UNSEEN HUNGER

Data, tools and insights for better food security analysis and response

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ABBREVIATIONS

AFI	Acute Food Insecurity
CAR	Central African Republic
CDR	Crude Death Rate
CFI	Chronic Food Insecurity
CH	Cadre Harmonisé
ENSA	National Food Security Survey (CAR)
FCS	Food Consumption Score
FES	Food Expenditure Share
FGD	Focus Group Discussion
FHH	Female-Headed Household
FIES	Food Insecurity Experience Scale
FSNMS	Food Security and Nutrition Monitoring System (South Sudan)
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GSC	Global Steering Committee
GSU	Global Support Unit
HAG	Household Analysis Group
HDDS	Household Dietary Diversity Score
HEA	Household Economy Analysis
HH	Household
HHS	Household Hunger Scale
IASC	Inter-Agency Steering Committee

ABBREVIATIONS

IDDS	Individual Dietary Diversity Score
INGO	International Non-Governmental Organisation
IPC	Integrated Food Security Phase Classification
KII	Key Informant Interview
LCS	Livelihood Coping Strategies
LCS-FS	Livelihood Coping Strategies – Food Security
MDD-W	Minimum Dietary Diversity for Women
MHH	Male-Headed Household
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
NNGO	National Non-Governmental Organisation
PAFI	Protracted Acute Food Insecurity
PAMN	Protracted Acute Malnutrition
rCSI	Reduced Coping Strategy Index
TAG	Technical Advisory Group
TWG	Technical Working Group
U5DR	Under-five Death Rate
VASyr	Vulnerability Assessment of Syrian Refugees (Lebanon)
WFP	World Food Programme
WHZ	Weight-for-Height Z-Score
WRO	Women Rights Organisation

EXECUTIVE SUMMARY

This report presents the findings, adapted tools, and recommendations from a multi-country initiative funded by the Novo Nordisk Foundation. Titled "Improving gender sensitive and local NGO engagement in IPC processes and other food security analyses", this project was implemented by Oxfam – a longstanding partner of the Integrated Food Security Phase Classification (IPC) – between 2024 and 2025, with a central objective of addressing the widespread issue of "gender blindness" in humanitarian food security assessments, particularly within the IPC framework. The IPC's basic methodology relies on the household as the unit of analysis, which means that IPC analyses routinely overlook gender considerations and inevitably mask critical intra-household disparities. This gap is problematic as gender and intersectional factors significantly affect who is most severely impacted by food insecurity, with women globally believed to be about 10% more likely than men to experience moderate to severe food insecurity[1].

The research was implemented through mixed-method pilot studies conducted across Lebanon and South Sudan. Building on previous pilots that exposed complex, sometimes paradoxical results regarding the severity of food insecurity between male- and female-headed households, this initiative sought to answer the central question of whether women are more food insecure than men by collecting quantitative data (that could be disaggregated by the sex of the head of household), individual-level data, and qualitative evidence on intra-household dynamics.

The data confirms that food insecurity is a gendered, intensely relational, and unevenly distributed phenomenon. While household-level metrics may show similarities between male- and female-headed households, individual-level and qualitative findings consistently demonstrate that women and girls disproportionately absorb the burden of scarcity through self-sacrifice and chronic reduction of diet quality.

The most alarming finding relates to food utilisation, specifically diet diversity, revealing a crisis in the quality of women's diets across locations and contexts. Moreover, qualitative data revealed that women, particularly mothers and caregivers, are consistently the first to reduce portions, skip meals, or pretend they have eaten to ensure others (children, the ill, working men) are fed, framing this self-denial as a maternal duty.

Women also face a persistent paradox of responsibility without authority; they function as the operational managers of food but frequently lack control over financial resources, assets, and land. Often, women and girls further bear the overwhelming majority of unpaid labour (fetching water/firewood) which is linked to acute protection risks, including high levels of Gender-Based Violence (GBV).

By integrating disaggregated analysis by gender in the IPC, this project has demonstrated that significant existing differences in food security between women and men are invisible within typical household-level IPC analysis. In contrast, gender-disaggregated analysis enables the IPC to better address the question of who is most food insecure, and for more targeted recommendations that will enable decision makers and implementers to provide more tailored, efficient, and effective humanitarian responses.

Based on these findings and Oxfam's experiences in South Sudan and Lebanon in collecting, analysing, and incorporating disaggregated data into IPC analyses, an adapted modular toolset has been developed for gender-disaggregated analysis, designed as a necessary first step in an iterative trial-and-error approach to reform. The toolkit, which is designed to align with the IPC analytical framework and accompanying IPC Analysis Platform, mandates a mixed-methods approach and is divided into core quantitative tools (collecting standard indicators, disaggregated by sex) and additional tools, to be employed when funding allows. The qualitative component of the toolkit must always be systematically employed, preceded by a thorough desk review, to capture context, structural factors, and intra-household dynamics.

RECOMMENDATIONS

To translate these findings and ensure the IPC better identifies who is truly most food insecure, systemic reforms targeting practitioners, the IPC Global Support Unit (IPC GSU), and policy makers are crucial.

FOR PRACTITIONERS – BOTH HUMANITARIAN RESPONDERS AND DATA COLLECTION AGENCIES:

- Routinely use the adapted tools, including constant disaggregation by sex of head of household at a minimum.
- Leverage existing datasets for analysis: standardised, national surveys routinely already collect data disaggregated by sex – these only need to be analysed and included in the reporting.
- Prioritise women's dietary diversity in targeting and design of humanitarian assistance and expand flexible cash support for female-headed households (FHHs).
- Work intersectorally between food security, gender, and behavioural change actors to address underlying social norms and intra-household food allocation practices, while ensuring that analysts and enumerators are trained in both food security and gender.

FOR THE IPC GSU:

- Review and adapt the IPC Gender Guidance Note to formally mandate mixed-methods, lay out additional modalities for analysing and communicating gender disaggregated data within analyses, and clarify how individual indicators can be used as indirect evidence.
- Together with IPC partners, develop a plan for the continued expansion of IPC analyses that incorporate gender disaggregated data.
- Increase the proactive inclusion of Women's Rights Organisations (WROs) and other local/national organisations and experts in contextual gender knowledge, reducing the barriers to participation in the IPC analyses.

FOR POLICY MAKERS AND DONORS:

- Mandate and fund robust disaggregated data collection and qualitative research as routine practice.
- Ensure that policies use disaggregated analysis for targeting and prioritisation in contexts of reduced funding, focusing on the hidden hungry and guaranteeing women's control over assistance.

1. THE PILOT PROJECT

In 2024-2025, Oxfam – a longstanding partner of the Integrated Food Security Phase Classification (IPC)[2] – led a multi-country initiative aimed at studying gender-disaggregated food insecurity. The project, titled "Improving gender sensitive and local NGO engagement in IPC processes and other food security analyses", was financed by the Novo Nordisk Foundation and commenced on 15 February 2024. Initially scheduled to run until 15 August 2025, the project was later extended until 30 November 2025.

The pilot studies were implemented in two countries: Lebanon (across five districts: Baabda, Metn, Zahle, Baalbek, and Akkar) and South Sudan (in Pibor, Wulu, and Yambio counties). The project enabled gender-disaggregated data to be collected and integrated into four IPC analyses, two per country.

The project's main objective, as mentioned, was to contribute to improving gender-disaggregated analysis in the IPC and other food security analyses. It specifically aimed to pilot new high-quality gender-sensitive data and tools, thereby increasing their integration into IPC processes.

1.1 RATIONALE

The proposal for this project stems from a widespread issue of "gender blindness" in humanitarian food security analyses. Although the IPC scale is a crucial, globally recognised tool for classifying food crises, its methodology routinely lacks disaggregated analysis beyond geography and overlooks gender considerations. This absence of depth is problematic because gender and other inter-sectional factors significantly affect who is most severely impacted by food insecurity, influencing how and why they are affected.

> **GLOBALLY, WOMEN ARE BELIEVED TO BE ABOUT 10% MORE LIKELY THAN MEN TO EXPERIENCE MODERATE TO SEVERE FOOD INSECURITY[3].**

A primary limitation of the current system – and in reality, of most food security assessments and indicators – is that the basic IPC Acute Food Insecurity (AFI) analysis unit is the household, rather than individuals. This household-level approach inevitably masks intra-household disparities.

For instance, while household consumption indicators may appear acceptable, internal food allocation practices—often driven by deeply ingrained social and moral norms—can result in women consistently eating last, least, less nutrient-dense foods or diverse diets, or reducing their portions to prioritise children, the elderly, or working men.

To address this systemic gap, the pilot project's methodologies not only compared female-headed households (FHHs) and male-headed households (MHHs) (known in IPC as Household Analysis Group, or HAG, based analysis) but moved beyond this to include individual-level analysis. Furthermore, implementing a mixed-methods approach, combining quantitative surveys with qualitative methods such as Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), proved critical for providing the contextual understanding needed to illuminate power dynamics over income control and resource access. Qualititive data also illuminated additional information and gendered differences not picked up by typical household-level quantitive indicators, such as coping mechanisms.

The explicit rationale for this project is to support systemic change by addressing the technical and capacity limitations that serve as barriers to disaggregated analysis, as identified by IPC partners, IPC Global Support Unit (GSU) staff, and official evaluations. While the IPC Technical Manual (v3.1) does encourage analysts to take gender into account and notes that HAGs can be defined by gender, such aspects have historically rarely been examined in detail. Critically, the Evaluation of the IPC Global Strategic Programme 2019–2022 states that "without greater disaggregated analysis by gender... the IPC ignores key factors contributing to food insecurity" and fails to provide the critical analysis needed for impartial decision-making. By piloting gender-sensitive tools and analysis approaches, this project sought to contribute quality, disaggregated evidence necessary to inform impartial resource allocation, gender-transformative interventions, and equitable outcomes for the most marginalised populations, and to build experience and learning for the incorporation of this data into IPC analysis and reporting.

Previous pilots

The current project in Lebanon and South Sudan is not operating in isolation; it is designed as an iterative step, building on the methodology and learning generated by previous gender-focused pilot studies conducted by core IPC partner agencies, notably Oxfam and CARE, and by the IPC GSU and the Cadre Harmonisé (CH). These initial pilots were instrumental in developing the technical tools and planning the current initiative.

Key previous pilots that inform this research include:

1. Oxfam's IPC Gender Pilot in Central African Republic (CAR)

This pilot, which was funded by Sida and was the first gender pilot for the IPC, was conducted between 1 April 2021 and 31 March 2022. The analysis focused on 12 out of 17 prefectures in CAR, using data from the National Food Security Survey (ENSA). The pilot primarily used the HAG approach, conducting separate IPC analyses for MHHs and FHHs. Overall, the data indicated that FHHs were slightly more food insecure than MHHs. Specifically, 50% of FHHs were categorised in IPC Phase 3 (Crisis) or Phase 4 (Emergency), compared to 43% of MHHs. Critically, 15% of FHHs were found to be in Phase 4 (Emergency), versus 11% of MHHs. While agriculture was the main source of income for both groups, FHHs tended to rely on trade (e.g., petty trade) as a secondary income source, likely because it accommodates childcare better than strenuous casual labour. FHHs were also found to typically have fewer assets (such as access to land) and dedicate a higher share of their expenditures to food purchases, often due to lower household food production. Analysts found that the HAG-based analysis was relatively simple and effective. However, major limitations included the difficulty of integrating individual-level gender data for robust population estimates and the absence of clear IPC mapping protocols for displaying gender-specific results.

2. CARE's IPC Gender Pilot in Somaliland/Somalia

This pilot was a mixed-methods study conducted concurrently with the AFI Analysis (August-December 2023) in two pastoral livelihood zones: Hawd Pastoral and Addun Pastoral. It integrated various tools, including the Household Hunger Scale (HHS) and the Reduced Coping Strategy Index (rCSI), alongside CARE's gender analysis tools.

In the Hawd Pastoral livelihood zone, a complex finding emerged where households led by men were classified in more severe phases (IPC Phase 4/Emergency) than those led by women (IPC Phase 3/Crisis). MHHs also reported resorting to extreme hunger-mitigation strategies more frequently.

Qualitative data was essential to explain this finding, suggesting that the disparity was influenced by external variables. Factors included aid targeting (humanitarian aid strategies often prioritise assistance to women, potentially shielding FHHs from the most severe survey outcomes) and livelihood stress (the loss of livestock due to drought severely impacted men's traditional livelihood roles, prompting them to migrate to urban centres for casual labour). This livelihood collapse contributed to shifting roles and increased stress on male providers.

3. CARE's IPC Gender Pilot in Honduras

This pilot implemented by CARE focused on the Dry Corridor of Honduras, covering the department of Choluteca, El Paraíso and Francisco Morazán, experiencing the effects of the El Niño phenomenon, recurrent droughts, Hurricanes Eta/Iota, COVID-19, and economic shocks. The pilot employed a mixed-methods approach, combining quantitative and qualitative data collection to visualise the food insecurity gap between men and women. The study utilised a blend of established and adapted indicators to measure food security and gender disparities, although they are not mentioned in the report.

