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Country Perspectives and Plans: Added Value of the IPC Chronic Food Insecurity Classification and IPC Acute Malnutrition Classification and Use in Country Planning, Programming and Policy

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List of Acronyms

ACTED	Agency for Technical Cooperation and Development
BRAC	Bangladesh Rural Advancement Committee (BRAC) University
CIDPs	County Integrated Development Plans
CBS	Central Bureau of Statistics
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CIP	Country Investment Plan for Agriculture, food security and Nutrition
DFID	Department for International Development
EDE	Ending Drought Emergencies
EU	European Union
FEWSNET	Famine Early Warning Network
FAO	Food and Agriculture Organisation of the United Nations
FSNIS	Food Security and Nutrition Information System
FPMU	Food Planning and Monitoring Unit of Ministry of Food
FSNSP	Food Security and Nutrition Surveillance Project
HPNSDP	Health, Population, and Nutrition Sector Development Program
HEA	Household Economy Approach
HIES	Household Income Expenditure Survey
IYCF	Infant and Young child feeding practices
ISS	Information Support System
IPC	Integrated Food Security Phase Classification
KAP	Knowledge, attitudes and practices
LCG	Local Consultative Group on Agriculture and Food Security
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MoAD	Ministry of Agriculture Development
MDGs	Millennium Development Goals
NFP-PoA	National Food Policy Plan of Action

NGO	Non-Government Organisation
NeKSAP	Nepal Food Security Monitoring and Analysis System
RENOSAN	National Network of Organisations that fight for Nutrition and Food Security
TCP	Technical Cooperation Programme
UNICEF	United Nations International Children's Emergency Fund
VAM	Vulnerability assessment and mapping
WFP	World Food Programme

SECTION 1: Country Statements on the IPC Chronic Food Insecurity Classification

Country: Kenya

Presenter: Mr. James Oduor, Chief Executive Officer, National Drought Management Authority, Government of Kenya

1. Current scales/information systems/tools used to measure chronic food insecurity

- Kenya has not carried out any full-scale chronic food insecurity (CFI) surveys in the past. Stunting has been the only indicator of chronic malnutrition collected during nutrition surveys in humanitarian contexts; other tools and information systems have largely focused on measuring acute situations.
- Different agencies have datasets that could lend themselves to CFI analysis. For example:
    - The Kenya Demographic Health Surveys - conducted approximately every five years - gather data from which inferences about issues relating to chronic food insecurity could be made.
    - The Kenya Integrated Household Budget Survey (2005/2006) undertaken by the Kenya National Bureau of Statistics uses proxy indicators on contextual parameters such as poverty, literacy, marginalization, infrastructure, and household expenditure patterns.
- In preparation for the upcoming IPC Chronic analysis, we are exploring how to draw on the analysis of food consumption scores, consumption, and livelihood-based coping strategies currently used in WFP's food security outcome monitoring and in the National Drought Management Authority's drought early warning system.

2. Value Added of the IPC-Chronic Scale

The IPC Chronic scale has the following added value:

- More robust use of converging indicators across multiple sectors, rather than using only individual sector-specific indicators.
- Use of non-exceptional years, which capture the structural and underlying issues that could be responsible for high levels of food insecurity, even when seasonal performance is above average.
- Factors which are generally not considered during acute analysis, particularly contextual factors such as infrastructure status, chronic marginalization, levels of investment, socio-cultural issues, and knowledge, attitudes and practices (KAP).
- Provides an opportunity to focus on medium- and long-term programmes and policies that address food insecurity.
- Provides a platform for a uniform and consistent approach to the analysis of chronic food insecurity that can be comparable across regions within the country.

3. Plans for using IPC-Chronic for planning, policy and programme development

The country plans on integrating the IPC-Chronic results in the development and implementation of the following programmes and initiatives:

- Ending Drought Emergencies (EDE) programme under Kenya Vision 2030. This is a multi-sectoral and multi-stakeholder long-term initiative, which addresses chronic vulnerabilities to drought. Nutrition sensitivity is one of the priority areas for strengthening EDE programming.
- Long-term development strategies by the County Governments, within the framework of their County Integrated Development Plans (CIDPs).
- Sector-based programming, such as the Agricultural Sector Development Strategy and in the water, public health, and education sectors. The EDE initiative provides another framework for multi-sectoral cooperation around the underlying causes of chronic food insecurity.
- Creation of databases to monitor progress in implementing the Food and Nutrition Security Policy.

4. Next steps for the IPC-Chronic

- Complete the analysis in the five counties where data collection has begun (September 2015).
- Build the capacity of the national and county teams in order to extend the analysis to other counties in 2016-17.

5. Acquired learning from challenges and opportunities during implementation

The following challenges were experienced during implementation:

- Lack of sufficient data to undertake a rigorous analysis. The amount of data required from the various sectors is enormous.
- Re-analysis of the data to fit within Kenya's new administrative boundaries and governance structures. For instance, disaggregating data previously collected at the provincial level to counties or livelihood zones requires many assumptions to be made.
- Prescribing thresholds in the four levels of classification based on the way the data was collected.
- Understanding some of the tools and protocols used such as evidence re-analysis excel templates.
- Adequate preparation and inclusion, for example of technical officers in the field as well as farmers / pastoralists.
- Determining the appropriate set of chronic indicators for the country context, increasing the risk of applying acute indicators to chronic situations. For example, there may be cases where an area has been in IPC Phase 3 for several seasons, such that an acute situation begins to look chronic.

The following opportunities were experienced during implementation:

- IPC-Chronic scale is a welcomed step in strengthening food security analysis in Kenya, given that chronic poverty and vulnerability lie at the root of much of the hunger and suffering.
- Devolution has brought the centre of action closer to those in need. Resources are now available at the local level, which were previously difficult to access under a centralised system.
- Participation in the IPC initiative has given us access to additional international expertise and technical support, and the opportunity to engage in cross-country exchange and learning.

Country: Uganda

Presenter: Ms. Anna Hakuza, Senior Agricultural Economist, Ministry of Agriculture, Animal Industry & Fishing, Government of Uganda

1. Current scales/information systems/tools used to measure chronic food insecurity

The information systems, tools and scales used in Uganda to measure chronic food insecurity have been strengthened in recent years. However, they provide somewhat fragmented information with no clear distinction between acute and chronic situations, and a strong focus on acute food insecurity.

Information Systems

The Country has an Early Warning and Food Security Information System based in Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) which has adopted the IPC Acute Food Insecurity products for reporting since 2007. With support from FAO through the Uganda Information System for Food Security and Nutrition Technical Cooperation Programme (TCP), the Early Warning and Food Security Information System has been strengthened by standardizing data correction tools and establishing a database for food security and nutrition. The analysis and reporting on chronic food insecurity will also be adopted by this system.

Tools

- Famine Early Warning Network (FEWSNET) quarterly food security outlooks and price market bulletins, with partial coverage (focus on urban markets).
- World Food Programme (WFP) & the United Nations International Children's Emergency Fund (UNICEF) surveys/assessments:
  - Comprehensive Food Security and Vulnerability Analysis (CFSVA) conducted by WFP, 2005 and 2008/9.
  - Quarterly vulnerability assessment and mapping (VAM) market price reports for Karamoja region produced by WFP.
  - Food Security and Nutrition assessments conducted twice a year by WFP and UNICEF.
- Household Economy Approach (HEA) assessments led by FAO, 2010, 2012/ 2013.
- Uganda National Household Surveys conducted by the Uganda Bureau of Statistics, 2010, 2012.
- Weather/rainfall forecasts and performance produced by the Uganda National Meteorology Authority.
- Agricultural Census conducted by the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), 2009.

