IPC
Integrated Food Security **P**hase **C**lassification
Evidence and Standards for Better Food Security and Nutrition Decisions

AFGHANISTAN

**IPC ACUTE MALNUTRITION ANALYSIS
SEPTEMBER 2022 – APRIL 2023**

Published on January 30, 2023

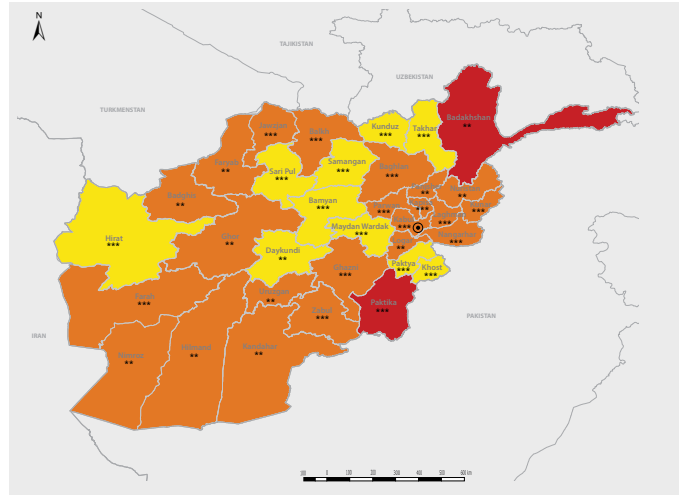| KEY FIGURES	SEPTEMBER 2022 - APRIL 2023	
3,223,027 cases of children aged 6 -59 months acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	**875,227**
	Moderate Acute Malnutrition (MAM)	**2,347,800**
	804,365 cases of pregnant or lactating women acutely malnourished IN NEED OF TREATMENT	

Overview

Of 34 provinces and one urban area (Urban Kabul) included in the IPC Acute Malnutrition (IPC AMN) analysis, two provinces are classified in IPC AMN Phase 4 (Critical), twenty-three in IPC AMN Phase 3 (Serious) and the remaining 10 in IPC AMN Phase 2 (Alert) during the current analysis period of Sep–Oct 2022. The situation is expected to deteriorate further during the projection period of November 2022 – April 2023. A total of 24 provinces will likely move to a worse situation, and 33 of the 34 provinces and Urban Kabul will likely be in IPC AMN Phase 3 or 4. An estimated 4 million vulnerable people will likely suffer from acute malnutrition in 2023 and are in need of urgent malnutrition intervention, including respectively 875,227 and 2,347,802 children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), respectively, and 804,365 pregnant and lactating women (PLW) with acute malnutrition.
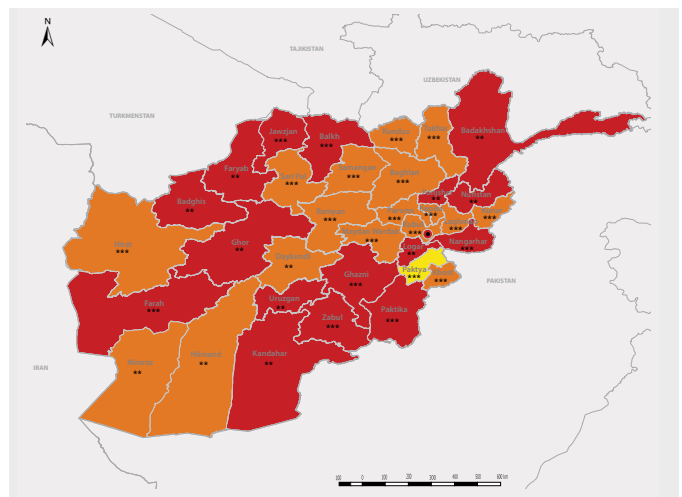
In the current analysis, Badakhshan and Paktika provinces are classified in IPC AMN Phase 4 (Critical). Badghis, Baghlan, Balkh, Farah, Faryab, Ghazni, Ghor, Helmand, Jawzjan, Kabul Rural, Kabul Urban, Kandahar, Kapisa, Kunar, Laghman, Logar, Nangarhar, Nimroz, Nuristan, Panjshir, Parwan, Uruzgan, and Zabul provinces are classified in Phase 3 (Serious). In the projection period, the acute malnutrition situation is expected to further deteriorate from Phase 2 to 3 in 9 provinces, and from Phase 3 to 4 in 15 provinces.

The major contributing factors to acute malnutrition include acute food insecurity (AFI), with about 45% to 55% of households in IPC AFI Phase 3 or above, which contributes to poor quality of foods consumed by children (only 16% have a minimum acceptable diet), as well as a high prevalence of communicable diseases (including diarrhea, malaria and Acute Respiratory Infections – according to the SMART survey, the proportion of children under the age of five experiencing diarrhea in the fortnight before the survey ranges from 17.5% to 88.5%, more than one third in 25 provinces), compounded by poor hygiene practices and sanitation, underpinned by basic factors, such as socio-economic status, social and cultural norms, and natural disasters, including the floods, droughts and earthquakes recently experienced by the country, as reported by the Whole of Afghanistan Assessment (WoAA).

Current Acute Malnutrition: September - October 2022

Projected Acute Malnutrition: November 2022 - April 2023

Key for the Map

IPC Acute Malnutrition Phase Classification

1 - Acceptable	4 - Critical
2 - Alert	5 - Extremely critical
3 - Serious	

Key Drivers

Food Insecurity
High levels of Acute Food Insecurity (AFI) and morbidity determined the dire situation of malnutrition.

Social Capitol
Both food insecurity and morbidity are underpinned by basic factors, such as, socio-economic status, social and cultural norms.

Diseases
In 25 of the 34 provinces, more than one third of the children aged under 5 had experienced diarrhea in the fortnight before the survey.

Climate Hazards
Both food insecurity and morbidity are underpinned by basic factors, such as natural disasters, including the floods, droughts and earthquakes recently experienced by the country.

