Nepal Integrated Food Security Phase Classification (IPC) Chronic Food Insecurity Situation Overview

Created on: 25 Sep 2012

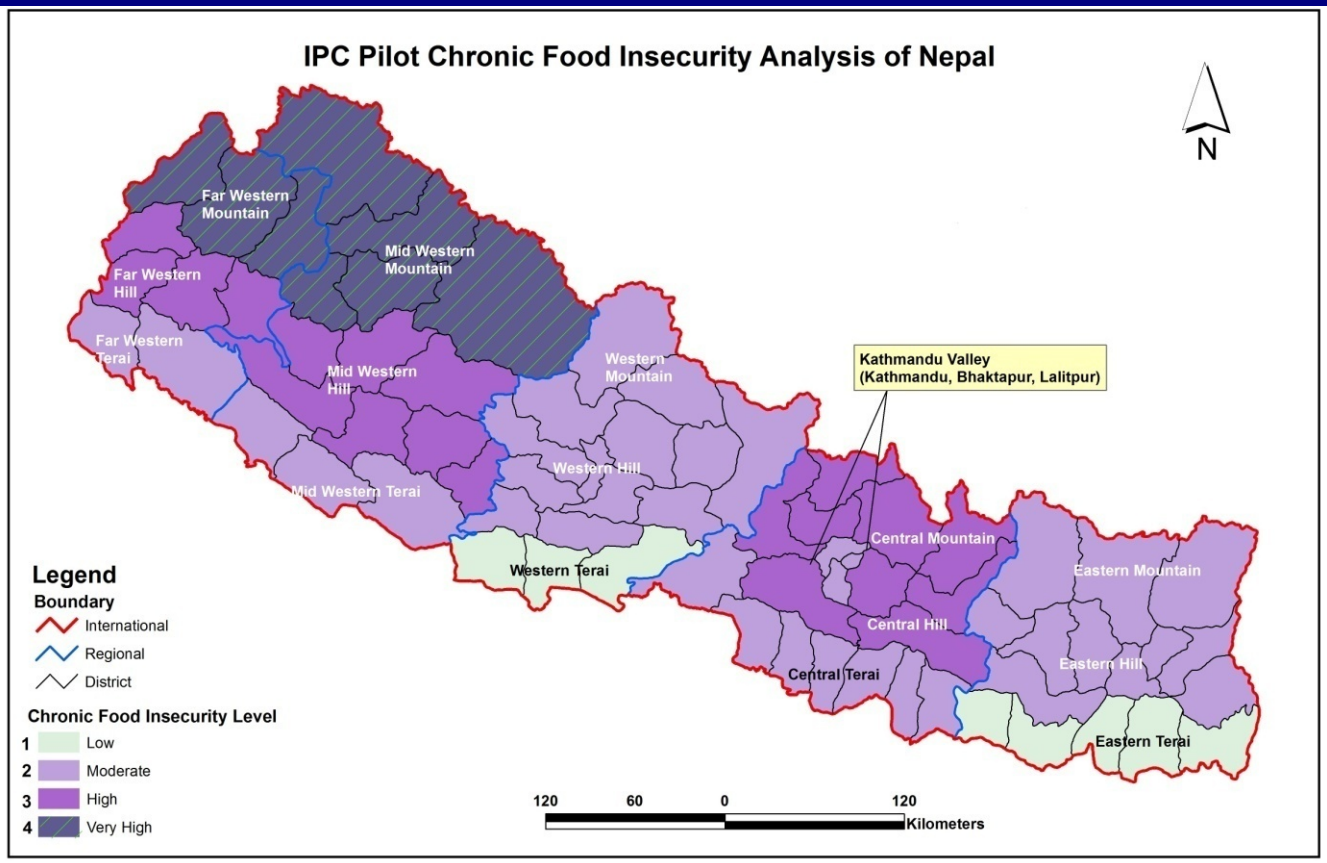
Summary of causes, context and key issues

Of the 15 eco-zones (sub-regions) of Nepal analyzed it has been observed that Far and Mid Western mountains are the most chronically food insecure. Far and Mid Western hills, Central mountains and most of Central hills are highly food insecure. Rest of Nepal is found to be moderately food insecure where as western and eastern terai have low food insecurity level.

However, a clear disparity in the performance of Food Security vis a vis Nutrition / Mortality Indicators was found.

