

1) TECHNICAL ISSUES

Conceptual framework

The conceptual framework behind the IPC is not included in the IPC manual. There may be a need to make it more explicit. Existence of a framework could clarify previous point. This would clarify how indicators from different sectors (health, water, etc.) contribute to inform food security analysis.

Phases / Scale

Explore further options to the names of phases, in particular phases 2 (if not yet solved in Version 1.1) and 3. (to be included in a consumer survey?).

Envisage the development of a distinct scale to capture duration/chronicity of food insecurity or a distinct IPC scale for chronic food insecurity situations (in other words, one scale to capture severity, and one scale to capture duration).

Develop appropriate naming and reference indicators for the further differentiation of Phase 1: 'Generally Food Secure'.

However, it is still not clear why phase 1 has been split while a recurrent lesson learned from pilots should have led to a split of phase 2.

The IPC presents little interest for countries entirely in one colour (especially if in one of the lower phases of the scale). Some guidance could be included on possible breakdown of the phases at country level.

Small point linked to the terminology that will be adopted for Phase 2, in Tables 2, 7, 9, the description of phase 2 may be better amended as "moderately inadequate food access..." rather than "borderline adequate".

Population figures

The inclusion of high risk groups (i.e. the percentage of people in a phase, within a phase) is a source of confusion. Key questions include: i) what is the minimum percentage of people in a phase to qualify a phase? ii) how can a percentage of the population be in a phase when the phase itself is defined by population-level thresholds? These points need to be urgently clarified. Suggestions include: in the manual, at global level, to define the minimum percentage of people within each phase; in the analysis template, at country level, to write the percentage of population within a phase and document the method used to calculate the population estimate.

In Tables 7, 8, 9, the Key Reference Outcome indicator is used to describe the Phases, while in the other tables it is the proportion of the population below or above given thresholds which is used to qualify the Phase. It would seem that the latter approach is the one appropriate for the IPC. How will the tables without such thresholds be adjusted?

Imminent, Early warning, Projected trends and Hazards

In general, the link between the IPC and early warning needs to be better defined and guidance on the early warning process is necessary.

The notion of imminent outcomes versus early warning should be clarified. Some of the suggestions include: i) the consideration of imminent outcomes in the situation analysis (as opposed to early warning) should be clarified; ii) the situation analysis should possibly just be a snap shot of the current situation, to be complemented by a clear early warning statement (e.g. a projection map).

The need/opportunity to have a scale and protocol for early warning/risk of worsening phase and a distinct scale and protocol to describe the projected trend is questioned: both concepts look at projections; the main difference is that the second looks at any trend, positive or negative. Options include: i) delete one of the scales; ii) to make a clearer statement in a distinct projection map.

The consideration of hazards both in the Situation Analysis and in the projection analysis (Risk of Worsening Phase) is potentially confusing. Should only “current or imminent” hazards be considered as Key Reference Outcome indicators, while forecasted hazards are considered in the early warning step?

The timeframe considered for ‘the risk of worsening’ and/or for the ‘projected trend’ would need to be clarified.

Humanitarian assistance

Need to clarify the use of IPC in situations where populations are dependent on high levels of humanitarian assistance.

Response analysis

Need to clarify the link between the IPC and response analysis. Need for a companion manual to conduct a response analysis.

Key Reference Indicators

It is mentioned that ‘process indicators as indirect evidence *can* also be used to substantiate a Phase classification’. Should it say that process indicators *should* also be used to substantiate a Phase classification, or use a similar wording that stresses the importance of considering these indicators in the analysis?

Some elements in column ‘key reference outcomes’ are not outcomes. Therefore, it is recommended to rename that column ‘key reference indicators’ or ‘key references’.

In general, it is suggested to better define and guide ‘indirect evidence’ used in the IPC in absence of direct evidence, and to define thresholds for related indicators. Possibly, an additional column defining indirect indicators could be added to the ‘Reference table’.

Need to review specific reference indicators and thresholds for nutrition, disease, food access/availability, dietary diversity, and others:

- See separate document from TF-AME of Standing Committee on Nutrition on nutrition, food security and mortality indicators.
- Ongoing WFP work on Food consumption score thresholds for the IPC, as a proxy for food access.

- Disease reference outcomes provided also require review and input.

Regarding stunting:

- The Manual indicates that stunting is only included for the Phases of Generally Food Secure and Generally Food Insecure as it is a measure of long-term effects of food security status. This is where confusion between duration and severity persists. If stunting is considered for these 2 Phases and taken as an indicator of severity then what is the reason for not considering it for the other Phases (it could be with the same level as for the Generally Food Insecure Phase)

Regarding food access/availability:

- It is suggested to replace “food access” by “food consumption” (not sure why?).
- Add separate sector and indicator for food availability, such as price levels for staple food items, terms of trade (TOT) against a reference time, harvest data at sub-national level, and the degree of market integration.

Regarding dietary diversity:

- Not sure why it is not integrated in the food access/food consumption sector.
- In Table 8, description of the Dietary Diversity indicator in Phase 2 is confusing as it mixes duration of food insecurity and severity. Suggest “moderate deficit in dietary diversity” instead of “chronic deficit”.

Regarding coping strategies:

- The extent to which coping strategies are outcomes or process indicators should be clarified. Also clarifications needed on the extent to which only coping strategies related to food access and consumption should be considered or also coping strategies related to response to economic difficulties that may not translate into different food access and consumption levels, especially if these are already low. For example, coping strategies to free up or obtain resources to pay for health treatment or for protection.

