OVERVIEW

Since its inception, the IPC has focused primarily on the analysis and classification of food insecurity situations and related outcomes. Although nutrition elements are integrated within the IPC analysis, currently the IPC does not incorporate a full nutrition situation overview in terms of considering malnutrition caused by other factors than food insecurity.

With the constant expansion of IPC, a new interest has risen to complement the standard IPC analysis with a comprehensive nutrition component. In response to this demand from countries and governments, in 2014, the IPC Global Partnership committed to developing the IPC Acute Malnutrition Classification tools and procedures based on the Nutrition Classification used by the Food Security and Nutrition Analysis Unit (FSNAU) in Somalia.

The development process started in February 2014 with the establishment of an IPC Nutrition Working Group (IPC NWG), which includes experts from IPC Global Partnership, CDC, FSNAU, Institute of Child Health/University of London, Standing Committee on Nutrition (WHO), UNICEF, FANTA, WHO, and the World Bank.

The FSNAU’s tool was reviewed and a prototype IPC Acute Malnutrition Classification was developed and piloted in three countries in 2014. The new Acute Malnutrition tools and procedures will be revised in order to be compatible with whatever nutrition data collection systems, methodological approaches, and institutional arrangements that exist in-country, allowing comparison of findings over time and across countries.

The piloting and roll-out of a complementary IPC Acute Malnutrition Classification to be integrated in the IPC approach is a key component of the IPC Global Strategic Programme (2014-2018).

PURPOSE AND GLOBAL CHALLENGES

The resulting fully integrated IPC Food and Nutrition Security Phase Classification will include both the analysis of malnutrition caused by non-food related factors, such as inadequate caring practices and disease-related causal factors, as well as food related factors.

Inclusion of a separate but complementary classification for nutrition situations equips the decision-makers with a full understanding of both underlying and direct factors that affect nutritional vulnerability, which will facilitate:

- Better targeting of interventions
- Increasing coordination between humanitarian and development response, and
- Integrated response for achieving food and nutrition security

The IPC Food & Nutrition Security Phase Classification has a potential to bring together different global groups of stakeholders: the food security community and the public health community, and the humanitarian and development actors.

It will contribute to meeting the global challenge of addressing malnutrition and achieving nutrition security by informing comprehensive programming which includes investments in nutrition and food security.
THE CURRENT PROTOTYPE

SAME IPC ANALYTICAL APPROACH

⇒ Focus on severity and causes
⇒ Evidence-based analysis and convergence of evidence
⇒ Thresholds linked to international standards
⇒ Technical consensus sought among multi-sectoral experts
⇒ Links to response
⇒ Quality assurance for technical rigor and neutrality
⇒ Communication for action in a consistent and effective manner
⇒ Use of Reference Tables, Analysis Worksheets, and Mapping Protocols for standardized analysis

RELATIONSHIP BETWEEN IPC ACUTE FOOD INSECURITY AND IPC ACUTE MALNUTRITION CLASSIFICATIONS
AN ALL INCLUSIVE DEVELOPMENT PROCESS

The IPC Nutrition Working Group (IPC NWG) has been established in February 2014 to lead technical development and piloting of the prototype of the IPC Acute Malnutrition Classification. As of today, it includes which 21 representatives from 17 leading food security and nutrition organizations/entities including IPC Partner Agencies, CDC, FSNAU, Institute of Child Health/University of London, Standing Committee on Nutrition (WHO), UNICEF, FANTA, WHO, and the World Bank.

The first prototype was developed in June 2014 and has been going thorough piloting and revision. In 2014-beginning of 2015, five country pilots have been carried out in Kenya, South Sudan, Bangladesh, Central African Republic, and Niger respectively with the support of IGAD/FSNWG for East and Central Africa, SADC in Southern Africa, SAARC/ASEAN in Asia and CILSS in West Africa.

The IPC NWG Group also held three technical development workshops and several consultative meetings during 2014. A key outcome of the meetings is an improved IPC Acute Malnutrition Classification prototype based on the review of the lessons learned and feedback from the pilots.

It has been also agreed to carry out 2-3 more country pilots using the revised prototype and have another physical meeting again in August-September 2015 to discuss the results.

The IPC Nutrition Classification tool is expected to be finalized in August/September 2015, resulting in the development of the IPC Acute Malnutrition Classification Manual and associated training materials, by the end of 2015. The roll-out of the improved IPC Acute Malnutrition Classification is expected to start in 2016.

IPC NUTRITION WORKING GROUP (IPC NWG)


FSNAU Nutrition Classification

The FSNAU Nutrition Classification tool was developed in Somalia in 2007 based on the UNICEF and Lancet Conceptual Frameworks. The purpose of the prototype is to classify the severity of acute malnutrition caused by non-food security factors such as disease, water, sanitation, and social and care environment, access to health care and the overall health environment.

NUTRITION IN IPC

In the IPC Acute Food Security Classification, nutrition is captured in the analysis in two ways: nutrition is examined in terms of inadequate quality and/or quantity of consumption of food which leads to malnutrition; and it is also an input to food security (nutritional status affects human capital and for example labor productivity, which has an impact on vulnerability aspects and livelihood strategies).
LESSONS LEARNED AND LOOKING FORWARD

According to the feedback received and lessons learnt through the pilots, IPC Acute Malnutrition Classification was found very useful to classify areas based on acute malnutrition outcome and prioritize the scale and type of response. Countries that have piloted the tool have already started using it. There is also growing interest in the tool in other countries.

The IPC Acute Malnutrition Classification has helped with macro level analysis on the causes of malnutrition in addition to highlighting the severity of acute malnutrition in the pilot countries. It has helped identify data gaps, streamline the timing of nutrition data collection, and strengthen existing data collection mechanisms.

In terms of ensuring complementarity between the Acute Food Insecurity classifications, it has been recognized that several processes and systems need to be synchronized in order for both classifications to effectively work together. To this purpose, an IPC Harmonization Working Group will be established and tasked to work on these issues.

SOUTH SUDAN EXPERIENCE: INTEGRATION OF IPC ACUTE AND MALNUTRITION CLASSIFICATION RESULTS

As an example of best practice, the Ministry of Health in South Sudan, one of first countries that have piloted the IPC Acute Malnutrition Classification, has actively been using the results for planning purposes and has developed nutrition maps for the entire country using the prototype IPC Acute Malnutrition Classification.

Further, IPC Acute Malnutrition analysis has been integrated in the IPC Acute Food Insecurity analysis cycle. The results are reported together in order to used in planning interventions.

IPC Acute Malnutrition Classification Pilot in South Sudan: September 2014

For updates and additional information, visit the IPC web site at: http://www.ipcinfo.org/ipcinfo-technical-development/ipc-nutrition-phase-classification/en/

IPC Global Steering Committee Members:

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