

Lessons Learned

during

**Pilot Implementation of the
Integrated Food Security and
Humanitarian Phase Classification
(IPC)**

Indonesia (December 2006)

Cambodia (February 2007)



Background Material for FAO Technical Meeting IPC 21-22 March 2007

BACKGROUND

Under the Strengthening Emergency Needs Assessment Capacity (SENAC) project, WFP is working closely with FAO and other partners to **develop, implement and advocate a commonly accepted, standardized tool for classifying food insecurity**. This is based on the Integrated Food Security and Humanitarian Phase Classification (IPC) approach for situation analysis and early warning that identifies and seeks to establish broad-based consensus among key stakeholders (e.g. governments, UN and NGO agencies, donors, the media, and target communities) on the severity, underlying causes, and expected trends in a country's food security. It classifies situations into five phases: (1) Generally Food Secure, (2) Chronically Food Insecure, (3) Acute Food and Livelihood Crisis, (4) Humanitarian Emergency, and (5) Famine/Humanitarian Catastrophe. As currently designed, it is more sensitive to 'crisis situations' (Phases 3-5), and less so for longer-term development planning (Phases 1-2).

The IPC has been used in Somalia for several years and is currently being piloted in several countries in the Greater Horn of Africa (GHOA). During 2007, the focus will be on conducting country level pilots in different regions and developing relevant lessons on how to adapt the IPC approach in other countries and situations. WFP will focus on piloting the IPC to:

- (i) Determine how best to establish linkages between the IPC and WFP food security analysis, assessment, and monitoring/early warning products (EFSAs, CFSVAs and FSMS), with the goal of refining and eventually adopting a standard classification approach for these products, and
- (ii) Provide further inputs and suggestions on how to improve the IPC as a tool for standardizing situation and response analyses.

The pilots will feed into the collaborative process with FAO and other agencies on the development of the IPC, which includes refining the current IPC guidelines, and pursuing a global multi-partner strategy to roll-out the IPC approach in 2008-2010. WFP will also give priority to building in-house capacity to participate in future IPC roll-out exercises.

This document illustrates lessons learned during the IPC pre-pilots in Indonesia (December 2006-January 2007) and Cambodia (February-March 2007).

Lessons Learned from IPC Indonesia

PART 1, Specific lessons for Indonesia Follow-up

The IPC pilot in Indonesia was part of an assessment that was required as the basis to formulate WFP's new PRRO¹ for 2008-2010. The exercise took place between 5-22nd of December 2006.

The IPC pilot in Indonesia received in general a positive response from the Government and NGO stakeholders. The main reason was that the IPC approach was not felt to be a threat to the methodologies that the government and research institutes were using and thus they appreciated that previous work (studies and databases) were being used for this new exercise.² The fact that it was an integrated approach and e.g. Ministry of Health was part of the taskforce in a Food Security Assessment was also seen as strength.

Lessons learnt

1. A very important part of the IPC exercise was the task force³ that was able to validate the thoughts and outputs of the assessment team. (Had the IPC approach not been piloted, then the involvement of some of the stakeholders may not have been obtained). However, the timing of the assessment, and the fact that very short notice was given to stakeholders limited their involvement in the process and it is believed that had the assessment taken place during any other period than the last month of the year participation from relevant partners would have been greater.

2. The team did not have the opportunity to triangulate information through field visits, which might have been useful especially when trying to put a phase classification on Java or where doubts on information existed. Due to the large population density of Java and huge contrasts that exist within the communities the team did face difficulties in how to best present this in the IPC map.⁴ Some purposive visits to villages throughout Java and other parts of the country to collect some primary data, to update and confirm provincial and district averages could have been useful. Though, considering the size and spread of the country, that option was practically not feasible in the time available.

3. The team was faced with the challenge of dealing with a country with 17.000 islands and 440 districts. In order to carry out the exercise within the given timeframe, zoning was explored which allowed simplification of areas based on common characteristics.

¹ Protracted Relief and Recovery Operation

² The GoI with support from WFP produced a Food Insecurity Atlas in 2005 and a Nutrition Map in 2006 which the IPC built on.

