

Conceptual and Analytical approaches to food system analysis: Lessons from the IPC experience

Agriculture, Nutrition and Health (ANH) Academy Week Learning Lab

IPC Global Partners



IPC Funding Partners



Leila Oliviera - IPC Global Support Unit



On your opinion, what
are the **3 most**
important
characteristics that a
global food security
and nutrition
classification system
should have?

1. **Accurate and neutral** classifications
2. Methods agreed by **global partners**
3. **Comparable across time and space**
4. Based on **country led process**
5. Built on **technical consensus**
6. **Timely** classifications and updates
7. Cover **all areas of concern**
8. **Concise and accessible information**
9. **Details on small scale and gender-sensitive**
10. **Current situation**
11. **Forecast** the situation
12. **Population in need of assistance**
13. Distinguish **acute and chronic situations**
14. Inform **food security and nutrition**
15. **Build the capacity** of analysts
16. Be a **cost-efficient** system



A common global scale to classify food insecurity and malnutrition



A process for building **evidence-based technical consensus** among key stakeholders



A path to provide **actionable knowledge** for strategic **decision making**



A platform to ensure **rigorous, neutral** analysis

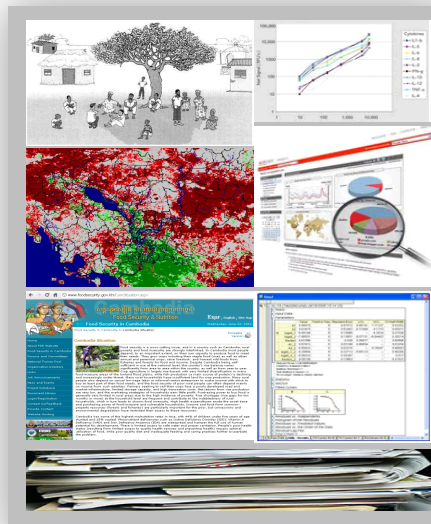


A **partnership** including global, regional and national partners

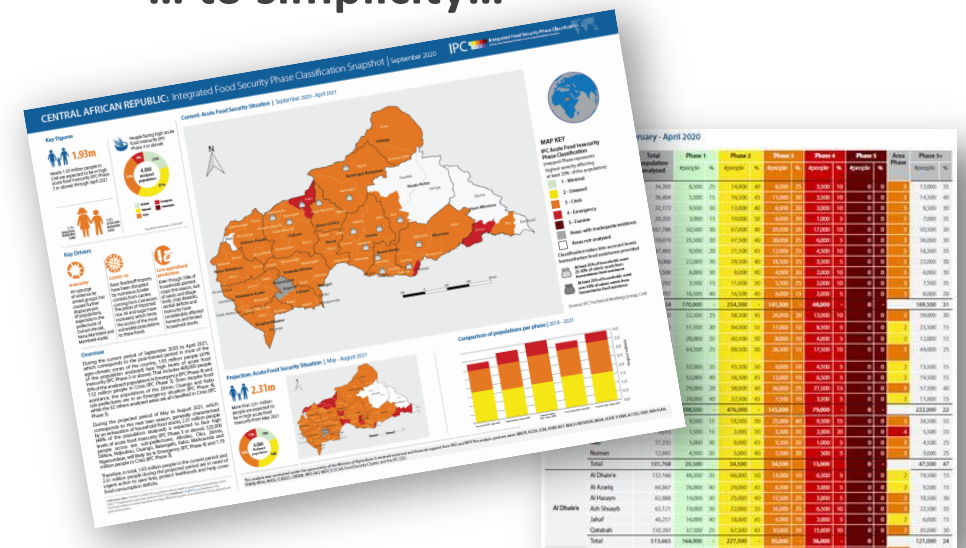


An approach to consolidate wide-ranging evidence to provide key crucial information for decision making

From complexity...



... to simplicity...



IPC Acute Food Insecurity Scale



... for actionable information to strategic decision making



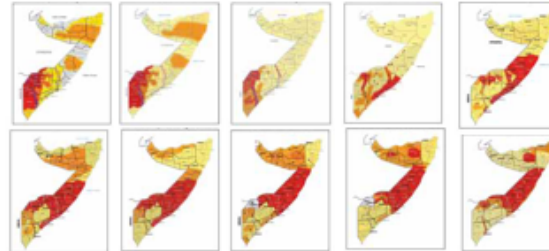
WHAT KEY INFORMATION IPC PROVIDES?

Answers 6 questions

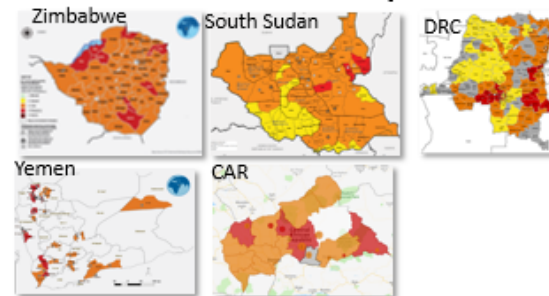
How many?
How severe?
Why?
Where?
Who?
When?

Comparable findings

Across time...



