

Regional overview

Between October 2025 and September 2026, an estimated 11.3 million children aged 6–59 months are projected to suffer from acute malnutrition across the five Sahel and West Africa countries covered by the most recent IPC acute malnutrition (AMN) analyses (Mali, Mauritania, Niger, Nigeria, and Chad), including nearly 3.2 million children suffering from severe acute malnutrition (SAM). Nigeria (North-East, North-West, and North-Central regions) alone represents 57 percent of expected cases of acute malnutrition—a sharp increase from 48 percent in 2024–2025. This is followed by Chad (18 percent), Niger (14 percent), Mali (10 percent), and Mauritania (2 percent, in its first IPC AMN analysis). A further 1.4 million pregnant and breastfeeding women (PBW) are also expected to be affected. The analyses, conducted between October 2025 and January 2026, confirm a highly precarious nutritional situation similar to 2024–2025.

From October 2025 to April 2026, of 451 analysis units (AUs), 44 AUs were in IPC Phase 1 (Acceptable), 190 AUs in IPC Phase 2 (Alert), 167 AUs in IPC Phase 3 (Serious), and 50 AUs in IPC Phase 4 (Critical); no AU reached IPC Phase 5 (Extremely Critical). Mauritania, Niger, Chad, and Nigeria showed the highest shares of Phase 3 and 4 areas. In Nigeria, the situation was most severe in the North-East, where 18 local government areas (LGAs) were classified in Phase 4, while in Mauritania 15 *Moughataas* were classified in Phase 4 during the pre-peak malnutrition season. In Niger, the entire Diffa Region, the Bermo and Tessaoua departments of Maradi, and four refugee sites in the Agadez, Diffa, and Maradi regions faced Phase 4 conditions during the August–November 2025 peak. Phase 3 remained predominant in Mali, reflecting a slight improvement linked to scaled-up community activities, a good agricultural campaign, and better feeding practices—though this must be qualified against the security events of 25 April 2026, which could markedly worsen the trajectory. Acute malnutrition in Mali is expected to decline by 29 percent compared to last year, including a 46 percent reduction in SAM cases attributed to targeted response efforts in areas previously classified in Phase 4.

For the projected lean season (May to September 2026), deterioration is expected across all five countries, bringing the outlook to 33 AUs in Phase 1, 187 AUs in Phase 2, 153 AUs in Phase 3, and 78 AUs in Phase 4. This is driven by rising disease (diarrhoea, malaria, respiratory infections, cholera, and measles), the impacts of the lean season, the drawdown of humanitarian assistance due to reduced funding, and sub-regional security instability. In Nigeria, the number of LGAs in Phase 4 is expected to rise from 13 to 33 through the peak malnutrition season; in Chad, 15 areas are projected to deteriorate from Phase 3 to Phase 4; in Mauritania, 22 *Moughataas* are expected to be in Phase 4 during the June–October peak period; and in Mali, 32 AUs are expected to deteriorate, including nine shifting from Phase 3 into Phase 4. Broader aggravating factors include persistent residual insecurity in the Sahel and Lake Chad Basin, large-scale displacement caused by the conflict in Sudan, food inflation eroding purchasing power, and high health vulnerability to recurrent epidemics.

Key figures



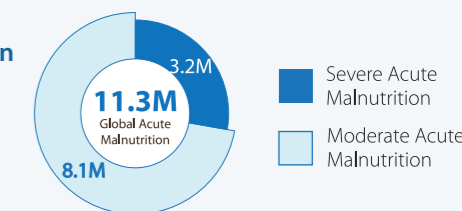
Approximately 11.3 million children under five are suffering or expected to suffer from acute malnutrition in the 5 CH countries.



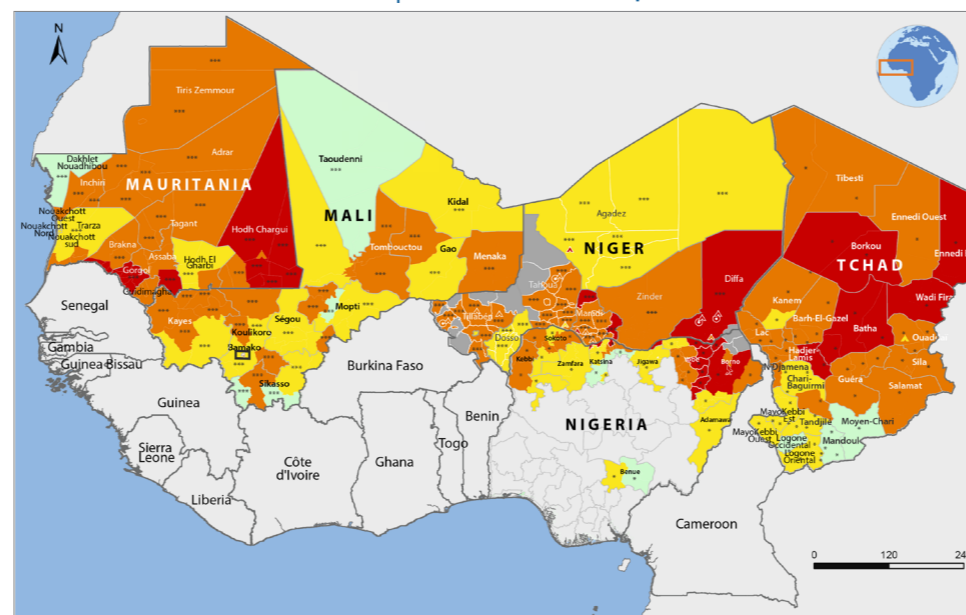
Approximately 1.4 million pregnant or breastfeeding women are suffering or expected to suffer from acute malnutrition and will need treatment.

