Global Network Against Food Crises

FSIN Food Security Information Network

2022 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

REGIONAL FOCUS

ON THE INTERGOVERNMENTAL AUTHORITY ON DEVELOPMENT (IGAD) MEMBER STATES

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Map disclaimer

The boundaries and names shown and the designations used on all the maps in this document do not imply official endorsement or acceptance by the United Nations.

Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Final status of the Abyei area is not yet determined.

Acronyms

ACAPS	Assessment Capacities Project
ACLED	Armed Conflict Location and Event Data Project
AMN	Acute malnutrition
AML	African migratory locusts
ARI	Acute respiratory infection
ASAL	Arid and semi-arid lands
AWD	Acute watery diarrhoea
CARI	Consolidated Approach to Reporting Indicators of Food Security
CDC	Centre for Disease Control
COVID-19	Corona virus disease 2019
CPI	Consumer Price Index
DGPC	Direction Générale de la Protection Civile (Haiti)
DHS	Demographic and Health Survey
DRC	Danish Refugee Council
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations of the European Commission
EC-JRC	European Commission – Joint Research Centre
EFSA	Emergency Food Security Assessment
ENA	Essential Needs Assessment
FAO	Food and Agriculture Organization
FAO-GIEWS	FAO Global Information and Early Warning System on Food and Agriculture
FCS	Food Consumption Score
FEWS NET	Famine Early Warning Systems Network
FSC	Food Security Cluster
FSIN	Food Security Information Network
FSNAU	Food Security and Nutrition Assessment Unit
FSNMS	Food Security and Nutrition Monitoring System
FSNWG	Food Security and Nutrition Working Group
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
gFSC	Global Food Security Cluster
GHACOF	Greater Horn of Africa Climate Outlook Forums
GHO	Global Humanitarian Overview
GNAFC	Global Network Against Food Crises
GNC	Global Nutrition Cluster
GRFC	Global Report on Food Crises
HDI	Humanitarian Development Index
HIV/AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
HNAP	Humanitarian Needs Assessment Programme
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IDMC	Internal Displacement Monitoring Centre
IDP	Internally Displaced People
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
IFRC	International Federation of the Red Cross
IGAD	Intergovernmental Authority on Development (in Eastern Africa)
ILO	International Labour Organization
INTPA	International Partnerships of the European Union
IMF	International Monetary Fund
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IPC AMN	Integrated Food Security Phase Classification Acute Malnutrition
IPC FRC	Integrated Food Security Phase Classification Famine Review Committee
IYCF	Infant and Young Child Feeding
JME	Joint Malnutrition Estimates
JMP	Joint Monitoring Programme
JRP	Joint Response Plan
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MDD	Minimum Dietary Diversity
MFB	Minimum Food Basket
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MPI	Multi-dimensional poverty index
MUAC	Mid-Upper Arm Circumference
NNS	National Nutrition Survey
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PLW	Pregnant and lactating women
R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SENS	Standardised Expanded Nutrition Survey
SFSA	Seasonal Food Security Assessment
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMEB	Survival Minimum Expenditure Basket
SNNPR	Ethiopian Southern Nations, Nationalities, and Peoples' Region
SOFI	The State of Food Security and Nutrition in the World
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Foreword

This fourth *IGAD Regional Focus of the Global Report on Food Crises* brings to our attention the alarmingly high levels of acute food insecurity and malnutrition in our region.

In 2021, nearly 42 million of our brothers and sisters were estimated to be highly food insecure and in need of urgent assistance, surpassing all previous records as reported by both the *Global Report on Food Crises* and the *IGAD Regional Focus*.

This follows seismic events that saw our biggest challenges shift from the COVID-19 pandemic, as was the case in 2020, to one of the most severe droughts in recent history, in addition to conflict and insecurity in both the Greater Horn of Africa and in Europe.

Since late 2020, four consecutive rainfall seasons have failed – a climatic event not seen in at least the last four decades – causing widespread and persistent drought in southern and southeastern Ethiopia, the arid and semi-arid lands (ASALs) of Kenya, and across most of Somalia.

The situation is dire.

Livelihoods have been devastated with a significant section of our population at risk of Famine in Somalia. As the latest long-term forecasts for the 2022 October–December rainfall season indicate an increased chance of below-average rains, the situation risks further deterioration.

The recent Communiqué from the IGAD Ministerial Meeting on the ongoing drought, held in Nairobi in May 2022, highlights the political and financial commitments required to fight this drought, and the urgent need for coordinated and collective action.

It is, therefore, imperative that the world does not lose sight of the crisis in this region, even as it grapples with other multiple crises elsewhere.

Progress to regional peace and security has seen some setbacks, which undeniably have also enormously contributed to acute food insecurity and malnutrition, and remain a concern not only for IGAD, but for the international community as well.

In responding to these setbacks, IGAD continues to pursue peaceful settlement of conflicts through dialogue, while at the same time upholding the sovereignty of member states, and calls upon all people of goodwill to be in solidarity with the region as it charts the path to lasting peace and stability.

The war in Ukraine, with its implications on food, energy, and fertilizer supplies and prices, is likely to exacerbate the already high levels of acute food insecurity and malnutrition in the region as we rely heavily on the import of these commodities. This, once again, exposes the unparalleled complexity of food crises in our region – having national, regional, and global causes and consequences.

The comprehensive analysis in this report continues, for the fourth year, to provide us with essential information and insights to collectively address the causes and consequences of escalating acute food insecurity and malnutrition.

There is a need for us to initiate a paradigm shift towards layering and integrating short-term responses with long-term actions aimed at addressing the root causes of food crises in our region. In addition, we must work together in the spirit of multilateralism and global unity to build resilient food systems and restore peace, security and stability in the IGAD region and beyond.

On behalf of IGAD, I would like to acknowledge the efforts of our member states and partners who shared their data, analyses, expertise and other resources to make this report possible.

Workneh Gebeyehu (Ph.D)
IGAD Executive Secretary

The IGAD Regional Focus on Food Crises 2022 | in brief

The IGAD region accounted for nearly 22 percent of the global number of people in Crisis or worse (IPC Phase 3 or above) in 2021. Food crises are forecast to escalate dramatically across the region in 2022, particularly in Kenya, Somalia and South Sudan.

2021 **41.9M people** in 7 of the 8 IGAD member states (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda) faced Crisis or worse (IPC Phase 3 or above)*

2021 **90%** of the 10.5M people in Emergency (IPC Phase 4) were in Ethiopia, Sudan and South Sudan

* Eritrea remains a data gap.

2021 **509 000 people in Ethiopia and South Sudan were in Catastrophe (IPC Phase 5), the highest in the six-year history of the GRFC.** In the Tigray region of Ethiopia, the number of people expected to be in Catastrophe (IPC Phase 5) rose from nearly 353 000 in May–June 2021 to over 401 000 in July–September 2021. In South Sudan, 108 000 people were in Catastrophe (IPC Phase 5) from April–July 2021.

The Government of Ethiopia did not endorse the findings of the May 2021 Ethiopia IPC analysis.

Over 10M children aged 6–59 months were estimated to suffer from wasting in six IGAD countries in 2021, including almost 2.3 million children with severe wasting.

The nutrition situation across the IGAD region remains of grave concern, particularly in Ethiopia, the Sudan, Somalia, South Sudan and northern Kenya.

Primary drivers in 2021

In 2021, conflict/insecurity was considered the primary driver of acute food insecurity in Ethiopia and South Sudan as well as in Uganda. Extreme weather conditions primarily drove acute food insecurity in Somalia, the Sudan and Kenya. Economic shocks aggravated acute food insecurity across the IGAD region.

CONFLICT/INSECURITY
PRIMARY DRIVER FOR
26.2M people in Crisis or worse (IPC Phase 3 or above) in **3** countries

WEATHER EXTREMES
PRIMARY DRIVER FOR
15.6M people in Crisis or worse (IPC Phase 3 or above) in **3** countries

ECONOMIC SHOCKS
PRIMARY DRIVER FOR
0.2M people in Crisis or worse (IPC Phase 3 or above) in **Djibouti**

24% of the world's 51M internally displaced people in 2021 were in IGAD countries – Ethiopia, Somalia, South Sudan and Sudan.

21% of the world's 21M refugees and asylum seekers in 2021 were in IGAD countries – mainly Uganda, Sudan and Ethiopia.

An unprecedented acute food insecurity crisis is evolving in 2022

2022 **50.3–50.8M people** are expected to face Crisis or worse (IPC Phase 3 or above) in 7 IGAD countries due to the combined impacts of weather extremes – including widespread and extreme drought in parts of the region, conflict and conflict-related displacement, and macroeconomic challenges, including rising food prices.

2022 **300 000 people are projected to face Catastrophe (IPC Phase 5) in Somalia and South Sudan.** In Somalia, there is an increased Risk of Famine, meaning there is a reasonable chance of Famine occurring in eight areas through September 2022. Famine (IPC Phase 5) could occur in the event of widespread crop and livestock production failures, continued increases in food prices, and in the absence of a scale-up of humanitarian assistance to meet the most vulnerable populations.

Impact of the war in Ukraine

While several countries in the region continue to face macroeconomic challenges, including high inflation, currency depreciation and the long-running economic impacts of the COVID-19 pandemic, the escalating war in Ukraine is exacerbating already severe acute food insecurity across IGAD countries that are net importers of wheat, vegetable oil and petroleum products. Food prices have risen steeply since the war began.

CHAPTER 1

INTRODUCTION

Why this report?

The 2022 IGAD Regional Focus of the Global Report on Food Crises highlights the alarming deterioration of acute food insecurity in 2021 in the IGAD region, where about 42 million people were in Crisis or worse (IPC Phase 3 or above), exceeding the previous three-year high in 2020 by nearly 33 percent.

Enhancing food security and nutrition is one of the cardinal strategic objectives of IGAD. However, year-on-year, food insecurity and malnutrition levels in the region remain concerning, attributed to a complex mix of reinforcing shocks and stresses.

In 2021, parts of the region grappled with a multi-season drought, exposing agropastoral and pastoral communities to crop and livestock losses, and causing population displacement.

Conflict and insecurity persisted or escalated in several countries, disrupting livelihoods and access to basic services and infrastructure such as markets, displacing populations and threatening lives.

At the same time, the post COVID-19 fragile economic performance of many countries was accompanied by high inflation and a devaluation of domestic currencies, reducing populations' purchasing power, and, in turn, access to food. Given the region's high dependence on imports, the ongoing war in Ukraine is likely to worsen the situation.

The region also continued to host large IDP and refugee populations who are disproportionately exposed to high levels of acute food insecurity and malnutrition due to limited livelihood sources and coping capacities.

The need for effective programmes, projects and policies aimed at addressing the region's food crises cannot be overemphasised. At the core of this is timely and reliable data and analyses. However, data is often conflicting and/or derived from different sources, which apply different methodologies, limiting comparability over space and time.

This report – a by-product of the *Global Report on Food Crises* (GRFC) – responds to these constraints, particularly with respect to the IGAD region. It provides a comprehensive assessment of acute food insecurity and malnutrition in the region in 2021, including major food crises, trends over time, key drivers, populations of highest concern, and forecast of peak estimates of acute food insecurity in 2022, based on a rigorous methodology and a highly consultative process.

The report serves as a key reference document for tackling the root causes of food crises in the region, for governments, policy makers, and development and humanitarian actors. It also serves as an important reminder of the need for concerted and redoubled efforts around development and resilience-building, in addition to humanitarian response during crisis situations in the IGAD region.

Limitations of the report

Data gaps

As in the three previous IGAD reports, there was insufficient evidence on the state of food security and nutrition in Eritrea, therefore the country was omitted from the report.

The analysis for Uganda, provided by FEWS NET, does not include disaggregated numbers for the different IPC phases.

Though all the other countries in the region have 2021 IPC analyses, the geographical coverage is often limited to certain areas and most often excludes urban areas, which continue to be disproportionately affected by the long-running effects of the COVID-19 pandemic. In this report, only the analysis for Somalia covers urban populations. It is, therefore, likely that food insecurity needs are underestimated and the number of acutely food-insecure people may be higher if the full population was considered.

Furthermore, it is important to keep in mind that the figures reflect a situation characterised by a high level of humanitarian assistance. As such, it could be that some of the households are

The foundation of the GRFC: an evidence-based public good

- A strong and expanding partnership
- A highly consultative process
- A compilation of multiple consensus-based food security and nutrition analyses
- A technical document of reference on food crises

classified in Minimal or Stressed (IPC Phase 1 or 2) because they received assistance, and are in fact in need of continued action.

The limited frequency of malnutrition analyses is also a challenge. Only Kenya, Somalia, South Sudan and Uganda had updated IPC acute malnutrition analyses. Data gaps remain for Djibouti, Ethiopia and the Sudan.

Similarly, refugee food security data in the region is not systematically collected or shared and in contexts where various assessments have been conducted, they are not IPC-compatible.

Comparability

For some countries, the coverage of food security analyses within and between years varies in terms of population and/or areas analysed, thereby affecting the comparability of the number of acutely food-insecure people between time periods.

In Ethiopia, the 2020 IPC analysis covered only 36 percent of the country's population, corresponding to the Belg and Meher-dependent areas. However, the geographic coverage for the 2021 peak analysis was expanded, increasing the population covered to 49 percent of the country's population. As such, though a sharp increase in food insecurity numbers is seen between 2020 and 2021, it is partly due to a larger population coverage.

IPC coverage for Kenya reduced from 33 percent to 28 percent. While the 2020 IPC analysis covered the arid and semi-arid lands (rural) and 12 urban areas, the 2021 peak analysis covers only the arid and semi-arid lands.

Comparability issues also exist for the Uganda peak estimates of acute food insecurity. Data for the 2020 peak analysis was based on a Karamoja, urban areas, refugees and host communities analysis (25 percent of the population), while the 2021 figure is based on an entire country analysis by FEWS NET. While this was found to be suitable for informing the level of acute food insecurity, it does not allow for comparison across the years.

Consensus

All partners are in agreement with the general magnitude and severity of acute food insecurity indicated for the countries included in this report except where a disclaimer is present.

FIGURE 1.1

IPC acute food insecurity phase description and response objectives

Phase	Phase description and priority response objectives
Phase 1 None/Minimal	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income. Action required to build resilience and for disaster risk reduction.
Phase 2 Stressed	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies. Action required for disaster risk reduction and to protect livelihoods.
Phase 3 Crisis	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies. URGENT ACTION required to protect livelihoods and reduce food consumption gaps.
Phase 4 Emergency	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation. URGENT ACTION required to save lives and livelihoods.
Phase 5 Catastrophe/ Famine	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, area needs to have extreme critical levels of acute malnutrition and mortality).[1] URGENT ACTION required to revert/prevent widespread death and total collapse of livelihoods.

1 A Famine classification requires evidence on food security, nutrition and mortality at or above IPC Phase 5 thresholds. If there is insufficient data for Famine classification but the available information indicates that Famine is likely occurring or will occur, then the famine classification is called 'Famine Likely'. It is important to note that Famine and Famine Likely are equally severe.

For Ethiopia and the Sudan, FEWS NET produced estimates that were lower than those provided by the IPC Technical Working Groups. The differences stemmed from varying interpretations of the data related to the factors that contribute to acute food insecurity.

In South Sudan, there was a breakdown in technical consensus in the estimation of populations in Catastrophe (IPC Phase 5) in six counties across Jonglei and Pibor Administrative Area, Northern Bahr el Ghazal and Warrap states. This led to the activation of an external Quality Review of the six counties and Famine Review of Pibor county. Following this, the IPC Global Support Unit (GSU) published a report reflecting the technical consensus of the country's IPC Technical Working Group members for 73 counties and the different findings from the external Quality Review and Famine Review for the other six counties.

The IPC June 2021 Ethiopia analysis covering the Tigray region and neighbouring zones of Afar and Amhara was not endorsed by the Government of Ethiopia and is, therefore, included in this report with caveats.

Funding flows to food crises in the IGAD region

The Humanitarian Response Plans for 2022 indicate funding requirements that include USD 2.75 billion in Ethiopia,[1] USD 1.46 billion in Somalia, USD 1.7 billion in South Sudan and USD 1.94 billion in the Sudan.[2] In Somalia, the deteriorating humanitarian situation in the country has seen funding requirements increase by 57 percent compared to 2021. The unmet requirements as of June 2022 is 70 percent in Somalia, 80 percent in the Sudan, and 70 percent in South Sudan. The flash appeal for Kenya indicates total funding requirements of USD 250.5 million, of which 16 percent had been funded by mid-July 2022 (OCHA, 2022).

Trend analysis on financing flows to food sectors in 2020

To complement the information provided in the IGAD *Regional Focus of the Global Report on Food Crises*, the Global Network Against Food Crises produced an analysis of financing flows to food sectors – food security, agriculture and nutrition – in countries with food-crisis situations.

The analysis aimed to inform decision makers at all levels to improve understanding on how the international community, as well as national governments, are addressing food crises. In addition to a trend analysis of the volume of external financing allocated to food sectors[3] globally, regionally and nationally, it analysed data on humanitarian assistance to food sectors alongside data on acute food insecurity at the country level.

Looking at the trends in humanitarian assistance between 2016 and 2020, the flow of humanitarian assistance to food sectors in East African countries[4] decreased from USD 3.7 billion in 2016 to USD 2.5 billion in 2020, despite peaking at USD 3.9 billion in 2017. This trend did not follow that of acute food insecurity: the number of people in Crisis or worse (IPC Phase 3 or above) or equivalent increased from 26.1 million in 2016 to 32.9 million in 2020.

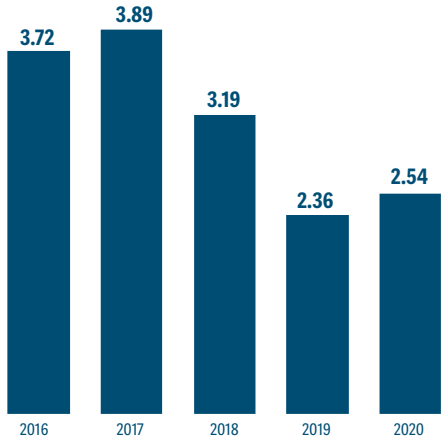
In 2020, Ethiopia, Somalia, South Sudan and the Sudan accounted for 82 percent of the region's population in Crisis or worse (IPC Phase 3 or above) and received 90 percent of all humanitarian assistance to food sectors. Looking at humanitarian assistance for the food sector in 2020: 71 percent was allocated to food security (mainly in the form of cash and in-kind food assistance); 17 percent to nutrition; and 11 percent to agriculture and livelihoods.

In East Africa, humanitarian assistance represented two thirds of all funding to food sectors over the five years of analysis. Although development assistance increased slightly in the region, it was often negligible in countries like Somalia, South Sudan and the Sudan, which were affected by protracted crises. These countries received only 20 percent of all development assistance to food sectors in the region.

Development assistance to food sectors in the East Africa region increased between 2016 and 2019. In 2019, about 65 percent of all development assistance to the region was allocated to Ethiopia and Kenya. In 2019, agriculture was the most-funded sector in terms of development assistance.

FIGURE 1.2

Humanitarian assistance to East Africa (US$ billion)



Data covers Burundi and seven IGAD member states, excluding Eritrea.
Source: GNAFC. 2021. Financing Flows and Food Crises. Rome.

1 The Humanitarian Response Plan for Ethiopia had not been approved by the Ethiopian government as of June 2022.
2 Further details and data for the 2022 Humanitarian response plan funding requirements can be retrieved from the OCHA Financial Tracking Service (FTS) portal https://fts.unocha.org/appeals/overview/2022.
3 Food sector humanitarian assistance includes disbursements aimed at improving or safeguarding food security by providing cash or in-kind food assistance or increased food production as well as assistance aimed at improving and safeguarding nutrition and health. Food sector development assistance includes disbursements aimed at building long-term household food security and livelihood support through funds directed at agriculture, basic nutrition, development food assistance, fishing, forestry, rural development, and school feeding etc.
4 East Africa, including the Intergovernmental Authority on Development (IGAD) countries and Burundi

CHAPTER 2

OVERVIEW OF FOOD CRISES IN THE IGAD REGION

Overview of food crises in the IGAD region

Djibouti | Ethiopia | Eritrea | Kenya | Somalia | South Sudan | Sudan | Uganda

Acute food insecurity overview 2021

41.9M people
in **7 IGAD** member states were in Crisis or worse (IPC Phase 3 or above) or equivalent in 2021

This figure includes FEWS NET's estimate of 2.2 million people in Crisis or worse (IPC Phase 3 or above) in Uganda. This number is not included in the disaggregated numbers for IPC Phases 2–5 below.

509 000 people in **Ethiopia** and **South Sudan** were in Catastrophe (IPC Phase 5) in 2021

This number includes the highest number of people in Catastrophe (IPC Phase 5) in Ethiopia in 2021, which was during July–September (401 000). However, the highest number of people in Crisis or worse (IPC Phase 3 or above) in the country was in May–June.

10.48M people in **6** countries were in Emergency (IPC Phase 4) in 2021

28.80M people in **6** countries were in Crisis (IPC Phase 3) in 2021

46.22M people in **6** countries were in Stressed (IPC Phase 2) in 2021

Source: IPC and FEWS NET.

Nearly 42 million people were in Crisis or worse (IPC Phase 3 or above) or equivalent in seven IGAD member states during the peak period of 2021 identified for each country.

Around 40 percent of the populations in these phases were in Ethiopia (16.8 million people), 23 percent in the Sudan (9.8 million people) and 17 percent in South Sudan (7.2 million people).

Around 509 000 people were in Catastrophe (IPC Phase 5) in Ethiopia and South Sudan (IPC, December 2020 and June 2021). These two countries accounted for nearly 90 percent of the global population in Catastrophe (IPC Phase 5) in 2021.

In the Tigray region of Ethiopia, the number of people expected to be in Catastrophe (IPC Phase 5) rose from nearly 353 000 in May–June 2021 to over 401 000 in July–September 2021 (IPC, June 2021).[1] Although the IPC Technical Working Group classified the worst-affected areas in Emergency (IPC Phase 4) in the most likely scenario, the IPC Famine Review Committee (FRC) developed four alternative scenarios. In three of the four scenarios, there was a medium-to-high Risk of Famine in the second half of 2021 (IPC, July 2021).

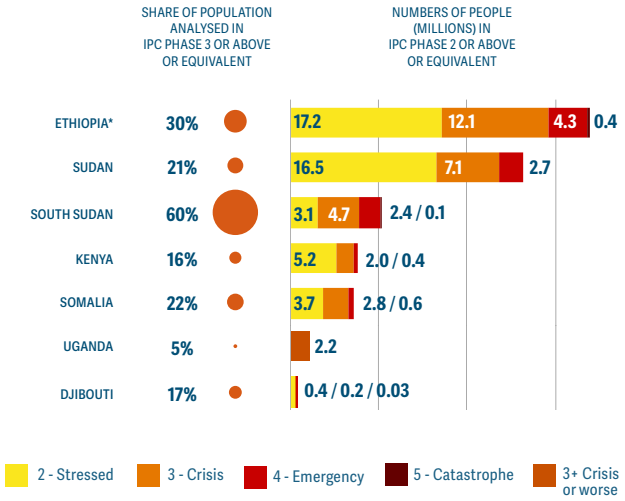
In South Sudan, where 108 000 people were in Catastrophe (IPC Phase 5) from April–July 2021, the FRC classified the western payams of Pibor county (Gumuruk, Pibor, Lekuangole and Verteth) in 'Famine Likely' (IPC Phase 5) during the first half of 2021. In a less likely scenario, the FRC also issued a Risk of Famine statement for Kizongora and Maruwa payams during the same period (IPC, December 2020).

Around 10.5 million people were in Emergency (IPC Phase 4) in the IGAD region in 2021, 90 percent of whom were in three major food-crisis countries – namely Ethiopia, the Sudan and South Sudan. These three countries accounted for 77 percent of the regional population in Crisis (IPC Phase 3) while Ethiopia, Kenya and the Sudan accounted for 77 percent of the regional population in Stressed (IPC Phase 2).

1 The Government of Ethiopia did not endorse the findings of the May 2021 IPC analysis.

FIGURE 2.1

Numbers of people in IPC Phase 2 or above and share of population analysed in IPC Phase 3 or above or equivalent

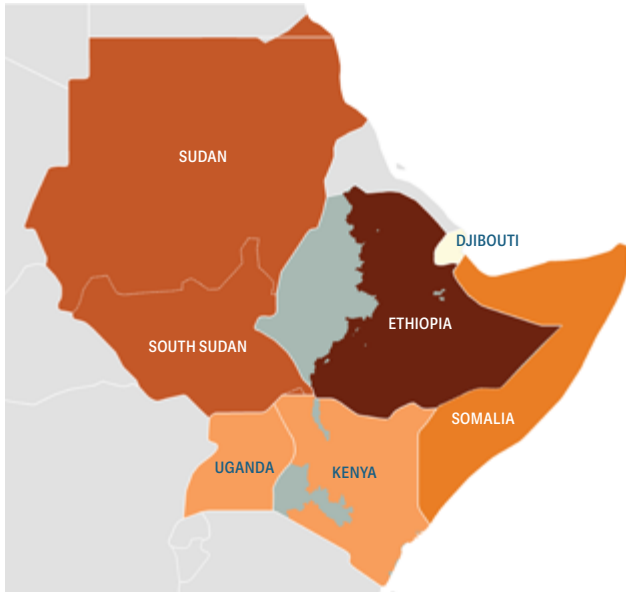


*Data presented here reflects the highest number of people in Crisis or worse (IPC Phase 3 or above) in 2021. During this period, nearly 353 000 people were in Catastrophe (IPC Phase 5), which was not the highest number in this phase during the course of 2021 (see text for explanation).

Source: FSIN, using IPC data; FEWS NET (Uganda).

Acute food insecurity estimates 2021

MAP 2.1



Numbers of people in Crisis or worse (IPC Phase 3 or above) or equivalent (ranges)

- <0.5 million
- 0.5–0.99 million
- 1–2.99 million
- 3–4.99 million
- 5–9.99 million
- 10–14.99 million
- ≥15 million
- Country not selected for analysis
- Insufficient evidence/ population not analysed
- Migrants/refugee populations (colour coding as above)

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: FSIN, GRFC 2022.

