

## IPC acute food insecurity reference table for area classification

**Purpose:** To guide short-term strategic objectives linked to medium- and long-term objectives that address underlying causes and chronic food insecurity.

**Usage:** Classification is based on the convergence of evidence of current or projected most likely conditions, including effects of humanitarian assistance.

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

\*For both nutrition and mortality area outcomes, household food consumption deficits must be an explanatory factor in order for that evidence to be used in support of a phase classification. For example, elevated malnutrition due to disease outbreak or lack of health access – if it is determined to not be related to food consumption deficits – should not be used as evidence for an IPC classification. Similarly, excess mortality rates due to murder or conflict – if they are not related to food consumption deficits – should not be used as evidence for a phase classification. For Acute Malnutrition, the IPC thresholds are based on the percentage of children under five years who are below two standard deviations of weight for height or presence of oedema. BMI is an acronym for Body Mass Index. CDR is Crude Death Rate. USDR is Under 5 Death Rate.