Contributing Factors

- Inadequate food consumption
- Low access to quality health services
- Insecurity and conflict

Recommended Actions

- Inadequate food consumption
- Low access to quality health services
- Insecurity and conflict

Overview

An IPC Acute Malnutrition analysis of Mali – covering 51 administrative subdivisions and four departments of Bamako Capital District including the internally displaced people sites of four regions (Gao, Mopti, Ségou and Timbuktu) - revealed that over 1.2 million children under the age of five will likely be acutely malnourished through August 2022, due to high levels of food insecurity and diseases. This includes over 100,000 severely malnourished children in need of urgent and adequate treatment. Over 35,000 pregnant and lactating women will also likely be acutely malnourished. This serious nutritional situation is the result of a combination of several contributing factors, mainly the poor quality of food resulting from inappropriate feeding practices of young children, recurrent food insecurity in certain areas, high rates of anaemia, high prevalence of childhood diseases (particularly malaria, diarrhoea and acute respiratory infections) and a resurgence of measles outbreaks. Other factors include low coverage of Integrated Management of Acute Malnutrition (IMAM) programs, poor hygiene conditions (inaccessibility of adequate sanitation facilities), low coverage of access to drinking water and the negative impacts of inter-community conflicts and the volatile security situation in some regions.

Background of Mali

Mali is among the 25 poorest countries in the world. The landlocked West African country hosts one of the worst humanitarian crises in the region, home to insecurity, political instability and an ailing economy. These factors have driven food insecurity and malnutrition to unprecedented levels. According to the 2021 Cadre Harmonisé acute food insecurity analysis, the situation in Mali is likely to significantly deteriorate, with the number of people in CH Phase 3 or 4 (Crisis or Emergency) increasing from 1.1 million during October - December 2021 to 1.3 million people during June – August 2022. This figure is out of Mali’s population of 21.6 million, 4.4 million of which are in CH Phase 2 (Stressed).

In the table below, the increases in acute malnutrition since 2017 can be attributed to the cumulative effect of years of conflict on the dimensions of nutrition and food security, as well as an increase in the coverage of this analysis to include IDP settlements, where there is a high prevalence of global acute malnutrition.

### Acute Malnutrition Situation Comparison 2017 / 2022

<table>
<thead>
<tr>
<th>Country</th>
<th>Children in Severe Acute Malnutrition (SAM)</th>
<th>Children in Moderate Acute Malnutrition (MAM)</th>
<th>Pregnant and lactating women in acute malnutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2017</td>
<td>10,000</td>
<td>20,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Sept 2017</td>
<td>12,000</td>
<td>24,000</td>
<td>1,200</td>
</tr>
<tr>
<td>Oct 2021</td>
<td>15,000</td>
<td>30,000</td>
<td>1,500</td>
</tr>
<tr>
<td>Aug 2022</td>
<td>18,000</td>
<td>36,000</td>
<td>1,800</td>
</tr>
</tbody>
</table>

### Recommended Actions

- Provide humanitarian assistance
- Take actions for early prevention
- Promote good care and feeding practices
- Increase access to safe water and adequate sanitation
- Monitor risk factors