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IPC ACUTE MALNUTRITION TRAINING AND ANALYSIS WORKSHOP FOCUSSING ON VULNERABLE/FLOOD AFFECTED DISTRICTS OF SINDH, BALOCHISTAN AND KHYBER PAKHTUNKHWA

QUETTA

JUNE 01-07, 2023

RESCUE

care

Oxfam

RSPN

CONCERN worldwide

SECOURS ISLAMIQUE FRANCE

ACTION AGAINST HUNGER

YOUTH ORGANIZATION

TAMEER E KHALAQ FOUNDATION

BRSP Harnessing People's Potential

TARAQEE FOUNDATION

aap Accelerated Action Plan

HANDS

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Presentation of IPC AMN Results

IPC Global Partners

IPC Funding Partners

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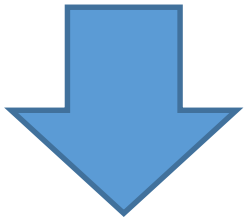
WHAT IS IPC

- A set of **tools and procedures** for classifying the severity and characteristics of acute food insecurity and acute malnutrition
- A **process for multiple stakeholders** to share information and build technical consensus



Inform **strategic decision making** that responds to needs in a more coordinated manner

- *Globally three scales of IPC: Acute Food Insecurity (AFI), Chronic Food Insecurity (CFI) and Acute Malnutrition (AMN)*

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OBJECTIVES OF IPC ACUTE MALNUTRITION ANALYSIS

- **Assess** the acute malnutrition situation in the in 32 focused districts of Sindh, Balochistan and Khyber Pakhtunkhwa
- **Classify the areas** based on the prevalence of acute malnutrition
- Identify **major contributing factors to** acute malnutrition
- Provide **actionable knowledge** by consolidating wide-ranging evidence on acute malnutrition and contributing factors.
- Indicate implications for response planning

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OUTCOME INDICATOR FOR IPC ACUTE MALNUTRITION ANALYSIS

- **Outcome indicator for IPC AMN:** GAM by WHZ (Weight for Height) or GAM by MUAC of children age 6-59 months
- **5 phases in IPC AMN**

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 an very large individual food consumption gaps are lik evident.
	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.				
Priority response objective to decrease acute malnutrition and to prevent related mortality.	Maintain the low prevalence of acute malnutrition.	Strengthen response capacity and resilience. Address contributing factors to acute malnutrition. Monitor conditions and plan response as required.	Urgently reduce acute malnutrition levels by: scaling up treatment and prevention of affected populations.	Urgently reduce acute malnutrition levels by: significantly scaling up and intensifying treatment and protection activities to reach additional population affected.	Urgently reduce acute malnutrition levels by: addressing widespread malnutrition and diseas epidemics by all means.

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METHODOLOGY OF IPC ACUTE MALNUTRITION ANALYSIS

- IPC Acute Malnutrition analysis workshop from June 01-07, 2023 in Quetta.
- Use of standard IPC methodology for the analysis.
- Data analysis by IPC Partners at National and Provincial Levels including Staff of UN Organizations and IPC Global Support Unit (GSU).
- Analysis focused on **under 5 children.**
- Analysis conducted for both current and projected periods.
- **Current period of analysis**: March-September 2023.
- **Projected period of analysis**: October 2023-January 2024.
- Presentation of the findings of IPC Acute Malnutrition Analysis to Nutrition and Food Security Working Groups, Government and UN.
- Draft IPC Acute Analysis Report – will be shared with national and provincial IPC partners and IPC Global Support Unit for feedback.

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INDICATORS USED IN IPC ACUTE MALNUTRITION ANALYSIS

Outcome Indicators

- GAM (Weight for Height) or GAM (MUAC) of under 5 children

Other indicators/contributing factors

- Food Consumption (Dietary Diversity of Children and Women)
- Diseases (Prevalence and Outbreaks);
- Caring and feeding practices
- Health services & health environment
- Other Outcomes (Anaemia, Vitamin A Deficiency, Low Birth Weight, SAM prevalence, Maternal Malnutrition, Stunting etc.)

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DATA SOURCES FOR THE IPC ACUTE MALNUTRITION ANALYSIS

- Food Security and Livelihood Assessment (FSLA) conducted by FAO in February/March 2023
- SMART Surveys conducted by UNICEF and RSPN in in two districts each of Balochistan and Sindh respectively in May 2023
- MICS surveys in Sindh, Balochistan and Khyber Pakhtunkhwa (2018-20)
- National Nutrition Survey (2018-19)
- MNCH Programme data (if available)
- Children Admission Data in Nutrition Programmes (if available)
- Pakistan Meteorological Department (PMD)

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PARTNERS OF IPC ACUTE MALNUTRITION ANALYSIS

Government Ministries/Departments

- Ministry of National Food Security & Research
- Ministry of Planning, Development & Special Initiatives
- National Disaster Management Authority (NDMA)
- Provincial Health Departments of Sindh, Balochistan and Khyber Pakhtunkhwa
- Provincial Bureaus of Statistics, Sindh, Balochistan and Khyber Pakhtunkhwa
- Provincial Disaster Management Authorities (PDMAs) of Sindh, Balochistan and Khyber Pakhtunkhwa
- Provincial Crop Reporting Services, Agriculture Departments of Sindh, Balochistan and Khyber Pakhtunkhwa
- Provincial Livestock Departments of Sindh, Balochistan and Khyber Pakhtunkhwa
- AAP-Health, Sindh
- PPHI Sindh

INGOs/NGOs/UN Organizations

- Save the Children
- WHH
- Islamic Relief
- ACTED
- ACF
- SIF
- Concern Worldwide
- IRC
- Care
- RSPN
- BRSP
- SRSP
- Youth Organization
- TKF
- CDF
- SPO
- FPHC
- CERD
- UN Agencies (FAO, WFP, UNICEF, WHO)
- Technical Support by IPC Global Support Unit (GSU)

Contribution of all IPC partners in IPC AMN analysis; UNICEF, RSPN, provincial bureau of Statistics and health departments of Sindh, Balochistan and KP for sharing their data; BUITEMS for hosting the IPC Workshop and providing excellent facilitation in Quetta , and provincial health departments for overall patronage and support for this analysis is highly acknowledged.

