

COVID-19: IPC TECHNICAL GUIDANCE NOTE

IPC ACUTE FOOD INSECURITY IN URBAN AREAS IN THE CONTEXT OF THE COVID-19 PANDEMIC

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1. Why should the IPC be conducted in urban areas in the context of COVID-19?

The unique circumstances of COVID-19 underline the immediate and urgent need to analyse food security in urban contexts. As such, the IPC classification is a useful framework to guide strategic responses to address food insecurity in urban areas.

Urban areas are, in the current context, a major priority for IPC acute food insecurity classifications. This is because household-level vulnerability is expected to be unusually high as a result of COVID-19, as the cumulative result of:

- **Loss of income to purchase food in areas highly dependent on purchases:** As households living in urban centers have limited reliance on agricultural production, food purchases are the most important source of access for people living in cities. Pandemic response measures necessitated by the crisis, such as lockdowns and restrictions of movement, commerce and industry, have a direct effect on income at household level. The effects of these responses can have substantial impact on income, sometimes meaning a total loss of income. Often, it is the poor who depend on informal income sources with low and unstable incomes, who are more likely to be more vulnerable to losses of income, remittances and opportunities.
- **Lower retail market functionality, higher volatility, and a tendency for prices to increase above normal.** Market functionality is also disrupted by the implemented pandemic response measures, including regulations affecting informal, but also formal, sub-national and international trade movement and commerce. Increasing prices and decreased food availability and demand are likely to be seen in urban areas in the context of COVID-19.
- **Increased pressure on households' income from non-food related basic needs:** A significant part of households' limited budget may be devoted to the purchase of preventative measures, such as masks, cleaning and sanitizing liquids, hence, reducing the resource allotment to food. Most importantly, in case of contagion, families will have to face admission costs as well as treatment, in absence of a functioning public health care system. Other expenditure categories may also compete with food. In this period, families may, for example, be more prone to spend and contract debts for communication and transport, including for the migration of family members towards rural areas after losing their income sources in urban areas, or to ensure that the most vulnerable members such as elders are in safer living conditions. The weakness of informal safety nets and a high proportion of the population depending on fragile income sources further aggravate and expedite the impacts of COVID-19 on food security of vulnerable urban dwellers.

2. Can the IPC Acute Food Insecurity analysis be implemented in urban areas in the context of COVID-19?

Yes, the IPC framework and approach permits for a full interpretation and analysis in and across rural and urban contexts.

IPC version 3.0 protocols can be applicable for both urban and rural analyses and can be conducted for areas or population groups of at least 10,000 people. While all protocols relating to consensus building, Phase descriptions, Analysis Frameworks and parameters as well as analytical steps are common to all classifications, some tools and procedures may need to be adapted to the urban context, especially those that relate to indicator selections and cut-offs and evidence requirements. Careful contextualization of indicators, especially as they relate to the element descriptions (e.g. large energy deficit, engaging in emergency strategies) should be used to support convergence of evidence. The IPC partnership is committed to further assess the validity and cut-offs of indicators for IPC acute food insecurity classifications in urban areas.

In fact, IPC classification can be of specific application and utility in urban settings. The IPC allows, via convergence, inference and evidence reliability standards, a comprehensive analytical process which generates results that are easy to understand, globally standardized and comparable. Under the unique circumstances of COVID-19, often inhibiting normal data collection, urban areas can still be analyzed through careful and contextualized application of the IPC protocols with direct support from the IPC Global Support Unit and including, if necessary, the special protocols for areas with limited or no access.

The IPC has an established track record in urban areas and has already been conducted in urban areas of low-income countries that faced food crises in Africa, Asia and Latin America. IPC acute food insecurity analyses have been conducted in Port-au-Prince in October 2019, and in April 2020 in Afghanistan (including 11 towns and cities) and in Maputo. Urban areas have also been included in regular IPC Acute Food Insecurity Analyses in Somalia and Central African Republic. For Chronic Food Insecurity, urban areas have also been classified in DRC (2016) and Djibouti (2018).