Global Acute Malnutrition by severity

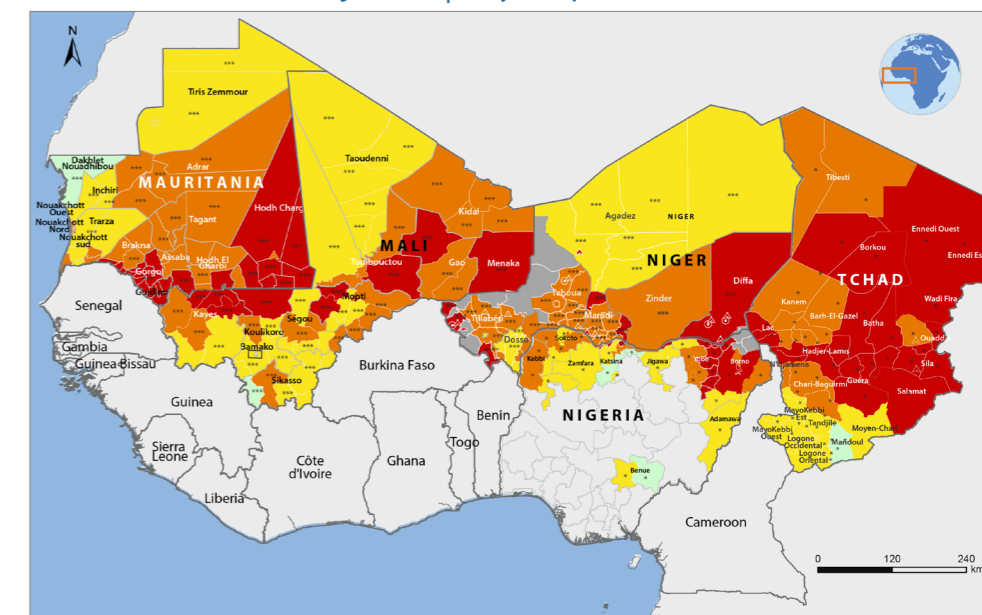
breakdown by severity — severe (SAM) and moderate acute malnutrition (MAM).



Acute Malnutrition Current | October 2025 - April 2026

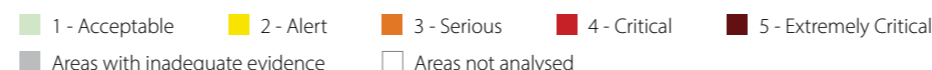


Acute Malnutrition Projection | May - September 2026 (lean season)

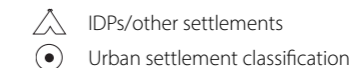


Key for the Map

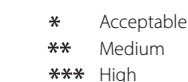
IPC Acute Malnutrition Phase Classification



Map Symbols



Evidence Level



Contributing Factors of Acute Malnutrition



Conflict and insecurity

Persistent armed conflict in the Sahel and Lake Chad Basin disrupts food production, restricts humanitarian access, and damages health and nutrition services. The 25 April 2026 security events in Mali risk reversing recent nutritional gains across affected zones.



Displacement

Large-scale population movements driven by the Sudan conflict and Sahel insecurity strain host communities and limit access to clean water, healthcare, and adequate diets. Displaced children face the highest risks of acute malnutrition.



High food prices

Food inflation continues to erode household purchasing power, pushing nutritious foods out of reach for the poorest. Combined with the lean season and shrinking humanitarian funding, families are pushed toward less diverse, lower-quality diets.

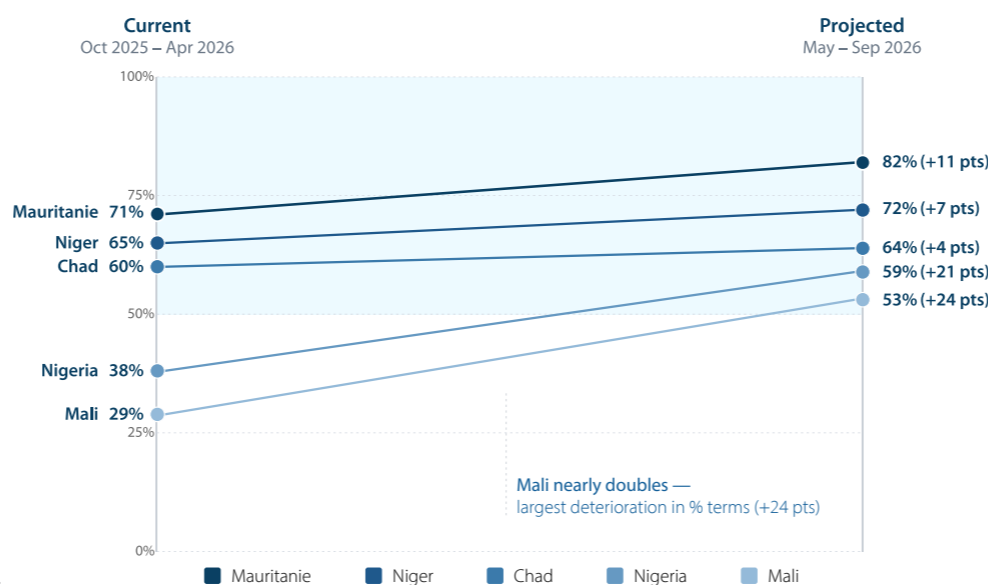


Diseases

Recurrent outbreaks of cholera, measles, malaria, diarrhoea, and respiratory infections weaken children's immunity and reduce nutrient absorption, accelerating acute malnutrition. Limited health coverage in remote areas amplifies these effects during the lean season.

