

Technical support to the review process of food security and nutrition indicators
of the Integrated Food Security Phase Classification (IPC)

Terms of Reference

A. Background and rationale

The Integrated Food Security Phase Classification is an innovative tool for improving food security analysis and decision-making. It is a standardised scale that integrates food security, nutrition and livelihood information into a clear statement about the nature and severity of the food security situation. The IPC scale uses internationally accepted benchmarks in order to provide a common language and facilitate technical consensus among food security experts and practitioners. It covers the full spectrum of food security situations (from *generally food secure* to *humanitarian crisis*) and accounts for the multi-dimensional aspects of food security.

Originally used and developed by the Food Security Analysis Unit for Somalia (FSAU) to meet the challenge of improved analysis of food security issues in humanitarian contexts, the IPC is now increasingly being adapted beyond its original context, in the Horn of Africa (Kenya, Sudan) and beyond (West Africa, Southern Africa, South and South-East Asia).

In response to field-level implementation of the IPC instruments and technical inputs received during early expert consultations (IPC Online Technical Forum held in February-March 2007), the IPC Steering Committee launched in March 2007 a Technical Review Process of Version 1 of the IPC's Technical Manual (released in 2006). A multi-agency IPC **Technical Working Group** was set up to provide technical advice and conduct the technical revision process through expert consultations and field testing, as well as desk research and external technical inputs. Through this process, a set of urgent and widely-agreed technical revisions were already integrated into **an updated IPC Technical Manual** (V 1.1, June 2008). A more comprehensive technical review process is currently underway and will lead to the preparation of version 2 of the IPC Technical Manual.

As far as the revision of mortality and nutrition indicators is concerned, inputs were received in various occasions through the technical process: IPC online Technical Forum (Feb-March 2007), IPC International Technical Meeting (March 2007), and technical consultations at the agency and regional levels (October 2007). The points highlighted for review include in particular a) the inconsistencies in the mortality indicators in the text and the table of the IPC manual V. 1, b) the need to possibly include other anthropometric indicators such as wasting and stunting in the more severe phases of the IPC classification.

The IPC Steering Committee and IPC technical working group decided in December 2007 that the feedback received on the proposed suggestions did not allow for a full endorsement and thus inclusion in the amended IPC Technical Manual Version 1.1. Like for other IPC indicators, it was decided that further expert consultation would be needed in order to reach consensus

It is in this context that the Standing Committee on Nutrition (SCN) Task Force on Assessment, Monitoring and Evaluation (TF-AME) has been approached to coordinate

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research on thresholds of the nutrition and mortality indicators used in the IPC and provide recommendations on the amendments to integrate into Version 2 of the IPC Manual.

Being made up of 15 members representing different agencies (UN, NGOs, academia and government) and having access to an even wider group of food security and nutrition experts through the SCN, it was felt that the TF-AME could provide the necessary scientific rigour and at the same time facilitate the inclusion of a wide constituency in the revision process.

B. Objectives of the technical review

The general objective of the technical review is to *review and adapt the current technical specifications on mortality and nutrition of the IPC classification (including: key reference outcomes, thresholds, overall technical guidance)*. In doing so, particular attention will be paid to ensuring that these indicators help making a single statement on the food security situation (situation analysis), by reflecting the progressive changes in the food security situation.

Specific objectives include:

1. Review the technical proposals made so far to the IPC Technical Working Group on how to modify the nutrition and mortality indicators currently used in the IPC classification.
2. Provide recommendations on additional indicators to be added to the IPC based on existing consensus or evidence in the nutrition/public health community.
3. For all indicators reviewed and identified under points 1 and 2 above, give guidance on possible thresholds.
4. Provide recommendations and guidance on the use of the different indicators and thresholds for inclusion in the manual with a focus on trends and contextual analysis.

C. Tasks to be undertaken and outputs

Under the overall supervision of the co-chairs of the SCN TF-AME and in close collaboration with the IPC Technical Working Group and the TF members, the consultant will carry out the activities listed below.

The consultant will prepare a 20 pages report which will:

1. review/revise the definitions given to the indicators (see Section D below) in the current IPC manual;
2. propose definitions for the other indicators suggested to be included;
3. Describe each indicator using the following categories (as laid out in the IPC Manual Section 4: Key Reference Outcomes):
 - importance/relevance
 - reference/sources
 - explanation of threshold
 - limitations
 - potential methods
4. Make any other relevant recommendation.

In carrying out the above tasks, the consultant will refer to the technical proposals made so far to the IPC Technical Working Group by reviewing the following background material:

- IPC Technical Manual, Version 1.1
- International Technical Review Meeting
- Report from the IPC e-forum mentioned above
- Comments from WFP and FSAU

D. Indicators to be reviewed

Mortality indicators

- Indicators already in the IPC reference table, for which thresholds need to be reviewed/adjusted for each IPC Phase:
 - Under 5 Mortality Rate¹ (measured as total U5 deaths/10,000 population of U5/day)
 - Crude Mortality Rate (number of deaths/10,000 persons/day).
- Indicators **not yet in the IPC**, for which thresholds need to be defined for each IPC Phase:
 - Under 5 Mortality Rate (defined as number of deaths per 1,000 live births)
 - Infant Mortality Rate (IMR) (defined as number of deaths per 1,000 live births)These two indicators are not (yet) in the IPC – it is important to define their relevance and importance in non acute emergency settings.

Malnutrition indicators

- Indicators already in the IPC reference table, for which thresholds need to be reviewed/adjusted for each IPC Phase:
 - Prevalence of chronic malnutrition (stunting: based on height-for-age) in children below 5 years of age. Need to examine whether this indicator can be used for all IPC Phases, and thresholds of prevalence need to be reviewed/defined
 - Prevalence of acute malnutrition (weight-for-height) in children below 5 years, and/or GAM/SAM.
- Indicators **not yet in the IPC**, that could be included alternatively or in addition to the key outcome indicators and for which thresholds need to be defined for each IPC Phase:
 - Prevalence of underweight (weight-for-age) in children below 5 years of age (when neither stunting nor wasting are available, this indicator can be used in the IPC but an explanation of its limitations will need to be provided, ie that it does not allow to distinguish acute vs chronic malnutrition);
 - Prevalence of malnutrition estimated from mid-upper-arm-circumference (MUAC) in children below 5 years of age.
 - Nutritional status in adults estimated from Body Mass Index (BMI). This would apply especially to women but excluding those who are pregnant or who have oedema. Whilst there is no consensus on cut-offs for this indicator, it is felt to be important in

¹ This indicator is different from the Under 5 Mortality rate mentioned below as it is only used in emergency contexts.

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severe humanitarian crises when older children and adults are likely to be affected by malnutrition. In addition as younger children may be preferentially fed during food shortages, child malnutrition may not reflect the population as a whole.

In reviewing the above indicators the consultant will consult relevant WHO documentation on the new WHO growth standards/thresholds.

E. Timeframe

30 days, subdivided in the following way:

- 20 days to carry out the tasks outlined above. This will also include consultation with relevant stakeholders.
- Circulate first draft on day 21 to TF-AME members
- 5 days for comments and further research if needed
- 5 days for final write-up.