CADRE HARMONISE

MANUAL VERSION 2.0

Identification and analysis of areas at risk and populations affected by food and nutrition Insecurity

October, 2019

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ACRONYMS AND ABBREVIATIONS

ACF (AHH)	Action against Hunger
ARC	AGRHYMET Regional Centre
BCEAO	Central Bank of West African States
BFNS (EBSAN)	Baseline Food and Nutrition security Survey
BMI	Body Mass Index
CB	Cereal Banks
CEG	Expert Advisory Group
CH	*Cadre Harmonisé*
CILSS	*Comité Inter-États de Lutte Contre la Sécheresse dans le Sahel* [Permanent Inter-State Committee for Drought Control in the Sahel]
CMR	Crude Mortality Rate
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
ECOWAS	Economical Community of West African States
EFSAN	Emergency Food and Nutrition Security Assessment
ENSAN	National Food Security and Nutrition Survey
ES	Executive Secretariat
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FC	Food Consumption
FCR	Famine Classification Review
FCS	Food Consumption Score
FEWS NET	Famine Early Warning System Network
FNI	Food and Nutrition Insecurity
FNS	Food and Nutrition Security
FRC	Famine Review Committee
GAM	Global Acute Malnutrition
GFNSA	General Food and Nutrition Security Analysis
GSU	Global Support Unit
HDDS	Household Dietary Diversity Score

HEA	Household Economic Approach
HHS	Household Hunger Scale
IFRC	International Federation of the National Red Cross and Red Crescent Societies
IGO	Intergovernmental Organisation
INSAH	*Institut du Sahel* [Sahel Institute]
IPC	Integrated Food Insecurity Phase Classification
JRC	Joint Research Centre of the European Commission
LC	Livelihood Change
LCS	Livelihood base coping strategy
LFB	Livestock Feed Banks
LPD	Livelihood Protection Deficit
LZ	Livelihood Zone
M/F	Males/Females
MAM	Moderate Acute Malnutrition
MICS	Multiple Indicators Cluster Survey
MM	Millimetres
Mort	Mortality
MUAC	Mid-Upper Arm Circumference
N	Administrative Level
NA	Non applicable
NATF	National Analysis Task Force
NDVI	Normalised difference vegetation index
NGO	Non-Governmental Organisation
NRC	Nutrition Rehabilitation Centre
Nut	Nutrition
NuV	Non-Usable Validity level
Oxfam	Oxfam NGO
PREGEC	Food Crisis Prevention and Management
R	Reliability

RAAF	Regional Agency for Agriculture and Food
rCSI	Reduced Coping strategy Index
RPCA	*Réseau de prévention et de gestion des crises alimentaires* [Food Crisis Prevention and Management Network]
SAM	Severe Acute Malnutrition
SCI	Save the Children International
SD	Survival Deficit
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SNDVI	Standardized Normalized Difference Vegetation Index
SWAC	Sahel and West Africa Club
T	Timing
TC-CH	Technical Committee of the *Cadre Harmonisé*
TFP	Technical and Financial Partner
U5DR	Under 5 Mortality Rate
UEMOA (or WAEMU)	West African Economic and Monetary Union
UNICEF	United Nations Children's Fund
UNO	United Nations Organisation
UNS	United Nation System
USAID	United States Agency for International Development
V	Validity
VCI	Vegetation Condition Index
W/H	Weight-for-Height
WB	World Bank
WFP	World Food Program

FOREWORD

The *Cadre Harmonisé* (CH) is an early warning tool developed upon request of stakeholders (States, IGOs, civil society, NGOs) and their partners, namely, members of the Food Crisis Prevention Network (RPCA), and aimed at national, regional and global food and nutrition crises prevention and management systems. The results of the CH are primarily meant for decision-makers (States, intergovernmental organisations, TFPs, NGOs, etc.) to help improve decision-making to address food and nutrition crises and implement actions towards strengthening resilience. It is the arbitration tool for triggering and mobilising the ECOWAS Regional Food Security Reserve (RFSR) and assisting decision-making for the UEMOA High-Level Committee on Food and Nutrition Security (CHSAN). The CH promotes all products and data generated by existing information systems (both national and regional) on climate, agriculture, livestock farming, fishery, hydrology, household economy, food consumption patterns, disaster risks, conflicts, markets, migration, humanitarian assistance, health, nutrition, gender, etc. It uses a meta-analysis approach to build convergence of reliable evidence to classify the severity of acute food and nutrition insecurity. CH analyses require all partners to transparently share all data, participate in an inclusive manner to all stages of the process, and align with pre-defined norms, principles, and standards.

The development of the current CH version 2.0 is the result of a long, technical and dynamic partnership between the member organisations and institutions of the CH: CILSS, FEWS NET, UN Agencies (FAO, WFP, and UNICEF), IPC, JRC-EU, IFRC and international NGOs (ACF, Oxfam and Save the Children). This process was conducted under the leadership of CILSS with financial support from USAID, the AfDB, WB, ECOWAS, EU, and UEMOA, to whom we express our sincere thanks.

This version 2.0 of the CH manual clarifies the specific functions and protocols for carrying out an integrated and consensual analysis of acute food and nutrition insecurity. It has been developed based on lessons learnt from the national analysis cycles carried out in several countries since 2013 and on various exchanges and technical consultations of the CH Technical Committee (CH-CT). The added value of this manual lies in the clarification of the four functions (building technical consensus, classifying the severity and identifying key drivers, communicating for action and quality assurance) that are critical in the process. These functions are made operational through 14 specific protocols guiding the application of the CH analytical approach. In addition, special protocols are included in this manual 2.0 to provide guidance on classifying famine, areas with limited or no access (due to natural disasters and/or conflicts), and groups of households as well as on integrating the gender dimension into the process.

All along this consensual version, the stakeholders mark their determination to establish high-quality standards to jointly support their commitments so that all parties understand and respect their own obligations in terms of applying the PREGEC Charter. The results of country CH analysis are widely communicated and disseminated to all relevant stakeholders through the various consultation structures at national, regional and global levels (National systems, PREGEC, RPCA, the ECOWAS, CILSS, UEMOA, Liptako-Gourma and G5 Sahel Councils of Ministers, the High Level Committees, and the Summits of Heads of State of various intergovernmental institutions)

The Executive Secretary of CILSS

Djimé Adoum, PhD.

ACKNOWLEDGEMENTS

This 2.0 manual is the result of a wide consensus built between 2016 and 2019 thanks to the mobilisation of some fifty professionals representing various governments, national information and early warning systems, international NGOs, United Nations agencies, donors, research and higher education institutions and the Global Support Unit (GSU) of the IPC.

This iterative process of technical and scientific reflection was made possible thanks to the wide support provided by our technical and financial partners: ECOWAS, UEMOA, EU, USAID, AFD, WB, AfDB, FAO, WFP, UNICEF, FEWS NET, ACF, GSU/IPC, Oxfam, Save the Children, JRC-EC, and IFRC. To all these partners, the CILSS sends its sincere and warm thanks for not sparing any effort to go with the successful development of this new version 2.0 of the CH.

This 2.0 manual has been developed by expert members from the Technical Committee of the *Cadre Harmonisé* (ACF, CILSS, FAO, FEWS NET, IFRC, JRC-EC, GSU/IPC, Oxfam, WFP, Save the Children, and UNICEF). CILSS expresses to all these food and nutrition security professionals its deep gratitude for the quality of their technical expertise as well as for their dedication to the development of this version.

The development of this Manual 2.0 is also the result of a close technical collaboration with the IPC/GSU to harmonise tools and procedures. CILSS warmly thanks the IPC/GSU experts and all members of the IPC Food Security and Nutrition Working Group for their commitment to this process.

The Executive Secretary of CILSS, PhD Djimé Adoum, expresses his sincere thanks to the members of the Steering Committee of the Cadre Harmonisé for their guidance and support all along this process: Alain Sy Traoré (ECOWAS), Seyni Amadou (UEMOA), Jorge Oliveira (USAID), Amadou Hébié (European Union delegation), Sophie Chotard (IPC/GSU), Coumba Sow (FAO), Eric Branckaert (WFP), Bruce Isacson (FEWS NET), Sibiri Jean Zoundi (Sahel and West Africa Club), Ibrahim Lumumba Idi Isa (CILSS Executive Secretariat), Dr. Souleymane Ouédraogo (CILSS AGRHYMET Regional Centre) and Ebbe Mohamed Abdallahi (CILSS Sahel Institute).

Finally, I would like to express my gratitude to all the other individuals who directly or indirectly made the development of this manual possible thanks to their encouragement and support in many kinds. These include, in particular: Sékou Sangaré, ECOWAS Commissioner for Agriculture, Environment and Water Resources, Jonas Gbian, UEMOA Commissioner for Agriculture, Water Resources and Environment, Laura Glaeser, Chief of Party and Laouali Ibrahim, FEWS NET Regional Technical Coordinator, Luca Russo, Senior Advisor on Food Security and Resilience at FAO-HQ, Jose Lopez, Head of the IPC Global Program, Mamadou Diop, ACF Regional Representative for West Africa, Naziha El Moussaoui, Food Security, Livelihoods and Nutrition Advisor, British Red Cross- IFRC, Sara Gari-Sanchez, UNICEF Nutritionist, Xavier Joubert, Save the Children Regional Director of Operations, Mahalmoudou Hamadoun, Coordinator of the Food and Nutritional Security Program at CILSS/SE, Abdou Ali, Head of the Research and Information Department at AGRHYMET/CILSS Regional Centre, Maty Ba Diao, PRAPS/CILSS Regional Coordinator, Moussa Mama ECOAGIS/CILSS Project Manager and Felix Compaoré, P2RS/CILSS Coordinator.

PART 1:
INTRODUCING THE *CADRE HARMONISE*

1.1 WHY THIS CH MANUAL?

This manual serves as a methodological guide for carrying out acute food and nutrition insecurity situation analyses (current and projected) in an area or administrative unit, or among household groups. The manual will allow users to:

- Be more familiar with the analytical approach (meta-analysis and convergence of evidence);
- Know better the CH standards and principles;
- Understand the functions, protocols, procedures, and tools of the CH;
- Promote the CH results.

1.2 WHAT IS NEW IN THE CH VERSION 2.0?

The CH manual 2.0 presents major changes in the analysis process, but remains consistent towards the initial analytical framework, which is still aligned with the IPC version 3.0, especially about the acute food insecurity component. In addition to changes made to the thresholding of some outcome-related indicators (HDDS, rCSI, GAM based on MUAC, HEA, etc.), this version also provides more specific guidance on how to identify the types and levels of impact of contributing factors on FNS outcomes. More specifically, impact thresholds have been developed for some contributing factor indicators such as hazards and vulnerability, and food availability, access, and utilisation — including access to safe water.

It clarifies the use of pastoral indicators and their impacts on FNS outcomes and includes an improved methodology for calculating the caloric proxy that now takes animal, fishing, and non-wood-based forest productions into account. The CH 2.0 provides more guidance on specific cases about:

- Classifying Famine;
- Conducting analyses in areas with non-existent or restricted humanitarian access;
- Conducting a household group analysis;
- Taking humanitarian food assistance into account
- Assigning evidence reliability scores;
- Assessing the confidence level of the analysis;
- Mainstreaming gender throughout the analysis process.

Analysis tables have been revised and improved in order to be more interactive and user-friendly and make the different steps of analysis management easier. All analysis tables are now grouped into a single Excel file that includes worksheets aimed at performing all the CH steps in a logical sequence.

➤ **Table 1-A:** Inventory of evidence sources

➤ **Table 1-B:** Context analysis

➤ **Table 1-C:** Inventory of evidence on contributing factors and attribution of reliability scores

➤ **Table 1-D:** Inventory of evidence on outcomes and attribution of reliability scores

- **Table 2-A:** Analysis of evidence on contributing factors
- **Table 2-B:** Analysis of evidence on outcomes
- **Table 3:** Summary and area classification and confidence level on current and projected analyses
- **Table 4-A:** Summary of quantitative data
- **Table 4-B:** Population estimation in current and projected situations

This manual is organised into two parts:

- **First part:** General presentation of objectives and basic principles which are necessary to understand the CH dynamics.
- **Second part: I**ntroduces the 4 CH functions and their protocols to carry out the *Cadre Harmonisé*. It also includes the strategic framework for promoting the CH's findings.

1.3 TECHNICAL QUESTIONS UNDER REFLECTION

In this manual 2.0, special protocols have been introduced to conduct specific analyses under certain conditions. The integrated protocols will be improved, and additional notes will be developed to guide analysts better. Among the issues of interest that will be developed in the short term, we can consider:

- The household group classification process;
- Taking humanitarian food assistance into account;
- The classification of areas with limited or no access.
- Gender mainstreaming into CH analyses.

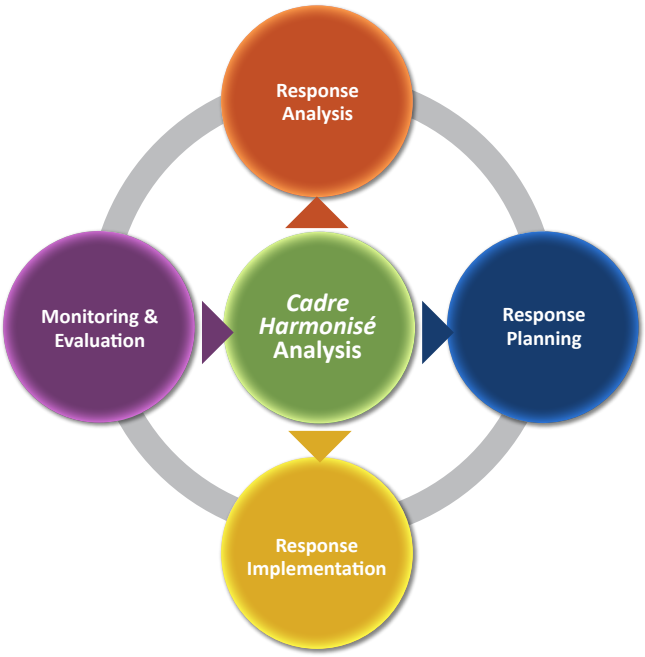
1.4 WHAT IS CADRE HARMONISÉ?

The *Cadre Harmonisé* is a unifying tool that helps to produce relevant, consensual, rigorous, and transparent analyses of current and projected food and nutrition situations. It classifies the severity of food and nutrition insecurity based on the international classification scale through an approach that refers to well-defined functions and protocols. CH results are communicated in a clear, coherent, and effective manner so as to support decision-making by linking information to action. The CH is a platform that helps to plan the response to food and nutrition crises as part of the intervention Analysis – Planning – Implementation – Monitoring/Evaluation continuum (Figure 1).

Figure 1: The Analysis-Intervention-Response-Continuum

CH analysis: provides relevant and consistent elements on the severity of the FNI as well as on the impacts of key drivers:

- **Response analysis:** identification of areas to be prioritised and formulation of clear recommendations to address crises in line with the drivers that have been identified
- **Response planning:** identification and implementation of adequate, effective, and efficient actions needed to address the situation, including financial, logistical and human resources capacity strengthening aspects.
- **Implementation of interventions:** operationalisation of the responses that were planned in an effective manner and in line with the needs identified. The CH is the tool that triggers the mobilisation of the ECOWAS Regional Food Security Reserve and facilitates decision-making by the UEMOA High Level Committee on Food and Nutrition Security.
- **Monitoring & Evaluation:** data is collected in the field to ensure that interventions are implemented, and that expected targets and outcomes are achieved. It may also help to guide decision-making so as to ensure that interventions are effective.



The overall CH implementation process has six main steps that are clarified in the manual (Figure 2). Following these steps supports evidence-based analysis, technical consensus, and the correlation between information and intervention, each of which reinforce the technical integrity of the *Cadre Harmonisé.*

Figure 2: The different steps of the CH process

The *Cadre Harmonisé* has been designed to consider a wide range of information systems and conceptual frameworks linked with food and nutrition security. The CH builds on existing national, regional, and global information systems and promotes an integrated analysis of food and nutrition insecurity. It is an analysis process that allows for greater comparability of findings over time and space.

1.5 WHAT IS THE PURPOSE OF *CADRE HARMONISÉ?*

The CH is a set of functions and protocols for analysing the severity of acute food and nutrition insecurity to inform decision-making, and to provide appropriate urgent responses in particular. The CH helps to answer the key questions policy-makers face during food and/or nutrition crises. It fits into the overall framework of early warning and prevention of food and nutrition crises by answering the following questions: *1) How severe is the situation?, 2) How many people are affected?, 3) When to intervene?, 4) Where to intervene first?, 5) What are the key drivers and limiting factors?, and 6) For whom should we intervene, and which action is needed?*

1.6 ADDED-VALUE OF THE CH

- Generic feature allowing application of the CH in various contexts;
- Consistency with international standards as regards the choice of analytical framework and indicators;
- Technical consensus adhering to the interdisciplinary approach and the complexity of evidence-based analyses;
- Rigour of the process with stricter choices and indications defined in protocols;
- User-friendly application with simple and inter-related tools;
- Comparability of results over space and time;
- Transparency of the process before (data collection and management), during (sharing of evidence sources) and after (accountability of stakeholders in terms of respecting and disseminating the results obtained) the analysis;
- The CH can be applied with the minimum of evidence required.

The advantage of the CH is that it is based on a coherent analytical framework and a holistic approach of analysis, using protocols to build convergence of a wide range of evidence to achieve relevant consensus outcomes. The CH process is conducted in an unbiased and transparent manner and is based on a clear definition of the analysis modalities applicable to the areas or administrative units and household groups; it also includes an estimation of population figures for each food and nutrition insecurity phase of severity.

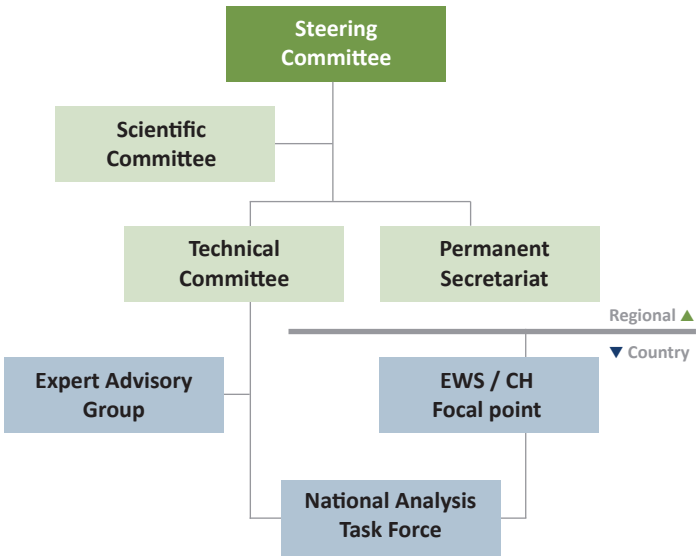
The CH is a flexible but rigorous tool that can be used in various contexts. Analysts have easier access to information about areas and populations of interest, so that they can have a shared understanding of the main issues related to food and nutrition insecurity within the areas, administrative units or household groups being analysed.

The CH approach allows analysts to have a clear and in-depth knowledge of local conditions as well as risks of biased judgments based on social and cultural perceptions, that may affect conclusions and decisions during analysis processes.

1.7 PARTNERSHIP

The issues related to the technical and financial partnership are about: i) ensuring inclusive participation of each partner while making sure that all actors are in line with the process; (ii) ensuring ownership by the various States; iii) securing a sustainable funding mechanism to implement the CH. The different stakeholders of the CH are:

Figure 3: The CH institutional framework

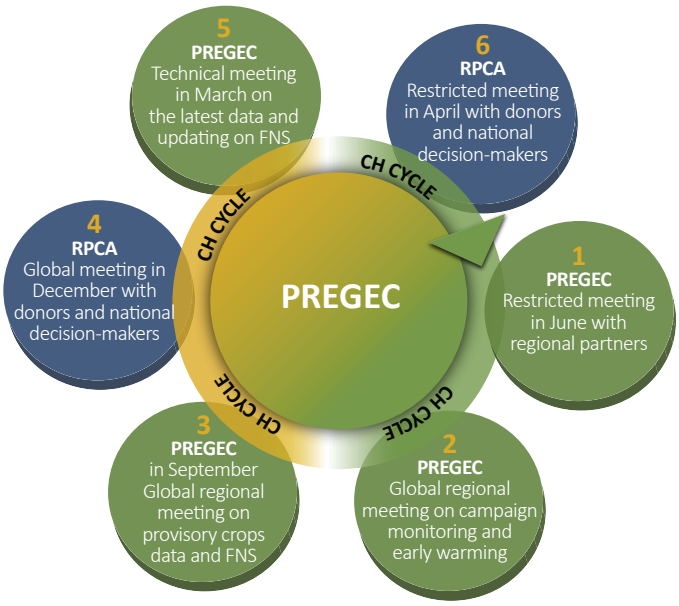


- **At the national level:** policy-makers, civil society, professional organisations, national technical services (EWS, MIS, EPS, LMIS, FNS, NHIS, NIS, National Directorates, etc.), technical and financial partners and non-state actors (local and international NGOs, farmers' organisations, private sector, etc.). Country stakeholders are involved in all implementation phases of the Cadre Harmonisé and benefit from capacity strengthening activities.
- **At the regional level:** CILSS, ECOWAS, UEMOA, UN agencies, NGOs and other international organisations to support implementation processes.
- **At international level:** the ES/CSAO, USAID, EU, AFD, WB, FAO, WFP, UNICEF, FEWS NET, IPC/GSU, JRC/EC, IFRC, ACF, Save the Children, Oxfam, etc.

1.8 THE CH CYCLE

The agenda of the CH is structured around the PREGEC and RPCA technical consultation cycles. Figure 4 briefly shows the two consultation frameworks (PREGEC and RPCA). The CH is implemented twice a year to share analysis results during PREGEC meetings, especially the November and March events. These last two meetings are used to document the December and April RPCA sessions. The two analysis cycles must, therefore, take place in October and November (after release of seasonal forecasts and of nutrition and market survey results), as well as in March (once agricultural production's final results — and possibly new nutrition, HEA, food consumption data, etc. — are published). If necessary, a CH analysis update is organised based on the request by countries and their partners and considering the new data available in case of a deteriorating food and nutrition situation.

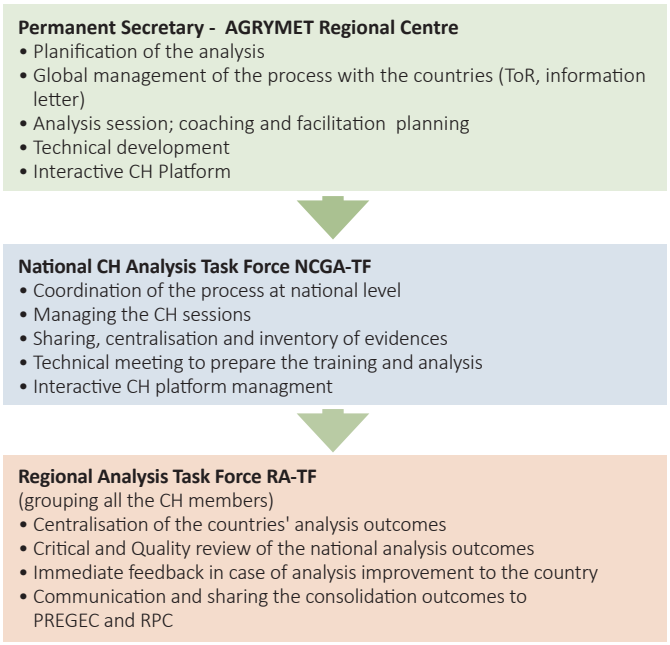
Figure 4: The PREGEC cycle



1.9 THE CH PROCESS

The CH process typically unfolds into two main analysis cycles per year. However, in some specific circumstances and depending on the risk context, additional cycles can be organised in order to update a situation that is of concern. Each CH cycle entails the implementation of actions according to the different levels of coordination or consultation indicated in Figure 5.

Figure 5: CH coordination and consultation



1.10 FOUNDATIONS OF THE CH PROCESS

The whole CH analysis process rests on a common ground for defining acute food and nutrition insecurity, response objectives, the different phases of severity and the general orientation of the analysis. The table below summarizes the key aspects of the basic mechanism of the CH process.

Table 1: Foundations of the CH process

	Foundations of the *Cadre Harmonisé's* process
Definition of acute food insecurity	Food insecurity identified in a given area at a given time and of a severity that threatens lives or livelihoods, or both, regardless of cause, context or duration
Definition of acute malnutrition	Acute global malnutrition as expressed by the thinness of individuals and/or the presence of oedema.
Intervention objectives	Short-term intervention objectives aim at preventing or mitigating the effects of the severity of food and/or nutrition crises that could lead to the deterioration of livelihoods and to loss of lives.
Severity Classes	5 Phases 1-None/Minimal 2-Stressed 3-Crisis 4-Emergency 5-Catastrophe/Famine
General Orientation	Identification of areas with high food consumption deficits among the majority of households using unsustainable coping strategies.

1.11 THE FOUR FUNCTIONS OF THE CH

It should be recalled that the CH and the IPC use the same framework to analyse acute food insecurity and share the same key functions that are the foundations of the analysis process. Each key function is associated with a set of reference protocols allowing for robust and rigorous situation analyses while still adhering to pre-established norms, standards and principles. The four functions are described in Table 2.