... And space



Inform Responses

2019 FLASH APPEAL
HUMANITARIAN NEEDS OVERVIEW
Regional Humanitarian Appeal June 2016
HUMANITARIAN RESPONSE PLAN
2021 GLOBAL REPORT ON FOOD CRISES
ZIMBABWE
YEMEN
MOZAMBIQUE

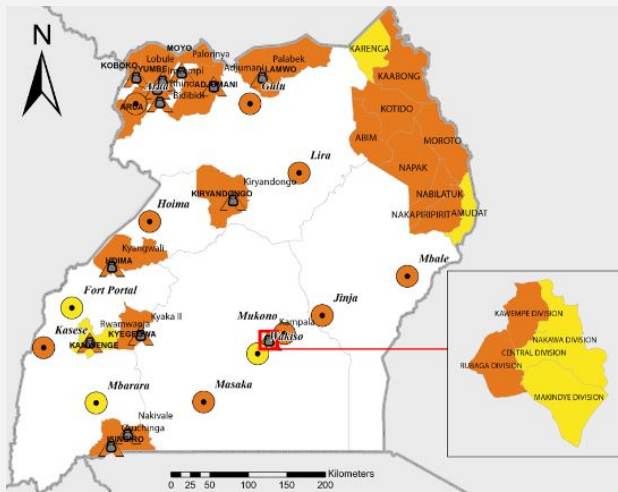


A system to distinguish between acute food insecurity, chronic food insecurity and acute malnutrition

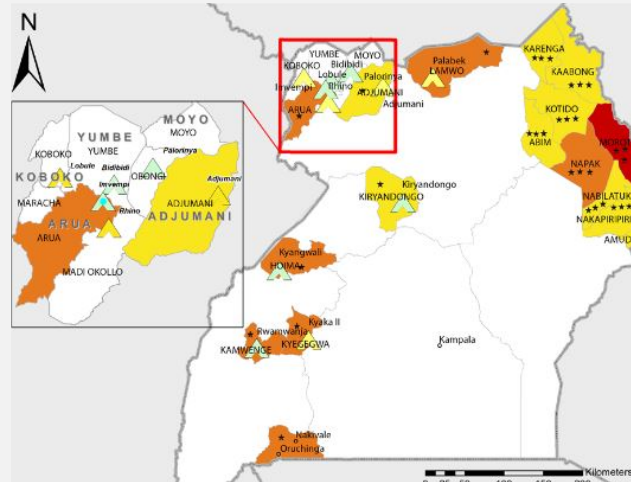
IPC Scale	Identifies areas and populations with:	Identify the need for urgent action to:
Acute Food Insecurity 	food deprivation that threatens lives or livelihoods, regardless of the causes, context or duration.	decrease food gaps and protect lives and livelihoods.
Chronic Food Insecurity 	persistent or seasonal inability to consume adequate diets for a healthy and active life, mainly due to structural causes.	address underlying factors and potentially implement safety net programmes.
Acute Malnutrition 	a high prevalence of acute malnutrition accompanied by high or increasing levels of morbidity or individual food consumption gaps.	scale up acute malnutrition treatment and prevention for affected populations.

Uganda Example

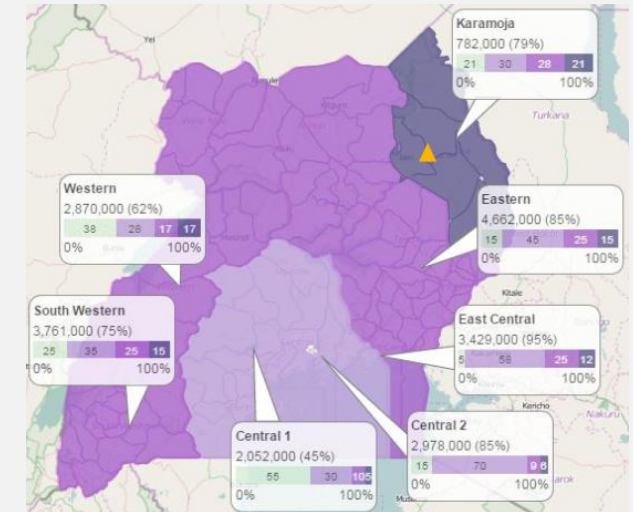
Acute Food Insecurity (Feb-Aug 2020)



Acute Malnutrition (Feb-Aug 2020)



Chronic Food Insecurity



How does IPC Work?

4 Functions		Purpose
1	Build Technical Consensus	<ul style="list-style-type: none"> To obtain inputs from different stakeholders To strengthen the integrity of analysis To guide strategic and coordinated interventions
2	Classify Severity and Identify Key Drivers	<ul style="list-style-type: none"> Analysis of complex information into meaningful categories for decision making
3	Communicate for Action	<ul style="list-style-type: none"> Core aspects in a consistent, timely and accessible
4	Quality Assurance	<ul style="list-style-type: none"> To guarantee technical rigour and neutrality of analysis Learning for future improvements.

