IPC Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security Decisions

**IPC WORKING GROUP ON CLASSIFYING CHRONIC FOOD INSECURITY**

**First Synthesis Meeting 11 – 14 March 2013**

**Washington DC**

## 1. Introduction

The IPC Working Group on Classifying Chronic Food Insecurity was established in autumn 2012 to assist with the development of the IPC classification tools for chronic food insecurity. The group consists of the representatives of a majority of IPC partner agencies (CARE, Oxfam, FEWS NET, Save the Children, EC-JRC, FAO, and WFP) and some external agencies (FANTA, IFPRI, ICF, PRESANCA and the World Bank). The working group is chaired by Nicholas Haan (IPC Senior Advisor) and Kaija Korpi-Salmela (IPC Technical Officer).

The development of chronic classification tools started around 2010 with the idea and first prototypes of a chronic food insecurity reference table. The process at the time culminated in the draft reference table and accompanying tools, which were incorporated in the IPC Manual Version 2.0. The Manual was officially released in October 2012. The release of the Manual was followed by the creation of the chronic working group, and the start of the further development process, including country pilots.

According to the original plans the chronic classification prototype (Prototype A) was supposed to be piloted in different countries between September and December 2012. Although the plans for the pilots changed many times due to scheduling difficulties, by the time of the first synthesis meeting in March six pilots had been conducted in the following countries: Nepal, Zimbabwe, Malawi, Lesotho, Honduras, and the Philippines. The IPC Prototype A was piloted in all six workshops. In addition the prototypes developed by FEWS NET (Prototype B) and PRESANCA (Prototype D) were piloted in Honduras. FEWS NET Prototype C (an index-based approach as opposed to reference tables used in other prototypes) was used in a comparison study of six countries. Unfortunately only two of these countries, Zimbabwe and Nepal, were finally included in the Prototype A pilots.

The first synthesis meeting of the chronic working group had four main objectives:

1. Review Prototypes and Consolidation of Lessons Learned from First Phase of Country Chronic IPC Piloting

2. Agreement on Core Concepts and Definitions of Chronic Food Insecurity

3. Decisions on Key Elements of the Next Version(s) of the Chronic IPC Classification Prototype

4. Agreement on Next Steps & Way Forward

These minutes aim to give an overview of the first synthesis meeting and focus on the most important topics of the discussions.

## 2. Background literature review

A preliminary literature review on chronic food insecurity was conducted before the meeting and presented to the meeting participants. The main sections of the review were the definition of chronic food insecurity, common indicators used in measuring chronic food insecurity, and the common causes of chronic food insecurity.

### 2.1. Definitions of chronic food insecurity

Below are the definitions of chronic food insecurity found in the literature reviewed:

- ✓ "A persistent inability to meet minimum nutrient intake requirements" (Barrett and Sahn 2001)
- ✓ "Structural or chronic food insecurity implies a persistent inability on the part of the household to provision itself adequately with food" (FAO 2005)
- ✓ "When a household is persistently unable to meet the food requirements of its members over a long period of time" (IFAD 1997)
- ✓ "Chronic food insecurity is a trend in food consumption that involves an inability to meet food requirements over a long period" (IFAD 1997)
- ✓ "The inability of a household or an individual to meet the minimum daily food requirements for a long period of time" (FIVIMS 2002)
- ✓ "It is a sustained outcome of a food system experiencing persistent structural failures" (FIVIMS 2002)
- ✓ "Chronic hunger is a consequence of diets persistently inadequate in terms of quantity and/or quality, resulting from household poverty" (WFS 1996)
- ✓ "Chronic food insecurity exists when households are unable in normal times to meet food needs because they lack sufficient income, land or productive assets, or experience high dependency ratios, chronic sickness or social barriers" (WFP 2004)
- ✓ "Chronic food insecurity occurs when people are unable to meet their minimum food requirements over a sustained period of time. This is usually associated with slowly changing factors which have increased people's exposure to shocks or else decreased their ability to cope with the effects of these shocks – essentially increased their vulnerability" (DFID 2004)
- ✓ "Access to adequate food for most households is constantly limited" (Nanama & Frongillo 2012)
- ✓ "Chronic food insecurity means people cannot meet their basic requirements for a significant period of time with a more long term outcome" (CCAFS 2011)

- ✓ "A long-term or persistent inability to meet minimum food consumption requirements" (WFP 2006)

The common elements of the definitions are a long temporal dimension (use for example of the words 'long-term', 'persistent', 'significant period of time' etc.) and references to inadequate food consumption (for example 'inability to meet food requirements', 'inability to meet minimum food consumption requirements', and 'diets persistently inadequate in terms of quantity and/or quality'). Yet there is no clarity on how long does a person need to be food insecure in order to be classified as chronically food insecure.

## 2.2. Causes of chronic food insecurity

Often the causes of chronic food insecurity are perceived to be related to lack of resources (as in poverty or lack of assets) and to structural causes, which, however, are normally not explained in more detail. Below are some quotes on the causes of chronic food insecurity:

- ✓ "Chronic is the result of systemic or structural failure such as poverty or political marginalization" (CCAFS 2011)
- ✓ "Chronic hunger is a consequence of structural deficiencies" (FAO 2005);
- ✓ "Chronic food insecurity is most often linked to poverty" (USAID 2003);
- ✓ "Chronic vulnerability … is strongly associated with lack of assets" (WFP 2005b);
- ✓ "Chronic food insecurity generally arises through inadequate access to resources, and is therefore structural in character" (FAO 2005)

## 2.3. Indicators of chronic food insecurity

The indicators used to measure and to describe the extent of chronic food insecurity are often related to the perceived causes of chronic food insecurity. For example, some of the common indicators are population below national poverty line or international poverty line. Other indicators used, e.g. stunting, underweight, and micronutrient deficiencies, refer mostly to the nutritional situation of children (and women in case of the micronutrient deficiencies).