³ The taskforce was formed during the very introductory IPC meeting on the 7th December and had an active participation from MoAgr, MoH, FAO, ACF and two research institutes.

⁴ This is the difficulty brought by attempting to summarise the information into a map especially when livelihood groups are not homogenous

This facilitated analysis and subsequently also the IPC classification. However, inherent in zoning is averaging that may have resulted in oversimplification of complexity and diversity within zones.

4. Parts 2 and 3 of the Analysis Template⁵ could not be filled in due to lack of time.

5. Applying the IPC indicator thresholds to the Indonesian context was shown to be a challenge. Stunting e.g. illustrates the issue well and the IPC guidelines suggest >20% as the divide between Phase 1 and Phase 2. However, stunting is a serious problem in Indonesia with the national average about 40% and some provinces reporting as high as 60% stunting rate. A classification based purely on this indicator would have resulted in the whole country being classified in phase 2 without differences between districts. Therefore, the stunting threshold for Phase 2 was set at the national level. The same was done for U5MR. However, the aim of convergence of evidence and the eventual map of the overall phase classification might inherit the danger of losing information of particular indicators and their particular severity.

6. The hazard data was obtained from Government and UNDP supported databases which are based on media reports and may not include all events. Indonesia is plagued with a range of hazards: earthquakes, tsunami, floods, forest fires and drought. However, the percentage of population in this densely populated country affected by hazards is a small fraction compared to the people living in constant poverty and with acute malnutrition.

7. With respect to food security, two timeframes are used in Indonesia; Long term structural factors are prominent in Phase 1 and Phase 2 areas and Immediate/short-term hazards dominate Phase 3 areas. With a high confidence level, it could be concluded that rapid changes in Phases 1 and 2 are not foreseeable in the next few years. Livelihoods and the resulting food security status of people will remain constant with little change. Presently, there are no plans or activities that could drastically change the situation. In contrast, areas prone to hazards could have their food security status changed drastically overnight (earthquakes, volcanoes) and predicting the occurrence of a hazard demands an element of forecast. A study of historic data revealed that hazards such as floods, Tsunami waves and earthquakes could not be predicted with great certainty. Predicting even a few months ahead introduced a high level of uncertainty. This raised the issue of what timeframe the Indonesia IPC map should cover.

Two other considerations contribute to such a decision. First, most government and non-government plans are drawn up for two to five year interventions. The planning process itself would take a year or even more. Therefore, any planning tool, such as an IPC map, should cater to such timeframes. Second, with current limitations to data update capacity, the analysis and maps could be updated, would be, at the earliest, on an annual basis.

⁵ Part 2 helps analyse immediate hazards, effects on livelihood strategies, and implications for immediate response. In part 3 underlying structures, effects on livelihood assets and opportunities for mitigation in the medium and long term are analysed.

Recommendations:

- *More efforts should be made, in the follow-up, to better prepare the taskforce for their involvement by improved planning*
- *For the sake of updating the map at a regular interval (for the early warning part), some dialogue with the Task Force at regular intervals through emails should be sustained.*
- *Purposive field visits could be considered to zones that are predicted to be difficult to assign a phase classification in order to validate information and cross check that averages are representative.*
- *It will be important in the follow-up exercise to record what national averages were used for thresholds, e.g., stunting, in case these averages have changed.*
- *Analysis and the IPC map should reflect both long-term and short-term scenarios.*

PART 2, Lessons for Future IPC Needs Assessment Pilots

The overall advantages with the IPC approach as experienced in the Indonesia pilot were 1) the integrated approach and 2) existing studies and databases were used, which resulted in a positive response by the government and stakeholders.

3) GoIndonesia, with support by WFP, produced a Food Insecurity Atlas in 2005 hence presenting food security results in maps was not new but what was a new, valuable and at the same time curious addition in the IPC approach was the element of early warning built into the classification.

Lessons learnt and future considerations

Phase 2: A major proportion of the population in countries like Indonesia falls into the phase of Chronically Food Insecure. That renders Phase 2, with respect to national policy and planning, the most important Phase in the country. Consequently government and donor efforts currently concentrate on this category of the population. However, government and non-government interventions can only target a small proportion of these millions of people. It is therefore critical for planners and implementers to be able to further divide the Phase 2 population into subdivisions to assist with targeting of the most vulnerable. Otherwise supporting analysis and text is needed as it may be difficult to have different shades for a geographical area with high density population which is heterogenous as Java.