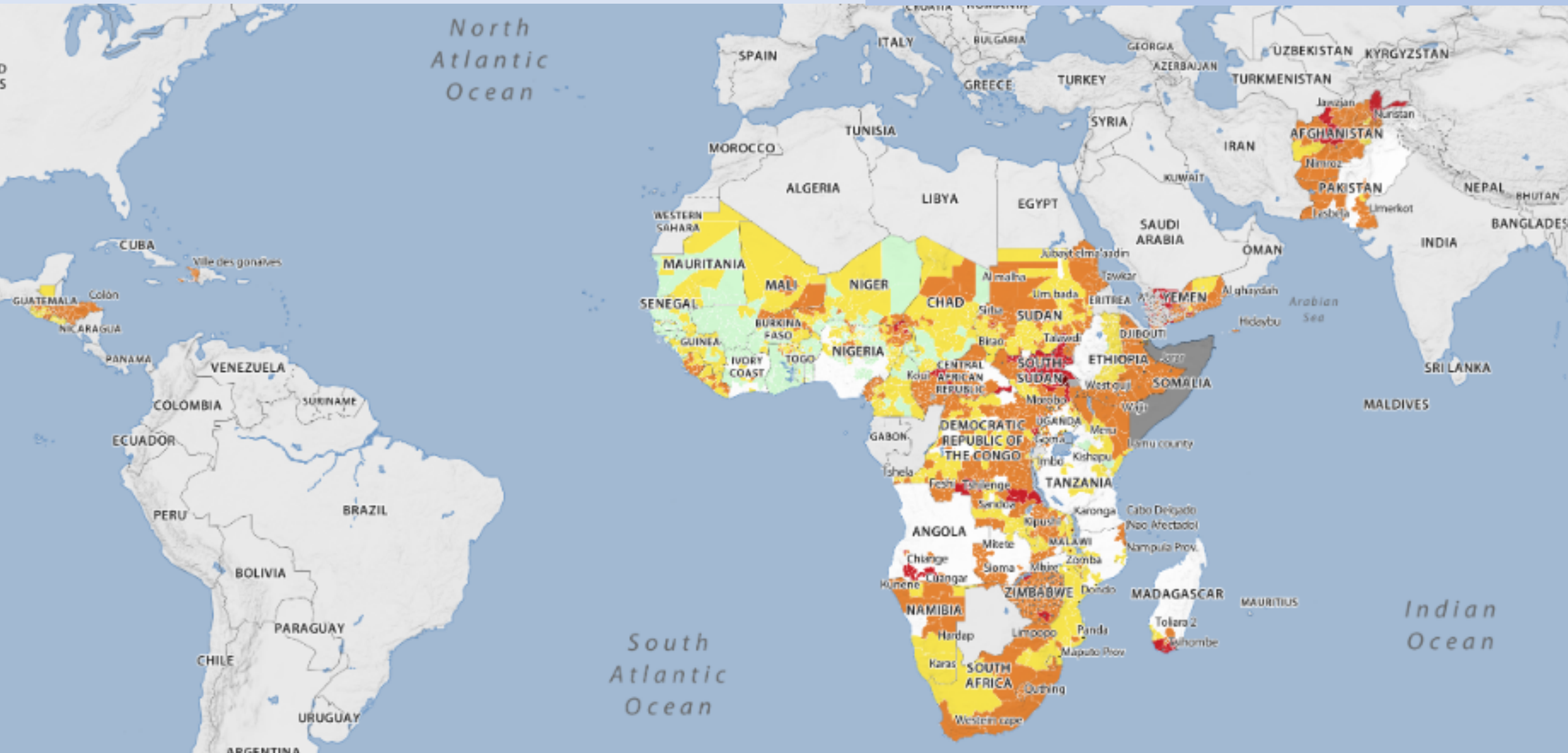
... Four Functions each with own protocols

What is the IPC process?

... A month long multi-step process optimally led by countries



WHERE IPC CURRENTLY IS

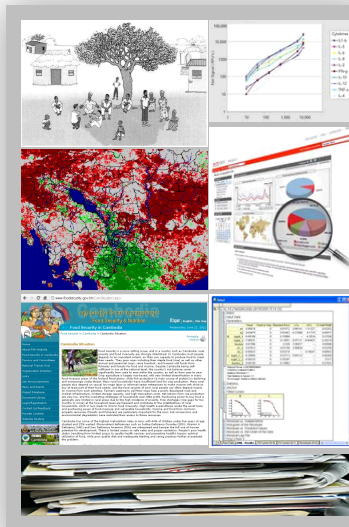




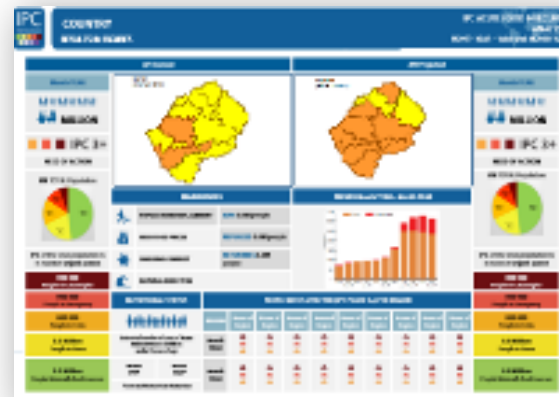
What is the objective of the classification?

To promote analysis of complex information to classify populations and areas into meaningful categories for decision making

From complexity...



... to simplicity...



... answering six questions

How bad?

When?

Where?

Why?

How many?

Who?