The common indicators used do not, however, measure food consumption, even if inadequate food consumption is a central element to the definition of chronic food insecurity. One reason for this could be that most of the normally used food consumption indicators do not capture the long-term aspects of food consumption. The common food consumption indicators measure current food consumption, without reference to a period preceding the survey. Therefore, on basis of the food consumption indicators alone it is difficult to know whether the food consumption in

question is a result of a recent phenomenon, or if it is representative of normal consumption patterns.

As a result it seems that there is a mismatch between the definitions of chronic food insecurity and the indicators normally used to describe the severity or extent of it. The challenge is to find indicators, and data, consistently over a period of time. Yet without a longer term perspective it is challenging to tell acute food insecurity apart from chronic food insecurity.

### 2.4. Other issues raised in the discussion

- ✓ Utilization rarely mentioned in definitions
- ✓ Causes seen mainly as structural and not so much as recurrent crises
- ✓ Are chronic and acute food insecurity mutually exclusive? → No, as areas and/or households can be chronically and acutely food insecure at the same time
- ✓ At what stage does constant chronic situation become acute?
- ✓ Is it necessary to get trend data to see seasonal or snap shots in normal years are enough?
- ✓ Groups of HHs targeted within areas seen as priority

## 3. Current prototypes and IPC analytical framework

The current four prototypes and lessons learned from piloting were presented and discussed over several sessions. For clarity's sake the review of and feedback on the prototypes are addressed in this section, whereas the lessons learned from piloting are presented in the next section.

### 3.1. Prototype A

The current Prototype A was developed by the IPC Global Support Unit, in close collaboration with the Technical Advisory Group on IPC, including representatives of the partner agencies. Prototype A is a prevalence scale of chronic food insecurity, i.e. it measures the magnitude of chronic food insecurity in a given area. Prototype A is a bivariate scale: the given area either is or is not chronically food insecure. The cut-off for determining chronic food insecurity is based on the food consumption indicators used in the IPC acute reference table. The current cut-off is at Phase 3, which signals an acute food security crisis. The food security indicators are complemented with indicators on malnutrition (stunting and micronutrient deficiencies), poverty (% of population below national poverty level), recurrence of acute crisis, water (access to safe water), and other more qualitative indicators such as livelihood change, four pillars of food security, assets, and strategies. The unit of analysis is the whole population of a given area.

The main feedback relating to Prototype A are the following:

- ✓ Level descriptions are inadequate
- ✓ Many of the indicators are too vague, for example year-to-year erosion of assets and strategies is difficult to analyse and does not specify the time span
- ✓ The cut-off at Phase 3 is too high, i.e. the prototype is too tied to the acute reference table. Meeting the cut-off of Phase 3 in the chronic reference table would mean that the area is in Phase 3 (food security crisis) practically every year. One solution is to lower the cut-off to Phase 2
- ✓ How does the chronic scale add value to the acute scale? Acute analysis in normal years should also capture chronic food insecurity
- ✓ The prototype does not address severity in terms of depth
- ✓ It is unclear how the current formulation of the chronic prototype (fixed to the acute scale at a relatively high level) allows for the mutual coexistence of acute and chronic food insecurity along the low-high continuum as per the four IPC typologies of food insecurity
- ✓ Analysis on limiting factors could perhaps be done for each type, as limiting factors differ for different types of chronic food insecurity
- ✓ Gaps in quantity vs. quality of food consumption are not coming out from the food consumption indicators used
- ✓ What are the different elements between acute and chronic? Right now the analysis from the angle of the reference table looks rather similar by not having additional elements but looking at a normal year

### 3.2. Prototype B

Prototype B was developed in autumn 2012 by FEWS NET. Prototype B is a hybrid severity/prevalence scale: the thresholds of food consumption quantity indicators refer to severity in terms of depth, whereas the micronutrient deficiency indicators, wasting, and stunting indicators are prevalence indicators. In addition the reference table includes an indicator on the frequency of crisis (IPC Phase 2+ in the last 5 years) and some less known indicators such as Combined Index of Anthropometric Failure (CIAF), Starchy Staple Ratio, and Months of Inadequate Food Provisioning at Household Level (MAHFP). The unit of analysis in Prototype B is the poorest tercile of the population.

The main feedback on Prototype B was the following:

- ✓ It does not provide numbers or percentages of affected population for response (according to FEWS NET the main purpose of the prototype is to analyse severity and not programme for response)
- ✓ Difficult to identify the poorest tercile – need to do substantial analysis on livelihoods before the chronic analysis can take place. It was also noted that it is difficult to get data at household level, as in approximately half of the countries household surveys are not conducted, or are conducted very rarely