Acute food insecurity trends 2016–2021

Increasing numbers of people in the highest phases of acute food insecurity since 2020

An additional 10.5 million people faced Crisis or worse (IPC Phase 3 or above) or equivalent in IGAD member states in 2021 compared to 2020 – when the numbers of people in these phases had been the highest in the GRFC's existence.

In Ethiopia, Somalia, South Sudan and the Sudan, 2021 brought the highest numbers of people in Crisis or worse (IPC Phase 3 or above) in the history of the GRFC, as recorded by the IPC. Kenya also recorded a year-on-year increasing trend.

The biggest deterioration in 2021 was in Ethiopia, which became the region's largest food crisis, with an additional 8 million people in Crisis or worse (IPC Phase 3 or above). This was largely due to the effects of the conflict in Tigray, severe drought, and an increase in the areas analysed relative to analyses conducted before October 2020.[2]

In Kenya's ASALs, the number of people in Crisis or worse (IPC Phase 3 or above) increased by 26 percent to 2.37 million between the last three months of 2020 and November 2021–January 2022 largely due to three poor rainy seasons. In Somalia, 22 percent of the analysed population was in Crisis or worse (IPC Phase 3 or above) by October–December 2021, up from 17 percent in late 2020, largely attributed to the effects of drought, flooding, conflict and elevated food prices.

In addition to conflict and insecurity, and macroeconomic crises coupled with the effects of the COVID-19 pandemic, South Sudan and the Sudan faced severe flooding and dry spells in 2021. In South Sudan, the number of people in Crisis or worse (IPC Phase 3 or above) rose from 6.5 million in May–July 2020 to 7.2 million by April–July 2021 (IPC, December 2020). In the Sudan, acute food insecurity persisted at similar high levels in 2021 as in 2020.

2 The expanded analysis increased the population covered from 36 percent of the country's population to 49 percent.

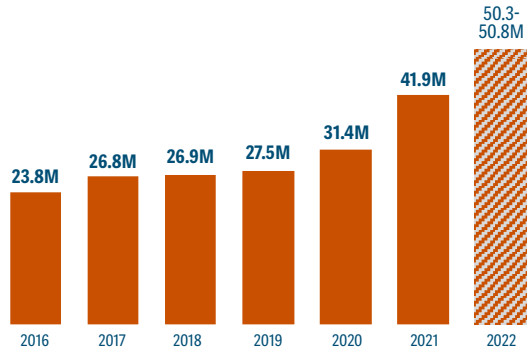
Six year trends, 2016–2021

Since the first edition of the GRFC, which covered 2016–2017, IGAD member states have experienced consistently high levels of acute food insecurity, driven by widespread conflict and insecurity and related displacement, weather-related shocks, and economic crises. Before 2020, the highest numbers had been in 2017 when the Horn of Africa experienced a devastating drought.

Acute food insecurity had already increased significantly between 2019 and 2020 due to COVID-19 containment measures aggravating macroeconomic crises, as well as the impact of protracted conflict, severe and widespread flooding, and desert locusts. Several of the 2020 IPC analyses revealed a concerning rise in the number of acutely food-insecure urban populations, a trend that was already emerging pre-COVID-19 due to large-scale rural to urban migration, unemployment and under-employment, high reliance on informal work, poor living conditions, and food inflation.

FIGURE 2.2

Numbers of people in IPC Phase 3 or above or equivalent in the IGAD region, 2016–2022



The 2022 forecast includes FEWS NET projection figures for Uganda which is provided as a range estimate and an HRP figure for Ethiopia.

Source: GRFC 2017–2022.

Acute food insecurity trends 2016–2021 *continued*

Populations in Catastrophe (IPC Phase 5)

In 2021, the population in Catastrophe (IPC Phase 5) in the IGAD region reached the highest in the six years of the GRFC's existence.

At 509 000, the number of people in Catastrophe (IPC Phase 5) was more than three times higher than the previous GRFC high in 2018, when an estimated 155 000 people in South Sudan and 17 000 people in Somalia were in this phase due to a confluence of conflict and insecurity, weather extremes and macroeconomic challenges.

Each year since 2016, there have been populations in Catastrophe (IPC Phase 5) in South Sudan, but in 2021, the number of people in Catastrophe (IPC Phase 5) reached 108 000, exceeding the February–April 2017 figure, when two counties in Greater Unity were classified in Famine and 100 000 people faced Catastrophe (IPC Phase 5).

2021 marked the first time in the GRFC's history that populations were reported in Catastrophe (IPC Phase 5) in Ethiopia.[3]

FIGURE 2.3

Populations in Catastrophe (IPC Phase 5)

For Ethiopia, the highest number of people in Crisis or worse (IPC Phase 3 or above) was in May–June 2021, while the highest in Catastrophe (IPC Phase 5) was in July–September 2021 even though the population analysed in the latter period was smaller than the former.

Source: FSIN, using IPC data.

3 The Government of Ethiopia did not endorse the findings of the May 2021 IPC analysis.

Populations in Emergency (IPC Phase 4)

In 2021, the number of people in Emergency (IPC Phase 4) also reached the highest point in the six years of the GRFC's existence, with over 90 percent of them in three countries – Ethiopia, the Sudan and South Sudan.

Looking at the six countries[4] with disaggregated IPC phase data, the number of people in Emergency (IPC Phase 4) increased by about 70 percent since 2020 to 10.48 million in 2021.

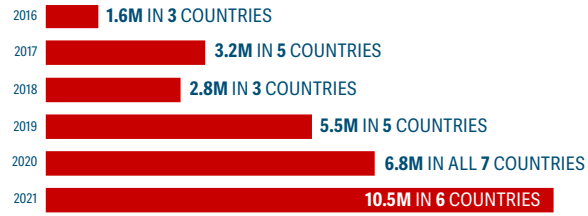
Ethiopia recorded the most significant increase, with its population in this phase increasing by 209 percent, partly due to an expansion in the population analysed. In Somalia, the number of people in Emergency (IPC Phase 4) increased by 60 percent to over 640 000.

Comparing the number of people in Emergency (IPC Phase 4), across the history of the GRFC, the 2021 figure represents a growing severity of acute food insecurity, particularly in the Sudan where the number in this phase has increased each year since 2017. Between 2017 and 2021, the population in Emergency (IPC Phase 4) in the Sudan increased from 0.15 million to 2.7 million.

In South Sudan, the number of people in Emergency (IPC Phase 4) also increased considerably, with the 2021 figure 32 percent higher than the previous high in 2019.

FIGURE 2.4

Populations in Emergency (IPC Phase 4)



No data in 2016 for Djibouti, Ethiopia, Kenya, Sudan and Uganda; no data in 2017 for Ethiopia and Uganda; no data in 2018 for Djibouti, Ethiopia, Kenya and Uganda; no data in 2019 for Djibouti and Uganda; no data in 2021 for Uganda. In 2021, the population analysed increased for Ethiopia.

Source: FSIN, using IPC data.

4 Djibouti, Ethiopia, Kenya, Somalia, South Sudan and the Sudan.

Populations in Crisis (IPC Phase 3)

In 2021, nearly 29 million people were in Crisis (IPC Phase 3) in six countries[5] where data for disaggregated IPC phases was available.

This marks a 27 percent increase since 2020, largely driven by rising numbers in Ethiopia and Somalia. Along with worsening food security outcomes, this increase also reflects the expanded geographical coverage of analyses, notably in Ethiopia.

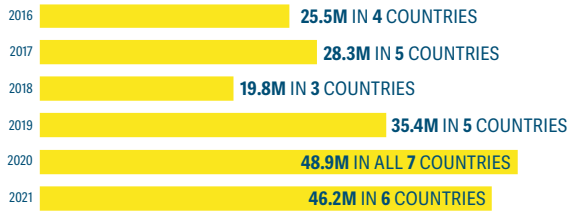
In Ethiopia, the population in this phase increased by nearly 68 percent to over 12 million between 2020 and 2021, while in Somalia, it increased by about 65 percent to at least 2.8 million. Comparing the number of people in Crisis (IPC Phase 3), across the history of the GRFC, the 2021 figure for Somalia surpasses the 2.44 million figure recorded in 2017 during the drought.

Populations in Stressed (IPC Phase 2)

For the six countries[6] with disaggregated IPC phases data, the number of people in Stressed (IPC Phase 2) reached 46.2 million, representing nearly a 4 percent increase since 2020. Somalia recorded the biggest increase, with the population in this phase increasing by 23 percent to 3.71 million.

FIGURE 2.5

Populations in Stressed (IPC Phase 2)



No data in 2016 for Djibouti, Ethiopia, Kenya, Sudan and Uganda; no data in 2017 for Djibouti, Ethiopia, Kenya and Uganda; no data in 2018 for Ethiopia, Kenya and Uganda; no data in 2019 for Djibouti and Uganda; no data in 2021 for Uganda. In 2021, the population analysed increased for Ethiopia.

Source: FSIN, using IPC data.

5 Djibouti, Ethiopia, Kenya, Somalia, South Sudan and the Sudan.
6 Djibouti, Ethiopia, Kenya, Somalia, South Sudan and the Sudan.

Drivers of food crises across the region in 2021

In 2021, conflict/insecurity was considered the primary driver of acute food insecurity in Ethiopia and South Sudan as well as in Uganda, which hosted an increasing number of refugees fleeing conflict in neighbouring countries.

Extreme weather conditions primarily drove acute food insecurity in Somalia, the Sudan and Kenya. Economic shocks aggravated acute food insecurity across the IGAD region, and was identified as the main driver in Djibouti.

Conflict/insecurity

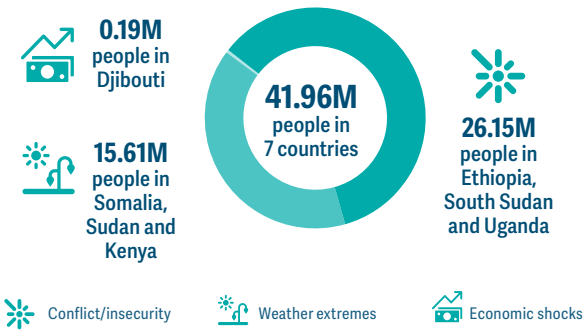
Conflict/insecurity was the principal driver of acute food insecurity in Ethiopia, where fighting spilled over from Tigray into neighbouring Amhara and Afar regions, destroying livelihoods and displacing families from their homes (OCHA, September 2021), and in South Sudan, where localized violence disrupted livelihoods and markets in the Greater Pibor Administrative Area, Jonglei, Warrap and Eastern Equatoria (WFP, July 2021). Intercommunal clashes and militia attacks also contributed to high levels of acute food insecurity in Somalia, notably in the central and southern regions, while in the Sudan, clashes and unrest adversely affected food security conditions in North Darfur, South Darfur, West Darfur, North Kordofan, South Kordofan, and Blue Nile states (ACAPS, December 2021; IOM, August 2021).

Weather extremes

Many parts of the eastern Horn of Africa faced moderate to severe drought, in particular parts of Ethiopia, the arid and semi-arid (ASAL) regions of Kenya, Somalia, and localized parts of Uganda. The failure of the 2021 Deyr rains in Somalia constituted the third consecutive below-average rainfall season since late 2020 and contributed to one of the worst Deyr harvests on record, as well as notably high cereal prices and excess livestock losses (FEWS NET & FSNAU, December 2021). Maize and sorghum prices in southern markets increased by 30–60 percent over the five-year average, nearing price levels last experienced during the 2016/2017 and 2010/2011 droughts (FEWS NET, October 2021). Drought conditions in the ASAL parts of Kenya curbed food stocks in agropastoral areas amid high demand for maize, fueling above-average prices for staple foods (IPC, September 2021). Drought also led to reductions in agricultural production across most Belg-producing areas of Ethiopia (FEWS NET, April 2021). In other areas, above-average rainfall led to flooding in parts of Sudan, Ethiopia, and South Sudan.

FIGURE 2.6

Numbers of people in Crisis or worse (IPC Phase 3 or above) by key driver in 2021



Many food crises are the result of multiple drivers. The GRFC has based this infographic on the predominant driver in each country.

Source: FSIN.

Economic shocks, including COVID-19

COVID-19 containment measures aggravated macroeconomic crises, notably in Ethiopia, the Sudan and South Sudan. Food prices were exceptionally high in South Sudan and in the Sudan, reinforced by insufficient supplies and macroeconomic difficulties, including currency weakness, which drove price increases for imported staples. Prices were also higher year-on-year in Ethiopia, mainly due to macroeconomic challenges (FAO, September 2021).

Many areas in the eastern Horn of East Africa faced moderate to severe drought in 2021 – particularly southern Ethiopia, the ASAL regions of Kenya, Somalia, and localized parts of Uganda.

Displacement overview

16.7M forcibly displaced people

12.2M IDPs*

4.5M refugees and asylum seekers

* This figure does not include an estimated 1.5 million IDP returnees in Ethiopia (IOM DTM, December 2021).

Source: UNHCR and IOM, December 2021.

Food insecurity and malnutrition were a major concern for the 16.7 million forcibly displaced people across seven IGAD countries in 2021 (UNHCR, December 2021). This represents a 31 percent increase in the region's displaced population compared to December 2020, largely due to continued violence, conflict, political instability and climatic shocks in Ethiopia, Somalia, South Sudan and the Sudan.

IDPs

In 2021, over 12.2 million people were internally displaced, mainly in four countries in the region – over 4.2 million in Ethiopia, nearly 3 million in Somalia, 2 million in South Sudan and 3 million in the Sudan.

The negative impacts of continued conflict and the COVID-19 pandemic – collapsing economies, increasing unemployment, rising food and fuel prices and reliance on humanitarian assistance – disproportionately affect IDPs.

The region's major displacement crisis of 2021

Since the onset of the conflict in the Tigray region of Ethiopia in November 2020, millions of Ethiopians have fled their homes. Between December 2020 and 2021, the number of IDPs in the country nearly doubled to over 4.2 million, while around 1.5 million IDPs returned to their places of origin (IOM DTM, December 2021). By the end of 2021, as a result of the conflict in Tigray, over 59 000 new Ethiopian refugees had sought protection in eastern Sudan.

Many IDPs in the region have sought to meet their food needs by engaging in crop and livestock raising. However, in 2021, weather extremes, notably drought conditions, and shortages of inputs and land for livestock keeping and crop production increased IDPs' dependence on markets to meet food needs.

Refugees and asylum seekers

In 2021, nearly 4.5 million refugees and asylum seekers were hosted in seven IGAD countries, with the highest numbers in Uganda (1.6 million), the Sudan (over 1.1 million), and Ethiopia (0.8 million). Around 50 percent of refugees originated from South Sudan, followed by 13 percent from Somalia.

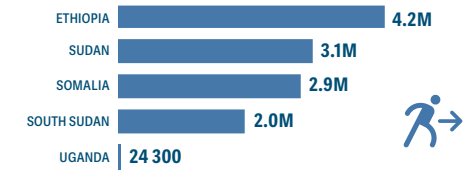
Evidence from UNHCR SENS nutrition surveys conducted in 2021 indicates critical levels of different types of malnutrition (wasting, stunting, anaemia) in refugee sites across Ethiopia, Kenya, South Sudan and Uganda.

Refugees living in camps in all seven countries were largely dependent on humanitarian food assistance, as were IDP communities. Since early 2021, funding shortfalls forced WFP to reduce its monthly food assistance to refugees by 50 percent in South Sudan and 40 percent in Ethiopia, Kenya and Uganda, with severe implications for their food security and nutrition status – especially for children and other vulnerable groups . Further shortfalls are foreseen in 2022 in all other countries in the region (UNHCR, December 2021).

There were also grave protection-related implications, with an increased risk of refugees engaging in negative coping mechanisms for survival (skipping and/or reducing meals, taking on loans, selling assets, begging, child labour, child marriages, and sexual and gender-based violence (SGBV)). Ration cuts and shortfalls in assistance can directly contribute to increased tensions with host communities as competition for scarce resources escalates. The increased risk of violence and unrest can lead to greater insecurity for staff in and around the camps and settlements, de-prioritization of refugees by governments, and forced premature returns of refugees to their home countries.

FIGURE 2.7

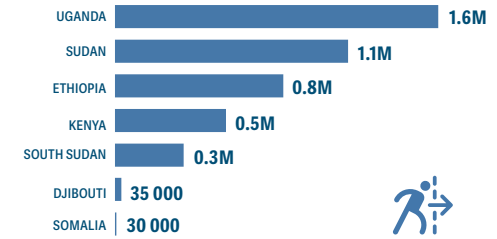
12.2 million IDPs in five countries



Source: IOM DTM, December 2021 and HNO 2022.

FIGURE 2.8

4.5 million refugees/asylum seekers hosted in seven countries



Source: UNHCR, December 2021.

The effects of food ration cuts have compounded the socioeconomic and livelihood impacts of the COVID-19 pandemic in the region. In most countries in the region, refugees in designated camps are not legally allowed to work, and face movement restrictions, resulting in lack of access to land and employment (UNHCR, 2021). The COVID-19 pandemic further hampered their ability to earn an income as many businesses in and around camps closed.

Access to health facilities was inhibited by fear of contracting COVID-19 and the unavailability of medical staff in camps. Limited access to basic services in many camps, including food, shelter, safe water and improved sanitation, heighten the risk of frequent outbreaks of infectious disease, which weakened health systems cannot treat, prevent or control.

Nutrition overview

The nutrition situation across the IGAD region remains of grave concern, particularly in Ethiopia, the Sudan, Somalia, South Sudan, and northern Kenya. Over 10 million children aged 6–59 months were estimated to suffer from wasting in six IGAD countries in 2021, including almost 2.3 million children with severe wasting. Governments and development partners have commendably maintained scaled-up emergency nutrition response interventions in several countries. However, additional funding is required to sustain the response and help prevent further deterioration.

Ethiopia and the **Sudan** carry the highest burden of wasting in the region. The significant drivers of wasting in **Ethiopia** – where over 1.2 million children are estimated to suffer from severe wasting every year – include poor young child feeding practices, drought in the southern and southeastern parts of the country, conflict in the northern region, and the negative impacts of COVID-19 across the country.

Key factors driving child wasting in the **Sudan** are high inflation and rising food prices as well as insecurity and displacement in some areas.

In **Somalia**, the nutrition survey results from the 2021 Deyr assessment, conducted by FSNAU and FEWS NET, highlighted concerns in several districts in south-central, Somaliland, and Puntland. The risks of deterioration of the food security and nutrition situation remain high should the rains be poor in 2022, with an anticipation of an even worse crisis than in 2011 and 2017.

In **Kenya**, all assessments carried out through 2021 indicated unacceptably high wasting levels in the ASALs. This situation is projected to worsen, especially in the northeastern livelihood cluster and Marsabit (North Horr and Laisamis). The ability to provide uninterrupted integrated treatment services for severe wasting at scale is under threat due to funding constraints, posing a critical risk for children in these areas of Kenya.

Regional forecast, 2022

50.3–50.8M people

in **7** countries in the **IGAD** region were forecast to be in Crisis or worse (IPC Phase 3 or above) or equivalent in 2022

The aggregate forecast number includes an HRP figure for Ethiopia and a FEWS NET range estimate for Uganda. These figures do not provide a breakdown by phase classification, therefore estimates for Ethiopia and Uganda are not included in the headline figures for IPC Phases 2–5 listed below.

300 000 people were forecast to be in Catastrophe (IPC Phase 5) in **Somalia** and **South Sudan** in 2022

9.2M people in **5** countries were forecast to be in Emergency (IPC Phase 4) in 2022

21.2M people in **5** countries were forecast to be in Crisis (IPC Phase 3) in 2022

30.0M people in **5** countries were forecast to be in Stressed (IPC Phase 2) in 2022

Source: FSIN, using IPC, HRP and FEWS NET data.

Some 50.3–50.8 million people in seven countries in the IGAD region were forecast to be in Crisis or worse (IPC Phase 3 or above) or equivalent in 2022 (taking into account new analyses since the publication of the GRFC 2022 in May).

The GRFC 2022 had estimated that 38.7–40.2 million people in six of the seven IGAD member states (excluding Djibouti due to lack of available data) would face Crisis or worse (IPC Phase 3 or above) in 2022. However, since the release of the GRFC 2022, new estimates have become available for Djibouti (192 000), Ethiopia (18 million), Kenya (4.1 million), Somalia (7.1 million), and the Sudan (11.7 million).

Taking account of these new estimates, 50.3–50.8 million people in seven countries in the IGAD region are projected to be in Crisis or worse (IPC Phase 3 or above) or equivalent in 2022.

The region is witnessing an unprecedented acute food security crisis due to the combined impacts of weather extremes – including regional drought – conflict and conflict-related displacement, and macroeconomic challenges, including rising food prices. Significant deteriorations are expected in Somalia and South Sudan, with both countries expected to have populations in Catastrophe (IPC Phase 5) in 2022.

In **Ethiopia** – the region's largest food crisis – the food security situation is expected to remain severe due to the continued impacts of ongoing drought in the southern and southeastern parts of the country, continued conflict in the north and macroeconomic difficulties, including inflation.

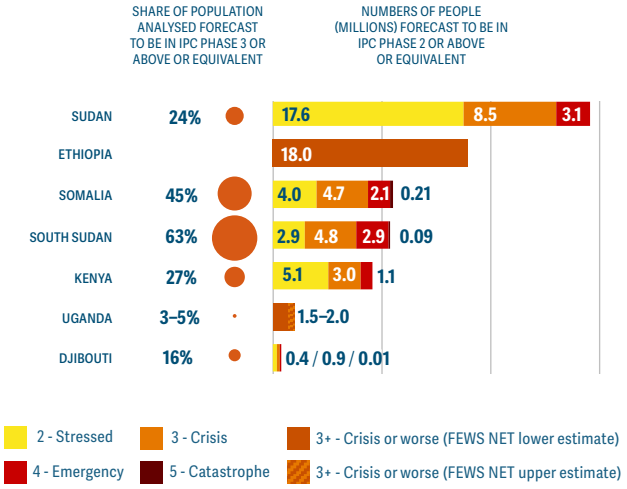
In **Kenya**, during the first half of 2022, acute food insecurity levels were forecast to rise driven by the damaging effects of a multi-season drought and high food prices. Although the initial IPC forecast had assumed that the country would receive average to above-average March–May 2022 seasonal rains, the season's performance was poor, characterised by below-average rains, a delayed onset and poor spatial distribution. Acute food insecurity levels in the country are therefore expected to continue deteriorating.

In the most likely scenario between June and September 2022 in **Somalia**, around 213 000 people in the most-affected areas are expected to face Catastrophe (IPC Phase 5), accounting for 5–15 percent of the total population in some districts. Although these areas have not met the Famine (IPC Phase 5) thresholds, there is an increased Risk of Famine, meaning there is a reasonable chance of Famine occurring in eight areas through September 2022, notably in Hawd Pastoral of Central and Hiraan, Addun Pastoral of Northeast and Central, Agro Pastoral livelihoods in Bay and Bakool regions, and IDP settlements in Baidoa, Dhusamareb, Galkacyo and Mogadishu. Famine (IPC Phase 5) could occur in the event of widespread crop and livestock production failures,

Regional forecast, 2022 *continued*

FIGURE 2.9

Forecasts for numbers of people in IPC Phase 2 or above and share of population analysed in IPC Phase 3 or above or equivalent



At the time of publication, the share of the population analysed in Crisis or worse (IPC Phase 3 or above) or equivalent for the 2022 Ethiopia forecast was not available. There is no Stressed (IPC Phase 2) equivalent available for Ethiopia or Uganda, which are HRP and FEWS NET estimates respectively.

Source: FSIN, using IPC, HRP and FEWS NET data.

continued increases in food prices, and in the absence of a scale-up of humanitarian assistance to meet the most vulnerable populations. Compared to the 2021 peak period (October–December), the number of people in Crisis or worse (IPC Phase 3 or above) was forecast to increase by 104 percent by June–September 2022 to around 7.1 million (IPC, June 2022). This dire situation is the result of exceptionally severe drought, which has led to widespread livestock emaciation and death, poor crop production and significant declines in household purchasing power, as well as persistently high food prices, and conflict and insecurity (FSNAU & FEWS NET, May 2022).

In **South Sudan**, the population in Crisis or worse (IPC Phase 3 or above) was projected to rise by 8 percent compared to the 2021 peak to 7.74 million people by April–July 2022, or 63 percent of the analysed population, due to insecurity and displacement, flooding, consecutive poor harvests and exceptionally high food prices. Around 2.9 million people were projected to face Emergency (IPC Phase 4) during this period, up from around 2.4 million during the same period in 2021. Around 87 000 people were forecast to be in Catastrophe (IPC Phase 5) in Jonglei state (Fangak, Canal Pigi and Ayod counties), Greater Pibor Administrative Area (Pibor county), Lakes state (Cueibet and Rumbek North counties), and in Unity state (Leer and Mayendit counties) (IPC, April 2022).

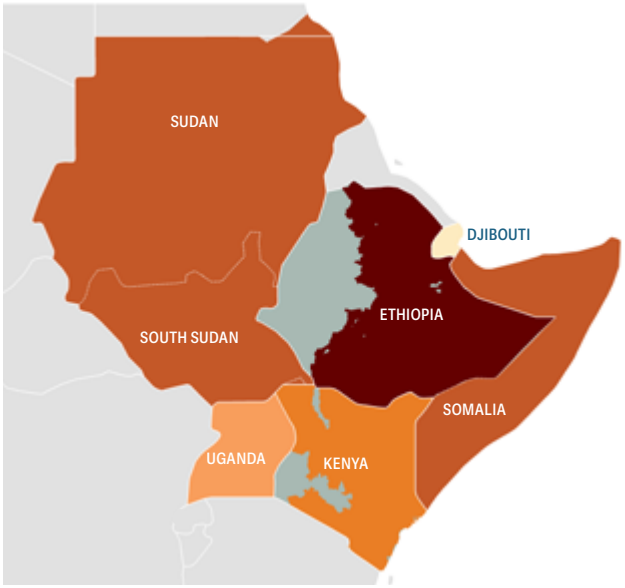
In the **Sudan**, acute food insecurity was expected to seasonally decline during the post-harvest period between October 2021 and February 2022. However, this estimate was conducted in March 2021 under the assumption of a good performance of the 2021 cropping season, which did not materialise. Below-average cereal production in 2021, the economic repercussions of the 2021 October coup and continued macroeconomic instability, are expected to intensify acute food insecurity levels in the country.