Existing scales focus on measuring acute food insecurity and include the following:

- FEWSNET IPC compatible products.
- IPC Acute analyses, usually conducted for specific areas, on average once a year.
- Drought Early Warning System for Karamoja region implemented by ACTED.

2. Value added of the IPC-Chronic Scale

Given that there is no systematic way of measuring chronic food insecurity in Uganda, the main added value of the IPC Chronic includes the following:

- IPC Chronic establishes a clear distinction between acute and chronic food insecurity and provides a clear picture of chronic food insecurity in various parts of the country, thereby filling a gap.
- IPC Chronic analysis allows a better understanding of the underlying causes of chronic food insecurity in each area (region) covered by the analysis, thereby contributing to more relevant policy and programmes.
- IPC Chronic allows harmonization of the chronic food insecurity information produced by different stakeholders, thereby facilitating decision-making and prioritization of resources.

3. Plans for using IPC-Chronic Results for planning, policy and programme development

There are a number of key strategic documents and plans that will be developed within the next two years and which can be guided by IPC Chronic findings. These include the following:

- **The Agricultural Sector Development Strategy (2016 - 2020),** which are currently being developed by the Ministry of Agriculture.
- **The Strategic Health Sector Plan** (2015-2020), which is being finalized by the Ministry of Health.
- **The Food security and Nutrition Policy,** which is due for review in 2016.
- **The Global Food Security Project** funded by World Bank.

  This project is currently being designed and will be implemented by the Ministries of Agriculture, Health and Education. The first phase of the project will be implemented in 2016 and will consist of piloting various interventions in a few districts. The successful interventions will subsequently be scaled up. IPC Chronic findings will inform the scale-up by highlighting the districts which should be prioritized and provide recommendations on the types of interventions that should be implemented in the different areas.

- **Programme design by Government, United Nations Agencies and NGOs**

  It is expected that Government, United Nations Agencies and NGOs will use IPC Chronic findings to design future development and long-term food security programmes. In addition to providing guidance on priority areas and estimated number of people to be targeted, findings on the underlying causes of chronic food insecurity in each area will be particularly relevant to help define the type of interventions required at sub-national level to address chronic food insecurity.

4. Next steps for the IPC-Chronic

In coming weeks, the IPC Chronic findings will be presented to decision-makers at national level, including senior Government officials from various ministries and members of parliament, as well as Heads of UN agencies, NGOs and academic institutions.

Dissemination of IPC Chronic findings will also take place at sub-national level through distribution of hard copies of the IPC Chronic communication template to district local governments, local NGOs and CBOs, in order to guide planning at sub-national level.

The recent IPC Chronic analysis covers the whole country and should be valid for 3-5 years. Nevertheless, the Uganda IPC Technical Working group would like to update the analysis in one year's time to take into account new evidence generated by two major surveys that are expected to take place in 2015/2016. These include WFP CFSVA and the National Service Delivery Survey. In addition, local government reports would be added to the wealth of evidence being considered.

Finally, the Uganda IPC Technical Working group is considering conducting a more in-depth analysis of food insecurity contributing factors in Karamoja region, which has the highest levels of chronic food insecurity according to the IPC Chronic analysis.

5. Acquired learning from challenges and opportunities during implementation

Challenges faced during the implementation of IPC-Chronic included lack of in-country capacity, especially with regards to chronic food insecurity analysis and use of the web-based Information Support System (ISS), due to insufficient training. This was exacerbated by poor internet connectivity, which resulted in inefficiencies and limited access to the ISS by sub-national users.

On the other hand, implementing the IPC Chronic Scale created opportunities for standardizing data collection methods in the country to allow for comparison of the evidence collected across space (coverage, unit of analysis) and time (repeated over a number of years).

Country: Nepal

Presenter: Mr. Badri Khanal, Agriculture Economist Ministry of Agriculture Development, Government of Nepal

1. Current scales/information systems/tools used to measure chronic food insecurity

The information systems and tools that are used to measure chronic food insecurity in Nepal rely on a limited range of information. For instance, the food balance sheet is based on dietary energy supply; the poverty map relies on income disparity only; the hunger index relies on nutrition data – both acute and chronic. Moreover, some of this information is produced mainly at national level (e.g. food balance sheet) (see below).

- **Food Balance Sheet**

  This is produced annually by the Ministry of Agriculture Development (MoAD) based on FAO methodology.

- **Poverty Map**

  The poverty map is produced by the Central Bureau of Statistics (CBS) based on the World Bank methodology. It is updated every 5-6 years at sub-regional level.

- **Hunger Index**

  This index was produced once in 2008 by MoAD and the World Food Programme - based on IFPRI methodology. It combines wasting, stunting and underweight data and provides an index at regional level.

- **Nutrition Indices and Maps**

  These are based on stunting evidence collected by Demographic and Health surveys which are conducted every 5 years at sub-regional level.

- **Nepal Food Security Monitoring and Analysis System (NeKSAP)/IPC acute**

  This is conducted three times a year at district level by NeKSAP and focuses on acute food insecurity.

2. Value added of the IPC-Chronic Scale

The IPC Chronic presents the following added value:

- It offers a more comprehensive evidence-based picture of chronic food insecurity at sub-national level since it brings together all of the above-mentioned information, as well as other multi-sectoral evidence.
- IPC Chronic enables the classification of the population by level of severity of chronic food insecurity and identifies the most food insecure areas, thereby providing valuable information for the prioritization of interventions/resources.
- IPC brings all food security stakeholders together through consensus building, thereby facilitating decision-making.
- The IPC Chronic tools and protocols are easier to use compared to the other scales that measure chronic food insecurity in Nepal, which require primary data and advanced statistical analysis.

3. Plans for using IPC-Chronic for planning, policy and programme development

Several national planning documents are currently being developed or finalized, which IPC Chronic can feed into. These are listed below:

- **Agriculture Development Strategy (2015-2035)**
  This strategy is being finalized. IPC Chronic results are being used to prioritize investments in the most food insecure areas and guide the types of interventions required depending on area-specific challenges (factors contributing to chronic food insecurity) that were identified during the analysis.
- **Food Security and Nutrition Plan of Action 2015-2020**
  This five-year Plan of Action is a subcomponent of the above-mentioned strategy and is currently being finalized, using IPC findings as reference.
- **Earthquake Recovery Plan**
  This Plan is being developed in response to the series of earthquakes and after-shocks that hit Nepal over the past few weeks. IPC Chronic findings will provide contextual information, thereby contributing to a better understanding of the local chronic context among humanitarian actors. In addition, findings from the chronic scale will provide a baseline against which evidence from ongoing and future assessments can be compared in order to assess the impact of these shocks on food security.
- **Zero Hunger/ Global Challenge Initiatives (2015-2025)**
  IPC Chronic results will be used to guide the interventions to be developed and implemented in the framework of these initiatives.

4. Next steps for the IPC-Chronic

The Nepal IPC Technical Working Group will present and disseminate findings from the recent IPC Chronic analysis among decision makers in government, United Nations Agencies, NGOS etc. when possible.

- The Nepal IPC Technical Working Group is planning to conduct a more in-depth analysis of the factors contributing to chronic food insecurity in the sub-regions found to be in Level 3 (moderate food insecurity) and 4 (severe food insecurity), in order to have a better understanding of the underlying causes and specificities within these areas and guide response at micro level accordingly. This activity was supposed to take place in 2015; however it is likely to be postponed due to the ongoing emergency response.
- The Nepal IPC Technical Working Group also wishes to conduct IPC Chronic at lower administrative (i.e. district) level, prioritizing the most food insecure districts. A review of the available evidence will have to be conducted first in order to determine whether there is sufficient data to implement IPC Chronic at that level.

