CH Cadre Harmonisé

MODULE 4: FUNCTION 2 CLASSIFICATION OF SEVERITY AND IDENTIFICATION OF DETERMINING FACTORS

SESSION 4.3: PROTOCOL 2.2 USE THE REFERENCE TABLE TO ASSESS DIRECT EVIDENCE OF FNS AND CONTRIBUTING FACTORS

CH V3.0

PLAN

- **OBJECTIVES**
- **INTRODUCTION**
- **REFERENCE TABLE**
- **DESCRIPTION OF THE PHASES AND OBJECTIVES OF PRIORITY INTERVENTIONS**
- **RESULT INDICATOR THRESHOLDS**
- **CONTRIBUTING FACTORS AND OUTCOMES OF FNS**

Objectives

At the end of this session, participants will be able to:

- understand the reference table;
- become familiar with outcome indicators and contributing factors that have thresholds;
- use the reference table to classify direct and indirect evidence of FNS;
- use the reference table to assess the impact of the elements of contributing factors on the FNS outcomes.

INTRODUCTION

- The analysis of the available evidence requires use of reference tables to appreciate the direct and indirect evidence of the Food Security and Nutrition,
- There are 2 types of outcome indicators

Direct evidences : are elements that allow to inform accurately and directly on the level on the outcome

Indirect evidences : Indirect Evidence do not directly measure the outcomes but provide guidance or can be used to infer outcomes

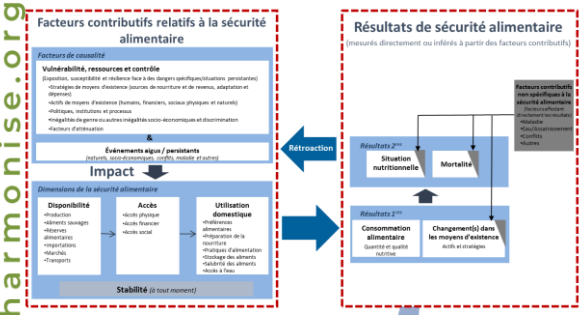
The reference table fonctionning

5 phases with a general description of the expected level of severity of the conditions

Each phase is linked to priority response objectives. A phase 3 situation or worse requires urgent action!

