In the current period of May – September 2022, more than half of the 134 Local Government Areas (LGAs) included in the analysis were in IPC Acute Malnutrition (AMN) Phase 3 and above. Of the 63 LGAs analysed in Northeast Nigeria, 13 were classified in IPC AMN Phase 4 (Critical), 17 in Phase 3 (Serious), 30 in Phase 2 (Alert) and 3 in Phase 1 (Acceptable). In Northwest Nigeria, there were 71 LGAs with sufficient data. Of those 71 LGAs, 17 were classified in IPC AMN Phase 4 (Critical), 25 in Phase 3 (Serious), 28 in Phase 2 (Alert) and 1 in Phase 1 (Acceptable).

Although acute malnutrition is expected to improve slightly during the two projected periods of October – December 2022 and January – April 2023, most of the LGAs will likely remain in IPC AMN Phase 3 and above, indicating Critical and Serious levels of acute malnutrition.

Northeast Nigeria
LGAs in IPC AMN Phase 4 (Critical): Borno, Damasak, Gubio, Gumamela, Gwoza, Killalibe, Kaga, Magumeri, Monguno, Ngala and Ngalan, Borum state, Gubja, Buniary and Yobe state. LGAs in IPC AMN Phase 3 (Serious): 8 in Borno (Maiduguri, Jere, Marte, Mafa, Konduga, Dambabu, Mobbar and Banyo), 7 in Yobe (Damaturu, Gulani, Fune, Nguru, Yusufari, Yunsari and Geidam), and 2 in Adamawa (Mubi South and Hong).

Northwest Nigeria
LGAs in IPC AMN Phase 4 (Critical): Bindawa, Dubu, Masu, Mani, Baru, Maidangi, Zango, Jibia, Kaita, Karshi, Kasuda, Sabon-Birin, Goronyo, Silame, Kebbe, Shagiari, and Tambuwal. LGAs in Phase 3 (Serious): 5 in Central Sokoto-1 (Bodinga, Dangari, Sokoto North, Sokoto South and Wamakko), 5 in Eastern Sokoto-2 (Gada, Gwadabawa, Kware, Illela and Wummu), 5 in Central Katunis-2 (Kurf, Rim, Dutsonna, Dannusa, and Salana), 2 in Northern Katunis-1 (dauna and Sanduru), 2 in Southern Kasina-1 (Igawa and Karka), 2 in Central Kasina-1 (Batawarawa and Batsai), 1 in Eastern Sokoto-2 (Raba), 1 in Sokoto Central-2 (Tangaza), and 2 in Southern Sokoto (Tureta and Yabo).

The main contributing factors to acute malnutrition in Northeast and Northwest Nigeria include inferior food consumption (quantity and quality) and poor health-seeking behaviours. Additionally, poor health services, feeding practices, access to water, sanitation, and hygiene (WASH) services and facilities, and food insecurity play a role. Other factors that lead to acute malnutrition include banditry and population displacement, as well as insecurity limiting access to vulnerable populations.

Contributing Factors for Acute Malnutrition
- Food insecurity: Poor food consumption patterns. In terms of diversity and frequency, contribute to acute malnutrition. The proportion of children aged 6–23 months who receive foods from 5 or more food groups (minimum dietary diversity) in Borno, Adamawa and Yobe ranges from 2.6% to 13.2%.
- Insufficient health services: Poor coverage of nutrition and health services and poor caring practices are other major contributing factors to the high levels of acute malnutrition in the three states.
- Poor childcare practices: The quality of care provided to infants and young children is inadequate, including Minimum Acceptable Diet, Minimum Dietary Diversity, and Minimum meal frequencies.

Recommended Response Actions
- Lifesaving humanitarian response: Improve food consumption of children and P&W through improving coverage of household food assistance combined with supplementary nutrition interventions to meet the dietary requirements of children and P&W. Advocate for funding to maintain access to lifesaving humanitarian assistance (nutrition, WASH, food security and health), especially among IDPs and communities severely impacted by flooding and outbreaks of cholera and measles.
- Improve coordination: Considering communities’ significantly diminished resilience, the high vulnerability to shocks, and the protected nature of food insecurity and malnutrition, close collaboration between humanitarian and development programmes is needed to tackle the underlying causes of food insecurity and malnutrition.
- Scale up nutrition interventions: Scale up early detection of acute malnutrition and referrals to treatment sites in LGAs classified as Serious or Critical through the Mother-Mid-Upper Arm Circumference (MUAC) approach. Community Nutrition Mobilizers (CNM) and Community Health Influencers Promoters and Services (CHIPS) Agents.

Acute Malnutrition Phases and description
- Phase 1: Acceptable
- Phase 2: Alert
- Phase 3: Serious
- Phase 4: Critical
- Phase 5: Extremely Critical

Less than 5% of children are acutely malnourished
10–16.9% of children are acutely malnourished
15–29.9% of children are acutely malnourished
More than 30% of children are acutely malnourished

Published on November 23, 2022. The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.