

NORTH EAST NIGERIA

OVER 900,000 CHILDREN ACUTELY MALNOURISHED IN NORTH EAST NIGERIA

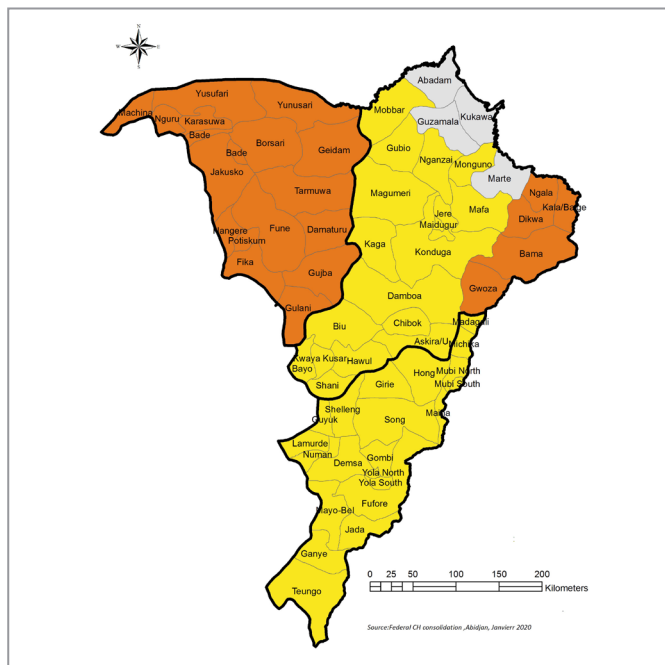
IPC ACUTE MALNUTRITION ANALYSIS
SEPTEMBER 2019 – APRIL 2020

Issued February 2020

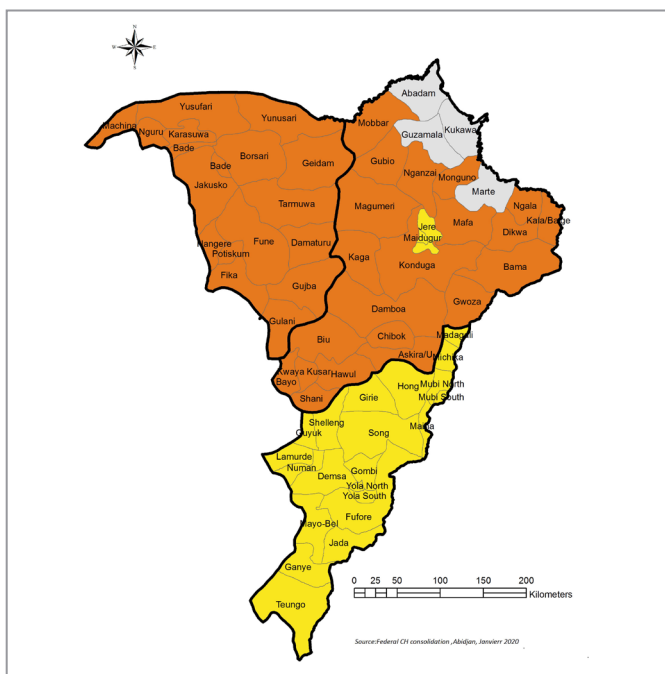
ACUTE MALNUTRITION SEPTEMBER 2019 - APRIL 2020

<p>921,618</p> <p>the number of 6-59 months children acutely malnourished</p> <p>IN NEED OF TREATMENT</p>	Severe Acute Malnutrition (SAM)	288,299
	Moderate Acute Malnutrition (MAM)	633,319
	Global Acute Malnutrition (GAM)	921,618

Current Situation September – December 2019



Projected Situation January - April 2020



Overview

How Severe, How Many and When – Of the 10 domains included in the IPC Acute Malnutrition analysis, 4 domains are classified in IPC Phase 3 (Serious) acute malnutrition while the other 6 domains are in IPC Phase 2 (Alert). The situation is expected to get worse in 3 domains and a total of 7 domains are expected to reach IPC Phase 3 (Serious) acute malnutrition by April 2020. Major disparities exist in some of the domains where some Local Government Areas are more affected by acute malnutrition than others. A total of 921,618 children aged 6-59 months are expected to suffer from acute malnutrition during the course of 2020.

