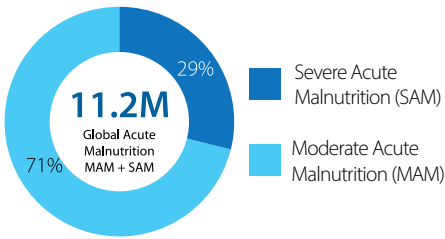


Key Figures



In 2025, an estimated 11.2 million children aged 6 to 59 months are suffering or expected to suffer acute malnutrition in the 5 CH countries. Around 1.3 million pregnant and breastfeeding women (PBW) are expected to suffer acute malnutrition.

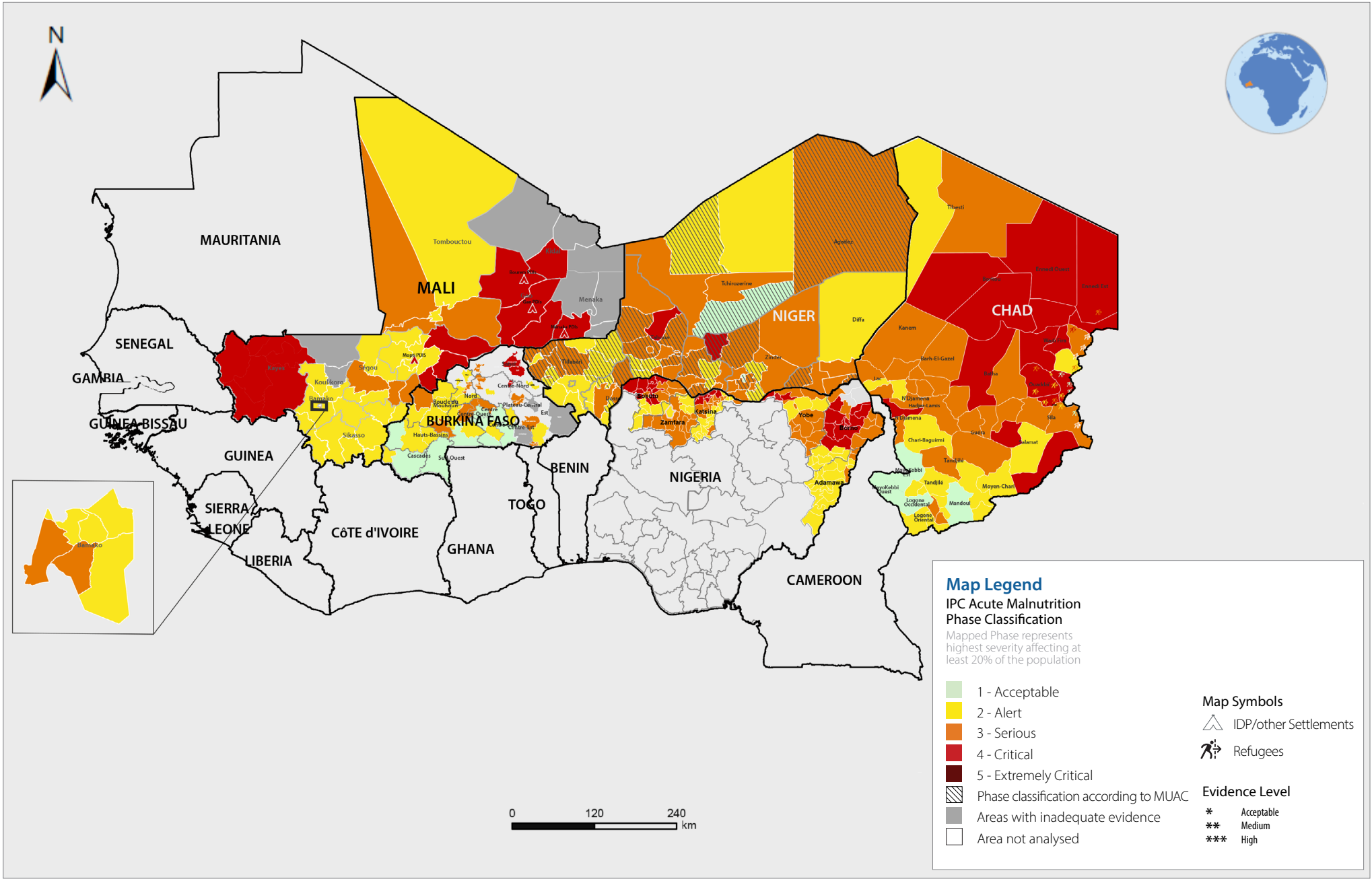


Regional Overview

Approximately 11.2 million children aged 6 to 59 months are suffering or expected to suffer acute malnutrition between August 2024 and September 2025 across five Sahel and Cadre Harmonise (CH) countries - Burkina Faso, Mali, Niger, Nigeria and Chad. Between August 2024 and January 2025, which marks the peak period of acute malnutrition, high levels of acute malnutrition were observed, with a significant number of analysis units classified in IPC AMN Phase 3 (Serious) and IPC AMN Phase 4 (Critical). Nigeria (Northeast and Northwest) and Chad were identified as particularly nutritionally vulnerable, with a high proportion of areas classified in Phase 3 and Phase 4. This vulnerability is even more pronounced in Mali, where the internally displaced persons (IDP) site in Gao was classified in IPC AMN Phase 5 (Extremely Critical) during this period. Despite the high number of areas in a Serious situation (Phase 3) in Niger and Burkina Faso, the proportion of areas in a Critical nutritional situation (Phase 4) remains low in these two countries. However, it is important to note that, due to lack of data, the analysis in Burkina Faso did not cover several areas of concern, particularly in the northern part of the country affected by food insecurity. Similarly, the use of historical data for several areas in Niger may have contributed, to some extent, to underestimating the magnitude and/or severity of the current situation.

