



# The Integrated Food Security and Phase Classification (IPC): A review

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# Acknowledgments

RHVP is a programme of support for policy-makers and practitioners concerned with food security, social protection and vulnerability in southern Africa. It works closely with a range of partners to improve the quality, relevance and affordability of vulnerability assessment and analysis (VAA), particularly in the design and impact of social protection and other policies and instruments to address hunger and vulnerability.

As part of its mandate, RHVP encourages and strongly supports technical dialogue on evolving VAA information systems which aim to address chronic and acute vulnerability. Promoting transparency and openness in VAA techniques, methods and approaches is being addressed through a range of direct and intermediary activities, such as: technical forums, training events, skill transfers, interactive dialogues and various peer reviews or commentaries published on RHVP's webpage, Wahenga.net.

RHVP recently commissioned and coordinated a peer review on the Integrated Food Security and Humanitarian Phase Classification System (IPC), originally developed for FSAU in Somalia. Since its development the IPC, is gaining some recognition and is being identified as a 'potential' tool to support ongoing food security and VAA information systems in various parts of Africa and elsewhere.

The overall purpose of this independent peer review was to ascertain IPC's potential usefulness, as well as its possible adaptation in other countries, especially in southern Africa. Although the IPC has many strengths, the review has highlighted a number of significant weaknesses and it is generally accepted that because it is at the piloting stage, it is important that these issues are addressed before it can realistically be rolled-out fully.

## About the authors

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# 1 Introduction

The Integrated Food Security and Humanitarian Phase Classification (IPC) is a system for defining the severity of a situation (from 'generally food secure' to 'famine/humanitarian catastrophe'), based upon a wide range of indicators of the impact of a hazard event on human health and welfare (e.g. mortality rate, nutritional status, etc.). It integrates food security, nutrition and livelihoods information into a clear statement about the severity of a crisis with the aim of eliciting more timely responses that match local needs. It seeks to:

- Broaden the scope of analysis beyond the traditional food availability-food access axis to include other causes of malnutrition and mortality, such as disease, access to water and conflict.
- Broaden the range of possible interventions that are considered, through a strategic response framework.
- Introduce greater comparability, increased rigour and greater transparency into the analysis

## Why donors value the IPC?

**Simplicity**

**Putting together available data**

**Comparability between countries**

**Food security in a wider context**

The IPC was initially developed by the Food Security Assessment Unit in Somalia (FSAU). A multi-agency strategy for developing, implementing and advocating the IPC was recently tabled by FAO, WFP and Oxfam UK at an IPC technical meeting in Rome. Agencies expressing interest in the approach at that meeting included FEWS-NET, SC-UK, SC-US, Concern and ICRC.

## 2 The IPC summarised

### 2.1 Components of the IPC

The IPC consists of four components<sup>1</sup>:

#### The phase classification reference table

This is the central element of the tool. It consists of a table that:

- Lists the 5 phases (from 'generally food secure' to 'famine/humanitarian catastrophe').
- Defines the conditions associated with each phase. This part of the table lists the key outcomes (mortality rate, nutritional status, etc.) and cut-offs or levels to define each phase.
- Lists the types of intervention that might be appropriate in each phase – the **Strategic Response Framework**.

A second table of **Early Warning Levels** is also proposed. There are three early warning levels, defined in terms of the probability/likelihood of a worsening situation (alert, moderate risk and high risk).

#### Analysis templates

These are tables that set out the evidence to support the phase classification in a transparent manner. They guide the process of analysis and provide a record that can be subjected to peer review. There are three analysis templates:

- **Template 1:** used to determine phase and early warning level
- **Template 2:** used to compile information to identify immediate responses to address short term negative outcomes
- **Template 3:** used to compile information to identify opportunities for supporting livelihoods and addressing underlying causes.

#### Cartographic protocols

A set of standardised conventions for preparing phase classification maps (see **Error! Reference source not found.** for an example of a phase classification map from Somalia).