Regarding destitution/displacement:

- Distinction between these two components may be better. Clarification between extreme poverty and destitution would also be helpful.

Regarding Hazards (Table 13):

- It is not clear why Hazards cannot be a defining characteristics of Phases 3 to 5, especially if the focus is on current or imminent hazards.

Similarly, regarding Structural factors (Table 14):

- It is not clear why Structural factors cannot be defining characteristics of Phases 3 to 5. They should be part of the livelihoods analysis to the same extent as for the other phases, and be used to inform different types of responses.

Frequency and recurrence of crises

If a separate IPC/chronic system is developed, consider adjustment of time range for frequency and recurrence of crises. For example, we would prefer different ranges to capture more dynamic, acute crisis situations: low (≤ 1 year), moderate (2-3 years) and high (≥ 4 years), and limit the reference period to 5 years for “acute emergencies”. But for chronic situations, the proposed ranges would be fine.

Cartographic Protocols

Each addition certainly enriches the map but also overloads it more and makes it less user-friendly. A “consumer satisfaction” survey of stakeholders to whom such maps are targeted would be useful to achieve the right balance.

Social targeting criteria

Currently, for the defining attributes - as part of the cartographic protocols - the manual suggests four general criteria for social targeting, i.e. livelihood system, wealth group, ethnicity/clan and gender with the option for more (but unspecified) groups. For programming recommendations, these categories are possibly too broad, and may need expansion by, for example, “disease affected households”, “children” or other demographic indicators. However, more in-depth assessments are required to implement more refined targeting measures, which take into account basic parameters such as age, sex, health status, displacement status, literacy, main food and income sources, access to basic services and markets.

More clarity is also needed on how the analysis team can determine which of the general criteria is to be used during the IPC analysis.

Templates

Social characteristics should be included on template 1 (not on templates 2 and 3 which identify the reasons behind the situation).

It was recommended to include an “evidence summary” in the analysis template explaining how the phase has been determined, in view of making transparent any internal weighing of the evidence.

Reliability score and confidence levels

The scale and terminology for the reliability score has to be harmonized on the analysis template and on mapping protocol. The consistent use of stars (from one star for a low reliability score, to 3 for a high reliability score) is recommended.

Need to better guide the attribution of a reliability Score. The score depends on the judgement and consensus of the analysis team. The experience of the pilots showed, that there is little guidance in the manual on how to arrive at a reliability score and what factors to consider during that process. Tobias Flaemig has made the following list of factors to consider, as an attempt to provide such guidance:

- The *source of evidence* can range from fully fledged quantitative or qualitative surveys by well acknowledged institutions which aim to be representative at the same level as the IPC analysis up to observations reported in rapid assessments or unconfirmed information on the internet with limited explanation only on how the information was obtained.
- The *relative shelf life* or *age* of information ranging from very recently collected or published up to some years ago. Generally, the shorter the time lag between data collection for the indicator and IPC analysis, the more reliable the piece of evidence as it more likely represents the current status.
- The reflection of *seasonality of information* is related to the age and accounts for seasonal fluctuation from the date/season of data collection to the date/season of IPC analysis or the season the IPC tries to analyse. Prices, coping strategies, diseases, malnutrition rate etc. might look very different by season. Hence, the less the season of data collection and IPC analysis coincide the less reliable the piece of evidence will be.
- To the extent possible, the *methodology of analysis including how data were collected, how enumerators were trained/supervised and what sampling strategy was used* should be reviewed during the IPC analysis. If a report does not provide information on this and if the

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agency/service that conducted the survey is not known for the quality of its data collection and management process, a lower reliability rating may be warranted compared to other cases. Also, if a sampling frame that does not allow conclusions at a certain spatial unit of analysis (which a very low sample size might indicate), information at that level has to be treated with caution and hence is less reliable. In other words, if a piece of evidence suggests a certain value in an aggregate of different spatial units and has a high reliability score, such as the prevalence of wasting at regional level, the same value (prevalence) does not apply with the same reliability to each of the non-aggregated spatial units.

- A similar conclusion applies if indicators values have *large margins of error or confidence intervals* for quantitative data which would suggest that point estimates lack the desired precision and are thus to be considered less reliable.

- Finally, the *accuracy* indicating how close estimates are to the true values should influence the reliability score; the higher the accuracy, the higher the reliability.

In order to easily illustrate the status of data availability, Tobias had also suggested creating a simple data availability index. This index could be composed of the sum of each key reference outcome (one per outcome) multiplied by the respective reliability score (in reverse order, i.e. “very reliable” would need recoding into the maximum value 3, “somewhat reliable” to 2, and “unconfirmed to 0”). The combination with the reliability score would also hint at the overall confidence level of analysis, hence the higher the score for the index the better the data availability and higher the reliability.

II) FORMAT ISSUES

It is crucial to substantially reformat the IPC manual in order to make it not only more user-friendly but also a real guide to the IPC process. Some suggestions to make it a real guide usable at country level include:

- Move a big part of the information not required for IPC usage (including background information) in the annex.

- Provide step-by step guidance, including: duration of an IPC process, institutional aspects, preparation work to be done prior to an IPC workshop, clarification on iterative process to determine the unit of analysis.

- Clarify what the core elements of the IPC are (in addition to what suggested in addendum, the map, even with a slim version of the cartographic protocol, should be considered a core element).

- Address practical questions related to the technicalities and to the process.

The many references to the FSAU should slim down to avoid users being bogged down with the fact that the IPC is specific to Somalia.