Where – According to the IPC AMN classification, the Northern, Central, and Southern domains of Yobe State, as well as the Eastern domain in Borno State, are classified in IPC Phase 3 (Serious). Both domains in the Adamawa State (Southern and Northern), 3 domains in Borno State (Southern, Central, Northern), in addition to MMC/Jere, are classified as being in IPC Phase 2 (Alert). Acute malnutrition levels in Borno State's Northern, Central, and Southern domains are expected to deteriorate further during the projection period of January-April 2020.

Why – The major contributing factors of acute malnutrition in all the analysed domains include very poor food consumption (both quantity and quality) and the high prevalence of diarrhoea and malaria among the targeted populations. Other factors include insecurity, which has displaced many people and prevented the delivery of and access to humanitarian aid. The major contributing factor in the projected period is the expected further deteriorating security situation, decreased food accessibility, possible outbreaks of measles and high incidences of Acute Respiratory Infections.

Key for the Map

IPC Acute Malnutrition Phase Classification

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

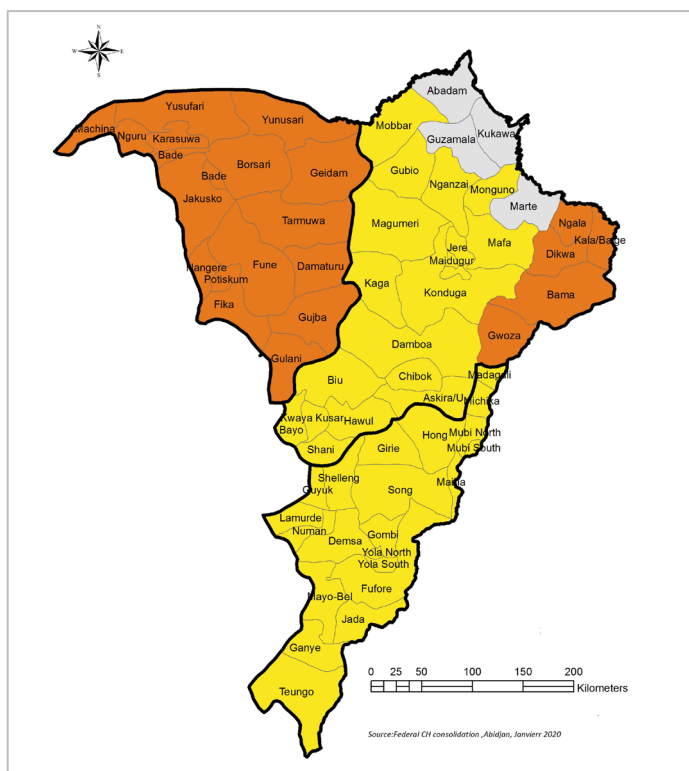
Analysis Partners:





ACUTE MALNUTRITION CURRENT MAP AND POPULATION TABLE

Current Acute Malnutrition September – December 2019



Key for the Map IPC Acute Malnutrition Phase Classification

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

What's on the map?

According to the IPC AMN classification, 4 domains (Northern Yobe, Central Yobe, Southern Yobe, and Eastern Borno) comprising of 22 Local Government Areas (LGA) are in Phase 3 (Serious). Six domains (Northern Borno, Central Borno, MMC/Jere, Southern Borno, Southern Adamawa and Northern Adamawa) comprising of 40 LGAs are in IPC Phase 2 (Alert). Abadam, Guzamala, Kukawa and Marte LGAs are inaccessible, therefore no data was available for analysis.

According to the IPC AMN classification, Phase 3 (Serious) requires the scaling up of treatment for affected populations. IPC Phase 2 (Alert) indicates the situation is progressively deteriorating with increased levels of acute malnutrition and requires strengthening the existing response.

