

1. FOOD SECURITY AND ESSENTIAL NEEDS

3

3. Consumption-based Coping Strategy Index (Average) (rCSI)



VERSION	V3.0 – 2023.08
INDICATOR CODE	3
INDICATOR TYPE & AREA	<p>Type: Outcome corporate indicator (CRF under SO.1, SO.2 & SO.3)</p> <p>Reported in ACR & APR</p> <p>1. Food security and essential needs</p>
INCLUDED IN CSP LOGFRAMES	Yes
APPLICABILITY	<p>Mandatory:</p> <p>Under the relevant outcomes for interventions with a food security objective. These interventions should provide food assistance, irrespective of the transfer modality i.e.,</p> <ul style="list-style-type: none"> i) Unconditional Resource Transfer ii) Community and Household Asset Creation and iii) Household and individual Skill and Livelihood Creation activities) to Tier 1 beneficiaries.
TECHNICAL OWNER	Research, Assessment and Monitoring – Needs Assessment & Targeting (RAMAN)
ACTIVITY TAGS	<p>*General Distribution (GD)</p> <p>*Food Assistance for Assets (FFA)</p> <p>*Food Assistance for Training (FFT)</p>
UNIT OF MEASUREMENT & ANALYSIS	Household
DEFINITION	<p>The Consumption-based Coping Strategy Index (CSI) (alternatively referred to as reduced Consumption-based Strategy Index (rCSI)) is used to assess the level of stress³ faced by a household due to food shortages. It is measured by combining the frequency and severity of the reduced strategies that households engaged in to cope with lack of food or money to buy food. It is calculated using the five standard⁴ strategies using a 7-day recall period.</p> <ul style="list-style-type: none"> 1. Rely on less preferred and less expensive food; 2. Borrow food or rely on help from relative(s) or friend(s); 3. Limit portion size at meals; 4. Restrict consumption by adults to allow small children to eat; 5. Reduce number of meals eaten in a day.

³ Stress is intended here as the level of hardship faced by a given household translating into specific behavioural responses when confronted to food shortages.

⁴ Standard strategies are defined in the *'The Coping Strategy index'* manual (CARE, USAID, WFP, TANGO, Feinstein IC, 2008).

RATIONALE

The rCSI measures the frequency and severity of coping mechanisms adopted to meet basic food needs, using a seven-day recall period. A higher rCSI score indicates that more frequent and/or extreme coping mechanisms were adopted. The rCSI is impacted by short-term needs, combined with seasonality. It is important to note that in sudden periods of food shortfalls (and at the onset of emergencies) households tend to adjust their food consumption reflecting consumption-based coping. If the situation persists or worsens, households shift to long-term coping behaviours that impact their livelihoods (refer to the Livelihoods Coping Strategy Index). Weights are set for five strategies across countries and regions – facilitating comparison over space, time and between groups. Research has confirmed that the rCSI correlates well with other food security proxy indicators.

DATA SOURCE

Representative household surveys using face-to-face, or voice calls. In most cases, rCSI module is collected through Post Distribution Monitoring or Food Security Outcome Monitoring questionnaires.

DATA COLLECTION TOOL

This XLSForm will assist in designing forms using Excel which can be converted to MoDA/ODK form, data collection software. The form can also be generated by selecting the sub-module *Reduced Coping Strategies (rCSI)* in the module *Coping Strategies* in [WFP Survey Designer](#).

During the last 7 days , were there days (and, if so, how many) when your household had to employ one of the following strategies (to cope with a lack of food or money to buy it)?	Frequency (number of days from 0 to 7)	rCSI
READ OUT STRATEGIES		
1. Relied on less preferred, less expensive food	__	rCSILessQty
2. Borrowed food or relied on help from friends or relatives	__	rCSIBorrow
3. Reduced the number of meals eaten per day	__	rCSIMealNb
4. Reduced portion size of meals	__	rCSIMealSize
5. Restricted consumption by adults in order for small children to eat	__	rCSIMealAdult

Comparisons of rCSI over time, especially for assisted populations, might not show major changes, unless shocks and/or new interventions and modalities occur. Cultural habits should also be considered when collecting and reporting on rCSI. In contexts where a protracted crisis exist, enumerators must remind respondents to compare their household consumption situation to recent times, not pre-protracted crisis times. For example, *'Rely on less preferred and less expensive foods'* strategy should be compared to the current situation.