The primary conclusion drawn from the triangulation of quantitative and qualitative information was that not only do women experience levels of hunger that greatly exceed those of men in the Dry Corridor, and households headed by women were more likely to experience food insecurity than those headed by men, but also that there seemed to exist a "negative cycle" where food insecurity reinforces protection risks, citing adolescent pregnancy as one example of this mutually reinforcing effect.

ADDITIONAL PRELIMINARY FINDINGS FROM OTHER PILOTS ALSO INFORMED THE METHODOLOGICAL DESIGN:

- **Haiti (IPC GSU):** Research focused on individuals revealed that a substantial share of women (11% and 12%) reported consuming zero or only one food group over the previous day, highlighting extreme individual dietary deprivation invisible at the household level.

- **Togo and Niger (CH Pilot):** This pilot found a generally worse situation for FHHs across food consumption and livelihood change indicators compared to MHHs.

The usefulness of these findings underscores the current project's methodology of mandating individual-level indicators and pairing them with qualitative research.

Remaining open questions

The initial gender pilot projects revealed critical questions and methodological limitations that the current Oxfam project aimed to at least partially solve, particularly regarding the severity and nature of food insecurity experienced by different genders.

A central question remaining open from the previous pilots was the precise nature of intra-household food insecurity, specifically whether women are hungrier than men. This complexity was exposed by conflicting findings across early IPC pilots:

- The CAR pilot found that FHHs had a slightly worse food consumption status than MHHs. Overall differences were noted as "not large but rather gradual and nuanced".
- The Somalia pilot revealed a paradoxical result when compared to the qualitative interview findings from both men and women. In certain pastoral areas, men reported using high-level coping strategies more frequently than women in the quantitative analysis, which led to MHHs being classified in more severe IPC phases (Emergency/Phase 4) than FHHs, which were classified in the Crisis/Phase 3. This finding was partially attributed to factors like humanitarian aid prioritising women.

These disparate results highlighted that household-level indicators (like Food Consumption Score (FCS) and rCSI) were insufficient to capture the actual food consumption and deprivation experienced by individuals within the household, especially women and girls.

The current Oxfam project was designed to investigate the following research questions related to 'hidden hunger' within households:

- **Individual-Level Deprivation:** To what extent do women and men experience different levels of individual deprivation within the same household, and how can individual-level data make these differences visible – if at all?
- **Intra-Household Dynamics and Sacrifice:** Which intra-household dynamics drive unequal food distribution, and who tends to reduce portions or skip meals to protect others?
- **Gendered Coping Mechanisms:** How do gendered roles shape coping mechanisms during food insecurity?
- **Influence of Resource Control:** How do gendered responsibilities and levels of control over resources influence food security outcomes for different household members?

1.2 IMPLEMENTATION

The current pilot project was implemented in both South Sudan and Lebanon. The overarching goal was to enhance gender-sensitive food security analysis within the IPC framework and strengthen the participation of local actors. The research centered on piloting high-quality gender-sensitive data and tools for increased integration into IPC processes.

The project deployed a robust mixed-methods approach combining quantitative and qualitative research across both pilot countries, although the sequencing and number of rounds differed.

Lebanon

Quantitative Pilot Study (2024):

This initial phase was carried out in concomitance with the IPC AFI analysis in country and involved a gender-sensitive household survey of 830 respondents. This study calculated standard household-level indicators – FCS, rCSI, Livelihood Coping Strategies (LCS-FS), and Food Expenditure Share (FES) – alongside individual-level indicators crucial for gender analysis: Minimum Dietary Diversity for Women (MDD-W) (for women aged 18–49) and Individual Dietary Diversity Score (IDDS) (for men and older women). Data collection occurred around September 2024 but was impacted by security threats related to the Israeli war on Lebanon, particularly constraining coverage in Baalbek.

Qualitative Follow-Up Study (2025):

This phase was conducted in the spring of 2025 and aimed to address critical gaps revealed by the quantitative findings, specifically the lived experiences and intra-household dynamics that quantitative data alone could not capture. The methodology used an intersectional feminist approach involving KIIs and FGDs divided by gender, nationality (Lebanese/Syrian), and vulnerability profile. Iterative validation workshops were also conducted with IPC stakeholders and local actors to strengthen tools and validate findings.

The project also actively worked to integrate the disaggregated findings into national analyses. The quantitative data gathered in the pilot was presented to the national IPC Technical Working Group (TWG) and was subsequently analysed as a contributing factor to the food insecurity situation. As a result of this integration, the IPC report for Lebanon published in October 2024 includes a gender section. Moreover, in the IPC analysis conducted in October 2025 the qualitative findings were presented to the analysts and used as contributing factors, and a gender section will be present in the forthcoming report.

Another key focus of the pilot was to foster greater engagement between the IPC process and local expertise. In Lebanon, both the quantitative and qualitative reports produced by the study were discussed and validated at roundtables with local organisations (some of which had never been involved in the IPC) active in gender and food security, the UN and other stakeholders. To address the interest expressed by these local organisations, and their concern about not being qualified to participate in IPC processes, two rounds of training on gender, food security, and IPC processes were organised for them in parallel with the study, to facilitate their inclusion in future processes.

South Sudan

The pilot in South Sudan focused on three counties chosen to represent different regions and IPC phases (as of June 2024): Yambio county (Greater Equatoria region, IPC Phase 2), Wulu county (Greater Bahr el Ghazel region, IPC Phase 3), Pibor (Greater Upper Nile region, IPC Phase 4+). It involved two rounds of full data collection and analysis, in correspondence with the IPC AFI analyses carried out in country, with round 1 taking place in August–September 2024, and round 2 in July–August 2025.

Both rounds employed mixed methods, combining quantitative data collection – in which interviews were conducted with women and men respondents aged 18 and above – and qualitative data collection, during which FGDs were conducted, segmented by gender and age (girls and boys aged 10–17; women and men aged 18–35 and 36+). Round 1 conducted 18 FGDs and 9 KIIs, while round 2 conducted 12 FGDs but omitted KIIs. Gender-balanced teams were utilised for data collection.

The survey tools drew heavily from the existing Food Security and Nutrition Monitoring System (FSNMS) used in South Sudan's annual IPC analysis, modified to include intra-household questions and allow for HAG analysis (comparing MHHs and FHHs). The total quantitative sample for round 1 was 654 households (304 FHHs and 350 MHHs), while round 2 had 546 households.

The project aimed for practical integration of its gender-disaggregated findings into the national IPC analysis: in the first round (August–September 2024), both the qualitative and quantitative data collected were analysed in the national IPC analysis for South Sudan. The results of this analysis were subsequently annexed to the national IPC report. For the second round (July–August 2025), while the analysis platform used for gender data remained separate from the main IPC analysis platform, efforts were made to further integrate the processes, including attempts to organise exchanges between state-level analysts and gender analysts to facilitate

integration at the discussion level, a joint vetting of results, and the presentation of findings using an integrated narrative in the IPC report, meaning the report no longer featured a separate annexe for the gender results.

To strengthen local capacity and engagement – a core component of the pilot – local partners were trained and involved in data collection, wherever possible. The findings from round 1 were also validated at the field level through discussions with authorities and local stakeholders. This was not possible for round 2 prior to the IPC analysis workshop due to time constraints; however, validation did take place through subsequent workshops conducted at Juba level after the analysis. Nonetheless, recognising the interest expressed by local actors, trainings on gender, food security, and the IPC were organised for them to encourage their future participation in IPC processes. Furthermore, the IPC national-level TWG agreed to organise a course for analyst certification and committed to reserving spaces for local organisations that participated in this project.

1.3 FINDINGS

The fundamental question of how women are impacted by food insecurity and, ultimately, if they are really more food insecure than men, is explored through a detailed analysis of food security indicators and lived experiences. The data reveals that food insecurity is not merely a material deficit but is also gendered, and intensely relational. While household-level metrics may often mask gender disparities, individual-level and qualitative findings consistently demonstrate that women and girls disproportionately absorb the burden of scarcity through self-sacrifice and chronic reduction of diet quality. These disparities are rooted in gender roles that assign women the primary responsibility for food management and caregiving while simultaneously denying them control over critical resources.

Lebanon

In Lebanon, economic collapse and geopolitical shifts have intensified gendered dimensions of food insecurity. While analysis showed that women's deprivation is not critically high, its nuances remain often obscured by traditional household-level analysis.

The findings confirm a gendered economy of food within households. Women, particularly mothers and caregivers, are consistently the first to reduce portions, skip meals, or pretend they have eaten to ensure children, the ill, and working men are fed. This self-denial is framed as a maternal or moral duty. The consequence of this gendered allocation is a crisis in women's nutritional status, which demands targeted responses. Only 19.6% of women aged 18–49 met the MDD-W threshold.

This deprivation is measurable: women's dietary diversity scores were significantly more sensitive to socio-economic pressures, such as unemployment and household size, than men's, demonstrating measurable long-term nutritional consequences.

Women also face a persistent paradox of responsibility without authority. They function as the operational managers of food—deciding what to buy, cook, and ration—but frequently lack control over the financial resources required to execute those decisions effectively.

The majority of households routinely resort to food-based coping strategies, compromising quality before quantity. Households reported eating less preferred foods an average of 3.2 times per week. This translates directly into a sharp drop in protein intake, with meat, chicken, and fish becoming luxury items, replaced by staples such as lentils, bulgur, rice, and potatoes.

FHHs often utilise informal, socially proximate credit systems (e.g., local grocers) to cover daily consumption needs, incurring the emotional toll of public shame at the point of sale. Men, by contrast, typically manage formal loans and asset liquidation. In case of economic hardship, women cope by rationing medication and delaying care, often resulting in severe health outcomes like halted breastfeeding or miscarriages. For adolescent girls, gendered deprivation leads to menstrual poverty, forcing them to use improvised materials or miss school entirely.

While overall household-level indicators show similarity between MHHs and FHHs, disparities deepen within certain subgroups. Syrian FHHs were over three times more likely to have poor food consumption than Lebanese FHHs (13.4% versus 3.4%). Furthermore, MHHs with unemployed heads tended to resort more often to crisis and emergency level coping strategies, including high-risk employment or illegal activities, reflecting the crisis of masculinity associated with the failure to provide.

Economic collapse has forced an expansion of women's unpaid labour, turning them into household repairers, informal social workers, and teachers in the absence of affordable public services. Although employment is a protective factor (working women were nearly twice as likely to meet MDD-W), structural barriers such as lack of childcare, legal restrictions, and unstable job markets constrain access to dignified work. The compounding effects of instability, including Israel's war on Lebanon, have damaged rural agriculture in areas like Baalbeck and intensified food insecurity in urban areas lacking fallbacks like small-scale gardening. This pervasive pressure leads to widespread emotional strain and psychosocial stress, often internalised by caregivers as shame and exhaustion tied to the inability to serve guests or uphold cultural hospitality rituals.

Yet these findings, particularly the qualitative insights and the intra-household dynamics of food utilisation, remain largely invisible within the current standard IPC analytical architecture. The strict reliance on quantitative indicators, combined with the absence of systematic qualitative data collection, obscures the private and relational ways in which food insecurity is lived and negotiated inside households. This is further reinforced by the limited involvement of Women Rights Organisations (WROs) and gender experts and staff in analysis teams, resulting in the exclusion of critical contextual and gendered knowledge that these actors routinely hold. Lastly, the lack of sex-disaggregated qualitative analysis, despite the availability of disaggregated data in major national surveys such as the Vulnerability Assessment of Syrian Refugees (VASyr), preserves significant "shadow zones" in understanding how food insecurity differentiates and deepens along gendered lines.

South Sudan

The analysis across Pibor, Wulu, and Yambio counties reveals that food security is fundamentally structured by rigid gender roles concerning labour, access, and control over income and assets, resulting in pronounced intra-household food insecurity for women and girls.

Women and girls bear the overwhelming majority of unpaid domestic and reproductive labour, including fetching water and firewood, grinding food, cooking, cleaning, and care work. In Wulu, women reported working up to 11 hours on unpaid work per day. This labour is often linked to acute protection risks. Women and girls face high levels of Gender-Based Violence (GBV), including rape and physical violence, when collecting essential resources like water and firewood. In Pibor, 92% of FHHs reported that girls felt unsafe collecting water. FHHs also face a greater burden of chronic illness and disability among household members, increasing the care demands placed on the female head.

At the same time, men retain control over major household resources and finance as the recognised heads of household. Despite engaging in income-generating activities such as petty trade and farming, women are typically required to hand over all income earned to their husbands, who then determine its expenditure. This entitlement is culturally linked to practices like bride price. Land rights are patrilineal; women generally do not inherit or own land, which is passed down the male line, putting widows and FHHs at a structural disadvantage. Men make all major decisions regarding land use and asset sale. FHHs (e.g., widows) gain greater decision-making autonomy over food purchasing and money management due to the absence of a husband, but this autonomy is exercised under severe economic limitations.