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DATA SOURCES USED FOR PHASE CLASSIFICATION OF DISTRICTS

Data Source Used for Current Period Phase Classification	Districts
FSLA (GAM based on MUAC) by clustering of 2-3 districts	Swat, Malakand, Sanghar, Mirpurkhas, Matiari, Tharparkar, Umerkot, Jafferabad, Naseerabad, Kachhi, Kharan and Washuk
Historical data of NNS 2018 and MICS Surveys in 2018-20	Charsadda, Nowshera, Upper Dir, Kohistan Lower, Sukkur, Kalat and Khuzdar
SMART surveys conducted by RSPN in Dadu and Jamshoro and by UNICEF in Quetta and Killa Abdullah in May 2023	Quetta-GAM based on WHZ of Quetta's SMART survey for Nushki district
	Killa Abdullah-GAM based on WHZ of Killa Abdullah's SMART survey for Pishin, Killa Saifullah and Loralai districts
	Dadu-GAM based on WHZ of Dadu's SMART survey for Qambar Shahdadkot, Khairpur, Naushehro Feroze and Jacobabad districts
	Jamshoro-GAM based on WHZ of Jamshoro's SMART survey for Thatta district

IPC Integrated Food Security Phase Classification
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Province: Sindh

IPC AMN Classification

Province	District	Actual Classification : (March -September 2023)		Projected Classification (Oct 2023-January 2024)
		IPC AMN Phase	GAM Used for Classification	IPC AMN Projected Phase
Sindh	Dadu	4	WHZ (17.4%)	4
Sindh	Jacobabad	4	WHZ (17.4%)	4
Sindh	Jamshoro	4	WHZ (20.9%)	4
Sindh	Kambar Shahdad Kot	4	WHZ (17.4%)	4
Sindh	Khairpur	4	WHZ (17.4%)	4
Sindh	Matiari	3	MUAC (11.2%)	4
Sindh	Mirpur Khas	4	MUAC (11.2%)	4
Sindh	Naushahro Feroze	4	WHZ (17.4%)	4
Sindh	Sanghar	4	MUAC (11.2%)	4
Sindh	Sukkur	3	WHZ (12.2%)	3
Sindh	Tharparkar	4	MUAC (34.3%)	4
Sindh	Thatta	4	WHZ (20.9%)	4
Sindh	Umer Kot	4	MAUC (34.3%)	4

IPC Integrated Food Security Phase Classification
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Province: Sindh

Categorization of risk factors

District	Food Consumption	Diseases	Food Dimensions	Caring and Feeding Practices	Health Services & Environment	Other Outcome
Dadu	3	2	3	3	2	3
Jacobabad	3	2	3	2	3	1
Jamshoro	3	3	3	2	2	1
Kambar Shahdadkot	3	2	3	3	3	5
Khairpur	4	3	3	3	4	5
Matiari	5	3	3	3	2	4
MirpurKhas	4	3	3	2	3	4
Naushahro Feroze	3	2	3	3	3	5
Sanghar	4	3	3	2	3	5
Sukkur	3	2	2	2	2	4
Tharparkar	4	3	3	2	3	1
Thatta	2	4	3	3	2	1
Umerkot	5	5	3	3	4	5

1	VERY LOW risk Factor
2	LOW risk Factor
3	MEDIUM risk Factor
4	HIGH Risk Factor
5	VERY HIGH risk Factor
8	No Data Available

IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

Province: Balochistan: IPC AMN Classification

Province	District	Actual Classification : (March -September 2023)		Projected Classification (Oct 2023-January 2024)
		IPC AMN Phase	GAM Used for Classification	IPC AMN Projected Phase
Balochistan	Jaffarabad	4	MUAC (12.1%)	4
Balochistan	Kachhi	4	MUAC (12.1%)	4
Balochistan	Kalat	4	WHZ (16.5)	4
Balochistan	Kharan	4	MUAC (36.8%)	4
Balochistan	Khuzdar	3	WHZ (13.1)	3
Balochistan	Killa Abdullah	4	WHZ(16.3%)	4
Balochistan	Killa Saifullah	4	WHZ (16.3%)	4
Balochistan	Loralai	4	WHZ (16.3%)	4
Balochistan	Nasirabad	4	MUAC(12.1%)	4
Balochistan	Nushki	4	WHZ (16.7%)	4
Balochistan	Pishin	4	WHZ (15.4%)	4
Balochistan	Quetta	4	WHZ (16.7%)	4
Balochistan	Washuk	4	MUAC (36.8%)	4

IPC Integrated Food Security Phase Classification
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Province: Balochistan Categorization of risk factors

District	Food Consumption	Diseases	Food Dimensions	Caring and Feeding Practices	Health Services & Environment	Other Outcome
Jaffarabad	5	3	3	2	3	8
Kachhi	5	3	3	2	5	2
Kalat	4	2	3	3	4	4
Kharan	5	4	3	3	3	5
Khuzdar	5	1	3	4	2	8
Killa Abdullah	4	2	3	2	3	5
Killa Saifullah	5	3	3	3	5	8
Loralai	5	5	3	3	3	8
Nasirabad	3	3	3	4	3	4
Nushki	5	4	3	2	1	4
Pishin	5	4	3	2	4	3
Quetta	5	2	3	1	5	8
Washuk	4	4	3	5	4	4

1	VERY LOW risk Factor
2	LOW risk Factor
3	MEDIUM risk Factor
4	HIGH Risk Factor
5	VERY HIGH risk Factor
8	No Data Available

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IPC AMN Classification

Province: Khyber Pakhtunkhwa

Province	District	Actual Classification : (March -September 2023)		Projected Classification (Oct 2023-January 2024)
		IPC AMN Phase	GAM Used for Classification	IPC AMN Projected Phase
Khyber Pakhtunkhwa	Dir Upper	2	WHZ (8.5%)	3
Khyber Pakhtunkhwa	Kohistan Lower	3	WHZ (10.1 %)	4
Khyber Pakhtunkhwa	Swat	2	MUAC (1.2%)	3
Khyber Pakhtunkhwa	Malakand	2	MUAC (1.2%)	2
Khyber Pakhtunkhwa	Nowshera	3	WHZ (10.9%)	3
Khyber Pakhtunkhwa	Charsadda	2	WHZ (9.4%)	2

IPC Integrated Food Security Phase Classification
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Categorization of risk factors