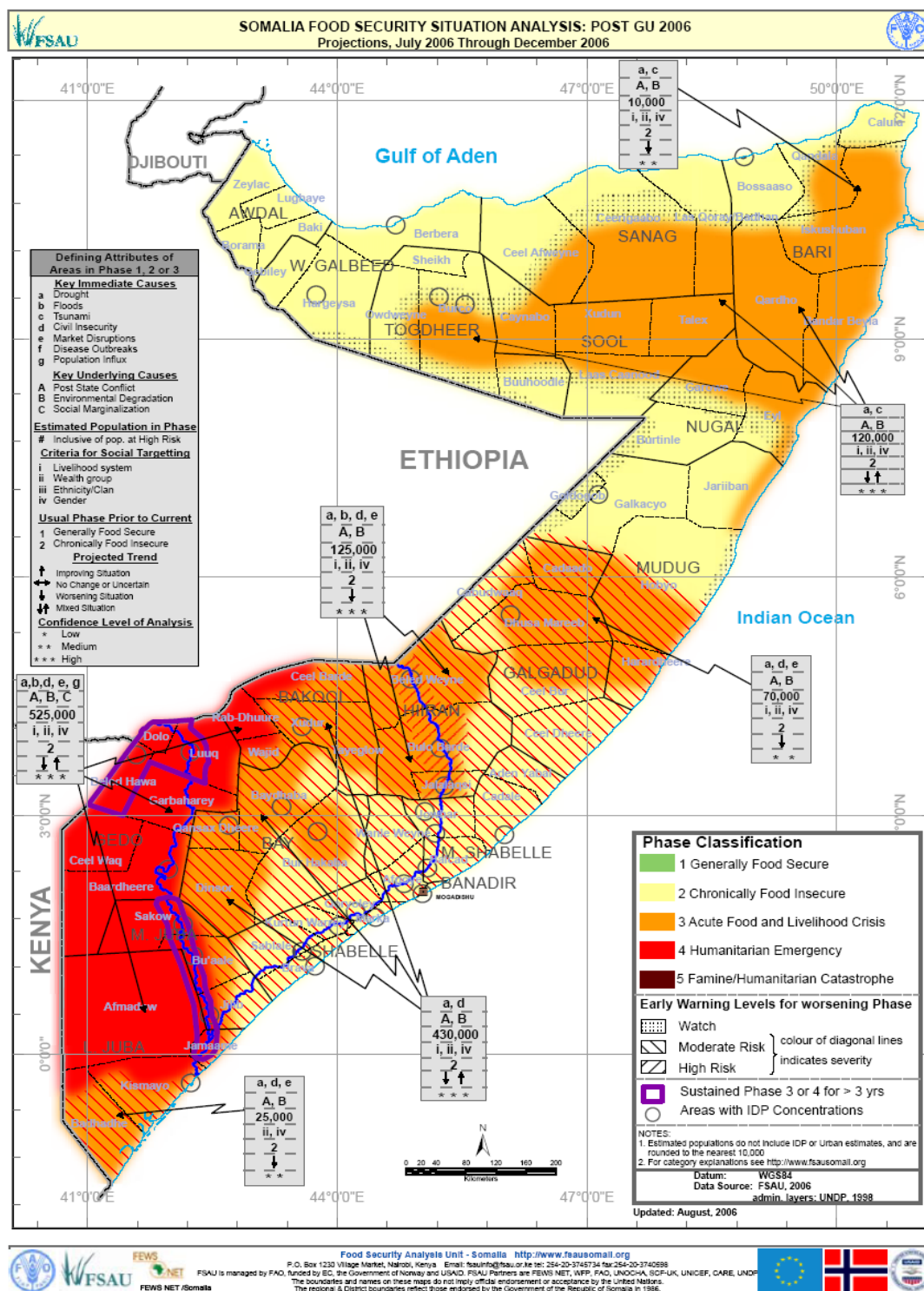
#### Population tables

Tables of population by administrative unit, livelihood system and livelihood type that can be used to estimate the number of people living in a particular area at a given phase.

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<sup>1</sup> FAO/FSAU 2006. Integrated Food Security and Humanitarian Phase Classification: Technical Manual Version 1. Nairobi, FAO/FSAU Technical Series IV.11'

## Box 1: Example of an IPC Map from Somalia



## 2.2 The phase classification reference table

Phase is based on measures of outcome in relation to lives and livelihoods (e.g. mortality rate, nutritional status, etc.). The advantage of using measures of outcome is that these directly measure the impact of a hazard event on human health and welfare.

For each outcome, cut-offs are proposed to define the phase. These are based upon internationally accepted standards. The main reference outcomes and their associated cut-offs are listed by phase in the table overleaf.

An obvious problem would arise if all the conditions defined in the table had to be met before a particular phase could be declared (what would the phase be, for example, if mortality rates are at the level to define a humanitarian emergency, but there is no civil insecurity?). The problem does not arise, however, because the idea is not to strictly apply single indicator thresholds, but to define phase based upon the weight or convergence of evidence from all available sources. The reference outcomes listed for each phase are therefore guides – they do not all necessarily need to exist or coincide for a given phase to be declared. The IPC analysis is primarily concerned with a convergence of analysis rather than a convergence of indicators. The priority is for sound analytical conclusions backed by evidence, rather than a narrower methodological debate on weighting and thresholds. The danger of a convergence of indicator approach is that divergent indicators will simply be dismissed as being wrong, when in fact they may give important clues as the nature of the situation.

It should also be noted that changes from one phase to another are not necessarily sequential. In the event of very rapid onset it is possible to skip one or more phases.

The reference table serves two functions:

***It guides the types of data that should (ideally) be collected to help determine phase.*** The reference table does not specify the types of data that *have* to be collected, since the approach is to make better use of available data. However, where opportunities exist to increase the range of indicators collected, and to improve coverage and frequency of data collection, the IPC reference table can help guide the types of data to be collected.

