision-makers to present the findings and make any necessary revisions that are substantiated with evidence before public release.
- The Chairperson of the TWG, in consultation with TWG members, should complete the TWG Self Assessment Tool after each IPC analysis and use it as an opportunity for lesson learning and future improvement.
- A Technical Peer Review can be called for by the Chairperson of the TWG or the IPC Global Support Unit. Typically such a peer review is necessary if there are strong objections to the analysis from key stakeholders and observers. The Technical Peer Review should be conducted by technical experts who were not involved in the analysis. They can be from within the country or from neighbouring countries, or other international experts. The IPC Global Support Unit is willing to participate in Technical Peer Reviews upon request by the TWG.

Tools for Quality Assurance

There are two tools for quality assurance in addition to the tools already integrated into building technical consensus and classifying severity and causes: The TWG Self-Assessment Tool (Diagram 10) and the Technical Peer Review Tool (Diagram 11).

The IPC Technical Working Group Self-Assessment Tool aims to ensure quality IPC results by asking the National TWG to: (1) critically reflect on how well they followed the IPC protocols for classifying food security; and (2) identify areas for future improvement. The tool should be completed by the TWG Chairperson in consultation with TWG members immediately following completion of each IPC analysis.

The Technical Peer Review Tool lists questions to evaluate the technical rigour and validity of the analysis. It should be completed when requested by the TWG Chairperson on an as-needed basis by technical experts external to the TWG.

Diagram 10: IPC Technical Working Group Self-Assessment Tool

The IPC TWG Self-Assessment Tool aims to ensure quality IPC results by asking the National TWG to: (1) critically reflect on how well they followed the IPC Protocols; and (2) identify areas for future improvement. The tool should be completed by the TWG Chairperson in consultation with TWG members immediately following completion of each IPC analysis.

Country: _____ Date: _____ Chairperson of TWG: _____

Participating Organizations: _____

Function 1: Building Technical Consensus

1.	Did the national government chair the TWG?	*No*	*Somewhat*	*Yes*
2.	Did the TWG have representation from key stakeholder organizations?	*No*	*Somewhat*	*Yes*
3.	Did the TWG have participation from relevant sectoral experts?	*No*	*Somewhat*	*Yes*

Comments:

Areas for Improvement:

Function 2: Classifying Severity and Causes

4.	Is the analysis based on the IPC Reference Tables?	*No*	*Somewhat*	*Yes*
5.	Was STEP 1 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
6.	Was STEP 2 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
7.	Was STEP 3 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
8.	Was STEP 4 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
9.	Was STEP 5 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
10.	Was STEP 6 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
11.	Was STEP 7 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
12.	Was STEP 8 of the Analysis Worksheets completed for each area analysed?	*No*	*Somewhat*	*Yes*
13.	Were hazards/shocks identified in the IPC Situation Communication Template?	*No*	*Somewhat*	*Yes*

Comments:

Areas for Improvement:

Function 3: Communicating for Action

14. Was Part 1 of the Communication Template completed? *No Somewhat Yes*

15. Was Part 2 of the Communication Template completed? *No Somewhat Yes*

16. Was Part 3 of the Communication Template completed? *No Somewhat Yes*

17. Were the results communicated and distributed to key stakeholders in a timely manner? *No Somewhat Yes*

Comments:

Areas for Improvement:

Function 4: Quality Assurance

18. Are the analysis templates publicly available on request? *No Somewhat Yes*

19. Was a consultative meeting held with key decision-makers prior to public release? *No Somewhat Yes*

Comments:

Areas for Improvement:

Lessons Learned and Feedback for Future Development of IPC Technical Manual or Guidelines:

Feedback on Relevance for Decision-Making - If applicable, in reflecting on the previous IPC analysis prior to the current one, how would you rate the relevance of the IPC analysis for decision-making?

Not Relevant *Somewhat Relevant* *Very Relevant*

What evidence or examples can you provide to support this statement and how could this be improved?

Diagram 11: IPC Peer Review Assessment Tool

(To be completed by Technical Peer Reviewers of the IPC)

Country:	Peer reviewers' names and organizations:	Chairperson of TWG (name and organization):
Date:		
For Which Analysis?		

	Question *(referring to all areas classified)*	*(circle or bold)*			**Comments** *(note key issues and identify areas of disagreement and reasons)*
1	Do you agree with the Phase classification?	No	Somewhat	Yes	
2	Do you agree with the population estimates for each Phase?	No	Somewhat	Yes	
3	Is there an adequately strong evidence base to support the classification?	No	Somewhat	Yes	
4	Do you agree with the assignment of reliability scores to the evidence?	No	Somewhat	Yes	
5	Do you agree with the confidence level of the analysis?	No	Somewhat	Yes	
6	Do you agree with the analysis of limiting factors for food security?	No	Somewhat	Yes	
7	Did the IPC Technical Working Group have the participation of key stakeholder organizations and sectors?	No	Somewhat	Yes	
8	Do you think the analysis will be useful for decision-making?	No	Somewhat	Yes	

Additional Comments and Recommendations for Future Improvement:

Procedures for Quality Assurance

- **Ensure that Source and Reliability Score for each piece of evidence have been assigned and that the overall confidence level of the analysis is clearly indicated on the Communication Template**.

- **Hold a consultative meeting with key decision-makers.**

  The TWG should hold a consultative meeting with key decision-makers to technically check the findings and make any necessary revisions before public release. The consultative meeting should include a small but core group of key decision-makers who are representative of various stakeholder groups and knowledgeable of the situation. The consultative meeting is an opportunity to present the key IPC findings and, if necessary, make revisions based on additional evidence. The consultative meeting should be held prior to public release of the findings.

- **Complete Technical Working Group Self-Assessment Tool.**

  a. The tool should be completed by the TWG Chairperson in consultation with TWG members immediately following completion of each IPC analysis.

  b. These should be documented and circulated to stakeholders such as supporting organizations and regional/global IPC support projects.

- **Conduct a Technical Peer Review (if necessary) and have reviewers complete the Peer Review Assessment Tool.**

  a. On an as needed basis, the Chairperson of the TWG or the IPC Global Support Unit can request a Technical Peer Review. This can be done as part of an overall effort to ensure quality analysis or can be in response to contentious results.

  b. The Technical Peer Review is an opportunity to call on technical experts from within or outside of the country who were not involved in the analysis and to present the findings and evidence base.

  c. The Technical Peer Reviewers should complete the Peer Review Assessment Tool to document the feedback in a systematic and comprehensive manner.

  d. Depending on the feedback, the TWG may consider revising the analysis.

- **Make Analysis Worksheets publicly available.**

  To ensure transparency, the TWG should develop a mechanism to ensure that the Analysis Worksheets are publicly available to any interested person or organization that wishes to access them. This can be done through e-mail, Web sites or other means.

SECTION 8: IMPLEMENTATION PROCESS

SECTION 8: IMPLEMENTATION PROCESS

Main Steps to Implement the IPC

Table 6: Indicative Steps to Implement the IPC

Step	Typical Activities	Requirements	Stakeholders involved	Indicator of accomplishment
1. Awareness-raising	• Information and presentations to key stakeholders • Short demonstration exercises • Distribution of IPC documents • Study trips to attend IPC events in other countries • Exchanges with GSU, to request support if needed	• Initial interest from food security stakeholders exists • Resources are available (venue, documents, facilitator)	• Food security organizations operating in the country • National government	• Attendance list for awareness-raising sessions shows a broad representation of food security stakeholders including government agencies
2. Commitment for Capacity-Building and Establishment of TWG	• Assess stakeholders' opinion about the IPC • Identify institutional home • Prepare a joint statement by key stakeholders in support of the IPC • Establish IPC TWG • Identify institutional home	• Stakeholders have a good understanding of all aspects of the IPC process • Willingness to commit to the IPC process from food security stakeholders	• Food security organizations operating in the country • National government	• A joint statement in support of the IPC roll-out in the country is signed by key food security organizations
3. Planning	• Create an implementation plan and calendar • Institutional mapping • Identify sources of funding, and possibly prepare proposals (as needed) • Identify technical support required (request to GSU)	• Planning is clarified • Sources of funding are available • Organizations participating in the TWG have the necessary resources to do this work	• TWG • GSU and Regional Support Unit on request	• An implementation plan is prepared • A proposal to fund the implementation plan is accepted
4. Capacity-building	• IPC and food security training of analysts (3-day course) • On-line courses on the IPC are taken • Equipment and software are supplied	• TWG members can commit their time to training sessions • Resources for organizing training sessions are available	• TWG • GSU and RSU on request	• Results of tests after training demonstrate analysts are sufficiently skilled in IPC

Step	Typical Activities	Requirements	Stakeholders involved	Indicator of accomplishment
5. Data Inventory	• Preparation of data • Preliminary filling out of Analysis Worksheet Step 2 - Evidence Repository • Assessment of information reliability	• All evidence is identified and made available	• TWG • GSU and RSU on request can provide support	• A database with information on food security is produced • Analysis Worksheet Step 2 is completed
6. Analysis	• Conduct IPC Analysis using the protocols described in Version 2.0 • (typically requires 3–5 days)	• Convene IPC TWG to conduct IPC analysis	• TWG • GSU and Regional Offices can support	• IPC Communication Template and associated tools are completed
7. Communication	• Distribute and Present IPC findings to various stakeholder groups using a wide range of media	• Communication strategy	• TWG, RSU, GSU	• IPC results are cited in the media and project proposals
8. Lessons learned	• Meet with IPC food security stakeholders to discuss how the project for implementing the IPC is being conducted	• At least one IPC analysis has taken place	• RSU • TWG • GSU on request	• A report is prepared with lessons learned

Resources

- The IPC Global Support Unit provides awareness-raising, capacity-building, technical support, and other assistance to countries and organizations that want to learn more or implement the IPC.
- Go to the IPC website (www.ipcinfo.org) to access:
  - IPC Technical Manual V 2.0
  - Tools for analysis
  - IPC information and training toolkit
  - IPC distance learning materials (*forthcoming)*
  - IPC on-line Information Management System (*forthcoming)*
  - Recent Country and Regional Analyses

ANNEXES

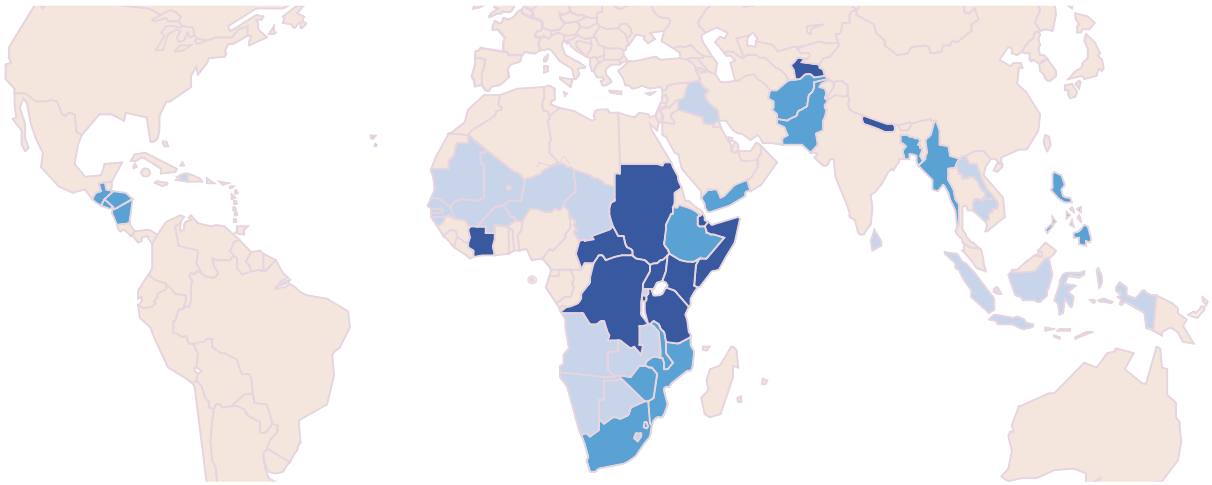
ANNEXES

ANNEX 1. MAP OF IPC IMPLEMENTATION

IPC Implementation Map 2012

Integrated Food Security Phase Classification

The IPC World Map provides a picture of the countries that have started to introduce or are implementing the IPC (and related food security analysis tools and information). This categorization is voluntarily generic in order to provide an overview of the different types of activities and stages of advancement. It should be underlined that each country has its specificities and countries in a similar category may not have the same characteristics but share basic common features in the stage of implementation.



Map Explanation

Awareness-raising and consultations:
Countries where awareness has been raised or where IPC has been introduced

Angola, Botswana, Cambodia, Indonesia, Iraq, Haïti, Lesotho, Lao People's Democratic Republic, Namibia, Rwanda, Sri Lanka, Zambia, countries of the Cadre Harmonisé* (*Burkina Faso, Cape Verde, Chad, the Gambia, Guinea-Bissau, Mali, Mauritanie, Niger, Senegal).*

Initial in-country training and analysis:
Countries where IPC is being introduced, capacity is being built and one map has been produced

Afghanistan, Bangladesh, El Salvador, Ethiopia, Guatemala, Honduras, Malawi, Mozambique, Myanmar, Nicaragua, Pakistan, Philippines, South Africa, Swaziland, Yemen , Zimbabwe.

Ongoing training and analysis:
Countries that have produced at least three maps and where the IPC is fully implemented

Burundi, Central African Republic, Democratic Republic of the Congo, Djibouti, Ivory Coast, Kenya, Nepal , North Sudan, Somalia, South Sudan, Tajikistan, Tanzania, Uganda.

***The Cadre Harmonisé in West Africa** : The Cadre Harmonisé, the standardized framework for food security analysis developed in the Sahel with the support of CILSS (The Permanent Interstate Committee for Drought Control in the Sahel) has recently been updated and upgraded using key elements from the IPC analytical approach. This revised framework was tested with real data and an updated Methodological Note for the Cadre Harmonisé (integrating IPC elements) has been recently finalized by the Regional technical working group and is now being implemented in an increasing number of countries in the Sahel

IPC Partners

ANNEX 2. IPC DEVELOPMENT AND CONSULTATIVE PROCESS AND PARTICIPANTS

The technical development work and consultations to prepare the new IPC Manual Version 2.0 began in 2009 and continued until early 2011. The list below is a compilation of all official meetings and consultations, together with lists of participants. In addition to the formal consultative process a number of informal discussions took place with IPC practitioners, technical experts and representatives of IPC partner agencies during the development of the Manual. As part of the process, expert studies were commissioned for the IPC. These studies and consultations relating to them are also listed below.

IPC Technical Development – Review Manual V. 2.0
List of people consulted in 2010–2011

Donors/Resource Partners		
1.	Devrig Velly	ECHO
2.	Gary Eilerts	USAID
3.	Jose Lopez	ECHO
4.	Nick Maunder	ECHO
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5.	Alex Rees	Save the Children
6.	Camilla Knox-Peebles	Oxfam GB
7.	Felix Lee	FEWS NET
8.	Joyce Luma	WFP
9.	Luca Russo	FAO
10.	Mohamed Daw	CARE
11.	Thierry Nègre	EC-Joint Research Centre
IPC Global Support Unit (GSU)		
12.	Justus Liku	CARE International
13.	Kaija Korpi-Salmela	JRC
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15.	Oriane Turot	FAO
16.	Rachele Santini	FAO
17.	Siddharth Krishnaswamy	FAO
18.	Vera P Weill-Halle	Save the Children
19.	Zoé Druilhe	FAO
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23.	Christopher Hillbruner	FEWS NET
24.	Cindy Holleman	FAO

25.	Grainne Moloney	FAO/FSNAU
26.	Jose Manuel Veiga	Independent Consultant
27.	Kathryn Ogden	WFP
28.	Leila Oliviera	FAO
29.	Mark Gordon	WFP
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35.	Valérie Ceylon	WFP
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39.	Jonathan Brass	Oxfam
40.	Kurt Burja	WFP
41.	Michael Sheinkman	WFP
42.	Rajendra Aryal	FAO
IPC Technical Retreat 13–23 July in Ispra 2010 (participants not in other lists)		
43.	Bernardin Zoungrana	CILSS
44.	Francis Wambua Robert	Ministry of Medical Services, Kenya
IPC Consultation Workshop 15–17 February in Nairobi 2011 (participants not in other lists)		
45.	Abdullahi Khalif	FEWS NET
46.	Alex Tiangwa	Food Security Technical Secretariat (FSTS), South Sudan
47.	Alexandros Yiannopoulos	FAO
48.	Caroline Kilembe	Ministry of Agriculture, Tanzania
49.	Cedric Charpentier	WFP Tajikistan
50.	Chachu Tadicha	SC – United Kingdom
51.	Daniele de Bernardi	FAO
52.	David Obong´o	FAO – Regional Emergency Office for Eastern and Central Africa (REOA)
53.	Evance Chapasuka	Southern African Development Community (SADC) – Regional Vulnerability Assessment and Analysis Programme (RVAA)
54.	Evans Kenyi Solomon	FAO South Sudan
55.	Farah Mohamed Farah	Ministry of Health, Sudan
56.	Fatima El Hassan El Tahir	Ministry of Agriculture,
57.	Gedeon GAOUARANGA	Ministry of Agriculture,
58.	George Kembo	Zimbabwe Vulnerability Assessment Committee (ZimVac)–Zimbabwe