5. Acquired learning from challenges and opportunities during implementation

The challenges encountered during IPC Chronic implementation included the following:

- Lack of common understanding of IPC indicators (especially for indirect evidence) among the Technical Working Group Members;
- Lack of alignment between IPC standard indicators (including cut-offs points) with evidence available in Nepal. As a result, a notable amount of data had to be re-analysed;

- Challenges with internet connectivity made the use of the IPC Chronic online system of analysis (Information Support System (ISS) challenging and slowed down the analysis process.

Opportunities arising from the implementation of IPC Chronic included the following:

- The roll-out of the IPC Chronic scale has contributed to make data collected by various institutions more accessible and to optimize its use;
- IPC Chronic findings unveiled the extent of chronic food insecurity in Nepal and thus provides a solid basis for resource mobilization for food security interventions;
- The implementation of IPC Chronic was an opportunity to gather professionals from different fields of food security and analyse a variety of evidence to reach technical consensus.

Country: Bangladesh

Presenter: Mr. Md Hajiqul Islam, Research Director, FPMU, Ministry of Food, Government of Bangladesh

1. Current scales/information systems/tools used to measure chronic food insecurity

Several information systems and tools are used in Bangladesh to measure food security without making much distinction between acute and chronic. Most of these systems/tools provide information at various administrative levels, such as administrative level 1, 2 or 3. The following are major information sources used to measure chronic food security in Bangladesh:

- **Food Security and Nutrition Surveillance Project (FSNSP)**
  This surveillance is conducted on a quarterly basis and reports on the state of seasonal food insecurity and nutrition of women and children less than five years of age both quarterly and annually. The project is being implemented by the James P Grant School of Public Health of BRAC University of Bangladesh in collaboration with Helen Keller International, the Bangladesh Bureau of Statistics (BBS) and Ministry of Health and Family Welfare with financial assistance from the European Union. The data is collected by agro ecological zone which is also representative at administrative units. The project also collects data on a wide range of indicators associated with food security and nutrition – such as market price of food and other consumables, IYCF practices, dietary diversity patterns, child illness, maternal care and hygiene. FSNSP findings have been used to monitor the progress of goals set within national and global initiatives such as the Country Investment Plan of Bangladesh 2011-2015 and Millennium Development Goals (MDGs).

- **Household Income Expenditure Survey (HIES)**
  This survey is the only source of information on caloric consumption of major food items per capita per day and poverty estimates in Bangladesh. The survey is conducted every five years by the Bangladesh Bureau of Statistics (BBS) with support from the World Bank. It is representative at national and administrative level 1 (Division) and the data collection is adjusted over a year and is thus more chronic in nature. The findings from this survey are widely used by the government and development partners for monitoring of development goals on poverty and food security and are referred in the country strategy papers and policy documents.

- **The poverty map and estimates**
  This is an important chronic tool in Bangladesh which is produced at administrative level 3 (sub district) and is largely used for geographic targeting and resource allocation of the major medium to long term social safety net programmes of the Government of Bangladesh, UN Agencies, NGOs and INGOs. The UN and development agencies, such as USAID and DFID are also referring to the poverty map as an important input in their country strategy document. The map is produced jointly by BBS, The World Bank and WFP every five years. The poverty estimates are generated at administrative level 3 (sub district) applying Small Area Estimation Technique which disaggregates data from administrative level 1 to administrative level 3 using data from the Household Income Expenditure Survey (HIES) and Population Census.

- **IPC Acute Analysis**

  Since 2012 Bangladesh has conducted four acute analyses in vulnerable and disaster prone administrative units (districts) of the country. Generally, the IPC Technical Working Group conducts one IPC Acute analysis during the agricultural lean season of the year; however, depending on the need and occurrence of disasters, the timing and frequency of the acute analysis are adjusted. The findings of the acute analysis have been so far used as information input by the International NGOs in funding proposals for donors and by the Ministry of Food in their Annual Monitoring Report of the National Food Policy Plan of Action (NFP-PoA).

- **Other information sources**

  There are few more information sources in the country that do not collect or provide direct indicators of food insecurity but they generate information on underlying and limiting factors of food insecurity. The Bangladesh Demographic and Health Survey by Ministry of Health and Family Welfare, Multiple Indicator Custer Survey, Child and Mother Nutrition Survey by UNICEF and BBS provide information on anthropometric measures of children under five years old, access to health services, IYCF Practices, water and sanitation etc. All these surveys are conducted at a frequency of three to five years and are also widely used for nutrition related policies and interventions.

2. Value added of the IPC-Chronic scale

The main added value of the IPC Chronic Scale includes:

- The above mentioned information systems and tools clearly indicate that Bangladesh has a number of information sources on poverty, nutrition, availability and access dimensions of food security at national and sub-national level. However, most of the food security based policy and resource allocations in the country generally are guided either by poverty estimates, kilocalorie consumption or food consumption score. A holistic scenario of food security combining multi-sectoral information and their spatial convergence has always been lacking. The IPC Chronic Scale has the potential to offer a platform where such holistic analysis of food insecurity could be conducted that can identify the problems better and thus better guide the food security related policies and programmes in the country.

- IPC Chronic methodology considers multiyear data on multidimensional sectors including limiting and underlying factors. This is particularly important because despite various food security and nutrition-targeted programmes in Bangladesh, chronic malnutrition in general and chronic food security in some areas remain very high. The chronic analysis through multiyear data analysis, provides the scope to work with the persistent limiting and underlying factors of food insecurity and address them in the policy and programme design.

3. Plans for using IPC-Chronic for planning, policy and programme development

Unless the IPC Chronic Analysis is finally approved by the decision makers and officially launched it is difficult to lay out the country plan for the use of the analysis. However, there are potential areas where the IPC Chronic analysis can contribute substantially:

Monitoring:

- Key findings from IPC chronic analysis have already been used in the Annual Monitoring Report of the National Food Policy Plan of Action (NFP-PoA) and Country Investment Plan (CIP) for agriculture, food security and nutrition 2015 which is prepared by Ministry of Food.

Policy, Planning and Programme Development:

- Bangladesh is now formulating the Seventh Five Year plan (2016-2020). The sectoral policies such as nutrition, food security, agricultural extension, social protection are now in the process of development. The subsequent implementation plan would incorporate the IPC tools and findings.

- IPC chronic findings can be used in the new Country Investment Plan (CIP) for Agriculture, food security and Nutrition 2016-2020 which is at formulation stage.

- Implementation of Health, Population, and Nutrition Sector Development Program (HPNSDP) would carry out the specific interventions to curb malnutrition. IPC Chronic analysis findings can be used to inform the design and planning of the HPNSDP interventions.

- Humanitarian agencies and the donor communities like DFID, USAID, EU are the potential users of the IPC Chronic results as reference information in their country strategy paper and also for the design and geographic targeting of their long term development interventions and programmes.

- IPC chronic data will also be incorporated in the Food Security and Nutrition Information System (FSNIS) of the government which is at development stage at the Food Planning and Monitoring Unit (FPMU) of Ministry of Food.

4. Next Steps for the IPC-Chronic

The Communication Template of the chronic analysis has been finalized by the IPC National Technical Working Group with support and feedback from the IPC Global Support Unit. The next plan is to present the findings in several forums and meetings, such as a) internal meeting of Food Planning and Monitoring Unit (FPMU) of the Ministry of Food, b) the meeting of Local Consultative Group (LCG) on Agriculture and Food Security and c) the Food Security Cluster meeting. Following the sharing of the results and consensus from the Ministry of Food and development partners, the results will be disseminated through a launching ceremony by mid June 2015. The lessons learned and the opportunities from the IPC implementation will also be shared with the wider audience during the launching of the IPC chronic product.

The Bangladesh IPC Technical Working Group has covered 18 districts out of 64 districts in the first round of the chronic analysis. Another 30 districts are expected to be covered in the next two rounds of analysis. The second round is likely to take place in the last quarter of 2015 and the third round of analysis in the first or second quarter of 2016.

