



COUNTRY NAME

INSERT HEADING IN NOT MORE THAN 10 WORDS

IPC ACUTE MALNUTRITION ANALYSIS
MONTH YEAR – MONTH YEAR

Issued Month year

KEY FIGURES	MONTH YEAR - MONTH YEAR	
000,000 cases of children aged 6-59 months acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	000,000
	Moderate Acute Malnutrition (MAM)	000,000
	00,000 cases of pregnant or lactating women acutely malnourished IN NEED OF TREATMENT	

Key Drivers



Key driver 1

Insert a brief description of up to 3 main factors that contribute to the acute malnutrition situation.



Key driver 2

Insert a brief description of up to 3 main factors that contribute to the acute malnutrition situation.



Key driver 3

Insert a brief description of up to 3 main factors that contribute to the acute malnutrition situation.

Overview

Limit overview text to 270 words. Font: 11/13 Myriad Pro light

Summarize the general acute malnutrition situation in the country, including the following aspects:

How Severe, How Many and When: the number of acutely malnourished children in the current period. Indicate how severe the situation is for the projected period. Estimates must be rounded up or down according to standard rounding rules and be consistent with the above table.

Where: the most affected areas and populations.

Why: the main factors driving the acute malnutrition situation.

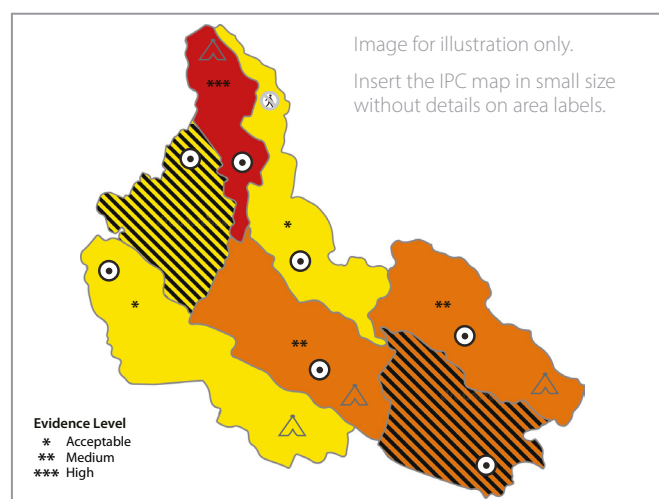
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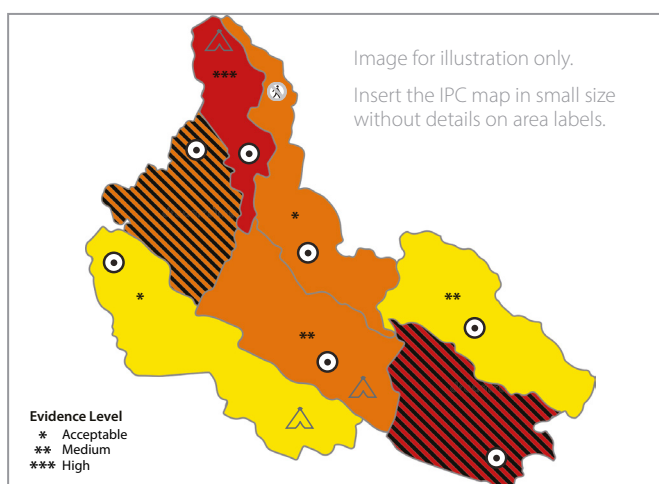
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Current Situation Month Year - Month Year



