



Niger

ECHO FACTSHEET

Facts & Figures

- Niger is the lowest ranking country in the UN's Human Development Index
- **20% of the population is food insecure**
- **1.1 million acutely malnourished children**
- 10% of children under age 5 suffer from Global Acute Malnutrition and every second child suffers from chronic malnutrition
- 150 000 Malian and Nigerian refugees and 185 000 IDPs (OCHA)

EC humanitarian funding:

2016: **€47.5 million**

Funding since 2012 crisis up to 2016: **€250 million**

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Halima's husband was shot and her daughters aged 11 and 12 abducted during an attack on her village in Nigeria. She fled to neighbouring Niger. ©EU/ECHO/Anouk Delafortrie

Key messages

- Humanitarian needs in Niger continue to be immense as a result of **lasting food insecurity, high global malnutrition of children** under age five and the displacement of people fleeing the conflicts in neighbouring [Mali*](#) and [Nigeria*](#). Successive food crises, extreme poverty, displacement and rapid population growth continue to erode people's resilience. Even in good agricultural years, between 4 and 5 million Nigeriens experience food shortages.
- The situation further deteriorated in 2015, with the **spill-over of the conflict in Nigeria** leading to **increasing numbers of displaced and refugee populations** in the Diffa region. Furthermore, the presence of mines and the disruption of markets have contributed to the deterioration of the situation. The European Commission's **humanitarian funding in 2016** was of **€47.5 million**.
- Access to the population in need in Diffa, especially those living out of camps in the vicinity of Lake Chad, remains a challenge due to security constraints and the limitations entailed by the declaration of state of emergency.
- The European Commission is among the **largest donors providing life-saving and emergency aid**. In 2016, it supported the treatment of over 265 000 children under five years old suffering from Severe Acute Malnutrition. EU funding covers 66% of the national caseload.



* All the latest ECHO Factsheets: bit.ly/echo-fs

Humanitarian situation and needs

Food Insecurity

Nigeriens suffered repeated food crises in 2005, 2008, 2010 and 2012. With 6.4 million people affected, Niger was **among the countries worst hit by the 2012 Sahel crisis**. In spite of positive agricultural outcomes since 2014, the effects of those protracted food crises are still felt this year by the most vulnerable households. Many Nigerien families, who are yet to recover from previous crises, are unable to cover their basic food needs. They grow too little food and are too poor to complement it by buying on the markets. Consequently, they resort to destructive coping mechanisms such as selling off livestock or cutting down on meals, which has an impact on the nutrition status of the smallest. It is estimated that **750 000 people will require emergency food assistance in 2017**. A quarter of the population is facing moderate to severe food insecurity: up to 4 million people out of a population of 18 million.

Regarding malnutrition, prevalence of **Global Acute Malnutrition (GAM) is extremely high and reached 15%, the emergency threshold** defined by the World Health Organization, in several regions. Severe Acute Malnutrition is killing more than 45 000 children every year in Niger. Without essential support, it is estimated that more than 100 000 children could die from malnutrition each year.

Conflict and displacement

The conflict with **Boko Haram in Nigeria has led to the displacement of more than 300 000 people** (refugees, IDPS and returnees) in the Diffa region of Niger. The most pressing needs of the affected populations are protection, food, nutrition, health, water and sanitation, and shelter. The impact on the already stretched resources of the local communities who are hosting them is significant, especially on food and livelihood opportunities. Full access to displaced people and local communities is essential.

The conflict in Mali continues to have consequences in Niger, with the presence of 60 474 Malian refugees in the West of the country.

Epidemics

Malaria remains endemic, with 2 million affected every year, and has direct incidence on the mortality of children under-five. In 2016, the Ministry of Health conducted a large campaign of seasonal malaria chemoprevention targeting approximately 2 million children under five with the support of the global malaria fund. Other diseases like Cholera and meningitis epidemics also regularly affect Niger.

The European Union's humanitarian response

In 2016, the European Commission contributed significantly to the **treatment of 265 000 severely malnourished children**, including those who fled the violence in Nigeria and Mali. This represents approximately 70% of the total national caseload treated, estimated at 400 000.

The medical partners of the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) also provide **treatment for the biggest lethal diseases**, such as malaria, diarrhea and respiratory tract infections. These health and nutrition services are integrated in the country's health care system and provided in close collaboration with national health care workers.

The European Commission's humanitarian response in 2016 totaled €47.5 million, including some €26.5 million for the **treatment and prevention of Severe Acute Malnutrition** in the most vulnerable regions. Half of the budget is spent on the treatment of severe acute malnutrition, with approximately 265 000 beneficiaries. The rest of the funding is allocated to prevention activities mainly focusing on food assistance to 25 700 vulnerable households (180 000 beneficiaries) during the lean season, representing 18% of those in need during the period between harvests when stocks are depleted and livelihoods are more seriously compromised. [Food assistance](#)* is provided mostly



through cash and vouchers' schemes associated to complementary nutritional food rations to children from 6-23 months old as well as pregnant and breastfeeding women coming from very poor and vulnerable households.

As violence escalates in North-eastern Nigeria, the European Commission has stepped up its funding to guarantee **emergency assistance for refugees** in the remote region of Diffa. In 2016, the European Commission allocated around €20 million just for this region. These EU funds enable partners on the ground to provide food assistance, non-food items, shelter, protection, health and water, sanitation and hygiene support to refugees and displaced people, as well as to register new arrivals and relocate them in camps if they deem so.

Basic humanitarian aid and livelihood support for Malian refugees in the West of the country (Tillabery and Tahoua) also remain a priority, as the evolution of the security situation in northern Mali is not yet conducive for return.

With a **total contribution in 2015 of €49 million and an allocation of €47.5 million in 2016**, the European Commission is **among the largest donors providing life-saving and emergency aid** in Niger.

The EU has championed [AGIR*](#), a global alliance to **strengthen the resilience** of the most vulnerable families in West Africa. AGIR has a goal of "Zero Hunger" by 2032. Niger has been very proactive in taking AGIR objectives on board and has already validated its Country Resilience Priorities. These are now being translated into national policies with an aim to tackle under nutrition in a multi-dimensional approach.

Examples of humanitarian projects in Niger

The conflict with Boko Haram in Nigeria has led to the **displacement of some 300 000 people** (refugees, IDPS and returnees) in the **Diffa region**. Even if access is often difficult, due to remoteness and insecurity, the EU has partnered with the **UN Refugee Agency, Save the Children, the International Rescue Committee (IRC), the World Food Programme** and others to provide emergency assistance, also to the host communities. In this tent, Save the Children provides prenatal and post-natal consultations, as well as nutritional care and primary health care. ©EC/ECHO/J.Lestrangle



IRC has installed 10 000 litres water bladders to the benefit of those displaced in Kindjandi. These bladders will facilitate **access to potable water** to 1 333 displaced people, each receiving a standard of 15 litres per person per day. They were co-financed by four donors, including the Commission's humanitarian aid department together with UK's DFID.



The European Commission funds several **nutritional and health projects** carried out by the Alliance of International Medical Action (ALIMA). One of them targets mothers, training them on how to use the Middle Upper Arm Circumference measurement tape to help identify early signs of malnutrition and to seek care in time. An early diagnosis would decrease mortality and morbidity related to malnutrition, reduce programme costs by shortening treatment times as well as limit human suffering. ©ALIMA/Sylvain Cherkaoui