There is a medium to long term plan to make some of the major survey questionnaires, such as FSNSP and HIES, IPC indicator sensitive.

5. Acquired learning from challenges and opportunities during implementation

Lessons learned from the challenges during the IPC chronic are as follows:

- Strong sensitization of the key government ministries and senior managers of IPC stakeholder agencies is an important pre-requisite for initiation of IPC Chronic analysis**.** Some of the key players in the field of food security, such as the World Food Programme did not take major interest in the chronic analysis. Furthermore, the senior managers of the key government ministries dealing with food security were not informed or made aware of the chronic analysis.

- Data preparation for IPC Chronic requires time and detailed guidelines on data reanalysis and data organization. Since Bangladesh was one of the first countries to conduct the IPC Chronic analysis, guidance from the IPC Global Support Unit was lacking on data reanalysis. Much time was spent on understanding the complex IPC indicators. Some of the important data sources, such as HIES could not be reanalysed due to limited time. Many surveys were not representative at district level and data disaggregation at administrative level 2 did not provide reliable results.

- Memorandum of Understanding with public and private survey agencies on data sharing is an important requirement for IPC Chronic analysis. Since IPC Chronic analysis requires multi sectoral data for several years, collection of both raw and processed data from different government agencies was bureaucratically and time wise challenging. Moreover, very limited assistance was received from BBS in data reanalysis, the only partner agency that was instrumental in data reanalysis was Hellen Keller International.

Opportunities identified during the IPC chronic are as follows:

- Involvement of multiple agencies ensured better accountability and larger buy-in to the analysis and enabled to strengthen the national capacity on IPC Chronic analysis.

- The IPC Information Support System is a permanent data repository for IPC analysis; which can also be used for other purposes.

- Since IPC Chronic is inclusive of chronic malnutrition the analysis can contribute to the long term debate in the country on the co-existence of food insecurity and chronic under-nutrition.

- The chronic product can help to prioritize vulnerable areas and resource mobilization based on sectoral needs or combined needs.

Country: Philippines

Presenter: Ms. Hygeia Ceres Catalina B. Gawe, Chief- Nutrition Surveillance Division, National Nutrition Council, Government of Philippines

1. Current scales/information systems/tools used to measure chronic food insecurity

There is a fair number of food security and nutrition information systems and tools that are available in the Philippines which have been used to measure chronic and acute food insecurity. These however, do not distinguish between acute and chronic food insecurity. These measures commonly describe national, regional and only to some extent, provincial aggregates. These include the:

- **Family Income and Expenditure Survey**
  Provides the number and proportion of subsistence poor, the population whose income is not sufficient to buy food for their family of 5 members.

- **Social Weather Stations (SWS) Survey on Hunger**
  The SWS generates the incidence of moderate and severe hunger every quarter since 1998 for the four main island groups of the country (Mindanao, Visayas, Luzon minus the National Capital Region (NCR) and NCR).

- **National Nutrition Surveys**
  The Philippines has national data on food insecurity using the Radimer-Cornell method, provincial level data on stunting and wasting, and recently, food consumption score by province.

- **IPC-Acute Analysis,** which is conducted once a year, on average or as necessary.

- **Food and Nutrition Early Warning System (FNEWS)**
  This surveillance system is led by the Government of the Philippines (NNC) and FAO and implemented at level 3 (city/municipality level). It generates a colour-coded table on a quarterly basis, to show status of various food and nutrition indicators and classifies areas according to 3 levels of food insecurity.

2. Added value of the IPC-Chronic scale

Before the implementation of IPC-Chronic, the tools used did not distinguish between acute and chronic food insecurity. With this new scale, stakeholders will know the areas that are chronically food insecure, what are the underlying factors significantly limiting food security and how many are food insecure and at what levels. This allows stakeholders to identify strategic interventions, increasing chances of program success and addressing food insecurity in the long-term. Moreover, IPC-Chronic establishes linkages between chronic situations and acute crises (armed conflict and natural disasters) which contribute to better understanding of the impact of the latter on the chronic situation. The following include the value added by the IPC Chronic:

- While most of the tools mentioned above provide a macro (national and regional) picture of food insecurity, the IPC-Chronic generates findings at provincial level and points out the underlying causes and contributing factors of chronic food insecurity in each province, thus

providing a solid basis for provincial government and planners' decisions on area-specific interventions needed to address food insecurity in the medium and long term.

- IPC-Chronic products answers the question "how many are food insecure?" This information can be used by decision-makers when planning food security programs.
- IPC-Chronic tools and procedures simplify the integrated analysis of a wide range of multi-sectoral data, by organizing the evidence covering 5-10 years and guiding the analysis process according to clearly identified steps. Without these protocols, the analysis would be very challenging.
- IPC-Chronic is an inclusive process, which allows food security analysts to share their insights on critical sectors that need to be prioritized for strategic interventions. Unlike quantitative surveys where statistical analyses are employed, IPC analysis does not require statistical analyses and skills to take part in the analysis. This means that more stakeholders understand and can be engaged in this process; and eventually own the results.
- Because IPC chronic relies on global standards and references, IPC-Chronic allows cross-country comparison as well as comparison across time.

3. Plans for using IPC-Chronic for planning, policy and program development

The implementation of IPC-Chronic is timely since a number of plans and strategic documents will be developed in 2016. Proposed plans for consideration of the government heads include use of IPC in the following contexts:

Planning

- **Philippine Development Plan and Philippine Plan of Action for Nutrition (2017-2022)**
  The formulation of these plans will start in 2016. IPC-findings can be used for the following: (i) assessment of the situation; (ii) decisions on prioritization of areas; (iii) decisions on the types of interventions required; and (iv) Indicative financial requirements based on IPC population estimates.
- **Agriculture Development Plan (2016-2022)**
  This will be formulated in 2016 for the period 2017-2022. The National Nutrition Council (NNC), which is the institutional home of IPC in the Philippines, is currently discussing with the Planning Section of the Department of Agriculture how to use IPC to guide geographic prioritization and the types of agricultural interventions required.
- **Statistical Development Plans (by the Philippines Statistical Authority (PSA))**
  Based on information gaps identified during the recent IPC-Chronic analysis, the IPC Technical Working Group has identified priority data for consideration of the PSA in the conduct of future surveys as well as good practice for methodological approaches (e.g. sampling) and will provide recommendations accordingly for the elaboration of the above-mentioned plans.
- **Regional Development Plans**
  Since IPC-Chronic analysis has been conducted at provincial level, findings can be used for the development of regional development plans, including-prioritization of provinces within the regions and to guide interventions according to the specific food security challenges

identified in each of these areas. This is particularly relevant in light of the recent decentralization of resources from national to provincial level.

Policy development

- **National Nutrition Council Governing Board Resolution**
  For 2015, the NNC envisions to issue a policy enjoining all relevant government departments to use IPC results for assessing and understanding food insecurity situations at provincial level, and as input for policy development, and to use IPC results in conjunction with the Early Warning System established at sub-provincial level.

- **Regional Development Councils/Regional Social Development Committees**
  The NNC will also encourage similar resolutions to be adopted at regional level through the Regional Development Councils and/or Regional Social Development Committees

Program development

It is foreseen that IPC-Chronic findings will be used as a reference by humanitarian stakeholders - including members of the nutrition and food security clusters and other relevant agencies - for describing pre-disaster situations and later use the information for prioritization of areas for humanitarian assistance in case of acute crisis and for comparison with post-disaster situations.

4. Next Steps for the IPC-Chronic

Findings from the recent analysis were presented in April 2015 at national level (NNC Technical Committee) to food security and nutrition stakeholders. Another presentation will be made specifically for the National Economic and Development Authority (NEDA)-Social Development Committee (SDC) within the next few months. In addition, starting in June, IPC-Chronic findings will be presented at regional level.