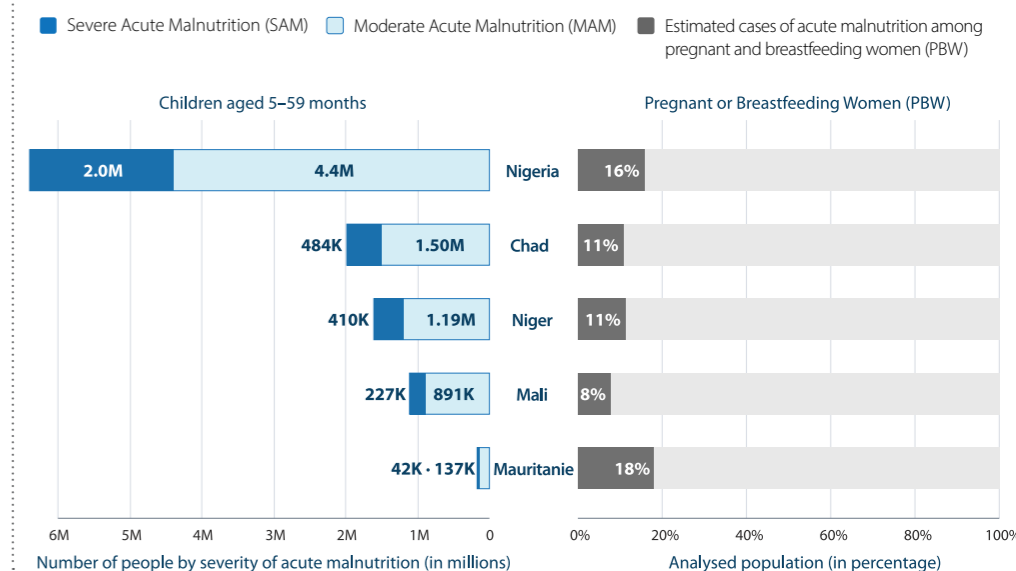
Severity is set to worsen across all five countries | Oct 2025 - Sep 2026

Share of analysis units in IPC AMN Phase 3+ (Serious or worse)



Acute malnutrition caseload: children aged 6-59 months & PBW

Stacked severe acute malnutrition (SAM) + moderate acute malnutrition (MAM) cases for children 5–59 months (left, in millions) and acute malnutrition rate among pregnant or breastfeeding women (PBW) (right, % of analysed PBW population).



CHAD: Acute malnutrition 2nd projection | June – September 2026

2M

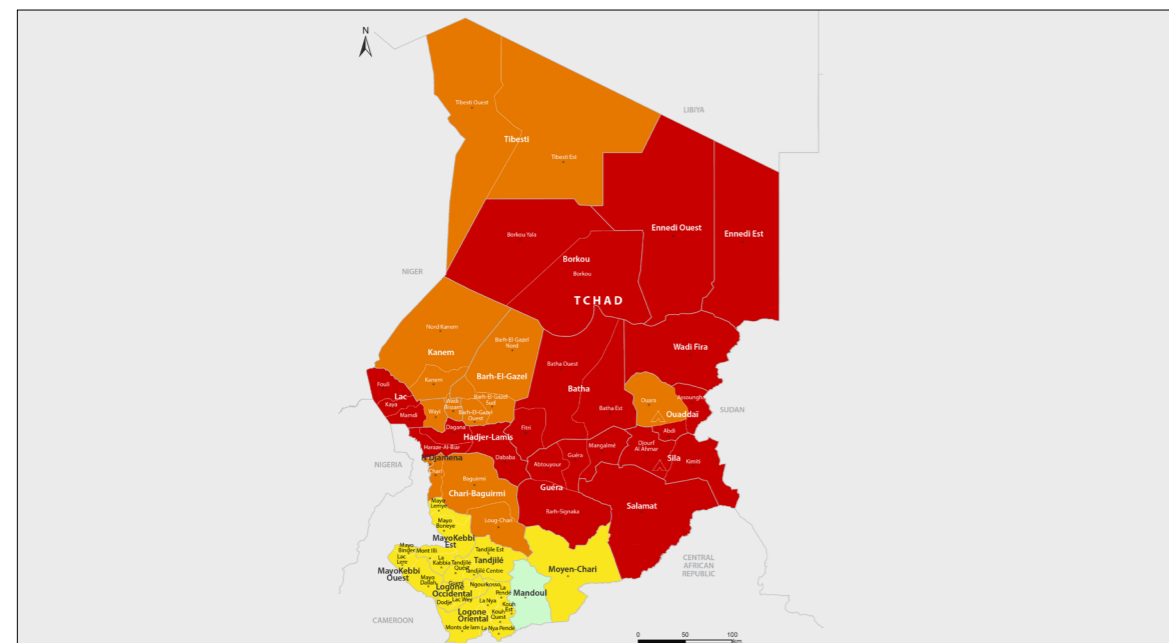
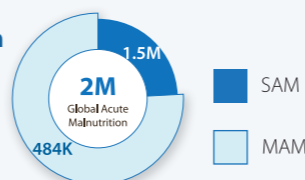
Approximately 2 million children under five are suffering or expected to suffer from acute malnutrition between October 2025 and September 2026.

219,000

Approximately 219,000 pregnant or breastfeeding women are suffering or expected to suffer from acute malnutrition and will need treatment.