It describes a set of outcomes that characterise each phase. ***Each phase is characterised by a combination of outcomes. Phase 3 – acute food and livelihood crisis – is characterised by 10-15% GAM, utilization of 'crisis' coping strategies, acute dietary diversity deficit etc. This does not mean that all of these outcomes need to have been measured – which will often not be practical. Rather the approach is to take the available data and ask the question, 'what does this tell us about the situation?', and 'given what we know, which phase do we think this area is in?'. If phase 4, this does not mean that mortality rate has actually been measured (and been found to be 1-2 per 10000 per day) or that the coping strategies index has been measured (and found to be greatly increased). Rather it means that the team has determined that the conditions exist that are likely to result in the outcomes that characterise phase 4.***

This raises a number of other questions (about the analytical framework that underpins the prediction of these outcomes, and about the subjectivity of the analysis), but does make it more practical in terms of the availability of data.



### Box 1: Key Reference Outcomes according to Phase<sup>2</sup>

Key Reference Outcomes	Phase				
	1	2	3	4	5
	Generally food secure	Chronically food insecure	Acute food and livelihood crisis	Humanitarian emergency	Famine/ Humanitarian Catastrophe
<b>Mortality rate</b> Crude (per 10000/day) U5 (per 10000/day)	<0.5 -	<0.5 <1	0.5-1 1-2	1-2 >2	>2 -
<b>Nutritional status</b> Wasting Stunting	<3% <20%	3% – 10% >20%	10% - 15%, ↑	>15%, ↑	>30%
<b>Disease</b>	-	-	Epidemic, ↑	Pandemic	Pandemic
<b>Food access/availability</b> Kcals per person per day	>2100, stable	~2100, unstable	2100 via 'asset stripping'	<2100	much below 2100
<b>Dietary diversity</b>	Adequate	Chronic deficit	Acute deficit	<=3 food grps consumed	-
<b>Water access/availability</b> Litres per person per day	>15, stable	~15, unstable	7.5 – 15	< 7.5	< 4
<b>Destitution/displacement</b>	-	-	Emerging, diffuse	Concentrated, increasing	Concentrated, large scale
<b>Civil security</b>	Peace	Unstable, disruptive tension	Limited spread, low intensity conflict	Widespread high intensity conflict	Widespread high intensity conflict
<b>Coping Strategies utilised</b> <b>Coping strategies index</b>	- -	Insurance -	Crisis ↑	Distress ↑↑	- -
<b>Livelihood assets – utilization</b>	Sustainable	Unsustainable	Accelerated and critical depletion/loss	Near complete and irreversible depletion/loss	Complete loss/collapse

#### Notes on the table:

- 1) ↑ means elevated/increasing
- 2) Epidemic means a situation in which the number of cases of a disease is increasing rapidly. Pandemic means a situation in which a large geographical area or a large proportion of the population is infected by a particular disease.
- 3) The coping strategy definitions are those of MSF<sup>3</sup>
- 4) There are 5 livelihood assets/capitals = human, financial, social, physical and natural<sup>4</sup>.

<sup>2</sup> Slightly modified from 'FAO/FSAU 2006. Integrated Food Security and Humanitarian Phase Classification: Technical Manual Version 1. Nairobi, FAO/FSAU Technical Series IV.11'

<sup>3</sup> van der Kam, S. (2000). Revised MSF Nutrition Guidelines. In Field Exchange, 10.

<sup>4</sup> DFID (UK Department for International Development) (2001). Sustainable Livelihoods: Guidance Sheets, London.



### 3 Strengths of the IPC

**A clearer definition of terms and a common currency for reporting.** This has a number of advantages:

- It makes meaningful comparisons possible between countries and over time. The same phase should always mean the same severity of crisis.
- It facilitates consensus between analysts, implementing agencies and donors, leading to more effective and timely response, with better coordination of appeals and responses between agencies.
- Clearer definition of crisis is important because the way a situation is classified determines not only the form of response, but the source and scale of funding, the planning timeframe and the organisational roles of different stakeholders.

#### **What is claimed for the IPC in Somalia?**

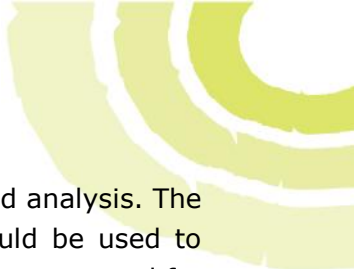
According to the IPC manual, within Somalia 'the IPC has consistently proven to be an effective tool for improving analysis and informing response. This has been demonstrated for a number of different crisis types (e.g. slow onset drought and economic crises, and rapid onset floods, civil insecurity, and the Tsunami). The IPC has also been successful in drawing attention to 'forgotten crises' and ensuring investment in livelihood support. ... Development-oriented planners regularly put out calls for proposals to address livelihoods needs of areas in acute food and livelihood crisis'.

- A clearer definition of terms also promotes accountability among implementing agencies, who must then show that their responses are appropriate given the prevailing phase.

**The explicit inclusion of an 'acute food and livelihoods crisis' phase.** At this level the problem may not be one of acute hunger, but one of livelihoods crisis characterised by the unsustainable use of local livelihoods assets and unacceptable coping strategies. The hope is that the definition of this phase will encourage earlier intervention to protect livelihoods and not just lives.

But there is also a danger that the IPC will focus attention only on the red areas of the map (phases 4 and 5), and that livelihoods crisis will be overlooked. This is perhaps a problem more related to advocacy and donor decision-making processes than to the IPC itself.