In the medium term (next 2-3 years), the country IPC Technical Working Group aims to complete the IPC-Chronic food insecurity analysis in the provinces that have not been covered by the recent analysis (i.e. 63 provinces out of 81). This is subject to availability of adequate data.

The Philippines IPC Technical Working Group is also planning to facilitate certification of more IPC analysts and strengthen the capacity of the IPC-Chronic practitioners in the country.

Efforts will also be made to advocate with statistical and other relevant agencies so that these agencies will (i) generate food security and nutrition information that is consistent with the IPC reference table and other global definitions; and (ii) rely on large sample sizes to allow for the evidence to be representative at administrative level 2.

5. Acquired learning from challenges and opportunities during implementation

The implementation of IPC-Chronic has presented a number of technical challenges but also some opportunities to strengthen data collection and information sharing in the Philippines.

Challenges include the following:

- Successful and timely implementation of IPC-Chronic requires easy access to primary data collected by the various agencies. This was a challenge due to restrictive data sharing protocols of various institutions. The NNC will explore the possibility of signing Memorandum of Understanding with these institutions to overcome this challenge.

- Lack of alignment between some IPC indicators and international definitions, combined with lack of consistency between agencies on the type of information generated and level of representativeness of the data collected (regional rather than provincial level) resulted in the need to re-analyze a considerable amount of data for IPC-Chronic purposes. This challenge was exacerbated by limited in-country technical capacity to fulfil this task which was later addressed with the assistance of IPC GSU.
- Most recent survey reports had not yet been published at the time the IPC-Chronic was implemented; therefore results could not be shared by partners. In the future, the Philippines IPC Technical Working Group will need to ensure that IPC-Chronic analysis is timed after national survey results have been made available.

Opportunities identified as a result of IPC-Chronic implementation included the following:

- Establishment of a web-based food and nutrition security metadata gathered for IPC-Chronic, using existing structures, such as Philippine Food and Nutrition Surveillance System, CountryStat or IPC Chronic Information Support System.
- Build on the capacity strengthening efforts supported by IPC GSU (e.g. certification) to expand the number of trained and certified IPC Analysts at the national and local level, to include as well expansion of membership of the IPC-Chronic Technical Working Group to other development stakeholders.
- Developing long-term plans for IPC-Chronic analysis to follow country level release of data and schedule of development planning.

Country: Burundi

Presenter: Mr Isaac Nzitunga, Conseiller au Cabinet du MINAGRIE en Charge du suivi de la Sécurité Alimentaire, Gouvernement du Burundi

1. Current scales/information systems/tools used to measure chronic food insecurity

So far, the information systems and tools that have been used in Burundi to measure and understand chronic food insecurity have provided limited information. These include the following:

- **Questionnaire on Basic Indicators and Well-Being** (socio-economic indicators) (QUIBB) by the Ministry of Development Planning and National Rehabilitation (2006).
- **Comprehensive Food Security & Vulnerability Analysis** (CFSVA) (2008 and 2014), implemented by the World Food Programme in collaboration with the Institute of Statistics and Economic Studies of Burundi (ISTEEBU), the Ministry of Health and the Ministry of Agriculture and Livestock.
- **Demographic and Health Survey** (DHS) (2010).
- **Population and Housing Census** (2008).
- **National Agriculture Survey of Burundi (ENAB),** conducted three times per year by the Ministry of Agriculture and Livestock and ISTEEBU.

2. The added value of the IPC-Chronic scale

The IPC Chronic presents various advantages for Burundi, which was one of the first countries that received support for its implementation.

- The IPC Chronic scale takes into account all the information systems and tools mentioned above to build technical consensus, which facilitates decision-making related to projects, programmes, policies and strategies for the medium and long term.
- The 15 IPC acute analyses which have been carried out over the past few years have shown that some areas, including the natural regions of Buyenzi, Moso et Bugesera, remained in situation of food crisis (phase 3 and/or 4) for several consecutive years. IPC Chronic establishes the link between these repeated acute crises and chronic food insecurity, thereby providing valuable information to guide programming and highlighting the need to complement short-term interventions with development programmes.
- Structural issues – such as soil infertility, widespread poverty, population growth, land scarcity, impact of climate change and lack of access to safe water in some areas - are a major concern in Burundi. IPC Chronic measures their impact on chronic food insecurity based on global standards, thereby allowing comparison between countries.
- Chronic malnutrition rates are very high in Burundi (affecting about half of children under five). Given that IPC Chronic explores the factors contributing to chronic food insecurity, this new scale enables to identify the cause and effect relationship between some of these factors and chronic malnutrition, thereby informing policies and programmes aimed at addressing the root causes of the latter.

3. Plans for using IPC-Chronic for planning, policy and programme development

The implementation of IPC Chronic in Burundi is timely since a number of planning documents (mentioned below) are currently being developed or updated and can thus be guided by these findings:

- **National Plan for Agricultural Investment (PNIA) (2012 – 2017)**

The Ministry of Agriculture and Livestock is currently evaluating the implementation of this tool used for the operationalization of the Detailed Programme for the Development of Agriculture in Africa (PDDAA). The revision of the National Plan for Agricultural Investment, which is expected to be extended until 2020, will take place between August and December 2015. Undoubtedly, results from the IPC Chronic will be used in the planning of interventions that are foreseen in this planning document and aimed at improving food and nutrition security in Burundi.

- **Multi-sectorial Strategic Plan for Food Security and Nutrition (PSMSAN) (2014-2016)**

This strategic plan was developed under the ongoing SUN/REACH initiative and involves several Ministries including the Ministry of Health and the Ministry of Agriculture and Livestock. When the plan will come to an end in 2016, there will be an opportunity to develop a new strategic plan taking into account IPC Chronic findings.

- Burundi is also considering using the findings from the recent IPC-Chronic analysis in the detailed analysis of the interventions to be implemented in the various provinces depending on their specificities. This activity will be undertaken in close collaboration with the National Network of Organisations that fight for Nutrition and Food Security (RENOSAN) and other food security partners. This network includes civil society organizations, including national and international non-governmental organizations (NGOs).

4. Next Steps for IPC Chronic

- In the short term, the Ministry of Agriculture and Livestock, in collaboration with FAO, is planning to organize a workshop to disseminate the IPC Chronic findings. This event will take place once the political and security situation in Bujumbura allows it. Decision-makers will be invited to this event, including the Directors of various Ministry departments, Provincial Governors, Members of Parliament, the National Focal Point of the SUN-REACH initiative, representatives of United Nations agencies and NGOs, and representatives of agricultural producers' organizations.

- In the medium term, the IPC Technical Working Group in Burundi is considering strengthening and updating the IPC Chronic analysis in two years' time. This updated analysis will enable to take into account new evidence. Strengthening the capacity of the IPC analysts will be a pre-requisite for this activity.

- Conducting the IPC Chronic analysis at a lower administrative level would provide further guidance for policies and programmes. However, given the scarcity of the information produced at community level, this is unlikely to materialize.

5. Acquired learning from challenges and opportunities during implementation

The following challenges have been identified as part of the learning process:

- The IPC Chronic showed how widespread moderate and severe chronic food insecurity are in Burundi, and identified its specific underlying causes at subnational level. Given the weak economy, the government's capacity to respond to this alarming situation is limited. It is hoped that the IPC Chronic results can help mobilize resources to overcome the major food security challenges that a large part of the population is facing.
- IPC Chronic protocols – the 20% rule in particular – and the fact that the analysis was conducted at provincial level - given the lack of evidence at lower administrative level - does not allow to locate with precision the households that are the most affected by chronic food insecurity when initiating projects and programmes that support them.