Global Acute Malnutrition by severity

breakdown by severity — SAM and MAM



Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
 - 2 - Alert
 - 3 - Serious
 - 4 - Critical
 - 5 - Extremely critical
 - Areas not analysed
- Map Symbols**
- Urban settlement classification
 - IDPs/other settlements classification
- Evidence Level**
- * Acceptable
 - ** Medium
 - *** High

MALI: Acute malnutrition projection | June – October 2026

1.1M

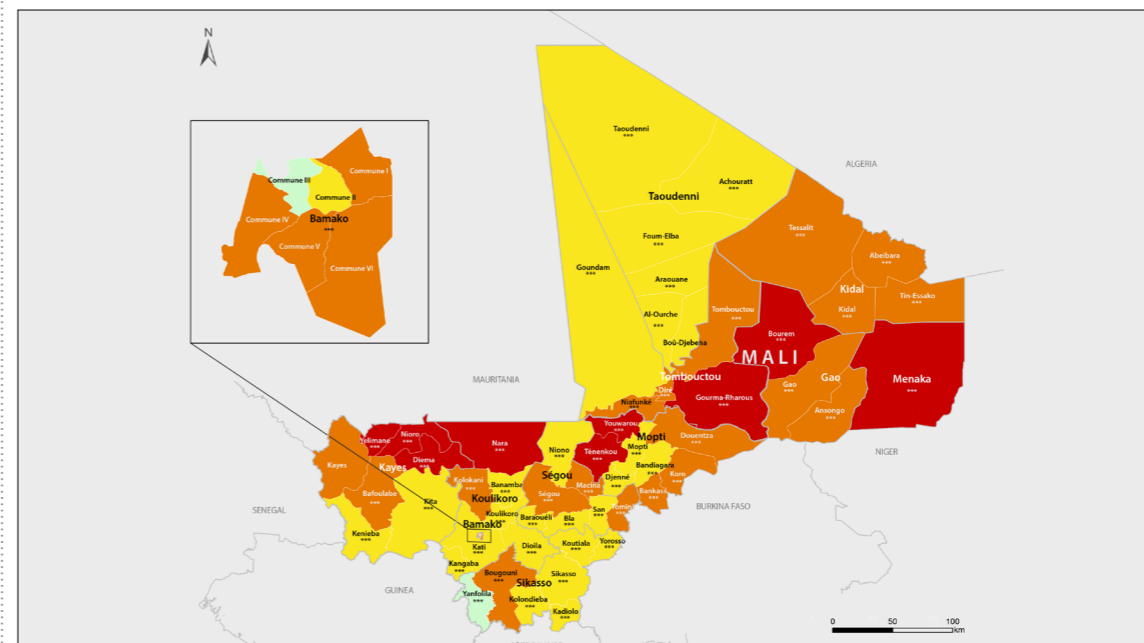
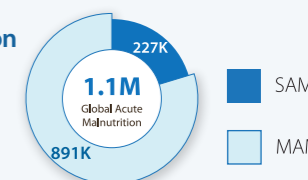
Approximately 1.1 million children under five are suffering or expected to suffer from acute malnutrition between November 2025 and October 2026.

91,000

Approximately 91,000 pregnant or breastfeeding women are suffering or expected to suffer from acute malnutrition and will need treatment.

Global Acute Malnutrition by severity

breakdown by severity — SAM and MAM



Key for the Map
IPC Acute Malnutrition Phase Classification

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Contributing factors



Overview

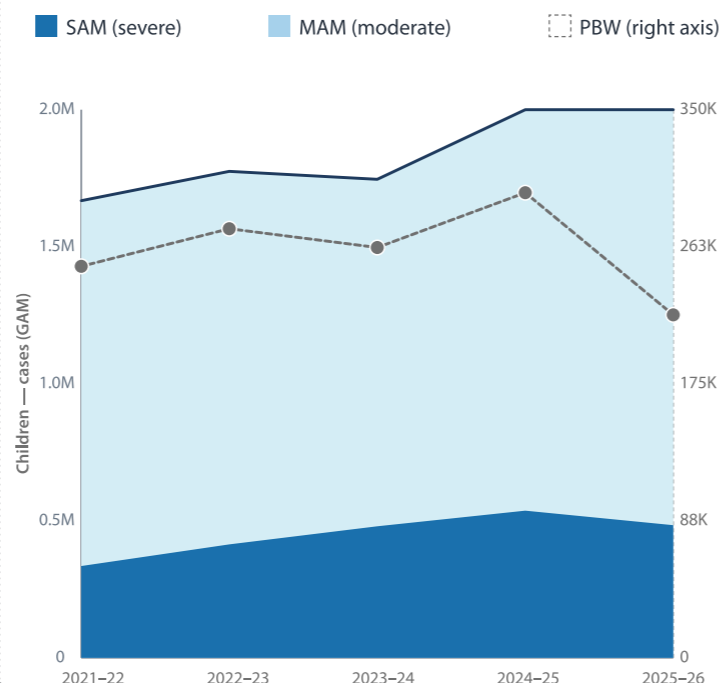
An estimated 2 million children aged 6–59 months are suffering or expected to suffer acute malnutrition in Chad between October 2025 and September 2026, including nearly 484,000 children expected to suffer from SAM. Approximately 219,000 pregnant or breastfeeding women are likely to suffer acute malnutrition during the same period.

