Integrated Food Security Phase Classification (IPC)

Selected Districts of Sindh
Current

ACUTE FOOD INSECURITY OVERVIEW

Created on: 22/May/2017
Valid from: 01/Feb/2017
Valid to: 04/Aug/2017

Key Outcomes for Worst Affected Areas

FOOD CONSUMPTION -Tharparkar district has the highest proportion of low Food Consumption Score with 30.4% in phase 3 while 45.6% in phase 4. Overall 30.5% of population in four districts have poor food consumption, 26.1% have borderline while 43.5% have acceptable food consumption.

LIVELIHOOD CHANGE- 34% Adopted Emergency Coping Strategies, 25% and 26% adopted crisis and stress coping strategies respectively. No major change in livelihood sources was reported.

NUTRITIONAL STATUS-GAM Rates (weight for height) in Tharparkar is 27.0%, 16.4% in Jamshoro and 17.8% in Umerkot (based on MUAC).

MORTALITY- Under 5 mortality rate estimated at 2.83 Under 5 deaths/10,000 under 5 children/day and a Crude Mortality Rate of 0.89.

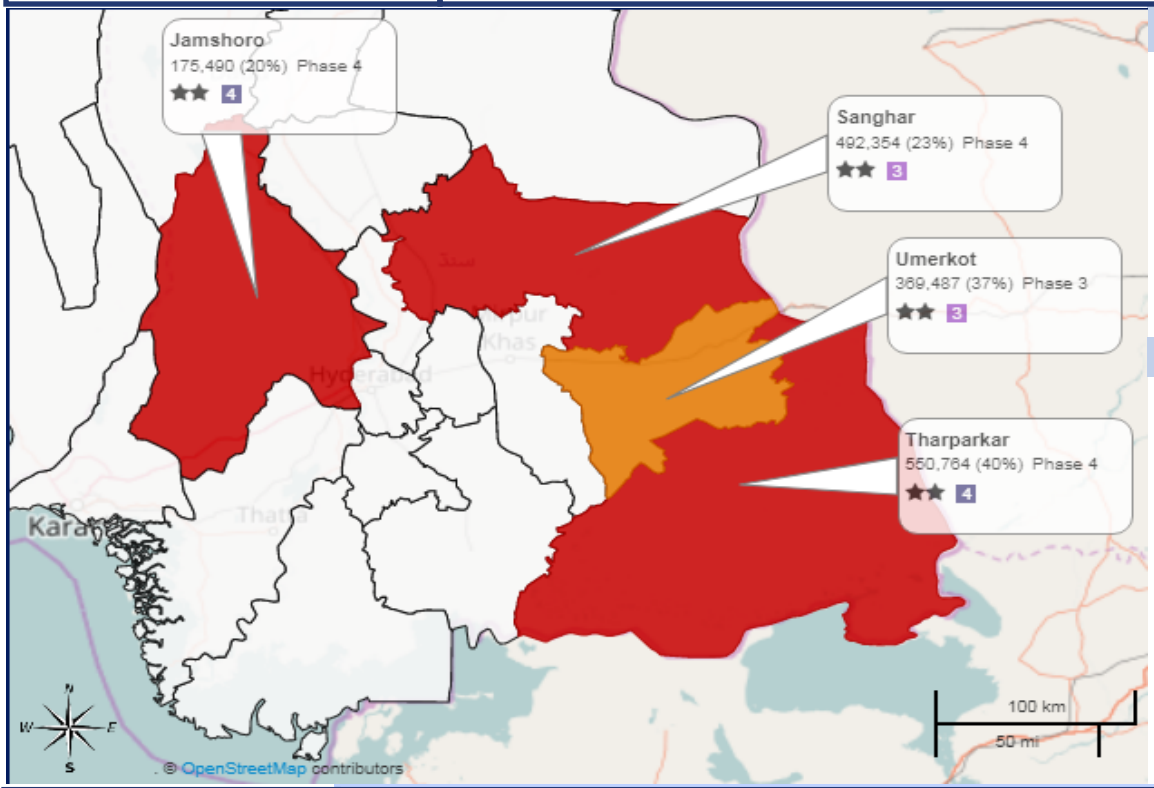
Summary of Causes, Context and Issues

The IPC Acute Analysis was conducted in four drought prone districts of Sindh Province. The results are indicative of an alarming situation requiring immediate attention. In the pre monsoon period the arid areas are particularly vulnerable as there is a lack of rainfall, which is important for food and livelihood sources.