Within the extraordinary circumstances of COVID-19, the IPC partnership has reiterated its collective commitment to developing and supporting food security analysis of the highest possible standard. This commitment sets the stage for expanded partnerships at analysis level, making the best possible use of Steering Committee organizations' assets on the ground: the COVID-19 pandemic represents an opportunity to deepen and strengthen this partnership at a time of global importance.

3. What are the key technical considerations?

While all standard IPC protocols apply to urban analyses, there are specific considerations to be taken into account. The key considerations for IPC urban analyses are organized as per the IPC Analytical Framework and the analysis steps and are discussed below.

3.1 Defining the unit of analysis and validity periods

The specific characteristics of the urban areas need to be reviewed in order to determine which areas will be analysed and classified, how they will be grouped and what the analysis validity period will be, including current and projected periods.

3.1.1 Decide on what areas will be classified

Before analysis starts, there is a need for clear agreement on which urban areas and what parts of these urban areas will be classified. Sub-divisions of urban areas can be delineated by 'land-use areas', with different areas serving different functions. Understanding land use can help analysts to decide if there are areas which should not be analyzed. For example, cities may have clearly marked areas which have no or very few residents, such as ports, industrial areas, commercial and governmental districts or green spaces which should not be classified. Furthermore, urban areas often also have highly affluent residential neighborhoods which are not a concern for acute food insecurity and thus, if so desired, can be left out of the analysis. Thirdly, due to the high level of commuting from and tight economic connections between suburbs and peri-urban neighbourhoods, it is important to define the most up-to-date urban boundaries. The areas left outside the analysis should follow standard IPC mapping protocols and be colour-coded in white in the final IPC map.

For example, the Maputo Urban Classification (May/20) used the wealth categorisation of neighbourhoods to identify the more affluent areas where the populations with high and high-medium income live, so these could be left outside the analysis.

3.1.2 Decide on unit for analysis: whole city, sub-divisions of urban areas, or livelihood groups for classification

In IPC analyses, the team can decide to classify the whole city as one unit (minus any area not being classified if applicable) or divide them into smaller areas or household groups, or as a combination of those. The choice of approach will depend upon considerations of the urban context, including:

- The reality of the city - are neighborhoods distinct enough from one another to warrant separate analysis and classification?
- Existence of areas of interest such as slums and informal settlements, bearing in mind specific patterns in terms of primary sources of livelihoods, living conditions, and exposure to hazards.
- The decision makers' interest - what information needs to be provided?
- The available evidence for the groups and areas of interest. The minimum evidence requirements for the IPC are to be respected for each unit being classified, at area or household group level.
- Feasibility of conducting data collection and IPC analysis at the level of the selected sub-division.
- Additional thematic information such as, for instance, social protection or humanitarian programmes targeting only certain neighborhoods or information about the concentration of vulnerable populations such as homeless, street children, poor, immigrants (settled or in transit), IDPs, etc.

Considerations to identify sub-divisions of urban areas. To assess if urban areas should be broken into smaller sub-divisions, and if so, how they should be grouped, analysts should consider the key characteristics of neighbourhoods and their relation to acute food insecurity status and contributing factors. For example, in many instances, the socio-economic status and key activities of neighbourhoods is a key defining characteristic and can be used to help define the sub-divisions of urban areas. Cities may be segregated into areas, such as most affluent neighbourhoods (commonly known as 'A level'), medium- and low-income neighborhoods (B and C levels), slums, townships, and even areas with access to agricultural land, or peri-urban/suburbs. Areas subject to specific travel and movement restrictions, if applicable to them only, can also be disaggregated from other urban areas.