The eco-zones depicting the highest levels of chronic food insecurity situation due to poor food availability, access and / or utilization are far western mountains and mid western mountains eco-zone. The districts depicting higher levels of chronic food insecurity are mainly from the far and mid western mountains - Darchula, Bajhang, Bajura, Humla, Mugu, Dolpa, Jumla and Kalikot.

The districts depicting higher levels of chronic malnutrition are mainly from the high mountains as well as low land terai - Kapilvastu, Siraha, Dhanusha, Mahottari, Sarlahi and Banke.



Analyses Partners & Supporting Organizations

CBS, CDES-TU, DPNet-Nepal , ECHO, FAO, FECOFUN, FIAN, FNCCI/AEC, GIZ, HKI, LWF, MOAD, MOCPA, MOEST, MOHA, MOHP, MOPPW, NDRI, NFC, NPC, NRCS, UNICEF, WFP, WHO, WI

For more information please contact: Mr Hem Raj Regmi; hregmi1@gmail.com Ministry of Agriculture Development, Kathmandu

IPC Global Partners

Part 1: Background, Objectives, Achievements & Next Steps

Background

Nepal's first Integrated Food Security Phase Classification (IPC) was successfully conducted from the 5th to the 13th of September 2012. The IPC project, funded by ECHO, is lead in Nepal by the Ministry of Agriculture Development.

Currently, NeKSAP (Nepal Food Security Monitoring System) developed jointly by WFP & GoN has been using an IPC version 1 based tool for analysing and classifying acute food insecurity phases and is already well established across Nepal up to the district level. This district-level system is currently going through a review process to make it an IPC Version 2.0 system (see Next Steps).

However there was also a clear need to establish a comprehensive national-level IPC analysis system that resulted from the joint participation and active interaction amongst the various development actors and the GoN. This would then complement the existing NeKSAP active across 72 of the 75 districts.

Objectives

Thus the ECHO funded IPC project in Nepal and this exercise in particular had some clear objectives in its initial Pilot Phase:

a) To introduce the IPC at the national level;
b) Ensure that key organizations are stakeholders of the IPC at the national level;
c) Attempt to do an IPC chronic food insecurity analysis across Nepal for the first time;
d) Ensure a pool of certified IPC analysts who can continue the IPC analysis;
e) Establish, in the pilot phase, if indeed there is buy-in and interest in the IPC Version 2.0 from the Government of Nepal (GoN) & key stakeholders.

Achievements

Some of the notable achievements of this project are:

1. The successful creation of Nepal's first IPC Chronic food insecurity analysis & map.

2. The first comprehensive analysis conducted at the national level with active participation and cooperation by the GoN (13 Ministries and / or Line Departments), FAO, WFP and seventeen (17) other development partners.

3. An analysis that gave equal importance to chronic causal factors of both food security *and* nutrition and mortality outcomes.

4. The formation of a pool of trained IPC analysts (35 participants) resulting in considerable capacity development across the Government and the development sector of Nepal. These trained analysts can be certified as IPC analysts following the successful completion of the certification process (currently being finalized by FAO and WFP HQ jointly).

5. The IPC National Technical Working Group (NTWG) has formally been established. It is chaired by MoAD and comprises of 32 organizations and ministries. This number has already been increased by 3 in the past week following the presentation of the preliminary results.

6. Based on their observations and experience during the Nepal Pilot chronic food insecurity analysis, delegates from Cambodia and Pakistan publicly stated their commitment to adopt the IPC in their respective countries.

7. The Ministry of Agriculture Development have publicly stated their appreciation of the IPC version 2.0 and the results of the pilot analysis in public. Furthermore, at the closing ceremony of the training / analysis workshop, the various attendees were informed of the GoN's commitment to this project over the longer-term.

Next Steps

As can be seen from the results, the pilot IPC analysis at the national level has been successful in producing quality analysis by working together and sharing resources. There is now a clear need for:

- Continuing IPC Analysis (both Acute & Chronic) at the national level utilizing the capacity of the NTWG, which is already expanding. *Future analysis will need to target each eco-zone – thus eco-zones that have now been identified as having high levels of food insecurity can be broken down into smaller units of analysis to provide decision makers with more relevant and exact information.* The Ministry of Agriculture Development, upon reviewing these results, have requested that IPC project to continue with analytical cycles along the above lines.