Food insecurity is experienced through severe intra-household disparities, particularly concerning meal frequency and dietary diversity.

> **FOOD IS PORTIONED AND SERVED ACCORDING TO A RIGID HIERARCHY: THE HUSBAND (AS HEAD OF HOUSEHOLD) IS SERVED FIRST, FOLLOWED BY CHILDREN (WITH BOYS PRIORITISED OVER GIRLS), WHILE ADULT WOMEN CONSISTENTLY EAT LAST.**

The nature and severity of coping strategies vary across the three IPC phases represented by the counties:

- **YAMBIO (IPC PHASE 2):** Considered the "breadbasket" of the country, Yambio is characterised by a relatively food-secure environment and shows coping patterns that are generally less severe, although stark disparities remain. The LCS analysis in both rounds suggested that a significant proportion of households are in the lower coping levels, yet MHHs, overall, are more likely to use severe strategies to maintain household income and food security than FHHs. The rCSI for all households indicated that 85% were using less severe coping strategies (IPC 1 and 2), and only 15% were using more severe coping strategies (IPC 3 and above). But when disaggregated, MHHs showed a much higher rate of severe coping (21%) than FHHs (2%). The average use of restricting food to adult men and women was low (1.27 days for MHH and 1.17 days for FHH). Women in FHHs employed this strategy more frequently than men. The food supply is typically more abundant in Yambio. This is probably why the data collected during the lean season showed the most severe shift between typical and current meals consumed per day among the three counties. The percentage of women eating only once per day rose sharply from a typical 22% to 45% during the lean season. Comparatively, the percentage of men eating only once per day shrunk from a typical 15% to only 4%. This highlights that when scarcity hits, women disproportionately bear the burden of reducing consumption.

- **WULU (IPC PHASE 3)**: Wulu shows a high reliance on coping mechanisms, with a distinct split between crisis and emergency strategies, and notable gendered differences in the types of strategies employed. In the second analysis, the LCS tool found that MHHs report greater use of crisis coping (44%) than FHHs (31%), while FHHs show higher reliance on the most severe emergency strategies (44%) than MHHs (34%). MHHs practise higher levels of child labour (53%) than FHHs (49%), and early marriage is used more frequently by MHHs (20%) than FHHs (12%), potentially linked to securing dowry payments (cattle) in difficult times. Food is limited for both

men and women, primarily between one and three days. However, men's food consumption is restricted more than women's (30% FHH and 29% MHH non-use for men, compared to 50% FHH and 61% MHH non-use for women). This suggests that men either start from a higher baseline of consumption or have opportunities to supplement their meals outside the household (e.g., with friends or in the market), which women often lack.

- **PIBOR (IPC PHASE 4+):** Pibor shows an extremely high reliance on the most severe coping mechanisms across different assessments. In the most recent round of analysis, the LCS tool indicated that approximately 79% of all households in Pibor were categorised as using crisis and above levels of livelihood coping (IPC 3 and IPC 4+). The majority of households are deeply entrenched in the most severe categories: 81% of MHHs and 76% of FHHs were using strategies linked to IPC Phase 4+ (Emergency) coping levels in the first analysis. In the second analysis, MHHs were using these severe strategies at higher rates (82%) than FHHs (75%). While MHHs showed higher rates in the overall severe category (IPC 4+), FHHs were proportionally slightly better off in respect to overall livelihood coping in the second analysis. The strategy of reducing meals is employed differently across households. Some men in FGDs stated they limit their meals so women and girls can have priority, while others noted that 18-35 year old men reduce meals at a higher rate (45%) than other groups in the second analysis. Overall, 81% of respondents had reduced their meals to once per day or twice per day (16%) under current conditions.

THESE FINDINGS DEMONSTRATE THAT GENDER INEQUALITY IS STRUCTURALLY EMBEDDED, ENSURING THAT WOMEN AND GIRLS BEAR A DISPROPORTIONATE BURDEN OF FOOD INSECURITY, WHICH IS EXACERBATED BY CRISES AND PROTECTED BY CULTURAL NORMS SURROUNDING PROVISION AND CONSUMPTION.

Yet they, particularly the intra-household dynamics of food utilisation, and the marked divergences in dietary diversity and perceptions of scarcity between men and women, remain largely obscured within the current standard IPC analytical approach. Women's structurally constrained consumption patterns often mean that further reductions in food intake are absorbed by men, creating an apparent paradox in which men may report sharper deterioration, while women's chronic deprivation remains statistically muted. Such private and relational dynamics of food negotiation are systematically overlooked because the IPC does not incorporate qualitative data, leaving invisible the everyday practices through which scarcity is managed within households.

This blind spot is further amplified by the absence of local and grassroots actors within analysis teams, limiting access to contextual, gendered, and protection-sensitive knowledge that is essential for accurate interpretation. Moreover, quantitative analysis is not routinely disaggregated by sex of head of household, despite the availability of disaggregated data in large national surveys such as the FSNMS. As a result, significant "shadow zones" persist, masking the differentiated and deeply gendered ways in which food insecurity is produced, experienced, and reproduced across South Sudan.

SOUTH SUDAN: Tereza Joseph Makuach Jak, 38, is part of a host community helping refugees and returnees who have been displaced by the conflict in Sudan. Here she is digging at her farm in Renk. *Photo: Peter Caton*

2. TOOLS USED

Both studies adopted a mixed methods approach, incorporating both secondary data review and primary data collection, comprising both qualitative and quantitative components. The primary objective of using this dual approach was to move beyond the limitations of standard household-level food security data.

The quantitative tools applied internationally recognised and IPC-aligned indicators, often drawing from existing national data collection systems, such as the FSNMS in South Sudan. While quantitative surveys measured prevalence and correlation (such as poor food consumption scores or high coping indices), the qualitative component was essential for illuminating the processes, meanings, and relational dynamics underpinning coping strategies, gendered roles, intra-household allocation, and household decision-making that quantitative tools often fail to capture.

2.1 QUANTITATIVE ANALYSIS

The overall quantitative toolkit used for the assessment of food security at both the household and individual levels comprised a core set of recognised indicators, combined differently for the two distinct countries and in the separate rounds of analysis.

The key household-level indicators were aimed at assessing food consumption patterns, coping behaviours, and economic vulnerability:

FCS	Measures households' dietary diversity, food consumption frequency, and relative nutritional value of food groups over a seven-day period.
rCSI	A proxy indicator that assesses the frequency and severity of five pre-selected food-related coping strategies used by the household over the previous seven days.
LCS-FS	Used to understand medium and longer-term coping capacity by assessing reliance on stress, crisis, and emergency strategies.
FES	Calculates the share of food expenditure from the total monthly household expenditure, serving as a proxy for income vulnerability.

The analyses also incorporated individual-level indicators to capture intra-household disparities:

IDDS	Assesses the number of food groups eaten by a specific target group (e.g., adults over 49 or children) in the previous day or night to indicate micronutrient adequacy.
MDD-W	Specifically focuses on women aged 18–49 to look at dietary diversity and micronutrient adequacy, classifying women who have consumed at least five of ten possible food groups over a 24-hour period as having minimally adequate dietary diversity.

Lebanon

The Lebanon study was based on a quantitative pilot study conducted in 2024, followed by a qualitative study in 2025. The pilot surveyed 830 households across five districts (Baabda, Metn, Zahle, Baalbek, and Akkar). The methodology followed a quantitative approach to measure various food security indicators at both household and individual levels.

The quantitative survey aimed to collect information from household members knowledgeable about household dynamics. It included questions to determine the sex and age of the head of household, defined as the member recognised by others as the main decision maker regarding food, other resources, and major household activities. Of the 830 total respondents in the survey, 61% were the recognised head of household. An additional 31% were spouses, while the remainder (8%) were children, siblings, or parents of the household head, demonstrating that the data was generally provided by members informed about the household's food consumption and spending patterns. This high percentage of household heads and spouses providing information gave the researchers confidence that the data collected was reliable.

The survey calculated several key household-level food security measures – including FCS, rCSI, LCS-FS, and FES – which were analysed by the gender of the household head (MHHs versus FHHs). While the analysis included individual-level metrics (MDD-W and IDDS) to capture gender differences within households, the overall survey was based on collecting data on the household's general situation, often by speaking with the household head or a knowledgeable member. The quantitative toolkit also included gender-sensitive modifications, such as disaggregating the rCSI to track who within the household limited their meal size or reduced the number of meals eaten. The analysis explicitly compared results based on the gender of the household head for all household-level indicators.

LEBANON: Making coffee at home in Lebanon. *Photo: Jean Hatem*

South Sudan

The South Sudan analysis also employed a mixed-methods approach using quantitative data collected digitally through the Survey CTO platform.

The quantitative survey questions drew heavily on the FSNMS tool already used in South Sudan's annual IPC Analysis. The survey was comprised of two parts: a first interview with the head of the household (answering for the entire household), followed by a second interview with a randomly selected adult in the household, focusing on individual experiences. 'Household head' was defined in accordance with the FSNMS tool as the person recognised by other household members as the main decision maker regarding food, other resources, and major household activities.

The household survey collected data on major household-level indicators – including FCS, rCSI, HDDS, and LCS-FS – which were then disaggregated based on the sex of the household head. In the first round of data collection, the Food Insecurity Experience Scale (FIES) was also monitored, but, since analysis at country level for IPC purposes proved difficult, it was abandoned for round 2. Concerning the rCSI, round 2 data was collected to disaggregate the standard indicator by asking how many days the household had to provide less food than normal to adult men or adult women.

Following the household interview, an adult member of the household was randomly selected by the software to participate in the individual level assessment: this person could therefore be the same person answering the investigation at household-level or a different member of the household. This second part focused specifically on the individual woman or man as interview participants, rather than on the household unit. The individual-level questions were designed to delve into the respondent's personal experience of food insecurity. The tools and indicators used in the individual section included:

IDDS	
FIES and HHS adapted indicators	These modules specifically asked the individual respondent about their personal experience of worry, hunger, inability to eat healthy food, skipping meals, and going a whole day without eating due to lack of resources in the past 30 days. The enumerators were instructed to emphasise that the respondent should answer based on their own experiences only, and not on behalf of the household.
Gendered Coping Strategies (individual adapted)	The survey included individual-adapted questions on LCS to assess whether individual participants had to resort to severe strategies like sending children to work or engaging in high-risk jobs.

The sample size for round 2 was smaller than round 1 because it included voluntary participants only. Participants were allowed to skip questions or decline to answer entirely, ensuring voluntary participation but also leading to a relatively high percentage of unanswered questions or skip-throughs due to the survey's overall length and resulting participant fatigue.

2.2 QUALITATIVE ANALYSIS

The primary objective of the qualitative component was to move beyond the limitations of standard household-level food security data (like FCS, rCSI, and LCS-FS) that often obscure intra-household disparities. Qualitative tools were specifically designed to generate insights on the processes, meanings, and relational dynamics underpinning coping strategies, gendered roles, and decision-making within households.

The qualitative tools used were based on existing gender analysis tools, previous gender analyses, and guidance from frameworks such as Oxfam's Gender Analysis Tools and the Inter-Agency Steering Committee (IASC) Gender Handbook in Humanitarian Action.

The main qualitative data collection methods used across both analyses were FGDs and KIIs, supplemented by validation activities and the planning (or use) of participatory tools.

Lebanon

Lebanon's qualitative study was conducted in 2025 and built on a quantitative pilot study conducted the previous year. It sought to validate and contextualise the quantitative findings and deepen the analysis of structural inequalities and gendered resilience strategies, through FGDs and KIIs:

1. FGDs

Twenty FGDs were conducted across five districts (Baabda, Metn, Zahle, Baalbek, and Akkar) and aimed to gather opinions, beliefs, practices, and attitudes of specific groups towards gender and food security. Groups were segmented by gender (women/girls and men/boys) and nationality (Lebanese/Syrian), and where possible, by vulnerability profile (e.g., FHHs, caregivers, older women, and persons with disabilities).

The FGD guide included detailed questions organised around themes relevant to the research questions, including:

- Experiences with food insecurity
- Coping strategies
- Mental and emotional health
- Regional differences
- Shifting gender roles
- Decision-making and the emotional labour of managing food insecurity

2. KIIs

KIIs were conducted by thematic experts to provide contextual depth, identify institutional blind spots, and offer thoughtful reflections on power and exclusion. Participants included NGO workers, frontline staff, gender focal points, IPC actors, food security analysts, health professionals, and social workers. The KII guide explored topics such as changing gender norms, barriers in current assessments (including IPC), humanitarian response tensions, and the impacts of conflict and displacement.

Three key participatory interventions were integrated to enhance the credibility and contextual relevance of the study:

1. **Pre-fieldwork validation workshop (March 2025):** Stakeholders (including representatives from UN Women, FAO, and WFP) reviewed and strengthened the qualitative tools and thematic focus areas, ensuring the inclusion of previously underexplored dimensions like psychosocial stress and intra-household dynamics.

