IPC Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security Decisions

IPC Food Security Working Group &
IPC Nutrition Working Group

Guidelines on
Key parameters for IPC Famine classification

IPC Global Steering Committee Members (2016)

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The IPC has also benefited from the support of the governments of Australia, Canada, Germany, the Netherlands, Spain, and Sweden.

BACKGROUND & OBJECTIVE

From the IPC perspective, Famine is a **classification based on evidence that has been collected and analyzed according to minimum standards and technical consensus**. This note addresses:

1. **The definition of Famine**;
2. Use of evidence on **death rates** when deaths are also caused by trauma;
3. **Minimum evidence and parameters needed** to declare and project a Famine, to classify areas as Phase 4! and to highlight an Elevated Risk of Famine that cannot be confirmed nor disproven;
4. **Communication of Famine**, including:
   4.1. Declaration of Famine;
   4.2. Projection of Famine;
   4.3. Elevated Risk of Famine that cannot be confirmed nor disproven due to limited evidence; and
   4.4. Likelihood of Famine in a projected worse-case scenario.

This note was endorsed by the IPC Global Steering Committee on 25 November 2016. Information in this note overrides any reference to Famine included in IPC Technical Manual v2.0 or accompanying notes when these are contradictory to the criteria included in this note.

1. DEFINITION OF FAMINE

For IPC, Famine exists in areas where, even with the benefit of any delivered humanitarian assistance, at least one in five households has an extreme lack of food and other basic needs. Extreme hunger and destitution is evident. Significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease is occurring[1].

As such, according to the IPC definition, areas are declared to be in Famine only when substantial deaths have occurred due to lack of food consumption on its own or by its interaction with disease. Although further deaths can and should be prevented by urgent action, these actions will be, de-facto, a late response as many would have died by this point. By classifying Famine as situations where mass deaths have already taken place due to starvation, the IPC Famine area classification is only applied to a situation that is the outcome of a sequential and causal series of events between severe food deficits, acute malnutrition and the final expression of deaths.

Although **IPC Phase 5 Famine reflects a failed situation** where widespread deaths and malnutrition have been observed, it should be noted that **IPC Phase 4 Emergency is an extremely severe situation** where urgent assistance is needed in order to save lives and livelihoods. Furthermore, IPC allows households to be classified in Phase 5 Catastrophe even if areas are not classified as Phase 5 Famine.

Furthermore, **IPC allows classification of households into Phase 5 Catastrophe is** done independently of prevalence of acute malnutrition and death rates and is solely based on analysis of food consumption, livelihood change, and contributing factors to food insecurity. In IPC Phase 5 Catastrophe households are expected to have extreme lack of food and/or other basic needs even with full employment of coping strategies where starvation and destitution are evident. Households may be in Phase 5 Catastrophe but the area may not be classified as Phase 5 Famine if widespread deaths and acute malnutrition have not yet been expressed at the area level, either because the population facing Catastrophe is smaller than 20% of population, because of a relatively limited geographical coverage of the dire situation, or because of the natural time delay expected between food deprivation, and collapse of livelihoods and the consequential increase in acute malnutrition levels and death rates. By highlighting the existence of households in IPC Catastrophe, the IPC intends to guide the Humanitarian community in preventing widespread Famine by identifying the need for prompt action.

[1] IPC acknowledges that other definitions of Famine have been discussed elsewhere with sometimes different views on what defines a Famine. For example, Devereux (Famine in the Twentieth Century - IDS Working Paper 105) has highlighted that mass starvation and deaths is only one possible outcome of the famine process and that other outcomes include fertility decline, economic destitution, community breakdown, distress migration and exposure to new disease vectors. Devereux also highlighted that deaths during famine are more related to epidemic diseases than starvation and thus Famines that are declared depending on deaths will more often than not highlight mainly situations where epidemic diseases are playing a significant role. As such, in accordance with other authors, Famines could be declared even without widespread deaths, thus allowing situations where extreme food gaps, displacement, and total collapse of livelihoods and high acute malnutrition be classified as Famine. Although IPC acknowledges these views, the view endorsed by IPC where deaths are already occurring has been done to significantly differentiate Phase 4 and Phase 5 and call to the catastrophic situation of Famines, ensuring that classification of Phase 5 Famine carries on being a rare and extreme situation.