In **Uganda**, conflict and insecurity in the Karamoja sub region and neighbouring countries, poor performance of the 2021 rains, a dry spell in December 2021–March 2022, particularly in the Karamoja sub region, and the long-running socioeconomic effects of the COVID-19 pandemic are expected to maintain high levels of acute food insecurity.

In **Djibouti**, about 192 000 people (16 percent of the total population) are projected to be in Crisis or worse (IPC Phase 3 or above) in July–December 2022. This is attributable to drought and high food prices. Djibouti is a net importer of food and therefore continues to be disproportionately impacted by the steep rise in global food prices, and the spill-over effects of conflict in Ethiopia and the war in Ukraine, including disruptions to food supply chains. The war in Ukraine is expected to put further upward pressure on food prices as the country depends on imports from Ukraine for vegetable oil and wheat (IPC, May 2022).

MAP 2.2

Acute food insecurity estimates in the IGAD region, in 2022



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: FSIN, GRFC 2022.

Regional forecast, 2022 *continued*

Drought in the Horn of Africa

The ongoing prolonged, widespread and extreme drought affecting southern and southeastern Ethiopia, the ASALs of Kenya and large swathes of Somalia is expected to exacerbate acute food insecurity across the three countries in 2022.

Since late 2020, the pastoral and agropastoral areas in southern and southeastern Ethiopia, Kenya, Somalia and to some extent in Karamoja, Uganda, have experienced consecutive below-average seasonal rains and high land surface temperatures, leading to moderate to severe drought conditions (FEWS NET, June 2022).

Cumulative rainfall amounts during the March–May 2022 rainy season was among the lowest on record in many areas of Ethiopia, Kenya and Somalia, resulting in the worst drought in the last 70 years. The poor rains have been widespread in nature, affecting more than 80 percent of the eastern Horn of Africa, and the sequence of four consecutive below-average seasons is an event not seen in at least the last 40 years. Making the situation worse, there is a consensus across global and regional forecasts that there is an increased probability of another below-average rainy season between October–December 2022, linked to an increased probability of a La Niña and a negative Indian Ocean Dipole (IOD). If this were to occur, this would result in an unprecedented fifth below-average rainy season for the Horn of Africa (FEWS NET, June 2022).

The drought has led to significant reductions in crop production, widespread livestock losses, severe water shortages, human displacement, and resource-based conflicts over limited resources. In Somalia, the May 2022 IPC update indicated the 2022 Gu harvests would likely be 40–60 percent below average. Similarly, estimates from FAO-GIEWS indicate that the 2022 long rains harvests (in Kenya) and Belg harvests (in Ethiopia) will likely be below average in drought-affected areas (FEWS NET, June 2022).

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For pastoral households, very poor pasture conditions and limited water availability have resulted in the death of over 7 million livestock across the region (FEWS NET, June 2022). Large-scale population displacements have been observed due to the drought, with more than 800 000 people already internally displaced in Somalia, and an additional 16 000 people having crossed the border into Ethiopia and 4 000 people entering Kenya. On the Ethiopia side, at least 300 000 people have been displaced. Food prices are also rising across the region, due to a combination of below-average harvests, limited food stocks, macroeconomic challenges, and rising international markets prices, further limiting food access for drought-affected households struggling with below-average incomes and prolonged market dependency (FSNWG, July 2022).

The nutrition situation in the drought-affected areas in southern and south-eastern Ethiopia, Somalia, and northern and eastern Kenya is also of major concern. During the first half of the year, the number of children requiring treatment for malnutrition has significantly risen relative to the same period in recent years.

Potential implications of the war in Ukraine

Several countries in the region continue to face macroeconomic challenges, including high inflation, currency depreciation, the long-running economic impacts of the COVID-19 pandemic, and most recently the impact of the war in Ukraine.

The escalating war in Ukraine is likely to exacerbate the already severe acute food insecurity situation across East Africa. As a net importer of commodities such as wheat (WFP, March 2022), vegetable oil and petroleum products, the IGAD region is particularly vulnerable to changes in global food prices, exemplified by steep increases in regional prices since the war in Ukraine began. Moreover, high crude oil prices are increasing food production and transportation costs, which will further push up regional food prices and, in turn, constrain food access for vulnerable households dependent on markets to meet their food needs (WFP, March 2022).

Significant disruptions to fertilizer markets are expected given that the Russian Federation is the largest fertilizer exporter in the world. Elevated global fertilizer prices are already leading to reduced usage of fertilizers at the time when the IGAD region is recording a fourth consecutive drought. Limited availability or shortages of fertilizers compounded by below-average rains are likely to result in poor harvests, further curbing food availability and contributing to higher local food prices (WFP, March 2022). Arid and semi-arid areas across the region – where poor soil quality requires the use of chemical fertilizers to facilitate food production – are of particular concern.

Moreover, the economic rebound from the COVID-19 pandemic will likely lose momentum across the region, as the war in Ukraine is expected to trigger a global economic slowdown in 2022–2023 (IMF, April 2022), further aggravating acute food insecurity in the IGAD region.

CHAPTER 3

MAJOR FOOD CRISES

Ethiopia

Acute food insecurity overview 2021

16.76M people

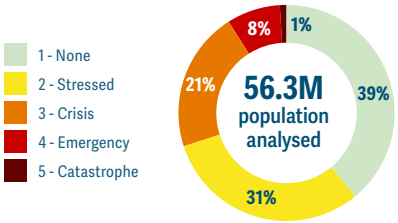
were in Crisis or worse (IPC Phase 3 or above) in May–June 2021

12.07M people in Crisis (IPC Phase 3)

4.33M people in Emergency (IPC Phase 4)

0.35M people in Catastrophe (IPC Phase 5)

30% of the population analysed was in Crisis or worse (IPC Phase 3 or above)



The highest number of people in Crisis or worse (IPC Phase 3 or above) was in May–June 2021, while the highest in Catastrophe (IPC Phase 5) was in July–September 2021 although the population analysed in the latter period was smaller than the former.

Source: FSIN, using IPC data.

FEWS NET's analyses suggest that the population requiring emergency food assistance was lower than the IPC estimate. See Technical Notes.

17.2M people were in Stressed (IPC Phase 2)

The analysis covers **49%** of the country's total population of **115 million** people.

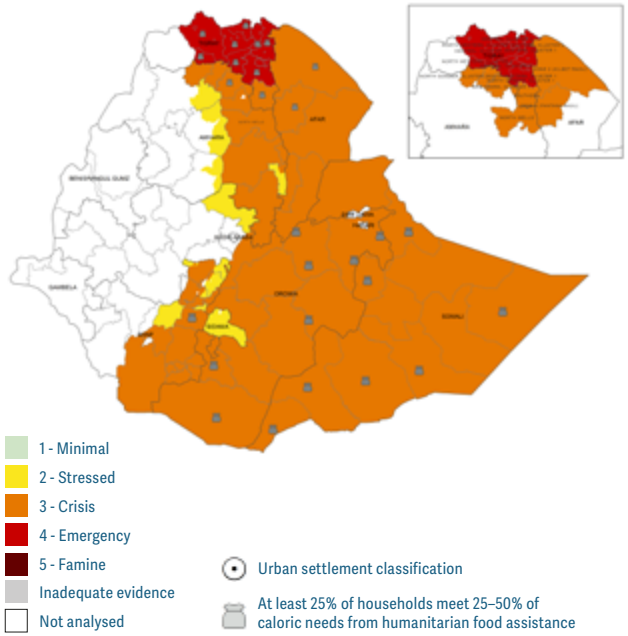
These consolidated estimates combine two IPC analyses – the October 2020 analysis of Belg and Meher-dependent areas (covering January–June 2021) and the May 2021 update of conflict-affected areas of Tigray, Afar and Amhara (covering May–June 2021). The Government of Ethiopia has not endorsed the May analysis.

Source: IPC, December 2020 and June 2021 (not endorsed by the Government of Ethiopia.

MAP 3.1

IPC acute food insecurity situation, May–June 2021

In Tigray, seven out of eight areas were classified in Emergency (IPC Phase 4). In five of these areas, 5–10 percent of the population was in Catastrophe (IPC Phase 5).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Ethiopia IPC Technical Working Group, December 2020 and June 2021.

National population, 2020

78% Rural **22% Urban**

Source: WB 2020.

Acute food insecurity trends

Numbers have risen since 2020. At 16.8 million in May–June 2021, the population in Crisis or worse (IPC Phase 3 or above) in Belg and Meher-dependent areas was the highest recorded by the IPC in Ethiopia. It was almost double the 2020 peak in October–December (8.6 million) due to conflict, macroeconomic challenges and increased geographical coverage.[1]

The number of people in Catastrophe (IPC Phase 5) in Tigray (353 000) was the highest estimated anywhere since the 2011 famine in Somalia (IPC, June 2021). Between October–December 2020 and May–June 2021, the share of the population analysed in Crisis or worse (IPC Phase 3 or above) increased from 16 percent to 30 percent. The former analysis was conducted before the conflict in Tigray (IPC, December 2020 and June 2021).

By July–September 2021 in the Meher-dependent areas, notably areas of Tigray, Amhara, Oromia and SNNPR, around 7.4 million people were estimated to be in Crisis or worse (IPC Phase 3 or above), an increase of 500 000 people since May–June 2021. Of them, over 401 000 people were in Catastrophe (IPC Phase 5) and around 2.4 million people were in Emergency (IPC Phase 4). The deterioration in the populations facing Catastrophe (IPC Phase 5) was estimated despite an expected increase in humanitarian assistance (IPC, October 2020 and June 2021).

The volatile nature of this crisis rendered it difficult to establish a 'most-likely scenario' for the second half of 2021. However, the IPC Famine Review Committee projected a medium to high Risk of Famine in three out of four scenarios covering the second half of 2021 (FRC, July 2021).[2]

1 The expanded analysis increased the population covered from 36 percent of the country's population to 49 percent.
2 Risk of Famine is an IPC statement that highlights the potential deterioration of the situation compared to the most-likely scenario expected during the projection period. Although it is not an IPC classification, it indicates a worst-case scenario that has a reasonable probability of occurring.

Drivers of the food crisis in Ethiopia in 2021

The sharp escalation of violence resulted in mass population displacements, widespread crop and livelihood losses, and limited access to emergency assistance in 2021, while COVID-19 restrictions, inadequate and erratic rains, desert locusts, and currency devaluation also contributed to the escalation of this major food crisis.

Conflict/insecurity

Tigray, Afar, Amhara, Benishangul-Gumuz and Oromia experienced high levels of violence, displacement, and destruction of livelihoods in 2021 (FEWS NET, June 2021, IPC, June 2021). In Tigray and neighbouring Amhara and Afar regions, conflict had a dramatic impact on food security, mainly through large-scale displacements, and movement limitations that impaired livelihood activities, market functioning and access to basic services and humanitarian assistance. Households faced losses of income from agricultural, casual and salaried labour, with salaries not paid to most public and private sector workers (FAO-GIEWS, June 2021).

In Southern Tigray, insecurity reduced the areas planted for the secondary 2021 season Belg crops. This, coupled with delayed and erratic rainfall, led to a near failure of the harvest in July, while sowing operations of the major 2021 Meher crops in May–June were also affected by insecurity and lack of inputs, resulting in a substantial reduction of the planted area. Although average to above-average June–September Kiremt rains had a positive impact on yields, crop production was estimated at 60 percent below the already poor 2020 main harvest, resulting in the third consecutive season with reduced production since the start of hostilities in November 2020 (FAO-GIEWS, November 2021).

The livestock sector was also severely affected by the conflict and, as of June 2021, about 15 percent of the Tigray region's heads of livestock was estimated to have been looted or slaughtered. The destruction of 158 of the region's 198 veterinary clinics had adverse implications for animal health, and disease outbreaks were reported. The expansion of the conflict to Afar resulted in livestock looting and slaughtering, a major concern for a predominantly pastoral area (FAO-GIEWS, November 2021).

Since mid-2021, humanitarian access to Tigray has been heavily constrained by armed clashes in boundary areas with Eritrea, Amhara and Afar regions (OCHA, March 2022). The region-wide shutdown of banking and communication services and lack of fuel due to conflict impeded the delivery of food assistance within Tigray, forcing humanitarian partners to halt or significantly reduce operations (OCHA, March 2022; WFP, January 2022).

Although the 2021 Meher harvest in Tigray was 50 percent below average levels, it still provided relief to rural households, as well as IDPs, most of whom are hosted by communities. The harvest assisted households during the period when the IPC Famine Review Committee anticipated a medium to high Risk of Famine in three out of four scenarios in the second half of 2021 (FAO, 2022).

Weather extremes

From late 2020 into 2021, a prolonged drought after three consecutive failed rainy seasons affected 6.8 million people in Oromia, SNNP, Southwest and Somali (OCHA, January 2022). Following a below-average October–December 2020 Deyr season, significant early-season deficits during the March–May 2021 Belg/Gu rainfall season reduced agricultural production across most Belg-producing areas (FEWS NET, April 2021).

Although abundant rains between mid-April and mid-May offset moisture deficits and improved vegetation conditions, the early cessation of seasonal rains in late May did not allow the maturation of late planted and replanted crops, and the Belg harvest's output was estimated at below-average levels (FAO-GIEWS, June 2021).

The drought has compromised fragile livelihoods heavily reliant on livestock and caused a worsening food security and nutrition while eroding coping strategies for the most vulnerable. In southern pastoral areas of SNNPR, Oromia and Somali regions, rangeland conditions were affected by the below-average March–May Gu rains, leading to a decline of livestock productivity and conceptions. The abundant mid-April to mid-May rains improved rangeland, but the positive impact of this on livestock body conditions and milk production was offset by the early cessation of seasonal rains in late May. Households in Somali, Oromia, Southwest, and SNNP regions had not yet recuperated from the severe 2017 drought (OCHA, January 2022).

Heavy rains triggered floods in several zones of Somali region, which displaced about 56 000 people and resulted in the death of about 7 700 animals (FAO-GIEWS, June 2021).

Economic shocks, including COVID-19

Poor macroeconomic conditions were driven mainly by declines in exports, low foreign reserves due to high government spending, a large debt burden, and military spending. The conflict in Tigray also disrupted the country's industrial output. Inflation rose to very high levels in 2021, with food inflation estimated at 42 percent in September – the highest rate recorded during the last nine years – resulting in severe food access constraints for vulnerable households across the country (FAO-GIEWS, November 2021).

From early 2021, prices of maize increased. By October 2021, they were up to 90 percent above their year-earlier levels, due to local currency depreciation, the poor performance of the secondary season Belg harvest and conflict-related trade disruptions in some areas (FAO-GIEWS, December 2021). Prices of maize declined by 5–10 percent between October and the end of 2021 as the recently harvested 2021 main Meher crops increased market supplies, but were still twice their year-earlier levels (FAO-GIEWS, March 2022).

Crop pests and diseases

During September and October 2021, small swarms of desert locusts were reported in eastern Amhara region, Tigray and Afar, but were managed and contained, with the upsurge ending in early 2022 (FAO, March 2022).

The destruction of 158 of Tigray's veterinary clinics affected animal health services. Only 3 million of the 12 million livestock in the region were vaccinated in 2021 (FAO, June 2021; FAO, 2022a).

Displacement 2021

IDPs

4.2M IDPs **1.5M** IDP returnees

Source: IOM DTM Ethiopia, September 2021.

In 2021, over 906 000 people in Ethiopia were newly displaced (IOM DTM, December 2021). While 85 percent of IDPs reported conflict as the main driver of displacement, 7 percent reported drought and 6 percent seasonal floods (IOM DTM, September 2021).

Roughly 828 400 households were internally displaced by September 2021, spread across over 2 270 displacement sites (IOM DTM, September 2021). The Northwestern zone hosts the highest numbers of IDPs (0.8 million), followed by the Central zone (0.5 million) and Mekelle zone of Tigray region (0.3 million) (IOM DTM, September 2021).

Of the 695 sites assessed as part of the Northern Ethiopia Crisis, the most common source of food was reported to be host community donations, reported by 59 percent of locations, followed by food assistance/relief (32 percent). Of the 1 577 sites assessed across the rest of the country, IDPs in 81 percent of sites reported having access to food, with 42 percent having access to food access off-site and 39 percent on-site. Where IDPs reported having access to food, in 64 percent of sites, the main source was food assistance, suggesting high levels of vulnerability to acute food insecurity in the absence of humanitarian aid (IOM DTM, September 2021).

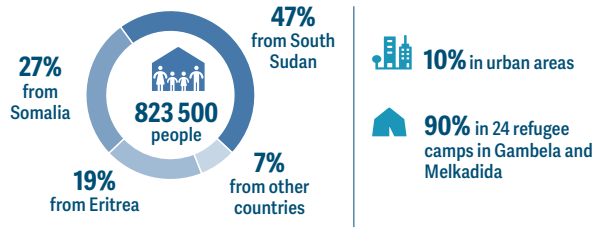
Humanitarian assistance

Due to funding shortfalls, WFP has been forced to implement ration cuts for refugees in Ethiopia since 2015. The current food basket for refugees meets only 60 percent of the minimum recommended 2 100 kilocalories per person/day. Even before COVID-19, 70 percent of refugees in Ethiopia reported using negative coping strategies, such as skipping meals (WFP, June 2021, UNHCR, December 2021).

Refugees

FIGURE 3.1

Ethiopia hosts the second largest population of refugees and asylum seekers in Africa



Source: UNHCR, December 2021.

A large number of refugees hosted in Ethiopia are mainly in Gambela (43 percent) bordering South Sudan, and Somali (27 percent) bordering Somalia.

High food insecurity levels among refugees in Ethiopia's camps remain a key concern, with around 45 percent of surveyed households having poor food consumption scores and 27 percent with borderline food consumption score (SENS, 2021).

The high prevalence of both wasting and stunting among refugees in Ethiopia indicate serious acute and chronic food insecurity challenges, stemming in part from factors such as limited income-generating opportunities, conflict and insecurity and poor diets, notably limited access to iron. In 2021, assessments[1] in 18 camps found a medium to very high prevalence of wasting based on WHO thresholds in 16 out of 24 camps, while only two camps had a low level of wasting. Stunting levels are also high, with 14 out of 18 camps having medium to very high levels. Only 33 percent of the surveyed camps met the UNHCR standard for 'nutritionally stable' i.e., in which fewer than 10 percent of children aged 6–59 months are wasted (UNCHR, 2021). Anaemia levels among children aged 6–59 months were a severe public health problem (>40 percent) in 12 out of 18 camps (UNHCR, December 2021).

1 UNHCR standardized Expended Nutrition survey https://sens.unhcr.org/

Additional drivers of acute food insecurity and malnutrition among displaced people

Conflict in Tigray affected the food supply systems and market access for **refugees**, as well as **IDPs** and host communities. Insecurity arising from competition between host communities and refugees over scarce resources hindered market access for the refugee population. Macroeconomic challenges, including the economic repercussions of COVID-19, constrained refugees' livelihood opportunities (UNHCR, December 2021).

Acute food insecurity and inadequate child feeding practices underlie the high prevalence of child wasting (UNICEF). While breastfeeding indicators are improving, with 80 percent of infants under 6 months exclusively breastfed, complementary feeding with timely introduction of solids and semi-solid food is low at 43 percent. Seven camps met the UNHCR standard of more than 60 percent of children receiving solid and semi-solid foods from 6 months (UNHCR, December 2021).

Refugee populations have limited access to an adequate quantity of water in camps. In Gambella only 7–52 percent of refugees reported post emergency standard water quantities, while 6–22 percent reported emergency standard and 27–82 percent indicated below emergency standard. Only 40 percent of the refugee population in Ethiopia have access to acceptable sanitation facilities (UNHCR, December 2021).

For IDPs and returnees, a shortage of grazing land for livestock, agricultural farmland and inputs, such as seeds and tools, constrained household food production capabilities and increasing dependence on markets to meet household food needs. Food production was hampered by high levels of crop disease, as well as damage by desert locusts or livestock and wildlife. A lack of non-agricultural livelihood activities were further barriers to food access. COVID-19 was reported to have impacted the cost of living, particularly the price of food and hygiene items (IOM DTM Ethiopia, December 2021).

Key nutrition challenges

4.2M children under 5 years were **wasted** in 2021

1.0M of them were **severely wasted**

2.9M pregnant and lactating women were **acutely malnourished**

Source: GNC, February 2022.

The most recent national wasting prevalence (7.2 percent, DHS, 2019) does not reflect the deterioration of the nutrition situation in Northern Ethiopia after the conflict and drought-affected regions in the south and southeast Ethiopia.

In its mid-year situation report, UNICEF estimated that over 100 000 children in Tigray would suffer from life-threatening severe wasting from July 2021 to July 2022 – a tenfold increase compared to the average annual caseload. Screening data from 435 000 children aged 6–59 months conducted in mid-2021 reported a proxy estimated prevalence of 17.8 percent (2.3 percent severe wasting). The screening also showed that almost half (47 percent) of all pregnant and lactating women were wasted (UNICEF, July 2021).

According to *The Lancet*, the magnitude of the deterioration of the nutrition situation was likely underestimated because the assessment was limited by the armed conflict (*The Lancet*, February 2022). In the drought-affected regions (Somali, SNNP, and Oromia), admission trends for SAM and MAM were consistently higher compared to previous years. Around 75 percent of the SAM admissions by December 2021 were coming from drought-affected regions (UNICEF, December 2021). With the factors that aggravate malnutrition continuing in 2022, in particular conflict and drought, there remains a risk that the nutrition situation for women and children may further deteriorate in 2022.

Key drivers

Food security and access to healthy diets

The acute food insecurity situation in Tigray and neighbouring zones within Afar and Amhara regions was dire. More than half of households had inadequate food consumption reaching 81 percent in North-Western Cluster 1, 65 percent in Central Tigray Cluster 1 and 60 percent in Eastern Tigray. North Gonder Cluster 1 and Waghamra, both in Amhara region, also registered very high levels of inadequate food consumption (76 percent and 71 percent respectively). Around one third of households in North Western, Central Cluster 1 and Eastern Cluster 1 were eating only one meal per day (IPC, June 2021). Food security conditions were also severe in drought affected areas, which displaced around 400 000 people in late 2020 (IPC, December 2020).

Health services and household environment

Populations in Ethiopia have very low access to sanitation services, with only 7 percent of households using basic services nationally. Access to basic drinking water services is also low, especially in rural areas where only 31 percent of the rural population use them (UNICEF, 2019).

Afar and Somali regions and parts of Oromia face suboptimal access to health services with poor immunization coverage, resulting in annual outbreaks of epidemic-prone diseases, especially of measles and cholera. A total of 1 571 suspected and eight confirmed cholera cases, including 11 deaths as well as six confirmed circulating vaccine-derived poliovirus type 2 were reported in Oromia, SNNP and Tigray between January and June 2021 (UNICEF, July 2021).

In Tigray, there has been extensive damage to essential systems and services on which children and pregnant and lactating women depend for their survival. Mobile health and nutrition teams have been attacked and harassed, health facilities looted or damaged and essential vaccination capacity ground to a halt. Many health workers were not able to work. Destruction of water infrastructure caused an extreme scarcity of safe drinking water, increasing the risk of disease outbreaks (UNICEF, June 2021).

As March 2021, of 172 health facilities evaluated in Tigray, only 38 percent were fully or partially functioning. Four out of the five general hospitals and four of the 12 primary hospitals were functional. Power was insufficient or not available for more than two thirds of the facilities. As of June 2021, only 15.5 percent of Outpatient Therapeutic Programmes were providing services for the treatment of Severe Acute Malnutrition. Essential medicines including those to treat malaria and diarrhoea were estimated to be running out. (IPC Famine Review Committee, July 2021).

Caring and feeding practices

Diets in Ethiopia are largely based on staple grains and oil, and are especially poor for children under 5 years, with fewer than 1 in ten young children having acceptable diets of adequate diversity and frequency. Rates of exclusive breastfeeding between 0–6 months of age have increased in recent years to above the WHO target of 50 percent, but there is substantial regional variation (WFP & Government of Ethiopia, July 2021).

In Tigray, thousands of children were separated from their parents and caregivers heightening their risk of inadequate care (UNICEF, November 2021).

Acute food insecurity forecast, 2022

18.0M people

are forecast to be in Crisis or worse (IPC Phase 3 or above) or equivalent in 2022

At the time of publication, the share of the population analysed in Crisis or worse (IPC Phase 3 or above) or equivalent for the 2022 Ethiopia forecast was not available.

The food security situation is expected to remain severe due to the continued impacts of conflict, macroeconomic difficulties and drought.[1]

The analysis covers **100%** of the country's total population of **106.7 million** people.

Source: OCHA HRP 2021.

Ethiopia remains one of the world's most severe food crises in 2022. The number of people in Crisis or worse (IPC Phase 3 or above) or equivalent is expected to remain high at 18 million in 2022 (OCHA HRP 2021), due to the effects of ongoing insecurity in northern Ethiopia, the extremely poor performance of the March–May rains in southern and southeastern pastoral areas, and macroeconomic shocks.

While all GRFC partners are in agreement with the general magnitude and severity of acute food insecurity in the country, FEWS NET's analyses suggest that the population expected to be in Crisis or worse (IPC Phase 3 or above) is lower than the HRP estimate.

Conflict/insecurity

In northern Ethiopia, despite the ceasefire declared in late March 2022, the lingering impact of the conflict and a volatile security situation continues to disrupt agricultural operations and input supplies in Tigray and neighbouring Amhara regions (FAO, July 2022). Humanitarian and commercial access to Tigray and adjacent areas of Afar and Amhara remains challenging. Improvement in access was observed from April, but economic activity remains extremely limited within Tigray, which is driving exceptionally high food and fuel prices (FEWS NET, May 2022).