Should these areas be preferred to standard administrative areas (e.g. neighbourhoods), the boundaries should follow objective criteria from trusted sources. Analysts will probably find useful evidence to help characterize urban areas in previous studies such as baselines, censuses or other comprehensive socio-economic and demographic surveys. Satellite imagery and information on service provision are of particular interest. Once analysis areas within cities are agreed upon, classification needs to be done for each area.

For example, in Port-au-Prince, Haiti, an urban baseline prepared in 2016 by WFP provided the basis for deciding the analysis areas. Port-au-Prince has seven large neighborhoods (communes), all of which have areas with different wealth characteristics. The baseline divided groups of blocks in each commune into very poor, poor and middle-income/wealthier areas, based on information on access to services, construction materials, and physical location (very poor neighbourhoods were typically located on steep slopes and next to gullies with frequent risks of landslides). This information included in the baseline was used to identify the final 18 IPC analysis areas in Port-au-Prince.

Considerations to identify and analyse household groups. The analyses of administrative urban areas - of any unit - may be more robust and informative if they are done in reference to the characteristics of the households. Characteristics, such as socio-economic status, source of livelihood or experience of shocks, can be used to define homogeneous population groups. Conducting analysis by household groups may be useful, especially when administrative areas are too diverse to analyse them meaningfully.

For example, in Maputo, after analysing some food security outcomes, such as the Food Consumption Score and the reduced Coping Strategies Index using a dataset with over 600 households, no statistical differences were found within the sampled areas of Maputo, which included 20 neighborhoods ($p < 0.05$). Nevertheless, when analysing the outcomes by key livelihood sources (i.e. formal vs informal income sources), the difference in outcomes was not only statistically significant but also large, with twice as many households with borderline or a low food consumption score among those with informal income compared to those with formal income (24% vs 12% respectively, $p < 0.05$). Based on this, household livelihoods and their relation to likely disruption by a COVID-19 lockdown effect formed the basis for household group analyses.

3.1.3 Decide on the validity period of analyses

In the IPC, validity periods for the analysis findings are generally determined based on seasonality of food security, which in rural areas is often dependent on harvest and rainfall patterns. In urban contexts, the links between seasonality and food security are frequently less pronounced, and in some cases, seasonal fluctuations within a year may not be significant enough to call for classifications for different times of the year. In areas with little seasonal fluctuation, validity periods may be longer and even extend to a full 12 months.

Some urban areas, however, may experience seasonal fluctuations in food security status, in which case seasonal considerations are relevant. Seasonality in urban areas may be linked to seasonal patterns of rural food production, annual calendar (holidays, festivities) or availability of goods and raw materials (petty trade, construction). For example, in Zambia, the informal settlement population increases in Copperbelt cities when the fishing season ends, and people go to find work in the mines. If seasonality patterns are evident in the urban analysis area, this should be used to inform the validity period of current and projected classifications.

Although seasonality is the key characteristic to be considered to define validity period of analyses, other considerations, such as decision-makers' needs and timing of data collection, are also relevant for the identification of analysis validity periods. In case a simultaneous rural analysis is also conducted, with findings of both analyses to be published together, choice of validity period should also consider alignment between rural and urban classifications.

A good example where an IPC urban analysis was conducted in an area with no significant seasonal variation of food security status is Djibouti town. The town (as well as the country) depends almost exclusively on imports for food supply, and there is only small-scale, irrigated vegetable production within the urban area.

3.2 Analysing acute food insecurity in urban areas in the context of COVID-19

Once the unit and validity of analysis are identified, the IPC Analytical Framework is applied to explore how much food deprivation or unsustainable strategies to mitigate food insecurity are seen or expected for each of the areas and groups under review.

As with any IPC analysis, the analysis team should review underlying vulnerabilities, shocks and their effects on the levels and stability of the food availability, access, and utilisation. Assessment of nutrition and mortality should also be conducted and linkages to acute food insecurity defined.

In the context of COVID-19, special attention needs to be given to assessing how much disruption the pandemic has already caused or will likely cause, and the implications for acute food insecurity in the area.