For the projected period from May to September 2025, the level of vulnerability to nutritional crises is expected to remain largely unchanged compared to August 2024 to January 2025, with a slight worsening indicated by an increase in areas classified as Phase 3 in most countries, including Burkina Faso, Niger, Mali, and Chad. This decline is driven by several factors, such as seasonal patterns, the combined impact of the pastoral and food lean seasons, and reduced overall funding for prevention and nutritional care programs. In Chad and Niger, an increase in analysis units classified in Phase 4 is noted, whereas in Nigeria, there is a slight decrease in units in Phase 4. In Burkina Faso and Mali, the number of analysis units in Phase 4 remains stable. In most of these countries, the key factors worsening the nutritional situation include ongoing insecurity in the Sahel and Lake Chad Basin, along with the conflict in Sudan, which has led to increased population displacement. Acute food insecurity is also intensified as local markets - disrupted by blockades - experience shortages of basic goods and high inflation. Humanitarian access remains extremely difficult, with the closure of health facilities in insecure areas depriving thousands of people of vital care, including the prevention and treatment of malnutrition. Recurrent stockouts of nutritional supplies (RUTF) also hinder the treatment of children with severe acute malnutrition (SAM). The burden of disease on the health of vulnerable groups coupled with very poor hygiene conditions, further aggravate the situation.

West Africa Acute Malnutrition Situation | As of 30 June 2025



Contributing Factors of Acute Malnutrition



Conflict and insecurity

Conflict and insecurity in the Sahel, the Lake Chad Basin, and Sudan are causing mass displacement, disrupting livelihoods, and limiting access to essential services.



Acute food insecurity

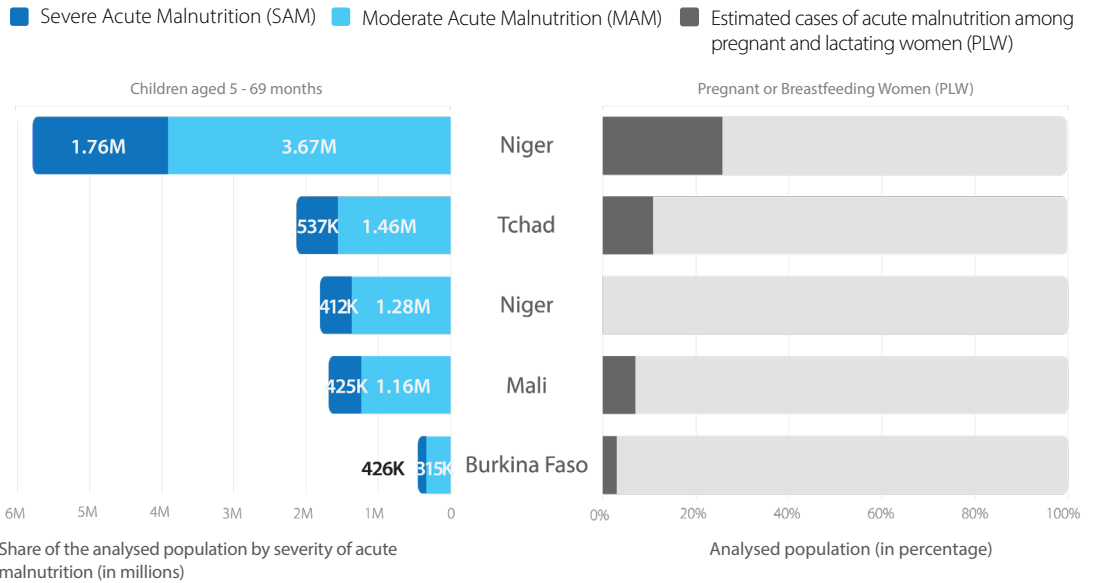
Inflation is reducing household purchasing power, limiting access to sufficient and diverse food, especially during the lean season.