2. **Post-fieldwork validation workshop (July 2025):** This session served to present initial findings, pressure-test interpretations, and co-generate recommendations aligned with operational priorities.

3. **Training and reflection session with local and international women-led and community-based organisations, UN agencies, academia and government:** This session acted as a participatory verification tool, enabling grassroots actors to engage with, validate, or challenge emerging findings.

South Sudan

The South Sudan analysis primarily used qualitative research to complement data drawn from the FSNMS.

1. FGDs

18 FGDs were conducted in the first round (9 with women/girls and 9 with men/boys) and involved 218 participants. In the second round (July-August 2025), 12 FGDs were conducted with 117 people. In both rounds, sessions were segmented by sex and age, including groups for youth (10–17), young adults (18–35), and older adults (36+). The selection criteria prioritised a wide range of community members, specifically targeting vulnerable groups like FHHs and people with chronic illnesses or disabilities. Gender-balanced teams (two female and two male enumerators per location) were hired and trained on gender concepts, informed consent, and facilitation skills. Female enumerators were matched with groups of women (and girls), and men enumerators were matched with groups of men (and boys).

The interviews were structured to cover:

- Roles and responsibilities of girls, women, boys, and men
- Control and access to resources (including food programmes, markets, and land)
- Vulnerabilities and needs
- Coping mechanisms
- Security concerns related to food security and livelihoods

2. KIIs

In the first round of data collection, 9 KIIs (5 women and 4 men) were conducted across the three locations. No KIIs were conducted in the second round of data collection.

KIIs were conducted with individuals who had specific knowledge of the context, such as community leaders (chiefs), government representatives (including the Ministry of Gender, Child, and Social Welfare), and local/international NGOs, including WROs.

Following data collection, the findings were validated in discussions with enumerators and in workshops with field staff and other stakeholders, including representatives of local leaders, the Ministry of Gender, Child and Social Welfare, the Ministry of Agriculture and Food Security, and local civil society/WROs.

The KII guide focused on gathering information about:

- Vulnerable groups and their specific food security/livelihood needs
- Community-level decision-making structures for food security
- Formal or informal mechanisms supporting severe food shortages
- Control and access to resources (e.g., cash, education)
- Livelihood-related needs, capacities, skills, and aspirations for different age and gender groups

3. REVISED TOOLKIT

Drawing insights from preceding pilots and building on Oxfam's sustained engagement with the IPC GSU and TWGs, an adapted toolset for gender-disaggregated analysis in food security has been developed – a first step in a necessary process of trial and error to gather critical lessons learned. The toolkit is therefore an iterative approach towards refining the effectiveness and sustainability of IPC gender-disaggregated analysis, acknowledging that effective solutions require detailed understanding of gendered realities.

Based on these experiences, we advocate for a modular approach to quantitative data collection to manage the technical and financial complexity inherent in fully disaggregated analysis. The absolute minimum requirement, presented as 'core' quantitative tools, involves collecting standard household-level indicators, disaggregated by gender of the household head, which aligns with existing IPC HAG protocols. While such disaggregation provides essential baseline data, the pilots confirm that household-level metrics often obscure critical intra-household inequities. Therefore, we recommend where possible also collecting individual-level analysis – focusing on a limited selection of indicators, such as MDD-W and IDDS, to be designated as 'additional' tools, pursued when funding and resources allow for the necessary increase in sample size.

The valuable insights gained from individual-level indicators, which reveal nuances missed by household indicators, are highly recommended for enhancing overall IPC communication and informing targeted interventions by INGOs. Conversely, the qualitative component—incorporating methods like FGDs and KIIs—must always be systematically employed to capture lived experiences and context. Crucially, its application must begin with a thorough desk review and assessment of existing data availability, as recommended in the analytical process, ensuring that field data collection remains focused and avoids asking redundant questions.

3.1 THE IPC ANALYSIS AND ANALYSIS PLATFORM

This modular approach is explicitly intended to address the recognised "gender blindness" within standard food security analyses, but also moving beyond general assessments to directly support the IPC process.

Taking a step back, it is important to keep in mind that the IPC aims to provide actionable information for strategic decision-making by analysing and consolidating complex food security and nutrition data and presenting it in a simple, accessible form. The core parameters of the IPC include consensus building, convergence of evidence, accountability, transparency, and comparability. The evidence base for assessing the food security situation is provided by asking key questions: how severe, how many, when, where, why, and who, as well as identifying the key characteristics.[4]

Indicators analysed for AFI

For the IPC, AFI is defined as food deprivation that threatens lives or livelihoods, or both, regardless of the causes, context, or duration. IPC AFI classification relies on the convergence of evidence across three main categories of evidence: direct evidence on outcomes, indirect evidence on outcomes, and evidence on contributing factors.

1. Direct evidence (outcome indicators)

Direct evidence for IPC AFI classification includes indicators on food consumption and livelihood change. These key indicators, which have globally comparable cut-offs and are listed in the IPC AFI Reference Table, include:

FCS	A composite score based on the household's dietary diversity, food consumption frequency, and the relative nutritional value of different food groups over seven days. Scores are typically grouped as Poor, Borderline, or Acceptable.
rCSI	A proxy indicator measuring the frequency and severity of five pre-selected food-based coping strategies used by the household in the seven days prior to the survey. A high score indicates extensive use of negative coping strategies.
LCS-FS	Measures how households cope with shocks by changing their livelihood strategies, derived from questions about stress, crisis, and emergency strategies over the past 30 days.
FES	Calculates the percentage of total monthly household expenditure dedicated to food, acting as a proxy for household food security and vulnerability to price changes.

HHS	Measures household experience of hunger (ranging from none to severe hunger). This is typically the only collected indicator with a specific cut-off for the most severe category (Phase 5: Catastrophe/Famine).
Household Economy Analysis (HEA)	A livelihoods-based framework that estimates the household's survival deficit (minimum food energy requirements plus basic non-food costs) and livelihood protection deficit.
FIES	Measures self-reported experiences of food insecurity, typically over a 30- day recall period for AFI analysis.
HDDS	Reflects the economic ability of a household to access a variety of food groups consumed in the previous 24 hours.

2. Indirect evidence on outcomes

Indirect evidence informs the outcomes but is not explicitly listed in the IPC Reference Tables. In IPC AFI analysis, evidence on nutrition and mortality outcomes is generally used to support and confirm (or question) food insecurity classifications, but not to drive the classification itself.

Acute Malnutrition	Indicators include Global Acute Malnutrition (GAM) prevalence (measured by Weight-for-Height Z-score (WHZ) or Mid-Upper Arm Circumference (MUAC)) and the presence of oedema.
Mortality	Indicators include the Crude Death Rate (CDR) and Under-five Death Rate (U5DR), excluding trauma-related deaths.

3. Evidence on contributing factors

Evidence on contributing factors includes any data point on topics such as food security dimensions, vulnerability characteristics, and shocks. These factors drive food insecurity and help explain the current outcomes. The IPC Food Security Analytical Framework highlights these factors:

Causal factors	
Vulnerabilities	livelihood strategies and assets, policies, institutions, processes, gender and other socio-economic inequalities and discrimination, and mitigating factors
Acute events or ongoing conditions (shocks)	natural, socio-economic, conflict, or disease

Food security dimensions (the four pillars):	
Availability	production, food reserves, markets, transportation
Access	physical, financial, and social access to food
Household utilisation	food preferences, preparation, safety, and water access
Stability	stability across all the other dimensions over time

The IPC methodology typically uses the household as the basic unit of analysis. Analysis is performed on groups of households in a given area (area-based analysis). However, the guidance also permits analysis of specific HAGs, such as FHH and MHH. The ongoing pilots focus on strengthening the use of gender-disaggregated data and moving toward individual-level analysis (when possible) to address the "gender blindness" often inherent in household-level assessments.

Crucially, the approach integrates complementary quantitative and qualitative modules designed to capture detailed evidence on contributing factors that shape gendered vulnerability, which are essential for building a comprehensive analysis narrative.

3.2 QUANTITATIVE TOOL

IPC analyses typically rely on the household as the unit of analysis, a focus that often masks critical intra-household disparities and can lead to the under-classification of women's food security status. This toolset provides the necessary framework to mandate mixed-methods in IPC/national assessments, ensuring that analysis is guided by a gender-sensitive process. The quantitative core tools utilise the standard IPC framework by collecting essential preset outcome indicators—such as the FCS and the rCSI—disaggregated by the sex of the household head.

To improve gender sensitivity, we recommend specialised indicators, such as MDD-W (for women aged 18–49) and IDDS (for men and women aged 49+). While individual-level data like MDD-W was included in the IPC Chronic Food Insecurity scale[5], they are generally used as indirect evidence to enrich the narrative in AFI analysis, as IPC AFI protocols do not include classifications of individuals.

The recommended toolbox therefore is summarised in the following table, where core indicators are recommended as crucial to inform the analysis and classification, while additional indicators are recommended for analysis if time and funding allow, for an optimal understanding of the food security situation.

LEVEL OF RECOMMENDATION	INDICATOR	UNIT OF ANALYSIS
Core	FCS	Household
	rCSI	Household
	HDDS	Household
	MDD-W	Individual
Additional	LCS-FS	Household
	HHS	Household
	IDDS	Individual

3.3 QUALITATIVE TOOLS

The qualitative toolkit is a cornerstone of this adapted toolset, reflecting the mandate to use mixed-methods in food security and IPC analysis to move beyond the limitations of household-level quantitative data alone. While quantitative data determines what is happening, qualitative research explains why and how, filling in crucial analytical gaps.

The systematic application of qualitative tools is therefore a mandatory step in this approach, ensuring that analysis is guided by a gender-sensitive process. FGDs are a core method to gather detailed information regarding the context-specific roles, responsibilities, control over resources, and coping strategies of women, men, girls, and boys related to food security and livelihoods. These discussions, complemented by KIIs, are designed to capture the lived experiences and contextual dynamics often missed by standardised surveys.

However, prior to conducting primary data collection through FGDs, it is essential to conduct a thorough desk review and incorporate existing gender analyses and qualitative data from in-country sources. This review helps triangulate secondary data and inform the development and refinement of field tools. The qualitative findings serve a dual purpose: first, to deepen the understanding of food insecurity by exploring structural inequalities, protection risks, and intra-household allocation dynamics (such as identifying who eats last or least, or who controls income); and second, they are vital for providing context, shedding light on quantitative findings, and explaining unclear areas or disparities observed in household-level data (e.g., understanding why diet quality collapses even when overall household food consumption looks "borderline").

A detailed explanation of the tools and indicators can be found at Annexe A**.**

4. NEXT STEPS & RECOMMENDATIONS

The preceding pilot studies have collectively generated critical evidence demonstrating that food insecurity is a profoundly gendered, relational, and unevenly distributed phenomenon, often masked by traditional household-level analysis. The findings of this project compellingly show that the current IPC methodology risks systematically under-classifying the severity of deprivation experienced by women and girls, particularly concerning dietary quality and the psychosocial and emotional burden of scarcity.

To translate these foundational findings and transition from piloting innovative tools to mainstreaming gender-sensitive IPC analyses, systemic reforms across research, policy, and practice are now imperative, ensuring that analyses better identify who is truly most food insecure. This section presents key recommendations to guide technical partners and stakeholders towards greater inclusivity, accuracy, and impact of and within the IPC. These strategic recommendations are categorised for three primary audiences - practitioners, the IPC GSU, and policy makers - and focus on actionable changes: promoting active collaboration among partners globally and at country level, mandating the review of the IPC gender-sensitive analysis guidance to fully reflect the lessons learned, and formally establishing mechanisms to strengthen participation in IPC processes by actively involving WROs, national non-governmental organisations (NNGOs), and local actors.

Furthermore, critical emphasis is placed on leveraging existing national capacity and datasets to use existing data better: analysing large-scale datasets that can be disaggregated, utilising qualitative insights as contributing factors in IPC analyses, and ensuring that stakeholders request and fund robust disaggregated data collection as a routine assessment practice.

Ultimately, implementing this disaggregated analysis is crucial for targeting and resource prioritisation, especially in contexts of reduced funding, by ensuring decisions are based on demonstrable gendered needs.