- ✓ The scale measures the severity of the poorest tercile?
- ✓ There are no widely accepted thresholds for the new indicators
- ✓ It was unclear what is the rationale and value of adding wasting and CIAF into the reference table, especially with high thresholds at the more extreme levels of chronic food insecurity. It is very rare to have areas/countries where wasting levels are consistently at or above 15%. In addition having wasting and CIAF in the chronic scale blur the distinction between the chronic and acute scales, and chronic and acute food insecurity. Inclusion of underweight in CIAF is confusing
- ✓ Having a severity scale for chronic food insecurity is conceptually complicated. Having two severity scales (acute and chronic) creates confusion as IPC practitioners would not know which one to use. As said, it is also doubtful that extreme levels of chronic food insecurity are possible in reality (as opposed to extreme levels of acute food insecurity)
- ✓ Quantity vs. quality of food consumption in terms of severity
- ✓ Linearity in severity of food consumption
    - o Mismatch between indicators used and level descriptions
    - o Area vs. household group data
- ✓ Who are being targeted?
- ✓ Malnutrition vs. other elements
- ✓ Timeframe in the level descriptions
- ✓ GAM rates in a normal year
- ✓ Taking contributing factors into consideration in the analysis
- ✓ Re-evaluation of severity vs. prevalence

### 3.3. Prototype C

Prototype C differs from the other prototypes as it is an index-based approach. This prototype was developed as an attempt to see whether chronic food insecurity could be analysed in a quick and cost-effective manner, and whether the results would be comparable to those of the chronic pilots.

Prototype C consists of three indicators: CIAF, DHS wealth index (the new, comparable version of it), and recurrence of acute food insecurity. Each indicator was allocated thresholds from 0 to 4, and on this basis a score from 1 to 12 was calculated for each analysed area. The prototype was applied to data from six countries: Zimbabwe, Niger, Uganda, Guatemala, Nepal, and Malawi.

Main feedback on Prototype C:

- ✓ Has not been, and would be difficult to, validate
- ✓ Indices are challenging to get right: first of all there are no perfect indicators. In addition it is difficult to assign weights and thresholds
- ✓ There is a possible problem with double-counting which was not addressed
- ✓ Use of DHS wealth index as a proxy indicator for food consumption: at best a weak link and not proven. Furthermore, DHS data is not representative at district level

- ✓ CIAF includes both chronic and acute malnutrition: it has weaknesses in the analysis of chronic food insecurity, especially in the absence of trend data which might confirm chronic levels of acute malnutrition. In addition the overall CIAF score is composed of different components in different countries (e.g. high vs. low stunting), i.e. the overall score does not tell anything about the composition of malnutrition in a given country
- ✓ Not valuable for response, particularly without extensive causal analysis. The causal analysis would also need to take into consideration many factors not considered in the index, i.e. in a sense the analysis would need to be redone
- ✓ Not clear whether the level descriptions reflect severity or typology
- ✓ There is no obvious rationale for the choice of the three indicators in the index
- ✓ Potential double counting due to the indicator on acute shocks
- ✓ Ranking?
- ✓ Gaps: food consumption, mortality
- ✓ Not an IPC approach. This raises also a question on the nature and approach of IPC if an index is adopted?

### 3.4. Prototype D

Prototype D was prepared by PRESANCA as an attempt to take nutrition better into account in the IPC analysis. The need for this stems from the conditions and policy environment in Central America: food security and nutrition are intertwined both in terms of analysis and in public policies. Focus on food security alone would risk undermining the role and emphasis on nutrition. Also, the WFS and CFS concepts of food security include both food and nutrition security.

Prototype D fully includes nutrition, in contrast to Prototypes A and B. The basis for Prototype D is an analytical framework prepared by PRESANCA, which uses the IPC analytical framework as a starting point but includes biological utilisation as a fourth pillar alongside availability, access and utilization. In addition the framework excludes the non-food security specific factors included in the IPC analytical framework.

Prototype D is a severity scale. It includes many indicators which are not present in Prototypes A and B. These are indicators, for example, on mortality, obesity, undernourishment, Gini coefficient of dietary energy consumption, breastfeeding, diseases, immunization, and extreme poverty.

Main feedback on Prototype D:

- ✓ Data on many indicators not available at sub-national level and therefore the indicators cannot be used for analysis
- ✓ Does not provide a population number or percentage for response
- ✓ The rationale for many indicator thresholds is not clear

- ✓ The unit of analysis has not been clarified: the reference table mixes indicators that pertain to area-based analysis, analysis of households or household groups, and to individuals
- ✓ Biological utilization – acute vs. chronic in terms of the analytical framework
- ✓ Mix of severity and prevalence indicators
- ✓ Challenging data requirements
- ✓ 20% - based on what? → area classification

### 3.5. IPC analytical framework

The IPC analytical framework is the basis for IPC analysis and also for Prototypes A and B. Due to the importance of the analytical framework, and also because of the changes to the framework proposed by PRESANCA the framework was discussed in some detail.

The first question raised was whether the current analytical framework can be used in the analysis of both acute and chronic food insecurity. In principle this is the way the analytical framework has been designed, although during the discussion it was acknowledged that different components (for example livelihood change) of the framework might get more importance in the analysis of chronic food insecurity. Also, indicators should not been seen solely from a snap-shot point of view as in the acute analysis focusing on the current situation. However, the definition of chronic in IPC is in a 'year without crises' rather than persistence, therefore the framework could also be used from a snap-shot perspective.

The food consumption outcome of the analytical framework was also discussed. The most problematic issue is the thresholds or minimum requirements for food consumption in acute vs. chronic food insecurity situation. Are the requirements the same, or different, i.e. is the threshold survival consumption, desired consumption, or something in between?

