Republic of Lebanon
Presidency of the Council of Ministers

Emergency National Poverty Targeting Program

Food Security Indicators of the Temporary E-Card Food Voucher Beneficiaries (November 2014 – February 2015)

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Executive Summary

Two surveys, a baseline and a post distribution monitoring, were done during November 2014 and January / February 2015 to monitor and study the distribution and the effect of the temporary e-card food voucher service. This service was adopted by the Emergency National Poverty Targeting Program, ENPTP, as of November 2014 and was offered to the poorest 5,076 HHs. The service was offered in collaboration with WFP, a mimic of the service offered to the Syrian Refugees. The first four months of this service were financed by UNHCR with an amount of US$ 3.2 million.

Three food security indicators were calculated, Food Consumption Score, Dietary Diversity Score and Coping Strategy Index, to study the effect of the e-card on the beneficiary HHs.

Food Consumption Score, FCS, increased between the two cycles by 30%. This showed that the e-card beneficiary HHs were consuming more food in Jan./Feb. 2015 compared to November 2015. Very few HHs were classified with "Poor" food consumption in the PDMs, the figures decreased drastically compared to November 2014. On the other hand, the percentages of "High" increased a lot between the two cycles, a sign that the HHs are consuming more food.

Dietary Diversity Score, DDS, increased by around 9% between November 2014 and Jan./Feb. 2015. This showed that the beneficiary HHs were having a more diversified diet, after 4 months of benefitting from e-card service.

Coping Strategy Index, CSI, decreased by 40% between the two cycles. A significant decrease reflecting that the beneficiary HHs were adopting much less coping strategies when facing food shortage.

When it came to HH head gender, the three food security indicators didn't differ much for male and female headed HHs between the two cycles. The three indicators improved in parallel, without any significant differences.

As for the educational level, HHs whose head had an educational level of "Secondary or Higher" recorded the biggest improvement in the three food security indicators compared to "None" and "Below Secondary".

E-card beneficiary HHs living in an "Improvised House" had the highest percentage of "Poor" FCS, "Low" DDS and highest average CSI during November 2014. The previously mention categories witnessed an improvement in the percentage during the next cycle.

HHs whose occupancy type was "Host" had the highest shares of "Poor" FCS and "Low" DDS, while those with "Help" had the highest average CSI during November 2014. During the next cycle these categories got better and the percentages of the above mentioned categories improved greatly.

1. Background

The Emergency National Poverty Targeting Program, ENPTP, added the temporary e-card food voucher benefit to its basket of benefits on November 2014. The e-card was given to the poorest 5,076 HHs, representing around 6% of the total number of beneficiary HHs classified until August 2015. The goal of this new benefit was to increase the support provided by ENPTP to the extreme poor Lebanese Households by mimicking WFP's assistance program to the Refugees of the Syrian crisis. UNHCR financed the e-card food voucher benefit from November 2014 till February 2015 with an amount of US$ 3.2 million.

To monitor the process of implementing the e-card food voucher and evaluate its impact on the beneficiaries, NPTP, in coordination and collaboration with WFP, adopted the Pre-Assistance Baseline (PAB) and the Post Distribution Monitoring (PDM) questionnaires. The questionnaires would reflect several aspects and characteristics of the respondents mainly: demographic, social, economic, food consumption and dietary diversity.

The samples were generated by CMU, according to the sampling methodology set by the world Bank. For the PABs, a sample of 900 HHs was selected, while for the PDMs, a sample of 400 HHs was selected to represent one cycle. Later the PDM sample was decided to be collected during a period of two months, 200 HHs per month. So every two months would represent a cycle for the PDMs.

The PABs were filled, during November 2014, for e-card and non e-card beneficiaries, whereas the PDMs, filled during January and February 2015, were filled only for e-card beneficiaries. The Central Management Unit of ENPTP, was responsible for the data cleaning and analysis of the two questionnaires whereas MoSA was responsible for data collection and entry through the Social Workers.

CMU received a total of 844 PAB questionnaires and 358 PDM questionnaires. After data cleaning for the PABs and the PDMs, 755 questionnaires were to be included in the FSIs calculations and analysis. Tables 1 and 2 show the distribution of the PAB and PDM questionnaires by Governorate. The majority of the questionnaires were filled in North Lebanon Governorate since the majority of the NPTP beneficiaries and the e-card food voucher beneficiaries are living in this governorate.

The purpose of the statistics calculated in this report is only for describing the characteristics and conditions of the HHs and not for statistical inference, since the PAB and PDM samples are representative at the national level and not on the governorate level.

Table 1:Distribution of PAB Questionnaires by Governorate

Governorate	Frequency	Percent
Nabatiyeh	19	2.5
South Lebanon	60	7.9
Mount Lebanon	75	9.9
Bekaa	102	13.5
North Lebanon	499	66.2
TOTAL	**755**	**100.0**

Table 2:Distribution of PDM Questionnaires by Governorate

Governorate	Frequency	Percent
Nabatiyeh	4	1.1
South Lebanon	10	2.8
Bekaa	29	8.1
North Lebanon	315	88.0
TOTAL	**358**	**100.0**

2. Introduction

This report calculated three food security indicators: Food Consumption Score, Dietary Diversity Score and Coping Strategy Index.

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs, and food preferences for an active and healthy life.[1]

Food Consumption Score, FCS, is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups. The FCS is the core indicator of consumption recommended by the Vulnerability Analysis and Mapping Unit at WFP.[2]

Dietary Diversity Score, DDS, is defined as the number of different foods or food groups eaten over a reference time period, not regarding the frequency of consumption.[3]

Coping Strategy Index, CSI, consists of a series of questions about how households manage to cope with a shortfall in food for consumption results in a simple numeric score. In its simplest form, monitoring changes in the CSI score indicates whether household food security status is declining or improving.[4]

The three FSI were calculated for the PABs and the PDMs separately. The indicators were analyzed with several factors to study different characteristics of the e-card food voucher beneficiaries. These factors are: (i) HH head Gender, (ii) HH head educational level, (iii) Type of housing, and (iv) Occupancy type.

[1] Emergency Food Security Assessment Handbook - second edition, WFP 2009.
[2] Food Consumption Analysis: Calculation and use of the food consumption score in food security analysis; WFP 2008.
[3] Validation of Food Frequency and Dietary Diversity as Proxy Indicators of Household Food Security; WFP 2008.
[4] Field Methods Manual. Copyright © 2008 Cooperative for Assistance and Relief Everywhere, Inc. (CARE).

3. Food Security Indicators Analysis

3.1 Food Consumption Score

Food Consumption Score, was calculated for the PABs and the PMDs. In general, FCS ranges from 0 till 112. As the value of the FCS increases, the HH food consumption increases. The PABs covered 5 Governorates, 24 caza, whereas the PDMs covered 4 governorates, 16 caza. During November 2014, Bekaa had the lowest average FCS with 39.1 while Nabatiyeh had the highest with 63.1. Mount, North and South Lebanon governorates had similar average FCSs around 53.

Table 3: Average and Standard Deviation of FCS by Governorate During Nov. 2014

Governorate	FCS	
	Average	Standard Deviation
Mount Lebanon	54.1	21.1
North Lebanon	53.1	20.1
Bekaa	39.1	13.9
South Lebanon	53.4	21.0
Nabatiyeh	63.1	20.4

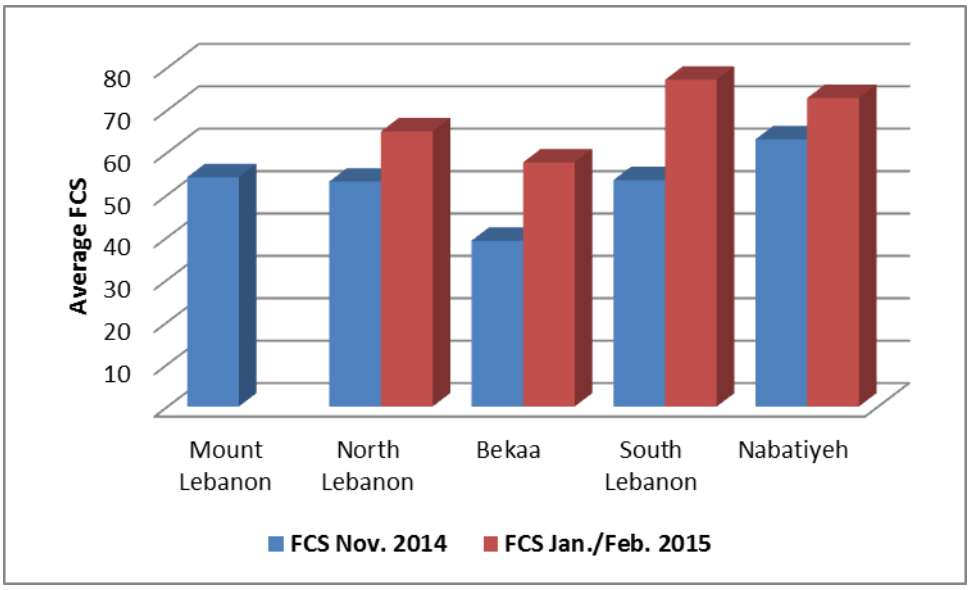
PDM's FCSs showed an improvement in the e-card food voucher beneficiary HHs' food consumption status compared to that reflected in the PAB's FCS. The indicator increased in all the governorates with an average increase of 30%. Bekaa recorded an increase of 68%, 25% for South Lebanon and 22% for North Lebanon.