Figure 6: The CH functions

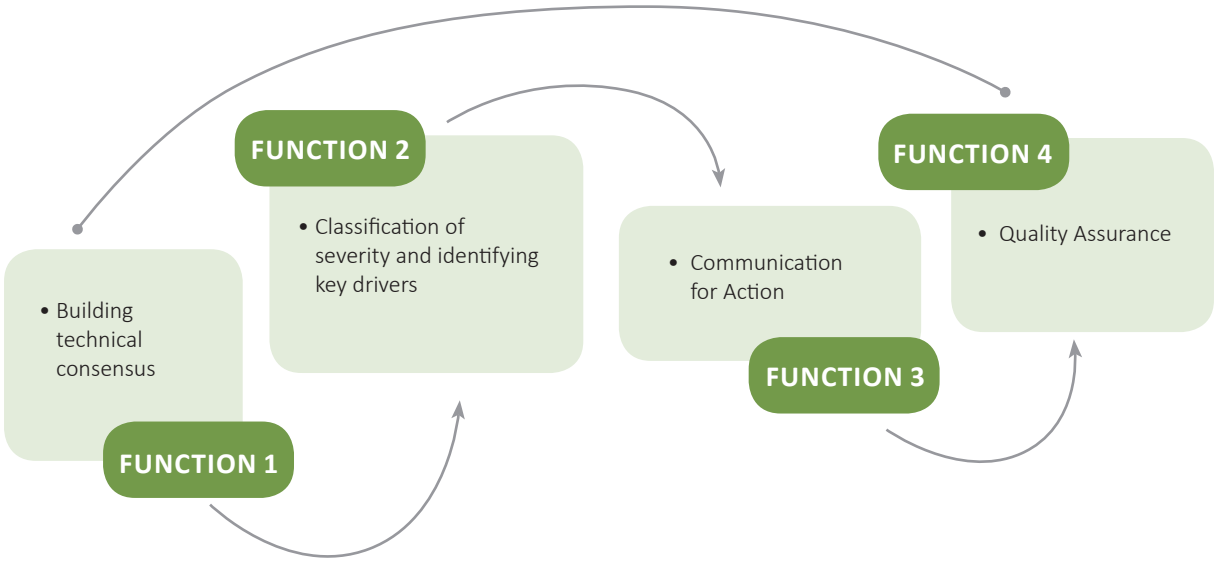


Table 2: Description of the CH functions

Fonction	Description	Protocoles
Function 1: Building technical consensus	Ensures that all stakeholders from the different key areas relevant to food security and nutrition are represented.	• Inclusive composition of National Analysis Task Forces; • Definition of a common ground for consensual analysis at the beginning of each process
Function 2: Classifying the severity and identifying key drivers	• Creates the conditions for a robust, rigorous, complex and evidence-based analysis; • Builds consensus on area classification and population estimates in each phase while identifying key drivers.	• Reference to the analytical framework to build convergence of evidence; • Use of the Reference Table to assess direct evidence on FNS and contributing factors; • Adherence to tools and other analysis materials; • Assessment of evidence and attribution of evidence reliability scores; • Compliance with minimum analysis criteria requirements; • Analytical work based on sources of evidence that are available and accessible to analysts.
Function 3: Communication for Action	Ensure that active communication is conducted around the severity of the situation and its key drivers, immediately upon completion of the analysis.	• Developing analysis reports (general report, communication sheet, decision-maker summary, maps, and tables); • Adherence to mapping standards (colour codes, pictograms, legend, title, scale, orientation, etc.); • Make communication products available immediately upon completion of the analysis to support rapid decision making.
Function 4: Quality Assurance	Ensure technical rigour and neutrality of analysis as well as a consolidation of the lessons learnt to improve the tool.	• Conduct a self-assessment of each cycle; • Quality review of national analyses; • Quality review by the EAG (GEC) in famine situations.

1.12 WHAT THE CH IS NOT

The CH is geared towards analysing the severity and key drivers of food and nutrition insecurity following a meta-analytical approach based on reliable evidence and technical consensus. To better enlighten users, it is important to emphasize what the CH is not; this is shown in Table 3.

Table 3: What the CH is not

The CH is not:	But the CH:
A data collection system	*Values data from existing systems;*
An information system	*Complements existing information systems*
A direct food security assessment methodology	*Uses all relevant existing data*
A methodology for assessing malnutrition directly	
An emergency or humanitarian response analysis tool	*Provides a contingency planning baseline for response*
A tool for assessing or measuring the impact of humanitarian responses	Provides basic elements for response planning considering the complexity of causes of FNI in the presence or absence of humanitarian food assistance.

1.13 CH PRINCIPLES AND STANDARDS

Principles

The 2.0 CH manual has established a set of principles to ensure that its implementation is part of an inter-agency approach that adheres to consensus and promotes an inclusive and diverse partnership. These principles aim at ensuring that: (i) the process is sustainable, (ii) governments and partners take ownership of the tool, and (iii) adhere to and comply with existing mechanisms. The CH defines three principles:

Principle 1: CH Institutional anchoring

- The CH process is led by a national structure that ensures coordination of the food and nutrition security information system;
- Any type of support provided should entail the capacity strengthening of governments, promote ownership of the process, consolidate the institutional framework, and ensure gender mainstreaming;
- The CH process should include a mechanism aiming at strengthening the governments' institutional leadership through the official set up of a National Analysis Task Force.

Principle 2: Neutrality during the analysis

- The CH analysis must be based on a technical consensus among all experts (analysts) and be carried out in a technically neutral manner.
- The CH feeds on the contributions of a considerable number of stakeholders including NGOs, CSOs, producer organisations and professional organisations.
- Analysts must divest themselves of the agendas of their institutions or organisations and contribute to carrying out a technical analysis of the areas studied in a critical and realistic manner.

Principle 3: Proactive communication of the CH results

Three key principles are defined to ensure better communication:

- The results of the analysis must be communicated in an effective manner to policy-makers so as to help better decision-making.
- The results of the analysis serve as a reference to raise donors' awareness for advocacy purposes and mobilisation of the resources needed to address identified needs;
- The results of the analysis must be widely communicated, including to the general public.

Standards

Analysts must remain neutral and maintain their independence of mind during the building of technical consensus. The standards are meant to be general and applicable in all CH analyses. The following standards are to be followed for the CH analysis process to unfold smoothly:

- The Analysis Task Force brings together all the technical expertise available on food and nutrition security and ensures gender mainstreaming;
- The Analysis Task Force invites the stakeholders and communicates the date, location, and logistical arrangements of the analysis session in a timely manner;
- The members of the Analysis Task Force must transparently share all the data they have that could allow current and projected analysis;
- The analysts must work in a spirit of cooperation to produce relevant and reliable analyses depicting the actual food and nutrition situation as much as possible by following a participative, inclusive, and consensual approach.

1.14 ALIGNING WITH THE PREGEC CHARTER

The provisions of the Charter aim at improving the effectiveness and efficiency of food crisis prevention and management mechanisms in West African and Sahelian countries. Stakeholders adhere to the three defined principles including the involvement of civil society in the assessment of the food and nutrition situation as well as in the definition, implementation, and evaluation of actions. Based on these principles, they recognise that any action related to food crisis prevention and management must focus on the following main pillars:

➤ **Pillar 1.** Information and analysis of the food and nutrition situation;

➤ **Pillar 2.** Consultation and coordination;

➤ **Pillar 3.** Consensual analysis for choosing food and nutrition crisis prevention and management tools.

The CH is developed to meet these requirements in terms of information production and consensual food and nutrition situation analysis (Pillar 1). This is a prerequisite to a good analysis for choosing the tools to be used (Pillar 3). In addition to complying with the pillars of the Charter, the process of developing and implementing the CH was carried out by ensuring consensus at three critical levels: The Steering Committee, the Technical Committee, and the National Analysis Task Force.

1.15 PILOTING THE CH

Steering Committee

As per the Charter, the Steering Committee is the highest decision-making body. It defines all the strategic, political, and technical orientations of the CH on a consensual basis between the governing bodies of all the institutions concerned by food and nutrition security issues in the region.

The members of the Steering Committee are leaders of regional and international organisations (CILSS, ECOWAS, UEMOA, FEWS NET, FAO, WFP, UNICEF, BCEAO, and international NGOs) and donors (USAID, European Union, France, Canada, etc.). CILSS serves as the secretariat at the same time. The meetings of the Steering Committee are held at least once a year upon invitation from the Chairman or upon request of the members. The operation mode of the SC-CH is defined jointly by its members with a deliberative voice.

The Steering Committee supports the Technical Committee to maintain transparency and neutrality of the process while ensuring that countries and region have sufficient resources to maintain the sustainability of the CH.

Technical Committee of the *Cadre Harmonisé*

This is the technical consensus body responsible for developing the CH, controlling its quality, and validating results. The Technical Committee (TC) of the *Cadre Harmonisé* is in charge of coordinating its technical development and implementation both at regional and national levels. This technical committee is also the body that assesses and improves methodological performance based on the lessons learnt capitalised after each analysis cycle. It is the guarantor of verification and quality assurance processes as regards CH products. Its quarterly or on-demand meetings are facilitated by its Chairperson. It is chaired by member institutions and organisations in a rotative manner under the supervision of the Steering Committee. From 2000 to 2006, the chairmanship of the Technical Committee of the CH was ensured by the WFP Regional Office. FEWS NET then chaired the CH/TC's works from 2007 to 2018. FAO has been chairing the CT-CH since January 2019. The CH Technical Committee is composed of representatives from CILSS, FEWS NET, FAO, WFP, JRC-EC, IPC/GSU, UNICEF, ARAA, IFRC as well as INGOs — OXFAM, ACF, and Save the Children. This diversity of membership makes the CH a tool open to all approaches, of which it brings together the achievements.

The technical governance of the TC-CH is ensured by CILSS through the AGRHYMET Regional Centre, which hosts the CH Management and Implementation Unit in the region. This unit holds the permanent secretariat of the CH, which is responsible for archiving all CH products. It is also in charge of planning analysis cycles in close collaboration with the CH partners. The technical management and implementation function of the CH perfectly fits the mandate of CILSS, conferred by States and regional institutions in the area of food security, nutrition, and early warning. This unit plans analysis cycles and archives methodological development processes as well as analysis results.

1.16 THE RELEVANCE OF THE CH IN DECISION-MAKING PROCESSES

The CH is an essential tool used to mobilise the ECOWAS Regional Food Security Reserve and support the decision-making of the UEMOA High Committee on Food Security. Through a complex analysis, it provides decision-makers with a relevant and coherent basis for strategic decision-making by detailing the severity of the current and projected situation, identifying the determinants of food and nutrition insecurity, estimating populations by level of intervention priority and clarifying the types of appropriate measures to be taken based on the identification of limiting factors. The CH thus informs decision-makers on the 6 key questions that are asked in case of impending food and nutrition crises (Table 4).

Table 4: Questions asked by decision-makers in case of impending crises

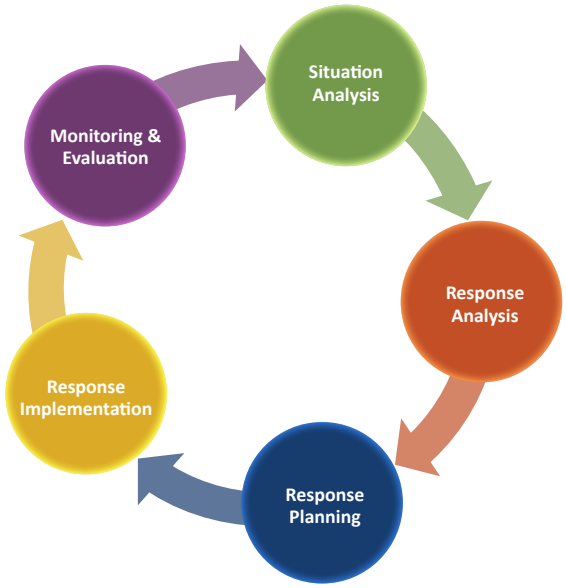
Key questions:	What the CH tries to answer
1. *What is the severity level of the situation?*	Clarification of the severity of food and nutrition insecurity.
2. *How many people are affected?*	Estimation of populations in need of immediate assistance in order of priority based on the severity.
3. *When should we intervene?*	Identification of areas by food and nutrition insecurity phase of severity for the current or projected situation.
4. *Where to intervene first?*	Identification of the most affected areas.
5. *What are the key drivers?*	Identification of key drivers: causality and limiting factors.
6. *For whom should we intervene and what kind of action is needed?*	Determining the key characteristics of populations that are the most affected by the severity of food and nutrition insecurity, and the appropriate actions to be implemented in the short term.

Decision-makers are thus provided with insights on the severity of the situation based on reliable evidence and as part of a participatory and inclusive approach promoting technical consensus. The results of this critical, complex analysis process ultimately guide response planners in determining priority areas and defining immediate and appropriate actions that suit the reality of essential dietary practices among affected populations.

The CH process, therefore, lies inside the interface of the analysis-evaluation continuum as shown in Figure 7.

- **Situation analysis:** it is the process by which key drivers of the food and nutritional situation are analysed.

Figure 7: The Analysis-Assessment continuum



- **Response analysis:** based on the severity of the classification results, areas are identified to better guide planning activities. Identifying the key causal factors (hazard/vulnerability and impacts of the four dimensions of food security) allows defining response measures. Estimating populations in need helps to be more precise at measuring needs and funding quantitatively.
- **Planning the response:** depending on the context, time-based programming is undertaken for better use of resources to achieve a high level of effectiveness and efficiency of responses.
- **Implementing the response:** this entails an effective operationalisation of planned actions, but also to take all requirements into account in terms of optimising logistics, analysing the partnership framework, and defining pathways for advocacy so as to achieve expected results.
- **Monitoring & evaluation:** it consists in creating an appropriate mechanism to monitor performance as well as the immediate impacts of the various interventions aimed at achieving the desired objectives. Monitoring outcome indicators allows identifying adjustments that are potentially needed to correct gaps and reduce the loss of time when implementing interventions. Monitoring and evaluation results can also help to document another CH analysis cycle.

1.17 ORGANISING CH ANALYSIS SESSIONS

Box 1: Member organisations of the TC-CH

1. Action against Hunger
2. Joint Research Centre of the European Union (JRC-EU)
3. Permanent Inter-State Committee for Drought Control in the Sahel (CILSS)
4. Famine Early Warning Systems Network (FEWS NET)
5. Food and Agriculture Organization of the United Nations (FAO)
6. Global Support Unit for IPC (GSU/IPC)
7. International Federation of Red Cross and Red Crescent Societies (IFRC)
8. Oxfam
9. Save the Children
10. United Nations Children's Fund (UNICEF)
11. World Food Programme (WFP)

This activity is conducted in line with the Charter and the recommendations formulated by the Steering Committee; it aims at consolidating the achievements of early warning systems. The conduct of the CH cycle involves early preparatory steps in terms of data collection, mobilisation of human and logistical resources, and informing stakeholders to ensure their actual participation. There are several levels of organisation:

1. **Regional level:** the permanent secretariat is held by the AGRHYMET Regional Centre (ARC) that develops an overall agenda to be validated by the Technical Committee of the CH (TC-CH). The overall agenda is generally validated during the Regional Food Crisis Prevention and Management Mechanism (PREGEC) meeting. The ARC drafts the Terms of Reference and officially informs each country's national structures. The CH focal points of the different countries therefore continuously monitor the evolution in collecting the data used during CH analyses. Organising analysis sessions also involves scheduling coaching and facilitation teams to oversee national analyses. Experts from TC-CH member organisations

Box 2: In-country CH focal point institutions

- Oversees the process under the supervision of one or more regional level representative(s) for facilitation and coaching;
- Ensures inclusive participation and good representation of nutrition and food security stakeholders as well as a good working environment;
- Is in charge of ensuring that the schedule and timing of the analysis session are respected;
- Organises the presentation of findings before national decision-makers;
- Acts as an interface between the CILSS and the Technical Committee of the CH;
- Shares and ensures large-scale dissemination of analytical results at national level.

and institutions make themselves available to supervise national CH sessions. These certified coaches provide a rapid refresher training to analysis teams at the beginning of each cycle. They ensure that the functions and protocols of the CH are rigorously monitored and adhered to by the analysis teams. At the end of each analysis cycle, the coaches and facilitators meet again for a consolidation session to review the quality of the results and produce regional summary documents. During the regional consolidation session, all lessons learnt are capitalised and documented to further feed the CH technical development process. This approach makes the CH an unprecedented action-research tool, very close to the reality on the ground.

2. **At country level:** Early Warning System (EWS) services or national structures in charge of providing information on FNS act as focal points of the CH and coordinate the process. The EWS organises, in synergy with other state services, UN agencies, NGOs, POs and CSOs, the preparation of the data collection and management as well as the formatting of the evidence required for the CH cycle. It is in charge of organising the analysis sessions as well as of taking care of all other administrative formalities to inform decision-makers and all food and nutrition security stakeholders.

1.18 STRATEGIC FRAMEWORK FOR OWNERSHIP OF THE CH

CILSS and its partners ensure the strategic management of the CH and as such, they guarantee the quality of the results obtained from this process so that they are sufficiently robust and relevant to meet the needs of national, regional, and international decision-makers. Taking ownership of the CH approach, tools and protocols remains the critical pillar that guarantees the quality expected from CH analysis results. Thus, four components are defined as strategic orientations to promote ownership of the CH by countries:

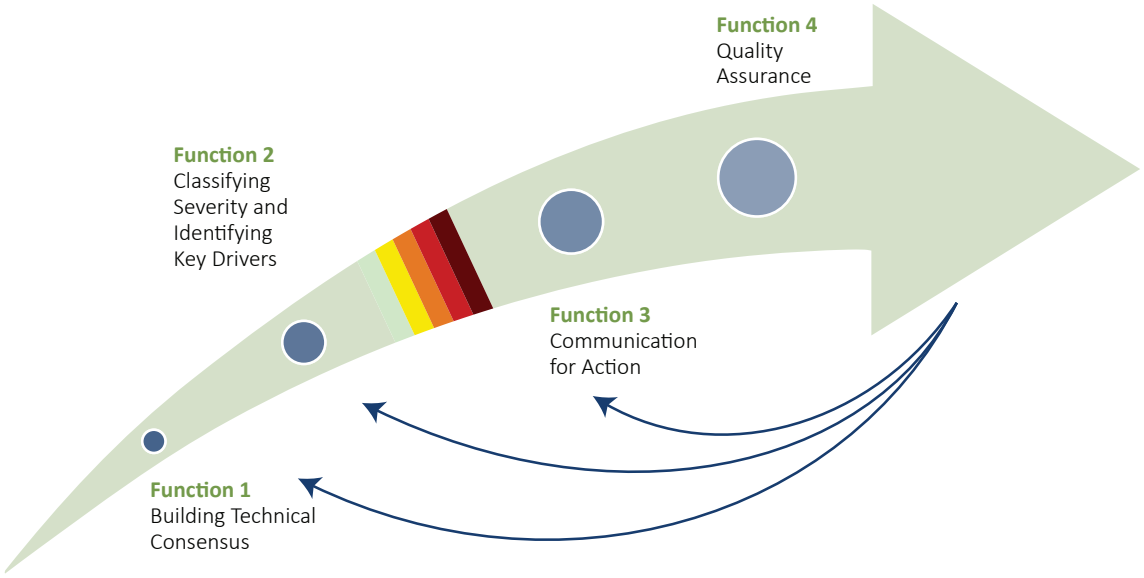
- **Strengthening the technical capacity of regional managers** to better understand the scientific and methodological advances that can be made to feed ongoing technical development of the CH. This includes maintaining the synergy framework of action with the IPC as the CH's homologous tool developed globally. Mobilising the Scientific Committee Council will allow enforcing this vision towards professionalising member experts of the Technical Committee of the CH.

- **Transfer of skills and abilities to national managers** for better management and full application of the tool. Upon adoption of the 2.0 manual, CILSS and its partners will implement a continuing training program supported by a CH certification process based on a rigorous evaluation system. This training option will break with previous practices in terms of program quality and of rigour in assessing and certifying learners. In addition, a complementary online training program will be implemented so as to combine technical skills strengthening with CH users' day-to-day needs.
- **Setting up of a CH Expert Advisory Group** (EAG [GEC — Groupe consultatif d'experts]): this group will be composed of senior experts on FNS analysis or similar fields such as the IPC, or from institutions specialised in research on food and nutrition security. This group will provide a real-time quality review of the analysis in the event of a potential famine classification. It will review the classification based on the available evidence used by national analysts. The conclusions and recommendations of the EAG can also contribute to documenting the development of the CH.
- **Facilitation of a real-time dissemination platform** aimed at sharing CH analysis findings at country and regional levels. This interactive platform is developed to work in-house and be managed by CILSS. The competence transfer program will, therefore, include mastery in facilitating the platform as a skill to be acquired by national managers, especially those from EWS services that will be the national administrators.

PART 2:
THE CH FUNCTIONS AND PROTOCOLS

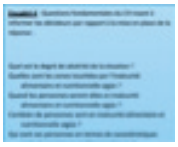
This part of the manual addresses the whole step by step approach to achieve analysis by referring to protocols linked with each of the four functions of the CH (Figure 8). Each function is associated with a set of clear and precise protocols that analysts should promote and adhere to during analysis sessions. Respecting these functions and their specific protocols is a guarantee of quality and relevance for the results that will be obtained at the end of the CH analysis.

Figure 8: Functions of the CH analysis process



2.1 FUNCTION 1: BUILDING TECHNICAL CONSENSUS

Table 5: CH Protocols for Function 1

Function 1: : Building technical consensus	
Protocols	**Tools**
Protocol 1.1: Ensure adequate composition of CH National Analysis Task Forces	
Protocol 1.2: Conduct the analysis on a consensual basis	 

Building technical consensus implies the establishment of a multidisciplinary and inclusive team bringing together the maximum diversity of analysts and stakeholders working in the field of food and nutrition security. Prior to each session, the structure in charge of the Early Warning System, which is the focal point of the CH, should ensure transparent communication on the launch of the analysis process, the joint identification of the challenges related to the analysis and clear scheduling of all activities. Two protocols have been defined to comply with Function 1 in the CH implementation process (Table 5).

2.1.1 PROTOCOL 1.1: ENSURE ADEQUATE COMPOSITION OF CH NATIONAL ANALYSIS TASK FORCES

In each country, a National Analysis Task Force (NATF) needs to be created and institutionalised to manage the implementation of the CH. Under the leadership of the Early Warning System (EWS) structure, the NATF is the body responsible for centralising thematic data (evidence) on the different sectors and components of food and nutrition security, and for organising them into structured databases. It is also responsible for analysing them during CH national cycles in order to publish information and consensual maps on areas and populations in situations of acute food and nutrition insecurity. The NATF is the only entity allowed to produce, validate and disseminate maps and consensual results of the CH analysis cycles after the quality review provided by the Technical Committee of the CH (TC-CH) or the Expert Advisory Group (EAG) in case of famine classification.

The National Analysis Task Force composition is left to the initiative of the countries (Table 6), but it must be composed of services and organisations working in sectors that are relevant to food and nutrition security. It could be:

- Services in charge of Early Warning Systems, agricultural statistics, livestock, foreign trade, customs, meteorology, nutrition, health information systems, environment, agricultural and livestock markets information systems, plant protection, water resources, pastoral resources, the directorate in charge of monitoring poverty, statistical institutes or agencies, services in charge of security, civil protection, disaster management, gender, etc.
- Country Offices of the United Nations Systems (WFP, FAO, UNICEF, IOM, OCHA, etc.);
- National and international NGOs;
- Civil society;
- Farmers' networks or federations of organisations, etc.

The person in charge of the CH National Analysis Task Force is a technical manager from the national institution "hosting" the CH process (involved in organising the event, inviting stakeholders to the analysis session, and facilitating the national mechanism). He/she must have a good technical knowledge of food and nutrition security as well as of the overall process of the CH and occupy an important hierarchical and decision-making position inside the national food and nutrition security analysis structure. He/she chairs all plenary sessions and provides national leadership throughout the analysis period. He/she specifically ensures:

- Good communication on the planning and organisation of the analysis;
- Adequate representation and attendance of the actors/structures that were invited;
- Optimal consideration of all available information;
- Effective monitoring of attendance and punctuality of participants throughout the analysis process;
- Full compliance with the principles of consensus, mutual respect and managing debates;
- The setting up of a reporting system (appointed rapporteurs);
- Effective work progress by creating balanced groups;

- Presentation and preliminary validation of results in plenary;
- Reporting to national decision-making bodies (political level).

The reporting team is responsible for drafting the general report on the progress of the workshop, which will serve as the "administrative report". This report should include the context, the conduct of the workshop, the analysis process, points of divergence, difficulties encountered, and lessons learnt as well as recommendations and conclusions that are relevant and consensual. It must be shared with the facilitators and the session Chair for review and inclusion of the logos of all partners prior to its release.

Table 6: Support matrix for composing the National Analysis Task Force

Chairperson and welcoming organisation		**Representation of technical services and stakeholder organisations** (the goal is to include at least 1 representative of all the applicable groups)				
		Government services (at all relevant levels)	National NGOs, producers' organisations, private sector	International NGOs	International NGOs	Specialised technical institutions, academia
Area of expertise (include if relevant for the analysis)	FS/Livelihoods					
	Nutrition					
	MIS A/B					
	Agriculture					
	Livestock /Fishing/ environment					
	Meteorology and Climate					
	Health					
	Gender					
	Statistics					
	Security/Civil Protection					
	Others					

2.1.2 PROTOCOL 1.2: CONDUCT THE ANALYSIS ON A CONSENSUAL BASIS

Box 3: Technical consensus does not mean

- Mandatory and systematic agreement of a conclusion by the group and plenary. It is however important that the majority of viewpoints converge towards the conclusion being developed;
- That technical discussions should be suspended in case of deadlock. In such cases, the group leader should immediately refer to the facilitators so they can help to restore calm among the group based on convincing explanations and using the guidance included in the manual 2.0 to enlighten analysts properly.

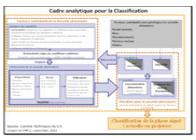
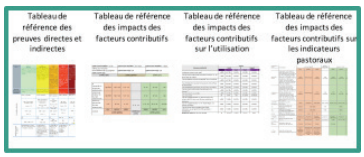
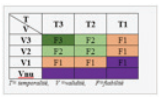
It consists of agreeing on common objectives, then gradually developing proposals for an objective analysis based on the reliable evidence available. To do this, analysts must have expert knowledge of food and nutrition security and of the analysis process. ***Consensus does not mean agreeing on everything. It is not aimed at denying conflicts of ideas or abuse of power.*** Achieving consensus requires from each analyst to act in good faith, be impartial, contribute to inclusive participation, make an intellectual effort to listen, and seek to understand arguments developed by other participants. The more diversified the partnership in terms of composing the National Analysis Task Force from the different groups of actors, the more the consensus is acceptable.

Consensus should lead to the formulation of an agreement on conclusions based on analytical aspects. Coaches and facilitators ensure that mutual understanding is promoted and that viewpoints meant to achieve participants' specific agendas are dismissed. It will be important to define a preliminary organisation to clarify the way the analysis session will be conducted. For example, a preliminary meeting called by a CH manager from the EWS (FP-CH) could lead to:

- Jointly establishing working groups and distributing analysis zones based on the experts' technical skills and knowledge of the field;
- Defining how working groups will be facilitated as well as identifying each group's leader and rapporteurs. Guidelines to help leaders lead the group towards a consensus should also be determined. This may be the convergence of the technical points based on the interpretation of the evidence and the analysts' knowledge of the current context of each area analysed;
- Reviewing the discussion points on which the working groups did not find any consensual conclusion. Coaches and facilitators will play a crucial role at this level to bring the plenary to a shared conclusion that is accepted by the participants;
- Managing time so as to complete all the analysis steps and organise the presentation of results to decision-makers before the departure of the coaches and facilitators of the analysis session.