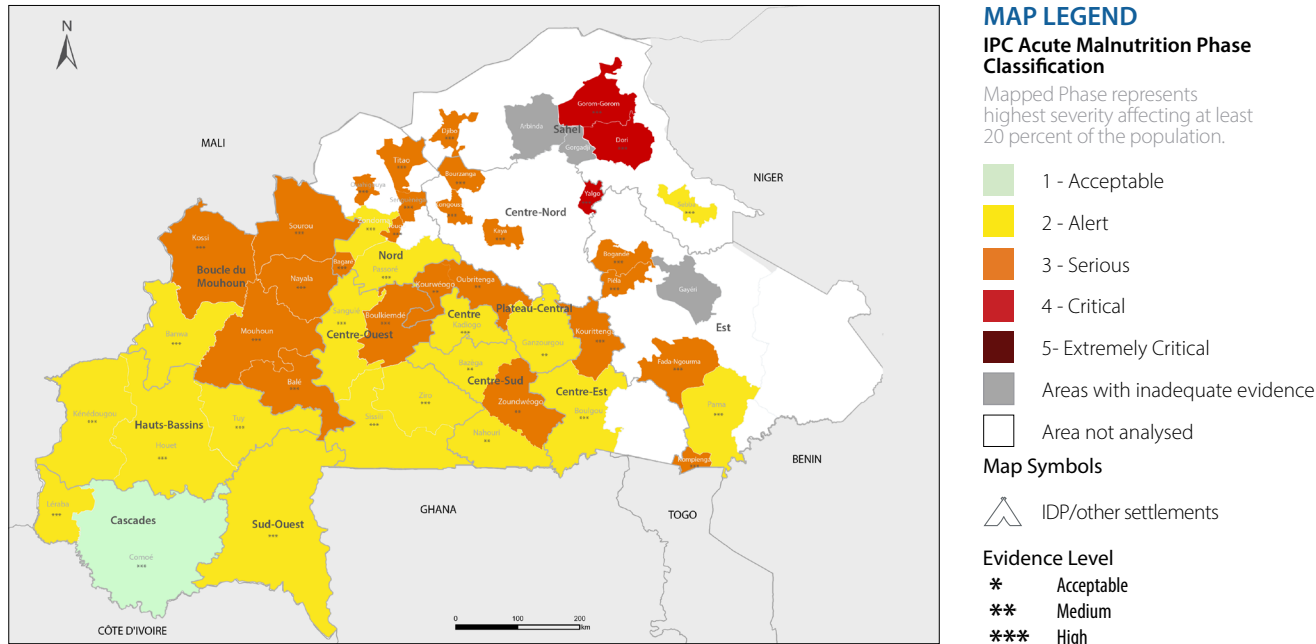
Limited access to health and nutrition services

The decline in funding, high morbidity, and insufficient infrastructure are hindering nutritional interventions and access to safe drinking water, sanitation, and healthcare.

SAM and MAM Estimates by Country, 2025



BURKINA FASO: Acute Malnutrition 2nd Projection | May - July 2025



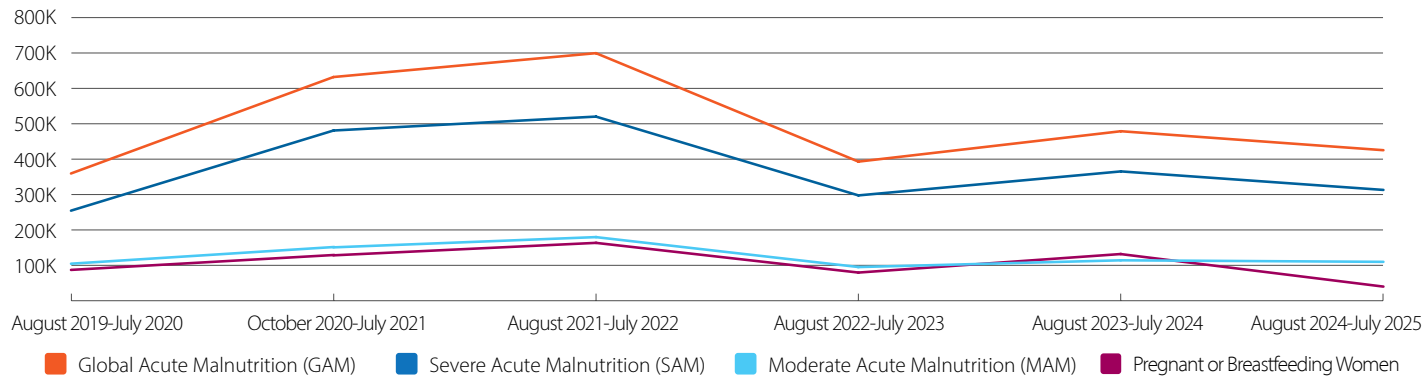
Overview

Considering the precarious nutritional situation in most regions of Burkina Faso, it is estimated that about 425,637 children aged 6–59 months are suffering or expected to suffer acute malnutrition between August 2024 and July 2025, among whom 110,308 will face severe acute malnutrition (SAM). The analysis of the nutritional situation reveals that between August 2024 to January 2025 (the peak of acute malnutrition), 23 analysis units (AUs) faced Serious to Critical malnutrition conditions (IPC AMN Phase 3 or above). The nutritional situation is expected to worsen significantly between May and July 2025, with several provinces and regions experiencing a sharp decline.

