About these Guidelines

The IPC Communication Team within the IPC Global Support Unit developed these guidelines primarily for communicators, IPC technical trainers, and translators; both in-house and external audiences, working on any form of acute malnutrition information product. Now that so many texts disseminated by the IPC are drafted in English by native and non-native speakers alike, rules, reminders and handy references will help to serve a wider readership as well.

Technical writing is broadly any form of communication about the IPC’s Acute Malnutrition (AMN) Scale. The writing style includes any type of text that aims to explain detailed nutrition information. An IPC technical writer communicates in a way that presents technical information so the reader can use the information for a specific purpose. These guidelines include key definitions, writing tips, mapping guidelines, communication templates and icons.

What is the IPC and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.
Key Concepts and Definitions

**Malnutrition** refers to all deviations from adequate nutrition, including undernutrition (and overnutrition) resulting from inadequacy of food (or excess food) relative to need and or disease. (CDC) It is a combination of factors: insufficient protein, energy and micronutrients, frequent infections or disease, poor care and feeding practices, inadequate health services, and poor water and sanitation. Malnutrition manifests in different forms: acute malnutrition, chronic malnutrition, overweight/obesity, and micronutrient malnutrition. (IPC Technical Manual Version 3.0)

**Acute malnutrition** is a form of under-nutrition caused by a decrease in food consumption or illness resulting in sudden weight loss or oedema (fluid retention). Wasting (the sudden loss of weight) is the crushing result of acute malnutrition and poses an immediate threat to survival. Acute malnutrition can be moderate or severe. (IPC Technical Manual Version 3.0)

**Chronic malnutrition** is reflected by growth retardation, meaning a height-for-age score below 1, 2, or 3 Standard Deviations from the reference population (mild, moderate and severe stunting). It is due to chronic or temporary nutritional deficiencies (energy and or micronutrients) during critical times, and or it also can be the result of repeated exposure to infections or even to generally poor living conditions. (CDC) Chronic malnutrition early in life leads to stunting, which prevents children's bodies and brains from growing to reach their full potential. The damage caused by stunting may not be reversible and has far-reaching consequences, from diminished learning and school performance, to lower future earnings. (IPC Technical Manual Version 3.0)

About the Acute Malnutrition Classification

The IPC Acute Malnutrition (AMN) Classification provides information on the magnitude and severity of the acute malnutrition situation, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

The IPC AMN classification includes a scale, which is organised into five phases (Phase 1: Acceptable; Phase 2: Alert; Phase 3: Serious; Phase 4: Critical; and Phase 5: Extremely Critical). Each phase is characterised by a certain level of acute malnutrition, identified through the number of children acutely malnourished in a given area, therefore, showing the severity of the situation. Additionally, as the phase increases from 1 to 5, an increased incidence of diseases, a reduction in food consumption, and/or an elevated risk of mortality are generally expected.

The IPC AMN classification shows the severity of acute malnutrition based on the prevalence of Global Acute Malnutrition (GAM), which is a combination of percentage of children facing Moderate Acute Malnutrition (MAM) or Severe Acute Malnutrition (SAM). Different responses are triggered according to the severity of acute malnutrition. The total number of children in acute malnutrition shows the magnitude of the situation.

The contributing factors to acute malnutrition, which include the immediate, underlying and basic causes of acute malnutrition as well as other issues are presented in the form of a matrix or in the form of a text, particularly preferable in the case of areas that are in the higher phases of acute malnutrition (i.e., 3 and above) and are thus in a more critical situation. The contributing factors also help to inform recommendations for response action.

The Causes of Acute Malnutrition

The Immediate Causes of Acute Malnutrition

- High levels of common childhood illnesses;
- Low quality and quantity of food consumed by children.

The Underlying Causes of Acute Malnutrition

- Inappropriate or sub-optimal Infant and Young Child Feeding and Caring practices;
- Low coverage of health services and immunization;
- Poor Water, Sanitation and Hygiene (WASH) coverage and practices;
- Food insecurity.

The Basic Causes of Acute Malnutrition

- Conflict, displacement and destruction of shelters or health facilities;
- Natural disasters such as drought and tsunami;
- Gender dynamics and women's education levels and social status;
- Institutional policies such as universal free health care for children and free primary education, etc.
The Outcomes of Acute Malnutrition

The result of the interaction of dietary intake and health status will directly affect the nutritional status of a child; if there is inadequate consumption and/or health status, the child is likely to become acutely malnourished. Furthermore, it is recognised that acute malnutrition may also lead to mortality, which is a higher-level outcome.