Country-specific strategies can be added but are not included in the rCSI calculation. Please refer to [VAM Resource Centre](#) page for more information.

SAMPLING REQUIREMENTS

Guidance is available [here](#)

Sample size: The recommended sample size is 270 per stratum per round of data collection, with consideration given to the parameters below.

- Population size (beneficiaries per stratum): at least 20,000
- Desired level of confidence: 90%
- Acceptable margin of error: 5%
- Response distribution: 50%
- Simple random sample (design effect): 1

If cluster sampling is employed, sample size should increase by at least 50% (at least 405 households).

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If the prevalence is lower or higher than 50%, or the beneficiaries per stratum less than 20,000 then sample size could be lower than 270, use the sample size tool for calculation.

Sample size tool: [Raosoft sample size calculator](#)

Mandatory stratification:

- Programme activity
- Transfer modality

Optional stratification: Beneficiaries/non-beneficiaries (when relevant)

INDICATOR CALCULATION

To calculate the rCSI follow the below steps:

- For each coping strategy, the frequency score (0 to 7) is multiplied by the universal severity weight (see table below);
- The weighted frequency scores are summed up to calculate the rCSI. The minimum possible rCSI value is 0, while the maximum is 56.
- Then the average (mean) is computed (all households should be considered, also those who are not applying any strategies)

The relevant syntax can be found in [VAM Resource Center](#). Scripts in [R](#), [STATA](#) and [SPSS](#) and [sample data](#) are also available on [github](#) for calculating this indicator.

Strategies	Weight
Rely on less preferred and less expensive food	1
Borrow food or rely on help from relative(s) or friend(s)	2
Limit portion size at meals	1
Restrict consumption by adults to allow small children to eat	3
Reduce number of meals eaten in a day	1

DATA ENTRY IN COMET

Results generated will be entered into COMET.

DISAGGREGATION FOR DATA ENTRY IN COMET (MANDATORY)

Mandatory disaggregation:

- Sex of household head

Recommended disaggregation (when sample size allows):

- Rural/urban
- Admin and livelihood zone
- Displacement status
- Presence of disabled/chronically ill/unaccompanied minor members within household

For COMET reporting: If the sample size is not representative of the mandatory disaggregation groups, please include a note indicating that the results are indicative for that specific group in both the COMET and ACR note sections.

For regular reporting: Ensure that the reporting accurately reflects categories with a representative sample size.

FREQUENCY DATA COLLECTION / DATA ENTRY IN COMET

Minimum: once a year (same period as the baseline).

For operations with access constraints: once/year face to face + remote monthly monitoring (if available)

For multi-annual projects, it is extremely important to collect data in the same seasons and periods to avoid seasonal biases limiting the scope for comparative analyses overtime.

It is strongly recommended that data collection for follow-ups happens in the same period to the baseline. In addition, all follow-ups are to be conducted within the same period/number of days after food distributions. The data collection should take place seven (7) to 21 days after food/cash distributions.

BASELINE ESTABLISHMENT

Baseline values should be established within three (3) months before and no later than three (3) months from the start of activity implementation. However, it is **strongly recommended** to collect rCSI baseline values within one month before the start of activity implementation. Baseline data could also be determined from a relevant WFP assessment conducted within the three months prior to the start of a programme activity.

TARGET SETTING

Annual target:

Stabilized or reduced average rCSI compared to pre-assistance baseline value.

End of CSP Target:

Reduced average rCSI compared to pre-assistance baseline value.

RESPONSIBLE FOR DATA COLLECTION

M&E Officer

INDICATORS COLLECTED & ANALYSED AT THE SAME TIME

Household level indicators:

1. Food Consumption Score ([FCS](#))
2. Food Consumption Score-Nutrition ([FCS-N](#)),
51. Households Diet Diversity Score ([HDDS](#) in a [combined module](#))
- Livelihoods Coping Strategy Food 4. [LCS-FS](#) OR 5. [LCS-EN](#) and 6. [ECMEN](#)
- Individual level indicators: 10. [MAD](#), 11. [MDD-W](#) (if applicable)

COMPLEMENTARY QUALITATIVE RESEARCH

Focus Group Discussions can be conducted in addition to the household level data collection to triangulate qualitative and quantitative information about coping strategies that communities take in the face of shocks and when there is a lack of food or money to buy it.