Nom des phases	Phase 1 Aucune/Minimale	Phase 2 Sous pression	Phase 3 Crise	Phase 4 Urgence	Phase 5 Catastrophe/Famine
Description des phases	Les ménages sont capables de couvrir leurs besoins essentiels, alimentaires et non alimentaires, sans recourir à des stratégies d'adaptation irréversibles pour accéder aux aliments et aux revenues	Les ménages ont une consommation alimentaire minimale mais ne sont pas capable de se permettre certaines dépenses non alimentaires essentielles sans s'engager dans des stratégies d'adaptation irréversibles	Les ménages ont des déficits alimentaires qui se reflet dans des taux de Malnutrition aigüe élevés ou supérieurs à la normale ; *OU* sont marginalement capables de couvrir le minimum de ses besoins alimentaires en épuisant les avoirs relatifs aux moyens d'existence ou en employant des stratégies d'adaptation de crise	les ménages ont des large déficits alimentaires, ce qui résulte en une malnutrition aiguë très élevée ou une mortalité excessive ; *OU* sont capables de mitiger les larges déficits alimentaires employant des stratégies d'adaptation d'urgence et en liquidant leurs avoirs	Les ménages ont un extrême manque d'aliments et sont incapable de couvrir autres besoins même en employant des stratégies. Mort, destitution et taux de malnutritions extrêmement critiques sont évident. (Pour la classification en Famine, des taux de malnutrition et de mortalité très élevés sont nécessaires).
d'intervention prioritaires	développer la résilience et réduire les risques de catastrophe.	les risques de catastrophe et protéger les moyens d'existence	d'existence, prévenir la malnutrition, et prévenir les décès	d'existence.	grande échelle et éviter l'effondrement total des moyens d'existence
alimentaire	***SCA :*** Consommation acceptable stable :	***SCA :*** Consommation acceptable mais en détérioration : Pauvre : 05 -10% ou Pauvre+ Limite : 15-30%	***SCA :*** Consommation limite : Pauvre 10 -20% ou Pauvre + Limite : 30% et plus	***SCA :*** Faible consommation : Pauvre ≥ 20%	***SCA :*** Inférieur à consommation faible (*ND*)
	Sco	***HHS :*** faible Score = 1	***HHS :*** modérée score 2 - 3	***HHS :*** grave score = 4	***HHS*** : très grave Score = 5- 6
	rC	***rCSI*** : 4-18	***rCSI*** : ≥ 19		
	E = 0%	***HEA*** : DPME < 80%	***HEA :*** DPME≥80% ou DS < 20%	***HEA :*** *DS ≥ 20% et* < 50%	***HEA:*** DS : ≥ 50 %
Évolution de moyen d'ex	**s 80%** des ges n'ont mis œuvre aucune tratégie d'adaptation négative	**Au moins 20%** des ménages ont mis en œuvre des stratégies d'adaptation de stress ou pire et **moins de 20%** ont mis en œuvre des stratégies d'adaptation de crise ou d'urgence	Au **moins 20%** des ménages ont mis en œuvre des stratégies d'adaptation de crise ou pire et moins **de 20%** ont mis en œuvre des stratégies d'adaptation d'urgence	Au **moins 20%** des ménages ont mis en œuvre des stratégies d'adaptation d'urgence	ND
État nutritionnel	***Malnutrition aiguë globale*** : < 5%	***Malnutrition aiguë globale*** : 5-10%	***Malnutrition aiguë globale :*** 10-15 %	***Malnutrition aiguë globale*** : 15-30%	***Malnutrition aiguë globale :*** ≥ 30%
	Prévalence IMC **<18,5 kg/m² :** <5%	***Prévalence IMC*** **<18,5 kg/m² :** 5 - 9.9%	***Prévalence IMC*** **<18,5 kg/m² :** 10 -19.9%	***Prévalence IMC*** **<18,5 kg/m² :** 20-39.9%	***Prévalence IMC*** **<18,5 kg/m² :** ≥ 40%
Mortalité	***TBM*** :<0,5/10000/jour	***TBM***:<0,5/10000/jour	***TBM*** : 0,5-1/10000/jour	***TBM*** : 1-2/10 000/jour OU 2 × la référence	***TBM*** :> 2/10 000/jour
	TMM5 : ≤1/10,000/jour	***TMM5*** : ≤1/10,000/jour	***TMM5*** : 1-2/10 000/jour	***TMM5*** : 2-4/10 000/jour	***TMM5*** :> 4/10 000/jour

THE REFERENCE TABLE



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Organized in the same way as the CH analytical framework

