

**Acute Malnutrition September 2021 - August 2022**

**1.74M**  
The number of 6-59 months children acutely malnourished  
IN NEED OF TREATMENT

**0.15M**  
Pregnant or lactating women acutely malnourished  
IN NEED OF TREATMENT

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Children in Severe Acute Malnutrition (SAM)	<b>614,000</b>
Children in Moderate Acute Malnutrition (MAM)	<b>1,129,000</b>
Global Acute Malnutrition (GAM) of children	<b>1,743,000</b>

**Overview**

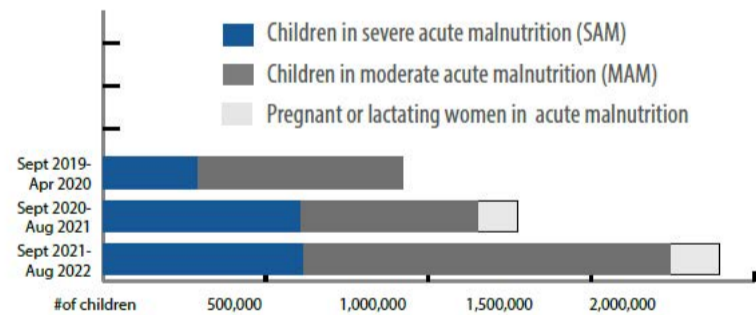
The humanitarian crisis in North East Nigeria has become protracted, with conflict leading to widespread displacement, destroyed infrastructure and collapsed basic social services. Inadequate access to safe nutritious food, especially in the context of rising food prices, has led to poor feeding and breastfeeding practices. Infection trends, particularly for diarrhoea, measles and malaria, are undermining the nutritional status of children.

According to the latest IPC Acute Malnutrition (AMN) analysis, high levels of acute malnutrition are prevalent in many areas between September and December 2021, with over 60% of areas analysed being in IPC AMN Phase 3 (Serious) or 4 (Critical). Over 1.74 million children under the age of five are expected to suffer from acute malnutrition through August 2022. This includes nearly 614,000 children severely malnourished and over one million moderately malnourished. In addition, over 151,000 pregnant and lactating women will likely be acutely malnourished.

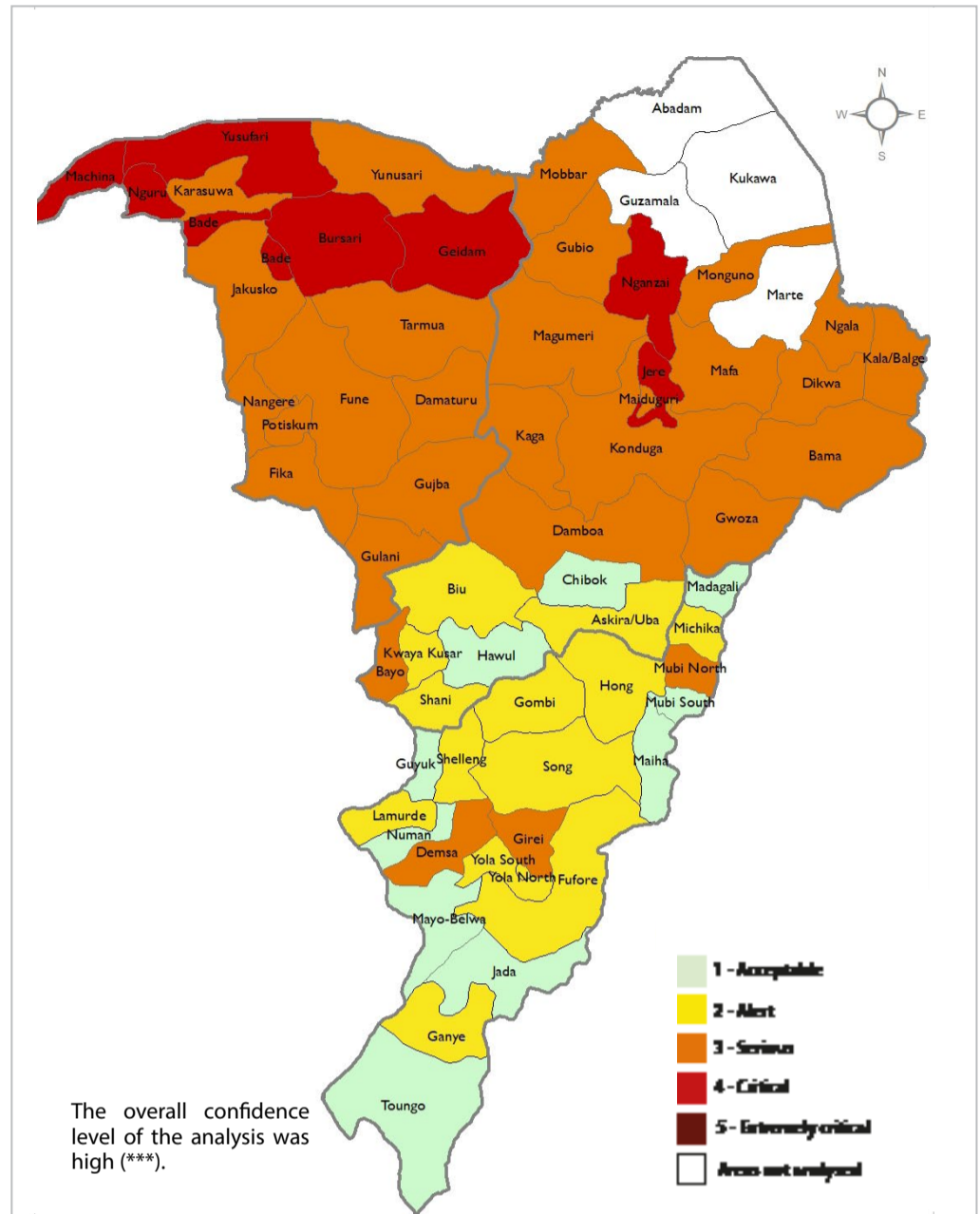
Between September and December 2021, eight Local Government Areas (LGAs) are classified in IPC AMN Phase 4 (Critical), 29 LGAs in IPC AMN Phase 3 (Serious), 14 LGAs in IPC AMN Phase 2 (Alert) and ten LGAs in IPC AMN Phase 1 (Acceptable). This shows a sharp rise in the levels of acute malnutrition compared to the same period last year, since the number of LGAs in IPC AMN Phase 4 increased from seven to eight and those in IPC AMN Phase 3 increased from 19 to 29.

