

**Figure 27: The IPC Acute Food Insecurity Reference Table (Tool 3)**

**Purpose:** to guide convergence of evidence by using generally accepted international standards and cut-offs. The classification is intended to guide decision-making aiming at short-term improvements in food security.

Phase name and description	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine	
	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident.  (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)	
<b>Priority response objectives</b>	Action required to build resilience and for disaster risk reduction	Action required for disaster risk reduction and to protect livelihoods	<b>Urgent action required to:</b> Protect livelihoods and reduce food consumption gaps			
<b>First-level outcomes</b>	refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase description are included for each indicator. Although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.					
<b>Food security first-level outcomes</b>	<b>Food consumption (focus on energy intake)</b>	<b>Quantity: Adequate energy intake</b>  <b>Dietary energy intake:</b> Adequate (avg. 2,350 kcal pp/day) and stable  <b>Household Dietary Diversity Score<sup>ii</sup>:</b> 5-12 food groups and stable  <b>Food Consumption Score<sup>iii</sup>:</b> Acceptable and stable	<b>Quantity: Minimally Adequate</b>  <b>Dietary energy intake:</b> Minimally adequate (avg. 2,100 kcal pp/day)  <b>Household Dietary Diversity Score:</b> 5-FG but deterioration ≥1 FG from typical  <b>Food Consumption Score:</b> Acceptable but deterioration from typical	<b>Quantity: Moderately Inadequate – Moderate deficits</b>  <b>Dietary energy intake:</b> Food gap (below avg. 2,100 kcal pp/day)  <b>Household Dietary Diversity Score:</b> 3-4 FG  <b>Food Consumption Score:</b> Borderline	<b>Quantity: Very Inadequate – Large deficits</b>  <b>Dietary energy intake:</b> Large food gap; well below 2,100 kcal pp/day  <b>Household Dietary Diversity Score:</b> 0-2 FG (NDC to differentiate P4 and 5)  <b>Food Consumption Score:</b> Poor (NDC to differentiate P4 and 5)	<b>Quantity: Extremely Inadequate – Very large deficits</b>  <b>Dietary energy intake:</b> Extreme food gap  <b>Household Dietary Diversity Score:</b> 0-2 FG  <b>Food Consumption Score:</b> Poor (NDC to differentiate P4 and 5)
		<b>Household Hunger Scale<sup>iv</sup>:</b> 0 (none)  <b>Reduced Coping Strategies Index<sup>v</sup>:</b> 0-3  <b>Household Economy Analysis<sup>vi</sup>:</b> No livelihood protection deficit	<b>Household Hunger Scale:</b> 1 (slight)  <b>Reduced Coping Strategies Index:</b> 4-18  <b>Household Economy Analysis:</b> Small or moderate livelihood protection deficit <80%	<b>Household Hunger Scale:</b> 2-3 (moderate)  <b>Reduced Coping Strategies Index:</b> ≥ 19 (non-defining characteristics (NDC) to differentiate P3, 4 and 5)  <b>Household Economy Analysis:</b> Livelihood protection deficit ≥80%; or survival deficit <20%	<b>Household Hunger Scale:</b> 4 (severe)  <b>Reduced Coping Strategies Index:</b> ≥ 19 (NDC to differentiate P3, 4 and 5)  <b>Household Economy Analysis:</b> Survival deficit ≥20% but <50%	<b>Household Hunger Scale:</b> 5-6 (severe)  <b>Reduced Coping Strategies Index:</b> ≥ 19 (NDC to differentiate P3, 4 and 5)  <b>Household Economy Analysis:</b> Survival deficit ≥50%
		<b>Food Insecurity Experience Scale<sup>vii</sup>:</b> (FIES 30 days recall): < -0.58	<b>FIES:</b> Between -0.58 and 0.36	<b>FIES:</b> > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	<b>FIES:</b> > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	<b>FIES:</b> > 0.36 (NDC to differentiate between Phases 3, 4 and 5)