59.	Getachew Abate Mussa	FAO Ethiopia
60.	Guillaume Kahomboshi	FAO DRC
61.	Hem Raj Regmi	Ministry of Agriculture and Cooperatrives, Nepal
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63.	James Guma Mark	Ministry of Animal Resources and Fisheries (MARF) – South Sudan
64.	Josephine Etima Ocilaje	WFP Regional Bureau
65.	Mahendra Nath Poudel	Ministry of Agriculture and Cooperatives, Nepal
66.	Marie Enlund	WFP Regional Bureau, Kampala
67.	Mary Mwale	Arid Lands Resource Management (ALRMP) – Government of Kenya
68.	Mayanja Ronald	World Vision Uganda
69.	Mbabazi Mary Concepta	Ministry of Agriculture, Animal Industry and Fisheries, Uganda
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71.	Methode Niyongendako	FAO Burundi
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75.	Philip Dau Thiong	Livelihood Analysis Forum (LAF) – South Sudan
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131.	Matt Croucher	Save The Children ECA Region

132.	Peter Hailey	UNICEF-Somalia
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145.	Francesco Del Re	FAO
146.	Gérard Madodo	FAO
147.	Helen Young	Tufts University
148.	James Darcy	Overseas Development Institute
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150.	Marc Mc Guire	FAO – Headquarters
151.	MarieClaude Dop	FAO – Headquarters
152.	Mark Smulders	FAO – Headquarters
153.	Michael Golden	University of Aberdeen
154.	Mija-Tesse Ververs	Independent Consultant
155.	Muireann Brennan	CDC
156.	Nancy Mock	Tulane University
157.	Pierre Vauthier	FAO – DRC
158.	Rene Verduijn	Consultant
159.	Rita Bhatia	WFP
160.	Susanne Jaspers	Independent Consultant
161.	Thoric Cederstrom	Consultant, former IPC Technical Development Officer
162.	Tim Frankenberger	TANGO International
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165.	Dlamini T	National Government/SA
166.	Eric Kenefick	WFP/Southern Africa Regional
167.	Kayana P	National Government/SA

168.	Lorato Mathews	Provincial Government/SA
169.	Mpandeli A	National Government/SA
170.	Njoni Skalele	Provincial Government/SA
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173.	Tendai Mugara	FAO/Zimbabwe
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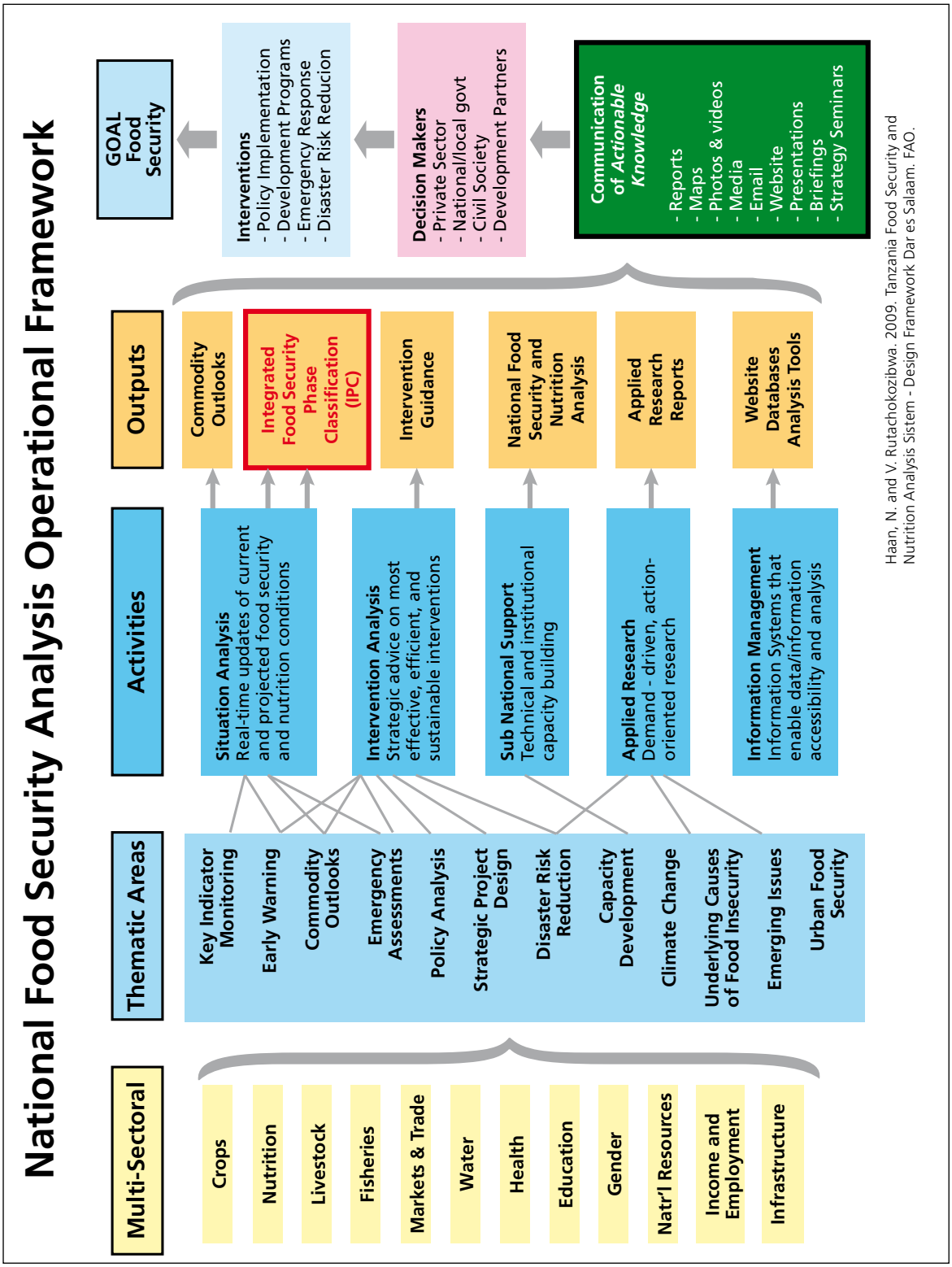
176.	David Doledec	UNICEF–Somalia
177.	Sidow I. Addou	FEWSNET ECA Region

ANNEX 3. KEY DOCUMENTS PRODUCED DURING THE PERIOD 2009–2011

1. IPC Technical Working Group meeting report. April 2009
2. Discussion paper: "Opportunity to merge the IPC Technical Manual and the IPC User Guide". May 2009
3. Synthesis Report of IPC Online Consultation on IPC Food Security Classification: a New Phase or Split Phase 1A and 1B? May 2009
4. Quality monitoring concept note and templates. May 2009
5. Paper for IPC technical revision: "Clarify the use of depth in the IPC". June 2009
6. Brief: "Two pending IPC technical issues: The time factor and the effect of humanitarian assistance". June 2009
7. IPC Reference Table (draft). July 2009
8. "Coping Strategies in IPC". Study conducted for IPC by Dan Maxwell, Tufts University. August 2009
9. "Review of Nutrition and Mortality Indicators for the IPC: Reference Levels and Decision-Making". Study conducted for the IPC by Helen Young and Susanne Jaspers, Tufts University. September 2009
10. IPC Proxy Indicator Study by the GSU. March 2010
11. "Review of Health Indicators for the IPC". Study conducted for the IPC by consultant Mija Tesse Ververs. June 2010.
12. Compendium of Technical Issues and Proposed Solutions. Compendium prepared on the basis of the discussions in the IPC Technical Retreat in July 2010
13. "Health Indicators in IPC". Study conducted for the IPC by Andre Griekspoor, WHO. August 2010
14. Report on regional consultations in Southern Africa and Eastern and Central Africa in October 2010
15. Report and conclusions of the IPC technical retreat. December 2010
16. Report on Nairobi User Consultation Workshop in February 2011
17. First draft of the IPC Manual Version 2.0. March 2011
18. Report on consultations with the Technical Committee of CILSS. March 2011

ANNEX 4. EXAMPLE OF COMPREHENSIVE NATIONAL FOOD SECURITY ANALYSIS SYSTEM



Haan, N. and V. Rutachokozibwa. 2009. Tanzania Food Security and Nutrition Analysis Sistem - Design Framework Dar es Salaam. FAO.

ANNEX 5. PROTOTYPE TOOLS FOR CLASSIFYING CHRONIC FOOD INSECURITY

Several years of IPC implementation in different country contexts has highlighted the need for the classification to draw stronger attention to the issue of chronic food insecurity. After considering many different options, including potentially expanding the number of Phases in the Acute Reference Table, it has been decided to develop a separate but linked set of tools for classifying chronic food insecurity. The tools use the same basic approach of the IPC – i.e. establish a TWG, different levels based on reference outcomes, convergence of evidence, documentation of evidence, and clear communication of results. The tools for classifying Chronic and Acute Food Insecurity are complementary.

The tools for classifying chronic food insecurity are still in prototype form. Countries and agencies are encouraged to use the tools and provide feedback on how they can be developed further.

- **Purpose** – To inform decision-making that has *medium- and long-term strategic objectives*. This complements analysis of Acute Food Insecurity, which mainly informs short-term strategic objectives.
- **Definition** – Conditions of persistent inability to meet minimum quality and quantity of food consumption requirements as is evident even in the absence of a shock/hazard (during normal or typical years) AND/OR a high frequency of Acute Crises years in the past ten years. The IPC identifies three *types* of Chronic Food Insecurity:

  1. Type 1: seasonal/cyclical food consumption deficits
  2. Type 2: ongoing food consumption deficits in quality and/or quantity
  3. Type 3: periodic Acute Food Insecurity for the area equivalent to Phase 4 or 5 on the Acute Reference Table

  These types of chronic food insecurity can co-exist. The identification of the types (on the Analysis Worksheets) and their combinations will guide strategic action design and implementation.

- **Intervention Objectives** – Any of these types of chronic food insecurity require interventions with medium- and long-term objectives that address the underlying or structural causes of food insecurity, and should be tailored to the type(s) and specific causes (hazards and vulnerabilities) of the food insecurity. The higher the Level of Chronic Food Insecurity, the higher the geographic prioritization and investments required.
- **Units of Analysis –** The unit of analysis is the whole population[1] in a given administrative area. The Levels of Chronic Food Insecurity are based on the percentage of households in the area exhibiting a criteria of reference *cutoffs* of bi-variate indicators (i.e. the criteria exists or it does not, similar to the way GAM rates are used to classify whole populations). The increasing Levels represent increasing prevalence of chronic food insecurity in a given area. It does not suggest that all people in that area are chronically food insecure. The unit of analysis should be at least the 3rd administrative level (e.g. district), and can be as small as needed to adequately inform decision-making in a given country context (e.g. 4th or 5th level administrative areas).
- **Timeframe of Analysis –** The analysis should reflect conditions of chronic food insecurity at the time of the analysis by examining the recent past with two perspectives: (1) examine recent years for which there is not Acute Food Insecurity of Phase 4 or 5; and (2) examine the frequency of years with Acute Food Insecurity over the past ten years. The analysis will generally be valid over a period of around one to five years.
- **Linkage to Acute Food Insecurity** – An area can be in a varying Level of Chronic Food Insecurity and simultaneously have varying Phases of Household Acute Food Insecurity. These relationships should guide design and implementation of strategic interventions.

1 The population being analysed is typically the whole population in a given area. However, it is also possible to pre-stratify a population group of interest (e.g. internally displaced persons or some other distinct group of interest) and conduct the analysis for that population as a whole. If done, this should be clearly noted in the communication tools and maps.

- **Additional Guidelines**

a. Ideally, in order to determine the maximum number of people who are in Type 1 or 2, analysts should gather data that is representative of the "lean season" during a recent normal year. To determine the number of people who are Type 1 (seasonal) and Type 2 (ongoing), analysts should also gather data that is representative of the non lean season. The number of people who are food insecure during the non lean season roughly equates to the number in Type 2, and the difference between the number during the lean season and the number during the non lean season roughly equates to the number who are Type 1 (seasonal only).

b. When determining the Chronic Level for a district, total the number of people in Type 1 and Type 2 to calculate the total percentage of people who are food insecure according to the reference table. Then, assign the appropriate Level by taking the maximum Level as indicated by the Total of Type 1 and 2 and Type 3.

c. The RGB colour scheme for mapping the Chronic Levels are:

i. Level 1: 221, 240, 221

ii. Level 2: 190, 160, 220

iii. Level 3: 170, 100, 205

iv. Level 4: 95, 90, 145

IPC Area-based Chronic Food Insecurity Reference Table

To Guide Medium and Long-Term Strategic Objectives

		Level 1: Low Chronic Food Insecurity	Level 2: Moderate Chronic Food Insecurity	Level 3: High Chronic Food Insecurity	Level 4: Very High Chronic Food Insecurity
Level Description		• Considering years when the area does not experience Phase 3, 4, or 5 food insecurity, less than 10% of the HHs do not have adequate quantity and quality of food throughout the year; AND • The area has not had recurrent Acute Food Security Crises (or equivalent) in the past 10 years.	• Considering years when the area does not experience Phase 3, 4, or 5 food insecurity, 10 to 20% of the HHs do not have adequate quantity and quality of food throughout the year; OR • The area has had occasional Acute Food Security Crises (or equivalent).	• Considering years when the area does not experience Phase 3, 4, or 5 food insecurity, less than 20 to 40% of the HHs do not have adequate quantity and quality of food throughout the year; OR • The area has had frequent Acute Food Security Crises (or equivalent).	• Considering years when the area does not experience Phase 3, 4, or 5 food insecurity, more than 40% of the HHs do not have adequate quantity and quality of food throughout the year; OR • The area has had very frequent Acute Food Security Crises (or equivalent).
Outcomes	Food Consumption	**Quantity:** Lack of 2,100 kcal pp/day ***FCS**: poor/borderline: <10% hhs* ***HHS:** moderate/severe (scores 2–6): <10%* ***HDDS**: <4 food groups (out of 12 food groups)s: <10%* ***HEA**: <Livelihood Protection Deficit: <10%*	**Quantity:** Lack of 2,100 kcal pp/day and ***FCS**: poor/borderline: 10–20% hhs* ***HHS:** moderate/severe (scores 2–6): 10–20%* ***HDDS**: <4 food groups (out of 12 food groups): 10–20%* ***HEA**: <Livelihood Protection Deficit: 10–20%*	**Quantity:** Lack of 2,100 kcal pp/day ***FCS**: poor/borderline: 20–40% hhs* ***HHS:** moderate/severe (scores 2–6): 20–40%* ***HDDS**: <4 food group (out of 12 food groups): 20–40%* ***HEA**: <Livelihood Protection Deficit: 20–40%*	**Quantity:** Lack of 2,100 kcal pp/day ***FCS**: poor/borderline:>40% hhs* ***HHS:** moderate/severe (scores 2–6): >40%* ***HDDS**: <4 food groups (out of 12 food groups): >40%* ***HEA**: <Livelihood Protection Deficit: >40%*
	Livelihood Change	Graduate year-to-year erosion of Livelihood Assets (5 capitals) and Strategies: <10% HHs	Graduate year-to-year erosion of assets and strategies: 10 to 20% HHs	Graduate year-to-year erosion of assets and strategies: 20 to 40% HHs	Graduate year-to-year erosion of assets and strategies: >40% HHs
	Nutrition	**Stunting**: <20% **BMI <18.5**: < 10% ***Anaemia:** <5%* ***Vitamin A deficiency**: <2%*	**Stunting**: 20–30% **BMI <18.5**: 10–20% ***Anaemia:** 5–20%* ***Vitamin A deficiency**: 2%–10%*	**Stunting**: 30–40% **BMI <18.5**: 20-40% ***Anaemia:** 20–40%* ***Vitamin A deficiency**: 10–20%*	**Stunting**: >40% **BMI <18.5**: > 40% ***Anaemia:** >40%* ***Vitamin A deficiency**: > 20%*
	Recurrence of Acute Crises	None or 1 year over the past 10 years of Acute Phase 3, 4, or 5 for the area.	2 years over the last 10 years of Acute Phase 3, 4, or 5 for the area.	3–4 years over the last 10 years of Acute Phase 3, 4, or 5 for the area.	5–10 years over the last 10 years of Acute Phase 3, 4, or 5 for the area.
Contributing Factors	Hazards and Vulnerability	**Hazards:** Rare events **Assets:** Insufficient 5 capitals: <10% HHs. **Below National Poverty Line**: <10% **Strategies**: Unsustainable: <10% HHs **Policies, Institutions, and Processes (PIPs)**: poorly functioning and inequitable:<10% HHs	**Hazards:** Occasional events **Assets:** Insufficient 5 capitals: 10–20% HHs **Below National Poverty Line**: 10–20% **Strategies**: unsustainable: 10–20% HHs **PIPs**: poorly functioning and inequitable: 10–20% of HHs	**Hazards:** Frequent events **Assets:** Insufficient 5 capitals: 20–40% HHs **Below National Poverty Line**: 20–40% **Strategies**: unsustainable: 20–40% HHs **PIPs**: poorly functioning and inequitable: 20–40% of HHs	**Hazards:** Very frequent events **Assets:** Insufficient 5 capitals >40% HHs **Below National Poverty Line**: >40% **Strategies**: unsustainable: >40% hhs **PIPs**: poorly functioning, and inequitable: >40% of HHs
	Availability, Access, Utilization, Stability	Inadequate availability, access, utilization of food and/or there is inter-annual instability: <10% HHs	Inadequate availability, access, utilization of food and/or there is inter-annual instability: 10 to 20% HHs	Inadequate availability, access, utilization of food and/or there is inter-annual instability: 20 to 40% HHs	Inadequate availability, access, utilization of food and/or there is inter-annual instability: >40% HHs
	Water (improved sources)	<15 litres ppp day: <10% HHs	<15 litres ppp day: 10–20% HHs	<15 litres ppp day: 20–40% HHs	<15 litres ppp day: >40% HHs
General Response Objectives		Objectives should be cross-cutting and holistic, addressing the structural and underlying causes of chronic food insecurity, and should be tailored to the Type of Chronic Food Insecurity (on-going, seasonal, and/or episodic acute crises) and Causes (hazards and vulnerabilities). The higher the Level, the higher the geographic priority and level of investments required. Depending on the situation, more specific objectives can include: · Increase food systems productivity and resilience · Build and protect livelihood assets and strategies · Safety net programmes · Disaster risk reduction · Implement micronutrient enhancement programmes · Ensure policies and institutional structures are effective · Ensure adequate resources and political will through advocacy			

CHRONIC FOOD INSECURITY EVIDENCE BASED ANALYSIS WORKSHEET

ANALYSIS FOR _____ **CREATED ON** _____ **VALID FOR** _____

(Country/Region/District) (from when to when)

Section 1: Area Analyses Definition

Step 1: Area Definition

Brief Area Description		**Map of Analyses Area** *(insert image of map identifying spatial extent of analysis area)*
Estimated # of People in Area (specify source of pop. data)		

Section 2: Phase Classification Conclusion

Overall Confidence Level (* = *Acceptable; **=medium; ***=high*):____

Step 4: Summary of Area Analyses

Overall Chronic Level	Tick Relevant Types of Chronic Food Insecurity	Estimated # people in each Type	Evidence Based Justification for Level Classification and Type
	Type 1: Seasonal		
	Type 2: Ongoing		
	Type 3: Recurrent Acute Crises		

Section 3: Causes (complete one for the area)

Step 5: Limiting Factors Matrix

- Based on guiding question, during years that there are no hazards, indicate the degree to which each food security dimension is limiting people from being food secure in the medium and long term.
- Shade/Colour that cell accordingly and write brief evidence justification on the cause and effects inside of the cell.
- Note gender issues and differences where relevant.

