Use of IYCF Data in IPC AMN

Challenges and some suggestions

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What is IPC?

- IPC Stands for Integrated food security Phase Classification

- IPC is a set of protocols to classify areas/groups based on the severity of food security and malnutrition outcomes, identify major contributing factors to food security and/or malnutrition, and provide actionable knowledge by consolidating wide-ranging evidence on food security and malnutrition.
What is IPC?

IPC comes with 3 distinctive but interrelated classifications to inform decision making:

- **IPC ACUTE FOOD INSECURITY**
- **IPC ACUTE MALNUTRITION**
- **IPC CHRONIC FOOD INSECURITY**

### Situation Analysis

### Response Analysis

- **Interventions with short-term objectives to address acute food insecurity**
  - Complementarity
- **Short- and long-term objectives to decrease acute malnutrition**
  - Complementarity
- **Interventions with medium and long-term strategic objectives**
  - Decision making process
What is IPC AMN?

- A set of protocols to classify areas based on the prevalence of acute malnutrition, identify major contributing factors to acute malnutrition, and provide actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.
How does the IPC AMN work?

- Areas are classified based on the acute malnutrition outcomes (i.e. prevalence of acute malnutrition)
  - GAM by WHZ and GAM by MUAC

- Major contributing factors to acute malnutrition are identified based on the IPC AMN Analytical Framework:
  - IPC AMN uses a modified version of the UNICEF Conceptual Framework on Malnutrition as the analytical framework

- The severity and magnitude of acute malnutrition along with the possible contributing factors are agreed through consensus and communicated
  - IPC analyses are organized through the in-country Nutrition Cluster/Sectors and in coordination with the other Clusters – i.e. FS, Health, and WASH.
Classification in IPC AMN

- Sources of data: surveys, sentinel sites, and screening
  - Each has a set of minimum quality criteria
- Different thresholds for WHZ and MUAC based classifications
- MUAC based classifications take into account
  - the relationship between WHZ and MUAC
  - contributing factors
  - prevalence of acute malnutrition based on GAM
Contributing factors to acute malnutrition

- A list of minimum indicators under each cause of malnutrition

- Additional indicators can be added based on context

- For food insecurity, the results from the IPC Acute Food Insecurity analysis is used
IYCF in IPC AMN analysis

- A list of indicators under immediate causes (i.e. food consumption)
  - MMF, MDD, and MAD

- A list of indicators under underlying causes
  - Exclusive BF, Continues BF, etc.

- Other indicators based on context

As IPC AMN aims to provide information on key contributing factors to acute malnutrition in any setting, it is important to analyze IYCF situation as part of the IPC AMN analysis – both in emergency and development contexts
Challenges with analysis of IYCF in IPC AMN

• Availability of data in all countries
  – Mainly collected through national surveys – e.g. DHS, MICS
  – Data are only collected every 3-4 years whereas IPC AMN is conducted more frequently
  – National surveys/data on IYCF non-existence in some areas where IPC AMN needed most – e.g. Yemen

• Availability of data at the unit of analysis in Pakistan, Madagascar, Mozambique, etc.
  – Data are often available at a high admin level (e.g. admin level 2)
  – IPC AMN analysis are conducted at lower admin levels (e.g. admin level 3)
  – Challenges with extrapolating data from high admin level to low admin levels

• Lack of thresholds
  – What is considered to be good IYCF practice?
Challenges with analysis of IYCF in IPC AMN

• Reporting of data in South Sudan, Pakistan, etc.
  – Date are often not reported based on internationally standardized indicators – e.g. mean food groups consumed instead of MDD
  – Missing indicators – e.g. MDD and MMF but not MDD

• Inadequate sample size to get meaningful estimates in small scale surveys in Afghanistan, Pakistan, etc.
  – E.g. exclusive breastfeeding, introduction of solid/semi solid food, etc.

• Quality of data – information on IYCF collected, calculated (e.g. using the correct age groups), and reported appropriately
  – No quality check
Some suggestions

• Include IYCF in small scale surveys
  – Challenges with small sample sizes in small scale surveys are recognized but still useful to include MAD, MMF, MDD, etc.

• Reporting in internationally standardized formats
  – Calculate and report on standardized indicators

• Reanalysis of data
  – When sample size permits, reanalyze data from higher admin level to generate estimates for lower admin levels

• Explore ways to collect more frequent data – e.g. mobile data collection
  – This will also help identify seasonality issues, if any, with IYCF practices
  – Address sample size issues
Some suggestions

• Quality check for IYCF data
  – Develop some quality check for IYCF indicators?

• Software to analyze IYCF data
  – Standardized software with automated function to analyze IYCF indicators?
  – This may also address the quality of the IYCF data?
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The End

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Questions & Discussion