



Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

Understanding the IPC: Key Features

What is the IPC?

The Integrated Food Security Phase Classification (IPC) is essentially two things: (1) a standardized scale of food insecurity; and (2) a process for building technical consensus. The IPC phases are determined by analyzing a wide range of outcomes based on international standards including food consumption levels, livelihoods, malnutrition, and mortality.

These are triangulated with evidence on contributing factors such as market prices, income levels, crop and livestock production, rainfall, and many others. The IPC classification is based on a convergence of all this evidence. The IPC is like a thermometer that tells you the 'temperature' of how bad a food security situation is. But it is more than just the temperature – just like water can change states from solid ice to liquid to gas as the temperature rises, the IPC indicates the changing phases of a food insecurity situation.



A process for building **evidence-based** technical consensus among key stakeholders



An approach that consolidate **wide-ranging** evidence



A path to provide **actionable knowledge** for strategic decision making



A platform to ensure rigorous, neutral analysis

What are the origins of the IPC?

The IPC was developed in February 2004 by the Food Security and Nutrition Analysis Unit (FSNAU), which is managed by the Food and Agriculture Organization of the United Nations (FAO) in Somalia. The demand for a food security measurement tool was driven by an increasing need for rigour and relevance of evidence-based and actionable food security information to facilitate an effective humanitarian response in the context of Somalia. In the years that followed, there were strong indications that the IPC was relevant on a wider scale, as it served as a “common currency” for food security and nutrition analysis.

Since its founding in 2004, the IPC has grown significantly in global partnerships, relevance and coverage. Its global partnership has grown to 15 organizations with the recent entry of UNICEF, the Global Nutrition Cluster and the Southern African Development Community (SADC), and its coverage has grown to around 35 countries. In the last ten years, it was the IPC's analytical capacity that brought the two major Famines (in Somalia and South Sudan) to the world's attention, and informed funding and response decisions

What is the IPC Analysis Cycle?

The IPC Analysis Cycle includes four inter-linked stages that need to be followed for each IPC analysis in order to produce high-quality products and effectively communicate results: Plan, prepare, analyse and communicate, and learn. An analysis cycle, excluding planning and lessons learning, usually takes between 1 - 3 months.



How is “acute food insecurity” defined in IPC?

Acute food insecurity and acute malnutrition are any manifestation of food insecurity and malnutrition found in a specified area at a specific point in time, of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration.

How is the decision made to attribute a specific IPC Phase to a given area?

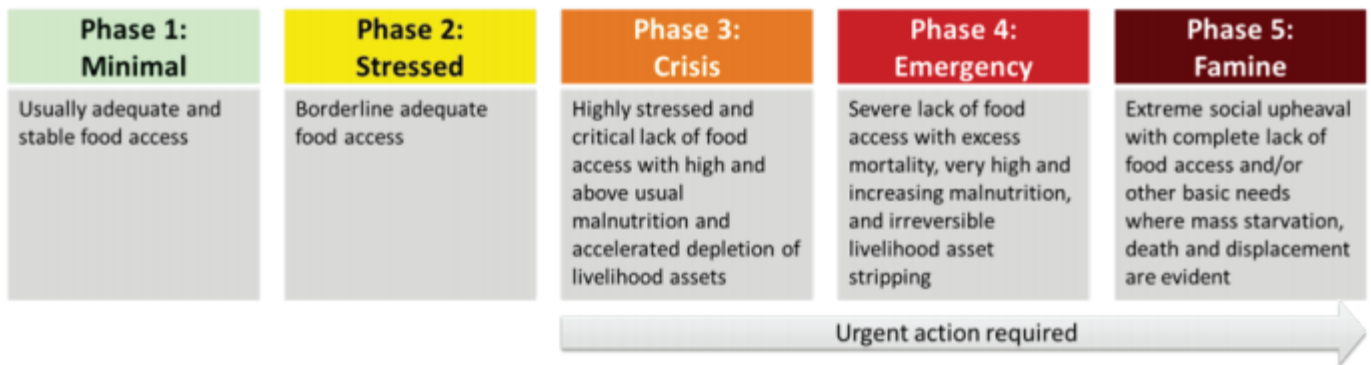
Countries classify and map acute food insecurity situations within geographical areas - defined according to the national administrative divisions (e.g. provinces, prefectures, counties etc.) or livelihood zones - and the proportion of affected households within those areas. Each area is attributed a food insecurity “Phase” (ranging from IPC Phase 1 corresponding to minimal acute food insecurity to IPC Phase 5, corresponding to Famine).