**A more rigorous and transparent analysis process,** making clear the evidence upon which the analysis is based and therefore making analysts more accountable for their conclusions. The quality of individual data sources is evaluated and reflected in an overall level of confidence in the analysis.



**Adds value to existing systems,** by promoting better use of available data and analysis. The IPC is methodologically neutral, i.e. it does not specify the methods that should be used to analyse data. Rather it seeks to establish minimum standards for the analytical process and for the reporting of results.

**A collaborative analysis.** The IPC has been successful in bringing together analysts from different sectors (food security, nutrition, health, etc.) and getting them to integrate their data to reach shared conclusions about the situation and the priorities for action. It provides a common 'platform' for discussion among analysts with diverse expertise and agency backgrounds.

**Better communication of results,** through standard mapping protocols to illustrate severity and population tables to provide information on magnitude of the problem.

**Improved early warning,** resulting from a combination of the strengths outlined above.

**The identification of more appropriate responses,** through better analysis generally, and through a generic strategic response framework that lists the types of response appropriate to each phase. The response framework is strategic in the sense that it seeks to a) mitigate immediate negative outcomes, b) support livelihoods and c) address underlying structural causes of food insecurity.



## 4 Limitations of the IPC and possible improvements

With any new initiative it is relatively easy to snipe from the sidelines, while offering little in the way of a concrete alternative or significant improvements to what is on offer. It is not the intention of the authors to do this. The IPC has a number of very real strengths, and offers significant improvements in a number of areas. The bottom line is that decisions are being made about the allocation of resources and that these would benefit from a better system for classifying the severity of the situation within-countries and for comparing different countries. The IPC process offers the prospect of improvements in this area.

The IPC is a 'work in progress', and is recognised as such by its developers. This means that that there is scope for improvement. The challenge is to identify what these improvements might be and to make suggestions as to how they can be achieved. And even when improvements have been made, the approach (in common with other approaches) will inevitably have its limitations. It is important for potential users to have an understanding of what these might be. In this section, we identify what we perceive to be the weaknesses of the IPC as it currently stands, and suggest ways of addressing these where we can. Many of the weaknesses identified here were discussed during the IPC on-line forum (beginning 14 February 2007) and a follow-up technical review meeting in Rome (21-22 March, 2007), at which point proposals were tabled for an international technical working group to address a number of these issues.

### 4.1 Phases 1 and 2 combine severity with duration

This is especially a problem with Phase 2, chronically food insecure. In terms of severity, the defining characteristic of phase 2 is 'borderline food insecure'. Clearly, it is possible for people to be at this level without the situation necessarily being chronic. Similarly, an acute food and livelihoods crisis or even a humanitarian emergency could become chronic if either were to last long enough.

**Solution:** It was agreed at the Rome meeting to remove the element of duration from the phase titles and the reference table, and to consider how duration might be included as a separate component in the analysis

### 4.2 The reference outcomes are more applicable in some situations than others

At the moment, the reference outcomes relate to nutrition, food security and livelihoods, and do not yet encompass all humanitarian concerns. One obvious omission is shelter, which may

limit the utility of the approach in certain circumstances, e.g. following rapid onset disasters such as flood, cyclone or earthquake.

**Solution:** It was agreed at the Rome meeting to review the scope of the IPC, and to consider which other indicators might be included in the reference table.

## 4.3 There are significant problems of data availability

The idea of making better use of the available data is an attractive one, since it implies efficient use of existing resources at little additional cost. It is also very common to hear it said that there is lots of data available, which implies considerable scope for making better use of what is there. At first sight this may seem to be true, but there are often significant problems which mean the data cannot be analysed in a meaningful way.

These include:

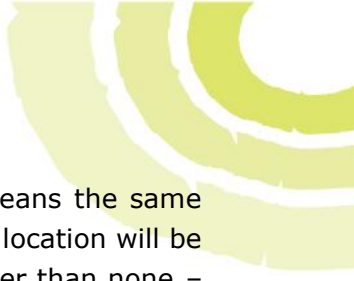
### Box 2: Typical data availability in many African countries

Key Reference Outcomes	Availability of Data
Mortality rate, Nutritional Status and Disease	<ul style="list-style-type: none"><li>• Ad-hoc data and reports from hospitals and MCH clinics, which may not be compiled and available at national level.</li><li>• Occasional nutritional survey data, but with patchy geographical coverage and little or no sustained monitoring over time.</li></ul>
Food access/availability	<ul style="list-style-type: none"><li>• Crop production data – not always reliable. Data available at national level often not disaggregated to district level.</li><li>• Data on livestock production (holding, sales, milk production) almost never available, or if available, unreliable.</li><li>• Market price data from selected markets (rarely with good representation of remote areas – often the most vulnerable)</li></ul>
Dietary diversity Coping Strategies utilised Coping strategies index Livelihood assets - utilization	<ul style="list-style-type: none"><li>• Not generally available</li></ul>
Water access/availability Destitution/displacement Civil security	<ul style="list-style-type: none"><li>• Ad-hoc reports, with uneven spatial and temporal coverage</li></ul>

- Patchy geographical coverage, with data from only a limited number of locations or areas within the country.
- Irregular data collection, so that much of the data is out-of-date.
- Aggregation of the data to too high a level.
- Unreliable results due to poor methods of data collection.