PRESANCA suggested the inclusion of biological utilisation as the fourth pillar under contributing factors. This proposition was questioned from different angles. On one hand it would be useful to include nutrition fully into the IPC analysis as decision makers need the information. However, there are also many downsides to including nutrition. First of all it encompasses too many things and therefore makes the analysis too complicated – in the end it would be difficult to know that the classification is based on ("black box" problem).

It is also unclear how biological utilisation would directly affect food consumption and livelihood change (as per the causal linkages in the analytical framework). In addition there is a question on the unit of analysis. Biological utilisation is analysed at the level of an individual, whereas the unit of analysis of the IPC analytical framework is household. Therefore the IPC analytical framework includes utilization at household level, but not at the individual level. As a result inclusion of biological utilization would change the way IPC is currently formulated and conceptualised. The IPC Steering Committee has endorsed IPC as it currently is, and has made a clear statement on IPC being a food security classification tool, not food and nutrition security classification tool.

Other questions raised related to the outcomes in the IPC analytical framework. FEWS NET suggested the changing of Livelihood Change into Livelihood, but the original language was kept after it was noted that livelihood is not an outcome, whereas livelihood change is. PRESANCA also raised a question on the way the secondary outcomes are formulated: nutritional status also has an impact on mortality but in the framework this relationship is not evident.

As a result of the discussions it was decided that IPC analytical framework will not be changed to include biological utilization, and IPC will remain a food security classification tool. Yet it was acknowledged that ideally food and nutrition security would be analysed together. It was agreed that the IPC GSU would work on establishing a process, perhaps in form of a working group, which would gather together agencies and institutions interested in the question. One solution to this problem is the model used in Somalia FSNAU: separate analysis tools and classification systems for food security and nutrition, which complement each other.

## 4. Key lessons learned from pilots

Lessons learned from the six pilots conducted were presented during the first two days of the meeting. GSU presented the results and lessons learned from piloting of Prototype A, whereas FEWS NET and PRESANCA presented the results and lessons learned from piloting of the Prototypes B and C (FEWS NET) and Prototype D (PRESANCA).

### 4.1. Prototype A

Main feedback related to training and analysis process:

- ✓ Time reserved for training and analysis was too short, especially when there are many areas to be analysed
- ✓ More emphasis in the trainings should be placed on practical examples and exercises. Two specific issues need to be highlighted: calculation of population numbers, and inference of outcomes on basis of indirect evidence
- ✓ Timeframe of the analysis was somewhat unclear: current vs. long-term. It was also not clear what would be the time span of the long-term analysis, 5 or 10 years
- ✓ Careful preparations are required before chronic analysis: data mapping and preparation needs to be done, and whenever possible trend data on the most important indicators for the past 5-10 years should be made available (decision on the exact length required)

Main feedback on technical aspects:

- ✓ Chronic analysis and classification work, and are useful for decision-making
- ✓ Used for planning and programming
- ✓ Relationship between chronic and acute food insecurity needs to be clarified better
- ✓ Difficult to separate the three types of chronic food insecurity from each other, especially in the absence of long-term data

- ✓ Many qualitative indicators in the reference table are vague and difficult to analyse, e.g. 'gradual erosion' - what does it mean exactly and how is it measured in a 'snap-shot'
- ✓ The level descriptions are not useful, and too tied to acute food insecurity
- ✓ Mortality is not included, yet mortality is an outcome in the analytical framework
- ✓ The indicators in the reference table require revision. For example, the kcal indicator in impractical and could be removed. Other indicators, such as food poverty, could be considered for inclusion
- ✓ Difficult to tell apart food security from non-food security drivers in relation to chronic malnutrition
- ✓ There is currently no accounting for humanitarian assistance
- ✓ Difficulties in establishing the level for classification when different types give different results

4.2. Prototype B

- ✓ Severity consistent with IPC approach and relevant to decision-making
- ✓ Descriptions are very helpful
- ✓ Results were consistent with expectations
- ✓ Based on a different understanding of "chronic food insecurity" compared to Prototype A
- ✓ Divergent understandings of IPC 2.0 acute scale, particularly regarding dietary quality and declines in livelihoods
- ✓ Analytical framework:
    - Is acute malnutrition relevant to the analysis of chronic food insecurity?
    - Livelihood change vs. typical livelihoods
- ✓ Does not answer "how many people need assistance" Should it?
- ✓ CIAF
- ✓ Do descriptions reflect severity or typology? Does it matter?
- ✓ Calibration of variable thresholds
- ✓ Minor clarification of descriptions, headings, units of analysis
- ✓ Contributing factors
- ✓ Are overweight, obesity, mortality relevant to the analysis of chronic food insecurity?

4.3. Prototype C

- ✓ Mapping was relatively fast and inexpensive
- ✓ Classification is generally in line with expected inter- and intra-country patterns of chronic food insecurity
- ✓ Even with a database of historical mapping data, frequency of acute crises was the most challenging indicator
- ✓ Some convergence with existing "A" pilots (questions, however, were raised on the similarities and differences with the results of the Zimbabwe and Uganda analyses)

4.4. Prototype D

- ✓ Incorporates many interesting indicators
- ✓ Does not respond to question on 'how many'
- ✓ Data at sub-national level was not available for many indicators
- ✓ Classification difficult also due to missing data

## 5. IPC approach – rationale and challenges

The main purpose of IPC is to provide good quality information for decision-making. Taking this aim into consideration, it was decided to use the needs of the decision makers as a starting point and after understanding them, turning the attention to what kind of tools are needed in order to respond to the needs. First, however, some questions on the role of IPC as a tool responding to the needs of decision makers and decision-making were raised, and they are listed below.

