

## Key nutrition challenges



**1.2M** children under 5 years were **wasted** in June 2021–August 2022

**300 000** of them were **severely wasted**



**35 000** pregnant and lactating women were **acutely malnourished**

Source: IPC AMN, March 2022.

**Violent conflict, displacement and frequent intense periods of drought and flooding have contributed to a sharp deterioration in health and nutrition in Mali in the last year.**

An IPC Acute Malnutrition analysis covering 51 administrative subdivisions and six communes of Bamako Capital District, including the IDP sites in four regions (Gao, Mopti, Ségou and Tombouctou), revealed that over 1.2 million children under the age of 5 years will likely be wasted from June 2021–August 2022. This includes over 300 000 severely wasted children in need of urgent and adequate treatment. Over 35 000 pregnant and lactating women will also likely be wasted (IPC AMN, June 2021).

An expected seasonal deterioration in the acute malnutrition situation between October 2021–May 2022 and June–August 2022 could be more severe than anticipated if effective measures to treat nutrition challenges and address contributing factors are not taken (IPC, AMN, March 2022).

The national prevalence of child wasting reached the 'very high' WHO threshold of 10 percent, an alarming increase from 2020's figure of 7.2 percent. The percentage of severely wasted children increased from 1.3 percent in 2020 to 1.8 percent, equating to 65 000 children (SMART 2021).

Nearly 22 percent of children under 5 years are stunted – a prevalence that is considered 'high' by WHO cut-offs (SMART 2021).

## Key drivers

### Caring and feeding practices

Just 23 percent of children aged 6–23 months received the minimum dietary diversity, and 10.5 percent the minimum acceptable diet, which is close to the 'extremely critical/catastrophic' threshold suggested by the Infant Feeding in Emergencies core group. Only around half (48 percent) of infants aged 0–6 months are exclusively breastfed, a prevalence that is considered serious/severe by UNICEF thresholds (SMART 2021).

### Food security and access to healthy diets

The increases in child wasting since 2017 can be attributed to the cumulative effect of years of conflict, political instability and an ailing economy on the dimensions of nutrition and food security, as well as an increase in the coverage of this analysis to include IDP settlements, where there is a high prevalence of wasting. Inadequate quality and quantity of food intake prevents children from getting the minimum adequate food needed for physical growth (IPC AMN, March 2022).

### Health services and household environment

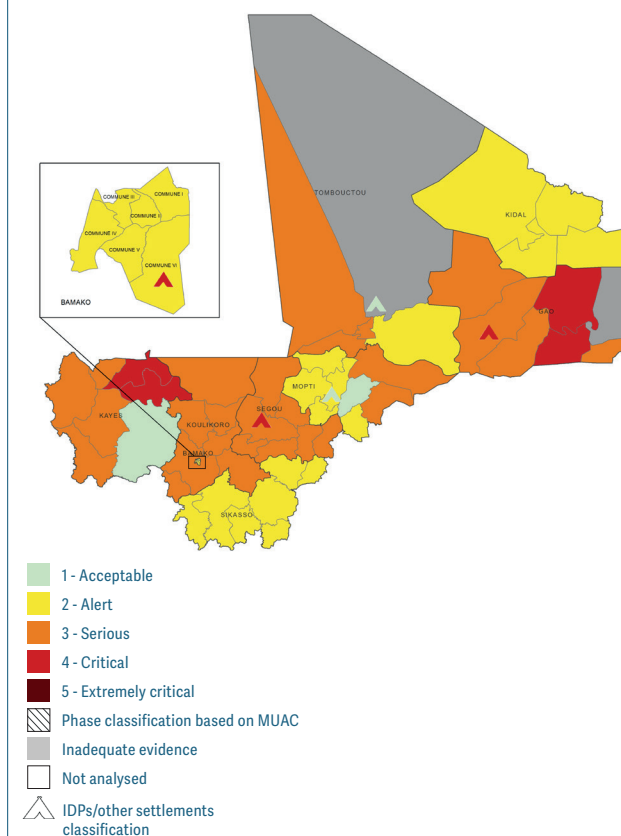
Over half of Mali's malnutrition cases are associated with diarrhoeal disease (HNO 2020) predominantly due to poor sanitary conditions. Anaemia levels remain very high, with 63 percent of children and 82 percent of women of reproductive age anaemic (DHS, 2018).

High levels of malaria and acute respiratory infections, as well as a resurgence of measles outbreaks, are also behind the high prevalence of child malnutrition. Other factors include low coverage of Integrated Management of Acute Malnutrition (IMAM) programmes, poor hygiene conditions (inaccessibility of adequate sanitation facilities), and low coverage of access to drinking water, which are often linked to the negative impacts of inter-community conflicts and the volatile security situation in some regions (IPC AMN, March 2022).

MAP 3.43

## IPC acute malnutrition situation, June–September 2021

From June–September 2021, 27 administrative subdivisions were classified in Serious (IPC AMN Phase 3) and four administrative subdivisions were in Critical (IPC AMN Phase 4).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Mali IPC AMN Technical Working Group, March 2022.