The following opportunities have been identified as part of the learning process:

- The IPC analysis took place at the end of 2014 (November), which precedes the revision of the National Plan for Agricultural Investment (scheduled for 2015), thereby allowing the use of IPC Chronic findings for the elaboration of this planning document.
- The IPC-Chronic analysis showed that dietary diversity is a major issue in Burundi and results in high chronic malnutrition. It will thus be necessary to implement medium and long-term programmes aimed at improving the quality of households' food consumption.
- The IPC Chronic was mainly carried out by the group of analysts who had been involved in the analysis of acute food insecurity, which contributed to strengthening their capacity to establish linkages between acute and chronic conditions.

Country: El Salvador

Presenter: Ricardo Sibrian, Specialist in Management and Statistical Analysis of Food Security & Nutrition Information, PRESANCA II - PRESISAN

1. Current scales/information systems/tools used to measure chronic food insecurity

The information systems and tools that have been used in El Salvador to measure chronic food insecurity are scarce. The information tends to be produced irregularly and largely at administrative level 1. Specific food security information tends to be collected only in the event of an acute crisis.

Currently there is no scale that allows classifying chronic food insecurity in El Salvador, however, several tools and information systems provide data that has been utilized for food insecurity analysis.

These include the following:

Tools (national surveys, assessments and censuses):

- **National Survey of Family Health (FESAL)** conducted by El Salvador Demographic Association (2003, 2008).
- **Multiple Purposes Household Surveys (EHPM)**, implemented by the General Direction of Statistics and Census (DIGESTYC), once a year.
- **National Survey on Household Income and Expenditure**, conducted by DIGESTYC (2005/2006).
- **National Surveys on Basic Food Basket** implemented by DIGESTYC, every month.
- **Emergency Food Security Assessments** (EFSA) (2011, 2013) and **Comprehensive Food Security and Vulnerability Analysis** (CFSVA) (2010) conducted by the World Food Programme.
- **National Census of Population and Housing (CBA)** conducted by DYGESTIC (2007).
- **School Height Census** implemented by DIGESTYC/INCAP (2007).

Information systems:

- **Information System of the Ministry of Health** (SIMMOW and SIGEPES) for health and nutrition surveillance.
- **Information System of the Ministry of Agriculture**.
- **Regional Information System on Food Security and Nutrition** (SIRSAN), managed by SICA/PRESANCA.

Scales:

- **IPC Acute analysis** (July and November 2014)

2. Value Added of the IPC-Chronic Scale

The added values of IPC Chronic in El Salvador include the following:

- Unlike other tools (especially those that classify chronic malnutrition), IPC Chronic enables to explore the factors contributing to chronic food insecurity and provides to decision-makers practical information based on the identification of specific drivers of chronic food insecurity by area (Departmento in the case of the El Salvador analysis). This is expected to contribute to more relevant programming at subnational level.
- IPC Chronic products are able to communicate efficiently to high and intermediate decision makers on critical food security and nutrition issues in the country using Departamento results, which are described in a single and concise report, based on a wide range of evidences provided by multiple sources.
- IPC Chronic introduced in El Salvador indicators of chronic food insecurity which are internationally recognized and were not all used as reference for data collection in the country. This is expected to contribute to strengthen data collection systems in the country and facilitate cross-country comparison.
- IPC Chronic analysis enables food security stakeholders to understand and reach consensus on the priority issues and identify population groups and areas (Departamento) that need to be addressed by policies, plans, programmes and actions in order to improve food security and nutrition conditions in the country.

3. Plans for using IPC-Chronic for planning, policy and programme development

It is intended that IPC Chronic analysis findings will provide inputs into a number of planning and policy documents which will be developed by the newly elected government over the next four years, in operational components.

- **Economic and Social Development Proposal**

The application of IPC Chronic could be useful for the update of economic and social development proposals, as it provides evidence and inputs on the severity of food insecurity of vulnerable household groups and specific food security issues that need to be addressed.

- **National Development Plan (2014 – 2019)**

The government is currently working on this five year plan for El Salvador. IPC Chronic findings can be an important input for decisions to be made on the content of its operational plan.

- The newly created Office of Environmental Sustainability may benefit from the IPC results, in particular on climate change and food insecurity in support of decision making with strategic approach for response.
- The National Council of Food and Nutrition Security (CONASAN) includes members of a few governmental institutions (e.g. Technical and Planning Secretariat of the Presidency, Secretariat of Social Inclusion, Secretariat for Vulnerability Affairs) and the CONASAN works hand in hand with the Secretariat of Social Inclusion, it can be possible that the IPC process can be institutionalized within these Secretariats.

4. Next steps for the IPC-Chronic

Short-term plans:

- The El Salvador IPC Technical Working Group will organize various meetings with heads of the State Secretariats working on Food security and Nutrition (e.g. Technical and Planning Secretariat of the Presidency, Secretariat of Social Inclusion, Secretariat for Vulnerability Affairs) as well as with mid-level decision-makers, such as Directors of line ministries such as Ministry of Agriculture and Livestock, Ministry of Economy, Ministry of Education, Ministry of Finance and Credit, Ministry of Environment and Natural Resources, Ministry of Health to present IPC-Chronic results and recommend use for policy and programme development.

Medium to long term plans:

- Sensitization of decision makers in relevant government Ministries (e.g. Ministries of Health, Education and Agriculture) will need to be pursued to ensure that they take into account the results of the IPC analysis in public policy processes.
- The recent IPC Chronic analysis was conducted at administrative level 1 (departamento level). This provided a solid basis to (i) identify the main types of intervention required based on the analysis of underlying and contributing factors; (ii) quantify the number of people to be targeted by these interventions – thereby providing valuable information for planning of financial requirements; and (iii) raise awareness on the urgency to intervene for the populations classified in level 3 and 4. Nevertheless, since, in El Salvador, public expenditure is planned mainly at administrative level 2 (municipality level), in order to increase IPC chronic relevance for decision making, the country IPC Technical Working Group is envisaging the implementation of IPC Chronic at "municipio" (administrative level 2) level.
- The El Salvador IPC Technical Working Group will work with directors of institutions that generate information, such as DIGESTYC to first assess the feasibility and then for performing the IPC analysis at administrative level 2.

5. Acquired learning from challenges and opportunities during implementation

CHALLENGES:

- Sensitization of decision-makers on the importance of using the IPC Chronic scale has been insufficient so far and needs to be strengthened.
- The IPC Chronic experience has unveiled inter-institutional weaknesses on providing quality information for its food security national system indicators. Updating SISAN (Information System on Food and Nutrition Security) indicators and improving the existing information systems would facilitate IPC Chronic analysis in the country in the future. Re-calculation and re-analysis have been done due to the difference between available information and the information required by the IPC Chronic. Some information will be outdated soon and new information will be needed processed and analyzed as required by the IPC Chronic.
- Insufficient information on food and nutrition security at Departmento (SIDESAN) and at Municipality (SIMSAN) levels.
- Insufficient capacities on Food Security analysis by technical personnel in instances related to the National Technical Committee of Food and Nutrition (COTSAN).

OPPORTUNITIES:

- El Salvador is expected to have access to cooperation funds to finance plans, programs and projects aimed to improving food security and nutrition, based on a solid analysis that can be compared with other countries.
- The country can update food and nutrition security systems with relevant indicators as needed by the IPC Chronic analysis, at national, departmental and municipal levels.
- IPC Chronic is an opportunity to continue to promote the Inter-Agency Coordination Committee for IPC (CIAC in Spanish) for the creation of a common food security and nutrition multi-institutional framework.