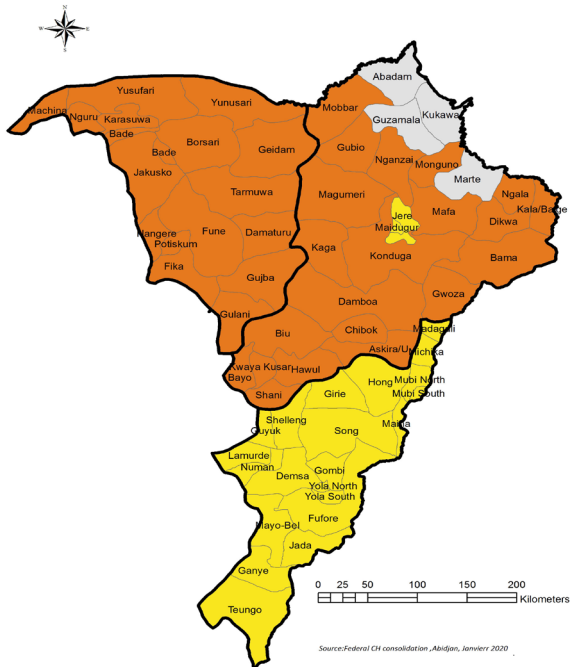
What's in the table?

The annual burden of Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM), and Global Acute Malnutrition) GAM for each domain in 2020 is presented. The caseload was determined using Round 8 NFSS (Nutrition and Food Security Surveillance) GAM results.

Domains	GAM (%)	No. of Children <5	No. of Children (6-59 Months) in Need of Treatment		
			GAM Treatment	MAM Treatment	SAM Treatment
Southern Adamawa	6.8	461,030	108,065	70,722	37,343
Northern Adamawa	5.6	298,258	51,062	40,324	10,737
Northern Borno	10.7	96,916	28,823	26,206	2,617
Southern Borno	10.0	308,436	103,881	70,570	33,311
East Borno	14.3	169,278	81,355	55,456	25,900
Central Borno	10.4	268,629	100,145	61,462	38,683
MCC & Jere	12.5	331,659	137,506	95,717	41,789
Central Yobe	12.6	143,904	62,800	40,782	22,017
Southern Yobe	13.3	414,254	180,366	128,170	52,196
Northern Yobe	12.6	154,938	67,615	43,910	23,706
Total	N/A	2,647,302	921,618	633,319	288,299

ACUTE MALNUTRITION PROJECTED MAP AND POPULATION TABLE

Projected Acute Malnutrition January – April 2020



Key for the Map IPC Acute Malnutrition Phase Classification

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

What's on the map?

According to the IPC AMN projection analysis for January – April 2020, all four domains (Northern Yobe, Central Yobe, Southern Yobe and Eastern Borno) that are classified as Phase 3 (Serious) in the current period will likely remain in IPC Phase 3. The acute malnutrition situation in 3 domains (Northern Borno, Central Borno and Southern Borno) is likely to deteriorate further, moving them from IPC Phase 2 (Alert) into IPC Phase 3 (Serious). Three domains (MMC/Jere, Southern Adamawa and Northern Adamawa), are likely to remain in the current IPC Phase 2 (Alert).

The major contributing factors of acute malnutrition, particularly in Northern Borno, Central Borno and Southern Borno, are: seasonality changes in food production such as the lean season when food is less available, an increase in food prices, unavailability of diverse food groups, an increased prevalence of some diseases such as measles and Acute Respiratory Infections, and insufficient access to potable water.



CURRENT SITUATION OVERVIEW

September – December 2019

According to Nutrition and Food Security Surveillance data (round 8) used for the current analysis, the acute malnutrition prevalence is in IPC Phase 3 (Serious) in Central Yobe (13.8%), Southern Yobe (11.1%), Northern Yobe (10.8%), and Eastern Borno (10.1%) domains, and in IPC Phase 2 (Alert) in Central Borno (9.8%), Northern Borno (9.4%), MMC/Jere (6.9%), Southern Borno (6.1%), Northern Adamawa (7.4%) and Southern Adamawa (7.3%) domains. The overall acute malnutrition prevalence at the state level is 11.5% in Yobe, 8.1% in Borno, and 7.2% Adamawa.

The current levels of malnutrition are aggravated by ongoing conflict in the region, food insecurity and inadequate dietary intake, as evidenced by low minimum acceptable diets in Adamawa – 3.8%, Borno – 0.5% and 3.0% – Yobe. There is minimum meal frequency and minimum dietary diversity across all domains in the region. No children aged 6-23 months in Northern Borno and MMC/Jere domains receive a minimum acceptable diet and there is poor Infant and Young Child Feeding (IYCF), including low levels of exclusive breastfeeding, in all states (Adamawa – 52.2%, Borno – 45.6% and Yobe – 35.1%). The practice of early initiation and sustained breastfeeding beyond two years is low in the majority of the domains across the states.