### 5.1. IPC and decision-making

- ✓ Who are the policy makers IPC is trying to reach? Especially regarding chronic food insecurity
- ✓ Can chronic classification be realistically used by decision makers? Is CFI not too complicated? Is IPC chronic a starting point, rather that the acute analysis?
- ✓ How is emergency response different from short-term interventions? What activities would relate to emergency other than saving lives and livelihoods?
- ✓ How IPC chronic will link/add value to on-going efforts (e.g. resilience, poverty)
- ✓ Linking level descriptions and response strategy (in current Prototype A response objectives are not connected to specific levels)
- ✓ Is severity and typology the same? Re-evaluation of 'names' of prevalence and severity – do decision-makers need severity?

### 5.2. Needs of decision-makers

- ✓ Where
- ✓ Who
- ✓ When – analytical analysis period
- ✓ Why
- ✓ Severity
- ✓ How many (magnitude)
- ✓ % of population
- ✓ Nature/characteristics (trend, duration, type etc.) also acute vs. chronic
- ✓ Opportunities?

### 5.3. IPC Challenges

Another discussion topic was IPC as a tool. The strengths and challenges of IPC were examined, and the following challenges were noted:

- ✓ Open to bias/politicization (by the government or different agencies)
- ✓ Data limitations
- ✓ Ensuring credibility for decision-making (quality control)
- ✓ Transparency
- ✓ Link with action (credibility and timeliness)
- ✓ Field practicality
- ✓ Convergence of evidence
- ✓ Complexity/time issues
- ✓ Sustainability/institutionalization
- ✓ Globally comparable outcomes
- ✓ Inference of food security outcomes from contributing factors
- ✓ Identifying causes and limiting factors

## 6. Further issues raised in discussions

A lot of time in the meeting was devoted to discussing the current formulation of acute food insecurity as is evident in the IPC Manual and the acute food insecurity reference table. The participants agreed that a clear, common understanding of the acute reference table and how it works is essential for the definition of chronic food insecurity and development of chronic food insecurity classification tools. The discussion ranged from conceptual issues on acute vs. chronic food insecurity to different indicators of chronic food insecurity. Some suggestions for solutions to issues presented in 6.1. and in previous sections are included in section 7 following this section.

### 6.1. Acute vs. chronic food insecurity

- ✓ Is the acute scale, as it stands, sensitive to capture all ranges of severities of food insecurity in the snapshot?
- ✓ Is chronic food insecurity only the persistence of food insecurity? (Regardless of the severity)
- ✓ Is the only difference between acute and chronic classification the persistence of food insecurity?
- ✓ Is the acute scale capturing only transitory food insecurity or does it catch also chronic food insecurity? Should the same scale be used for chronic and acute food insecurity?
- ✓ Is chronic food insecurity best captured by a severity or a bivariate scale?
- ✓ Does the acute scale translate exclusively into acute food insecurity?
- ✓ Severity – important for chronic food insecurity but captured by acute scale only?
- ✓ Alternatively, would the identification of type of chronic food insecurity and numbers of affected be enough without a severity classification? If severity is not included, is there an impediment to communication and prioritization?

### 6.2. Issues to be considered in development of the chronic reference table

- ✓ Clarity on unit of analysis
- ✓ Clarity on description of phases, as that is the starting point for analysis
- ✓ More detailed phases and typology to inform with greater precision
- ✓ Process and tools for identifying causes
- ✓ Identification of a normal year. How can we decide on reference year vs. trend?
- ✓ How much analysis is necessary by gender?
- ✓ Accounting for development and humanitarian assistance
- ✓ What is the minimal amount of information necessary? Is there a minimum set/types of information?
- ✓ Should be analysis provide the number of affected population?

### 6.3. Indicators of chronic food insecurity

- ✓ Obesity and overweight: should it be included? In a sense it is a measure of poor diet quality, but relationship between the indicator and chronic food insecurity is somewhat indirect
- ✓ Need to look across prototypes as there are different indicators that could be useful
- ✓ Potential inclusion of a mortality indicator, e.g. U5MR
- ✓ Potential inclusion of a food poverty indicator (e.g. population below the food poverty line)

## 7. Main issues and suggestions for solutions to different questions

### 7.1. Main issues

As can be seen from the sections above, many questions on the definition and analysis of chronic food insecurity were raised in the meeting. There was not enough time to identify solutions to all the questions, and therefore many were left open, to be answered through further discussions, and development and testing of the chronic classification tools.

The main differences in opinion relate to the way the IPC acute reference table is understood. For some the acute scale captures the whole range of food insecurity in terms of severity, although it is acknowledged that Phases 1 and 2 are not sensitive enough to capture changes in quality and quantity of food consumption. These aspects, and other issues closely connected to chronic food insecurity such as high poverty and chronic malnutrition can be explored further in the chronic classification. In the opinion of others the current acute reference table is not enough in terms of severity. They find it pertinent to analyse severity of acute and chronic food insecurity separately for analytical and response purposes.

A related question is how chronic food insecurity is understood: is it just the persistence of food insecurity (regardless of severity), or are there other components that set chronic food insecurity apart from acute food insecurity? In the latter case the temporal element is perceived as one, albeit necessary, element among many.

