

COUNTRY: IPC Acute Food Insecurity and Malnutrition | Month year - Month year

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Published on day Month, year

Overview

Limit overview text to 450 words. Font: 11/13 Myriad Pro light

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

How severe, how many and when: The number of people facing acute food insecurity in need of urgent action, how severe and for which period. Estimates must be rounded up or down according to standard rounding rules and be consistent with the above table.

Where and who: The most affected areas and populations.

Why: The main factors driving the current and projected acute food insecurity situation.

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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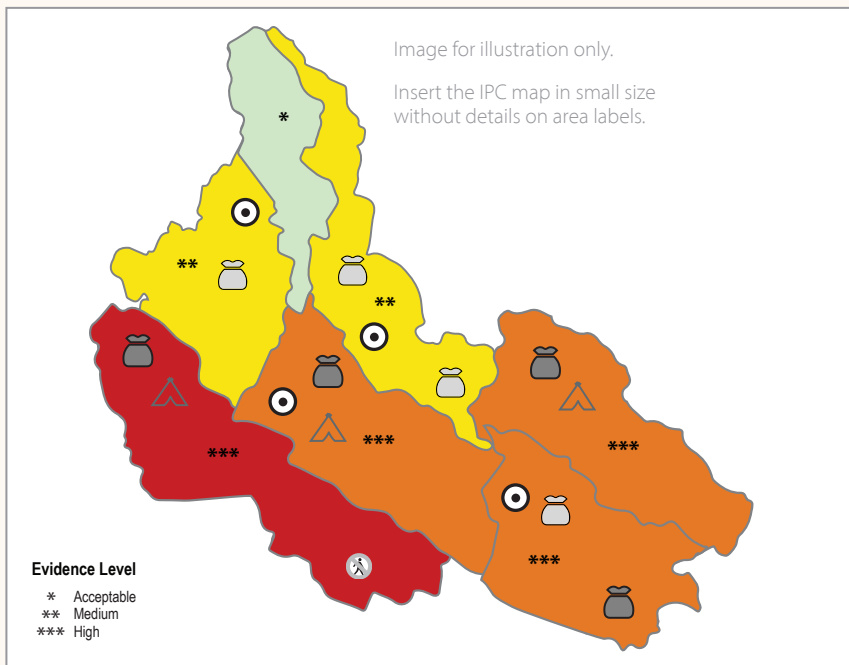
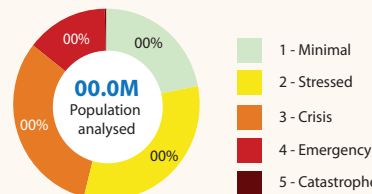
Current Acute Food Insecurity | Month Year - Month Year



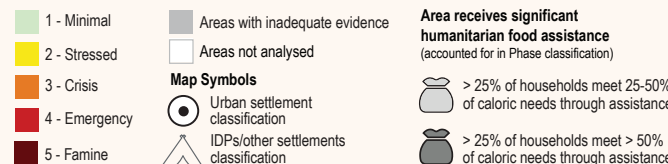
00.0M

Over 00% of the population in 00 (about 00 million people) is classified in IPC Phase 3 or above (Crisis or worse) between Month - Month Year.

00% of the analysed population is in IPC Phase 3 or above



Key for the Map IPC Acute Food Insecurity Phase Classification



Key Drivers | Acute Food Insecurity (Myriad Pro Light 9/10 Blurbs - 50 words or less)