Two indicators are used to measure the outcomes of acute malnutrition:

1. Global Acute Malnutrition (GAM) among children 6-59 months measured by Weight for Height Z-score (WHZ) < -2 or oedema;
2. GAM among children 6-59 months measured by Mid-Upper Arm Circumference (MUAC) < 125 mm or oedema.

GAM based on MUAC is only used in the absence of GAM based on WHZ; the final IPC Acute Malnutrition Phase with GAM based on MUAC should be supported by an analysis of the relationship between WHZ and MUAC in the area of analysis and also by using convergence of evidence with contributing factors. This is because while there are globally accepted thresholds for GAM based on WHZ, there are only preliminary thresholds that have been developed by the IPC Global Partnership for GAM based on MUAC, and authoritative thresholds are still missing.

The IPC Acute Malnutrition Reference Table

The IPC Acute Malnutrition Reference Table is used to identify areas in different phases based on the prevalence of acute malnutrition at the population level. The classification is aimed to guide decision-making in terms of priority areas and interventions to reduce acute malnutrition.

<table>
<thead>
<tr>
<th>Phase name and description</th>
<th>Phase 1 Acceptable</th>
<th>Phase 2 Alert</th>
<th>Phase 3 Serious</th>
<th>Phase 4 Critical</th>
<th>Phase 5 Extremely Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority response objective to decrease acute malnutrition and to prevent related mortality.</td>
<td>Maintain the low prevalence of acute malnutrition.</td>
<td>Strengthen existing response capacity and resilience. Address contributing factors to acute malnutrition. Monitor conditions and plan response as required.</td>
<td>The situation is progressively deteriorating, with increasing levels of acute malnutrition. Morbidity levels and/or individual food consumption gaps are likely to increase with increasing levels of acute malnutrition.</td>
<td>Urgently reduce acute malnutrition levels through</td>
<td>Scaling up of treatment and prevention of affected populations.</td>
</tr>
<tr>
<td>Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)</td>
<td>&lt;5%</td>
<td>5.0 to 9.9%</td>
<td>10.0 to 14.9%</td>
<td>15.0 to 29.9%</td>
<td>≥30%</td>
</tr>
<tr>
<td>Global Acute Malnutrition (GAM) based on mid-upper arm circumference (MUAC)</td>
<td>&lt;5%</td>
<td>5.0 to 9.9%</td>
<td>10.0 to 14.9%</td>
<td>15.0 to 29.9%</td>
<td>≥30%</td>
</tr>
</tbody>
</table>

*GAM based on MUAC must only be used in the absence of GAM based on WHZ; the final IPC Acute Malnutrition phase with GAM based on MUAC should be supported by an analysis of the relationship between WHZ and MUAC in the area of analysis and also by using convergence of evidence with contributing factors. In exceptional conditions where GAM based on MUAC is significantly higher than GAM based on WHZ (i.e. two or more phases), both GAM based on WHZ, and GAM based on MUAC should be considered, and the final phase should be determined with convergence of evidence.

Each IPC Acute Malnutrition phase is linked to priority response objectives in the IPC Acute Malnutrition Reference Table. However, since the IPC does not do response analysis, it is necessary, that following the IPC Acute Malnutrition analysis, a response analysis is conducted, to determine the specific interventions and activities that are best suited to address acute malnutrition in each area of analysis.
Communicating the IPC Acute Malnutrition Classification through Maps and Tables

As previously mentioned, the IPC Acute Malnutrition Classification identifies the magnitude and severity of the acute malnutrition situation. The severity of the situation is mapped out according to the five phases of the IPC Acute Malnutrition Scale, as shown in this example of Burkina Faso.

Therefore, in this case, there are:

- 2 provinces in an Acceptable situation (IPC AMN 1), as the prevalence of acute malnutrition in these provinces is less than 5%;
- 29 provinces in an Alert situation (IPC AMN Phase 2), as the prevalence of acute malnutrition in these provinces is 5-10%;
- 9 provinces in a Serious situation (IPC AMN Phase 3), as 10-15% of children in these provinces are acutely malnourished,
- 5 provinces in a Critical situation (IPC AMN Phase 4), as 15-30% of children in these provinces are acutely malnourished; and
- 0 provinces in an extremely Critical situation (IPC AMN Phase 5), as no province has more than 30% of acutely malnourished children.