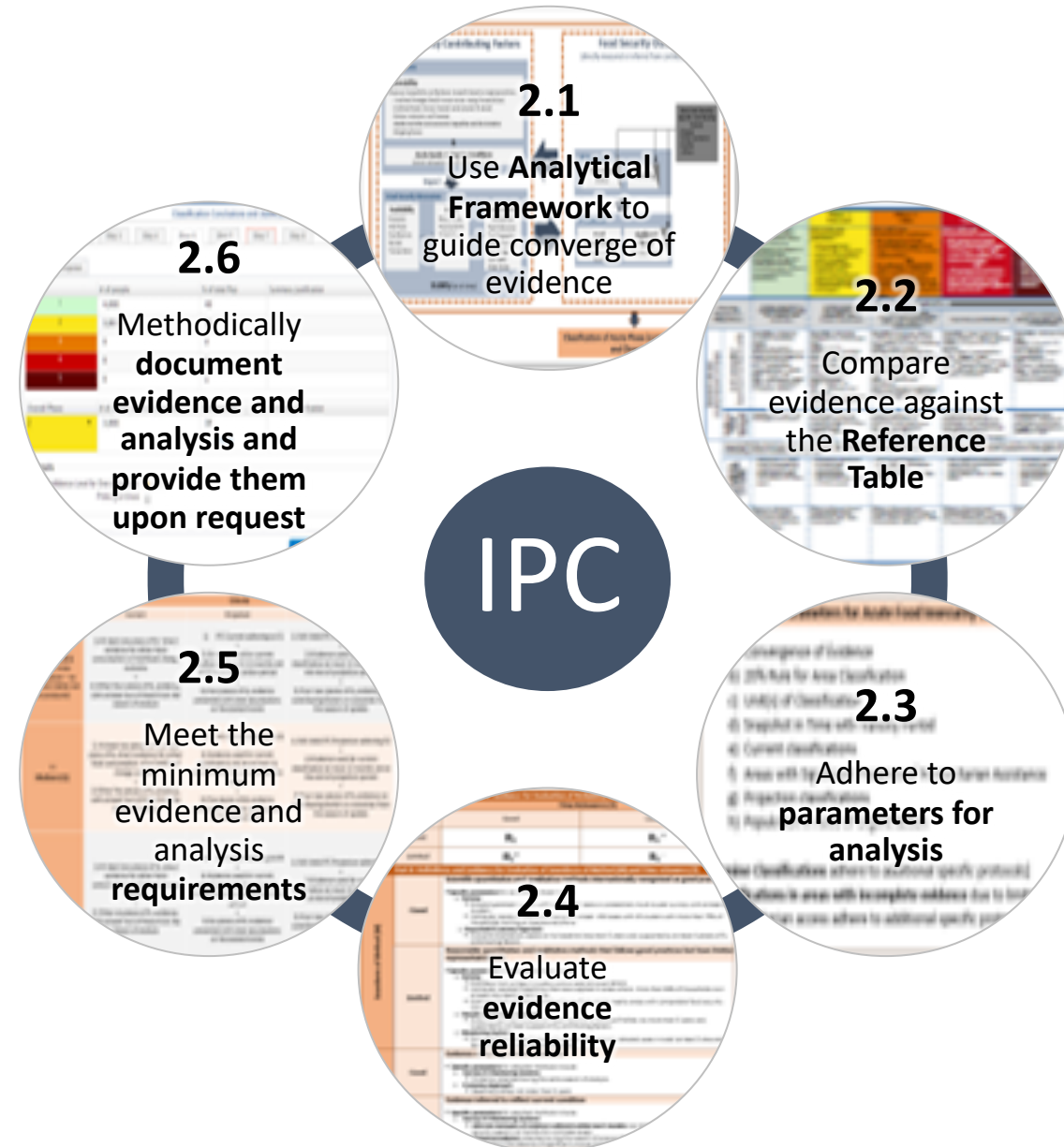


The Protocols

How classification is completed?

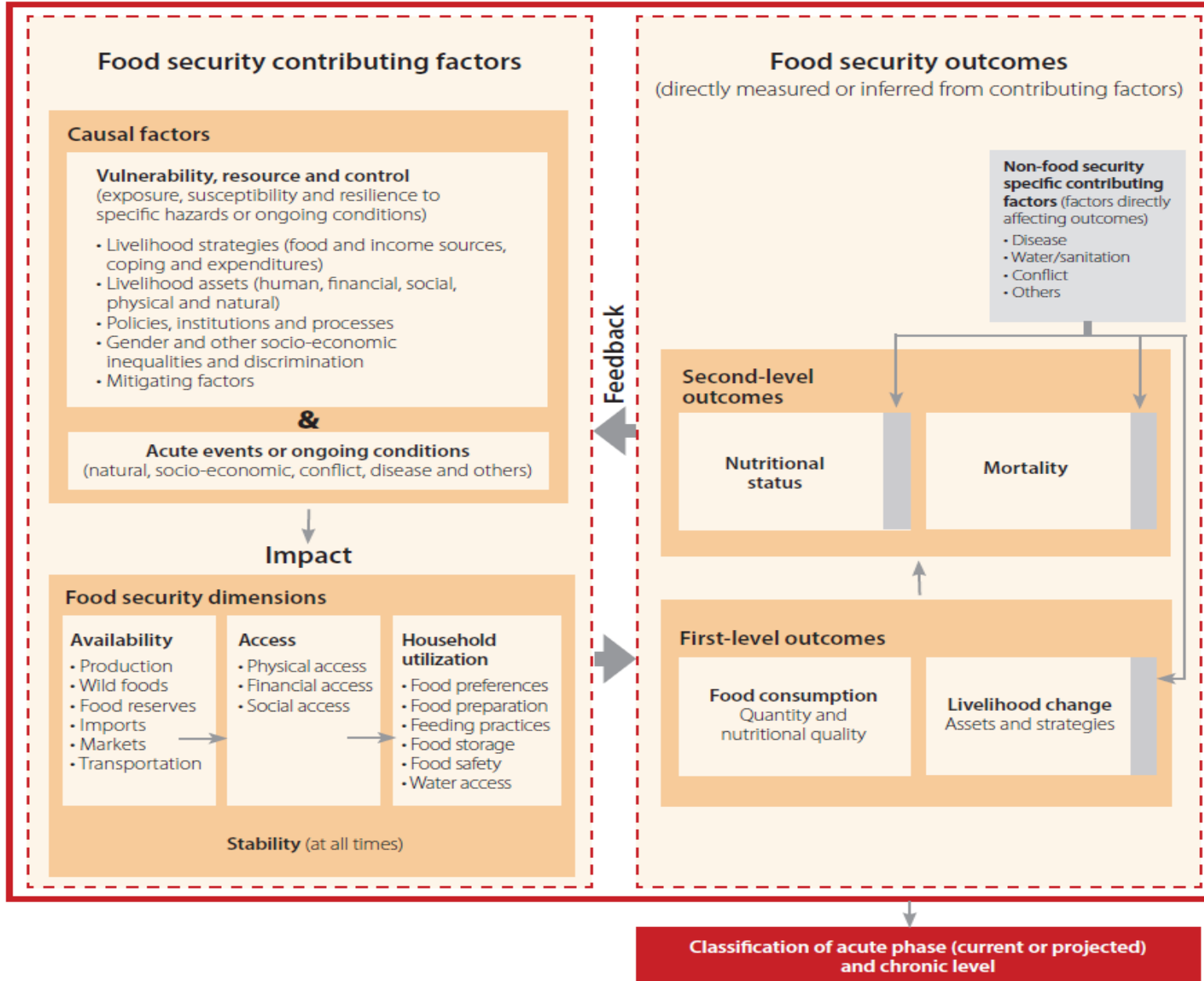
There are six protocols.

