IPC

Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

Photo: OCHA, March 2022

IPC Technical Guidance Note

Guidance for incorporating the impact of the Ukraine war on IPC Acute Malnutrition classifications

September 2022

Introduction

The war in Ukraine, which started in 2014 but escalated markedly in February 2022, is not only devastating the lives of Ukrainians and decimating key parts of the infrastructure of Ukraine, but also has wide repercussions outside the country due to the prominent role of Russia and Ukraine in the global economy. The war in Ukraine has led to disruption in global trade and the resulting domino effect has increased the vulnerability of households in low and middle-income countries (LMICs), making them more susceptible to malnutrition and death. It has also increased the demand for humanitarian reponse and the cost of humanitarian operations and divided the attention of key governments, donors and partners.

This note intends to provide guidance to country IPC Technical Working Groups and IPC Acute Malnutrition (IPC AMN) analysts on how to incorporate the effects of the Ukraine crisis into IPC AMN analysis, for both current and projection classifications.

While this document does provide some specific guidelines for current classification, it does not include specific assumptions to inform the IPC AMN projection analysis as assumptions will vary based on the context. However, it provides guiding questions that analysts should consider when developing assumptions for IPC AMN projections. In this regard, this guidance should be used during the IPC AMN analyses during the current analysis, as part of step 3B: Analyse Evidence on Contributing Factors and Other Issues, Step 4: Determine Phase Classification and Population Estimates, and Step 5: Identify Key Drivers and Limiting Factors as well as during the projection analysis, as part of Step 6: Develop Assumptions for Future Shocks and Ongoing Conditions, Step 7: Analyse Evidence, and Step 8: Determine Projection Phase Classification.

This note is structured around the IPC AMN Analytical Framework. It should be noted that this guidance note should be used in addition to the existing guidance on IPC AMN projections. For example, factors such as the seasonality of disease, food consumption of children and other seasonal factors should be taken into consideration. Once these factors have been addressed independently, the impact of the Ukraine criss on the projections can then be measured against each related contributing factor. This will help the analysis take into account how the Ukraine crisis is likely to influence acute malnutrition.

Impact of the war in Ukraine on acute malnutrition

In general, there are three possible pathways[1] in which the war in Ukraine is expected to affect acute malnutrition:

- **By reducing the quality and quantity of diet[2]:** the increase in food prices is likely lead to a reduction in food consumption, both in terms of quality and quantity of food, at the household level, thereby increasing the risk of malnutrition for all household members (note that reduced quality or quantity of diet may also be due to reduced availability of food in markets). If child food consumption is reduced, this may directly or indirectly (through decreased immunity to diseases) lead to acute malnutrition. It should however be noted that, in some settings, households may prioritise children at times of food scarcity. If this is the case in the area of analysis, while acute malnutrition levels among children may remain relatively unchanged, the prevalence of acute malnutrition may increase in other population sub-groups such as adults and the elderly. It should also be noted that populations that are not dependent on markets for food (i.e., those that rely on their own production or other food sources) may not be as affected. Thus, it will be important to explicitly consider the livelihood zone/population group being analysed and how they are vulnerable to the war in Ukraine.
- **By reducing spending on other health and hygiene products and services:** with the increase of food prices, households may opt to spend more on food and less on non-food related commodities such as hygiene products. Reduction in purchasing and using of hygiene products such as soap may increase incidences of infectious diseases such as diarrhoea, which may in turn lead to increased acute malnutrition. Additionally, where healthcare services are fee-based, access to healthcare may be reduced and this may in turn lead to an increased incidence of diseases and acute malnutrition. Furthermore, there is evidence in some contexts that the increased transportation cost has reduced the frequency of families attending health services and is adversely affecting health seeking behaviour.

[1] https://www.nature.com/articles/d41586-022-01076-5#:~:text=Governments%2C%20donors%20and%20others%20must,to%20prevent%20acute%20food%20insecurity

[2] https://scalingupnutrition.org/news/war-against-ukraine-and-global-pandemic-creating-global-health-and-nutrition-crisis-millions

- **By reducing the reach of humanitarian assistance:** There is already evidence that the war in Ukraine is having negative impact on humanitarian assistance as a consequence of increasing global food prices and fuel prices and the overall cost of Ready-to-Use Therapeutic Food (RUTF) production globally. This is putting an excessive pressure on the RUTF supplies needed, as per the Supply Alert on RUTF[3]. According to this Supply Alert, "RUTF price increases for constituent ingredients and packaging materials making up to approximately 75 per cent of the costs of the finished product, as well as associated challenges to global shipping, transport, and freight costs, leading to longer lead times for delivery. These risk significant price increases for nutrition programmes and the treatment of fewer children". Additionally, in-country supply chains for essential medicines and other humanitarian services (e.g., General Food distribution, Blanket Supplementary Feeding Programmes, staffing in hard-to-reach locations, etc.) have also been disrupted because of reduced fuel supply or increased fuel costs resulting from the war in Ukraine.