- *IPC Analysis at the national level can then be streamlined with IPC Analysis at the district level, to highlight and understand chronic and acute drivers of food insecurity.* This will not only result in more efficient targeting but also in the formulation of more effective response plans and programming for both the Government and the development community.

- Comparison and analysis of information / data from the national analysis with the district analysis will become even more reliable and precise once the on-going reviewing of some facets of the NeKSAP have been completed and phase classification of NeKSAP complies with IPC Version 2.0.

- The IPC Asia team will support and work with the NeKSAP team in their on-going indicator and process review to ensure that their transition from an IPC based system to an IPC 2.0 system is efficiently and effectively achieved by December 2012.

- The IPC Project will continue to strengthen the capacity at national / sub-national level and ensure that all new participants / organizations joining the NTWG will receive comprehensive training on the IPC Tool.

- Ensure that the NTWG meet regularly at least 4 times a year and take an active role in promoting, improving and establishing the IPC system across Nepal.

- As per the Terms of Reference (TOR) of NTWG, the outcome of this Chronic Food Insecurity analysis will be presented to the Nutrition and Food Security Coordination Committee (NFSCC) of the National Planning Commission Secretariat (NPCS) for their endorsement and implementation.

Part 2: A summary of the Analysis & Findings

Main Steps Leading up to the Analysis

a) The National Technical Working Group (NTWG)

The NTWG comprised of the GoN, UN agencies, NGOs, INGOs, donors, private sector and academia. This chronic analysis consisted of 44 participants in total; Government of Nepal - 17; INGO/NGO – 10; Academia – 1; UN – 6; Donors – 1; A high level team of observers from the Governments of Cambodia (6) and Pakistan (3) also actively participated. A complete list of organizations / Ministries represented can be found in Annex 1.

b) Zoning

Nepal has three ecological zones high mountains, hills and the low land called terai. The country is further administratively divided into five development regions covering the three ecological belts. The NTWG jointly conducted detailed discussions on how best to divide the country into eco-zones for the analysis and decided that the most relevant analysis would follow the below pattern:

1. Eastern Mountain
2. Eastern Hill
3. Eastern Terai
4. Central Mountain
5. Central Hills
6. Central Terai
7. Western Mountain
8. Western Hills
9. Western Terai
10. Mid Western Mountain

11. Mid Western Hills
12. Mid Western Terai
13. Far Western Mountain
14. Far Western Hills
15. Far Western Terai

c) Indicators

The NTWG selected the indicators via a comprehensive process. The group met and consulted repeatedly and had a preliminary meeting on the 27th of August 2012. During this meeting the working group came up with a proposed and initial list of 110 indicators that could possibly be relevant for the IPC analysis in the Nepal context. This was further discussed and prioritized in terms of importance of proposed indicator and availability of data during the IPC technical workshop. The total number of basic or core indicators identified as being critical for a chronic analysis in Nepal was then jointly short-listed to 24. Apart from this set, participants were free to add more indicators relevant to their particular eco-zones during the analysis.

A full list of the core indicators used is available in Annex 2.

d) IPC Chronic Food Insecurity level and population estimates under the level

Based on the availability of data, convergence of the evidence and expert knowledge (not depending on the statistical average) the eco-zones were classified on a particular IPC Chronic Food Insecurity level based on group's technical consensus. Estimates of the population under each level and type[1] of chronic food insecurity were also decided based on the convergence of evidence, district population estimates and technical consensus.

Findings

Upon analysing a range of chronic indicators pertaining to the key elements i) recurrent of acute crises, ii) vulnerability, iii) food availability, iv) food access, v) food utilization, vi) stability, vii) water, viii) food consumption, ix) livelihood change, x) nutrition and xi) mortality; it is seen that the most chronically food insecure eco-zones across Nepal are the Far West and Mid West Mountains. However, a clear disparity in the performance of Food Security and Nutrition / Mortality Indicators was found.

Many areas that depict an overall poor IPC Chronic Level – upon further analysis it is seen that this is largely due to a chronic utilization and nutrition problem. Food availability and access in many eco-zones remain stable and are even improving over time. However the nutrition and mortality indicators depict an extreme level of chronic insecurity.

