



IPC Chronic Pilot Workshop in the Philippines

Analysis of the island group of Mindanao 27 February - 2 March 2013

Workshop report by Kaija Korpi and Justus Liku

1. Background

The chronic pilot in the Philippines was one of the pilots conducted during the testing period of the chronic IPC tools leading to the first synthesis meeting of the chronic working group in mid-March 2013. The chronic pilots conducted included two in Asia: one in Nepal in September 2012, and the pilot in the Philippines in February-March 2013.

The Philippines is a fairly new country in terms of IPC implementation. Some IPC analysis with the tools and materials of version 1.1 of the IPC Manual were conducted in the country in 2010 – 2011. The application of the Manual version 2.0 in the country started in mid-2012 through the regional IPC Asia project, with assistance from the IPC Asia team located in Bangkok. The National Technical Working Group was formed with partners from government agencies, the UN, and international and national NGOs. The TWG is chaired by the National Nutrition Council (NCC), which is hosted by the Ministry of Health.

As in other IPC countries included in the regional IPC project, in the Philippines the TWG has invested a lot of time and effort in identification and preparation of indicators and data for IPC analysis. There is a wealth of data available for analysis, mainly provided by the authorities.

The workshop preparation responsibilities were shared between NNC, FAO, and other key members of the TWG. The IPC Asia project, with support from ECHO, funded the workshop, including the travel costs of the facilitators Justus Liku and Kaija Korpi from the IPC Global Support Unit.

The 4-day training and analysis workshop had 35 Filipino participants. Some of the participants were new, and most of them came from the development sector in the country, e.g. from the government agencies responsible for education and rural development. In addition there were two participants from Cambodia, and three from Nepal. The participants from Nepal also shared experiences of the chronic analysis conducted in Nepal during the training component of the workshop.

2. Training

The training on chronic IPC analysis was conducted on the first day of the workshop. The training included sessions on the differences between acute and chronic food insecurity, types of chronic food insecurity, and the chronic tools (IPC analytical framework, reference table, analysis

worksheets, and communication template). In addition the Nepal and Zimbabwe chronic pilots were introduced and examples of the analysis worksheets were shown to the participants.

The training went well and there was enough time to address the questions of the participants. However, the training and analysis participants also included some who were not familiar with IPC as they had not taken part in previous trainings or acute analysis. The TWG organized separate sessions with them outside the official program to bring them up to speed.

Lessons learned and recommendations:

During the analysis process it became clear that more attention in the training should be paid on inference of outcomes on basis of available indirect evidence, and on proper filling of the analysis worksheets.

3. Chronic analysis

3.1. Preparations for the analysis

The TWG was responsible for inviting the participants to the analysis, and also of identification and invitation of some new participants from the development sector. They also took care of the practical arrangements including the selection of the venue, bookings, and transportation. In addition the TWG organized special training sessions to newcomers, so that all the participants were approximately at the same level by the time the analysis started.

The TWG was supported throughout the process by the IPC Asia team. Siddharth Krishnaswamy and Elyse Battistella came to Manila before the workshop in order to facilitate the analysis and the compilation of the data. Elyse was responsible for organizing the available data into Excel worksheets by provinces, by using the data availed to her by the TWG.

Overall the TWG did a lot of work in identification of appropriate data and making it available to the analysis participants. A process for this was first established for the acute analysis, and the same process was also used in the chronic analysis. First available data is mapped, after which the indicators deemed suitable for the analysis are selected. The TWG was also responsible for setting of locally specific thresholds for the selected indicators. In most cases the agencies which provide the data on the indicators also prepared the classification for the data by determining the applicable thresholds. Generally speaking the approach worked well, especially as the agencies who were responsible for the collection were the ones who also prepared the thresholds on basis of their understanding of the data and the trends.

Lessons learned and recommendations:

Despite the extensive preparation process there were issues that need to be addressed before future analyses workshops. The issues were discussed with the participants during the analysis and also in a plenary session on the last day.