2.2 FUNCTION 2: CLASSIFYING THE SEVERITY AND IDENTIFYING KEY DRIVERS

Table 7: CH Protocols for Function 2

Function 2: Classifying severity and identifying key drivers	
Protocols	**Tools**
Protocol 2.1: Refer to the analytical framework to build convergence of evidence	
Protocol 2.2: Use the Reference Table to assess direct evidence on FNS and contributing factors	
Protocol 2.3: Adhere to analysis parameters	• Definition of acute food and nutrition security • Inform action with short-term strategic objectives • 5 severity phases to assess acute food and nutrition insecurity • The 20% rule • Convergence of evidence • Analysis unit • Validity period of analysis • Classification of current and projected situations • Identification of areas receiving humanitarian food assistance • Identification of key drivers
Protocol 2.4: Assess evidence and assign reliability scores	  
Protocol 2.5: Systematically document evidence and analysis and make them available	   
Protocol 2.6: Adhere to minimum analysis requirements	• Minimum evidence for classification • Identification of limiting factors • Justification (conclusion) on phase classification • Monitoring assumptions related to risk factors for the projected situation • Estimation of populations

Function 2 aims to determine the nature and severity of food and nutrition insecurity and to identify the key drivers. This allows for transforming all the analysed evidence into information to support decision-making by answering the key questions raised in the CH (Box 4). Function 2 is therefore intended to provide decision-makers with elements so as to prepare interventions and then respond effectively to the current and projected needs of the populations analysed. This function uses several protocols, steps, and tools (Table 7).

Protocol 2.1. Refer to the analytical framework to build convergence of evidence: it aims at valuing the CH analytical framework so it can be used as a guide and mainstreaming to build convergence of evidence. The analytical framework links food and nutrition security contributing factors — especially key drivers (hazards/vulnerability) and limiting factors (four dimensions of food security) — to outcome elements.

Protocol 2.2. Use the reference tables to assess direct evidence of FNS and contributing factors: analysis of available evidence requires to refer to reference tables to assess direct and indirect evidence on food and nutrition security as well as some contributing factors. The various tables serve as technical guidance to help analysts identify phases for each outcome indicator as well as assess the impact of contributing factors on outcomes.

Protocol 2.3. Adhere to analysis parameters: CH analyses need to adhere to a certain number of key parameters: definition of acute food and nutrition insecurity; formulation of short-term strategic objectives so as to

Box 4: List of analysis tables

- Table 1-A Inventory of evidence sources
- Table 1-B Context analysis
- Table 1-C Inventory of evidence on contributing factors and attribution of reliability scores
- Table 1-D Inventory of evidence on outcomes and attribution of reliability scores
- Table 2-A Analysis of evidence on contributing factors
- Table 2-B Analysis of outcome-related evidence
- Table 3 Summary and classification of areas and confidence level of the analysis
- Table 4-A Summary of quantitative data
- Table 4-B Estimation of populations

inform action; reference to 5 severity phases; use of the 20% rule; building of evidence convergence, determination of analysis units and of validity periods for analyses, classification of current and projected situations, identification of areas under humanitarian food assistance, determination of the key drivers, etc.

Protocol 2.4. Assess evidence and assign reliability scores: each evidence being used should be assessed for reliability. The reliability scoring table has been developed to assist analysts in determining the reliability level of evidence based on its methodological and time relevance. Nutrition evidence data analysis is based on specific validity and time criteria.

Protocol 2.5. Systematically document evidence and analysis and make them available: the analysis process is conducted using the CH spreadsheet developed for each step. Excel worksheets (Box 4) are developed to help document and archive evidence, making it available to analysts in a transparent manner. The tools allow to ensure the overall coherence of the process and to perform all the steps in the same medium; it gives the opportunity to record data automatically at several places and thus saves time for the actual debate.

Protocol 2.6. Adhere to minimum analysis requirements: classifying an area requires at minimum an outcome supported by direct or indirect evidence with a medium reliability level (F2) and at least 3 groups of documented contributing factors. Particular conditions are defined to make the analysis more flexible in cases of areas with limited or no access, and for famine classification.

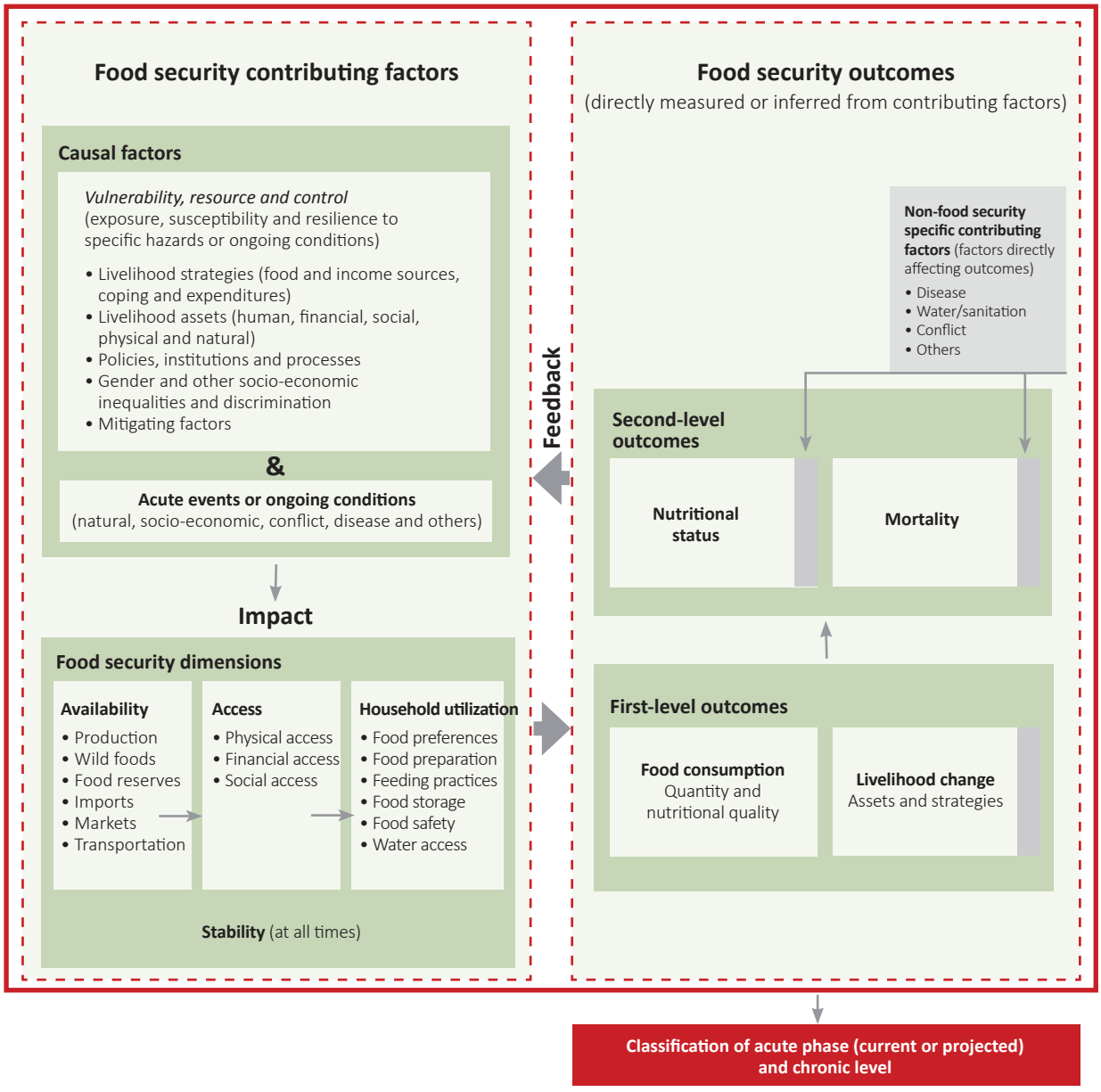
2.2.1 PROTOCOL 2.1: REFER TO THE ANALYTICAL FRAMEWORK TO BUILD CONVERGENCE OF EVIDENCE

The CH analytical framework builds on four conceptual frameworks:

- Disaster risk analysis: R = f (hazard, vulnerability) (White 1975, Turner et al. 2003);
- Sustainable livelihoods (Sen, 1981; Frankenberger, 1992; SCF-UK, 2000; DFID, 2001);
- The four dimensions of food security: availability, access, utilization and stability (FAO, 2006);
- The UNICEF causal framework for malnutrition (UNICEF, 1990).

Figure 8 illustrates how the main aspects of these conceptual frameworks are integrated to guide the CH analysis. The overall acute food and nutrition insecurity classification is based on the whole body of evidence available on food and nutrition security outcomes and contributing factors. This classification is the result of the appropriate use of the elements of the analytical framework.

Figure 9: Analytical framework – also adopted by the IPC version 3.0.



Box 5: Contributing factors:

they are the key drivers and limiting factors that generate positive or negative changes to food and nutrition security outcomes.

Key drivers

- Hazard and vulnerability

Limiting factors

- Availability
- Accessibility
- Utilization, including access to safe water
- Stability

Food security outcomes: these are the basic elements on which the acute food and nutrition insecurity classification is based. They can be documented with direct evidence or inferred based on contributing factors. There are four food security outcomes:

- Food consumption
- Livelihood change
- Nutritional status
- Mortality

The factors contributing to food security outcomes are differentiated according to the analytical framework, as specified in Box 5.

Key drivers (risks and vulnerability)

Vulnerability is conceptually defined according to Exposure (does a hazard affect a population, and if so, to what extent?), Susceptibility (how does a hazard affect a population's livelihoods, and to what extent?), and Resilience (what is the population's level of coping?). According to the sustainable livelihoods approach and from an analytical viewpoint, vulnerability can be defined in terms of:

- **Livelihood strategies:** a behavioural analysis of the type and amount of food sources, income sources, and household expenditure profiles;
- **Livelihood assets:** a structural analysis of the five assets required to sustain a household's livelihoods. i.e., human capital, financial capital, social capital, physical capital, and natural capital;
- **Policies, institutions, and processes:** a social, political, and economic analysis of how these aspects support (or not) the household's livelihoods.

A hazard is defined as a detrimental phenomenon that can be natural or man-induced, acute/vivid, or chronic/ongoing, and is analysed in terms of probability, severity, and magnitude. Table 8 provides an indicative list of key drivers-related evidence (hazards and vulnerability).

Table 8: Contributing factors on hazards and vulnerability

Contributing factors	Examples of evidence
Hazards and Vulnerability	***First, list the evidence concerning hazards (drought, conflict, floods, locust infestations, epidemics, etc.), and then, the evidence concerning vulnerability.*** **Hazard:** • **Natural disasters:** drought, crop pest infestations, floods, tidal wave, biomass anomaly, bush fires; • **Civil insecurity and conflicts:** war, social unrest, banditry, political crisis, herder-farmer conflicts etc. • **Diseases/epidemics:** epizootics, epidemics (HIV/AIDS, Ebola, cholera, malaria, measles, meningitis), etc. • **Soaring of staple food prices.** **Vulnerability:** • **Socio-economic conditions:** strong volatility or soaring of prices, malfunctioning of markets; the departure of the active workforce; prevalence of extreme behaviours (m/f, b/g) such as begging and prostitution; • Ownership/access to land (M/F & developed lands); • Incidence of poverty; • Limited access to pastures; • Massive or unusual decapitalisation of livestock; • Possession of production assets (such as bicycles, carts, and agricultural tools and equipment) and recent changes in ownership; • Livestock ownership and recent changes in ownership patterns (unusual presentation of female breeders on markets, losses due to disasters and/or epidemics); • Household departures; • Population displacements — internally displaced persons (M/F, socio-professional categories)/ concentrations of refugees; • Expansion of precarious dwellings in undeveloped peri-urban areas; • Water points for livestock (accessibility, distance, availability); • Departure and early return of transhumance; civil and political crises that prevent or affect transhumance, especially transhumance and access to markets; • Early dry up of ponds and other water points; • Sale of pastoral areas; • Abnormal concentrations of livestock in unusual areas; • Share of income by gender according to household categories; • Gender-based violence, early marriages, early pregnancies, enrolment rate of girls or women; and • Access to finance (loans, etc.), (men/women), etc.

Limiting factors (food security dimensions)

The existing interactions between causal factors (including acute/chronic events and vulnerability) have direct effects on the four dimensions of food security, i.e., availability, access and use as well as stability of these three elements (Table 9). These dimensions interact in a sequential manner: indeed, food must be available so that households can access it. They must use it appropriately, and the whole system must be stable (Barrett, 2010).

Table 9: Indicative list of contributing factors impacting food security dimensions

Contributing factors	Examples of evidence
Availability	• Agricultural productions, including variations in major current season food and cash crop productions relative to the five-year average, production per capita; • Food balance sheet and cereal balance sheet; • Cereal Banks (CB); • Rate of coverage of cereal or food requirements; • Variations in the vegetation index (ICN, NDVI, VCI, SNDVI); • Availability of pastures: use of biomass production maps, change in biomass production compared to the five-year average, fodder balance; • Access to livestock feed banks (LFB); • Availability of milk and meat; • Market supply; • Data on fishery and forest resources (fish, wood and non-wood products, gathering, hunting, etc.); and • Food production, storage and purchase according to the gender of the head of household.
Access	**Physical access:** • Distance/densité des marchés, infrastructures, etc., • Stocks alimentaires des ménages… **Economic access:** • Household purchasing power; • Percentage of the population in the lowest wealth quintile/wealth index (men/women); • Share of the population without access to the basic consumption basket during the analysis period (men/women); • Change in food expenditure profiles; • Percentage of income allocated to food expenditures; • Variations in cereal and cash crop prices; • Variations in livestock prices compared to the five-year average; • Variation of ToTs between livestock and cereals or other products/cereals; and • Women's share of income spent on food expenditures.
Utilisation, including access to safe water	**Identify food preferences, food preparation and storage practices and sanitary food safety:** • Access to safe water (number of litres per person/day); • Level of access to safe water; • Water prices; • Types of water sources; • Composition of meals; • Number of food groups consumed/food preferences; • Food storage practices and losses; and • Food practices, including food-related taboos. **Identify nutrition practices:** • Child caring practices (breastfeeding, weaning, feeding and hygiene); • Individual Dietary Diversity Score (IDDS) for children aged less than 5 years; • Diet diversity Score for child-bearing age women or pregnant and lactating women (WDDS); and • Admissions in nutrition rehabilitation centres. **Document access to water:** • Hygiene and sanitation conditions: access to sanitation facilities, improved toilets, etc.; and • Water transportation and storage means, etc.
Stability	**List all evidence providing information on the stability of the aforementioned elements on availability, access, and utilisation** • Typical global seasonal calendar in the area and seasonal calendar of women activities; • Existing seasonal exodus and migration; • Duration of household food stocks; • Food production trends; and • Functionality of livestock and agricultural markets flow.

It is important to take the gender dimension into account when analysing the impacts of contributing factors. For some contributing factors, thresholds have been defined to facilitate the assessment of the impact level on the results. It is important to mention that each country can select key contributing factors to food and nutrition security that are specific to its own context and **that this list is indicative and not exhaustive.**

Table 10: Thresholding of the impact of contributing factors — Hazard and vulnerability

Contributing factors Hazard and Vulnerability	Impact					
	Negative			Positive		
	Strong	Medium	Slight	Slight	Medium	Strong
Departure of active workforce	NA	NA	+20-30%	NA	NA	NA
Departure of households	> 30%	10 to 30%	<10%	NA	NA	NA

This manual 2.0 refers to contributing factors which impact thresholds, which are defined in Tables 11, 12 and 13 below..

Table 11: Thresholding of contributing factors — Availability

Contributing factors Availability	Impact						
	Negative			Not significant	Positive		
	Strong	Medium	Slight		Slight	Medium	Strong
	<6 months	6 to 9 months	9 months		>9 months		
Onset of the season	>33% (delayed)	33% (delayed)	<33% (delayed)	33% (normal)	<33% (early)	33% (early)	>33% (early)
Dry spells	>33% (long)	33% (long)	<33% (long)	33% (normal)	<33% (short)	33% (short)	>33% (short)
Decadal anomalies	<50%	50 to 85%	85 to 95%	95 to 105%	105 to 115%	115 to 150%	>150%
VCI: Vegetation Condition Index	0-40%	40%-60%		60%	>60%		
ICN: Normalised Vegetation Growth Index	0-40%	40%-60%		60%	>60%		
sNDVI: Normalised Difference Vegetation Index (NDVI)	<-1	-1 à 1	1	0	>1		
e-WAYS	<minimum	<medium	near-medium	medium	near + medium	>medium	>maxi
Fodder balance (coverage of needs)	<30%	30 to 70%	>70%	equivalent	+30%	+30 to +70%	+70%
Burnt surfaces	Quantity of residual biomass burnt: above 50%	Quantity of biomass destroyed: between 25 to 50%	Less than 10 to 25% of the biomass quantity destroyed by fires	NA	NA	NA	NA

Departure date of transhuman herds	Massive departure early September/ October	November	December		Normal departure (usual period)	One month after usual period	NA
Concentration level of herds	At least twice higher than usual	Twice higher than usual	More than 1.5 times higher than usual		NA	NA	NA
% of water bodies	<50% of water points that are currently exploited	50 to 70% of water points that are currently exploited	70 to 90% of water points that are currently exploited		100% of water points	NA	NA
Presence of surface water of more than one km² compared to average, or SWB of Landsat 30 m	<60%	60 to 80%	80%		120%	120 to 140%	>140%
BSN (Body status Note)	More than 60% of animals having a BSN below or equal 2	More than 60% of animals having a BSN below or equal 2	Below 30% of animals have a BSN below or equal 2		Less than 30% of animals have a BSN above 2	30-60% of animals have a BSN above 2	More than 60% of animals have a BSN above 2
Livestock/cereals terms of trade	<-50%	- 50 to-26 %	-25 to-6%	-5 to 5%	6 to 25%	26 to 50%	>50%
Rate of change in livestock monthly average prices	<-50%	- 50 to-26 %	-25 to -6%	-5 to 5%	6 to 25%	26 to 50%	>50%
Variation of sales rates per species	<-10 points	-10 to -6 points	-5 to -3 points	-2 to 2 points	3-5 points	6-10 points	>10 points
Unusual sale of reproducing young female livestock	>30%	16 to 30%	6 to 15%	<5%	NP	NP	NP
Variations of feed and fodder prices	>50%	26 to 50%	6 to 25%	-5 to 5%	-25 to -6%	-50 to -26%	<-50%

Table 12: Thresholding of contributing factors — Access

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

Table 13: Thresholding of contributing factors — Nutrition status

Contributing factors related to nutrition statusl	Impact					
	Negative			Positive		
	Strong	Medium	Slight	Slight	Medium	Strong
Minimum meal frequency[1]	<20%	20-29%	30-39%	40-59%	60-79%	>=80%
Minimum dietary diversity among children aged 6 – 23 months[2]	<20%	20-29%	30-39%	40-59%	60-79%	>=80%
Minimum acceptable diet[3] for children:	<20%	20-29%	30-39%	40-59%	60-79%	>=80%
Exclusive breastfeeding among infants (below 6 months)[4]	<20%	20-29%	30-34%	35-39%	40-50%	>50%
Breastfeeding continued to 2 years[5] among children.	<20%	20-29%	30-34%	35-39%	40-50%	>50%
Dietary Diversity Score for women[6]	<20%	20-29%	30-39%	40-59%	60-79%	>=80%
Access rate to safe water [7]	<40%	40-59.9%	60-79.9%	80-89.9%	90-95,9%	>=96%
Prevalence of anaemia among women[8]	>40%	20-39.9%	6-19.9%	5%	3-4%	<2%
Anaemia rate in children	>40%	20-39.9%	6-19.9%	5%	3-4%	<2%
Vitamin A supplementation coverage for children aged 6-59 months or pregnant and lactating women	<20%	20-39%	40-59%	60-70%	71-80%	>80%
Iron-folic acid supplementation coverage among pregnant women	<20%	20-39%	40-59%	60-70%	71-80%	>80%
CMAM program coverage: admissions to therapeutic/ nutritional programs	<20%	20-39%	40-59%	60-70%	71-80%	>80%
Number of meals per day per household	NA	0 to 1	1.1 to 2	2.1 to 3	3.1 to 4	>4

Contributing factors (availability, access, utilisation, and stability) have a direct impact on food consumption, livelihood change, nutritional status, and mortality. It should be highlighted that the last three outcomes can be affected by other non-food factors such as health, hygiene, water and sanitation, access to basic social services, conflicts, etc.

1 Proportion of breastfed and non-breastfed children 6-23 months of age who receive solid, semi-solid, or soft foods (but also including infant milk formula for non-breastfed children) the minimum number of times or more (the percentage to consider is the one of children consuming 3 diets a day and more).
2 Proportion of children aged 6-23 months who ate foods from at least 4 distinct food groups.
3 Proportion of children 6-23 months of age who receive a minimum acceptable diet (apart from breast milk).
4 Proportion of infants aged 0 to 5 months who only had breastmilk.
5 Proportion of children aged 20 to 23 months who had breastmilk.
6 Proportion of child-bearing age women who consumed food from at least 4 distinct food groups.
7 Percentage of the population having reasonable access to sufficient water quantity from an improved source, such as a piped water supply inside the household, a public standpipe, a borehole, a well, a protected spring or rainwater collection.

Food security outcomes

Food security outcomes (food consumption, livelihood change, nutrition status and mortality) are generally comparable, regardless of the context in terms of livelihoods, ethnic groups, socio-economic status, etc. The CH Reference Tables provide specific indicators for each outcome as well as thresholds to classify them by severity phase. These thresholds have been established based on international standards that allow comparability between analyses carried out in the different CH countries as well as with the IPC's global scale.

Food consumption and livelihood change are considered primary outcomes, while nutrition status and mortality are second-level outcomes. It is important to note that out of these four outcomes, only food consumption is specific to food security. Other elements (livelihood change, nutrition status and mortality) may be influenced by non-food-related contributing factors. It is therefore critical that analysts use evidence related to changes observed in food consumption, livelihoods, nutrition status and mortality (Table 14). In the specific case of nutrition status, they should carefully check whether the status of this outcome is associated with causes related or not to food security, and in the specific case of mortality, they must check whether it is related to food security conditions or others, such as trauma or conflict.

Performance indicators are of two kinds: direct and indirect evidence, which are defined in Table 14. Direct evidence is a means of providing specific and direct information on the status of a food and nutrition security outcome. Indirect evidence does not measure outcomes directly, but it can provide information or help to infer them.

Table 14: Food and nutrition security outcomes

	Outcomes	Direct evidence	Indirect evidence
Primary outcomes	Food consumption	• Food Consumption Score (FCS) • Household Dietary Diversity Score (HDDS) • Household Hunger Scale (HHS) • Reduced Coping Strategy Index (rCSI) • HEA: Survival Deficit (SD)and Livelihood Protection Deficit (LPD)	Caloric Proxy
	Livelihood change	Livelihood Coping Strategy (LCS)	
Secondary outcomes	Nutrition status	• Prevalence of Global Acute Malnutrition (weight/height– WHZ) • Body Mass Index (BMI)	Mid-Upper Arm Circumference (MUAC)
	Mortality	• Crude Death Rate (CDR) • Under 5 years Death Rate (U5DR)	

Note: Any evidence not included in this table should be considered as a contributing factor

2.2.2 PROTOCOL 2.2: USE THE REFERENCE TABLE TO ASSESS DIRECT EVIDENCE ON FNS AND CONTRIBUTING FACTORS

The Cadre Harmonisé mainly builds its classification upon outcome indicators and uses contributing factors to assess their impacts — negative or positive — on outcomes.

Table 15: Reference Table for direct evidence

Phase name	Phase 1 None /Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Disaster /Famine
Phase Description	Households are able to meet their essential food and non-food needs without resorting to irreversible coping strategies to access food and income.	Households have minimally adequate food consumption but cannot afford some basic non-food expenditures without engaging in irreversible coping strategies..	Households have food deficits that are reflected in high or above-average levels of acute malnutrition; OR are marginally able to cover their minimum food needs by exhausting livelihood assets or using crisis coping strategies.	Households have large food deficits resulting in very high acute malnutrition or excess mortality; OR are able to mitigate large food deficits by using emergency coping strategies and by liquidating their assets.	Households have extreme food shortages and are unable to cover other needs even by using strategies. Death and extremely critical malnutrition rates are evident. (For Famine classification, very high rates of malnutrition and mortality are necessary).
Objectives	Action required to develop resilience and reduce disaster risks.	Action required to reduce disaster risks and protect livelihoods.	Urgent action required to protect livelihoods and reduce food consumption gaps.	Urgent action required to save lives and livelihoods.	Urgent action required to recvert/ prevent widespread deaths and avoid the total collapse of livelihoods
Food consumption	**HDDS:** >=5 groups **FCS**: Food consumption is acceptable and stable poor <5% **HHS**: none Score = 0 **rCSI**: 0-3 **HEA**[9]: LPD = 0%	**HDDS**: 4 groups **FCS**: Food consumption is acceptable but is deteriorating: Poor: 05 - 10% or Poor + Borderline: 15- 30% **HHS**: low Score = 1 **rCSI**: 4-18 **HEA**: LPD <80%	**HDDS**: 3 groups **FCS**: Borderline food consumption Poor 10 - 20% or Poor + Borderline: 30% and above **HHS**: moderate Score = 2- 3 **rCSI**: ≥19 **HEA**: LPD ≥80% or DS < 20%	**HDDS**: 2 groups **FCS**: low food consumption: Poor ≥20% **HHS**: severe Score = 4 **rCSI**: ≥ 19 **HEA**: SD ≥20% and < 50%	**HDDS**: 0 - 1 group **FCS**: Below low consumption (NA) **HHS**: very severe Score = 5- 6 **rCSI**: ≥19 **HEA**: SD: ≥50%
Livelihood change	**At least 20%** of households have implemented stress coping strategies or worse and **less than 20%** have resorted to crisis or emergency coping strategies	**At least 20%** of households have resorted to crisis coping strategies or worse, and **less than 20%** have resorted to emergency coping strategies	**At least 20%** of households have resorted to crisis coping strategies or worse, and less than 20% have resorted to emergency coping strategies	**At least 20%** of households have resorted to emergency coping strategies	NA
Nutrition status	**Global acute malnutrition:** <5%	**Global acute malnutrition:** 5- 10%	**Global acute malnutrition:** 10 - 15%	**Global acute malnutrition:** 15- 30%	**Global acute malnutrition:** ≥ \30%
	BMI prevalence <18.5 kg/m²: <5%	**BMI prevalence <18.5 kg/m²:** 5- 9.9%	**BMI prevalence <18.5 kg/m²:** 10 - 19.9%	**BMI prevalence <18.5 kg/m²:** 20- 39.9%	**BMI prevalence <18.5 kg/m²:** : 20- 39.9%
Mortality	**CDR**:<0.5/10000/day	**CDR**:<0.5/10000/day	**CDR**: 0.5- 1/10000/day	**CDR**: 1- 2/10 000/day or 2 × the reference	**CDR**:> 2/10 000/day
	U5DR: ≤1/10,000/ day	**U5DR**: ≤1/10,000/day	**U5DR**: 1- 2/10 000/day	**U5DR**: 2- 4/10 000/day	**U5DR**: > 4/10 000/day

The NA sign shows that for some indicators of the reference table it is difficult to determine a relevant threshold.