Province: Khyber Pakhtunkhwa

District	Food Consumption	Diseases	Food Dimensions	Caring and Feeding Practices	Health Services & Environment	Other Outcome
Dir Upper	5	4	3	2	4	4
Kohistan Lower	3	4	3	2	4	4
Swat	3	3	2	1	3	5
Malakand	4	4	2	1	3	4
Nowshera	4	3	2	2	2	3
Charsadda	5	3	2	2	1	5

1	VERY LOW risk Factor
2	LOW risk Factor
3	MEDIUM risk Factor
4	HIGH Risk Factor
5	VERY HIGH risk Factor
8	No Data Available

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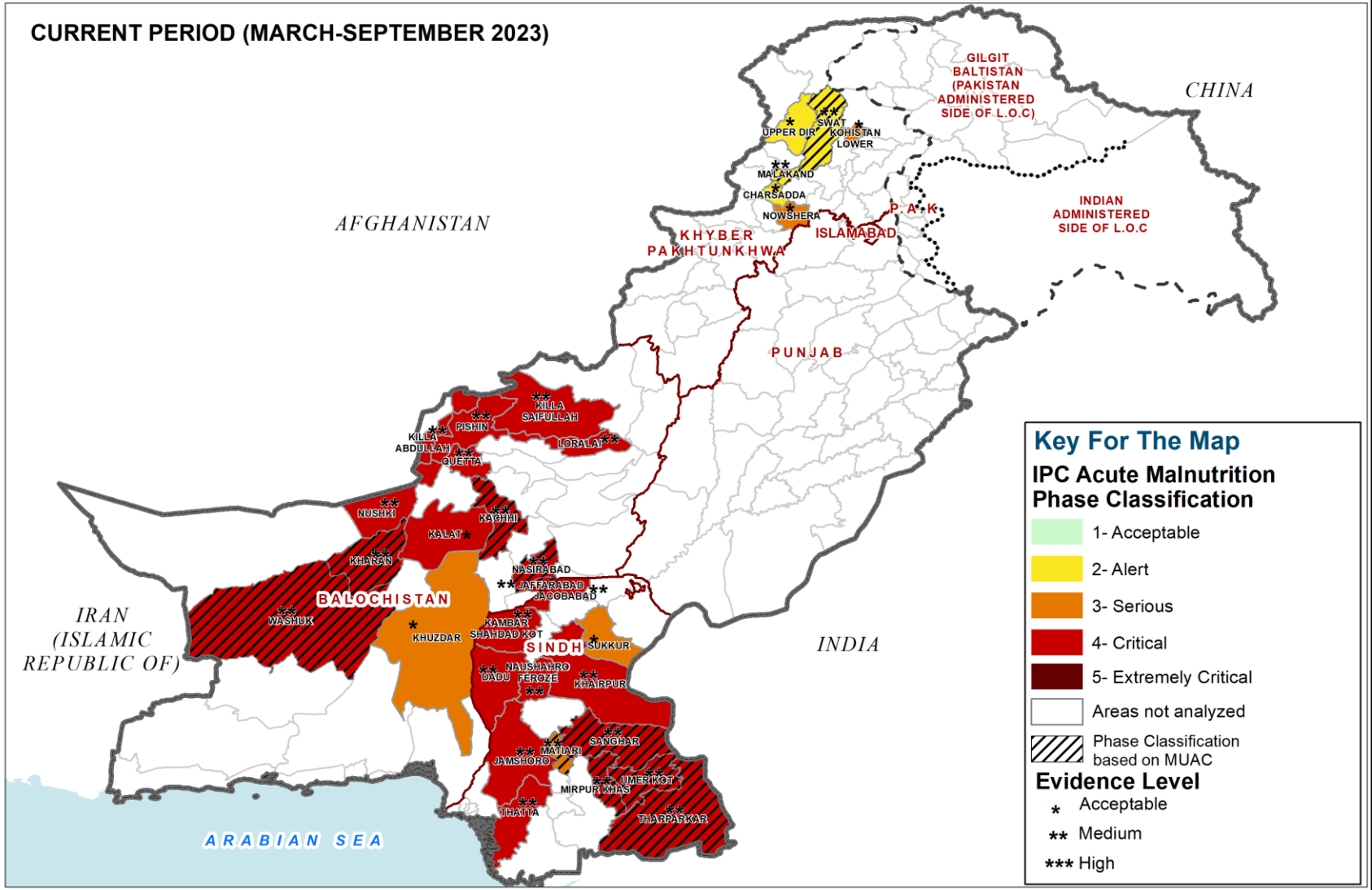
IPC ACUTE MALNUTRITION ANALYSIS JUNE 2023

IPC Integrated Food Security Phase Classification — Evidence and Standards for Better Food Security and Nutrition Decisions

CURRENT PERIOD (MARCH-SEPTEMBER 2023)



Key For The Map

IPC Acute Malnutrition Phase Classification

- 1- Acceptable
- 2- Alert
- 3- Serious
- 4- Critical
- 5- Extremely Critical
- Areas not analyzed
- Phase Classification based on MUAC

Evidence Level

- * Acceptable
- ** Medium
- *** High

Thresholds for AMN Phase Classification

GAM based on WHZ prevalence (%)	IPC AMN Phase	GAM based on MUAC prevalence (%)	IPC AMN Phase
<5	1	**<5**	1-2
5-9.9	2	**5-9.9**	2-3
10-14.9	3	**10-14.9**	3-4
15-29.9	4	**≥15**	4-5
≥30	5		

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IPC ACUTE MALNUTRITION ANALYSIS JUNE 2023