Phase Description	Households are able to meet their essential food and non-food needs without resorting to irreversible coping strategies to access food and income.	Households have minimally adequate food consumption but cannot afford some basic non-food expenditures without engaging in irreversible coping strategies.	Households have food deficits that are reflected in high or above-average levels of acute malnutrition; *OR* are marginally able to cover their minimum food needs by exhausting livelihood assets or using crisis coping strategies	Households have large food deficits resulting in very high acute malnutrition or excess mortality; *OR* are able to mitigate large food deficits by using emergency coping strategies and by liquidating their assets	Households have extreme food shortages and are unable to cover other needs even by using strategies. Death and extremely critical malnutrition rates are evident. (For Famine classification, very high rates of malnutrition and mortality are necessary).
Priority intervention objectives	Action required to develop resilience and reduce disaster risks	Action required to reduce disaster risks and protect livelihoods	Protect livelihoods, prevent malnutrition, and prevent deaths	Save lives and livelihoods	Prevent widespread deaths and avoid the total collapse of livelihoods total collapse of livelihoods
Food consumption	**HDDS**>=5 groups	**HDDS:** 4 groups	***HDDS:** 3 groups*	***HDDS:** 2 groups*	***HDDS:** 0 - 1 group*
	CS: Food onsumption is cceptable and stable *oor< 5%*	***SCA:*** Food consumption is acceptable but is deteriorating: Poor: 05 -10% or Poor + Borderline: 15-30%	***SCA:*** Borderline food consumption Poor 10 -20% or Poor + Borderline: 30% and above	***SCA:** low* food consumption: Poor ≥ 20%	***SCA:*** Below low consumption *(ND)*
	HHS: none core = 0	***HHS:** low* Score = 1	***HHS:*** moderate score 2 – 3	***HHS:*** severe score = 4	***HHS:*** very severe Score = 5- 6
	CSI: 0-3	***rCSI:*** 4-18	***rCSI:*** ≥ 19		
	***IEA*[9]:** LPD= 0%	***HEA:*** LPD< 80%	***HEA:*** LPD≥80% or DS < 20%	***HEA:** SD≥ 20% and* < 50%	***HEA:*** SD: ≥ 50 %
Livelihood change	**t least 80%** of ouseholds did not ngage in negative oping strategies	**At least 20%** of households have implemented stress coping strategies or worse and **less than 20%** have resorted to crisis or emergency coping strategies	**At least 20%** of households have resorted to crisis coping strategies or worse, and **less than 20%** have resorted to emergency coping strategies	**At least 20%**of households have resorted to emergency coping strategies	ND
Nutrition status	***lobal acute nalnutrition*:** 5%	***Global acute malnutrition*:** 5-10%	***Global acute malnutrition:*** 10-15 %	***Global acute malnutrition*:** 15-30%	***Global acute malnutrition:*** ≥ 30%
	***MI prevalence* <18.5 g/m²:** 5%	***BMI prevalence*** <18.5 kg/m²: 5 - 9.9%	***BMI prevalence* <18.5 kg/m²:** 10 -19.9%	***BMI prevalence* <18.5 kg/m²:** 20-39.9%	***BMI prevalence* <18.5 kg/m²:** ≥ 40%
Mortality	***DR*:** <0.5/10,000/day	***CDR*:** <0.5/10,000/day	***CDR*:** <0.5 - 1/10,000/day	***CMR*:** 1-2/10,000/day OR 2 × the reference	***CMR*:**> 2/10,000/day
	***U5DR*:** ≤1/10,000/day	***U5DR*:** ≤1/10,000/day	***U5DR*:** 1-2/10,000/day	***U5DR*:** 2 - 4/10,000/day	***U5DR*:**> 4/10,000/day

Description of the phases and objectives of priority interventions

Phase name	Description of phases	Priority intervention objectives
Phase 1 None/Minimal	*Households are able to cover their basic food and non-food needs without engaging in atypical or unsustainable strategies to access food and income.*	Action required to build resilience and reduce disaster risk
Phase 2: Stress or Under pressure	*Households have minimally adequate food consumption but cannot cover certain non-food expenses essential without engaging in stress coping strategies.*	Action required to reduce disaster risks and protect livelihoods
Phase 3 Crisis	*Households:* · *have food consumption deficits reflected by high acute malnutrition or above usual levels.* ***Or*** · *manage to cover their essential food needs marginally but only by departing of their major livelihood assets or by employing crisis coping strategies.*	Protect livelihoods and reduce consumption deficits.