All need to be used together to allow the IPC classification

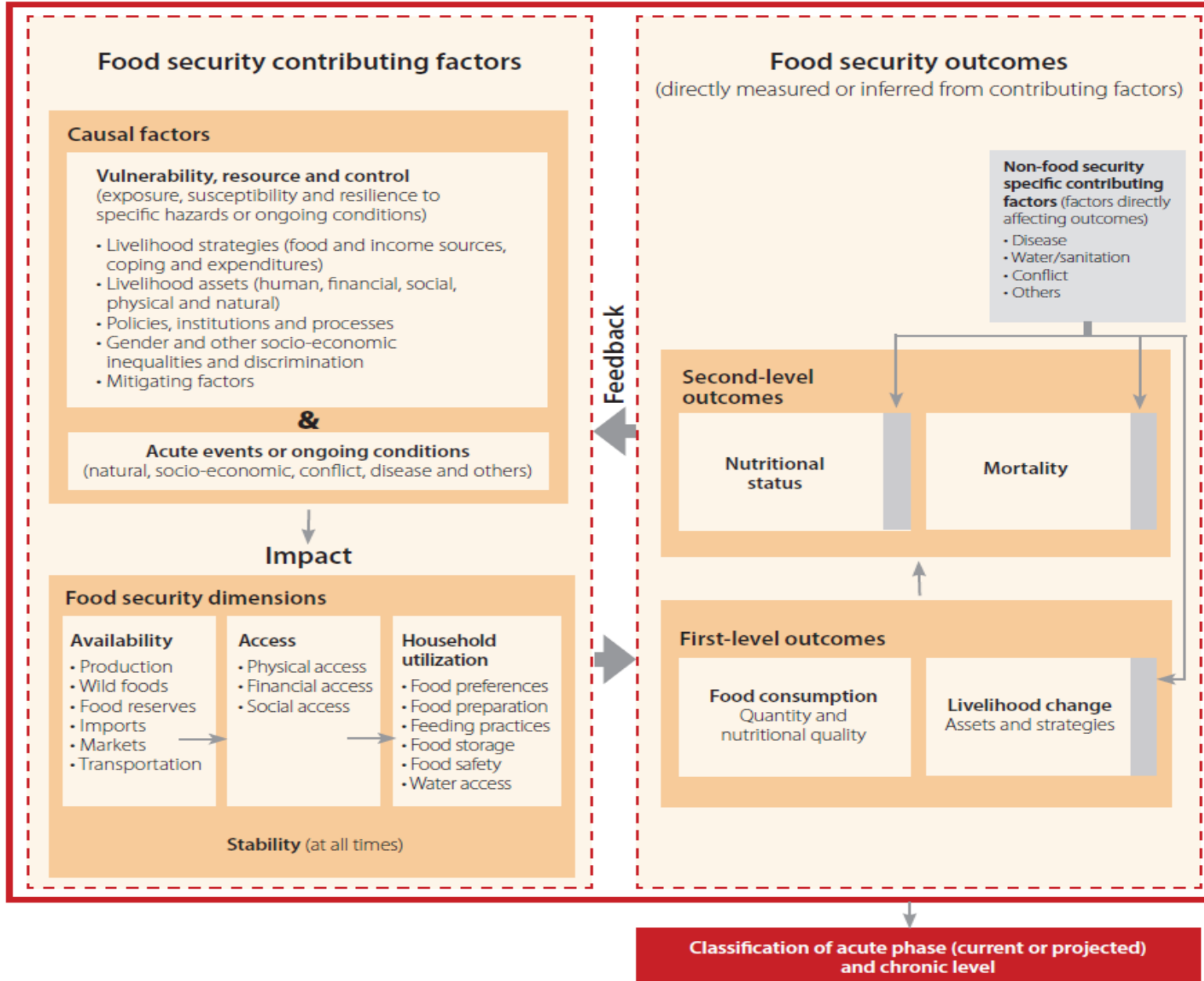




The IPC Food Security Analytical Framework



The IPC Food Security Analytical Framework

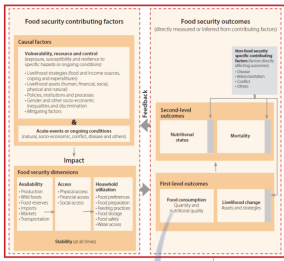


► **Task (in Zoom Poll)**

1. Considering the evidence statements
2. Allocate them against the elements of the IPC Analytical Framework. Options for answers include:
 1. Vulnerability, resource and control
 2. Acute events or ongoing conditions
 3. Food Availability
 4. Food Access
 5. Food Utilization
 6. Food Consumptions
 7. Livelihood Chance
 8. Nutrition
 9. Mortality



