IPC Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

COVID-19: IPC TECHNICAL GUIDANCE NOTE

EVIDENCE FOR IPC ACUTE FOOD INSECURITY CLASSIFICATION IN THE CONTEXT OF THE COVID-19 PANDEMIC - WHEN NORMAL FIELD DATA COLLECTION IS NOT POSSIBLE

The IPC should not be promoting large-scale face-to-face surveys for IPC classification at the time of the pandemic. Rather, other sources of evidence have been identified that can be used as per the IPC Technical Manual V3.0 guidance. Even without current household surveys, IPC acute food insecurity classifications can still be completed if one or more of the conditions below are met. Although only one of them is necessary to meet minimum evidence requirements, it is strongly recommended that at least two of them are available to increase the robustness of analysis.

A. **Collect outcome evidence on food consumption and livelihood change by Computer Assisted Telephone Interviewing** with at least 90 cases with more than 60% of households owning an operating phone (e.g. MVAM) (Method Scores M1). If CATI is used, existing systems should be scaled up and expanded to include randomly sampled households. At least 2 outcome indicators should be collected, if possible, in order to enable estimation of populations in different Phases.

B. **Use Household Economy Approach** - either based on a full LIAS or scenario building (scenario building does not allow population tables to be developed - overall national or aggregated number can nevertheless be developed). Up to date information is required on different indicators, e.g. production, shocks and food prices, in order to run outcome analysis. Baseline can be older than 10 years where there have not been significant changes in livelihoods. Ask FEWS NET and Save the Children to support HEA calculations.

C. **Inferred estimates of evidence collected within 6 months** (12 months for unimodal) - can be used in countries where data has been collected in past months. There are also countries that have collected data quite recently (prior to any potential movement restrictions) and have data from the same season that can be used for analyses.

D. **Use historical evidence of outcomes** with M1 collected during the season of analysis from similar years in the last 5 years; only to be used in the absence of significant unusual shocks. This evidence can come from only one similar year, although evidence from more similar years is preferred. To be used among years that did not have significant different shocks, whereas continued typical shocks (e.g. usual level of conflict) does not prevent use of historical evidence.

E. **Utilize Protocols for Areas with Limited or No Humanitarian Access to collect data.** For example, in case of movement restrictions countries, can proactively plan to use evidence with minimal field data collection. The vulnerability of populations to COVID-19 infections in countries in which IPC will be conducted calls for alternative methods of data collection further to face-to-face household interviews and anthropometric measurements.

Minimum evidence level includes at least two outcomes with R_0 direct evidence, indicating that analysis needs to include evidence on nutrition or mortality in addition to evidence on food consumption and/or livelihood change[1].

While the minimum evidence requirements discussed here focus on direct evidence for outcomes (i.e. evidence on indicators included in the IPC Reference Table), analysts should also maximize the use of contributing factors and expand to other data sources to support inference of outcomes. Further, inputs from key informant interviews and feedback from local officers should be maximized, including for example information collected on market prices and market conditions, admissions to health clinics and treatment centres, crop conditions, and population and livestock movements.

[1]While protocols on minimum evidence requirements for areas with limited humanitarian access as included in IPC Technical Manual Version 3.0 are applicable for the COVID-19 context, exceptions may be granted on a case by case basis, to allow classification of acute food insecurity Phase 1 to 4 when R_0 direct evidence is only available for food consumption or livelihood change and not for nutrition or mortality. The lead facilitator for each analysis will be the arbiter on behalf of the IPC GSU to conclude whether everything was done to use all possible direct evidence available on nutrition to produce the classification.