	Food Availability *Guiding Question: Is sufficient food actually or potentially physically present? (Consider national and local production, imports, markets, and natural source; and note in the justification if relevant)*	**Food Access** *Guiding Question: Are households able to sufficiently access food that is available? (Consider aspects of physical, financial, and social access, and note in the justification if relevant).*	**Food Utilization** *Guiding Question: Are households making effective use of food which they have access to? (Consider aspects of preferences, preparation, storage, and water; and note in the justification if relevant).*	**Stability** *Guiding Question: Are each of the food security dimensions stable in the short term? (Consider aspects of availability, access, and utilization; and note in the justification if relevant)*
Complete Limiting Factor	No, effectively not at all	No, effectively not at all	No, effectively not at all	No, effectively not at all
Major Limiting Factor	Somewhat, but very little and/or unreliable	Somewhat, but still highly dynamic	Somewhat, but very little and/or unreliable	Somewhat, but still highly dynamic
Minor Limiting Factor	Yes, but not quite enough and/or erratic supply	Yes, but abrupt changes are possible	Yes, but not quite enough and/or erratic	Yes, but abrupt changes are possible
Not a Limiting Factor	Yes	Yes	Yes	Yes

Template 4: Vulnerability SWOT Analyses (Describe key issues supported by evidence)

	Strengths	**Weaknesses**	**Opportunities**	**Threats**
Livelihood Strategies				
Human Capital				
Physical Capital				
Financial Capital				
Social Capital				
Natural Capital				
Policies, Institutions and Processes				

Section 4: Evidence Documentation and Analysis			
Step 3: Evidence Analysis Template			
Food Security Element	**Key Assumptions** Describe assumptions for analysis	**Key Evidence** • Succinctly describe relevant direct and indirect evidence for each element • Note Documentation Code (DC) to Link to the template in Step 2	**Element Conclusion** Develop overall conclusion and indicative Level for each element
Recurrence of Acute Crisis			
Vulnerability			
Food Availability			
Food Access			
Food Utilization			
Stability			
Water			
Food Consumption			
Livelihood Change			
Nutrition			
Death Rate			
		Overall Level Classification	

Step 2: Evidence Repository				
Documentation Code (to link to Step 3 template) ● Order of appearance is not important	**Reference** ● Note source, date, and reliability of evidence ● Note Evidence Reliability Score (1=Somewhat reliable; 2=reliable; 3=very reliable)			**Raw Evidence** ● When possible, insert raw evidence (e.g. graph, image, table, quote, etc).
	Source	Date	Reliability	
1				
2				
3				
4				
...				

Chronic Food Insecurity Communication Template

Integrated Food Security Phase Classification (IPC)

(Country/Region/District)

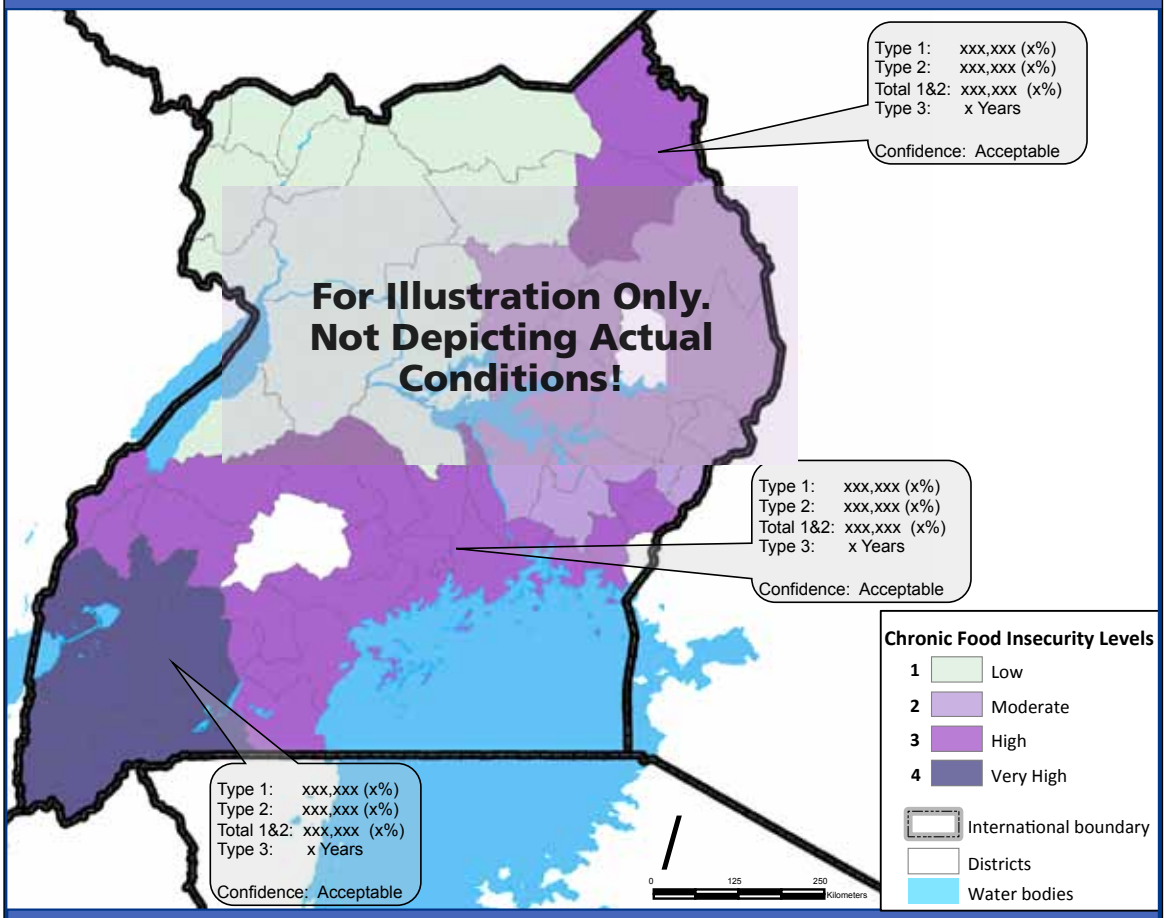
Chronic Food Insecurity Situation Overview

Created on: dd/mmm/yyyy

Valid for: (from when to when)

Aggregate National Numbers		
Type of Chronic Food Insecurity	# People & % of Total Pop.	Chronic Level
1—Seasonal	Xxx,xxx (x%)	
2—Ongoing	Xxx,xxx (x%)	
Total	xxx,xxx (x%)	Level X
3—Frequency of Acute Phase 4 or 5	X Years	Level X

Summary of Causes, Context and Key Issues



Analyses Partners & Supporting Organizations

(Insert logos)

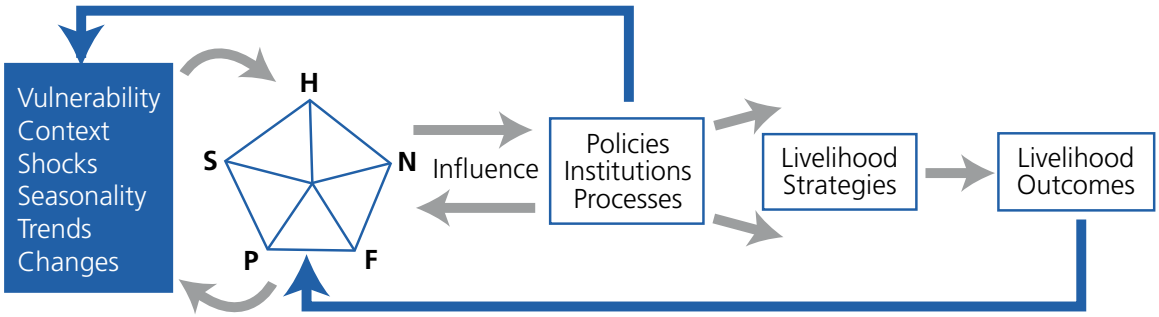
IPC Global Partners

ANNEX 6. REVIEW OF KEY CONCEPTUAL FRAMEWORKS

The IPC framework is based on various existing frameworks; in particular the Sustainable Livelihoods Framework, the UNICEF Nutrition Conceptual Framework, the Risk, Hazard and Vulnerability Framework and the Four Pillars approach. These frameworks and the way they relate to the IPC model is discussed below.

However it is also important to note here that while the IPC framework does borrow from these models, it does not limit itself to them. It also draws, to a lesser degree, from other models in the field of food security and vulnerability analysis. Furthermore, the IPC framework does not replace any existing framework but rather offers a new approach to food security analysis.

a) The Sustainable Livelihoods Framework



Key
H = Human Capital **N** = Natural Capital **F** = Financial Capital **S** = Social Capital **P** = Physical Capital

Source: Alice Stewart Carloni and Eve Crowley, 2005. "Rapid guide for missions: Analysing local institutions and livelihoods. Guidelines."

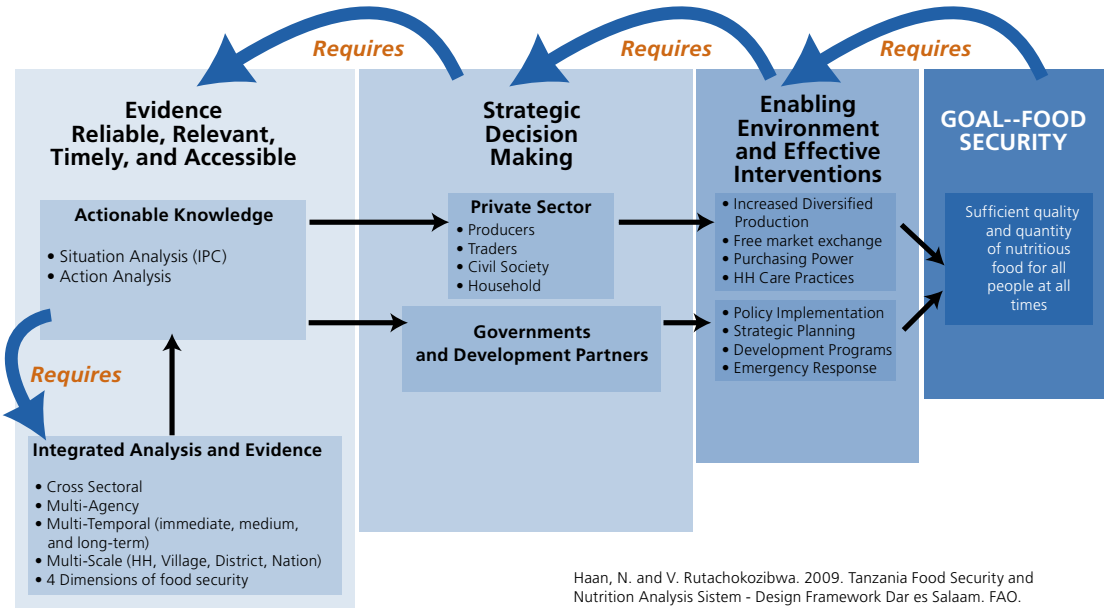
Relevance to the IPC: The response framework addresses both immediate needs and medium/longer-term responses – hence it incorporates basic needs responses as well as longer-term structural issues concerning food security and other important sectoral needs such as water, health, shelter, sanitation and protection. While not explicit in the Strategic Response Framework, principles such as equity, sustainability, justice and human rights are cross-cutting.

For each IPC Phase, the Strategic Response Framework includes three broad objectives: mitigate immediate outcomes, support livelihoods, and address underlying/structural causes.

The Strategic Response Framework is intentionally not prescriptive about the type of response required in a given situation. Rather, it provides an overarching framework to ensure that the basic elements of a holistic response are identified. In this way the Strategic Response Framework helps guide and open the way for more in-depth analysis of response options that are most appropriate for a given Phase.

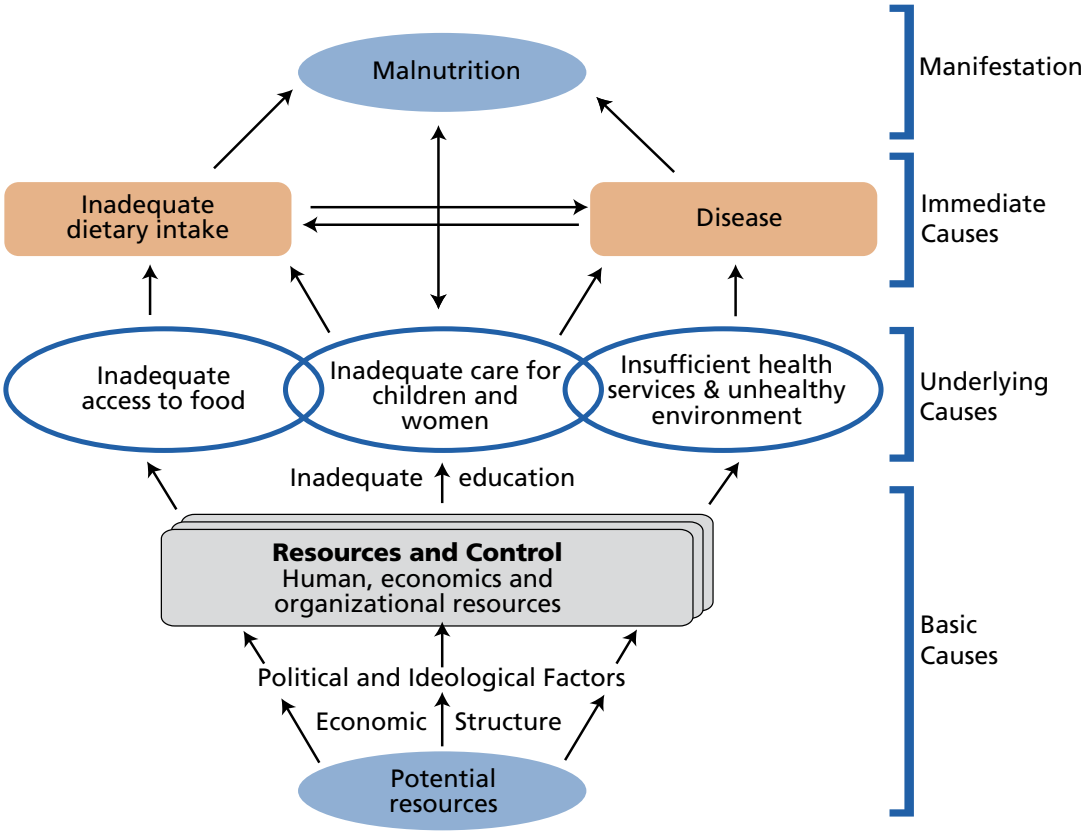
References/Sources: The Strategic Response Framework is consistent with the Twin-Track Approach (Pingali et al. 2005; Flores et al. 2005), the EC policy for Linking Relief, Recovery, and Development (LRRD) (EC 1996), and the notion of saving lives and livelihoods (Longley and Maxwell, 2003; WFP 2005; WFP 2004; FAO 2003).

b) Framework for Demand-Driven Food Security Analysis



Haan, N. and V. Rutachokozibwa. 2009. Tanzania Food Security and Nutrition Analysis Sistem - Design Framework Dar es Salaam. FAO.

c) UNICEF Nutrition Conceptual Framework



Source: Cambodia Council for Agricultural and Rural Development (CARD) Website
UNICEF. 1990. *Strategy for improved nutrition of children and women in developing countries*. Policy Review Paper E/ICEF/1990/1.6, UNICEF, New York; JC 27/UNICEF–WHO/89.4. New York.

Relevance to the IPC: According to this framework, developed by UNICEF, malnutrition occurs when dietary intake is inadequate and health is unsatisfactory. Readily available food, appropriate health systems and a "healthy" environment are ineffective unless these resources are used effectively. As a result, the absence of proper care in households and communities is the third necessary element of the underlying causes

of malnutrition. Finally, this conceptual framework recognizes that human and environmental resources, economic systems and political and ideological factors are basic causes that contribute to malnutrition. This model relates the causal factors for undernutrition with different social-organizational levels. The immediate causes affect individuals, the underlying causes relate to families, and the basic causes are related to the community and the nation. As a result, the more indirect the causes are, the wider the population whose nutritional status is affected.