Other contributing factors of acute malnutrition include suboptimal measles vaccination coverage, poor vitamin A supplementation coverage, anaemia among children aged 6-59 months and high prevalence of diarrhoea and fever (especially in Borno State). Poor Water, Sanitation and Hygiene (WASH) practices, particularly access to proper sanitation facilities and proper handwashing, are also likely to contribute to acute malnutrition across all districts.

PROJECTED SITUATION OVERVIEW

January - April 2020

The projection period (January – April 2020) is characterized by reduced access to and availability of food, resulting in less children and women having a minimum acceptable diet. The prevalence of Acute Respiratory Infections and diarrhoea are expected to increase in the area, coupled with possible outbreaks of measles. The WASH situation is expected to deteriorate with reduced access to safe and potable water, resulting in poor handwashing practices.

The security situation is expected to deteriorate further, limiting both the government and humanitarian agencies' access to affected populations to deliver services to displaced people.

As a result, the levels of acute malnutrition are expected to significantly increase in Northern Borno, Central Borno and Southern Borno, making these areas move from IPC AMN Phase 2 (Alert) to Phase 3 (Serious), while acute malnutrition levels are likely to remain around the current IPC Level 2 (Alert) in Yobe, MMC/Jere, and in Adamawa. (Note: even if there is a slight increase in acute malnutrition levels in these areas, they are unlikely to move to a different IPC AMN Phase).

TREND ANALYSIS

Since the establishment of surveillance in 2016, data shows acute levels of malnutrition have remained persistently high in Yobe. In Borno state, the GAM rates vary according to seasonality (i.e. higher during both the rainy and lean seasons). The acute malnutrition prevalence in Adamawa state has remained relatively stable, with little variation over the seasons.

Similar trends are expected in the projection period in all areas as compared to historical data used for analysis using the same time period.



RECOMMENDATIONS FOR ACTION

Response Priorities

- Scale up treatment of acute malnutrition (SAM and MAM) for children in all affected areas during the course of 2020.
- Strengthen the promotion of IYCF practices with a focus on increasing the proportion of children receiving a minimum acceptable diet (MAD), including household food access, by promoting livelihood interventions that aim to reduce food gaps at household level.
- Strengthen the promotion of early breastfeeding and exclusive breastfeeding in affected areas and providing necessary support to women who are breastfeeding.
- Scale up WASH interventions, with a focus on improving the proportion of households following proper sanitation methods, such as handwashing with soap.
- Improve the coverage of immunization of people in affected areas, especially for measles, with the goal of boosting immunity.
- Improve the coverage of Vitamin A supplementation and Micronutrient powder for affected populations, especially those in IPC AMN Phase 3 (Serious).
- Promoting nutritional and other health-related information for affected populations through Social Behaviour Change Communication (SBCC) exercises, such as focus group discussions and awareness raising campaigns.
- Possible re-design of surveillance system to provide adequate data for Local Government Association-based IPC AMN analysis.

Situation Monitoring and Update of Activities

It is paramount to monitor the humanitarian situation and factors that contribute to acute malnutrition in order to re-evaluate the nutrition response accordingly. Some indicators to be monitored include: measles and Acute Respiratory Infection outbreaks due to environmental changes; IYCF practices, especially exclusive breastfeeding, water availability and access, displacement of people due to insecurity, food availability and market prices, and loss of employment.

It is important to address the changes of key drivers of acute malnutrition in a timely manner and plan/adjust the nutrition interventions to meet new emerging needs.

The possible outbreak of measles paired with increased food insecurity are expected during the projection period for the analysed areas and it is important the Nutrition, Health, Food Security and WASH sectors plan accordingly to mitigate the effects on the affected populations.

TOTAL NUMBER OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT AS OF JANUARY 2020

The total number of children who are acutely malnourished and in need of treatment was calculated using the total number of children aged 6-59 months in the domains, the prevalence of GAM based on WHZ, with an incident factor of 9.

It should be noted that although acute malnutrition is measured by low WHZ, low MUAC, or the presence of oedema (and there may be overlap of these indicators) children who only had low MUAC are not included in the calculation as this is the country practice at present. The numbers given below underestimate the magnitude of the acute malnutrition (for details of total burden of acute malnutrition, see page 10 below).