Weather extremes

In southern regions (SNNP, Oromia and Somali), the failure of the 2022 March–May rains exacerbated drought conditions that have prevailed since late 2020 and resulted in a significant deterioration of an already difficult food security situation. In southern Tigray, eastern Amhara, eastern Oromiya and northeastern SNNP regions, harvesting of the 2022 secondary Belg season crops started in early July, a delay of one month, and cereal production is expected to be well below average owing to the erratic and low rainfall. Severe shortages of pasture and water have adversely affected herds, resulting in widespread animal deaths, estimated at 2.5 million (FAO, July 2022).

The elevated likelihood that the October–December Deyr/Hageya season will be below average is setting the stage for an unprecedented five-season drought, deepening the already high levels of concern. Given low levels of crop production and the large-scale loss of livestock and labour opportunities, many households are heavily reliant on markets but unable to earn sufficient income while facing high prices (FEWS NET, May 2022).

Economic shocks, including impact of war in Ukraine

Macroeconomic challenges, including significant food inflation, are expected to continue as the ongoing conflict destabilizes the country's balance of payment and debt sustainability (FAO & WFP, February 2022). Prices of locally produced maize increased seasonally by 5–10 percent between January and May 2022, and were 70 percent higher year on year, mainly due to the depreciation of the national currency. Prices of wheat were at near-record to record levels due to high international prices.

Ethiopia imports substantial quantities of wheat, especially from Ukraine and the Russian Federation. With imports from Ukraine hindered by the war and imports from the Russian Federation impaired by financial difficulties, it is highly likely that the country will need to import wheat from costlier sources, putting additional upward pressure on domestic prices (FAO, July 2022). High global fuel and fertilizer costs due to the war in Ukraine will also raise food production costs and could adversely affect domestic production outcomes for key commodities such as cereal.

Nutrition

The nutrition situation continues to deteriorate in Ethiopia. Currently, over 1.2 million children are projected to need treatment for severe wasting, a 30 percent increase from the previous projections (representing 60 percent of the overall Horn of Africa burden). Key drivers include worsening food security following failed rains, conflict resulting in large-scale displacements, economic challenges and the impacts of the war in Ukraine (UNICEF, July 2022).

1 No indicative arrow has been provided given that the 2021 IPC peak figure is not directly comparable with the 2022 forecast figure.

Kenya

Acute food insecurity overview 2021

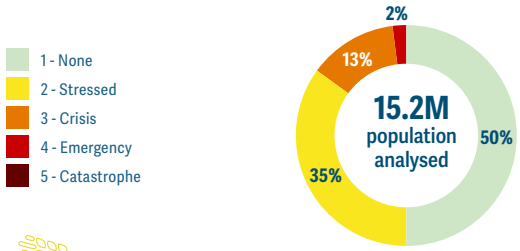
2.37M people

were in Crisis or worse (IPC Phase 3 or above) in **November 2021–January 2022**

2.0M people in Crisis (IPC Phase 3)

0.37M people in Emergency (IPC Phase 4)

16% of the population analysed was in Crisis or worse (IPC Phase 3 or above)



5.24M people were in Stressed (IPC Phase 2)

The analysis covers the 23 counties located in Kenya's arid and semi-arid lands (ASALs) that account for 80% of the country's land mass and **28%** of Kenya's population of **55 million** people.

Source: Kenya IPC Technical Working Group, September 2021.

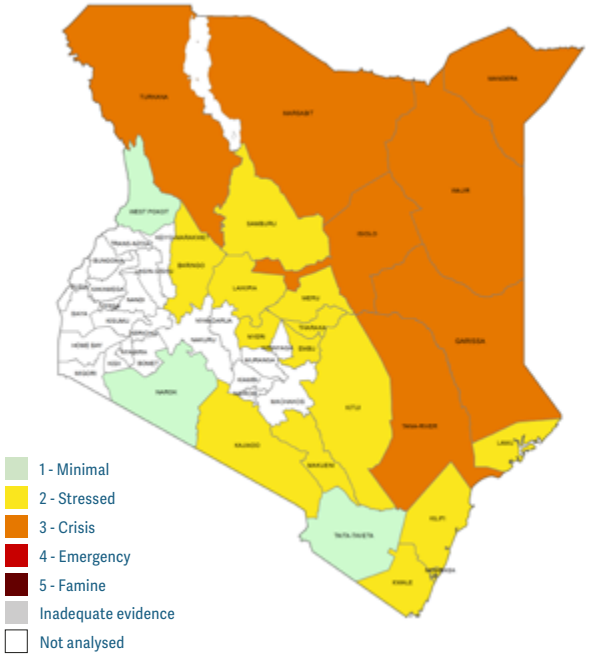
National population

Source: WB 2020.

MAP 3.2

IPC acute food insecurity situation, November 2021–January 2022

Pastoral counties experienced consecutive seasons of failed rains, with Garissa, Isiolo, Marsabit, Tana River and Wajir the most affected. These counties along with Kwale, Lamu county, Mandera and Turkana were classified in Crisis (IPC Phase 3). Eleven counties were classified in Stressed (IPC Phase 2).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Kenya IPC Technical Working Group, July 2021.

Acute food insecurity trends

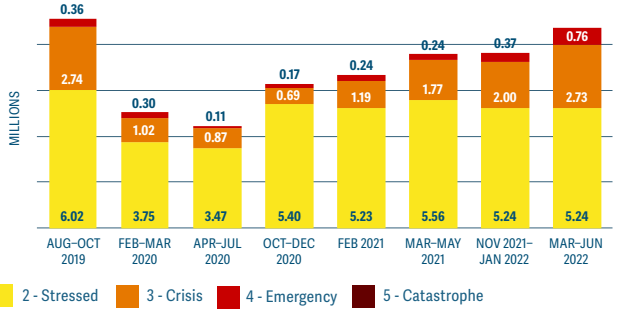
Numbers have risen since 2020. At 2.37 million, the number of people facing high levels of acute food insecurity (IPC Phase 3 or above) from November 2021–January 2022 was nearly three times higher than during the last three months of 2020 in the ASALs (IPC, November 2020 and September 2021).

The worsening situation is attributed primarily to the dismal performance of the last three rainy seasons (October–December 2020 short rains, March–May 2021 long rains, and October–December 2021 short rains). However, the acute food insecurity situation was not quite as bad as August–October 2019, when the ASALs were affected by very late and erratic long rains.

The numbers reported here do not cover urban areas. From October–December 2020, over 1 million people were in Crisis or worse (IPC Phase 3 or above) across informal urban settlements in Nairobi, Mombasa and Kisumu, largely due to the impact of COVID-19 on informal sector incomes (GRFC 2021, May 2021).

FIGURE 3.2

Numbers of people in IPC Phase 2 or above, 2019–2022



Bars refer to selected analyses that are comparable (see Technical Notes), however the October–December 2020 and February 2021 analyses only cover the ASAL areas. Datasets from all analysis rounds between 2019 and 2022 are provided (*see Appendix 1, figure A1,* **page 66.**

Source: Kenya IPC Technical Working Group.

Drivers of the food crisis in Kenya in 2021

Three consecutive poor rainy seasons since October 2020 in Kenya's ASALs – exacerbated by the ongoing consequences of COVID-19 containment measures – have strained households' coping capacities, worsening acute food insecurity.

Weather extremes

Three consecutive poor rainy seasons since October 2020 have severely affected pasture and water availability in most northern pastoral areas and central and southern agro-pastoral areas. During October–December 2021, the cumulative short rains were less than 30–60 percent of the 40-year average in northern and eastern Kenya (FEWS NET, November 2021).

As a result of these events, in December 2021, drought conditions were reported in most counties. Out of 23 ASAL counties, nine[1] were classified in Alarm drought phase and 11 were in Alert (NDMA, January 2022).

Pasture and water shortages, coupled with longer trekking distances from grazing fields to watering points, resulted in a deterioration of livestock body conditions and productivity, and reduced milk production, which in December was estimated to be 40–80 percent below the average (FEWS NET, December 2021). Herders were often unable to provide adequate feed and water to their animals and were forced to cull offspring to save milk-producing females (FAO-GIEWS, November 2021). More than 1.4 million livestock heads died due to starvation and drought-induced diseases (NDMA, December 2021).

Prices of livestock in December 2021 were 20–40 percent lower than in 2020, mainly due to worsening animal body conditions (FSNWG, February 2022).

Meanwhile, due to the intensifying drought, staple food prices in the ASAL regions were mostly above average (IPC, October 2021). In these areas, maize prices were 5–35 percent above their year-earlier levels, mainly due to consecutive poor local harvests, coupled with sustained demand for animal feed due to pasture shortages. The terms of trade for pastoralists therefore deteriorated over the last year and, in December, they were between 35–50 percent lower than December 2020 (FSNWG, February 2022).

The cereal output of the short-rains harvest was estimated to be about 50 percent below average, leading to a third consecutive season with below-average cereal production. A near failure of the harvest was reported in coastal marginal agriculture areas, where maize production was estimated at less than 10 percent of the average. Here, due to severe dryness, the planted area was well below average and most crops failed to germinate or wilted.

Rains at the end of November and beginning of December 2021 allowed some late planting of cereals and pulses, which germinated but did not reach maturity as the rains subsided in late December (FAO-GIEWS, March 2022).

Economic shocks, including COVID-19

Lower availability of casual labour opportunities can be attributed to several factors, including social distancing measures restricting certain communal agricultural activities. Other factors include lower supplies of agricultural inputs and the below-average October–December 2021 short rains, which decreased crop production activities and income from land preparation, planting and weeding (IPC, September 2021).

COVID-19 restrictions contributed to food price volatility by disrupting staple food and livestock supplies, as well as cross-border movement of goods and people between Kenya, Somalia and Ethiopia in Mandera and Marsabit counties. In mid-September, the United Republic of Tanzania began requiring proof of a negative COVID-19 test from all travellers, including truck drivers, which caused delays in food import supply chains (FEWS NET, September 2021).

Households were expected to attempt to intensify non-livestock income sources, such as casual labour, charcoal and firewood sales and petty trade, which would likely be limited due to high competition (IPC, September 2021).

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Persistent malnutrition, high vulnerability to droughts and the effects of climate shocks are some of the challenges experienced by communities in Wajir, northeastern Kenya. In 2021, they experienced three seasons of failed rains.

Conflict/insecurity

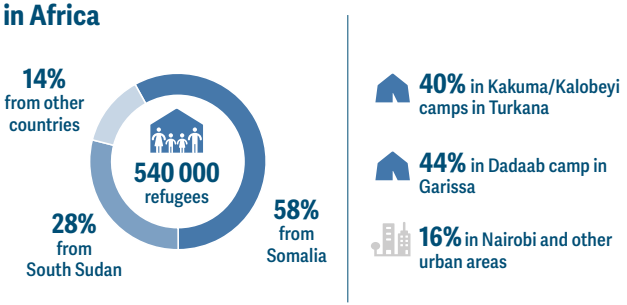
Water sources for both people and livestock have dried up, forcing families to walk longer distances and causing tensions among communities, which has led to an increase in inter-communal conflict (OCHA, December 2021).

1 Garissa, Kilifi, Lamu, Wajir, Isiolo, Kwale, Mandera, Marsabit and Turkana.

Displacement 2021

FIGURE 3.3

Kenya is the fifth largest refugee-hosting country in Africa



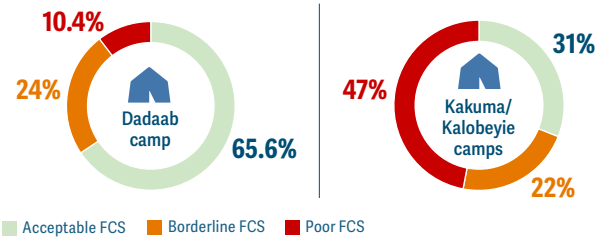
Source: UNHCR, December 2021.

Food insecurity and nutrition vulnerability challenges are a consistent concern for the refugee population, who are dependent on humanitarian assistance for their survival.

The refugees mainly reside in camps in two of the country's poorest and most food-insecure counties, Garissa and Turkana (UNHCR, 2021). Significant challenges with food security remain for refugees residing in camps, with around 47 percent of surveyed households in the Dadaab camps and 10 percent in Kakuma/ Kalobeyei camps having reported poor food consumption scores (FCS) (UNHCR, 2021).

FIGURE 3.4

Low food consumption scores among refugees in Kenya's camps



UNHCR Standardized Expended Nutrition Survey (SENS), 2021.

According to a socioeconomic survey of urban refugees in Kenya, 60 percent of urban refugee households had low food consumption scores and use consumption-based strategies to cope with the lack of food. Food insecurity is more common among households with fewer employed members. In the city of Nakuru, where most refugees are from South Sudan, some 82 percent of refugees are food insecure driven by low levels of employment – only 6 percent of women and 21 percent of men are employed (UNHCR & World Bank, November 2021).

A high prevalence of malnutrition also remains a key concern among refugee populations, with UNHCR nutrition surveys in 2021 indicating a "high" level of wasting in two camps (Kakuma and Ifo in Dadaab) while "medium" levels were reported in the remaining three locations (Kalobeyei settlement, Dagahaley and Hagadera camps). The prevalence of stunting was reportedly "high" in Kalobeyei settlement and Dagahaley camp in Dadaab, while "medium" level in the other three camps (UNHCR, 2021).

Dietary challenges for refugee children were exemplified by the prevalence of anaemia among children aged 6–59 months, which was found to be "high" (above 40 percent) in all camps. While anaemia among non-pregnant women aged 15–49 years was reportedly "high" (above 40 percent) in Kakuma and Ifo camps, anaemia levels amongst this population stood within the "medium" threshold in the remaining three camps (UNHCR, 2021).

Additional drivers of acute food insecurity and malnutrition among refugees

Low levels of employment and humanitarian funding shortfalls drove high levels of acute food insecurity, while poor living conditions in camps contributed to malnutrition.

Refugees have particularly low levels of employment compared to the surrounding host communities and wider Kenya. According to World Bank monitoring, 80 percent of adult refugees were unemployed in April 2021 compared to 29 percent nationally (WB, April 2021). Fewer than 10 percent were receiving remittance income and one in five refugee households were taking out loans (WB, February 2021).

Refugees living in designated camps are not legally allowed to work and face movement restrictions, making them dependent on humanitarian assistance for their basic needs.

The small minority of refugees allowed to live in urban areas – mainly to access education or specialized medical attention – face challenges obtaining a work permit that they require in order to gain legal employment and meet minimum food and non-food needs (UNHCR, 2021).

Funding shortfalls during 2021 resulted in a significant reduction of humanitarian food assistance provided to refugees, resulting in food ration cuts of around 40-48 percent for a daily recommended 2 100 calorie diet per person and the removal of fortified foods from the available food basket. This has contributed to high levels of wasting, stunting and anaemia, while obliging refugees to utilise negative coping strategies such as skipping of meals, reducing portions, relying on less preferred or less expensive foods, child marriage and survival sex (UNHCR, 2021).

The living conditions in Kakuma camp are dire and constantly deteriorating, characterised by extreme poverty, poor housing and infrastructure, and lack of water, sanitation, medicines, and electricity supplies. COVID-19 has worsened an already challenging humanitarian situation. Armed robberies, thefts, rapes and killings are often reported. Women and girls – who form almost 80 percent of the total refugee population – are exposed to the threat of various forms of sexual violence (UNHCR, 2021).

Key nutrition challenges

653 000 children under 5 years were **wasted** in July–November 2021 in Kenya's ASAL region

142 800 of them were **severely wasted**

96 500 pregnant and lactating women were **acutely malnourished**

Source: IPC, September 2021.

The levels of wasting among women and children in Kenya's ASALs are particularly high. The number of wasted children aged 6–59 months rose from around 531 000 in 2020 to 653 000 from August–November 2021 (IPC AMN, November 2020 and September 2021).

In mid-July 2021, Garissa, Wajir, Mandera, Samburu, Turkana, as well as North Horr and Laisamis sub-counties in Marsabit and Tiaty in Baringo were classified as Critical (IPC AMN Phase 4) and Tana River and West Pokot were classified as Serious (IPC AMN Phase 3). The wasting prevalence surpassed the emergency threshold (15 percent) in at least eight counties, well above the 2014 national average of around 4 percent (IPC AMN, September 2021).

Key drivers

Health services and household environment

The below-average rainfall increased water scarcity. While boreholes are the main water source for many households and can last throughout the year, many are reliant on shallow wells, which are estimated to last six months and water pans, which only last four months. Water shortages, consumption of unsafe water and poor hygiene and sanitation practices increased the number of cases of upper respiratory tract infections, diarrhoea and other diseases. Nearly half of the population was still employing open defecation (47 percent), increasing the risk of water-borne illnesses (IPC AMN, September 2021).

The pandemic impacted the health sector, leading to a reduction in health-seeking, under-utilization of static health facilities, and reduced health and nutrition programmes due to re-allocation of resources towards efforts to curb the virus. Nutrition clinics and services faced commodity stock-outs. The proportion of children who are fully immunized is below the national threshold (88 percent) (IPC AMN, September 2021).

Caring and feeding practices

Insufficient care practices and harmful social norms also have a major impact on children's diets in the ASALs. Only 22 percent of children received the minimum acceptable diet nationally in Kenya, according to the latest available data (DHS, 2014).

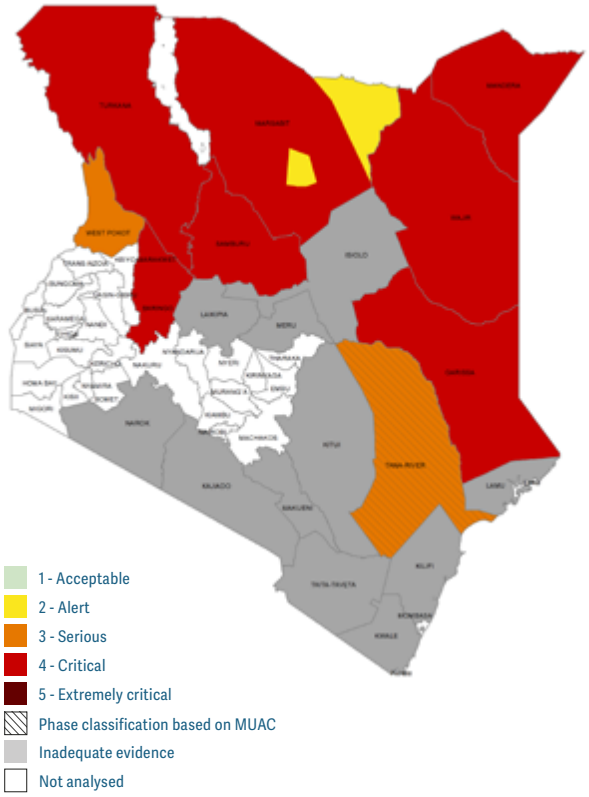
Food security and access to healthy diets

Poor diets for children are directly linked with food insecurity, although a household being food secure does not ensure that children have adequate diets. For instance, in 2021 reduced milk availability for children was a major contributing factor to acute malnutrition. However, the latest IPC analyses in 2021 showed a contrast between food insecurity and acute malnutrition levels. Factors beyond household food security such as individual access to healthy diets, insecurity, care practices, access to health services, were contributing to the high acute malnutrition burden in the ASAL counties (IPC AMN, September 2022).

MAP 3.3

IPC acute malnutrition situation, August–November 2021

The malnutrition situation was Critical (IPC AMN Phase 4) in seven counties: Garissa, Wajir, Mandera, Samburu, Turkana, the North Horr and Laisamis sub-counties in Marsabit County and Tiaty in Baringo County.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Kenya IPC AMN Technical Working Group, September 2021.

Acute food insecurity forecast, 2022

4.1M people

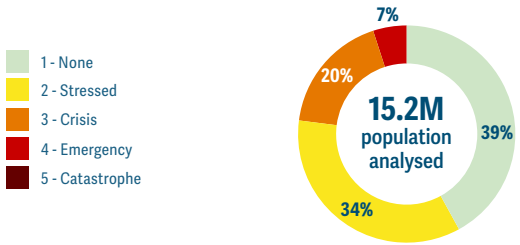
were forecast to be in Crisis or worse (IPC Phase 3 or above) in **March–June 2022**

3.0M people in Crisis (IPC Phase 3)

1.1M people in Emergency (IPC Phase 4)

The acute food insecurity situation is expected to deteriorate further in 2022 due to the negative effects of four consecutive below-average rainy seasons on rural livelihoods.

27% of the population analysed was forecast to be in Crisis or worse (IPC Phase 3 or above)



5.09M people were forecast to be in Stressed (IPC Phase 2)

The analysis covers 23 counties of Kenya's arid and semi-arid lands that account for 80% of the country's land mass and **28%** of the population of **55.0 million** people.

Source: IPC, June 2022.

According to the IPC projection update for March–June 2022, about 4.1 million people in the ASALs of Kenya were estimated to be in Crisis or worse (IPC Phase 3 or above), surpassing the initial 3.5 million figure projection for the same period, which was included in the GRFC 2022. This includes 1.1 million people estimated to be in Emergency (IPC Phase 4). Of particular concern were Mandera, Marsabit and Wajir counties, which were classified in Emergency (IPC Phase 4).

Weather extremes

The March–May 2022 seasonal rains were characterised by late-onset, early cessation, poor and uneven distribution, and intensifying and ongoing drought conditions that have prevailed since late 2020. Households face another below-average harvest as a result of widespread germination failures and crop wilting in southeastern and coastal marginal agriculture areas. Average to above-average rains received in the second half of April and in the first half of May were insufficient to facilitate a significant recovery in crop conditions and improve production prospects for the long-rains harvests (FEWS NET, May 2022, FAO, July 2022).

The poor performance of the March–May rains prevented forage and water regeneration in northern and eastern pastoral areas where the dry season in January 2022 had already started at historically low levels. Severe shortages of pasture and water have severely affected herds, resulting in widespread animal deaths, estimated at 1.5 million, especially in Mandera, Wajir, Garissa, Marsabit and Isiolo. Additional livestock losses are expected in the coming months as rangeland conditions entered the June–September dry season at record low levels. According to weather forecast models, there is a strong probability of a fifth consecutive below-average rainy season during the October–December 2022 short rains (FAO, July 2022, IPC, June 2022).

Economic shocks, including impact of war in Ukraine

In April, staple food prices continued to rise in most monitored markets due to low market supply, following four consecutive seasons of poor crop performance, high demand, and declining household food stocks (FEWS NET, May 2022). The war in Ukraine is also contributing to rising prices of essential food commodities such as oil and wheat products, as Kenya depends heavily on imports from Ukraine and the Russian Federation. The rising food prices are happening at a time when households, especially in urban areas, are still facing economic hardship due to the loss of livelihoods attributed to the COVID-19 pandemic (IPC, June 2022).

Conflict/insecurity

The impact of the below-average March–May 2022 seasonal rainfall also sparked resource-based conflicts among pastoralists, as herders congregated in areas with scarce rangeland and water resources. Increased tensions and potential conflict are possible when livestock move to crop-growing areas in their search for fodder, and invade farmlands (IPC, June 2022).

Nutrition

In pastoral areas, low household milk production and consumption as well as a high incidence of respiratory tract infections and water-borne diseases are driving increased malnutrition rates. The rapid deterioration of the nutrition situation across the ASALs is mainly attributed to worsening food insecurity, resulting from the cumulative effects of three failed rainy seasons and the very late onset of the 2022 long rains. During March–May 2022, a Critical (IPC Phase 4) nutrition situation persisted in most arid areas, with an Extremely Critical (IPC Phase 5) situation reported in Mandera, where a GAM prevalence of 34.7 percent was reported, according to a SMART survey conducted in March 2022. In March–June, around 942 000 children were expected to be wasted, 229 000 of them severely so. Around 134 000 pregnant or lactating women were also in need of treatment for acute malnutrition (IPC, June 2022).

Somalia

Acute food insecurity overview 2021

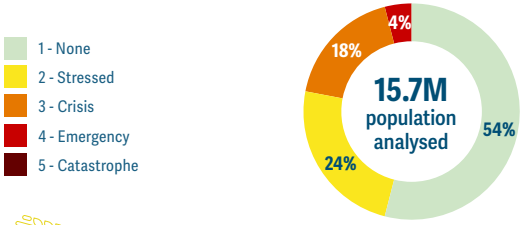
3.47M people

were in Crisis or worse (IPC Phase 3 or above) in **October–December 2021**

2.83M people in Crisis (IPC Phase 3)

0.64M people in Emergency (IPC Phase 4)

22% of the population analysed was in Crisis or worse (IPC Phase 3 or above)



3.71M people were in Stressed (IPC Phase 2)

The analysis covers **100%** of the country's total population of **15.7 million** people in 18 regions.

Between 2020 and 2021, the total population number utilised in IPC analyses increased by around 3 million people, rising from 12.3 million to 15.7 million.

Source: IPC, November 2021.

National population

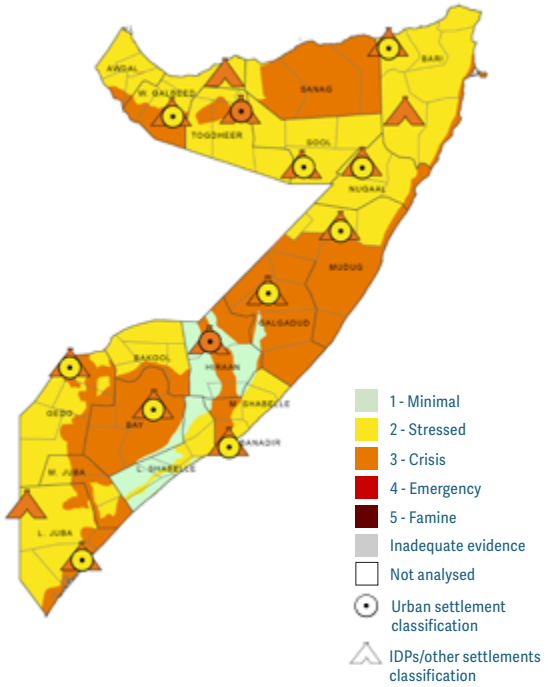
54% Rural **46% Urban**

Source: WB 2020.