CURRENT SITUATION MAP AND OVERVIEW (SEPTEMBER – OCTOBER 2022)
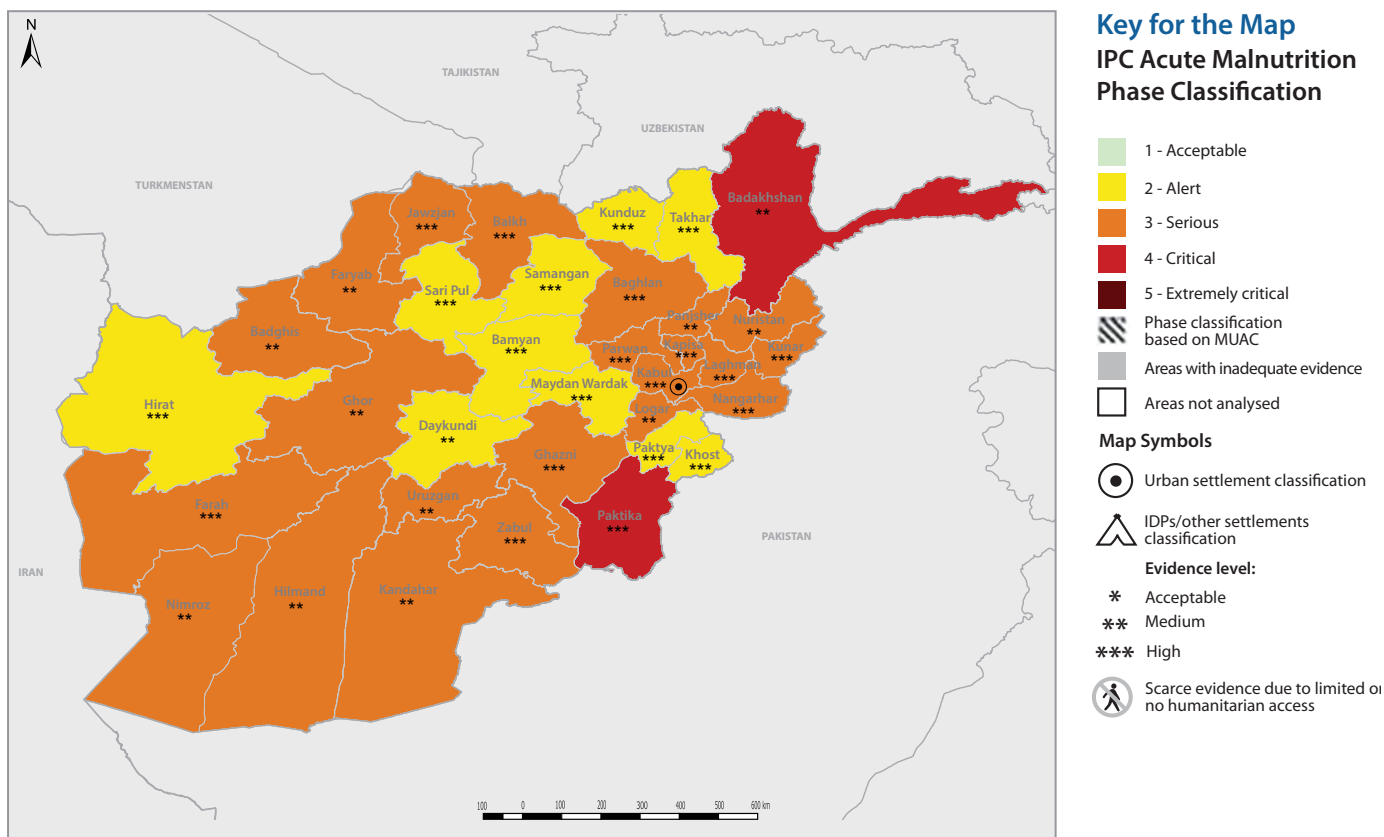
In the current period, Badakhshan and Paktika provinces are classified in IPC AMN Phase 4 (Critical). Badghis, Baghlan, Balkh, Farah, Faryab, Ghazni, Ghor, Helmand, Jawzjan, Kabul Rural, Kabul Urban, Kandahar, Kapisa, Kunar, Laghman, Logar, Nangarhar, Nimroz, Nuristan, Panjshir, Parwan, Uruzgan, and Zabul provinces are classified in IPC AMN Phase 3 (Serious).

The national provincial-representative SMART survey conducted from March to September 2022, which informed the current IPC AMN classification, reported a high and very high prevalence of acute malnutrition. The prevalence of global acute malnutrition (GAM) ranges from 4.4% to 15.7%, with the above listed 26 provinces having a prevalence of above 10%. The prevalence of combined Severe Acute Malnutrition (SAM) on weight for height (WHZ) and MUAC measurements among children under five years of age reaches 2% in 29 provinces. Acute malnutrition highly affects pregnant and lactating women (PLW) with the prevalence ranging from 3.8% to 50%, which reflects an alarming nutrition situation, i.e., above 20% in 19 provinces. In general, the observed prevalence of acute malnutrition in children and women is above regional and global averages. Similarly, chronic malnutrition, resulting from the long-term effects of underlying determinants of malnutrition, is above regional and global averages, with all assessed provinces reporting a high (8 provinces) or a very high (24 provinces) prevalence among children under five years of age, as per the WHO's classification. Indeed, children who survive acute malnutrition often become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities, affecting their education in the medium-term and their capacity to realize their full potential in the longer-term.

Contributing Factors

Years of war, macro-economic factors and recurrent natural disasters have been having an impact on people's lives in Afghanistan. Infants and young children and their mothers accumulate malnutrition risk factors, such as, food insecurity, poor feeding practices, and high morbidity, in a context marked by weak access to water, sanitation and health services.