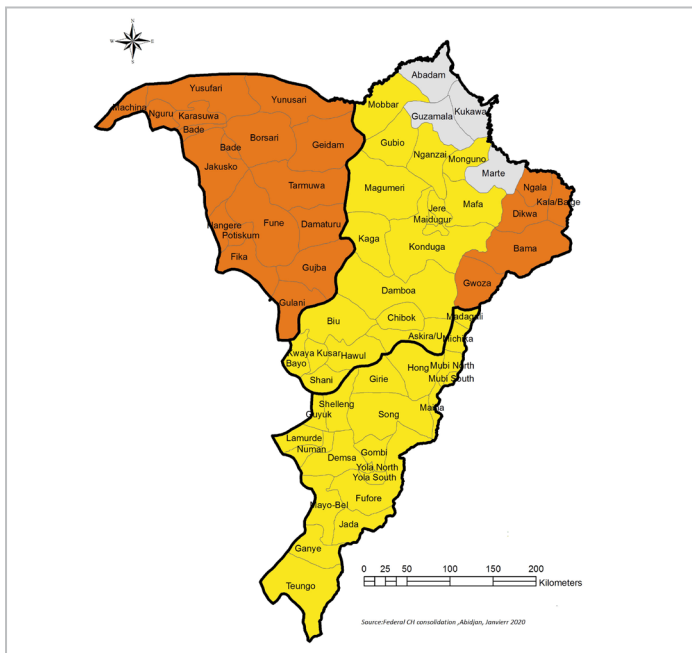
Domain	Total Population	Population of children 6-59 months of age	GAM (%)	MAM (%)	SAM (%)	Estimated no. of GAM cases	Estimated no. of MAM cases	Estimated no. of SAM cases
Southern Adamawa	2,271,082	461,030	6.8	5.9	0.9	108,065	70,722	37,343
Northern Adamawa	1,469,250	298,258	5.6	5.2	0.4	51,062	40,324	10,737
Northern Borno	477,418	96,916	14.0	10.3	3.7	28,823	26,206	2,617
Southern Borno	1,519,388	308,436	10.0	8.8	1.2	103,881	70,570	33,311
East Borno	833,883	169,278	14.3	12.6	1.7	81,355	55,456	25,900
Central Borno	1,323,296	268,629	10.4	8.9	1.6	100,145	61,462	38,683
MMC & Jere	1,633,787	331,659	12.5	11.1	1.4	137,506	95,717	41,789
Central Yobe	708,888	143,904	12.6	10.9	1.7	62,800	40,782	22,017
Southern Yobe	2,040,660	414,254	13.3	12.2	1.1	180,366	128,170	52,196
Northern Yobe	763,243	154,938	12.6	10.9	1.7	67,615	43,910	23,706
Total	13,040,896	2,647,302	N/A	N/A	N/A	921,618	633,319	288,299

The data used in the estimation of cases in the table above was from round 7 of NE-NFSS conducted between April-May 2019 which was the same data used in the burden estimation 2020 HRP target. This is to harmonize the estimated cases with the HRP targets of 2020. On the other hand, the data used for the current and projected situations (the page below) was from the current season of analysis of round 8 NE-NFSS conducted in September – October 2019.