From October 2025 to January 2026, eight areas were classified in IPC AMN Phase 4, while populations faced IPC AMN Phase 3 conditions in 29 areas. The nutrition situation was expected to largely persist through the first projection period of February–May 2026, despite a decline in diseases and epidemics, improved food consumption, and receding floods leading to improved water and sanitation conditions. The situation is likely to worsen during the second projection period (June–September 2026), with 15 areas projected to deteriorate from Phase 3 to Phase 4, and an additional six areas deteriorating from Phase 2 to Phase 3.

Malnutrition is primarily driven by inadequate food intake and poor dietary diversity among children, high prevalence of childhood diseases, high levels of acute food insecurity and poor water, hygiene and sanitation conditions, as well as shocks such as flooding and insecurity.

[Read the full Report](#)

Trend analysis of acute malnutrition among children aged 6-59 months and PBW | 2021-2026



Contributing factors



Overview

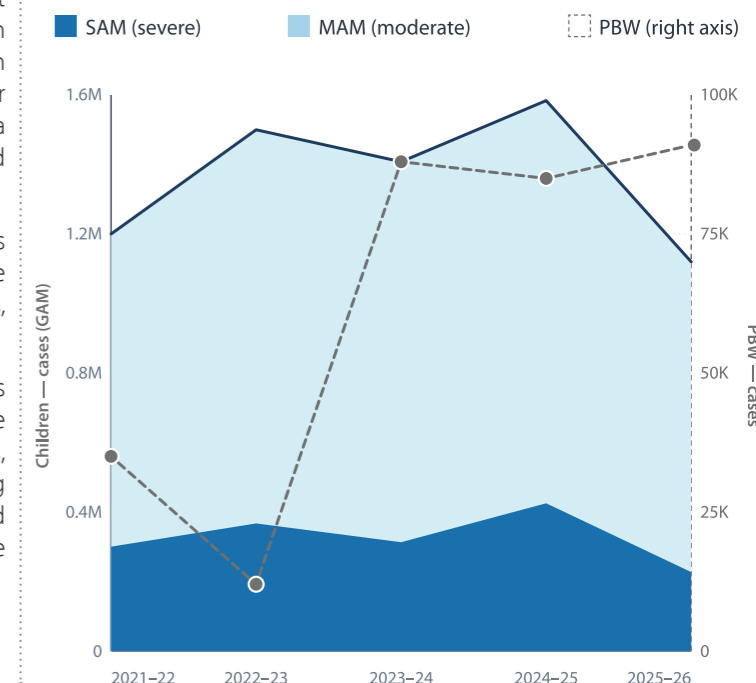
Acute malnutrition in Mali is expected to decline by 29 percent compared to last year, but levels remain high with 1.1 million children aged 6–59 months and 91,000 pregnant or breastfeeding women estimated to suffer from acute malnutrition between November 2025 and October 2026. This includes 227,000 cases of SAM—a 46 percent reduction compared to last year, attributed to targeted response efforts in areas previously classified in IPC AMN Phase 4.

During the projection period (June–October 2026), 32 analysis units are expected to deteriorate, including nine units shifting from Phase 3 into Phase 4. This is of particular concern in the Ménaka, Kayes, Koulikoro, Mopti, Tombouctou, and Gao regions.

Inadequate child dietary intake remains a key driver and is characterised by low dietary diversity and meal frequency. The situation is exacerbated by a high burden of childhood diseases, including malaria and diarrhoea, alongside poor infant and young child feeding practices. Furthermore, volatile insecurity and population displacement continue to constrain nutrition-sensitive services, particularly in the Kayes, Sikasso, and Koulikoro regions.

[Read the full Report](#)

Trend analysis of acute malnutrition among children aged 6-59 months and PBW | 2021-2026



MAURITANIA: Acute malnutrition 2nd projection | June – October 2026

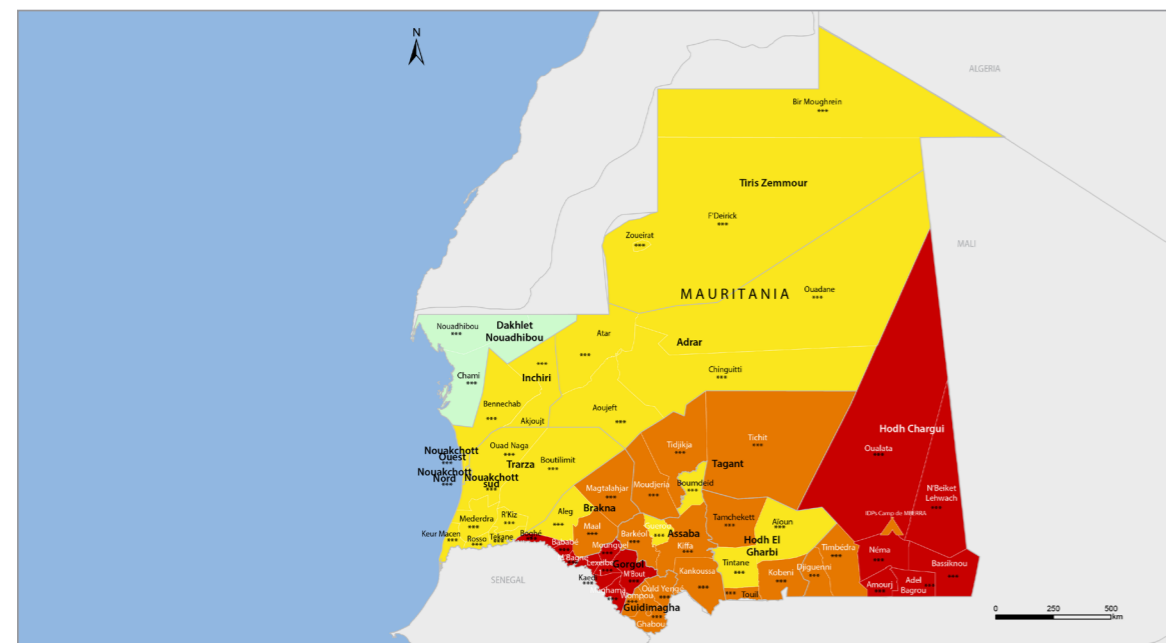
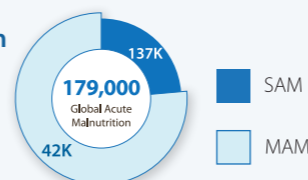
179,000 **71,000**

Nearly 179,000 children under five are suffering or expected to suffer from acute malnutrition between November 2025 and October 2026.