Note: This pilot IPC analysis has not isolated gender indicators or carried out separate analysis on the various vulnerability groups. This is a limitation and will be addressed in all future IPC analytical cycles.

Overview of Food and Nutrition Security

With respect to only food security indicators (largely related to food availability, access and utilization), most zones in Nepal depict lower levels of Chronic Food Insecurity (Level 1 or 2).

The eco-zones depicting the highest levels of chronic food insecurity problems due to poor food availability, access and / or utilization are parts of the Central mountain, Far Western Mountains and Mid Western Mountains.

All other eco-zones across Nepal depict stable food security with respect to core chronic indicators of food availability, access and utilization.

The districts depicting higher levels of chronic food insecurity are mainly from the far, mid western mountains and central mountains - Darchula, Bajhang, Bajura, Humla, Mugu, Dolpa, Jumla, Kalikot and Dolakha.

[1] *The IPC identifies three types of Chronic Food Insecurity: they are i) Type 1: seasonal/cyclical food consumption deficits; ii) Type 2: ongoing food consumption deficits in quality and/or quantity and iii) Type 3: periodic Acute Food Insecurity for the area equivalent to Phase 4 or 5 on the Acute Reference Table*

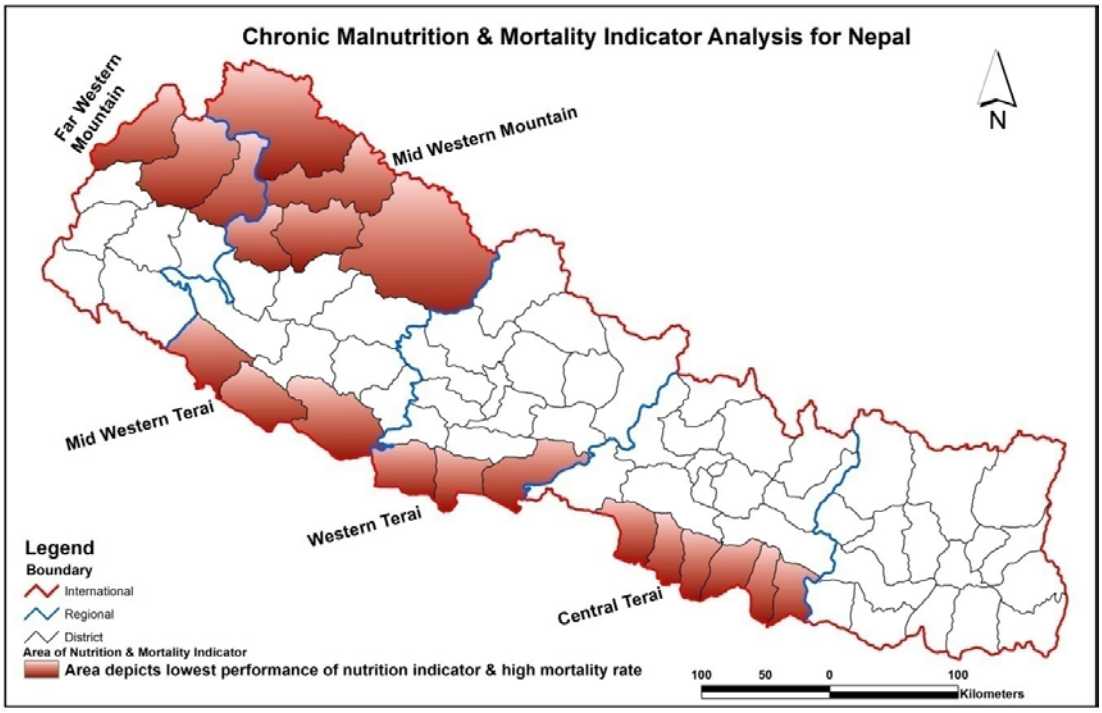
The chronic Nutrition and mortality related indicators most commonly analysed across the 15 eco-zones were Underweight, Stunting, Body Mass Index, Anaemia and Infant Mortality Rate (see Annex 2).

Across all eco-zones (with the exception of Eastern Terai and Eastern Mountains) in Nepal, it is clear that chronic malnutrition is a severe and an entrenched problem despite government and developmental actors sustained interventions.

Even eco-zones with low overall Chronic Food Insecurity such as Central, Western and Mid-Western Terai depict higher levels of chronic malnutrition and mortality.