Key driver 1

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



Key driver 2

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



Key driver 3

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



Key driver 4

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



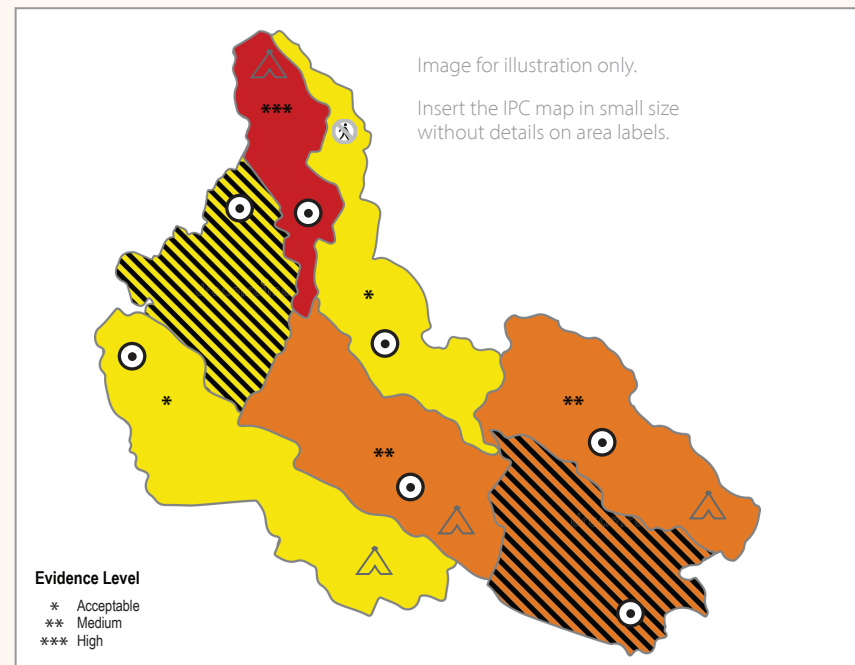
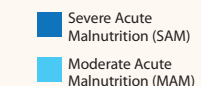
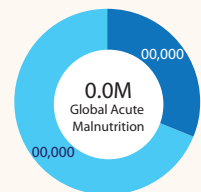
Current Acute Malnutrition | Month year - Month year



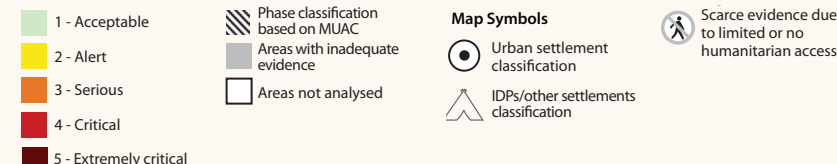
00.0M

About 00.0 million children aged 6-59 months in Country name will likely suffer acute malnutrition through Month year and will need treatment. About 0.00 million pregnant or breastfeeding women (PBW) will likely suffer acute malnutrition in the same period.

XX,XXX cases are suffering severe acute malnutrition



Key for the Map IPC Acute Malnutrition Phase Classification



Contributing Factors | Acute Malnutrition (Blurbs no more than 50 words)



Factor 1

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



Factor 2

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



Factor 3

Insert a short description and icon of up to 3 main factors driving the food insecurity situation.

