



Executive Brief: **Cambodia** Integrated Food Security and Humanitarian Phase Classification (IPC)

Overview

After decades of conflict and isolation, Cambodia now enjoys a period of sustained economic growth and relative political stability. Despite progress, poverty remains widespread and multidimensional. Cambodia is classified as a least developed country¹ and a low income food deficit country². Approximately 35 percent of its 13.4 million people live below the poverty line (45.6 percent in less accessible rural areas)³. Between 15 and 20 percent of the population live in conditions of extreme poverty⁴.

Through its current Protracted Relief and Recovery Operation (PRRO), WFP provides assistance to 1.5 million food insecure people, almost all of whom live in rural areas, through food-for-work, school-feeding, support to TB and HIV/AIDS victims, vocational training and mother and child health activities. To prepare the new PRRO starting in 2008, WFP decided to conduct a review of the food security and nutritional situation to identify food insecure people and their location, using the IPC approach as an analytical tool.

The IPC exercise analyzed secondary data from various sources, including FAO. A technical working group composed of government entities (Ministry of Agriculture, Forestry and Fisheries, National Institute of Statistics, Council for Agricultural and Rural Development, National Committee for Disaster Management), donors and research institutes (Economic Institute of Cambodia, Cambodia Development Resource Institute), international and national NGOs and WFP was set up to cross-check the information and build consensus on the findings. A one-day field visit was organized in the provinces of Kampong Chhnang and Kampong Spueu to meet key informants.

1. Food security: How is Cambodia classified

The country is classified as chronically food insecure except for the provinces of Bat Dambang and Phnom Penh.

Population estimates indicate that out of an estimated 4.6 million people living below the poverty line, **about 2.6 million living in extreme poverty face food deprivation**. The number of chronically food insecure people is highest in the plains regions. According to the IPC classification, however, the severity of food insecurity is greater in the plateau region (see the map on page 5 for an overview).

Overall, the food security situation of the concerned population has worsened over the last three years.

To establish the classification, the following (direct evidence) indicators were used:

- Malnutrition rates (stunting, wasting, underweight)
- Deficiency in calorie intake per capita per day

In addition, around 35 proxy indicators were used, including infant and child mortality rates, anaemia rates; consumption of iodized salt; immunization coverage; risk of malaria, floods and drought; percentage of people living below the poverty line; percentage of children involved in economic activities; per capita cereal availability; access to potable water, sanitation and roads; female illiteracy and primary school completion rates (see report for the full list).

¹ UNDP (2006), Human Development Report 2006.

² WFP (2006) World Hunger Series - Hunger and Learning.

³ UN (2005) UNDAF for Cambodia 2006-2010.

⁴ UN (2005) UNDAF for Cambodia 2006-2010.

The IPC: classifying food security

The Integrated Food Security and Humanitarian Phase Classification (IPC) approach was developed by the Somalia Food Security Analysis Unit (FSAU), for classifying current and expected food security into five phases:

- generally food secure
- chronically food insecure
- acute food and livelihood crisis
- humanitarian emergency
- famine/humanitarian catastrophe

The IPC is not an assessment method per se. It integrates information and analyses from diverse sources to classify food security according to reference outcomes that are drawn from recognized international standards (e.g. on nutrition).

WFP is working with FAO and other partners to adapt the IPC to other countries and contexts. The goal is to develop and advocate for a commonly accepted, standardized tool for classifying food insecurity to facilitate comparison between countries and over time. The Cambodia exercise is the second time that the IPC has been applied outside the Horn of Africa region (the first was in Indonesia).

2. Hazards

Cambodia is one of the most disaster-prone countries in the region: devastating floods occur along the Mekong basin every few years, flash floods are common in mountain areas during the monsoon season and localized droughts recur in certain parts of the country.

Unless a major shock occurs, the IPC map is not expected to require updating in the near future, given the chronic nature of food insecurity. However, close monitoring of the main hazards (drought and/or floods) is advised.

3. The main causes of food insecurity

The food security situation worsened over the last 3 years because of persistent drought. In 2004 and 2005, pockets of inadequate access to food appeared in almost all provinces.

Availability/Accessibility: Food availability and access in Cambodia are predominantly driven by weather-dependent rice production. Although the country has recently become rice-surplus, access to rice at the household level has fluctuated because of unstable rainfall patterns, inadequate economic opportunities in rural areas, limited access to land for small farmers, unexploded mines, land grabbing, low yields, poor infrastructure and population growth. Increasing food prices over the last years have further reduced poor households' access to food. Since 2003, several southern provinces have been severely affected by consecutive years of drought, resulting in production shortfalls. In the meantime, due to trade restrictions and transaction costs, markets have failed to stabilize food prices, despite dynamic cross-border imports and some surplus production in provinces in the Tonle Sap basin and in the plains.