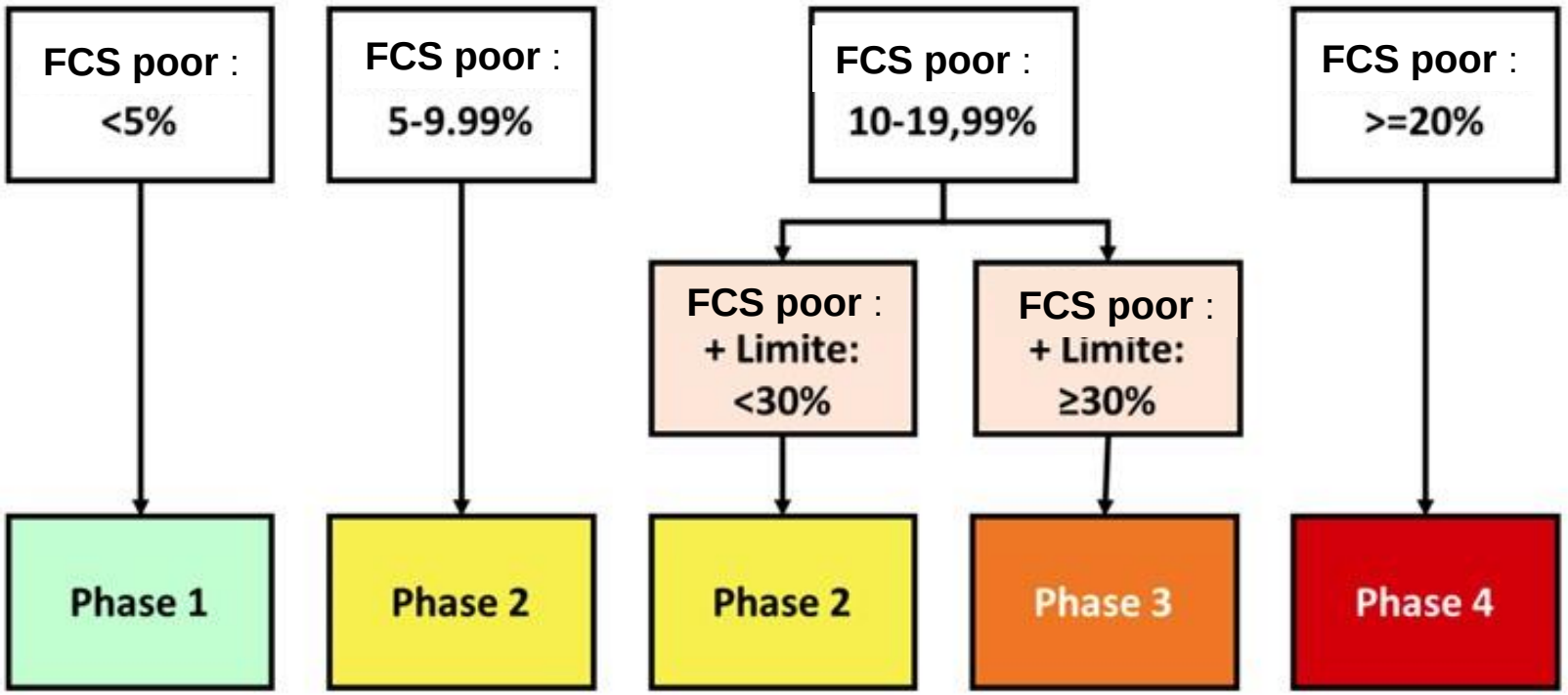
Description of the phases and objectives of priority interventions

Phase name	Description of phases	Priority intervention objectives
Phase 4 Emergency	Households: have significant food consumption deficits reflected by very high acute malnutrition and mortality excessive, Or are able to reduce the size of food deficits but only by using emergency coping strategies and liquidating their assets.	Save lives and livelihoods.
Phase 5 **Disaster/Famine**	Households are extremely short of food and/or enough to meet their other basic needs despite maximum use of coping strategies. Critical levels of starvation, death, destitution and acute malnutrition are evident (To be classified in the Famine phase, an area must have extremely critical levels of acute malnutrition and mortality)	Preventing deaths large scale and avoid collapse total livelihood