RECOMMENDATIONS FOR PRACTITIONERS

1 **Shift operational practices**	The pilots undertaken in Lebanon and South Sudan mandate a shift in operational practice, urging practitioners to move beyond traditional household-level assessments to capture the structural and individual dimensions of hunger, to bring this data to IPC analyses, and to utilise these findings in the design and implementation of humanitarian responses.
2 **Routinely use gender-sensitive tools**	UN agencies, INGOs, NNGOs, and other data collection organisations are strongly encouraged to routinely use the adapted quantitative and qualitative tools developed during the last study, even beyond formal IPC analyses, integrating these gender-sensitive methods across all stages of the programme cycle (needs assessment, design, delivery, and monitoring).
3 **Ensure systematic sex disaggregation**	A foundational requirement is the consistent disaggregation of any food security data collected by the sex of the head of household at a minimum, which aligns with existing IPC protocols for HAG analysis. This step is often less time-consuming or costly than perceived, as many large-scale datasets – such as the FSNMS used in South Sudan – already include the sex of the household head, making such disaggregation readily possible through re-analysis of existing data.
4 **Secure resources for expanded disaggregated data**	Practitioners should seek funding for disaggregated data collection (by sex, age, nationality, displacement status, and household role) and implement it wherever resources allow.

5 **Improve aid content and delivery mechanisms**	At the implementation level, findings compel actions such as prioritising women's dietary diversity in aid content and pairing aid with service and market fixes, such as supporting cold storage or safe market access. Delivery mechanisms must expand flexible cash support for FHHs and caregivers, actively working to remove male gatekeeping over income and assistance.
6 **Advance cross-sectoral and institutional change**	Finally, programmatic and institutional changes require cross-sectoral programming that addresses underlying social norms and intra-household food allocation practices: food security actors should work with gender, health, and social behaviour change actors to integrate messaging and community engagement that promotes equitable food allocation. This also means embedding continuous gender and intersectionality training for food security staff and adapting monitoring tools (like post-distribution monitoring surveys) to explicitly capture gendered differences, intra-household food sharing, and market access constraints.

RECOMMENDATIONS FOR THE IPC GSU

1 **Mainstream gender-sensitive analysis across IPC structures**	The IPC Global Steering Committee (GSC), Technical Advisory Group (TAG), and the GSU should leverage the outcomes of the IPC gender pilots to formally mainstream gender-sensitive analysis ensuring that the IPC fulfills its mandate to classify who is most affected by food insecurity, including improved gender materials in training materials for analysts and disseminating the results of the pilots in the Community of Practice for analysts of level 2 and 3.
2 **Strengthen inclusion of WROs and local actors**	The GSU should work with IPC TWGs to facilitate increased inclusion of WROs and other civil society organisations, such as local and NNGOs, within TWGs and national analysis processes. This will strengthen the plurality that underpins the IPC's consensus-based approach and enable gender experts to contribute relevant data and insights.
3 **Update and align IPC Gender Guidance for practical use**	Given that the IPC Technical Manual v3.1 encourages gender consideration but lacks detailed guidance, a review and adaptation of the IPC Gender Guidance Note is urgently required to clearly align it with the IPC Analysis Platform and provide practical steps necessary for rigorous gender analysis. Once the gender guidance has been revised, further efforts should ensure that all stakeholders recognise gender as a necessary component of food insecurity analyses, such as inclusion of gender and other disaggregated analysis concepts and processes within IPC level 2 trainings.

CONT.

Update and align IPC Gender Guidance for practical use

This revised guidance should integrate the following technical mandates:

- **Encourage the use of mixed-methods in IPC/national assessments, coupling standard household tools (FCS, rCSI) with qualitative methods.** The guidance must explicitly clarify which indicators can be used and how, specifying that individual-level metrics—such as MDD-W and IDDS—can be used as indirect evidence to enrich the IPC narrative and uncover intra-household inequities, as IPC AFI protocols currently do not include classification of individuals.

- **Explicitly recommend the strengthening of systematic use and incorporation of qualitative data.** Beyond mixed-methods requirements, the guidance should emphasise the central role of high-quality qualitative evidence, such as KIIs, FGDs, and local gendered knowledge, in explaining drivers, structural barriers, and intra-household dynamics that quantitative tools alone cannot capture. This should include clear expectations for how qualitative findings are documented, validated, and integrated into the final IPC analysis and narrative.

- **Include clear guidelines and "red lines" for data quality and methodological rigour,** drawing on the IPC reliability scores (R1, R2) and the minimum sample size requirements.

CONT. **Update and align IPC Gender Guidance for practical use**	• **Provide clear instructions on how to discuss findings at higher administrative levels (e.g., state or regional level)** when local data scarcity prevents analysis at the normal administrative unit, acknowledging that analysis at a higher level may be necessary to meet the 90-household minimum for HAG classification. Furthermore, the guidance must detail how to present gender findings in IPC reports, recommending communication through a specific section, population tables disaggregated by HAG (if classification criteria are met), and narrative content that references the key gender-specific evidence used. IPC mapping protocols must also be developed to allow for the display of gender-based analysis results.
4 **Develop a phased plan for expanding gender-disaggregated IPC analyses**	Concurrently, the GSU, GSC, and TAG should develop a realistic and phased plan for the gradual expansion of IPC analyses that incorporate gender disaggregated data. This plan should outline feasible steps for strengthening gender-related evidence within existing resource constraints, building incrementally on recent analysis processes where national IPC groups have already begun to integrate such data. The plan should identify priority entry points, such as the increased use of sex-disaggregated head of household data, while setting a medium-term vision for broader gender-sensitive evidence to be used consistently across IPC acute food insecurity analyses.
5 **Strengthen national-level engagement to institutionalise gender expertise**	Finally, efforts must increase liaison at the national level to ensure all IPC partners see the rationale and need for this shift, including strengthening participation in IPC processes by institutionalising the involvement of gender experts, WROs, and local actors in TWGs, analysis workshops, and tool validation.

RECOMMENDATIONS FOR POLICY MAKERS AND DONORS

The evidence gathered from the gender-sensitive IPC pilots demonstrates unequivocally that food insecurity is a deeply gendered, relational, and unevenly distributed phenomenon. While women and girls frequently experience more severe dietary deficits and barriers to resource access, the pilots also identified contexts in which men or MHHs faced more serious food consumption gaps or resorted to harsher livelihood coping strategies. These variations highlight the complexity and intersectionality of food insecurity and reinforce that assumptions about gendered vulnerability cannot be taken at face value. The pilots further suggest that some disparities may reflect differences in how women and men interpret or report survey questions—an issue highlighted in CARE's analysis—underscoring the need for sustained investment in understanding these measurement dynamics. Standard household-level metrics consistently and systematically under-classify the true severity of food insecurity experienced by women and girls, particularly regarding dietary quality, which risks distorting resource allocation and undermining impartial decision-making.

FOR POLICY MAKERS AND DONORS WHO DETERMINE THE PARAMETERS OF DATA COLLECTION, ANALYSIS, AND FUNDING, A COMMITMENT TO GENDER-SENSITIVE AND GENDER-NUANCED FOOD SECURITY ANALYSIS IS ESSENTIAL FOR ENSURING ACCOUNTABILITY AND DELIVERING EQUITABLE OUTCOMES FOR THE MOST MARGINALISED POPULATIONS.

Based on findings that highlight critical disparities in dietary diversity, coping strategies, and resource control, as well as the complex patterns identified above, the following strategic recommendations are provided for policy makers and donors:

1

Mandate and fund robust gender-disaggregated evidence

- **Require systematic gender-sensitive evidence in all assessments.** The current absence of detailed gender analysis is rooted in both methodological limitations and insufficient financial prioritisation. Policy makers and donors must actively fund and require systematic inclusion of gender-sensitive indicators to ensure food security assessments accurately reflect lived realities.

CONT.

Mandate and fund robust gender-disaggregated evidence

- **Make fully disaggregated data requests standard practice.** Donors and agencies must make the request and subsequent funding for fully disaggregated data collection a routine part of assessment planning and approval. This should move beyond simple head of household disaggregation to explicitly fund the inclusion of data points segmented by sex, age, nationality, displacement status, disability, and household role. Initial disaggregation is possible immediately and without prohibitive cost through the re-analysis of existing large-scale datasets (such as FSNMS in South Sudan) which often already contain data that can be analysed in a disaggregated way (e.g., sex of head of household).
- **Prioritise funding for key individual-level dietary metrics.** Funding should prioritise the mandatory inclusion of MDD-W and the IDDS in national and IPC assessments. These metrics are crucial, as pilots showed women's dietary quality is critically low (e.g., only 19.6% of women in Lebanon met the MDD-W threshold, even where household indicators look acceptable or borderline).
- **Finance qualitative tools to capture hidden drivers and dynamics.** Qualitative information is needed to better define actions to take and people to target per programme. Policy makers must ensure funding for qualitative tools (FGDs and KIIs) as part of routine donor and agency assessment processes. Qualitative data is vital for uncovering structural barriers, protection risks, and intra-household allocation dynamics (such as identifying who eats last or least) that surveys miss, thereby shedding light on quantitative findings.

CONT. **Mandate and fund robust gender-disaggregated evidence**	• **Invest in further research to strengthen analytical accuracy.** Policy makers and donors should also fund further research to understand why gendered differences can be inconsistent, including whether men and women use different reference points when answering consumption and coping questions, and to refine analytical tools accordingly.
2 **Prioritise targeting based on gendered insights**	• **Apply gender-informed prioritisation in a resource-constrained environment.** In the current context of reduced funding, strategic prioritisation based on needs should be conducted, taking into consideration the gendered insights into food insecurity and ensuring that resources reach those who bear the greatest burden of scarcity. • **Expand targeting criteria to identify hidden vulnerability groups.** Policy makers must expand targeting criteria beyond headship and residency to reach the hidden hungry, including caregivers of persons with disabilities or the elderly, urban FHHs, and adolescent girl groups that standard metrics often miss. • **Adjust aid content to improve women's dietary diversity.** Policy must address the finding that women's dietary diversity collapses despite aid access. Recommendations must prioritise women's dietary diversity in aid content. This involves adjusting assistance baskets and cash transfer values to cover women's micronutrient needs, and piloting targeted support for expensive, nutrient-rich foods such as eggs and milk where feasible.

CONT. **Prioritise targeting based on gendered insights**	• **Guarantee women's control over transfers to reduce gatekeeping.** Policy must guarantee women's control over assistance and financial transfers to reduce male gatekeeping and ensure income gains translate into improved nutrition for women. This requires expanding flexible cash support for FHHs and caregivers, and establishing low-barrier grievance and referral systems co-designed with WROs to monitor safe access.
3 **Embed structural and system-wide approaches**	• **Align food security work with equality and service strengthening agendas.** To address the structural causes of gendered food insecurity identified in the pilots (lack of control, service collapse, and protection risks), policy must integrate food security outcomes with broader equality and service agendas. • **Embed mandatory protection measures across food security interventions.** Given the high risk of GBV associated with livelihood activities (e.g., collecting water or firewood), policy must align food security interventions with broader protection and social equality frameworks. All cash-based interventions must undergo mandatory GBV risk assessments. • **Invest in women-led food system recovery and safe market access.** Lastly, policy makers should fund targeted support for women-led food system recovery, including cooperatives, backyard farming, and smallholder grants, linked with safe market access and gender sensitisation initiatives to restore autonomy and dignity.

ANNEXE A: DATA COLLECTION TOOLS & GUIDANCE

HH INDICATORS (CORE)

Food Consumption Score (FCS)[6]

DEFINITION

The FCS is a comprehensive indicator of a household's food security status, developed by the World Food Programme (WFP) in 1996. It captures not only dietary diversity and food frequency but also the relative nutritional importance of different food groups, thereby providing a nuanced picture of food consumption patterns. Although its reliance on a relatively long seven-day recall period may reduce data precision, the FCS remains the core WFP-recommended indicator for assessing food consumption and is applicable to most food assistance projects providing in-kind, non-therapeutic food, cash, or voucher transfers.

PURPOSE

To measure household food security by assessing the diversity and frequency of food groups consumed over a week. It serves as a proxy for both caloric intake and nutritional quality.

CALCULATION

To determine the FCS, follow the methodology below:

a. Conduct individual interviews with a representative sample of households[7] to assess how many times in the past seven days household members have eaten foods from each of the nine pre-defined food groups specified in WFP's FCS guidelines (e.g., main staples, pulses, vegetables, fruit, meat and fish, milk, sugar, oil, and condiments). To do this, use the following key question: *"I would like to ask you about all the different foods that your household members have eaten in the last seven days, either inside or outside the home. During this period, how many days in the past seven days has your household eaten... [name foods from each food group]?"*

Please also take into consideration that the questionnaire should be adapted to the local context to include common local foods under each category, but the food groups themselves cannot be modified.

b. Sum all consumption frequencies of individual foods belonging to the same food group. If the summed frequency for any food group exceeds seven, recode it as seven (e.g., if total times cereals have been eaten= 10, record as 7).

c. Multiply the frequency value of each food group by its corresponding nutritional weight, as defined in WFP's FCS guidelines[8], to reflect the relative nutritional importance of different food groups.

d. Sum all the weighted food group scores to obtain the FCS for each household.

e. Classify each household's food security status based on its FCS value using WFP's standard thresholds: poor, borderline, or acceptable, with scores of ≤21, 28 and 35 respectively, except in situations of high oil and sugar consumption, for which the cut-offs used for the same groups are ≤28, 35 and 42, respectively. These same groupings are used as cut-offs for different phases in the IPC AFI Reference Table.