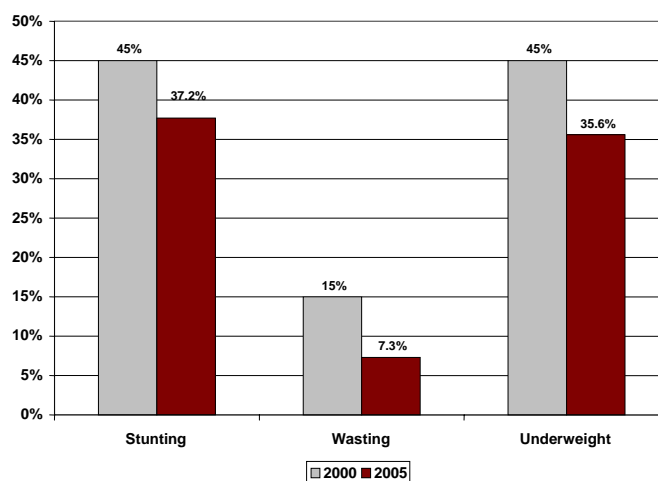
This situation has a negative impact on livelihoods, including the adoption of negative coping strategies to meet food requirements, such as increased seasonal migration, child labour, withdrawing students from school, incurring debt, deforestation and sale of livestock and land.

The current trend of drought, mostly in the southern and eastern provinces, could make households more vulnerable to food insecurity unless adequate safety-net programmes are implemented.

Food Consumption and Dietary Diversity: Household food consumption accounts for about two-thirds of the total expenditures (especially in rural areas), indicating the subsistence nature of livelihoods. In general, the diet is largely rice-based in rural areas, indicating potential risks for protein and micronutrient deficiencies and poor nutrition status.

Health and Nutrition: The 2005 Cambodia Demographic and Health Survey (CDHS) indicates that remarkable improvements occurred in the health and nutrition status of the population since the 2000 survey. The report states that infant mortality rates (IMR) declined from 95 to 66 deaths for every 1,000 live births and under-five deaths (U5MR) declined from 124 to 83 for every 1,000 live births. This represents a decrease of over 30 percent. However, one in every 12 Cambodian children still dies before reaching age 5. Maternal mortality is 472 deaths per 100,000 live births. Despite the progress made, the health status of the Cambodian people is still among the lowest in the region.

The level of stunting in some provinces is alarming. While no province has a rate of less than 20 percent, eight provinces, mainly in the plateau region, have stunting rates above 40 percent. In Pousat the rate is 63 percent. The data also show that stunting is apparent even among children less than 6 months of age (6 percent). The prevalence rate for wasting is also high, with a national average of 7 percent. In Pousat, the wasting rate is over 15 percent, while, in Prey Veng, Odtar Meancheay and Kandal, wasting rates exceed 10 percent.



Poor diet diversity, with 65 percent of calories provided by cereals, results in micronutrient deficiencies, such as anaemia and vitamin A deficiency.

Water access is critical in Cambodia. In 16 provinces, access to improved water sources is below the national average. In some provinces, it is as low as 11.5 percent. The use of contaminated water, as well as unhygienic practices in food preparation and sanitation, often lead to diarrhoea. Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children.

Cambodia has one of the highest prevalence rates for HIV/AIDS and TB in South East Asia.

Education: Even though Cambodia has a high enrolment rate at primary school (91.3 percent), the ratio of enrolment decreases sharply in lower and upper secondary education to less than 31.3 percent and 11.3 percent, respectively, due to very low transition and completion rates. The lowest primary enrolment rates are recorded in Rotanak Kiri (67.5 percent) and Kaoh Kong (78.3 percent) provinces. Overall primary completion rates are very low (42.9 percent on average), with the lowest rates recorded in Rotanak Kiri (21.2 percent) and Mondul Kiri (28.3 percent).

Recommended Interventions and Targeting for WFP

The interventions recommended below are built upon the situation analysis but emphasize only the response options that can be implemented by WFP.