One of the most pertinent issues relate to the deterioration of food consumption in terms of quality and quantity and how that can be addressed in chronic food insecurity analysis. In the severity scale a linear deterioration is depicted: adequate quality and quantity → adequate quantity but inadequate quality → inadequate quality and quantity → serious decline also in quantity. However, this theory was not agreed on by all, who pointed out that the choices of households on compromising quality vs. quantity do not follow a predetermined formula but are context-specific and vary between areas and countries (there is also some evidence to support this).

### 7.2. Suggestions for solutions

Solutions were sought for and presented on the questions raised in the discussions, within the time available. The potential solutions are presented below.

- ✓ IPC focuses on "household food security including quantity and nutritious quality", thus it classifies "food security (with nutritious quality of food being an inherent aspect of food security". The IPC is not an overall nutrition classification system, which would entail analysis of health, care practices, water/sanitation, and other drivers that lead to nutrition outcomes. However there is a gap in understanding and classifying nutrition security. The IPC GSU will actively seek to fill this gap with other partners linking IPC to current/new efforts. Thus the IPC analytical framework will not change regarding inclusion of "biological utilization", and thus continue to be based on the household physical utilization of food.
- ✓ Usefulness of level descriptions in the chronic reference table
- ✓ Both prevalence and severity are valuable. The question is the definition of severity and how it could be included in the analysis
- ✓ Sequence of information/analysis
  - Identification of information needed
  - Acute severity and scale
  - Causes
  - Chronic (yes/no) – understanding how to get to yes/no
  - Typology of chronic
  - Chronic scale or severity
- ✓ Consider using index approach for answering the question on yes/no
- ✓ Need of more tools to understand the characteristics of food insecurity and trends
- ✓ Acute scale is not sensitive enough to reflect all levels of food insecurity because the acute scale captures severity and temporal elements for short term decision-making, and we need to look at persistence and a broader context

## 8. Further development process and next steps

Due to the conceptual differences outlined above regarding the prototypes and understanding of acute and chronic food insecurity, it was decided that it would not be possible to try to develop one joint prototype at this time. Rather two different prototypes would be developed (or improved upon) within the next weeks, A 'bivariate approach' and a 'severity approach'

Nick Haan and Kaija Korpi (IPC GSU) are the focal points for the bivariate approach, whereas the focal points for the 'severity approach' are Chris Hillbruner and Jenny Coneff (FEWS NET). Members of the chronic working group are encouraged to contact the focal points of the respective approaches to be involved in the initial development work.

A teleconference will be organized in early April (date tbc) to discuss the new versions of the Prototypes. It is envisioned that after this the prototypes will be tested with real data, and the results and the prototypes will be discussed further in the next meeting before 20 May. The exact timing and location of the meeting remain to be confirmed.

It is hoped that it will be possible to agree on a joint prototype in the May meeting, after which it would be possible to conduct pilots it in different countries.[1]

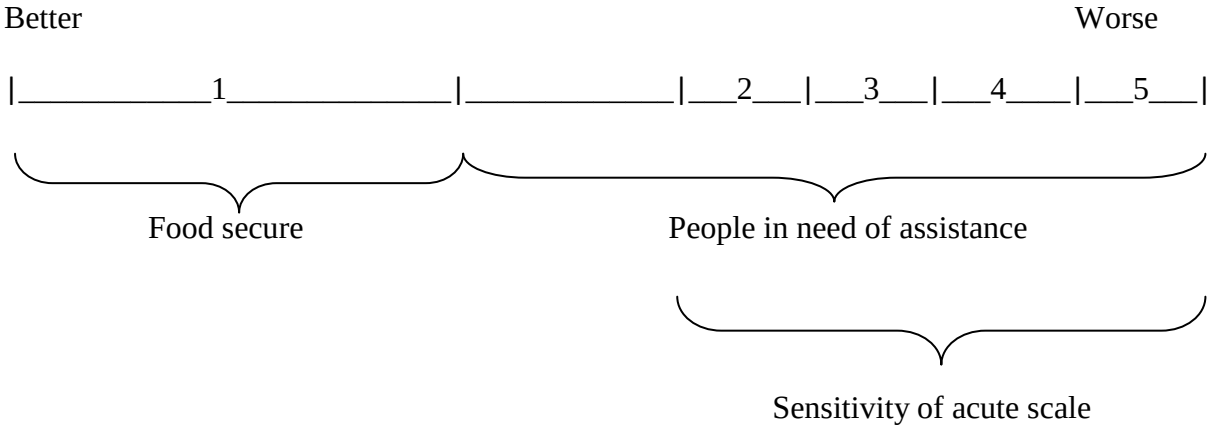
[1] Funds are available for approximately five chronic pilots. Priority countries include Kenya and Niger

