MAURITANIA: IPC Acute Malnutrition Snapshot | November 2025 - October 2026

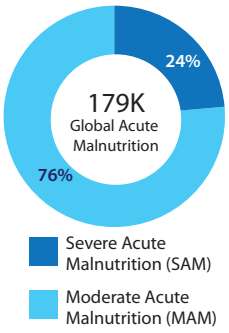
IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

Published on 5 January, 2026

Key Figures | November 2025 - October 2026

178,971

71,110



Nearly 179,000 cases of children aged 6-59 months will likely suffer acute malnutrition between November 2025 and October 2026 and will need treatment. More than 71,000 cases of pregnant or breastfeeding women will likely suffer acute malnutrition in the same period.

Children in Severe Acute Malnutrition (SAM)	**42,460**
Children in Moderate Acute Malnutrition (MAM)	**136,511**
Global Acute Malnutrition (GAM) of children	**178,971**

Overview

Mauritania's first acute malnutrition (AMN) analysis finds 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 (PBW) 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 (WASH) 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 (IYCF), 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.

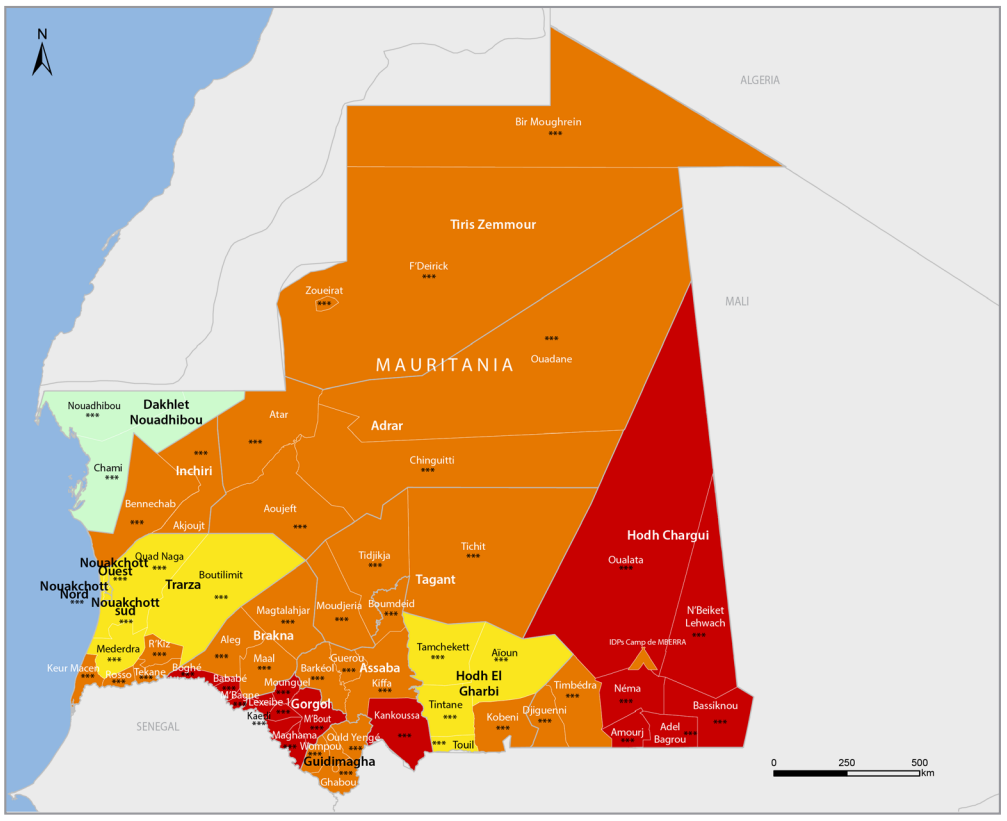
During the current period (November 2025–February 2026), which is considered the pre-peak season for malnutrition and is sometimes marked by a slight decrease in acute malnutrition cases, 15 *Moughataas* are classified in IPC AMN Phase 4 (Critical). A total of 31 analysis units—including 30 *Moughataas* and the Mberra refugee camp—are classified in IPC AMN Phase 3 (Serious).