These subdivisions may be based on levels of food insecurity, causes of food insecurity, potential interventions, or a combination of these factors.

Indicators: The data available and collected in Indonesia did not include all indicators listed in the IPC reference table. Instead similar indicators were available at district level but consequently without IPC thresholds. Instead of Crude mortality, most studies relied on infant mortality rate. Since IPC guidelines do not cover IMR, using this data set forced the analysts to assign IMR ranges to each Phase. A similar situation was found with Underweight, a Millennium Development Goal indicator and therefore collected by most countries, which was available at district level instead of acute malnutrition (wasting).

Consistency over successive IPC exercises may be ensured by using the same ranges in future assessments. However, in the absence of IPC guidelines on this, the assigned ranges are open to interpretation and debate, increasing subjectivity to the analysis.

Other indicators that were used in the Indonesia exercise as supportive indicators in the absence of IPC guidelines were: poverty, micronutrient deficiency, and the livelihood assets like access to clean water, access to health care and female literacy levels.

Thresholds: The IPC Technical Manual includes thresholds for key indicators in each phase. Applying these guidelines to Indonesia posed interesting complications. Stunting and under-five-mortality-rate illustrate the issue well and have been discussed above. The national averages were adopted for these two key indicators as threshold for phase 2.

Spatial Distribution: Indonesia is a very diverse country in many ways and this also applies to population density with Papua being sparsely populated whilst in contrast, Java has 60% of the population but 7% of the land coverage. Within the same area, such as Java, food insecurity varies considerably amongst the population. Moreover, the size of areas under threat from hazards may be so small compared to the overall size of Indonesia that they either do not appear or appear as tiny dots on the national map. Without accompanying text and numbers, the spatial illustration may hide vital facts leading to potential misinterpretation. It is therefore important, while illustrating the food security in large countries like Indonesia, to accompany maps with appropriate text and tables.

Subjectivity: By design, the IPC through its 'convergence of evidence' approach requires analytical interpretation on the part of the analysts in making the Phase determination, which enable contextualization of the situation. The flexibility allows utilizing 'all' available data sources for a particular area. This meant that different areas of the country were, at times, evaluated through different information sources and data sets. The team in Indonesia felt uncomfortable with the level of judgment calls that were required when classifying the zones into phases and felt that the subjectivity could expose the classification to criticism where 'expert opinion' may in reality be insufficiently substantiated.

Recommendations:

- *Discussions and future pilots should look into a grading system within the Chronically Food Insecurity Phase. The current IPC classification is very much based on the experience in emergency countries and thus has three phases for different levels of crisis but only one phase for Chronically Food Insecurity. It is suggested to introduce 2-3 shades of yellow (the color of phase 2)*
- *It is recommended that a few more key indicators are included in the IPC reference table e.g. underweight, IMR and micronutrients (iron, vitamin-A) that are often available. A consensus on thresholds for new key indicators is thus indispensable. A process indicator which the Indonesia pilot recommends to be included is poverty, thus percentage of people living below the poverty line.*
- *With regards to Indonesia where two key indicators were much worse than supporting indicators (U5MR and stunting) and consequently the national average was adopted as a threshold does affect the level of comparison with other countries IPC results. It is recommended that the Technical Manual includes a chapter on how to deal with similar situations.*
- *Attempt should be made to fill up at least Part 2 of the Analysis Template. This would ensure that the response options are flowing from the phase classification analysis.*

Lessons learned from IPC Cambodia

The IPC pilot in Cambodia was also part of an assessment required as the basis to formulate WFP's new PRRO in Cambodia 2008-2010. An external mission from WFP's regional bureau, supported by staff from the country office of Indonesia, headquarters, as well as the Cambodian Country Offices of WFP and FAO conducted the exercise in country from 5 to 23 February 2007.