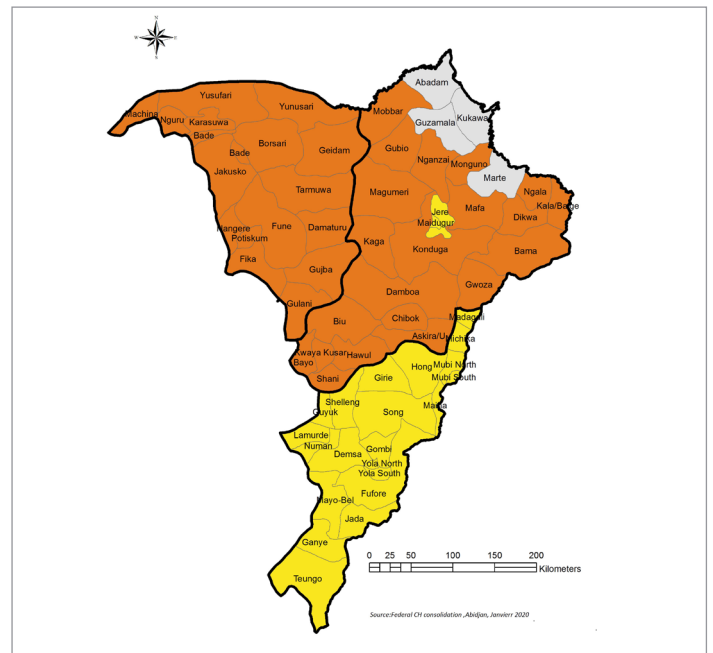


RESULTS IN FIGURES

ACUTE MALNUTRITION CURRENT SITUATION SEPT- DEC 2019



ACUTE MALNUTRITION PROJECTED SITUATION JAN - APR 2020



Prevalence Category	PREVALENCE OF ACUTE MALNUTRITION										
		Southern Adamawa	Northern Adamawa	Central Borno	Northern Borno	Southern Borno	East Borno	MMC & Jere	Central Yobe	Northern Yobe	Southern Yobe
0 Domains Extremely Critical	SAM*	0.7%	0.5%	1.5%	0.3%	0.5%	1.2%	0.9%	2.3%	1.3%	1.4%
0 Domains Critical	MAM*	6.6%	6.9%	7.9%	5.8%	9.5%	8.7%	9.0%	11.5%	9.8%	9.4%
4 Domains Serious	GAM*	7.3	7.4	9.4	6.1	10.1	9.8	6.9	13.8	11.1	10.8

KEY DRIVERS	
	Inadequate Dietary Intake
	Poor WASH Practices
	Diarrhoea
	Food Insecurity
	Poor Children Caring Practices
	Conflict






PROJECTION JANUARY - APRIL 2020			
of the 10 Domains	Acute Malnutrition is expected to	Deteriorate (Downward arrow icon)	3 Domains
		Remain Stable (Scales icon)	7 Domains
		Improve (Checkmark icon)	0 Domains

JANUARY 2020		
	IN NEED OF URGENT ACTION	
921,618	288,299 SAM* 6-59 months caseload	2,647,302
6-59 months children acutely malnourished	633,319 MAM* 6-59 months caseload	Total population of children 6-59 months

*Severe, Moderate, and Global Acute Malnutrition





FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS			Southern Adamawa	Northern Adamawa	Central Borno	Northern Borno	Southern Borno	East Borno	MMC & Jere	Central Yobe	Northern Yobe	Southern Yobe	
	Inadequate dietary intake	Minimum Dietary Diversity (MDD)	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	
		Minimum Meal Frequency (MMF)	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
		Minimum Acceptable Diet (MAD)	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
		Minimum Dietary Diversity – Women (MDD-W)	Major	Minor	Major	Minor	Minor	Major	Major	Minor	Major	Major	Major
	Diseases	Diarrhoea	Major	Minor	Major	Major	Major	Minor	Major	Minor	Minor	Minor	
		Dysentery	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
		Malaria	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Minor
		HIV/AIDS prevalence	Minor	Major	Minor	Major	Major	Minor	Major	Major	Major	Major	Major
		Acute Respiratory Infection	Major	Major	Minor	Minor	Minor	Major	Major	Major	Major	Major	Major
		Disease outbreak	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
	Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	Major	Minor	Major	Major	Minor	Major	Major	Major	Major	Minor	
	Inadequate care for children	Exclusive breastfeeding under 6 months	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	
		Continued breastfeeding at 1 year	Minor	Minor	Minor	Minor	Major	Major	Minor	Minor	Minor	Major	
		Continued breastfeeding at 2 years	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Minor
		Introduction of solid, semi-solid or soft foods	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Minor
		Early Initiation of breastfeeding	Major	Major	Major	Major	Major	Major	Major	Major	Major	Minor	Major
		Predominant breastfeeding	Major	Major	Major	Major	Minor	Minor	Minor	Major	Major	Major	Major
	Insufficient health services & unhealthy environment	Measles vaccination	Major	Minor	Minor	Minor	Major	Minor	Major	Minor	Major	Minor	
		Polio vaccination	Major	Major	Minor	Major	Minor	Major	Minor	Major	Major	Major	
		Vitamin A supplementation	Minor	Major	Minor	Major	Minor	Major	Major	Major	Major	Major	Major
		Skilled birth attendance	Minor	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
Legend		Major Contributing Factor	Minor Contributing Factor		No Contributing Factor		No data						



FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS			Southern Adamawa	Northern Adamawa	Central Borno	Northern Borno	Southern Borno	East Borno	MMC & Jere	Central Yobe	Northern Yobe	Southern Yobe
 Insufficient health services & unhealthy environment	Health seeking behaviour											
	Coverage of outreach programmes coverage (SAM, MAM, or both)											
	Access to a sufficient quantity of water											
	Access to sanitation facilities											
	Access to an improved source of drinking water											
	Micronutrient powder coverage											
	Coverage of all basic vaccines											
	Treatment of drinking water											
 Other nutrition issues	Anaemia among children 6-59 months											
	Anaemia among pregnant women											
	Anaemia among non-pregnant women											
	Vitamin A deficiency among children 6-59 months											
	Low birth weight											
	Fertility rate											
Legend		Major Contributing Factor		Minor Contributing Factor		No Contributing Factor		No data				



PREVALENCE OF ACUTE MALNUTRITION

Prevalence of acute malnutrition by Local Government Area (LGA) where sufficient sample size (i.e. ≥ 100 children and ≥ 5 clusters) is available

State	Domains	LGA	GAM based on WHZ prevalence	No of Children	# Cluster	DEFF
Borno	South Borno	Bayo	3.7	108	5	1.00
Borno	South Borno	Biu	5.2	134	8	1.41
Borno	South Borno	Hawul	3.5	114	8	2.16
Borno	South Borno	Shani	5.6	125	5	1.38
Yobe	Central Yobe	Bade	9.1	164	9	1.89
Yobe	Central Yobe	Bursari	9.9	151	8	1.00
Yobe	Central Yobe	Geidam	19.5	113	6	2.75
Yobe	Central Yobe	Jakusko	15.4	240	12	1.57
Yobe	South Yobe	Fika	10.4	106	5	2.59
Yobe	South Yobe	Fune	8.8	194	10	1.54
Yobe	South Yobe	Potiskum	7.0	158	7	1.00

Prevalence of acute malnutrition based on low WHZ, low MUAC, or Oedema and the total burden of Global, Moderate, and Severe Acute Malnutrition

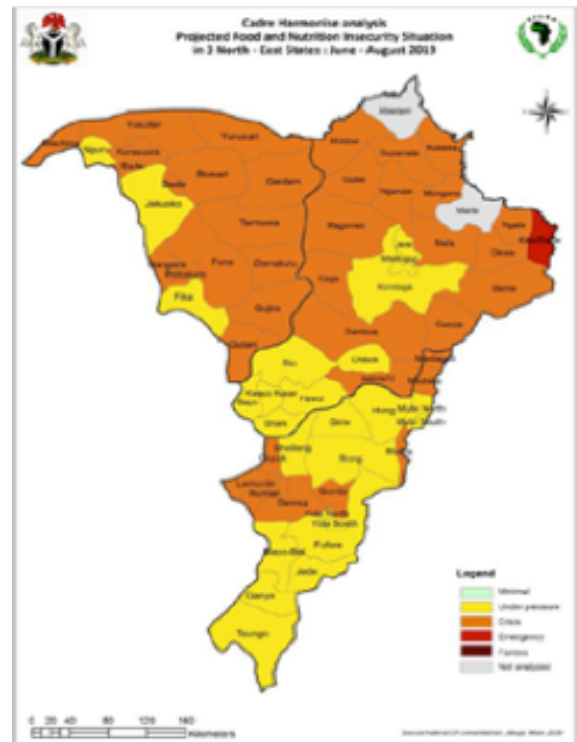
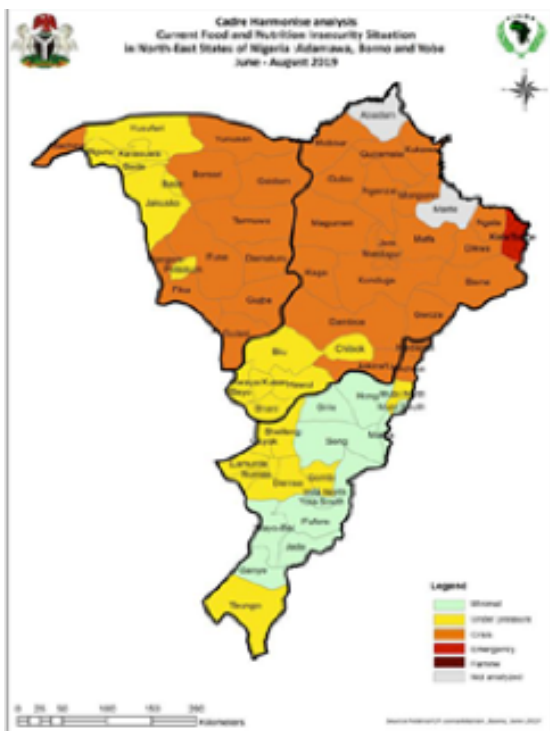
Domains	Global Malnutrition by both MUAC & WHZ (cGAM) ($< 2 z$, score and/or MUAC < 125 mm and/or oedema)	Moderate Malnutrition by both MUAC & WHZ (cMAM) ($< 2 z$, score and $\geq 3 z$, score and/or < 125 mm and ≥ 115 mm, no oedema)	Severe Malnutrition by both MUAC & WHZ (cSAM) ($< 3 z$, score and/or < 115 mm and/or oedema)	Estimated no. of GAM cases	Estimated no. of MAM cases	Estimated no. of SAM cases
Southern Adamawa	7.7	7.2	0.7	115,350	86,305	29,045
Northern Adamawa	7.4	6.7	1.1	81,485	51,957	29,528
Northern Borno	10.7	8.9	2.4	43,361	22,427	20,934
Southern Borno	6.6	6.3	0.3	58,850	50,522	8,328
East Borno	10.2	9.6	1.1	59,011	42,252	16,759
Central Borno	11.1	9.8	1.3	99,877	68,447	31,430
MMC & Jere	7.8	6.6	2.0	116,612	56,913	59,699
Central Yobe	14.6	12.1	3.1	85,423	45,273	40,150
Southern Yobe	12.0	10.4	2.0	186,581	112,015	74,566
Northern Yobe	11.1	9.9	1.3	58,010	39,882	18,128
Total	N/A	N/A	N/A	904,560	575,993	328,567