Table 16: Reference table for indirect evidence

Outcomes	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Food consumption	**Caloric proxy:** ≥2400 kcal per person per day	**Caloric proxy:** Between 2,100 and 2,400 kcal per person per day	**Caloric proxy:** 1,680 to 2,100 kcal per person per day	**Caloric proxy*:** <1,680 kcal per person per day	**Caloric proxy:** NA
Nutrition Status	**MUAC**: <5%				
		MUAC: 5%-9.9%			
			MUAC: 10%-14.9%		
				MUAC: >15%	

*Proxy <1,000kcal cannot be used for area classification

Box 6: Guidance on how to use HEA and nutrition data

Use of HEA data

- **Phase 1 – None/Minimal:** LPD=0% or LPD among less than 20% of the total population within the analysed administrative unit — considering the population of all livelihood zones.
- **Phase 2 – Stressed:** At least 20% of the population of the administrative unit analysed has an LDP <80%.
- **Phase 3 – Crisis:** at least 20% of the total population of the administrative unit analysed have an LPD ≥80% or an SD <20%.

Guidance on how to use outcomes from the Household Economic Analysis (SD, LPD) is provided in Annex 1.

Priority order regarding the use of nutrition indicators:

- **First priority level:** if GAM based on W/H in children 6-59 months of age and BMI in women are available, we should consider the GAM based on W/H to determine the nutrition status outcome's phase.
- **Second priority level:** when both BMI among women and MUAC-based GAM prevalence in children 6-59 months are available (even if these data are of different sources), a convergence of the two indicators is needed to determine the nutrition outcome's phase.

2.2.3 **PROTOCOL 2.3:** ADHERE TO ANALYSIS PARAMETERS

The CH analysis should adhere to the following parameters:

- Definition of acute food and nutrition insecurity
- Inform action with short-term strategic objectives
- 5 severity phases to assess acute food and nutrition insecurity
- The 20% rule
- Convergence of evidence
- Analysis units
- Validity period of the analysis
- Classification of current and projected situations
- Identification of areas receiving humanitarian food assistance
- Identification of key drivers

Definition of acute food insecurity: Food insecurity in a given area at a given time and of a severity that threatens lives or livelihoods, or both, regardless of cause, context, or duration.

Definition of acute malnutrition: Global acute malnutrition as expressed by the thinness of individuals and/or presence of oedema.

Inform action with short-term intervention objectives: Short-term intervention objectives aim at preventing or mitigating the effects of the severity of food and/or nutrition crises that could lead to the deterioration of livelihoods and to loss of lives.

Classification of acute food and nutrition security into five severity phases: the CH uses a food and nutrition insecurity severity classification into five phases based on reference outcomes and indicators. The classification is articulated as follows: CH Phase 1 — None/Minimal, CH Phase 2 — Stressed, CH Phase 3 — Crisis, CH Phase 4 — Emergency, and CH Phase 5 Catastrophe/Famine.

Convergence of evidence: converging evidence is the basic principle of the analysis process. During the analysis, analysts should explain their decision by using direct and indirect evidence and assessing the impact of contributing factors on different food and nutrition security outcomes.

Converging evidence consists of using the reference table to conduct a thorough and critical analysis of the evidence in terms of context, validity and timing so as to determine the severity phase for each food and nutrition security outcome in an area on a consensual basis (Box 8). The evidence analysis, conducted through a participatory and inclusive approach, should lead to a consensus based on well-documented technical advice.

To classify areas, the analysts should highlight all outcomes (Food Consumption, Livelihood change, Nutrition Status and Mortality) as well as the impacts of the key drivers (hazards and vulnerability) and limiting factors (the four dimensions of food security) identified. The classification will be done according to the 20% rule and using the reference table, which is essential to classify an area.

20% rule: A zone is classified in a specific phase when at least 20% of its population is in this phase or in a more severe one.

Box 7: An example on FC

It is important to remember that CA outcome indicators provide information on food access conditions, eating behaviour (experience) and likely capacities to meet household food needs at a specific time. Understanding the meaning of the indicators is important for building convergence.

During the analyses, several scenarios may arise that will make it difficult and complex to build consensus on the classification of the result.

1. In cases where the majority of all indicators converge to one phase, the classification of the result is that of the convergence phase;
2. In cases where the majority of indicators converge on a phase, the conclusion should be drawn in favour of the convergence phase. This does not mean dismissing divergent indicators and ignoring them in the analysis. There is a need to contextualize on the basis of the elements of contributing factors.
3. In cases where there is a significant divergence in the phases of the indicators, analysts should exploit the conclusions reached on the impacts of contributing factors on the outcome. The contextualization of the data is necessary for analysts to properly explain the choice of classification of the analyzed result. The contextual elements must be reflected in the conclusion on the outcome.

Analysis Unit(s): The unit of analysis is determined by the level of representativeness of the data available and by the need to link information with levels of decision-making. The analysis unit can be a zone or administrative unit. Even if the third administrative level remains the ideal one, this does not preclude that the analysis can be conducted at more decentralised geographical scales depending on the availability of evidence; analyses can even be conducted at the household group level. **As shown below, the analysis units selected by the CH can be:**

- First administrative level, corresponding to the country's boundaries, level 0 (L0)
- Second administrative level corresponding to level 1 (L1)
- Third administrative level, corresponding to level 2 (L2)
- Fourth administrative level, corresponding to level 3 (L3)
- Households group

Also, depending on the situation of the available data, which for example depends on sampling frames or reliable statistical databases, some countries aggregate administrative units. In such cases, the consensus determines the level of the area to be analysed in coherence with the previous description. Ideally, the lower the administrative level, the better the analysts can provide detailed information to help better decision-making.

Analysis period — Current and projected: for early warning purposes, the projected situation analysis describes the most **likely** scenario at a given time in the future. The projected period may vary depending on the situation, context and needs of decision-makers. It can range from one to several months. As regards the two main CH annual cycles, it was agreed to consider the lean season (June to August).

An area with a projection can be updated based on the most recent contributing factors if no available outcome can allow for analysing the current situation. Example: In an area analysed in October during Year n with a projection during the lean season of Year n + 1, but for which there is no evidence on the outcomes in March of Year n + 1, it is possible to perform a projection update based on the evidence available on recent contributing factors.

STEP 1: INVENTORY OF EVIDENCE AND ATTRIBUTION OF RELIABILITY SCORES

Box 8: Evidence inventory tables

- Table 1-A Inventory of evidence sources
- Table 1-B Context analysis
- Table 1-C Inventory of evidence on factors and attribution of reliability scores
- Table 1-D Inventory of outcome-related evidence and attribution of reliability scores

This step includes four substeps and comes with a specific protocol to support its completion in line with the detailed guidance provided in this section. The inventory is completed following the substeps in Box 8:

Substep 1-A: Inventory of evidence sources

This substep consists of collecting all the evidence needed for the CH analysis whether it is direct or indirect, such as causal and limiting factors. This evidence is provided by all the state and non-state structures that are data providers and are managed by the EWS, which ensures coordination of the NAT.

The inventory of evidence sources is a key process in the conduct of the CH. Each organisation that has information relevant to the analysis of food and nutrition security, livelihoods and nutrition should provide it to the CH NAT. The more this data is available, the better it is inventoried. This substep is performed by collecting all the available evidence at the country level so as to proceed as indicated below to complete Tables 1-A.

Table 1-A: **Inventory of evidence sources**

STEP 1, TABLE 1-A – Inventory of evidence sources

1st administrative level: *Name of the administrative unit analysed* Country: *Specify name*

Analysis period: *Specify period*

Reference Number	Title	Source	Data collection date	Date of publication or sharing	Timing
Record order number	Provide document title	Write the name of the authors of the document	Specify the data collection date provided in the document	Specify the date of publication provided in the cover page	Indicate time relevance of the evidence (T1, T2 or T3)

2.2.4 PROTOCOL 2.4: ASSESS AND ASSIGN EVIDENCE RELIABILITY SCORE

Analysts should refer to the table related to Timing (Box 9) and on the conditions of data utilisation during the analysis (Table 17) as well as to the evidence reliability criteria table. This grid distinguishes recent data from old data and suggests their level of time relevance as well as how to use evidence on outcomes and contributing factors.

Box 9: Timing of evidence

Table 17: Timing and evidence use requirements

Timing	Duration	Utilisation		Code
		Outcomes	Contributing factors	
Very recent or current or actual	<=3 months	Yes	Yes	T3
Recent	3-6 months*	Yes	Yes	T2
Old	+6 months	No	Yes	T1

Note: *still within the period preceding the current analysis

- **T3:** Usual indisputable time relevance to be used in priority to document outcomes and contributing factors during the analysis.
- **T2:** Acceptable data in terms of time relevance — can be used to draw conclusions on FNS outcomes and contributing factors.
- **T1:** Old data that cannot be used to inform FNS outcomes. However, this data is to be considered 1) to analyse contributing factors in order to determine their impact on the FNS outcomes and 2) in specific conditions defined in special protocols.

The evidence data collection and the filling of Tables 1.A, 1.B, 1.C and 1.D should be completed prior to the analysis workshop. The service that coordinates the NAT in collaboration with all stakeholders is in charge of these tasks through the establishment of a small multi-stakeholder group. The evidence should come from state technical services, United Nations (UN) agencies, NGOs, research institutes, etc. The inventory table on evidence sources is updated regularly, as data from different partners is validated and available. This helps to reduce the workload just prior to and during the workshop.

Substep 1-B: Context analysis

Filling in Table 1.B is the second task related to inventorying evidence. It allows analysts to properly contextualise the current situation of the area studied. Table 1-B is filled step by step, first with the country, the different administrative levels to which the analysed unit is attached, and the period of the analysis cycle. In the second part of Table 1-B, the analysts are asked to briefly describe the ecological and socio-economic characteristics of the unit of analysis. It must then be indicated whether the area is accessible, or partly/totally inaccessible. If humanitarian food assistance was delivered in the last three months or is ongoing in the area, this should also be specified. Then, add the current population —

estimated as of the end of April of the consumption year (October of the year to September of the year n + 1) of the level 2 administrative unit. Finally, based on archive data (results from previous CHs on the concerned unit), the classification assigned to this area during the last three (3) CH cycles from the same period needs to be specified.

Tableau 1-B : Analyse du contexte de la zone

STEP 1 TABLE 1-B - Zone Context Analysis			Period of the Analysis:	Current		Projected	
1st Administrative Level			General characteristics of the area			Major shocks affecting the area	
2nd administrative level		Total population		Accessibility of the area			
3rd administrative level				Protocol inaccessible area			
				Famine Protocol			
Cycle Date				Ongoing humanitarian activities			

Restoring the CH classification of the area	Last 3 cycles of the same period		month year n-1	month year n-2	month year n-3
	current	Phase from zone			
	projected	Phase from zone			

factors	Livelihood Zone	General description of the baseline of the area - usual characteristic elements		Brief description of the economic situation of the analysis period	Distribution of households in the area by categories in%				
					Very poor	Poor	Middle	Rich	observations
Characterization of the business context of the area	LH1	Brief description of the livelihood of the analysis unit		Highlight the eventually unusual shocks may affect the conditions for food security and common nutrition	%	%	%	%	Leave in case of further details on the area needs
	LH2	Brief description of the livelihood of the analysis unit		Same	%	%	%	%	Same
	LH3	Brief description of the livelihood of the analysis unit		Same	%	%	%	%	Same
	LH4	Brief description of the livelihood of the analysis unit		Same	%	%	%	%	Same
	without LH	Brief description of the zone where there is no livelihood zone		Same		%			

The main shocks that affected the area significantly are listed. If livelihood zones are described for the area, each zone should be briefly presented as indicated in Table 1-B. If there is no livelihood zoning, it is required to describe the general characteristics of the administrative unit being analysed.

Substeps 1-C and 1-D – Inventory of evidence

It must be remembered that one must count as many inventory-of-evidence tables (1-A, 1-B, 1-C, 1-D) as areas analysed. ***For example:*** *if the analysis covers n departments, it will require as many files, each of which grouping the 4 different inventory of evidence tables filled with the data specific to each entity. However, some evidence may be identical in several analysed entities when they are representative at a higher level than that of the analysis (i.e., livelihood zone, municipality, department, region, country).*

Inventory of evidence on contributing factors and attribution of reliability scores

The completion of table 1-C of evidence inventory on contributing factors consists of the following instructions mentioned in the green-coloured part of the table's heading as follows:

Box 10: Guidance for inventorying evidence on contributing factors

Based on the data available on all contributing factors as well as on outcome indicators, complete the table by classifying these data by element of the *Cadre Harmonisé's* analytical framework at the 3rd administrative level if possible, or at the administrative level selected according to data availability. The data list should be as exhaustive as possible. However, some evidence of contributing factors may be qualitative or come from non-scientific sources (media, discussions, etc.).

1. In the first section of the table, insert the name of the analysis region, that of the level 2 administrative unit, and the period being analysed.
2. Specify the date of the analysis cycle;
3. Then, for each evidence, specify:

- Column 2: Enter the evidence's reference number; use sequential numbering — needs to be assigned to each piece of evidence in Step 1.A. The column information (i.e., sources, data collection date, publication date, level of representativeness and time relevance) will be displayed automatically.
- Column 7: Provide precisions on the evidence being documented (example: flood affecting 20,000 households with total losses of production, animals, and dwellings throughout the department);
- Column 8: Identify and record the administrative level for which the piece of evidence is available: first administrative level = 0, 2nd level = 1 or 3rd level = 2. (e.g.: provincial market prices have increased by 200% compared to the same time last year, and by 60% compared to the five-year average (N = 2).
- Column 9: Specify the validity level of evidence (V1, V2, V3) as per the protocol.
- Column 10: Indicate the time relevance level for each piece of evidence (T1, T2, T3) as per the protocol.
- Column 11: Reliability score. The goal here is to assign a reliability score to each piece of evidence. This score is based on the criteria defined in Box 11 (validity and timing).
- Finally, on a consensual basis, assign a reliability score to the inventoried evidence by referring to the criteria defined in Table 18.

BOX 11: Guidance on assigning evidence reliability scores

Table 18: Evidence reliability scores

T / V	T3	T2	T1
V3	R3	R2	R1
V2	R2	R2	R1
V1	R1	R1	RO
V-nu	RO	RO	RO

T = Timing V = Validity F = Reliability

The reliability of evidence is assessed based on a four-level scale; these levels are determined based on the quality and time relevance of the evidence available during the analysis. The different levels of evidence reliability are: R0, R1, R2 and R3.

Determining the reliability of nutrition evidence must comply with the guidance provided on the quality of data collected through the various existing methods (SMART, sentinel sites, rapid surveys, screening, etc.). Table 18 provides the guidance needed to build consensus on evidence reliability scores.

Validité des preuves

- **V3 High validity:** evidence from statistically representative surveys using a rigorous and scientifically accepted methodology, which results have been validated in a consensual manner. For nutrition surveys, these are those with an "Excellent" or "Good" plausibility score.
- **V2 Medium validity:** Evidence from re-analysed data, historical series of survey data, provisional data not yet validated but based on acceptable methodologies and meeting minimum statistical requirements. For nutrition surveys, these are those with an "Acceptable" plausibility score.
- **V1 Low validity:** evidence from sources using questionable methodologies or failing to meet representative sampling standards at the unit of analysis level. For nutritional surveys, these are those with a "Problematic" plausibility score.
- **V-nu:** evidence from unconfirmed methodologies, from questionable or unspecified sources.

Validité des preuves

- **R3:** high reliability — data can be used to assess outcomes and contributing factors
- **R2:** medium reliability — data can be used to assess outcomes and contributing factors
- **R1:** low reliability — data can be used only to assess contributing factors
- **R0:** not reliable — **data can be used only in specific conditions** established in special protocols

Note: To complete the evidence inventory table, the analyst should take all available data or evidence collected and use the reference table on reliability criteria. Indeed, this table will help him/her to organise the data depending on the nature of the outcome indicators or contributing factors being considered

Tableau 1-C: Inventory of contributing factors evidence and attribution of reliability scores

STEP 1, TABLE 1-C – INVENTORY OF EVIDENCE on CONTRIBUTING FACTORS (causes and impacts)

1st administrative level

2nd administrative level

3rd administrative level

Date of cycle

Inventory of available evidence on Contributing Factors

Factors	#	Source	Data collection date	Brief description of methodology	Date of publication or sharing	Evidence statement	Level of representativeness (L 0, 1, 2)	Reliability score
Hazards and Vulnerability	Record reference number	EWS-WFP-FAO-FEWS NET	Sept-18	500 households surveyed in 10 enumeration areas	Oct-18	Percentage of households affected by floods in August-September 2018	L2	Refer to reliability score tables to decide on reliability score on a consensual basis
Availability								
Access								
Utilization, including access to safe water								
Stability								

Inventory of evidence on outcomes and attribution of reliability scores

The FNS outcome evidence inventory is first performed in the same way as for contributing factors with regards to the table's heading and the first six columns. Table 1-D helps analysts to complete the inventory according to the guidance provided.

	FNS outcome	Direct evidence [10]	Indirect evidence [11]
Primary outcomes	Food consumption	HDDS	
		FCS	Integrated caloric proxy (cereals, tubers, pulses, animal and fishery productions)
		HHS	
		rCSI	
		HEA: LHPD and SD	
	Livelihood change	Livelihood-based coping strategy Index (LCSI)	
Secondary outcomes	Nutrition Status	GAM	MUAC
		BMI	
	Mortality	CMR	
		U5DR	

10 **Direct evidence** is composed of elements that provide specific and direct information on the status of a food and nutrition security outcome. It refers to the reference table's indicators on the 4 food security outcomes included in Table 15.
11 **Indirect evidence** is composed of elements, whose added value approaches that of direct evidence [in terms of informing food security and nutrition outcomes]. It does not measure these outcomes but provides "indicative" evidence on these outcomes and can be used to infer some outcomes (Table 16).

Box 12: Ranking the use of nutrition data

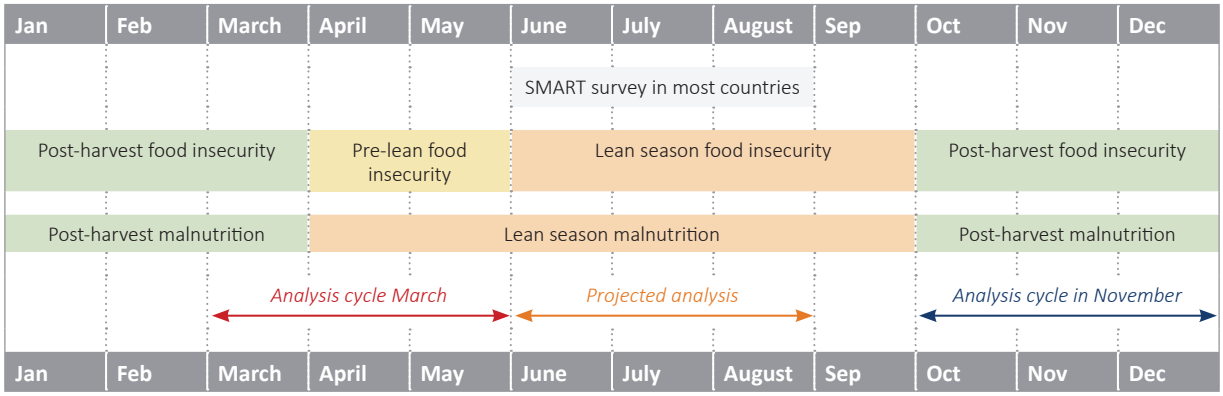
- **SMART nutrition surveys:** SMART surveys are fast, simple, and standardised. They use the best practices of collecting anthropometric data among children and women. SMART surveys produce malnutrition estimates of a high and internationally comparable level of reliability. SMART surveys are validated through a national and regional process that allows comparison across regions and countries.
- **Partial SMART surveys should only be used for the areas they covered** and only if they have been validated by the country and partners.
- **Other surveys (ENSAN, EFSAN, EBSAN, AGVSAN, MICS, DHS, demographic surveys, or food security surveys including nutrition indicators that are useful for the CH analysis)**. These survey results must be validated by technical nutrition services or by a nutrition working group that exists in most countries.
- **Sentinel sites can provide data in terms of MUAC or in terms of W/H.** Data from sentinel sites should be subject to quality checks (digital preference, standard deviation, age distribution and sex ratio) by the competent national structures before the analysis cycle. In general, in sentinel sites, MUAC is the usual anthropometric data collected during these surveys. The acceptability criteria about sentinel site data for the CH are detailed in Appendix 3.

The last column (Reliability Score) should be completed with reference to the indications provided by the assessment of evidence reliability, especially with respect to primary outcomes (Food Consumption and Livelihood Change). For secondary outcomes (Nutrition Status and Mortality) additional guidance is provided in Figure 9 (nutrition data seasonality), Figure 10 (decision tree) and Table 18 (reliability scores for nutrition and mortality data). Considering the unique and complex nature of nutrition data utilisation, this manual provides more guidance to analysts so they can better understand the analysis process for this type of data.

Timing and seasonality of nutrition data:

The seasonality of malnutrition includes two seasons – lean and post-harvest seasons. Considering that the nutrition lean season lasts from April to September in most Sahelian countries, it does not fully correspond to the three seasons of food insecurity (lean season from June to September, harvest/post-harvest season from October to March, and pre-lean season from April to May).

Figure 10: Seasonality of nutrition data



Note (above): surveys carried out between April and September provide representative data for the period called « lean season» whereas surveys carried out between October and March provide representative data for the period called "harvest and post-harvest season"

The decision tree below should be used to guide analysts in making choices based on the sources of the data and their time relevance.

Figure 11: Decisional diagram on the validity of direct and indirect nutrition evidence

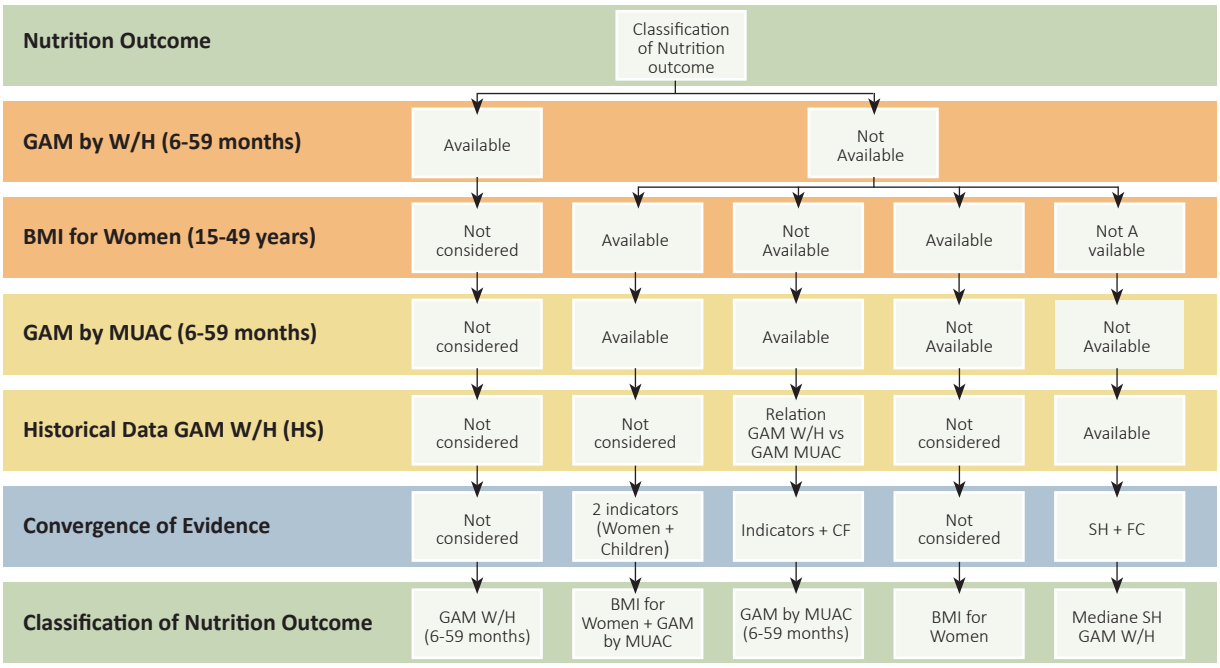


Table 19: Reliability score (= validity + temporality) for mortality and nutrition indicators

*Reliability score for Nutrition (Reliability = Validity and Temporality)	Validity	Timing		
		T3	T2	T1
Surveys (W/H or BMI) (i.e.: SMART, MICS, DHS, FS surveys, etc.)	V3	R3	R2	R1
Surveys (MUAC in mm - continuous exhaustive monitoring) (i.e.: FS survey, etc.)	V2	R2	R2	R1
Community sentinel sites (W/H or MUAC in mm)	V2	R2	R2	R1
Exhaustive screening (W/H or MUAC in mm – continuous exhaustive monitoring, or by colour with the effect of large numbers):	V2	R2	R2	R1
Re-analysed survey data (I.e.: regional level SMART survey re-analysed at district level)	V2	R2	R2	R1
Retrospective historical series (i.e.: survey data collected during the same season)	V2	R2	R2	R1
Health sentinel sites/Screening at a fixed point (W/H or MUAC mm — continuous exhaustive monitoring)	V1	R1	R1	R0
MUAC colour-code (qualitative) (i.e.: active screening with a small number with or without reference)	V1	R1	R0	R0
Admission data Nutrition program (i.e.: CMSAM admission data)	V1	R1	R0	R0

*SEE PART ON « SOURCE OF NUTRITION INDICATORS»
Quality criterion used for different types of data (surveys, sentinel sites, screening, second analysis and historical series)
R0 = Not usable

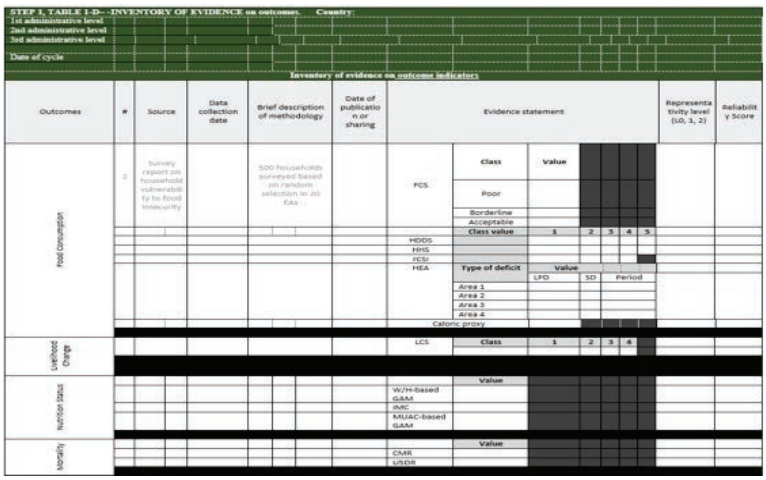
Notes:
1. If the anthropometric data collected with MUAC are validated with reserves, the validity level must decrease from V2 to V1 or can be completely useless for the analysis.
2. When ranking the different R2 reliability scores, priority should be given to the validity aspects while still considering time relevance.
3. R1 reliability scores cannot be used to classify the nutrition outcome, however, they can be considered as contributing factors.