Table 4: Average and Standard Deviation of FCS by Governorate During Jan./Feb. 2015

Governorate	FCS	
	Average	Standard Deviation
North Lebanon	64.9	20.8
Bekaa	57.6	15.9
South Lebanon	77.1	10.7
Nabatiyeh	72.8	16.2

Figure 1 shows the change in the average FCS by governorate between November 2014 and Jan./Feb. 2015.

Figure 1: Distribution of Average FCS by Governorate and Cycle



FCS can be analyzed and described using 3 categories that represent the food consumption situation. These three categories are: Poor, Borderline and Acceptable food consumption. When analyzed using these categories, the PABs showed that Bekaa had the highest percentage of "Poor" with 23% and the lowest percentage of "Acceptable" with 36%. The remaining governorates had the same "Acceptable" percentage with 67%.

Table 5: Distribution of FCS by Governorate During Nov. 2014

Governorate	Poor	Borderline	Acceptable
Mount Lebanon	7%	27%	67%
North Lebanon	10%	23%	67%
Bekaa	23%	41%	36%
South Lebanon	12%	22%	67%
Nabatiyeh	5%	16%	79%

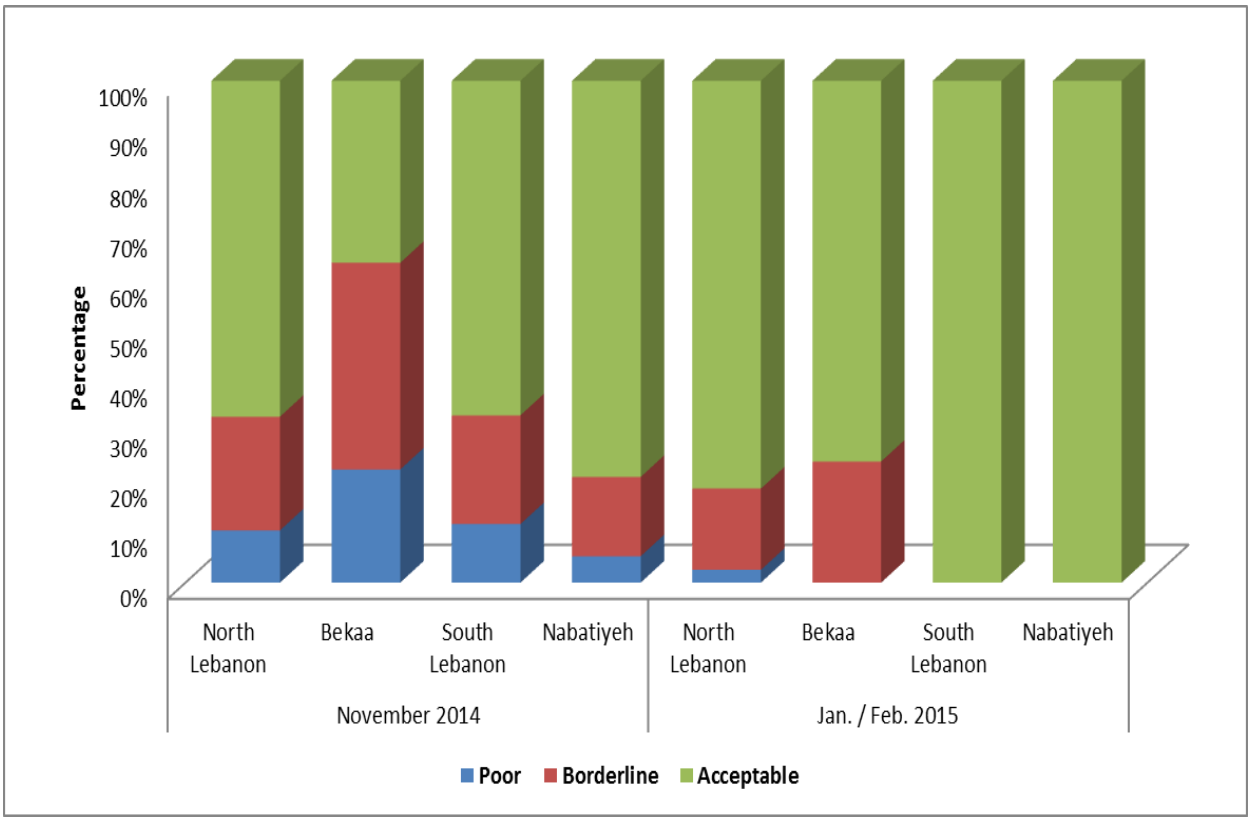
The above mentioned results changed drastically during Jan./Feb. 2015. Bekaa, South Lebanon and Nabatiyeh had 0% for "Poor" while North Lebanon had a 3% for "Poor". "Accepatable" was 100% for Nabatiyeh and South Lebanon while it recorded 76% for Bekaa and 81% for North Lebanon.

Table 6: Distribution of FCS by Governorate During Jan./Feb. 2015

Governorate	Poor	Borderline	Acceptable
North Lebanon	3%	16%	81%
Bekaa	0%	24%	76%
South Lebanon	0%	0%	100%
Nabatiyeh	0%	0%	100%

The below figure, shows the change in the FCS between November 2014 and Jan./Feb. 2015 by Governorate.

Figure 2: Distribution of FCS by Governorate and Cycle



The below area charts visualize the consumption frequency of different food categories consumed by the HHs of the two cycles. For November 2014, HHs with a poor FCS rarely consumed meat, fish and eggs. This situation changed during Jan./Feb. 2015, with few HHs classified with a "Poor" FCS but the frequency of consuming meat, fish and eggs increased a lot. A similar increase was recorded for the "Cereals and Tubers" food category. In general HHs were consuming more frequently more food categories.

Figure 3: FCS Area Chart for November 2014

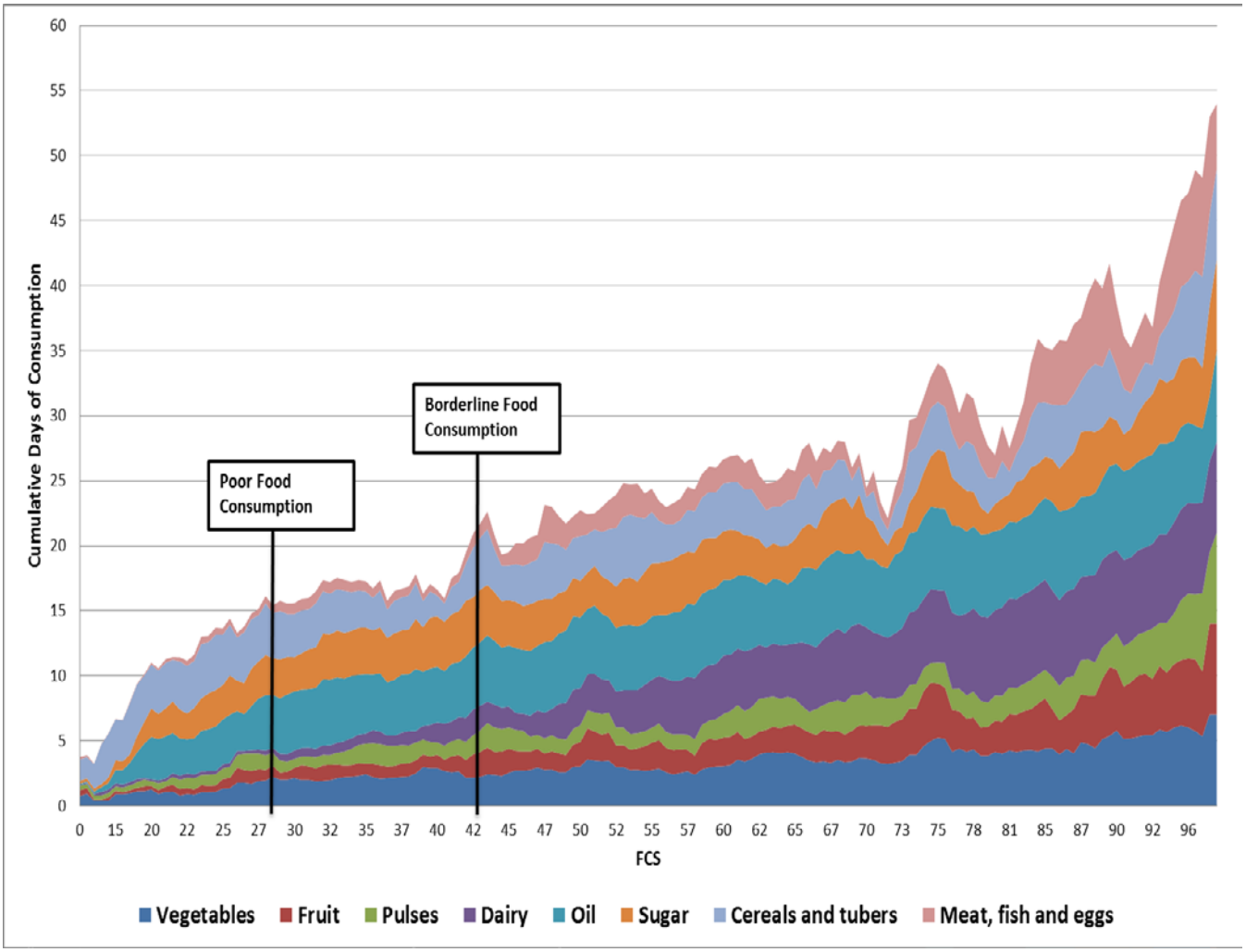
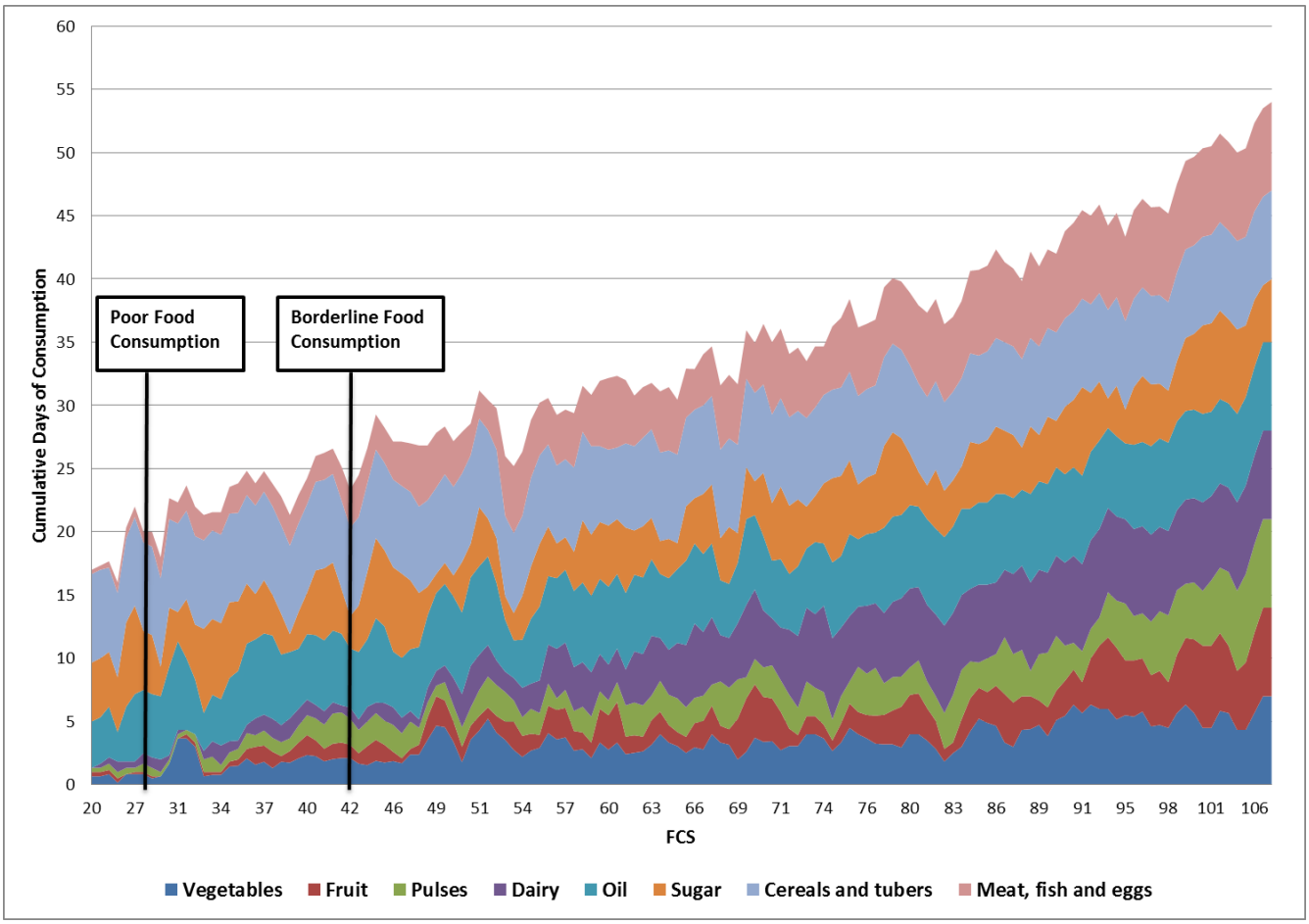