The analysis results show that out of four districts analyzed three districts (Tharparkar, Jamshoro, and Sanghar) were classified as Phase 4 or Emergency Phase (where at least 20% population in each district was in phase 4) and one district (Umerkot) classified in Phase 3 based on the analysis of outcome and contributing factors. Food consumption indicators show that there are between 46 % households Tharparkar, 36% in Sanghar, 19% in Jamshoro and 20% in Umerkot with poor food consumption. The households in the area are unable to afford food without engaging in coping strategies including both short term food based coping strategies and longer term livelihood based coping strategies.

The results indicated that around 34% adopted emergency coping strategies in the 4 districts. Acute Malnutrition levels are above the 15% emergency threshold at 16.4% in Jamshoro, 27% in Tharparkar and 17.8% in Umerkot (based on MUAC) . The impacts of drought impact the affected households and the vulnerability levels are higher in the arid area than in the non-arid areas. The proportion of households with poor food consumption was found to be higher in desert areas than in non-arid areas, 27% against 34% in the desert areas.

Overall Food availability was not found to be a major limiting factor with production levels consistent across the 4 districts and markets found to be fully functional. The poor levels of food consumption and high rates of malnutrition are linked to issues of food access and utilization. Households were found to have a high reliance on low value and unsustainable livelihood sources and low income levels (as estimated through expenditure on food) further aggravated by high levels of debt accumulated as well as low levels of quality of food consumption and poor levels of access to improved water and sanitation were identified as major causal factors.



Key for Map

1 Minimal
2 Stressed
3 Crisis
4 Emergency
5 Famine
Inadequate evidence
Not Analysed

Key for Call out boxes

#, ### (##%) **Pop, & % in Phase or Worse**

★ Acceptable
★★ Medium
★★★ High
Confidence of Analysis

1 No CFI
2 Mild CFI
3 Moderate
4 Severe CFI
Chronic Food Insecurity Level (if Applicable)

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Analysis Partners and Supporting Organizations

Food and Agriculture Organization of the United Nations · Action Against Hunger · Government of Sindh · World Food Programme · Save the Children · welt hunger hilfe · Pakistan Food Security Cluster · unicef · TRDP · Concern worldwide

IPC Global Partners: Action Against Hunger · care · Food and Agriculture Organization of the United Nations · FEWS NET · Oxfam · Save the Children · unicef · WFP

PART 2: Summary of Findings, Methods and Next Steps

Key Findings and Issues

The results of the IPC acute analysis showed an alarming situation prevailing across all the 4 districts analyzed. The 4 districts were selected for the analysis based on their perceived vulnerability in the lean period. The results of the analysis clearly indicate an Emergency situation on going in all 4 districts requiring immediate attention.

The analysis is conducted for the pre-monsoon period and results are valid until the start of the monsoon. While it is not expected that the vulnerability conditions will be alleviated it can be assumed that the start of the monsoon particularly in rain fed areas will lead to some changes. However a delayed start of the monsoon or a failed monsoon could lead to considerable deterioration.

As per the results, 3 out of the 4 districts were classified as Phase 4 (Emergency) as at least 20% population was in Phase 4, and only Umerkot was in Phase 3 (Crisis). It should be noted, however, that Umerkot while in Phase 3, is on the borderline with many indicators pointing to a Phase 4 scenario.