		<b>Livelihood change (assets &amp; strategies)</b>	<b>Livelihood change:</b> Sustainable livelihood strategies and assets  <b>Livelihood coping strategies<sup>viii</sup>:</b> No stress, crisis or emergency coping observed	<b>Livelihood change:</b> Stressed strategies and/or assets; reduced ability to invest in livelihoods  <b>Livelihood coping strategies:</b> Stress strategies are the most severe strategies used by the household in the past 30 days	<b>Livelihood change:</b> Accelerated depletion/erosion of strategies and/or assets  <b>Livelihood coping strategies:</b> Crisis strategies are the most severe strategies used by the household in the past 30 days	<b>Livelihood change:</b> Extreme depletion/ liquidation of strategies and assets  <b>Livelihood coping strategies:</b> Emergency strategies are the most severe strategies used by the household in the past 30 days
<b>Food security second-level outcomes</b>	refer to area-level estimations of nutritional status and mortality that are especially useful for identifying more severe phases when food gaps are expected to impact malnutrition and mortality. For both nutrition and mortality area outcomes, household food consumption deficits should be an explanatory factor in order for that evidence to be used in support of the classification.					
<b>Nutritional status<sup>ix</sup></b>	<b>Global Acute Malnutrition (GAM) based on Weight-for-Height Z-score (WHZ)<sup>x</sup></b>	<b>Acceptable:</b> <5%	<b>Alert:</b> 5-9.9%	<b>Serious:</b> 10-14.9% or > than usual	<b>Critical:</b> 15-29.9%; or > much greater than usual	<b>Extremely Critical:</b> ≥30%
	<b>Global Acute Malnutrition based on Mid-Upper Arm Circumference (MUAC)<sup>xi</sup></b>		<5%	5-9.9%	10-14.9%	≥15%
	<b>Body Mass Index (BMI) &lt;18.5<sup>xii</sup></b>	<5%	5-9.9%	10-19.9%, 1.5 x greater than baseline	20-39.9%	≥ 40%
<b>Mortality</b>	<b>Crude Death Rate<sup>xiii</sup>:</b> <0.5/10,000/day	<b>Crude Death Rate:</b> <0.5/10,000/day	<b>Crude Death Rate:</b> 0.5-0.99/10,000/day	<b>Crude Death Rate:</b> 1-1.99/10,000/day OR >2x reference	<b>Crude Death Rate:</b> ≥2/10,000/day	
	<b>Under-five Death Rate<sup>xiv</sup>:</b> <1/10,000/day	<b>Under-five Death Rate:</b> <1/10,000/day	<b>Under-five Death Rate:</b> 1-1.99/10,000/day	<b>Under-five Death Rate:</b> 2-3.99/10,000/day	<b>Under-five Death Rate:</b> ≥4/10,000/day	
<b>Food security contributing factors</b>	For contributing factors, specific indicators and thresholds for different phases need to be determined and analysed according to the livelihood context; however, some general descriptions for contributing factors are provided below.					
<b>Food availability, access, utilization, and stability</b>	Adequate to meet short-term food consumption requirements  Safe water <sup>xv</sup> ≥15 litres pp/day	Borderline adequate to meet food consumption requirements  Safe water marginally ≥15 litres pp/day	Inadequate to meet food consumption requirements  Safe water > 7.5 to 15 litres pp/day	Very inadequate to meet food consumption requirements  Safe water >3 to <7.5 litres pp/day	Extremely inadequate to meet food consumption requirements  Safe water ≤3 litres pp/day	
<b>Hazards and vulnerability</b>	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 extreme food consumption deficits.	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/or near complete food consumption deficits.	