**Annexes**

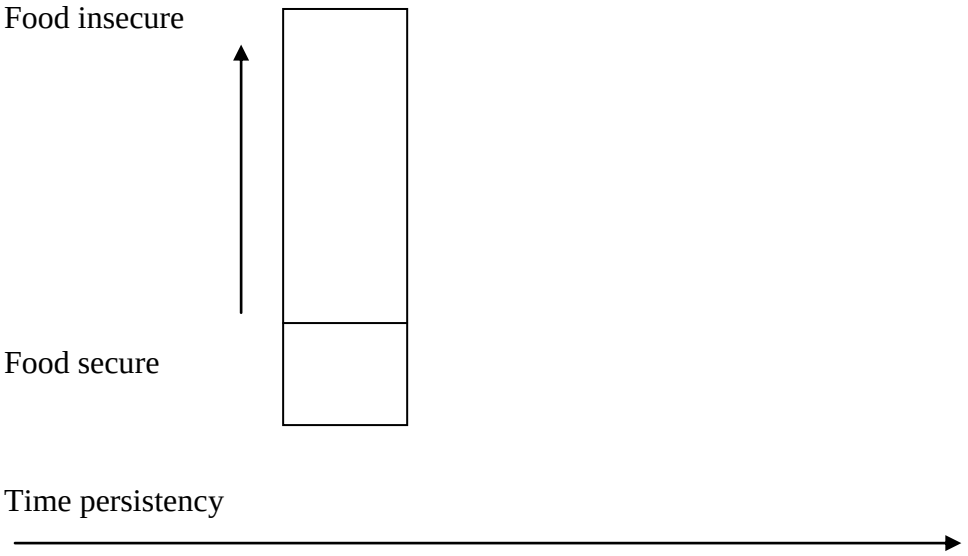
1. **Graphs used during the meeting**

1. Continuums of food insecurity

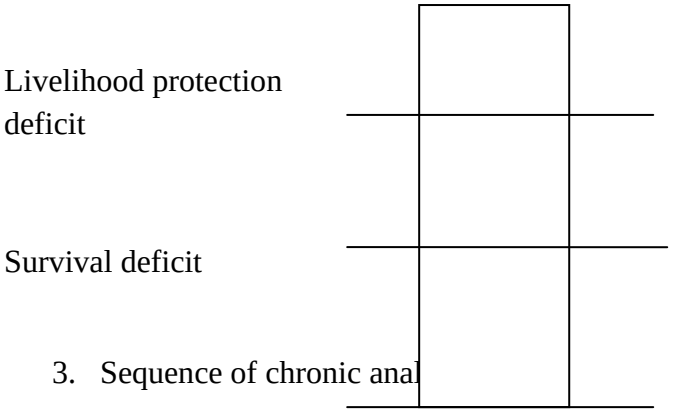
a)



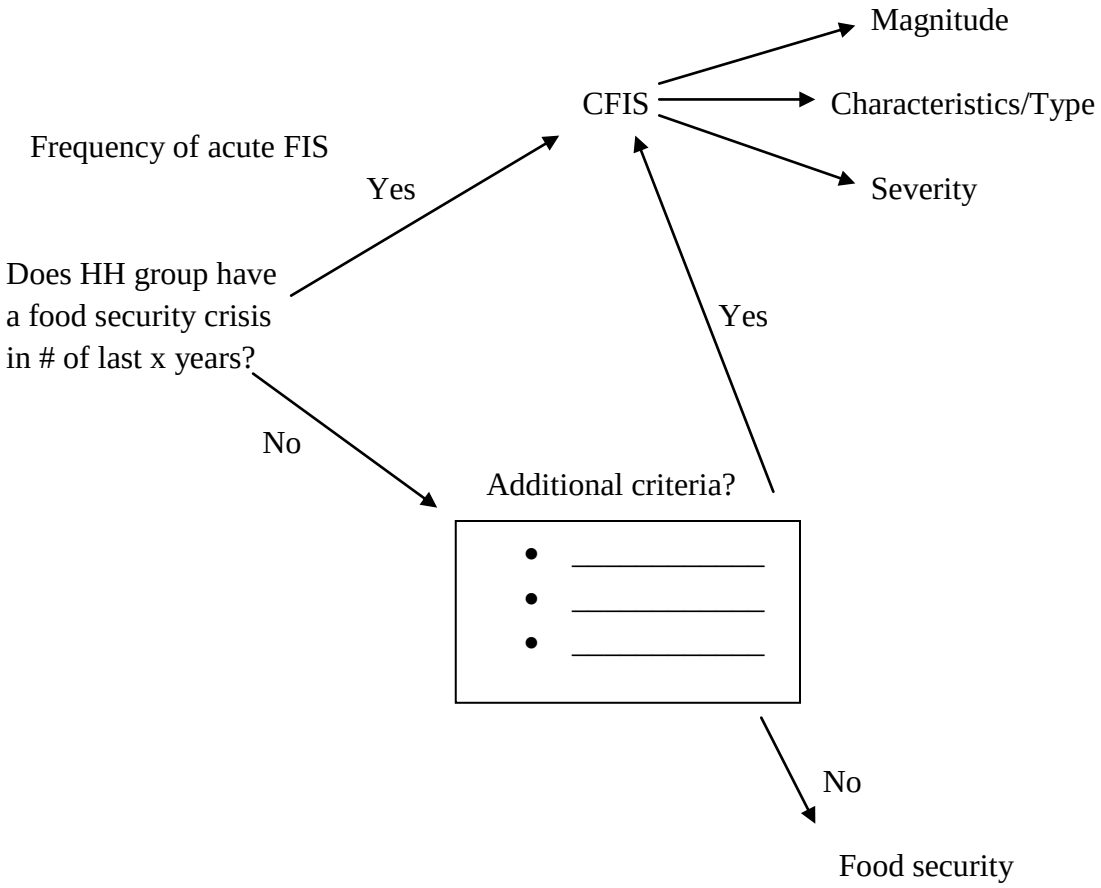

b)



