

Acute Food Insecurity Across 14 Cadre Harmonisé Countries, June-August 2026

Harmonized severity evidence with an Experimental Daily-Equivalent USU Pilot Estimate | WSI-AFI-CH-2026-01 | Release v1.1

Time basis: daily-equivalent burden rate - one day. Series status: Experimental USU Pilot Estimate. This report combines the completed harmonized severity profile with a simplified daily-equivalent USU pilot model using approved P1 - illustrative pilot mappings. The estimates are experimental and should not be treated as validated measures of suffering.

Executive summary

Indicator	Value
Analyzed population in the 14-country subset	434,406,497
Phase 3 or above - Crisis or worse	52,273,938
Phase 4 or above - Emergency or worse	2,814,246
Phase 5 - Catastrophe	15,061
Phase 3+ share of analyzed population	12.0%
Analysis coverage range	20% to 100%

The source evidence identifies 52.3 million people in Phase 3 or above across the analyzed areas of the 14 Cadre Harmonisé countries. Nigeria accounts for about two-thirds of this Phase 3+ total.

The central daily-equivalent pilot model estimates 109 million USU per day across the analyzed population, with a deterministic mapping range of 82.5 to 136 million USU per day.

Because the model uses one-day duration, the result is a daily burden rate. It is not extrapolated across the full June-August displayed period.

The ranking of countries by modeled total daily USU is identical under the low, central, and high mappings and matches the ranking by Phase 3+ population. The model therefore changes the unit and provides severity decomposition, but it does not alter country rank in this subset.

What the source reports

The report uses the 14 Cadre Harmonisé countries from the completed WSI acute-food-insecurity evidence profile whose displayed analysis period is June-August 2026. The source categories are Cadre Harmonisé Phase 3 - Crisis, Phase 4 - Emergency, and Phase 5 - Catastrophe/Famine. Counts refer to the analyzed population in the displayed dashboard rows, not necessarily complete national populations.

Country view	Largest values
Largest Phase 3+ populations	Nigeria, Chad, Cameroon, Niger, Guinea
Largest Phase 3+ shares of analyzed population	Chad, Nigeria, Sierra Leone, Guinea, Cameroon
Coverage caution	Reported analysis coverage ranges from 20% to 100%

Experimental USU pilot model

The pilot model applies a daily-equivalent linear USU calculation. For each phase, WSI applies a provisional intensity mapping for one day. The raw burden is then expressed relative to the declared renal-colic reference burden, $R1 = 1.96875$ intensity-days. Mortality is not converted into USU.

Source phase counts > Daily burden rate B1 > USU per day U1 > Mapping range

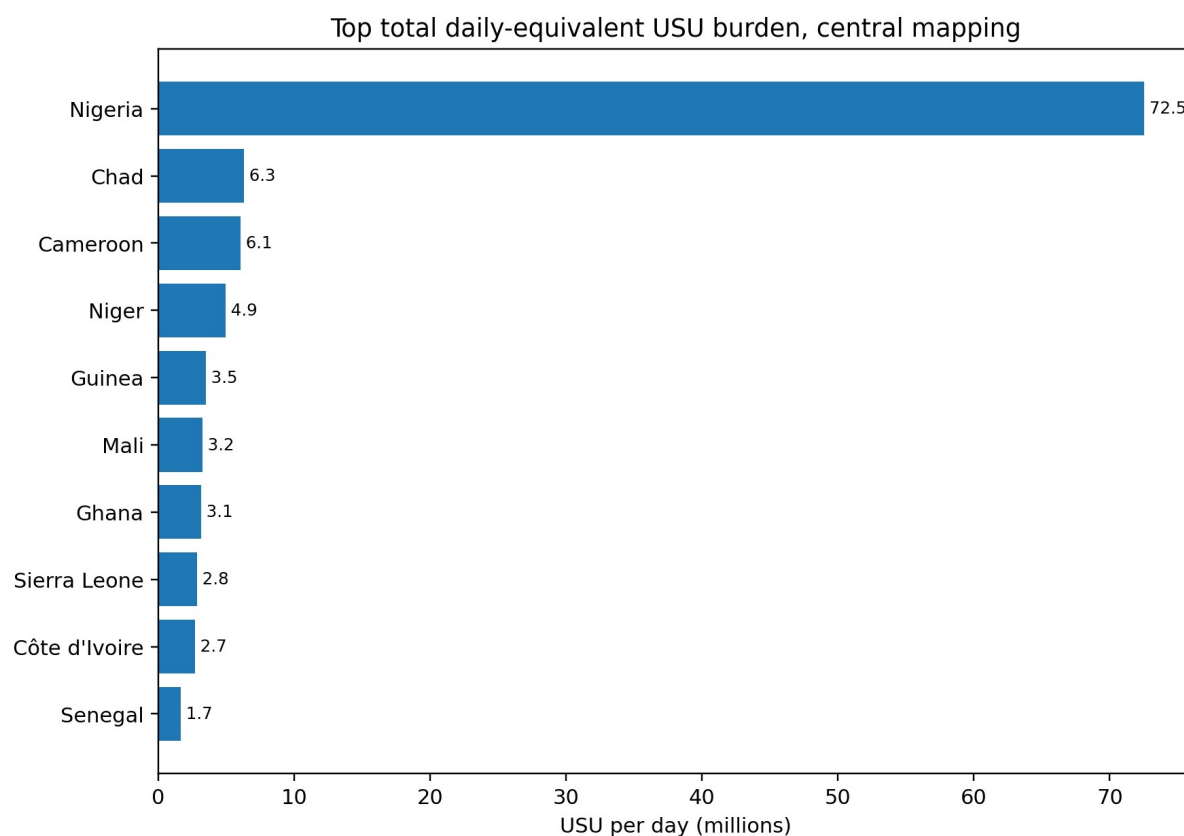
The approved Phase 3-5 mappings are P1 - illustrative pilot mappings. They are author-defined pilot interpretations, not values supplied or validated by IPC or Cadre Harmonisé.