Approximately 71,000 pregnant or breastfeeding women are suffering or expected to suffer from acute malnutrition and will need treatment.

Global Acute Malnutrition by severity

breakdown by severity — SAM and MAM



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
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- Map Symbols**
- Urban settlement classification
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- Evidence Level**
- * Acceptable
 - ** Medium
 - *** High

Contributing factors

- Poor WASH conditions
- High disease burden
- Poor dietary diversity
- Insecurity and population displacement

Overview

Mauritania's first acute malnutrition analysis found that nearly 179,000 children aged 6 to 59 months are suffering or expected to suffer from acute malnutrition between November 2025 and October 2026. This includes over 42,000 cases of SAM, which leaves children at an increased risk of death. Approximately 71,000 pregnant and breastfeeding women are also expected to suffer acute malnutrition during the same period. The analysis covered all 63 departments (known as *Moughataas*) and the Mberra refugee camp.

The nutrition situation is driven by multiple factors, including poor water, sanitation and hygiene conditions; recurrent outbreaks of measles and cholera, a high prevalence of diarrhoea, acute respiratory infections, and malaria. Poor dietary intake among children, inadequate infant and young child feeding practices, and particularly low rates of exclusive breastfeeding further exacerbate the situation. In addition, population displacement linked to insecurity in Mali continues to increase pressure on already limited services and resources in host areas.

From November 2025 to February 2026, which is considered the pre-peak season for malnutrition and is sometimes marked by a slight decrease in acute malnutrition cases, 15 *Moughataas* were classified in IPC AMN Phase 4.

A total of 31 analysis units—including 30 *Moughataas* and the Mberra refugee camp—were classified in IPC AMN Phase 3.

During the first projection period (March–May 2026), which coincided with a seasonal decline in acute malnutrition cases, the situation was expected to improve temporarily. One *Moughataa* was projected to shift from Phase 4 to Phase 3, while 16 were expected to move from Phase 3 to IPC AMN Phase 2. Conversely, two were projected to deteriorate from Phase 2 to Phase 3.

During the second projection period (June–October 2026), corresponding to the peak period for acute malnutrition, a sharp deterioration of the nutritional situation is anticipated. A total of eight *Moughataas* are expected to deteriorate from Phase 3 to Phase 4, in addition to 14 that will remain in Phase 4, bringing the total to 22 *Moughataas* in Phase 4. Furthermore, 21 *Moughataas* are projected to shift from Phase 2 to Phase 3, while nine *Moughataas* and the Mberra refugee camp are expected to remain in Phase 3, resulting in 31 *Moughataas* in Phase 3.

[Read the full Report](#)

NIGER: acute malnutrition 2nd Projection | May – July 2026

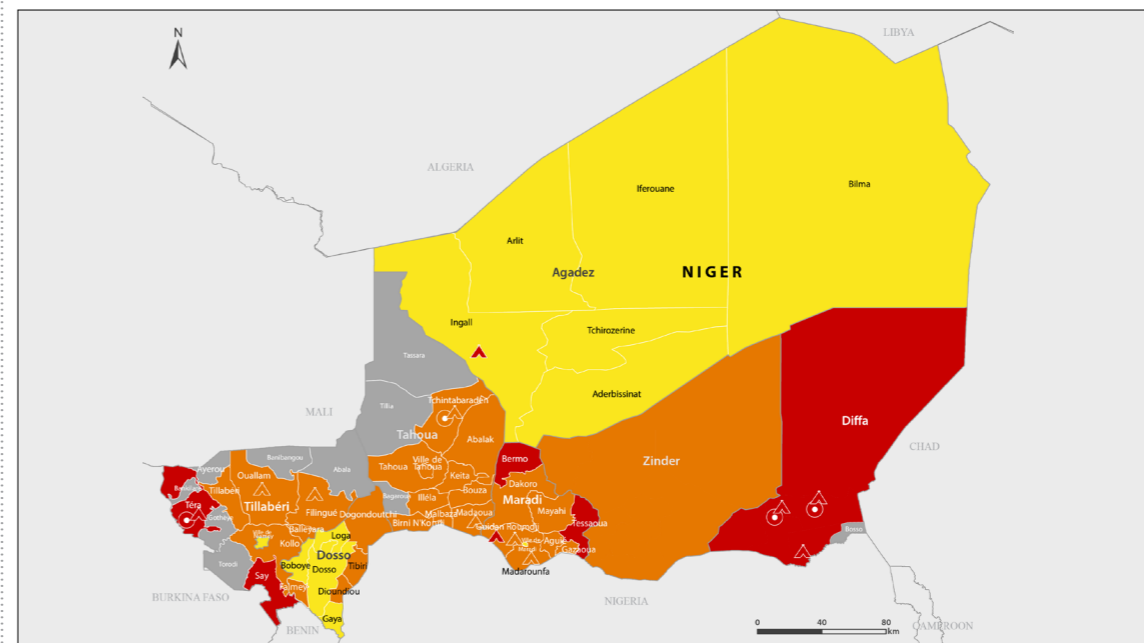
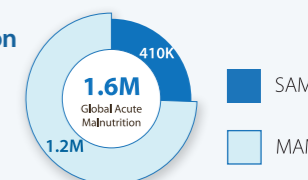
1.6M **307,000**

Approximately 1.6 million children under five are suffering or expected to suffer from acute malnutrition between August 2025 and July 2026.