Box 13: Convergence of evidence on FC outcomes

- When food consumption, livelihood change, and nutritional status indicate the same phase, the convergence of evidence is *de facto* established.
- The classification in "Crisis" phases or worse requires from the analysts an assessment of nutrition and mortality data based on the analysis of key drivers and limiting factors to ensure that the status of these outcomes is due to food security conditions.
- In case of discrepancy between the results, the analysts must deepen the analysis to justify the conclusion on the area.

Based on the various indications provided above, Table 1-D is now completed with reference to the data available in the sources listed in Table 1-A. Determining reliability scores is however subject to discussions between the analysts to ensure a good understanding of the technical guidance provided in this manual. In case of misunderstanding, analysts always refer to the facilitators to shed light on uncertain points before concluding on evidence reliability.

Tableau 1-D: Inventory of outcome-related evidence and attribution of reliability scores



STEP 2: EVIDENCE ANALYSIS

- **Analysis of the current situation**

2.2.5 PROTOCOL 2.5: SYSTEMATICALLY DOCUMENT EVIDENCE AND MAKE IT AVAILABLE

Box 14: Analysis tables

- Table 2-A Analysis of evidence on contributing factors
- Table 2-B Analysis of evidence on outcomes

The second step of the CH analysis aims at reviewing all the data listed in the evidence inventory (Step 1; Tables 1-C and 1-D). Analysts determine together which data is most relevant for the analysis. It is composed of two substeps listed in Box 14:

As for the first step, two tables are used to help evidence analysis. Tables 2-A and 2-B (Evidence analysis) are shown as Tables 1-C and 1-D (Inventory of evidence). The analysis process with regards to contributing factors (key drivers and limiting factors) and outcomes is divided to avoid confusion during the analysis.

Analysis of CONTRIBUTING FACTORS (key drivers and limiting factors) — Current situation

The analysis unfolds in a logical order starting with the inventory of key evidence, the recall of the representativeness level and reliability score of each piece of evidence (already completed in step 1), the building of the conclusion for each element, and the determination of the impacts and phase for each of the four outcomes of the FNS.

The key evidence for contributing factors is to go through the evidence listed in step 1 of the CH and report those with a required reliability score (R1, R2, R3) for analysis in step 2. The administrative level (N) is also reported for each evidence (N0, N1, N2, N3). The presented evidence, in the form of tables, graphs, diagrams, maps, is exploited in such a way as to only record the synthesis of the information that they translate. The analysis process includes humanitarian food assistance (HFA) that was or is delivered when this information is available.

Only evidence of at least **R1** reliability level is selected when building evidence convergence. Contributing factors are analysed according to their positive or negative impacts on each outcome of food and nutrition security. Tables (2-A, 2-B) help to document the analysis process in a logical order.

Box 15: Key drivers and limiting factors

Key drivers

- Hazards and vulnerability

Limiting factors

- Food availability
- Food access
- Utilisation
- Stability

Determining contributing factors' impacts on the outcomes

The contributing factor element analysed can have a relevant impact on one or more outcomes of food and nutrition security. The conclusion written by the analysts is to qualify the possible impact that elements of contributing factors may have on the outcomes of food and nutrition security, namely food consumption, livelihood, nutrition, and mortality. This impact is first assessed by its nature which can be positive (+) or negative (-), then by its severity which can be Light (L), Medium (M) or Strong (F). ***For example***, analysts may judge that a 50% increase in staple foods prices compared to average prices over the last 5 years will have a negative and strong impact on food consumption. Analysts will write this statement in front of the food consumption outcome (in this case the NEGATIVE STRONG box is ticked). Severity levels are proposed for some contributing factors in the Contributing Factor Reference Table (Table 2-A). The same contributing factor can have different impacts of different nature and severity on the outcomes of food and nutrition security.

Tableau 2-A: Analysis of evidence on contributing factors

STEP 2, TABLE 2 - A – ANALYSIS OF EVIDENCE on contributing factors

1st administrative level
2nd administrative level
3rd administrative level

Date of cycle

Conclusions on food and nutrition security CONTRIBUTING FACTORS

Factors	Analysis element	Current Situation : Reliable evidence (R1, R2 or R3)	Projected Situation: Assumptions on the likely evolution of evidence
Hazards and Vulnerability	Hazards	Formulate a short evidence statement on each piece of evidence about risk factors (i.e.: floods, strong winds, fires, bushfires, conflict, etc.) with at least a R1 or above reliability score Specify the level of representativeness of the piece of evidence (L0, L1, L2)	Formulate an overall baseline view for the area being analysed based on the current context and your knowledge of this area's realities. Based on the elements observed during the current period, formulate a specific assumption on the likely evolution of each atypical, impending or likely risk that would affect the analysed area.
	Vulnerability	Formulate a short evidence statement on each piece of evidence about vulnerability factors (i.e.: STIs/HIV, epidemics, poverty, access to pastures, departure of active workforce and/or households, etc.) with at least a R1 or above reliability score Specify the level of representativeness of the piece of evidence (L0, L1, L2)	Based on the elements observed during the current period, formulate a specific assumption on the likely evolution of each atypical, impending or likely vulnerability element that would affect the analysed area
	Conclusion	Write a relevant conclusion using all elements related to hazards and vulnerability. The conclusion should be clear enough to allow for identifying the FNS outcomes that are impacted.	Write a relevant conclusion based on all assumptions stated on the two likely elements (hazards and vulnerability). The conclusion should be clear enough to allow for identifying the FNS outcomes that are impacted
	Assessment of impacts	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort
	Considering the impacts of hazards and vulnerability elements, how could the area's food and nutrition situation be qualified compared to usual conditions for the analysis period?	Worse than usual / As usual / Better than usual	Worse than usual / As usual / Better than usual
Availability	Conclusion		
	Assessment of impacts	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort
	Considering the impacts of Availability elements, how could the area's food and nutrition situation be qualified compared to usual conditions for the analysis period?	Worse than usual / As usual / Better than usual	Worse than usual / As usual / Better than usual
Acces	Conclusion		
	Assessment of impacts	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort
	Considering the impacts of Acces elements, how could the area's food and nutrition situation be qualified compared to usual conditions for the analysis period?	Worse than usual / As usual / Better than usual	Worse than usual / As usual / Better than usual
Utilization including acces to potable water	Conclusion		
	Assessment of impacts	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort
	Considering the impacts of Utilization elements, how could the area's food and nutrition situation be qualified compared to usual conditions for the analysis period?	Worse than usual / As usual / Better than usual	Worse than usual / As usual / Better than usual
Stability	Conclusion		
	Assessment of impacts	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort	Negative: Low / Medium / Strong; Positive: Low / Medium / Strong FC LC Nut Mort
	Considering the impacts of Stability elements, how could the area's food and nutrition situation be qualified compared to usual conditions for the analysis period?	Worse than usual / As usual / Better than usual	Worse than usual / As usual / Better than usual

Box 16: Overview on FNS outcomes

Food consumption: it is assessed through a series of 5 direct evidence and/or one indirect evidence. Direct evidence provides information on the level of food consumption in quantity and quality at the household level in the area analysed as well as on the strategies they use to fill food consumption gaps.

Livelihood change: reflects all coping strategies developed by households in order to meet their food needs in quantity and quality. In particular, these are coping strategies that concern households' behaviour against their basic capital.

Nutrition status: reflects the level of wasting and/or presence of oedema in children aged 6 to 59 months and women of childbearing age from 15 to 49 years. Evidence of this result provides information on the overall situation at the zone level.

Mortality: reflects the number of non-trauma-related deaths in the entire population and in children under 5 at the area level.

Analysis of FNS OUTCOMES for the current situation

Analysts should first use the data listed in Table 1-D (Inventory of evidence - Outcomes) and decide objectively which evidence is most relevant for the current analysis **(R2, R3)**. This means that all R0 and R1 level data are discarded in building evidence convergence. To do this, the analysts take into consideration the objective of the analysis, which is to propose a classification of the severity of food and nutritional insecurity for a geographical area analysed and a given period. The process is conducted for each of the FNS outcomes for which the data was reported in step 1.

For each of the results of the FNS, the key evidence statement focuses on outcome indicators (food consumption, livelihood trends, nutritional status, and mortality). **An FNS outcome is classified only if at least one direct or indirect evidence relating to this outcome is available.** For each indicator inventoried, analysts proceed to:

- Raise the heading of the evidence, in general, the acronym is sufficient. For example, for the Food Consumption Score, analysts can simply write: **FCS**.
- Specify the representativeness of the evidence (L0, L1, L2, and L3).
- Specify the reliability score of the evidence (R2, R3).
- Préciser le score de fiabilité de la preuve (F2, F3)

Phase determination for FNS outcome evidence

Analysts use the reference table for direct evidence (Table 15) to determine the FNS outcome evidence's phase and based on the 20% rule. This rule is not applicable to indirect evidence (Table 16).

To facilitate the process, specific guidance is provided to help analysts building technical consensus so as to use the reference table properly.

It concerns, for example, the phase determination with respect to the FCS, where it is necessary to give priority to a poor FCS while still checking the sum of the **poor and borderline FCS** to conclude on the classification (Box 17).

After classifying the different outcome evidence, analysts build a consensual conclusion based on the evidence they analysed. The conclusion should reflect as realistically as possible the status of the FNS outcome in the studied area.

Box 17: example of Food Consumption Score classification (FCS)

- Poor **FCS** <5%, the FCS is in minimal phase (Phase 1)
- **If poor FCS** is 5 – 10 %, the FCS is in **Phase 2 (Stressed)**; analysts do not sum up **Poor + Borderline** values
- **FCS** remains in **Phase 2 (Stressed)** in case **Poor** is above or equal to 10, but only if the sum of Poor + Borderline does not exceed 30%;
- **FCS** is in **Phase 3 (Crisis)**, if **Poor** is between 10% and 20% and **Poor + Borderline** exceeds 30%;
- However, if **Poor FCS** is equal to 20%, analysts should make sure that the sum of Poor + Borderline is above or equal to 30%;
- **The FCS is in Phase 4 (Emergency)** if Poor is strictly above 20% and it is not necessary to refer to the sum of **Poor + Borderline.**

Box 18: Guidance on mortality evidence classification

Converging evidence is necessary to determine the phase of the mortality outcome when you have CMR and U5DR for a same analysis unit:

- When the prevalence of Severe Acute Malnutrition (SAM) is high (≥2%), consider the phase associated with U5DR;
- When U5DR <1/10,000/day and SAM ≥2%, consider the higher phase (Phase 2);
- When U5DR <1/10,000/day and SAM <2%, consider the lower phase (Phase 1).

Guidance on nutrition outcome analysis

Nutrition status is analysed based on the indicators included in the reference table and organised into direct and indirect evidence:

- **Direct evidence:** GAM indicator (Global Acute Malnutrition prevalence) derived from weight-for-height or the presence of oedema; BMI indicator <18.5 (Body Mass Index of non-pregnant and non-lactating women below 18.5).
- **Indirect evidence:** MUAC —Mid-Upper Arm circumference (used in absence of GAM based on W/H). MUAC alone is not applicable to conclude on classifications in Phase 5 (Famine).

Malnutrition and mortality are often related. Acute malnutrition increases the mortality risk because it enhances the likelihood for malnourished people to contract infectious diseases and, once sick, to increase the severity and duration of these diseases. Analysts must, therefore, understand this aspect in order to establish the link between mortality due to these types of specific non-food causes and mortality due to causes associated with significant food consumption deficits — in quantity and quality — leading to acute malnutrition.

If there are two direct evidence on mortality, priority should be given to Under-5 Death Rate (U5DR) before Crude Mortality Rate (CMR) in the analysis. Two cases are very common. To understand the link between malnutrition and mortality and the correlations that may exist with food security, several elements should be considered, as described in Box 18.

Conclusion and Phase determination for FNS outcome evidence

Once the data are listed in Tables 2-B, a brief overall conclusion statement reflecting the analysis built on all outcome indicators should be written. The conclusion is easier if all available indicators converge towards the same phase. In this case, the analysts write a short paragraph explaining the status of the outcome analysed. The substance of this conclusion is consistent with the phase indicated by the convergence of the different indicators.

In the case where indicators diverge, analysts are required to engage in relevant technical discussions to formulate a consensual conclusion following the Reference Table and the analytical framework to interpret the reliable evidence available in accordance with the 20% rule. The conclusion should also reflect the rationale used to determine the phase attributed to the outcome analysed. Table 2-B below serves as a technical help to analyse evidence on food and nutrition security outcomes.

Tableau 2-B: Analysis of FNS outcome-related evidence

Tableau 2-B - Analysis of FNS Outcomes

1st administrative level	
2nd administrative level	
3rd administrative level	
Date of the cycle	

Outcomes	Currente Situation:							Projected Situation:						
Food Consumption	Classification of Food Consumption (FC) outcome indicators							Classification of FC based on specific assumptions about the analysed area						
	Preuves directes													
	Indicator	Value	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	The current analysis results serve as a starting point for the projected analysis. In order to facilitate this critical step, the CH retains three essential steps: -Formulate key assumptions for the area being analysed -Describe the impacts on food and income sources -Describe the likely evolution of food security outcomes (food consumption, livelihood change, nutrition and mortality)						
	FCS	Poor: Borderline: Acceptable:												
	HDDS	Class 1: Class 2: Class 3: Class 4: Class 5::												
	HHS	Class 1: Class 2: Class 3: Class 4: Class 5:												
	rCSI	Class 1: Class 2: Class 3: Class 4:						Value		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	HEA	LPD et SD						HEA : LPD and SD						
	Area 1							Area 1						
	Area 2							Area 2						
	Area 3							Area 3						
	Area 4							Area 4						
	Preuve indirecte													
	Proxy caloric							Proxy caloric :						
	Conclusion on the Food Consumption outcome							Conclusion on the Food Consumption outcome						
	Phase conclusion for the FC outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase conclusion for the FC outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Livelihood Change	Classification of Livelihood Change indicators							Classification de l'Evolution des Moyens d'Existence sur la base des hypothèses spécifique pour la zone analysée						
	Direct evidences													
	Indicator	Value	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5							
	CSI-ISAME	Class 1: Class 2: Class 3: Class 4:												
	Conclusion on the Livelihood Change outcome							Conclusion on the Livelihood Change outcome						
	Conclusion on the LC outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Conclusion on the LC outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Nutrition Statut	Classification of Nutrition Status (Nutrition) outcome indicators							Classification of Nutrition Status (Nutrition) outcome indicators						
	Direct evidences													
	Indicators	Value	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5							
	GAM													
	Median-GAM							Value		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	BMI							Historical Median-MAG						
	Direct evidences													
	MUAC													
	Conclusion on the Nutrition Status outcome							Conclusion on the Nutrition Status outcome						
	Phase conclusion for the Nutrition outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase conclusion for the Nutrition outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Moratlité	Classification of Mortality outcome indicators													
	Direct evidences													
	Indicators	Value	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5							
	CMR													
	U5DR													
	Conclusion on the Mortality outcome							Conclusion on the Mortality outcome						
	Phase conclusion for the Mortality outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase conclusion for the Mortality outcome		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5

Projected situation analysis

As a reminder, in the analysis of the current situation, the emphasis is essentially put on drawing conclusions based on recent data to justify the food and nutrition insecurity level. The projected situation analysis describes the most likely scenario at a given time in the future for early warning purposes. The projected period may vary depending on the situation, context and needs of decision-makers; it can range from a week to one or several months, or even a year. As regards the two main CH annual cycles, it was agreed to consider the lean season for the projected analysis. Tables 2-A and 2-B include the sections needed to conduct the projected analysis, both for contributing factors and for food and nutrition security outcomes.

This step is for analysts to formulate assumptions based on available data, information, and/or analyses about upcoming or past events that can be used to project availability, access, utilisation, and stability during the projected period. These assumptions are the most probable as they take seasonality into account and include both normal and abnormal events (shocks) that are likely to occur. For each food security element, the projected analysis considers current levels, historical trends, as well as past impacts and likely future shocks according to the CH's analytical framework and the acute food and nutrition insecurity reference table.

The projected situation analysis in Table 2-A should also include both livelihood strategies and household coping strategies before drawing the element conclusion. Developing projected scenarios is, by definition, a complex task (Box 19) that requires a very good knowledge of the context of the area and of households' food and income sources; it also requires an effort to interpret and extrapolate scenarios and potential outcomes.

Box 19: Formulating key assumptions on the analysed area

This step invites analysts to formulate relevant and most likely assumptions based on current period data and future events that may have an impact on food and nutrition security during the scenario period. This step includes three parts. In Tables 2-A and 2-B, regarding the analysis of contributing factors and FNS outcomes and using the column reserved for the proposed analysis, proceed as follows:

1. In the first part, identify the factors that are relevant to food and nutrition security and should behave normally during the scenario period. For example, if you anticipate that job migration is typical or that farm input purchases are normal, these are not shocks. However, if these factors are relevant with regard to food security in the analysed area, identify them explicitly in this step of the analysis.
2. In the second part, identify the shocks (or "potential events") that could occur during the scenario period and have significant impacts on households' living conditions in the area. Shocks can be positive (e.g., above-average harvest) or negative (e.g., drought or price hike). For each event, analysts should describe the severity level and the planned schedule as specifically as possible. It is common for many shocks to occur during a scenario period.
3. Mention/consider humanitarian food assistance during the scenario period if it is planned and actually funded. If possible, give information on the volume, frequency and beneficiary population of the area analysed.
4. Taking into account the evidence analysis on contributing factors, it is necessary to specify whether these conditions are usual or not for the analysed area.

Describe how food security outcomes (food consumption, livelihood change, nutrition and mortality) are likely to change.

As regards FNS outcomes, the formulation of assumptions is built by reference to assumptions formulated on the contributing factors and the identified impacts. The assumption formulated for each outcome element should therefore be related to the different impacts of the contributing factors identified for that element. Analysts write a brief conclusion on how FNS outcomes are expected to change. This conclusion should provide information on the likely phase of each food and nutrition security outcome. These brief conclusions are recorded for each outcome in Table 2-B, and the phase the outcome under review is indicated to classify the element.

STEP 3: SUMMARY AND AREA CLASSIFICATION

Box 20: Minimum requirements for area classification

- A final area classification can be determined only if at least one food and nutrition security outcome and 3 groups of contributing factors are available.
- It is impossible to perform a projected situation analysis if no data is available to analyse the current situation.
- When there is a lack of data on the current status of outcomes, an update of the previous projection is feasible, provided that new elements on contributing factors are available.

Step 3 — Summary and Area Classification — is the step where analysts will report some of the information from Tables 2-A and 2-B into Table 3- Evidence Analysis.

All along this step, analysts refer to the Analytical Framework, the 20% rule and the CH Reference Table for area classification to build consensus. The analytical framework allows analysts to verify the interaction of contributing factors and outcomes, which is key for the final classification of the area.

2.2.6 PROTOCOL 2.6: ADHERE TO MINIMUM ANALYSIS REQUIREMENTS

The procedures for summarizing and classifying areas for the projected situation are similar to those of the current situation. As part of a first substep, analysts record Tables 2-A and 2-B's projection into Table 3. Once they have reported the phases obtained for each outcome and for all contributing factors' impacts, the second substep consists of converging evidence to decide on the final classification of the analysed area in a consensual and coherent manner, and drawing a short conclusion to justify the final phase. In the third — and final — substep, analysts determine the confidence level of the analysis for each area based on the number and nature of the outcome elements and contributing factors that were used.

Table 3 is the analysis tool that is completed in three substeps:

1. **Reporting the impacts of contributing factors:** the process is similar to the previous step. Ensure that the reported outcome conclusions are consistent with Table 2-A's contents.
2. **Reporting the phases determined for each outcome:** this first substep consists of reporting the summary and classification of food and nutrition security outcomes achieved during Step 2 into Table 2-B. In practice, it is simply a matter of checking whether the automatic reporting corresponds to the analysts' conclusion and to the colour of the phase identified for each outcome.
3. **Conclusion and final classification of areas:** once they have reported the phases obtained for each outcome and for all contributing factors' impacts, analysts converge evidence to decide on the final classification of the analysed area in a consensual and coherent manner. Then, they state a short justification conclusion on the final phase. To carry out this essential analysis step properly, analysts refer to the analytical framework, the 20% rule and phase descriptions provided in the CH reference table. The analytical framework allows analysts to understand the interaction between contributing factors and food and nutrition security outcomes, which is essential to perform a relevant final area classification.

Assigning a confidence level to the analysis

Based on the number and nature of the outcomes and contributing factor elements used, analysts determine, in accordance with the criteria in the table below, the level of confidence they have on the analysis of each area both for the current and projected situations.

Table 20: Criteria for assigning confidence levels

Confidence level	Criteria for assigning a confidence level to the analysis	
	Current situation	Projected situation
Acceptable *	At least 1 food and nutrition security outcome + At least 3 groups of contributing factors	Acceptable current analysis and at least 4 elements (on outcomes and contributing factors) documented
Medium **	At least 2 food and nutrition security outcomes including at least one primary outcome + At least 4 groups of contributing factors	Medium current analysis and at least 6 elements (outcomes and contributing factors) documented
High ***	At least 3 food and nutrition security outcomes including the two primary outcomes + 5 groups of contributing factors	NA[12]

12 NA: Not applicable in projected situation — since analyses are based on assumptions and likely scenarios it is not possible to assign a 3-stars confidence score.

This step is achieved by referring to protocol 6, which guides analysts throughout the analysis process. The logic of transcription of conclusions developed during the previous step has been improved compared to the CH version 1.0. The transcription of conclusions starts first with the contributing factors and then continues with FNS outcomes.

Table 3-A: Summary and classification of the current situation

Step 3, Table 3: summary and AREA classification – CURRENT SITUATION

1st administrative level	='Tableau 1-B Anal\
2nd administrative level	='Tableau 1-B Anal\
3rd administrative level	='Tableau 1-B Anal\
Date of the cycle	='Tableau 1-B Anal\

summary and classification

Admin 1	Admin 2	Livelihood zone	OUTCOME INDICATORS				IMPACT DES FACTEURS CONTRIBUTIFS					Conclusion(s) and final classification and confidence level for the 3rd administrative level
			Food consumption	Livelihood change	Nutrition status	Mortalité	Hazards and vulnerability	Food availability	Food access	Food utilisation, including water	Stability	
A	A.1	A.1.1										
		A.1.2										
	A.2	A.2.1										
		A.2.2										
B	B.1	B.1.1										
		B.1.2										
		B.1.2										
	B.2	B.2.1										

Table 3-B: Summary and classification of the projected situation

Step 3, Table 3: summary and AREA classification – Projected SITUATION

1st administrative level	='Tableau 1-B Anal\
2nd administrative level	='Tableau 1-B Anal\
3rd administrative level	='Tableau 1-B Anal\
Date of the cycle	='Tableau 1-B Anal\

summary and classification

Admin 1	Admin 2	Livelihood zone	OUTCOME INDICATORS				IMPACT DES FACTEURS CONTRIBUTIFS					Conclusion(s) and final classification and confidence level for the 3rd administrative level
			Food consumption	Livelihood change	Nutrition status	Mortalité	Hazards and vulnerability	Food availability	Food access	Food utilisation, including water	Stability	
A	A.1	A.1.1										
		A.1.2										
	A.2	A.2.1										
		A.2.2										
B	B.1	B.1.1										
		B.1.2										
		B.1.2										
	B.2	B.2.1										

STEP 4 : ESTIMATING NUTRITION AND FOOD-INSECURE POPULATIONS

Producing population estimates is a complex exercise that involves the convergence of evidence and not a mathematical calculation. It consists of distributing populations of an area analysed by severity level (phase) of acute food and nutrition insecurity. It is done once the phase classification of the area is determined based on the convergence of available evidence and in a consensual manner. The basic principle is compliance with the 20% rule. This means that once the area is classified into a given phase, there should be at least 20% of the populations in this area spread over this phase or worse. For example, if the area is classified in Phase 2 (Stressed), the sum of the population proportions in Phase 2 to 5 should be above 20%, and the sum of the population proportions in Phases 3 to 5 below 20%.