References/Sources: Currently used by UNICEF. Also see World Bank/UNICEF Nutrition Assessment Background Paper 2002.

d) FAO Four Pillars/Twin-Track Approach Framework

Twin Track Approach	Availability	Access and Utilization	Stability
Rural Development/ productivity enhancement	Enhancing food supply to the most vulnerable. Improving rural food production especially by small-scale farmers. Investing in rural infrastructure. Investing in rural markets. Revitalization of livestock sector. Resource rehabilitation and conservation. Enhancing income and other entitlements to food.	Re-establishing rural institutions. Enhancing access to assets. Ensuring access to land. Reviving rural financial systems. Strengthening the labour market. Mechanisms to ensure safe food. Social rehabilitation programmes.	Diversifying agriculture and employment. Monitoring food security and vulnerability. Dealing with the structural causes of food insecurity. Reintegrating refugees and displaced people. Developing risk analysis and management. Reviving access to credit system and saving mechanisms.
Direct and Immediate Access to Food	Food Aid. Seed/input relief. Restocking livestock capital. Enabling Market Revital.	Transfers: Food/Cash based. Asset redistribution. Social rehabilitation programmes. Nutrition intervention programmes.	Re-establishing social safety nets. Monitoring immediate vulnerability and intervention impact. Peace-building efforts.

See P.Pingali, L.Alinovi and Jacky Sutton (2005): Food Security in Complex Emergencies: Building Food Systems Resilience

Relevance to the IPC: This framework, adopted by FAO, uses a twin-track approach which addresses the four pillars of food security: Food Availability, Food Access, Utilization and Stability. The first track addresses recovery measures for establishing resilient food systems. Factors that affect food system resilience include the structure of the food economy as a whole, as well as its components such as agricultural production, technology, the diversification of food processing, markets and consumption. Track 2 assesses the options for providing support to vulnerable groups. Both tracks are intended to be mutually reinforcing, and the positive interaction between them should reinforce the path to recovery.

Drawing on the twin-track conceptual framework, the following principles underlie the overall strategy of FAO (Stamoulis and Zezza, 2003):

a. Focusing on food security
b. Fostering broad-based, sustainable agricultural and rural growth
c. Addressing the entire rural space
d. Addressing the root causes of food insecurity
e. Addressing the urban dimensions of food insecurity
f. Addressing cross-cutting issues
g. Encouraging the participation of all stakeholders in the dialogue leading up to the elaboration of the national strategies

References/Sources: FAO Policy Brief, June 2006, Issue 2. Also see Stamoulis, K. and Zezza, A. (2003). A Conceptual Framework for National Agricultural, Rural Development, and Food Strategies and Policies. ESA Working Paper No. 03–17 and Pingali, P., Alinovi, L. and Sutton, J. (2005). Food Security in complex emergencies: enhancing food system resilience. Disasters, Volume 29, June 2005.

e) Risk, Hazard and Vulnerability Framework

In as much as the terms risk, hazard, vulnerability, capacity, stability, resistance and resilience are critical concepts for food security and humanitarian analysis, interpretation and use of the terms vary (Dilley and Boudreau, 2001). Drawing on the conceptual development of these terms within the risk/hazards sub-discipline of Geography (White, 1975; Turner et al. 2003), the IPC operationalizes these concepts, with specific implications for food security analysis. In particular, as used with the IPC, the term Risk refers explicitly to the risk of changing from one Phase Classification to a worse one.

A simplified relationship between Risk, Hazard and Vulnerability is illustrated in the formula:
Risk = (Hazard) x (Vulnerability)

The Risk of a negative outcome (i.e. worsening Phase) is a function of the probability and severity of a Hazard Event as it interacts with the Vulnerability (including exposure, sensitivity and resilience) of the system to that particular hazard (Turner et al. 2003). Thus, Risk increases as Hazards become more severe and Vulnerability is high. Conversely, Risk decreases when the Hazard is less severe and Vulnerability is low. For food security analysis, a livelihoods approach that includes both livelihood strategies and livelihoods assets is fundamental towards understanding the vulnerability of people to particular hazards, and the resulting Risk of food insecurity.

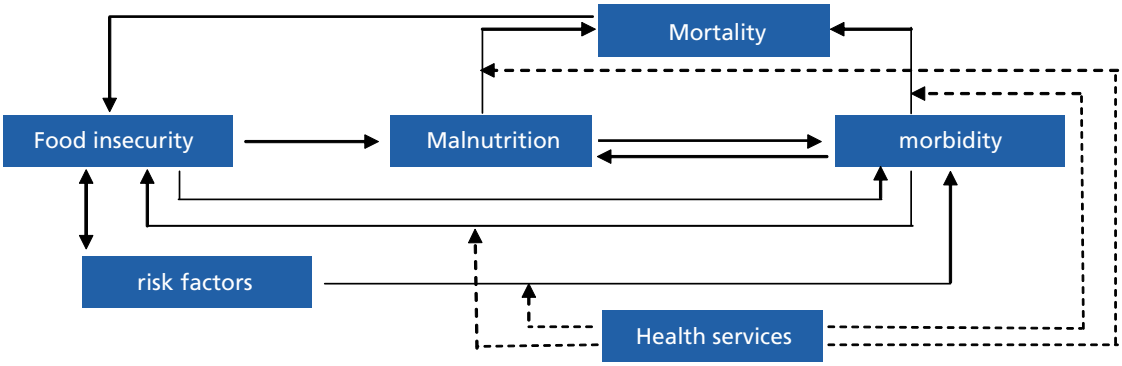
Risk: Crichton (1999) defines Risk as the probability of a loss, which depends on three elements: hazard, vulnerability and exposure. Downing et al. (2001) define Risk to be: expected losses (of lives, persons injured, property damaged and economic activity disrupted) due to a particular hazard for a given area and reference period. As used with the IPC, Risk has specific implications as specified by the "risk of deteriorating into a particular IPC Phase".

Hazard: Downing et al. (2001) define Hazard as a threatening event, or the probability of occurrence of a potentially damaging phenomenon within a given time period and area. As the severity of a Hazard increases, the Risk of a negative outcome also increases.

Vulnerability: Turner et al. (2003) note that "…vulnerability is registered not by exposure to hazards (perturbations and stresses) alone but also resides in the sensitivity and resilience of the system experiencing such hazards." Vulnerability is closely related to the ability of people or systems to cope with a shock (Chambers, 1991), their resistance (ability to withstand a shock), resilience (ability to return to a similar state after recovering from a shock), and the stability of the system. As Vulnerability increases, the Risk of a negative outcome also increases.

f) Health and IPC Framework

Most of the food security or livelihood analysis frameworks acknowledge health as an important factor. The framework below is a simplified description of the complex interactions between food security, malnutrition and morbidity at the level of a single household.



Morbidity is not a single causal factor for increased food insecurity. Nonetheless, it is a potential contributing risk factor and, in combination with other risk factors that each by themselves will not trigger food insecurity, may result in increased food insecurity. Morbidity by itself is insufficient to estimate the extent of the risk, as morbidity needs to be seen together with health system performance: availability and access to effective treatment and associated costs. As such, morbidity thresholds are less essential, but health and health system performance indicators together need to be integrated in a broader contextualized risk analysis. Such analysis is mostly relevant for IPC phases 1 and 2, but remains a factor in all the higher phases.

When the food security deteriorates to Phase 3 and above, morbidity will increase, mostly as result of increased malnutrition. Therefore, increased morbidity is also a direct consequence of increased food insecurity (IPC 3–5). Availability and access to essential health services may also change as the situation deteriorates. This makes interpretation context-specific and different for each IPC phase.

Importance: In the conceptual model of causes of malnutrition developed by Helen Young (1998) and consistent with MSF (2002) and ACF (2002), "disease", along with "inadequate food intake", is a direct cause of malnutrition. Diseases, in combination with malnutrition, are the two factors that lead to the increased mortality rates. From a household economy perspective, a family member with a disease can have a direct negative impact on food access and availability. This includes: (1) diversion of financial resources for health care, including catastrophic health expenditures; (2) removal of productive labour from the household either by the sick person or by caregivers; and (3) the potential for social exclusion or marginalization.

References/Sources: It is not possible to define separate thresholds for different levels of severity of morbidity. Morbidity indicators that may give an early indication of a worsening food security phase are incidence rates of diseases caused by micronutrient deficiencies. Morbidity in general will increase during food insecurity. Trends in increasing incidence of morbidity would be best detected at household levels through surveys. Increases in outpatient department (OPD) consultation rates may also indicate increased demand for services, if no other conditions changed that influence barriers to access services. Estimating cause-specific mortality rates can assist in prioritizing health interventions to reduce excess mortality.

Epidemics can occur in any IPC phase, but it is likely that Attack Rates and Case Fatality Rates will be higher when they occur in a population whose immunity is compromised due to malnutrition. Different diseases have specific thresholds for suspecting or declaring it to become epidemic. This can range from a single case to a minimum incidence of a certain number of cases per 100,000 population per week. Thresholds for the severity of the epidemic and the effectiveness of the interventions to control it are formulated for several epidemic diseases.

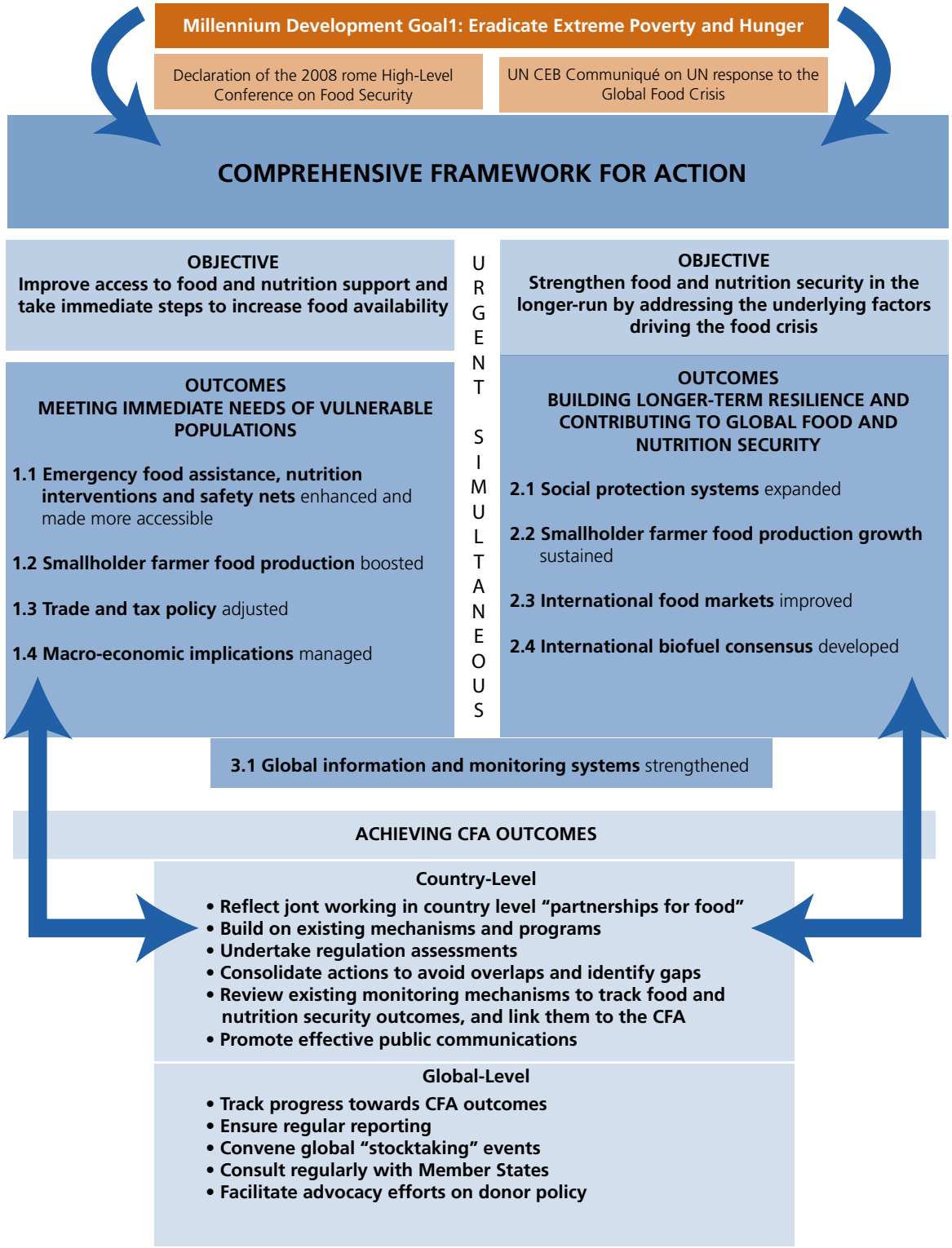
Explanation of IPC References: Health or disease is not included as an outcome indicator in the Acute Food Insecurity Analysis, and therefore health indicators are not featured in the Acute Food Insecurity Reference Tables. Health is, however, analyzed as an underlying vulnerability factor, as an acute/chronic event, and as a contributing factor. Anaemia and Vitamin A deficiency with standard thresholds have been included as outcome indicators in the Chronic Food Insecurity Reference Table and analysis.

Limitations: Due to the emphasis of the IPC on food security analysis, disease is analysed according to its relation with malnutrition and the impact on mortality. Morbidity data by themselves are insufficient for making decisions to plan health interventions. As such, the IPC does not replace detailed analysis of public health implications for individual diseases or of the health system's capacity to provide essential preventive services and effective treatment.

Potential Methods: Individual diseases require specific methods for data collection and analysis. Potential sources include EWARN (Early Warning Alert and Response Network), routine and emergency-specific surveillance systems, population health surveys, health facility-based reporting and expert observation. Planning of effective interventions requires analysis of the performance of the health system.

Source: Griekspoor, A. (2010). Draft Paper on Food Insecurity, Malnutrition and Morbidity. As input to revise the health components of the Integrated Food Security Phase Classification. WHO.

ANNEX 7. FRAMEWORK OF THE UNITED NATIONS SYSTEM HIGH LEVEL TASK FORCE ON THE GLOBAL FOOD SECURITY CRISIS



Source: High Level Task Force on the Global Food Security Crisis Updated Comprehensive Framework for Action, September 2010

Relevance to the IPC: The framework of the United Nations System High Level Task Force on the Global Food Security Crisis (HLTF) was designed as a response to the impacts of the increase in world food prices. The framework identifies two sets of actions.

The first set is focused on outcomes to address the immediate plight of vulnerable people as both consumers and producers of food. These outcomes are considered critical for immediate needs because they address important implications of the rapid rise in food prices, and possible subsequent declines in food and nutrition security for millions living on less than US$2 per day. They aim to meet the current and future demands for food availability.

The second set provides the basis for outcomes that address structural issues, build resilience and contribute to sustainable improvements in global food and nutrition security. It is also acknowledged that a series of actions are needed towards strengthening and coordinating assessments and monitoring and surveillance systems in order to meet all outcomes.

References/Sources: At the end of April 2008 the United Nations Chief Executives Board established a United Nations System High Level Task Force as a temporary measure to enhance the efforts of the United Nations system and International Financial Institutions in response to the global food security crisis.

ANNEX 8. INDICATORS AND METHODS USED IN THE IPC REFERENCE TABLES

FOOD SECURITY

a) Dietary Diversity

Importance: Dietary diversity is a qualitative measure of food consumption that reflects household access to a variety of foods (FAO, 2011). Household dietary diversity scores (HDDs) have been validated as proxies of household energy availability (Hoddinot and Yohannes, 2002).

References/Sources: Swindale and Bilinsky (2006) and FAO (2011) identify 12 main food groups used to calculate a dietary diversity score: cereals, white roots and tubers, vegetables, fruits, meat/poultry/offal, eggs, fish and seafood, pulses/legumes/nuts, milk and milk products, oils/fats, sweets, and spices/condiments/beverages. The FAO guidelines describe how to use the indicator for data collection and how to analyse the data collected.

Hoddinott, J. and Yohannes, Y. 2002. Dietary diversity as a food security indicator. FANTA, Academy for Educational Development (AED), Washington DC. (available at http://www.aed.org/Health/upload/dietarydiversity.pdf) Swindale A. and Bilinsky, P. 2006. Household dietary diversity score (HDDS) for measurement of household food access: indicator guide, Version 2. FANTA, AED. FAO. 2011. Guidelines for measuring household and individual dietary diversity.

Explanation of IPC Reference Thresholds: For the IPC, either the HDDS or the FCS (see section on Food Consumption Score), can be used as one measure of the Key Reference Outcome of Food Consumption.

Limitations: Measures of dietary diversity typically do not include quantities consumed. There can also be significant changes in consumption over time due to seasonal availability of foods. Thus when extrapolating survey data to arrive at broad conclusions about the food security status, the season when assessments were done should be taken into account.

Resource Website: FAO. 2011. Guidelines for measuring household and individual dietary diversity. Available at: http://www.fao.org/docrep/014/i1983e/i1983e00.pdf

b) Food Consumption Score and Food Consumption Groups

Importance: The Food Consumption Score (FCS) is commonly used in World Food Programme food security surveys and monitoring systems. The FCS is a composite score based on dietary diversity, food frequency (number of days during the past seven days) and the relative nutritional importance of different food groups. Based on the standard thresholds within a country context, households are classified into three Food Consumption Groups (FCGs): poor, borderline or acceptable. The indicator is correlated with caloric intake, coping strategy index and household income.

References/Sources: For more information see Guidance on the Use of the Food Consumption Score and Food Consumption Groups in the IPC context. Interagency Workshop Report WFP – FAO, Measures of Food Consumption Harmonizing Methodologies, Rome, 9 and 10 April 2008, and WFP Emergency Food Security Assessment Handbook, 2010.

Explanation of IPC Reference Thresholds: The FCS serves as a proxy indicator of food consumption outcomes for IPC analysis. If certain proportions of households within geographic areas (e.g. administrative levels, livelihood zones, crisis areas) fall into poor or borderline categories or a combination thereof, then thresholds could be determined that would allow classifying respective areas according to IPC phases.