Where little data is available, there will be little choice but to determine phase almost exclusively by expert judgment.

One suggestion is to define a minimum level of data availability before an IPC can be carried out. The implication, of course, would be to accept some gaps in IPC coverage; but the upside



would be that where there is coverage, we could be confident that a phase means the same thing in every country. The counter argument is that decisions about resource allocation will be made whether or not the data are there, and that some level of analysis is better than none – even if the analysis is based largely upon the subjective judgement of a panel of experts and on little concrete data.

The idea in the IPC is to rank the quality of data in different areas and to combine this into a measure of confidence in the analysis (low, medium or high). The problem with this is that there is really no way in which this can be factored into decision-making. For example, does an area at phase 3 (high confidence) deserve more attention than an area at phase 4 (low confidence)?

One advantage is that the transparency of the IPC offers the opportunity to highlight deficiencies in the data, which should provide a basis for advocating for steps to improve the availability and quality of data over time.

#### **Solutions:**


- Add a measure of overall data availability in addition to the current measure of confidence in the analysis. This would serve to highlight specifically where there are problems in terms of data availability (as opposed to other problems with the analysis).
- Use the IPC as an opportunity to highlight deficiencies in the available data and advocate for improvements to be made.

## **4.4 There is a need for a shared conceptual framework**

If analyses from different countries are to be comparable, there has to be a shared conceptual framework, i.e. analysts in different countries have the same general understanding of food security, livelihoods, vulnerability, etc. and how these link to one another. This is not a weakness in the approach, but it is a requirement that has to be met before an IPC analysis can be carried out.

According to the IPC manual, the IPC is 'designed around the broad conceptual frameworks for food security analysis including the four pillars of access, availability, utilization and stability; the well-recognised UNICEF model of nutrition analysis (UNICEF 1996); and Sen's entitlement analysis (1981). Analytically, the IPC draws from a broad interpretation of a livelihoods approach (FSAU 2004); which includes both livelihood strategies, drawn from the Household Economy Approach (SC-UK 2000), and livelihoods assets, drawn from the Sustainable Livelihoods Approach (Frankenburger 1992, DFID 2001)'.

If the required understanding of these approaches and concepts does not exist, it will have to be built. This will be a worthwhile effort; but it will also be time consuming.



**Solution:** Assess the need for training and – if necessary - provide training in the conceptual frameworks before implementing an IPC.

## 4.5 Little guidance is provided on how to do the analysis

The output from a phase classification is relatively simple to understand. The process of analysis is not. In relation to analysing current phase, the analysis team is required to:

- Weigh up the value of data that may be more or less out of date (e.g. what to do if a nutritional status survey from 3 months ago indicates <10% GAM, while current MCH clinic data indicate much higher rates of malnutrition than 'normal').<sup>5</sup>
- Judge which results can be extrapolated to a wider geographical area (e.g. a nutritional survey that covered only part of a district, or MCH data from a clinic in the main town).
- Decide on the weight to give data of very varying quality (e.g. the results of a nutritional survey of doubtful quality verses reliable data from a SFP).
- Interpret data in the context of – for some of the reference outcomes – relatively general descriptions of the characteristics of each phase (e.g. destitution/displacement can be 'emerging diffuse', 'concentrated increasing' or 'concentrated, large scale').
- Judge the relative importance of different variables in determining phase. This is especially an issue if there is a divergence rather than a convergence of indicators. It is also an issue in relation to the two key measures of final outcome – malnutrition and mortality. Do these trump all other indicators?


In relation to early warning of future phase, in addition to the challenges outlined above, the teams must also:

- Put the process indicators in context in relation to local patterns of livelihood and vulnerability.
- Predict outcome based upon an understanding of causality.

Clearly, the analysis involves a great deal of subjective judgement. This means the process is heavily dependent upon the quality of the people involved, their expertise and experience. This will vary from one area to another and from one country to another.

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<sup>5</sup> Note that the nutrition team in Somalia has developed a method for combining different data streams to produce a single summary statement. It would be very useful to know more about this process.



At first sight, it might seem like an impossible task. However, it is surprisingly rare for participants in these types of analysis to refuse to reach a conclusion, which must mean they feel some level of confidence in the result they are generating. It might be useful to learn more about how IPC teams reach conclusions from disparate sources of data of varying quality, as this may suggest ways in which the existing tools and process could be improved.

#### **Solutions:**

- There is an urgent need for a 'how-to-do-it' manual to support IPC analysis. This was a recommendation from the Rome meeting.
- There is also a need for experienced trainers and facilitators for IPC analysis sessions. A shortage of these is likely to represent a significant barrier to implementation for some time to come, unless steps are taken now to build the capacity required. Currently, almost all the experience resides in one country, Somalia.