IPC Integrated Food Security Phase Classification

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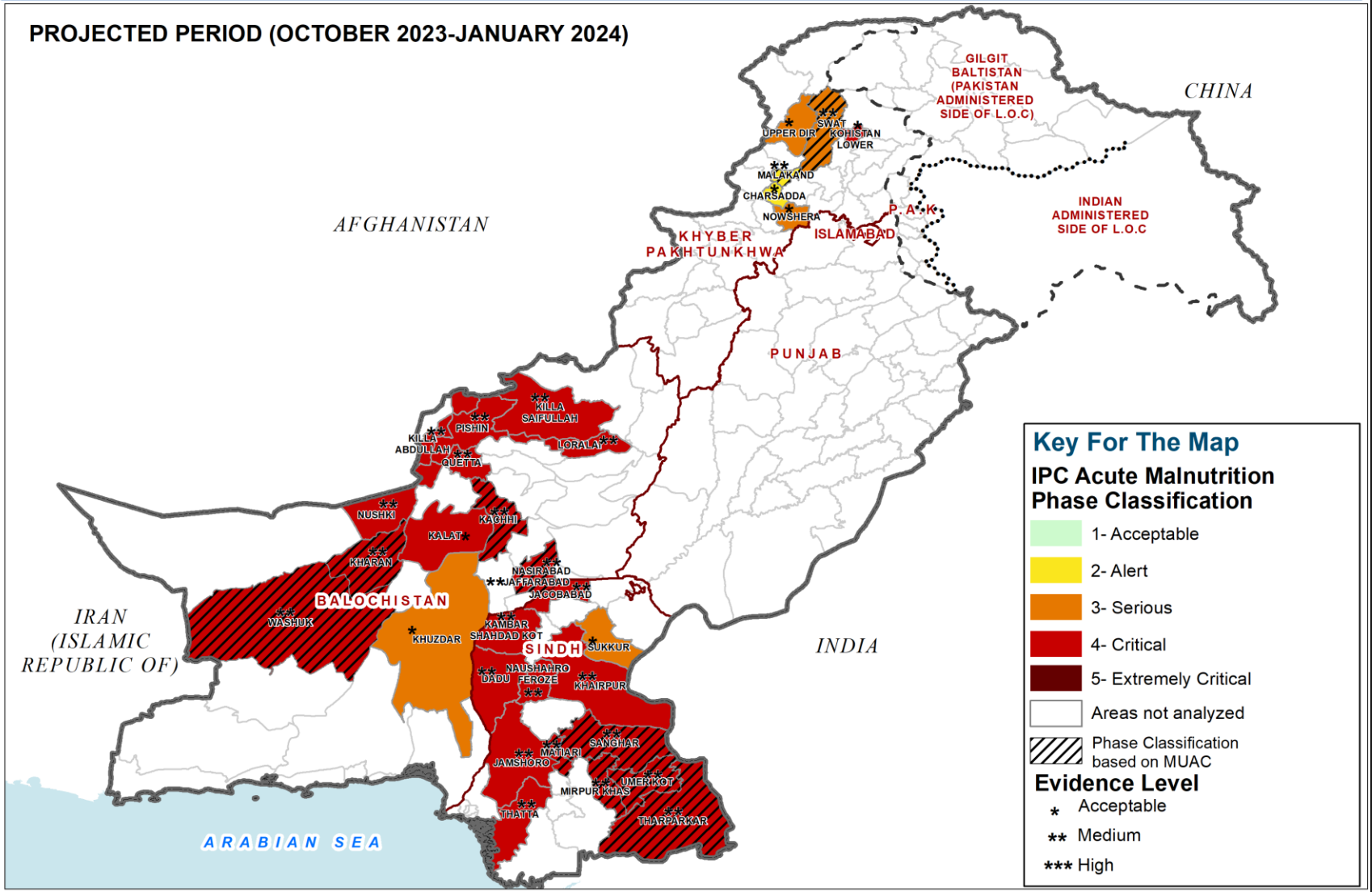
PROJECTED PERIOD (OCTOBER 2023-JANUARY 2024)



Thresholds for AMN Phase Classification			
GAM based on WHZ prevalence (%)	IPC AMN Phase	GAM based on MUAC prevalence (%)	IPC AMN Phase
<5	1	**<5**	1-2
5-9.9	2	**5-9.9**	2-3
10-14.9	3	**10-14.9**	3-4
15-29.9	4	**≥15**	4-5
≥30	5		

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IPC ACUTE MALNUTRITION ANALYSIS-KEY FINDINGS

- Among the 32 districts analyzed, 13 each are from Sindh and Balochistan and six from KP.

Summary of IPC AMN Phase Classification-Current Period (March-September 2023)

Province	IPC AMN Phase 2 (Alert)	IPC AMN Phase 3 (Serious)	IPC AMN Phase 4 (Critical)
Balochistan		Khuzdar	Jafferabad, Kachhi, Kalat, Kharan, Killa Abdullah, Kila Saifullah, Loralai, Naseerabad, Nushki, Pishin, Quetta and Washuk
Sindh		Matiari and Sukkur	Dadu, Jacobabad, Jamshoro, Khairpur, Mirpur Khas, Naushehro Feroz, Qambar Shahdadkot, Sanghar, Thatta, Tharparkar and Umerkot
Khyber Pakhtunkhwa	Upper Dir, Swat, Malakand and Charsadda	Kohistan Lower and Noshera	

Projected period (October 2023-January 2024) AMN phase classification:

- Phase classification of Upper Dir and Swat will change from Alert to Serious, whereas Matiari and Kohistan Lower's will change from Serious to Critical phase.
- Phase classification of other districts will remain unchanged in the projected period, though with variation in acute malnutrition (either improvement, deterioration or remain similar)