3.2.1 Vulnerability in urban areas in the context of COVID-19

Cities in lower income countries frequently include areas of rapid and unplanned urban development. The poorest households in urban areas typically live in areas that are very densely inhabited, and in houses built with weak or unsuitable building materials that are located in dangerous areas, such as on steep slopes, or next to gullies or landfill sites, subjecting the population to natural and man-made hazards. These areas are sometimes known as slums, shanty towns, favelas, champas and bustees but are more formally categorised as informal settlements and squatter settlements.

These settlements are usually the areas of greatest concern for acute food insecurity analyses as households living in these areas have usually limited or unsustainable livelihoods strategies and capitals. The limited access to alternative livelihoods and access to social and economic support and the limited cushion that these households have from their savings makes them highly vulnerable to COVID-19 economic disruptions. Socio-economic vulnerability is even higher for the population with refugee status, with restricted or no right to access basic services and employment opportunities. The density of these settlements makes their populations much more vulnerable to contracting the disease.

Another key consideration to understand urban vulnerability to COVID-19 lies in the fact that household access to food in urban areas comes mainly from purchasing food rather than from own production. Accordingly, households in urban areas are highly vulnerable to: a) income losses and b) food price increases. Also, school meals and humanitarian food assistance constitute one of the most reliable daily sources of food for the poorest children. Understanding how income, prices and other sources of food will be affected by COVID-19 is therefore at the core of IPC urban analyses.

3.2.2 Disruptions caused by COVID-19 to urban food security

The COVID-19 pandemic impacts food security dimensions both directly and indirectly. Direct impact of COVID-19 happens in households where one or several of its members develop the disease. Therefore, these members may not be able to go on with their economic activity because either they are not physically fit or because of the need to remain at home. Another economic consequence of this situation would be that households may need to increase their expenditure on items and services related to the care of the ill members.

However, the most important consequences of the COVID-19 pandemic are likely to be indirect. Measures adopted by governments to control the pandemic (and self-imposed restrictions resulting from people's efforts to avoid contracting the virus) have resulted in reductions in the movement of people and goods and in a halt in several sectors of economic activity.

While IPC analyses need to consider the likely disruptions COVID-19 will bring to urban acute food insecurity, the actual forecasts of the epidemiological trend as well as governmental policies to curb the spread is not the remit, nor within the capacity, of IPC analysts. As such, epidemiological trends and policy responses should be based on the expertise of those tasked with tracking and understanding the pandemic: this includes government health officials, the WHO, economic and health policy analysts and so on. It is however also a fact, that the expected evolution of COVID-19 epidemiological trends and the governmental responses are not always clearly defined – nor agreed by the sector experts. It is therefore the task of the analysts to assess all available information and to make the best judgement of how the situation is likely to evolve. Just as it does for all data, IPC analysis assumptions should be based on public-domain data, fully referenced and attributable.

The IPC GSU has developed specific guidance on how to develop assumptions for analysis during COVID-19, which can be found [here](#).

3.2.3 Food availability, access, utilization and stability in urban areas in the context of COVID-19

In this section, considerations for assessing COVID-19's disruption of all four pillars of food insecurity are presented, with the caveat that every city is different: underlying vulnerability characteristics and developing assumptions on how acute food insecurity will be affected by COVID-19 will be distinct for each city, and analysts need to contextualise the situation to their reality.

- **Food availability**

In urban contexts, food availability is predominantly a function of markets. Availability is therefore determined by functionality of food transport and trading networks, and availability of foodstuffs in the areas supplying the urban centres, typically rural areas within the country, neighbouring countries or other exporting countries.