II. USE OF EVIDENCE ON DEATH RATES WHEN DEATHS ARE ALSO CAUSED BY TRAUMA

For IPC Famine Classification, Crude Death Rate (CDR) needs to be directly attributable to outright starvation or to the interaction of food consumption deficits and disease. The following guidance is provided on the use of death rates in the classification of Famines:

- **Deaths due to trauma should not be included** in the calculation of either Crude Death Rates (CDR) (or also Under 5 Death Rates - U5DR when this evidence will be used to support classification of Famine). All other causes of deaths should be included in the calculation of CDR and U5DR.
- **A mathematical subtraction of deaths caused by trauma from total deaths** should be done whenever information on number of deaths caused by trauma is available.
- **If information on number of deaths caused by trauma is not available, analysist should carefully review the mortality data to determine to what extent the CDR and U5DR are likely to have been impacted by traumatic causes.** One helpful analysis may be a comparison between the ratio of U5DR and CDR to see whether or not the deaths among children under 5 are disproportionately higher which can indicate that the potential causes are non-trauma related. This analysis is based on the widely agreed assumption that, in normal circumstances U5DR is expected to be roughly twice that of CDR. When comparing U5DR and CDR based on general assumption under normal circumstances, analysts should exert caution as the actual ratio may depend on the severity and the stage of the famine as well as the disease epidemiology, social factors and micronutrient deficiencies. Furthermore, contributing factors, such as extent of conflict and natural disasters should also be taken into account when assessing impact of traumatic deaths in total CDR and U5DR.
- **It is essential that the in-country IPC Technical Working Group (TWG) have real-time advise from experts professionally trained in the analysis of mortality data during any IPC activity that assess the likelihood of Famine** so as to ensure methodological rigor on analysis and interpretation of CDR and U5DR. Although best practice would be to include mortality experts in the country TWG, whenever this is not possible, the country team should seek external support from mortality experts through the IPC Global Support Unit and/or IPC Global partnership.

III. MINIMUM EVIDENCE AND PARAMETERS NEEDED TO DECLARE, PROJECT A FAMINE AND CLASSIFY AREAS AS PHASE 4!

For declaration of Famine, at least three pieces of direct[2] and reliable[3] evidence is needed, one evidence for each for acute malnutrition, mortality, and for food consumption or livelihood change, with all of those being above Famine threshold levels. However, if reliable direct evidence is only available for mortality and acute malnutrition but not for food consumption or livelihood change (FC&LC) outcomes, a declaration of Famine can still be done provided that analysts document the analytical process of inference from at least 4 pieces of somewhat reliable[4] evidence on Food Consumption & Livelihood Change either from direct or indirect[5] evidence on contributing factors, such as food availability, access and utilization or outcomes for FC&LC indicating that at least 20% of households are in IPC Household Phase 5 Catastrophe[6] . In these cases, especially, it is crucial to ensure that the analyst team includes experts with excellent understanding of the local food security context, and highly capable experts in analysis of food consumption and livelihood change.

For a projection of Famine, at least three piece of direct and reliable evidence is needed, one each for acute malnutrition, mortality, and food consumption or livelihood change for the current period, though they may not be above Famine threshold levels. However, if reliable direct evidence is only available for mortality and acute malnutrition but not for food consumption or livelihood change (FC&LC) outcomes, a projection of Famine can still be done provided that analysts document the analytical process of inference from at least 4 pieces of somewhat reliable evidence on FC&LC either from direct or indirect evidence on contributing factors, such as food availability and access,

[2] Direct evidence means evidence informing the indicators in the reference table. For Famine classification, specific direct evidence as detailed in table 1 are necessary.