Thus while chronic malnutrition is poor across Nepal - the eco-zones of Far Western, Mid Western and Western Mountains; and Mid Western, Western and Central terai depict markedly higher levels of chronic malnutrition.

The districts depicting higher levels of chronic malnutrition are mainly from the high mountains as well as low land terai - Kapilvastu, Siraha, Dhanusha, Mahottari, Sarlahi and Banke.



Summary of Findings by Eco-zone

The detailed analysis, findings, population estimations and worksheets for each eco-zone is available with the Ministry of Agricultural Development, Government of Nepal (contact person: Mr. Hemraj Regmi, hregmi1@gmail.com)

Far Western Mountain

The IPC analysts concluded that the Far Western Mountain area as a whole falls under chronic food insecurity IPC Level IV (Type 3 - Chronic insecurity due to Recurrent Acute Crises). The main reasons for severe chronic food insecurity across this eco-zone are:

- The annual food production in the area covers the needs for only 7 months
- The absence of road networks further restricts food access and increases food prices while employment opportunities are limited in this area
- Population under national poverty line 56.4%
- Data on nutrition and health related indicators (including high levels of stunting (59.5%), underweight (42%), BMI<18.5 (22.2%), U5 anaemia (52.7%), U5MR 82 and IMR 65 per 1,000 live births) places the area in the worst or close to worst position country-wide

Far Western Hill

The IPC analysts concluded that the Far Western Hill area as a whole falls under chronic food insecurity IPC Phase III mainly due to:

- The annual food production in the area covers the needs for only 9 months. However increasing prices have meant access has been affected
- Production of some agriculture commodities (wheat & maize) has been decreasing over the past 5 years
- Performance of nutrition and health related indicators (including high levels of stunting (57.5%), underweight (39.7%), BMI<18.5 (23.4%), U5MR 82 and IMR 65 per 1,000 live births) are extremely low
- All three districts in the area have been classified as being highly vulnerable to natural disasters, including drought, floods and landslides

Far Western Terai

The IPC analysts concluded that the Far Western Terai area as a whole falls under chronic food insecurity IPC Level II (Type 2 – Ongoing Chronic factors and Type 3 – Chronic insecurity due to Recurrent Acute Crises).

- Annual food production in the area fully covers the needs of the local population and allows for a sizeable surplus for consumption in neighbouring areas
- 38% of the population falls under the food poverty line
- However, like in other eco-zones of Nepal, chronic malnutrition is a clear problem (stunting 31.5%, underweight 24.7%, maternal anaemia 41.9%) and needs to be addressed before food security also begins to be adversely affected

Mid Western Mountain

The IPC analysts concluded that some 60% of the population in the Mid Western Mountain area falls under chronic food insecurity IPC Level IV.

- Based on global hunger index (GHI) data the area falls under the extremely alarming category with a GHI of more than 30
- The region is considered to be the poorest region in the country, with >45% of the population below the national poverty line in 3 out of 5 districts
- 59% of U5 children are stunted, 42% under weight, 53% U5 children are anaemic
- 45% of the total population does not have access to improved source of drinking water and 49% of the total population report access to a sanitation facility
- 74% of households in the area have poor access to markets

Mid Western Hill

The IPC analysts concluded that some 50 % of the population in the Mid Western Hill area falls under chronic food insecurity IPC Level III.

- Nutrition indicator depict high levels of malnutrition (stunting is 51.7%, underweight is 37.1% and anaemia is 36%)
- Average household food stocks are worst in this region
- Very limited access to health centres and poor sanitation facilities (open defecation 58.4%)
- Highest percentage (97.2%) of the population using wood as the primary source of fuel

Mid Western Terai

The IPC analysts concluded that some 45% of the population in the Mid Western Terai area falls under chronic food insecurity IPC level II.

- Food availability and access are well above average as compared to other eco-zones
- However despite a surplus for 7.2 months in the local food production the area has a stunting rate of 43.5%, an underweight rate of 32.1% and an anaemia rate of 56.9% in U5 children

Western Mountain

The IPC analysts concluded that some 57% of the population in the Western Mountain area falls under chronic food insecurity IPC Level II.