In the context of COVID-19, food availability in urban markets may experience disruptions due to the measures taken against the spread of the epidemic. This is especially the case in urban areas that are dependent on imported food items, in case exporting countries restrict food exports and/or cross-border movement. Measures taken impact both large-scale formal trade in case of restricted food exports, and small-scale informal trade in case of restrictions to cross-border trade. More limited food availability was noted in the analyses of Maputo and Afghanistan in April 2020, especially in urban markets linked to formal and informal cross-border trading, which have been significantly affected by policies to limit the spread of COVID-19.

- **Food access**

The food security status of urban households is largely tied to income. Income may come from an array of sources, including for example commerce and sales, both formal and informal, professional and non-professional employment and any casual labour. Sources of income also vary in terms of wages – amount of payment, and in terms of stability, with formal employment protected by legislation being usually less susceptible to high volatility.

Because purchasing power is not only a function of income but also of prices, it is crucial that analyses of prices are conducted to understand households' access to food. Information on price of food and non-food items, including the cost of the basic basket (i.e. Minimum Expenditure Basket) for the average household size (or per capita/adult equivalent), together with other basic needs, such as water and sanitation, housing and electricity will provide crucial information to assess purchasing power. The relationship between income levels and the minimum survival needs is a key indicator to understand food access.

Although agricultural production is usually limited in urban areas, there may be areas where the population has access to agricultural land and livestock. For these areas, analysis of food production and trade is important to understand how much production can contribute to food consumption.

In the context of COVID-19, analysts need to identify and potentially even quantify the importance of the main income sources within areas or groups being analysed and assess to what extent they have been, or are likely to be, disrupted by COVID-19. Considerations should include what proportion of the source would be lost, e.g. are people being laid off? Are informal traders no longer able to work? How much income would they lose, e.g. will they lose all income or a proportion of it? Also, analysts should consider how much savings affected populations have in order to cushion the temporary loss. As households can have more than one income source, it is useful to have information on the key income sources, which may include a secondary or even a tertiary income source. In terms of prices, in the context of COVID-19, food prices can vary differently and unevenly, and analysts need to carefully review trends and forecasts to also look at the potentially compounding effect of loss of purchasing power that could affect market functionality from the demand side.

At the same time, the presence of humanitarian assistance (including food banks), formal safety nets and other social protection measures, as well as the coverage thereof, should be well understood. For example, what labour or wealth categories are eligible for social protection assistance? Finally, trends in the level of remittances to and from urban areas, in association with population movement and economic food access, should be investigated.

- **Food utilization**

Food utilization is a function of food preferences, cultural habits and hygienic practices e.g. in relation to food storage and water use. Typically, the poorest population groups in urban areas have less access to safe drinking water, and do not have adequate facilities (or e.g. electricity) for food storage.

In the context of COVID-19, populations living under strict lock-down are prone to face water shortages and may be at greater risk of outbreaks of water-borne diseases. Additionally, access to water treatment chemicals and soap may be an issue especially for poorer households. This is of more concern in the urban areas compared to the rural settings, and likely to impact on food safety and safe food preparations. Although breastfeeding is unlikely to change, complementary feeding may be negatively affected as a result of increased food insecurity and lower purchasing power. Decrease in purchasing power as well as potential food availability problems especially in the informal markets may also affect households' ability to consume preferred food items, and to maintain regular food consumption habits.

- **Stability of food availability, access and utilization**

Food stability refers to the trend of the situation as it is compared to past experiences and future forecasts. Stability affects vulnerability to acute food insecurity for example through recurrent crises that erode livelihoods and assets and weaken households' ability to cope with any future shocks.

In the context of COVID-19, an unprecedented global health pandemic, the stability of food availability, access and utilization is a key concern to analysts. Due to the large volatility of the crisis, analysis updates may be needed more frequently.