Part 1: Lessons learned related to the process

1. Establishment and involvement of a technical working group/stakeholder group:

For the Cambodia assessment, key partners such as UN agencies, Government institutions and NGOs were informed and invited to participate in the IPC process only upon the arrival of the assessment team. While this initiative is extremely important for the IPC and one of the values added to an assessment, the rather late initiative deferred the initial meeting in the first week and did not accommodate the growing interest of partners during the mission. It also jeopardized individual schedules of partners and delayed data gathering because a number of reports as well as data were only made available during the course of the mission, some during the final days. However, the coordination role of country office staff who managed the process to get the technical working group was a big support to the team.

Recommendation:

- *Stakeholder discussions should be initiated at least two weeks before an assessment mission arrives. "Secondment" or participation of technical staff of stakeholders to the Technical Working Group should be encouraged during these discussions.*
- *A conference call should be organised involving the mission members, the CO team and HQ facilitators at least 2 weeks prior to the mission in order to discuss the expectations from the CO during preparatory phase.*

2. WFP driven process

While WFP expressed the need to obtain a supporting assessment document for the design of the PRRO (to start at the beginning of 2008) and thus piloting the IPC, the interest and participation of partners in Cambodia was less pronounced. WFP required a document within a relatively short period of time. On the other hand, activities, plans, and differing interests of partners are a constraint to the constant participation of stakeholders in the analysis. This clearly limits continuous local input into most steps of the IPC approach, most notably into the situation analysis and provision of local knowledge, data gathering and interpretation etc.

Additionally, the continuous participation of FAO in terms of direct support by a permanent mission member was not possible because the FAO staff had other priorities and required much more advance notice in order to identify and assign a suitable staff

member. Support from FAO/Rome also was not optimal, because analysis units were not in the position to release information on essential data analysis related to food access before a stakeholder workshop and the official launch of survey report at the end of March.

Recommendation:

- *Expectations and roles should be clearly discussed and agreed upon with all team members and seconding agencies; sufficient lead time should be provided for these steps.*

3. Data availability and quality:

Although the list of available data for Cambodia looks impressive and promising at first glance, it was felt that the quality and availability of data was limited with regard to three aspects: i) age of the data, ii) high level of aggregation to provincial and higher levels (e.g. agro-ecological zones), iii) quality of data analysis, iv) reduced reliability of values in case of very small sample sizes in some provinces during the Cambodia Demographic Health Survey. All four factors make it difficult to provide sufficiently robust analysis as the basis for detailed programming recommendations. Given that some data are out-of-date, and the low frequency of updating relevant survey data, more recent changes in food security levels are not easily traceable, i.e. from 2005 to 2007, even if the situation is considered chronic for Cambodia.

Additionally, the IPC in Cambodia was supposed to assess the whole country as there was no specific crisis to focus on. Insufficient or localised household level analysis made it difficult to cover the whole country with the same level of details.

Caution has to be exercised to ensure that the IPC maps and other related outputs do not compete with the existing food security atlas. Therefore and in order not to create contradiction, one instrument should feed the other, ideally the IPC into the atlas as the latter is an already officially endorsed document which, during the development, did not embark on IPC methodology and thresholds. The advantage of updating the atlas using the IPC would comprise the strengths of the IPC, i.e., rigour, comparability, transparency apart from the use of more recent data.

4. Administrative support

The WFP Country Office (CO) in Cambodia provided very helpful administrative support in terms of arranging appointments, sending emails to partners and invitations for meetings, arranging a field trip as well as organising and contributing to data analysis and mapping the findings. Effective administrative support made a significant difference to the success of the exercise.

Recommendation:

- *Agency CO staff should provide part- to full-time administrative support, particularly if all mission members come from outside.*

5. Duration of assessment

The team felt that 3 weeks for the entire assessment is ambitiously short if the attempt is made to follow all steps of the IPC guidelines. For example, time was not sufficient to validate information in the field for more than one day, to extensively discuss data and findings with the technical working group, or to fill out all parts of the analysis template,

in particular parts 2 and 3. Filling out part one of the template took considerably more time than expected. This might even increase if data disaggregation was below provincial level and/or covered more than 24 provinces.