- There was confusion over the time period for which data was required. Before the analysis the TWG had received conflicting guidance on this (first that data for the past 5-10 was needed, and then that data for two years was enough: a baseline year and the most recent year available). In the end the TWG had focused on getting data for two years. However, data for a longer period would have enabled better trend analysis and seasonal analysis, which was also acknowledged by the participants during the analysis. It was agreed that more detailed data would be availed for future analyses.
- Relating to this the TWG felt that it would be good to have a facilitator/facilitators who are present throughout the process, from data preparation to analysis. This would enable better coordination of the process. Many people contributed to the process for the chronic analysis, but no-one in particular was in charge of the entire process which led to gaps and miscommunication.
- There were also some problems with the indicators and thresholds themselves. In some instances the thresholds were developed to assess the rate of change from one year to another, whereas the absolute value would have been more relevant for the analysis. This was the case for example for poverty and food poverty indicators.
- Overall there was a wealth of data for the analysis. Some data, however, was scanty or lacking, and it was agreed that more emphasis would be placed on collecting the lacking data for next analyses. The most notable examples include data on livelihood change and utilization. On livelihood change the data available focused on bank deposits, which is rather indirectly linked to food security. There was not much data available on livelihoods, which is a major area of focus in IPC analysis.
- Data was also missing on utilization. The only data available was on sanitation (and water). However, it became evident in the analysis that the high stunting rates in Mindanao were probably mainly related to poor feeding and care practices. Additional data is, nevertheless, required in order to confirm the findings.
- In addition more data on food prices and their trends would be useful. In the analysis data on only the price of milled rice was available. This would need to be complemented with information on the prices of other food items in order to triangulate food consumption outcomes.
- The participants also noted that they would require more background and contextual information, especially for the SWOT analysis. As a result it was emphasized that in future workshops more participants from the areas analysed would be invited to the analysis workshop.

3.2. Chronic analysis

Altogether 35 provinces of the Mindanao island group were analysed in the workshop. Due to the fact that each group had to analyse 5 different provinces in a relatively short period of time (2,5 days) there was a lack of time for detailed analysis. The map was, however, prepared and outputs were discussed in a plenary session. Questions were raised on some of the analysis, and it was agreed that a core group of the TWG would be validating the analysis with other stakeholders within a period of the next two weeks. The current product will not be released before the

validation and most likely it will not be shared in the meeting scheduled for mid-March, where the recent output of the updated acute analysis of Mindanao is officially released.

3.2.1. Concept and types of chronic food insecurity

The participants had no difficulties in understanding the concept of chronic food insecurity or separating it from acute food insecurity, as used in IPC analysis. They were also able to differentiate between the three types of chronic food insecurity, but due to lack of data they allocated the whole population suffering from chronic food insecurity under the 'ongoing' chronic food insecurity. In this sense the typology was not very useful.

3.2.2. Chronic reference table

The participants found that the reference table was of limited value for the analysis. Only four indicators in the reference table could be directly used in the analysis in terms of the data available. They were: proportion of population living below the national poverty line, water, stunting, and BMI. There is no data collected in the country on food consumption, at least by using the food consumption indicators included in the reference table. There is data, however, on annual per capita consumption on the most important staple food items, which gives an indication on food consumption patterns.

Many indicators in the reference table turned out to be difficult and too conceptual/theoretical for use. These include the indicators on livelihood change, assets (5 capitals), and PIPs. The indicator on the four pillars of food security is somewhat too general for practical use.

One indicator which could be added in the reference table is food poverty. When the reference table was originally prepared this indicator was not included as data on food poverty was not available in countries where IPC normally is conducted. However, data on food poverty seems to be more readily available in Asia (at least in the Philippines and Nepal as confirmed by participants) and its inclusion in the reference table is well founded.

Another issue discussed was the possible use of mortality in chronic analysis. Currently the reference table does not include an indicator in on mortality. The participants suggested that something on adult mortality might be useful, also as an indicator on working capital. The relationship between chronic food insecurity and mortality needs to be discussed further during the ongoing development process of the chronic tools.