The IPC analysis reveals that a large proportion of households is facing food consumption gaps as seen through the proportion of households that were found to have Poor Food consumption (Food Consumption Score below 28), with around 20% in Jamshoro and Umerkot, and close to 46% for Tharparkar. In terms of household hunger, while there is a very small proportion of households experiencing extreme hunger, there is still a substantial proportion of households across the 4 districts experiencing moderate hunger. The food consumption gaps are further witnessed through the reduced coping strategy index which accounts for food based coping strategies. As per the results, 30% were engaging in “high coping” while 24% have utilized “medium coping” indicating the existence of food consumption gaps that are covered only by using a range of coping strategies. The inability of households to meet their food needs is further indicated by the high rates of livelihood based coping strategies adopted, with almost 34% of households engaging i ”Emergency coping strategies” and 25% adopting crisis coping strategies.

Women dietary diversity is found to be very low and only 30% of women were consuming more than 5 food groups leaving 70% consuming an inadequate diet. While these are issues of food consumption quality, and not quantity which is the focus of IPC acute, this has major implications on household dietary intake. Comparatively around 80% of children were not consuming diet of minimum dietary diversity (Consuming more than 4 food groups). The poor levels of consumption are manifested through high levels of acute malnutrition also indicating an emergency situation. Recent nutrition data is available for Jamshoro, Umerkot and Tharparkar, and the results indicate a highly alarming situation with Acute Malnutrition rates in three districts exceeding the 15% Emergency threshold.

The major causal factors of the observed food insecurity in the districts is linked to Food Access and Utilization. Markets were generally functional and production of staples had either remained constant or had increased slightly. Therefore there was a general stability of availability of in the market. However resources to purchase food are quite limited. Around 45% of households cannot afford to purchase food in markets. Additionally it was found that food stocks at household level were quite limited and around 45% of households had no food stocks. It was estimated that more than half the population is spending more than 75% of their total expenditure on food, leaving very little for other non-food expenditures. The proportion of households who took on debt to meet their household needs was around 70% for all districts.

Across all districts, there is a high dependence on unsustainable livelihood sources such as daily wage labor (agriculture and non-agriculture), and sale of livestock products. These livelihood sources impact the households considerably, making them highly vulnerable. Across the 4 districts, 87% of households rely on unsustainable livelihood sources with a large group relying on agriculture and non-agriculture wage labor and with low wage rates found in the districts ranging from 450 (Jamshoro) to 350 PKR (Sanghar and Tharparkar). Therefore these income generating activities are both low value and highly unstable.

Access to improved sources of water was relatively better with around 63% accessing water through improved sources. However access to improved sanitation was a major limiting factor as only 29% had access to improved sanitation facilities and 38% connected to drainage system.

Accessing heath care is a problem for all areas. Across all districts only 19% of households said that they faced no issues in accessing health care. The major restricting factors reported by households were long distance (46%), high cost of health service (47%) and unavailability of transport available (48%). Access to markets is also a somewhat limiting factor as average distance to food market is 15 KMs and around 23% of households stated that they had to travel more than 20 km to access the nearest food market.

Food Insecurity in Desert/Arid Areas.

In the pre- monsoon period which is a lean period in the arid areas it is important to look at the desert areas separately from the non-desert areas. Although no separate IPC analysis was conducted for the arid areas, the data from the LFSA was at a later date segregated based on the location of the household (i.e. in a desert/arid area or non-desert/non-arid area) to assess the specific vulnerabilities of drought affected areas. (continued)

(Continued) Food consumption gaps are found to be somewhat larger with a higher proportion of households with poor consumption in the desert area than in non-desert areas. The proportion of households with poor food consumption is as high as 34% in desert/arid areas compared with 27% in non-desert/non-arid areas.

Accessing health care has been identified in the past as a major causal factor for the child deaths particularly in the desert areas. The average Livelihood sources differ quite a bit from desert to non-desert areas. There is a very low reliance on sale of agriculture products in desert/arid areas compared with the non- desert/non-arid areas, and a higher reliance on non-agriculture wage labor, especially in the lean period with around 36% relying on this livelihood source in the current period compared with 22% 6 months ago.

Methods Processes and Key Issues

The Acute analysis was conducted in the light of standardized protocols of IPC. The four days Acute level 1 training (18th – 21st May) was followed by a three day analysis workshop (22nd – 24th May), both events took place at Karachi, Sindh. The analysis was conducted in four districts of Sindh, Jamshoro, Sanghar, Umerkot and Tharparkar.The whole process of training and analysis was led by IPC Global Support Unit team, while the analysis was conducted in the IPC Information Support System (IPC-ISS), centrally managed country dedicated web portal for analysis.