#### Notes:

- i. **Adequate dietary energy intake** relates to the condition of regularly consuming, over a significant period of time, an amount of food that provides the dietary energy needed to cover the requirements for an active and healthy life. Dietary energy intake is used as a convention and convenience to assess the average energy requirements for a population group. Characteristics that affect requirements include gender, age, body size, body composition and physical activity level as well as unknown factors that produce variations among individuals, as defined by the World Health Organization (WHO, 1985). The energy cut-offs included in the IPC Acute Food Insecurity Reference Table are not intended to be used for empirical assessment of percentage of the population consuming adequate/inadequate amounts of food, but rather, the indicator acts as a reference for food consumption, and the cut-off of 2,100 kcal/day is associated with the Household Economy Analysis (HEA) survival deficit cut-off and borderline FCS. The selected dietary energy requirements are based on average requirements for an average individual (BMI of 21–22), engaged in normally active life (physical activity level, or physical activity level = 1.75) for Phase 1, with an average of 2,350 Kcal/day, and in a sedentary lifestyle (physical activity level=1.55) for Phase 2 (FAO, WHO and United Nations University, 2004) with an average of 2,100 Kcal/day.
- ii. **The Household Dietary Diversity Score (HDDS)** is an indicator developed by Food and Nutrition Technical Assistance (FANTA) and promoted by FAO. It aims to reflect the economic ability of a household to access a variety of foods and is based on households' self-reporting of the number of food groups consumed in the previous 24 hours. IPC cut-offs have been prepared for HDDS with 12 food groups, based on the FANTA/FEWS NET Household Food Consumption Indicator Study (2015).
- iii. The **Food Consumption Score (FCS)** is a WFP corporate indicator collected in all assessments and monitoring activities. The FCS is a composite score based on self-reported information on nine consumed food groups and food frequency (number of days food groups were consumed during the past seven days), weighted by the ascribed relative nutritional importance of different food groups. Based on standard thresholds, households are classified into one of three food consumption groups: poor, borderline, or acceptable, with scores of  $\leq 21$ , 28 and 35, respectively, except in situations of high oil and sugar consumption, for which the cut-offs used for the same groups are  $\leq 28$ , 35 and 42, respectively. These same groupings are used as cut-offs for different phases in the IPC Acute Food Insecurity Reference Table.
- iv. The **Household Hunger Scale (HHS)** is an indicator developed by FANTA. It assesses whether households have experienced problems of food access in the preceding 30 days, as reported by the households themselves. The HHS assesses the food consumption strategies adopted by households facing a lack of access to food. The cut-offs for the HHS are based on the FANTA (2015) Household Food Consumption Indicator Study report, and the alignment with the Acute Food Insecurity Reference Table phase descriptions.
- v. The **reduced Coping Strategies Index (rCSI)** developed by CARE International is an experience-based indicator collecting information on household use and the frequency of five different food-based coping strategies over the past 7 days. It is thought to be most useful in early onset crises when households change their food consumption patterns to respond to shocks, but not in protracted emergencies when households are likely to have already exhausted some coping mechanisms. The rCSI cut-offs are based on FANTA (2015) and the validation conducted by WFP.
- vi. The **Household Economy Analysis (HEA)** is a livelihoods-based framework founded on the analysis of people in different social and economic circumstances. In particular, the HEA examines the self-reporting of information on: (i) how people access the food and cash they need; (ii) their assets, the opportunities available to them, and the constraints they face; and (iii) the options open to them in times of crisis. Two thresholds define basic needs in the HEA: the Survival Threshold and the Livelihoods Protection Threshold. The HEA Survival Threshold represents the most basic needs, including minimum food energy requirements (calorie requirements), the costs associated with food preparation and consumption if associated inputs are purchased (such as salt, firewood or kerosene), as well as expenditure on water for human consumption. All HEAs should consider the extent of reversible coping that is possible. HEA deficits are presented with cut-offs that reflect the expected situation in terms of livelihood stress and food gaps, as explained in IPC phase descriptions.
- vii. **FIES** cut-offs are common, normalized thresholds developed specifically for use with the FIES 30 day-recall in the IPC Acute Food Insecurity Reference Table. These thresholds do not correspond to those defined for use of FIES in the context of SDG monitoring and in the IPC Chronic Food Insecurity Reference Table, which are different and based on a 12 month recall period. The threshold that identifies "moderate" food insecurity in the context of SDG monitoring is less severe than the one that identifies IPC Acute Phase 3 or worse. While the standard FIES including 8 questions (i.e. 8 items) does not include cut-offs to differentiate between Phases 3, 4 and 5, an extended version of the FIES has been created and preliminary findings indicate that this extended version might be able to better differentiate between Phase 3, Phase 4 and Phase 5. Use of available FIES extended data for analyses, this should be carefully applied as indirect evidence and only with support from the IPC Global Support Unit.
- viii. **Livelihood Coping Strategies (LCS)** is an indicator developed by WFP and is derived from a series of questions regarding the household's experience with livelihood stress and asset depletion due to lack of food or lack of money to buy food during the 30 days prior to the survey. The module needs to be adapted based on local context, both in terms of the strategies selected for data collection and the severity assigned to each strategy during analysis. For IPC Acute Food Insecurity, this indicator needs to be carefully analysed together with evidence on acute events and their impact on the food security pillars (availability, access, utilization and stability). This indicator may have limited use in severe protracted crises, since households may have engaged in and exhausted specific activities prior to the recall period. Analysts should also consider that less vulnerable households may be more capable of changing livelihood strategies and asset levels, and thus may have a higher score, not because they are facing more severe food insecurity, but because they are more capable of responding to shocks (e.g. wealthier households are likely to have more savings, better access to loans, and more animals to sell than poorer households). For the purpose of IPC Acute Food Insecurity classification, analysts should identify the most severe level of coping used by households. IPC cut-offs are based on groupings of strategies, i.e. stress, crisis and emergency strategies, depending on the strategies' sustainability and potential negative impact on future livelihoods and food security of the household.