Recommendation:

- *To split the process into three phases including to provide sufficient time for each phase, i.e.*
 - *Preparatory phase for data collection and establishment of technical working group*
 - *Thorough situation analysis concluding with phase classification and mapping results*
 - *Separate response analysis based on completed situation analysis.*

6. Field trip

Since most members of the assessment team were external it was extremely useful to schedule a field trip in order to get a first hand impression in 3 villages, to contextualise triangulate, crosscheck and as well as to update initial findings through key information. However, the short time frame prevented field trips into areas that are much less known, and, therefore, where direct observation would have been most useful.

Recommendation:

- *To strategically plan field visits to allow the team to validate conclusions through structured key informant interviews in the field – especially for areas where information is old or of poor quality.*

Part 2: Lessons learned related to technical issues

1) Gradation of the “Chronic Food Insecurity” phase

As experienced during the recent pilot in Indonesia, Cambodia is to a large extent chronically food insecure as per the current IPC classification. Developing a map that inadequately details the existing differences in the type and degree of chronic food insecurity provides limited benefit for programming purposes. Therefore, the IPC group tried to differentiate the “yellow = chronic food insecure” phase into 2 shades, i.e. low and high chronic food insecurity. Despite the limited data available that are i) recent enough to portray the current situation, and ii) reliable enough to conclude with a classification, an attempt was made to differentiate the distribution of values for the direct evidence ‘malnutrition’. Thus the thresholds for outcome indicators underweight and stunting were suggested using existing classifications of WHO. Details are described below. Similarly, the outcomes used as indirect evidence were given thresholds, which however, might only apply to the Cambodian context.

2) Nutrition and Disease Indicators

Generally, the team decided to rename the respective row in the template 1 from ‘Acute Malnutrition’ to ‘Malnutrition’, to capture both chronic and acute malnutrition.

a) Direct key reference outcomes

Underweight is normally not considered as a direct key reference outcome of the IPC. However, in the Cambodian context, prevalence for underweight seems to (a) be closely linked to stunting and (b) in some provinces it is higher than stunting, while wasting is

not very prominent in most provinces of Cambodia. In general, underweight is used in the Millennium Development Goals (MDG) indicators, for Mother-and-Child Health programme monitoring, and for growth monitoring of implementing partners.

Hence, the team decided to consider underweight as a direct key reference outcome for the IPC phase “chronic food insecurity”. Given that stunting, underweight and wasting were considered as direct key reference outcome indicators, the relevant row in the template was renamed “malnutrition”.

Given the discussion above (gradation) it was decided to use the following thresholds for underweight, wasting and stunting within the chronic food insecurity phase:

	Wasting	Underweight	Stunting
Low chronic food insecurity	3-5.9%	10-29.9%	20-39.9%
High chronic food insecurity	6-9.9%	≥ 30%	≥ 40%

Recommendation:

- To include underweight as indicator for direct evidence as stunting is not sensitive enough to changes in food security conditions and health in the short term.

b) Indirect evidence outcomes

In support of the above nutritional indicators, the

- prevalence of (moderate + severe) anaemia,
- the prevalence of night blindness in women and children,
- the percentage of children living in households that consume iodised salt,
- the coverage of measles and general vaccination on measles for children <5 years,
- prevalence of diarrhoea 14 days prior to Cambodia Demographic Health Survey⁶
- prevalence rate of HIV among adults,
- case detection rate for tuberculosis, and
- risk grade for malaria

were included as indirect evidence for malnutrition/disease. In order to differentiate between low and high chronic food insecurity and in the absence of commonly agreed upon international thresholds that refer to the IPC phases, the national and regional average was included as a threshold where deemed appropriate or available.

	Anaemia <5ys	Anaemia women	Measles vaccination coverage children	Vaccination (all) coverage, children	Children in H'holds consuming iodised salt	Diarrhoea
National average	32.8%	11.3%	76.9%	66.6%	72.5%	39.5%
Low chronic food insecurity	15-32.8%	5-11.3%	80-89.9%	80-89.9%	72.5-89.9%	20-40%
High chronic food insecurity	> 32.8%	>11.3%	<80	<80	<72.5%	>40%

⁶ Included as indirect evidence for disease.