The IPC Reference Table



Phase Name and Description	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Priority Response Objectives	Action required to Build Resilience and for Disaster Risk Reduction	Action required for Disaster Risk Reduction and to Protect Livelihoods	Urgent Action Required to: Protect livelihoods, reduce food consumption gaps		
Priority Response Objectives				Save lives and livelihoods	Revert/Prevent widespread death and total collapse of livelihoods
FOOD SECURITY 1st LEVEL OUTCOMES (Household Level)	<p>First-level outcomes refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase description are included although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.</p>				
Food Consumption (focus on energy intake)	Quantity: Adequate energy intake Dietary Energy Intake: Adequate (e.g. 2,350 kcal pp/day) and stable Household Dietary Diversity Score (HDDS): 5-12 food groups is stable Food Consumption Score (FCS): Acceptable but deteriorating from typical HHS: 1 (slight) rCSI: 4-18 HEA: Small or moderate Livelihood Protection Deficit <30%	Quantity: Minimally Adequate Dietary Energy Intake: Minimally adequate (avg. 2,100 kcal pp/day) HDDS: 5-FG but deterioration ≥1 FG from typical FCS: Acceptable but deterioration from typical HHS: 1 (slight) rCSI: ≥ 19 (Non Defining Characteristics (NDC) to differentiate P3, 4 and 5) HEA: Livelihood Protection Deficit ≥30% or Survival Deficit <20%	Quantity: Moderately inadequate – Moderate deficits Dietary Energy Intake: Food gap (below avg. 2,100 kcal pp/day) HDDS: 3-4 FG FCS: Borderline HHS: 2-3 (moderate) rCSI: ≥ 19 (Non Defining Characteristics (NDC) to differentiate P3, 4 and 5) HEA: Livelihood Protection Deficit ≥30% or Survival Deficit <20%	Quantity: Very Inadequate – Large deficits Dietary Energy Intake: Large food gap; much below 2,100 kcal pp/day HDDS: 0-2 FG (NDC to differentiate P4 and 5) FCS: Poor (NDC to differentiate P4 and 5) HHS: 4 (severe) rCSI: ≥ 19 (NDC to differentiate P3, 4 and 5) HEA: Survival Deficit ≥20% but <50%	Quantity: Extremely Inadequate – Very large deficits Dietary Energy Intake: Extreme food gap HDDS: 0-2 FG FCS: Poor (NDC to differentiate P4 and 5) HHS: 5-6 (severe) rCSI: ≥ 19 (NDC to differentiate P3, 4 and 5) HEA: Survival Deficit ≥50%
Livelihood Change (assets & strategies)	Livelihood Change: Sustainable livelihood strategies and assets LCS: No stress, crisis or emergency coping observed	Livelihood Change: Stressed strategies and/or assets; reduced ability to invest in livelihoods LCS: Stress strategies are the most severe strategies used by the household in the past 30 days	Livelihood Change: Accelerated depletion/erosion of strategies and/or assets LCS: Crisis strategies are the most severe strategies used by the household in the past 30 days	Livelihood Change: Extreme depletion/liquidation of strategies and assets LCS: Emergency strategies are the most severe strategies used by the household in the past 30 days	Livelihood Change: Near complete collapse of strategies and assets LCS: Near exhaustion of coping capacity
FOOD SECURITY 2nd LEVEL OUTCOMES (Area Level)	<p>Second-level outcomes refer to area-level estimations of nutritional status and mortality that are especially useful for identification of more severe phases when food gaps are expected to impact malnutrition and mortality. For both nutrition and mortality area outcomes, household food consumption deficits should be an explanatory factor in order for that evidence to be used in support of the classification.</p>				
Nutritional Status¹⁸	<p>GAM by WHZ¹⁸ Acceptable: <5% Alert: 5-9.9% Serious: 10-14.9% OR > than usual Critical: 15-29.9%; OR > much greater than usual Extremely Critical: ≥30%</p>				
GAM by MUAC¹⁸	<p><5% 5-9.9% 10-14.9% ≥15%</p>				
BMI <18.5⁴	<p>5-9.9% 10-19.9% , 1.5 x greater than baseline 20-39.9% ≥40%</p>				
Mortality	DR: <0.5/10,000/day USDR: <1/10,000/day	CDR: <0.5/10,000/day USDR: <1/10,000/day	CDR: 0.5-0.99/10,000/day USDR: 1-2/10,000/day	CDR: 1-1.99/10,000/day OR >2x reference USDR: 2-3.99/10,000/day	CDR: ≥2/10,000/day USDR: ≥4/10,000/day
FOOD SECURITY CONTRIBUTING FACTORS	<p>For Contributing factors, specific indicators and thresholds for different Phases need to be determined and analysed according to the livelihood context. Nevertheless, general descriptions for contributing factors are provided below.</p>				
Availability, Access, Utilization, and Stability	Adequate to meet short-term food consumption requirements Safe water ¹⁹ ≥15 litres pp/day	Borderline adequate to meet food consumption requirements Safe water marginally ≥15 litres pp/day	Very inadequate to meet food consumption requirements Safe water > 7.5 to 15 litres pp/day	Very inadequate to meet food consumption requirements Safe water >3 to <7.5 litres pp/day	Extremely inadequate to meet food consumption requirements Safe water ≤3 litres pp/day
Hazards & Vulnerability	Minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/or extreme food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/or near complete food consumption deficits