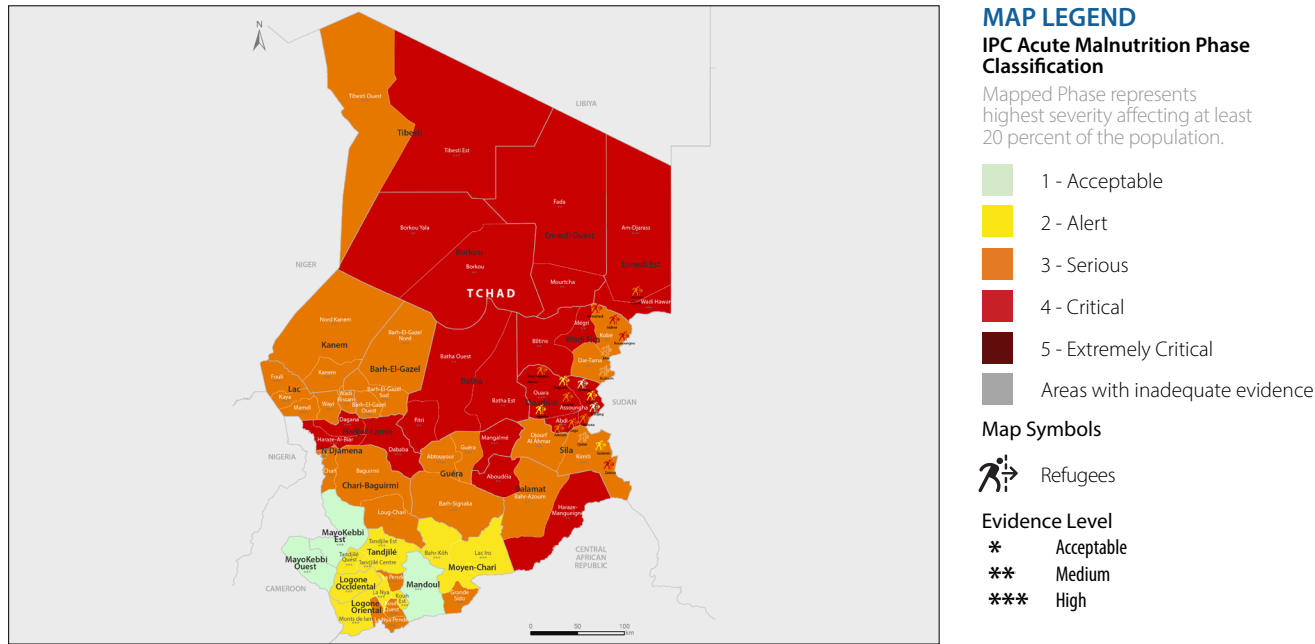
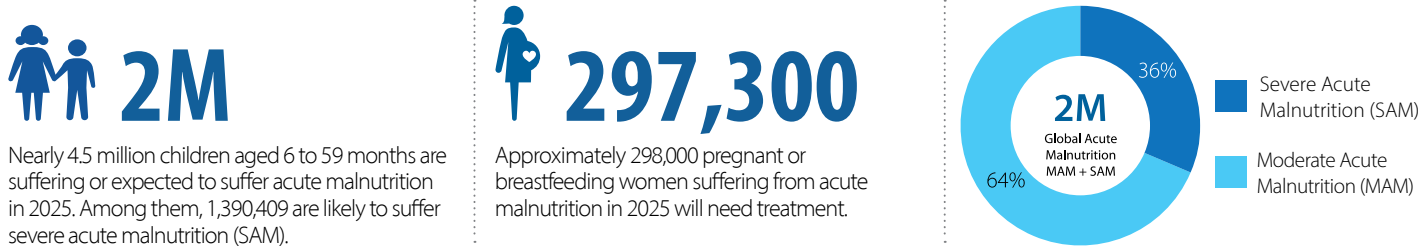
Contributing factors

The contributing factors of acute malnutrition include low dietary diversity, high rates of childhood illnesses such as diarrhea and Acute Respiratory Infections (ARI), and limited access to healthcare services—exacerbated by the closure of 92 health centers in the Sahel and 53 in the East (OCHA, 2024), which has left approximately 911,000 and 520,000 people respectively without essential medical care. Additionally, poor hygiene and sanitation conditions, along with low access to safe drinking water, further contribute to the problem. (For example, in Burkina Faso, the closure of these health centers has severely impacted access to vital health services.) [Read the full IPC analysis here.](#)

Trend analysis of acute malnutrition among children aged 6 to 59 months and pregnant or breastfeeding women



CHAD: Acute Malnutrition 2nd Projection | October 2024 - September 2025



Overview

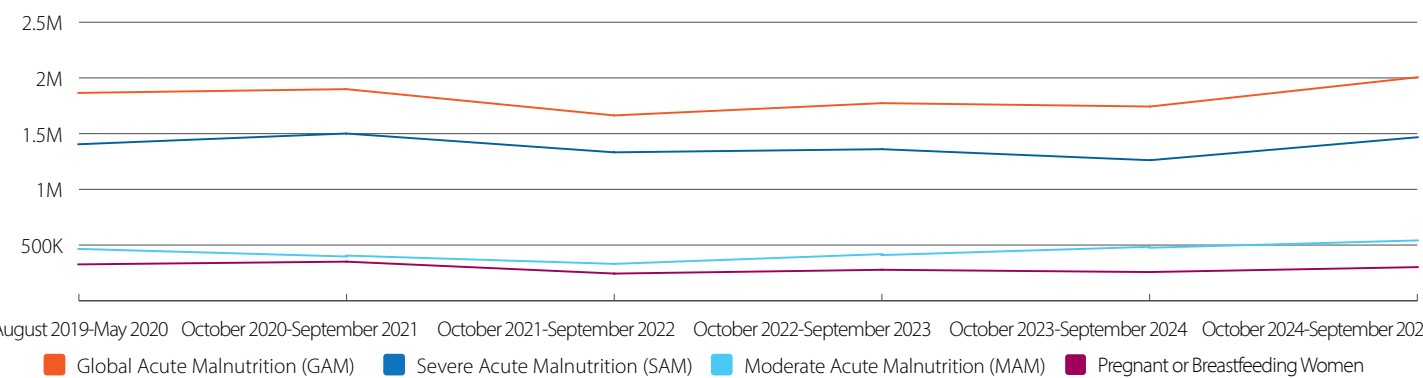
The latest IPC analysis for Chad indicates that the nutritional situation remains critical across most provinces, with nearly 2 million children aged 6 to 59 months suffering or projected to suffer acute malnutrition — including an estimated 537,000 cases of severe acute malnutrition (SAM) — between October 2024 and September 2025. Furthermore, between June and September 2025 (the peak of malnutrition), a deterioration in the nutritional situation is expected across the country, reflecting the negative impact of the seasonal nature of acute malnutrition in Chad.