Sindh experiences both floods and drought concurrently. Drought has been a recurring phenomenon in Sindh province, mainly in South-East and West of the province. The Sindh Drought Needs Assessment (SDNA) conducted by Food Security Working Group in 2015 reveals that the arid zones in the West (Thatta, Jamshoro and Dadu) and South-East (Tharparkar, Umerkot, Sanghar) are the most drought affected areas. The area selection was based on the vulnerability to severe climatic change and fragile food security and nutritional status evidenced from various sources.

To facilitate the analysis and to ensure that the latest conditions are reflected in the analysis, a Livelihoods and Food Security Analysis survey was conducted in these districts by the National Food Security Working Group with support of Sindh Bureau of Statistics. The sample for the survey was drawn from both arid and non-arid regions. The analysis is valid for the pre-monsoon period. Additional data was sourced for contributing factors was received from various government departments/organizations (Agriculture- crop production, food department- food stock and prices of major staple and cash prices, food assistance, livestock production, PDMA- acute event and assistance, meteorological department provided data on average rainfall). Similarly, UNICEF and Action Against Hunger provided data on outcome variables through smart surveys, WFP provided wage rate data, while Action Against Hunger also facilitated in data provision for some indicators.

The staff of Provincial Government departments (Planning and Development Department- SUN Secretariat, Provincial Nutrition Cell-Nutrition Support Program based at Health department, Agriculture Department, Livestock and Fisheries Department, PDMA-Sindh, Bureau of Statistics-Sindh, Women Development Department, and Food Department- Sindh); international/ local NGOs (Concern Worldwide, TRDP, Action Against Hunger, WHH, Save the Children); UN Agencies (UNICEF, UN-FAO, UN-WFP) and IPC global partner attended the training and analysis workshop. Two overseas participants from University of the Philippines Losbanos (ULPB) also attended the workshop under cross country learning exchange.

Recommendations for Next Steps

- The results of the IPC analysis have indicated a need for immediate action in the concerned districts. Therefore a wider dissemination of the results among key stakeholders is recommended.
- The results are valid till the start of the monsoon period and this period is considered to be the lean period in the analyzed districts. However if there is a delay in the monsoon, or lower than average rainfall the impacts on the drought affected areas will be quite severe. Therefore continuous monitoring is also recommended.
- The results of the food consumption indicators, particularly those related to child feeding, suggest that it is likely that malnutrition rates will be high in these districts. Therefore, a detailed malnutrition analysis for these districts would be highly valuable.
- The Livelihood Food Security Analysis provided a lot of critical information for the IPC, however, the survey required a lot of resources. For sustainability of IPC, it would be useful to have more regular data collection systems that can provide information for IPC.
- It is suggested to have another round of IPC Acute analysis for the targeted districts in November/December 2017 for comparative situation analysis of acute food insecurity.
- An IPC Acute Malnutrition analysis is planned as a pilot for the same districts using the key nutrition data that was available through the LFSA and recent SMART surveys.

Contact for Further Information

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PART 3: Population Table

District	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 3 or higher	
		# pp	%	# pp	%	# pp	%	# pp	%	# pp	%
Umerkot	998,612	389,459	39.0	239,667	24.0	189,736	19.0	179,750	18.0	**369,486**	**37.0**
Jamshoro	877,447	175,489	20.0	285,170	32.5	241,298	27.5	175,489	20.0	**416,787**	**47.5**
Sanghar	2,188,239	601,766	27.5	437,648	20.0	656,472	30.0	492,354	22.5	**1,148,826**	**52.5**
Tharparker	1376909	309,805	22.5	275,382	20.0	240,959	17.5	550,764	40.0	**791,723**	**57.5**
	5,441,207	**1,476,518**	**27.3**	**1,237,867**	**22.7**	**1,328,465**	**24.3**	**1,398,357**	**25.6**	**2,726,822**	**50.1**