Figure 4: FCS Area Chart for Jan.Feb./2015



3.2 Dietary Diversity Score

Dietary Diversity Score, DDS, ranges between 0 and 7. A value above 6 for DDS shows that the HH had a good diversified diet. DDS had an average of 5.85 during Nov. 2014 and it increased around 9% during Jan./Feb. 2015. When calculated by Governorate, the results showed that during Nov. 2014, Bekaa had the lowest average DDS of 5.5 compared to Nabatiyeh, which had the highest average of 6.5.

Table 7: Average DDS by Governorate for Nov. 2014

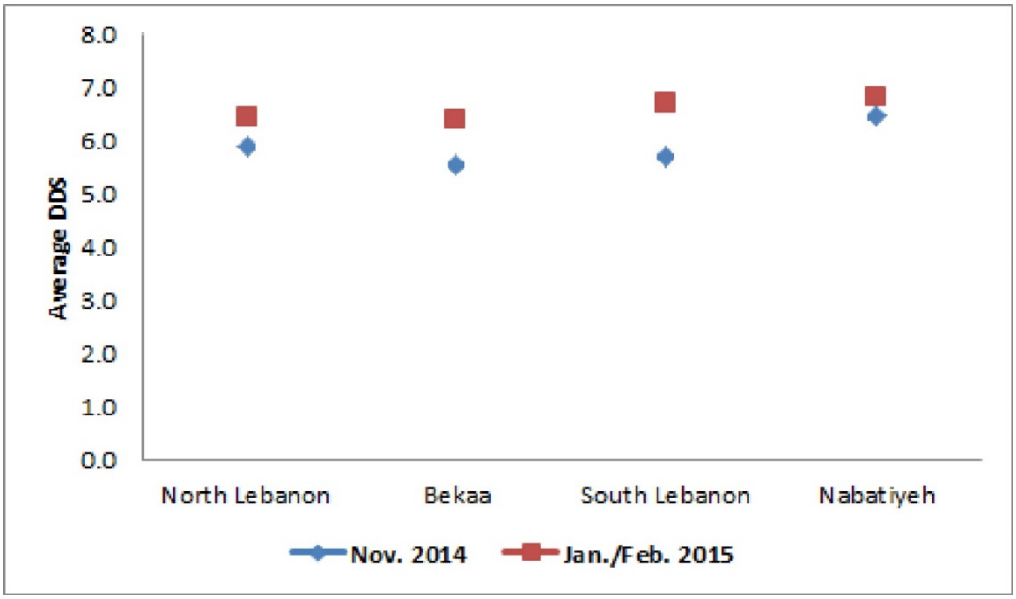
Governorate	Average DDS	Standard Deviation
Mount Lebanon	5.9	1.2
North Lebanon	5.9	1.3
Bekaa	5.5	1.6
South Lebanon	5.7	1.5
Nabatiyeh	6.5	0.7

Bekaa and South Lebanon had the biggest increase in DDS in Jan./Feb. 2015 compared to Nov. 2014, an increase of 16% and 17% respectively. As for North Lebanon and Nabatiyeh, the increase was 8% and 4%.

Table 8: Average DDS by Governorate for Jan./Feb. 2015

Governorate	Average DDS	Standard Deviation
North Lebanon	6.4	0.9
Bekaa	6.4	0.8
South Lebanon	6.7	0.5
Nabatiyeh	6.8	0.5

Figure 5: Distribution of Average DDS by Governorate and Cycle



DDS is divided into 3 groups: Low, Medium and High dietary diversity. For November 2014, "Low" had a percentage between 13% and 18% for all the represented governorates except for Nabatiyeh which had a value of 0%. Bekaa recorded the highest percentage for "Medium" with 51% followed by South Lebanon with 47%. As for "High", Nabatiyeh had the highest percentage with 58% and Bekaa the lowest with 31%.

Table 9: Distribution of DDS Categories by Governorate for Nov. 2014

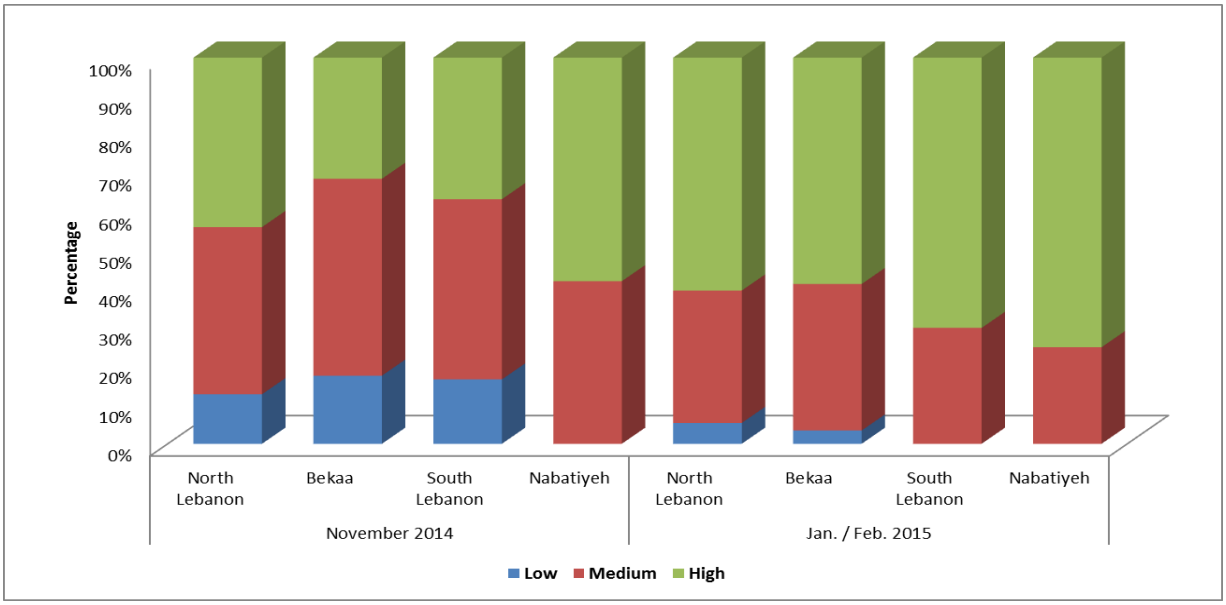
Governorate	Low	Medium	High
Mount Lebanon	13%	43%	44%
North Lebanon	13%	43%	44%
Bekaa	18%	51%	31%
South Lebanon	17%	47%	37%
Nabatiyeh	0%	42%	58%

The results improved significantly during Jan./Feb. 2015, the shares of "Low" recorded 5% for North Lebanon, compared to 13% previously. Same for Bekaa and South Lebanon whose shares of "Low" decreased from 18% and 17% to reach 3% and 0% respectively. As for "High", South Lebanon and Nabatiyeh had the maximum shares of 70% and 75% respectively.