## **4.6 There is potential confusion between current phase and early warning**

Data for determining current phase (the outcome indicators) and for early warning (the process indicators) are compiled and analysed on a single analysis template, which may generate confusion between these two very different functions. The IPC manual also alludes to the concept of 'current or imminent phase', which seems to underline a possible confusion between determining current phase and early warning of future phase<sup>6</sup>. Outcome and process indicators typically relate to two separate timeframes (e.g. malnutrition indicates the consequence of a past hazard/livelihood interaction; crop production is a potential hazard that will lead to a future consequence).

The problem is that it is not clear whether and how the outcome indicators are to be used for early warning, and no guidance is provided on this point in the IPC manual. Most of the outcome indicators are trailing indicators with little predictive power. Even trend analysis, which is rarely possible given problems of data availability and quality, is a poor indicator of future trends (since, for a example, a downward trend in nutritional status may be rapidly reversed by the harvesting of new season crops).

The best that can be hoped for from the outcome indicators is that they provide a statement of 'where we are now', i.e. a starting point for determining what phase might be reached in the future<sup>7</sup>. This may be a relatively poor return for the considerable amount of work that goes

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<sup>6</sup> Note: It was agreed to drop the concept of 'imminent phase' at the Rome meeting.

<sup>7</sup> This may be relevant in the case of a multi-year crisis, but will be less useful at the start of a crisis (when phase should be close to 'normal') or at the end of crisis (e.g. when things are expected to improve dramatically, e.g.





into collecting and analysing the outcome indicators.

Rather than collecting and analysing the two sets of indicators at the same time it might make more sense to separate the two functions and perform the analyses at different times. In an agricultural area, the best time for the analysis of the process indicators and for early warning is pre-harvest, while the best time for analysing the outcome indicators is towards the beginning of the hunger season, i.e. when negative changes should become apparent and there is still time to use the results to inform decision making (e.g. for the targeting of available resources at the time of greatest need). In other settings, the most appropriate timings will vary, and it may on occasion be appropriate to consider both sets of indicators together, but even then it is important to distinguish clearly between the two functions.

**Solution:** Separate the analysis of current phase from early warning of future phase. At the Rome meeting, it was proposed to develop an additional analysis template for early warning.

## 4.7 The early warning element of the IPC can be highly subjective

The early warning function is critical, given the usually long lead times between defining a problem and mounting a response. It is interesting to note, for example, that all the outputs from Somalia are projections of phase for the next six months. In other words, at least in terms of reporting, the emphasis is on providing early warning of future phase rather than on determining current phase<sup>8</sup>.

Early warning involves taking data on the immediate cause of a problem, i.e. the hazard (e.g. drought leading to crop failure, flooding leading to contamination of water sources) and interpreting this in relation to local patterns of livelihood and vulnerability to predict outcome. In the context of the phase classification, it also requires a knowledge of causal relationships (water contamination leads to diarrhoea leads to malnutrition) which – it could be argued – for the phase classification has to be not just qualitative but also quantitative (what level of water contamination leads to what level of malnutrition?).

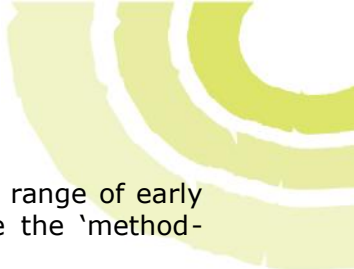
There are well established methods for early warning and outcome analysis in the sphere of food access/availability and in relation to livelihoods (e.g. household economy analysis<sup>9</sup>). There are also systems for providing early warning of epidemic disease. There are no comparable methods for projecting other reference outcomes (e.g. mortality, nutritional status, civil security, destitution/displacement), which underlines the subjective nature of the early warning component of the IPC.

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because of good rains and harvests).

<sup>8</sup> On the Somalia maps, the 'early warning for worsening phase' then represents a worst-case scenario for the next 6 months, see **Error! Reference source not found.**

<sup>9</sup> See 'The links between household economy analysis (HEA) and the integrated phase classification (IPC)', F.E.G. (2007).



**Solution:** It would be very useful if the IPC manual included guidance on the range of early warning methods available for use with the IPC. This need not compromise the 'method-neutral' approach of the IPC.

## 4.8 The analysis of vulnerability is implicit in the IPC, not explicit

The IPC incorporates two types of indicator, 'outcome' and 'process'. Conceptually, these are linked through the following equation:  $R = f(H, V)$ , where risk or outcome (**R**) varies as a function of exposure to a hazard (**H**) and vulnerability to that hazard (**V**). In the IPC, hazard is captured via the 'process' indicators, while risk or outcome is captured via the 'outcome' indicators. What is missing is any measure of vulnerability (**V**), i.e. the ability to cope with a hazard. This is surprising, given the now widely understood importance of interpreting information on hazard in the context of local patterns of livelihood and, therefore, vulnerability.

Instead of being explicit, the analysis of vulnerability is implicit in the analysis. It is assumed that national experts will have a good understanding of local patterns of livelihood, and will be able to factor this correctly into the analysis. This may be a reasonable assumption in Somalia, where a great deal of livelihoods baseline work has been done (using the household economy approach). It may however be a problem in other settings, where the required baseline work has not been done (using household economy or some other approach) and the required skills are not available.

