CHAD: IPC Acute Malnutrition Snapshot | October 2025 - September 2026

Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

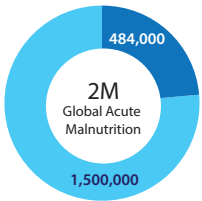*Published on 28 January 2026*

Acute Malnutrition | October 2025 - September 2026

2M
Number of children aged 6-59 months suffering or expected to suffer acute malnutrition

219,000
Number of pregnant or breastfeeding women suffering or expected to suffer acute malnutrition

2M Global Acute Malnutrition
- 484,000 — Severe Acute Malnutrition (SAM)
- 1,500,000 — Moderate Acute Malnutrition (MAM)

* These figures differ from humanitarian figures due to the standardized method (JIAF 2.0). The number of people in need of humanitarian assistance is calculated only in departments with intersectoral coverage and sectoral severity 3 or 4. Thus, using this method, the number of people suffering from severe acute malnutrition = 376,521; Moderate acute malnutrition = 1,321,826; Number of pregnant or breastfeeding women with acute malnutrition = 155,293.

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 severe acute malnutrition (SAM). More than 219,000 pregnant or breastfeeding women are likely to suffer acute malnutrition during the same period. The national nutrition situation is expected to remain at similar levels to the previous year, with IPC Acute Malnutrition (AMN) Phase 3 (Serious) and Phase 4 (Critical) in much of the country. Urgent action is needed to prevent further deterioration of existing malnutrition cases as well as new cases of acute malnutrition.

Malnutrition is driven by a number of factors, including 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 (WASH) conditions, as well as shocks such as flooding and insecurity.

During the current period period (October 2025–January 2026), eight analysis units are classified as IPC AMN Phase 4 (Critical), while populations are facing IPC AMN Phase 3 (Serious) conditions in 29 analysis units.

The nutrition situation is expected to improve slightly during the first projection period of February–May 2026 due to a decline in diseases and epidemics, improved food consumption, and receding floods leading to improved water and sanitation conditions. During this period, three analysis units are expected to shift from Phase 4 to Phase 3. Nine analysis units are expected to be in Phase 4 and 25 in Phase 3.

Coinciding with the peak malnutrition season, the situation will progressively worsen during the second projection period from June–September 2026, with 15 units of analysis projected to deteriorate from Phase 3 to Phase 4, bringing the total number of units in Phase 4 to 24. This represents more than a third of the units analysed. In addition, six analysis units will deteriorate from Phase 2 to Phase 3.

Contributing Factors

Inadequate dietary intake: Dietary diversity remains very low, with a low proportion of households meeting the minimum acceptable diet.

High and recurrent acute food insecurity: The number of people experiencing high levels of acute food insecurity (IPC Acute Food Insecurity Phase 3 or above) nationally is estimated to be 1.9 million.

Disease burden: Childhood illnesses, such as diarrhoea, acute respiratory infections, malaria and measles, are major contributing factors to acute malnutrition.

Poor breastfeeding and care practices: Inadequate breastfeeding practices, particularly exclusive breastfeeding and continued breastfeeding of children up to two years of age.
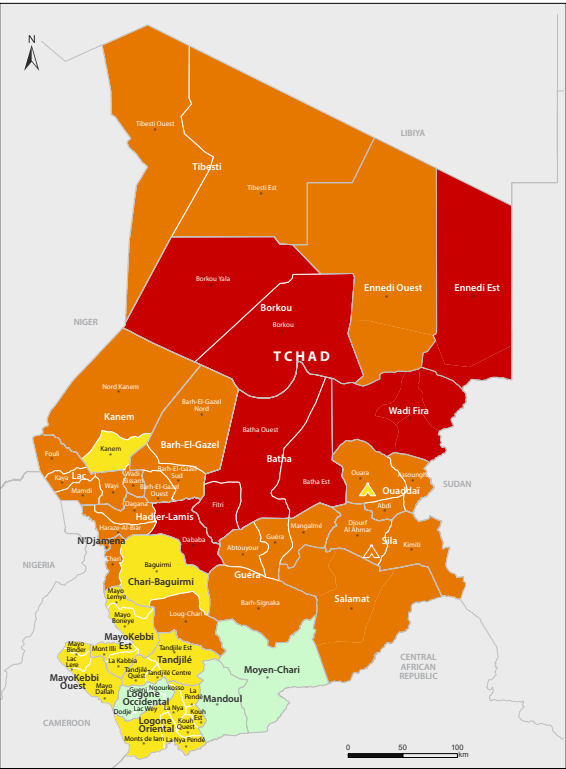
Poor WASH conditions: There is limited access to safe drinking water, and inadequate access to latrines is leading to a high rate of open defecation.