MAP 3.4

IPC acute food insecurity situation, October–December 2021

Several areas were in Crisis (IPC Phase 3): the agropastoral areas of Bay and Bakool; the southern riverine areas; the agropastoral, urban, and IDP populations in Togdheer; and pastoral areas in central and northern Somalia.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Somalia IPC Technical Working Group, November 2021.

Acute food insecurity trends

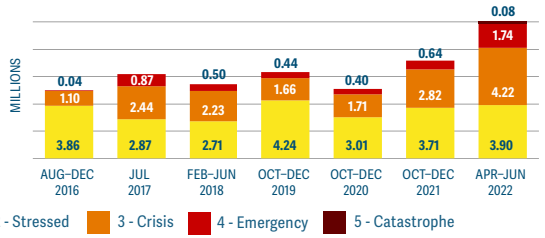
Numbers have risen since 2020. From October–December 2021, 3.5 million people were in Crisis or worse (IPC Phase 3 or above) largely due to drought, poor and erratic rainfall distribution, flooding, conflict and high food prices. The share of the analysed population in these phases increased from 17 percent in late 2020 to 22 percent in late 2021.

Although the number of people in Crisis or worse (IPC Phase 3 or above) from October–December 2021 was even higher than in July 2017 (3.3 million) when the country was affected by a destructive drought, the rise is partly explained by the increase in the population analysed in 2021. The share of the population in these phases was 4 percent lower in 2021 than in 2017. The share of the population in Emergency (IPC Phase 4) in late 2021 did not reach the levels of mid-2017 (7 percent) (FSNAU and FEWS NET, September 2017; IPC, November 2021).

Since 2017, sustained humanitarian assistance and government support have contributed to preventing the worsening of food security and nutrition outcomes in northern and central areas (IPC November 2021).

FIGURE 3.5

Numbers of people in IPC Phase 2 or above, 2016–2022



Bars refer to selected analyses that are comparable (see Technical Notes). Datasets from all analysis rounds between 2016 and 2022 are provided (*see Appendix 1, table A2,* **page 67**).

Source: Somalia IPC Technical Working Group.

Drivers of the food crisis in Somalia in 2021

Three consecutive poor rainfall seasons, localized flooding and continued conflict contributed to livelihood losses, high food prices and low purchasing power for Somali households in 2021.

Weather extremes

The delayed start and early end to the April–June 2021 Gu rainy season coupled with erratically distributed rainfall (FAO-GIEWS, July 2021) contributed to the Gu cereal output being estimated at 60 percent below the 1995–2020 average (FSNAU and FEWS NET, 2021). This was the third consecutive below-average harvest, after the poor 2020 Deyr season triggered widespread drought in late 2020 and the erratic Gu season in mid-2020 (FAO-GIEWS, July 2021).

Flooding during the 2021 Gu season affected 400 000 people in 14 districts between late April and early June (FAO, July 2021b), displacing 101 000 people (OCHA, June 2021b). The floods caused localized but substantial crop damage in the riverine areas of Hiiraan, Shabelle and Juba regions as well as livestock deaths (FAO, July 2021b). In Jowhar, 40 000 hectares of farmland were damaged (OCHA May, 2021c and OCHA, June, 2021d).

The October–December 2021 Deyr rainy season started late and ended early with cumulative rainfall estimated at 40–60 percent below average (FSNAU and FEWS NET, 2021b). In several rainfed agricultural areas, rainfall deficits led to a below-average planted area, widespread germination failure and crop wilting. Along the Juba and Shabelle rivers, crop production was reduced due to low water levels (FAO-GIEWS, March 2022). Deyr cereal production was estimated at 58 percent below the 1995–2020 average – the third lowest Deyr harvest since 1995 and fourth consecutive season of reduced output (FSNAU and FEWS NET, 2021b).

Staple food prices in December 2021 were more than twice the already high levels of 2020, and close to the record levels reached during the 2016–2017 drought and the 2008 global food price crisis (FAO-GIEWS, March 2022).

In pastoral areas, severe water and pasture shortages led to animal emaciation, livestock deaths, limited births, distress sales of livestock, resource-based conflicts over water and pasture, and significantly below-average milk production. In the worst drought-affected areas – Gedo, Bakool, Middle and Lower Juba, Galgaduud, Mudug and Hiiraan regions – the scale of livestock deaths was comparable to 2016/2017 (FSNAU and FEWS NET, 2021b).

Conflict/insecurity

Conflict driven by inter-clan rivalry and attacks by Al-Shabaab and militia groups continued and was a key driver of acute food insecurity, especially in central and southern Somalia, disrupting livelihoods and hampering economic progress and development (ACAPS, December 2021; OCHA, March 2021e). Conflict displaced around 413 000 people between January and August 2021, a 130 percent increase compared to the same period in 2020 (UNHCR, September 2021; ACAPS, November 2021). Conflict-related displacement lowered crop production, especially in Hiraan, Middle and Lower Shabelle regions and restricted livestock migration options (Hiraan, Galgaduud and Sool) (IPC, November 2021).

The unstable political situation and complex conflict dynamics constrained humanitarian operations, making travel in certain areas dangerous. Checkpoints slowed down the transportation of aid cargo in Galmudug, Hirshabelle, Jubaland, Puntland and South West states (ACAPS, December 2021).

Economic shocks, including COVID-19

From October, households faced a significant decline in income from agricultural labour as well as crop and livestock production due to the poor Deyr rains. This, coupled with a sharp increase in water and staple food prices, resulted in steep declines in household purchasing power, especially in southern and central rural livelihood zones.

In October 2021, the price of a 200-litre water drum was 45–172 percent above the five-year average in monitored markets in Nugaal, Middle Juba and Mudug regions (FEWS NET, November 2021). Increased demand due to low maize and sorghum supply, high shipping and fuel costs, global supply factors, and localized currency inflation in the northeast increased imported food costs, including rice and wheat flour (FEWS NET, November 2021).

In some areas, winter crops have been wiped out by the drought. Severe water and pasture shortages have led to animal emaciation, livestock deaths, limited births, distress sales of livestock, resource-based conflicts and significantly below-average milk production.

Displacement 2021

IDPs

The majority of IDPs are hosted in 3 400 sites across the country, mostly informal settlements on private land in urban areas.

2.9M IDPs

HNO data utilised as IOM DTM data only covers the first quarter of 2021.
Source: HNO, October 2021.

Most of the estimated 2.9 million IDPs across Somalia are poor with limited livelihood assets, few income-earning opportunities, low access to communal support and high reliance on external humanitarian assistance.

As a result, around one third of IDPs in rural and urban settlements faced moderate to large food consumption gaps through 2021 (HNO, October 2021; FSNAU-FEWS NET, September 2021). Inter-clan conflict and disputes over resources due to repeated climatic shocks were reported as key contributors to internal displacement (HNO, October 2021), with 19 percent of IDPs reporting conflict as the primary cause, 18 percent natural disasters and 31 percent both (IOM DTM Somalia, January 2021). Electoral violence caused 413 000 new and secondary displacements between March and April 2021 (HNO, October 2021).

Consecutive below-average harvest seasons due to extreme drought conditions have led poor rural households to relocate to towns to access income opportunities and humanitarian support. According to the HNO, over 90 000 new and secondary displacements were caused by droughts from January–August 2021, while 59 000 people were displaced by flooding (HNO, October 2021).

It is currently estimated that out of 2.9 million IDPs, 75 percent (2.2 million people) require urgent multi-sectoral humanitarian assistance (HNO, October 2021). Food or cash to buy food was the most critical need indicated by 61 percent of IDPs, 59 percent reported healthcare as urgent and 58 percent stated the need for shelter (REACH, 2021, cited in HNO, October 2021).

The overall nutrition situation among IDPs in the 2021 Gu season is Serious (IPC AMN Phase 3) (11.2 percent). Seven out of ten assessed IDP groups were either in Serious or Critical (IPC AMN Phase 4), underscoring the underlying vulnerability of IDP populations to wasting (IPC AMN, November 2021).

Refugees

Most of the refugee population in Somalia (58 percent) resides in Somaliland, while 32 percent are in Puntland and 10 percent in South Central. During 2021, a total of 3 523 newly arrived refugees were registered. In addition, around 2 370 Somali refugees returned home in 2021, including those who returned spontaneously from neighbouring countries (UNHCR, December 2021).

FIGURE 3.6

Refugees and asylum seekers in Somalia – the majority from Ethiopia – live in urban areas

Source: UNHCR, December 2021.

Additional drivers of acute food insecurity and malnutrition for IDPs in Somalia

While many **IDP** households have lost their means to produce their own food, for those engaged in agro-pastoralism, drought conditions in 2021 severely impacted crop and livestock production. Reduced agricultural income eroded and disrupted livelihood activities and households were unable to pay off debt and cover the cost of purchasing more water and livestock feed. Conflict has also affected humanitarian food assistance provision in rural areas. Other barriers to food security included rising food prices and cost of living, declining availability of milk for both consumption and sale, and a likely reduction in agricultural employment opportunities during the Deyr (rainfall) season, which was drier than expected (FSNAU-FEWS NET, September 2021).

In IDP sites, high barriers to food, nutrition, health, water, protection, sanitation and hygiene services were reported. Lack of formal documentation makes IDP households vulnerable to eviction. An estimated 80 percent of IDP households do not have formal tenancy agreements, heightening the risk of secondary displacement (HNO, October 2021).

Refugees and **asylum-seekers** in Somalia live in urban areas with no access to humanitarian food assistance. Many cannot afford housing and live in traditional shelters, leaving them susceptible to robbery, sexual assault and harassment, while others have settled at the periphery of towns due to rental challenges, facing poor living conditions, lack of water, sanitation and limited access to healthcare services and nutrition interventions. The COVID-19 pandemic has worsened an already challenging humanitarian situation. Inadequate food intake relating to low quantity and quality of family meals is adversely impacting nutritional outcomes among refugee children and women (HNO, October 2021).

Key nutrition challenges

1.2M children under 5 years were **wasted** in August 2021–July 2022

213 440 of them were **severely wasted**

Source: IPC AMN, November 2021.

Wasting remains widespread in Somalia at varying levels of severity, although the prevalence has improved over the past 14 years. The prevalence fell from 17 percent in 2017 to 11 percent in 2021, the lowest since 2007. However, this trend still translates to most of the country classified in Serious (IPC AMN Phase 3) (IPC AMN, November 2021).

According to surveys conducted in August 2021, child wasting mainly affects rural areas, which had a medium wasting prevalence of 11.5 percent. Critical prevalence of wasting (over 15 percent) was recorded in two out of 15 rural populations (Shabelle Riverine and North Gedo Pastoral). A Serious (IPC AMN Phase 3) prevalence of wasting has persisted in Shabelle Riverine livelihood as well as among IDPs in Mogadishu since the 2019 Deyr season due to high morbidity and reduced food access (IPC AMN, November 2021).

In urban areas, 9.5 percent of children are wasted, classified in Alert (IPC AMN Phase 2), a slight improvement since the 2020 Gu season (10.5 percent) (IPC AMN, November 2021).

More than 25 percent of children were affected by stunting (Global Nutrition Report, 2021).

Key drivers

Caring and feeding practices

Child feeding indicators are particularly poor, with only 15.6 percent of infants under 6 months exclusively breastfed, while just 17.6 percent of children aged 6–23 months receive a diverse diet (MoH, 2020). According to the 2019/20 micronutrient survey, around 40 percent of non-pregnant women and 47 percent of pregnant women are anaemic and similarly around 43 percent of children below 5 years are anaemic (HNO, October 2021).

Health services and household environment

Somalia's health system remains fragmented, under-resourced and ill-equipped. Disease outbreaks are largely due to low vaccination coverage, a shortage of functional public health facilities and low capacity of surveillance and response (HNO, October 2021).

Somalia is experiencing acute watery diarrhea/cholera outbreaks in multiple locations. Oral cholera vaccinations have not been carried out in affected and at-risk areas since the COVID-19 pandemic started in 2020. Between January and August 2021, 595 cases of suspected measles were confirmed, mainly in Banadir region and among unvaccinated children (HNO, October 2021). Out of a total of 40 surveyed population groups, 18 recorded high morbidity prevalence (≥ 20 percent). The highest morbidity was reported in Bay Agropastoral (41 percent), Baidoa IDPs (34.5 percent), Mogadishu IDPs (30 percent), Beletwein Urban (34 percent) and Juba Cattle Pastoral (29 percent) (IPC AMN, November 2021).

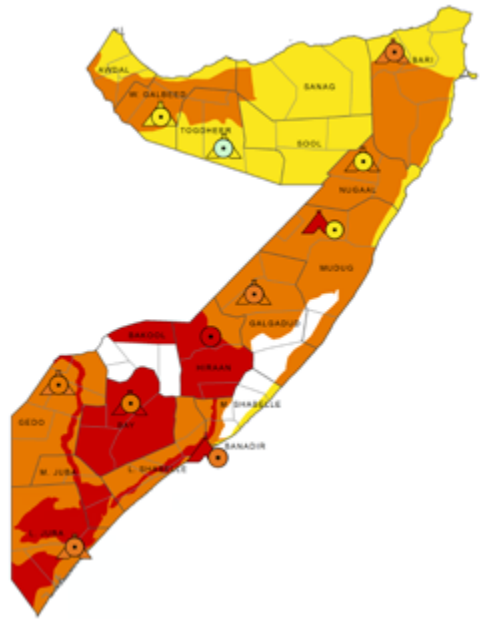
Lack of access to safe water has compounding effects on public health and leads to diseases that predispose children to malnutrition. The Joint Multi-Cluster Needs Assessment (JMCNA) 2021 indicates that 13 percent of non-IDP families and 22 percent of IDP households lack adequate drinking water, and that 20 percent of non-IDP households and 35 percent of IDP households lack adequate water for personal hygiene. The JMCNA 2021 noted that 31 percent of households do not have access to basic sanitation facilities. COVID-19 continues to limit access to nutrition services, while some households have avoided health services for fear of catching the virus. The Nutrition Cluster data shows that the number of admissions of wasted children was 11 percent lower in 2021 than in 2020 (HNO, October 2021).

Food security and access to healthy diets

The stability in the levels of child wasting in rural areas is partly due to increased access to milk and sustained humanitarian assistance. However, reduced food access has had a negative impact on wasting in other areas. For example, in urban Hargeisa, wasting levels increased from 3.4 percent during the 2020 Gu season to 9.6 percent in 2021 (IPC AMN, November 2021).

MAP 3.5

IPC acute malnutrition situation, September–November 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Somalia IPC AMN Technical Working Group, November 2021.

Acute food insecurity forecast, 2022

7.1M people

were forecast to be in Crisis or worse (IPC Phase 3 or above) in **June–September 2022**

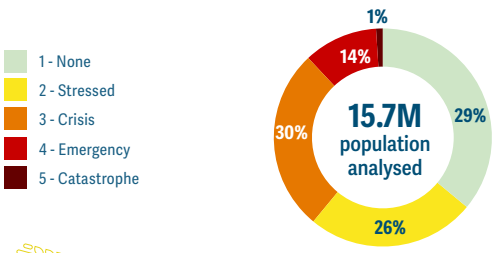
4.73M people in Crisis (IPC Phase 3)

2.13M people in Emergency (IPC Phase 4)

213 000 people in Catastrophe (IPC Phase 5)

Five consecutive poor or failed harvests since 2020, escalating local and imported food prices, and drought and conflict-induced displacement are leading to a dire situation. The June–September projection is the highest recorded figure in the history of the IPC in Somalia.

45% of the analysed population were forecast to be in Crisis or worse (IPC Phase 3 or above)



4.06M people were forecast to be in Stressed (IPC Phase 2)

The analysis covers **100%** of the country's total population of **15.7 million** people including rural and urban populations, as well as IDP settlements

Between 2020 and 2021, the total population number utilised in IPC analyses increased by around 3 million people, rising from 12.3 million to 15.7 million.

Source: IPC, April 2022.

Weather extremes

The Gu season harvest is likely to be the fifth consecutive below-average harvest on record after cumulative seasonal rainfall in March–early June 2022 was 40–70 percent below average. Over 3 million livestock are estimated to have died since mid-2021 due to starvation and disease, and pastoral households lack access to milk and saleable animals. In January–June 2022, 670 000 Somalis were newly displaced by drought (UNHCR, July 2022). New IDPs continue to arrive in settlements in desperate conditions and often face numerous challenges accessing humanitarian assistance (IPC, June 2022).

Conflict/insecurity

Increased conflict and insecurity – particularly in central and southern Somalia – have also contributed to the worsening situation. In January–June 2022, 129 000 Somalis were newly displaced by conflict/insecurity (UNHCR, July 2022).

Economic shocks, including the war in Ukraine

Low supply of domestic cereals, reduction of cross-border staple food imports from neighbouring countries due to the regional drought, and the record-high increase in global food prices have driven staple food prices out of the reach of most poor rural, urban and displaced families. In April, staple cereal and cooking oil prices were 25–160 percent above normal levels in most markets, while reduced demand for agricultural labour had driven down wages by 25–35 percent, negatively impacting household purchasing power. Pastoral households have accumulated very high debts. The impacts of the war in Ukraine are expected to put further upward pressure on food prices (IPC, June 2022).

Nutrition

The dire nutrition situation in Somalia has continued to deteriorate due to worsening food security conditions, limited access to clean water, leading to outbreaks of acute watery diarrhoea, and an increase in measles cases. In May 2022, 1.5 million children under 5 years – representing 45 percent of the total population of children of this age – were estimated to suffer from wasting through the end of 2022, according to results from 11 integrated food security, nutrition and mortality surveys. Some 386 400 children were severely wasted. These figures are likely to increase.

Acute malnutrition case admissions among children under 5 years rose by over 40 percent in January–April 2022 compared to the same period last year, and many areas in the central and southern parts of the country were at Critical (IPC Phase 4) levels. The situation in Bay region was particularly concerning as the acute malnutrition threshold for Famine (IPC Phase 5) has been reached in Baidoa district (IPC, June 2022).

Risk of Famine

In June 2022, the IPC released a Risk of Famine statement for Somalia for June–September 2022, meaning that Famine (IPC Phase 5) has a reasonable chance of happening in eight areas – Hawd Pastoral of Central and Hiran; Addun Pastoral of Northeast and Central; Agro Pastoral livelihoods in Bay and Bakool; and IDP settlements in Mogadishu, Baidoa, Dhusamareb and Galkacyo.

In the most likely scenario, approximately 213 000 people across these areas face Catastrophe (IPC Phase 5), representing 5–15 percent of their total population. At the time, the evidence criteria for Famine (IPC Phase 5) (an area level outcome representing at least 20 percent of the population) had not been met.

However, an increased Risk of Famine could occur in the event of widespread failure of the April–June Gu season crop and livestock production; sharply rising food prices; worsening drought conditions during the dry Hagaa (July–September) season leading to influx of IDPs to settlements and urban areas; increased conflict/ insecurity leading to further displacement; and humanitarian assistance not being scaled up to reach the country's most vulnerable populations (IPC, June 2022).

South Sudan

Acute food insecurity overview 2021

7.19M people

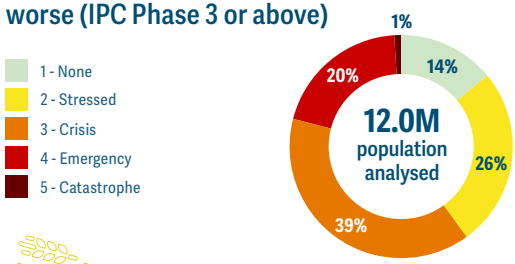
were in Crisis or worse (IPC Phase 3 or above) in **April–July 2021**

4.67M people in Crisis (IPC Phase 3)

2.41M people in Emergency (IPC Phase 4)

0.11M people in Catastrophe (IPC Phase 5)

60% of the analysed population was in Crisis or worse (IPC Phase 3 or above)



3.14M people were in Stressed (IPC Phase 2)

The analysis covers **100%** of the country's total population of **12.1 million** people.

Source: IPC, December 2020.

National population

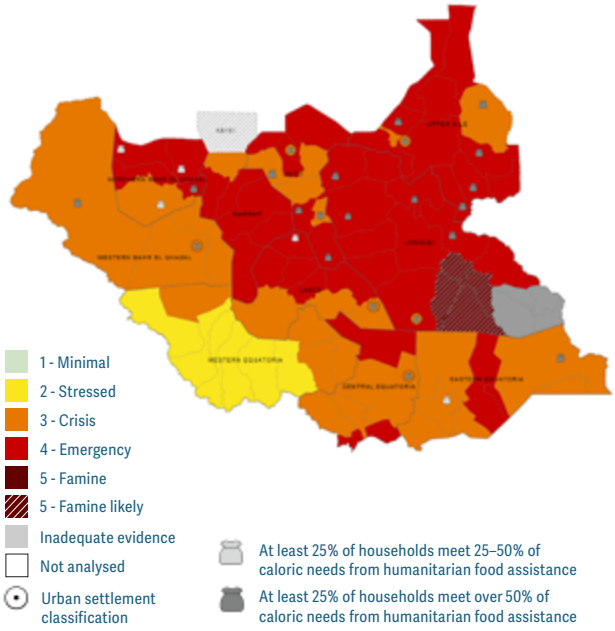
Source: WB 2020.

Following a breakdown in consensus among South Sudan IPC TWG members, which led to the activation of an external Quality Review and Famine Review, an IPC report was published at country level on 11 December 2020, which reflects different findings from those above regarding the estimation of populations in Catastrophe (IPC Phase 5) in Akobo, Aweil South, Tonj East, Tonj North and Tonj South counties and no Famine Likely classification in some payams of Pibor.

MAP 3.6

IPC acute food insecurity situation, April–July 2021

Western payams of Pibor county[1] were classified in Famine Likely (IPC Phase 5) while Kizongora and Maruwa payams in the eastern part of Pibor were in Emergency (IPC Phase 4) and at 'Risk of Famine'. The majority of counties (45) were in Emergency (IPC Phase 4).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.

Source: South Sudan IPC Technical Working Group, December 2020.

1 Gumuruk, Pibor, Lekuangole, and Verteth.

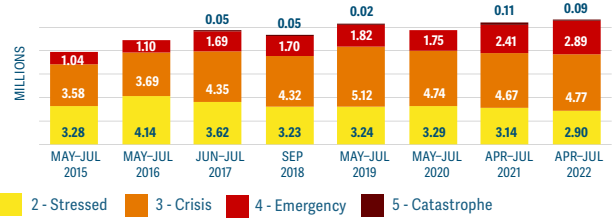
Acute food insecurity trends

Numbers have risen since 2020. The number of people in Crisis or worse (IPC Phase 3 or above) increased from 6.5 million in May–July 2020 to 7.2 million by April–July 2021 with 108 000 projected to be in Catastrophe (IPC Phase 5) in Pibor, Jonglei, Northern Bahl el Ghazal, and Warrap counties (IPC, February 2020 and December 2020). This 2021 estimate is the highest number for South Sudan in the GRFC's existence,[2] driven by the protracted conflict, economic crisis, high food prices, socioeconomic impacts of COVID-19 and unprecedented flooding.

The number of people in Catastrophe (IPC Phase 5) was higher in 2021 than in May–July 2017, when two counties in Greater Unity were classified in Famine (IPC Phase 5) and 90 000 people were facing Catastrophe (IPC Phase 5) (IPC, January 2017). In May–July 2019, 7 million people were in Crisis or worse (IPC Phase 3 or above), including 21 000 people in Catastrophe (IPC Phase 5). The subsequent decrease to 6.5 million by May–July 2020 was largely due to humanitarian interventions (IPC, February 2020).

FIGURE 3.7

Numbers of people in IPC Phase 2 or above, 2015–2022



In April–July 2021 the analysis in Jonglei and Pibor administrative area does not include the population from four payams (Maruwa, Boma, Kizongora and Miwono) due to lack of data. Datasets from all analysis rounds between 2016 and 2022 are provided (*see Appendix 1, table A3,* **page 68**).

Source: South Sudan IPC Technical Working Group, External Quality Review and Famine Review, December 2020.

2 The first edition of the GRFC covered the year 2016 and was published in 2017.

Drivers of the food crisis in South Sudan in 2021

Conflict/insecurity

In 2021, armed violence did not escalate to 2020 levels but the fragile security situation continued to displace civilians, mainly women and children, and disrupt livelihoods (WFP, October 2021; OCHA, June 2021). However, since the September 2018 peace agreement (R-ARCSS), South Sudan has experienced widespread and high levels of violence and cattle raids. The worst-affected areas are the states of Warrap, Lakes and Jonglei, including the Greater Pibor Administrative Area in the central belt of the country, as well as the Greater Equatoria region to the south and Unity and Upper Nile states in the north (ACLED, August 2021). Conflict has also continued to disrupt the delivery of critical humanitarian assistance to highly food-insecure people (WFP, October 2021).

Weather extremes

From May 2021, a third consecutive year of extensive flooding in eight out of ten states led to displacement, destruction of livelihoods, farmland and crops, livestock deaths and contamination of water sources. Although rainfall was not abnormally high, flooding was exacerbated by standing water from the major floods in the previous two years. More than 835 000 people were reportedly affected by the flooding, with Jonglei hardest hit (305 000 people affected), followed by Unity (220 000 people) and Upper Nile (141 000 people). Flooding also complicated the delivery of aid to affected communities, as roads became impassable and communities were cut off by floodwaters (REACH, January 2022; OCHA December 2021).