State	Low intensity	Central intensity	High intensity	Duration
Phase 3 - Crisis	3	4	5	1 day
Phase 4 - Emergency	5	6	7	1 day
Phase 5 - Catastrophe	7	8	9	1 day

Pilot results

Scenario	Raw B1 per day	USU per day	USU per day per 100,000 analyzed people
Low	162.5 million	82.5 million	18,998
Central	214.8 million	109.1 million	25,110
High	267.0 million	135.6 million	31,223

Public headline: central experimental estimate approximately 109 million USU per day; deterministic mapping range 82.5-136 million USU per day. The deterministic mapping range is not a confidence interval.



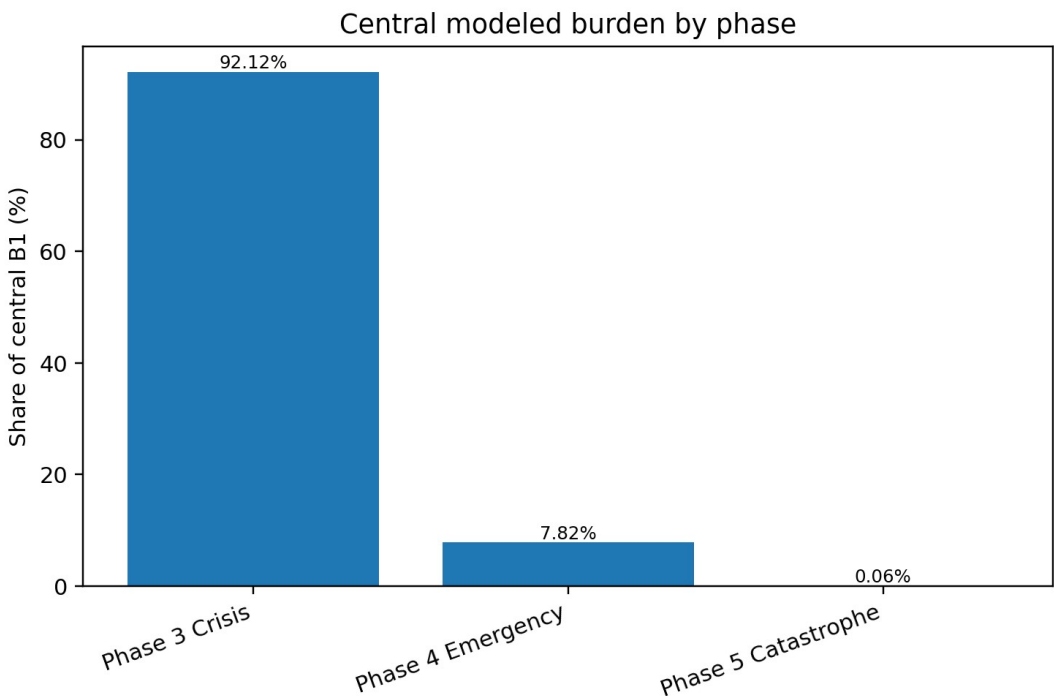
What the model adds

The USU layer gives a common daily-equivalent unit for combining Phase 3, Phase 4, and Phase 5 populations under transparent intensity assumptions.

The model decomposes the total by severity phase. Under the central mapping, Phase 3 contributes 92.1% of modeled burden, Phase 4 contributes 7.8%, and Phase 5 contributes 0.06%.

The model does not change the country ordering in this subset. The total USU ranking matches the Phase 3+ population ranking, and the per-100,000 ranking matches the Phase 3+ share ranking. This means the source indicators already explain the principal ordering for this particular subset.

The main added value is not a surprising ranking but a transparent bridge from official phase counts to a common experimental burden unit, together with a clear statement of what the model does and does not change.



Interpretation limits

- The estimate is daily-equivalent and should not be multiplied across June-August unless persistence of the displayed phase distribution is separately justified.
- The source counts refer to analyzed populations; several countries have coverage below 100%, so total counts are not necessarily complete national totals.
- IPC/CH phases are classifications of acute food insecurity, not direct suffering ratings. The intensity mappings are provisional P1 pilot assumptions.
- Death, malnutrition, disease, displacement, violence, future economic loss, and caregiver burden are not separately converted into USU in this report.

Sources: IPC-CH Dashboard and IPC Acute Food Insecurity Reference Table; full source URLs are provided in the technical note and data package.