Organized as per the IPC Analytical Framework

The IPC Reference Table

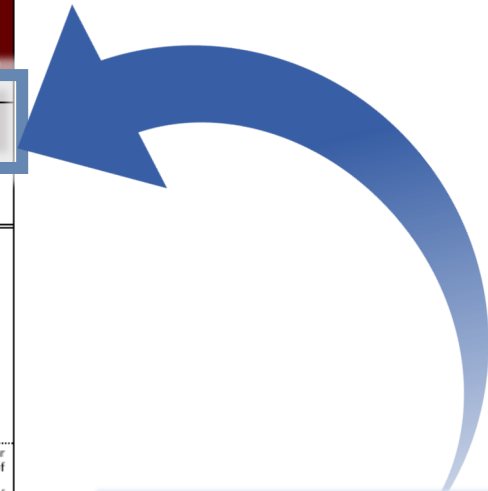
5 Phases with general descriptions of expected severity of conditions

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Phase Name and Description	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies	Households either: - Have food consumption gaps which are reflected by high or above-usual acute malnutrition; OR - Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies	Households either: - Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; OR - Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	- Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.)
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Each Phase is linked to priority response objectives for Action. Phase 3 or worse require urgent action!



The IPC Reference Table

Food Consumption (Quantity)

- Dietary Energy Intake (kcal) - reference
- Household Dietary Diversity Score (HDDS)
- Food Consumption Score (FCS)
- Household Hunger Score (HHS)
- Reduced Coping Strategy Index (rCSI)
- HH Economy Approach (HEA)

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Priority Response Objectives	Action required to Build Resilience and for Disaster Risk Reduction	Action required for Disaster Risk Reduction and to Protect Livelihoods	Urgent Action Required to: Protect livelihoods, reduce food consumption gaps	Save lives and livelihoods	Revert/Prevent widespread death and total collapse of livelihoods
FOOD SECURITY 1st LEVEL OUTCOMES (Household Level)	<p>First-level outcomes refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase description are included for each indicator. Although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.</p>				
Food Consumption (focus on energy intake)	Quantity: Adequate energy intake Dietary Energy Intake¹ : Adequate (avg. 2,350 kcal pp/day) and stable Household Dietary Diversity Score (HDDS)² : 5-12 food groups and stable Food Consumption Score (FCS)³ : Acceptable and stable Household Hunger Scale (HHS)⁴ : 0 (none) Reduced Coping Strategies Index (rCSI)⁵ : 0-3 Household Economy Approach (HEA)⁶ : No Livelihood Protection Deficit	Quantity: Minimally Adequate Dietary Energy Intake¹ : Minimally adequate (avg. 2,100 kcal pp/day) HDDS² : 5-FG but deterioration ≥1 FG from typical FCS³ : Acceptable but deterioration from typical HHS⁴ : 1 (slight) rCSI⁵ : 4-18 HEA⁶ : Small or moderate Livelihood Protection Deficit <80%	Quantity: Moderately Inadequate – Moderate deficits Dietary Energy Intake¹ : Food gap (below avg. 2,100 kcal pp/day) HDDS² : 3-4 FG FCS³ : Borderline HHS⁴ : 2-3 (moderate) rCSI⁵ : ≥ 19 (Non Defining Characteristics (NDC) to differentiate P3, 4 and 5) HEA⁶ : Livelihood Protection Deficit ≥80%; or Survival Deficit <20%	Quantity: Very Inadequate – Large deficits Dietary Energy Intake¹ : Large food gap; much below 2,100 kcal pp/day HDDS² : 0-2 FG (NDC to differentiate P4 and 5) FCS³ : Poor (NDC to differentiate P4 and 5) HHS⁴ : 4 (severe) rCSI⁵ : ≥ 19 (NDC to differentiate P3, 4 and 5) HEA⁶ : Survival Deficit ≥20% but <50%	Quantity: Extremely Inadequate – Very large deficits Dietary Energy Intake¹ : Extreme food gap HDDS² : 0-2 FG FCS³ : Poor (NDC to differentiate P4 and 5) HHS⁴ : 5-6 (severe) rCSI⁵ : ≥ 19 (NDC to differentiate P3, 4 and 5) HEA⁶ : Survival Deficit ≥50%
Livelihood Change (assets & strategies)	Livelihood Change: Sustainable livelihood strategies and assets Livelihood Coping Strategies (LCS)⁷ : No stress, crisis or emergency coping observed	Livelihood Change: Stressed strategies and/or assets; reduced ability to invest in livelihoods LCS⁷ : Stress strategies are the most severe strategies used by the household	Livelihood Change: Accelerated depletion/erosion of strategies and/or assets LCS⁷ : Crisis strategies are the most severe strategies used by the household	Livelihood Change: Extreme depletion/liquidation of strategies and assets LCS⁷ : Emergency strategies are the most severe strategies used by the household	Livelihood Change: Near complete collapse of strategies and assets LCS⁷ : Near exhaustion of coping capacity