Projected Situation Month Year - Month Year



Key for the Map

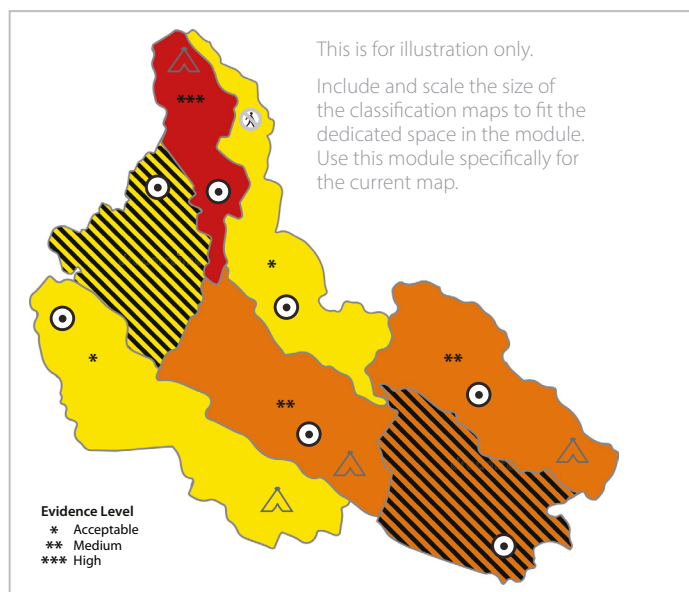
IPC Acute Malnutrition Phase Classification

1 - Acceptable	5 - Extremely critical	Map Symbols	Evidence Level
2 - Alert	Phase classification based on MUAC	Urban settlement classification	* Acceptable
3 - Serious	Areas with inadequate evidence	IDPs/other settlements classification	** Medium
4 - Critical	Areas not analysed		*** High
			Scarce evidence due to limited or no humanitarian access

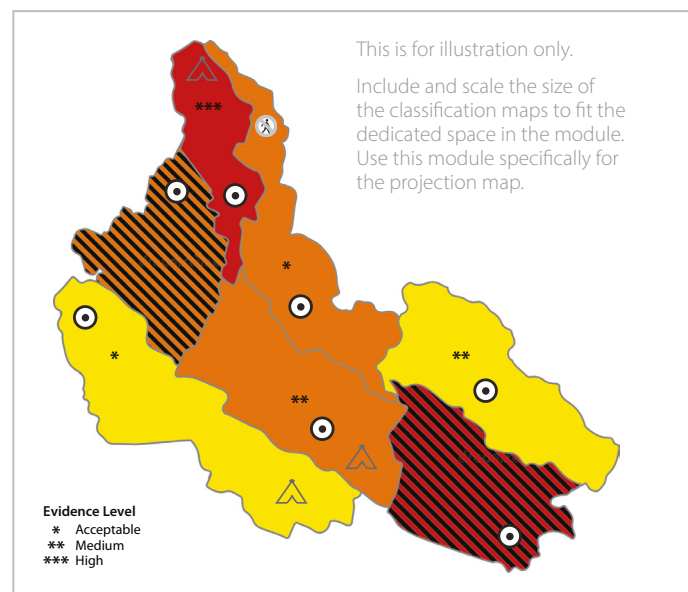


ACUTE MALNUTRITION MAPS AND POPULATION TABLE

Current Acute Malnutrition Month Year – Month Year



Projected Acute Malnutrition Month Year – Month Year



Key for the Map

IPC Acute Malnutrition Phase Classification

1 - Acceptable	5 - Extremely critical
2 - Alert	Phase classification based on MUAC
3 - Serious	Areas with inadequate evidence
4 - Critical	Areas not analysed

Map Symbols

Urban settlement classification
IDPs/other settlements classification

Evidence Level

* Acceptable
** Medium
*** High
Scarce evidence due to limited or no humanitarian access

Unit of Analysis	GAM (%)	No. of Children <5	No. of Children (6-59 Months) in Need of Treatment		
			GAM Treatment	MAM Treatment	SAM Treatment
Name of Area	00%	00,000	00,000	00,000	00,000
Name of Area	00%	00,000	00,000	00,000	00,000
Name of Area	00%	00,000	00,000	00,000	00,000
Name of Area	00%	00,000	00,000	00,000	00,000
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Name of Area	00%	00,000	00,000	00,000	00,000
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Name of Area	00%	00,000	00,000	00,000	00,000
Name of Area	00%	00,000	00,000	00,000	00,000

*Develop summary tables with total number of children acutely malnourished and in need of treatment and specify the phase classification for each area. Specifically, include number of children <5, and the total number of children acutely malnourished and in need of treatment – provide breakdown by total (GAM), moderate (MAM), and severe (SAM) categories. Aggregate findings at the most suitable level with the name of the administrative subdivision, bearing in mind that the table should not exceed >10 areas (consider aggregating by regions if needed). Ensure numbers align with numbers provided in Modules 1, 5 and 7 (if developed).