Recommendation:

- *To review indicators and thresholds of indirect evidence by IPC/nutrition experts, especially in how far national average can help differentiate phases to guide future pilots and eventually the development of standard indicators for indirect evidence.*

3) Crude Mortality Rate vs. Infant and Under 5 Mortality Rate

The team felt that the crude mortality rate, apart from the fact that its values are not different between the 24 provinces, is not an appropriate indicator for chronic food insecurity situations. This is also because its denominator is expressed as xx per 10,000 per day, which is more appropriate for emergency situations.

Therefore, the crude mortality rate did not factor into the overall analysis to a great extent. More weight was given to infant mortality rate and under 5 mortality rate, both per 1,000 live births and used as indirect evidence.

4) Food access and availability

Mines and Un-exploded Ordinances (UXO) contamination were used as limiting factors for food access in provinces where the number of casualties was above 700 for the period 1979-2003. Both factors, to a different degree, represent idiosyncratic as well as covariate shocks to food access and availability.

Data from the Cambodia Socio Economic Survey 2004 (CSES) were shared by the National Institute of Statistics (NIS) and included energy intake per capita in kcal, which was computed through expenditures. The IPC team tried to incorporate average consumption by income deciles where the consumption was below 2,100 kcal/p/day as direct evidence. However, the reliability of this indicator was considered rather questionable for both methodological and reasons related to actual results.

5) Limited direct evidence – classification driven by malnutrition and indirect evidence?

A glance at the templates clearly indicates that key reference outcomes for Cambodia are not available in abundance. Apart from data on mortality rates, prevalence of malnutrition and rather unreliable, unpublished data on kcal intake (calculated via expenditures, highly aggregated), little other direct evidence was available to help classify provinces. Therefore, classifications might inevitably have been driven by malnutrition figures and influenced by a number of indirect sources of evidence.

6) Social targeting criteria as defining attributes of crises areas

As discussed above, the IPC in Cambodia revealed limits of applying the IPC approach in a development context. With regard to the defining attributes of crises areas, the IPC manual suggests the following “criteria for social targeting”: livelihood system, wealth group, ethnicity/clan and gender. These are to be listed in the call out box and be mapped. The IPC team felt that these categories are too broad for programming recommendations and would have preferred more freedom in selecting and/or specifying social targeting criteria. However, even with the expansion of the above set of criteria by “Children/Adolescents” and “Disease affected households” development activities require much more refined social targeting.

Recommendation:

- *To review social targeting criteria, that are specific enough to guide country specific programming, while providing opportunity for cross country comparison.*

7) Trend analysis

Given the fact that parts 2 and 3 of the analysis templates were not completed during the assessment, the trend analysis for both the hazards and the underlying causes remain weak. However, the guidelines are not clear on how to conduct the trend analysis. In particular, identifying trends from data that are two or more years old and subsequently projecting is not very straight forward.

It also seems that trend analysis has more potential for crises rather than for chronic situations, where situations are unlikely to change quickly or frequently. Taking into account the limited timeframe over which the IPC is generally considered to be valid, strengthens further the argument not to include trend analysis in chronic situations.

Last but not least, it is important to note that the cartographic protocol assigns the same symbol to areas for very different reasons. The arrow “↔” depicts “no change, uncertain or mixed”, while there is a considerable difference between uncertainty based on the lack of evidence and an unchanged situation.

Recommendations:

- *To introduce a fourth category and symbol for the trend analysis in order to better differentiate, i.e., describing ‘worsening’, ‘no change’, ‘improving’, and ‘uncertain’.*
- *To elaborate the guidelines for trend analysis.*
- *For chronic situations, to consider excluding the trend analysis from the exercise.*

8) Hazard vs. underlying cause

Given the situation of chronic food insecurity with recurring droughts and floods and persistent contamination of mines and un-exploded ordinances in different areas, the IPC team had difficulties in differentiating hazard and underlying cause. For this pilot, the team decided to only consider floods as an immediate hazard as they would occur during the course of the next rainy season, i.e., during the next 6 months, whereas the impacts of an agricultural drought would not be predictable at the point in time of the survey. Furthermore, mines/UXOs were considered a structural constraint to cultivation and food production and so qualify as underlying cause.

Recommendation:

- *To provide further guidance in the subsequent version of the IPC manual on the distinction of hazards/underlying cause and, in particular, the time frame for which hazard should be documented.*