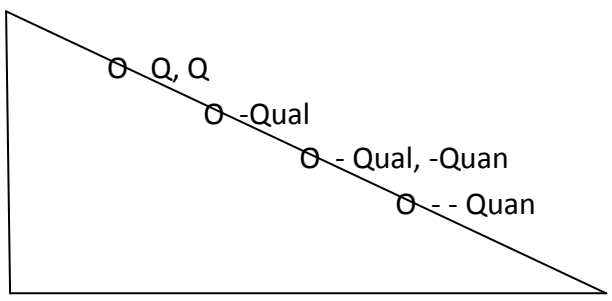

2. Livelihoods




3. Sequence of chronic anal




4. Severity of food consumption in terms of quantity and quality



## 2. List of participants

IPC Working Group on Classifying Chronic Food Insecurity

First synthesis meeting, Washington 11 – 14 March

List of participants

| No. | Name | Organization | Contact |
|---|---|---|---|
| 1 | Kay Sharp | SC UK | k.sharp@savethechildren.org.uk |
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| 10 | Nicholas Haan | FAO/IPC GSU | Nicholas.haan@fao.org |
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| 17 | Aira Htenas | World Bank | ahtenas@worldbank.org |

## 3. Meeting agenda

# IPC Working Group on Classifying Chronic Food Insecurity

### First Synthesis Meeting

### World Bank, Washington 11 – 14 March 2013

## Draft 2 Agenda

| Time | Session title | Facilitators (tbc) |
|---|---|---|
| **Day 1** | | |
| 08:30-09:00 | Welcome, introductions, & objectives | Jose Cuesta; Cindy Holleman |
| 09:00- 10:00 | Background on IPC approach and chronic | Nicholas Haan |

| | | |
|---|---|---|
| | development | |
| 10:00-11:00 | Background literature review & discussion | Kaija Korpi |
| 11:00-11:15 | Coffee break | |
| 11:15-13:00 | Initial overview of current prototypes | Nicholas Haan, Chris Hillbruner, Ricardo Sibrian |
| 13:00-14:00 | Lunch | |
| 14:00-15:30 | Review of country pilots: key points, issues arising, and lessons learned on each prototype | Chair: Alexis Hoskins tbc<br>Presentations: Kaija Korpi; Chris Hillbruner; Ricardo Sibrian; Leila Oliveira |
| 15:30-15:45 | Coffee break | |
| 15:45-16:30 | Review of pilots cont. | Chair: Jose Cuesta tbc<br>Presentations cont. |
| 16:30-17:30 | Synthesis of key lessons from pilots | Chair: Kay Sharp (tbc) |
| **Day 2** | | |
| 08:30-10:15 | Basic purpose, definition, & structure of chronic classification | Chair: Nicholas Haan |
| 10:15-10:30 | Coffee break | |
| 10:30-12:00 | Basic purpose, definition, & structure cont. | Chair: Chris Hillbruner tbc |
| 12:00-13:00 | Resolution on basic purpose, definition, & Structure | Chair: Brian Kriz tbc |
| 13:00-14:00 | Lunch | |
| 14:00-15:30 | Reference Table Structure (Levels, #s, names, descriptions, indicators, response objectives) | Chair: Nicholas Haan |
| 15:30-15:45 | Coffee break | |
| 15:45-16:30 | Reference Table Structure (cont.) | Chair: Leila Oliveira tbc |
| 16:30-17:30 | Synthesis | Chair: Emily Henderson tbc |
| **Day 3** | | |
| 08:30-9:30 | Stock Taking: Where are we? Structure of remaining agenda | Chair: Kaija Korpi |
| 9:30- 10:15 | Outstanding Technical Discussions (including basic structure, reference table, indicators, units of analysis, etc. (tbd) | Chair tbd |
| 10:15-10:30 | Coffee break | |
| 10:30-12:30 | Technical discussion (tbd) | Chair tbd |
| 12:30-13:30 | Lunch | |
| 13:30-15:30 | Technical discussion (tbd) | Chair tbd |
| 15:30-15:45 | Coffee break | |
| 15:45-16:30 | Technical discussion (tbd) | Chair tbd |
| 16:30-17:30 | Synthesis | Chair: Siemon Hollema tbc |
| **Day 4** | | |
| 08:30-9:00 | Stock Taking & Remaining Priorities | Chair: Cindy Holleman |
| 9:00-10:15 | Technical Discussion (tbd) | Chair tbd |
| 10:15-10:45 | Coffee break | |
| 10:45-12:30 | Technical Discussion (tbd) | Chair tbd |
| 12:30-13:30 | Lunch | |
| 13:30-15:30 | Technical conclusions & Synthesis | Chair: Nicholas Haan |
| 15:30-15:45 | Coffee break | |
| 15:45-17:00 | Next steps: pilots, development process, next synthesis meeting, and stakeholder participation | Chair: Kaija Korpi |
| 17:00-17:30 | Concluding remarks and closure | Jose Cuesta and Nicholas Haan |

## 4. IPC Principles

1) Evidence based (including assessment of the quality of evidence)
2) Convergence of evidence
3) Open to all evidence
4) Best use of what is available
5) Consensus-based → multi-agency and multi-sectoral
6) Minimum info needed for decision makers
7) Decision-support orientation
8) Minimum protocols and process – not overtly prescriptive
9) Analytical framework
10) Technical neutrality
11) Comparability within/across countries/regions
12) Big picture/meta-analysis → core/common information needed by decision-makers
13) Transparency
14) Integrated/holistic analysis
15) Field practicality
16) Identifying/distinguishing causes/outcomes → classification referenced against outcomes
17) Identify/categorize causes
18) Build on international standards, e.g. nutrition
19) Phase description is the synthesis
    a. Key communication tool to inform decisions
    b. Starting point for analysis vs. indicators
20) Method for classifying, not measuring food security