CURRENT SITUATION OVERVIEW

Month Year - Month Year

Limit text to 700 words. Font: 11/13 Myriad Pro light

- Context, including relevant historical information and trends.
- Summary of classification results in terms of where, how many and how severe, focusing on worst-affected areas and children.
- Current conditions, focusing on reference to acute malnutrition.
- Why and who, focusing on key drivers, including identification of key shocks and vulnerabilities contributing to the situation; how different, providing a comparison with the previous IPC analyses to show any change over time and with other areas.

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PROJECTED SITUATION OVERVIEW

Month Year - Month Year

- Context, including seasonally and expected usual impact of shocks during projected period.
- Key assumptions for the projected period, including:
 - Assessment of past and forecasted shocks, diseases, and food consumption patterns that are most likely going to impact future acute malnutrition.
 - Critical reasoning for conclusion on likely changes in acute malnutrition levels.

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RECOMMENDATIONS FOR ACTION

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Response Priorities

- Identify populations in need of different strategic actions for both the food and nutrition security situations. Refer to the Priority Response Objectives of different IPC phases as detailed in the Reference Table. Defining specific modalities of response is not required and usually not possible at this stage of situation analysis.

Situation Monitoring and Update

- Identify food security and IPC Analysis plans to monitor the situation. Indicate timing of future IPC analysis.
- Identify recommendations for data collection and information systems, i.e. timing, coverage and indicators as relevant to fill the data quality gaps and inadequacy faced during the analysis.

Risk Factors to Monitor

- Identify key risk factors to monitor what would trigger the need to update the analysis. Particular attention should be paid to factors such as conflict and rainfall, which inform key assumptions underpinning the phase classification.

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TOTAL NUMBER OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT - MONTH YEAR

Provide a brief methodological note on how the total number of children in need was estimated. The note should describe the approach used to estimate populations. Specify if GAM based on WHZ or GAM based on MUAC or the combination of the two was used to calculate the total number of children in need.

Unit of analysis	Children under 5							Pregnant and Lactating women		
	Total #	Combined GAM % (95% CI)	Combined MAM % (95% CI)	Combined SAM % (95% CI)	Estimated number of GAM cases	Estimated number of MAM cases	Estimated number of SAM cases	Total #	AMN % (95% CI)	# of cases AMN
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	00,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Unit of analysis	000,000	00,000	00%	00,000	00,000	00,000	00,000	000,000	00,000	00,000
Total	000,000	000,000	N.A.	000,000	000,000	000,000	000,000	000,000	000,000	000,000

Develop and insert a detailed table with the total number of GAM, MAM and SAM cases for each area of analysis. Also include total as well as under-5 population for each area of analysis. Specify the area phase classification for each area analysed.



PROCESS AND METHODOLOGY

Limit text to 300 words. Font: 11/13 Myriad Pro light

Detail the analysis process, including reference to the national TWG, institutional arrangements, training, and activities undertaken before, during and after analysis.

Sources

Include a list of main data sources used.

Limitations of the analysis

Identify limitations of the analysis, including technical and process challenges, such as evidence gaps, institutional arrangements and participation.

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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.

Contact for further information

Surname, Name

IPC function

email@email.com

IPC Global Support Unit

www.ipcinfo.org

This analysis has been conducted under the patronage of the(e.g. Ministry of Agriculture). It has benefited from the technical and financial support of(e.g. European Commission, UK Government).

Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWS NET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, WFP, WHO and the World Bank.

Acute Malnutrition Phase name and description

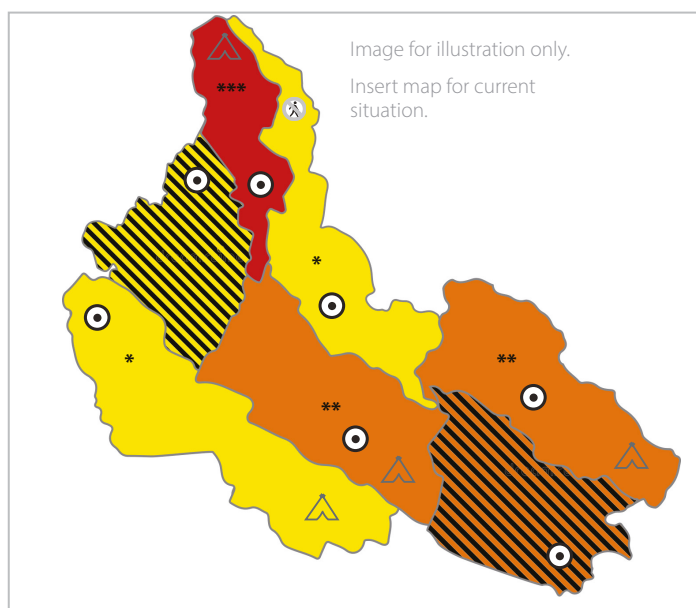
Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

IPC Analysis Partners

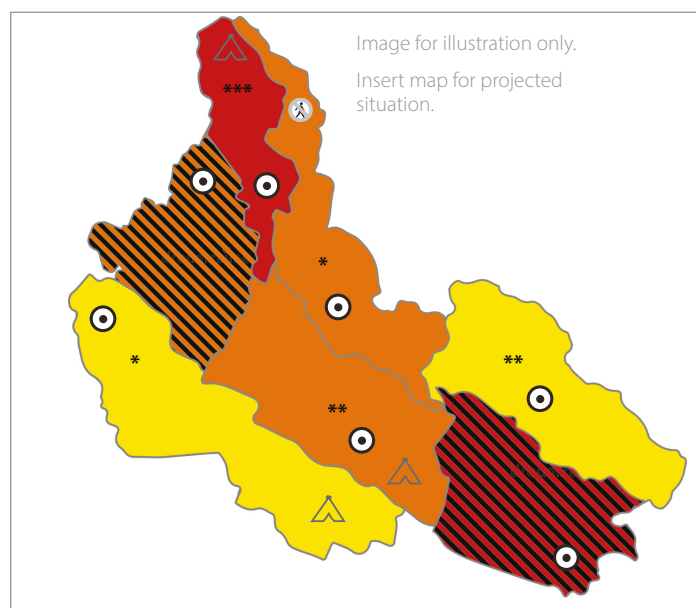
Insert donor logos

SNAPSHOT

CURRENT ACUTE MALNUTRITION MM/YY - MM/YY



PROJECTED ACUTE MALNUTRITION MM/YY - MM/YY



000,000
Insert the number of areas classified in each phase.
Critical
000,000
Serious
000,000
Alert
000,000
Acceptable

PREVALENCE OF ACUTE MALNUTRITION									
	Province	Province	Province	Province	Province	Province	Province	Province	Province
SAM	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
MAM	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
GAM	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000

Identify the most affected areas and provide the total number of children affected by SAM, MAM and GAM and the standard method used at country level by the Country Nutrition Clusters/Sectors.

KEY DRIVERS		
	Dietary intake	00%
	Health services	00%
	Food security	00%
	Decide on four to six key drivers to highlight in the infographic, write them and	00%
	Care for children and women	00%

PROJECTION MONTH-YEAR		
000 Number of Provinces	Acute malnutrition is expected to	Deteriorate 00 Provinces
		Remain Stable 00 Provinces
		Improve 00 Provinces

Indicate in how many areas the situation may likely improve, deteriorate or remain stable.