Food Consumption (focus on energy intake)	Quantity: Adequate energy intake Dietary Energy Intake¹ : Adequate (avg. 2,350 kcal pp/day) and stable Household Dietary Diversity Score (HDDS)² : 5-12 food groups and stable Food Consumption Score (FCS)³ : Acceptable and stable Household Hunger Scale (HHS)⁴ : 0 (none) Reduced Coping Strategies Index (rCSI)⁵ : 0-3 Household Economy Approach (HEA)⁶ : No Livelihood Protection Deficit	Quantity: Minimally Adequate Dietary Energy Intake¹ : Minimally adequate (avg. 2,100 kcal pp/day) HDDS² : 5-FG but deterioration ≥1 FG from typical FCS³ : Acceptable but deterioration from typical HHS⁴ : 1 (slight) rCSI⁵ : 4-18 HEA⁶ : Small or moderate Livelihood Protection Deficit <80%	Quantity: Moderately Inadequate – Moderate deficits Dietary Energy Intake¹ : Food gap (below avg. 2,100 kcal pp/day) HDDS² : 3-4 FG FCS³ : Borderline HHS⁴ : 2-3 (moderate) rCSI⁵ : ≥ 19 (Non Defining Characteristics (NDC) to differentiate P3, 4 and 5) HEA⁶ : Livelihood Protection Deficit ≥80%; or Survival Deficit <20%	Quantity: Very Inadequate – Large deficits Dietary Energy Intake¹ : Large food gap; much below 2,100 kcal pp/day HDDS² : 0-2 FG (NDC to differentiate P4 and 5) FCS³ : Poor (NDC to differentiate P4 and 5) HHS⁴ : 4 (severe) rCSI⁵ : ≥ 19 (NDC to differentiate P3, 4 and 5) HEA⁶ : Survival Deficit ≥20% but <50%	Quantity: Extremely Inadequate – Very large deficits Dietary Energy Intake¹ : Extreme food gap HDDS² : 0-2 FG FCS³ : Poor (NDC to differentiate P4 and 5) HHS⁴ : 5-6 (severe) rCSI⁵ : ≥ 19 (NDC to differentiate P3, 4 and 5) HEA⁶ : Survival Deficit ≥50%
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consumption deficits complete food consumption deficits

Convergence of Evidence

IPC brings together evidence on indicators directly measuring food security outcomes as well as contributing factors to estimate the proportion of households in each Phase.

Key points:

- The whole body should be brought together for analysis – considering relevance and reliability of data
- Evidence on malnutrition and mortality are only considered to the extent that they are driven by food gaps and to confirm or question food insecurity classification;
- **There needs to be a justification for the convergence of evidence**
- Evidence does not always converge especially because:
 - Context matters
 - Indicators measure different things
 - Reliability, both in terms of methods and time relevance of evidence
 - Non-converging evidence should be carefully assessed by considering these factors, and outliers may be given less importance



Convergence of Evidence

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Trends, contextualization and other issues
Food Consumption Score	19%		53%	29%		Similar to 2015 (33% had a poor score) and worse than in 2016 (20% poor)
Household Hunger Scale	38%	9%	26%	8%	18%	Very high Phase 5 linked to high severity but unlikely to be Catastrophe/Famine based on analysis of other indicators and contributing factors
reduced Coping Strategies Index	14%	19%	67%			Very high rCSI; higher than in 2016, but mainly linked to less severe strategies
Household Dietary Diversity Score	28%		32%	40%		High levels of low HDDS, indicating low dietary diversity of households
Livelihood coping	15%	1%	77%	13%	0%	Low use of livelihood coping strategies probably due to context issues and long-term crisis
Meals per day	73%			27%		It has been assumed that 1 or less meals are indicative of Phase 4 or worse
Inference from contributing factors	50%		50%			Low production (only 30-50% of normal) and high dependency of poor households on own production with increased food prices indicate that at least 50% of households are likely in Phase 3 or more severe
Acute malnutrition			X			Low disease incidence and protective child care mitigate the negative impact on child nutrition
Total	20%	25%	30%	20%	5%	

Food consumption indicators, supported by analysis of contributing factors, converge around Phase 4. As a result, more than 20 percent of the total population would be expected to be in Phase 4 based on food consumption outcome. Although livelihood coping outcome does not support this conclusion, it is thought that low emergency-level livelihood coping is likely due to an inability to further exhaust livelihoods assets and strategies. The crisis levels of acute malnutrition (GAM based on MUAC around 10 percent) are explained by relative low disease prevalence and the typical cultural habit of protecting children's food consumption. Based on a trend analysis of contributing factors (not included in the table of direct evidence), the food security situation in the area has been in crisis for about three years, therefore becoming a protracted crisis and has accentuated the impacts of current conditions. As the conflict intensifies, the Xshoko ethnic group is the most affected. Statements made by relief workers on displaced Xshokos found that they suffer from an extreme lack of food and other basic needs, and their livelihood collapsed. Given that they account for 5–10 percent of the population and indicators showing that Phase 5 Catastrophe severity is noted (i.e. 18 percent of households have a HHS of 5-6 and 40 percent of households have a HDDS of 0-2 indicating Phases 4 and 5). Thus, it is expected that at least about 5 percent of the population is in Phase 5.

20% rule for area classification

■ An area is classified in a specific IPC Phase when **at least 20 percent** of the population in the area are experiencing the **conditions related to that Phase or more severe Phases**

Key points:

- Phase **classification linked to population estimates**
- Recommended to **cross-check final classification with Phase description**

Examples	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Area Phase
	20%	30%	35%	15%	0%	Phase 3
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Area Phase
45%	40%	10%	5%	0%	Phase 2	

IPC



Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

The End

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