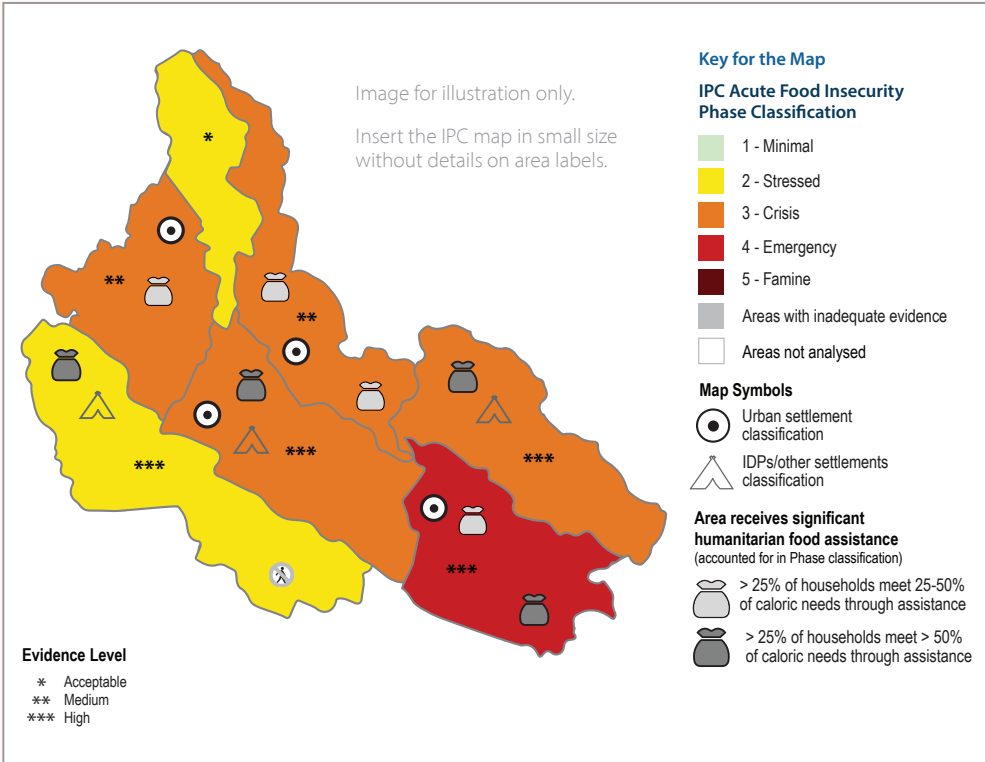


Factor 4

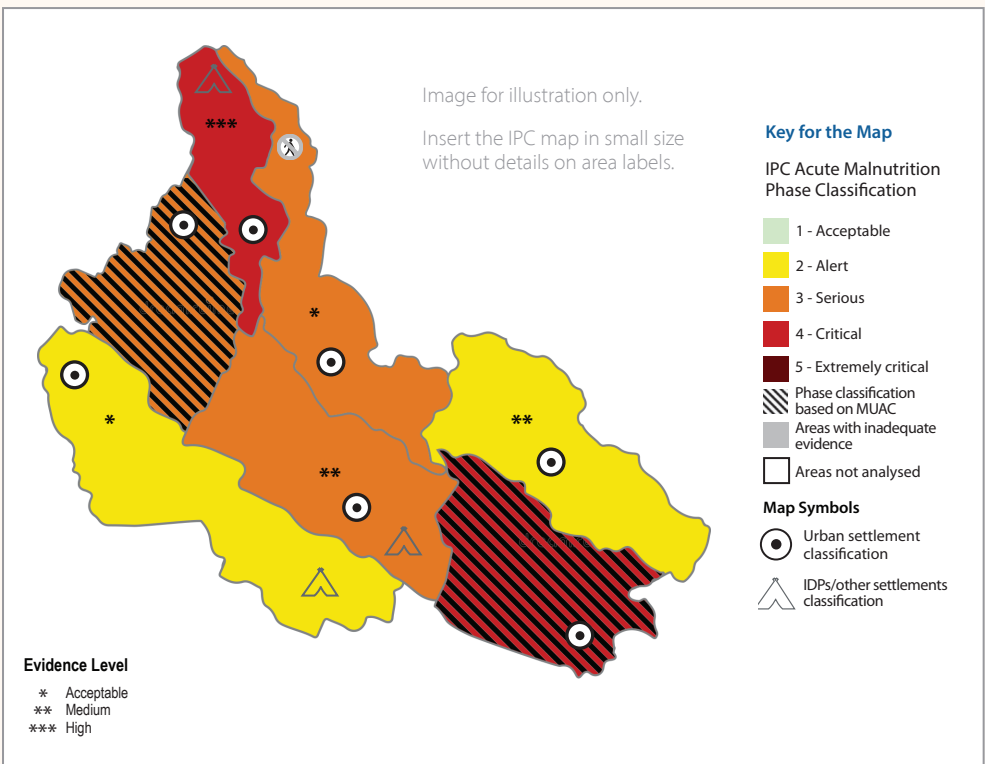
Insert a short description and icon of up to 3 main factors driving the food insecurity situation.



Projection Acute Food Insecurity | Month year - Month year



Projection Acute Malnutrition | Month year - Month year



Overview of Projection | Month Year - Month Year

Limit overview text to 350 words. Font: 11/13 Myriad Pro light

Context, including seasonally and expected usual impact of shocks during projected period;

Key Assumptions and Conclusions for the projected period, including:

- Assessment of shocks that are most likely going to impact future food security, including past and forecasted shocks;
- Likely impact of shocks on future food security dimensions (food availability, access, utilization and stability);
- Critical reasoning for conclusion on likely change of outcomes (food consumption, livelihood change, nutrition and mortality).

Identification of areas which would likely receive significant humanitarian food assistance in the projected period. Provide an overview of the planned, funded or likely to be funded and delivered assistance, and identify areas where assistance to be provided will likely meet between 25 percent and 50 percent or over 50 percent of caloric needs of at least 25 percent of households.