*SEVERE, MODERATE AND GLOBAL ACUTE MALNUTRITION MONTH YEAR

IN NEED OF URGENT ACTION			
		00,000 SAM* 6-59 months caseload	000,000
00,000	00,000	00,000 MAM* 6-59 months caseload	Total population of children 6-59 months
6-59 months children acutely malnourished	Pregnant or lactating women malnourished		

Insert the number of children acutely malnourished (with the breakdown of moderate and severe acute malnutrition) and, if available, pregnant or lactating women malnourished.



SUMMARY OF FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

Legend Risk Factors	<div><div></div>Very Low</div> <div><div></div>Low</div> <div><div></div>Medium</div> <div><div></div>High</div> <div><div></div>Very High</div> <div><div></div>No data</div>	PROVINCES								
		Province	Province	Province	Province	Province	Province	Province	Province	Province
<div><div></div></div> <div>Food Consumption</div>	Minimum Dietary Diversity (MDD)									
	Minimum Meal Frequency (MMF)									
	Minimum Acceptable Diet (MAD)									
	Minimum Dietary Diversity – Women (MDD-W)									
<div><div></div></div> <div>Diseases</div>	Diarrhoea									
	Dysentery									
	Malaria/fever									
	Acute Respiratory Infection (ARI)									
	HIV/AIDS									
	Cholera or Acute Watery Diarrhoea (AWD)									
	Measles									
Food dimensions Outcome of IPC analysis										
<div><div></div></div> <div>Caring and feeding practices</div>	Exclusive breastfeeding under 6 months									
	Continued breastfeeding at 1 year									
	Continued breastfeeding at 12-23 months									
	Introduction of solid, semi-solid or soft foods									
	Restricted consumption by adults in order for small children to eat									
<div><div></div></div> <div>Health services and health environment</div>	Measles vaccination									
	Polio vaccination									
	Vitamin A supplementation									
	Skilled birth attendance									
	Health seeking behaviour									
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)									
	Access to a sufficient quantity of water									
	Access to sanitation facilities									
	Access to an improved source of drinking water									
<div><div></div></div> <div>Shocks</div>	Drought/prolonged dry spell									
	Problem animals / elephants and Buffalos									
	Flash floods									
	Anthrax outbreak									
	Crop failure									
	Boil /army warms									
	Migrations									
	insecurity / cattle theft									
<div><div></div></div> <div>Basic causes</div>	Human capital (Household head education -No formal education)									
	Physical capital (No livestock)									
	Financial capital									
	Natural capital (Acceass to agricultural land)									
	Social capital (Women headed households)									
	Policies, Institutions and Processes									

For the areas classified in IPC AMN Phase 3+, use the table provided in the module to indicate the risk level or no contributing factors.

SUMMARY OF FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

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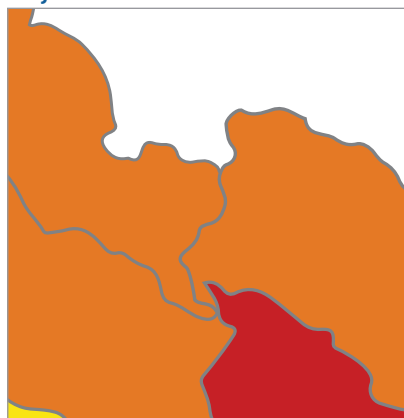
PROFILE OF THE MOST AFFECTED AREAS


Name of the Affected Area/Group

Current



Projected



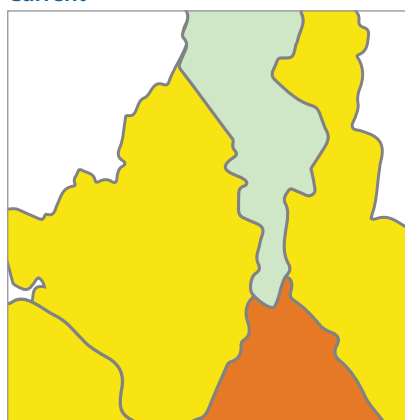
Children acutely malnourished and in need of treatment	Pregnant or lactating women acutely malnourished and in need of treatment	GAM%	SAM%	MAM%
000	000	00%	00%	00%
Major contributing factors	 Insufficient health services	Icon Contributing factor	Icon Contributing factor	Icon Contributing factor