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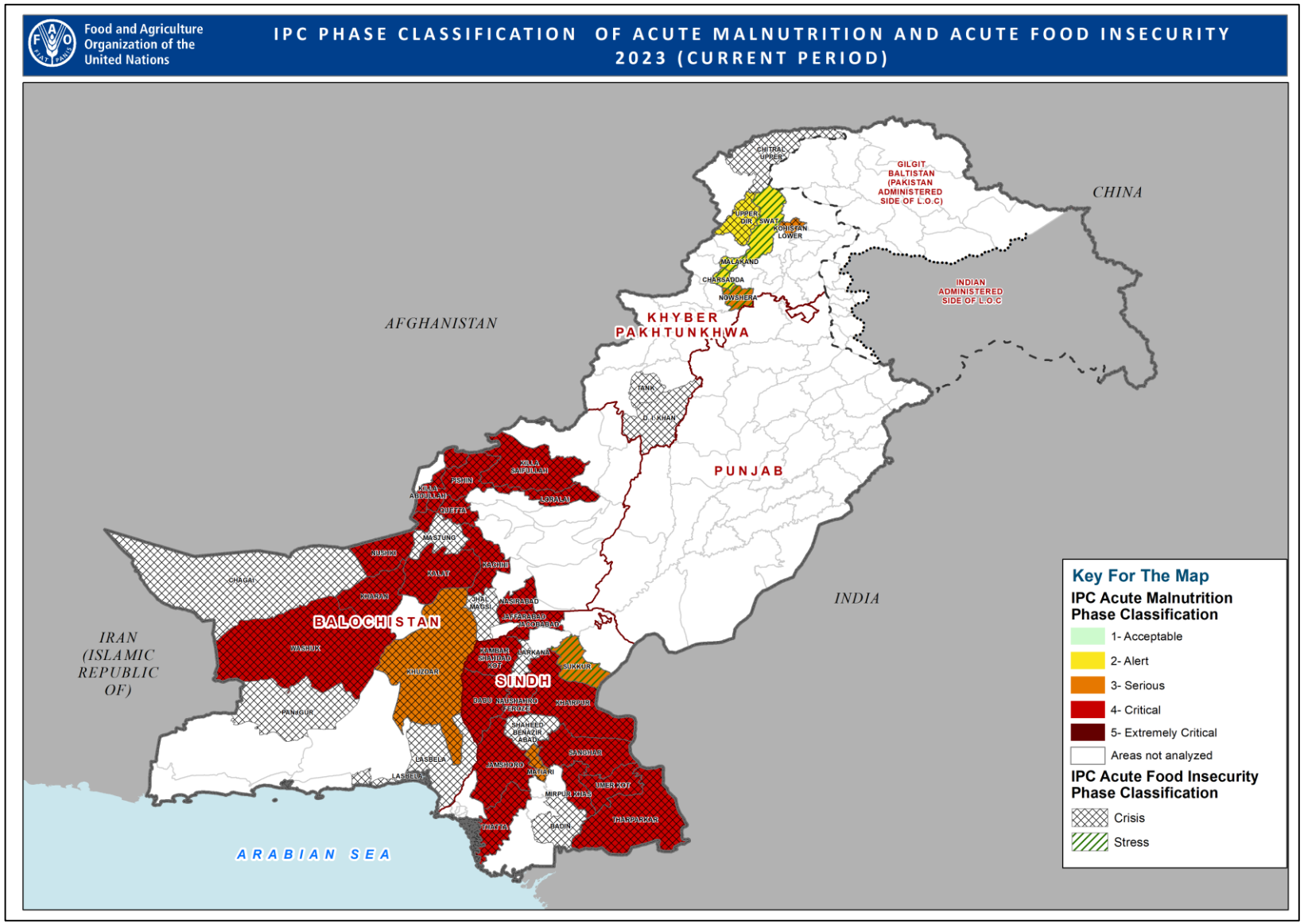

COMBINED IPC ACUTE MALNUTRITION AND ACUTE FOOD INSECURITY ANALYSIS MAP (CURRENT PERIOD)

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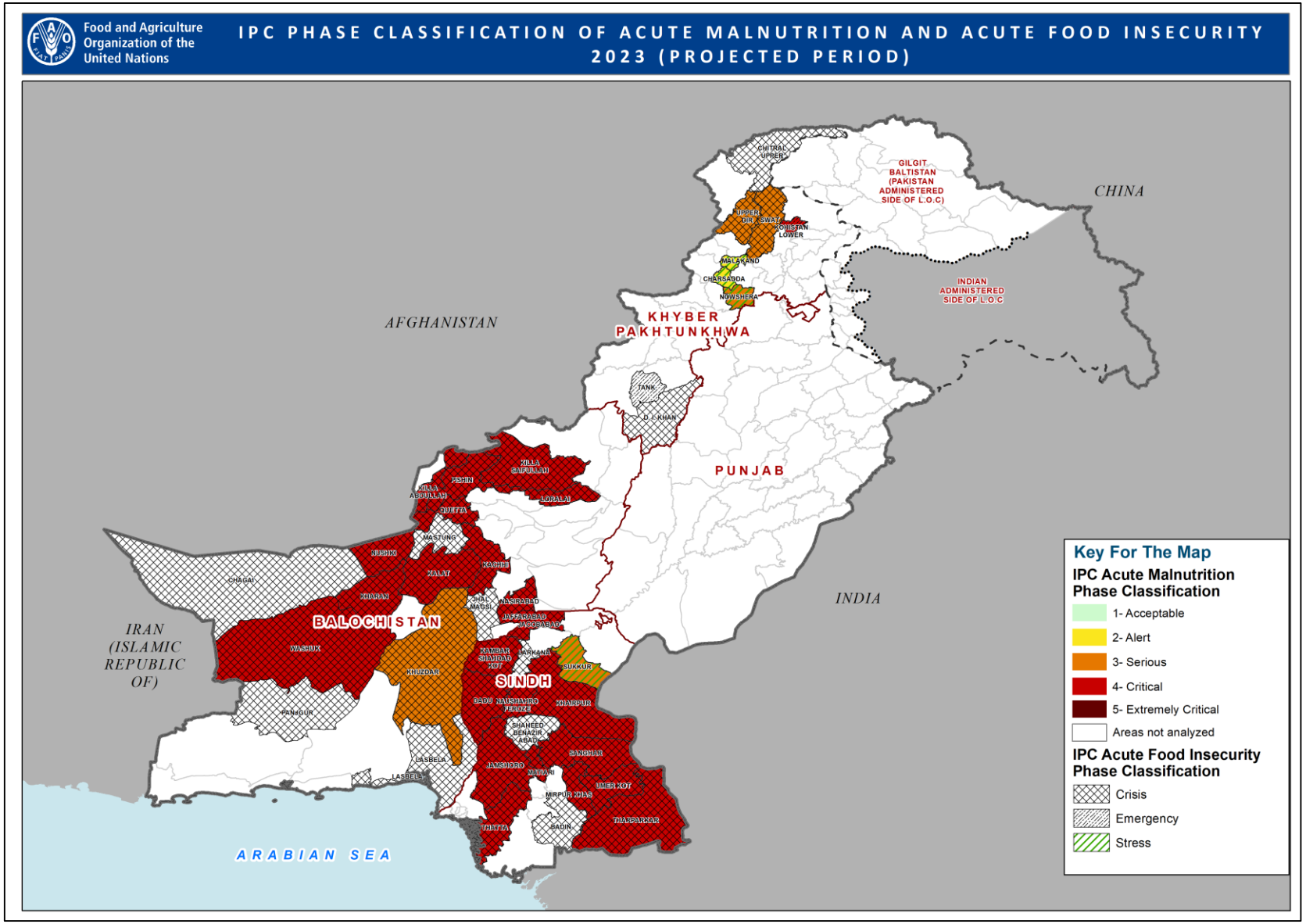
Evidence and Standards for Better Food Security and Nutrition Decisions