3.2.4 Food consumption, livelihood change, nutrition and mortality in urban areas in the context of COVID-19

- **Food Consumption & Livelihood Change:**

Food consumption and livelihood changes are the two key domains of outcomes for both rural and urban areas. The IPC Acute Reference Table includes a description of the Phase, of the food consumption gap, and of the livelihood strategies expected in each Phase. These descriptions are accompanied by cut-offs for selected indicators. While the descriptions are globally applicable, cut-offs for indicators have been based on applied research and validation studies predominantly from rural contexts, and their use for urban classification has not been validated. The IPC partnership is committed to carefully assessing and identifying specific protocols for urban analyses if they are necessary, but until this research has been concluded, analysts are encouraged to continue using all protocols for the IPC equally in urban areas, with careful contextualization of indicators. It is also important to recall that indicators not in the Reference Table can and should still be used to support analyses, as their values can be compared to the general Phase and element descriptions included in the Reference Table.

Key considerations to analyse food consumption and livelihood change in urban settings include:

- **Food consumption:** While the universal standard of caloric intake per person per day remains the same - with the average indicative 2,100 kcal per person per day being the benchmark and moderate and large gaps marking the cut-offs for Phases 3 and 4 respectively - indicators used to proxy caloric intake should be carefully assessed.

Indicators on food group consumption recalls, such as the Food Consumption Score and the Household Dietary Diversity Score might be naturally higher in urban settings, as they are constructed based on dietary diversity, and urban consumption patterns are likely more diversified (but potentially also more unhealthy, based on better availability of poor quality foods and cheap calories). As such, a moderate or even high dietary diversity in cities might not necessarily indicate an acceptable dietary intake.

Indicators measuring people's experiences and worries, such as the Household Hunger Scale and the reduced Coping Strategies Index, may also behave differently in urban settings. The Household Economy Analysis, although equally applicable to urban dwellers, will depend on robust and up to date baselines which are of a special challenge in cities, especially in dynamic areas or areas with heterogenic livelihoods, more diversified income sources and expenditure patterns.

In addition, consumption of food outside of the household by family members should, as much as available tools allow it, be factored in the calculation of key indicators ahead of the analysis.

- **Livelihood Coping:** Information on the strategies engaged in by households is important, in order to identify households that may be offsetting large gaps by resorting to detrimental livelihood coping strategies. However, the strategies need to be carefully contextualized, as urban household strategies may be substantially different than those in rural areas. As such, the example list provided by WFP on the livelihood coping strategies needs to be carefully reviewed and adapted to the specific urban area being analysed, as questions such as sale of last female livestock may not be applicable and others, such as pulling children out of school, may reflect a different degree of severity in urban areas compared to rural areas. As such, analysts should carefully examine the most appropriate strategies to be included in data collection and analysis, and also determine the appropriate severity categorization of each strategy for the urban context being analysed.

In the context of COVID-19, locally specific shocks on food availability, especially on market and transport systems, on food access, especially on the ability of households to purchase food, and on food utilization and stability, may lead to impacts on food consumption and livelihood change at household level. As with any IPC classification, analysis benefits from current and past trends of outcomes which, together with an understanding of contributing factors, allow for classification of current and projected situations.

- **Nutrition and Mortality**

In general, although the difference is not significant, acute malnutrition prevalence among children in urban areas is lower compared to their counterparts in the rural areas. However, prevalence of acute malnutrition among children living in slums can be significantly higher than that of children in rural areas. The high levels of acute malnutrition in urban slums are attributed to poor hygiene, inadequate sanitation and unsafe drinking water facilities.

Mortality is not usually a key consideration in urban acute food insecurity analysis, except for those in Phases 4 and 5. Mortality rates can vary between urban and rural settings depending on the Human Development Index (HDI) of the country - mortality is higher in the rural areas in countries with the lowest HDI, while it is reversed in countries with high HDI. Epidemics could also affect the mortality rates, with ensuing peaks of mortality among the urban population because of high population density and dependence of many population groups on close interaction with others for income generating activities (e.g. through trade or transport), especially for poorer population groups.