Contributing factors

The contributing factors of acute malnutrition in Chad vary from one area to another. Among the primary ones are inadequate dietary intake among children, high levels of childhood illnesses (such as diarrhoea, acute respiratory infections, and malaria), measles — which is a major determinant — food insecurity, poor hygiene conditions, and the considerable impact of shocks such as floods and population movements linked to ongoing insecurity.

[Read the full IPC analysis here.](#)

Trend analysis of acute malnutrition among children aged 6 to 59 months and pregnant or breastfeeding women



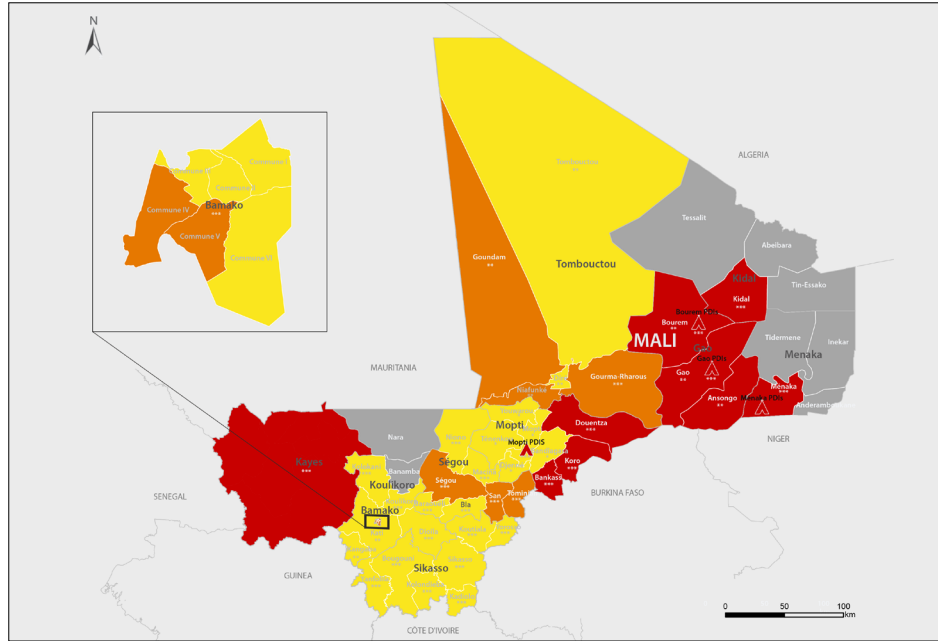
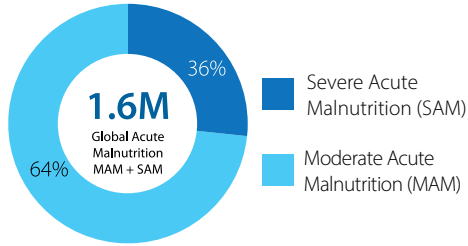
MALI: Acute Malnutrition Projection | June 2024 - May 2025

 **1.6M**

About 1.6 million children under five years old likely experienced acute malnutrition in 2025. Among them, 424,000 were likely suffered severe acute malnutrition.

 **85,200**

About 85,200 pregnant or breastfeeding women suffered acute malnutrition between June 2024 and May 2025.



MAP LEGEND
IPC Acute Malnutrition Phase Classification
Mapped Phase represents highest severity affecting at least 20 percent of the population.

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5- Extremely Critical
- Areas with inadequate evidence

Map Symbols

- IDP/other settlements

Evidence Level

- * Acceptable
- ** Medium
- *** High

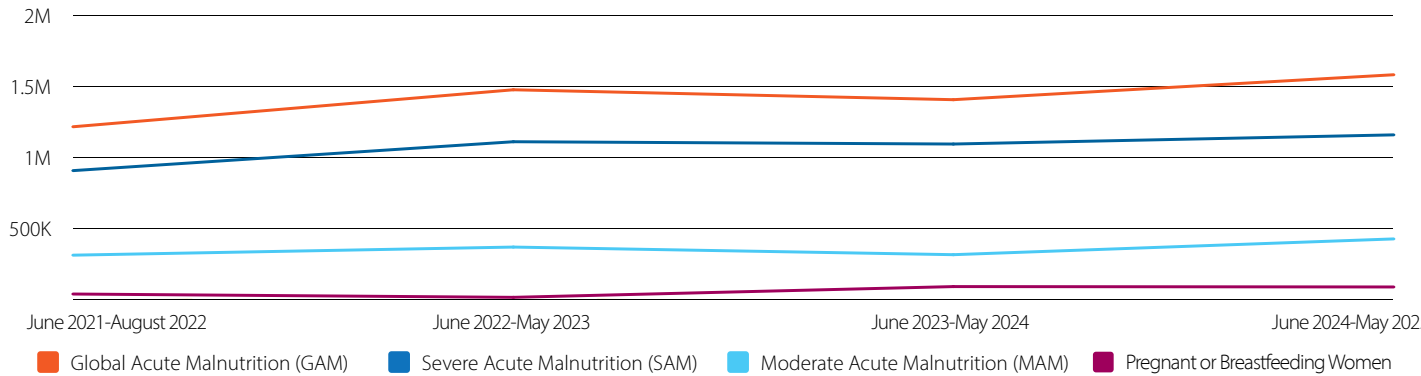
Overview

In Mali, the nutritional situation remains of significant concern. From June to October 2024, more than 24 analysis units were classified in IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical), and a refugee camp in IPC AMN Phase 5 (Extremely Critical). Approximately 1.6 million children aged 6 to 59 months were expected to suffer acute malnutrition, including 424,532 cases of severe acute malnutrition, between June 2024 and May 2025. From November 2024 to May 2025, despite this period typically seeing a decline in malnutrition cases, the overall nutritional situation saw a slight deterioration.