Limitations: The FCS is a snapshot of one week of food consumption and therefore needs to be interpreted in the seasonal context, quantifying the food gap in terms of caloric intake, or showing how food consumption has changed as a result of a crisis (unless a pre-crisis baseline or data from a monitoring system is available).

Resource Websites: Guidance on the Use of the Food Consumption Score and Food Consumption Groups in the IPC context. Interagency Workshop Report WFP – *FAO, Measures of Food Consumption – Harmonizing Methodologies,* Rome, 9 and 10 April 2008.

c) Household Food Insecurity Access Scale/Household Hunger Scale

Importance: The Household Food Insecurity Access Scale (HFIAS) assesses whether households have experienced problems in food access in the preceding 30 days by measuring the severity of food insecurity for that period, as reported by the households themselves. It also measures food consumption strategies adopted by households when facing a lack of access to food. The main difference between the HFIAS and the Household Hunger Scale (HHS) is that the HFIAS is composed of nine questions, whereas the HHS uses only three questions (out of the nine) which were found to be valid across cultures.

References/Sources: For more information see validation of a Measure of Household Hunger for Cross-Cultural Use, May 2010, available at www.fantaproject.org.

Explanation of IPC Reference Thresholds: The HFIAS/HHS assesses whether households have experienced problems in food access during the preceding 30 days (four weeks) and measures the severity of food insecurity in the past 30 days, as reported by the households themselves. It can be incorporated into household survey instruments and serves as a measure of Food Consumption for the IPC. The cutoffs for the acute scale are derived from the HHS which gives three categories for HHS: "little to no household hunger" (scores 0–1), "moderate household hunger" (scores 2–3) and "severe household hunger" (scores 4-6).

Limitations: It is likely, however, that HFIAS will be gradually replaced by HHS, and for these reasons HHS, instead of HFIAS, has been incorporated in the acute and chronic reference tables of the IPC.

Resource Websites: Validation of a Measure of Household Hunger for Cross-Cultural Use. May 2010. http://www.fantaproject.org/downloads/pdfs/HHS_Validation_Report_May2010.pdf

d) The Household Economy Approach

Importance: The Household Economy Approach (HEA) is a livelihoods-based framework founded on the analysis of: (1) how people in different social and economic circumstances get the food and cash they need; (2) their assets, the opportunities available to them, and the constraints they face; and (3) the options open to them at times of crisis.

References/Sources: Adapted from the Practitioners' Guide to HEA Chapter 1: Introduction to the HEA Framework and communication with FEWS NET and the Food Economy Group (FEG) representatives. Additional information available from The Food Economy Group website (www.feg-consulting.com.).

Explanation of IPC Reference Thresholds: The HEA cutoffs used in the IPC acute scale relate to the extent to which households meet the minimum food quantity (2,100 kcal/day) for daily functioning. In the IPC chronic food scale the focus is on livelihood protection deficit. This is because the areas under chronic food security analysis are not expected to be currently facing shocks that would force the population to cut down on their consumption to the level of the survival deficit. If this happens, the population/households should be classified by using the acute reference scale.

Limitations: The use of HEA thresholds as reference points for IPC analysis requires that HEA baselines exist for the areas in question, and that analyses run using those baselines use information on the translation of impacts of shocks into economic consequences at household level.

Resource Websites: FEG. The Food Economy Group. Available at: http://www.feg-consulting.com/hea. See also the World Food Programme Food Security Assessment Handbook.

e) Coping Strategies Index

Importance: With reference to consumption coping strategies, the Coping Strategies Index (CSI) is an indicator of household food security. A series of questions about how households manage to cope with a shortfall in food for consumption results in a simple numeric score. This index results in a score that reflects current and perceived future food security status. Changes in the index provide a rapid indication of whether food insecurity is getting worse or the situation is improving – a higher score indicates a greater level of coping, and hence increased food insecurity.

In the case of livelihood coping strategies, Médicines Sans Frontières (MSF, Holland) identifies three main levels: (1) insurance strategies (reversible coping, preserving productive assets, reduced food intake, etc.); (2) crisis strategies (irreversible coping threatening future livelihoods, sale of productive assets, etc.); and (3) distress strategies (starvation and death, and no more coping mechanisms) (MSF 2005).

References/Sources: The Coping Strategies Index (CSI) developed by CARE and WFP (Coping Strategies Index Field Methods Manual 2nd Edition. WFP 2008) and MSF Holland (2005).

Explanation of IPC Reference Thresholds: The CSI can be used as a proxy indicator for food consumption and food security at the household level, given that the CSI is currently being used (1) in emergencies to monitor the impact of interventions on household food insecurity and (2) as a food insecurity early warning indicator. Furthermore, the IPC directly incorporates the MSF typology of coping for Phases 2, 3 and 4.

Limitations: Since the CSI is most rigorously applied when analysed against reference figures, it is necessary to conduct the rapid CSI assessment several times during the course of a crisis. Also, as coping strategies are typically influenced by livelihood systems, its rigor is improved by developing a CSI specific to main livelihood types (FSAU 2006). However since the CSI is contextual and is best referenced to itself (baseline), the comparability across space is limited, yet the degrees of change from the baseline are effective indicators of food security.

Resource Websites: Coping Strategies Index Field Methods Manual 2nd Edition. WFP 2008. home.wfp.org/stellent/groups/public/documents/.../wfp211058.pdf.

f) Water Access/Availability

Importance: "Water is essential for life, health and human dignity…In most cases, the main health problems are caused by poor hygiene due to insufficient water and by the consumption of contaminated water" (Sphere 2004). Thus water access and availability are both a direct indicator (through basic survival levels) and indirect indicator (by affecting the adequate utilization of food) of Phase severity.

References/Sources: The Sphere Handbook identifies water requirements for different basic survival needs: survival needs for water intake (2.5-3 litres per day), basic hygiene practices (2-6 litres per day), basic cooking needs (3-6 litres per day) and total combined basic water needs (7.5-15 litres per day). These values depend on a number of local factors including climate, individual physiology and social/cultural norms.

Explanation of IPC Reference Thresholds: The IPC integrates water access and availability at all Phases, with specific reference thresholds identified. The IPC generally follows the Sphere guidelines for total basic needs, while adjusting these levels to fit the Phase classes.

Limitations: The basic water requirements listed in the IPC are for human use only. For pastoral societies in particular, water requirements for livestock would significantly increase these amounts, and are necessary to consider for responses. Furthermore, basic water access and availability do not take into consideration other factors such as time and distances required to fetch water. For further key indicators of water supply adequacy (see Sphere 2004).

NUTRITION

a) Acute Malnutrition

Importance: Wasting is defined as weight-for-height index (w/h) less than -2 Z-scores. Global acute malnutrition rates include the percent of the population that is < -2 Z-scores plus cases of oedema. Acute malnutrition is a direct outcome indicator of recent changes in nutritional status. High or increasing levels of acute malnutrition in a population indicate current or recent stress at individual or household level.

References/Sources: The United Nations Standing Committee on Nutrition (SCN) states that "A prevalence of acute malnutrition between 5–8% indicates a worrying nutritional situation and a prevalence of greater than 10% corresponds to a serious nutrition situation" (SCN, 2004, p. 37). WHO provides guidance as follows: low (<5%), medium (5-9%, high (10-14%) and very high (>=15%) (quoted

from FAO 2005, p 47). Howe and Devereux (2005) reference "Famine Conditions" as 20-40%, and "Severe Famine Conditions" as >40%.

Explanation of IPC Reference Thresholds: The IPC incorporates acute malnutrition in all Phases, and is generally consistent with the sources cited above. A key reference threshold is that for Humanitarian Emergency, where wasting is >15%. Making adjustments to fit the IPC phases, the reference threshold for Famine/Humanitarian Catastrophe is >30%, which is halfway between the thresholds used by Howe and Devereux for "Famine" and "Severe Famine" conditions.

Limitations: While wasting is a direct outcome of nutritional and health status, limitations in its use and interpretation include: (1) wasting can be a late outcome indicator of a crisis, and response mechanisms based on wasting can be too late for meaningful action; and (2) in populations where levels of acute malnutrition are high outside times of acute crisis, levels during periods of crisis can be difficult to interpret.

b) Stunting

Importance: Stunting is defined as <-2 Z scores height for age. The CDC (Center for Disease Control) defines stunting as "Growth failure in a child that occurs over a slow cumulative process as a result of inadequate nutrition and/or repeated infections" (WFP and CDC 2005). As such, levels of stunting indicate overall poverty and chronic malnutrition, of which food insecurity can be a contributing factor.

References/Sources: WHO provides the following guidance for interpreting stunting prevalence as a % with height for age < -2 Z scores: low (<20%), medium (20-29%), high (30-39%) and very high (>=40%) (FAO 2005 p. 47). Also see Young and Jaspers, 2009.

Explanation of IPC Reference Thresholds: The IPC includes stunting as it is a measure of long-term effects of food security status; whereas wasting is a better measure of acute and highly dynamic situations. The reference threshold of >20% is used to classify areas that are Chronically Food Insecure. The IPC cut-offs used in both acute and chronic reference tables are based on international standards (see Young and Jaspers, 2009).

Limitations: In addition to the normal challenges faced in survey sampling and data collection, stunting poses an additional challenge since it requires the subject's age to be known. For many societies this information is not readily available or incorrect due to lack of records.

c) Crude Death Rate

Importance: Crude Death Rate (CDR) is the number of deaths per 10,000 people in a population per day or the number of deaths per 1000 people in a population per month. The Crude Death Rate is frequently used to gauge the severity of a public health emergency. A crude death rate has four components:

1. A specified measurement period.
2. The numerator: the number of deaths that occurred in a specified geographic area during a given period of time.
3. The denominator: the total number of people in the population at risk in the same geographic area for the same period of time ("person-years at risk").
4. A constant. The result of the fraction is usually multiplied by some factor of 10 (such as 100,000), so that the rate may be expressed as a whole number.

References/Sources: In emergency situations CDR is expressed as the number of deaths / 10,000 people / day. It is measured by the formula: *total number of deaths to residents in a specified geographic area* (country, state, county, etc.) *divided by the total number of persons at risk of dying during that period for the same geographic area* (for a specified time period, usually a calendar year) *and multiplied by 100,000*. More detailed information on CDRs is available at *Statistical Notes for Health Planners. No. 3. Mortality*. Kleinman, J. C. February 1977. 16 pp. (HRA)

Explanation of IPC Reference Thresholds: The IPC integrates CDR in all Phases. The IPC is generally consistent with the sources cited above, with some modifications to fit the Phases. The inclusion of CDR and 0-5 Death Rate (0-5DR) for the emergency phases of the IPC (3-5) is therefore appropriate. It can

also be noted that since mortality levels are expected to remain at normal levels in a chronic food security context, mortality-related indicators have not been included in the chronic IPC scale.

Limitations: Despite its direct relationship to extreme food insecurity, it may be difficult to measure CDR in real time during an emergency. Challenges include: (1) shifting base populations due to dynamic in-and- out migration; (2) small incidences with high variability; (3) the high potential for as yet "unknown" status; and (4) other complicating factors. Furthermore, real-time data are rarely available also because of a lack of a surveillance system.

NOTE ON CONVERSION OF MORTALITY RATES

The CDR and Under 5 Death Rates (U5DR) are used as indicators for mortality outcome in the IPC acute food insecurity analysis. These indicators express mortality in number of deaths per 10,000 per day. The data collection is usually done by retrospective surveys, collecting data on deaths, for example, for the past three months. Normally these indicators are used in situations where sudden events (shocks) create a spike in mortality.

In many countries, however, data on these specific indicators are not available, and the commonly used indicators are Crude Mortality Rate (CMR) and Under 5 Mortality Rate (U5MR). CMR tracks overall mortality in a given population for a specific time period, whereas U5MR indicates the probability of dying between birth and the fifth birthday, which is expressed by number of deaths per 1,000 children within the first five years of life (x/1000/5 years). The data on CMR and U5MR are usually collected by national health authorities, and U5MR data are also collected in the Demographic and Health Surveys (DHSs) and Multiple Indicator Cluster Surveys (MICSs).

The values given by the different indicators (CDR vs. CMR and U5DR vs. U5MR) are not directly comparable as they measure different things. However, it is possible to convert the U5MR into U5DR and CMR into CDR by using a certain formula (see below), provided by WHO. The conversion is contingent upon validity of two assumptions:

1. Mortality is constant within the recall period. This assumption may be difficult to uphold if conditions change rapidly – for example during a crisis. In a stable situation the mortality rates are expected to remain more constant.
2. Age distribution remains equal during the recall period.

(The formula for the conversion is:

CDR or U5DR = - ln(1-p/1000)*5.47

In which ln is the natural logarithm of the results of the calculation of (1-p/1000) and p is the U5MR or CDR) .

d) Body Mass Index (BMI)

Importance: Body Mass Index (BMI) is an index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults, also called a Quetelet index. It is defined as the weight in kilograms divided by the square of the height in meters (kg/m^2). The BMI indicator refers to the weight-for-height of non-pregnant women of reproductive age (15–49 years).

References/Sources: Adapted from Helen Young and Susan Jaspers, 2009. "Review of Nutrition and Mortality Indicators for the Integrated Food Security Phase Classification (IPC) Reference Levels and Decision-Making."

Explanation of IPC Reference Thresholds: The IPC integrates BMI into both the Acute and Chronic Scales. Based on the percentage of population that are underweight (BM1< 18.5) classification of the appropriate Chronic or Acute Phase is possible. The threshold and cutoffs are based on reference levels recommended by WHO. The multiplier of 1.5 indicates a shift to a higher phase, but applies only to rates below 20% (phase 2 in acute reference table) as per recommendations by IPC nutrition workshop and the Young and Jaspers nutrition study.

Limitations: It is important to note that since BMI calculation is solely dependent on the net weight and height of the individual; BMI values ought not to be analysed in isolation but must be correlated to other

anthropometric dimensions and body shape of the individual. In addition the WHO reference levels need to be reviewed on the basis of current global distribution of low BMI.

Resource Websites for Nutrition: Nutrition indicators for development. Reference Guide. Maire F. Delpeuch, FAO, 2005. http://www.fao.org/docrep/008/y5773e/y5773e05.htm#bm05.1.
See also, Helen Young and Susan Jaspers 2009, "Review of Nutrition and Mortality Indicators for the Integrated Food Security Phase Classification (IPC) Reference Levels and Decision-Making."

e) Anaemia

Importance: Anaemia, as defined by haemoglobin concentration or hematocrit level below established cutoffs for age, sex and physiological status (pregnancy), is a commonly used proxy indicator of iron deficiency in field conditions. The prevalence of anaemia in children and/or women is used to assess the public health significance of iron deficiency. It should nevertheless be noted that other common and often associated causes of anaemia are parasitic diseases (malaria, ankylostomiasis, schistosomiasis) and genetic traits.

References/Sources: Adapted from WHO Guidelines: "Iron Deficiency Anaemia – Assessment, Prevention and Control". 2001.

Explanation of IPC Reference Thresholds: The IPC integrates anaemia into the Chronic Reference Table. The thresholds used are adapted from the WHO Guidelines and classify anaemia prevalence into four categories of public health significance of iron deficiency (normal <5%, mild 5–19.9, moderate 20–39.9, and severe ≥40).

Limitations: Even though anaemia is considered as a good indicator of iron deficiency at population level, its main limitation is that it is also caused by other factors and diseases. This means that anaemia prevalence is a result of several factors which may need to be analysed more in detail before targeted interventions may be implemented.

Resource Websites: Iron Deficiency Anemia – Assessment, Prevention, and Control. Available at: http://whqlibdoc.who.int/hq/2001/WHO_NHD_01.3.pdf.

f) Vitamin A deficiency

Importance: Vitamin A deficiency is an important cause of childhood blindness and of morbidity and mortality of children from infections. It affects mainly the poorest population groups and, within those groups, children and pregnant women in particular. Two indicators are used to assess the prevalence of vitamin A deficiency: a clinical indicator – night blindness; and a biochemical marker – low serum or plasma retinol concentration (<0.70 µmol/l) – in pre-school-age children or pregnant women. Low serum retinol reveals marginal vitamin A deficiency before the deficiency is severe enough to cause clinical manifestations such as night blindness.

References/Sources: WHO Vitamin A Deficiency Guidelines: "Global prevalence of vitamin A deficiency in populations at risk 1995–2005." WHO Global Database on Vitamin A Deficiency. 2009.

Explanation of IPC Reference Thresholds: The IPC uses the biochemical indicator of vitamin A deficiency, namely serum or plasma retinol, in the Chronic Reference Table. The thresholds are derived from the WHO Guidelines and indicate the public health significance of vitamin A deficiency (mild 2–9.9%, moderate 10–19.9%, and severe ≥20%).

Limitations: Data availability at subnational level on vitamin A deficiency may be limited, especially as data collection demands a blood test, which adds survey costs and requires high technical competence. A limitation of using serum or plasma retinol concentration as an indicator of vitamin A status is that it is decreased by acute and underlying chronic infections. Thus the serum retinol measurements may overestimate the prevalence of vitamin A deficiency in a population with a high prevalence of infection.

Resource Websites: Global prevalence of vitamin A deficiency in populations at risk 1995–2005. Available at: http://whqlibdoc.who.int/publications/2009/9789241598019_eng.pdf.

ANNEX 9. A SUMMARY OF FEWS NET'S SCENARIO DEVELOPMENT APPROACH FOR FOOD SECURITY EARLY WARNING

Food security early warning requires the estimation of future food security outcomes many months in advance. However, *definitively* predicting the future is almost impossible given the complex web of factors which will shape food security during the period ahead. Since early warning is the primary mandate of early warning projects like FEWS NET, how can these two conflicting issues be reconciled? The answer is scenario development.

