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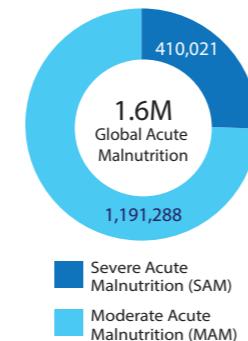
Acute Malnutrition | August 2025 - July 2026

1,601,309

The number of children aged 6-59 months acutely malnourished

306,846

Number of pregnant or breastfeeding women acutely malnourished



Overview

An estimated 1.6 million children aged 6–59 months will suffer from acute malnutrition in Niger from August 2025–July 2026, including more than 410,000 children expected to face SAM. In addition, over 306,800 pregnant and breastfeeding women are likely to suffer from acute malnutrition during the same period. While the national nutrition situation is expected to generally improve compared to the previous year, it remains particularly concerning for refugee populations.

Malnutrition is driven by a number of factors, including low food consumption and poor dietary diversity among children, high anemia rates and prevalence of childhood diseases, low coverage of acute malnutrition management programs and health facilities, poor access to safe drinking water, flooding, and civil insecurity.

During the peak malnutrition period from August–November 2025, the entire Diffa Region, Bermo and Tessoua departments in the Maradi Region, and four refugee sites in Agadez, Diffa, and Maradi regions faced IPC Acute Malnutrition (AMN) Phase 4 (Critical) conditions. Populations faced IPC AMN Phase 3 (Serious) conditions in the Zinder Region; 22 departments and two cities in the Maradi, Tahoua, and Tillabéri regions; and seven refugee sites.

The nutrition situation is expected to improve during the first projection period of December 2025–April 2026 due to a decrease in cases of diarrhoea and malaria and improved food availability. During this period, 16 areas are expected to shift from Phase 3 to IPC AMN Phase 2 (Alert), and three areas are expected to shift from Phase 4 to Phase 3. However, the nutritional situation in the Téra refugee site is likely to deteriorate from Phase 3 to Phase 4, while two departments in Maradi Region and four refugee sites will remain in Phase 4.

Coinciding with the onset of the lean and rainy seasons, the situation will progressively worsen during the second projection period from May–July 2026, with 33 areas of analysis in Phase 3 and 10 areas of analysis in Phase 4. The Diffa Region, Say Department, and two refugee sites will likely deteriorate from Phase 3 to Phase 4, and Bermo and Tessaoua departments and three other refugee sites are expected to remain in Phase 4.

Contributing Factors



Disease burden: Childhood illnesses, such as malaria, fever, acute respiratory infections, and diarrhoea



Infant feeding practices: Inadequate breastfeeding practices, particularly exclusive breastfeeding and continued breastfeeding of children up to two years of age



Dietary diversity: Very low dietary diversity and poor minimum acceptable diet



Poor water, sanitation, and hygiene (WASH) conditions: Limited access to safe drinking water and adequate latrines—leading to a high rate of open defecation

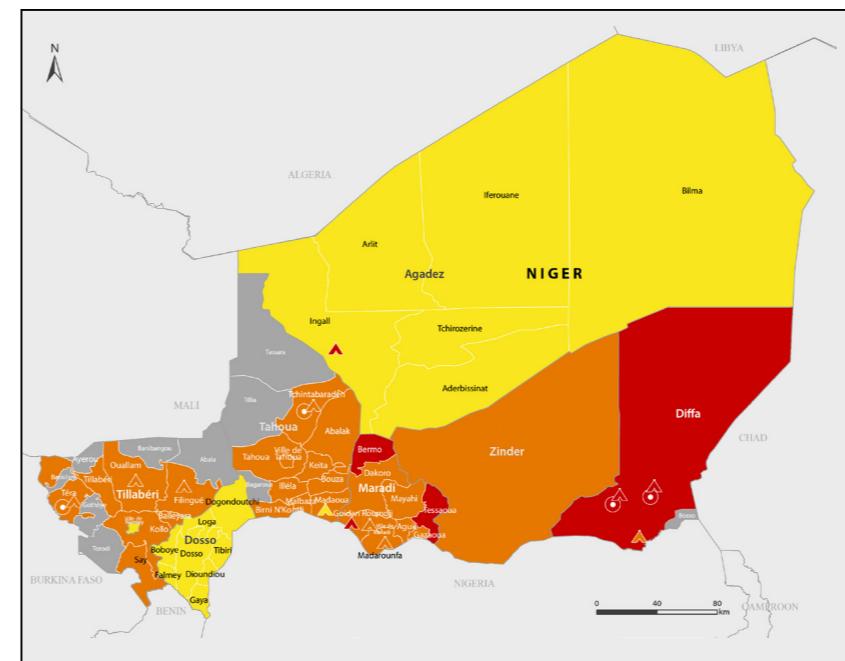


Flooding: Impact of flooding caused by heavy rainfall or overflow of the Komadougou river and its tributaries