[3] Reliable evidence means evidence "from a reliable source, using scientific methods and data reflecting the current or projected period". Table 1 in Annex 1 details minimum parameters for evidence to be assessed as reliable for Famine Classification.

[4] Somewhat reliable evidence means evidence "Reasonable but questionable source, method or time relevance of data"

[5] Indirect evidence refers to evidence that inform any outcome or contributing factors but that are not included in the IPC Acute Food Insecurity Reference Table. A list of potential indirect evidence is included in the IPC Technical Manual v2.0 pages 34 to 36.

[6] For IPC Acute Food Insecurity Classification, Phase 5 Famine is used for area classification. However, *households* can be classified in Phase 5 Catastrophe based on analysis of food consumption and livelihood change even if the *area* is not classified in Famine.

or outcomes. Famine can be projected even if the current evidence is below the Famine thresholds for any or all of the outcomes as long as it is justified that the current levels will exceed Famine thresholds during the projection period in the most likely scenario. To inform projection of Famine analysists need, it is crucial to ensure that indicators that provide warning signals, such as those that show extreme gaps in food consumption, livelihood collapse, child malnutrition and deaths among children are well analysed to support an assessment of the likely levels of GAM, CDR and FC& LC in the future period, thus ensuring that a potential Famine projection is not missed

For classification of Phase 4![7], at least three pieces of direct and reliable evidence is needed, one evidence each for acute malnutrition, mortality, and food consumption or livelihood change, though they may not be above Famine threshold levels. Evidence and analysis on the likely impact of humanitarian assistance is also required, as per guidelines to be described in the forthcoming guidance on Assessing Likely Impact of Humanitarian Assistance in IPC to be developed by the IPC FSWG and NWG in early 2017. Classification of IPC Phase 4! can be done for current or projected periods[8]. As with other classifications, if reliable direct evidence is available for mortality and acute malnutrition but not for food consumption or livelihood change (FC&LC) outcomes, a classification of Phase 4! can still be done provided that analysts document the analytical process of inference from at least 4 pieces of somewhat reliable evidence on FC&LC either from direct or indirect evidence on contributing factors or outcomes for FC&LC. To classify an area where Famine has been or will likely be avoided by Humanitarian Assistance (IPC Phase 4!), the indicators do not need to be above Famine Levels for current classification but should be close to these thresholds and analysis needs to also document how humanitarian assistance has either avoided or will avoid those indicators passing the Famine thresholds.

An elevated risk of Famine can be highlighted if minimum parameters for evidence needed are not met for classification of Famine but either two pieces of direct reliable evidence from at least two out of the following three outcomes are available: (i) Food Consumption & Livelihood Change, (ii) Acute Malnutrition and (iii) Mortality. If this is not available, an area can still be classified in elevated risk of Famine if there are at least two pieces of direct somewhat reliable evidence informing two of the three outcomes coming from at least two different recent[9] field assessments showing consistent findings. Available evidence should indicate that outcomes are above Famine thresholds for current classification or close to those thresholds for projected classifications as per the details outlined in table 1. The communication of Elevated Risk of Famine should be done as per the communication protocols outlined in section IV below

Sub-groups or sub-areas that total more than 10,000 people can be classified in Famine (IPC Phase 5 or IPC Phase 4!) or at an elevated risk of Famine for current or projected if the minimum parameters specified in Table 1 are met for the specific sub-groups or sub-areas. Examples of sub-groups or sub-areas include Internally Displaced Populations (IDP), IDP Camps, affected areas and so on. The classification of sub-groups or sub-areas may be especially important if populations have been identified in IPC Phase 5 Catastrophe.

The Real Time Quality Review (RTQR)[10] and the **Emergency Review Committee (ERC)**[11] will be called when the IPC country TWG foresees classifications of Famine based on preliminary or initial analysis. While the ERC will be called for review classifications of Famine, either as Phase 5 or Phase 4!, the RTQR will be called in all instances that Famine is mention, either through classification (IPC Phase 5 or IPC Phase 4!). When areas or sub-groups are classified as having '*Elevated Risk of Famine*', ERC is optional depending on recommendation from the RTQR.