- The annual agriculture production of this area fulfils the local food requirements for a 10 months period
- Access to improved water sources and availability of drinking water is adequate
- The nutrition status is poor (stunting 59.5%, underweight 42.%%, maternal anaemia 33.1%) in most of the population (corresponding to level 3 & 4 for chronic food insecurity). However, all other indicators point towards Level 2 (See note on Chronic Nutrition Indicators)

Western Hill

The IPC analysts concluded that some 77 % of the population in the Western Hill area falls under chronic food insecurity IPC Level II.

- The annual agriculture production of this area fulfils the local food requirements for more than a 12 months period (5 months surplus)
- Access to improved water sources and availability of drinking water is adequate (79.9%)
- 23.2% of the population in this area is below national poverty line
- 36% of U5 children are stunted, 16.8% under weight, 43.6% U5 children are anaemic

Western Terai

The IPC analysts concluded that some 79 % of the population in the Western Terai area falls under chronic food insecurity IPC Level I.

- Most indicators contributing to chronic food insecurity clearly point towards Level 1 for this area; the only exception are Stunting (39.9%), under weight 34.5% and U5 Anaemia (48.8%) which for Western Terai depict higher chronic levels
- The poor nutrition status in the area is believed to be mainly caused by a lack of knowledge on food diversification, poor hygiene (access to improved sanitation 40.2%) and cultural factors

Central Mountain

The IPC analysts concluded that some 70 % of the population in the Central Mountain area falls under chronic food insecurity IPC Level III (Type 2: Ongoing).

- More than a third (39.7%) of the population in this area is below food poverty line
- Politically stable but environmentally vulnerable; high risk of Glacial Lake Outburst Flood (GLOF), drought and landslides; low climate change adaptation capability
- Food Balance deficit for 2 out of 3 districts (Rasuwa and Dolakha), but surplus in Sindhupalchok district
- The nutrition status is poor in most of the population (stunting; 45.5%, underweight: 43.7%, wasting: 7.9%, U5 Anaemia (15-49 yr women): 19.2 %), most other indicators governing chronic food insecurity point towards IPC Level 3

Central Hill

The IPC analysts concluded that, with the exception of Kathmandu valley (which is in Level II), some 40% of the population in the Central Hill area falls under chronic food insecurity IPC Level III (Type 2: Ongoing).

- High stunting (31.3%), underweight 22.5%, U5 anaemia 40.2%, moderate maternal anaemia (19.5%)
- High chronic water insecurity (76% of households have access to improved drinking water)
- The region is prone to disasters, especially drought (Ramechhap), floods (Sindhuli Kavre, Makawanpur, Dhading, Lalitpur) and landslides; Dolakha district is highly vulnerable to climate change

Central Terai

The IPC analysts concluded that population in the Central Terai area falls under chronic food insecurity IPC Level II (Type 2: Ongoing).

- High stunting (40.5%), underweight 32%, Anaemia in 15-49 year old women (42.6%), Infant Mortality Rate IMR (52 per 1,000 live births) and Under 5 Mortality Rate U5MR (60 per 1,000 live births)
- While some areas face a food deficit, the overall food production in the area shows a surplus (based on 2010/011 food balance sheet data)

Eastern Mountain

The IPC analysts concluded that the Eastern Mountain area overall falls under chronic food insecurity IPC Level II.

- Indicator data for food access, nutrition, vulnerability and utilization shows some indication of food insecurity, although there is no remarkable problem of food availability and stability
- The estimated 23% of the population being affected by seasonal, ongoing or recurrent acute crisis type of chronic food insecurity is concentrated in marginalized and vulnerable population groups
- Stunting and underweight is 45.0 and 23.5 percent respectively

Eastern Hill

The IPC analysts concluded that the Eastern Hill area overall falls under chronic food insecurity IPC Level II.

- The estimated number of persons affected is 162,336 (10%) for Seasonal Type of Chronic Food Insecurity (Type 1), 81,168 (5%) for Ongoing Type of Chronic Food Insecurity (Type 2) and 1,298,869 (8%) for Recurrent Acute Crises Type of Chronic Food Insecurity (Type 3)
- The total population in the Eastern Hill Area is estimated at 1,623,358
- The estimated 23% of the population being affected by seasonal, ongoing or recurrent acute crisis type of chronic food insecurity is concentrated in marginalized and vulnerable population groups
- 16.2% of the population is under the national poverty line
- Stunting and underweight is 45.5 and 28.6 percent respectively

Eastern Terai

The IPC analysts concluded that the Eastern Terai area overall falls under chronic food insecurity IPC Level I.