OUTCOMES INDICATORS THRESHOLDS

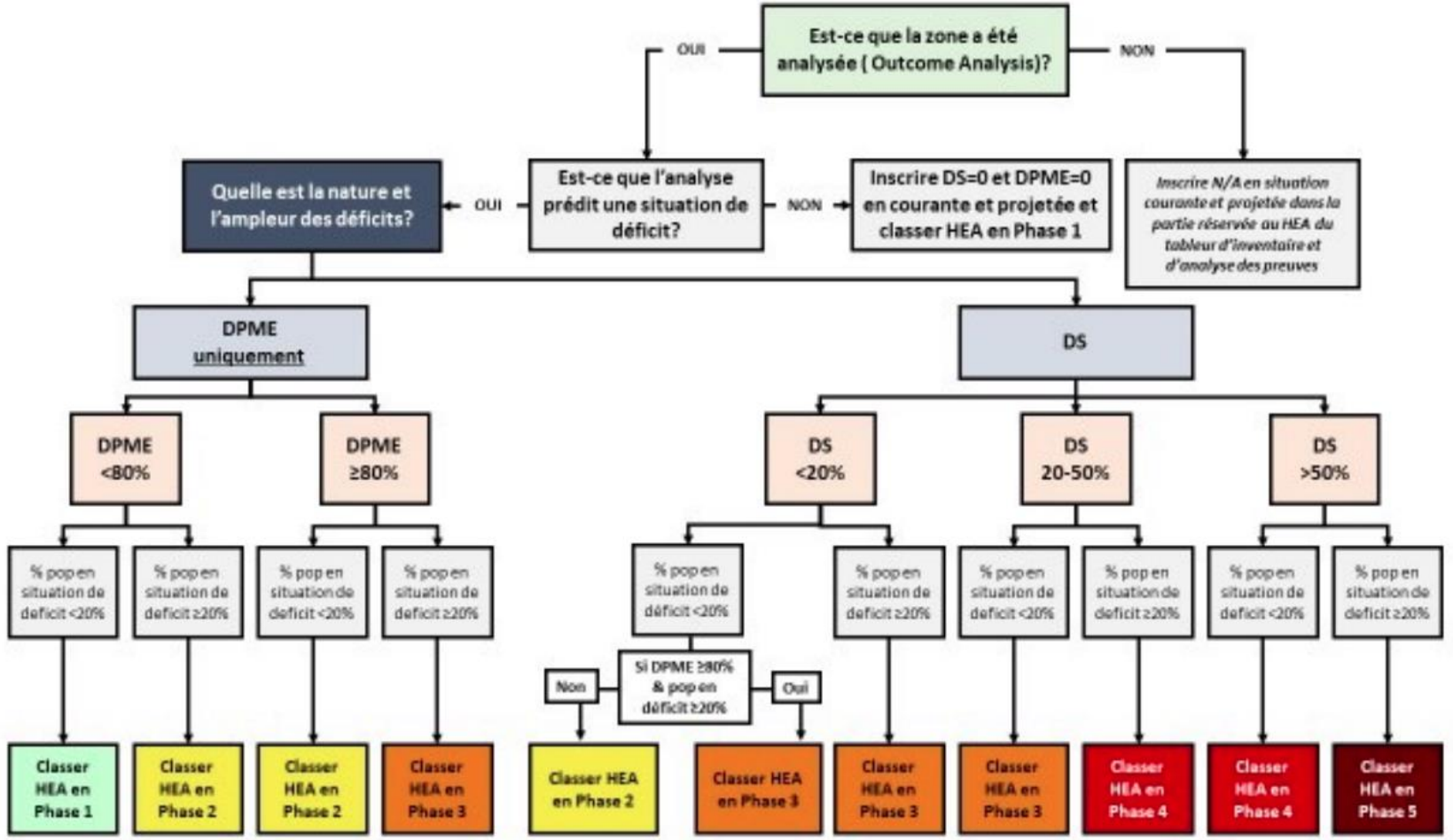
Phase 1 None/Minimal	Phase 2 Under pressure	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Disaster/Famine
HDDS>=5 groups	**HDDS**: 4 groups	***HDDS**: 3 groups*	***HDDS**: 2 groups*	***HDDS**: 0 - 1 group*
FCS: Acceptable and stable consumption: *Poor < 5%*	***FCS:*** Acceptable consumption but deteriorating: Poor: 5-10% or Poor + Limit: 15-30%	***FCS**:* Consumption limit: Poor 10-20% or Poor + Limit: ≥30%	***FCS*** Low consumption : Poor ≥ 20%	***FCS:*** Lower at low consumption (*ND*)
***HHS** :* None Score = 0	***HHS** :* low Score = 1	***HHS** :* moderate Score 2-3	***HHS:*** severe Score = 4	***HHS*** : very severe Score = 5- 6
***rCSI**:*0-3	***rCSI**:*4-18	***rCSI***: ≥19		
HEA: LPD = 0%	***HEA*** : LPD <80%	***HEA** :* LPD≥80% or SD <20%	***HEA:** SD ≥ 20% and* <50%	***HEA**:* SD: ≥ 50%