Table 10: Distribution of DDS Categories by Governorate for Jan./Feb. 2015

Governorate	Low	Medium	High
North Lebanon	5%	34%	60%
Bekaa	3%	38%	59%
South Lebanon	0%	30%	70%
Nabatiyeh	0%	25%	75%

Figure 6: Distribution of DDS by Governorate and Cycle



3.3 Coping Strategy Index

During November 2014, he average CSI for the represented governorates was 18. Bekaa had the lowest CSI with 15.8 while Nabatiyeh had the highest. This shows that HHs in Bekaa were least stressed compared to Nabatiyeh were the HHs are most stressed.

Table 11: Average and Standard Deviation for CSI by Governorate for Nov. 2014

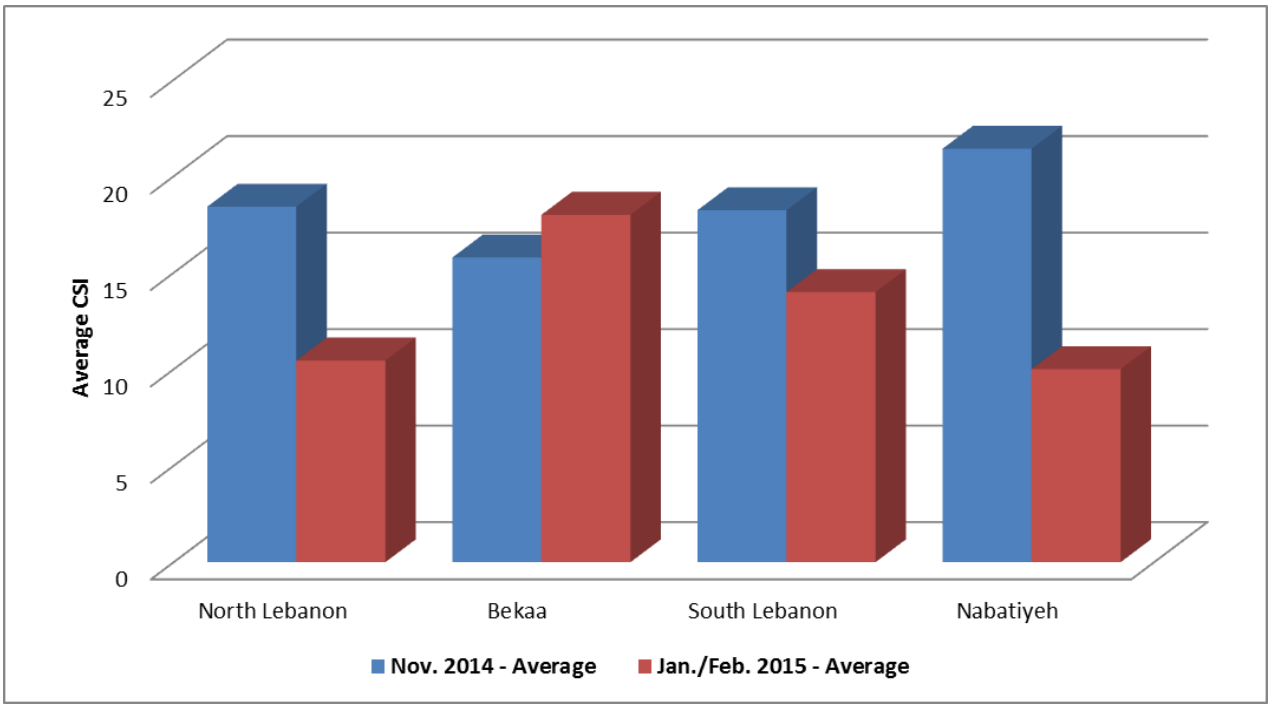
Governorate	Coping Strategy Index	
	Average	Standard Deviation
Mount Lebanon	17.4	13.8
North Lebanon	18.4	13.5
Bekaa	15.8	12.1
South Lebanon	18.2	12.6
Nabatiyeh	21.4	12.2

The figures changed significantly during Jan./Feb. 2015, were the average CSI recorded 11, a decrease of around 40% compared to Nov. 2014. This showed that the HHs are using less coping strategies to deal with occurring food shortages. On the governorate basis, North Lebanon and Nabatiyeh had the least CSI of around 10 and Bekaa had the highest of 18.

Table 12: Average and Standard Deviation for CSI by Governorate for Jan./Feb. 2015

Governorate	Coping Strategy Index	
	Average	Standard Deviation
North Lebanon	10.4	9.8
Bekaa	18.0	13.5
South Lebanon	14.0	9.7
Nabatiyeh	10.0	11.0

Figure 7: Change in CSI by Governorate and Cycle

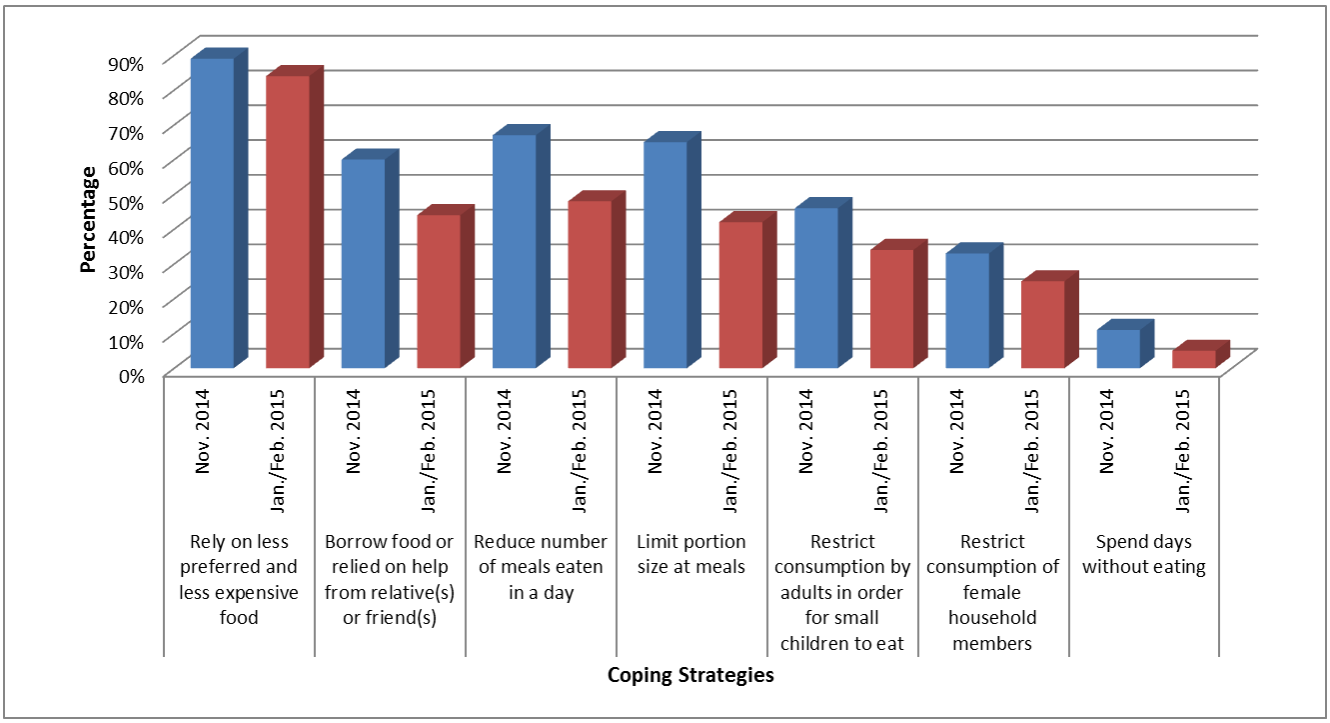


The e-card beneficiary HHs were using less coping strategies when facing lack of food. The use of consumption coping strategies, which consists of seven strategies, was reducued between the two cycles. Borrowing food or relieing on help decreased from 60% to 44%, while limiting portion size meals's percentage was reduced from 65% to 42%.

Table 13: Coping Strategies by Cycle

Coping Strategies	Cycle	
	Nov. 2014	Jan./Feb. 2015
Rely on less preferred and less expensive food	89%	84%
Borrow food or relied on help from relative(s) or friend(s)	60%	44%
Reduce number of meals eaten in a day	67%	48%
Limit portion size at meals	65%	42%
Restrict consumption by adults in order for small children to eat	46%	34%
Restrict consumption of female household members	33%	25%
Spend days without eating	11%	5%

Figure 8: Coping Strategies by cycle



4. HH Head Gender and Food Security Indicators

This section analyzed the three food security indicators, FCS, DDS and CSI with HH head gender. Checking if there were any major differences for the three food security indicators and the gender of the HH head would imply that male and female headed HHs managed differently issues related to food management and consumption.