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7 IPC Acute Food Insecurity Phase 4! refers to areas that would be classified in Famine in the absence of delivered or planned Humanitarian.

8 Reference to assessing impact of Humanitarian Assistance (HA) will be updated once the work from the IPC FSWG and NWG on HA is completed as the key elements agreed should be included in the present guidance document for better clarity on when 'IPC Phase 4!' is applicable.

9 Until specific guidance is provided on assessment of evidence reliability to be developed by the FSWG and NWG for early 2017, recent evidence will refer to evidence collected in the previous 3-6 months.

10 The IPC Real Time Quality Review (RTQR) is a process where IPC partners represented by experts that have not been directly involved in the analysis are tasked to review the IPC analysis and conclude on adherence to IPC protocols and plausibility of the findings before the IPC analysis is validated and made publicly available. IPC RTQR are conducted under the coordination of a Global Neutral IPC Body and occur between preliminary finalization of IPC analysis and validation of findings, thus giving an opportunity for countries to revise analysis based on feedbacks.

11 The ERC is activated in support to IPC country TWG to review their preliminary IPC results as soon as they are finalized but before their release. The committee consists of a 4-6 member team of leading international technical food security and nutrition experts, who are perceived as neutral to the IPC outcome and who have the relevant technical knowledge and experience in the specific crisis context. The committee reviews and debates the IPC evidence and results and then provides guidance and recommendations to the IPC Country TWG on this review. The ownership of the IPC results and responsibility of the release of the results remains with the IPC Country TWG.

IPC Analyses that do not meet minimum parameters specified in Table 1 cannot be used to declare or project a Famine at area level.[12] Nevertheless, populations of households can still be classified as IPC Household Phase 5 Catastrophe following existing guidance on IPC Confidence Levels[13].

Table 1 summarizes minimum evidence required, thresholds and quality assurance processes for IPC Famine Classifications in Current or Projected periods while Table 2 summarizes the minimum parameters for evidence to be classified as reliable for classification of Famine.

Table 1: Minimum evidence required thresholds and quality assurance processes for IPC famine classifications in current or projected periods

Area Classification (Meaning for current /projected periods)		IPC Phase 5 (Famine is being declared/or is likely to happen)	IPC Phase 4! (Famine has been/will likely be avoided by Humanitarian Assistance)	Elevated Risk of Famine (Famine cannot be confirmed nor disproven due to limited available Evidence)
Minimum Evidence Needed to classify at current or projected periods		1) At least one piece of direct reliable evidence on Mortality [A] + 2) At least one piece of direct reliable evidence on the prevalence of Global Acute Malnutrition [B] + 3) At least one piece of direct reliable evidence on Food Consumption or Livelihood Change[C] OR Documented inference analysis based on at least 4 pieces of somewhat reliable evidence (direct or indirect) on food security contributing factors or outcomes[D]	1) At least one piece of direct reliable evidence on Mortality [A] + 2) At least one piece of direct reliable evidence on the prevalence of Global Acute Malnutrition [B] + 3) At least one piece of direct reliable evidence on Food Consumption or Livelihood Change[C] OR Documented inference analysis based on at least 4 pieces of somewhat reliable evidence (direct or indirect) on contributing factors or outcomes[D] + 4) Documented analysis of how humanitarian assistance has avoided/will avoid indicators passing the Famine thresholds	1. At least two pieces of direct reliable evidence from two of the three outcomes[F] OR 2. At least two pieces of direct somewhat reliable evidence informing two of the three outcomes[F] coming from at least two recent field assessments showing consistent findings
Minimum Evidence Thresholds	**Current**	At or above Phase 5 thresholds		
	Projected	Close to, at, or above Phase 5 threshold + Documented analysis justifying that in the most likely scenario these indicators are likely to be above Phase 5 thresholds levels during the projection period[E]		
External Review Requirements	**ERC**	Mandatory	Mandatory	Optional
	RTQR	Mandatory (as preparatory review for the ERC)	Mandatory (as preparatory review for the ERC)	Mandatory