The topic on whether the chronic food insecurity scale should be built on the notion on prevalence or severity was also discussed briefly. Both options were explained to the participants and in their view the scale could also be a severity scale. In their opinion this would be especially useful in terms of the poverty indicators, and data on poverty severity is also available (e.g. in Nepal there is data on poverty gap, and on poverty squared).

3.2.3. Analysis worksheets

In general the participants understood the analysis worksheets and the flow of the analysis. Some groups, however, did not make a difference between Steps 2 and 3 but put all the evidence in Step 3 instead of Step 2. Some also suggested that the Steps 2 and 3 should be combined in some way, as copying and pasting and/or writing the evidence in Step 2 and then referring to same data again in Step 3 was very time consuming.

The column on key assumptions in Step 3 was found rather unnecessary and not relevant for the analysis. According to the participants it applies mostly on vulnerability and livelihood change, but not on the other elements. Not surprisingly the column was rarely filled in the analysis worksheets.

The limiting factors matrix and SWOT analysis were well understood and used by the participants. They found the analysis very helpful, and dedicated a great deal of time to the causal analysis. They also noted that understanding of local context is required especially for the SWOT analysis, and as a result local participation in future workshops will be strengthened.

3.2.4. Communication template

Overall the participants liked the simple look of the communication template and did not want to have more call-out boxes or legends. They did, however, want to have a report template to complement the map. It was also noted that the highest level of chronic food insecurity should be more visible. Now it is the darkest purple, which in some way may makes it fade in rather than stand out.

3.2.5. Links between poverty, nutrition, and food security

The links between the three elements were explored in the analysis, and it seemed clear that there were relationships (even causal) between the three. In many analysed areas the situation seemed to be as follows: Poverty rates in the areas were stagnant, or increasing. The national poverty rate is around 27%, but in many areas of the Mindanao island group the poverty rates are near or above double of the average. The food poverty rates were usually around half of the poverty rates. Stunting rates were also very high, normally around 40% in the Mindanao provinces. Also the stunting rates seemed to be relatively stable or even increasing compared to the reference years. In terms of food consumption, the average consumption in the Philippines is between 1,700 and 1,800 Kcal/day. Average food consumption is expected to be less in the Mindanao provinces due to an overall worse situation by most indicators.

In addition it was clear from the data that households were shifting their consumption patterns to cheaper and less nutritious foods. Consumption of rice was on the rise, whereas consumption of other foods, especially more expensive foods such as sweet potato and protein sources (meat, eggs, fish) was decreasing. At the same time rice prices were increasing (unfortunately we were lacking price data for other food items). In terms of the food consumption data, it seemed that households were eating a lot of rice and possibly other staple food items such as maize and cassava, but very little protein and other nutritious foods. This seems to be due to generalised poverty and rising food prices. The monotonous and nutrient deficient diet leads to high stunting levels, accompanied by poor feeding and care practices (unfortunately data on the latter were

lacking). In order to complement the analysis more data would be required especially on livelihood change, food prices, and feeding and care practices.

3.2.6. Value added to decision-making and food insecurity analysis

The actual value of the chronic pilot is still somewhat unclear as the product remains to be validated and shared with decision-makers. The TWG was, however, confident that the results can be used for planning and programming at a later stage.

The analysis deepened the understanding of the participants on food insecurity and especially on chronic food insecurity versus the acute food insecurity. The participants found the analysis valuable and enriching, and concluded that they would like to continue with the chronic pilots in the Philippines, taking into consideration the lessons learned from the Mindano pilot.