### Solutions:

- IPC participants should be briefed on any available livelihoods baseline or vulnerability analyses relevant to the areas they are analysing.
- Details of available livelihoods baseline or vulnerability analyses made available to the analysis teams should be documented on one or other of the IPC analysis templates. If no information is available this should be made explicit.

## 4.9 The strategic response framework is too general

The IPC has grown out of an effort to broaden the analysis of food security in Somalia to include other sectors, specifically health, water and conflict. This is clearly a good thing. However, the main difficulty with the strategic response framework is that it is very general, and that a convincing case is *not* made for radically different types of programming according to phase. Table 1 compares the types of intervention suggested for two phases, 3 (Acute food and livelihood crisis) and 5 (Famine/ humanitarian catastrophe). There are differences between the two phases, but these are mainly in terms of scale and urgency. Some activities are suggested for only one of the two phases. Contingency planning is a phase 3 activity, for example, since phase 5 is clearly too late for this. But for other activities it is not immediately clear why they have been included under one phase but not the other. Monitoring is surely

important at all times. Similarly, it is not clear why policy revisions or negotiations between different political/economic interests should wait until phase 5.

A possible reason for the general nature of the strategic response framework is that phase (i.e. the severity of crisis) determines the urgency and scale of intervention, but not necessarily the type of intervention. The most appropriate type of intervention depends instead upon the specific circumstances, i.e. the

specifics of the hazard to which people have been exposed, the nature of their vulnerability to that hazard, the losses they have experienced as a result, and the opportunities that exist for recovery. For example, it is not the phase that will determine the appropriateness of a seeds and tools intervention, but whether or not people are short of these items and whether or not they have the opportunity to use them. It follows that it is from a thorough understanding of hazard, vulnerability and outcome that the most appropriate interventions in any given situation will be identified.

By encouraging a more in-depth analysis of all the available data on hazard and outcome, the IPC should help to identify more appropriate interventions – and this is something that has reportedly been achieved in Somalia. However, as pointed out elsewhere in this paper, the IPC is relatively weak in terms of its analysis of vulnerability, which is implicit rather than explicit in the analysis. This represents an area of potential improvement of the IPC.

One of the most pressing needs in relation to response is a method for deciding between food and cash as the most appropriate method of transferring resources. Resolving this question requires a better understanding of markets and how they are likely to be impacted by one or other type of intervention. The strategic response framework doesn't address either of these questions adequately.

**Solution:** The strategic response framework requires considerable development to make it more useful in practice.

**Table 1: Types of response identified for phases 3 & 5**

	Phase	
	3	5
<b>Development/rehabilitation:</b>		
Strategic interventions at community to national levels to create, stabilize, rehabilitate, or protect priority livelihood assets	X	
Use 'crisis as opportunity' to redress underlying structural causes	X	X
<b>Contingency planning:</b>		
Create or implement contingency plan	X	
<b>Monitoring:</b>		
Close monitoring of relevant outcomes and process indicators	X	
<b>Direct or indirect transfer of resources:</b>		
Support livelihoods and protect vulnerable groups	X	
Strategic and complimentary interventions to immediately increase food access/availability AND support livelihoods	X	
Critically urgent protection of human lives and vulnerable groups		X
Selected provision of complimentary sectoral support (e.g. water, shelter, sanitation, health, etc.)	X	
Comprehensive assistance with basic needs (e.g, food, water, shelter, sanitation, health, etc.)		X
<b>Policy/negotiation/advocacy</b>		
Advocacy	X	X
Immediate policy/legal revisions where necessary		X
Negotiations with varied political/economic interests		X
Note: For the purposes of this table, programmes have been grouped into 5 categories. This grouping is not part of the IPC strategic response framework.		

## 4.10 The IPC stops short of assessing needs

The IPC encompasses two steps in the analysis-response continuum, the situation analysis and the response analysis. The situation analysis identifies cause, severity and magnitude. The response analysis seeks to build on this to identify the most appropriate interventions. The next step, which is beyond the scope of the IPC, is response planning, which deals with more detailed aspects of implementation.

Since the situation analysis includes the magnitude of the problem, it would seem to encompass the concept of a needs assessment, the outputs of which include estimates of the numbers of people in need and the deficits they face<sup>10</sup>. The IPC stops short of this critical step, however, going no further than 'identifying the number of people estimated to be in phase 3, 4 or 5 – without an *a priori* statement about whether or not they *need* anything (in terms of resource transfer)'<sup>11</sup>. No reference is made in the IPC manual to any deficit estimation. In other words, the IPC focuses on statements about the severity of the situation (the phase) and the types of intervention that would be most appropriate (strategic response framework) but does not address the question of the scale of intervention required. .

According to the IPC manual, the advantage of this is that it leaves decision-makers free to 'decide if the crisis situation can be mitigated through non-resources transfer means (such as policy change, negotiations, market interventions, etc.), or through resource transfer (such as food aid, cash aid, etc.)'. This begs the question of how the scale of intervention required will be determined if the decision-makers do decide that a resource transfer is appropriate. Further, defining the size of the deficit doesn't in itself tie decision-makers to one or other type of intervention – but it does tell them about the magnitude of the problem they are addressing.