Scenario development relies on the creation of specific, informed assumptions about future events, their effects, and the likely responses of various actors. In combination with an understanding of current conditions, these assumptions allow for the estimation of future food security outcomes. In addition, a clear description of key assumptions facilitates both the communication of the food security analysis and the process of updating scenarios as new information becomes available. For these reasons, scenario development is a key pillar of FEWS NET's work.

This document provides general guidance on the key steps of food security scenario development and highlights a number of important guiding principles that should inform this work.

SECTION 1: An overview of the steps to scenario development

At its core, scenario development is little more than a sophisticated "if – then" statement. For the purpose of early warning, however, getting from "if" to "then" involves a multi-step process that requires clearly documented analysis and assumptions at each stage (Figure 1).

To begin, **step 1** of scenario development involves making three choices. First, analysts must choose what type of scenario to develop. Scenario types can be defined by probability of occurrence (e.g. a best-case scenario, a worst-case scenario, a most likely scenario), or relate to a specific event (e.g. a flood scenario, a drought scenario). Note that identifying the "most likely" outcomes is often the most useful for decision-makers, although additional scenario types can also be helpful. Second, the geographic scope of the scenario needs to be determined. What area(s) will the analyst build a scenario for: a livelihood zone, a region, or a smaller administrative area? Keep in mind that the more heterogeneous the area, the more difficult scenario building will be. Therefore, if the final scenario needs to cover a large area (such as an entire country or region), breaking this area into smaller pieces (e.g. livelihoods zones, smaller administrative units) and developing a number of smaller scenarios will facilitate better analysis. Finally the time period of interest needs to be established. For example, will the scenario cover a three-month period or the entire consumption year?

The remaining steps should be performed for each area identified in step 1:

In **step 2**, evidence of current food security conditions and outcomes should be summarized and put into context. Are households in the area of concern currently meeting basic food needs? Why or why not? How are they doing so? Through seasonally typical means, like crop production or purchases? Or through less common means, like food aid or atypical selling of productive assets? If deficits do exist, which households are most affected (e.g. a specific wealth group or sub-population)? Are levels of malnutrition and mortality high? And how do they compare to seasonal norms?

Finally, based on the assessment of current conditions and outcomes, groups of households should be classified using a food insecurity severity scale.

In **step 3** the primary sources of food consumed during the scenario period in a typical year are identified, with a particular emphasis on the foods consumed by the groups most at risk of food insecurity. This information should include the type of food (e.g. maize, beans), the source (e.g. own production, wild foods, in-kind payment, gifts, purchases), and the time when this food is accessed (e.g. September harvests). Bringing all three elements together, one example of a March food source in southern Somalia could be sorghum from own production harvested in January. If market purchases are important, the sources and timing of the income used for these purchases should also be described. For instance, in one area of southwestern Ethiopia, poor household maize purchases during the February-June period are funded by wages earned harvesting crops between October and December.

This information is important in highlighting household vulnerability. For example, households in an area may be vulnerable to poor crop production because they rely on agricultural labour during the harvest season to fund lean season staple food purchases. This information will also be important later in the scenario building process in determining if, how and when shocks and their effects will impact food security. Remember, this information should reflect food sources in a normal or baseline year.

Step 4 has two parts. First, factors relevant to food security which are expected to behave normally during the scenario period should be highlighted. For example, cereal prices are expected to follow their typical seasonal pattern during the scenario period or expenditure on agricultural inputs is expected to be normal.

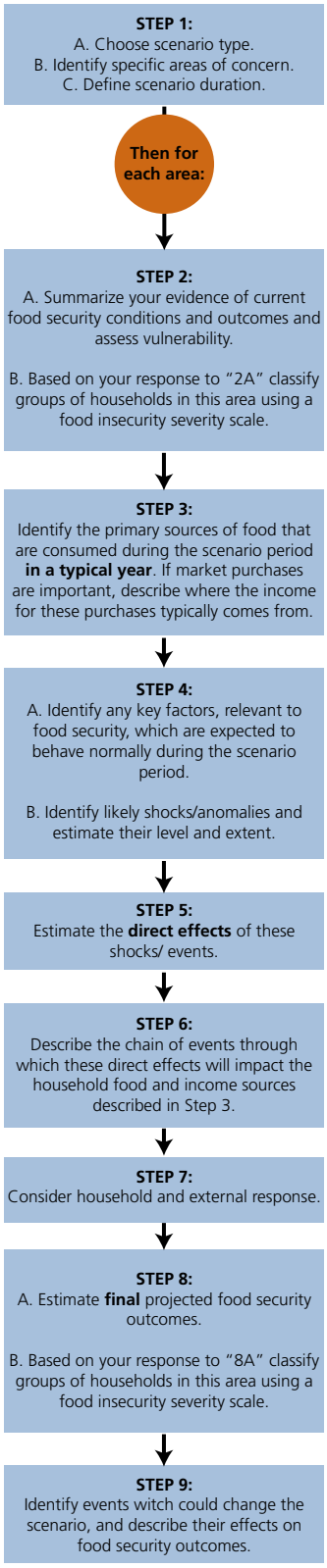
In the second part of step 4, shocks (also known as anomalies or hazard events) expected during the given scenario are identified. Both positive and negative shocks should be identified at this stage. Then, assumptions need to be made about the timing, duration, and severity of the expected shocks. Frequently, multiple shocks may be expected to occur during the scenario period. For example, a policy decision to stop input subsidies could occur shortly after poor rainfall is forecast and while conflict continues along a key border point. Remember, this step should only describe new shocks that are anticipated during the scenario period. Past or recent shocks, if relevant, should be described in Step 2.

In **step 5**, the direct effects of the identified shocks are estimated. "Direct effects" are the precise thing(s) that the shock directly disrupts or alters. In some cases, the shock may directly affect the household, such as a flood that destroys homes or takes lives. However, in most cases, households are affected indirectly. For example, poor rains directly affect crop yields, as does the lack of inputs. Likewise, conflict may directly affect market access. More precise estimates of the magnitude and extent of the direct effect of a hazard event usually become available over time. However, in order to provide early warning, analysts need to make assumptions about how a hazard event will affect key factors related to food security, such as crop production and market access, before definitive information on these impacts becomes available. These assumptions may be based on historical or reference-year information or simply on expert opinion (where historical and other information does not exist).

Step 6 focuses on describing how the direct effects described in Step 5 will affect the food sources (and related income sources) described in Step 3. The events which connect direct effects to impacts on household food sources are also known as "indirect effects". Indirect effects are distinguished from direct effects in one (or more) of three ways:

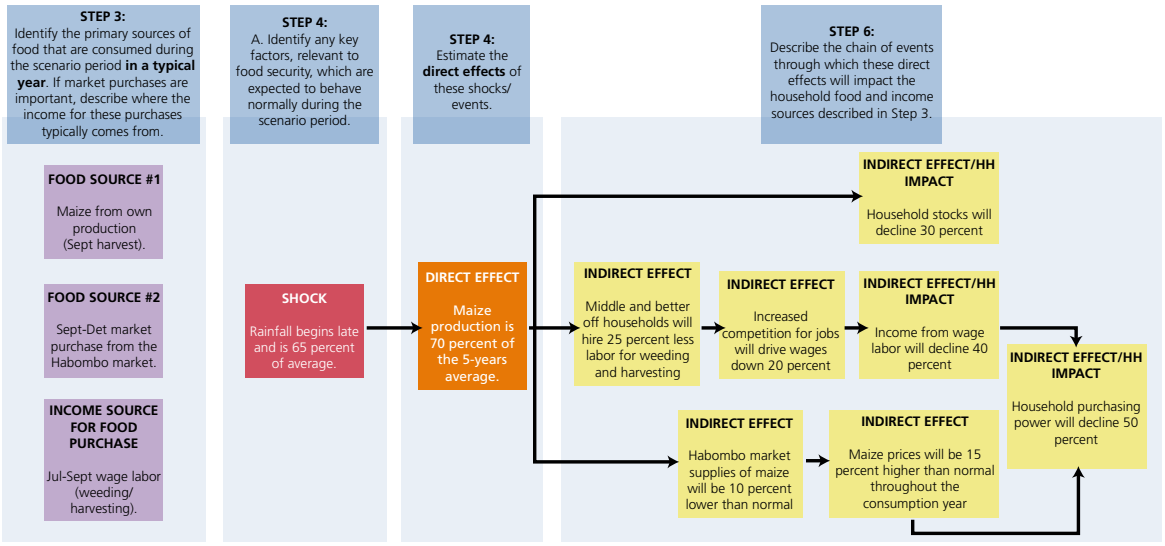
- **Timing:** Indirect effects happen after direct effects, though the length of time between direct and indirect effects can be quite variable. *Example: Food prices increase after conflict constrains market access.*
- **Geography:** Indirect effects may happen in a different area than the shock and direct effects. *Example: Market supplies in a food deficit area may decrease following drought and poor production in a surplus-producing area.*
- **Location along the supply chain:** The type of effect, direct or indirect, may depend on where people or households are located along the supply chain. *Example: A production shock would affect farmers directly and would then have indirect effects on other groups like labourers, traders and consumers, whereas a food-price shock would affect consumers directly.*

Figure 1. Steps to scenario development



Source: FEWS NET

Figure 2: An example of the logical flow from Steps 3 through 6



Source: FEWS NET

This chain of events between a direct effect and impact on household food sources may be very short in some cases and longer in others. Figure 2 illustrates a simple example of one shock, one direct effect and the indirect effects which lead to household level impacts. In one case, the chain of events between the direct effect (poor maize production) and the impact on a household food source (a decline in household stocks) is very short. However in another case, the chain of events between the direct effect (poor maize production) and the impact on a household food source (declining labour income) is more involved. As in step 5, better information on these "indirect effects" may become available later in the season. However, before this information is available, clear assumptions may need to be made in order to construct a useful scenario.

In **step 7**, the analyst estimates the impacts on food sources resulting from household, community and external responses. To do so, the analyst makes assumptions about the timing, duration and magnitude of the expected responses. Where livelihoods information (e.g. baselines, profiles) does exist, it provides useful information on household coping. However, some assumptions may still need to be made. For example, we may know that poor households typically send one member for migratory labour in a bad year. We may have to assume, however, that there is enough demand to support these labourers. Where little or no livelihoods information exists, assumptions may need to be made about how and to what degree households will be able to cope. These assumptions may be based on historical data, anecdotal information or expert judgement and experience. In addition to assumptions about household response, similar assumptions should be made about the level, timing and duration of external response (e.g. humanitarian aid, policy decisions, trader decisions).

In **step 8**, information on initial household-level impacts (Step 6) and response (Step 7) are pulled together and considered within the context of local livelihood systems to estimate projected food security outcomes. Remember, in these scenarios we are interested in food security outcomes for people, rather than statements about crops, animals or food prices. For example, once assumptions about coping and external response have been accounted for, will the household see a net reduction in food and/or income access? Will the impact be significant enough to threaten household livelihood security? Will it be significant enough that households will face food deficits and/or increased risk of acute malnutrition? Ideally, these food security outcomes should be analysed by livelihood zone(s) and disaggregated geographically and by population group (e.g. wealth group).

Where livelihood baseline information exists, outcome analyses can be run to project the level and extent of survival and livelihood protection deficits.[2] In countries where baseline data do not exist, projections should be made based on assumptions about the extent to which a shock will reduce household income and ability to access food. These assumptions may be informed by other types of livelihoods data, like profiles or simple zone descriptions. Even where livelihood baselines do exist, some household-level assumptions need to be

2 For information on survival and livelihoods protection thresholds, see *The Practitioner's Guide to HEA*, which can be located in the "Livelihoods" section of the FEWS NET website under "Guidance and Tools": http://v4.fews.net/Pages/livelihoods.aspx?loc=6&l=en.

made. For example, we assume that households will behave as they did in the baseline year provided that assets and opportunities available to them are the same.

When discussing food security outcomes, a mediocre scenario might say, *"Over the next six months food insecurity will increase in the northern agropastoral areas to high and extreme levels."* A better scenario might say something like:

> *Over the next six months food insecurity will increase in the northern agropastoral areas to high and extreme levels. Almost all poor households will face food deficits of up to 20 percent during the peak lean season (September–October) even once significant coping has occurred – likely in the form of livestock sales and increased charcoal production. Among middle-income households, those who rely heavily on bean production (about 40 percent of the wealth group) will experience food deficits of 5–10 percent during the same period. Households from both wealth groups that live in the three western districts, where market access is poorer, will likely face even larger deficits, assuming that food assistance programmes are not initiated. Atypical migration from these areas towards the regional capital is likely to take place by August. Better-off households, about 15 percent of the region's population, will meet all food and non-food needs. Levels of global acute malnutrition, which typically range from 7–9 percent during September–October, are expected to be above normal, although increased mortality is not expected.*

In **step 9**, events that could change the scenario outcomes are identified and the impacts of these alternative assumptions are described. As discussed above, scenario-building requires that food security analysts make many assumptions. For some of these assumptions, the individual or group building the scenario may feel very confident. For other assumptions, they may feel less confident. It is important that information reflecting this uncertainty, when it occurs, is communicated to decision-makers. Also, there may be events which are unlikely, but would have a significant impact on food security outcomes if they occurred (e.g. a hurricane in Haiti). Therefore, to ensure that decision-makers have all the necessary information, and to ensure that analysts have an opportunity to explain why things may turn out differently than anticipated, it is good practice to identify the key events which, although they are not included in the scenario, are probable and would result in different food security outcomes than those identified in Step 8.

To accomplish this, all of the major assumptions that were made during the scenario-building process should be revisited. This review should include both assumptions about shocks in Step 4 (e.g. how rainfall will perform), as well as assumptions made in other steps of the scenario-building process (e.g. assumptions about direct/indirect impacts or responses). Next, the analyst should identify the key assumptions for which she or he has less confidence or which are particularly important to the scenario outcomes. For each of these assumptions, the analyst should identify a probable alternative and describe how food security outcomes, as described in Step 8, would change if this alternative came to pass. Note that these descriptions of how things may turn out differently can be brief. The objective here is not to develop another full scenario, but instead to highlight monitoring priorities.

SECTION 2: Guiding principles

As a complement to the nine steps outlined above, the following guiding principles should be considered when building food security scenarios.

A. Align scenario development with the Disaster Risk Reduction Framework

It order to maintain consistency, food security scenario development needs to use a common vocabulary. Because famine early warning is essentially a form of disaster risk analysis, it makes sense to adopt a vocabulary that is consistent with the internationally agreed-upon Disaster Risk Reduction (DRR) framework. Disaster risk is typically understood as a function of some hazard and the vulnerability of a population to that hazard (and likewise, their ability to cope). This relationship can be expressed as follows:

$$\text{RISK} = f\,(\text{Hazard, Vulnerability/Coping Capacity})$$

The DRR framework, expressed in this way, is powerful because it helps us differentiate between cause and effect. "Risk" is the effect or outcome we are measuring, specifically the "risk of food insecurity". There are two factors that cause this outcome: the external cause, which is the *hazard*; and the internal cause, which is a combination of people's *vulnerability* to that hazard and their capacity to *cope* with it.

In food security analysis, a household may be "vulnerable" to a particular hazard, but not necessarily at "risk" of food insecurity. Why is this the case? First, a household's level of vulnerability to a particular hazard will vary depending on how the household meets its basic needs, which is related to its livelihood system – i.e. the assets or capitals (social, natural, physical, financial, productive and human) available to it. For instance, if a household meets these needs by relying primarily on crop production, then a staple price shock will not necessarily put this household at risk of food insecurity. A drought, on the other hand, may. Second, the magnitude of the hazard is important to consider, as there are variations within each year and from year to year. Third, even if a household is vulnerable to a hazard, it may still be able to effectively respond, or cope, by increasing reliance on livelihood strategies not affected by that hazard, or by drawing down on food stocks or savings. So, the risk of food insecurity depends not only on the household's vulnerability to a hazard, but also the magnitude of that hazard and the coping capacity of households in the short- and medium-terms.

B. Incorporate seasonality into scenario analysis

Just as shocks will impact different households in different ways, they will impact households differently at different times during the scenario period. For example, a spike in staple food prices will have more of an impact if it occurs during a period when food stocks from own production are depleted and households are more reliant on purchases. Crop losses may affect agricultural labourers during peak labour periods (loss of cash income and in-kind payment) as well as following the harvest (losses in own production for sale and consumption). Similarly, options for household response will change depending on the time of year. Households might typically rely on the collection of wild foods during the lean season. But, if the harvest is especially poor and food shortages begin earlier than normal, these foods may not yet be available. As such, scenarios should be sure to include a consideration of seasonality. Discussion of shocks, effects and response should include information on timing, and scenarios should describe food security outcomes over the course of the scenario period, not just at the end.

C. Use historical data to inform assumptions

Making informed assumptions about future shocks, effects and response will always require an assessment of current conditions and some level of expert judgement. However, historical data should also play an important role in informing the development of these assumptions. Historical information can include both quantitative data, like historical price or production data, and qualitative information, like an understanding of how households have coped with similar conditions in the past. For example, information on typical patterns of acute malnutrition could be used to inform estimates of the likely caseload for feeding centres over the coming six months. Or, analogue years could help to estimate the likely impacts of forecast rainfall on cropping.

D. Consider the relevant regional and international context

Although food security scenarios are typically developed on a country-by-country basis, it is important to consider regional factors in the analysis. Events in a neighbouring or even a distant country can raise important questions about how food security conditions and outcomes will develop. It is important to recognize when such events are likely to impact household food security and to include this information when developing scenarios. For example, are there any trade policies in neighbouring countries that will affect food supply and prices in the scenario? Will conflict in a neighbouring country affect access to markets, land or social services? Will above-average regional production offset localized production deficits? Will drought in major cereal-exporting countries (e.g. Australia, Thailand, United States of America) affect the price of imported cereals?