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Recommended Actions (Limit text to 50 words per action. Font: 9/10 Myriad Pro light)



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Recommended action 2

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Recommended action 3

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Recommended action 4

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Key Assumptions

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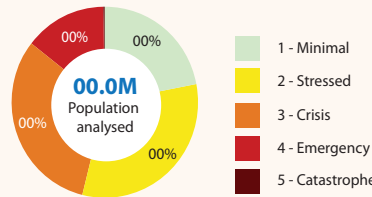
Focus on Most Affected Region | Month Year - Month Year



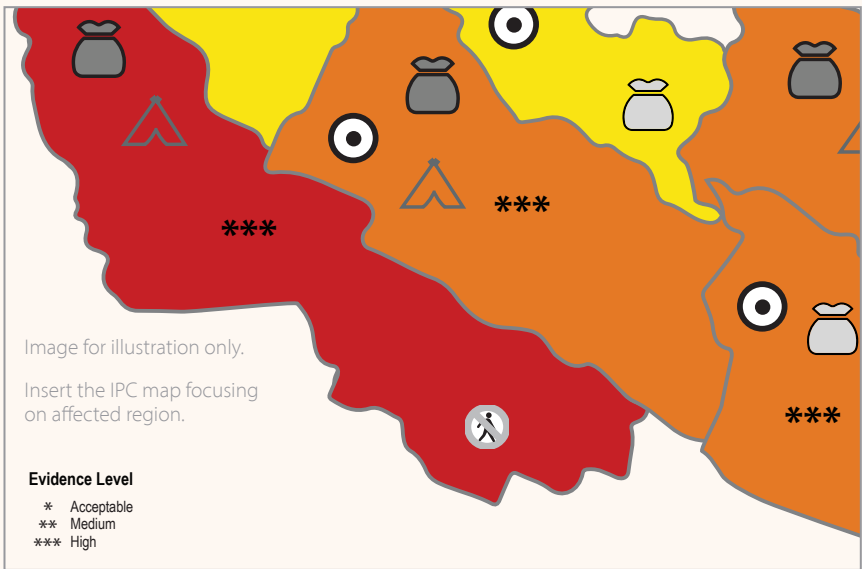
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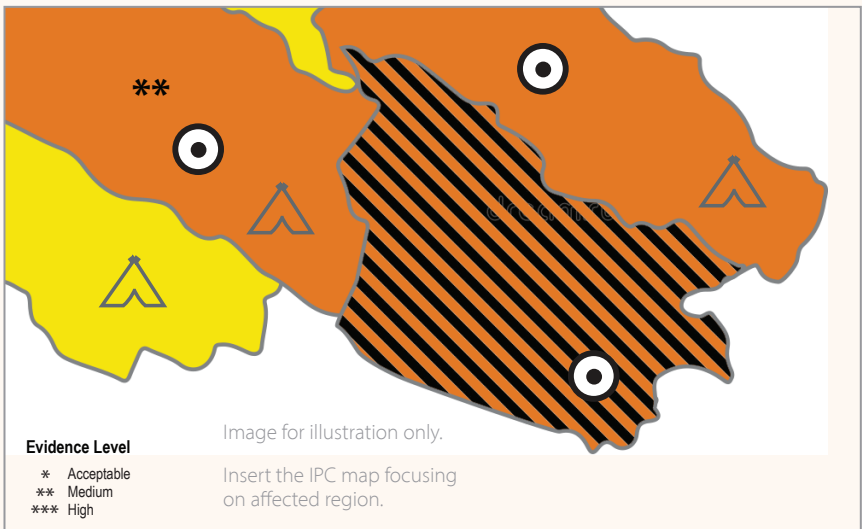
00% of the analysed population is in IPC Phase 3 or above



Region: Current Acute Food Insecurity Month Year - Month Year



Region: Current Acute Malnutrition Month Year - Month Year



Key for the Map

IPC Acute Food Insecurity Phase Classification



Overview of Most Affected Region | Month Year - Month Year

Limit overview text to 450 words. Font: 11/13 Myriad Pro light

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

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What is the IPC and IPC Acute Food Insecurity?