Two other reasons for stopping short of completing a needs assessment have been put forwards. The first of these is that it is important for the assessment be carried out by people who do not have a stake in the results. However, the fact that certain agencies have a vested interest in one or other type of response surely does not mean they should be excluded from the situation analysis process, as they are stakeholders alongside other partners. Secondly, it has been suggested that people with the skills in assessment do not necessarily have the skills required to design interventions. But this is to confuse the analysis of deficit with the design of an intervention to fill that deficit (which is part of the response planning process).

Stopping short of completing the needs assessment may be acceptable as far as Somalia is concerned (where there is no government and donors and implementing agencies seem not to

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<sup>10</sup> Note that 'deficit' should not be equated with 'food gap'. In household economy analysis, for example, the deficit is a measure of the inability of people affected by a hazard to access food plus a range of essential non-food goods and services. The deficit defines the magnitude of the problem, whether this is to be addressed through a direct transfer of resources (e.g. food, cash or in-kind assistance) or through a market or other type of intervention.

<sup>11</sup> See page 32 of the IPC manual.



want to be 'dictated to' in terms of the scale of their interventions), but it is not a feature of the IPC that is likely to appeal in other situations, especially where there is a government that will almost certainly see the IPC as a tool for obtaining improved assessments of need.

**Solution:** Encourage IPC teams to generate an analysis of deficit where this is appropriate, given the requirements and expectations of the various stakeholders.



## 5 Issues relating to IPC implementation in southern Africa

### 5.1 What is the added value at national level?


One potential problem is that the IPC may be seen as primarily a tool for comparing and prioritising between different countries (which may be the interest of donors and of the regional VAC). For it to be adopted at national level it must have a demonstrated usefulness within country as well as between countries.

What, then, is the added value at national level? Many of the strengths outlined in section 4 will add value at national level. These include:

- Clearer definition of severity helping trigger earlier release of resources.
- Improved rigour and transparency of analysis.
- Simplicity of results presentation
- Consensus through different agencies working together.
- Comparisons within country, leading to improved targeting.
- Improved early warning.
- Consideration of a wider range of responses through the strategic response framework.

The added value will also depend upon the types of initiative already being undertaken at national level, and progress already being made towards the above goals. For example, the introduction of household economy analysis to countries such as Malawi, Swaziland and Lesotho should already be contributing towards these goals. In these cases the most significant contribution of the IPC may be twofold:

- The introduction of a standard classification scheme for defining severity.
- The proposals for more in-depth analysis of outcome indicators to complement the HEA-based analysis of process indicators.



Potential links between HEA and the IPC are explored in the paper 'The links between household economy analysis and the integrated phase classification' (F.E.G., 2007).

## 5.2 What is required to implement an IPC?

The IPC is a collaborative process, requiring the participation of stakeholders active in the fields of food security, nutrition, livelihoods, health, water and civil security. The national VACs provide the inter-agency context required for the analysis.

The IPC analysis has to be underpinned by a shared conceptual framework, i.e. analysts in different countries must have the same general understanding of food security, livelihoods, vulnerability, etc. and how these link to one another. If this does not exist, significant capacity building will be required before the IPC can be implemented reliably.

Implementing an IPC is relatively intensive in terms of time and labour, and therefore resources. The level of effort required to complete an IPC in Somalia is outlined in the box to the right. This is a significant exercise, on a scale similar to the analysis required for many existing national needs assessment exercises. There is obviously scope for combining an IPC exercise with a national needs assessment, but it remains to be seen what the implications of this would be in terms of additional time and resources.

The timeframe outlined for Somalia does not include the time required for collecting and compiling data. If this is not already available at national level, there will obviously be additional implications in terms of time, labour and resources.

### Level of effort in Somalia:

#### Staff:

- **FSAU: 14 food security analysts plus 14 nutritionists**
- **Other partners: approximately 50 participants**
- **A total of approximately 80 people / 12 regions = 6-7 people per region**

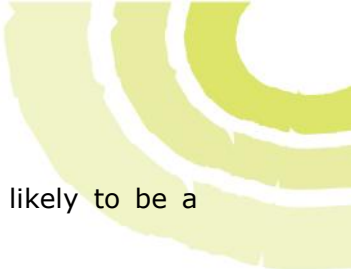
#### Timeframe:

- **Once the data have been collected and compiled...**
- **Week 1: all 80 participants prepare preliminary phase classifications**
- **Week 2: FSAU food security analysts only, finalising analyses, calculating populations, etc.**
- **Weeks 3-5: presentations and report writing**

There is therefore the potential to overload existing capacities. This may be especially the case in countries that are already in the process of introducing or developing a new methodology, e.g. HEA in Malawi, Lesotho and Swaziland. The IPC is currently at a pilot phase, and care should be taken in terms of selecting pilot countries so as not to overload local capacity.

As has already been pointed out, the analysis is not simple, with many factors to be considered and many judgements to be made. Outside facilitation will almost certainly be required, therefore, and perhaps also training for IPC participants in relation to the underlying





conceptual frameworks. A shortage of experienced facilitators and trainers is likely to be a significant constraint, at least in the short term.