E. Provide clear descriptions of food security outcomes

Food security analysis is ultimately concerned with the food security outcomes for people. As such, scenarios must go beyond the prediction of shocks (e.g. crop failure, high food prices) and the description of food security conditions to an analysis of how these shocks will impact households and affect their food security. Food security outcomes should describe the level of food access and food utilization of households in the area of analysis. This includes a description of **who** is food insecure (e.g. what population or wealth group, size of the food insecure-population), the expected **duration** of this food insecurity, the **severity** of this food insecurity, and any relevant comment on **coping** or external response.

FEWSNET Scenario Summary Table

STEP 1A – Choose scenario type *(e.g. most likely).*	
STEP 1B – Identify geographic area of focus.	
STEP 1C – Define scenario duration and timing.	
STEP 2A – Summarize your evidence of current food security conditions and outcomes (food consumption, livelihoods, nutrition, mortality). (*"Current" means beginning of the first month of the scenario period*)	
STEP 2B – Based on your response to 2A, classify the households in this area, using a food insecurity severity scale.	
STEP 3 – Identify the primary sources of food that are consumed during the scenario period. If market purchases are important, describe where the income for these purchases typically comes from. What does this information tell you about household vulnerability?	
STEP 4A – Identify any key factors, relevant to food security, which are expected to behave normally during the scenario period.	
STEP 4B – Identify likely shocks and estimate their level and extent. Shocks relevant to poor households are particularly important to identify. Shocks can also be throught of as "anomalies".	
STEP 5 – What are the direct effects of these shocks/ anomalies?	
STEP 6 – Describe the chain of events though which these direct effects will impact the household food and income sources described in Step 3.	
STEP 7 – How are households and external actors likely to respond to the impacts described in Step 6?	
STEP 8A – Given current conditions and outcomes (Step 2), projected impacts on food and income sources (Step 6) and likely response (Step 7), what are the projected food security outcomes in terms of food consumption, livelihoods, nutrition and mortality during the scenario period, especially for very poor and poor households in this area? *Be sure to describe expected food security outcomes over the entire scenario period.*	
STEP 8B – Based on your response to 8A, classify the households in this area using a food insecurity severity scale.	
STEP 9 – If only one scenario is being developed (e.g. a most likely scenario), list possible events that could change this scenario and briefly describe their likely impact. Select events that: • Are possible, but are not included in the scenario (steps 4–7) • Would have a significant impact on food security (incomes, expenses, and/or sources of food) *In addition to local events please consider macro-level, regional, international, or other events exogenous to a strictly national analysis.*	

ANNEX 10. JOINT RESEARCH CENTRE GUIDELINES ON THE USE OF REMOTE SENSING FOR IPC ANALYSIS

Satellite imagery can be used to observe rainfall and vegetation conditions close to real time in practically all regions of the world, down to very small areas in individual countries. The main benefit of using satellite imagery is the improved understanding of crop production and crop conditions, especially when imagery of the current situation or season is compared to previous seasons or to what can be assumed to be the average or normal condition. This provides a qualitative indication of how "good" or "bad" the current season is when compared with other seasons or with the average situation.

There are different types of satellite imagery available, but the two most common are related to rainfall and vegetation. Rainfall is normally the main limiting factor for crop development in arid and semi-arid regions and is the first indicator to look at, by following the dekadal (10–day period) rainfall and cumulated rainfall. NDVI (normalized difference vegetation index) is a direct observation of vegetation performance and therefore also a good indicator of climatic conditions preceding the date of observation.

Despite the relatively good and qualitative data derived, remote sensing data should be used mainly as indirect evidence when sufficient direct evidence on key reference outcomes (mainly food availability) is not available. Remote sensing information can also be used to support other key reference outcomes such as livelihood assets, hazards, and even water. Nevertheless, remote sensing data should never be used without detailed accompanying metadata and ground data, clearly described legends and information on the reliability of the derived products and maps.

For more information:

Please see the guidelines on the use of remote sensing data for IPC analysis on the IPC website.

Several institutions distribute free remote sensing information and products. For example:
http://www.vgt4africa.org/
http://earlywarning.usgs.gov/fews/#DATA_PORTALS
http://www.marsop.info/marsop3/

ANNEX 11. IPC RELATED INITIATIVES

Health and Nutrition Tracking Service

(www.thehnts.org)

The Health and Nutrition Tracking Service (HNTS) is a collaboration of non-governmental organizations (NGOs), United Nations agencies, and donors for the review, analysis and validation of critical health and nutrition data-gathering methodologies and information in selected humanitarian emergencies.

The main objective of the HNTS is to support humanitarian decision-making by offering the best possible evidence base for information on health and nutrition. This is achieved by:

- Tracking mortality and malnutrition in selected crises;
- Validating data for completeness and quality;
- Conducting operational research on improved methods in data gathering and tools.

Primary collaboration at the global level is through the Global Health and Nutrition Clusters and at the field level through country health and nutrition clusters. In addition to the IPC, HNTS values collaboration with groups such as the Assessment Capacities Project (ACAPS), the Famine Early Warning Systems Network (FEWS NET), the Interagency Standing Committee Needs Assessment Task Force (IASC/NATF) and the Centre for Research on the Epidemiology of Disasters (CRED).

Linkages with IPC

The HNTS is concerned with tracking and monitoring nutrition data; and validating these data. Thus there is a clear and direct need to create and maintain linkages to the IPC. In addition, linking IPC to the HNTS will ensure that the HNTS has access to a higher degree of relevant data, while for the IPC such linkages will help support and strengthen ongoing linkages to other groups such as ACAPS, CRED and the Standardized Monitoring and Assessment of Relief and Transition (SMART) programme. These groups are described below.

Global Pulse

(www.un.org)

The Global Pulse attempts to fill the information gap that currently exists between the point when a global crisis impacts vulnerable populations and when solid quantitative information and analysis reaches decision-makers. Its partners include national governments, United Nations agencies, academic institutions and civil society organizations in developing and developed countries.

The Global Pulse:

- Provides the international community with early, real-time evidence of how a global crisis is impacting the lives of the poorest and most vulnerable populations;
- Raises "red flags" on newly emerging and dramatically worsening vulnerabilities of global concern; and
- Provides decision-makers with real-time information and analysis to ensure that crisis related decisions take appropriate account of the needs of the most vulnerable countries and populations.

Linkages with IPC

It is important that the IPC be linked to the Global Pulse as there is a great deal of commonality between the two systems. Both the IPC and Global Pulse attempt to provide the development community with pertinent real-time data related to food security crises. Furthermore, it is a core objective of both approaches to be able to furnish decision-makers with analysis to ensure that crisis related decisions take appropriate account of the needs of the most vulnerable countries and populations. Keeping this in mind, it is imperative that strong linkages be created between the two technical Core Groups.

Centre for Research on the Epidemiology of Disasters

(http://www.cred.be/)

The Centre for Research on the Epidemiology of Disasters (CRED) is an interdisciplinary centre that studies individual and group decision-making under climate uncertainty and decision-making in the face of environmental risk. CRED's objectives address the human responses to climate change and climate variability as well as improved communication and increased use of scientific information on climate variability and change.

Linkages with IPC

Linking the IPC with CRED could be mutually beneficial. For IPC's part, it may be possible to overlay IPC maps onto CRED maps which depict countries and districts where GAM >15%. This could serve as a form of triangulation for the IPC analysis. CRED would in turn benefit from having access to data collated by IPC. A linkage between IPC and CRED may be best served by admitting CRED to the proposed partnership forum/ assembly.

Standardized Monitoring and Assessment of Relief and Transition programme

*(*www.smartindicators.org*)*

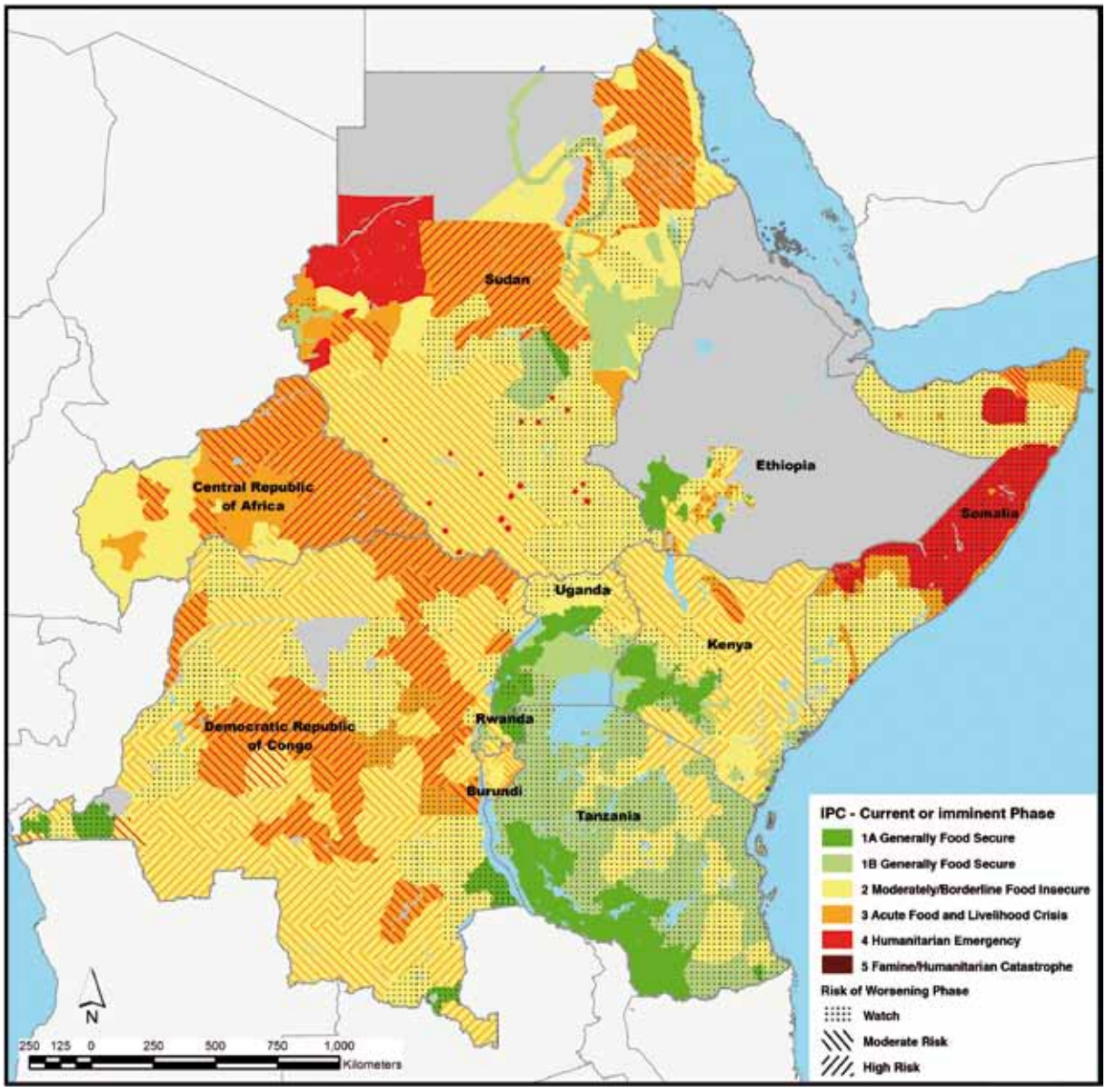
The Standardized Monitoring and Assessment of Relief and Transition (SMART) programme is an inter agency initiative to improve monitoring and evaluation of humanitarian assistance interventions. Specifically, the programme is piloting an approach to routinely collect, analyse and disseminate information starting with three critical data points on mortality, nutritional status and food security, ensuring that these data are rapidly accessible for policy and resource decision-making.

For data consistency, SMART has developed a survey manual and an analytical software programme that integrates the planning, collection and analysis of nutritional status and mortality rates.

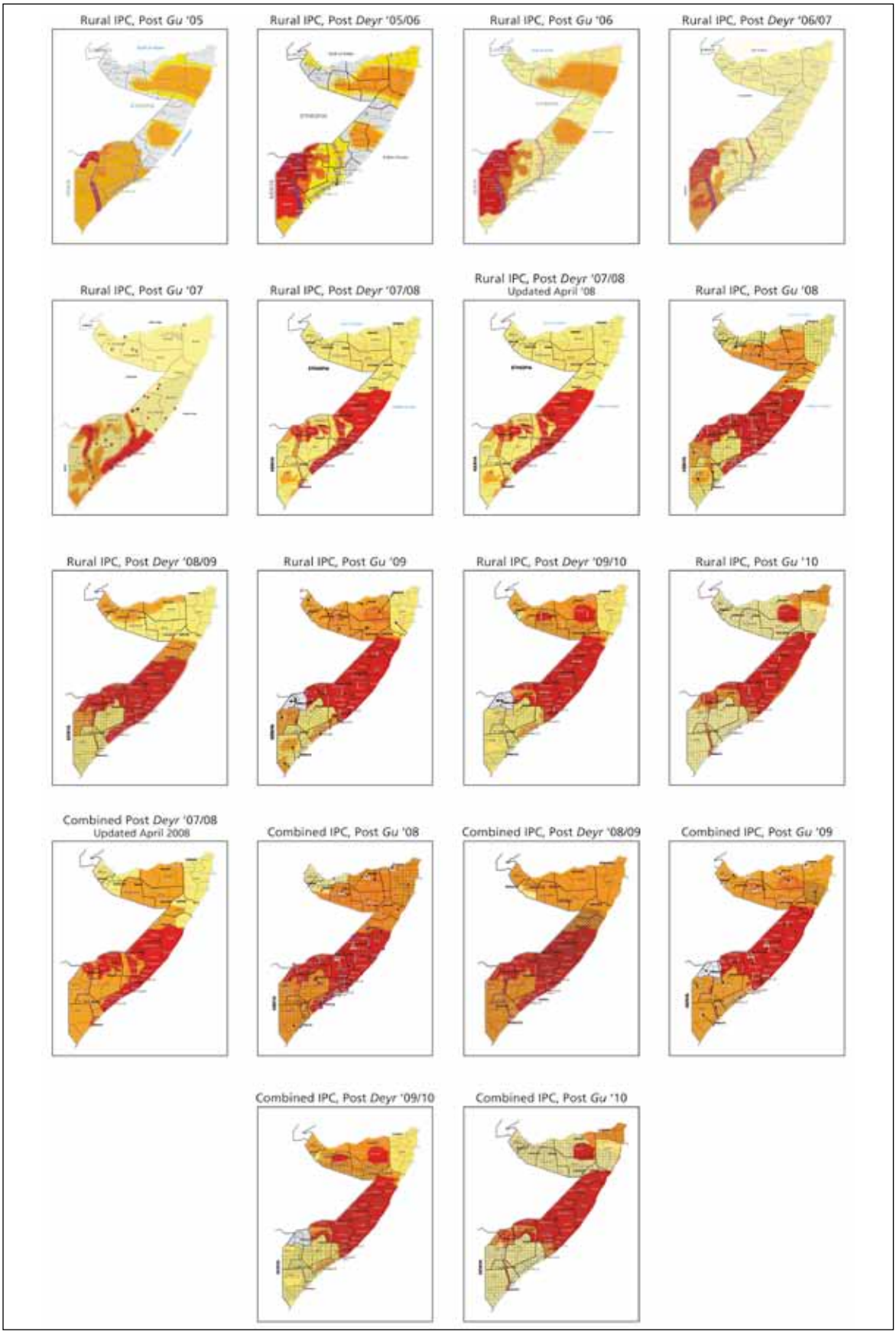
Linkages with IPC

It is important that the IPC be linked to the SMART process in order to be aware of any recommended changes in nutrition and mortality survey methodology. A strong linkage between SMART and IPC may best be served by ensuring that a member of the IPC Technical Working Group is a member of the SMART Core Group. Another option is to ensure that at least one IPC partner agency has a staff member involved in the SMART Core Group. In turn, the staff member can brief that agency's IPC partnership member.

ANNEX 12. EAST AFRICA IPC FOOD SECURITY SITUATION, NOVEMBER 2010



ANNEX 13. TIME SERIES OF THE INTEGRATED PHASE CLASSIFICATION MAPS FOR SOMALIA (2005–2010)



ANNEX 14. GLOSSARY

Absolute Poverty Line – the income or expenditure level below which a minimum nutritionally adequate diet plus essential non-food requirements are not affordable. The most common absolute poverty line is the US$.1.25-a-day and the US$2-a-day line. (World Bank)

Access (see food access)

Adults – underweight, overweight, obesity

- **Prevalence of underweight in adults** – the adult population falling below 18.5 Body Mass Index.
- **Prevalence of overweight in adults** – the adult population with Body Mass Index of 25 and above.
- **Prevalence of obesity in adults** – the adult population with Body Mass Index of 30 and above.

(UNICEF)

Agricultural Productivity – a measure of the value added per unit of input. (World Development Report, World Bank).

Anthropometric indices – combinations of human body measurements and their comparison to reference data. For example, measurements of weight and height may be combined to produce Body Mass Index (weight/ height^2 - see definition below) or weight may be related to height through the use of reference data that have been developed/adopted by the World Health Organization. (UNICEF)

Assets – in broad terms, assets are considered to be anything that is valuable or useful, such as a skill, a quality, a commodity, etc. (Chambers Compact Dictionary). In the Sustainable Livelihoods Framework, assets are defined under the following five categories:

- **Human:** health and nutrition status; physical capacity; skills; level of education; etc.
- **Social:** household, gender, kinship and other networks; community groups; values and attitudes; etc.
- **Financial:** income; credit and loans; savings; liquid assets; etc.
- **Physical:** productive assets, such as tools and equipment; stores; housing; livestock; infrastructure; etc.
- **Natural:** land; water; forests; etc. (WFP. Food Security Assessment Learning Repository).

Body Mass Index – an index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m^2).

