Report on the Chronic Food Insecurity Analysis Pilots in Lesotho and Zimbabwe

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Introduction

This report focuses on process and technical issues identified following the Chronic Food Insecurity (CFI) analysis pilots in Lesotho and Zimbabwe during October and November 2012. The country IPC Technical Working Groups (TWG's) conducted the analysis pilots and the issues were identified thro' discussions over the period of the analysis. The analysis schedule was 5 days with 1 day apportioned to training and 4 days for the actual analysis. I was the lead facilitator for the two country analysis. The report is arranged in two sections i.e., the technical and the process for each country.

Country: Lesotho

A. Technical

(1) Differences in content of reference table used in the printed manual and the one on final tools distributed to TA's – mainly on Phase descriptions and water thresholds.

(2) Phase descriptions – Expressed by link to Acute analysis by referring to Phase 4 & 5 (more so for the reference table in the manual whereby the two bullets in **1** | Page the description say more or less the same thing). This needs to be teased out on the basis of other chronic types (on-going and seasonal). Countries that pursue CFI may not have carried out Acute analysis at all. Lesotho and Malawi have only conducted acute analysis once. If description is maintained as it appears in the printed manual reference table, there is loss of meaning for the long term outcome indicators like the stunting.

(3) Illustration of cut offs % for phase classification e.g., (10-20%, 20-40%) creates some overlap. Can the overlap be avoided?

(4) Incorrect greater / less than signs in the reference table. This requires critical review.

(5) Unsustainable strategies / occasional events – basically the lack of common understanding of indicators without thresholds.

(6) Under response section – The higher the level, the higher the geographic priority and level of investments required – Teams felt this was kind too prescriptive and should be avoided.

(7) Water – 15% threshold is emergency threshold (reference table in the printed manual). why quantity instead of quality? Where emergency threshold of 15 Ltrs ppd? The team felt the indicator should be

changed to reflect quality of water/safety and not quantity. The improved water sources were also considered necessary but key word that should be emphasized should be water safety.

(8) Death rate – not in reference table but appears in the analysis worksheets – what is its value in regard to CFI? Should be removed from analysis worksheets in printed manual.

(9) Key assumptions – Team felt its relevance is more applicable in making projections. Thus either removed or modified to read Notes. E.g., under Mortality - rates based on WHO standards, HDDS based on six food groups agreed upon by the TWG, e.t.c.,

(10) SWOT – Evidence may point different directions for different groups in one unit of analysis e.g., Policy which result in different impact for different groups for instance – fixing stable food prices may hurt producers, but be a benefit to net buyers. There is necessity to provide definitions/guidance on the SWOT e.g., (strengths – full control and internal, opportunity – less control and external).

(11) Word on-going as a CFI type is misleading. The team did not like on-going as according to them everything is ongoing. A different word necessary for this CFI typology e.g., steadily or regularly insecure or none seasonal.

(12) The expression of Recurrence of acute crisis in the documents differs from section to section. Some sections it's referred to as Phase 3, 4, 5 and on others phase 4 & 5. Clarify it is only Phase 4 & 5.

(13) Communication template - Recurrence of acute phase 4 & 5 – confusing to include level of CFI. Need to have only one level of CFI which is the aggregation of different typologies.

B. Process

(1) Analysis was not feasible at the 3rd level administrative unit because (1) units are many (about 70) compared to manpower available for the analysis, (2) Data normally aggregated at the 2nd administrative level (District), and (3) Political decisions and allocation of resources done at the 2nd administrative unit.

(2) Allocated training period – one day was considered inadequate if we integrate examples and practical exercise in to the training.

(3) Data assembling prior to analysis – necessary to ensure all necessary data is assembled for analysis. Data gaps mainly due to haste preparation and finally not having all anticipated data on table.

(4) Choice of time to do analysis – was not pegged to a normal year as stipulated in manual.

(5) Internet connection at the analysis venue – When feasible analysis should be done in a venue with internet connection to allow surfing for missing data.

(6) TWG preparedness for the analysis – TWG called for analysis when stock of data available was unknown and not organized. TWG have to assess their readiness in terms of data availability in line with the IPC analysis tools before convening the analysis.

Country: Zimbabwe

A. ***Process >*** Issues similar to Lesotho

B. Technical

(1) Estimation of population numbers for different chronic types- Can examples be provided? Can one population estimate be provided for all types combined?

(2) Determination of a baseline/normal / reference year - How can the baseline / normal year data be established? Is it for all evidence / or only few selected indicators?
(3) Suggestions for additional indicators e.g., HIV/AIDs.
(4) Meaning of severity and prevalence - need to provide diagrammatic examples to pin meaning to terms like severity and prevalence.
(5) PIPS – challenge on how to measure the impact of policies or influence on food security especially on how they influence the 5 capitals.
(6) SWOT analysis – more guidance and illustrations required to illustrate the broad aspects of strengths, weaknesses, opportunities and threats as they relate to food security.
(7) Humanitarian assistance – may impact CFI and therefore critical to integrate in analysis, for instance food aid – could mask the CFI levels. One district was reported to have been on food aid for the last 10 years and a CFI analysis may reflect level 1 and if the aid is not provided then it will be different.
(8) Expression of outcome and contributing factors indicators - need to be strengthened in defining the cut-offs especially for indicators that are expressed qualitatively. For instance, quantity (lack of), HEA (deficit), livelihood change (graduate), assets (insufficient) and inadequate availability.
(9) Reference table cut-offs that at not standardized – for instance levels 2 and 3 - stunting is 30%, BMI 20% or assets 20%.
(10) Arrangement of the analysis template for the food security elements – a separation of contributing factors and outcomes, and also creation of space under outcomes to affix the indicative phase classification of each of the outcomes.
(11) Edits in reference table – affixing pop % to the Kcal indicator under the consumption outcome. Reviewing the >< signs in some of the indicators under various outcomes.
(12) For a country that has not done IPC acute analysis – How can they establish recurrence of crisis in the past period.
(13) Examples – provide illustrative examples to pin in the understanding of severity and prevalence, determination of population under different chronic types.

Conclusion

Overall the two analysis events were successful and communication products were prepared. The CFI analysis tools were found to be fairly technically sound and actually no major hurdle experienced that could result in disapproval of the products. However, a number of both process and technical issues were identified that require critical review and revision.

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