During the first projection period (March–May 2026), which coincides with a seasonal decline in acute malnutrition cases, the situation is expected to improve temporarily. One *Moughataa* is projected to shift from Phase 4 to Phase 3, while 16 are expected to move from Phase 3 to Phase 2. Conversely, two are projected to deteriorate from Phase 2 to Phase 3. Overall, 14 *Moughataas* are expected to remain in Phase 4, while 17 *Moughataas,* as well as the Mberra Camp, will likely be in Phase 3.

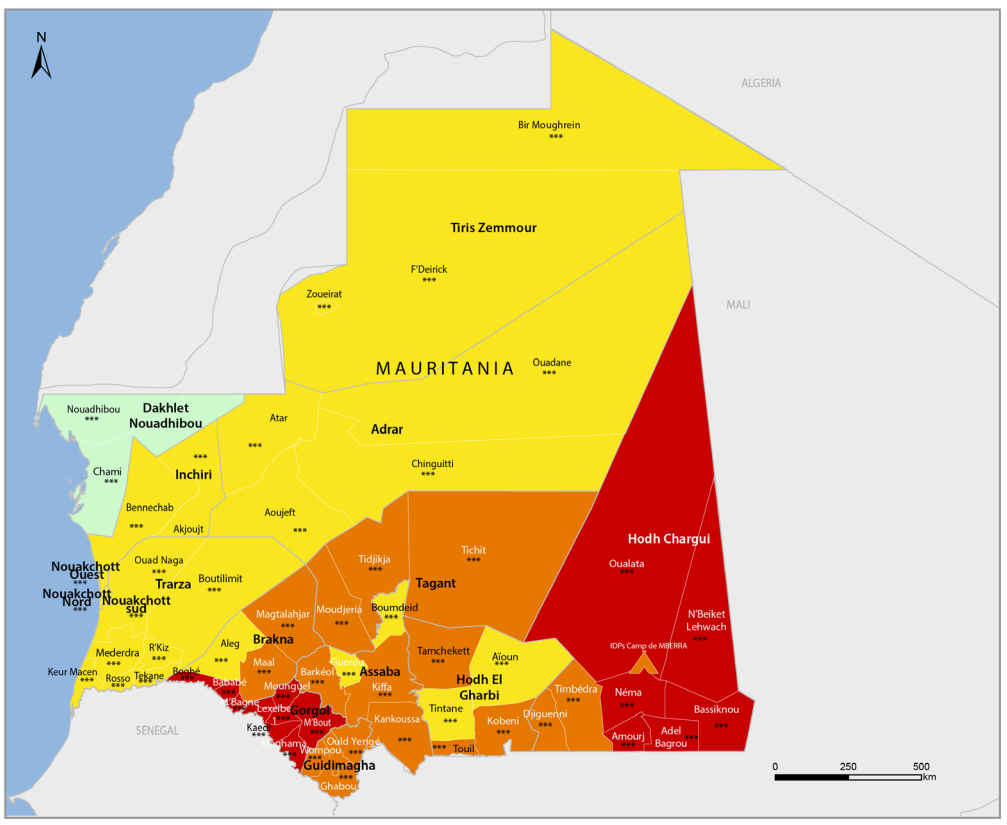
During the second projection period (June–October 2026), corresponding to the peak period for acute malnutrition, a sharp deterioration of the nutritional situation is anticipated. A total of eight *Moughataas* are expected to deteriorate from Phase 3 to Phase 4, in addition to 14 that will remain in 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.

For *Moughataas* and the refugee camp classified in Phase 3 or above, urgent action is required to prevent further deterioration of the nutritional situation. Priorities include immediately strengthening the coverage and quality of acute malnutrition treatment for children and PBW, and establishing a coordinated multisectoral response to ensure sustained access to essential basic services, particularly WASH, food and social protection.

Current Acute Malnutrition | November 2025 - February 2026



First Projection Acute Malnutrition | March - May 2026



Key for the Map

IPC Acute Malnutrition Phase Classification

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

Map Symbols

IDP settlement

Evidence level

*** High

Contributing Factors of Acute Malnutrition

Poor WASH conditions

Low access to adequate latrines and widespread open defecation significantly increase disease risk, particularly in *Moughataas* classified in Phase 3 or above, contributing to poor health and deteriorating nutritional outcomes.

High disease burden

High prevalence of diarrhoea, malaria and acute respiratory infections—exacerbated by limited access to safe water, hygiene services and pressure from refugee influxes—remains a major driver of acute malnutrition among children under the age of five.

