

WFP Technical Input to Revising the IPC Manual – September 2007

The following recommendations and ideas for an addendum or future revision of the IPC Manual are based on lessons learned by WFP in recent pilots in Indonesia and Cambodia as well as on discussion held on various occasions including technical online forum and meeting in Rome organised by FAO.

A: Chapter 4.1 Phase Classes, page 12 of the IPC manual:

Recommendation 1 - Revision of Scale

We suggest separating the dimensions of severity and time, and focusing the IPC scale purely on severity dimensions. Therefore Phase 2 “Chronically Food Insecure” should be substituted by Phase 2 “**Moderately Food Insecure**” to indicate the midpoint between Phases 1 and 3 (“Generally Food Secure” and “Acute Food and Livelihood Crisis”). For the time being, indicators and thresholds should remain the same as for the current second phase.

Phase Name	Generally Food Secure	Moderately Food Insecure	Acute Food and Livelihood Crisis	Humanitarian Emergency	Famine/ Humanitarian Catastrophe
Phase Number	1	2	3	4	5

We also agree to the idea to develop a separate scale that focuses on the time dimension. This complementary classification system would be systematically associated with the severity classification system.

With regard to the general description in Table 2 for Phase 1, sliding into more or less severe phases will, therefore, include all phases as opposed to leaving out phase 2.

B: Chapter 4.2 Key reference outcomes, page 13 ff:

The **Crude Mortality Rate (CMR)** and **Under-5-Mortality Rate (U5MR)** measured as # of deaths per 10,000 per day are primarily applicable to emergency situations. For non-emergency contexts, a crude mortality rate with the above denominator might not be available. In addition, the Under-5-Mortality-Rate in Multiple Indicator Cluster Surveys (MICS) and Demographic Health Surveys (DHS) indicates the probability of a child dying before the age of five and as such, it is expressed by using a different denominator, i.e. # of deaths per 1,000 live births. The different denominators prevent easy conversion from one mortality rate into another.

Recommendation 2 - Thresholds for U5MR

Thresholds for U5MR using both denominators should be developed, particularly for food secure and moderately food insecure phases, in order to enable comparison within countries that are prone to chronic, moderate food insecurity but where “valid” MICS or DHS data on U5MR (per 1,000 live births) exist.

Recommendation 3 – Malnutrition

For all indicators of malnutrition, it is important to mention whether the statistical analysis is based on z-scores that relate to National Centre for Health Statistics (NCHS) reference standards or to the new growth standards issued by the World Health Organisation (WHO) in 2006 as the respective prevalence for each indicator might change according to the reference used.

Recommendation 4 – Stunting

For a scale purely based on severity, stunting should not be limited to the phases “food insecure” and “moderately food insecure”. Stunting rates between 20-40% should be classified as “moderately food insecure” and everything above 40% as phase 3 “acute food and livelihood crisis”. This would follow the WHO guidance and interpretation which classifies a prevalence exceeding 40% as “very high”.

Phase	Generally Food Secure	Moderately Food Insecure	Acute Food and Livelihood Crisis	Humanitarian Emergency	Famine/ Humanitarian Catastrophe
	1	2	3	4	5
Stunting	<20%	20-40%	>40%	NDC	NDC

Recommendation 5 - Underweight

Given the lack of sensitivity of stunting to changes in food security conditions and health in the short term and the fact that **underweight** is used as indicator to monitor the progress of achieving the Millennium Development Goals (MDGs) or growth monitoring in health centres, it is suggested to include weight-for-age prevalence below -2 z-scores as a key reference outcome. Proposed thresholds are according to the WHO standard classification: for Phase 1: 0-9.9% (WHO: Acceptable); for Phase 2: 10-19.9% (WHO: Poor); for Phase 3: 20-29.9% (WHO: Serious); for Phases 4 and 5: $\geq 30\%$ (WHO: Critical).

Phase	Generally Food Secure	Moderately Food Insecure	Acute Food and Livelihood Crisis	Humanitarian Emergency	Famine/ Humanitarian Catastrophe
	1	2a	3	4	5
Underweight	0-9.9%	10-19.9%	20-29.9%	$\geq 30\%$	$\geq 30\%$

Recommendation 6 – Disease

This section needs thorough revision by a health expert. So far this section contains vague definitions of endemic, pandemic, and epidemic, and also does not clearly separate the different types of disease although their impact on food security and public health might be significantly different. Hence, it remains questionable whether the inclusion of diseases as currently fleshed out in the manual adds value to the IPC and a means to compare and classify food security status of different spatial units.