WFP's FCS guidelines

#	*Food items (example)*	*Food groups (definitive)*	*Weight (definitive)*
1	*Maize, maize porridge, rice, sorghum, millet pasta, bread and other cereals*	*Main staples*	*2*
	Cassava, potatoes and sweet potatoes, other tubers, plantains		
2	*Beans, peas, groundnuts and cashew nuts*	*Pulses*	*1*
3	*Vegetables, leafs*	*Vegetables*	*1*
4	*Fruits*	*Fruit*	*1*

5	*Beef, goat, poultry, pork, eggs and fish*	*Meat and fish*	*4*
6	*Milk yogurt and other dairy*	*Milk*	*4*
7	*Sugar and sugar products, honey*	*Sugar*	*0.5*
8	*Oils, fats and butter*	*Oil*	*0.5*
9	*Spices, tea, coffee, salt, fish powder, small amounts of milk for tea*	*Condiments*	*0*

DISAGGREGATION

To calculate the percentage of households within each IPC phase/category, divide the number of households in that category by the total number of surveyed households and multiply by 100. For example, the percentage of households with an "acceptable" FCS equals:

(Number of households with FCS ≥ 35.5 ÷ Total surveyed households) × 100.

To calculate the sex disaggregated percentage of households in each category, filter the HH by sex of HHH. For example, the percentage of MHH with an "acceptable" FCS equals:

(Number of **MHH** with FCS ≥ 35.5 **÷ Total surveyed MHH**) × 100.

Disaggregate the calculation per sex of HHH within each category.

The results should be presented disaggregated by sex and location.

Reduced Coping Strategies Index (rCSI)[9]

DEFINITION

The rCSI is a proxy indicator of household food insecurity. It measures both the frequency and severity of five pre-selected coping strategies that households used during the seven days prior to the survey in response to food shortages.

PURPOSE

To monitor changes in food insecurity over time, comparing different groups, and informing programmatic decisions in emergency situations

CALCULATION

To determine the rCSI, follow the methodology below:

a. Conduct individual interviews with a representative sample of households, asking how many days in the previous seven days household members had to use each of the five pre-defined coping strategies (e.g., relying on less preferred foods, borrowing food, reducing meal size, reducing adult intake for children, or reducing the number of meals). Use the following type of question: "*In the past seven days, how many days has your household had to [specific coping strategy]*?" Record the number of days from 0 (never) to 7 (every day) for each strategy.

b. During data analysis, multiply the frequency of each coping strategy by its assigned severity weight to obtain a weighted score for each strategy.

c. Sum the weighted scores of all five coping strategies to obtain the household's total rCSI score. A higher rCSI score indicates greater reliance on negative coping mechanisms and, therefore, higher food insecurity. The maximum possible rCSI score is 56, corresponding to a household that used all five coping strategies every day during the past seven days.

d. Classify each household's food security status based on its rCSI value using IPC's standard thresholds: crisis, stressed, or minimal, with scores of ≤3, between 4 and 18, and ≥ 19, respectively.

(Repeat the introductory phase for each of the coping strategies below) *"In the previous 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to.."*	***Frequency (0-7 - number of days/week)***	***Severity Weight***	***Weighted Score (Frequency x Weight)***
Q1: ...rely on less preferred and less expensive foods?"		*1*	
Q2: ...borrow food or rely on help from friends or relatives?"		*2*	
Q3: ...limit portion size at mealtime?"		*1*	
Q4: ...restrict consumption by adults in order for small children to eat?"		*3*	
Q5: ...reduce the number of meals eaten in a day?"		*1*	
		TOTAL HOUSEHOLD SCORE	

DISAGGREGATION

To calculate the percentage of households within each IPC phase/category, divide the number of households in that category by the total number of surveyed households and multiply by 100. For example, the percentage of households with a "crisis" rCSI equals:

(Number of households with rCSI ≥ 19 ÷ Total surveyed households) × 100.

To calculate the sex disaggregated percentage of households in each category, filter the HH by sex of HHH. For example, the percentage of MHH with an "crisis" rCSI equals:

(Number of **MHH** with rCSI ≥ 19 **÷ Total surveyed MHH**) × 100.

Disaggregate the calculation per sex of HHH within each category.

The results should be presented disaggregated by sex and location.

Household Dietary Diversity Score (HDDS)[10]

DEFINITION

The HDDS is a population-level proxy indicator that assesses a household's ability to produce, purchase, or otherwise secure sufficient food for all household members. While the HDDS does not measure the nutritional quality or adequacy of individual diets, it reflects a household's capacity to access a variety of foods, which is generally associated with better food security and higher socio-economic status.

PURPOSE

To measure a household's economic access to food and act as a proxy for household food security.

CALCULATION

To determine the HDDS, follow the methodology below:

a. Conduct individual interviews with a representative sample of households, specifically with the person responsible for food preparation in each household. The reference period is the previous 24 hours (yesterday).

b. Confirm whether yesterday was a special day (e.g., a religious festival, feast, or celebration) when the household's diet was unusually varied or restricted. If so, do not proceed, as data collected would not represent typical consumption. Instead, revisit the household on another day or replace it in the sample if revisiting is not feasible.

c. If the previous step confirms that yesterday was an average day, ask the respondent to list all meals and snacks consumed by household members during the previous day and record them in the Recording Meals Form. Verify the composition of each meal (e.g., porridge with or without milk). Ensure that snacks, fruits, and beverages not initially mentioned are also recorded.

d. Using the standard list of 12 food groups defined in the FAO guidelines, mark all food groups from which the household consumed any item. To ensure completeness, ask about food groups not yet mentioned (e.g., "*Did your household eat any eggs yesterday?*"). The 12 food groups must not be altered, but examples should be contextualised to reflect locally available foods.

Food groups

- *Cereals*
- *White tubers and roots*
- *Vegetables*
- *Fruits*
- *Meat*
- *Eggs*
- *Fish and other seafood*
- *Legumes, nuts and seeds*
- *Milk and milk products*
- *Oils and fats*
- *Sweets*

e. Count the total number of food groups consumed by the household during the previous day. This number represents the HDDS for that household (ranging from 0 to 12). **Do not include** foods that were purchased and eaten outside the home. These foods are excluded because the respondent may not know the foods which other household members purchased and ate outside the home. Do not record foods in quantities lower than **one teaspoon.**

f. Classify each household's food security status based on its HDDS value using standard thresholds: severely food insecure, moderately food insecure, or food secure/mildly food insecure, with scores of ≤3, between 4 and 5, and between 6 and 12, respectively.

DISAGGREGATION

To calculate the percentage of households within each IPC phase/category, divide the number of households in that category by the total number of surveyed households and multiply by 100. For example, the percentage of households with a "severely food insecure" HDDS equals:

(Number of households with HDDS ≥ 6 ÷ Total surveyed households) × 100.

To calculate the sex disaggregated percentage of households in each category, filter the HH by sex of HHH. For example, the percentage of MHH with a "severely food insecure" HDDS equals:

(Number of **MHH** with HDDS ≥ 6 **÷ Total surveyed MHH**) × 100.

Disaggregate the calculation per sex of HHH within each category.

The results should be presented disaggregated by sex and location.

HH INDICATORS (RECOMMENDED ADDITIONAL)

Livelihood Coping Strategies – Food Security (LCS-FS)[11]

DEFINITION

The LCS-FS measures the extent to which households adopt livelihood-based coping strategies in response to food insecurity, reflecting their capacity to maintain access to food under stress or crisis conditions. Developed by WFP, it is based on reported experiences of livelihood stress and asset depletion in the 30 days prior to the survey. The indicator must be contextualised to local conditions and interpreted alongside other food security evidence.

PURPOSE

To measure how households adapt to food insecurity by using different coping mechanisms that can have medium- to long-term consequences

CALCULATION

To determine the LCS-FS, follow the methodology below:

a. Identify the most common livelihood coping strategies households use to manage food access challenges when income or resources are insufficient. Consult the Cash Working Group or other coordination bodies for an existing list of locally relevant strategies and validate it through FGDs. If no list exists, develop one with community input. Aim for around 10 strategies, balanced across stress, crisis, and emergency categories. Note that in countries where the IPC is already operative, this list should exist. Define the severity ("weight") of each strategy according to its negative impact on livelihoods and future food security (standard classification: stress = 1, crisis = 2, emergency = 3).[12] The final module must have 4 stress, 3 crisis, and 3 emergency strategies for the analysis.

For example[13]:	
During the past 30 days, did anyone in your household have to engage in any following behaviours due to a lack of food or a lack of money to buy food?	*1 = No, because I did not face a shortage of food* *2 = No, because I already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it* *3 = Yes* *4 = Not applicable*
1.1. Sold household assets/goods (radio, furniture, refrigerator, television, jewelry, etc...)	___
1.2. Reduced non-food expenses on health (including drugs) and education	___
1.3. Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.)	___
1.4. Spent savings	___
1.5. Borrowed money/food from a formal lender/bank	___
1.6. Sold house or land	___
1.7. Withdrew children from school	___
1.8. Sold last female animals	___
1.9. Begging	___
1.10. Sold more animals (non-productive) than usual	___

b. *Interview a representative sample of households using a standardised questionnaire referring to the past 30 days. For each coping strategy, record whether it was: yes (used within recall period), no (not used), exhausted (previously used, but no longer possible), not applicable (never had access to the strategy), or prefer not to answer. Enumerators should ensure clarity and consistency in responses.*

c. *Multiply each response by its assigned severity weight and sum all weighted responses to obtain each household's LCS-FS score. Higher scores indicate greater reliance on and severity of negative coping strategies.*

d. *Categorise each household into one of four coping groups based on the most severe strategy used by the household: none (no negative coping), stress, crisis, emergency.*

DISAGGREGATION

It is common practice to report the share of households within each coping strategies group (no coping, stress, crisis or emergency) and then describe which are the most common strategies used. To calculate the percentage of households within each category, divide the number of households in that category by the total number of surveyed households and multiply by 100. For example, the percentage of households with an "emergency" LCS-FS equals:

(Number of households with LCS-FS using emergency level strategies ÷ Total surveyed households) × 100.

To calculate the sex disaggregated percentage of households in each category, filter the HH by sex of HHH. For example, the percentage of MHH with an "emergency" LCS-FS equals:

(Number of **MHH** with LCS-FS using emergency level strategies **÷ Total surveyed MHH**) × 100.

Disaggregate the calculation per sex of HHH within each category.

The results should be presented disaggregated by sex and location.

Household Hunger Scale (HHS)[14]

DEFINITION

The HHS measures the scale of households' food deprivation, focusing on the food quantity dimension of food access rather than dietary quality. It is based on the validated premise that the experience of food deprivation triggers predictable household reactions that can be captured through surveys and summarised on a scale.

PURPOSE

To measure the severity of household hunger through a simple, experience-based survey, which helps in assessing, targeting, and monitoring food insecurity.

CALCULATION

Determine the indicator's value following the methodology outlined in FANTA's HHS Guide[15]:

a. Conduct interviews with a representative sample of households, asking:

   - Three occurrence questions that represent increasing levels of food insecurity severity.
   - Three frequency-of-occurrence questions (asked as follow-up) to determine how often each situation occurred (rarely, sometimes, often).

b. Calculate each household's score by summing the values of the frequency-of-occurrence responses.

No.	Question	Response Option
Q1	In the past [4 weeks/30 days], was there ever no food to eat of any kind in your house because of lack of resources to get food?	0 = No (Skip to Q2) 1 = Yes
Q1a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1-2 times) 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)
Q2	In the past [4 weeks/30 days], did you or any household member go to sleep at night hungry because there was not enough food?	0 = No (Skip to Q3) 1 = Yes
Q2a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1-2 times) 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)
Q3	In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food?	0 = No (Skip to the next section) 1= Yes
Q3a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1-2 times) 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)

c. Recode the responses to each frequency-of-occurrence question from three frequency categories ("rarely," "sometimes," "often") into two frequency categories ("rarely or sometimes" and "often"). To avoid losing the original data collected, create a new variable for each frequency-of-occurrence question. For each of the new variables created, a frequency response of "rarely" (originally coded as "1") is coded as "1"; a frequency response of "sometimes" (originally coded as "2") is coded as "1"; and a frequency response of "often" (originally coded as "3") is coded as "2". Next, add a code of "0" for households that replied "no" to each corresponding occurrence question. Once this step is completed, all households should have a value of 0, 1, or 2 for each of the three new variables created. The values of the new variables are then summed for each household to calculate the HHS score. If the tabulation has been carried out correctly, each household will have an HHS score between 0 and 6. These values are then used to generate the HHS indicators.

d. Classify households using the standard HHS cut-offs: 0–1 (little to no household hunger), 2–3 (moderate household hunger), 4–6 (severe household hunger). For IPC, the HHS is divided into severe (4-6), moderate (2-3), slight (1) and none (0).