The recent past years have been marked by increasing high levels of acute food insecurity. The national IPC Acute Food Insecurity (AFI) analysis conducted in October 2021 reported 47% of the population in IPC Phase 3 or above, an increase by

30% compared to the same season in 2020, with a projection to affect 55% of the population in the period November 2021 to March 2022. The IPC AFI analysis in October 2022 found 46% of the population in IPC Phase 3 or above, almost similar to the same season in 2021. Household food insecurity contributes to poor quality of foods consumed by children. Only 16% of children aged 6-23 months old are fed with a minimum acceptable diet (17% in urban and 13% in rural) according to the WoAA, 2022. Communicable diseases (including diarrhea, malaria and Acute Respiratory Infections) are common, compounded by poor hygiene practices and sanitation. According to the SMART survey, the proportion of children under five experiencing diarrhea in the fortnight before the survey ranges from 17.5% to 88.5%, more than one third in 25 provinces. In 2022, the number of 224,000 people affected by Acute Watery Diarrhea with dehydration was higher than those in the past three years (UNICEF, 2022). Overall, 79% of households do not have enough water for drinking, cooking, bathing and washing, indicating high water needs across the population groups and provinces. About half (46%) of the households report using unimproved sanitation facilities (WoAA, 2022).

All the underlying factors of malnutrition accounted for in the IPC AMN analysis are underpinned by basic factors, such as socio-economic status, social and cultural norms, and natural disasters, including the floods, droughts and earthquakes experienced by the country in the recent past. However, a progressive shift in the drivers of humanitarian nutrition needs is to be noted: drought and economic shocks were the most frequently reported shocks experienced by households (HHs) (64% and 54%, respectively) in 2022, while conflict and COVID-19 were the major drivers of need in 2021:

- **Macro and micro level economic drivers:** Economic capacity of HHs remains low, with continued negative net incomes amounting to −1,896 AFN (WoAA, 2022) and an increase in food prices.

- **Natural disasters:** Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches. Over three decades of conflict, coupled with environmental degradation, and insufficient investment in disaster risk reduction strategies, have contributed to increasing vulnerability of the Afghan people to cope with the sudden shock of natural disasters. On average, such disasters affect 200,000 people every year. From January to August 2022, 223,062 people were affected by natural disasters throughout Afghanistan. A total of 33 provinces out of 34 experienced some kind of natural disaster during the period.

  ◦ In 62% of settlements, key informants report agriculture as a primary and secondary income source, whereas drought is commonly experienced by households (64% of households during the last six months). In 38% of those settlements where agriculture is a main source, agricultural production is perceived to have decreased for "many" or "almost all" households. In connection, food insecurity is spread throughout. The country is classified as a hotspot of highest concern by FAO and WFP for the period October 2022 to January 2023.

  ◦ Flash flooding incidents are frequent: 663, 578, 328 and 659 incidents in 2019, 2020, 2021 and 2022, respectively. Between January to August 2022, floods resulted in 178 total deaths, 205 total injuries, 10,060 houses completely or severely destroyed, and 100,000 affected individuals, mostly in the third quarter. Damages due to the floods were substantial, raising the risks of food and nutrition insecurity through destruction of agriculture land, orchard trees, livestock and grain storage facilities.

  ◦ Afghanistan experienced earthquakes several times in 2022, the most important in June 2022, affecting mainly Khost and Paktika provinces already experiencing a dire situation, with both in IPC AFI Phase 3 (March 2022), low acute malnutrition treatment coverage rate at 34% and 27% for Khost and Paktika respectively, and rapid spread of AWD.

- **Disease outbreaks:** The limitations in access to WASH services, as mentioned above, are contributing factors to disease outbreaks, especially AWD and cholera, and measles, all in turn impacting the nutrition situation.

- **Limitations in access to basic services:** Needs of health and nutrition services are high while access remain of concern. The WoAA reports 82% of households with one of their members having had a healthcare need in the 3 months prior to data collection. The findings further indicate a more concerning healthcare situation among rural households, where 38% of households reported that there was no functional health facility nearby or too far away and 16% stated that household members were unable to obtain healthcare when they needed it, compared to 6% and 8% of urban households respectively. About 79% of children under five in urban settings and 69% in rural have not had screening for acute malnutrition in the 3 months prior to data collection. From January to September 2022, 1.6 million children under five years of age affected by acute malnutrition were admitted for treatment, i.e., 40% of the total 3.9 million projected to be in need in 2022.

- Focus on areas classified in Phase 2: most critically, the provision of health services and health environment are relatively improved in the areas classified in IPC Phase 2; Vitamin A coverage is more than 70%, measles vaccination coverage is more than 90%, and access to water and hygiene is acceptable (access to improved latrine facilities is more than 40%). Moreover, the morbidity situation is not very critical compared to the previous year (diarrhea, fever and Acute Respiratory Infection reported by between 20% to 40% of households for the majority of these areas).

- In key areas, i.e. Ghor and Daykundi, the same mitigating factors apply. Daykundi province, which is classified in IPC Phase 2 for IPC AMN, due to the fact that the GAM rate is low (WHZ=4.5% and MUAC=7.1%) and the other contributing factors are not very bad like diarrhoea (47.5%); ARI (46.6%) and malaria/fever (52.5%), there is a good health services access and coverage (Vitamin A supplementation: 73.2%; Measles Vaccination : 95.6%) and access to improved latrine (40%).

- Conversely in Paktika, which is classified in IPC AMN Phase 4 (Critical), the high levels of morbidity (diarrhoea (66.5%); ARI (68%) and malaria/fever (43%), and limited access to health services and a large proportion of households accessing unimproved latrines (92%) can be linked to the high levels of observed acute malnutrition.

Impact of Ukraine-Russia conflict on acute malnutrition:

According to the detailed analysis conducted as part of the IPC AFI analysis, it is suggested that the potential major negative impact of the Ukraine-Russia conflict on food security and acute malnutrition in Afghanistan is minimal. However, systems are now established to monitor any possible impact in the future on the acute malnutrition environment in Afghanistan. It is important for the nutrition sector to take in consideration the results of these monitoring systems to determine the need for an update on the IPC AMN projections.

PROJECTED SITUATION MAP AND OVERVIEW (NOVEMBER 2022 – APRIL 2023)
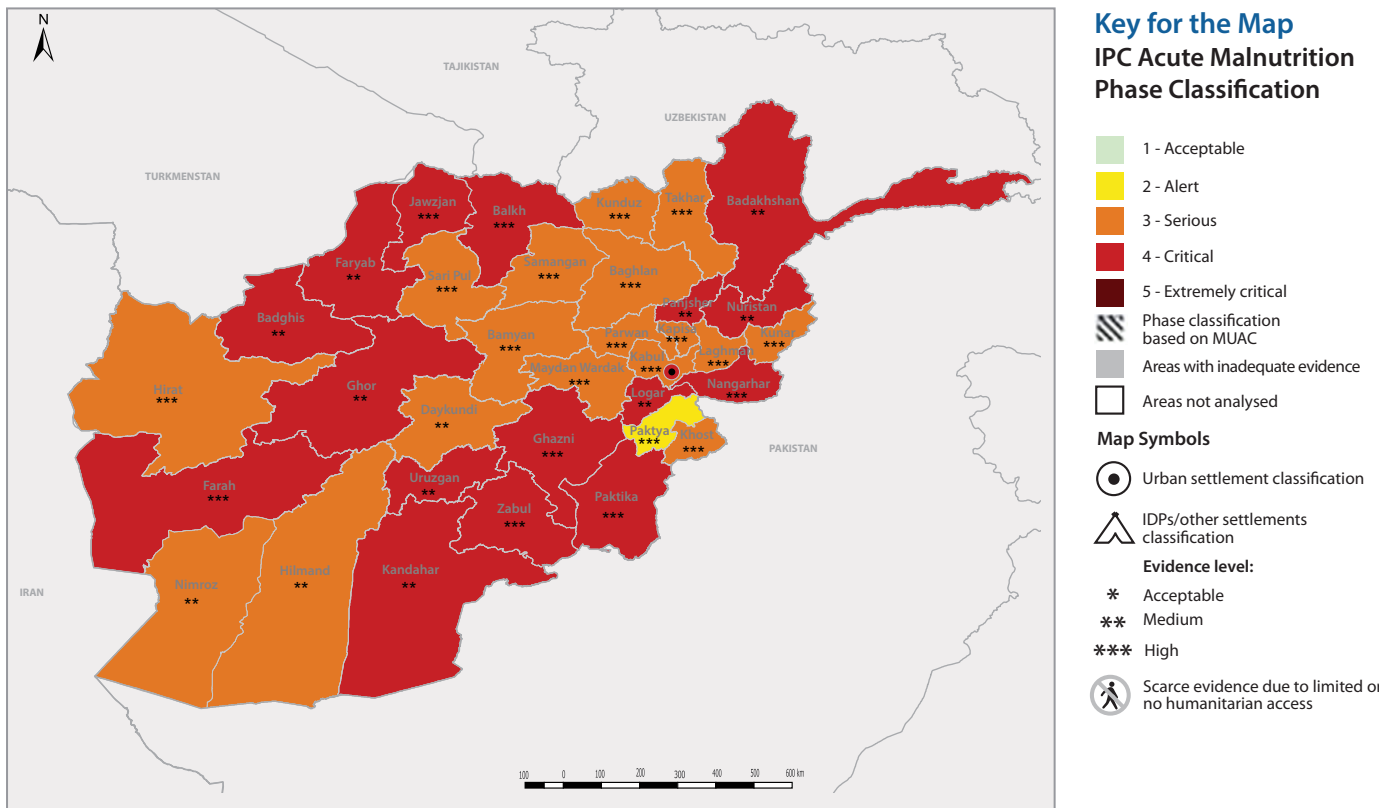
Projected Situation Overview

The projection period is marked by the winter season, with the limited access to health and nutrition services contributing to a deterioration, especially due to ARI and AWD, and also comprehends a large portion of the lean season, both characteristics that potentially impact on the nutrition situation.

The projection period between November 2022 and April 2023 is characterized by a significant deterioration in the acute malnutrition situation. During the projection period, 2 provinces in IPC AMN Phase 4 (Critical) will likely remain similar, while 15 provinces in IPC AMN Phase 3 (Serious) will likely deteriorate to IPC AMN Phase 4 (Critical). A total of 17 provinces will likely be in IPC AMN Phase 4 (Critical): Badakhshan, Paktika, Badghis, Balkh, Farah, Faryab, Ghazni, Ghor, Jawzjan, Kabul Urban, Kandahar, Logar, Nangarhar, Nuristan, Panjshir, Uruzgan, and Zabul. During the projection period, 9 provinces will likely deteriorate from IPC AMN Phase 2 to 3. A total of 17 provinces will likely be in IPC AMN Phase 3 (Serious): Parwan, Kabul Rural, Kapisa, Wardak, Daikundi, Bamiyan, Laghman, Kunar, Khost, Helmand, Nimroz, Samangan, Sar-e-pul, Kunduz, Baghlan, Takhar and Herat.

Factors that contribute to this critical acute malnutrition situation are strongly linked to the accelerated morbidity and increased risk of common diseases that affect child nutrition such as diarrhea (Acute Water Diarrhea) and acute respiratory infection (ARI) during the winter season, compared to the current period. In addition to the seasonal degradation of morbidity, it is also expected that the coverage of humanitarian interventions and the functionality of health facilities are likely to be impeded in the winter months. It is also important to mention that food security will likely strongly deteriorate during the projection.

Trend analysis

Given that this is the first IPC AMN analysis done for Afghanistan, there is no historical evidence to establish a basis of comparison with the current (September to October 2022) and projection period of analysis (November 2022 – April 2023).