Recommendation 7 - Food access to be renamed “Food Consumption”

There are several ways to measure food access. Because it is time consuming and difficult to collect consumption data in kcal, as currently integrated in the IPC, other proxies have been developed and validated. Among various possible proxy indicators, including the FANTA diet diversity score or the DHS food groups indicator, WFP suggests using (when available) the prevalence of Food Consumption Groups (FCGs) based on grouped food consumption scores. The latter is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups. Based on a 7-day recall of 9¹ weighted food groups, a household-specific Food Consumption Score between 0 and 112 is computed and classified into “poor”, “borderline” and “acceptable” food consumption groups.² Household surveys with a food consumption module are used to produce a proportion of households that fall into the respective groups. WFP’s effort in standardizing this methodology will also result in thresholds of proportions of “poor” and “borderline” which can be attributed to the IPC phases. It is expected that these thresholds will be developed and validated through the IPC pilots.

¹ Including condiments with a weight of zero

² The DRAFT guidance on the WFP Food Consumption Score as proxy for food access and food security is attached as separate document.

Recommendation 8 - Food Availability

While the manual acknowledges that access and availability should be distinguished to understand the nature of a crisis and for programming purposes, this purpose is defeated by the fact that availability and access are expressed through one key reference outcome only. In order to provide sufficient weight to each food security pillar and to help conduct the response analysis, we suggest including a separate 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.

Recommendation 9 - Dietary Diversity

In cases where the food consumption score and proportions of food consumption groups are available, we suggest using it as a substitute for dietary diversity in the IPC analysis, because the separate consideration of a dietary diversity index would be redundant.

In cases where the food consumption score is not available, it is problematic to make general distinctions for dietary diversity for the first three phases. This is because the stated reference characteristics, e.g. “consistent quality and quantity of diversity” or “chronic/acute deficit in diet diversity” are not sufficiently precise/quantified. Also, the manual does not specify what minimum percentage of the population in question has to show particular diet patterns that help classify a spatial unit with respective IPC phases. In other words, the minimum number of food groups of a defined set of food groups (10 vs. 12 vs. 15) to be regularly consumed by a household plus a minimum percentage of the household showing this pattern should be developed as a defining characteristic for each phase.

WFP suggests referring to the following 8 (plus 1) main food groups currently used in VAM pre-crisis baseline surveys and food security monitoring systems, which are:

Food groups		Food Items (<i>examples</i>)	Weight	Justification
1	Main staples	Maize , maize porridge, rice, sorghum, millet pasta, bread and other cereals plus Cassava, potatoes and sweet potatoes, other tubers, plantains	2	Energy dense, protein content lower and poorer quality (PER less) than legumes, micro-nutrients (bound by phytates).
2	Pulses	Beans, peas, groundnuts and cashew nuts	3	Energy dense, high amounts of protein but of lower quality (PER less) than meats, micro-nutrients (inhibited by phytates), low fat.
3	Vegetables	Vegetables, relish and leaves	1	Low energy, low protein, no fat, micro-nutrients
4	Fruit	Fruits	1	Low energy, low protein, no fat, micro-nutrients
5	Meat and fish	Beef, goat, poultry, pork, eggs and fish	4	Highest quality protein, easily absorbable micro-nutrients (no phytates), energy dense, fat. Even when consumed in small quantities, improvements to the quality of diet are large.
6	Milk	Milk, yogurt and other diary products	4	Highest quality protein, micro-nutrients, vitamin A, energy. However, milk could be consumed only in very small amounts and should then be treated as condiment and therefore re-classification in such cases is needed.
7	Sugar	Sugar and sugar products	0.5	Empty calories. Usually consumed in small quantities.
8	Oil	Oils, fats and butter	0.5	Energy dense but usually no other micro-nutrients. Usually consumed in small quantities

9	Condiments	Food items consumed in very small quantities	0	
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Recommendation 10 - Water Access/Availability

The pilot experience suggests that currently few, if any, data are available that measure the access to / availability of water in liters per person per day. They are particularly difficult to obtain in normal development settings that do not compare to those in refugee camps. More commonly, information is available on the percentage of households that have access to water, which can be further broken down by the source of water. While this information can already be used as supporting evidence, it remains to be proved whether reliable information about the quantity, as well as the quality, of water can be obtained. Thus, we suggest that pilots look into this indicator to identify possible improvements.

C: Priority Areas for Clarification

Scope of the IPC

For WFP the entry point to the integrated phase classification is clearly food (in)security. When introducing the IPC, WFP's focus and aim is to be consistent in the way food insecure populations are categorized by geographic areas or livelihood systems. This also means improving the comparability of classifying the severity, nature and projected trend of food insecurity within and between countries, and over time.

Data availability

Two components drive the decision on the level of aggregation or spatial unit at which the IPC situation analysis should be conducted: (i) the degree of detail with regard to spatial units decision makers need to have for well-informed decision making and, (ii), whether data for these spatial units are sufficiently reliable for the various key reference outcomes.

Two broad scenarios of constraints or a combination of those arise for the second component:

- i) In general, only a limited number of reference outcomes are supported by data; either they are not at all available or aggregated to higher levels of spatial units/administrative boundaries than desired.

In general, the lack of some of the data for key reference outcomes does not prevent conducting an IPC analysis. The analysts can arrive at a phase classification even with the support of indirect evidence, in addition to the available key reference outcomes. These indirect evidence indicators can be proxies for the missing data on the key reference outcome.