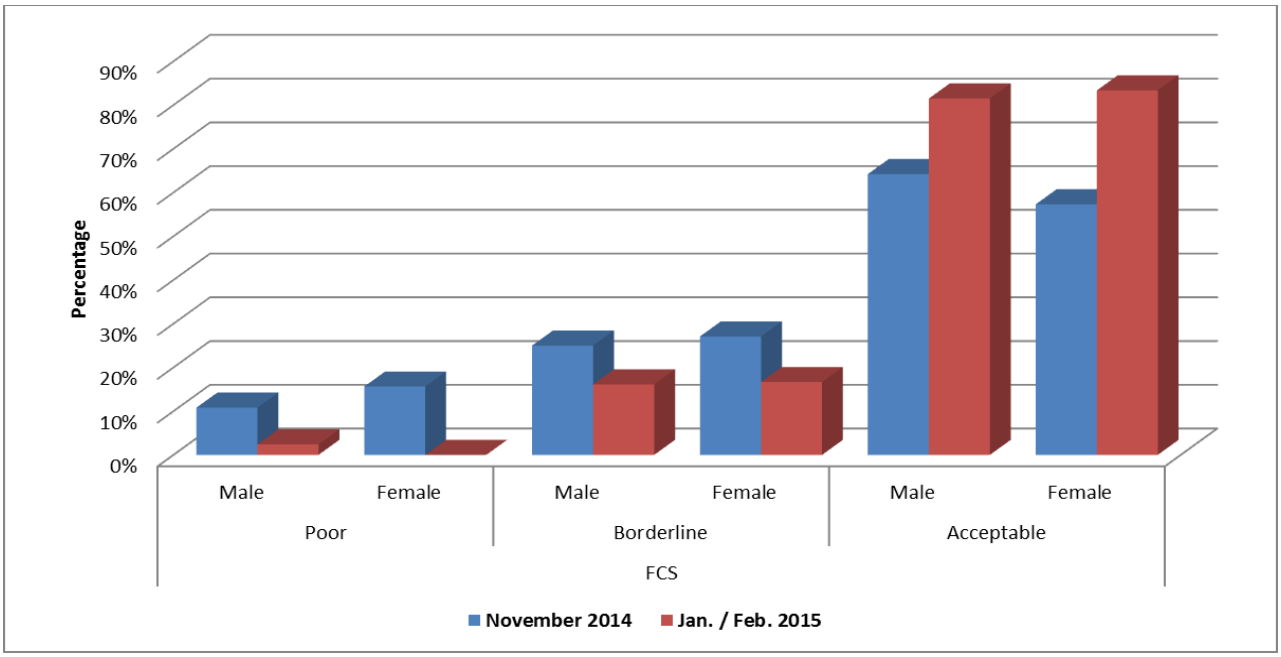
4.1 HH Head Gender and FCS

Female headed HHs with "Poor" FCS classification had a share of 16%, while male headed HHs had a share of 11% during November 2014. These two shares decreased significantly to record 0% and 2% for female and male headed HHs respectively. As for "Borderline" FCS, female and male headed HHs had a percentage of around 26% for both during November 2014. These records decreased by around 40% during Jan./Feb. 2015 for both genders. A significant increase was recorded for the "Acceptable" FCS with around 82% during Jan./Feb. 2015 compared to 64% and 57% during November 2014 for male and female headed HHs correspondingly.

Table 14: Distribution of FCS by HH Head Gender and Cycle

Cycle	Gender of HH Head					
	Male			Female		
	Poor	Borderline	Acceptable	Poor	Borderline	Acceptable
November 2014	11%	25%	64%	16%	27%	57%
Jan. / Feb. 2015	2%	16%	81%	0%	17%	83%

Figure 9: Distribution of FCS by HH Head Gender and Cycle



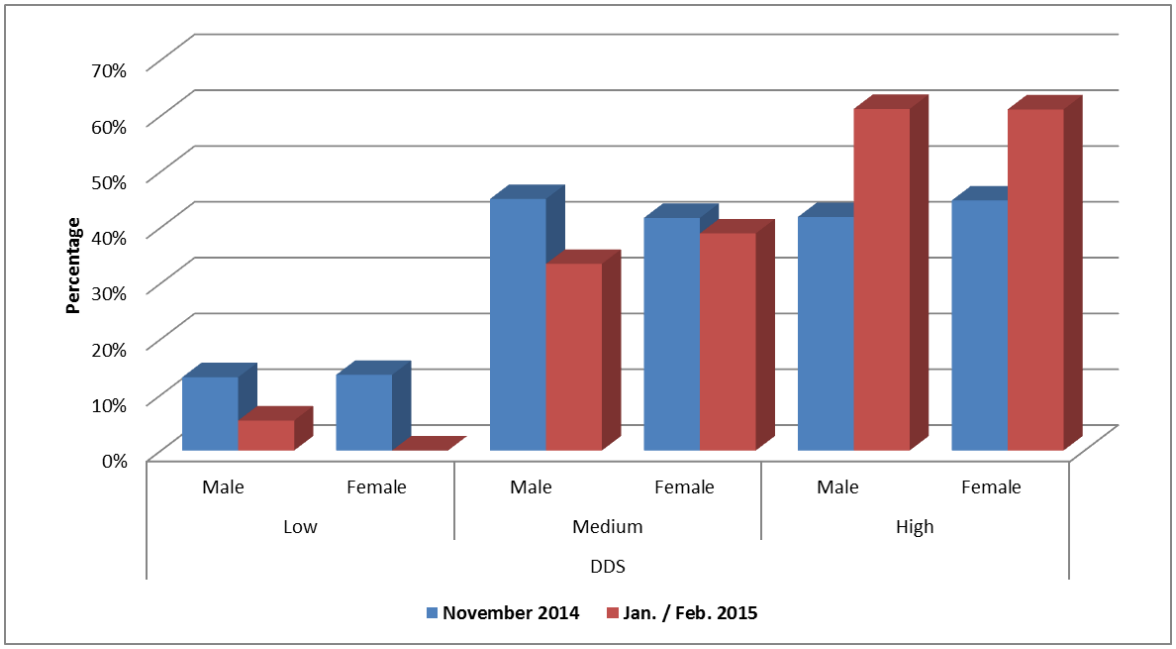
4.2 HH Head Gender and DDS

For the baseline survey, female and male headed HHs had the same percentage of "Poor" dietary diversity, around 14%. This figure decrease to record 0% and 5% during Jan./Feb. 2015 for female and male headed HHs respectively. "Medium" had a relatively moderate decrease for both genders, the records decreased from around 43% to reach 39% and 33% for female and male headed HHs respectively. As for "High", the analysis showed that this category had a positive movement from around 43% to 61% for both genders, an increase of around 50%.

Table 15: Distribution of DDS by HH Head Gender and Cycle

Cycle	DDS					
	Low		Medium		High	
	Male	Female	Male	Female	Male	Female
November 2014	13%	14%	45%	42%	42%	45%
Jan. / Feb. 2015	5%	0%	33%	39%	61%	61%

Figure 10: Distribution of DDS by HH Head Gender and Cycle



4.3 HH Head Gender and CSI

Female and Male headed HHs had a CSI of 20 and 17.7 respectively during November 2014. These values decreased by around 50% and 40% during Jan./Feb. 2015 for female and male headed HHs respectively.

Table 16: Average CSI by HH Head Gender and Cycle

Cycle	CSI			
	Male		Female	
	Mean	Standard Deviation	Mean	Standard Deviation
November 2014	17.7	13.3	20.0	13.5
Jan. / Feb. 2015	11.2	10.4	10.4	9.1

5. Education of HH Head and Food Security Indicators

The HH heads of the e-card beneficiary HHs had several educational levels ranging from "None", "Below Secondary" and "Secondary or Higher". Each category might face, manage and cope differently when dealing with food availability and consumption. This part studied the educational level of the HH head with the three food security indicators.