Decision tree for determining FCS classification



OUTCOMES INDICATOR THRESHOLDS

CLASSIFICATION OF HEA INDICATORS



OUTCOMES INDICATOR THRESHOLDS

Livelihood categorizes households according to different types of strategies adopted to meet their food needs. The strategies are classified according to their severity: strategies of **stress**, strategies of **crisis** and strategies of **emergency**.

There are no strategies for starvation because at this stage, households have already exhausted all possible strategies.

Phase 1 None/Minimal	Phase 2 Under pressure	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Disaster/Famine
At least 80% of households have not implemented any negative coping strategies	**At least 20%** of households have implemented coping strategies for stress or worse and the sum of the proportions in crisis and emergency is less than 20%	At**minus 20%** of households have implemented crisis adaptation strategies or worse and the proportion in emergency is less than **20%**	At**minus 20%** of households implemented emergency coping strategies	ND

Outcomes indicator thresholds

Phase 1 None/Minimal	Phase 2 Under pressure	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Disaster/Famine
Global acute malnutrition (W/H): <5%	***Globale Acute malnutrition (W/H)***: 5-9.9%	***Globale Acute malnutrition (W/H)***: 10-14.9%	***Global Acute malnutrition (W/H***: 15-29.9%	***Global acute malnutrition (W/H)***: ≥30%
BMI prevalence **<18.5 kg/m²:** <5%	***BMI prevalence*****<18.5 kg/m²:** 5 - 9.9%	***BMI prevalence*** **<18.5 kg/m²:** 10 -19.9%	***BMI prevalence*** **<18.5 kg/m²:** 20-39.9%	***BMI prevalence*** **<18.5 kg/m²:** ≥40%

Outcomes indicator thresholds

Crude Death Rate (CDR):

Risk to the general population to die during the recall period.

Under 5 Death Rate (U5DR)

Risk to children under five years old to die during the recall period.

Phase 1 None / Minimal	Phase 2 Stressed / Under pressure	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe / Famine
CDR : <0.5 / 10000 / day	***CDR*** : <0.5 / 10000 / day	***CDR*** : 0.5-1 / 10000 / day	***CDR*** : 1-2 / 10 000 / day OR 2 × reference	***CDR*** : > 2/10 000 / day
U5DR : ≤1 / 10,000 / day	***U5DR*** : ≤1 / 10,000 / day	***U5DR*** : 1-2 / 10,000 / day	***U5DR*** 2- 4/10 000 / day	***U5DR*** :> 4/10 000 / day

Outcomes indicator thresholds

Indirect evidence

Calorie proxy: The calorie proxy, estimated on the basis of production agropastoral and fisheries, is indirect evidence of food consumption. All agropastoral and fisheries production in the area converted into energy (calories) and reported per inhabitant per day

The MUAC (upper arm circumference) : corresponds to the measurement of the circumference of the arm at the midpoint located between the end of the shoulder and that of the elbow. MUAC < 125 mm and/or presence of edema= global acute malnutrition.