At global level, there is already evidence that the war in Ukraine is having a negative impact on humanitarian assistance. According to a recent UNICEF publication[4]:

(i) The cost of Ready-to-Use Therapeutic Food (RUTF) has gone up by 16% as a result of the war in Ukraine and pandemic disruptions.

(ii) The raw ingredients of RUTF have leapt in price amid the global food crisis sparked by the war and pandemic, and consequently, nearly 600,000 children may miss out on the essential treatment if further funding is not provided in the next 6 months.

[3] https://www.unicef.org/supply/reports/ready-use-therapeutic-food-rutf-supply-alert-june-2022-and-outlooks
[4] https://www.unicef.org/press-releases/world-virtual-tinderbox-catastrophic-levels-severe-malnutrition-children

Guiding questions for analysts

This section is divided into 2 sections, part A and Part B. While part A provides key guiding questions for the current analysis, part B focuses on projection analysis.

PART A: Current analysis – Step 3B, Step 4, and Step 5

It is important to note that, for the current analysis, the impact of the war in Ukraine may already be reflected in the outcome data collected during the current season of analysis. However, it is important to explore the following questions in order to understand the level of impact and to inform the projection analysis:

- What specific characteristics does this population have that make it more vulnerable to malnutrition as a result of the war in Ukraine? Examples include urban areas where populations typically depend on markets, aid-dependant populations, hard-to-reach areas dependant on air services , etc.
- Does the war in Ukraine have any negative or positive effects on the current evidence on contributing factors and other issues in the analysis area (step 3B)?
- If there's a negative effect, how would this influence the current classification using GAM based on MUAC in the area of analysis (step 4)?
- Could the war in Ukraine be considered as a major contributing factor to acute malnutrition in the area of analysis (step 5)?

Step 3B : Immediate causes

Child food consumption:

- How are the current levels of child food consumption compared to historical evidence for the same season of analysis?

Analysts should consider the child food consumption trends (MDD[5], MMF[6], MAD[7], MDD-W[8]) over recent years to see the economic impacts that the war in Ukraine may have on child food consumption. Note that this is only possible when there is historical data on child food consumption.

Based on this historical trend analysis, a narrative in the IPC AMN analysis worksheet should be provided under the section "Briefly explain how likely the current level of food consumption among children is affecting acute malnutrition in the area of analysis".

In some contexts, however, households may prioritise children at times of food scarcity and if this is the case in the area of analysis, there may not be any changes in the child food consumption patterns. In these cases, AMN analysts should consult with food security specialists to get a better understanding of the overall household food consumption. For example, the Coping Strategy Index (CSI) may provide further insights on this, particularly whether or not coping strategy number 4 ("*restrict consumption by adults in order for small children to eat*"), was frequently used, and if so, how much this has changed after the February escalation of the war in Ukraine - compared to historical evidence.

[5] *Minimum Dietary Diversity*
[6] *Minimum Meal Frequency*
[7] *Minimum Acceptable Diet*
[8] *Minimum Dietary Diversity for Women*

Diseases:

- How are the current levels of disease compared to historical evidence for the same season of analysis?

Analysts should consider disease trends (for the same period of time) here. If any changes are observed, with the help of health clusters, the reasons for these changes should be explored. Additionally, analysts should also consider the following:

- Are there any reductions in the supply chain of various products for the prevention and treatment of malaria, diarrhoea, ARI and other related epidemics?
- In settings where access to health services are fee-based, was there any reduction in the number of patients attended in healthy children's consultations or children at risk consultation?

Step 3B : Underlying Causes

Food dimension:

When IPC AMN is done concurrently with IPC AFI or when IPC AFI was done recently before the AMN analysis but using the same analysis period or at least falling inside part of the analysis period, then analysts should consider using the AFI results to inform their analysis.