Contributing factors

Acute malnutrition is primarily driven by inadequate food intake among children, household food insecurity, high prevalence of childhood illnesses (malaria, ARI), poor hygiene and sanitation conditions, low coverage of the CMAM program, along with the additional negative impact of an unstable security situation. [Read the full IPC analysis here.](#)

Trend analysis of acute malnutrition among children aged 6 to 59 months and pregnant or breastfeeding women



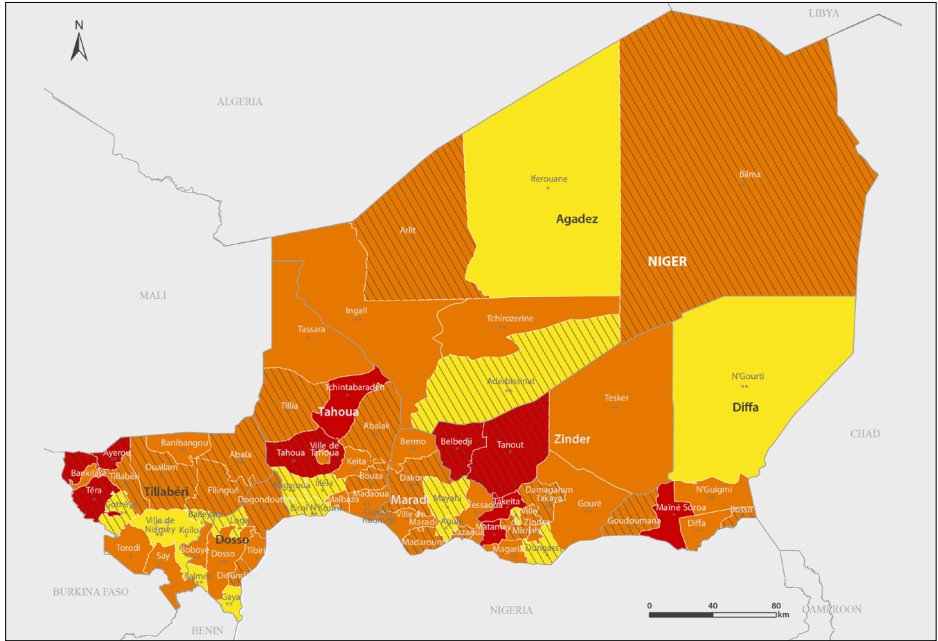
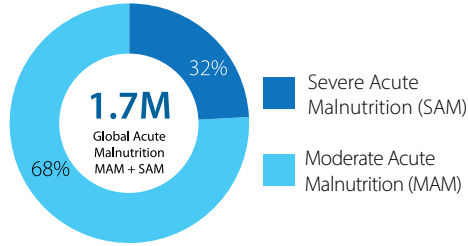
NIGER: Acute Malnutrition 2nd Projection | May - July 2025

 **1.7M**

About 1.7 million children aged 6 to 59 months are suffering or expected to suffer acute malnutrition in 2025. Among them, 412,400 likely suffered severe acute malnutrition (SAM).

 **96,200**

About 96,200 pregnant or breastfeeding women are suffering or expected to suffer acute malnutrition through July 2025.



MAP LEGEND
IPC Acute Malnutrition Phase Classification
Mapped Phase represents highest severity affecting at least 20 percent of the population.

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely Critical
- Areas with inadequate evidence

Map Symbols

- Phase classification based on MUAC

Evidence Level

- * Acceptable
- ** Medium
- *** High

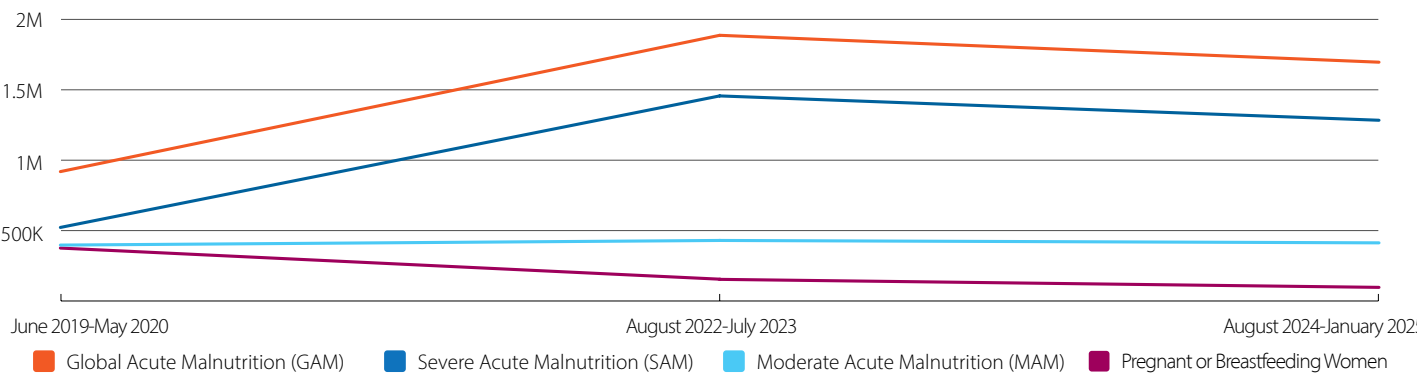
Overview

In Niger, acute malnutrition among children aged 6–59 months remains at alarming levels across most regions of the country. According to the latest analysis, it is estimated that about 1.7 million children will suffer acute malnutrition nationwide between August 2024 and July 2025, including over 412,400 cases of severe acute malnutrition (SAM). During the period from August to November 2024, a total of 39 AUs were classified in IPC AMN Phase 3 (Serious). From May to July 2025, a sharp and progressive deterioration is expected, with more than 50 AUs projected to be in Serious or Critical conditions.