The evidence level for each area, showing the quantity and reliability of the data used to come up with a classification for the area, is indicated through stars on the maps or in the map key or in a text under the map. Usually, the areas classified through GAM based on WHZ are given three stars, indicating a high evidence level. The areas classified through GAM based on MUAC are usually given two stars, indicating a medium evidence level, as MUAC data is seen as being less reliable than WHZ data due to its thresholds not yet having been standardised.

The magnitude of the acute malnutrition situation is then presented through a population table. The population table provides the number of cases of children with Moderate Acute Malnutrition (MAM) and the number of cases of children with Severe Acute Malnutrition (SAM). In the population table, cases of pregnant or lactating women suffering from acute malnutrition are sometimes also presented.
This is finally summed up in a key figures table, as in this Burkina Faso case:

<table>
<thead>
<tr>
<th>KEY FIGURES</th>
<th>OCTOBER 2020 - JULY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Acute Malnutrition (SAM)</td>
<td>151,214</td>
</tr>
<tr>
<td>Moderate Acute Malnutrition (MAM)</td>
<td>480,573</td>
</tr>
<tr>
<td>Pregnant or lactating women acutely malnourished</td>
<td>128,672</td>
</tr>
<tr>
<td>IN NEED OF TREATMENT</td>
<td></td>
</tr>
</tbody>
</table>

Acute Malnutrition Map Colours: Colour is a key element in the presentation of the IPC classifications. It is crucial to ensure that all maps and thematic graphs have the same colour coding to ensure consistency and clarity.
## GUIDELINES FOR COMMUNICATING THE IPC'S ACUTE MALNUTRITION SCALE