COMBINED IPC ACUTE MALNUTRITION AND ACUTE FOOD INSECURITY ANALYSIS MAP (PROJECTED PERIOD)

IPC ACUTE MALNUTRITION PHASE CLASSIFICATION AND POPULATION TABLE- NUMBER OF CHILDREN IN NEED OF TREATMENT

							Total No. of Cases of Children (6-59 Months) in Need of Treatment					
Provinces	**Unit of analysis (Districts)**	**Total Population**	**Number of 6-59 months children**	**GAM based on WHZ/MUAC**	**MAM based on WHZ/MUAC**	**SAM based on WHZ/MUAC**	**GAM Treatment**	**MAM Treatment**	**SAM Treatment**	**IPC phase Classification for Current period (March-September 2023)**	**IPC Phase classification for Projection Period (October 2023-January 2024)**	**Acute Malnutrition Situation in Projected Period**
Balochistan	Jaffarabad	614,918	83,014	12.1%	4.3%	7.8%	26,116	9,281	16,835	4 (Critical)	4 (Critical)	Remain similar
	Kachhi	329,431	44,473	12.1%	4.3%	7.8%	13,991	4,972	9,019	4 (Critical)	4 (Critical)	Remain similar
	Kalat	490,154	66,171	16.5%	8.7%	7.8%	28,387	14,968	13,419	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Kharan	191,731	25,884	36.8%	31.6%	5.2%	24,765	21,266	3,499	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Khuzdar	980,622	132,384	13.1%	8.4%	4.7%	45,090	28,913	16,177	3 (Serious)	3 (Serious)	Deteroriate but phase will remain same
	Killa Abdullah	958,907	129,452	16.3%	13.0%	3.3%	54,862	43,755	11,107	4 (Critical)	4 (Critical)	Remain similar
	Killa Saifullah	410,821	55,461	16.3%	13.0%	3.3%	23,504	18,746	4,759	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Loralai	459,986	62,098	16.3%	13.0%	3.3%	26,317	20,989	5,328	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Nasirabad	605,679	81,767	12.1%	4.3%	7.8%	25,724	9,142	16,582	4 (Critical)	4 (Critical)	Remain similar
	Nushki	216,402	29,214	16.7%	12.3%	4.4%	12,685	9,343	3,342	4 (Critical)	4 (Critical)	Remain similar
	Pishin	910,806	122,959	16.3%	13.0%	3.3%	52,110	41,560	10,550	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Quetta	3,186,838	430,223	16.7%	12.3%	4.4%	186,803	137,585	49,218	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Washuk	203,716	27,502	36.8%	31.6%	5.2%	26,314	22,595	3,718	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Total	**9,560,009**	**1,290,601**				**546,669**	**383,114**	**163,554**			
Khyber Pakhtunkhwa	Charsadda	1,869,014	252,317	9.4%	6.9%	2.5%	61,666	45,266	16,401	2 (Alert)	2 (Alert)	Remain similar
	Kohistan Lower	238,738	32,230	10.1%	4.6%	5.5%	8,463	3,855	4,609	3 (Serious)	4 (Critical)	Deteroriate and phase will also change
	Malakand	832,481	112,385	1.2%	1.0%	0.2%	3,506	2,922	584	2 (Alert)	2 (Alert)	Remain similar
	Nowshera	1,822,150	245,990	10.9%	7.3%	3.6%	69,714	46,689	23,025	3 (Serious)	3 (Serious)	Remain similar
	Swat	2,804,187	378,565	1.2%	1.0%	0.2%	11,811	9,843	1,969	2 (Alert)	3 (Serious)	Deteroriate and phase will also change
	Upper Dir	1,152,128	155,537	8.5%	5.3%	3.2%	34,374	21,433	12,941	2 (Alert)	3 (Serious)	Deteroriate and phase will also change
	Total	**8,718,698**	**1,177,024**				**189,535**	**130,007**	**59,528**			
Sindh	Dadu	2,123,210	286,633	17.4%	12.0%	5.4%	129,673	89,430	40,243	4 (Critical)	4 (Critical)	Remain similar
	Jacobabad	1,118,567	151,007	17.4%	12.0%	5.4%	68,315	47,114	21,201	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Jamshoro	1,230,983	166,183	20.9%	15.0%	5.9%	90,304	64,811	25,492	4 (Critical)	4 (Critical)	Remain similar
	Kambar Shahdad Kot	1,529,280	206,453	17.4%	12.0%	5.4%	93,399	64,413	28,986	4 (Critical)	4 (Critical)	Remain similar
	Khairpur	2,785,848	376,089	17.4%	12.0%	5.4%	170,143	117,340	52,803	4 (Critical)	4 (Critical)	Remain similar
	Matiari	886,625	119,694	11.2%	8.9%	2.3%	34,855	27,697	7,158	3 (Serious)	4 (Critical)	Deteroriate and phase will also change
	Mirpur Khas	1,708,062	230,588	11.2%	8.9%	2.3%	67,147	53,358	13,789	4 (Critical)	4 (Critical)	Remain similar
	Naushahro Feroze	1,833,553	247,530	17.4%	12.0%	5.4%	111,982	77,229	34,753	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Sanghar	2,329,475	314,479	11.2%	8.9%	2.3%	91,576	72,770	18,806	4 (Critical)	4 (Critical)	Remain similar
	Sukkur	1,725,433	232,933	12.2%	8.6%	3.6%	73,886	52,084	21,803	3 (Serious)	3 (Serious)	Deteroriate but phase will remain same
	Tharparkar	1,994,637	269,276	34.3%	26.7%	7.6%	240,140	186,931	53,209	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Thatta	1,159,750	156,566	20.9%	15.0%	5.9%	85,078	61,061	24,017	4 (Critical)	4 (Critical)	Remain similar
	Umer Kot	1,254,296	169,330	34.3%	26.7%	7.6%	151,008	117,549	33,460	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Total	**21,679,719**	**2,926,762**				**1,407,509**	**1,031,788**	**375,720**			
	Grand Total	**39,958,426**	**5,394,387**				**2,143,712**	**1,544,910**	**598,802**			

- **Over 2.14 million children are in need of GAM treatment**
- **Over 1.54 million children are in need of MAM treatment**
- **Over 598,000 children are in need of SAM treatment**