RESULTS OF OTHER CLASSIFICATIONS

According to Cadre Harmonisé October 2019 results, corresponding to the current period of analysis, the phases are presented in the table below:

Domains	Current (Oct- Dec 2019)	Projected (Jan – Apr 2020)
Southern Adamawa	2	2
Northern Adamawa	2	2
Central Borno	3	4
Northern Borno	3	4
Southern Borno	2	3
MMC/Jere	2	2
Eastern Borno	3	3
Central Yobe	3	3
Northern Yobe	2	3
Southern Yobe	3	3



Key for the Map Cadre Harmonisé Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stress
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

PROCESS AND METHODOLOGY

A team consisting of nutrition, health, food security and livelihood, WASH, and statistics experts carried out the analysis using the standard IPC Acute Malnutrition protocols in Adamawa, Borno and Yobe States, as well as at federal levels. The team comprised of representatives from the government, international NGOs, national NGOs, UN organizations and other stakeholders in the nutrition sector. The analysis was jointly organized and co-ordinated by the Food and Agriculture Organization of the United Nations (FAO) and UNICEF, and was facilitated by the IPC Global Support Unit (GSU).

The analysis is the first of its kind in Nigeria and was conducted in January 2020 in Maiduguri, Borno state. The analysis included training on IPC AMN classification where past and current data (September-December 2019) was validated and analysed.

The data used in the analysis mainly came from Nutrition and Food Security Surveillance (NFSS) SMART surveys, Joint Approach to Nutrition and Food Security Assessment (JANFSA), Emergency Food Security Assessment (EFSA) and North-East Nigeria Nutrition Sector 5W. Data from the National Health Information System was also used.

Limitations of the analysis:

The analysis was conducted at the "domain level", several Local Government Areas (LGA) grouped together, due to lack of representative data at the LGA level. Availability of recent data, representative at the domain and LGA level, was a major limitation for some indicators. In these cases, inference was made based on available data and expert opinion.

The analysis is only valid for accessible areas. Current and historical data of inaccessible areas including 4 LGAs across 2 domains was not available.

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

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This analysis has been conducted under the patronage of the Ministry of Health and the IPC Technical Working Group of Nigeria, with financial support from the European Commission and the 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, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

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.

Analysis Partners:

