



Acute Malnutrition | January - December 2025



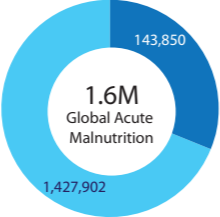
1.6M

About 1.6 million cases of acute malnutrition among children aged 6 to 59 months in the 18 analysed districts, including 143,850 severe cases, will likely suffer from acute malnutrition between January - December 2025 and need treatment.



116,707

About 117,000 pregnant or breastfeeding women will require treatment for acute malnutrition in 2025.



Severe Acute Malnutrition (SAM)
Moderate Acute Malnutrition (MAM)

Overview

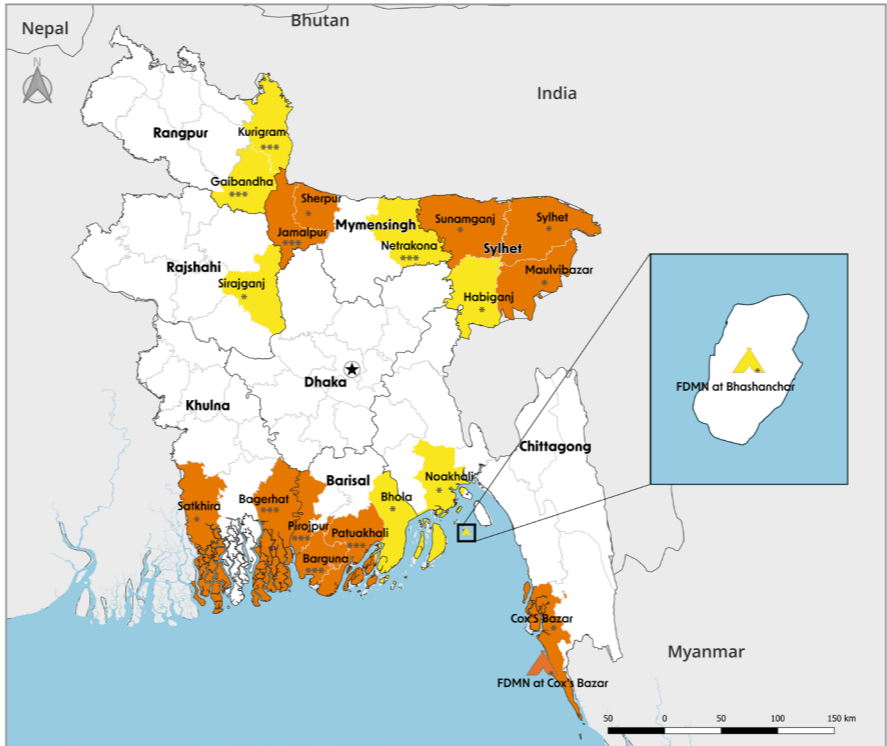
The IPC Acute Malnutrition (AMN) analysis, covered 18 districts across seven divisions, as well as the Rohingya refugee populations in Cox's Bazar and Bhashanchar camps. For the current period of analysis (January-April, 2025) 11 districts — including Barguna, Patuakhali, Pirojpur, Cox's Bazar (host and Rohingya refugees), Bagerhat, Satkhira, Jamalpur, Sherpur, Maulvibazar, Sunamganj and Sylhet — were classified in IPC AMN Phase 3 (Serious), while the remaining seven districts — Bhola, Noakhali, Netrokona, Sirajganj, Gaibandha, Kurigram and Habiganj — were classified in IPC AMN Phase 2 (Alert). Among the refugee population, Cox's Bazar was classified in Phase 3 and Bhashanchar in Phase 2.

The nutrition situation is of significant concern, with several districts facing high levels of acute malnutrition, particularly in Bhola, Cox's Bazar, Bagerhat, Sirajganj, Gaibandha, Kurigram, Bhashanchar where food insecurity is more prevalent. Multiple underlying and contributing factors continue to affect the nutritional status of children under the age of five, pregnant and breastfeeding women, and vulnerable populations including displaced people and their host communities.

Acute malnutrition in the analysed areas is primarily driven by inadequate food intake, dietary diversity remaining alarmingly low, especially in Pirojpur, Bagerhat, Satkhira, Sunamganj and Cox's Bazar Forcibly Displaced Myanmar Nationals (FDMN) refugees, with only around half of children meeting the minimum requirements for a healthy diet. Additionally, childhood illnesses such as endemic diarrhoea represent a major driver of acute malnutrition, particularly in Habiganj, Sunamganj, Sylhet and Cox's Bazar FDMN refugees. Acute watery diarrhoea cases are more prominent in Barguna, Patuakhali and Satkhira and a high prevalence of childhood fever is widely reported across the 18 districts analysed further compromising the nutrition status of affected populations. Lastly, poor WASH conditions, especially access to safe water and sanitation services, among the 18 districts analysed exposes children to frequent infections. Acute food insecurity also limits access to nutritious foods, and recurrent shocks such as floods and cyclones have disrupted essential health, nutrition, and WASH services, deepening household vulnerability.