In the context of COVID-19: acute malnutrition levels are generally expected to increase as a result of the COVID-19 pandemic, especially in nutritionally vulnerable and food insecure areas such as slums and where measures have been put in place to slow down the spread of the disease (e.g. physical distancing). Suspension of prevention programmes, such as immunisation campaigns and the reprioritisation of action in the health system to respond to the crisis, is likely to have a detrimental effect on health and nutrition outcomes in the population, especially in children and women. Learnings from the Ebola Virus Disease outbreak in Western Africa also suggested that non-Ebola morbidity and mortality increased after the onset of the outbreak, with reproductive, maternal, and child health services especially affected. The indirect impact on health services is thus likely to be substantial with the COVID-19 pandemic.

Analysts should consider the following to support conclusions on the likely status and forecasts of acute malnutrition levels:

a) evolution of common childhood illnesses such as ARIs, diarrhoea, etc. during the analysis period (i.e. increasing/decreasing/similar trends compared to the same period in the previous year(s)). Note that a decrease in diseases may also indicate poor health seeking behaviour or closure of health facilities;

b) overall food security situation in the immediate past and the possible effect of food security on child food consumption and acute malnutrition;

c) pre-pandemic level of acute malnutrition (ideally from the same season of analysis if the area is affected by seasonality).

Based on the above, the current level of acute malnutrition can be determined. For example, consider a situation where the acute malnutrition prevalence was 4.5% before the pandemic. The health facility data shows a deteriorating situation of diseases and child food consumption is deteriorating as a result of population containment measures in the area of analysis. In this case, it is reasonable to conclude that the area may at least be in Phase 2 during the current analysis.

To date, the impact of the virus has been seen more in the urban areas as compared to rural settings - both in terms of number of cases and deaths. It is therefore important to consider the current mortality rate as well as the trends in mortality since the outbreak started in the area of analysis. It is also important to decide whether the analysis area has reached the peak in terms of the pandemic or not - note that deaths may continue to rise even after the infection has reached the peak. It would then be necessary to consider the pre-pandemic mortality rate in the area of analysis to determine the level of mortality in terms of an IPC Phase.

It is highly recommended to get inputs from nutritionists and mortality experts (if possible) in terms of interpreting the nutrition and mortality data.

3.3 Humanitarian Assistance in urban areas in the context of COVID-19

As for any IPC analysis, all humanitarian assistance is included for current classifications. For projection, all planned assistance which has either been funded, is likely to be funded and is most likely to reach beneficiaries should be included. Newly pledged assistance should not be included. As such, governmental and non-governmental plans to mitigate the impacts of COVID-19 should be incorporated in the classification if there are documented plans for the assistance and if funds have been allocated or committed. The same mapping protocols should be used.

3.4 Evidence requirements for urban areas in the context of COVID-19

3.4.1 Minimum requirements

The minimum evidence requirements for urban classification are the same as for rural classifications. As such, if subdivisions of urban areas are the units of analysis, evidence meeting minimum reliability scores are necessary for each one of those as per standard protocols. Details on minimum evidence requirements in the COVID-19 context have been included on the IPC COVID-19 webpage and can be found [here](#).

3.4.2 Considerations for data quality of urban surveys

A number of challenges are associated with urban surveys. Just to mention a few: limited knowledge of up-to-date population distribution across areas of analysis, guiding a robust sampling; data collection conducted during working hours hence excluding breadwinners' inputs; the definition of household vs dwelling; insecurity at times limiting access to the most vulnerable areas; risks associated with conducting data collection in person due to COVID-19. All these sources of bias and the mitigating measures put in place by analysts must be adequately known ahead of the analysis to assess the quality and reliability of data used. So is the relevance and the type of data available. Given the importance of economic access, outcome indicators and contributing factors on income, expenditures and poverty are essential (especially when cross-tabulated with standard outcome indicators of food security).

4. Contacts for more information and for support to conduct IPC urban classifications

To request support to conduct IPC urban analyses, contact the relevant regional coordinator:

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