SECTION 2: Country Statements on the IPC Acute Malnutrition Classification

Country: Kenya

Presenter: Mr. James Odour, Chief Executive Officer National Drought Management Authority, Government of Kenya

1. Current scales/information systems/tools used to measure acute malnutrition

- Annual or biannual (in crisis situations) cross-sectional SMART surveys or rapid SMART surveys of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) among children 6 to 59 months. A standard SMART survey questionnaire is in place. Additional indicators such as morbidity, dietary diversity, immunization, supplementation and maternal nutrition status are integrated in the survey.
- National thresholds defining severity are borrowed from WHO classification, with an additional national threshold of ***very critical:***
  - Acceptable: 0-5%; Poor: 5.1 -9.9%; Serious:10-14.9%; Critical: 15-19.9%: Very Critical: ≥20%
- Sentinel surveillance (MUAC) collected monthly though the National Drought Management Authority's early warning system. This is mainly used to classify/project the situation in cases where there is no SMART survey data.
- Routine data collected through the web-based District Health Information System. Nutrition indicators collected such as underweight, IMAM admissions, and vitamin A supplementation. This data is an important source especially where SMART survey data is unavailable.
- Rapid Assessments/screening data, for ongoing monitoring and scaling up surveillance when needed.
- A variety of assessments in arid and semi-arid areas which analyse the aggregating factors/causes of malnutrition and project the nutrition situation.
- National large-scale and longer term surveys such as the Kenya Demographic and Health Survey and the Kenya Integrated Household Budget Survey.
- Integrated disease surveillance and response reports and other morbidity reports.
- Data from these various sources is triangulated to come up with a nutrition situation map. Our main indicator in the classification is GAM.

2. Value added of the IPC-Nutrition Scale

- Standardised analysis of a more comprehensive range of indicators, such as child-care practices and disease
- Standardised comparison across regions and internationally.
- Opportunity to carry out a full nutrition analysis, rather than tailoring this to the IPC food security analysis.
- Helps explain complex situations, such as cases of high malnutrition in situations of low food security severity (according to the IPC food security analysis).
- Provides a more critical assessment of the causes of malnutrition, thus informing policy-making and programming.

3. Plans for using IPC-Nutrition for planning, policy and programme development

The findings will inform the nutrition sector's response/contingency plans, and the national and county Health Sector Strategic Plans.

- The findings will support implementation of the Kenya Food and Nutrition Security Policy by clarifying the links with food security and the work of other sectors.
- The findings will inform implementation of the National Nutrition Action Plan and activities in its Annual Work Plans.

4. Next Steps for the IPC-Nutrition Scale

- Continued engagement/advocacy with the food security sector to carry out full nutrition analysis during seasonal assessments, with joint discussion of the findings by the food security and nutrition teams.
- Include IPC-Nutrition in work plans once finalized, including sensitisation at the national level and capacity building at the county level.

5. Acquired learning from challenges and opportunities of the IPC-Nutrition pilot

The following challenges were experienced during the pilot:

- Limited participation of other sectors (health, water, sanitation) in the pilot.
- Lack of sufficient data in semi-arid areas.
- Lack of thresholds for MUAC data; many counties lack current GAM data based on weight-for-height.
- Data quality issues, such as incomplete routine data from health facilities.
- Nutrition survey and other health-related data is mainly based on administrative boundaries, while food security data is mainly based on livelihood zones.

The following opportunities were identified during the pilot:

- Scaling up Nutrition (SUN) Movement and its advocacy for multi-sectoral approaches. The Government of Kenya signed up to SUN in November 2012. IPC-Nutrition provides one of the key platforms for multi-sectoral engagement in information management.
- Strong relationship already exists between the nutrition sector and the food security team.
- Strong National Nutrition Information Technical Working Group, which can offer technical support in implementation of IPC-Nutrition.
- Reliable nutrition SMART survey data is available in arid counties, and there are multiple efforts to improve nutrition information/data sources.
- Ongoing discussions with counties on how to collect SMART survey data (e.g. administrative boundaries or livelihood zones).

Country: Bangladesh

Presenter: Mr. Md Hajiqul Islam, Research Director, FPMU, Ministry of Food, Government of Bangladesh

1. Current scales/information systems/tools used to measure acute malnutrition

Food Security and Nutrition Surveillance Project (FSNSP) have been in use to understand mainly the severity and to some extent causes of Malnutrition. But the data are collected on the basis of agro ecological zone and administrative divisions, but not on the basis of administrative district (administrative level 2). In Bangladesh, the Food Security and Nutrition Surveillance Project (FSNSP) is conducted since 2009 (by Bangladesh Bureau of Statistics, Hellen Keller International and BRAC University and funded by EU). Recently, the Ministry of Health and Family Welfare has joined this initiative. There are many surveys that are undertaken such as the Bangladesh Demographic and Health Survey, Multiple Indicator Custer Survey, Child and Mother Nutrition Survey etc, but the gap between two data collection periods is high. Some SMART surveys also collect acute malnutrition information but these are on a small scale.

2. Value added of the IPC-Nutrition scale

Our current surveys are mainly generating the prevalence of acute malnutrition. There is a scope to work with the causes and how these causes can be eliminated to reduce acute malnutrition in a sustainable way. The IPC Nutrition classification worked with the causes of malnutrition and showed the trend when acute malnutrition peaked in prevalence. If we can utilize and institutionalize IPC-Nutrition within our implementation and monitoring process we could prioritize vulnerable areas, put more thrust in program interventions as well as enhance monitoring to improve the situation.

3. Plans for using IPC-Nutrition for planning, policy and programme development

The Bangladesh Government is currently developing its Seventh Five Year Plan as well as designing the 4th SWAP- Health, Population and Nutrition Development Program (HPNSDP) as well as the Sectoral Annual Development Program (developed each year for each implementing Ministries under the umbrella plan- National Five Year Plan)- these Programs can utilize the IPC Nutrition findings. Currently the Ministry of Food as well as the Ministry of Health and Family Welfare has started utilizing the findings of IPC Nutrition and other IPC findings. Findings of IPC-Nutrition could be used to formulate the new Country Investment Plan (CIP) on Agriculture, Food Security and Nutrition.

4. Next Steps for the IPC-Nutrition

Recently Bangladesh has started working on one nutrition information hub that would contain and disseminate all relevant information related to nutrition. The initiative is currently at a consultative process and it is expected to be designed to encompass information on nutrition linked to multi ministerial multi agency assessment/ surveys, ongoing programs/ interventions, national and local level (Division/ District/ Sub district nutrition situation to identify seasonal and geographic variation and region specific interventions). We would incorporate IPC- Nutrition within the planned National Data Repository. Also we have plans to re-design the FSNSP questionnaire as well as relevant surveys conducted by BBS to make it fit with the IPC-Nutrition. IPC-Nutrition could also be incorporated in the Food Security and Nutrition Information System (FSNIS) at FPMU. It is possible to integrate IPC nutrition with IPC acute. The IPC nutrition pilot analysis in Bangladesh, October 2014 used the data collected for IPC acute analysis.

5. Acquired learning from challenges and opportunities: IPC-Nutrition pilot and implementation

Challenges identified during the IPC-Nutrition Pilot are as follows:

- Lack of District and Upazila level data;
- Seasonality highly varies across the country;
- Need more harmonization between different sectoral data (health, food and BBS data).

Challenges identified during the implementation of IPC-Nutrition scale are as follows:

- All of the above and mainstreaming within sectoral programs;
- Coordination between ministries/ agencies;
- Sensitization of the relevant Agencies/ Personnel;
- Funding;
- Sustainability;
- Need more show-casing;
- A training should be provided by GSU on how -
    - The findings can be utilized
    - The report can be validated and disseminated.

Opportunities identified during the IPC-Nutrition Pilot are as follows:

- It would provide more clarity to understand the acute nutrition situation;
- Can provide a window to collect district level data;
- Strengthen synergy between the ongoing food security and nutrition monitoring & evaluation process.