[A] **Mortality rates** should be calculated for non-trauma deaths for CDR. Famine thresholds for CDR are more than 2 deaths per 10,000 people per day. The recall period for CDR should optimally be for a maximum of 90 days during the recent past, however, in the event that recall periods are longer, evidence can be still used but analysts should assess trends in deaths and provide explanation on how death rates reflect recent conditions. Deaths rates should reflect deaths in area being classified. While the IPC NWG is working on alternative cut-offs for CDR for cases when CDR is just below the Famine threshold of 2 deaths per 10,000 people per day but U5DR is above the Famine thresholds of 4 deaths per 10,000 people per day this study will only be finalized by early 2017 and, until then, if CDR is below Famine thresholds but U5DR is above Famine thresholds, decision will be taken in consultation with the ERC on the use of CDR to support declaration of Famine.

[B] **The prevalence of Global Acute Malnutrition** (GAM) should be calculated using by weight for height z-score and/or oedema data. Famine thresholds for GAM by W/Z and/or oedema is 30%. The prevalence of GAM calculated using MUAC and/or oedema measurements can only be used if approved by the IPC Quality Review Team as well as the ERC. This is also true for analyses which rely on data from mass screenings, rather than representative surveys.

[C] **Direct evidence on Food Consumption and Livelihood Changes** (FC&LC) should ideally be available for indicators that have thresholds assigned for IPC Phase 5 in the IPC Acute Food Insecurity Household Reference Table, such as the Household Hunger Score and Household Dietary Diversity Score (refer to page 33 of IPC Manual v2.0). Indicators that do not have thresholds for Phase 5, can still be used as direct evidence after discussions with IPC Quality Review Team and ERC.

[12] Although this guidance note should be used as the definitive protocols for IPC Famine Classifications, until this guidance has undergone a lessons learning process based on its use during 2016 and early 2017, the ERC may recommend exceptions to some parameters in circumstances where substantial evidence and analysis supports Famine or Phase 4! Classifications, but one of the minimum parameters is not met. In these cases, the ERC review may provide concurrence for classification of Famine or IPC Phase 4! Even when minimal parameters are not met while simultaneously asking for exceptions to the IPC Steering Committee on the minimum parameters laid out in the guidance note.

[13] Based on current guidance, it is necessary to have at least one piece of evidence (direct or indirect) for any of the food security outcomes plus at least 4 pieces of reliable evidence from different contributing factors or outcomes elements for classification of current conditions. For projections, it is necessary to have at least 4 pieces of reliable evidence from different contributing factors or outcome elements (refer to IPC Technical Manual, Table 5, page 46)

[D] **Documented inference on FC&LC** can replace direct reliable evidence on food consumption and livelihood outcomes if analysts use at least 4 pieces of somewhat reliable direct or indirect evidence on contributing factors or outcomes through an analytical process of inference of food consumption and livelihood change.
[E] **For projections** evidence on GAM, CDR and FC&LC needs to be relatively close to the thresholds for Famine. Nevertheless, given the usual consequential relationship between food consumption gaps and/or loss/adaptation of livelihoods with acute malnutrition and later to non-trauma deaths, it is likely that at least indicators on food consumption, livelihood change, and in some instances also acute malnutrition, be already above the Famine threshold at current levels before a Famine can be projected in the most likely scenario. In these cases, analysis of contributing factors needs to show how it is expected that the situation will deteriorate from current time to projected period highlighting the impact that these changes are likely to have on GAM, CDR and FC&LC.
[F] Three ouctomes refer to: (i) Food Consumption & Livelihood Change; (ii) Global Acute Malnutrition; (iii) Mortality