To distribute populations of an area by severity phase of acute food and nutrition insecurity, we need first to estimate those who are likely to be in Phase 5, and gradually move towards lower phases (Phase 4, 3, 2 and 1), based on the phase descriptions of the CH Reference Table. To achieve this, it is recommended to perform the following steps:

1. In Table 4-A, list all the evidence figures on the food security outcome indicators and contributing factors that are available in the evidence analysis tables (Tables 2-A and 2-B); these evidence figures should be expressed as population percentages for the area being analysed and/or as number of people affected by a shock or an exceptional event. This exceptional event can be an aggravating or improving factor.

2. In the case of analysis of a given area, the distribution of the evidence of the indicators is done according to the configuration contained in Table 21. For example, with regard to the FCS, it will be:

   a. Distribute the proportion of households with an **"Acceptable"** Food Consumption Score (FCS) between Phase 1 and Phase 2, taking into account the phase assigned to the area;

   b. Put the proportion of households with a **"Borderline"** FCS into Phase 3; and

   c. Distribute the proportion of households with a **"Poor"** FCS between Phase 4 and Phase 5 considering which phase was assigned to the indicator, especially when the FCS is classified into Phase 4 **"Emergency"**.

For other food consumption indicators (HDDS, HHS, rCSI, HEA) and Livelihood Change indicators, the evidence should be recorded in Table 4-A according to their presentation in the Reference Table. Nutrition and mortality indicators are also recorded in their corresponding phases.

In the evidence distribution table above, identify the evidence available to justify the presence of populations in each phase. This evidence mainly focuses on food consumption (HDDS, SCA, HHS, rCSI, HEA), livelihood change, hazards and vulnerability. Nutrition status (GAM) and mortality (M) should also guide analysts to identify populations in Phase 4 and Phase 5. To estimate populations in food and nutrition insecurity, analysts should rely on the following steps:

1. **Population distribution (in percentage) by indicator according to the 5 food insecurity phases.**

   This step consists of first, distributing populations by phase by converging all the food consumption outcome evidence. Then, it will be necessary to seek convergence between the population distribution with respect to the "FC" indicator and that of the "Livelihood change" outcome. To achieve this, it will be necessary to follow the steps below:

   a. Distribute population percentages among the five food insecurity phases according to food consumption indicators (FCS, HDDS, HHS, HEA, rCSI).

   b. Next, for each phase, find (estimate) the (central) value towards which the food consumption indicators converge (in %).

   c. Distribute population percentages by phase according to livelihood change indicators.

   d. Quantitative data related to contributing factors are taken into account during triangulation.

   e. Converge the evidence between the food consumption outcome and other outcomes (livelihood change, nutrition, and mortality) to determine population estimates by phase.

2. **In practice, the determination of population percentages by phase is performed by triangulating the population figures estimated by class with respect to the "Food Consumption" indicator** with those based on the "Livelihood change" indicator while still complying with the 20% rule. But beforehand, it will be necessary to rely on the phase description to confirm the existence of a population in a given phase. This population value may possibly be adjusted, especially for Phases 3, 4 and 5 considering the evidence on "Nutrition and Mortality" indicators in addition to populations affected by a shock or a disaster (hazard and vulnerability). Table 21 provides guidance to be followed step by step, always starting with the worst phase (Phase 5-Catastrophe/Famine).

Table 21: Step-by-step guidance on how to produce population estimates

Phase	Key questions	Guidance
5 – Catastrophe/ Famine[13]	Based on the available evidence, is it possible to estimate the presence of people meeting the characteristics stated in Phase 5's description?	• Carefully read the phase description included in the manual. • Based on the available evidence, are there any populations showing characteristics similar to those described in Phase 5? • Prior to answering this question, it is necessary to check in Table 4-A on evidence distribution if the pieces of evidence available — especially those associated to food consumption (FCS, HHS, rCSI, SD), nutrition status (MAG) and mortality (M) — confirm the existence of populations in Phase 5. • If such pieces of evidence exist, then how many are they? • Based on the values obtained in the Phase 5 column for the 3 outcomes — "FC, NUT and MORT", it is necessary through evidence convergence to determine by consensus a population proportion that allows compliance with the 20 % rule without ignoring the area's phase determination. It should be noted that this proportion is neither an average value nor a median; • ***If there are no populations in Phase 5, enter "ZERO" and proceed to Phase 4.***
4 - Emergency	Based on the available evidence, is it possible to estimate the presence of people meeting the characteristics stated in Phase 4's description?	• As in the previous case, read Phase 4's description carefully in the manual. • Based on the available evidence, are there any populations showing characteristics similar to those described in Phase 4? • Prior to answering this question, it is necessary to check in the evidence distribution table if the pieces of evidence available — especially those associated with food consumption (FCS, HHS, rCSI, SD), nutrition status (MAG) and mortality (M) — confirm the existence of populations in Phase 4. • If such pieces of evidence exist, then how many are they? • Based on the values obtained in the Phase 4 column on "FC, LC, NUT and MORT" outcomes, it is necessary, through evidence convergence, to determine, by consensus, a population proportion that allows compliance with the 20 % rule without ignoring the area's phase determination. It should be noted that this proportion is neither an average value nor a median; • ***If there are no populations in Phase 4, enter "ZERO" and proceed to Phase 3.***
3 - Crisis	Based on the available evidence, is it possible to estimate the presence of people meeting the characteristics stated in Phase 3's description?	• Read Phase 3's description in the manual. • Based on the available evidence, are there any populations showing characteristics similar to those described in Phase 3? • If such pieces of evidence exist, then how many are they? • This means that evidence on "food consumption, livelihood change, and nutrition status" outcomes indicates that some populations are at least in Phase 3. In fact, to determine the number of people in Phase 3, it will be necessary, through convergence of evidence and on a consensual basis, to use the proportions obtained for FC, LC and Nut outcomes that are in the Phase 3 column of the distribution table so as to obtain an intermediate proportion compatible with the 20% rule and the area's phase determination process. This value should be adjusted with respect to the number of people affected by a shock or disaster (hazards and vulnerability) and to SAM prevalence figures. • ***If there are no populations in Phase 3, enter "ZERO" and proceed to the next phase.***
2 – Stressed	Based on the available evidence, is it possible to estimate the presence of people meeting the characteristics stated in Phase 2's description?	• Read Phase 2's description in the manual. • Based on the available evidence, are there any populations showing characteristics similar to those described in Phase 2? • If such pieces of evidence exist, how many are they? • To answer this, we should consider the evidence contained in the Phase 2 column on FC and/or evolution of LC outcomes. Based on these elements, the task will consist of finding in a consensual manner an intermediate value — and not the average — corresponding to the proportion of the population that is unable to afford non-food expenses without affecting their livelihood assets. It is important to take into account people affected by the shocks that have been listed.
1 – None/Minimal		• The proportion of populations in Phase 1 is obtained by deducting the sum of population proportions in Phase 5, 4, 3 and 2 from the initial 100% total population. In other words, it is the total population of the analysed zone from which we deduct the sum of the populations of upper phases (2, 3, 4 and 5).

13 The expression "population in situation of **famine**" is restricted to cases where the area of concern is in Phase 5..

The population estimation procedure is carried out using an Excel file composed of two tables (4-A and 4-B), where the different proportions per severity phase achieved during the previous exercise are reported for both current and projected situations. The Excel file is composed of calculation formulas that allow to directly compute population figures per phase based on the total population in the area.

Table 4-A: Summary of quantitative data

Outcomes	Currente Situation :				
Food Consumption	Classification of Food Consumption (FC) outcome indicators				
	Direct evidences				
	Indicators	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	FCS					
	HDDS					
	HHS					
	rCSI					
	HEA					
	Area 1					
	Area 2					
	Area 3					
	Area 4					
	Indirect evidences					
	Proxy caloric					
	conclusion for the FC outcome	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Evolution de	Classification of Livelihood Change indicators					
	Direct evidences					
	Indicator	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	LCS					
Statut Nutritionnel	Classification of Nutrition Status (Nutrition) outcome indicators					
	Direct evidences					
	Indicators	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	GAM					
	Median-GAM					
	BMI					
	Direct evidences					
	MUAC					
Mortalité	Classification of Mortality outcome indicators					
	Direct evidences					
	Indicators	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	CMR					
	U5DR					
Hazards and Vulnerability (number or % of people affected by type of shock)	XX ti be used of convegrence of evidence					
Food (including water) utilisation	XX ti be used of convegrence of evidence					
Estimated Population	%	%	%	%	%	

Note: To distribute populations by severity phase in an area, it will be necessary to find a consensual intermediate value that lies within the range of values included in the table below for each class and allows compliance with the 20% rule, knowing in advance the phase that was assigned to that area.

Table 4-B: Estimating nutrition and food-insecure populations

STEP 4, TABLE 4 - Estimating populations												
1st administrative level												
Date of cycle												
2nd administrative unit	3rd administrative unit	Total Population	CURRENT SITUATION										
			Area classification	Percentage of households affected in each phase Period:					Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Population in Phase 3 to 5
				Ph1	Ph2	Ph3	Ph4	Ph5	-	-	-	-	-	-
									-	-	-	-	-	-
									-	-	-	-	-	-
									-	-	-	-	-	-
Total									-	-	-	-	-	-

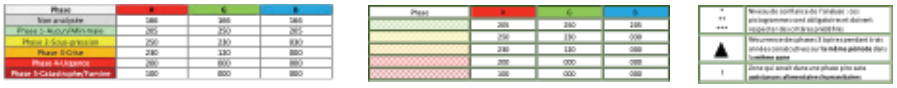
The population estimation for the projected situation is performed in the same table, which is composed of two distinct parts (current and projected).

2.3 FUNCTION 3: COMMUNICATION OF RESULTS FOR ACTION

STEP 5: COMMUNICATION OF RESULTS FOR ACTION

The CH Function 3 is driven by the application of three protocols on the mapping of analysis results and the development as well as dissemination of communication products. Table 22 briefly introduces the different protocols as well as their specific tools.

Table 22: CH Protocols for Function 3

Function 3: Communication of findings	
Protocols	**Tools**
Protocol 3.1 Adhere to mapping standards	
Protocol 3.2 : Produce an analysis report	
Protocol 3.3. Share communication products in a strategic and timely manner	 

The purpose of communication for action is to make the main situation analysis results available to decision-makers for better decision-making. Products to be disseminated should be sufficiently informative to influence rapid decision-making. Ultimately, communication should help policy-makers act quickly in terms of funding the implementation of appropriate measures to mitigate the impacts of food and nutrition crises on affected populations. This is why communication is part of the CH analysis process.

The CH allows communication for action with summary reports that highlight the context of the analysis period, key drivers and limiting factors, and salient results to support decision-making. Summary reports must contain mapping products, graphs, tables, and texts presented inside standardised forms that describe the main aspects of the situation analysis.

Countries, TFPs and IGOs as well as CSOs expressed their commitment to the fundamental pillars set out in the Charter for Food Crisis Prevention and Management (PREGEC), namely:

1. Consultation and coordination of data collection;
2. Consensual analysis and information on the food and nutritional situation;
3. Consensus-based sharing and choice of instruments for preventing and managing food and nutrition crises;

4. The use of the CH as a trigger and arbitration tool of the regional food security reserve.

Communicating the CH's results through established stages and consultation frameworks offers the advantage of creating and strengthening the synergies needed among stakeholders to implement interventions based on this consensual diagnosis while valuing the diversity of information sources and analysis emanating from national, regional, and international actors.

Communication in this context helps to disseminate food and nutrition situation analysis results by sharing information and in-depth analyses in a consensual manner. The goal is to effectively contribute to facilitating decision-making by Governments, inter-governmental organisations, non-governmental organisations, as well as technical and financial partners. The government department leading the coordination of the CH National Analysis Task Force is responsible, in consultation with the other stakeholders, for organising a work session to provide feedback to the competent authorities in charge of food and nutrition security issues.

The conclusions drawn from the consensual analysis, especially the classification of areas and populations, conducted by the national task force, should not be modified in any way by any actor. Communication to decision-makers, therefore, paves the way towards disseminating the products derived from the CH analysis. These joint results should be used for planning interventions to assist populations at risk of food and nutrition insecurity. They will also be used to better organise and guide the close and joint monitoring of vulnerability to food insecurity in at-risk areas or to set up monitoring sites for malnutrition surveillance according to the needs and realities of each country.

2.3.1 PROTOCOL 3.1: ADHERE TO MAPPING STANDARDS

Following the classification of the areas or administrative units in the different CH phases, maps are produced to visualise the current and projected situation results. Areas or administrative units must be mapped according to the colour codes defined in the Food and Nutrition Security Reference Table for classifying areas and following the Red-Green-Blue (RGB) colour combination. To generate the legend, it is recommended to use and comply with the colour codes defined for the different severity phases and for non-analysed areas (Table 23).

Table 23: Colour codes for the mapping process

Phase	R	G	B
Not analysed	166	166	166
Phase 1-None/Minimal	205	250	205
Phase 2-Stressed	250	230	030
Phase 3-Crisis	230	120	000
Phase 4-Emergency	200	000	000
Phase 5-Catastrophe /Famine	100	000	000

In cases where areas or administrative units with restricted access were analysed, the results must be mapped by highlighting the particularity of such results compared to analyses performed in accessible areas. The same colour codes are applicable but with filling code choices corresponding to those indicated in Table 24.

Table 24: Filling code specific to areas with restricted or no access

Phase	R	G	B
Not analysed	205	250	205
Phase 1-None/Minimal	250	230	030
Phase 2-Stressed	230	120	000
Phase 3-Crisis	200	000	000
Phase 4-Emergency	100	000	000
Phase 5-Catastrophe /Famine			

Table 25: Pictograms in use

These pictograms are compulsory and should comply with pre-defined criteria

* ** ***	Confidence level of the analysis
▲	Recurrence of phases 3 or worse during three consecutive years **over the same period** in the **same area**
!	Area that would be in a worse phase without **humanitarian food assistance**

NATFs, at their convenience, may develop other types of mapping products in addition to those presenting the food and nutrition insecurity analysis results. This may consist of, for example, mapping specific data for better visualisation (drought, floods, biomass, price variation, population concentration, nutrition status, etc.).

2.3.2 PROTOCOL 2.3: PRODUCE AN ANALYSIS REPORT

In addition to the general report that is written after the analysis session and details the entire process, the results are immediately presented in two types of communication factsheets: one for **decision-makers** and one for the **general public**. These two products are part of step 5 of the CH process.

The Decision-maker Factsheet: written in a maximum two (2) pages format and intended for decision-makers, it summarizes the main results of the situation analysis in a clear and concise manner (see outline in Annex 4). It includes six sections:

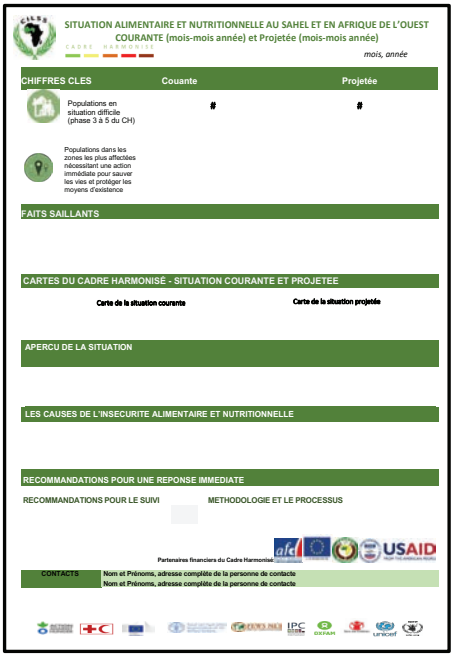
- **Part one:** presents aggregated figures on populations experiencing food and nutrition insecurity which severity level ranges from Phase 3 — "Crisis" — to worse in the most affected areas for current and projected situations;
- **Part two:** a narrative summary of the highlights describing the determinants and the context;
- **Part three:** provides two maps (current and projected) showing the areas classified in the different

phases as per standard colour and legend protocols, and identifies the participating organisations so as to reflect the inclusive nature of the CH;

- **Part four:** presents an overview of the overall status of main outcomes by highlighting the classification of areas and populations by severity phase;
- **Part five:** describes the determinants and situational limiting factors of food and nutrition insecurity;
- **Part six:** includes a short summary of the methodology that was used and, above all, the main recommendations for implementing immediate, relevant response measures intended for populations identified in Phase 3 or worse.

The General Public Factsheet (Annex 5) is prepared and validated by the NATF at the end of the analysis cycle session. The canvas provides guidance on how to detail the results obtained. It must be written in a clear, simple, and concise manner. The template is presented during the regional consolidation and the PREGEC and then made available to the general public.

Figure 12: Outline of the decision-maker



- **Part I: "KEY INFORMATION"** summarizes the four food and nutrition security (FNS) outcomes: food consumption, livelihood change, nutrition status and mortality.
- **Part II: "OVERALL CONDITIONS"** describes the conditions of the analysis period with an emphasis on agro-pastoral and fishery productions, and on market functioning (prices and internal and external flows).
- **Part III: "CURRENT AND PROJECTED MAPS"** focuses on presenting the area classification results visually following the CH's scale. A description of each FNI severity phase is provided at the bottom of the maps presented.
- **Part IV: "DRIVERS AND LIMITING FACTORS"** presents in detail the situation analysis of causes (common risk elements and vulnerabilities) and of the different dimensions of FNS (availability, accessibility, utilisation, and stability), including gender inequality issues.
- **Part V: "DETAILED ANALYSIS RESULTS":** includes a detailed narrative on the classification of areas and the population estimated as being in FNI for current and projected situations. It is recommended at this level to clearly explain the different figures provided on the areas and populations by also putting an emphasis on recalling the conditions that are particular or specific to certain areas (i.e., IPC products on acute malnutrition analysis, pastoral situation, etc.).
- **Part VI: "METHODOLOGY AND CHALLENGES":** it summarizes the process for carrying out the various steps and applying the CH classification procedures. The main difficulties encountered should also be documented as lessons learnt to improve subsequent analyses.
- **Part VII: "RECOMMENDATIONS"** presents relevant, clear, and explicit recommendations addressed to the Government, TFPs and regional intergovernmental organisations for the implementation of appropriate response measures and provision of support to improve the quality of data collection and information systems.

- **Part VIII: "CONTACTS"** includes information on the CH focal points' contact addresses as well as logos of the services, organisations and institutions that participated to the technical session and to the funding of the analysis session.

Validation of analysis results

Once consensus is established at the end of the work performed at the national level and this, without objections and other reservations regarding the quality and rigour of the process, the results achieved are considered as definitive and validated. The representative of the Technical Committee of the CH and the focal point or the National Coordinator of the National Analysis Task Force are responsible for organising a debriefing to the national and regional authorities and partners on the products obtained upon completion of the analysis.

However, if participants expressed particular concerns about the classification and/or population estimates in certain areas and if a general consensus could not be reached at the national level, it is recommended to call for the Regional Technical Committee's expertise to support the formulation of a consensual conclusion on the areas considered.

Regional consolidation will give priority to ensuring consistency in national analyses results. If flagrant mistakes related to a lack of compliance with the CH protocols have been observed, the Regional Analysis Task Force will inform the concerned countries through the CILSS so they can take into account the observations formulated on their products.

2.3.3 **PROTOCOL 3.3:** SHARE COMMUNICATION PRODUCTS IN A STRATEGIC AND TIMELY MANNER

Communication is developed to strengthen the relationship between the CH and support decision-making by helping to:

- Inform decision-makers in a clear manner on the severity of the current and projected food and nutrition situations;
- Support the arbitration of appeal to the Regional Food Security Reserve (ECOWAS, UEMOA);
- Provide the humanitarian community with reliable and relevant information to support response planning;
- Disseminate the communication products that were developed to inform all users;
- Inform the various consultation structures on food and nutrition security (national systems, PREGEC, RPCA etc.) in accordance with their respective agendas;
- Facilitate the *Cadre Harmonisé's* information platform on food crises (CH, RCPA, IPC, GRFC platforms, etc.)

The full report and communication products (decision-makers and general public briefs) are shared with all partners in the form of printed documents or downloadable files housed on appropriate websites chosen by the country and by national, regional, and international consultation structures. The AGRHYMET Regional Centre will publish (www.cilss.int; www.agrhymet.cilss.int; www.food-security.net/visualise/) all the products generated by CH analysis cycles to ensure a broader use.

2.4 FUNCTION 4: QUALITY ASSURANCE AND RIGOUR OF THE ANALYSIS

The success of CH cycles depends on the proper functioning of the National Analysis Task Force in charge of data collection and analysis, and of its performance in mobilising the various food and nutrition security stakeholders. The goal is to guide the reflection process aimed at strengthening the mobilisation of the main FNS actors an integral and inclusive consensus during CH analysis sessions and to identify ways and means to improve quality and rigour in order to comply with the protocols defined in this manual 2.0. The implementation of this Function is articulated around three protocols (Table 26).

Table 26: CH Protocols for Function 4

Function 4: Quality assurance and rigour of the analysis	
Protocols	**Tools**
Protocol 4.1 Coach and facilitate national analyses	• Composition of facilitation teams • Mobilisation of the GEC in Famine situations
Protocol 4.2 : Control and consolidate analyses	
Protocol 4.3. Assess the CH training and analysis sessions	

Box 21: The Expert Advisory Group

This group is independent from the TC-CH and will be composed of prominent food and nutrition security experts or researchers with proven experience in supporting complex FNS analyses (CH, IPC and compatible or related tools).

Its composition will be determined by the Steering Committee of the CH upon suggestion from the TC-CH. The GEC will be particularly mobilised in real time in case of potential Famine classification. It will also intervene to provide insights in cases where classifications of areas with limited or no access are needed.

At the regional level, the quality and rigour of the CH cycles are monitored and guided by the Technical Committee and the Expert Advisory Group (EAG, Box 21). These two bodies ensure that all participants, civil society organisations and government partners:

- are involved in data collection and in the analysis session, and in the development of mapping and communication products;
- receive reports on the results related to the different cycles conducted;
- provide objective feedback on how the National Analysis Task Force works and collaborates with its partners;
- adhere to the mechanisms put in place to receive and formally communicate suggestions for improvement to the analysis task force;
- are trained to improve their technical analytical skills.

2.4.1 PROTOCOLE 4.1: COACH AND FACILITATE NATIONAL ANALYSES

CH analysis sessions should be carried out as follows:

- **Before the analysis:** the national task force must collect, centralise, and complete the evidence inventory tables (1-A, 1-B, 1-C, and 1-D). This task must be completed at least one week before the analysis session.
- **During the analysis session:**
  - **Training:** if a significant majority of participants unfamiliar with the CH are present, full training should be delivered before starting the analysis. This training will be provided by certified individuals endorsed by the TC-CH and supported by one of its members.
  - **Refresher training:** it aims to upgrade participants' knowledge of CH procedures. To do this, it is always useful to briefly remind the members of the National Analysis Task Force about the CH's standards, principles, and protocols. This reminder will be facilitated by a certified facilitator or coach before the start of the CH analysis.
  - **Coaching and facilitation:** they are provided by confirmed level-certified experts supported by facilitators with at least a level 1 certification on the CH. The role of coaches and facilitators is to provide continuous guidance to participants throughout the analysis but should not replace country analysts in concluding the discussions. They need to use their technical skills to ensure that analyses comply with the rigour of the protocols and follow a consensus-building process based on available evidence.

- **Development of communication products:** Coaches and facilitators should ensure that NATFs make arrangements to write the two main communication products expected as an integral part of the analysis cycle. This is the decision-makers' factsheet and that of the general public. At least one of these two products needs to be adopted during the analysis session and serve as a basis for a presentation to decision-makers.
- **Integrating the results into the CH interactive mapping platform:** it aims to improve the availability of CH analysis results in real-time and make them accessible to users, including the general public. Each country will manage its interface under the control of the regional level that ensures the maintenance of the regional platform. The focal points in charge of coordinating the CH in each country will be trained to ensure the technical management and facilitation of their national interface on the global platform of the region that is housed on the CILSS/AGRHYMET Regional Centre's website.
- **Presentation of provisional results:** at the end of the session, the NATF will take all necessary steps to report provisional conclusions immediately to decision-makers on the consensus reached about the severity of the classification of food and nutrition insecurity as well as all actions recommended to mitigate the effects of identified potential crises. However, in the absence of a general technical consensus, stakeholders with objections should inform the NATF and coaches in a documented manner immediately before closing the analysis session.

2.4.2 PROTOCOL 4.2: REVIEW AND CONSOLIDATE NATIONAL ANALYSES

The Technical Committee of the CH is responsible for consolidating all national analyses. This committee meets to review country results and check for compliance with the CH analysis requirements and rigour. Based on the conclusions and consensus reached by the country and on the recommendations formulated, the TC-CH makes modifications and/or suggestions to the countries concerned, if necessary. Once the review of the results has been completed and the analysis validated in consultation with countries, the committee consolidates all the analyses and develops communication products (decision-maker factsheet and general public factsheet at regional level). The consolidated results are used to facilitate the PREGEC and RPCA consultations. A guide for assessing analysis sessions is used to estimate the overall quality of the analysis conducted (Table 27).

- **Regional meetings on national analysis consolidation: participation requirements**
  - To have contributed to coaching or facilitating at least one CH analysis in a country
  - To have knowledge of CH or IPC analyses
- **Process quality checklist (Table 27)**

Table 27: CH analysis session assessment guide

Functions & protocols		Assessment of how well the process was followed		
		Satisfactory	Acceptable	Unsatisfactory
Function 1: Building technical consensus				
Protocol 1.1	Ensure the proper composition of the CH National Analysis Task Forces			
Protocol 1.2	Conduct the analysis on a consensual basis			
Function 2: Classifying the severity and identifying key drivers				
Protocol 2.1	Refer to the analytical framework to build convergence of evidence			
Protocol 2.2	Use the Reference Table to assess direct evidence on FNS and contributing factors			
Protocol 2.3	Adhere to analysis parameters			
Protocol 2.4	Assess evidence and assign reliability scores			
Protocol 2.5	Systematically document evidence and analysis and make them available			
Protocol 2.6	Adhere to minimum analysis requirements			
Function 3: Communication for action				
Protocol 3.1	Adhere to mapping standards			
Protocol 3.2	Produce an analysis report			
Protocol 3.3	Share communication products in a strategic and timely manner			
Function 4: Quality assurance and rigour of the analysis				
Protocol 4.1	Coach and facilitate national analyses			
Protocol 4.2	Review and consolidate analyses			
Protocol 4.3	Assess the CH training and analysis sessions			
	Score			

2.4.3 PROTOCOLE 4.3: ASSESS THE CH TRAINING AND ANALYSIS SESSIONS

Each CH training or analysis session will be assessed. This takes the form of a self-assessment that will be conducted at the end of the session. An assessment form (Annex 6) will be distributed to participants. The self-assessment will help to assess the proficiency level of various aspects developed during training sessions or to assess compliance with the process during the analysis. It aims to collect participants' feedback on:

- The preparation and conduct of training and analysis sessions;
- The quality of facilitation;
- The quality of discussions;
- The level of understanding and mastery of the training modules' contents.