Contributing factors

Limited access to safe drinking water and improved sanitation facilities, high prevalence of childhood illnesses (malaria, diarrhea, and ARI), measles outbreaks, and the impact of the security situation on the coverage of nutrition programs are the primary factors contributing to a worsening nutritional situation. [Read the full IPC analysis here.](#)

Trend analysis of acute malnutrition among children aged 6 to 59 months and pregnant or breastfeeding women



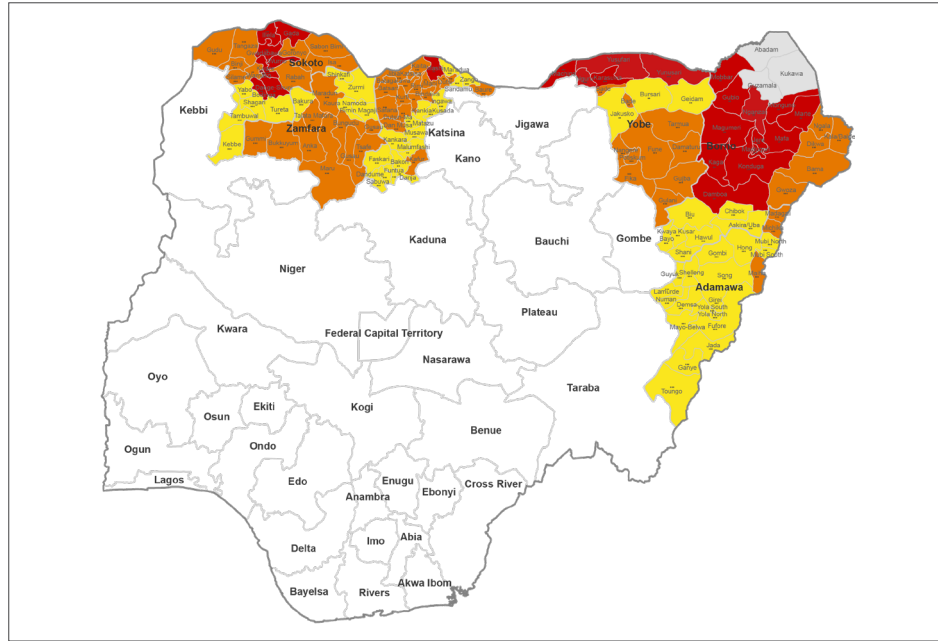
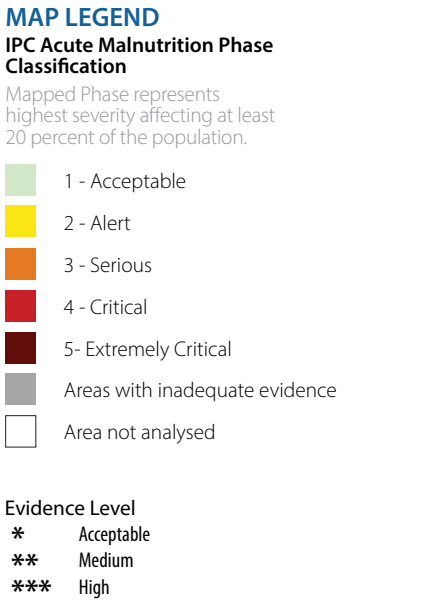
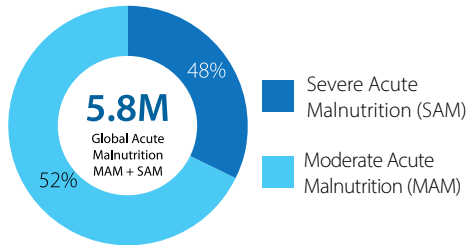
NORTHEAST AND NORTHWEST NIGERIA: Acute Malnutrition 2nd Projection | January - April 2025

5.4M

About 5.4 million children aged 6 to 59 months likely experienced acute malnutrition between January and April 2025. Among them, 1.76 million likely suffered severe acute malnutrition.

787,000

About 787,000 pregnant or breastfeeding women likely suffered acute malnutrition between January and April 2025.