SUMMARY POPULATION TABLE (SEPTEMBER 2022 – APRIL 2023)

Provinces	Total No. of Cases of Children (6-59 Months) in Need of Treatment			Total No. of Cases of Pregnant and Lactating Women in Need of Treatment
	GAM Treatment	MAM Treatment	SAM Treatment	
Badakshan	104,176	74,373	29,803	57,893
Badghis	49,053	35,280	13,773	24,751
Baghlan	112,664	79,217	33,447	19,393
Balkh	175,047	117,829	57,218	42,439
Bamyan	39,551	33,532	6,019	13,064
Daykundi	39,663	31,365	8,298	11,347
Farah	76,809	54,378	22,431	10,328
Faryab	125,164	92,376	32,788	28,146
Ghazni	175,544	114,257	61,287	32,477
Ghor	62,978	43,328	19,650	40,643
Hilmand	102,785	78,622	24,163	30,819
Hirat	206,474	147,324	59,150	56,434
Jawzjan	77,727	56,061	21,666	15,277
Kabul Urban	328,373	265,110	63,263	78,064
Kabul Rural	200,069	144,000	56,069	54,000
Kandahar	125,731	90,656	35,075	29,825
Kapisa	43,490	35,018	8,472	5,364
Khost	61,517	46,383	15,134	9,719
Kunar	51,024	40,434	10,590	14,646
Kunduz	106,276	82,172	24,104	24,347
Laghman	53,465	43,952	9,513	13,552
Logar	53,034	35,170	17,864	11,022
Nangarhar	212,357	155,495	56,862	32,711
Nimroz	13,801	10,616	3,185	7,420
Nuristan	20,211	13,263	6,948	6,298
Paktika	107,539	77,141	30,398	25,555
Paktya	65,513	43,885	21,628	2,554
Panjsher	19,141	14,446	4,695	1,867
Parwan	52,239	41,810	10,429	17,179
Samangan	40,305	28,133	12,172	13,524
Sar-e-Pul	66,841	48,485	18,356	8,527
Takhar	102,482	82,814	19,668	36,021
Uruzgan	64,031	44,135	19,896	10,682
Wardak	47,646	29,402	18,244	10,371
Zabul	40,307	17,338	22,969	8,106
TOTAL	3,223,027	2,347,800	875,227	804,365

The expected number of cases of acute malnutrition among children was calculated using the following formula: npk region, where n is the number of children under the age of five, p is the combined prevalence of SAM or MAM, and k is the incident correction factor. In line with the country practices, an incident factor of 2.6 was used in the formula to calculate the total number of SAM cases while an incident factor of 2.6 was also used to calculate the total number of MAM cases.

RECOMMENDATIONS FOR ACTION

Response Priorities

This section outlines the broad recommendations for both the immediate/short term and medium to longer-term timeframe based on the situation analysis and projection.

Immediate/short term recommendations

- Sustain the scale-up of the Integrated Management of Acute Malnutrition (IMAM) programmes, ensuring coverage and quality of treatment services to children under five years of age and pregnant and lactating women affected by acute malnutrition. Major specific actions to consider are:
  - Service-gap assessment;
  - Identification of the best model of integration into PHC and CBHC;
  - Use of simplified approaches.
- Promote preventative nutrition specific interventions, especially:
  - Sustain food supplementary programmes targeting vulnerable groups (children under, pregnant and lactating women) for prevention of malnutrition;
  - Strengthen micronutrient supplementation programming;
  - Strengthen Social Behavioural Change for Communication (SBCC), including through expanded IYCF messaging and counselling at Health Facilities and community levels.
- Promote integrated solutions that include nutrition-sensitive interventions, especially in health, water and sanitation, and food security.
  - Continue provision of primary health care;
  - Strengthen both institutional and community WASH interventions;
  - Support cash programming to enhance the resilience of affected families to cope with food insecurity and access to basic services;
  - Support preparedness and response plans for disease outbreaks and seasonal increase of malnutrition.

Medium to long-term recommendations

- Support integrated livelihood and nutrition programming for improved production and accessibility of nutritious foods for improved nutrition status and food security.
- Support SBCC to improve home diets, infant and young child feeding as well as proper use of nutrition products.
- Strengthen the health and community systems for an effective integration of nutrition at the different levels of the systems.

Situation monitoring and update

- Strengthen nutrition surveillance system, including the scale-up of the facility and community sentinel sites, and repeat community-based nutrition surveys, and enhance data management and utilization.
- Strengthen nutrition program monitoring systems and referral services across inpatient and outpatient care for acute malnutrition and ensure data quality.
- Sustain regular AIM TWG meetings for reviews of the nutrition situation and response capacity.
- Maintain updated preparedness and response plans for disease outbreaks and seasonal increase of malnutrition.

Risk factors to monitor

It is imperative that the following risk factors are monitored and the IPC AMN projections are updated as needed, based on the changes in the risk factors:

- Morbidity patterns, especially cholera and other seasonal diseases such as malaria and Acute Respiratory Infections.;
- Food security, using early warning systems;
- Health and nutrition service availability, access and utilization;
- Likelihood of natural disasters such as floods, earthquake, etc., in areas that are vulnerable to these hazards;
- Climatic and weather change shocks, such as in the winter, that is expected to affect the majority of households during the projection period as well as drought in the summer period.

PROCESS AND METHODOLOGY

The Afghanistan IPC Acute Malnutrition (AMN) Analysis was conducted in September 2022, to analyse the acute malnutrition situation in Afghanistan. The overall management and coordination was provided by the Nutrition Cluster, under the umbrella of the IPC Global Support Unit (IPC GSU). The Nutrition Cluster and FSAC Cluster conducted a series of consultative and technical meetings with different stakeholders to plan, prepare, and conduct the IPC AMN analysis.

The primary source of data for this analysis was the National SMART Survey data collected in 34 provinces + Kabul Urban between April to September 2022. The SMART Surveys operational implementation was led by Action Against Hunger Afghanistan, with support from various agencies (UNICEF, PU-AMI and Medair) and technical support from ACF Canada. The SMART Survey findings were validated by AIM-WG and in instances where more clarity was sought, a task force was constituted to further review the findings. Other secondary data sources included the routine programme data (nutrition and health programme data) as well as WoA.

The IPC analysis was conducted in person, with 38 individuals from the Nutrition cluster partners, UN agencies and PND. The analysis was conducted between 19th September and 1st October 2022.The analysis workshop entailed 4 days training and 7 days analysis days' workshop. The IPC Global Support Unit provided overall support and guidance to the analysis team.