Insecurity: The conflict in Sudan and internal security challenges as well as flooding are causing significant population displacement, exerting additional pressure on basic social services.

Current Acute Malnutrition October 2025 - January 2026

1st Projection Acute Malnutrition February - May 2026

2nd Projection Acute Malnutrition June - September 2026

Key for the Map

IPC Acute Malnutrition
- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Areas with inadequate evidence
- Areas not analysed

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

Map Symbols
- Urban settlement classification
- IDPs/other settlements classification

Recommended Actions

Strengthen the nutrition surveillance and prevention system and the disaster safety monitoring and acute malnutrition management system.

Strengthen coverage and quality of treatment for moderate and severe acute malnutrition in all analysis units in Phases 3 and 4.

Strengthen the implementation of community activities to promote local products for the prevention of malnutrition. Pre-position medicines and consumables before the rainy season.

Increase the availability of drinking water sources and promote good practices in infant and young child feeding and WASH.
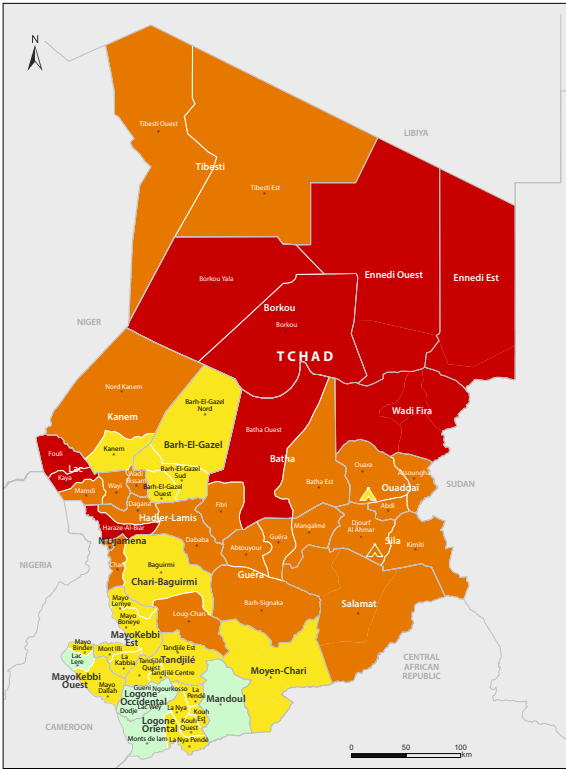
Capitalise on the achievements in implementing emergency responses and early prevention measures that have helped to limit the deterioration of the nutritional situation.
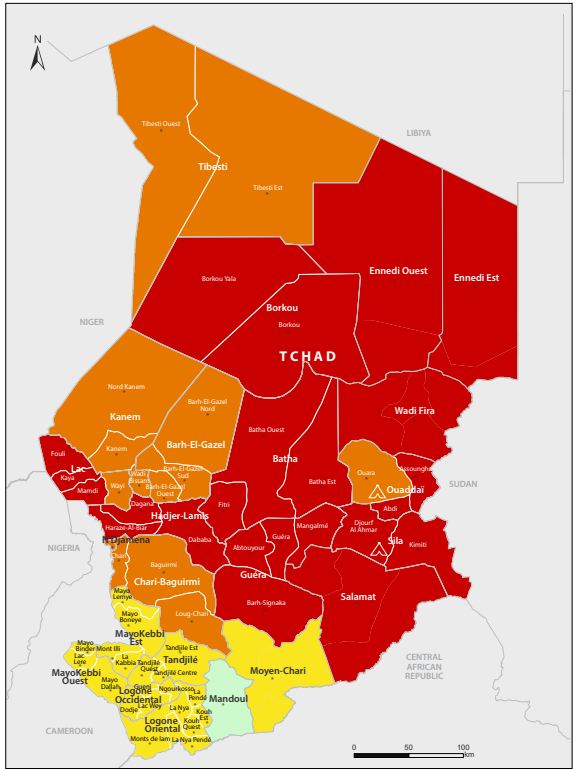
Encourage initiatives promoting food security, nutrition and sustainable agriculture, in particular support for livelihoods through resilient agriculture and cash transfers, building on existing systems.

Acute Malnutrition phase name 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.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/ or very large individual food consumption gaps are likely evident.

Global Acute Malnutrition based on mid-upper arm circumference (MUAC)

<5%				
	5-9.9%			
		10-14.9%		
			≥15%	

IPC Analysis Partners

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