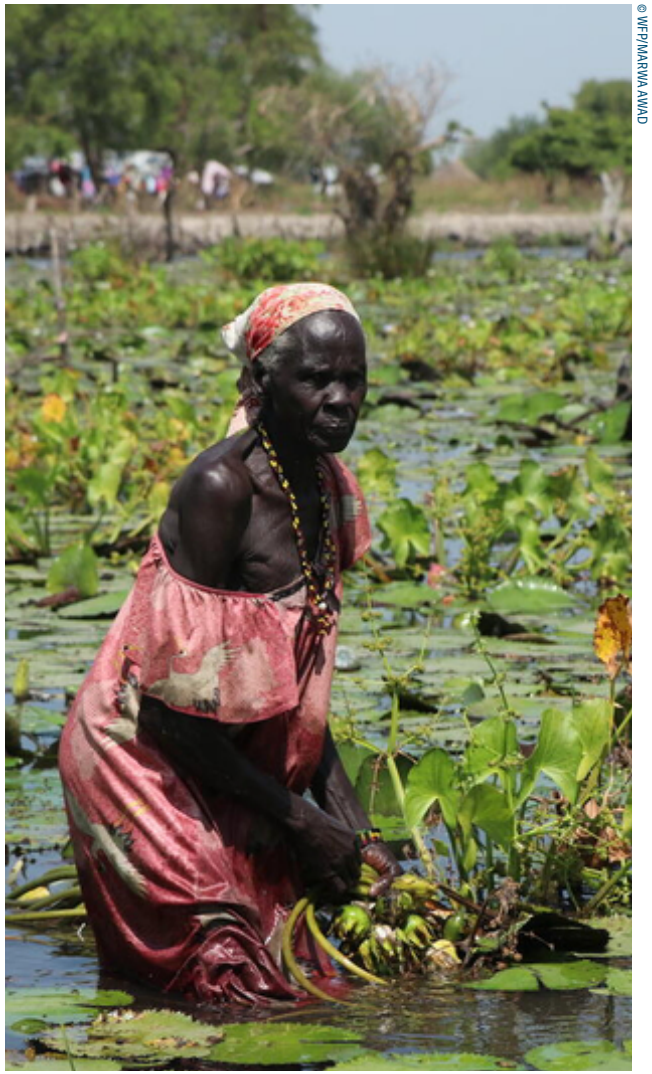
According to the preliminary findings of the 2021 FAO/WFP Crop and Food Security Assessment Mission, the 2021 aggregate cereal production is estimated to be slightly below the output of the previous year and well below the pre-conflict level. The output contraction is mainly due to the floods and, in most areas not affected by the inundations, to below-average and erratic rains, which constrained yields (FAO-GIEWS, March 2022).

Economic shocks, including COVID-19

In 2021, food prices continued to be affected by a volatile macro economic situation, limited domestic supplies, the effects of protracted conflict, high transport costs stemming from high fuel prices and informal taxation (FAO-GIEWS, March 2021). Lack of income continued to erode the purchasing power of vulnerable households who rely on markets to purchase food and other basic needs (WFP, October 2021).

From April 2021, the South Sudanese pound significantly appreciated against the US dollar in the parallel market, slowly approaching the official rate in the fourth week of April, following the government approval of USD 3 million to the foreign exchange bureau to revive the declining economy. However, food prices in local currency remained high, as traders were selling from their stock already purchased at the previous rate (WFP, May 2021).

During the course of 2021, food prices were further heightened by COVID-19-related disruptions to the domestic markets and trade (FAO-GIEWS, February 2022).



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A third consecutive year of severe flooding in 2021 destroyed livelihoods, farmland, crops and livestock, and contaminated water sources. Conflict-affected Jonglei was the worst-hit state.

Displacement 2021

IDPs

2.02M IDPs

Source: IOM DTM, December 2021.

Assessments conducted between July and September 2021 indicated that the IDP population was spread across 3 335 locations within 508 payams (in 78 counties) in all ten states (IOM DTM South Sudan, September 2021). The largest IDP populations were concentrated in the counties of Juba, Tonj North and Rubkona, while significant populations were also in Tonj East, Tonj South, Rumbek North, Gogrial West, Awerial, Ayod, Yei and Bor South (HNO, 2022).

Conflict was the primary driver of displacement, displacing 47 percent of IDPs, followed by weather extremes (26 percent), and communal clashes (21 percent). Some 27 percent of IDPs were displaced between January and September 2021 and 16 percent in 2020 (IOM DTM South Sudan, September 2021).

Although food security data for IDP populations was unavailable in 2021, a study conducted in late 2020 found that 39.5 percent of IDPs in Bentiu camp had poor food consumption, while 40.2 percent had borderline food consumption (IOM DTM, November 2020).

Humanitarian assistance

Refugees living in camps rely on general food distribution as their main source of food. An assessment conducted in July–September 2021 indicated that 36 percent of surveyed IDPs were residing in locations where the main source of food was food assistance (IOM DTM, September 2021). However, assistance to displaced populations has been constrained due to funding cuts. For refugees, the food ration was reduced to 70 percent of the daily recommended 2 100 kilocalories from November 2015 and then further cut to 50 percent in April 2021 (UNHCR & WFP, 2021).

Additional drivers of acute food insecurity and malnutrition among refugee populations

Although **refugees** have access to allocated land, it is insufficient to meet needs. Livelihood opportunities have been further limited by pandemic restrictions (UNHCR & WFP 2021). For **IDPs**, 35 percent indicated that they rely on cultivation, livestock raising and fishing as the primary means to meet food needs, but challenges persist in rebuilding lost livelihoods (IOM DTM, September 2021). In the Bentiu IDP camp, flooding prevented IDPs from carrying out their usual livelihood activities, notably charcoal production and firewood collection (HNO, February 2022).

According to surveyed IDPs in 2021, conflict/insecurity inhibited access to food markets (IOM DTM, September 2021). Insecurity also stemmed from tensions between host communities and displaced populations, due to pressure on scarce food stocks and natural resources (HNO, 2022). Inter-communal conflict initiated by cattle raiders around Gorom resulted in refugees fearing to engage in crop production and firewood collection. Growing insecurity in 2021 targeting humanitarian workers hindered the delivery of assistance to both IDPs and refugees (HNO, February 2022; UNHCR & WFP 2021).

Many malnutrition screenings were suspended or reduced in frequency during the COVID-19 pandemic, leading to a lag in the identification of malnutrition cases for children and pregnant and lactating women. Some refuse screening of their children out of fear of contracting the virus (UNHCR & WFP 2021).

IDPs and refugees both face challenges in terms of access to health services and household WASH facilities, which contribute to poor nutritional outcomes. Of surveyed IDPs in 2021, 40 percent lived in locations where the water was not fit for human consumption (IOM DTM, September 2021).

Latrine coverage is low in refugee camps due to lack of construction materials and damage incurred during the rainy season. Malaria, diarrhoea and intestinal worms are among the leading causes of morbidity in refugees. Routine malaria control interventions are hindered by limited resources. The minimum dietary diversity (MDD) of refugee households with young children fell from 34 percent in November 2020 to 22 percent in June 2021 (UNHCR & WFP, 2021).

Refugees

335 317 refugees. **92%** are from the Sudan and **7%** from the Democratic Republic of the Congo and Ethiopia. **90%** are in Upper Nile and Unity.

Source: UNHCR, February 2022.

Between December 2020 and 2021, the number of refugees increased by 6 percent due to an influx of Ethiopian refugees fleeing the conflict in Tigray. This trend is expected to persist or increase further in 2022 (UNHCR, 2021).

The share of refugee households with an acceptable food consumption score decreased from 63 percent in October 2020 to 31 percent in June 2021 likely due to food ration cuts (WFP, July 2021). Some 65 percent of households in Pamir camp (Unity) and 69 percent in Makpandu (Central Equatoria) had a poor food consumption score (UNHCR, November 2021).

The nutrition situation varies across camps, with the prevalence of wasting in children aged 6–59 months ranging from 10.3–14.5 percent (high) in camps in Maban, but below 5 percent (low) in three camps in Central Equatoria and Unity (UNHCR, November 2021). The prevalence of stunting ranges from 10.3 percent (medium) to 30.9 percent (high), while anaemia in children under 5 years is a serious concern, ranging from 36.9 percent (medium) – 69.5 percent (high) (UNHCR, November 2021).

Key nutrition challenges

1.3M children under 5 years were **wasted** in 2021

302 080 of them were severely **wasted**

675 550 pregnant and lactating women were **acutely malnourished**

Source: HNO, February 2022.

Expected caseload for acutely malnourished children was at its highest in 2021 since the start of the conflict in December 2013, according to the IPC (IPC AMN, December 2020). National GAM prevalence increased from 11.6 percent in 2018 to 12.6 percent in 2019 (FSNMS, 2020).

According to the IPC AMN analysis, 53 counties (68 percent of the total) were classified in Serious or Critical (IPC AMN Phase 3 or above) from November 2020–March 2021 (IPC AMN, December 2020). Out of this, 29 counties were projected to be in Critical (IPC AMN Phase 4), 70 percent of them in Greater Upper Nile followed by Greater Bahr el Ghazal (18 percent). The nutrition situation was expected to deteriorate further during the lean season of April–August 2021 when 72 percent of counties were projected to be in Serious or worse (IPC AMN Phase 3 or above) with Renk county projected to be in Extremely Critical (IPC AMN Phase 5).

South Sudan has made some progress towards reducing the prevalence of stunting, but 31.3 percent of children under 5 years of age are still affected (Global Nutrition Report, 2021). This prevalence is considered 'very high' by WHO thresholds.

Key drivers

Food security and access to healthy diets

Elevated levels of acute food insecurity and and its key drivers – conflict, the acute economic crisis, erratic rains and flooding – in most counties contribute to acute malnutrition (IPC AMN, December 2020).

Health services and household environment

The cumulative effects of years of prolonged conflict in tandem with flooding and the economic crisis have further weakened essential public services including water, sanitation, health and nutrition services.

According to the Food Security and Nutrition Monitoring System (FSNMS) conducted in July 2019, access to sanitation in the country remains low at 19 percent. Poor access to WASH services combined with high levels of food insecurity has a detrimental impact on the health of the most vulnerable, as seen through the high prevalence of malnutrition and water-borne diseases, with 74 percent of households reporting members affected by a water or vector-borne disease. Counties reporting high levels of wasting have been identified as having high WASH needs (FSNMS, July 2019).

COVID-19 related disruptions, as well as changes in SAM and MAM admission criteria for children further reduced access to services alongside other factors such as heightened inter-communal conflict and insecurity, the worsening economic crisis and flooding (IPC AMN, December 2020).

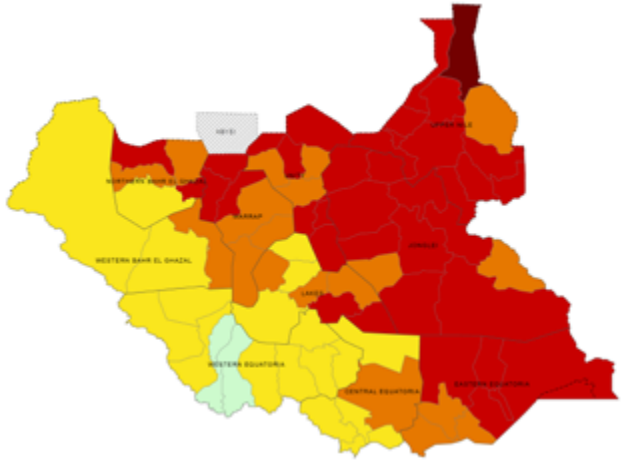
Caring and feeding practices

Based on the recent data, only 13 percent of children aged 6-23 months received the minimum dietary diversity, 23 percent of them received the minimum meal frequency, whereas only 7 percent of them received the minimum acceptable diet (IPC AMN, December 2020).

MAP 3.7

IPC acute malnutrition situation, April–July 2021

A total of 57 counties were expected to be in Serious or worse (IPC AMN Phase 3 or above), with 19 classified in Serious (IPC AMN Phase 3) and 38 classified in Critical (IPC AMN Phase 4). Renk County were projected to be in Extremely Critical (IPC AMN Phase 5).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: South Sudan IPC AMN Technical Working Group, December 2020.

Acute food insecurity forecast, 2022

7.74M people

were forecast to be in Crisis or worse (IPC Phase 3 or above) in **April–July 2022**

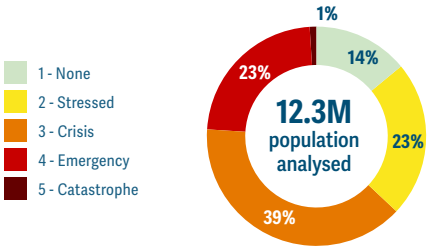
4.77M people in Crisis (IPC Phase 3)

2.89M people in Emergency (IPC Phase 4)

87 000 people in Catastrophe (IPC Phase 5)

This 2022 lean season estimate represents South Sudan's highest number of people in Crisis or worse (IPC Phase 3 or above) in the GRFC's existence and 0.5 million people more than the previous high during the April–June 2021 lean period. In Jonglei, Lakes and Unity states, some 60–80 percent of the population was estimated to be Crisis or worse (IPC Phase 3 or above), with about 87 000 facing Catastrophe (IPC Phase 5).

63% of the analysed population was forecast to be in Crisis or worse (IPC Phase 3 or above)



2.90M people were forecast to be in Stressed (IPC Phase 2)

The analysis covers **100%** of the country's total population of **12.3 million** people.

Source: IPC, April 2022.

The main drivers are the escalation of organized violence at the subnational level since 2020, livelihood losses due to consecutive years of widespread floods, macroeconomic challenges resulting in rampant inflation, and insufficient food supplies. During the April–July lean season households also face depleted food stocks, degraded road conditions during the rainy season affecting market access and functionality, even higher food prices in markets and reduced household income.

Conflict/insecurity

Although nationally the scale of conflict has diminished significantly, conflict and insecurity in the form of organized violence at the subnational level, intercommunal clashes and cattle raiding, continue to drive high levels of food insecurity due to displacement, the loss of livelihood assets, disrupted agricultural activities and reduced crop production, low trade and market functioning and access / movement restrictions. Even in areas where the security situation has significantly improved, households are yet to recover from the multiple shocks that left most without assets and any viable livelihood options, thus compromising their resilience to future shocks (FAO, July 2022; FEWS NET, May 2022; IPC, April 2022).

Weather extremes

The unprecedented flooding of 2021 that destroyed crops, livestock, houses and livelihoods, resulted in a high cereal deficit for the 2021/2022 consumption year. Given the significant loss of livestock due to flooding, availability and access to livestock products and income remain low for livestock-owning households in affected areas (FEWS NET, May 2022).

Above-normal rainfall performance is expected in 2022, which, coupled with the already saturated soils linked to the 2021 rainfall season, means there is a high likelihood of severe flooding in the 2022 cropping season with negative impacts on crops, prepositioning of humanitarian supplies, markets and trade flows, and further livestock losses (FEWS NET, May 2022). The flood extent at the end of May 2022 was the largest ever observed for that time of the year. Areas newly flooded during 2021 in Unity and Upper Nile remained flooded throughout the dry season. There was minimal change in the peak flood extent reached in February, and new, localized and transient flood patches were appearing in July because of the first seasonal rains (WFP, July 2022).

Even in areas where floodwaters have receded, households had not returned home, given the high risk of losing their investments in crop and livestock production during the June–September rainy season (IPC, April 2022) .

Economic shocks, including impact of war in Ukraine

The war in Ukraine, increased global fuel prices, currency depreciation and obstacles to trade, combined with seasonal factors, have led to an increase in fuel and food prices in South Sudan. Between the end of February and end of June, prices of staple cereals (sorghum and maize) increased in all monitored markets, notably by 100 percent or more in Northern Bahr El Ghazal and Eastern Equatoria. As the April–July lean season progresses, the availability of staple cereals is expected to deteriorate due to bad road conditions and impassable rivers, affecting cross border trade and prices – at a time when households tend to be highly dependent on markets for staples (WFP, July 2022).

Nutrition

In 2022, around 1.34 million children under 5 years are expected to suffer from wasting according to the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS), and programme admission trends. Of them around 676 000 are severely wasted.

Around 60 percent of the country's wasted children are in Jonglei, Upper Nile, Unity and Western Bahr el Ghazal States. In February–March 2022, a total of 49 (63 percent) of counties were classified in Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4), with 23 classified in the latter (IPC AMN, April 2022).

Sudan

Acute food insecurity overview 2021

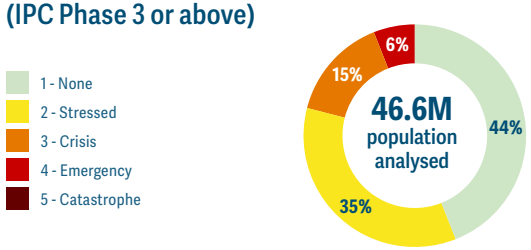
9.77M people

were in Crisis or worse (IPC Phase 3 or above) in **June–September 2021**

7.07M people in Crisis (IPC Phase 3)

2.7M people in Emergency (IPC Phase 4)

21% of the population analysed was in Crisis or worse (IPC Phase 3 or above)



FEWS NET's analyses suggest that the population requiring emergency food assistance was lower than the IPC estimate (see Technical Notes).

16.53M people were in Stressed (IPC Phase 2)

The analysis covered **100%** of the country's population of **46.8 million** people, except populations in Abyei and Al Tina.

Source: Sudan IPC, May 2021.

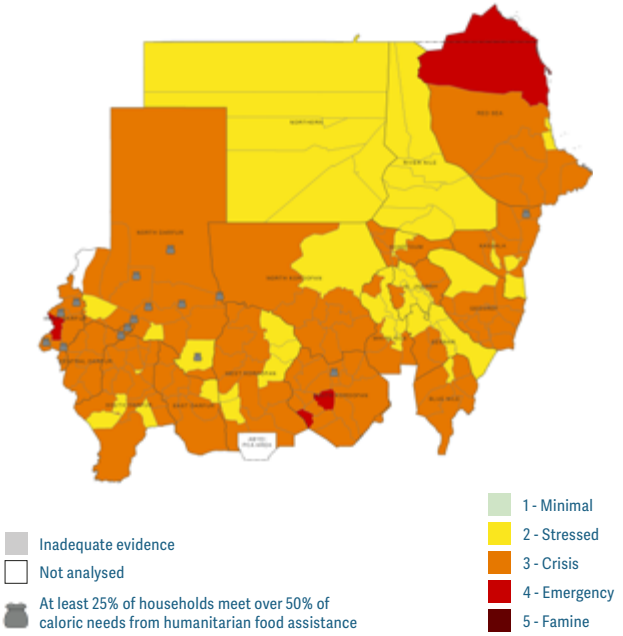
National population

Source: WB 2020.

MAP 3.8

IPC acute food insecurity situation, June–September 2021

Five areas were classified in Emergency (IPC Phase 4) in Red Sea, South Kordofan and West Darfur states. The majority of localities were classified in Crisis (IPC Phase 3) with the exception of those in Northern and River Nile states, all in Stressed (IPC Phase2), and most localities in Al Jazirah, Sennar and White Nile, among others.



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Source: Sudan IPC Technical Working Group, May 2021.

Acute food insecurity trends

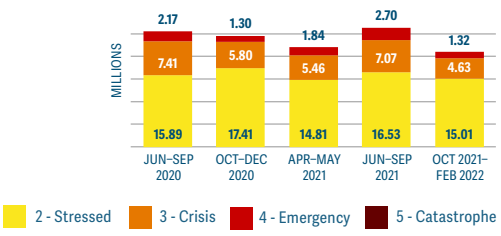
Numbers have remained relatively stable since 2020. Acute food insecurity between June and September 2021 was similar to levels reported at the same time in 2020, with around 21 percent of the population in Crisis or worse (IPC Phase 3 or above), due to flooding, high food prices, conflict and related displacement.

Compared to 2020, an additional 500 000 people were reported to be in Emergency (IPC Phase 4) in June–September 2021, which can be attributed to a rise in conflict-related displacements and an increase in the analysed population (IPC, May 2021).

A comparison of areas analysed in both 2020 and 2019 already showed an increase of 3.2 million people in Crisis or worse (IPC Phase 3 or above) between June–August 2019 and June–September 2020 (IPC, July 2020). Moreover, the rising prevalence of the national population in Crisis or worse (IPC Phase 3 or above) from 9 percent in October–December 2017 to 13–14 percent in May–July 2018 and June–August 2019 and 21 percent in June–September 2020 and 2021 is testament to the increasing severity of this food crisis (IPC, October 2017, April 2018, September 2019, July 2020 and May 2021).

FIGURE 3.8

Numbers of people in IPC Phase 2 or above, 2020–2022



Bars refer to comparable analysis periods only (see Technical Notes).

Source: Sudan IPC Technical Working Group.

Drivers of the food crisis in the Sudan in 2021

The main drivers of the food crisis are the impact on livelihoods of the 2020 and 2021 floods and erratic rainfall, macroeconomic challenges resulting in rampant inflation, and escalating inter-communal violence in western Greater Darfur and in eastern South Kordofan, North Kordofan, and Blue Nile states.

Weather extremes

The 2021 rainy season was characterized by both erratic temporal distribution and cumulative rainfall amounts lower than in the previous year, and in some states below the long term-average. Following an early onset of the rains in most of the country during May, erratic rains and 2-3 week dry spells in July adversely affected several areas during the critical vegetative and flowering growth stages. In late July, river overflows and flash floods caused by heavy downpours affected standing crops and damaged irrigation systems and agricultural infrastructure in Gedaref, White Nile, South Darfur, West Darfur, North Kordofan, River Nile, South Kordofan and Al Jezirah states. Erratic rainfall in August also constrained the germination of replanted crops, and despite improved rains in September and October, rains were too late to facilitate the maturation of replanted crops.

These weather extremes, coupled with soaring costs and inadequate availability of inputs, resulted in a sharply reduced cereal production. The 2021 national cereal production is estimated at about 5 million tonnes, 35 percent below the 2020 output and 30 percent below the five-year average. (FAO-GIEWS, March 2022)

Economic shocks, including COVID-19

In 2021, the Sudan continued to face increasing macroeconomic difficulties due to low reserves of foreign currency, rapid depreciation of the Sudanese pound (SDG), and high inflation.

The elimination of large fuel and wheat flour subsidies in 2020 and the liberalization of fuel prices further increased production and transportation costs. In June 2021, diesel prices were around 936 percent higher and gasoline prices 1139 percent higher than in September 2020 before fuel subsidies were partially lifted (FEWS NET, June 2021).

The prices of locally produced sorghum and millet rose steadily in 2021 due to high production and transportation costs, coupled with social unrest and weather extremes. In December 2021, prices of sorghum in key-producing areas were 50 percent higher than their elevated year-earlier levels, while millet prices were 70 percent higher. Similarly, the prices of imported wheat grain increased over threefold in 2021, driven by lower year-on-year imports between January and September 2021 and the sharp depreciation of the national currency (FAO-GIEWS, March 2022).

Increased livestock prices at the start of the 2021/22 agricultural season provided short-term benefits to households with livestock to sell, particularly medium and better-off households. Wage labour opportunities and rates also improved in 2021 as border tensions and COVID-19 restrictions led to below-average labour migration from Ethiopia. Despite this, household purchasing power was well below average, with poor households in pastoral and urban areas that rely more on market food purchases facing increasing difficulty earning sufficient income to purchase food (FEWS NET, June 2021). In North Kordofan, South Kordofan, Kassala and Khartoum, more than 80 percent of households reportedly spent more than 75 percent of their expenditure on food, reaching 90 percent in Red Sea (IPC, May 2021).

Conflict/insecurity

Despite the 2020 peace deal, in 2021 there was increased unrest in West Darfur, North Darfur and South Darfur and local clashes in eastern South Kordofan, North Kordofan and Blue Nile. In Darfur, more people were displaced during the first ten months of 2021 than during the same period in 2020 (IOM, August 2021). The clashes across Darfur led to significant livelihood asset losses, including livestock and household food stocks, and caused widespread disruption to the cultivation of the 2021/2022 main summer crops, thereby limiting agricultural labour opportunities. Markets and trade flows were also affected (FEWS NET, October 2021).The expansion of cultivated areas at the expense of rangelands and transhumance routes led to conflicts between farmers and pastoralists, particularly in the greater Kordofan region, leading to crop destruction and livestock loss (IPC, May 2021).

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In 2021, intercommunal conflict intensified in Darfur states, which host the largest share of the Sudan's 3.1 million IDPs, many of them children.

From mid-September to the end of October, protesters blocked roads around Port Sudan, which led to delays in the transportation of relief commodities and shortages of food, fuel and medicine across the country (USAID, December 2021). Political unrest significantly increased following the October 25 military coup. Although the prime minister was reinstated a month later, mass protests and civil disobedience campaigns continued, with lockdowns in Khartoum and other towns still in force, interrupting access to livelihoods, banks, cash transfers and markets (FEWS NET, November 2021).

Displacement 2021

IDPs

People displaced by conflict are concentrated in Darfur's states, which host 85 percent of the total displaced, many of whom are long-term IDPs. South Darfur hosts the largest numbers.

3.1M IDPs

Source: IDMC, December 2021.

0.94M IDP returnees

There are over 3 million IDPs in the Sudan.

Approximately 56 percent of IDPs were first displaced between 2003 and 2011 during the Darfur crisis and a further 35 percent between 2011 and 2017. The number of IDPs increased in 2021 due to increased localized violence and factional fighting in Darfur, South Kordofan, White and Blue Nile states (IOM DTM Sudan, June 2021, HNO 2022, December 2021).

Armed conflict is the main driver of displacement (58 percent of locations assessed) followed by communal clashes based on local tensions, including over land or livestock (31 percent of locations), lack of livelihoods or service provision (8 percent), and natural disasters (3 percent) (IOM DTM Sudan, June 2021).

Additional drivers of acute food insecurity and malnutrition among refugee populations

In some **IDP** localities, people have been displaced several times and rule of law is weak, access to social and protection services limited, armed attacks frequent and humanitarian access is limited. Almost 20 percent of IDP households have one or more members who do not possess critical civil documentation, such as national ID cards and birth certificates. The Sudan COVID-19 needs and services assessment in IDP camps showed that 42 percent of IDPs faced challenges accessing health services mainly due to lack of qualified health staff and absence of medicines (HNO, December 2021).