Data sources

The main data source for the analysis was Afghanistan National SMART Survey 2022 findings conducted between April and September 2022. Other data sources were:

1. Afghanistan IPC Acute Food Insecurity March-November 2022 Snapshot
2. Afghanistan Nutrition screening data 2018-2022
3. Afghanistan HMIS data 2018-2022
4. Afghanistan NIS data 2018-2022
5. Afghanistan Health Survey 2018 data
6. Afghanistan AIM-WG Nutrition Assessment matrix 2014-2018

Limitations of the analysis

1. Though there was availability of National SMART Surveys data, the analysts did not have enough time to study the data prior to the analysis workshop. The national SMART surveys were still ongoing, up to the time of the workshop, and the requirement by AIM-WG to have findings reviewed and validated before use made this impossible. In the future, the SMART surveys will need to be planned and completed a month before the workshop.

2. The IPC AMN Analysis being the first in the country meant there was no adequate prior expertise to partake in the exercise, however, a four day training was conducted to build the capacity of the team on IPC AMN analysis. A database of the analysts will be created for future AMN analysis workshops.

3. Though there was a mix of expertise, there were many participants from Nutrition Cluster Partners - other key sectors were missed in the team. More multisector representation will be required in the next IPC AMN.

4. At the time of the analysis, results from four provinces were not available, hence, the analyst had to resort to IPC guidance on use of alternative sources for neighbouring provinces with similar characteristics.

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 by the Nutrition Cluster and the Public Nutrition Directorate (PND) of the Ministry of Public Health (MoPH). It has benefited from the financial support of the United Nations Children's Fund (UNICEF).

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.

IPC AMN Analysis Partners:

Annex 1: FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

Legend: No data | Not a CF | Major CF | Minor CF

CONTRIBUTING FACTORS (CF)	Central						Central Highland			Eastern				South Eastern			Southern					Northern					North Eastern				Western			
	Parwan	Kabul Rural	Kabul Urban	Kapisa	Panlshir	Logar	Daikundi	Bamyan	Ghazni	Nangarhar	Laghman	Kunar	Nuristan	Paktika	Khost	Paktya	Helmand	Nimroz	Uruzgan	Kandahar	Zabul	Samangan	Balkh	Faryab	Sar-e-pul	Jawzjan	Kunduz	Baghlan	Badakshan	Takhar	Farah	Herat	Badghis	Ghor
IPC AMN Current classification (Sept–Oct 2022)	3	3	3	3	3	3	2	2	3	3	3	3	3	4	2	2	3	3	3	3	3	2	3	3	2	3	3	3	4	3	3	2	3	3

Individual Food Consumption
- Minimum Dietary Diversity (MDD-IYCF)
- Minimum Meal Frequency (MMF-IYCF)
- Minimum Acceptable Diet (MAD-IYCF)
- Minimum Dietary Diversity – Women (MDD-W)

Diseases
- Diarrhoea
- Dysentery
- Malaria/fever
- Acute Respiratory Infection (ARI)
- HIV/AIDS
- Cholera or Acute Watery Diarrhoea (AWD)
- Measles (outbreak)

Food dimensions (IPC AFI Current classification (Feb–Mar 2022))

Caring and feeding practices
- Exclusive breastfeeding under 6 months
- Continued breastfeeding from 1-2 year
- Early initiation of breastfeeding (within first hour)
- Introduction of solid, semi-solid or soft foods

Health services and health environment
- Measles vaccination
- Polio vaccination
- Vitamin A supplementation
- Skilled birth attendance
- Health seeking behaviour

CONTRIBUTING FACTORS (CF)

Legend: No data (dark grey) · Not a CF (white) · Major CF (dark blue) · Minor CF (light blue)

Contributing Factor	Region →	Central						Central Highland			Eastern				South Eastern			Southern					Northern					North Eastern				Western			
	Province →	Parwan	Kabul Rural	Kabul Urban	Kapisa	Panjshir	Logar	Daikundi	Bamyan	Ghazni	Nangarhar	Laghman	Kunar	Nuristan	Paktika	Khost	Paktya	Helmand	Nimroz	Uruzgan	Kandahar	Zabul	Samangan	Balkh	Faryab	Sar-e-pul	Jawzjan	Kunduz	Baghlan	Badakshan	Takhar	Farah	Herat	Badghis	Ghor
IPC AMN Current classification (Sept–Oct 2022)		3	3	3	3	3	3	2	2	3	3	3	3	3	4	2	2	3	3	3	3	3	2	3	3	2	3	3	3	4	3	3	2	3	3
Health services and health environment																																			
"Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)"		Major	Major	Major	Major	Major	Major	No data	No data	No data	Major	Major	Major	Major	Major	Major	Minor	Major	Major	Major	Major	Major	Minor	Major	Major	Minor	Major	Major	Major	Major	Major	Major	Major	Major	Major
Access to a sufficient quantity of water		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Access to sanitation facilities		Major	Major	Minor	Major	Major	Major	Minor	Minor	Minor	Minor	Minor	Minor	Major	Major	Minor	Minor	Minor	Major	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Minor	Major	Minor	Minor	Major	Major	Major	Minor
Access to an improved source of drinking water		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Basic causes																																			
Human capital		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Physical capital		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Financial capital		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Natural capital		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Social capital		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Policies, Institutions and Processes		Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Minor	Major	Major	No data	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
Usual/Normal Shocks		Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Minor	Major	Major	No data	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major	Major
Recurrent Crises due to Unusual Shocks		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Other Nutrition issues																																			
Anaemia among children 6-59 months		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Anaemia among pregnant women		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Anaemia among non-pregnant women		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Vitamin A deficiency among children 6-59 months		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Low birth weight		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Fertility rate		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Nutrition Sensitive/ Prevention Program																																			
Blanket supplementary feeding programme coverage (BSFP)		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Micronutrient supplementation programme coverage		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Cash assistance programme coverage		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data