The form also aims to collect suggestions from participants who have been trained on aspects that could be improved later.

Figure 13: Session evaluation form

CH SPECIAL PROTOCOLS

3.1 SPECIAL PROTOCOLS FOR FAMINE CLASSIFICATION

Given the stakes and political implications of classifying an area into Phase 5 — Famine, specific protocols to be followed in addition to the usual protocols governing the CH analysis are defined in the four functions as detailed below to ensure technical rigour, neutrality and quality of the analysis.

National CH analysis task forces (NATF-CH) that foresee the possibility that their current or upcoming CH analysis may result in a classification of one or more areas into Phase 5 — Famine — are strongly advised to inform the Regional Technical Committee of the CH so as to clarify the way forward in terms of support and technical review of the analysis process.

Function 1: Building technical consensus for classification of areas in CH Phase 5 — Famine

With reference to **Protocol 1.1 (Ensure proper composition of NATFs)**, the NATF will need to include experts with proven knowledge of the context in the event of a potential famine classification. In addition, NATF members should receive appropriate training on famine classification, including understanding nutrition and mortality data. Extending the expertise to mortality and nutrition data analysis specialists will be needed to ensure an optimal situation assessment.

Protocol 1.2 (conducting the analysis on a consensual basis) will be strengthened in cases where famine is suspected in a given area by mobilising the Expert Advisory Group (EAG), which will be activated to support the analysis technically. In the event of an inability to travel, the EAG will work closely with the NATF to guarantee the quality of the results.

Function 2: Classifying the severity and identifying key drivers

Protocol 2.2: Use the Reference Table to assess direct evidence on FNS and contributing factors. The Reference Table is one of the key components in the building of evidence convergence leading to the severity classification of food and nutrition insecurity. In the case of famines, it is necessary to build analyses based on outcomes such as food consumption, nutrition status and mortality, for which evidence thresholds reaching Phase 5 are available. This includes evidence related to the hunger scale, food diversity score and survival deficit for food consumption. Regarding nutrition status, the evidence concerned is the GAM prevalence (PT/WHZ) and for mortality, we preferably look for CMR as well as U5DR evidence. It is also necessary to have available evidence on contributing factors that provide information on hazards and vulnerability and severe acute malnutrition levels. All these elements must necessarily be used in the building of evidence convergence. Contributing factors should allow inference to be made about FNS outcomes to ensure methodological rigour during famine classifications.

Protocol 2.3 — Adhere to analysis parameters: given the stakes related to classifying an area into Phase 5 —Famine, some minimum criteria must be met to conclude on this phase (Boxes 23 and 24). Analysts must ensure that evidence meeting all the required quality criteria defined in this manual is available. These conditions are mandatory for the analysis.

Convergence of evidence: to classify an outcome into Phase 5 (Famine), it is necessary to have at least one reliable evidence in Phase 5 (Famine) and all other reliable evidence in Phase 4 (Emergency) during the current period. The projection is prepared according to the guidelines defined above.

Box 22: Guidance on nutrition and mortality data

The mortality rate should be calculated based on non-trauma deaths. Trauma-related deaths should not be included in the calculation of crude mortality rates (CMRs) or under-5 death rates (U5DRs) when such evidence is used to support famine classification. All other causes of death should be included in CMR and U5DR calculations. If there is no information on the number of deaths from traumatic causes, the analyst should carefully review the mortality data to determine the extent to which the CMR and U5DR are likely to have been modified/influenced by traumatic causes.

The famine threshold corresponds to more than 2 deaths per 10,000 people per day for the CMR, and to > 4 deaths per 10,000 children aged less than 5 years per day for U5DR. The recall periods for CMR and U5DR should optimally last 90 days at most and be related to a recent past. However, in cases where recall periods are longer, evidence can still be used, but analysts should evaluate death trends and explain how mortality rates reflect recent conditions. Mortality rates should reflect deaths in the area being classified.

Additional information on nutrition data:

The global acute malnutrition (GAM) prevalence should be calculated using data on weight-for-height z-scores and/or presence of oedema. The GAM threshold value based on the W/H and/or the presence of oedema is of at least 30%. The prevalence of GAM calculated based on MUAC measurements and/or presence of oedema can only be used with approval from the CH Expert Advisory Group (EAG) and only for areas with restricted or no access.

Additional information on food consumption and livelihood change data:

Direct evidence on food consumption and changes in livelihood assets should ideally be available for indicators to which cut-off values relating to Phase 5 of the CH Reference Table have been assigned.

Box 23: Additional guidance on Phase 5 — Famine — classification:

famine situation can be projected even if current evidence is below famine thresholds for one or all outcomes as long as it is justified that current levels will deteriorate to the point of reaching or exceeding famine thresholds during the projection period in the most likely scenario. To inform the famine projection, analysts should formulate sufficiently clear and precise assumptions based on the direct evidence used to conclude on the classification of the current situation. In the case of projections, evidence concerning GAM, CMR, food consumption (FC) and livelihood change (LC) should be relatively close to the famine level threshold levels.

The cause-and-effect relationship with acute malnutrition and non-trauma deaths should be highlighted. It may be that the Food Consumption and Livelihood Development indicators are already currently above famine thresholds before Global Acute Malnutrition and Mortality reach the same levels. In such cases, the analysis of contributing factors should show a deterioration between the current and projected periods by highlighting the likely changes in the area being analysed.

20% rule: at least 20% of the population is estimated in Phase 5 (Famine) when an area is classified as Famine (Phase 5). However, some populations can be classified into Phase 5 even if they do not exceed 20%. In this case, these populations will be referred to as populations in Phase 5 (Catastrophe).

Analysis unit(s): to be classified into Phase 5 (Famine), an area should have at least a population of 10,000 people. A typical L2 administrative analysis unit should be disaggregated and analysed separately if representative data for the area indicates a potential famine (current or projected) in a sub-area which population is bigger than 10,000 people.

Protocol 2.4 — Assess and assign evidence reliability scores: only R3 level evidence should be used to classify an area in a famine situation. However, for areas with restricted or no access, R1 and R2 level evidence can be used. In this case, it is necessary to take it into account by using a specific representation when mapping the area.

Protocol 2.5 — Adhere to minimum evidence requirements: classifying an area into Phase 5 (Famine) is mandatorily subject to the availability of a minimum amount of reliable evidence (Table 28). In famine cases, additional criteria that are also more precise and strict have been defined and constitute mandatory conditions for classification at such extreme levels of severity.

Table 28: Minimum evidence requirements for famine classification

Current analysis	Projected analysis
Three outcomes (FC or LC, Nutrition and Mortality) documented by R3 reliability level evidence + At least 3 groups of contributing factors	Three outcomes (FC or LC, Nutrition and Mortality) documented by R3 reliability level evidence + At least 4 groups of contributing factors with documented assumptions

Protocol 2.6: Comply with tools and other analysis materials: in cases of Phase 5 (Famine) classifications, all the basic data used to generate the evidence must be made available to the analysis group, the EAG and the CH Technical Committee by the NATF. The worksheets used for analysis must be carefully documented in accordance with the analytical process.

Function 3: Communication for action

When a classification of an area in Phase 5 (Famine) is confirmed by the ECG following a Famine Classification Review (CFR), a famine alert, as a simplified version of the communication form, is produced immediately to provide clear and concise explanations of the situation. In addition, in such cases, the famine situation (area, number of people, timing, the confidence level of the classification and the need for emergency humanitarian action) should be clearly communicated. Also, it will be necessary to develop a clear argument justifying the famine classification by referring to the evidence and sources used and recalling the definition of famine as adopted by the CH in the alert. It will also be necessary to specify how the special review process followed led to the confirmation of this famine classification.

Function 4: Quality assurance and rigour of the analysis

A special, real-time technical review of the CH analysis called Famine Classification Review (FCR) is mandatory for all famine classifications. The review focuses on assessing the plausibility of the famine classification so that it can be validated or invalidated by the EAG. The NATF and the coach prepare the data and information needed for the review and share it with the Regional Technical Committee of the CH, which immediately activates the EAG. This group will be coordinated by the CILSS who in charge of the strategic management of the Cadre Harmonisé; it will be composed of external experts and TC-CH members appointed based on their specific knowledge of one of the sectors (food security, nutrition and livelihoods) and of the area concerned. If necessary, this process of famine classification review can be based on independent external expertise at an international level, especially that provided by the Famine Review Committee (FRC) of the IPC.

FCRs of the CH analysis are mandatory and need to be conducted before releasing the results. The conclusions and recommendations from the FCRs are communicated as soon as possible by the Regional Technical Committee of the CH to the National CH Analysis Task Force (NATF-CH) of the country concerned as well as to the CH Steering Committee and other regional and international partners.

3.2 SPECIAL PROTOCOLS FOR AREAS WITH RESTRICTED OR NO ACCESS

The *Cadre Harmonisé* is an early warning tool aimed at sharing relevant and reliable information in a timely manner on the risks of worsening of the food security situation in vulnerable areas. This need is even more pressing when it comes to alerting decision-makers and humanitarian actors on the situation in areas with limited or no access. An additional approach has been designed to help analysts on classifying areas whose access is limited or inexistent, and estimate, if possible, nutrition-insecure and food-insecure populations. This only applies in areas with limited or no access where data collection is limited due to conflict or to a natural disaster. In such areas, the minimum data reliability and classification criteria are amended and made more flexible.

Special protocols for Function 1: Inclusive composition of the National Analysis Task Force

In the event that the application of special protocols for inaccessible or restricted areas is needed, the National Analysis Task Force composition requires a reinforcement in order to ensure that the analysis group in charge of applying these protocols includes experts who: (1) have a thorough understanding of the context of the areas analysed, (2) participated —if possible — in the data collection, (3) are from different sectors in addition to food security experts — nutritionists, analysts with a thorough knowledge of mortality data, and, optimally, those in charge of communication, and (4) the Technical Committee of the *Cadre Harmonisé* as well as, upon request, global experts.

Special protocols for Function 2: Classifying severity and identifying key drivers

Function 2 protocols mainly concern evidence reliability requirements, which must be processed with more flexibility than in normal situations where classifications concern accessible areas.

- R1 or R0 reliability level evidence to meet the evidence requirements described in Box 24 is allowed, and the minimum amount of evidence (Table 29) required for classification should include at least two outcomes (with at least R1 or R0 reliability level evidence);
- A combination of several evidence sources should be applied (e.g. results from rapid assessment missions, data collected at sites of IDPs who newly arrived in the area of residence, evidence from similar and nearby areas, historical trend analysis, and evidence from distribution points);

Box 24: Short data collection guide for areas with limited or no access:

- **Rapid and non-representative surveys;** using several different, simultaneous approaches (**combination of quantitative and qualitative methods**) and including as many individuals as possible — exhaustive surveys or random sample surveys. The conditions of **new arrivals** may be used as long as the duration of the journey is taken into account.
- It is absolutely important to thoroughly document the methods and procedures used, **including expected biases**.
- **Interviews/measurements in focus groups or inside households**. If the malnutrition data come from both household screening and screening in a central location, such as a health centre, then merging these data would not be valid.
- Focus on: **HHS (Household Hunger Scale)** (depending on time and resources, FCS or HDDS should also be collected); **Mid-Upper Arm Circumference (MUAC)** (preferably with oedema); **Crude Mortality Rate** (a- Key-informant interviews, b-Counting recent graves and c-Review of health centre and hospital registers).

- With regard to extrapolating these data and unit of analysis, it is important to stress that the evidence collected in a cluster/village/camp can only be used for analysis of the study area or for nearby or similar areas *(i.e. a village and its surroundings or villages nearby or under the same conditions, a camp for displaced persons and others in the same conditions, etc.)*. The results can provide information on the situation of a larger geographical area (extrapolation to the upper level of an analytical unit, e.g. N2) only if the survey covered at least three clusters spread over different sites in the analysis area.
- When a unit contains both accessible and inaccessible portions (due to a security crisis or to a disaster), it is necessary to disaggregate the analysis into two parts/units, the first one — accessible — that will use regular protocols, and the second one — partly or not accessible — that will use special protocols. This could lead to two distinct classifications inside the CH map as well as to separate population estimations. If for communication purposes it is necessary to merge population estimates within the two sub-units, the estimation of populations in Phase 3 or worse in the areas where humanitarian access is limited should at least be mentioned separately in the narrative.
- Considering that areas with limited or no access are often characterized by a highly volatile context, the current classification should be based on data collected at most in the last 5 months, even if this does not correspond to the same season of analysis (Box 25). Projections cannot be updated in the absence of new outcome elements. Evidence collected during periods different from the current situation needs to be contextualised.
- Population estimates are indicative, and the duration of projections cannot be long.

Table 29: **Minimum criteria for classifying areas with limited or no access**

	Current	Projected
Limited evidence due to inaccessibility or to restricted humanitarian access	1. At least two outcomes out of three with direct evidence (three outcomes out of three are required for famine classification) 2. Two other less reliable — R1 or R0 — pieces of evidence from the analysis season	1. Current classification following minimum criteria 2. Evidence used for the current classification can be at most 12 months old at the end of the projection period 3. Four other R1 or R0 reliability level evidence presented with clear assumptions on the forecasted trends.

Special protocols for Function 3: Communication for action

Communication around the classification of restricted or inaccessible areas should highlight the use of special protocols. This means that:

- **For Protocol 3.1:** the analysis report should clearly specify that the area has been classified with limited evidence due to access problems;
- **For Protocol 3.2:** in terms of adhering to mapping standards, the map should clearly show the sign chosen to indicate "restricted access or inaccessible";
- If famine is classified, the special communication protocols related to communication around famine should also be applied.

Special protocols for Function 4: Quality assurance and rigour of the analysis

All areas classified using the special protocols for areas with limited or no access need to undergo a quality review by the Technical Committee gathered for a regional analysis consolidation session.

3.3 SPECIAL PROTOCOLS FOR HOUSEHOLD ANALYSIS GROUP CLASSIFICATIONS

The Household Group Analysis is carried out by taking into account relatively homogeneous subgroups of households with regard to food security outcomes according to a wide range of factors such as social and economic conditions, livelihoods, exposure to shock, etc. All household groups of the area, or more simply, one subset among them, can be classified.

Reminder on the modalities of household groups analyses.

Choosing the household groups: relatively homogeneous household groups should share the same food security situation characteristics, including in terms of contributing factors and outcomes. To this end, they probably, but not necessarily, have similar livelihoods. The choice of these groups depends on information needs, data availability and resources (HR, time, financial). Taking into account needs, data, and other resources available, analysts choose the most important factors or a combination of factors

to distinguish households. To remain relevant in the specific context of the Sahel and West Africa, the choice of these household groups must be based on socio-economic (Very poor, Poor, Medium and Better-off), socio-demographic (female-headed households), livelihood (farmers, herders, commerce, etc.) and impact of security crises (displaced households, hosting households) criteria; the size of the group to be analysed should be of at least 10,000 people.

Analytical approach: The household group-based **analysis** can be conducted in a completely or partially. Depending on the situation in the area, analysts should select the approach that best suits their needs given the data and expertise available.

Exhaustive household group analysis: this analysis is considered to be exhaustive when the total population of the area is distributed into different household groups that are subject to a distinct, specific analysis. This type of analysis is useful when there is a lot of information available on different population groups and when precision is needed for decision-making and targeting. If some household groups are not analysed, they will not be classified. The population representing all household groups that share the same classification will be added to give the population in each phase. If some household groups have not been analysed, their respective populations will therefore not be added to any phase.

Partial household group analysis: in cases where a partial analysis was conducted, only the most disadvantaged group of the population in the area should be considered, provided that more than 10,000 people belong to this group. A partial analysis can be carried out when data on the most disadvantaged group is available while there is no sufficient time or data to analyse all household groups. To be able to carry out a partial household group analysis, beyond relevance, it will be necessary that the household group's total population represents at least 20% of the total population in the area.

3.4 SPECIAL PROTOCOL FOR GENDER MAINSTREAMING INTO THE CH ANALYSIS

Gender mainstreaming in CH should start during data collection and should be guided by the need to reduce gender inequalities in the event of a food and nutrition crisis. Gender mainstreaming in the CH seeks to guide decisions as part of the food and nutrition crisis prevention and management process. Also, gender will be taken into account in a transversal manner during the CH process. For the time being, this process would remain limited in terms of producing CH figures due to a lack of relevant and gender-representative data. Future development in line with the improvement of gender data collection systems will help to better mainstream this dimension into all stages of the CH analysis process.

Function 1: Building the technical consensus

Mainstreaming gender into CH analyses must be reflected through the participation of experts in charge of gender issues. These experts contribute to the collection of thematic data (evidence) on the different sectors and components of food and nutrition security that highlight gender differences; they also help organise this evidence into structured databases.

Gender experts are managers from state services, national and international NGO partners and country offices of the United Nations System (WFP, FAO, UNICEF, and OCHA). Gender experts, as members of the National Analysis Task Force, should participate in the technical consensus-building process by valuing their knowledge during discussions.

Function 2: Classifying severity and identifying key drivers

Gender and social inclusion have been taken into account since the data collection stage as part of contributing factors, especially determinants (hazard, vulnerability) and limiting factors (availability, access, utilisation — including access to drinking water, and stability). Effective gender mainstreaming needs to be part of data collection systems and tools so as to properly state the required information in the way as the examples given in Tables 11, 12, 13 and 14 of this manual.

Function 3: Communication for action

The gender dimension must be explicitly highlighted in the various communication products related to the CH results. Depending on circumstances and contexts, the vulnerability characteristics of some socio-economic groups or categories of households and individuals could be detailed. This will allow drawing decision-makers' attention to these specific cases and to the measures required to reduce their level of vulnerability.

Function 4: Quality assurance and rigour of the analysis

The aim here will be to check that coaches and facilitators ensure that the participation of gender experts is adhered to during training and analysis sessions. They must also check the availability of gender-sensitive data and their inclusion in the analysis. The quality control of the results must be performed by ensuring that the gender dimension is taken into account in the different protocols in accordance with the analysis session assessment table.

The CH training and analysis session assessment tool is adapted to highlight the actual mainstreaming of gender in this process.

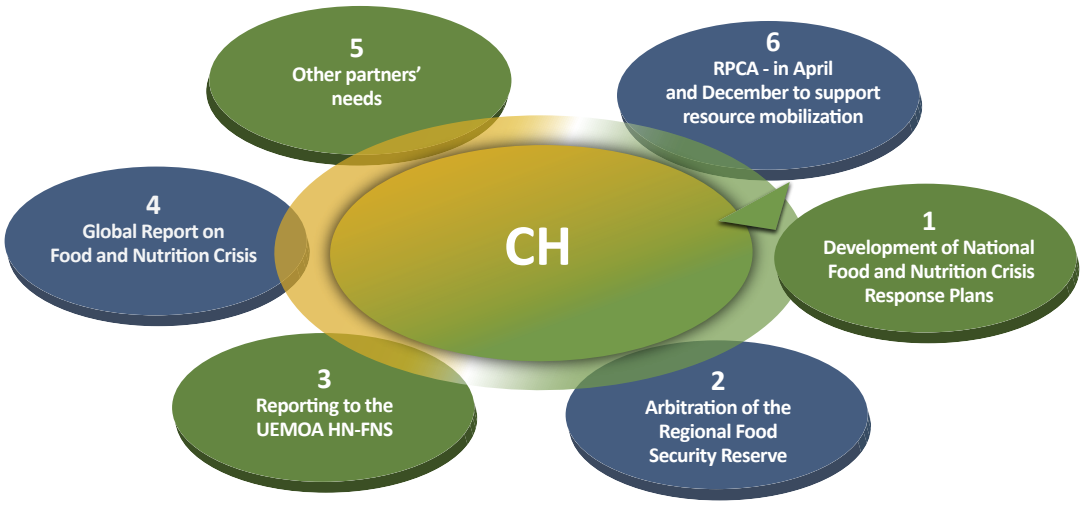
VALORISING CH RESULTS AND PRODUCTS

The CH results are an important source of information for governments, their technical and financial partners, intergovernmental organisations, and the international community. National mechanisms and partners will highlight the results of the CH in emergency response planning, rehabilitation and/or resilience building, identification of causes and limiting factors as well as of risk areas and populations in food and nutrition insecurity. The Cadre Harmonisé is the arbitration tool for mobilising the ECOWAS and UEMOA Regional Food Security Reserve. The TFPs' decision to support the mobilisation of additional resources to assist countries affected by food and nutrition crises should also be based on the results of the ***Cadre Harmonisé*** in order to maintain good coordination and coherence with public actions related to crisis prevention and management in line with the spirit of the PREGEC Charter.

The ***Cadre Harmonisé*** is, therefore, the unique reference framework for all decision-makers and other public and private actors. Its implementation requires not only significant support from the entire regional community but also fundamental changes in its practices. Food and nutrition insecurity is a central concern and a priority on the agenda of governments, TFPs, civil society and the international community. It appears both as one of the main causes of endemic poverty, and as its main consequence. Hence, equipping oneself with the means to remedy this situation in a sustainable manner is nowadays considered as one of the conditions and means to achieve most of the ambitions carried by all stakeholders.

To better enhance the value of the CH, it is necessary that all partners consider this common tool as a reference for analysing food and nutrition security. The CH needs to meet the stakeholders' growing information needs. This is why the CH is defined as a strategic communication tool in the field of food and nutrition security and is an instrument for dialogue and animation of the PREGEC and RPCA mechanisms. The results are also promoted in the preparation of the World Food Crisis Report (Figure 12).

Figure 14: CH valorisation frameworks



CONCLUSION

The *Cadre Harmonisé* is a unifying tool thanks to its alignment with the Charter for Food Crisis Prevention and Management and its participatory and inclusive approach to mobilising partners and leveraging the benefits of other information systems. Its current approach enables the generation of comparable results over space and time in the region and at the global level. The CH uses the same analytical framework as the IPC 3.0, which offers the advantage of carrying out a multidimensional and integrated analysis of the food and nutrition situation based on the logic of meta-analysis and the building of evidence convergence.

The CH values data from all existing mechanisms at the level of governments, United Nations system organisations, NGOs, and producers' organisations. These mechanisms form most of the potential for countries in taking charge of the CH. They require technical and financial capacity strengthening. However, some national mechanisms need to be reorganised to ensure the regular production of reliable data for quality analysis to support better decision-making at both country and regional levels.

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ANNEXES
CADRE HARMONISÉ
MANUAL 2.0

ANNEX 1: ADDITIONAL GUIDANCE ON THE USE OF HEA DATA

1. Nature and thresholds of HEA indicators in the *Cadre Harmonisé*

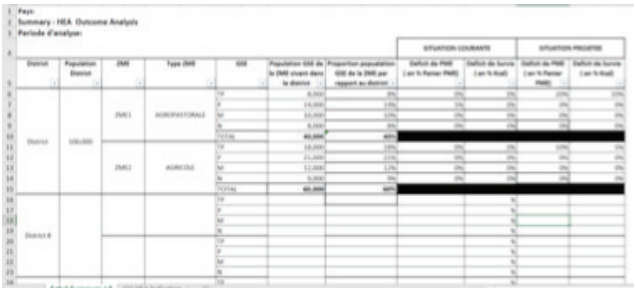
The Livelihood Protection Deficit (LPD) and the Survival Deficit (SD) produced from HEA analyses and usually called the « HEA Outcome Analyses », are the main HEA information used in the *Cadre Harmonisé*. This information is jointly used as direct evidence to document the « Food consumption » outcome as follow:

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Survival Deficit (SD) Livelihood Protection Deficit (LPD)	SD = 0% AND LPD = 0%	SD = 0% AND LPD < 80%	0% < SD < 20% OR LPD ≥ 80%	20% ≤ DS < 50% AND LPD = 100%	SD ≥ 50% AND LPD = 100%
20% rule	At least 80% of the population	At least 20% of the population			

Note: taking into account the 20% population rule is mandatory to determine the overall phase of HEA indicators related to the food consumption outcome for the administrative unit to be analysed.

2. Presentation of "HEA Outcome Analysis" results for the *Cadre Harmonisé*

To facilitate its exploitation during the *Cadre Harmonisé* Analysis, information from HEA Outcome analyses should be presented in a table using the format below:



3. Interpretation of « HEA Outcome Analysis » results for the *Cadre Harmonisé*

The "HEA Outcome Analysis" results are valid for a one-year period year called the "consumption year". Generally speaking, a consumption year ranges from the end of the lean season to the end of the next lean season. In particular, in a predominantly agricultural area, the consumption year starts from the beginning of the main harvest to the end of the next lean period, while in a predominantly pastoral area, it starts from the onset of the rainy season to the end of the next pastoral lean period.

For the specific needs of the *Cadre Harmonisé* analysis, and to ensure a rigorous food security analysis, HEA — SD and LPD — outcomes specific to each of the two situations — current and projected — will be generated directly. The SD will be expressed as a percentage of caloric needs while the LPD will be expressed as a percentage of the livelihood protection basket during the analysis periods. Expressed as such, the LPD allows analysts to better appreciate its depth.

In addition, the "20% population rule" that is key in the *Cadre Harmonisé* analysis must be duly taken into account in the analysis, particularly in determining the phase of HEA indicators.

Finally, it should be borne in mind that the "food consumption" outcome analysis for which the HEA indicators are used in the *Cadre Harmonisé* is performed by administrative unit (department, province, circle, *wilaya*, etc.) and not by livelihood zone, hence the need to have a view of HEA analysis results by administrative unit.

Illustrative example

A district of 100,000 inhabitants straddles two livelihood zones (LZs): an agropastoral zone in its northern part and an agricultural zone in its southern part. Agropastoralists represent 40% of the total population of the district and are composed of 20% of the very poor, 35% of the poor, 25% of the middle class and 20% of the better-off. As for farmers, they are composed of 30% of the very poor, 35% of the poor, 20% of the middle class and 15% of the better-off. HEA analyses based on two different scenarios were carried out one week before the March *Cadre Harmonisé* analysis. Their findings are summarised in the following tables:

1st SCENARIO

FOR THE CURRENT SITUATION: The results from scenario 1 show that only very poor agropastoralists, who actually represent 8% of the total population of the district, face an LPD equivalent to 30% of their livelihood protection basket. **In other words, 92% of the total population of the district does not face either an LPD or an SD.**

FOR THE PROJECTED SITUATION: The results from Scenario 1 show that very poor agropastoralists, who in fact represent 8% of the total population of the district, will probably face an SD of 10% and an LPD of 100%. Poor agropastoralists, who represent 14% of the total population of the district, will also likely face an LPD equivalent to 40% of their livelihood protection basket. **In other words, 22% of the total population of the district will probably face an LPD.**

These results should be recorded and interpreted as follows during the CH analysis.