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IPC ACUTE MALNUTRITION PHASE CLASSIFICATION AND POPULATION TABLE- NUMBER OF CHILDREN IN NEED OF TREATMENT

							Total No. of Cases of Children (6-59 Months) in Need of Treatment					
Provinces	Unit of analysis (Districts)	Total Population	Number of 6-59 months children	GAM based on WHZ/MUAC	MAM based on WHZ/MUAC	SAM based on WHZ/MUAC	GAM Treatment	MAM Treatment	SAM Treatment	IPC phase Classification for Current period (March-September 2023)	IPC Phase classification for Projection Period (October 2023-January 2024)	Acute Malnutrition Situation in Projected Period
Balochistan	Jaffarabad	614,918	83,014	12.1%	4.3%	7.8%	26,116	9,281	16,835	4 (Critical)	4 (Critical)	Remain similar
	Kachhi	329,431	44,473	12.1%	4.3%	7.8%	13,991	4,972	9,019	4 (Critical)	4 (Critical)	Remain similar
	Kalat	490,154	66,171	16.5%	8.7%	7.8%	28,387	14,968	13,419	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Kharan	191,731	25,884	36.8%	31.6%	5.2%	24,765	21,266	3,499	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Khuzdar	980,622	132,384	13.1%	8.4%	4.7%	45,090	28,913	16,177	3 (Serious)	3 (Serious)	Deteroriate but phase will remain same
	Killa Abdullah	958,907	129,452	16.3%	13.0%	3.3%	54,862	43,755	11,107	4 (Critical)	4 (Critical)	Remain similar
	Killa Saifullah	410,821	55,461	16.3%	13.0%	3.3%	23,504	18,746	4,759	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Loralai	459,986	62,098	16.3%	13.0%	3.3%	26,317	20,989	5,328	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Nasirabad	605,679	81,767	12.1%	4.3%	7.8%	25,724	9,142	16,582	4 (Critical)	4 (Critical)	Remain similar
	Nushki	216,402	29,214	16.7%	12.3%	4.4%	12,685	9,343	3,342	4 (Critical)	4 (Critical)	Remain similar
	Pishin	910,806	122,959	16.3%	13.0%	3.3%	52,110	41,560	10,550	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Quetta	3,186,838	430,223	16.7%	12.3%	4.4%	186,803	137,585	49,218	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Washuk	203,716	27,502	36.8%	31.6%	5.2%	26,314	22,595	3,718	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Total	**9,560,009**	**1,290,601**				**546,669**	**383,114**	**163,554**			

- **In Balochistan, over 546,000 children are in need of GAM treatment**
- **Over 383,000 children are in need of MAM treatment**
- **Over 163,000 children are in need of SAM treatment**

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IPC ACUTE MALNUTRITION PHASE CLASSIFICATION AND POPULATION TABLE- NUMBER OF CHILDREN IN NEED OF TREATMENT

							Total No. of Cases of Children (6-59 Months) in Need of Treatment					
	Unit of analysis (Districts)	Total Population	Number of 6-59 months children	GAM based on WHZ/MUAC	MAM based on WHZ/MUAC	SAM based on WHZ/MUAC	GAM Treatment	MAM Treatment	SAM Treatment	IPC phase Classification for Current period (March-September 2023)	IPC Phase classification for Projection Period (October 2023-January 2024)	Acute Malnutrition Situation in Projected Period
Khyber Pakhtunkhwa	Charsadda	1,869,014	252,317	9.4%	6.9%	2.5%	61,666	45,266	16,401	2 (Alert)	2 (Alert)	Remain similar
	Kohistan Lower	238,738	32,230	10.1%	4.6%	5.5%	8,463	3,855	4,609	3 (Serious)	4 (Critical)	Deteroriate and phase will also change
	Malakand	832,481	112,385	1.2%	1.0%	0.2%	3,506	2,922	584	2 (Alert)	2 (Alert)	Remain similar
	Nowshera	1,822,150	245,990	10.9%	7.3%	3.6%	69,714	46,689	23,025	3 (Serious)	3 (Serious)	Remain similar
	Swat	2,804,187	378,565	1.2%	1.0%	0.2%	11,811	9,843	1,969	2 (Alert)	3 (Serious)	Deteroriate and phase will also change
	Upper Dir	1,152,128	155,537	8.5%	5.3%	3.2%	34,374	21,433	12,941	2 (Alert)	3 (Serious)	Deteroriate and phase will also change
	Total	**8,718,698**	**1,177,024**				**189,535**	**130,007**	**59,528**			

- **In Khyber Pakhtunkhwa, over 189,000 children are in need of GAM treatment**
- **Over 130,000 children are in need of MAM treatment**
- **Over 59,000 children are in need of SAM treatment**

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IPC ACUTE MALNUTRITION PHASE CLASSIFICATION AND POPULATION TABLE- NUMBER OF CHILDREN IN NEED OF TREATMENT

							Total No. of Cases of Children (6-59 Months) in Need of Treatment					
	Unit of analysis (Districts)	Total Population	Number of 6-59 months children	GAM based on WHZ/MUAC	MAM based on WHZ/MUAC	SAM based on WHZ/MUAC	GAM Treatment	MAM Treatment	SAM Treatment	IPC phase Classification for Current period (March-September 2023)	IPC Phase classification for Projection Period (October 2023-January 2024)	Acute Malnutrition Situation in Projected Period
Sindh	Dadu	2,123,210	286,633	17.4%	12.0%	5.4%	129,673	89,430	40,243	4 (Critical)	4 (Critical)	Remain similar
	Jacobabad	1,118,567	151,007	17.4%	12.0%	5.4%	68,315	47,114	21,201	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Jamshoro	1,230,983	166,183	20.9%	15.0%	5.9%	90,304	64,811	25,492	4 (Critical)	4 (Critical)	Remain similar
	Kambar Shahdad Kot	1,529,280	206,453	17.4%	12.0%	5.4%	93,399	64,413	28,986	4 (Critical)	4 (Critical)	Remain similar
	Khairpur	2,785,848	376,089	17.4%	12.0%	5.4%	170,143	117,340	52,803	4 (Critical)	4 (Critical)	Remain similar
	Matiari	886,625	119,694	11.2%	8.9%	2.3%	34,855	27,697	7,158	3 (Serious)	4 (Critical)	Deteroriate and phase will also change
	Mirpur Khas	1,708,062	230,588	11.2%	8.9%	2.3%	67,147	53,358	13,789	4 (Critical)	4 (Critical)	Remain similar
	Naushahro Feroze	1,833,553	247,530	17.4%	12.0%	5.4%	111,982	77,229	34,753	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Sanghar	2,329,475	314,479	11.2%	8.9%	2.3%	91,576	72,770	18,806	4 (Critical)	4 (Critical)	Remain similar
	Sukkur	1,725,433	232,933	12.2%	8.6%	3.6%	73,886	52,084	21,803	3 (Serious)	3 (Serious)	Deteroriate but phase will remain same
	Tharparkar	1,994,637	269,276	34.3%	26.7%	7.6%	240,140	186,931	53,209	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Thatta	1,159,750	156,566	20.9%	15.0%	5.9%	85,078	61,061	24,017	4 (Critical)	4 (Critical)	Remain similar
	Umer Kot	1,254,296	169,330	34.3%	26.7%	7.6%	151,008	117,549	33,460	4 (Critical)	4 (Critical)	Deteroriate but phase will remain same
	Total	**21,679,719**	**2,926,762**				**1,407,509**	**1,031,788**	**375,720**			