- The estimated number of persons affected is 190,738 (5%) for Seasonal Type of Chronic Food Insecurity (Type 1), 190,738 (5%) for Ongoing Type of Chronic Food Insecurity (Type 2) and 267,110 (7%) for Recurrent Acute Crises Type of Chronic Food Insecurity (Type 3).
- The total population in the Eastern Terai Area is estimated at 3,815,856.
- The estimated 17% of the population being affected by seasonal, ongoing or recurrent acute crisis type of chronic food insecurity is concentrated in marginalized and vulnerable population groups; indigenous groups (such as Rajbanshi, Dhimal, Mushahar and Dalits), elderly, children and marginalised women are most vulnerable.
- Stunting and underweight is 31.4 and 24 percent respectively.

National Technical Working Group Members and IPC Analysis

Annex 1: Participating Members of the Nepal National IPC Technical Working Group

Government of Nepal

National Planning Commission Secretariat– Agriculture and Rural Development Division
National Planning Commission Secretariat - Social Development Division
Ministry of Agriculture Development (MOAD), Agribusiness Promotion and Statistics Division
Ministry of Health and Population, Child Health Division
Ministry of Health and Population, Management Division
Ministry of Home Affairs, Disaster Unit
Ministry of Federal Affairs and Local Development
Ministry of Cooperatives and Poverty Alleviation
Central Bureau of Statistics
MOAD, Department of Food Technology and Quality Control
Ministry of Environment, Science and Technology/ Department of Hydrology and Meteorology
Ministry of Physical Planning, Works and Transport, Management, Department of Water Supply and Sewerage, National Information Management Project (NMIP)
Nepal Food Corporation

INGOs

Helen Keller International
Oxfam
Practical Action
Save the Children
Winrock International
Lutheran World Federation (LWF)

NGOs/Network/Civil Society and Private Sector

Nepal Red Cross Society
Federation of Community Forestry Users' Nepal (FECOFUN)
Food-First Information and Action Network (FIAN) Nepal
Federation of Nepalese Chambers of Commerce and Industry (FNCCI), Agro enterprises Centre (AEC)
Farmers Network (Kisan Sanjal)
Disaster Preparedness Network Nepal (DPNet-Nepal Nepal Development Research Institute (NDRI)

Donor Organizations

SDC
GIZ

UN Agencies

FAO
UNICEF
WFP
WHO

Academia / Other Institutions

Central Department of Environmental Science, Tribhuvan University Consultative Group on International Agricultural Research (CGIAR)

Annex 2: Basic /Core Indicators identified and used by the NTWG during the Analysis

Livelihood - Ownership of production assets (Assets refers to land, water, finance, extension service, equipments, forest, with specific focus on women)

Access/ Market - Prices (staple food, price trend)

Disaster and climate change – Drought, Flood / Landslide

Nutrition, Health and WASH - Type of water source**,** Access to improved sanitation facilities, Percentage of population under the national poverty level**,** Underweight, Stunting, BMI, Anemia, IMR, Under 5 Mortality Rate

Agriculture and Food Security - Food Consumption Score (FCS)**,** Household Dietary Diversity Score (HDDS)**,** Copying Strategy Index (CSI)**,** Food balance sheet**,** Production Figures**,** Proportion of population unable to access a basic consumption basket during the analysis period (Poverty or food poverty line)**,** Percentage of income spent on food (for the poorest quintile)**,** Household food stocks **,** Access to agriculture /input seeds/fertilizer and irrigation

Major Data Sources

CBS- Central Bureau of Statistics;
DADO- District Agriculture Development Office;
DFTQC- Department of Food Technology and Quality Control;
DHM – Department of Hydrology and Meteorology;
CHD - Child Health Division;
DoHS, MD – Department of Health Services, Management Division
DWSS- Department of Water Supply and Sewerage;
FNCCI/AEC – Federation of Nepalese Chambers of Commerce and Industries/ Agro Enterprise Centre;
MOAD- Ministry of Agriculture Development;
MoEST-Ministry of Environment Science and Technology
MOHA- Ministry of Home Affairs;
NeKSAP – Nepal Food Security Monitoring Systems;
NLSS – Nepal Living Standard Survey;
NFC – Nepal Food Corporation;
NRCS – Nepal Red Cross Society;
NDHS- Nepal Demographic and Health Survey.