A geographical area is attributed and mapped in a specific IPC phase when at least 20 percent of the population in the area is experiencing the conditions related to that phase or higher phases.

What does it mean to be in a given IPC Phase and how does this relate to response?

The IPC standardized scale divides up food insecurity into five Phases, ranging from IPC Phase 1 corresponding to minimal acute food insecurity to IPC Phase 5, corresponding to Famine. Each of these phases has important and distinct implications for where and how best to intervene.

The IPC Acute Food Insecurity Scale



For more details on IPC Phase descriptions, see annex 1 on page 3

How does the IPC inform decisions?

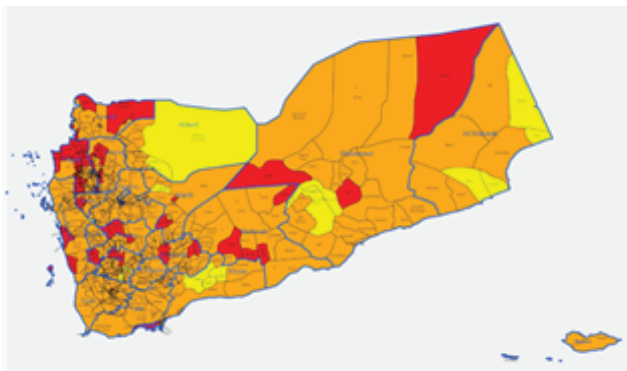
In a recent independent evaluation of the IPC Global Strategic Programme 2014-18, donors, who are the biggest users of the IPC at global level, often referred to it as a 'global standard', or the 'gold standard'. The main way they report using it is for resource allocation, at global as well as at country level, particularly for humanitarian resources associated with food security. ECHO, for instance, bases the food security part of its annual humanitarian plan on the IPC, and the IPC informs the allocation of resources within the US Government's Food for Peace.

The annual Global Report on Food Crises, in turn based on the IPC Acute Food Insecurity Classification, is a key resource for this purpose, providing a global overview as well as a consolidated analysis country-by-country. Both EU-DEVCO and ECHO use the Global Report on Food Crises to prioritise and target resources between countries.

What does an IPC analysis typically produce?

Key outputs of an IPC analysis include:

1) Maps that show the severity of the food insecurity prevailing in each area;



2) Population tables that show the number of people classified in different phases;

Level 1 Name	Level 2 Name	Total # pop	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Low Phase	Phase 3 and Higher	
			#	%	#	%	#	%	#	%	#	%			
Central Equatoria	Abia	407,323	81,000	15	143,000	35	183,000	45	28,000	5	0	0	0	260,000	50
	Ejo-Ati	109,771	11,000	10	44,000	40	50,000	45	5,000	5	0	0	0	50,000	45
	Laraba	104,943	10,000	10	42,000	40	40,000	38	5,000	5	0	0	0	50,000	50
	Morobo	143,907	21,000	15	50,000	35	54,000	38	7,000	5	0	0	0	71,000	50
	Tunduru	100,487	10,000	10	38,000	38	30,000	30	6,000	6	0	0	0	50,000	50
1st county	187,550	17,000	10	70,000	45	87,000	48	8,000	5	0	0	0	70,000	45	
Total	1,190,101	127,000	12	413,000	35	450,000	45	51,000	5	0	0	0	547,000	50	

3) Information on key drivers of the current situation, such as main shocks or vulnerability factors. These can vary from easily identifiable shocks, such as drought or conflict, to other vulnerability factors, such as lack of productive livelihood strategies or poor access to markets. For each analysis area, the main drivers of the current food security situation are identified, and these are communicated in the IPC Analysis Report. Information on key drivers provides valuable information to decision-makers for response planning.

4) Current and projected analysis:

A typical IPC analysis provides two maps and population tables describing the severity and magnitude of food insecurity for two different periods:

A. The "current situation" reflecting the severity and magnitude of food insecurity and nutrition outcomes based on data recently collected.

B. The "projected situation" reflecting the severity and magnitude of food insecurity in the near future (usually 3-6 months ahead) based on the most likely scenario.

Who/which organisations typically take part in the IPC process?

Typically the organisations taking part in the IPC process in a given country are the key organisations working on food security analysis and programming in the country. These include relevant Government agencies and ministries, United Nations agencies (especially FAO and WFP), international NGOs, as well as national NGOs and civil society organisations.

How do you ensure that the data used for IPC analysis is credible (i.e. sufficient data of acceptable quality)?