Interviews held in mid-2021 with **refugees** across 12 states indicated that 43–96 percent of surveyed refugee households do not have access to valid work permits and at least one form of civil documentation for household members, hindering access to essential services and employment. Refugees in West Kordofan, North Darfur and South Darfur were the most disadvantaged, with the majority (75–96 percent) lacking documentation (UNHCR, September 2021). Most refugees in the Sudan do not have access to land for farming, making them highly reliant on humanitarian food assistance as well as markets for food (UNHCR, September 2021).

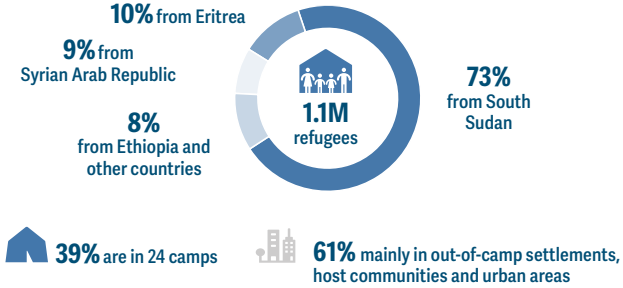
Based on the Basic Needs and Vulnerability Assessment (BNaVA) commissioned by UNHCR in 2021, 21 percent of the refugee population are unemployed. Unemployment levels among refugees are particularly high in the states of Gedaref (65 percent), White Nile (45 percent), and North Darfur (39 percent) (UNHCR, September 2021).

At least 50 percent of surveyed refugees in 13 states reported they had no access to a latrine, and at least 50 percent in ten states reported having to walk over five hours to reach the nearest water source (UNHCR, September 2021).

Refugees

FIGURE 3.9

Sudan is the second largest refugee-hosting country in Africa



Source: UNHCR, January 2022.

In 2021, assessments conducted in Sudanese refugee communities indicated a critical nutrition and food security situation. In North Darfur, 90–95 percent of households spent at least 50 percent of household income on food. In Kassala and West Kordofan, over 70 percent of households spent almost all or all of their available income on food (UNHCR, September 2021).

In 84 percent of surveyed refugee camps, child wasting reached the 'high/very high' WHO threshold, while in 24 percent of camps, stunting rates exceeded 30 percent (very high). In 48 percent of camps, anaemia levels were also reportedly above 40 percent, indicating a severe public health problem (SENS, 2019).

Key nutrition challenges

2.6M children under 5 years were **wasted** in 2021

600 000 of them were **severely wasted**

900 000 pregnant and lactating women were **acutely malnourished**

Source: HNO, December 2021.

According to the latest available data, more than 16 percent of children under 5 years of age are wasted in the Sudan (S3M II, 2019).

The Sudan continues to record a high number of acutely malnourished women and children. Only 59 percent of the population is able to reach health facilities in one hour – while 80 percent reported challenges in accessing health services – thereby increasing the risk of morbidity and mortality associated with lack or poor health services. The overall number of women and children in need of nutrition support has risen by 8.8 per cent from 3.6 million in 2021 to 3.9 million in 2022 (HNO, December 2021).

Key drivers

Health services and household environment

The Sudan's protracted humanitarian crisis – civil unrest, border conflicts, mass displacement, the continuing economic crisis, the annual cycles of floods and disease outbreaks – has reduced the already weak capacity to provide basic health services, particularly nutritional services..

Poor sanitation, weak water infrastructure, and compromised access to chlorinated drinking water are putting over 3.1 million people at risk of water-related diseases such as acute watery diarrhoea (AWD), cholera, diarrhoea, dysentery, hepatitis E, typhoid, acute respiratory infections and polio, which contribute to nutritional challenges (HNO, December 2021).

About 27 percent of the population (around 11 million people) do not have access to basic domestic water. Half of the population reported that it takes more than 50 minutes to fetch water, and half of health facilities do not have basic water services. Around 70 percent of the population (around 33.5 million people) do not have access to basic sanitation. Out of them, 33 percent defecate in the open. Only 14 percent of households have access to a handwashing facility with soap and water (HNO, December 2021).

The COVID-19 pandemic affected the capacity of the health system to provide essential health services, especially outreach and immunization services. Measles vaccination coverage declined by the end of 2020 to 67 percent, with 29 localities reporting coverage of less than 50 percent (mainly in South Darfur and South Kordofan). By the end of August 2021, four states reported measles outbreaks: East Darfur, South Darfur, River Nile and White Nile. Some 800 000 children had not completed the PENTA 3 vaccine doses, a 4 percent annual drop since 2019 with the biggest decreases in West Kordofan, Central Darfur and East Darfur. By mid-October 2021, about 1.6 million malaria cases had been reported. In addition, 1 156 cases of hepatitis E were reported across the country, mainly in the east (HNO, December 2021).

The availability of qualified health personnel and healthcare workers is a challenge hindering the capacity and efforts to scale up the response, especially in White Nile, West Kordofan, East Darfur, Northern and Central Darfur.

Caring and feeding practices

Sub-optimal feeding practices and cultural norms also contribute to child malnutrition. While exclusive breastfeeding prevalence among children under 6 months in the Sudan is over 62 percent, age-appropriate dietary diversity is low at 25.4 percent. The prevalence of anaemia in children aged 6–59 months is also a huge concern at 48 percent, a 'severe' level as per the WHO classification (HNO, December 2021).

Food security and access to healthy diets

Conflict and flood-related displacement exacerbated the main drivers of malnutrition by limiting access to food. Economic shocks including COVID-19 continued to contribute to loss of livelihoods, reducing household purchasing power, and increasing malnutrition risks as households had to further limit the diversity of their diets (HNO, December 2021).

Acute food insecurity forecast, 2022

11.65M people

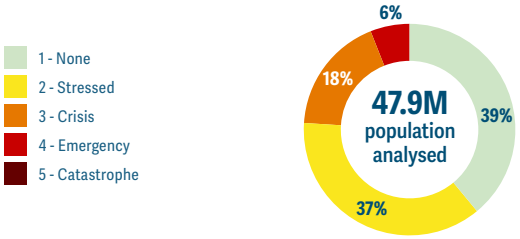
were forecast to be in Crisis or worse (IPC Phase 3 or above) in **June–September 2022**

8.55M people in Crisis (IPC Phase 3)

3.10M people in Emergency (IPC Phase 4)

The acute food insecurity situation in the Sudan has sharply deteriorated with an additional 2 million people in Crisis or worse (IPC Phase 3 or above) in June–September 2022 compared with the same period last year. Northern, Western and Central Darfur, Khartoum, Kasala and White Nile are the worst-affected areas.

24% of the population analysed was forecast to be in Crisis or worse (IPC Phase 3 or above)



17.58M people were forecast to be in Stressed (IPC Phase 2)

The analysis covered **100%** of the country's population of **47.9 million** people.

Source: IPC, May 2022.

The major contributing factors to this worsening food crisis include a deteriorating macroeconomic situation that has seen food prices treble compared to 2021, conflict and conflict-induced displacements in parts of the country, and poor harvests. The war in Ukraine is expected to contribute to further food spikes, particularly for wheat (IPC, June 2022).

Economic shocks, including impact of war in Ukraine

The persistent macroeconomic crisis is characterised by high general and food inflation rates, and tight food supplies due to the below-average 2021 harvest (FAO, July 2022). The implementation of economic reforms that started in 2021 remain on hold due to the suspension of major economic support by the international community. The persistent lack of a sustainable hard currency and the increased need to import essential food and non-food items will likely drive further currency depreciation, putting upward pressure on food prices and transportation costs throughout the year (IPC, June 2022).

In June, prices of cereals were at record levels, between two and three times their year-earlier values, mainly due to tight domestic availabilities of locally produced cereals, high prices of wheat prevailing on the international market, a weak national currency and high prices of fuel and agricultural inputs inflating production and transportation costs (FAO GIEWS, July 2022).

The poor harvest in 2021/22 is leading to a greater proportion of households relying on markets and increasing proportion of household expenditure on food. Already 80 percent of households are spending more than 75 percent of their total expenditure on food, indicating extreme levels of economic vulnerability. Food prices are projected to be 400–500 percent above the five-year average through the beginning of 2023 (IPC, June 2022).

Import requirements for the 2022 calendar year are forecast at about 2.48 million tonnes, including 2.05 million tonnes of wheat. In past years, over half of wheat imports were sourced from the Russian Federation. Due to soaring shipping rates and the financial sanctions imposed on the Russian Federation following the war in Ukraine, the country will likely need to import wheat from further, costlier sources, which, coupled with the country's low foreign currency reserves and the continued depreciation of its national currency, will further inflate domestic prices (FAO-GIEWS, July 2022). Planted area and yields are likely to be affected by soaring prices of fuel and agricultural inputs, including seeds and fertilizers (FAO-GIEWS, July 2022).

Weather extremes

Weather extremes in 2021 (inadequate rains in some areas and floods in others) contributed to a sharply reduced 2021–2022 cereal production and early onset lean season (FAO-GIEWS, March 2022, IPC, June 2022). The June–September 2022 main rainfall season is expected to be above average, raising the risk of a fourth consecutive year of atypically extensive floods near major river basins (IPC, June 2022).

Conflict/insecurity

Conflict is expected to continue to limit the food security of affected households in the Darfur and Kordofan regions, with the rainy season causing an upsurge in resource-based conflict leading to increased displacements and further restrictions on income and livelihood opportunities. During the harvest season between November 2022 and January 2023, violence is likely to be at higher levels compared to 2021 due to increasing disputes over access to farming lands and competition for scarce natural resources between pastoralists and farmers (IPC, June 2022).

Uganda

Acute food insecurity overview 2021

2.2M people

were in Crisis or worse (IPC Phase 3 or above) in **June–September 2021**

5% of the analysed population was in Crisis or worse (IPC Phase 3 or above)

The FEWS NET analysis covers **100%** of the country's total population of **45.7 million** people.

Source: FEWS NET.

National population

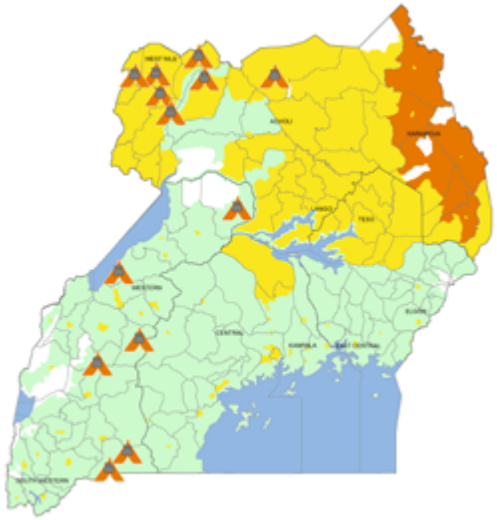
75% Rural **25% Urban**

Source: WB 2020.

MAP 3.9

Acute food insecurity situation, June–September 2021

Several areas in the Karamoja region were classified in Crisis (IPC Phase 3), with some of the worst-affected households in Emergency (IPC Phase 4), particularly in Kaabong, Kotido, Moroto and Nabilatuk districts.



- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Inadequate evidence
- Not analysed
- IDPs/other settlements classification
- At least 25% of households meet over 50% of caloric needs from humanitarian food assistance

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: FEWS NET.

Acute food insecurity trends

Numbers are not fully comparable to the 2020 peak estimate from IPC, given differences in the geographic coverage. However, at 2.2 million, the number of people facing Crisis or worse (IPC Phase 3 or above) from June–September 2021 is one of the highest estimated in Uganda by FEWS NET over the past six years.

Since 2016, food insecurity in Uganda has progressively increased. The high number of refugees residing in the country, who have fled conflict in South Sudan and the Democratic Republic of the Congo, account for a significant portion of national acute food insecurity figures since 2016 (IPC, January 2017 and October 2020; FEWS NET, 2018, 2019 and 2021; UNHCR, January 2022a and January 2022b).

Weather extremes have also contributed to acute food insecurity, such as in 2017, when La Niña phenomenon led to below-average crop production and poor livestock body conditions (FSIN, April 2018).

Food insecurity rose again in 2019 as 400 000 additional people in April–July were highly food insecure compared to 2018 levels. This was due to a particularly severe February–July 2019 lean season in Karamoja, an exceptionally dry first half of the March–June rainy season (one of the worst recorded since 1982) in bimodal rainfall areas, and continued arrival of refugees from neighbouring countries (FSIN, May 2020).

Drivers of the food crisis in Uganda in 2021

Conflict and insecurity in neighbouring countries, compounded by delayed and erratic seasonal rains and the socioeconomic impacts of COVID-19, drove high levels of acute food insecurity.

Conflict/insecurity

Refugees make up most of the acutely food-insecure population in Uganda. In 2021, persistent conflict and violence drove over 127 000 (ECHO, 2021) additional refugees and asylum seekers to seek refuge in Uganda, mainly from the Democratic Republic of the Congo and South Sudan, increasing the refugee population in the country to 1.58 million by the end of 2021 (see displacement section).

Cattle raids and armed confrontations between security forces and raiders within Karamoja and from Turkana in Kenya also aggravated poor food security outcomes in Karamoja, especially in Kaabong, Kotido, Moroto and Napak districts, despite voluntary disarmament efforts (FEWS NET, June 2021). The raids constrained access to livestock products, including milk, and incomes from live animals and livestock products sales (IPC, July 2021).

Weather extremes

In bimodal rainfall areas over most of Uganda, the 2021 March–May rainfall season was characterised by a delayed onset and an erratic spatial and temporal distribution, with severe early season dryness reported, especially in northern Acholi and Lango sub-regions, northeastern Teso sub-region and northwestern West Nile sub-region. Rainfall in June was over 50 percent below average, while waterlogging delayed planting and destroyed crops in certain areas (FEWS NET, June 2021). Although August rains were atypically early and provided moderate to locally heavy rainfall levels in certain bimodal areas, dryness and rainfall deficits persisted in greater northern Uganda, delaying land preparation and pasture regeneration for the second season (FEWS NET, August 2021).

In the northern refugee settlements, farming households also harvested below-normal yields – providing less than the typical 1.5 months of food stocks (FEWS NET, June 2021). The output of the first season harvest, concluded in August, is estimated at below-average levels (FAO-GIEWS, August 2021). In the districts of the livestock corridor and localized central and eastern areas of the country, pasture and water availability were also below average, resulting in fair livestock body conditions and poor livestock production. In the unimodal agro-pastoral Karamoja region, the April–September rainfall season was characterised by cumulative below-average rainfall from the start of the season, a delayed start and flood/water logging events coupled with moderate to extreme severe meteorological drought, which resulted in significantly below-average crop production (FEWS NET, October 2021). Most poor households had depleted their stocks from the 2020 harvest and were forced to depend on markets despite inadequate income, partly due to limited agricultural labour opportunities. Poor October–December rains in bimodal rainfall areas of northern, central and eastern regions significantly curbed expected output for the aggregate 2021 crop production (FAO-GIEWS, March 2021).

Economic shocks, including COVID-19

The impacts of the reintroduction of some restrictions in June 2021 to curb the spread of COVID-19, including closure of open air and livestock markets, was a setback to the gradual economic recovery observed in the country since late 2020 (FEWS NET, June 2021).

Though commercial transport of goods was allowed, the majority of small and informal traders were unable to access closed source and/or destination markets, resulting in disruption of trade and supply chains, closure and/or downsizing of businesses, and a consequent sharp increase in formal and informal unemployment. The closure of livestock markets limited competitive prices for livestock and livestock products, thereby disrupting related incomes for affected households (FEWS NET, June 2021).

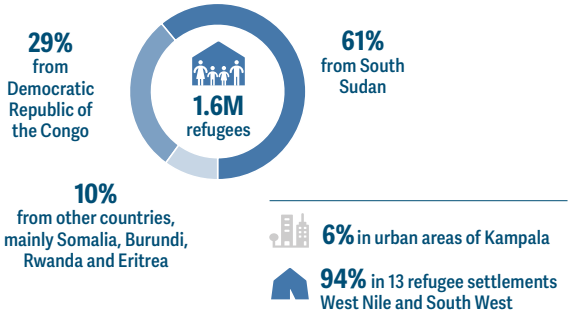
In urban areas, where vulnerable households rely on informal employment, food security deteriorated as incomes declined, leading the worst-affected to face Crisis (IPC Phase 3) (FAO-GIEWS, August 2021). Maize prices increased by 10–20 percent between August and October, and were about 50 percent higher year-on-year, mainly due to reduced domestic supplies following the below-average first season harvest, coupled with sustained exports to Kenya and South Sudan (FAO-GIEWS, December 2021).

The majority of Uganda's acutely food-insecure population are refugees who have fled conflict in the neighbouring Democratic Republic of the Congo and South Sudan.

Displacement 2021

FIGURE 3.10

Uganda hosts the third largest refugee population in the world, and the largest in Africa



Source: UNHCR, December 2021.

Between December 2020 and April–June 2021, the number of refugees with poor or borderline food consumption rose from around 33 percent to 44 percent largely due to the socioeconomic impacts of COVID-19 restrictions (UNHCR, December 2020 and September 2021). Similarly, 64 percent of surveyed refugee households ran out of food in February–March 2021, versus 9 percent of host communities. These conditions reportedly forced many refugee households to reduce the amount and frequency of meals eaten per day (UNHCR, June 2021).

Based on the most recent available nutrition data (December 2020), the prevalence of anaemia among refugee children aged 6–59 months (55 percent) and women of reproductive age (42 percent) was at the highest level recorded by UNHCR in the country, as was the level of stunting among children aged 6–59 months in the South West settlements (42 percent). The prevalence of child wasting fell from 9 percent in 2017 to around 5 percent in December 2020, with the biggest improvement in the West Nile region (Ministry of Health et al., December 2020).

Additional drivers of acute food insecurity and malnutrition among refugee populations

Although refugees are eligible to receive a plot of land for housing and self-production, they still face challenges to produce their own food and meet basic needs due to the limited size of the plots and a lack of agronomic skills and inputs. These factors have contributed to poor dietary diversity and high levels of food insecurity, while driving high levels of anaemia, stunting and wasting.

They are also legally allowed to benefit from the rights and services afforded by nationals, including access to schools and hospitals anywhere in the country, access to employment, and the right to move in-country. COVID-19 lockdowns disrupted refugee livelihoods, with the refugee employment rate falling from 56 percent before the pandemic to 43 percent in October–November 2020, down to 32 percent in February–March 2021.

In contrast, despite an initial drop in host community employment levels in 2020, employment rates recovered quickly to their pre-pandemic levels during the same period. Similarly, refugee ownership of family businesses fell from 37 percent pre-lockdown in March 2020 to 23 percent in February–March 2021 (World Bank and UNHCR, May 2021).

COVID-19 restrictions also contributed to rising food prices, particularly in urban areas. In February–March 2021, nearly 40 percent of refugee households reported an increase in the price of major food items consumed, representing the most cited shock experienced. During the same period, 55 percent of refugees in Kampala were unable to afford staple foods. Around 28 percent of refugees in the West Nile region and 26 percent in the South West were unable to afford food (World Bank and UNHCR, May 2021).

Reduced community engagement activities during the COVID-19 pandemic contributed to increased suboptimal childcare practices. Around 62 percent of children below 6 months were exclusively breastfed, down from 91 percent in 2014. Only 22 percent of children aged 6–23 months consumed the minimum dietary diversity and only 24 percent iron-rich foods – a decrease across all locations compared to previous years.

The consumption of Vitamin C-rich foods, which is crucial to the absorption of non-haem iron, was low since households mostly consume grains, tubers and legumes. Vitamin A supplementation coverage decreased from 89.5 percent in 2015 to 70 percent in December 2020.

Contributing factors to the increasing anaemia levels in settlements include poor dietary diversity, low intake of iron-rich foods and an increasing incidence rate of malaria (Ministry of Health et al., December 2020).

In December 2020, around 43 percent of households did nothing to their drinking water to ensure its safety, and 30 percent were not satisfied with their water sources largely due to long queues, irregular supply and bad quality. Overall 3.7 percent practised open defecation, rising to 14.4 percent in Kiryandongo and 11.9 percent in Palabek (Ministry of Health et al., December 2020).

Humanitarian assistance

Around 93 percent of refugees in settlements receive food assistance. Rations were cut from 100 percent of kilocalorie requirements before April 2020 to 60 percent in 2021 (UNHCR, November 2021).

Key nutrition challenges

56 560 children under 5 years were **wasted** in Karamoja in 2021

10 260 of them were **severely wasted**

10 200 pregnant and lactating women were **acutely malnourished**

Source: IPC AMN, July 2021.

The availability of recent nutrition data at the national level is highly limited, however an IPC analysis covering the period February 2021–January 2022 was conducted for the Karamoja region.

During the February–July 2021 lean season, one district had Critical levels of acute malnutrition (IPC AMN Phase 4), four districts Serious (IPC AMN Phase 3), and four districts Alert (IPC AMN Phase 2). About 56 600 children in these nine districts were wasted, of whom approximately 10 260 were severely wasted. Around 10 200 pregnant or lactating women were also wasted (IPC AMN, July 2021).

Key drivers

Caring and feeding practices

The heavy burden of work borne by mothers and the stress caused by the COVID-19 pandemic have been leading causes of inadequate childcare and breastfeeding practices, exposing children to recurrent infections and increased malnutrition incidences. Across Karamoja, around 74 percent of infants under 6 months are exclusively breastfed, decreasing to 54 percent in Kotido, 62 percent in Nabilatuk and 65 percent in Moroto. Fewer than 10 percent of children meet Minimum Acceptable Diet (MAD) requirements, falling to just 1.5 percent in Moroto and 2.5 percent in Napak. Diets consist mainly of starchy grains, with few children consuming nutritious foods (IPC AMN, July 2021).

Only about 25 percent of women consume foods considered adequate in terms of dietary diversity, falling to 13 percent in Moroto and 17 percent in Napak (IPC, July 2021). High levels of anaemia (both among children as well as among women) are a major public health concern in all districts with 59 percent of children under 5 years anaemic, rising to 74 percent in Amudat district and 72 percent in Kotido. Iron deficiency anaemia resulting from poor quality of food and malarial anaemia are likely contributing factors to acute malnutrition in this region (IPC AMN, July 2021).

Health services and household environment

Low water availability at household level, poor access to improved sanitation facilities and poor hygiene practices expose children to diarrhoea and skin infections, resulting in malnutrition (IPC, July 2021). In Karamoja, even though about 83 percent of households have access to safe water sources (FSNA, 2021), the per capita water use is below the recommended WHO standard of 20 litres per person per day. Only about 30 percent of households meet this minimum water use standard, mainly due to long distances and high queuing time. Access to improved sanitation facilities, particularly toilets, is still very low across the region. Open defecation stands at 60 percent, reaching 70–84 percent in Amudat, Kotido, Napak and Nabilatuk (IPC AMN, July 2021).

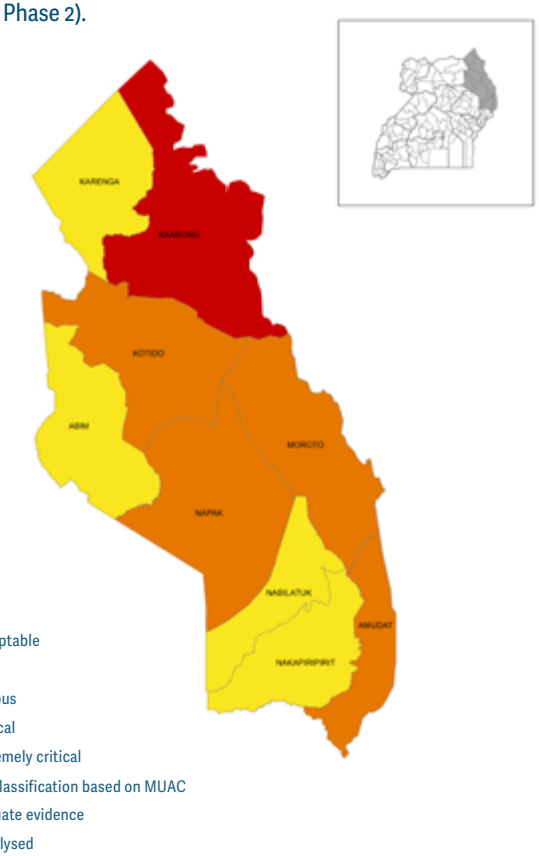
Food security and access to healthy diets

Based on the IPC AFI and AMN analyses in Karamoja, the results indicate a similar classification in Karenga, Nakapiripirit, Moroto, Kotido and Napak. Among the remaining districts, Kaabong and Amudat had high levels of acute malnutrition but low levels of acute food insecurity, with child wasting mainly attributed to very poor quality of food, poor sanitation/latrine coverage, limited use of safe water per capita and inadequate care practices, including poor feeding practices, exposing children to recurrent infections. Nabilatuk and Abim had high levels of acute food insecurity and low levels of acute malnutrition, implying there are child-feeding practices adopted by households that help to slightly reduce the effects of food insecurity and protect children against wasting (IPC AMN, July 2021).

MAP 3.10

IPC acute malnutrition situation in Karamoja, February–July 2021

Of the nine districts in the Karamjoa region, Kaabong was classified in Critical (IPC AMN Phase 4), while four districts were in Serious (IPC AMN Phase 3). The remaining were in Alert (IPC AMN Phase 2).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Uganda IPC AMN Technical Working Group, July 2021.

Acute food insecurity forecast, 2022

1.5–2.0M people

were forecast to be in Crisis or worse (IPC Phase 3 or above) in February–May 2022

During the forecast period, the food security situation is expected to marginally improve, particularly in urban areas following the gradual lifting of COVID-19-related restrictions and in the bimodal rainfall areas due to availability of second season food stocks, albeit below average.

3–5% of the analysed population was forecast to be in Crisis or worse (IPC Phase 3 or above)

This FEWS NET analysis covers **100%** of the country's total population of **45.7 million** people.

Source: FEWS NET.

Conflict/insecurity

In January–May 2022, an increasing number of refugees were projected to be in Crisis (IPC Phase 3) due to below-average harvests, particularly in the northern refugee settlements, and even with humanitarian food assistance (FEWS NET, December 2021). Livestock raids and related insecurity were expected to continue limiting households' access to livestock products, particularly milk, and incomes from sales of live animals and products (FEWS NET, December 2021).