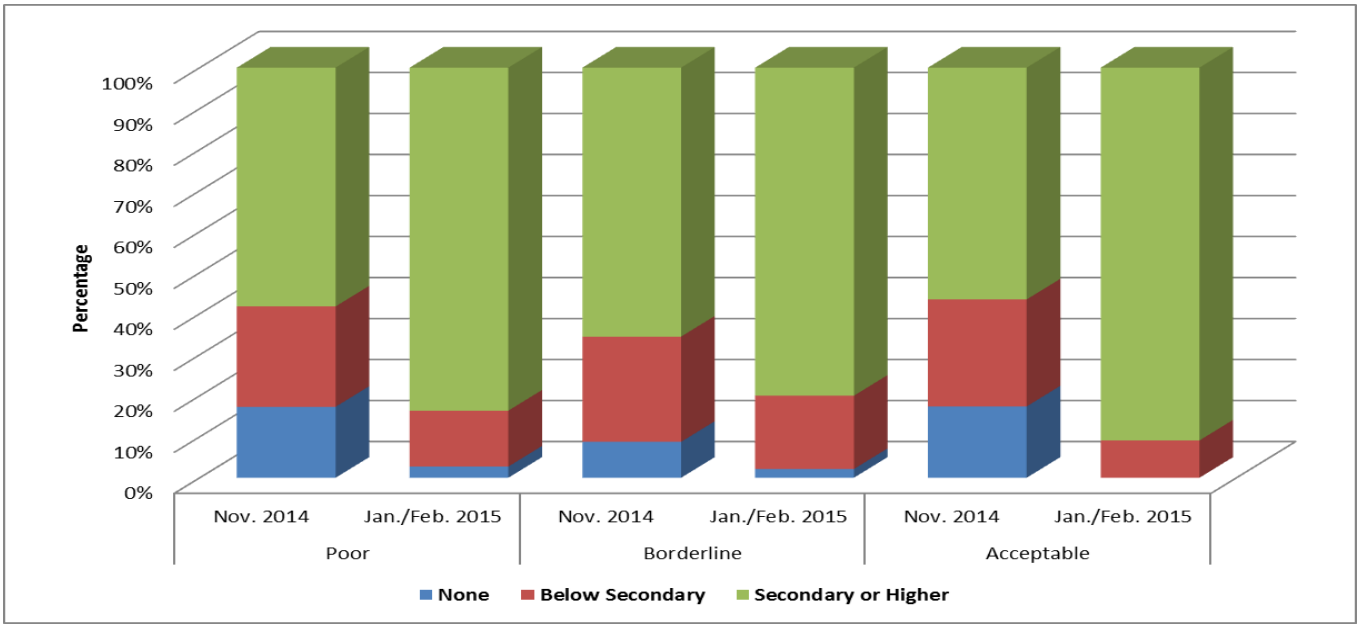
5.1 Education of HH Head and FCS

The biggest enhancement of FCS, between the two cycles, were for HHs whose head had a secondary or higher level of education. Head of HHs, attaining a secondary or higher level of education, with "Poor" FCS had a percentage of 17% initially that decreased to reach 0% during Jan./Feb. 2015. The same for "Borderline" and "Acceptable", they changed from 26% to 9% and from 57% to 91% respectively. Improvements were also recorded for HH heads with a level of education of "None" and "Below Secondary".

Table 17: Education of HH Head by FCS and Cycle

Cycle	HH Head Education	Poor	Borderline	Acceptable
November 2014	None	17%	24%	58%
	Below Secondary	9%	26%	66%
	Secondary or Higher	17%	26%	57%
Jan. / Feb. 2015	None	3%	14%	84%
	Below Secondary	2%	18%	80%
	Secondary or Higher	0%	9%	91%

Figure 11 : Education of HH Head by FCS and Cycle



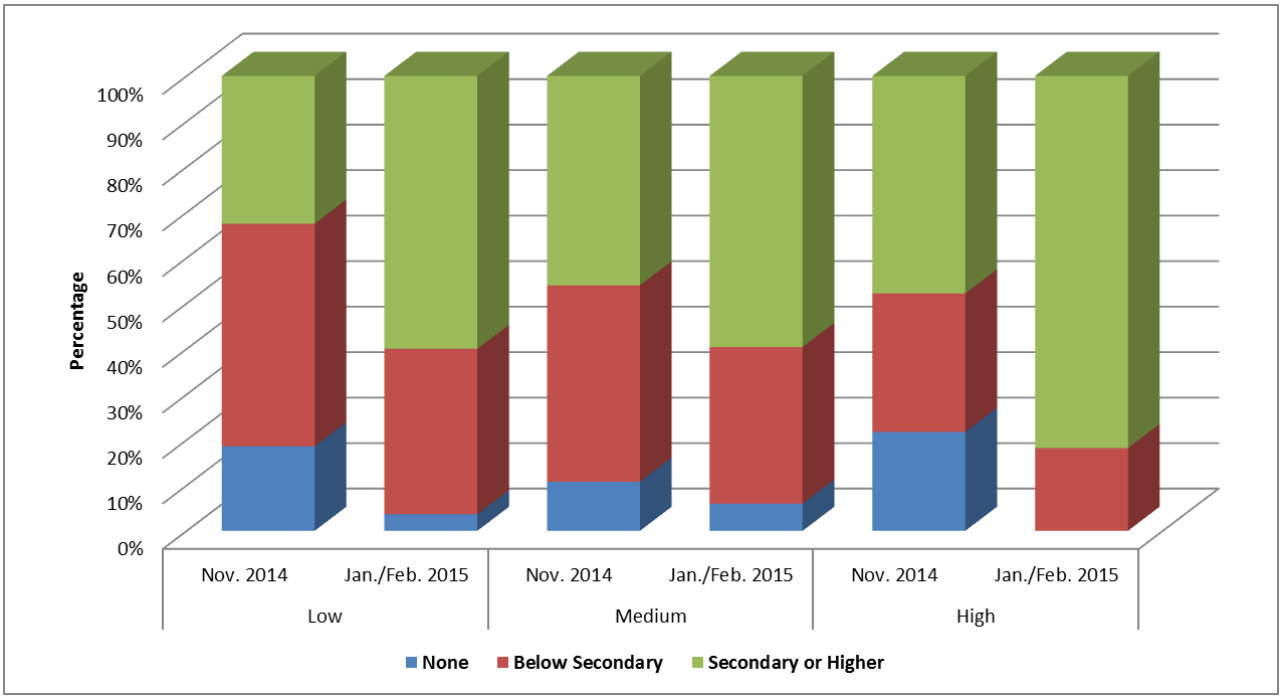
5.2 Education of HH Head and DDS

The most moderate improvement in DDS was for HHs whose head had a "Below Secondary" level of education. For this category of HHs, a DDS of "High" increased from 46% to 60%, an increase of 30%, while a decrease was recorded for "Medium" and "Low". The best improvement in DDs was found in HHs whose head had a "Secondary or Higher" level of education. "High" DDS increased by 70%, from 48% to 82%, setting the highest percentage for this category.

Table 18: Education of HH Head by DDS and Cycle

Cycle	HH Head Education	Low	Medium	High
November 2014	None	19%	49%	32%
	Below Secondary	11%	43%	46%
	Secondary or Higher	22%	30%	48%
Jan. / Feb. 2015	None	4%	36%	60%
	Below Secondary	6%	34%	60%
	Secondary or Higher	0%	18%	82%

Figure 12: Education of HH Head by DDS and Cycle



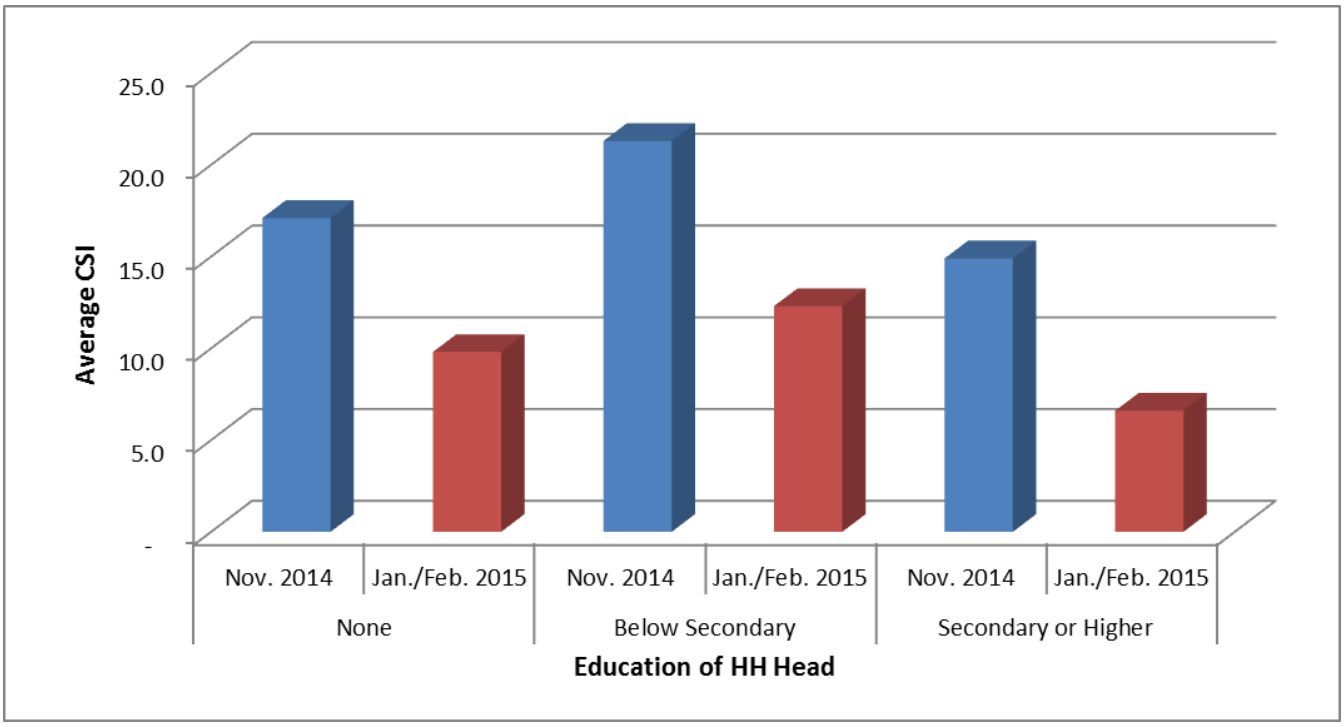
5.3 Education of HH Head and CSI

During November 2014, HH heads with different educational levels had an average CSI of 18. This status changed during the next few months were HH heads with a "Secondary or Higher" level of education had a decrease of around 50% in the average CSI which reached 8.9, the biggest decrease and the lowest value compared to "None" and "Below Secondary". The former two categories decreased from 18 to record 13 and 10 respectively.