2nd SCENARIO

FOR THE CURRENT SITUATION: The results from Scenario 2 show that the very poor among agropastoralists, who in fact represent 8% of the total population of the district, face an LPD equivalent to 30% of their livelihood protection basket. In addition, very poor farmers, who represent 18% of the total population of the district, face an LPD equivalent to 20% of their livelihood protection basket. **In other words, 26% of the total population of the district faces a moderate LPD.**

FOR THE PROJECTED SITUATION: The results from the 2nd scenario show that very poor agropastoralists, who in fact represent 8% of the total population of the district, will probably face an SD of 10% and an LPD of 100%. Poor agropastoralists, who represent 14% of the total population of the district, will also likely face an LPD equivalent to 40% of their livelihood protection basket. Finally, very poor farmers who represent 18% of the total population of the district will probably face an LPD equivalent to 87% of their PME basket. **In other words, 26% of the total population of the district will probably face a large LPD, i.e. more than 80%, of which 8% will face, in addition, an SD of 10%.**

These results should be recorded and interpreted as follows during the CH analysis.

4. Cases where the administrative unit to be analysed entirely relies on a single LZ

If the administrative unit to be analysed by the CH (department, province, circle etc.) entirely relies on a single LZ, then the results of the HEA analysis for this LZ apply de facto to this administrative unit. However, care will be taken to ensure that the 20% rule with regard to the population is effectively taken into account in the analysis.

NB: The result of all the areas analysed should be shared during the *Cadre Harmonisé* analysis, not only those of the areas with deficits because the absence of deficits following the HEA analysis is in itself a HEA result that should be taken into account.

ANNEX 2: GUIDANCE ON THE LIVELIHOOD COPING STRATEGY INDICATOR

The analysis of food and nutrition insecurity using the Cadre Harmonisé relies on four main outcomes: (i) food consumption, (ii) livelihood change, (iii) nutrition status and (iv) mortality. Out of these four food and nutrition security outcomes, food consumption and livelihood change are the primary outcomes. Despite its important place in the analysis of food and nutrition insecurity, the livelihood change outcome has rarely been documented in CH analysis cycles. This situation was mainly due to the fact that analysts had difficulty agreeing on relevant and, above all, quantifiable direct evidence to use for its analysis. The consequence is that, despite its importance, many CH analyses were carried out without this essential food and nutritional security result being documented properly.

1. Evidence selected for analysing livelihood change in the *Cadre Harmonisé*

The Cadre Harmonisé recommends using livelihoods-based coping strategies to analyse the "livelihood change" outcome. Taking into account the Sahel and West African countries' specific context, the *Cadre Harmonisé* proposes to this end to adopt the following ten (10) coping strategies categorised as follows:

Order #	Strategies	Categories
01	**Sell more animals than usual on a sustainable basis** The aim is to see if the household has sold more animals than it normally did while ensuring that this additional sale does not compromise the sustainability of the livestock. The main focus of this strategy is the sale of small ruminants.	Stressed
02	**Reduce health and/or education expenses** The aim is to see if the household has reduced education and/or health expenses (students' pocket money, school supplies, uniforms, participation in recreational activities, cheaper drugs, use of traditional medicine because it is cheaper than modern medicine, etc.)	Stressed
03	**Reduce expenditures associated with supporting agro-sylvo-pastoral and fishery productions** The aim is to see if the household has reduced expenses for seeds, pesticides, fertilizers, labour, fodder, veterinary care, livestock feed, water for livestock, buying/maintaining pirogues, or fishing nets, etc. This will involve targeting the most relevant elements depending on the specific livelihoods of the area.	Stressed
04	**Borrow money to buy food** This is to see if the household has borrowed money to buy food because they do not have any food in stock or any money to buy some. Borrowing money for other purposes than food purchase should not be included in this strategy.	Stressed
05	**Selling livestock in a way that compromises livelihood sustainability (i.e., high sales level, unusual sale of young breeding females)** The goal is to see whether the household has sold animals at a level that compromises the sustainability of its livestock or has sold young breeding females that are not intended for sale in a normal situation.	Crisis
06	**Selling the household's productive goods or assets** This is to see whether the household has sold some productive goods or assets such as ploughs, carts, draught animals (excluding cull animals), bicycles, motorcycles, family jewels, radios, furniture, televisions, refrigerators or any other relevant household goods/assets due to food insecurity.	Crisis
07	**Withdraw children from school** The aim is to see if the household has withdrawn its children from school because it can no longer afford their children remaining in school due to a lack of resources. However, withdrawing children from school for other reasons, including socio-cultural reasons in some communities, should not be considered in this strategy.	Crisis
08	**Selling all livestock** The aim is to see if the household has sold all its livestock due to food insecurity. Selling livestock for other reasons such as to avoid danger (epizootics, drought, etc.) or to renew the herd should not be considered in this strategy.	Emergency
09	**Selling croplands** The goal is to see if the household has sold its cropland due to food insecurity. The sale of cropland for other reasons — for instance, the sale of cropland owned by the household but not usually developed or the sale of less fertile cropland to buy more fertile ones — should not be included in this strategy.	Emergency
10	**Migration of the whole household** The aim is to see if the entire household is migrating from another area due to food or civil insecurity in its area of origin. The migration of the whole household for other possible reasons should not be taken into account in this strategy.	Emergency

Note: For all these coping strategies, it should be ensured that the link with food and nutrition insecurity is clearly established and that the recall period corresponds to the last 3 days before the survey.

2. Phase determination of the « livelihood change » outcome

The livelihood-based coping strategy index (LCSI) below constitutes direct evidence on the "livelihood change" outcome included in the CH. The phase determination should be done as indicated in the following table:

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Livelihood change	At least 80% of households have implemented **none of these coping strategies**	At least 20% of households have implemented **Stressed or worse coping strategies AND** less than 20% have implemented Crisis or Emergency coping strategies	At least 20% of households have implemented **Crisis or worse coping strategies AND** less than 20% have implemented Emergency coping strategies	At least 20% of households have implemented **Emergency coping strategies**	NA

Note: in practice, the phase determination process should start from the highest phase — Phase 4, given that this indicator is not applicable for Phase 5 — to finish with the lowest — Phase 1 — by cumulating percentages until reaching the 20% threshold.

Example :

During a vulnerability survey carried out in four districts of a given region, the CH LCSI provided the following results:

Districts	% of households who have not implemented any strategy	% of households who have implemented Stressed strategies	% of households who have implemented Crisis strategies	% of households who have implemented Emergency strategies	Phase
District A	8	5	74	13	Phase 3
District B	81	11	8	-	Phase 1
District C	50	35	10	5	Phase 2
District D	5	25	48	22	Phase 4

ANNEX 3: USE OF NUTRITION DATA

Source of nutrition indicators:

Nutrition data come from three sources: surveys, sentinel sites and screening data.

SURVEYS:

A. **SMART nutrition surveys:** SMART surveys are fast, simple, and standardised. They use best practices for the collection of anthropometric data on children and women. SMART surveys produce malnutrition estimates of a high and internationally comparable level of reliability. SMART surveys are validated through a national and regional process that allows comparison across regions and countries.
   Partial SMART surveys should only be used for the areas they covered, and only if they have been validated by the country and partners.

B. **Other surveys** (ENSAN, EFSAN, EBSAN, AGVSAN, MICS, DHS, demographic surveys, or food security surveys including nutrition indicators that are useful for the CH analysis). The results obtained from these surveys should be validated by the nutrition technical services or the nutrition working group in most countries.

   - **Note 1:** validating surveys and data is not the responsibility of the National Analysis Task Force (NATF) of the Cadre Harmonisé.
   - **Note 2:** nutrition survey data needs to be collected from a sample size of at least 25 clusters in cluster surveys, which apply to a large population, and of at least 150 children for simple and systematic surveys, which are applicable to a small population.

DATA FROM SENTINEL SITES:

A sentinel site is a structure for collecting, analysing, and sharing information on people's living conditions at the local level and aims to improve general and specific knowledge of the root causes of vulnerability to food and nutrition insecurity. Sentinel sites can provide MUAC (Mid-Upper Arm Circumference) or W/H data. Prior to the analysis cycle, data from sentinel sites must be subject to quality control (digital preference, standard deviation, age distribution and sex ratio) by the competent national structures.

In general, in sentinel sites, MUAC is the usual anthropometric data collected during these surveys.

Sentinel site data acceptability criteria for the CH.

- Numeric MUAC data (non-colour-based) from exhaustive screening, i.e. having reached at least 80% of the target;

Note that the data can, however, be used to assess the nutrition situation by analysing monthly trends over the analysis period compared to the past two (2) years.

The selection of children in sites should be random or exhaustive.

Screening should be done in the same season as the analysis at all sites.

- Checking data quality
- The age distribution must be asymmetrical

- Check the age distribution of young people (<2 years) and older children (>2 years) (for example, using the Excel CDC spreadsheet) and adjust if necessary
- Other quality checks to perform
- Digital preference
- Sex ratios
- MUAC standard deviation (Good: <130; Acceptable: 130- <140; Poor: 140- <150; Unacceptable: > 150)

If screening is carried out on a monthly basis, the latest information on the season of analysis should be used.

Data from punctual rapid assessments conducted to quickly assess the situation should be considered as screening.

Note: if screening is performed on a monthly basis, the latest information on the season of analysis should be used.

Sentinel site data validation criteria for the CH	Validity
AGRICULTURAL AND AGROPASTORAL area: ≥ 300 randomly selected children per analysis unit and ≥ 4 sites per analysis unit (minimum 4 sites and minimum 300 children	**V2**
PASTORAL area: ≥150 children in total per analysis unit + ≥3 sites per analysis unit (minimum 3 sites but ≥150 children)	**V2**
AGRICULTURAL AND AGROPASTORAL area: <4 sites and/or< 300 children in total	**V1**
PASTORAL ZONE: < 3 sites and/or < 150 children in total	**V1**

Note: if an AGRICULTURAL AND AGROPASTORAL analysis area shows some heterogeneity (i.e. multiple livelihood zones, etc.), consider a minimum of ≥ 5 sites per analysis unit and ≥ 300 children.

SCREENING DATA:

ADMISSION DATA FROM NUTRITION PROGRAMMES

Admission data from nutrition programmes are relevant for consideration in CH analyses. However, these data have limitations. In particular, an increase in the number of admissions may reflect a deteriorating nutrition situation, but also an expansion of the program through the opening of new health centres that results in an increased number of children in care. This does not necessarily reflect a deterioration in the overall nutrition situation in the study area.

This explains why this data can be considered as a contributing factor in the context of the CH when considering indirect or geographical coverage aspects. The opinion of nutritionists is important to fully understand and appreciate the accurate picture of the situation when an increase is observed concerning admissions.

Screening is an activity that consists of collecting anthropometric data to assess the nutrition status of children aged 6 to 59 months in an exhaustive manner in a given area through MUAC measurements. Screening must be carried out in the same season for all areas, and anthropometric data should include at least 300 children per unit of analysis. If all these conditions are met, the data will be given a reliability level of 2. If the sample is composed of less than 300 children, then the reliability level will be 1.

Screening data must be subject to quality checks (MUAC in mm, coverage, age and sex distribution ratios, or MUAC-colour with the effect of large numbers) by competent national structures before the analysis cycle.

Median of the historical series to characterise the nutrition status

Definition of the historical series:

- **Option 1 (to be prioritised):** at least three surveys within the last five years (even if not consecutive but from the same season)
- **Option 2:** at least five surveys within the past ten years (even if not consecutive, but should be from the same season)

Use of the historical series

Use the nutrition database to calculate the GAM median (WHZ <-2) for children aged 6-59 months from the same season in similar years: **the median will be considered as direct GAM evidence**

ABSENCE OF REPRESENTATIVE DATA FOR THE ANALYSIS UNIT

The following elements can be used:

- Disaggregated survey data from a higher administrative level
- "Recent" data from representative surveys
- Historical data from representative surveys

CASES WHERE RE-ANALYSING DATA IS POSSIBLE

Cases of disaggregated survey data from an administrative level above the one being analysed: such data can be re-analysed in order to obtain estimates for lower administrative levels. For example, data from the 2nd administrative level can be re-analysed at the 3rd level, which corresponds to the one being analysed.

The decision on using estimates and re-analysing data is based on design effect (DEFF)

- If the DEFF is <1.3 for the higher administration level, then the same estimates can be applied to lower levels (no need to re-analyse the data).
- If the DEFF is ≥ 1.3 for the higher level, then the data should be re-analysed.

However, the process of re-analysing data for lower levels should comply with a certain number of criteria:

- The number of clusters per analysis unit should be greater than or equal to 5;
- The number of children per analysis unit should be greater than or equal to 100;
- The design effects of estimates produced for units that were re-analysed should be DEFF < 1.3.

Note 1: the thresholds of 5 clusters and 100 children are only used for re-analysis purposes in the CH and are accepted by consensus. However, these are not intended for representative survey analyses in any case.

Note 2: re-analysis processes performed as part of CH analyses should be overseen by the CH Nutrition Working Group (NWG-CT/CH) that has been mandated by the Technical Committee (TC-CH) to develop minimum qualitative criteria for this re-analysis exercise.

Additional contributing factors (CF):

Contributing factors	Negative impact			Positive impact		
	Strong	Medium	Light	Light	Medium	Strong
Measles vaccination coverage	Technical and consensual appraisal by subject matter experts					
	Technical and consensual appraisal by subject matter experts					
Timely initiation of breastfeeding	Technical and consensual appraisal by subject matter experts					
Healthcare-seeking behaviour: can be reported by disease or for all diseases combined. If it is reported by disease, include each disease into a different row.	Technical and consensual appraisal by subject matter experts					
Access to a sufficient amount of water	Technical and consensual appraisal by subject matter experts					
Access to improved health facilities	Technical and consensual appraisal by subject matter experts					
Proportion of children less than 5 years of age sleeping under any type of mosquito net	Technical and consensual appraisal by subject matter experts					
Anaemia among pregnant women	Technical and consensual appraisal by subject matter experts					
Low birth weight	Technical and consensual appraisal by subject matter experts					
Chronic Malnutrition/Growth retardation (stunting)	Technical and consensual appraisal by subject matter experts					
Severe Acute Malnutrition (SAM)	≥ 2%			< 2%		

CURRENT ANALYSIS (October – November – December)

Is there any **recent** representative survey that collected GAM **(W/H)/BMI** (direct evidence) during the Oct-Nov-Dec period?

→ Use the GAM (W/H or BMI) values of this survey to determine the phase of the «Nutrition Status» outcome indicator using the thresholds of the Reference Table.

No

Is there acceptable W/H-based GAM data (direct evidence) or numerical MUAC-based GAM data (indirect evidence) from sentinel sites (Oct-Nov-Dec)?

→ Use GAM W/H figures (direct evidence) or numerical MUAC data (indirect evidence) from sentinel sites to determine the phase of the «Nutrition Status» outcome indicator using the Reference Table's thresholds.

No

Is there any historical series on the GAM indicator (direct evidence) from SMART surveys/other good quality surveys carried out within the relevant period (post-harvest Oct-Nov-Dec)?

→ Use the GAM median to determine the phase of the "Nutrition Status" outcome indicator.

No

Is there any less-than-one-month-old survey that collected nutrition data (direct or indirect evidence) outside the relevant post-harvest period (Oct-Nov-Dec)?

→ Use this survey's prevalence figures to determine the phase of the «Nutrition Status» outcome indicator.

The phase result achieved will need to be adjusted (inferred) either downwards or upwards during the area's phase determination process based on the contributing factors.

No

No phase determination for the nutrition outcome

CURRENT ANALYSIS (MARCH-APRIL-MAY)

Is there any **recent** representative survey that collected W/H-based **GAM/BMI** data (direct evidence) within the Jan-Feb-March period?

→ Use the prevalence of this survey to determine the phase of the "Nutritional Status" outcome using the thresholds of the Reference Table.

No

Is there any acceptable W/H-based GAM data (direct evidence) or numerical MUAC-based GAM data (indirect evidence) from sentinel sites or massive screening activities carried out in Jan-Feb-March?

→ Use the **W/H-based GAM** data (direct evidence) or **numerical MUAC** data (indirect evidence) from sentinel sites or massive screening activities to determine the phase of the «Nutrition Status» outcome using the thresholds of the Reference Table.

No

Is there any historical series on the **W/H-based GAM** indicator (direct evidence) from SMART surveys/ other good quality surveys carried out within the lean season (April-September)?

→ Use the median FC value of the lean season-based historical series to *infer the phase of the "Nutrition Status" outcome using the thresholds of the Reference Table.*

No

No phase determination for the nutrition outcome

PROJECTED ANALYSIS (JUNE-JULY-AUGUST)

Option 1: When the nutrition outcome was not classified for the current phase, we can however classify it for the projected phase based on historical time-series that serve as a reference for the nutrition situation. In this case, the scheme below should be applied to assess the nutrition outcome.

Consider historical series on the **W/H-based GAM** indicator (direct evidence) from SMART surveys/ other good quality surveys carried out within the lean season (April-September).

Yes

Use the median FC value of the lean season-based historical series to *infer the phase of the "Nutrition Status" outcome using the thresholds of the Reference Table.*

Option 2: When the nutrition outcome is classified for the current phase, and there are no historical series available, the scheme below should be applied to classify the nutrition outcome.

Yes

Assess the evolution of the nutrition outcome between the current phase and the projected phase, and make inferences based on the impacts resulting from changes in the contributing factors.

Option 3: It applies when the nutrition outcome for the current phase is classified, and the historic series, which is a reference for the nutrition situation here, is available. In this case, the scheme below should be applied to assess the nutrition outcome.

Consider how the outcome will evolve from the current phase towards the projected phase.

Consider historical series on the **W/H-based GAM** indicator (direct evidence) from SMART surveys/ other good quality surveys carried out within the lean season (April-September).

Establish convergence between the evolution of the nutrition outcome from the current phase towards the projected phase and the median of the historical series related to the lean season; then, formulate inferences based on the impacts resulting from the evolution of FC outcome indicators to determine the phase of the «Nutrition Status» outcome using the thresholds of the Reference Table.

ANNEX 4: TEMPLATE FOR DECISION-MAKERS

KEY FIGURES	Current	Projected
Populations in a difficult situation (CH Phase 3 to 5)	#	#
Populations in the most affected areas requiring immediate action to save lives and protect livelihoods		

HIGHLIGHTS

MAP OF THE *CADRE HARMONISÉ* – CURRENT AND PROJECTED SITUATION

Map of the current situation | Map of the projected situation

OVERVIEW OF THE SITUATION

CAUSES OF FOOD AND NUTRITION INSECURITY

RECOMMENDATIONS FOR IMMEDIATE RESPONSE

Recommendations for Monitoring | Methodology and Process

Financial Partners of the *Cadre Harmonisé*:

CONTACTS

Surname and Name, full address of the contact person

Surname and Name, full address of the contact person

ANNEX 5: TEMPLATE FOR THE GENERAL PUBLIC AUDIENCE

***Cadre Harmonisé* for Identification and Analysis of at-risk Areas and Populations Affected by Food and Nutrition Insecurity in the Sahel and West Africa (CH) — Regional Analysis of Acute Food and Nutrition Insecurity**
Current (month - month year) and Projected (month - month year) Situations

	Key points
	Food consumption:
	Livelihood change:
	Nutrition status:
	Mortality:
	Summary of limiting factors and key drivers:
	Current map Projected map

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Minimal	Stressed	Crisis	Emergency	Famine

Limiting factors of acute food and nutrition insecurity

Hazards and vulnerability:

Food availability:

Utilization:

Stability:

Main analysis results:

Current situation: How many areas are identified as food and nutrition-insecure, and where are they located?

Projected situation: How many people are food and nutrition-insecure?

Methodology used and challenges encountered during the analysis

Recommendations

To the Government

To technical and financial partners

To IGOs: ECOWAS, CILSS, UEMOA

Contacts

Contact person 1	Contact person 1
Surname and Name	Surname and Name
Full address	Full address
Technical Partners	Logos of different services, organisations and institutions participating in the CH analysis session
Financial Partners	Logos of the different PTF (Technical and Financial Partners) contributing to the funding of the CH analysis session

ANNEX 6: ASSESSMENT OF THE *CADRE HARMONISÉ* SESSIONS

Assessment template for the *Cadre Harmonisé* training and analysis sessions

The self-assessment tool of the Cadre Harmonisé training and analysis cell aims to know the participants' impressions on the training and on the new tools of the CH and to ensure high-quality results. To this end, participants are asked: (1) to give their opinion on the CH training, (2) to show as objectively as possible how they applied CH tools to classify food security, and (3), to identify aspects that can be improved in the future. This questionnaire must be completed by each participant at the end of the CH analysis week.

Country: _____ Date: _____

Organisation to which you belong: _____

Training

1. Did the facilitator(s) have a good mastery of the tools?	No- Somewhat- Yes
2. Did the preparation and the course of the training meet your expectations?	No- Somewhat- Yes
3. Did the facilitator(s) meet your expectations and concerns?	No- Somewhat- Yes
4. Did the facilitator(s) adopt a neutral attitude during the analysis and classification?	No- Somewhat- Yes
5. Did the time allocated to the training sound adequate to you?	No- Somewhat- Yes
6. After the training, do you feel confident in your use of the CH tools?	No- Somewhat- Yes
7. Are explanations of key concepts and of methodology clearly presented?	No- Somewhat- Yes
8. Is the session on Step 1 – "Inventory of evidence" – clear and easy to understand?	No- Somewhat- Yes
9. Is the session on Step 2 – "Analysing Key Evidence" – clear and easy to understand?	No- Somewhat- Yes
10. Is the session on Step 3 – "Summary and Classification" – clear and easy to understand?	No- Somewhat- Yes
11. Is the session on Step 4 – "Estimating Populations" – clear and easy to understand?	No- Somewhat- Yes
12. On a scale of 1 ("Poor") to 10 ("Excellent"), how would you rate this training?	_____

Additional comments:
Areas for future improvement:

Step 1: Inventory of evidence (circle the answer and specify)

13. Has the evidence inventory been sufficiently prepared for the analysis?	No- Somewhat- Yes
14. Did the inventory include the main data needed for the analysis?	No- Somewhat- Yes
15. Does Table 1 – "Inventory of evidence" – seem to you to be clear and easy to use?	No- Somewhat- Yes

Additional comments:
Areas for future improvement:

Step 2: Analysis of key evidence (circle the answer and specify)

Circle:

16. Does Table 2 – Analysing Key Evidence – seem clear to you and easy to use?	No- Somewhat- Yes
17. Is the differentiation between contributing factors and outcome indicators clear?	No- Somewhat- Yes
18. Is the use of the analytical framework clear and easy to understand?	No- Somewhat- Yes
19. Is the use of the Reference Table clear and easy to understand?	No- Somewhat- Yes
20. Have you faced any challenges in analysing current evidence?	No- Somewhat- Yes
21. Have you faced any challenges in analysing projected evidence?	No- Somewhat- Yes
22. Have you faced any challenges in assigning the reliability score?	No- Somewhat- Yes
23. Have you faced any challenges in assessing the impacts of contributing factors?	No- Somewhat- Yes
24. Have you faced any challenges in formulating the conclusions?	No- Somewhat- Yes
25. Have you faced any challenges in reaching consensus about the selection of key evidence?	No- Somewhat- Yes
26. Do you feel that there are some data gaps concerning the areas analysed?	No- Somewhat- Yes
27. For the areas that you analysed, do you think that Step 2 was followed properly?	No- Somewhat- Yes
28. In general, was the CH technical note provided useful?	No- Somewhat- Yes

Additional comments:
Areas for future improvement:

Step 3: Summary and classification (Circle the answer and specify)

29. Does Table 3 – "Summary and Classification" – seem clear and easy to use?	No- Somewhat- Yes
30. Is the differentiation between contributing factors and outcome indicators clear?	No- Somewhat- Yes
31. Is the transition from Table 2 to Table 3 and 4 clear and simple?	No- Somewhat- Yes
32. Have you faced any challenges in classifying common areas?	No- Somewhat- Yes
33. Have you faced any challenges in the classification of projected areas?	No- Somewhat- Yes
34. Have you faced any challenges in determining the confidence level?	No- Somewhat- Yes
35. Have you faced any challenges in writing final conclusions for the zones?	No- Somewhat- Yes
36. Have you faced any challenges related to the consensus?	No- Somewhat- Yes
37. For the areas that you analysed, do you think that Step 3 was followed properly?	No- Somewhat- Yes
38. Have you faced any challenges in performing classification at the 3rd administrative level?	No- Somewhat- Yes

Additional comments:
Areas for future improvement:

Step 4: Estimating populations (circle the answer and specify)

39. Does Table 4 – "Population Estimation" – seem clear to you and easy to use?	No- Somewhat- Yes
40. Do you think you have enough guidance to conduct classifications and estimations?	No- Somewhat- Yes
41. Is the transition from Tables 3 and 4 to Table 5 clear and simple?	No- Somewhat- Yes
42. Have you faced any challenges in estimating percentages by phase?	No- Somewhat- Yes
43. Have you faced any challenges when using the Excel Table?	No- Somewhat- Yes
44. Do you consider the estimates as reliable and based on sound analysis?	No- Somewhat- Yes
45. Have you faced any challenges related to the consensus?	No- Somewhat- Yes
46. For the areas that you analysed, do you think that Step 4 was followed properly?	No- Somewhat- Yes
47. Have you faced any challenges in estimating populations at the 3rd administrative level?	No- Somewhat- Yes

Additional comments:
Areas for future improvement:

General

48. Do you think the tool and analysis proposed will be useful for decision-making?	No- Somewhat- Yes
49. Do you find them easier to use than the previous CH tools?	No–Somewhat- Yes
50. Do you think other participants/organisations should have attended the analysis?	No- Somewhat- Yes
If yes, which ones:	

Additional comments:
Areas for future improvement:

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