Insecurity: Civil insecurity leading to population displacement

Current Acute Malnutrition | August - November 2025



Key for the Map

IPC Acute Malnutrition

Evidence Level

*** High

1 - Acceptable

2 - Alert

3 - Serious

4 - Critical

5 - Extremely critical

Areas with inadequate evidence

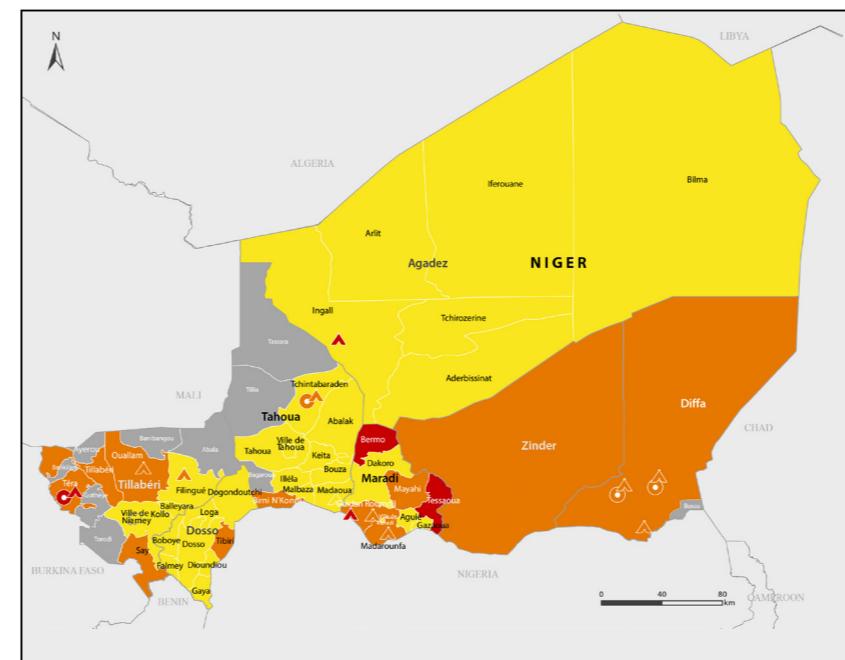
Areas not analysed

Map Symbols

Urban settlement classification

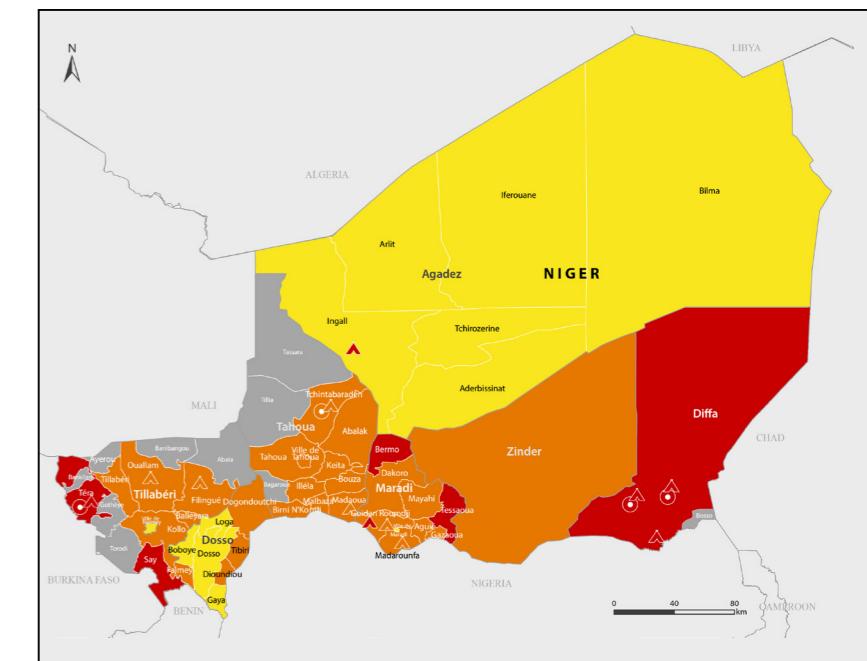
IDPs/other settlements classification

1st Projection Acute Malnutrition | December 2025 - April 2026



Publication date: 8 January 2026, *IPC population data is based on population estimates by the National Institute of Statistics of Niger. I Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries. I For more information please contact ipc@fao.org.

2nd Projection Acute Malnutrition | May - July 2026



Recommended Actions



Strengthen coverage and quality of treatment for moderate and severe acute malnutrition in all areas in Phases 3 and 4, and scale up active community-based screening and timely referral.



Improve WASH access, especially in areas with high concentrations of displaced persons and refugees.



Ensure epidemiological surveillance and rapid response for measles, including swift outbreak response and the continued provision of routine immunisation.



Accelerate the scale-up of integrated vitamin A supplementation and deworming into routine services.



Increase emergency food assistance for households in Phases 3 and 4, with particular attention to children under the age of five and pregnant and breastfeeding women.

IPC Analysis Partners

