Overview of Acute Malnutrition

It is projected that nearly 1.5 million children under the age of five are expected to suffer from acute malnutrition from June 2022 – May 2023. This is 19% higher than the cases forecasted in 2021. This figure includes 367,000 cases of Severe Acute Malnutrition (SAM) - an increase of 16% compared to last year’s estimate. Between June and October 2022, malnutrition levels were in IPC AMN Phase 4 (Critical) in five areas: Gao, Andem哐ukane and Tidemerminte (in the Ménaka region) and those of Baydaw and Tominian (in the Ségou region) as well as the IDPs of Bamako and Mopti. 28 areas are in IPC AMN Phase 3 (Serious) and they include all the areas in the regions of Kayes, Mopti, Gao, Timbuktu, Taoudénit, two areas in the region of Ménaka and three areas in the region of Ségou. In IPC AMN Phase 2 (Alert) there are 26 areas including all the areas in the regions of Koupulse, Sikasso and Kidal, all the communes in the district of Bamako, one area in Ménaka, four areas in Ségou and the IDPs in Gao.

Between November 2022 and May 2023, the five areas previously classified as Critical (IPC AMN Phase 4) - Gao, Andem働くkane, Barouéli and Tominian and the IDP sites Bamako and Mopti will likely improve to Serious (IPC AMN Phase 3). However, it is projected that the area of Tidemerminte could remain in a Critical situation. This will be determined by immediate causes such as insufficient food intake and morbidities.

The main contributing factors to the acute malnutrition – primarily in the areas classified in IPC AMN Phase 3 or above – are inadequate food intake by children, both from a qualitative (dietary diversity) and quantitative (frequency of meals) point of view; the food insecurity, especially in the regions of Gao, Timbuktu, as well as for the areas of Anderboukane (Menaka) Bandiagara, Djenné, Douentza and Koro (Mopti). Childhood diseases such as diarrhea, acute respiratory infections (ARI) and malaria as well as a high probability of a measles outbreak in the Kayes, Mopti and Timbuktu regions.

Recommendations for action

- **Nutrition response:** Immediately strengthen the coverage and quality of Integrated Management of Childhood Illnesses to reduce the number of acutely malnourished children and pregnant and lactating women.
- **Multisectoral programming:** Further strengthen the multisectoral response related to the provision of quality basic social services (WASH, food, health, education, health services, nutrition and social protection) in order to protect vulnerable populations and meet their basic needs.
- **Treatment for malnutrition:** Implement the simplified approach to the management of acute malnutrition in IDP sites and areas in IPC AMN Phase 4.
- **Vaccination:** Strengthen vaccination against measles, malaria prevention and case management and the prevention and management of diarrheal diseases.
- **Malaria prevention:** Strengthen malaria prevention through seasonal chemoprophylaxis (IPC) and case management.
- **Awareness on best practices:** Strengthen best practices for IYCF (exclusive breastfeeding, dietary diversification, promotion of consumption of local foods rich in micronutrients).