ANNEX 2: SNAPSHOT
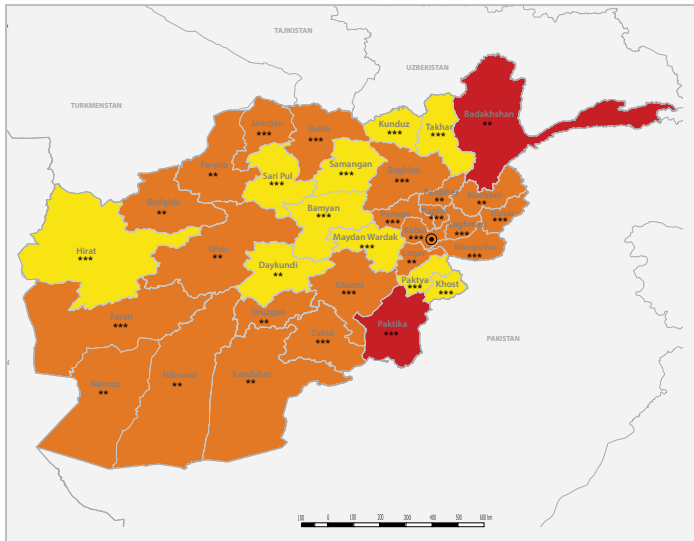
CURRENT ACUTE MALNUTRITION SEPTEMBER – OCTOBER 2022	PROJECTED ACUTE MALNUTRITION NOVEMBER 2022 – APRIL 2023
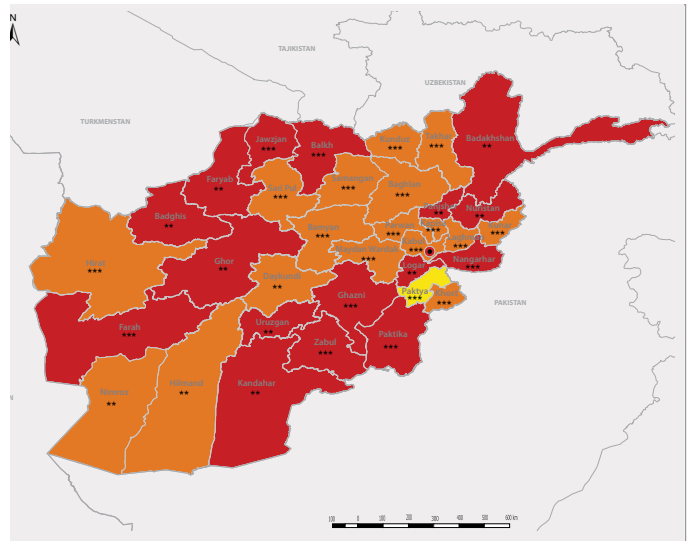
0 Provinces Extremely Critical	2 Provinces Critical	23 Provinces Serious
PREVALENCE OF ACUTE MALNUTRITION	10 Provinces Alert	0 Provinces Acceptable

KEY DRIVERS

- High prevalence of childhood diseases
- High Food Insecurity
- Inadequate Health services access and coverage
- Poor access to sanitation facilities
- Climate shocks
- Deterioration in economic situation

NOVEMBER 2022 TO APRIL 2023

34 Provinces + Kabul Urban	Acute malnutrition is expected to		Deteriorate	23 Provinces + Kabul Urban
			Remain Stable	11 Provinces
			Improve	0 Provinces

SEVERE, MODERATE AND GLOBAL ACUTE MALNUTRITION SEPTEMBER TO OCTOBER 2022

		IN NEED OF URGENT ACTION	
3,223,027	**804,365**	**875,227 SAM*** 6-59 months caseload	**7,758,107**
0-59 months children acutely malnourished	Pregnant or lactating women malnourished	**2,347,800 MAM*** 6-59 months caseload	Total population of children 6-59 months

ANNEX 3: TOTAL NUMBER OF CASES OF CHILDREN 0-59 MONTHS AND PREGNANT AND LACTATING WOMEN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT

The expected number of cases of acute malnutrition among children under five and pregnant and lactating women was calculated using the following formula: npk, where n is the number of children under five, p is the prevalence of acute malnutrition, and k is the incident correction factor of 2.6. The PIN estimate was based on the combined prevalence of acute malnutrition based on weight for height (WHZ) and MUAC measurements. In accordance with the IPC AMN current and projection classification analysis guidelines, the point prevalence was used for provinces that did not change the level of classification during the projection period, while the upper value of the confidence interval was used for provinces that moved to a higher (worsened) phase during the projection period from the current classification.

At the time of the analysis, the SMART surveys results for Faryab, Logar, Panjshir and Kandahar had not been obtained, hence, based on IPC guidelines, results from the neighbouring (similarity in characteristics) provinces Jawzjan, Kabul Rural, Kapisa and Hilmand were used respectively for the analysis, classifications and PIN calculations.