Poor and inadequate quality of diet

Insufficient meal frequency, very low dietary diversity and poor minimum acceptable diet indicators among children aged 6–23 months are key contributors to acute malnutrition across most analysed areas.

Poor feeding practices among infants and young children

Low rates of exclusive breastfeeding and delayed or inadequate complementary feeding, combined with wide regional disparities, undermine optimal child nutrition during critical early life stages.

Insecurity and population displacement

Population displacement linked to insecurity in Mali increases pressure on already limited services and resources in host areas, worsening living conditions and negatively affecting the nutritional status of children under five years of age.

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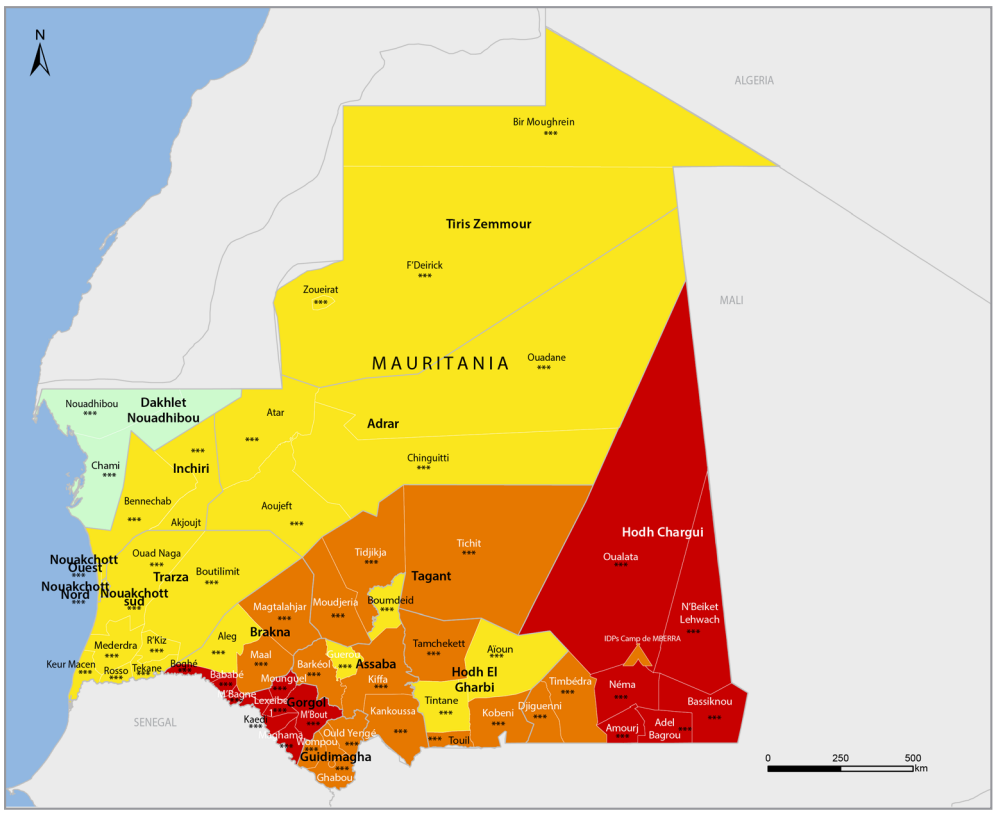
Second Projection Acute Malnutrition | June - October 2026