Approximately 307,000 pregnant or breastfeeding women are suffering or expected to suffer from acute malnutrition and will need treatment.

Global Acute Malnutrition by severity

breakdown by severity — SAM and MAM



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- Evidence Level**
- * Acceptable
 - ** Medium
 - *** High

Contributing factors

- High disease burden
- Inadequate feeding practices
- Poor dietary diversity
- Poor WASH conditions
- Flooding

Overview

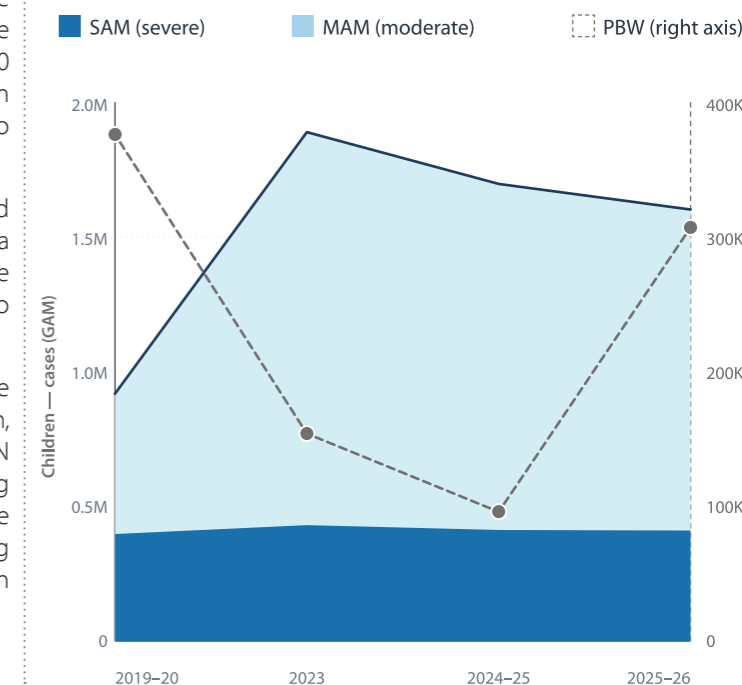
An estimated 1.6 million children aged 6–59 months will suffer acute malnutrition in Niger from August 2025–July 2026, including more than 410,000 children expected to face SAM. In addition, nearly 307,000 pregnant and breastfeeding women are likely to suffer acute malnutrition during the same period. While the nutrition situation is expected to improve, it remains particularly concerning for refugee populations.

Malnutrition is driven by a number of factors, including low food consumption and poor dietary diversity among children, high anemia rates and prevalence of childhood diseases, low coverage of acute malnutrition management programs and health facilities, poor access to safe drinking water, flooding, and civil insecurity.

During the peak malnutrition period from August–November 2025, the entire Diffa Region, Bermo and Tessaoua departments in the Maradi Region, and four refugee sites in Agadez, Diffa, and Maradi regions faced IPC AMN Phase 4 conditions. The nutrition situation was expected to improve during the first projection period (December 2025–April 2026) due to a decrease in cases of diarrhoea and malaria and improved food availability. Coinciding with the onset of the lean and rainy seasons, the situation will likely worsen during the second projection period (May–July 2026).

[Read the full Report](#)

Trend analysis of acute malnutrition among children aged 6–59 months and PBW | 2019–2026



NIGERIA: acute malnutrition 2nd Projection | May – September 2026

6.4M

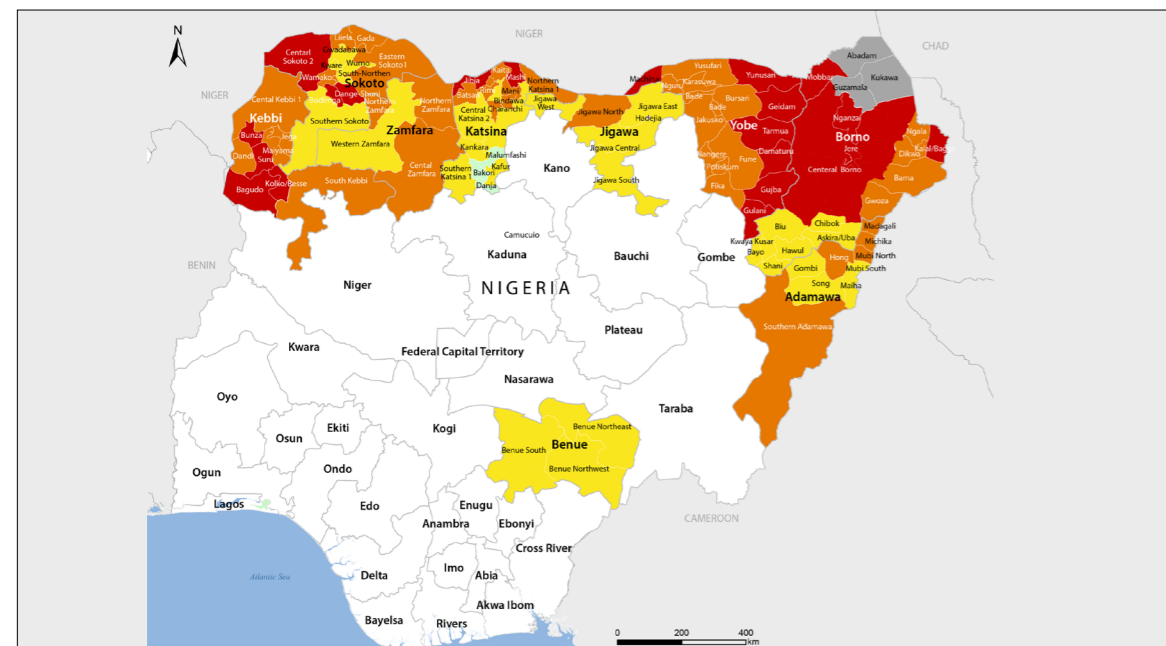
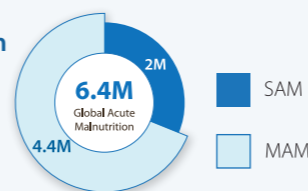
Approximately 6.4 million children under five are suffering or expected to suffer from acute malnutrition between October 2025 and September 2026.