Unit of analysis	Children under 5							Pregnant and Lactating women		
	Total #	GAM % (95% CI)	MAM % (95% CI)	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
Badakshan	260,518	16.6 (13.5-20.3)	12.20 (9.7-15.1)	4.40 (3.1-7.2)	104,176	74,373	29,803	115,786	50 (30.6-69.3)	57,893
Badghis	135,830	10.70 (8.2-13.9)	8.80 (6.7-11.1)	2.20 (1.4-3.7)	49,053	35,280	13,773	60,369	41.0 (36.7-45.8)	24,751
Baghlan	250,767	13.90 (11.5-16.6)	11.0 (8.7-13.5)	3.40 (2.4-5.7)	112,664	79,217	33,447	111,452	17.4 (3.7-36.4)	19,393
Balkh	372,996	15.60 (12.9-18.6)	11.60 (9.8-13.5)	3.90 (3.2-5.9)	175,047	117,829	57,218	165,776	25.6 (12.5-40.6)	42,439
Bamyan	122,478	9.30 (6.9-12.4)	8.70 (5.9-11.7)	0.80 (0.4-2.1)	39,551	33,532	6,019	54,434	24.0 (9.3-45.1)	13,064
Daykundi	127,654	9.60 (7.3-12.4)	8.20 (6.4-10.5)	1.30 (0.8-2.5)	39,663	31,365	8,298	56,735	20.0 (8.4-36.9)	11,347
Farah	139,152	18.70 (16.0-21.8)	14.40 (12.2-16.7)	4.30 (3.4-6.2)	76,809	54,378	22,431	61,845	16.7 (4.0-31.2)	10,328
Faryab*	274,145	17.60 (15.0-20.5)	14.00 (11.9-16.1)	3.70 (2.8-5.6)	125,164	92,376	32,788	121,842	23.1 (10.5-36.8)	28,146
Ghazni	336,744	16.70 (14.1-19.8)	12.20 (10.2-14.5)	4.60 (3.4-7.0)	175,544	114,257	61,287	149,664	21.7 (17.1-26.9)	32,477
Ghor	188,940	9.70 (6.7-13.9)	7.40 (5.5-9.8)	2.30 (1.3-4.0)	62,978	43,328	19,650	83,973	48.4 (43.7-52.2)	40,643
Hilmand	357,437	11.90 (9.8-14.4)	9.40 (7.6-11.2)	2.60 (1.9-3.9)	102,785	78,622	24,163	158,861	19.4 (6.7-34.1)	30,819
Hirat	529,068	11.70 (8.7-15.5)	9.60 (7.6-11.9)	2.40 (1.5-4.3)	206,474	147,324	59,150	235,141	24.0 (19.0-29.5)	56,434
Jawzjan	148,805	17.60 (15.0-20.5)	14.00 (11.9-16.1)	3.70 (2.8-5.6)	77,727	56,061	21,666	66,136	23.1 (10.5-36.8)	15,277
Kabul Urban	760,367	14.20 (11.9-16.9)	12.30 (10.0-14.9)	1.80 (1.2-3.2)	328,373	265,110	63,263	337,941		78,064
Kabul Rural	525,971	15.70 (12.7-19.2)	11.70 (9.4-14.0)	4.10 (3.0-6.4)	200,069	144,000	56,069	233,765	23.1 (0.0-50.0)	54,000
Kandahar*	345,911	11.90 (9.8-14.4)	9.40 (7.6-11.2)	2.60 (1.9-3.9)	125,731	90,656	35,075	153,738	19.4 (6.7-34.1)	29,825
Kapisa	120,684	15.20 (13.1-17.8)	11.70 (9.4-14.0)	4.10 (3.0-6.4)	43,490	35,018	8,472	53,637	10.0 (2.2-19.6)	5,364
Khost	157,317	12.50 (10.1-15.5)	10.50 (8.7-12.6)	2.20 (1.5-3.7)	61,517	46,383	15,134	69,919	13.9 (10.7-17.8)	9,719
Kunar	123,425	17.20 (14.5-20.3)	14.00 (12.0-16.0)	3.30 (2.5-5.1)	51,024	40,434	10,590	54,856	26.7 (22.8-30.9)	14,646
Kunduz	280,931	13.40 (11.21-6.0)	10.20 (8.3-12.5)	3.30 (2.5-5.4)	106,276	82,172	24,104	124,858	19.5 (15.5-24.3)	24,347
Laghman	121,966	19.80 (17.3-23.1)	15.40 (13.3-17.7)	3.00 (1.8-5.7)	53,465	43,952	9,513	54,207	25.0 (20.9-29.7)	13,552

Unit of analysis	Children under 5						Pregnant and Lactating women		
	Total #	GAM % (95% CI)	MAM % (95% CI)	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
Logar*	107,356	15.70 (12.7-19.2)	11.70 (9.4-14.0)	4.10 (3.0-6.4)	53,034	35,170	17,864	47,714	23.1 (0.0-50.0)	11,022
Nangarhar	420,576	16.10 (12.9-20.1)	13.00 (10.8-15.8)	2.90 (2.0-5.2)	212,357	155,495	56,862	186,923	17.5 (14.1-20.8)	32,711
Nimroz	45,365	12.50 (10.2-15.3)	10.00 (7.8-12.4)	2.70 (1.8-4.7)	13,801	10,616	3,185	20,162	36.8 (21.4-52.8)	7,420
Nuristan	40,487	15.20 (11.4-19.9)	11.70 (9.4-14.0)	3.60 (2.3-6.6)	20,211	13,263	6,948	17,994	35.0 (14.3-55.0)	6,298
Paktika	191,665	23.40 (19.1-28.6)	17.20 (14.1-20.3)	6.10 (4.7-9.5)	107,539	77,141	30,398	85,184	30.0 (0.0-62.5)	25,555
Paktya	151,244	13.20 (10.5-16.3)	10.10 (8.0-12.4)	3.30 (2.4-5.5)	65,513	43,885	21,628	67,220	3.8 (0.0-12.5)	2,554
Panjsher*	41,997	15.20 (13.1-17.8)	12.40 (10.3-14.7)	2.70 (2.2-4.3)	19,141	14,446	4,695	18,665	10.0 (2.2-19.6)	1,867
Parwan	182,324	11.90 (9.8-14.4)	9.80 (7.9-12.0)	2.20 (1.5-3.9)	52,239	41,810	10,429	81,033	21.2 (16.3-25.9)	17,179
Samangan	106,396	11.30 (8.9-14.3)	9.10 (7.0-11.3)	2.30 (1.4-4.4)	40,305	28,133	12,172	47,287	28.6 (5.9-55.6)	13,524
Sar-e-Pul	153,481	13.70 (10.7-17.2)	10.90 (8.7-13.5)	2.60 (1.6-4.6)	66,841	48,485	18,356	68,214	12.5 (0.0-30.8)	8,527
Takhar	270,159	13.60 (10.5-17.4)	10.70 (8.5-13.1)	2.80 (1.9-5.0)	102,482	82,814	19,668	120,071	30.0 (10.5-52.4)	36,021
Uruzgan	107,777	18.30 (16.3-22.5)	13.70 (10.2-17.5)	4.70 (3.4-7.1)	64,031	44,135	19,896	47,901	22.3 (18.5-25.6)	10,682
Wardak	163,183	10.60 (8.4-13.3)	7.70 (5.6-9.1)	3.00 (2.1-4.9)	47,646	29,402	18,244	72,526	14.3 (0.0-36.4)	10,371
Zabul	94,992	14.10 (11.2-17.8)	7.80 (5.6-10.2)	6.00 (4.7-9.3)	40,307	17,338	22,969	42,219	19.2 (6.5-39.3)	8,106
Grand Total	7,758,107					875,227	2,347,800			