Table 19: Education of HH Head by Average CSI and Cycle

Cycle	Occupancy Type	CSI	
		Average	Standard Deviation
November 2014	None	18.0	12.5
	Below Secondary	18.1	13.7
	Secondary or Higher	18.3	12.8
Jan. / Feb. 2015	None	13.0	11.3
	Below Secondary	10.4	9.8
	Secondary or Higher	8.9	9.0

Figure 13: Education of HH Head by Average CSI and Cycle



6. Type of Housing and Food Security Indicators

Different types of dwellings might have an impact on the HH's patterns when it comes to availability and consumption of food. Beneficiaries living in an "Apartment" might" deal distinctly from HHs living in an "Improvised House", each one according to its priorities. The below sections compared the three food security indicators with type of housing.

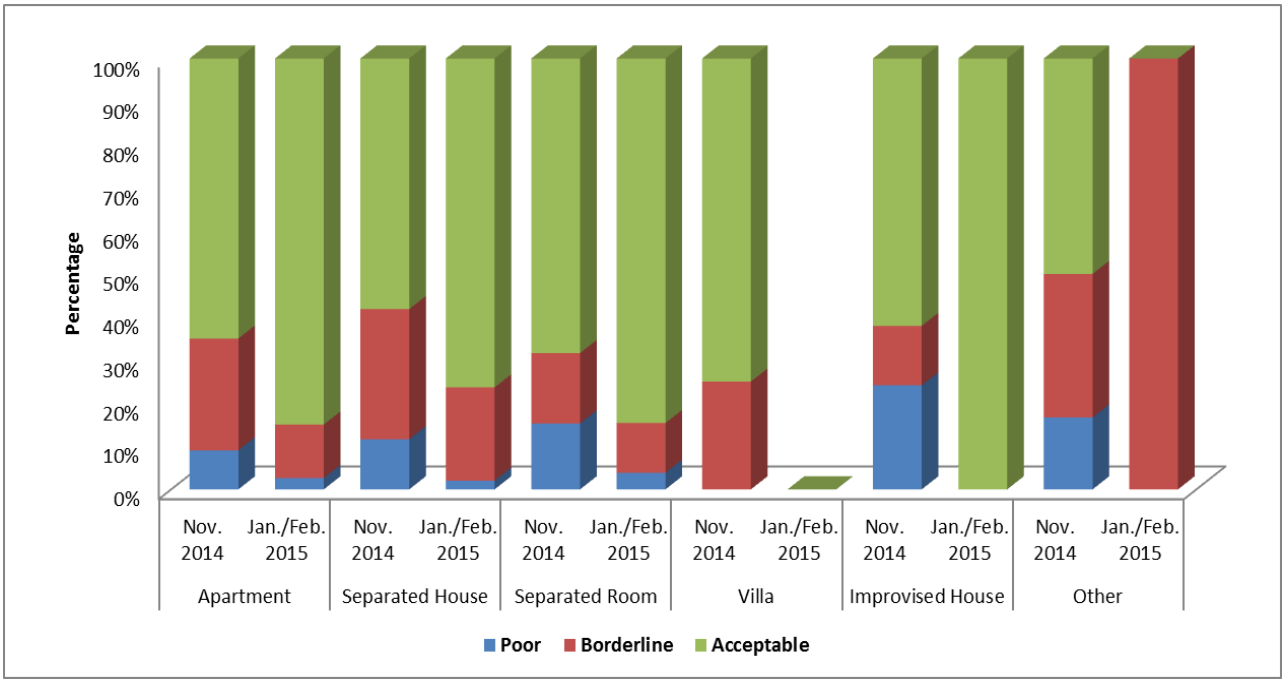
6.1 Type of Housing and FCS

The highest percentage for "Poor" for the baseline survey was for the "Improvised House" with a record of 24%. This value decreased to 0% during Jan./Feb. 2015. As for the "Borderline", the highest percentages were for "Separated House" and "Other" with 30% and 33% respectively, the first percentage decreased to 22% while the second one increased to reach 100%. "Acceptable" increased from 62% to 100% for "Improvised House" and from 65% to 85% for "Apartment".

Table 20: FCS by Type of Housing and Cycle

Cycle	Type of Housing	Poor	Borderline	Acceptable
November 2014	Apartment	9%	26%	65%
	Separated House	12%	30%	58%
	Separated Room	15%	16%	68%
	Villa	0%	25%	75%
	Improvised House	24%	14%	62%
	Other	17%	33%	50%
Jan. / Feb. 2015	Apartment	3%	12%	85%
	Separated House	2%	22%	76%
	Separated Room	4%	12%	85%
	Villa	0%	0%	0%
	Improvised House	0%	0%	100%
	Other	0%	100%	0%

Figure 14: FCS by Type of Housing and Cycle



6.2 Type of Housing and DDS

Between November 2014 and Jan./Feb. 2015, "Low" decreased for all the type of housing categories and "High" increased for the major type of housing categories mainly Apartment, Separated House and Separated Room. This showed that the dietary diversity got better and that HHs are eating more food categories that they did before the implementation of the e-card food voucher service.

Table 21: DDS by Type of Housing and Cycle

Cycle	Type of Housing	Low	Medium	High
November 2014	Apartment	12%	42%	47%
	Separated House	15%	49%	36%
	Separated Room	14%	37%	49%
	Villa	0%	75%	25%
	Improvised House	17%	66%	17%
	Other	17%	50%	33%
Jan. / Feb. 2015	Apartment	7%	29%	65%
	Separated House	5%	39%	57%
	Separated Room	4%	19%	77%
	Villa	0%	0%	0%
	Improvised House	0%	67%	33%
	Other	0%	100%	0%

Figure 15: DDS by Type of Housing and Cycle

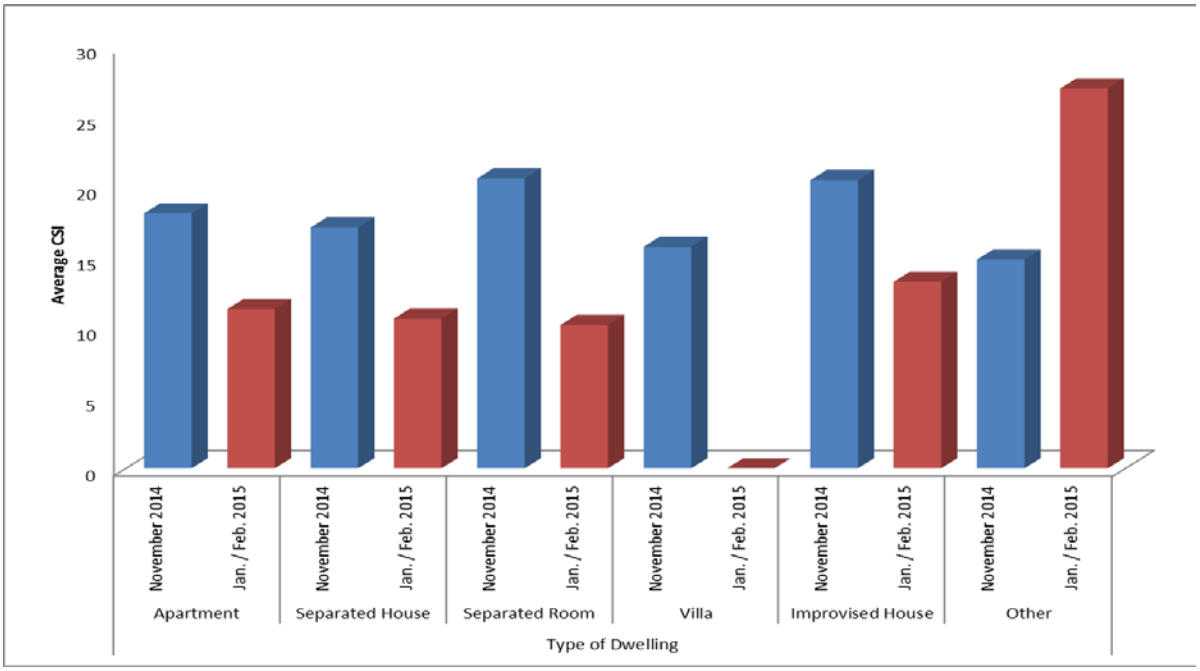
6.3 Type of Housing and CSI

Average CSI decreased by around 20% between November 2014 and Jan./Feb. 2015. Apartment, Separated House and Separated Room recorded a decrease of average CSI from 18.1, 17.1 and 20.6 to 11.3, 10.6 and 10.2 respectively. Improvised House had a decrease of 35% in average CSI, it decreased from 20.5 to 13.3. So the e-card beneficiary HHs are using less coping strategies due to the new food supply.

Table 22: Average CSI by Type of Housing and Cycle

Cycle	Type of Housing	CSI	
		Average	Standard Deviation
November 2014	Apartment	18.1	13.8
	Separated House	17.1	12.9
	Separated Room	20.6	13.3
	Villa	15.8	8.5
	Improvised House	20.5	13.0
	Other	14.8	16.3
Jan. / Feb. 2015	Apartment	11.3	11.1
	Separated House	10.6	8.8
	Separated Room	10.2	10.2
	Villa	N.A	N.A
	Improvised House	13.3	9.7
	Other	27.0	N.A

Figure 16: Average CSI by Type of Housing and Cycle



7. Occupancy Type and Food Security Indicators

After studying types of dwelling, this section will analyze occupancy type with the three food security indicators to examine which HHs faced the most extreme food security situations and how did they change after the usage of the e-card for a period of around 4 months.