786,000

Approximately 786,000 pregnant or breastfeeding women are suffering or expected to suffer from acute malnutrition and will need treatment.

Global Acute Malnutrition by severity

breakdown by severity — SAM and MAM



Key for the Map IPC Acute Malnutrition Phase Classification

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Contributing factors



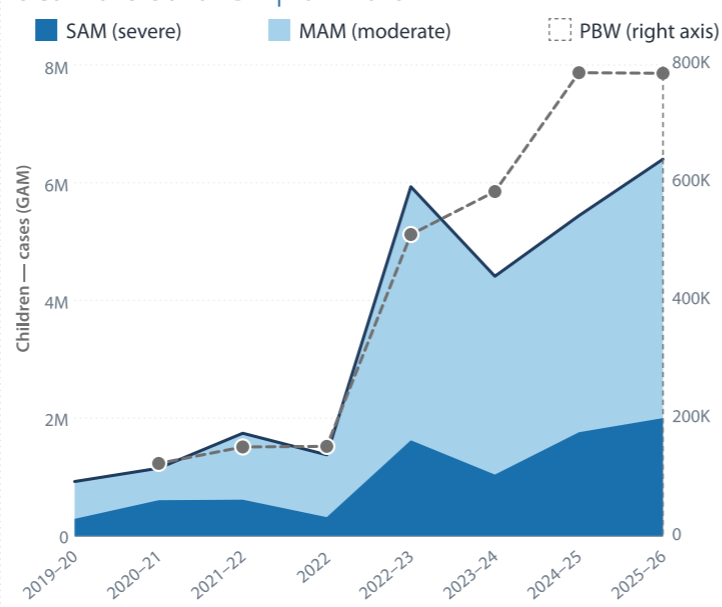
Overview

High rates of diseases, poor health systems, inadequate food consumption, and insecurity linked to armed conflict, insurgency, and clashes between farmers and herders are driving high levels of acute malnutrition in Nigeria. Nearly 6.4 million children aged 0–59 months are suffering or expected to suffer from acute malnutrition through September 2026. In the same period, nearly 786,000 pregnant and breastfeeding women will also be affected and require treatment.

From October to December 2025, the situation was most severe in the North-East where 18 local government areas (LGAs) were in Phase 4 and 13 in Phase 3. In the northwest, two LGAs were in Phase 4, 44 in Phase 3, and 59 in Phase 2. In north central Benue, all LGAs and the two internally displaced persons (IDP) camps were classified as either Phase 1 or Phase 2. In the first projection period (January–April 2026), improvements were anticipated in seven LGAs from Phase 4 to 3 and 15 LGAs from Phase 3 to 2. However, the situation is projected to deteriorate significantly during the peak malnutrition season (May–September 2026). The number of LGAs in Phase 4 is expected to rise from 13 to 33, with 20 LGAs shifting from Phase 3 to 4, 59 LGAs plus one IDP camp worsening from Phase 2 to 3, and 26 LGAs plus one IDP camp deteriorating from Phase 1 to 2.

[Read the full Report](#)

Trend analysis of acute malnutrition among children aged 6–59 months and PBW | 2021–2026*



*The geographic coverage and the number of areas included in the IPC Acute Malnutrition analysis vary from one period to the next. As a result, the figures are not fully comparable across the years shown, and any conclusions about trends in acute malnutrition over time or across areas should be interpreted with caution.

Key Recommendations

- Implement large-scale, coordinated interventions** with priority targeting, focusing on prevention to reduce the prevalence of acute malnutrition and related mortality among children aged 0-59 months. Revitalising collaboration between humanitarian and development actors should be a top priority for the Sahel countries and their partners.
- Prioritise nutrition 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 delivering quality basic social services to strengthen community resilience against food and nutrition insecurity.
- Strengthen advocacy** for increased, more flexible and earlier funding for nutrition, and continue supporting the financing of multisectoral strategies (nutrition, health, food security, protection) to maximise impact.
- Optimise resources for nutrition surveys in vulnerable areas** to collect relevant data for nutrition analyses and the Harmonised Framework, thereby supporting strategic decision-making.
- Strengthen the monitoring of population movements in insecure areas** to assess their impact on nutrition and food security.
- Promote joint food security and nutrition analyses** to better document the link between the two.

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. 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