For example, the following questions can be explored to help detect outliers and explain quantitative household level findings:

- 1) What are the most recent shocks that this community faced?
- 2) How did households generally adapt to these shocks?
- 3) What do people do when they do not have enough food to eat or money to buy food?
- 4) Which of these coping strategies are common in your community (on a regular basis vs. in the face of shocks)?
- 5) Are there any seasonal or environmental factors that affect your food consumption? How do you adapt your diet during different seasons or circumstances?

DECISIONS DATA CAN INFORM

The rCSI can be used in a range of ways, including for programme activity monitoring. These strategies play a role in assessing households' accessibility to food, as food availability alone does not suffice. As consumption-based coping is typically the first response to household stress regarding food accessibility, it provides an immediate alert of any deterioration or

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shocks experienced by households. Similarly, when rolling out food assistance interventions, the impact of the assistance should be mirrored in a reduction of the rCSI. If the change is not positive, then this may trigger programme design adjustments.

The rCSI indicator also plays a part in classifying households according to their level of food security through Consolidated Approach for Reporting on food Insecurity (CARI), determining the food security situation, and population-level targeting.

The rCSI is one of the food security outcome indicators in the Integrated Food Security Phase Classification (IPC) acute food insecurity [reference table](#).

INTERPRETATION

rCSI measures behavioural strategies that people apply when they cannot access enough food or when they foresee a decrease in food security. A higher score indicates a higher stress level. Therefore, the rCSI is useful to monitor the effects of food assistance. With the provision of assistance, it is expected that the rCSI will reduce.

Seasonality has an impact on rCSI and needs to be considered when comparing rCSI scores. For longer-term programmes, it is important to ensure that surveys are conducted during the same season as the initial pre-assistance baseline survey.

Aside from reporting the average rCSI, for each of the strategies, it is recommended to report on the proportion of households that did not apply consumption-based coping strategies.

REPORTING EXAMPLE(S)

REDUCED COPING STRATEGIES

Overall, the rCSI score was found to be at 16.2, out of a maximum of 56.

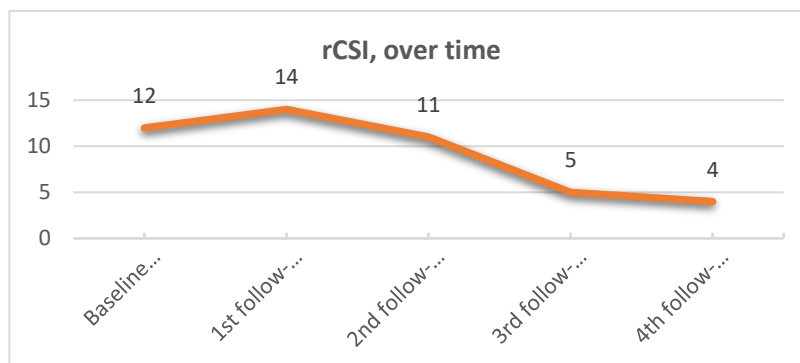
A majority limited their portion size of meals. Furthermore, nearly two-thirds of households had to restrict adult consumption of food to allow small children (and members with illnesses and special needs) to eat in the previous week.

Families explained that young children and members with special needs require extra food intake compared to others.

reduced Coping Strategies due to lack of food

Strategy	Percentage
Relied on less preferred and less expensive food	63%
Borrow food or relied on help from a relative or friend	63%
Limited portion size of meals at mealtimes	78%
Restricted consumption by adults in order for small children to eat	59%
Reduced number of meals eaten in a day	43%

VISUALIZATION



If data is only available from a single round of data collection, then the results can be visualised to highlight differences based on certain sub-groups, geographical, and/or demographics (e.g., sex of head of household).

LIMITATIONS

The rCSI reflects the current coping status, and it does not provide an indication of the households' ability/capacity to cope over time. It is a household-level indicator that does not provide information about intra-household differences.

FURTHER INFORMATION

Refer to the [rCSI](#) page on the VAM resource centre or contact the Needs Assessments and Targeting Unit in HQ RAM (RAM-N).