- ix. **Nutritional status and mortality** are used to support the classification of acute food insecurity due to the expected linkages between severity of food deprivation and acute malnutrition and mortality. Household food consumption deficits must be a likely explanatory factor of acute malnutrition and mortality in order for this evidence to be used to support a phase classification. For example, elevated malnutrition due to disease outbreak or lack of access to health care should not be used as evidence for an IPC Acute Food Insecurity Analysis if it is determined to not likely be related to food consumption deficits. Similarly, excessive mortality rates due to trauma-related deaths should not be used as evidence for Acute Food Insecurity Phase classification. A complementary IPC for Acute Malnutrition has been developed to inform decision-makers of the severity and likely drivers of acute malnutrition.
- x. **Global acute malnutrition based on weight-for-height Z-score (GAM based on WHZ) is defined as** the percentage of children under five who are below -2 standard deviations of the median of weight for height (<-2 WHZ) or in the presence of oedema. Cut-offs are derived from WHO guidance, as well as from the Review of Nutrition and Mortality Indicators for the IPC -study (2009).
- xi. **Global Acute Malnutrition based on mid-upper arm circumference (GAM based on MUAC)** is defined as the percentage of children under five who have readings below 125 mm or the presence of oedema. Although GAM based on MUAC is a common measure of acute malnutrition, especially in emergency settings when the IPC Acute Food Insecurity classification is most relevant, global thresholds have not been developed. Evidence on GAM based on MUAC is included in the IPC so that evidence use is maximized, especially in emergency settings. The IPC acknowledges that concordance between MUAC and WHZ varies depending on context and is usually around 40–50 percent. The MUAC thresholds endorsed by the IPC have been developed based on extensive research by the Centers for Disease Control and Prevention and the JRC on the specificity and applicability of MUAC for the detection of GAM prevalence at the population level. MUAC thresholds can only be used in conjunction with the other contextual information by taking into account the immediate causes of acute malnutrition and the locally understood relationship between MUAC and WHZ prevalence, and by using the convergence of evidence approach.
- xii. The **Body Mass Index (BMI)** measures central body mass and is an indicator of weight in relation to height. BMI is typically measured on non-pregnant women between 15 and 49 years of age. The IPC thresholds are based on the percentage of people with scores of <18.5. The thresholds use the WHO reference cut-offs that have been adopted by the IPC.
- xiii. The **crude death rate (CDR)** is an indicator that accounts for all the deaths that have occurred per day per 10,000 people over a given recall period (often 90 days) in an area or community. According to the IPC Acute Food Insecurity Analysis, the CDR should not include trauma-related deaths, but should include deaths due to unknown causes. IPC cut-offs are based on WHO guidance, as well as on the Review of Nutrition and Mortality Indicators for the IPC study (2009).
- xiv. The **under-five death rate (U5DR)** refers to all deaths of children under five (up to 59 months) per 10,000 children under five per day over a given recall period (often 90 days) in an area or community. The U5DR is typically around twice that of the CDR. The U5DR should not include trauma-related deaths. The under-5 mortality rate (i.e. the probability of dying between birth and the fifth birthday per 1,000 live births) can be used in order to understand the indicative U5DR, if the conditions between the collection of data for the under-5 mortality rate and the current situation have not changed.
- xv. **Access to safe water** of ≥15 litres per person per day and further severity cut-offs per day per person for other phases are based on Sphere guidance for emergency situations. However, exact information on water quantity is rarely available outside camp settings or other situations where access to water is monitored

**Non-defining characteristic (NDC)** is included for some indicators in the IPC Acute Food Insecurity Reference Table when no cut-offs were identified to differentiate between some Phases. For example, given that a “poor” FCS is indicative of Phases 4 and 5 (since it is an NDC to differentiate between Phases 4 and 5), the proportion of households with a “poor” score should be indicative of the proportion of households in Phases 4 and 5.