In the absence of a corresponding AFI classification to feed into an AMN analysis, IPC AMN analysts should consult with food security specialists on the overall food security situation on the following:

- What is the likely impact of the war in Ukraine on food security in the area of analysis?
- How might the war in Ukraine impact household food consumption score?
- How does the food security situation compare to the historical trend?
- Is the food security situation improving or deteriorating or similar?

Health services and health environment:

If any changes are observed to the health services and environment, analysts should - in consultation with the health and nutrition clusters - explore the reasons for these changes.

- How does the current coverage of health and nutrition programmes (those analysed in IPC AMN) compare to historical evidence for the same season of analysis?
- How does the current level of health seeking behaviour compare to historical evidence for the same season of analysis?
- Has there been a reduction in targeting of moderate and severe wasting treatment programs because of decreases or anticipated decreases in import of RUTF or Specialized Nutritious Foods?
- How do the current levels of blanket supplementary feeding programme coverage, micronutrient supplementation programme and other safety net programs compare to previous periods? Has there been a reduction in these programs?

Step 4

While current IPC AMN classification (using data on GAM based on WHZ) from the current season of analysis will not be affected by the changes in the contributing factors, an IPC AMN classification (uisng GAM based on MUAC) may change depending on the changes in the contributing factors.

Therefore, in addition to looking at the relationship between WHZ and MUAC in the area of analysis, analysts should also review the changes in the contributing factors before finalizing the IPC AMN current Phase classification. Key questions to consider are as follows:

- Are there significant deteriorations in food consumption and health indicators and programme coverage?
- Do these changes likely show a deterioration in the contributing factors and, if yes, would they warrant a worse AMN Phase classification?

Whenever GAM based on MUAC is used in an AMN Phase classification, analysts should provide a description on how the war in Ukraine is likely to affect the contributing factors and how the changes in contributing factors may affect acute malnutrition in the area of analysis. This will be summarised for all areas and included in the IPC AMN communication brief.

Step 5

As part of the analysis of contributing factor, analysts should decide the following:

- Is war in Ukraine likely a contributing factor to acute malnutrition in the area of analysis?
- If yes, is it likely a major or minor contributing factor?

It should be noted that the war in Ukraine may affect different areas of analysis in the same country differently. For example, urban areas may tend to be more affected by the food price changes resulting from the war than rural areas. However, imported products may increase in prices due to increased transportation costs.

PART B: Projection analysis – Step 6, Step 7, and Step 8

Step 6

The likely impact of the war in Ukraine on various contributing factors and acute malnutrition should be considered in developing assumptions for projection analysis. Some key questions to consider are as follows:

- Would the increase in food prices likely affect child food consumption and buying of hygiene products and services in the projection period?
- Is there likely to be an increase in the operational costs of the humanitarian assistance that could contribute to reduction in child health and nutrition services in the projection period?
- Are there likely reductions in the humanitarian assistance that could impact acute malnutrition levels during the projection period? Is there a reduction expected in the supply of RUTF?
- If there are already reductions in humanitarian assistance (e.g. blanket supplementary feeding programmes), is it likely to get worse in the projection period?
- With the increase of fuel prices, is there likely to be a reduction (both in terms of coverage and frequency) in the outreach activities in the projected period?

In addition to the nutrition cluster, the analysts will need to also consult with the health, food security, and other cluster experts when exploring these questions. Where possible, the IPC AMN facilitators should consult with the relevant cluster and sector experts prior to the IPC AMN analysis in order to get answers to these key questions.

Step 7

When projecting the contributing factors in Step 7, analysts should consider the impact of the war in Ukraine on contributing factors in light of the assumptions and the evolving situation. This should be in addition to the usual seasonal changes in the contributing factors. For example, if the projection period includes the season of high acute food insecurity, food consumption may already deteriorate and if the areas are affected by increased food prices as a result of the war, this will likely further deteriorate the food consumption.

Step 8

Each area of analysis should consider the potential effects of the war in Ukraine on acute malnutrition and analysts should provide a narrative on how this war is likely (or not likely) to affect acute malnutrition in their respective area of analysis. This will be summarised and communicated in the IPC AMN communication brief.

Once the expected number of cases of children requiring treatment is determined in an analysis, the estimated number of cases of acute malnutrition that may be left untreated because of the funding shortfalls may be calculated together with the nutrition cluster/sector in the country and reported.

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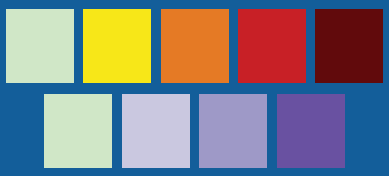

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