NDRI-Nepal Development Research Institute
NPCS-National Planning Commission Secretariat
WFP- World Food Program

Annex 3: 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
Outcomes	**Level Description**	• Considering recent normal years, 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 Phase 4 or 5 (or equivalent) in the past 10 years.	• Considering recent normal years, 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 Phase 4 or 5 (or equivalent) in the past 10 years.	• Considering recent normal years, 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 Phase 4 or 5 (or equivalent) in the past 10 years.	• Considering normal years, 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 Phase 4 or 5 (or equivalent) in past 10 years
	Food Consumption	**Quantity:** Lack of 2,100 kcal average pp/day: <10% hhs ***FCS**: poor/borderline: <10% hhs* ***HHS:** moderate/severe (scores 2-6): <10%* ***HDDS**: <4 food group (out of 12 food groups)s: <10%* ***HEA**: <Livelihood Protection Deficit: <10%*	**Quantity:** Lack of 2,100 kcal average pp/day: 10-20% hhs ***FCS**: poor/borderline: 10-20% hhs* ***HHS:** moderate/severe (scores 2-6): 10-20%* ***HDDS**: <4 food group (out of 12 food groups): 10- 20%* ***HEA**: <Livelihood Protection Deficit: 10-20%*	**Quantity:** Lack of 2,100 kcal average pp/day: 20-40% hhs ***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 average pp/day: >40% hhs ***FCS**: poor/borderline:>40% hhs* ***HHS:** moderate/severe (scores 2-6): >40%* ***HDDS**: <4 food group (out of 12 food groups): >40%* ***HEA**: <Livelihood Protection Deficit: >40%*
	Livelihood Change	Gradual year-to-year erosion of Livelihood Assets (5 capitals) and Strategies: <10% HHs	Gradual year-to-year erosion of assets and strategies: 10 to 20% HHs	Gradual year-to-year erosion of assets and strategies: 20 to 40% HHs	Gradual year-to-year erosion of assets and strategies: >40% HHs
	Nutrition	**Stunting**: <20% ***Anemia** : <5%* ***Vitamin A deficiency**: <2%*	**Stunting**: 20 – 30% ***Anemia** : 5– 20%* ***Vitamin A deficiency**: 2% - 10%*	**Stunting**: 30 – 40% ***Anemia** : 20 – 40%* ***Vitamin A deficiency**: 10 - 20%*	**Stunting**: >40% ***Anemia** : >40%* ***Vitamin A deficiency**: > 20%*
	Recurrence of Acute Emergencies	None or 1 year over the past 10 years of Acute Phase 4 or 5 for the admin area.	2 years over the last 10 years of Acute Phase 4 or 5 for the admin area.	3-4 years over the last 10 years of Acute Phase 4 or 5 for the admin area.	5-10 years over the last 10 years of Acute Phase 4 or 5 for the admin area.
Contributing Factors	**Hazards & Vulnerability**	**Hazards:** Rare events in admin area **Assets:** Insufficient 5 capitals: <10% HHs. **Below Nat'l Poverty Line**: <10% **Strategies**: Unsustainable: <10% HHs **Policies, Institutions, and Processes (PIPs)**: Adequate to high performance for admin area	**Hazards:** Occasional events in admin area **Assets:** Insufficient 5 capitals: 10-20% HHs **Below Nat'l Poverty Line**: 10-20% **Strategies**: unsustainable: 10-20% HHs **PIPs**: Medium performance for admin area	**Hazards:** Frequent events in admin area **Assets:** Insufficient 5 capitals: 20-40% HHs **Below Nat'l Poverty Line**: 20-40% **Strategies**: unsustainable: 20-40% HHs **PIPs**: Poor performance for admin area	**Hazards:** Very frequent events in admin area **Assets:** Insufficient 5 capitals >40% HHs **Below Nat'l Poverty Line**: >40% **Strategies**: unsustainable: >40% hhs **PIPs**: Very poor performance for admin area
	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)	No Access to improved sources: <10% HHs	No Access to improved sources: 10-20% HHs	No Access to improved sources : 20-40% HHs	No Access to improved sources: >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 (seasonal, on-going, 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			