DISAGGREGATION

To calculate the percentage of households within each IPC phase/category, divide the number of households in that category by the total number of surveyed households and multiply by 100. For example, the percentage of households with a "severe HH hunger" HHS equals:

(Number of households with HHS ≥ 4 ÷ Total surveyed households) × 100.

To calculate the sex disaggregated percentage of households in each category, filter the HH by sex of HHH. For example, the percentage of MHH with a "severe HH hunger" HHS equals:

(Number of **MHH** with HHS ≥ 4 ÷ **Total surveyed MHH**) × 100.

Disaggregate the calculation per sex of HHH within each category.

The results should be presented disaggregated by sex and location.

INDIVIDUAL INDICATORS (CORE)

Minimum Dietary Diversity for Women (MDD-W)[16]

DEFINITION

The MDD-W measures the proportion of women aged 15–49 years who consumed foods from at least five out of ten predefined food groups during the previous day or night. It serves as an indicator of micronutrient adequacy, reflecting an important dimension of overall dietary quality. According to FAO's Compendium of Indicators for Nutrition-Sensitive Agriculture, MDD-W has replaced the Women's Dietary Diversity Score indicator.

PURPOSE

To measure the diet diversity of women of reproductive age to assess micronutrient adequacy.

CALCULATION

Determine the indicator's value by following this methodology:

a. Determine the indicator's value by conducting individual interviews with a representative sample of women aged 15–49 years.

b. Check for special days by confirming whether yesterday was a special day (e.g., religious festival or celebration) when an unusually varied or limited diet was eaten. If so, do not proceed with data collection, as the results will not reflect a typical diet.

c. Ask the respondent to list all meals eaten during the previous day and night, regardless of where they were consumed. Record them in the Recording Meals Form. Double-check the ingredients of each meal (e.g., porridge with or without milk). Ask about any snacks or small foods (including fruits) that were not initially mentioned.

d. Record which food groups were consumed, referring to the 10 predefined groups in the FAO MDD-W guide[17]. Probe for foods from groups not mentioned (e.g., "Did you eat any eggs yesterday?"). Record food groups in the questionnaire only after all meals have been listed in the Recording Meals Form – never record them straight away, as it is very likely that the number of food groups consumed will be underreported. Do not record foods in quantities lower than one teaspoon (for example, a small amount of fish powder added for flavouring).

e. Count the number of food groups consumed by each interviewed woman during the previous day and night. The 10 MDD-W food groups are first summed into a score ranging from 0 to 10. Begin with a score of 0. For each of the food groups, add one point if any food in the group was consumed.

f. Each woman is then coded yes or no for scoring at least (≥) 5, followed by calculation of the proportion of women who score at least (≥) 5. Divide the number of women who consumed food from at least five food groups by the total number of interviewed women, then multiply the result by 100 to express it as a percentage.

THE TEN FOOD GROUPS

1. *Grains, white roots and tubers, and plantains*
2. *Pulses (beans, peas and lentils)*
3. *Nuts and seeds*
4. *Milk and milk products*
5. *Meat, poultry and fish*
6. *Eggs*
7. *Dark green leafy vegetables*
8. *Other vitamin A-rich fruits and vegetables*
9. *Other vegetables*
10. *Other fruits*

DISAGGREGATION

This individual level indicator takes into consideration only women. If the sex of HHH is known, the analysis can be disaggregated to show whether women's diet diversity is changing based on sex of the HHH. To calculate the sex disaggregated percentage of MDD-W filter the HH by sex of HHH. For example:

(Number of **women** in MHH with consumed food groups ≥ 5 **÷ Total surveyed women in MHH**) × 100.

Do this calculation for both MHH and FHH, and for different amounts of food groups consumed.

The results should be presented disaggregated by location.

INDIVIDUAL INDICATORS (ADDITIONAL RECOMMENDED)

Individual Dietary Diversity Score (IDDS)[18]

DEFINITION

The IDDS measures the number of predefined food groups consumed by a specific target group during the previous day or night. The indicator reflects the micronutrient adequacy of the diet—an important aspect of dietary quality—but does not measure caloric intake.

PURPOSE

To assess the micronutrient adequacy and overall quality of an individual's diet by measuring the number of different food groups they consumed over the previous day.

CALCULATION

To determine the IDDS, follow the methodology below:

a. Collect data through individual interviews with a representative sample of target group members. The recall period is the previous 24 hours.

b. Verify whether the previous day was a special occasion (e.g., religious festival or celebration) that may have influenced eating habits. If so, do not proceed, as the data will not reflect a typical diet.

c. List all meals and ingredients consumed the previous day using the Recording Meals Form. Double-check meal composition, clarifying mixed dishes (e.g., porridge with or without milk). Ask about snacks, including fruits or small items not yet mentioned.

d. Record the consumed food groups in the questionnaire. Double-check for unmentioned foods (e.g., "*Did s/he eat any eggs yesterday?*"). IDDS works with 8 food groups for children 6-23 months of age, and 9 food groups for children 24-59 months of age, older children and adults. Record food groups in the questionnaire only after all meals have been listed in the Recording Meals Form – never record it straightaway as it is very likely that the number of food groups consumed will be underreported. Do not record foods in quantities lower than one teaspoon (for example, a small amount of fish powder added for flavouring).

Food groups

- *Starchy staples*
- *Dark green leafy vegetables*
- *Other vitamin A-rich fruits and vegetables*
- *Other fruits and vegetables*
- *Organ meat*
- *Meat and fish*
- *Eggs*
- *Legumes, nuts and seeds*
- *Milk and milk products*

e. Count the number of consumed food groups — this is the IDDS.

f. Calculate the indicator's value by summing all individual IDD scores and dividing by the total number of respondents.

g. The suggested cutoff point for IDDS is 5; scores of 5 or above are considered acceptable, while scores below 5 indicate low dietary diversity (same as for MDD-W).

DISAGGREGATION

This individual level indicator takes into consideration both men and women and should be analysed as such, by different diet diversity/food groups – i.e., calculate the percentage of interviewed men eating more than 5 food groups (=men eating more than 5 food groups/ interviewed men), and calculate the percentage of women doing so (=women eating more than 5 food groups/interviewed women).

If the sex of HHH is known, the analysis can be further disaggregated to show whether diet diversity is changing based on sex of the HHH. To calculate the sex disaggregated percentage of IDDS filter the HH by sex of HHH. For example:

(Number of **women** in MHH with consumed food groups ≥ 5 **÷ Total surveyed women in MHH**) × 100.

Do this calculation for both MHH and FHH, and for different amounts of food groups consumed.

The results should be presented disaggregated by sex and location.

FOCUS GROUP DISCUSSIONS (FGDs)

The primary purpose of FGDs is to gather opinions, beliefs, practices, and attitudes towards specific topics related to gender and food security. FGDs are designed explicitly to reveal intra-household dynamics—information often obscured by household-level indicators—including food allocation, care-related labour, and emotional toll. Not all the questions must be asked – this should be prefilled with already available information at regional level.

FGDs must adhere to strict segmentation rules to ensure relevance and safety:

- Groups should be small, ideally consisting of no more than 10-12 participants with similar backgrounds or experiences.
- Groups must be strictly separated by sex, age and vulnerability status. Sampling should deliberately ensure the inclusion of diversity within the targeted group, such as FHHs, widows/widowers, pregnant or nursing women, caregivers, and persons with disabilities or chronic illnesses.
- Whenever possible, the FGD facilitator should be the same sex as the interviewees.

PRELIMINARY STEPS

1. Thank the participants for their time and for agreeing to participate in the discussion group/interview.
2. Introduce yourselves again (even if you already did when getting the group together) and your roles in the FGD/interview.
3. Explain the objectives and expectations of the FGD.
4. Outline the session and the amount of time the discussion will take.
5. Stress that participation is voluntary, ensuring people feel comfortable in participating.
6. Obtain informed consent to record the discussion, take notes, and/or take pictures.

A. META DATA & DEMOGRAPHICS

- Date of interview (DD/MM/YYYY)
- Facilitator name
- Note taker name
- Interviewer and notetaker sex
- State
- County
- List the total number of participants in the group
- Sex of the FGD participants
- Age group of the FGD
- Vulnerability type and number of people affected (disability, chronic illness, demographic status)
- Member of MHH or FHH

B. VULNERABILITY

- Describe a typical day: from when you wake up until you go to sleep at night, what are the activities you do in your day and how much time is spent on these activities?
- How would you describe your role in the HH? Has your role within the HH changed since before current crisis?
- Are there differences in ownership by men and women of land? Livestock? Homes? Access to water?
- Can you describe your access to these assets?
- When food is not enough, what do you do?
- What sources of income are available to you as man/woman?

C. ACUTE EVENTS & ONGOING CONDITIONS

- Have there been conflicts, violence or protests lately in the area?
- As a result, did you face any threat or theft or destruction of production assets (land, harvest, livestock, tools, etc.)?
- Was there any outbreak recently – for humans or animals? How did you cope?
- Have there been crop pests or diseases?
- Have there been any extreme natural events (drought, floods, dryspells, landslides, etc.)? How did you cope?
- Do you feel prices have changed?
- What employment, income or labour opportunities are available to you?
- Has there been any movement of population lately (returnees, displacement, etc.)? What were the effects?

D. FOOD AVAILABILITY & STABILITY

- Do men/women have access to agricultural inputs (financial, physical)?
- How is the agricultural and livestock production (crop, livestock, fishing and aquaculture)?
- Is the market functional? Are there enough food items of the type and quality you want? Are prices stable?
- Are wild foods (plants, vegetables, fruit, mushrooms, game meat, fish, and insects) available? Who collects them? Who sells them? Who consumes them?

E. FOOD ACCESS & STABILITY

- Do you receive humanitarian food assistance? How big is this source of food?
- Have food prices increased? What is the effect on you and your HH members?
- What about livestock prices?
- Do you and your HH have food stocks?
- Are you easily able to go to markets? Are you able to purchase what you need there? What would that typically be? How are the relations with the traders?

F. FOOD UTILISATION AND STABILITY

- What do men typically eat? How much of the food cooked in your HH goes to men?
- What do boys typically eat? How much of the food cooked in your HH goes to boys?
- What do women typically eat? How much of the food cooked in your HH goes to women?
- What do girls typically eat? How much of the food cooked in your HH goes to girls?
- How do eating habits change when there is not enough food? Who reduces portions? Who reduces meals?
- How big is your plate usually? What do you mainly eat? Why?
- What is the main source of cooking fuel for your HH?
- What is the main source of water for your HH?
- Can you describe a healthy diet? How do you store food?

The results should be presented disaggregated by location, sex, and other vulnerability factors.

KEY INFORMANT INTERVIEWS (KIIs)

This KII guide is designed to be the optional qualitative tool for collecting expert and contextual information to complement quantitative data, feeding directly into the suggested gender-adapted IPC reporting template.

The overall purpose of KIIs is to gather information about the opinions, beliefs, practices, and attitudes towards specific topics of interest related to gender and food security. KIIs contribute essential qualitative data that provides better contextual understanding, reveals unforeseen aspects and data gaps, sheds light on quantitative findings, and helps build a cohesive narrative of the food security situation and lived experiences. These interviews are critical for capturing structural factors and community-level dynamics that cannot be measured through household surveys or general focus groups. The information collected should explain the "why" and "how" behind gender disparities observed in the quantitative data, such as resource control, protection risks, and community decision-making.

KIIs should be conducted with profiles who possess specific knowledge of the context and topic. These profiles typically include, but are not limited to:

- Community Leaders (such as Chiefs, as conducted in the South Sudan pilot)
- Government Representatives (e.g., Ministry of Gender, Child and Social Welfare, or Ministry of Agriculture and Food Security)
- NGOs, including local and international actors
- WROs
- Agency Protection Working Groups and people from Community Protection Structures.

The KII, like the FGD, must begin with a thorough desk review to incorporate existing gender analyses and qualitative data, ensuring the process remains focused and avoids redundant questions.

A. GENERAL CONTEXT, VULNERABILITY, AND ROLES	
Current Situation & Challenges	What are the current challenges faced by girls, women, boys, and men in the current crisis in the community? What are the challenges they face specifically in relation to food security and livelihoods?
Changing Gender Roles	Have these challenges increased since before the current crisis? Who has faced the greatest increase in burden? How have gender roles changed?
Vulnerable Groups	Are there certain groups that are more vulnerable (e.g., widows, people with disabilities, minority ethnic groups)? Who are they, and what are their specific food security and livelihood needs?
B. COMMUNITY-LEVEL DECISION-MAKING	
Formal/Informal Mechanisms	What decision-making structures are there in the community for food security decisions? What were they before the crisis, and what are they now?
Support for Shortages	Are there community or government mechanisms to support severe food shortages? If so, what are they and how do they work?
Representation & Voice	Are women/female youth/male youth/other vulnerable groups represented in these food security structures? Do women and men have an equal voice at the community level? Are those contributions taken into decision-making?