### Communicating the IPC Acute Malnutrition Classification through Key Messages and Recommendations

<table>
<thead>
<tr>
<th>Phase Classification</th>
<th>Technical Interpretation</th>
<th>Technical Key Messaging and Call to Action</th>
<th>Media Messaging and Call to Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IPC Phase 1 Acceptable</strong></td>
<td>Less than 5% of children are acutely malnourished.</td>
<td>Key Message: Area has Acceptable levels of acute malnutrition (IPC AMN Phase 1). Area is in an Acceptable situation of acute malnutrition (IPC AMN Phase 1).</td>
<td>Key Message: Area is in an acceptable situation of acute malnutrition, since less than 5% of its children are acutely malnourished. The majority (more than 95%) of the children are well-nourished.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Interventions are required to maintain the low prevalence of acute malnutrition.</td>
<td>Call to Action: Action is required to treat the children that are acutely malnourished and to prevent other children from becoming acutely malnourished.</td>
</tr>
<tr>
<td><strong>IPC Phase 2 Alert</strong></td>
<td>5-9.9% of children are acutely malnourished.</td>
<td>Key Message: Area has Alert levels of acute malnutrition (IPC AMN Phase 2). Area is in a situation of alert in terms of acute malnutrition (IPC AMN Phase 2).</td>
<td>Key Message: Area is in a situation of alert in terms of acute malnutrition, since 5-10% of its children are acutely malnourished.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Interventions are required to treat the current cases of acute malnutrition as well as to strengthen existing response capacity and resilience, address contributing factors to acute malnutrition, monitor conditions and plan response as required.</td>
<td>Call to Action: Action is required to strengthen existing capacity to provide treatment to children who are acutely malnourished and to prevent children from becoming acutely malnourished, to address causes of acute malnutrition and to monitor the situation and plan the required response.</td>
</tr>
<tr>
<td><strong>IPC Phase 3 Serious</strong></td>
<td>10-14.9% of children are acutely malnourished.</td>
<td>Key Message: Area has Serious levels of acute malnutrition (IPC AMN Phase 3). Area is in a Serious situation of acute malnutrition (IPC AMN Phase 3).</td>
<td>Key Message: Area is in a serious situation of acute malnutrition, since 10-15% of its children are acutely malnourished and there is risk of hunger and disease.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Urgent action is required to reduce acute malnutrition levels through scale-up of treatment programmes and prevention activities among the affected populations.</td>
<td>Call to Action: Urgent action is required to scale up treatment of children with acute malnutrition, to implement activities that prevent children from becoming acutely malnourished.</td>
</tr>
<tr>
<td><strong>IPC Phase 4 Critical</strong></td>
<td>15-29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.</td>
<td>Key Message: Area has Critical levels of acute malnutrition (IPC AMN Phase 4). Area is in a Critical situation of acute malnutrition (IPC AMN Phase 4).</td>
<td>Key Message: Area is in a critical situation of acute malnutrition, since 15-30% of its children are acutely malnourished and there is increased risk of hunger and death.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Urgent action is required to reduce acute malnutrition levels through significant scale-up and intensification of treatment and protection activities to reach additional population affected.</td>
<td>Call to Action: Urgent action is required to significantly scale up and intensify treatment and protection activities, to have less children suffering from diseases due to acute malnutrition and save lives.</td>
</tr>
<tr>
<td><strong>IPC Phase 5 Extremely Critical</strong></td>
<td>30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.</td>
<td>Key Message: Area has Extremely Critical levels of acute malnutrition (IPC AMN Phase 5). Area is in an Extremely Critical situation of acute malnutrition (IPC AMN Phase 5).</td>
<td>Key Message: Area is in an extremely critical situation of acute malnutrition, since over 30% of its children are acutely malnourished, and there is widespread disease and hunger.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Urgent action is required to reduce acute malnutrition levels by addressing widespread acute malnutrition and disease epidemics by all means.</td>
<td>Call to Action: Urgent action is required to stop widespread disease and death of children due to acute malnutrition.</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Technical Interpretation</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Acute Malnutrition (GAM)</strong></td>
<td>GAM among children 6-59 months measured by Weight for Height Z-score (WHZ)&lt;-2 or presence of oedema; or by Mid-Upper Arm Circumference (MUAC)&lt;125 mm or presence of oedema.</td>
<td>Key Message: XX number of acute malnutrition cases among children. XX number of children in acute malnutrition.</td>
<td>Key Message: XX number of children are acutely malnourished.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Interventions are required to reduce the prevalence of acute malnutrition and to prevent deaths.</td>
<td>Call to Action: Action is required to treat the children that are acutely malnourished to prevent other children from becoming acutely malnourished.</td>
</tr>
<tr>
<td><strong>Moderate Acute Malnutrition (MAM)</strong></td>
<td>GAM among children 6-59 months measured by WHZ&lt;-2 or &lt;-3 or presence of oedema; or by MUAC&lt;125 mm and &gt;115 mm or presence of oedema.</td>
<td>Key Message: XX number of Moderate Acute Malnutrition (MAM) cases among children. XX number of children in moderate acute malnutrition.</td>
<td>Key Message: XX number of children are in moderate acute malnutrition / moderately malnourished.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Interventions are required to treat children in Moderate Acute Malnutrition (MAM) so they don’t slip into Severe Acute Malnutrition (SAM), and to prevent deaths.</td>
<td>Call to Action: Action is required to treat moderate malnourished children, so as to prevent them from becoming severely malnourished, and to prevent deaths.</td>
</tr>
<tr>
<td><strong>Severe Acute Malnutrition (SAM)</strong></td>
<td>GAM among children 6-59 months measured by WHZ&lt;-3 or presence of oedema; or by MUAC&lt;115 mm or presence of oedema.</td>
<td>Key Message: XX number of Severe Acute Malnutrition (SAM) cases among children. XX number of children in severe acute malnutrition.</td>
<td>Key Message: XX number of children are in severe acute malnutrition / severely malnourished.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call to Action: Urgent action is required to treat children in Severe Acute Malnutrition (SAM) to prevent deaths.</td>
<td>Call to Action: Urgent action is required to treat severely malnourished children to prevent deaths.</td>
</tr>
</tbody>
</table>
Communicating IPC Acute Malnutrition Numbers vs Cases

The number of children affected by acute malnutrition and in need of treatment is presented as the number of cases of children who are acutely malnourished and in need of treatment in the IPC Acute Malnutrition analysis report. This is because the number of children affected by acute malnutrition typically covers a period of 12 months and the same children may experience more than one episode of acute malnutrition during this time. However, at the end of the day, each case is still a human being, and so, it is acceptable to communicate this number without using the word cases in non-technical documents.

Communicating IPC Acute Malnutrition Numbers

When communicating the number of children or women in acute malnutrition, use words such as are expected to / likely / projected to be acutely malnourished, because acute malnutrition numbers are calculated for a specific period of time, which also includes future periods.

Example: Approximately 125,000 children are expected to suffer from acute malnutrition in nine of the 18 provinces of Burundi.