Cash Transfers – sums of money provided to recipients. The total amount of money provided is linked to the objective of the transfer. When intended to provide access to food (i.e. for food assistance), the amount of cash is generally equal to the local market value of food transfers. Cash transfers can also be provided for non-food purposes (e.g. for shelter or to meet other basic needs), hence entailing different amounts of money to beneficiaries. (WFP)

Cash-for-work Programmes – programmes that include conditional cash transfers, which would also include the exchange of labour for cash, designed to create or rehabilitate community or public assets (called community or public works). (From Food Aid to Food Assistance: Innovations in Overcoming Hunger, Rome, World Food Programme, 2010).

Chronic Food Insecurity – a long-term or persistent inability to meet minimum food requirements.

Coping Strategies – activities to which people resort in order to obtain food, income and/or services when their normal means of livelihood have been disrupted or other shocks/hazards decrease their access to basic needs.

Coping Strategies Index – a methodology for estimating the food security status of households based upon the reversibility of coping strategies to which they resort. (Coping Strategies Index Field Methods Manual)

Crude Mortality Rate – the "mortality rate from all causes for a population". It is measured by the formula: (number of deaths during a specific time period) / (number of persons at risk of dying during that period) x (time period) (WFP and CDC 2005). The under 5 mortality rate (U5MR) is calculated the same way; however, the reference thresholds differ from the CMR.

Daily Caloric Requirement – the minimum number of calories needed to sustain normal levels of activity and health, taking into account age, gender, body weight and climate; on average 2,350 kcals per day. Note: Estimates of daily caloric requirements vary; in emergencies, a plan of 2,100 kcals/person/day is a typical planning figure used.

Dietary Quality – the extent to which the diet is optimal in delivering essential nutrients, including the types and forms of nutrients. This includes dietary adequacy of vitamins, minerals, energy and protein, but also the specific form of fats, carbohydrates and proteins. Both quantity and nutrient density are important determinants of dietary quality. Nutrient requirements are based upon a number of criteria, depending upon the specific nutrient. In addition to nutrients, fibre is a necessary component of a healthy diet.

Disaster – a situation that causes widespread human, material, economic or environmental damage, threatening human lives and/or livelihoods and exceeding the coping capacities of the affected communities and/or government. (World Food Programme, Food Security Assessment Learning Repository)

Disaster Resilience – the capacity of a community to recover from and adapt to shocks and hazards.

Disaster risk – the potential disaster losses in lives, health status, livelihoods, assets and services which could occur to a particular community/society over some specified future time period.
Disaster risk comprises different types of potential losses, some of which are often difficult to quantify. Nevertheless, with knowledge of the prevailing hazards and the characteristics of population and socio-economic development, disaster risks can be estimated and mapped. with varying levels of confidence. (United Nations International Strategy for Disaster Reduction (UN/ISDR)).

Disaster Risk Reduction – the concept and practice of reducing disaster risks through systematic efforts to analyse and manage the determinants of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, management of land and environment, and improved preparedness for adverse events. (United Nations International Strategy for Disaster Reduction (UN/ISDR)).

Disease Surveillance – continuous monitoring of a disease (both cases of illness and their spread) with the goal of controlling the situation. (Center for Disease Control and Prevention. 2007)

Drought – a temporary reduction in water or moisture availability significantly below the normal or expected amount (norm) for a specified period. The key assumptions of such a definition are:

- the reduction is temporary (if the reduction were permanent, then terms such as "dry" and "arid" would be more appropriate)
- the reduction is significant
- the reductions is defined in relation to a "norm", i.e. normal expectation
- the period taken as the basis for the norm is specified

(United Nations Disaster Management Training Programme. Drought and Famine)

Early Warning Systems – information collection, analysis and use aimed at predicting, preventing and mitigating the effects of future hazards and risks. (FEWS NET)

Famine – absolute inaccessibility of food to an entire population or sub-group of a population, potentially causing death in the short term. (ACF)

Food Access – access by households/individuals to adequate resources (entitlements) for acquiring appropriate foods for a nutritious diet. Entitlements are defined as the set of all commodity bundles over which a person can establish command given the legal, political, economic and social arrangements of the community in which he/she lives (including traditional rights such as access to common resources). (FAO Policy Brief on Food Security. 2006)

Food Access Gap – comparison of the ability of a household or individual to access food with the minimum consumption requirements for an adequate diet. (FAO)

Food Availability – the availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports (including food aid). (FAO Policy Brief on Food Security. 2006)

Food Consumption – the amount of food consumed by individuals, households, communities and nations. Indicators capture the amount of foods consumed in a population, often using indirect indicators associated with food availability. Food consumption per person is the amount of food, in terms of quantity, of each commodity and its derived products for each individual in the total population. The dietary energy consumption per person is the amount of food, in kcal per day, for each individual in the total population. (FAO)

Food Consumption Gap – the gap between the level of food consumption required to meet nutrition needs and actual food consumption. (World Food Programme. Food Security Assessment Learning Repository)

Food Consumption Score – a proxy indicator that represents the energy (calories) and nutrient (macro- and micronutrient content) value of the food that households eat. It is calculated based on the type of foods and the frequency with which households consume them over a seven-day period. (World Food Programme. Food Security Assessment Learning Repository)

Food-for-work Programmes – programmes characterized by the use of food for payment/compensation in return for labour-intensive work programmes designed to create or rehabilitate community or public assets (called community or public works). (WFP)

Food Insecurity – the state in which people are at risk or actually suffering from inadequate consumption to meet nutritional requirements as a result of the physical unavailability of food, their lack of social or economic access to adequate food, and/or inadequate food utilization (Global Forum on Food Security. FAO).

- **Chronic food insecurity –** long-term or persistent inability to meet minimum food consumption requirements.
- **Transitory food insecurity –** short-term or temporary inability to meet minimum food consumption requirements, indicating a capacity to recover. As a rule of thumb, short periods of food insecurity related to sporadic crises can be considered transitory.
- **Cyclical food insecurity –** habitual, most often seasonal, variations in food security. As a rule of thumb, if seasonal food insecurity is present for a total of at least six months a year, it can be considered chronic; if it lasts for a total of less than six months a year, it can be considered transitory. (FAO)

Food Security – a situation that exists when all people, at all times, 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. (State of Food Insecurity. 2001). However, measurement of food security proves to be elusive. In contrast, food security is most frequently based upon the absence of food insecurity (see above).

Fortification – the practice of deliberately increasing the nutritional quality of a food by enhancing essential micronutrients, i.e. vitamins and minerals (including trace elements) in the food, so as to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health. (UNICEF)

Hazard – a dangerous phenomenon, substance, human activity or condition that can cause or precipitate disaster. Hazards can include environmental threats such as climate, weather, topographic or seismologic features. They can also include hazards of human origin such as economic, disease, chemicals, biological agents, nuclear radiation and human conflict.

Health – a state of complete physical, mental well-being and not simply the absence of disease or infirmity. (World Health Organization). Like food security, health often is defined in terms of the absence of disease or infirmity. Common indicators of health in populations include life expectancy at birth, under-five mortality, infant mortality:

- **Life expectancy at birth** (years) – the number of years a newborn infant would live if prevailing patterns of mortality at the time of birth were to stay the same during the lifespan.

- **Under-five mortality rate** – the probability of dying between birth and exactly five years of age, expressed per 1,000 live births.
- **Infant mortality rate** – the probability of dying between birth and exactly one year of age, expressed per 1,000 live births.

Household – a unit of people living together in a residence and "eating from the same pot". Households and families are distinct concepts. Families may be living outside of the household but be active participants in the household economy. (FAO)

Household Food Security – a condition of security that depends on year-round access to an adequate supply of nutritious and safe food to meet the needs of all household members. While food security is defined in its most basic form as access by all people at all times to the food needed for a healthy life, the focus of household food security is on the household or family as the basic unit of activity in society. (WFP)

Livelihoods – the capabilities, assets – both material and social – and activities required for a means of living linked to survival and future well-being; and the policies and institutions that shape or constrain access to assets and choices about activities. (Sphere Handbook)

Livelihood Assets – in the Sustainable Livelihoods Framework, livelihood assets are defined under the following five categories:

- **Human –** health and nutrition status; physical capacity; skills; level of education; etc.
- **Social –** household, gender, kinship and other networks; community groups; values and attitudes; etc.
- **Financial –** income; credit and loans; savings; liquid assets; etc.
- **Physical –** productive assets such as tools and equipment; stores; housing; livestock; infrastructure; etc.
- **Natural –** land; water; forests; etc. (World Food Programme. Food Security Assessment Learning Repository)

Livelihood Ggroup – a group of people who share the same basic means of livelihood and lifestyle – i.e. the same main subsistence activities, main income activities and social and cultural practices – and who face the same risks of food and nutrition insecurity. (World Food Programme. Food Security Assessment Learning Repository)

Livelihood Strategies – the ways in which households utilize and combine their assets to obtain food, income and other goods and services. (World Food Programme. Food Security Assessment Learning Repository)

Low Birth-weight – babies born weighing less than 2,500 grams (5 pounds, 8 ounces). These newborns are especially vulnerable to illness and death during the first months of life. (Center for Disease Control and Prevention. 2007)

Malnutrition – all deviations from adequate nutrition, including undernutrition (and overnutrition) resulting from inadequacy of food (or excess food) relative to need and or disease. Malnutrition is often categorized in the following:

- **Chronic malnutrition (stunting) –** reflected by growth retardation, meaning a height-for-age score below 1, 2 or 3 Standard Deviations from the reference population (mild, moderate and severe stunting). It is due to chronic or temporary nutritional deficiencies (energy and/or micronutrients) during critical times, and/or it also can be the result of repeated exposure to infections or even to generally poor living conditions.
- **Acute malnutrition (wasting) –** low weight in relation to height/length and/or the presence of bilateral oedema. It reflects the adequacy of muscle and fat tissue.
- **Growth retardation (underweight)** – a mixture of stunting and wasting, this indicator measures the prevalence of children that have a low weight in relation to other children of their age. The same metric, the Z score (see definition) and cut-points -1, -2 and -3 are used to define mild, moderate and severe underweight status.

(Center for Disease Control and Prevention. 2007).

Morbidity Rate – the number of newly appearing cases per unit of time divided by the population at risk. Prevalence also may be used to estimate the burden of morbidity and is defined as the number of individuals with an illness/condition divided by the total population at one point in time (point prevalence) or during a period of time (period prevalence). (World Health Organization)

Mortality Rate – a measure of the number of deaths (in general, or due to a specific cause) in a given population over the total population per unit time. (World Health Organization)

Poverty Headcount – the percentage of the population living below the national poverty line deemed appropriate for the country by its authorities. (World Bank)

Proxy Indicator – an indirect means of measuring a variable. It provides information about a factor indirectly. (World Food Programme, Food Security Assessment Learning Repository)

Recovery – the restoration and improvement, where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors. (United Nations International Strategy for Disaster Reduction (UN/ISDR))

Response Analysis –the process by which a set of appropriate actions is identified and based on: (a) the needs and livelihoods of the affected population; and (b) the operating environment. Simply put, response analysis is the process of connecting needs assessment or situational analysis to programme design. (Inter-agency Food Security and Nutrition Response Analysis Workshop. FAO. 2011)

Resilience – the ability of a system to resist or return to a normal state when faced with a hazard/shock or ongoing stress.

Risk – the combination of the probability of an event and its negative consequences. (United Nations International Strategy for Disaster Reduction. 2009)

Risk Assessment – a methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend. (United Nations International Strategy for Disaster Reduction (UN/ISDR))

Safety Nets – non-contributory transfer programmes targeted in some manner to the poor and those vulnerable to poverty and shocks (World Bank. 2011)

Shocks – events with negative impacts on nutrition status and/or food security. They can be natural or caused by human action. (World Food Programme. Food Security Assessment Learning Repository)

Sustainable Development – development that meets the needs of the present without compromising the ability of future generations to meet their own needs (World Bank. 2000).

Targeting – the processes and tools aimed at identifying eligible programme beneficiaries. Key targeting methods include means-testing (e.g. based on verified income), proxy-mean tests (e.g. based on information on observable characteristics like dwelling, asset ownership or demographic structure), geographic, community-based participatory approaches, and self targeting. (From Food Aid to Food Assistance: Innovations in Overcoming Hunger. World Food Programme. Rome. 2010)

Utilization (food) – two main aspects: (1) physical utilization of food at the household level; and (2) biological utilization of food at the individual level. The IPC's focus is on physical utilization of food including food storage, food preferences, food preparation, feeding practices and water requirements. Biological utilization of food at the individual level is important for understanding overall nutritional well-being, including aspects of health care, sanitation and others where all physiological needs are met. (FAO)

Vulnerability – vulnerability is in relation to a hazard/shock, which leads to the possibility of negative outcomes. Vulnerability is a function of exposure, susceptibility and resilience. (WFP)

Wealth Ranking (categories) – a way of categorizing people in a community according to community members' perceptions of how well-off or poor people seem to be (for example, categories are typically "very poor", "poor", "better off", and "well-off"). (World Bank)

Z score (or standard deviation score) in anthropometric assessment – the deviation of the value for an individual from the median value of the reference population, divided by the standard deviation for the reference population. (UNICEF)

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ANNEX 16. THE IPC TECHNICAL MANUAL FROM VERSION 1.0 TO 2.0. EXTRACTS FROM THE FOREWORD AND ACKNOWLEDGEMENTS OF THE PREVIOUS VERSIONS

The version 1 of the IPC Technical Manual was developed by the Food Security and Nutrition Analysis Unit (FSNAU)[3] in 2006 with the title "Integrated Food Security and Humanitarian Phase Classification (IPC) Technical Manual version 1".

"Since 1994, FSAU has been investing considerable energy in improving the rigour of the unit's food security, nutrition, and livelihoods analysis, and its relevance for decision-making. To help meet the goals of rigour and relevance, FSAU has been developing and using a tool called the Integrated Food Security and Humanitarian Phase Classification (IPC) since February 2004". (Original Foreword and Acknowledgements, Nicholas Haan, May 2006).

The IPC Technical Manual version 1 was the result of the joint efforts and contributions of many expert practitioners and high level decision-makers including:

"Noreen Prendiville, Cindy Holleman, Yusuf Mohamed, Ali Duale, Thomas Gabrielle, Simon Narbeth, Veena Sam-pathkumar, Zainab Jama, James Kingori, Sicily Matu, Ahono Busili, Bernard Owadi, Tom Oguta, Achoka Luduba, Carol Kingori and Francis Barasa. FSAU has a close partnership with FEWS NET Somalia, and both Mohamed Aw-Dahir and Sidow Addou have been directly involved in the IPC development. FSAU field staff has also made substantial input. Special thanks to Cindy, Noreen, Thomas, and Veena for their technical editing of this manual". (Original Foreword and Acknowledgements, Nicholas Haan, May 2006).

FSNAU technical partners also provided valuable feedback and support towards the development and usage of the IPC v.1:

".. from WFP, UNICEF, OCHA, SC-UK, CARE, the Somalia Transitional Federal Government, authorities from Somaliland and Puntland... The Greater Horn of Africa Regional Food Security and Nutrition Working Group... Wolfgang Herbinger and many other colleagues from WFP Rome have also made substantial contributions to the IPC revisions". (Original Foreword and Acknowledgements, Nicholas Haan, May 2006).

The overall process and manual development was coordinated by Nicholas Haan and conducted under the technical and managerial support of FAO:

"Prabhu Pingali, Anne Bauer, Margarita Flores, Mark Smulders, Luca Alinovi, Richard China, Graham Farmer, Daniele Donati, Guenter Hemrich, Suzanne Raswant, Giovanni Simonelli, Alessandro DeMatteis, Florence Egal, Henri Josserand, Shukri Ahmed, and Christian Lovendal."(Original Foreword and Acknowledgements, Nicholas Haan, May 2006).

A revised version of the IPC Technical Manual, v1.1, was released in 2008 with the purpose of introducing key revisions which had emerged from two years of extensive field testing and inter agency technical consultations on the version 1 of the manual.

"Revisions included:

- changing the name from the "Integrated Food Security and Humanitarian Phase Classification" to the "Integrated Food Security Phase Classification";
- *adding an optional division of Phase 1 into two phases: Phase 1A and 1B. This is a provisional solution towards the future development and insertion of a Phase between the current Phase 1 and 2;*
- changing the name of Phase 2 from "Chronically Food Insecure" to "Moderately/Borderline Food Insecure";
- changing the terminology from "Early Warning Levels" to "Risk of Worsening Phase";
- making changes to the design of the Analysis Templates;
- making changes in the cartographic protocols;"

(Foreword and Acknowledgements, Nicholas Haan, May 2008).

3 Former "Food Security Analysis Unit" (FSAU).

Revisions were conducted by the then IPC Technical Working Group composed of Suleiman Mohamed (FEWS NET), Agnès Dhur (WFP), Valérie Ceylon (WFP), Nicholas Haan (FAO) and Cindy Holleman (FSNAU/FAO), on behalf of the current IPC Global Partners that formalized the IPC Global Partnership in 2008:

"Together with national governments, these international agencies and many others at the regional and national level are collaborating on the development and roll-out of the IPC. The IPC roll-out will be a demand-driven process, and its further development will be driven by country experiences and feedback." (Foreword and Acknowledgements, Nicholas Haan, May 2008).

Both version 1 and 1.1 of the IPC Technical Manual were made possible by the support of multiple funding agencies, and in particular thanks to the European Commission's continuing support.

The previous versions of the IPC Technical Manual are available online at:

FAO/FSAU 2006. Integrated Food Security and Humanitarian Phase Classification: Technical Manual Version 1. Nairobi, FAO/FSAU Technical Series IV:
ftp://ftp.fao.org/docrep/fao/009/a0748e/a0748e00.pdf

IPC Global Partners. 2008. Integrated Food Security Phase Classification Technical Manual. Version 1.1. FAO. Rome.
http://www.fao.org/docrep/010/i0275e/i0275e.pdf