Provide an overview of the current and projected conditions, including references to evidence and attempting to answer the five key questions (how severe, how many, why, when and where) specifically for that area/group. Provide recommendations for action as relevant.

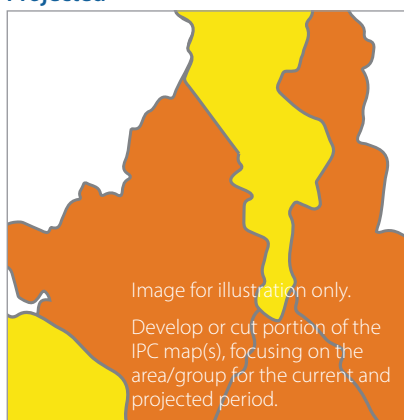
Fill out the table with number of children affected by GAM, SAM, and MAM, and pregnant or lactating women if available. Insert icons representing two to four key driving factors for that area.


Name of the Affected Area/Group

Current



Projected

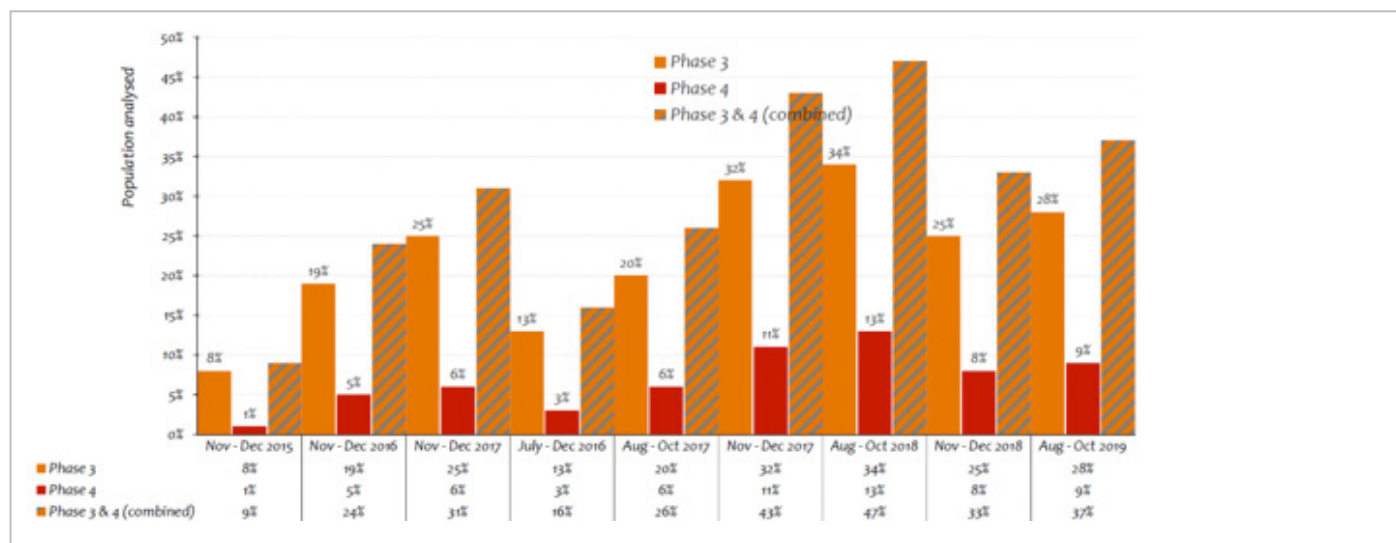


Children acutely malnourished and in need of treatment	Pregnant or lactating women acutely malnourished and in need of treatment	GAM%	SAM%	MAM%
000	000	00%	00%	00%
Major contributing factors	 Insufficient health services	Icon Contributing factor	Icon Contributing factor	Icon Contributing factor

Provide an overview of the current and projected conditions, including references to evidence and attempting to answer the five key questions (how severe, how many, why, when and where) specifically for that area/group. Provide recommendations for action as relevant.