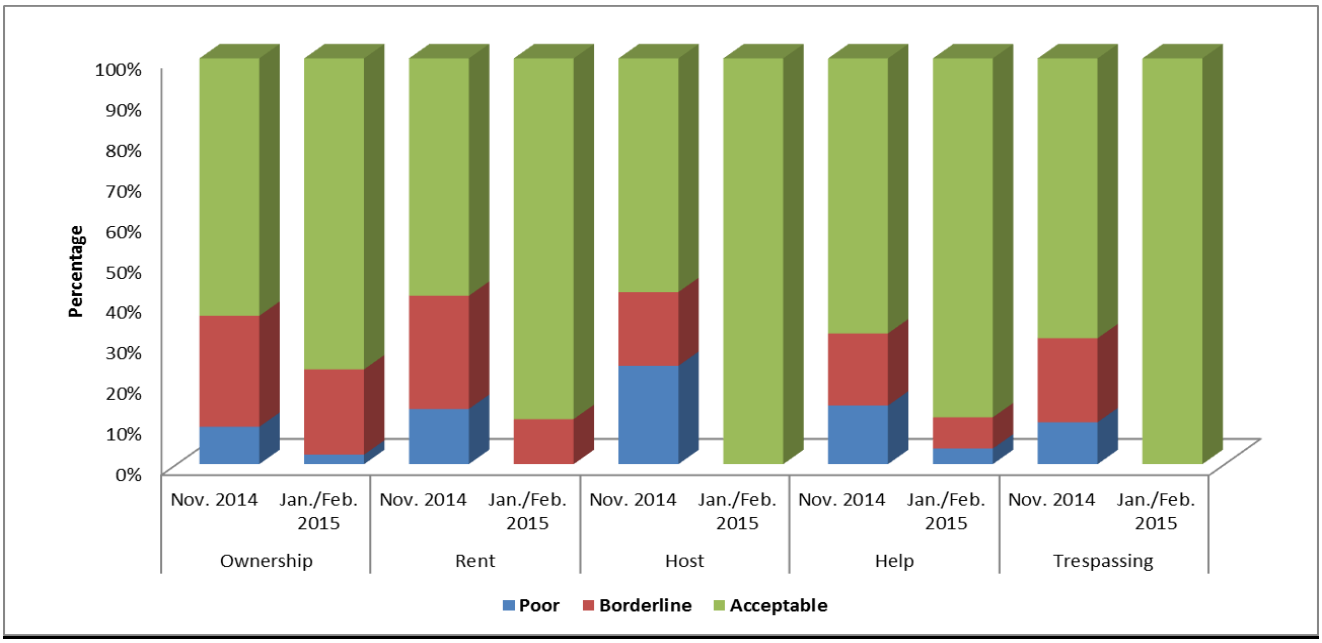
7.1 Occupancy Type and FCS

One quarter of HHs that had a "Host" occupancy type had a "Poor" FCS during November 2014, whereas the remaining occupancy types had a percentage between 10% and 14%. On the other hand, "Acceptable" FCS for all the occupancy types ranged between 60% and 70%. The above mentioned figures changed positively during the next cycle. "Poor" FCS decreased to reach a maximum 4% for all occupancy types and the "Acceptable" category increased to reach a minimum of 77%.

Table 23: FCS by Occupancy Type and Cycle

Cycle	Occupancy Type	Poor	Borderline	Acceptable
November 2014	Ownership	9%	27%	63%
	Rent	14%	28%	59%
	Host	24%	18%	58%
	Help	14%	18%	68%
	Trespassing	10%	21%	69%
Jan. / Feb. 2015	Ownership	2%	21%	77%
	Rent	0%	11%	89%
	Host	0%	0%	100%
	Help	4%	8%	88%
	Trespassing	0%	0%	100%

Figure 17: FCS By Occupancy Type and Cycle



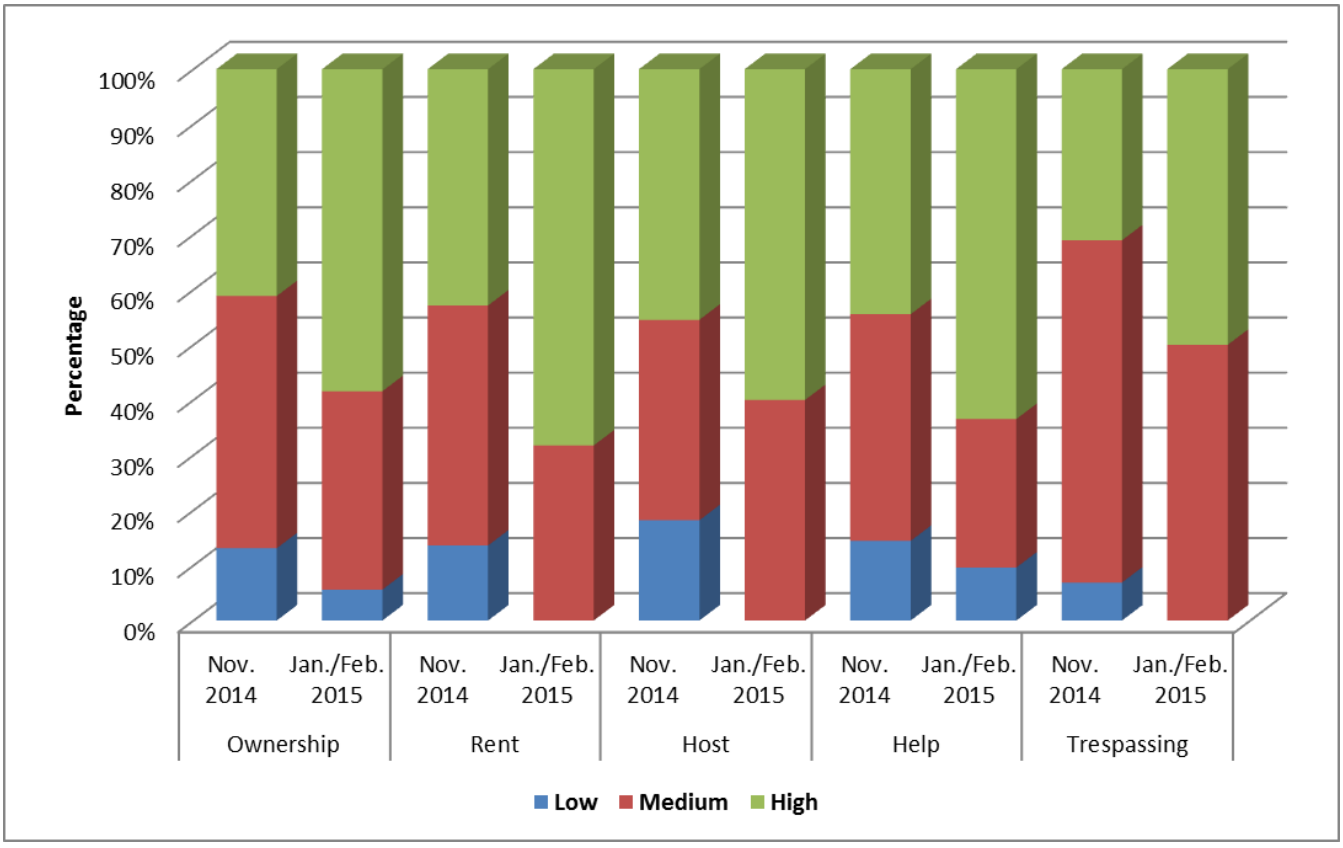
7.2 Occupancy Type and DDS

For Jan./Feb. 2015 the figures got better in general for DDS classification, meaning that HHs had more diversified food categories in their meals. . Hosted HHs had the highest percentage for "Low" DDS with 18% during November 2014. This record decreased to reach 0% during Jan./Feb. 2015. HHs living in owned dwellings had an increase of around 50% for the "High" DDS between the two cycles, a rise from 41% to around 60%. The same occurred for the rest occupancy types and the "High" DDS, were the increase was between 40% and 50%.

Table 21: DDS By Occupancy Type and Cycle

Cycle	Occupancy Type	Low	Medium	High
November 2014	Ownership	13%	46%	41%
	Rent	14%	44%	43%
	Host	18%	36%	45%
	Help	14%	41%	44%
	Trespassing	7%	62%	31%
Jan. / Feb. 2015	Ownership	6%	36%	58%
	Rent	0%	32%	68%
	Host	0%	40%	60%
	Help	10%	27%	63%
	Trespassing	0%	50%	50%

Figure 15: DDS by Occupancy Type and Cycle



7.3 Occupancy Type and CSI

"Rent" and "Help" occupancy types had the highest CSI during November 2014 with 21.3 and 20.4 respectively. So HHs living with these occupancy types were taking more coping strategies in facing food shortage compared to other categories. Average CSI for the above mentioned two categories decreased by 40% and 30% respectively during Jan./Feb. 2015. This shows that HHs with "Rent" or "Help" occupancy types were using significantly less coping strategies compared to their baseline status.

Table 22: CSI by Occupancy Type and Cycle

Cycle	Occupancy Type	CSI	
		Average	Standard Deviation
November 2014	Ownership	17.1	13.2
	Rent	21.3	13.2
	Host	14.9	10.8
	Help	20.4	14.2
	Trespassing	14.8	13.6
Jan. / Feb. 2015	Ownership	9.8	9.3
	Rent	12.3	11.4
	Host	6.6	4.8
	Help	14.4	10.6
	Trespassing	14.6	11.0

Figure 16: CSI by Occupancy Type and Cycle