C. ACCESS AND CONTROL OVER RESOURCES (CONTRIBUTING FACTORS)	
Access Barriers	What resources do girls, women, boys, and men have difficulty in accessing? Why? What are their barriers and needs related to these resources (e.g., cash, education, land, assets)?
Land Rights	Does national legislation ensure equal rights to land for women and men? What about in practice? Do women and men have equal access to land? If not, why?
D. FOOD SECURITY ACCESS AND UTILISATION	
Equitable Access	Do women and men have equal access to food programmes, the local market, cash for work opportunities, and agricultural inputs?
Cultural Restrictions	Are there certain cultural beliefs, practices, or taboos that limit women's and girls' consumption of certain foods? Is this the same for men and boys? Why or why not?
Protection Risks (Safety and Utilisation)	Have you heard of dangers or difficulties in collecting fuel, wood, and water? Who faces those dangers the most?
E. LIVELIHOODS (NEEDS, CAPACITIES, AND ASPIRATIONS)	
Livelihood Needs	What are the livelihood-related needs of men and women (differentiated by age: 18–35 youth and 36+ adults)?
Capacities & Skills	What are the capacities and skills of men and women (differentiated by age: 18–35 youth and 36+ adults)?
Aspirations/Future Plans	What are the future plans or aspirations of different age/gender groups to make a living?

F. PROTECTION	
Safety Concerns	What kind of problems and/or situations are there in the community that make men, young men, and boys feel unsafe and where? (And the same question for women and girls).
Risk in Livelihood Activities	Do girls, women, men, and boys face specific risks when carrying out food security or livelihood tasks (e.g., going to market, fetching water, collecting fuel)? If so, what are they?

ANNEXE B: REPORTING TEMPLATE

To facilitate the use of analysed information, and the integration of the disaggregated analysis outcomes into the IPC processes, the following reporting outline – based on the structure of the IPC Analysis Platform - could be of use:

1. Title
2. Description of data collection disaggregated by location: for each area of investigation and analysis, describe sample sizes, periods of data collection, type of method, seasonality aspects to be considered
3. Constraints of the analysis
4. Description of results disaggregated by location: for each area of investigation and analysis, see a full list of descriptions in the table below
5. Open questions
6. Recommendations for action: this should be towards stakeholders, policymakers and respondent actors on the ground, with actionable points to ensure efficient, impactful response to the current AFI situation per population group

DESCRIPTION OF RESULTS
A. Acute Events & Ongoing Conditions
• Do acute hazards have affected the food system in an unusual manner, and if so, have the effects been positive or negative. If negative, how seriously has the hazard impacted the ability of households to access food? • What type of hazards? What are the different effects on different population groups? • Include considerations on conflict, disease, economic and political factors, natural factors and population movement. Highlight any difference at individual level or at sex of head of household level.

B. Food Availability & Stability

- Is food actually present for purchase or acquisition for consumption, including: aspects of production, food reserves, imports, markets and transportation, wild foods, or other sources. If food is not adequately present, how inadequate is food availability compared to food requirements in the area? How do these gaps change for each population group?
- Include considerations on access to agricultural inputs (financial, physical), agricultural production (crop, livestock, fishing and aquaculture), food stocks at area level (e.g., traders, government, food assistance), market functionality and supply, and availability of wild foods (plants, vegetables, fruit, mushrooms, game meat, fish, and insects). Highlight any differences at individual level or at sex of head of household level.

C. Food Access & Stability

- Describe if households are able to acquire enough food to cover their energy needs – do they have their own production? Do they have access to markets? Do they have money to buy food? Are households able to rely on social connections to access food? If not, are they expected to have moderate or large gaps? How does this change for different types of household and population groups?
- Include considerations on humanitarian food assistance, food prices, household food stocks, livestock prices, access to markets, (household) purchasing power, and terms of trade. Highlight any differences at individual level or at sex of head of household level.

D. Food Utilisation & Stability

- Describe if households have healthy food preferences, sufficient food preparation processes, hygienic food handling and storage practices, and adequate access to clean water. Is intra-household food distribution equitable? Are pesticides, fungus, and harmful additives negatively affecting food quality?
- Include considerations on child feeding practices, access to cooking fuel, cooking practices, intrahousehold feeding practices, access to water, and access to sanitation. Highlight any difference at individual level or at sex of head of household level.

E. Food Consumption

- Describe if households are able to consume an adequate quantity of food. Are they able to consume a diet with minimally acceptable quantity and nutritional quality? If not, how large is the food consumption deficit? Do households worry about food adequacy or resort to consumption coping strategies? If yes, how high is the use of coping strategies?
- Use both the quantitative and qualitative data analysed and highlight any differences at individual level or at sex of head of household level.

The quantitative data can be organised in the form of tables (maintaining the division per area), as in the example below (from the Round 2 report in South Sudan) – of course, the table will need to be adapted to the type of indicator analysed:

COMPARISON OF FOOD SECURITY AND LIVELIHOOD INDICATORS FOR SUBGROUPS OF FHH & MHH AND INDIVIDUAL WOMEN AND MEN IN PIBOR

Indicator	*Category*	*FHH*	*MHH*	*Women*	*Men*
FCS	*Acceptable consumption*	*5%*	*27%*	*22%*	*52%*
	Borderline consumption	*21%*	*23%*	*16%*	*11%*
	Poor consumption	*74%*	*50%*	*62%*	*38%*
HDDS	*Secure/mildly insecure*	*25%*	*44%*		
	Moderately insecure	*34%*	*27%*		
	Severely insecure	*41%*	*30%*		
*rCSI**	*Stable - Phase 1*	*0%*	*1%*		
	Stable - Phase 2	*39%*	*51%*		
	Insecure - Phase 3	*61%*	*48%*	** FHH are only 68*	
LCS	*Strategies in IPC 1*	*2%*	*0%*		
	Strategies in IPC 2	*15%*	*14%*		
	Strategies in IPC 3	*7%*	*5%*		
	Strategies in IPC 4	*75%*	*82%*		

Moreover, highlight if the reduction of meals is done primarily by men or by women, as in the example below (from the Round 2 report in South Sudan) and then explain in narrative form:

IN THE PAST 7 DAYS, HOW MANY DAYS HAS YOUR HOUSEHOLD GIVEN LESS FOOD TO MEN?? TO WOMEN?

	in MHH				*in FHH*			
Days	*less to men*		*less to women*		*less to men*		*less to women*	
No reductions	*8*	*6%*	*13*	*10%*	*4*	*5%*	*8*	*9%*
Reduced one day	*34*	*26%*	*36*	*27%*	*8*	*9%*	*11*	*13%*
Reduced two days	*42*	*32%*	*34*	*26%*	*35*	*41%*	*32*	*38%*
Reduced three days	*29*	*22%*	*33*	*25%*	*22*	*26%*	*23*	*27%*
Reduced four days	*9*	*7%*	*7*	*5%*	*8*	*9%*	*3*	*4%*
Reduced five days	*3*	*2%*	*3*	*2%*	*1*	*1%*	*2*	*2%*
Reduced six days	*0*	*0%*	*0*	*0%*	*1*	*1%*	*1*	*1%*
Reduced seven days	*7*	*5%*	*6*	*5%*	*6*	*7%*	*5*	*6%*

F. Livelihood Changes

- Describe if households have to resort to using livelihood coping strategies to mitigate food gaps? If so, how severe are the negative strategies used?
- To do so, use information from qualitative data sources, that could be organised as below (an example from the Round 2 report in South Sudan) and then explain in narrative form:

OPPORTUNITIES AND STRATEGIES THAT ARE AVAILABLE TO MEN – SHARED BY OLDER AND YOUNGER MEN FROM YAMBIO	OPPORTUNITIES AND STRATEGIES THAT ARE AVAILABLE TO WOMEN – SHARED BY OLDER AND YOUNGER WOMEN FROM YAMBIO
• *Casual labour* • *Cultivate more land* • *Riverbank farming during the dry season* • *Conserve harvest to ensure it lasts, plan not to sell food* • *Open a business for the wife to sell produce in the market* • *When not farming: Bricklaying, building and construction* • *Rear more livestock* • *Make and sell charcoal* • *Collect wood for sale*	• *Cooperative farming when sustainable* • *Selling produce* • *Casual labour on farms, in gardens or in the local market* • *Brewing and selling alcohol* • *Long-term strategies like education of children*

- Use both the quantitative and qualitative data analysed and highlight any differences at individual level or at sex of head of household level. Also, make sure to look for and highlight any differences by age and vulnerability status – for instance, do widows have the same opportunities as married women? Do older men utilise the same strategies as younger men and boys?

G. Vulnerability

- Describe if there are households/individuals/population groups that are highly exposed to existing hazards. How vulnerable are households to loss of food and income in cases of typical shocks? Are households resilient to usual shocks that affect the area? Can households make investments to improve their access to food and income?
- Include considerations on gender and other socio-economic inequalities and discrimination, livelihood assets (human, financial, social, physical and natural), livelihood strategies (food and income sources, and expenditures), mitigating factors, policies, institutions and processes, information on protracted crises or recurrent crises, structural factors driving chronic food insecurity (e.g., poverty), and gender norms and GBV.
- Use both the quantitative and qualitative data analysed and highlight any differences at individual level or at sex of head of household level.

END NOTES

[1] https://www.wfp.org/publications/state-food-security-and-nutrition-world-sofi-report-2023 and https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-Gender-Feb-2024.pdf

[2] The IPC is a common global scale for classifying the severity and magnitude of food insecurity and malnutrition. It is a set of tools and procedures used to classify acute food and nutrition crises, as well as chronic food insecurity, based on international standards. The IPC analysis aims to inform emergency response, as well as medium- and long-term food security policy and programming.

[3] See note n1.

[4] The IPC process is structured around four mutually reinforcing functions, each with specific protocols that must be followed to ensure the analysis is rigorous, neutral, and accountable: 1. Build technical consensus among multi-sectoral experts (Function 1, involving composing an analysis team with representatives from relevant sectors and organisations and conducting the analysis on a consensual basis); 2. Classify severity and identify key drivers (Function 2, which analyses complex information, classifies areas into severity categories, estimates magnitude and identifies key drivers and characteristics of the condition through the convergence of evidence against the IPC Reference Tables); 3. Communicate for action (Function 3, ensuring core aspects of the situation are communicated in a consistent, accessible, and timely manner);

[5] The authors have maintained the old denomination for ease and clarity, yet the CFI is no longer in use, with a shift now to the new Protracted Acute Food Insecurity (PAFI) and Protracted Acute Malnutrition (PAMN) methodologies, which focus on understanding the root causes of malnutrition and food insecurity – no list of PAFI indicators is so far defined. The roll-out phase for PAFI and PAMN is starting in 2025-2026.

[6] More guidance can be found here: https://docs.wfp.org/api/documents/WFP-0000158062/download/

[7] As per IPC Gender Guidance, the minimum sample for an area or HAG to be classified and analysed separately, is at least 90 households per HAG. As per minimum cluster requirement, this data must be derived from at least three clusters per analysis area (meaning, 90 MHH and 90 FHH from at least 3 clusters).

[8] https://irw.indikit.net/document/8-food-consumption-analysis, page 8

END NOTES

[9] More guidance can be found here: https://docs.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

[10] More guidance can be found here: https://www.fao.org/4/i1983e/i1983e00.pdf

[11] More guidance can be found here: https://docs.wfp.org/api/documents/WFP-0000147801/download/

[12] A detailed list can be found here: https://www.indikit.net/document/530-lcs-for-food-security-list-of-strategies-and-their-definitions

[13] Additional coping strategy options could be: entire or big part (>50% members) of household migrated, prioritised food consumption of active household members, looked for additional income sources (e.g., temporary works), purchased smaller quantities of food, bought food from street vendors instead of buying and cooking food at home, sent children to less expensive schools, attended social events (banquets, religious parties) to eat, bartered clothing for food, sent children to work, selling jewellery/gold, children (under 15 years old) are working to contribute to household income (e.g., maid, casual labour), children (15-17) are working long hours (>43 hours) or work in hazardous conditions, adults (18+) are working long-hours (>43 hours) or in hazardous conditions, marriage of children under 18, inter-marriage, depending on food rations and/or support from neighbours and relatives as only food/income source, collection of firewood for selling (not usual income), selling, sharing and exchanging food rations, selling non-food items that were provided as assistance, selling labour in advance, etc.

[14] Additional guidance can be found here: https://www.fantaproject.org/monitoring-and-evaluation/household-dietary-diversity-score

[15] https://www.indikit.net/document/79-household-hunger-scale-hhs-guide

[16] Additional guidance can be found here: https://openknowledge.fao.org/items/dee8f29f-cf6c-4dcb-9cb9-05c263e7219b

[17] https://www.indikit.net/document/5-minimum-dietary-diversity-for-women-an-updated-guide-for-measurement

[18] More guidance can be found here: https://www.fao.org/4/i1983e/i1983e00.pdf

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