However, the lack of data might inevitably result in a phase classification that is driven by malnutrition and mortality figures³ and influenced by arbitrary sources of indirect evidence. Nevertheless, key to the IPC is the consensus of the analysis team about whether the information base is sufficient or whether additional data collection efforts need to be carried out. In fact, the IPC provides the opportunity to actively advocate for the collection of data that are not adequately available.

Recommendation 11 – Data Availability Index

In order to easily illustrate the status of data availability, we suggest 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 order⁴). The combination with the

³ In case these data exist which, in general, is more likely than for other indicators.

⁴ “Very reliable” would need recoding into the maximum value 3, “somewhat reliable” to 2, and “unconfirmed to 0”.

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) Data are available but considered too old or of limited adequacy.

There is no standard shelf life for data which also depends on the type of indicator and the context. For some countries, evidence might suggest that malnutrition has not changed considerably or that the mortality rate has been within the same range over a certain period. Yet, in other countries with civil conflict and displacement the nutrition status might be very different from one to two years ago. If data are considered comparatively old or with too high margins of error, the team of analysts needs to reflect these facts by assigning a lower reliability score for the respective indicator or, ultimately, disregard the data.

Recommendation 12 – Reliability Score

Each piece of evidence gets a Reliability Score assigned which currently has three levels:

- 1 = very reliable
- 2 = somewhat reliable
- 3 = unconfirmed

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. The factors below help determine which level is assigned to the evidence. As these factors have a different influence on the reliability for each key reference outcome or indirect piece of evidence, there is neither a standard weighting system of these factors nor a golden rule about which combination leads to which final reliability score. Rather, the score depends on the judgement and consensus of the analysis team. As such, the below list is meant to provide guidance on which factors need consideration.

- i) 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.
- ii) 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.
- iii) 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.
- iv) 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 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.

- v) 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.
- vi) 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.

Recommendation 13 –Indirect Evidence Thresholds

As discussed above, indirect evidence supports the interpretation of key reference outcomes, has a key role in the absence of data for direct evidence and helps guide the response analysis. Currently there is little guidance as to which indirect indicators should be captured with which thresholds. In general, the selection of indicators is contingent upon data availability and the analysis team’s decision. Some indicators of the following set are among those that were used in the WFP pilots. However, commonly accepted thresholds according to the 5 IPC phases do not exist for these indicators and it may partly be difficult to standardize across countries. While we support continued work on thresholds for indirect evidence indicators, we propose using comparisons with regional and national averages to help interpret the general trend of indirect evidence.

Indirect evidence indicators	Relation to key reference outcome
Infant Mortality Rate	Mortality
Prevalence of moderate and severe anaemia	Malnutrition
Prevalence of night blindness in women and children	Malnutrition
Prevalence of mid-upper-arm-circumference (MUAC) in children below 5 years of age	Malnutrition
Coverage of measles in children below 5 years of age	Disease
Coverage of general vaccinations in children below 5 years of age	Disease
Prevalence of HIV among adults	Disease
Contamination of mines and UXO ⁵ or # of deaths due to UXO	Food access
Terms of Trade	Food access
Rate of Primary school enrolment, absenteeism and drop-out	Livelihood assets

Cartographic Protocols – Projected Trend – Trend Analysis

The current cartographic protocol introduces three different arrows for the “projected trend”, i.e. i) improving situation, ii) no change or uncertain or mixed, and iii) worsening situation. At the same time the templates part 2 and 3 each provide a column for trend analysis using the same three categories.

This poses two problems:

- 1) Firstly, it is not clear to what the trend analysis refers in either case. Is it the trend of the “immediate hazard” or of the “direct food security problem” or of the “effect on livelihood strategies” or, finally, of the “proportion of the population affected” in part two of the templates? Likewise in part three of the template the trend could relate to the “phase classification”, the “underlying cause” or the “effect on livelihood assets”. Finally, in the call out box of the map, it is not clear whether the arrows on the map refer to the overall phase classification or to the trend(s) that should be elaborated in part two/three of the templates.

⁵ Un-exploded ordinance; both mines and UXO contamination were used in the WFP Cambodia IPC as limiting factors for food access in those provinces where the number of casualties was above 700 for the period 1979-2003. They represent, to a different degree, idiosyncratic as well as covariate shocks to food access and availability.

- 2) Secondly, the horizontal, two-headed arrow assigns one symbol to three different interpretations (no change, uncertain, mixed) which confuses the trend and the confidence about it.

Recommendation 14 – Cartographic Protocols

While flagging the lack of clarity of the first issue, the solution to the second issue is quite straightforward. The introduction of either another symbol or another form of arrow (e.g. dotted) would eliminate the confusion.

Nevertheless, projected trend should not be confused with early warning, for which a different cartographic protocol exists. Early warning also results from a different analysis.

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.