Comparing the IPC Acute Malnutrition Classification with the IPC Acute Food Insecurity Classification

One of the observations made during the implementation of the IPC analyses is that the Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) situations do not always match – i.e. the same area can be in very low levels of acute food insecurity but in very high levels of acute malnutrition or vice versa. The IPC AFI classification provides tools and procedures for analysing acute food insecurity situations. Although nutrition is taken into account, it is only looked at in relation to food, therefore, a full analysis of all causes of acute malnutrition is not therefore possible. The IPC AMN Classification provides tools and procedures that look at both food-related and non-food related causes of acute malnutrition, to come up with the most likely explanations to address acute malnutrition.

Case of area / country with low levels of acute food insecurity but high levels of acute malnutrition:

High levels of acute malnutrition, as a public health issue, are likely related to social and care environment and access to health services and health care environment and, therefore, are not related to food security.

Case of area / country with high levels of acute food insecurity but low levels of acute malnutrition:

A possible explanation to this scenario is the 'lag effect'. Body tissue and muscle loss related to underlying causes of food insecurity depend on the severity of food inadequacy. It can also take time to manifest, and in some cases is considered as a “late indicator". Another possible explanation is the prevalence of mitigating factors, for example: household coping strategies that prioritise children, and accessible and effective public health services that mitigate effects of acute malnutrition, not food insecurity, which can result in the lag effect or no manifestation of acute malnutrition.

Example of a Situation Overview in an IPC Acute Malnutrition Analysis Report

Based on the IPC Acute Malnutrition analysis, nine of the 18 provinces in Burundi are classified in IPC AMN Phase 2 (Alert), while the other provinces are classified as being in IPC AMN Phase 1 (Acceptable). Of the nine provinces classified in the Alert situation, three provinces (Karusi, Kayanza, and Kirundo) have relatively high levels of acute malnutrition, thus requiring particular attention. It should be recalled that at least three cases of Noma have been registered this year in Kirundo province. According to the IPC Acute Malnutrition scale, areas in IPC AMN Phase 2 (Alert) require strengthening of response capacity and resilience, addressing contributing factors to malnutrition and monitoring of the situation.

Approximately 125,000 children are expected to suffer from acute malnutrition in nine of the 18 provinces in the country. Available data on the coverage of acute malnutrition treatment suggest that the coverage is not optimal.

Major contributing factors to the alarming levels of acute malnutrition are: (i) very poor quality of food intake by children; (ii) relatively high prevalence of diseases (particularly malaria); and (iii) poor sanitation. It should be noted that the quality of food intake by children is poor even in provinces where acute food insecurity is low. This suggests that it may be related to behaviour and/or lack of awareness of child feeding among caregivers. Poor quality of food in other provinces may likely be the result of food insecurity as well as behaviour and lack of awareness. Several structural issues, especially human, physical and financial capital, were also identified as major factors contributing to acute malnutrition in these areas. Anemia is a major public health problem that calls for urgent attention in all provinces.

According to the IPC Acute Malnutrition Projection Analysis, the situation is likely to remain the same in all nine provinces that are classified in IPC AMN Phase 2 (Alert) during the upcoming rainy season (February – May 2018). However, a slight deterioration in acute malnutrition levels is likely in some provinces because of seasonality and disease trends.

AMN Iconography

In communicating key elements about Acute Malnutrition, icons are most effective when they improve visual interest and grab the user's attention. The IPC AMN icons are universally agreeable across key technical agencies and a fundamental part of a good design structure and are very helpful for an AMN communication materials. The icons suggested herein by the IPC the foundational building block of illustrated content such are key concepts, condition, key drivers and recommended actions.

AMN CONDITIONS

- Acute Malnutrition
- Pregnant or lactating mothers
- Children
- Stunting
- Wasting

CONTRIBUTING FACTORS/DRIVERS

- Food utilization
- Food quality
- Food quantity
- Food availability
- Food access
- Low income & purchasing power
- Lack of access to productive assets
- Limited access to social services
- Vulnerability to shocks

- Insufficient health services
- Inadequate care for children
- Inadequate dietary intake
- Poor breastfeeding practices
- Policy/Institutional Processes
- Diseases
- COVID-19
- Low immunization and malnutrition treatment coverage
- High levels of Anemia

RECOMMENDED ACTIONS

- Nutrition response
- Treatment for malnutrition
- Water and Sanitation
- Awareness on best practices
- Nutrition Policy Review
- Adequate intake of diverse diet
- Minimum breastfeeding duration
- Increased access to social services
- Improved immunization and malnutrition treatment coverage

For any questions about these guidelines, please contact the IPC Communications Unit at ipc@fao.org.