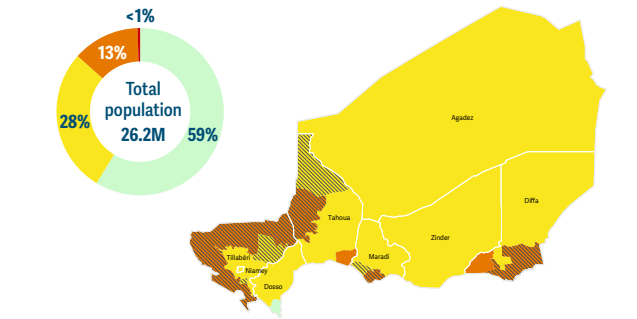


ACUTE FOOD INSECURITY | Conflict-related displacement and trade disruptions maintained high levels of acute food insecurity.

PEAK 2024 (JUNE–AUGUST)

3.4M people or 13% of the total population faced high levels of acute food insecurity during the lean season. Of them, around **0.1M** faced Emergency (CH Phase 4) in Diffa, Maradi and Tahoua.

Overall, this is 0.1 million more people facing high levels of acute food insecurity than during the 2023 peak. Out of 78 areas analysed, 21 were classified in Crisis (CH Phase 3) in conflict-affected Diffa, Tillabéri, Tahoua and Maradi.

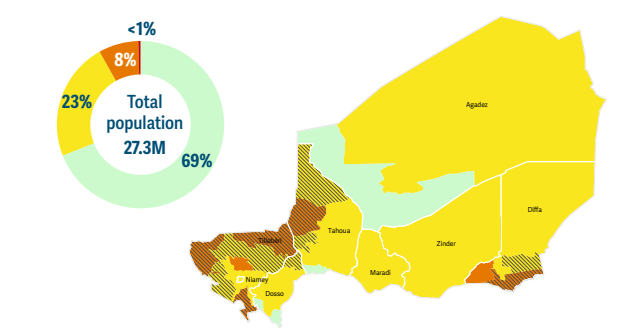


Source: CH Niger, March 2024.

PROJECTION 2025 (JUNE–AUGUST)

2.2M people or 8% of the total population are projected to face high levels of acute food insecurity during the lean season. Of them, around **0.1M** are projected to face CH Phase 4.

This marks a significant improvement since 2024 due to a better 2024/2025 than 2023/2024 harvest (FAO, November 2024). Out of 78 areas analysed, 12 are projected to be in CH Phase 3 and none in CH Phase 4.



Source: CH Niger, December 2024.

DRIVERS OF THE CRISIS 2024–2025

Conflict/insecurity Conflict in Tillabéri, north and east Tahoua, and south Diffa and Maradi displaced populations, led to the abandonment of arable land, and disrupted the supply and functioning of markets. The number of IDPs increased by 51 percent in the year to June 2024 (UNHCR, July 2024).

Weather extremes An earlier-than-usual start to the lean season because of significant cereal and fodder deficits left 40 percent of households without food stocks by February 2024 (CH, March 2024). Flooding between May and August damaged 24 000 hectares of crops and caused the loss of 25 000 heads of livestock, with 1.5 million people affected (EU-JRC, November 2024).

Economic shocks Border closures and conflict-related trade disruptions led to soaring prices of local and imported products in 2024 (FEWS NET, September 2024; DIEM, October 2024). ECOWAS economic sanctions were lifted in February 2024 but market supply remained low (FEWS NET, March 2024). Cross-border trade with Nigeria resumed but was below pre-July 2023 levels due to low food availability and currency depreciation (FEWS NET, June 2024). In addition, the Benin–Niger border closure reduced cereal imports and decreased export revenues (WFP and FAO, November 2024).

DISPLACEMENT

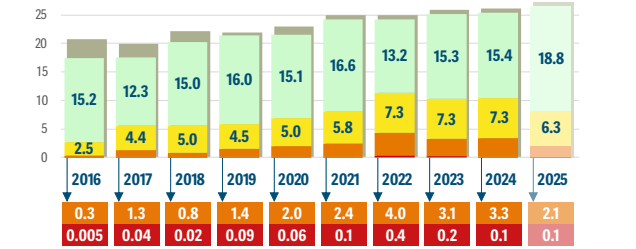
0.4M refugees and asylum-seekers

0.5M IDPs

Source: UNHCR Nowcasted estimate, December 2024.

Source: UNHCR, October 2024.

Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2025



Source: CH Niger.

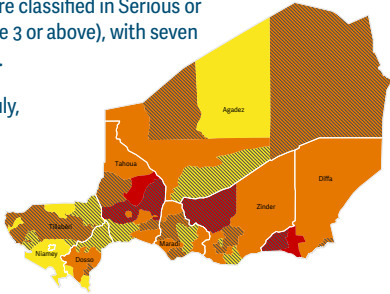
A protracted food crisis A low-income country, the Niger has been in all editions of the GRFC. Persistent insecurity, internal displacement, high food prices, floods, droughts and the impacts of COVID-19 resulted in sustained increases in the number of people facing acute food insecurity since 2018. The numbers peaked at 4.4 million people in 2022 due to poor harvests. After a slight decrease in 2023, they increased again in 2024.

NUTRITION CRISIS | A critical nutrition situation persisted, worse in areas affected by flooding and insecurity.

PEAK 2024 (AUGUST–NOVEMBER)

Out of 72 areas, 46 were classified in Serious or worse (IPC AMN Phase 3 or above), with seven in Critical (IPC AMN Phase 4).

Outlook 2025 During May–July, the situation is projected to deteriorate, with 51 areas in IPC AMN Phase 3 or above and nine in IPC AMN Phase 4.



Source: Niger IPC TWG, January 2025.

ACUTE MALNUTRITION BURDEN (AUGUST 2024–JULY 2025)

1.7M children aged 6–59 months

0.1M pregnant and breastfeeding women

1.3M MAM

0.4M SAM

Source: Niger IPC TWG, January 2025.

CONTRIBUTING FACTORS

The worst flooding since 2020 and growing insecurity were the primary shocks contributing to acute malnutrition in 2024, impacting Diffa, Tillabéri, Maradi and Tahoua regions. Diarrhoea, malaria and acute respiratory infections were higher than the previous five years in many areas. Flooding worsened access to safe drinking water and sanitation, with access to improved sanitation as low as 6 percent in Tchintabaraden department in Tahoua region (IPC, January 2025). Cholera and measles outbreaks occurred in multiple regions (UNICEF, December 2024).

Tahoua region. Anaemia levels were high among women of reproductive age and children under 5 years, reaching over 40 percent in multiple areas. Recent data on the quantity or quality of children's and women's diets were unavailable, yet historical data indicated this as a major contributing factor (IPC, January 2025).

Poor access to healthcare was a particular challenge in Agadez, Tillabéri and Tahoua regions, with suboptimal measles vaccination coverage. Flooding and insufficient nutrition supplies further limited access (UN, August 2024). Insecurity-related displacement left many in Diffa, Maradi, Tahoua and Tillabéri regions with suboptimal access to basic services (IPC, January 2025).

In multiple areas fewer than 30 percent of infants aged 0–6 months were exclusively breastfed, reaching as low as 3.4 percent in Abalak department in