Opportunities foreseen for the implementation of IPC-Nutrition scale are as follows:

- Improve coordination between ministries/ agencies;
- It can help to prioritize vulnerable areas and needs-based resource mobilization;
- Effectively designing a financial plan to address malnutrition;
- Identify proper beneficiaries for social safety net and other interventions by improved targeting.

Country: South Sudan

Presenter: Mrs. Victoria Eluzai Jabe, Director of Nutrition, Ministry of Health, Government of the Republic of South Sudan

1. Current scales/information systems/tools used to classify acute malnutrition

- South Sudan has always assessed and understood the nutrition situation based on data collected through localized nutrition surveys (SMART Surveys and Rapid Nutrition Assessments).
- Other data sources include the South Sudan Household Health Surveys (SSHHS, 2006 and 2007).
- Although program data has been collected it has not been strongly used for understanding the nutrition situation. It is more applied to other uses like mapping coverage by interventions, monitoring program performance and outcomes.
- Nutrition data has been interpreted according to the recommended thresholds set by the World Health Organization: Cut Off point of equal to or above 15% for Global Acute Malnutrition (GAM) rates) = alarming and; below 15% not alarming. The severity of the situation is expressed by how much higher- above the 15% threshold-the results reveal the situation to be.

2. Added Value of the IPC-Nutrition

The IPC Nutrition scale does add value to understanding the nutrition situation as compared to the traditional interpretation of nutrition data based on the 15% emergency threshold:

- It is more sensitive to picking up a nutrition crisis by recognising the problem at earlier stages and allowing for interventions to be designed accordingly.
- It allows for a more detailed scaling system that appreciates the gradual stages of development of the nutrition crisis within localities.
- It is more inclusive because it allows for the alarm to be raised for locations that fall far below the 15% threshold.
- It better allows for specific targeting of nutrition interventions and allocation of resources according to the magnitude of the nutrition problems along the scaling system.
- It keeps nutrition planners more aware, prepared and rigorous in planning for nutrition programs by addressing the various stages on the scale.
- It advocates better to decision makers; policy and programming by drawing attention to the alert at an earlier stage, thus helping them understand and recognize impending nutrition crisis
- It better supports projections.
- It better supports the IPC analysis, interpretation and conclusions based on changing coping strategies at different stages of the crisis.

3. Plans for using IPC-Nutrition for planning, policy and programme development

- Currently the IPC-Nutrition already has been incorporated in planning nutrition programs particularly in prioritization of needs for mobilizing resources for nutrition amongst nutrition partners and donors within the humanitarian sector.
- There is growing recognition and interest for the IPC in general within the government. Already, the IPC results are being endorsed by the council of ministers and the IPC-nutrition findings are a part of that package.
    - However, there is still much advocacy/enlightenment and training needed at various levels of government (including national) to take the step from being interested in IPC results to factoring those results in planning.

- The newly established **Food Security Council** is now coming up strongly as a responsible institution taking lead on the custodianship and dissemination of IPC reports – meaning there is hope and direction towards a responsible executing institution and mechanism in place to ensure IPC results become part of planning.
    - Efforts are underway to integrate a nutrition function within the Food Security Council. There is also on-going advocacy and recommendation for the Food Security Council to evolve into the **Food Security and Nutrition Council**. This will in turn strengthen the nutrition component in the IPC and ensure its implementation.

- Considering that the IPC is a multi-sectorial platform it complies well with the concepts of the SUN Movement. South Sudan has become a member of the SUN Movement. Strengthening the SUN in South Sudan will allow an opportunity to utilize IPC-Nutrition more in multi-sector planning for common results.

- Depending on the countries experiences in unfolding the underlying causes of malnutrition, it is envisaged that the IPC-Nutrition experience in South Sudan might need to make room for more stakeholders from various sectors to participate. Currently, we have a strong presence of both the food security and livelihoods sector, the nutrition sector and to minimal extent, the health sector. We hope to see the participation of WASH, Protection, Economic and other sectors. This means policies; strategies and work plans in all these sectors will be influenced by IPC-nutrition products.

4. Next Steps for the IPC-Nutrition

- Right from the on-set (piloting) the IPC-Nutrition has run alongside the IPC-Acute. Nutrition partners so far see the two scales as part of one – especially because the results are combined and expressed together. This combined product is presented to the council of ministers for endorsement.

- Strengthening Government ownership, leadership and political commitment to the conduct, dissemination and utilization of IPC products is key to the future success of the IPC in general in South Sudan.
    - There is need for stronger presence/representation and presentation of the IPC-Nutrition component during the endorsement at the council of ministers. That is the way to advocate nutrition messages to ministers and increase their understanding of the existence of IPC-Nutrition.

5. Acquired learning from challenges and opportunities: IPC-Nutrition pilot and implementation

<u>Challenges experienced during the pilot:</u>

- There were huge data gaps and questionable data quality issues:
    - Information was not available for all the counties in the selected states and inferences were made that might not be true given the diverse nature of the country even within one county.
    - Except for validated SMART surveys that were conducted in much fewer localities, there was little confidence put on some of the nutrition data used.
    - Health data was largely missing.

    - Generally the data used for the IPC-nutrition pilot was not tailored for the purpose and there were inconsistencies.
- The indicators for interpreting the health indicators needed a revision to include some form of criteria and possible scaling for decision. E.g. on what scale and criteria of Malaria prevalence over what/which period could it be decided that malaria was a contributing factor to the nutrition situation at the time of data collection. At least there needed to be some understanding of trends to reflect/explain change.
- There was a gap in presence of Health colleagues to support in the analysis of the health data.
- There is need to include other sectors like WASH and protection.
- The causal analysis for the nutrition situation was weak because of the data gaps.

Opportunities identified during the pilot:

- The very conduct of the pilot IPC-Nutrition itself presents an opportunity to learn and improve on an incremental basis.
- The IPC-nutrition created room for nutrition partners to interact with food security partners for better complementarities of the two sectors.
- Interpretation of the nutrition situation relied heavily on understanding the causality than just the prevalence of GAM – thus there was more realization of the need to improve data collection to allow for causal analysis.
- In general, there was better realization of the data gaps and quality issues – thus an opportunity to improve on data collection in the future.
- There was better recognition of the multifaceted nature of nutrition – thus the call for multi-sectoral analysis, planning, approaches and action.
- The exercise was exciting and had attracted interest from all participating partners.
- The participation of the State Nutrition Focal Points allowed for verification of data and sensitization at state level.
- IPC-nutrition products have become useful tools for advocacy and resource mobilization for nutrition.

Possible Challenges during implementation of the IPC-Nutrition:

- Resource limitations (monetary and human resources). Government relies 100% on donor funding, while donor/humanitarian funds still pursue the 15% GAM rate threshold.
- Inadequate understanding of the scale by various actors will lead to limited or no action. Therefore, there is a need for more education/sensitization of the IPC Nutrition scale.
- The IPC-Nutrition scale was not well synchronized (allocation of colour to severity) with the IPC-Acute scale. E.g. green in IPC-nutrition is alert where as it is acceptable in IPC-Acute. Decision makers might not pay attention to the details and stick to the colours for understanding, and fail to understand the IPC-Nutrition product.

Possible Opportunities during the implementation of the IPC-Nutrition:

- Advocacy about the nutrition situation alongside the IPC-Acute, which has already gained political recognition.
- Earlier detection of impending nutrition crisis, thus, enabling timely planning and intervention.
- Deeper understanding of the nutrition situation for better targeting and allocation of resources.

The annual IPC Global Event is organized by the IPC Global Steering Committee Partners through the IPC Global Support Unit (GSU) which is hosted by the Food and Agriculture Organization of United Nations (FAO).

IPC Global Partners 2015

*The EC in the global partnership is represented by the Joint Research Centre of the European Commission

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