Results	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Food consumption	***Calorie proxies:*** ≥2400 kcal per person per day	***Calorie proxies:*** Between 2100 to 2400 kcal per person per day	***Calorie proxies***: 1680 to 2100 kcal per person per day	***Calorie proxies**:** < 1680 kcal per person per day	***Calorie proxies***: N / A
Nutritional Status	***PB/MUAC***: < 5%				
		PB/MUAC: 5%-9.9%			
			PB/MUAC:10%-14.9%		
				***PB/MUAC*: >**15%	

Contributing factors

- Most contributing factors do not have standard universal thresholds;
- However, for some, thresholds have been determined to guide the analysts;
- Two categories of contributing factors:
  - **Key drivers:**Hazards and vulnerability;
  - **limiting:**food availability; accessibility; food utilization including water and stability

The analysis of contributing factors consists of evaluating the nature (positive or negative) and intensity (Light, Medium and Strong) of the impact of each group of contributing factors on SAN results.

CONTRIBUTING FACTORS

Contributing factors Availability	Impact						
	Negative			Not significant	Positive		
	Strong	Medium	slight		Slight	Medium	Strong
% of water bodies	<50% of water points that are currently exploited	50 to 70% of water points that are currently exploited	70 to 90% of water points that are currently exploited		100% of water points	NA	NA
Presence of surface water of more than one km² compared to average, or SWB of Landsat 30 m	<60%	60-80%	80%		120%	120-140%	>140%
BSN (Body status Note)	More than 60% of animals having a BSN below or equal 2	More than 60% of animals having a BSN below or equal 2	Below 30% of animals have a BSN below or equal 2		Less than 30% of animals have a BSN above 2	30-60% of animals have a BSN above 2	More than 60% of animals have a BSN above 2
Livestock/cereals terms of trade	<-50%	- 50 to -26 %	-25 to -6%	-5 to 5%	6 to 25%	26 to 50%	>50%
Rate of change in livestock monthly average prices	<-50%	- 50 to -26 %	-25 to -6%	-5 to 5%	6 to 25%	26 to 50%	>50%
Variation of sales rates per species	<-10 points	-10 to -6 points	-5 to -3 points	-2 to 2 points	3-5 points	6-10points	>10points
Unusual sale of reproducing young female livestock	>30%	16-30%	6-15%	<5%	NP	NP	NP
Variations of feed and fodder prices	>50%	26 to 50%	6 to 25%	-5 to 5%	-25 to -6%	- 50 to -26 %	<-50%

CONTRIBUTING FACTORS

Contributing factors Access	Impact						
	Negative			Not significant	Positive		
	Strong	Medium	Slight		Slight	Medium	Strong
Variation of staple food prices in %	> 50	26 - 50	6 - 25	-5 to +5	- 6 to– 25	-26 to -50	- 50 and above
Variation of income products price in %	- 50 and above	-26 --50	- 6 to - 25	Na	6 – 25	26 - 50	> 50
Variation of trade terms in %	- 50 and above	-26 - -50	- 6 to - 25	Na	6 – 25	26 - 50	> 50

Contributing factors related to nutrition status	Impact					
	Negative			Positive		
	Strong	Medium	Slight	Slight	Medium	Strong
Minimum meal frequency [1]	<20%	20-29%	30-39%	40-59%	60-79%	≥80%
Minimum diet diversity among children aged 6 – 23 months[2]	<20%	20-29%	30-39%	40-59%	60-79%	≥80%
Minimum acceptable diet[3] *for children:*	<20%	20-29%	30-39%	40-59%	60-79%	≥80%
Exclusive breastfeeding among infants (below 6 months)[4]	<20%	20-29%	30-34%	35-39%	40-50%	>50%

END