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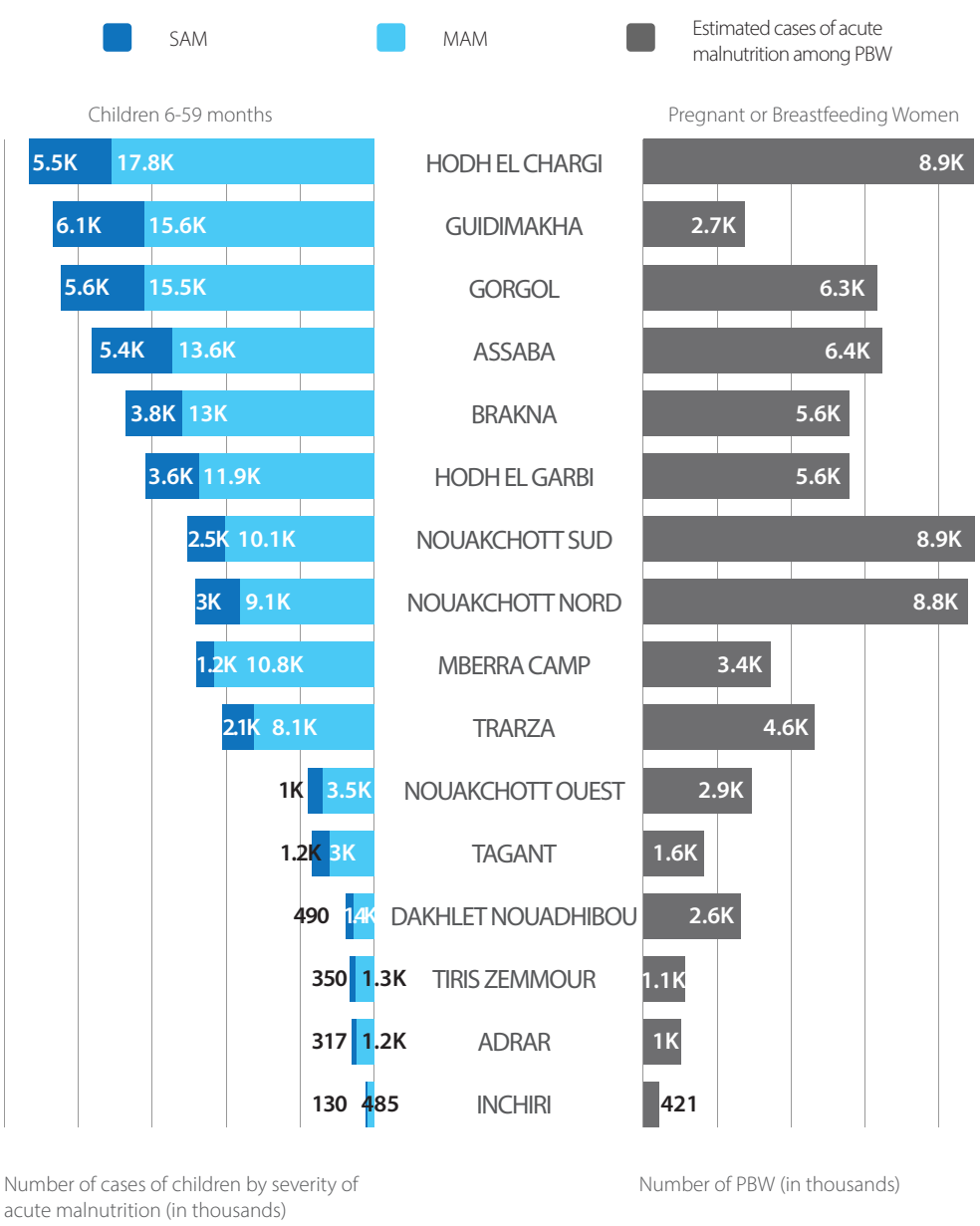
SAM, MAM and PBW Estimates by Unit of Analysis, 2025–2026



Recommended Actions

- **Immediately strengthen the coverage and quality of acute malnutrition treatment** to urgently reduce the number of children and pregnant or breastfeeding women suffering from acute malnutrition across all *Moughataas* and in the Mberra refugee camp.
- **Establish a multisectoral and coordinated response providing sustainable basic social services (WASH, food, social protection)** to meet the fundamental needs of vulnerable populations and refugees.
- **Increase nationwide coverage and quality of child disease prevention and treatment** for illnesses such as malaria, acute respiratory infections, and diarrhea.
- **Strengthen epidemiological surveillance (measles, diphtheria, cholera)** to anticipate and respond rapidly to outbreaks that could worsen the nutritional situation of affected populations.
- **Enhance promotion of optimal feeding pratices for infants and young children**, including early initiation of breastfeeding, exclusive breastfeeding, dietary diversification, and promotion of locally available micronutrient-rich foods.
- **Provide emergency food assistance to refugees and host households in border areas experiencing acute food insecurity**, integrating protection programs that address the essential needs of children under the age of five and pregnant and breastfeeding women.

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%	

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 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: 5 January 2026, *IPC population data is based on population estimates the Mauritania National Bureau of Statistics. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.