Health, nutrition and utilization interventions:

- Expand safety net activities, i.e. mother-and-child health and mother-and-child nutrition (MCH/MCN) and supplementary feeding in priority provinces with the poorest nutrition, health and utilization indicators.
- In order to maximize appropriate nutrition interventions, further nutrition assessment and monitoring activities are recommended in Kandal, Otdar Mean Chey, Pousat and Prey Veaeng (IPC recommended) provinces where wasting rates are high, in addition to the current MCH provinces.
- Specific supports to other vulnerable populations (such as TB, HIV/AIDS patients) can be envisaged to complement the safety nets activities.
- Advocacy for increased wells and water filtering facilities to provide clean drinking water.
- Food-for-training programmes can be envisaged for nutrition, health and hygiene education

Access, food availability, markets and livelihood support activities:

- Implement food-for-work (FFW) and food-for-training activities to improve rural incomes and agricultural practices, reduce post-harvest losses and augment irrigation facilities in order to enhance resiliency and mitigate the adverse impact of drought, floods and other natural disasters.

Education interventions:

- Expand safety net activities, i.e. food for education (FFE) to provinces classified as high chronically food insecure and to those with the poorest education indicators.
- Continue monitoring and reporting primary school attendance and advocate for an expansion of WFP's project monitoring system to the national level.

In order to prioritize and eventually maximize cost effectiveness, an integrated intervention approach using key reference indicators and/or indirect indicators (following the IPC approach) has been prepared for interventions such as MCH/MCN, FFE and FFW by province. The prioritization also takes into account the need for nutrition assessments in provinces where data reliability is questioned. The summary table (see next page) indicates that most of the high chronically food insecure provinces would become first priority provinces for WFP interventions. Depending on operational considerations and available resources, interventions could be extended to second - level priority provinces.

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Table 1: Recommended Priority Provinces for Intervention by WFP

Ecological Zone	Province Name	IPC Classification	Order of Priority of Interventions				Priority Province for integrated interventions
			FFW	MCH/MCN	FFE	Nutrition Assessment	
Tonle Sap	Banteay Mean Chey	LCFI	2	2	2	3	2
Tonle Sap	Bat Dambang	GFS	-	-	-	-	-
Plains	Kampong Cham	LCFI	1	2	1	2	1
Tonle Sap	Kampong Chhnang	LCFI	2	2	2	3	2
Plateau	Kampong Spueu	HCFI	1	1	1	2	1
Tonle Sap	Kampong Thum	HCFI	1	1	2	3	1
Coastal	Kampot	LCFI	-	3	2	3	3
Plains	Kandal	LCFI	-	3	3	1	3
Coastal	Kaoh Kong	LCFI	-	1	1	1	1
Plateau	Kracheh	LCFI	1	2	2	3	2
Coastal	Krong Kaeb	LCFI	-	2	2	3	2
Plateau	Krong Pailin	LCFI	2	2	2	2	2
Coastal	Krong Preah Sihanouk	LCFI	-	1	2	1	2
Plateau	Mondol Kiri	HCFI	1	1	1	1	1
Plateau	Otdar Mean Chey	HCFI	2	1	1	1	1
Phnom Penh	Phnom Penh	GFS	-	-	-	-	-
Tonle Sap	Pousat	HCFI	1	1	1	1	1
Plateau	Preah Vihear	HCFI	2	1	1	1	1
Plains	Prey Veang	HCFI	2	1	2	1	1
Plateau	Rotanak Kiri	HCFI	1	1	1	1	1
Tonle Sap	Siem Reab	HCFI	2	1	2	2	2
Plateau	Stueng Traeng	HCFI	2	2	1	1	1
Plains	Svay Rieng	LCFI	-	1	3	1	2
Plains	Takaev	LCFI	-	2	3	1	2

Legend

Generally food secure -GFS	Low chronically food insecure - LCFI
High chronically food insecure- HCFI	Acute food and livelihood crisis - AFLC
Humanitarian emergency - HE	Famine/Humanitarian catastrophe - FHC

Note 1 = First priority (red); 2 = Second Priority (orange); 3 = Third Priority (yellow); - = Not a priority or GFS (green)

Underlying Indicators used for prioritization
FFW: Poverty rate and % of rice area destroyed by drought (2004-2006)
FFE: Primary enrolment rate, Primary attendance rate and Primary completion rate
MCH/MCN: Stunting and underweight are bad everywhere. Added U5 anemia and IMR
Nutrition assessment: 1st priority wherever wasting >7,3%; 2nd priority between 5-7.3%; 3rd priority <5%

The full report will be posted on www.wfp.org/odan and www.foodsecurity.gov.kh