- **In Sindh, over 1.4 million children are in need of GAM treatment**
- **Over 1 million children are in need of MAM treatment**
- **Over 375,000 children are in need of SAM treatment**

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MAJOR RISK/CONTRIBUTING FACTORS OF ACUTE MALNUTRITION ANALYSIS

- Poor quality and inadequate quantity of food
- Poor sanitation coverage
- High rates of diarrhea, acute respiratory infection and fever
- Low prevalence of health seeking behavior
- Low/medium prevalence of exclusive breastfeeding
- High prevalence of malnutrition among PLW

- Devastating flooding in majority of the focused districts in second half of 2022 is most likely to have adverse impacts on access to safe drinking water and sanitation; incidence of waterborne diseases, access to health services, and safe and healthy food and subsequently contributing to acute malnutrition.

ASSUMPTION FOR FUTURE SHOCKS AND ONGOING CONDITION FOR PROJECTION

Projection (Oct 2023 - Jan 2024)

- Seasonal diseases- i.e ARI, Malaria, Pneumonia
- Lean period, higher food insecurity
- Harsh Weather- Winter season, snow fall
- Disruptions in accessibility and impact on food availability in the markets
- Constant high inflation
- Seasonal migration- Inter and intra district
- IYCF practices affected due to seasonal migration in some areas.
- Low vaccination status and coverage
- Economic and political instability
- Low coverage of preventive and curative services of acute malnutrition
- Anticipated low investment in nutrition by public sector

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RISK FACTORS TO MONITOR ACUTE MALNUTRITION

Projection (October 2023 - January 2024)

- Food Insecurity
- Seasonal diseases (Acute Respiratory Infections etc.)
- Vaccination Coverage
- WASH services
- IYCF practices
- Reproductive health services (Neonatal, Infant, Under 5 and Maternal Mortality)
- Law and order situation/unstable security situation
- Non-sufficient nutrition supply to address malnutrition of children
- Inflation
- Natural calamities (flash floods and earthquake in some area)
- Incomplete immunization
- Unhygienic sanitation practices.
- Plant and animal diseases

STRATEGIC PRIORITY RESPONSE OBJECTIVES

Immediate and Short Term Objectives :

- Scaling up of Emergency Response Plan (ERP) through nutrition sector
- Increase screening of malnourished children through LHW and community workforce
- Strengthen and Scaling up of CMAM
- Strengthen IYCF practices
- Cash and food assistance, ideally through BISP
- Improve access/availability to improved sanitation facilities
- Community engagement (e.g., building community support groups; BCC regarding risk factors for AMN e.g. IYCF practices, health seeking behavior)
- Increase immunization and work on routine immunization defaulters
- Introduce vaccination campaign in the uncovered/areas with low vaccination rates
- Improved access to nutrition centers (OTP, NSC) with availability of nutrition commodities for malnourished children

STRATEGIC PRIORITY RESPONSE OBJECTIVES

Immediate and Short Term Objectives :

- Multi sectoral nutrition sensitive response through relevant sectors
- Disaster Resilient Agriculture with climate smart agriculture introduction to combat lean period including kitchen gardening, tunnel farming etc.
- Livelihood and skill-based trainings
- Improve literacy specifically mothers education
- Improved adolescent and maternal nutrition and engage adolescents in nutrition interventions
- Capacity building for healthcare providers, train healthcare providers on the management and treatment of acute malnutrition

STRATEGIC PRIORITY RESPONSE OBJECTIVES

Medium to Long Term Objectives:

- Introduce nutrition sensitive interventions.
- Strengthen health systems through operationalizing nonfunctioning health facilities and data accessibility for crucial nutrition and health indicators.
- Fill gaps by deploying technical HR at the health facilities.
- Introduce livelihoods interventions to strengthen communities and build resilience.
- Introduce new farming techniques to ensure timely availability of food items.
- Strengthen local markets and create linkages with the external sources to enhance income and upgrade livelihood status.
- Provide immunization coverage to the uncovered population through engagement of additional human resource.
- Integrated Early Childhood Development.
- Develop Water, Sanitation, and Hygiene (WASH) infrastructure.
- Strengthening of data collection, monitoring and evaluation
- Advocacy and policy reform.
- Develop fresh approaches (such as family MUAC) and equip mothers and other caregivers.
- Intensify and expand Food fortification (fortification of wheat and oil).
- Plan, scale up and strengthen multi-sectoral interventions such as 1000-day human capital programme.

LIMITATIONS OF THE ANALYSIS

- Initially, the plan was to conduct IPC AMN analysis for 36 districts, but because of lack of recent data to meet the IPC requirements, four districts were dropped from the analysis.
- FSLA's nutrition data could not qualify the plausibility checks for several districts due to less number of children whose MUAC/anthropometry measurements were taken, age ratio, sex ratio, digit preferences etc.
- SMART surveys by UNICEF and RSPN filled in the data gap for few districts.
- Similar and/or nearby protocol of IPC was used for applying the GAM prevalence of SMART surveys to few similar districts.
- For slight/moderately flood affected districts for which FSLA or SMART surveys data could not be used, historical data of NNS, MICS surveys conducted during 2018-21 was used.
- Availability of latest data for some indicators.

THANKS