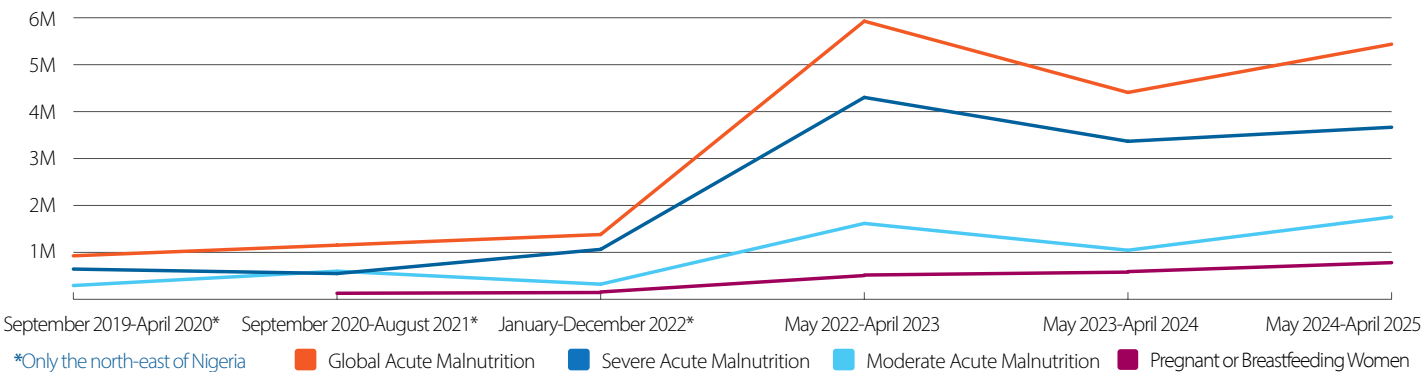
Overview

An estimated 5.4 million children aged 6 to 59 months in Northeast and Northwest Nigeria are experiencing or likely to experience acute malnutrition through 2025. Among them, nearly 1.8 million are suffering severe acute malnutrition (SAM). Overall, the nutritional situation remains fragile throughout all the states included in the analysis, with a notably more severe deterioration observed in Nigeria’s Northeast region. Between January and April 2025, the situation in the Northeast likely persisted, while the Northwest was expected to experience a slight improvement compared to the reference period May to September 2024.

Contributing factors

The primary contributing factors in Northeast and Northwest Nigeria include inadequate food consumption in both quantity and quality, weak healthcare services, high prevalence of diseases, and low utilisation of healthcare. Additionally, the current economic situation, coupled with food insecurity, limited access to water, sanitation, and hygiene (WASH) services, and persistent challenges such as banditry, prolonged conflicts, population displacement, and widespread insecurity, further exacerbate nutritional vulnerability. [Read the full IPC analysis here.](#)

Trend analysis of acute malnutrition among children aged 6 to 59 months and pregnant or breastfeeding women



Key Recommendations

- Implement large-scale, coordinated interventions with priority targeting to address these major challenges, focusing on prevention to reduce the prevalence of acute malnutrition and related mortality among young children. Revitalising collaborative efforts between humanitarian and development actors should be a top priority on the agenda of the Sahel countries and their partners.
- Prioritise nutritional interventions in areas classified in IPC AMN Phase 4 or 5, while supporting particularly vulnerable internally displaced populations through specific measures such as mobile clinics and targeted distributions.
- Promote a nationwide integrated multisectoral response focused on providing quality basic social services to strengthen community resilience against food and nutrition insecurity.
- Strengthen advocacy for increased flexible and multi-year funding for nutrition, and continue supporting the financing of multisectoral strategies (nutrition, health, food security, protection) to maximise impact.
- Optimise resources for nutrition surveys focused on vulnerable areas to collect relevant data for nutritional analyses and the Harmonized Framework, thereby facilitating strategic decision-making.
- Continue strengthening the monitoring mechanism of population pendular movements in insecure areas to understand their impact on the nutritional and food situation.
- Promote joint food security and nutrition analyses to better document the link between food insecurity and nutrition.

Acute Malnutrition phase name and description

- IPC Phase 1 (Acceptable):** Less than 5 percent of children are acutely malnourished. Maintain the prevalence of acute malnutrition at a low level.
- IPC Phase 2 (Alert):** 5–9.9 percent of children are acutely malnourished. Strengthen existing response capacity and resilience. Address the contributing factors of acute malnutrition. Monitor the situation and plan the response according to needs.
- IPC Phase 3 (Serious):** 10–14.9% percent of children are acutely malnourished. Urgently reduce malnutrition levels by: strengthening treatment and prevention mechanisms within the affected populations.
- IPC Phase 4 (Critical):** 15–29.9 percent of children are acutely malnourished. Mortality and morbidity levels are high or increasing. Individual food consumption may be compromised. Urgently reduce acute malnutrition levels by: expanding and scaling up treatment and protection activities to reach a larger share of the affected population.
- IPC Phase 5 (Extremely Critical):** 30 percent or more of children are acutely malnourished. Widespread morbidity and/or severe food consumption deficits are likely evident. Urgently reduce malnutrition levels by: taking all possible measures to curb its spread and that of disease outbreaks.

What is the IPC and the IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming. The IPC defines acute malnutrition (also referred to as wasting and nutritional oedema) as when a person’s body does not get enough energy or nutrients for a period of time. Acute malnutrition is usually caused by a sudden loss of food or an increase in food demand and/or a decrease in absorption of food due to illness, infection or other factors. Acute malnutrition can affect people of all ages but is particularly common in young children and pregnant and breastfeeding women (PBW). The symptoms of acute malnutrition include rapid weight loss, loss of muscle mass, fatigue, weakness and a weakened immune system that can increase the risk of infection. Acute malnutrition can lead to severe health complications and even death without prompt treatment. People with acute malnutrition have worse outcomes and are more likely to die when they fall sick.

Analysis Partners



Publication date: 17 July 2025 | The IPC population data are based on estimates provided by the statistical institutes of Burkina Faso, Mali, Niger, Nigeria, and Chad. | Comments: [IPC@fao.org](#) | Disclaimer: The information presented on this map does not imply any official recognition or endorsement of physical or political boundaries.