For the projected period (May–December 2025), childhood morbidity, particularly due to diarrhoeal diseases, is likely to increase as a result of poor WASH conditions and reduced access to health and nutrition services in areas affected by monsoon floods and cyclones. In addition, the intake of nutritious food is expected to decline due to these same shocks, which are impacting both the availability of and access to food. Five areas currently in IPC AMN Phase 2 (Alert) - Kurigram, Gaibandha, Sirajganj, Bhola and Bhashanchar FDMN - are projected to shift to IPC AMN Phase 3 (Serious), while the majority of areas in Phase 3 are expected to experience a deterioration in the nutritional status of children and pregnant and breastfeeding women. The scaling up of community-based prevention and treatment of wasting (CMAM) and Integrated Management of Childhood Illness (IMCI) within primary healthcare, combined with the promotion of appropriate feeding and hygiene practices and other nutrition-sensitive, multi-sectoral interventions, could help reverse the deterioration, particularly in areas with the highest rates of acute malnutrition.

Current Acute Malnutrition | January - April 2025



Map Key
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
Map Symbols
National Capital
Forcibly Displaced Myanmar Nationals (FDMN)
Evidence level:
* Acceptable
** Medium
*** High

Contributing Factors



Inadequate food consumption

Dietary intake among children aged 6–23 months is alarmingly inadequate, with only 40 percent meeting Minimum Dietary Diversity (MDD) and just 25 percent achieving both MDD and Minimum Meal Frequency, increasing the risk of nutrient deficiencies and acute malnutrition during this critical growth period.



High prevalence of disease

Childhood diseases, including fever, diarrhoea or acute watery diarrhoea, and acute respiratory infections, are highly prevalent across all districts. The nutrition surveys in over half of the analysed districts indicated that more than 50 percent of the children experienced illness – any of the aforementioned – in the two weeks preceding the assessment.



Poor Sanitation and hygiene conditions

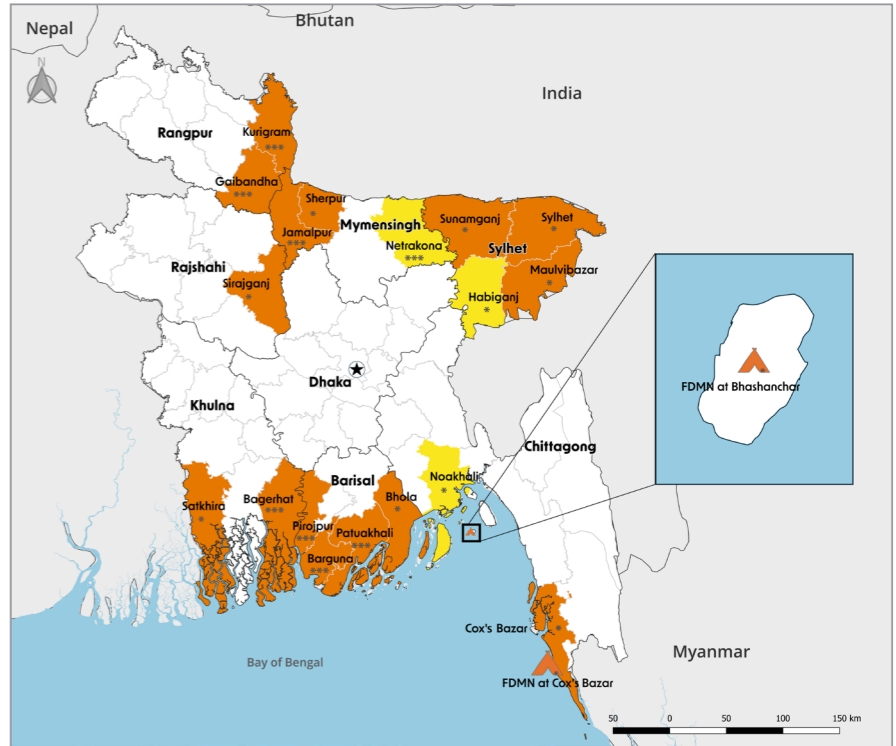
Poor hygiene and sanitation, including limited access to proper toilets and safe drinking water, heighten children's exposure to enteric pathogens (bacteria, viruses, and parasites), increasing disease incidence and impairing nutrient absorption, thereby contributing to acute malnutrition across all assessed districts.



High levels of food insecurity

Acute food insecurity remains a key driver of acute malnutrition. About 8.7 million people (20 percent of the population) in the IPC AMN analyses areas, are classified as IPC AFI Phase 3 (Crisis), and nearly 9.4 million people are projected to face IPC AFI Phase 3 or above between May and December 2025. This includes 361,000 people in IPC AFI Phase 4 (Emergency).

Projected Acute Malnutrition | May - December 2025



Map Key
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
Map Symbols
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Evidence level:
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Recommended Actions



Improve nutrition services & healthcare: Implement community-based prevention and management of wasting through integration into primary healthcare services. This requires adapting national CMAM guidelines in line with the latest WHO recommendations. Strengthen the Integrated Management of Childhood Illness (IMCI) within primary healthcare by enhancing access, coverage, and quality of services.



Improve feeding practices: Improve access to diversified foods through integrated multi-sectoral nutrition specific and sensitive interventions including social protection programs for vulnerable households. Also limits promote and support infant and young childcare and feeding practices by placing more emphasis on social and behaviour change strategies.



Improve water, sanitation & hygiene: Improve coverage of WASH services such as access to safe water and improved sanitation facilities particularly in high-risk and disaster-prone areas. Promote and support better hygiene practices related to infant and young childcare and feeding practices (hand washing, mosquitos net use, feces & waste management, home food safety practices, etc.).



Establish a robust nutrition information system: Incorporating seasonal surveys, surveillance, and routine program data (e.g., MIS), to monitor the nutrition situation. Strengthen real-time early warning systems by integrating risk-informed programming and contingency planning. Enhance nutrition surveillance in districts to accurately assess needs and guide evidence-based response planning.