During the first projection (January - April 2022), corresponding to the post-harvest season, when compared to the current period, the nutrition situation of 24 LGAs is expected to improve, whereas the situation of 35 LGAs is expected to remain the same and that of two LGAs (Chibok and Hawul) is expected to deteriorate. During the second projection (May - August 2022), corresponding to the lean season, when compared to the first projection period, the nutrition situation is expected to deteriorate in 45 LGAs and to remain the same in 16 LGAs. This is based on the assumptions that the security situation deteriorates, food accessibility decreases, and that there are outbreaks of measles and a high incidence of Acute Respiratory Infections (ARIs).

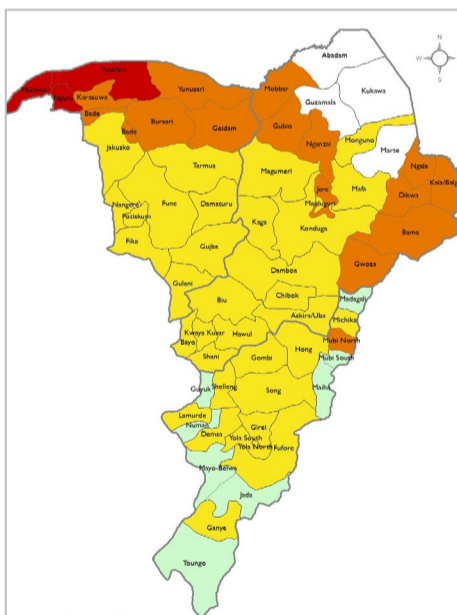
**Trend Analysis 2019 - 2022**



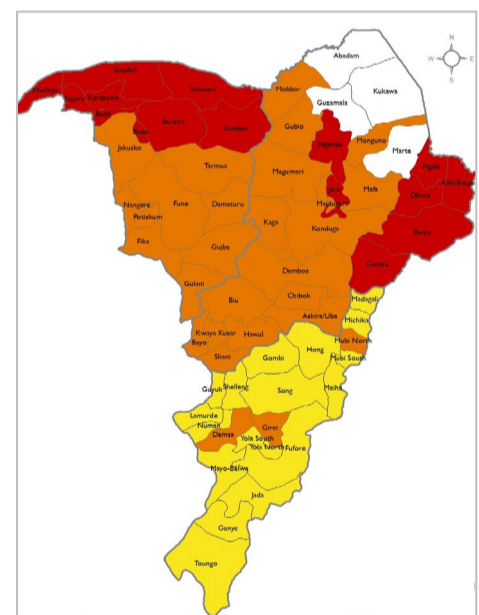
**Current Acute Malnutrition | September - December 2021**



**1st projection | Jan - April 2022**



**2nd Projection | May - August 2022**



**Key Drivers**

- Inadequate food consumption**  
Inadequate quality and quantity of food intake, food insecurity due to poor access to land and livelihoods in some areas, and poor infant and young child feeding, particularly low levels of exclusive breastfeeding (EYCF) practices, prevents children from getting the minimum adequate food needed for physical growth.
- Low accessibility to quality health services**  
The prevailing poor access to health services and low coverage of outreach of nutrition and health services, and the high prevalence of child morbidities (fever/malaria, diarrhoea) drive the situation. Poor sanitation services and infrastructure in some areas are also of concern.
- Insecurity and conflict**  
The insecurity in the Lake Chad region is also adversely affecting the nutrition situation, with continued displacement and limited access to food and basic services.

**Recommended Actions**

- Provide humanitarian assistance**  
As a first priority, deliver treatment for all children under five and pregnant and lactating women suffering from acute malnutrition to reduce the infant and maternal mortality rate.
- Take actions for early prevention**  
Strengthen measles vaccination coverage, vitamin A supplementation and control of childhood diseases. Ensure access to quality health care for vulnerable populations and strengthen the overall health system.
- Promote good caring and feeding practices**  
Strengthen the implementation of community activities to promote good infant and young child feeding practices.
- Increase access to safe water and adequate sanitation**  
Improve food utilisation and its impact on nutrition by facilitating people's access to safe water sources, while intensifying hygiene and sanitation awareness and services, especially among households in hard-to-reach areas.
- Monitor risk factors**  
Monitor morbidity patterns that may likely predispose children under the age of five to seasonal diseases, vaccination trends and distribution of vitamin A supplements, food prices, food security and needs, social assistance/humanitarian assistance, and the early warning systems to alert for floods or COVID-19 spikes.

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