Table 2: Minimum parameters for evidence to be classified as reliable for classification of famine

Outcome 1: Food Consumption and Livelihood Change[1]	Outcome 2: Acute malnutrition[2]	Outcome 3: Mortality[3]
- Evidence from representative survey from the current season - Evidence from a representative survey from the same season inferred to lower administrative areas for which the survey design is not valid, respecting minimal statistical parameters - Formal qualitative methods for HEA	- A Representative Survey from the current season following minimal parameters - Screening data from current season following minimal parameters - Sentinel Site Data following minimal parameters	- A representative Survey from the current season - Evidence from a non-representative survey or from sentinel sites or screening as per evaluation of the ERC

1) For food security indicators, surveys from a different season cannot be assigned a Reliability Score of 2 for Famine classification. The IPC Technical Manual v2.0 summarizes guidance on assessment of reliability for FC&LC indicators in page 45. Minimum parameters for evidence to be used when the sample is only representative at a larger administrative level but IPC analyses are needed at a lower level is only available for IPC Chronic Analysis. Analysts should refer to Annex 8 of IPC Chronic Addendum for guidance on these minimal parameters until specific guidance is developed for IPC Acute Food Insecurity Classification, expected in early 2017.
2) For Acute Malnutrition Indicators, the IPC Acute Malnutrition Addendum identifies the parameters for assessment of evidence reliability from surveys, sentinel sites and screening (IPC Acute Malnutrition Addendum, page 15). The guidance included in the IPC Acute Malnutrition Addendum should be applied for GAM for W/H and/or edema for Famine Classification. The assessment of reliability of evidence from MUAC will be done by the ERC for Famine classifications until specific guidance is developed by the IPC Working Groups (expected early 2017).
3) For Mortality Indicators, the IPC NWG is working on specific guidelines for minimum reliability for mortality data due to be finalized by early 2017. Until then, CDR evidence will be classified as reliable if the survey was designed to be statistically valid at the level of unit of analysis. If CDR comes from other methods or non-statistically valid surveys the reliability of this evidence will be assessed by the ERC.

IV. KEY PARAMETERS FOR COMMUNICATION OF FAMINE

Phase 5 Famine should highlight either a Famine is declared or projected to happen in most likely scenario for areas, sub-areas or sub-groups that add to more than 10,000 people. When IPC Phase 5 is declared, areas can be colored using the color for Phase 5 in the Map and narrative text should clearly highlight the occurrence of Famine. . In **projection of IPC Phase 5** a map representing Famine should only be done when it is the results under the most likely scenario.

In cases analysts do a second projection focusing on a less likely and worst case scenario, analysts should not produce a second map, instead they should highlight this fact in the title or headline of the communication brief. The assumptions and risks should also be included in the highlights. For example, the headlines could be "*Famine has not been yet projected but can occur in the next 3 months in case of increased conflict, limited humanitarian access and budget needs coverage and increased displacement*". No additional mapping protocol should be included in these cases.

For classifications of Elevated Risk of Famine, the following communication procedures should be adhered:

- **A mapping color scheme mixing Phases 4 and 5** is to be applied to the area as shown here: 
- **A legend** should be added to the map that specifies: "At least Phase 4 confirmed - Phase 5 cannot be confirmed nor disproven with available evidence".
- **Text should clearly highlight** that at least Phase 4 Emergency is happening and there might be a Famine occurring or likely to occur but the limited available evidence does not allow it to be confirmed nor disproven.

The existence of households in IPC Phase 5 Catastrophe especially when areas have not been classified as IPC Phase 5 Famine, should be highlighted as immediate response is crucial. By highlighting the existence of households in Catastrophe, the Humanitarian community may be able to prevent an increased risk of Famine of happening if prompt action is delivered. Communication should highlight that these households have extreme lack of food and/or other basic needs even with full employment of coping strategies. Furthermore, areas classified in IPC Phase 4 Emergency should be highlighted as areas with critical need for humanitarian actions to save lives and livelihoods.