All evidence used in IPC analysis is evaluated in terms of reliability. Only evidence that meets the reliability standards of IPC is taken into consideration for the purposes of classification and estimation of populations in different severity phases of food insecurity. The reliability criteria include specifications regarding data collection methods for both qualitative and quantitative evidence, as well as criteria regarding time relevance of evidence (i.e. how old evidence can be used for analysis). Any other evidence not meeting the specified criteria can be used to support the analysis, but cannot be used to classify or to estimate populations.

Which evidence/data is required for the classification in the most severe IPC Phases (IPC Phase 4, IPC Phase 4! and IPC Phase 5)?

Evidence requirements for all the phases up to Phase 4 (Emergency) are the same for the purposes of classification and estimation of populations: evidence is required on at least two indicators for food consumption or livelihood change reflecting current conditions. In addition at least four up-to-date pieces of evidence on contributing factors, such as agricultural production, market prices or shocks should be available. This evidence has to be at least 'somewhat reliable', i.e. data collection has followed international standards but has limited representativeness, or data was collected before the current (agricultural) season.

For IPC Phase 5 (Famine) classifications evidence requirements are stricter. Reliable evidence is required on at least two of the three of outcomes of nutritional status, mortality or food consumption and livelihood change. However, in typical Famine situations it is not possible to conduct good quality, highly representative surveys due to volatility of the situation and often problematic humanitarian access.

As a result with IPC it is also possible to classify a Famine Likely situation with somewhat reliable evidence on the same outcomes. For any Famine classification all available evidence needs to be at or above Famine thresholds and indicate widespread mortality and acute malnutrition levels, as well as large-scale food deprivation.

What is the difference between IPC Phase 5 Famine and IPC Phase 5 Catastrophe?

A geographical area (e.g. county) is attributed and mapped in a specific IPC phase when at least 20 percent of the population in this area is experiencing the conditions related to that IPC phase or higher phases.

If some households in a given area are experiencing catastrophic conditions (i.e. extreme food gaps and significant mortality which is directly attributable to outright starvation or to the interaction of acute malnutrition and disease), these households are classified in IPC Phase 5 "Catastrophe".

If at least 20 percent of the households in a given area are facing IPC Phase 5 "Catastrophe" conditions, this area (e.g. county) is classified and mapped in IPC Phase 5 Famine and a Famine is declared in this

area. Therefore, at least 20% of the households should be experiencing IPC Phase 5 conditions in order to classify the area in IPC Phase 5 Famine and declare a Famine.

How do you ensure that the IPC process and results are not subject to political interference or other bias?

The IPC was created precisely to supersede potential political interferences through technical neutrality, and, if necessary, to shine a light on the political dimensions (at both national and international levels) that may obfuscate the severity of food insecurity situations.

The IPC provides parameters which are based on international standards to analyze the severity of food insecurity from none to Famine levels. These parameters have been commonly agreed by all IPC partners and are followed to ascertain the severity of the situation.

Quality assurance mechanisms have been put in place to ensure that IPC analyses are neutral and evidence-based. These range from technical support from experts from the IPC Global Support Unit to country IPC analyses to ensure adherence to IPC protocols to external quality reviews of IPC analyses when concerns emerge regarding the technical rigour and/or neutrality of the analysis.

When Famine classification is being considered, an independent committee of global experts, called the [IPC Famine Review Committee \(FRC\)](#) is activated to support the country IPC teams of food security and nutrition specialists as an additional quality assurance and validation step for the IPC conclusions. The activation of the IPC FRC is also meant to further ensure technical independence of the analysis from potential political influence.

Annex 1: The Acute Food Insecurity Reference Table for Area Classification

Phase Name and Description		Phase 1 Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Famine
		More than four in five 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:		
Area Outcomes (directly measured or inferred)				Protect livelihoods, reduce food consumption gaps, and reduce acute malnutrition	Save lives & livelihoods	Prevent widespread death and total collapse of livelihoods
Food Consumption & 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 & 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 & increasing BMI <18.5 Prevalence: 20-40%, 1.5 x greater than reference	Acute Malnutrition: 15 - 30% OR > usual & increasing BMI <18.5 Prevalence: >40%	Acute Malnutrition: >30% BMI <18.5 Prevalence: far > 40%	
Mortality*	CDR: <0.5/10,000/day USDR: ≤1/10,000/day	CDR: <0.5/10,000/day USDR: ≤1/10,000/day	CDR: 0.5-1/10,000/day USDR: 1-2/10,000/day	CDR: 1-2/10,000/day OR >2x reference USDR: 2-4/10,000/day	CDR: >2/10,000/day USDR: >4/10,000/day	