Lessons learned and recommendations:

- The reference table is rather Africa – specific, especially in terms of the food consumption indicators. A more universal approach is needed, and therefore a wider perspective on data and indicators is required
- The reference table is not very user-friendly. Many of the indicators or elements are rather vague and difficult to analyse, e.g. livelihood change and five capitals. Because they are difficult to analyse and direct indicators/data are lacking, many teams do not do proper analysis on these issues
- Need to clarify how the frequency of the acute events is taken into account in the analysis: as an indicator in the reference table or also as a type of chronic food insecurity, with a population number?
- Need to see whether food poverty could be included as an indicator in the reference table
- The relationship between mortality and chronic food insecurity needs to be explored and clarified
- The column for key assumptions in the analysis worksheets is mostly irrelevant and should possibly be removed
- A report template should complement the communication template
- The color scheme of the communication template needs to be reworked
- There is a need for solid background and contextual information for successful SWOT analysis – presence of participants from the areas under analysis is required
- Enough time has to be taken for detailed analysis. If the analysis is done at 3rd administrative level, as was the case for Mindanao, there are a lot of areas to be analysed and the time dedicated to the analysis has to be equal to the task
- Thorough analysis needs to be conducted in order to understand the links between food security, nutrition, and poverty. The analysis on Mindanao managed to uncover some of the dynamics, but more data on relevant factors such as livelihood change and market prices is required for a thorough comprehension of the situation

Annex 1: Philippines chronic pilot workshop agenda

Philippines: Chronic Food Insecurity (CFI) IPC Training and Analysis

February 27 – March 2, 2013

Objectives

1. Training: Introduce IPC Prototype Chronic Food Insecurity scale and analysis tools (analytical framework, reference table, analysis templates)
2. Analysis: Analyze the chronic food security situation of Mindanao
3. Provide feedback and lessons learned from the chronic pilot for further development of the chronic IPC analysis

Agenda

Time	Session and Title	Facilitator/s
Day 1 - Wednesday (Feb 27, 2012) – Welcome, Introductions, Training		
0900 – 0945	Introductions, Welcome, and Opening remarks	Bernie Flores – NCC
0945 – 1100	Objectives, agenda, and difference between Acute and Chronic food insecurity analyses.	Kaija, Justus
1100 – 1300	IPC overview: Purpose, Principles, Products and key functions (chronic analysis focus).	Kaija, Justus
1300 – 1400	Lunch	
1400 – 1530	Classifying CFI prevalence and causes: Steps & Tools	Kaija, Justus
1530 – 1600	Break	
1600 – 1730	Classifying CFI prevalence and Causes: Steps & Tools (cont)	Kaija, Justus
Day 2 - Thursday (Feb 28, 2013) – Analysis		
0830 – 1030	Analysis guidance: review of metadata tool, review of available data, unit of analysis, group formation & selection of group facilitators.	TWG with support of the Facilitators
1030 – 1100	Break	
1100 – 1300	Analysis	Group Leaders / Facilitators
1300 – 1400	Lunch	
1400 – 1530	Analysis	Group Leaders / Facilitators
1530 – 1600	Break	
1600 – 1730	Analysis	Group Leaders /

		Facilitators
Day 3 – Friday (Mar 1, 2013) – Analysis		
0830 – 1030	Analysis	Group Leaders / Facilitators
1030 – 1100	Break	
1100 – 1300	Analysis	Group Leaders / Facilitators
1300 – 1400	Lunch	
1400 – 1530	Analysis	Group Leaders / Facilitators
1530 – 1600	Break	
1600 – 1730	Analysis	Group Leaders / Facilitators
Day 4 - Saturday (Mar 2, 2013) – Analysis / Group Presentations		
0830 – 1030	Analysis	Group Leaders / Facilitators
1030 – 1100	Break	
1100 – 1300	Group Presentations	Group Leaders / Facilitators
1300 – 1400	Lunch	
1400 – 1530	Group Presentations	Group Leaders / Facilitators
1530 – 1600	Break	
1600 – 1730	Review of consolidated Mindanao products and feedback	Whole team
1730 – 1800	Evaluation and Closing	Whole team

This activity is made possible thanks to the generous contributions of EC ECHO and other donors.



Annex 2: List of participants

	Name	Office/Agency	Position	Area/s of Expertise Relative to IPC	Email Address
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Annex 3: Communication template