Fill out the table with number of children affected by GAM, SAM, and MAM, and pregnant or lactating women if available. Insert icons representing two to four key driving factors for that area.

COMPARATIVE ANALYSIS

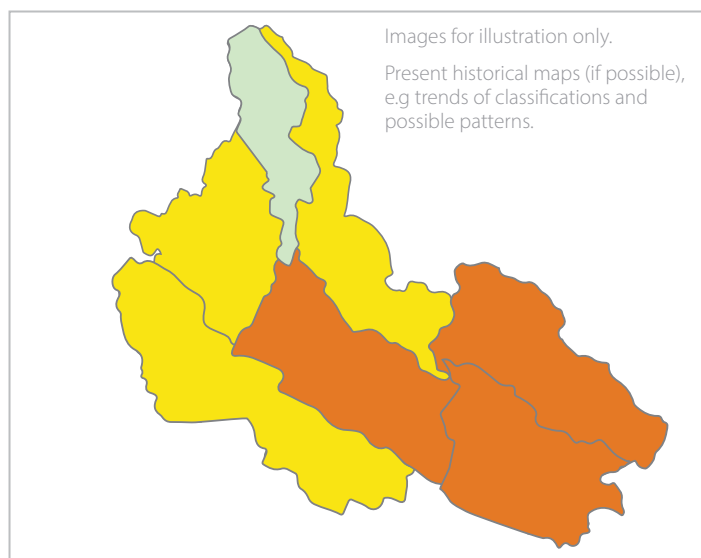


Comparison with previous acute malnutrition analyses

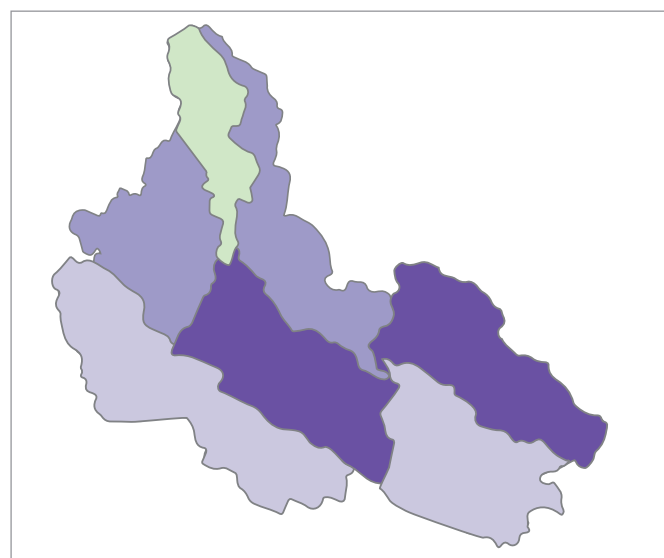
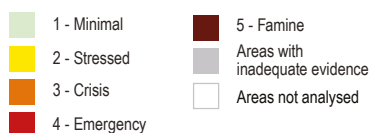
- Compare current acute malnutrition analysis with previous ones, identifying possible patterns and trends, and reasons for them.
- Identify exceptional areas that do not follow these patterns and trends, and reasons for this.

Comparison with other IPC classifications

- Provide a critical reasoning of linkages and complementarity between acute food insecurity, chronic food insecurity and acute malnutrition.
- Identify areas where conditions co-exist, e.g. different classification combinations (such as low acute food insecurity



Key for the Map IPC Acute Food Insecurity Phase Classification



Key for the Map IPC Chronic Food Insecurity Level Classification

