



Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions



Understanding the IPC Scales

19 YEARS OF IMPACT

The IPC is a global authority on food security and nutrition analysis.



Over 30 Countries:

The IPC scales are currently used in over 30 countries, some of which are experiencing the world's worst food and nutrition crises.



US \$6 billion:

Every year, the IPC informs around \$6 billion in food crisis response decisions globally.



600 Trained:

Every year, the IPC trains around 600 food security and nutrition analysts on different scales and at various levels.

Cover: UNICEF South Sudan 2017

From January to December 2020, close to 1.4 million children aged 6-59 months old in South Sudan were acutely malnourished and in need of treatment.

The IPC has been working with South Sudan since 2011.

Understand the IPC Scales

The Integrated Food Security Phase Classification (IPC) provides a common scale for classifying the severity and magnitude of food insecurity and acute malnutrition, which improves the rigour, transparency, relevance and comparability of food security and nutrition analysis for decision-makers.

IPC analyses seek to answer six questions:

1. How severe is the situation?
2. When will populations be affected?
3. Where are the most affected people located?
4. How many people are affected?
5. Why is it happening?
6. Who are those most affected?

To answer these questions, the IPC uses three scales: the Acute Food Insecurity scale, the Chronic Food Insecurity scale and the Acute Malnutrition scale.

The IPC distinguishes between acute food insecurity, chronic food insecurity and acute malnutrition, since different interventions are needed to address each situation, providing decision-makers with invaluable information to address food insecurity and malnutrition.

WHAT IS THE IPC

The Integrated Food Security Phase Classification (IPC) is an innovative multi-stakeholder initiative to improve analysis and decision-making on food security and nutrition.

Using the IPC classification and analytical approach, governments, UN agencies, NGOs, and other stakeholders work together to determine the severity and extent of acute and chronic food insecurity and acute malnutrition situations within countries, according to internationally recognised standards.




IPC Scale	Identifies areas and populations with:	Identify the need for urgent action to:
Acute Food Insecurity 	food deprivation that threatens lives or livelihoods, regardless of the causes, context or duration.	decrease food gaps and protect lives and livelihoods.
Chronic Food Insecurity 	persistent or seasonal inability to consume adequate diets for a healthy and active life, mainly due to structural causes.	address underlying factors and potentially implement safety net programmes.
Acute Malnutrition 	a high prevalence of acute malnutrition accompanied by high or increasing levels of morbidity or individual food consumption gaps.	scale up acute malnutrition treatment and prevention for affected populations.



Photo: WHO Somalia

Acute Food Insecurity (AFI)

The Acute Food Insecurity Scale classifies food insecurity found at a specific point in time and of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration.

- **Strategic objectives:** Short-term objectives to prevent or decrease acute food insecurity that threatens lives or livelihoods.
- **Severity categories:** The scale is broken down into five phases: No (household classification) / Minimal (area classification) (Phase 1), Stressed (Phase 2), Crisis (Phase 3), Emergency (Phase 4), and Catastrophe (household classification) / Famine (area classification) / Famine Likely (area classification) (Phase 5).
- **Analytical focus:** Identifying areas with a large proportion of households with significant food energy gaps or livelihood change strategies that can endanger lives or livelihoods.

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.)
Priority response objectives	Action required to build resilience and for disaster risk reduction	Action required for disaster risk reduction and to protect livelihoods	Urgent action required to: Protect livelihoods and reduce food consumption gaps Save lives and livelihoods Revert/prevent widespread death and total collapse of livelihoods		



Photo: MONUSCO DRC

Chronic Food Insecurity (CFI)

Food insecurity that persists over time mainly due to structural causes, including intra-annual seasonal food insecurity.

- **Strategic objectives:** Medium- and long-term improvement of the quality and quantity of food consumption for an active and healthy life.
- **Severity categories:** The CFI scale has four severity levels: No (household classification) / Minimal (area classification) (Level 1); Mild (Level 2); Moderate (Level 3); and Severe (Level 4).
- **Analytical focus:** Identifying areas with a large proportion of households that have a long-term inability to acquire adequate food requirements both in terms of macro- and micronutrients.


	Level 1 No/Minimal Chronic Food Insecurity	Level 2 Mild Chronic Food Insecurity	Level 3 Moderate Chronic Food Insecurity	Level 4 Severe Chronic Food Insecurity
Chronic food insecurity level name and description	In a common year, households are continuously able to access and consume a diet of acceptable quantity and quality for an active and healthy life. household livelihoods are sustainable and resilient to shocks. households are not likely to have stunted children.	In a common year, households are able to access a diet of adequate quantity but do not always consume a diet of adequate quality. household livelihoods are borderline sustainable, and resilience to shocks is limited. households are not likely to have stunted children.	In a common year, households have ongoing mild deficits in food quantity and/or seasonal food quantity deficits for 2 to 4 months of the year, and consistently do not consume a diet of adequate quality. household livelihoods are marginally sustainable, and their resilience to shocks is very limited. households are likely to have moderately stunted children.	In a common year, households have seasonal deficits in quantity of food for more than 4 months of the year and consistently do not consume a diet of adequate quality. household livelihoods are very marginal and are not resilient. households are likely to have severely stunted children.
Key Implications for response planning ¹	Monitor the food security situation, invest in disaster risk reduction, and reinforce livelihoods as needed.	Monitor the food security situation, invest in disaster risk reduction, and protect and strengthen livelihoods as needed. Address underlying factors to increase the quality of food consumption.	Urgent Action Required to: 	
			Address underlying factors to increase the quality and quantity of food consumption and decrease chronic malnutrition. Consider safety net programmes as needed.	Implement safety net programmes to improve the quality and quantity of food consumption. Implement complementary programmes to address underlying factors to substantially decrease food insecurity and chronic malnutrition.



Photo: UNHCR Yemen

Acute Malnutrition (AMN)

The classification of acute malnutrition focuses on identifying areas with a high proportion of acutely malnourished children that require urgent action. Global Acute Malnutrition is expressed by the thinness of individuals or the presence of oedema.

- **Strategic objectives:** Short- and long-term objectives to prevent or decrease high levels of acute malnutrition.
- **Severity categories:** The AMN scale has five severity phases: Acceptable (IPC Phase 1), Alert (IPC Phase 2), Serious (IPC Phase 3), Critical (IPC Phase 4), and Extremely Critical (IPC Phase 5).
- **Analytical focus:** Identifying areas with a large proportion of children wasted or with oedema.

Phase name and description	Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
	Less than 5% of children are acutely malnourished.	5-9.9% of children are acutely malnourished.	10-14.9% of children are acutely malnourished.	15-29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.
	The situation is progressively deteriorating, with increasing levels of acute malnutrition. Morbidity levels and/or individual food consumption gaps are likely to increase with increasing levels of acute malnutrition.				
Priority response objective to decrease acute malnutrition and to prevent related mortality. ²	Maintain the low prevalence of acute malnutrition.	Strengthen existing response capacity and resilience. Address contributing factors to acute malnutrition. Monitor conditions and plan response as required.	Urgently reduce acute malnutrition levels through →		
			Scaling up of treatment and prevention of affected populations.	Significant scale-up and intensification of treatment and protection activities to reach additional population affected.	Addressing widespread acute malnutrition and disease epidemics by all means.

IPC

Integrated Food Security
Phase Classification



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