The IPC is a set of tools and procedures to classify the severity and characteristics of food and nutrition crises 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 and nutrition policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

Acute Food Insecurity phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

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 partner names associated with the country. Action Against Hunger, CARE, Catholic Relief Services (CRS), CILSS, EC-JRC, FAO, FEWS NET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, IMPACT Initiatives, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, WFP, WHO and the World Bank.

Publication date: Day Month year, *IPC population data is based on population estimates by Country name National Bureau of Statistics. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

Best-case Scenario with a reasonable chance of occurring Day Month year - Day Month year

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Worst-case Scenario with a reasonable chance of occurring Day Month year - Day Month year

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Risk Factors to Monitor

Hostilities: Changes in frequency, intensity, and/or geographic scope of hostilities; social cohesion and law and order.

Humanitarian Access and Delivery of Humanitarian Assistance: Humanitarian access, including for entry into the Country and to reach all populations in need throughout Country; and delivery of humanitarian assistance, including food assistance.

Displacement, Concentration, and Immobilization: Rate and magnitude of displacement and conditions of displaced populations, including isolated populations.

Access to Basic Services: Availability, functionality and accessibility of health, water, sanitation, and other systems essential for survival, as well as key supplies, such as medicine.

Analysis Approach

The IPC acute food insecurity analysis was conducted remotely from day - day Month, applying standard IPC protocols, including multi-partner technical consensus. The analysis relied on publicly available data from a wide range of sources. While substantial information on contributing factors to food and nutrition security was available from diverse sources, no recent data was available on the prevalence of acute malnutrition and non-trauma mortality in country. Data on food security outcomes was collected through Computer Assisted Telephone Interviews. A rigorous assessment of the representativeness of this survey concluded that, despite the extremely complex environment in which the information was collected, the data meets the minimum requirements set by IPC standards, including with regards to the methodology, minimum required observations, timeliness, and response rate, which is aligned with standards in the region.

The food security situation in the West Bank was not analysed, however, should data meeting IPC minimum requirements become available, the IPC initiative will explore the opportunity to conduct an IPC analysis on country.



About the IPC risk of Famine

For the IPC, risk of Famine...

... refers to a reasonable probability of an area going into Famine in the projected period. While this is not perceived necessarily as the most-likely scenario, it is a scenario that, generally speaking, has a realistic chance of occurring.

... complements the Famine projections of the most likely scenario by providing insights into potential Famine if prospects evolve in a worse manner than anticipated.

... differs from Famine projections because it focuses on a worst-case scenario that has a reasonable and realistic chance of happening.

... is a statement about the potential deterioration of the situation from what is expected. It is not a new classification, and it is not to be accompanied by population estimates.

... is an additional assessment that focuses on assessing if the area could realistically go into Famine during the projected period. Not all areas need to undergo assessment for Risk of Famine.

IPC Phase Five Explained

Catastrophe: IPC Phase 5 Catastrophe can only be classified at household level, not at area level. An area might have some households in IPC Phase 5 Catastrophe linked to very high levels acute food insecurity. However, an entire area can only be classified in IPC Phase 5 Famine if this high level of acute food insecurity is accompanied by certain levels of acute malnutrition and mortality.

Famine: IPC Phase 5 Famine can only be classified at area level. In a given area, Famine occurs when food security, nutrition and mortality altogether portray famine conditions, meaning at least 20% of the population is in IPC Phase 5 Catastrophe, with about one out of three children being acutely malnourished and two deaths for every 10,000 inhabitants, or four child deaths out of 10,000 children per day, due to outright starvation or to the interaction of malnutrition and disease.

- **Famine with Solid Evidence:** An area is classified in Famine with solid evidence if there is clear and compelling evidence that the Famine thresholds for starvation, acute malnutrition and mortality have been reached.
- **Famine with Reasonable Evidence:** An area is classified in Famine with reasonable evidence if there is clear evidence that two of the three thresholds for starvation, acute malnutrition and mortality have been reached, and analysts reasonably assess from the broader evidence that the threshold from the third outcome has likely been reached.

Download the [IPC Famine Fact Sheet](#) to understand better how the IPC defines and classifies Famine and how it differs from the risk of Famine.

Link: https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Factsheet_2020.pdf