Weather extremes

In the bimodal rainfall areas, below-average harvests and food stocks were expected following inadequate October–December 2021 seasonal rains. Below-average income from crop sales, high cereal prices due to tight supplies, and limited income-earning opportunities during the February–March 2022 dry season were expected to limit households' access to food. (FEWS NET, December 2021).

Economic shocks, including impact of war in Ukraine

Poor households, especially in urban areas, were expected to continue having low purchasing power and constrained food access, having not fully recovered from the economic impacts of two COVID-19-related nationwide lockdowns. While maize prices declined by 15–30 percent in January as newly harvested crops increased market supplies, they remained 25–45 percent above their year-earlier levels, mainly due to below-average cereal production in 2021 (FAO-GIEWS, March 2022).

Karamoja region

Acute food insecurity

According to the Karamoja IPC acute food insecurity analysis for the period March 2022–February 2023, acute food insecurity has worsened in the sub-region, with 518 000 people projected to face Crisis or worse (IPC Phase 3 or above) through July 2022. This includes 90 000 people in Emergency (IPC Phase 4). All nine districts of the sub region are likely to be in Crisis (IPC Phase 3). The deterioration is attributable to the protracted effects of poor 2021 main harvests and a dry spell in December 2021–March 2022 that led to livestock losses and increased cattle raids (IPC, May 2022).

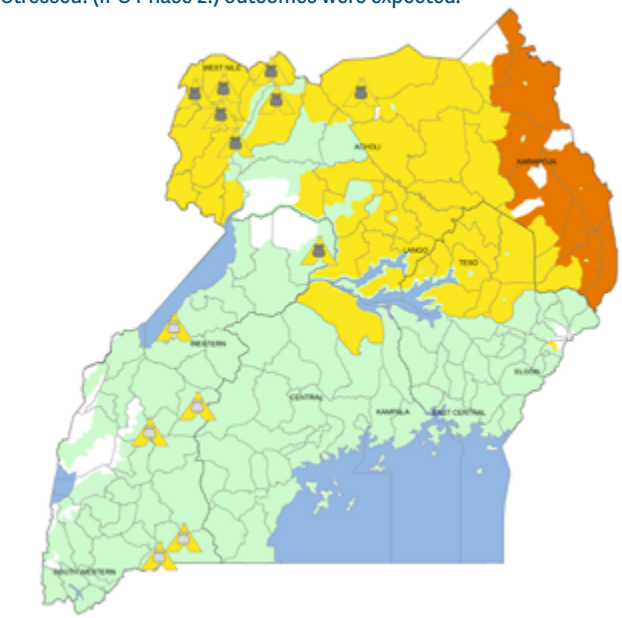
Nutrition

Inadequate access to food is leading to an increasing number of wasted children under 5 years in the Karamoja sub region. GAM prevalence stands at 13.1 percent (considered 'high' by WHO thresholds), an increase from the 10.7 percent recorded in 2021. The most-affected districts are Kaabong and Moroto, where the GAM prevalence is 19.8 percent and 22 percent respectively (both 'very high') (IPC, May 2022).

MAP 3.11

Acute food insecurity situation, February–May 2022

In Karamoja, Stressed (IPC Phase 2) and Crisis (IPC Phase 3) outcomes were expected to remain widespread during the lean season through at least July. In refugee settlements, area-level Stressed! (IPC Phase 2!) outcomes were expected.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: FEWS NET.

TECHNICAL NOTES

Technical notes

Consultation, partnership and consensus: the foundation of the GRFC as a public good

1 | PRELIMINARY WORK

Technical consultation

Senior Committee
(17 partner organisations)

- Reaffirm the partner organisations' engagement and responsibilities
- Confirm scope of the report
- Provide initial guidance
- Endorse country selection criteria
- Agree on date of release

Selection of countries

FSIN and Technical Working Groups
(Food Security and Nutrition)

- Pre-select qualifying countries using the criteria endorsed by the Senior Committee

2 | RESEARCH AND PRODUCTION

Data gathering

FSIN and Technical Working Groups

- Identify and share relevant data sources and analyses
- Engage with regional and country-level food security and nutrition specialists to address gaps

Review of data/analysis

FSIN and Technical Working Groups

- Agree on methods and approach
- Validate the quality and reliability of data
- Identify peak acute food insecurity estimates
- Identify malnutrition data
- Identify key drivers of acute food insecurity

Drafting

FSIN and some members of
Technical Working Groups

- Initial drafting based on data validated by the Technical Working Groups
- Attempt to address data gaps through secondary literature reviews
- Produce relevant illustrations, maps, graphics and other visuals

FSIN and Technical Working Groups

- Review and comment on drafts
- Discuss until consensus is reached on draft report

3 | CLEARANCE

Technical consultation

Senior Committee

- Review and comment on the report
- Provide guidance on addressing gaps or lack of consensus
- Troubleshoot on technical challenges
- Discuss until consensus is reached

Finalise production

FSIN and Technical Working Groups

- Implement Senior Committee recommendations
- Refine draft
- Quality control check

FSIN

- Final proof-read

Institutional clearance

Senior Committee

- Each partner organisation validates the report

4 | RELEASE AND DISSEMINATION

Public release of global report

FSIN and the Global Network Against Food Crises

- Publish full report and related materials online and in print – GRFC becomes a public good
- Virtual launch and dissemination events
- Translate and release abridged versions
- Communications and visibility campaign

Produce regional versions

FSIN, regional organisations and the Global Network Against Food Crises

- Provide regional-level information and produce regional-level publications upon request

Consensus

All partners are in agreement with the approximate degree of magnitude and severity of acute food insecurity indicated for the countries included in this report except where a disclaimer is present. The differences stem from the varying interpretations of the data related to the factors which contribute to or indicate acute food insecurity.

Notes to accompany Chapter 1

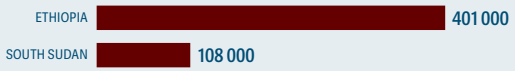
Explaining the details of populations in Catastrophe (IPC Phase 5) in South Sudan and Somalia, 2016-2021

For **South Sudan**, the highest number of people in Catastrophe (IPC Phase 5) in 2017 (100 000) was during the period February–April, which does not correspond to the 2017 peak of acute food insecurity (IPC Phase 3 or above) (June–July). Similarly, the highest number of people in IPC Phase 5 in 2018 was higher in May–July (155 000) than during the peak period in February–April 2018 (50 000 people in IPC Phase 5). The highest number of people in IPC Phase 5 in 2019 was reached in February–April with 45 000 people, while the peak of acute food insecurity was in May–July 2019. Finally, the highest number of people in IPC Phase 5 in 2020 was reached in December (105 000) while the peak was in May–July 2020.

In **Somalia**, 17 000 people were reported in Phase 5 in August–December 2018, while the peak of acute food insecurity was in February–June 2018.

FIG X

Number of people in Catastrophe (IPC Phase 5) in 2021



Source: FSIN, using IPC data.

Comparability issues of acute food insecurity estimates in major food crises

This section aims to highlight where the population coverage increased or decreased by more than one million people between 2020 and 2021, and between 2021 and 2022 (Ethiopia, Kenya, Somalia, Sudan and Uganda).

Ethiopia

The Belg and Meher-dependent areas analysed in the analysis covering October–December 2020, which contained the highest number of people in Crisis or worse (IPC Phase 3 or above) in 2020, and the areas analysed in the merged May–June 2021 analysis (peak 2021) period are comparable – i.e. 53 million people analysed in 2020 compared to 56 million in 2021. However, the latest analysis available for Ethiopia, covering July–September 2021, only examined populations in selected Meher-dependent areas of Amhara, Tigray, Oromia and SNNP regions – accounting for 19.7 million people.

For 2022, the forecast estimates are based on the Ethiopia Humanitarian Response Plan (HRP). Therefore, comparability of the 2020 and 2021 peak estimated with the latter is limited.

Kenya

While Arid and Semi-Arid Land (ASAL) areas and 12 urban districts were analysed in the 2020 peak estimate (accounting for 17.9 million people, 33 percent of the total country population), only ASAL areas were analysed in 2021 and in 2022, representing 15.2 million people or 28 percent of the country population.

Somalia

The peak estimates of 2020, 2021 and forecast for 2022 are comparable (covering similar areas and having less than 10 percentage point difference in total population coverage). However, the country population data used by the IPC analysis increased from 12.3 million in September 2020 to 15.7 million in September 2021 and April 2022.

Sudan

The peak estimates of 2020, 2021 and forecast for 2022 are comparable (covering similar areas and having less than 10 percentage point difference in total population coverage). However, the country population data used by the IPC analysis increased from 45.3 million in June 2020 to 46.8 million in March 2021.

Uganda

While the 2020 peak estimates covered only selected areas through the IPC (Karamoja, urban areas, refugee settlements and host community districts), the 2021 peak estimates and the 2022 were provided by FEWS NET's IPC-compatible analysis and covered the entire country inhabited by 45.7 million people. There is therefore, limited comparability between the 2020 peak estimates and 2021/2022.

Explanations of key terminology

Food insecurity

Food insecurity refers to the lack of secure access to sufficient amounts of safe and nutritious food for normal human growth and development and an active and healthy life. For people to be food secure, food must be both consistently available and accessible in sufficient quantities and diversity and households must be able to utilize (store, cook, prepare and share) the food in a way that has a positive nutritional impact.

Acute food insecurity

Acute food insecurity is any manifestation of food insecurity at a specific point in time that is of a severity that threatens lives, livelihoods or both, regardless of the causes, context or duration.

These acute states are highly susceptible to change and can manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity and malnutrition (IPC, 2019). Transitory food insecurity is a short-term or temporary inability to meet food consumption requirements related to sporadic crises, indicating a capacity to recover.

Food crisis

A food crisis occurs when rates of acute food insecurity and malnutrition rise sharply at local or national levels, raising the need for emergency food assistance.

This definition distinguishes a food crisis from chronic food insecurity, although food crises are far more likely among populations already suffering from prolonged food insecurity and malnutrition. A food crisis is usually set off by a shock or combination of shocks that affect one or more of the pillars of food security: food availability, food access, food utilization or food stability.

Chronic food insecurity

Chronic food insecurity refers to food insecurity that persists over time, largely due to structural causes. The definition includes seasonal food insecurity that occurs during periods with non-exceptional conditions.

Chronic food insecurity has relevance in providing strategic guidance to actions that focus on the medium- and long-term improvement of the quality and quantity of food consumption for an active and healthy life (FAO et al., 2021). FAO defines this as 'undernourishment' and it is the basis for the SDG indicator 2.1.1 published in the SOFI report.

According to the SOFI report, between 720 and 811 million people in the world faced hunger in 2020 – as many as 161 million more than in 2019. The number of people affected by severe food insecurity which is another measure that approximates hunger, shows a similar upward trend. Close to 12 percent of the global population was severely food insecure in 2020, representing 928 million people – 148 million more than in 2019. Nearly 2.37 billion people did not have access to adequate food in 2020 – an increase of 320 million people in just one year (FAO et al, July 2021).

Moderate food insecurity refers to the level of severity of food insecurity, based on the Food Insecurity Experience Scale (FIES), in which people face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. It thus refers to a lack of consistent access to food, which diminishes dietary quality, disrupts normal eating patterns, and can have negative consequences for nutrition, health and well-being. Severe food insecurity refers to the level of severity of food insecurity in which people have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating, putting their health and well-being at grave risk, based on the FIES (FAO et al., 2021).

Differing estimates of acutely food-insecure populations

Some organizations produce different estimates based on their own geographical coverage, methods and mandate, which they use for their own operational needs.

In 2021, the World Food Programme (WFP) produced acute food insecurity estimates that were higher than those released in the GRFC 2022 as they refer to different countries and methodologies that are not fully comparable with those provided in the GRFC.

In November 2021, WFP estimated that up to 283 million people could become acutely food insecure, or at risk, across 80 countries where it operates (WFP, November 2021).

Malnutrition

Malnutrition is an umbrella term that covers undernutrition and overweight, obesity and diet-related noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes, and cancer. See https://www.who.int/news-room/fact-sheets/detail/malnutrition.

Undernutrition is a consequence of inadequate nutrient intake and/or absorption, and/or illness or disease. Acute malnutrition (wasting, thinness, and/or bilateral pitting oedema), stunting, underweight (a composite of stunting and wasting) and micronutrient deficiencies (e.g. deficiencies in vitamin A, iron) are all forms of undernutrition.

While overweight, obesity and NCDs are not a focus of this report, they often coexist with undernutrition within the same country, community, and even individual. Stunted children, for example, face a greater risk of becoming overweight as adults (UNICEF).

Malnutrition has immediate and long-reaching consequences, including stunting children's growth, increasing susceptibility to disease and infections, and contributing to 45 percent of deaths among children under 5 (WHO). The determinants of malnutrition also include inadequate access to healthcare, poor water and sanitation services, and inappropriate child feeding and care practices, as described in the UNICEF framework.

Explanations of key terminology *continued*

Wasting
A child who is too thin for his or her height as a result of rapid weight loss or the failure to gain weight is a sign of wasting which, although treatable, can lead to illness, disability or death. Moderate wasting is identified by weight-for-height z scores (WHZ) between -2 and -3 of the reference population, and severe wasting by WHZ below -3. Global acute malnutrition reflects both moderate and severe wasting in a population. Wasting can also be defined by Mid-Upper Arm Circumference (MUAC) measurements ≤ 12.5 cm, with severe wasting defined with a measurement of ≤11.5 cm. Wasting is used in this report to describe all forms of acute malnutrition including those diagnosed with oedema. Affected children require urgent feeding, treatment and care to survive. Wasting prevalence depicts the nutrition situation in the general population at a specific time: it can show marked seasonal patterns and can change quickly over time. The immediate cause of wasting is a severe nutritional restriction as a result of inadequate food intake or recent illness, such as diarrhoea, that hinders appropriate intake and absorption of nutrients.

Stunting
Stunting is associated with physical and cognitive damage which can affect learning and school performance, and lead to lost potential and lower earnings later in life. It can also affect the next generation. Efforts to prevent stunting are most effective in the 1 000 days between conception and a child's second birthday. Stunted children under 5 years are identified by a height-for-age z score (HAZ) below -2 of the reference population. Severe stunting is defined as HAZ below -3.

Classifying Famine

Famine is classified in the IPC according to an internationally accepted standard based on the following three criteria:

- At least 1 in 5 households face an extreme lack of food.
- At least 30% of children suffer from wasting.
- Two people for every 10 000 dying each day due to outright starvation or to the interaction of malnutrition and disease.

Given the severity and implications of this classification, all regular IPC protocols and special Famine protocols must be met before an area is classified in Famine (IPC Phase 5). See IPC version 3.1.

Areas can be classified as Famine Likely if minimally adequate evidence available indicates that a Famine may be occurring or will likely occur. This classification can trigger prompt action by decision-makers to address the situation while calling for urgent efforts to collect more evidence. Famine and Famine Likely are equally severe, the only difference is the amount of reliable evidence available to support the statement.

The IPC supports famine prevention by highlighting the following:

- IPC Phase 4 Emergency is an extremely severe situation where urgent action is needed to save lives and livelihoods.
- Households can be in Catastrophe (IPC Phase 5) even if areas are not classified in Famine (IPC Phase 5). This is the case when less than 20 percent of the population is experiencing famine conditions and/or when malnutrition and/or mortality levels have not (or not yet) reached famine thresholds. These households experience the same severity of conditions even if the area is not yet classified as Famine. This can occur due to the time lag between food insecurity, malnutrition and mortality, or in the case of a localized situation.
- Projections of Famine can be made even if the current situation is not yet classified as Famine, thus allowing early warning.

  Risk of Famine is an IPC statement that highlights the potential deterioration of the situation compared to the most-likely scenario expected during the projection period. Although it is not an IPC classification, it indicates a worst-case scenario that has a reasonable probability of occurring.

Drivers of food crises

The drivers of food crises are often interlinked and mutually reinforcing, making it difficult to pinpoint the specific trigger or driver of each food crisis. The GRFC 2022 takes a practical approach by estimating which are the most salient for each country/territory out of the broad categories explained below.

Conflict/insecurity
This includes interstate and intra-state conflicts, internal violence, banditry and criminality, civil unrest or political crises often leading to population displacements and/or disruption of livelihoods and food systems.

It is a key driver of acute food insecurity because in conflict situations civilians are frequently deprived of their income sources. Food systems and markets are disrupted, pushing up food prices and sometimes leading to scarcities of water and fuel, or of food itself.

Landmines, explosive remnants of war and improvised explosive devices often destroy agricultural land, mills, storage facilities, machinery etc.

Conflict prevents businesses from operating and weakens the national economy, reducing employment opportunities, increasing poverty levels and diverting government spending towards the war effort.

Health systems are usually damaged or destroyed, leaving people reliant on humanitarian support – yet increasingly, insecurity and roadblocks prevent humanitarian convoys from reaching the most vulnerable, or aid agencies face lengthy delays, restrictions on personnel or the type or quantity of aid supplies, or insufficient security guarantees. Parties to conflict can deny people access to food as a weapon of war, especially in areas under blockade/embargo. Food insecurity itself can become a trigger for violence and instability, particularly in contexts marked by pervasive inequalities and fragile institutions. Sudden spikes in food prices tend to exacerbate the risk of political unrest and conflict (FAO et al., 2017).

Explanations of key terminology *continued*

For countries with conflict/insecurity being the primary driver during the past year, change to another primary driver needs serious consideration as recovery from conflict/insecurity takes a long time and may still remain as the underlying cause of food insecurity. In cases where conflict/insecurity has reduced and/or localized, with other drivers gaining more magnitude, the change in the primary driver from the previous year is possible.

For countries where the analysis is purely focused on the displaced populations, the primary driver should reflect the reason why those populations are displaced from their country of origin.

Weather extremes
These include droughts, floods, dry spells, storms, cyclones, hurricanes, typhoons and the untimely start of rainy seasons.

Weather extremes drive food insecurity by directly affecting crops and/or livestock, cutting off roads and preventing markets from being stocked. Poor harvests push up food prices and diminish agricultural employment opportunities and pastoralists' terms-of-trade, lowering purchasing power and access to food, and triggering an early lean season when households are more market-reliant because of reduced food stocks.

Adverse weather events are particularly grave for smallholder farmers and pastoralists who rely on agriculture and livestock-rearing to access food and often lack the resilience capacities to withstand and recover from the impacts of such shocks. People's vulnerability to weather shock events rests on their capacity to adapt and bounce back after their livelihood has been affected, as well as the scale and frequency of shocks. Repeated events further erode capacity to withstand future shocks.

Weather events and changes in climate can lead to an intensification of conflict, for instance, between pastoralist herders and farmers over access to water and grazing. There is ample evidence suggesting that natural disasters – particularly droughts – contribute to aggravating existing civil conflicts.

Economic shocks, including the effects of COVID-19
Economic shocks can affect the food insecurity of households or individuals through various channels. Macroeconomic shocks, characterized by, for instance, a contraction in GDP leading to high unemployment rates and loss of income for those affected households, or a significant contraction in exports and/or a critical decrease in investments and other capital inflows, bringing a significant currency depreciation and high inflation, increasing production costs and food prices and worsening terms of trade, which may lead to increases in acute food insecurity.

Increases in world market prices of staple grains, oil or agricultural inputs can affect food availability, push up domestic food prices for consumers and reduce their purchasing power. Economic shocks can also result at a more localized level, or hit only a particular socioeconomic category of households. For instance, pastoralists' facing lack of animal feed, veterinary services, subsequent deteriorating livestock body conditions and depressed livestock prices are likely to be affected by a reduction in purchasing power, and face a constrained access to food as a result.

Countries with weak governance and institutions, or facing armed conflict, civil unrest or instability, are particularly vulnerable to the impact of economic decline. High debt and limited fiscal space constrain economic growth, increase vulnerability to economic shocks and detract from development spending.

COVID-19 had an impact on the global economy and consequences at national level in terms of acute food insecurity in countries affected by crises. The pandemic has triggered the deepest global recession since the second world war. COVID-19 and the related containment measures affected worldwide trade, and brought a collapse in oil demand and low global oil prices, detrimental for revenues of countries depending on it (WB, June 2020).

The socioeconomic impacts of the pandemic, particularly in terms of income losses at the household level, are exacerbating and intensifying already fragile food security conditions. Across all food crisis countries, the pandemic is considered as a key factor that has worsened acute food insecurity and increased the need for humanitarian assistance (FAO, December 2020). Furthermore, the uneven global economic recovery from the effects of the pandemic during 2021 has been a factor behind a surge in world market prices for food, which – despite a gradual recovery of jobs and incomes – has become a source of further acute food insecurity in several food crisis contexts.

Disease outbreaks
Disease outbreaks (occurrence of disease cases in excess of normal expectancy) are usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other media. Water, sanitation, food and air quality are vital elements in the transmission of communicable diseases and in the spread of diseases prone to cause epidemics.

Displaced populations – particularly in overcrowded camps – are more susceptible to disease outbreaks which strained health systems cannot prevent or control (WHO). Epidemics and pandemics can also affect the ability of people to carry on their activities and livelihoods and, in the worst cases when widespread, may also affect markets and supply chains.

Crop pests and animal diseases
Transboundary plant pests and diseases can easily spread to several countries and reach epidemic proportions. Outbreaks and upsurges can cause huge losses to crops and pastures, threatening the livelihoods of vulnerable farmers and the food and nutrition security of millions at a time. Crop pests such as fall armyworms and desert locusts can damage crops and may lead to severe production shortfalls.

Desert locusts are the most destructive locust species. Locust swarms can be dense and highly mobile and can fly as much as 150 km a day, given favourable winds. They migrate across continents and are a potential threat to the livelihoods of one-tenth of the world's population. This pest is a serious menace to agricultural production in Africa, the Near East and Southwest Asia.

A locust can eat its own weight (about 2 grams) in plants every day. That means one million locusts can eat about one tonne of food each

Explanations of key terminology *continued*

day, and the largest swarms can consume over 100 000 tonnes each day, or enough to feed tens of thousands of people for one year (FAO).

All animal diseases have the potential to adversely affect human populations by reducing the quantity and quality of food, other livestock products (hides, skins, fibres) and animal power (traction, transport) that can be obtained from a given quantity of resources and by reducing people's assets. Of these, transboundary animal diseases tend to have the most serious consequences.

Transboundary Animal Diseases (TADs) may be defined as those epidemic diseases which are highly contagious or transmissible and have the potential for very rapid spread, irrespective of national borders, causing serious socioeconomic and possibly public health consequences.

These diseases, which cause a high morbidity and mortality in susceptible animal populations, constitute a constant threat to the livelihood of livestock farmers. Peste des petits ruminants (PPR), foot-and-mouth disease (FMD) or Rift Valley fever (RVF) often affect livestock and pastoralists' livelihoods in food-crisis contexts.

Forced displacement

Forced displacement is the movement of people who have been obliged to leave their homes, particularly to avoid the effects of armed conflict, generalized violence, violations of human rights or natural or human-made disasters. Displacement is often a side-effect of conflict, food insecurity and weather shocks.

Displaced people are often more vulnerable to food insecurity and malnutrition, having had to abandon their livelihoods and assets, undertake arduous journeys and settle in areas or camps with limited access to basic services or former social networks. Their rights are often restricted due to host country legal frameworks, resulting in a lack of access to land, employment and freedom of movement. They are often dependent on humanitarian assistance to meet their food needs.

Displaced populations often face severely compromised access to safe water and improved sanitation and are at increased risk of frequent outbreaks of infectious disease, which weakened health systems cannot treat, prevent or control. In crises, children are often not able to access other preventive services such as micronutrient supplementation and immunization, further increasing the risk of malnutrition. Displacement can also result in the break-down of familial and community networks that provide the necessary support and guidance needed for looking after young children.

Refugees
A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. Refugees are recognized under various international agreements. Some are recognized as a group or on a 'prima facie' basis while others undergo an individual investigation before being given refugee status. The 1951 Convention and 1967 Protocol Relating to the Status of Refugees provide the full legal definition of a refugee.

Asylum-seekers
An asylum-seeker is a person seeking sanctuary in a country other than their own and waiting for a decision about their status. The legal processes related to asylum are complex and variable, which is a challenge when it comes to counting, measuring and understanding the asylum-seeking population. When an asylum application is successful, the person is awarded refugee status.

Internally displaced people (IDPs)
IDPs are those forced to flee their homes as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters, and who have not crossed an international border.

Stateless people
A stateless person is someone who does not have a nationality of any country. Some people are born stateless, but others become stateless due to a variety of reasons, including sovereign, legal, technical or administrative decisions or oversights. The Universal Declaration of Human Rights underlines that 'Everyone has the right to a nationality' (UNGA, 1948, article 15).

Acute food insecurity classifications

Integrated Food Security Phase Classification (IPC)

The IPC results from a partnership of various organizations at the global, regional and country levels and is widely accepted by the international community as a global reference for the classification of acute food insecurity. There are around 30 countries currently implementing the IPC.

It provides the 'big picture' evidence base of food crises by assessing the following: how severe, how many, when, where, why, who, as well as the key characteristics. It provides data for two time periods – the current situation and future projection. This information helps governments, humanitarian actors and other decision-makers quickly understand a crisis (or potential crisis) and take action.

The IPC makes the best use of the evidence available through a transparent, traceable and rigorous process. Evidence requirements to complete classification have been developed, taking into consideration the range of circumstances in which evidence quality and quantity may be limited while ensuring adherence to minimum standards. To ensure the application of the IPC in settings where access for collecting evidence is limited or non-existent, specialized parameters have been developed. The IPC provides a structured process for making the best assessment of the situation based on what is known and shows the limitations of its classifications as part of the process.

IPC analysis teams consolidate and analyse complex evidence from different methods and sources (e.g., food prices, seasonal calendars, rainfall, food-security assessments, etc.), but the IPC allows them to describe their conclusions using the same, consistent language and standards and in a simple and accessible form. This harmonized approach is particularly useful in comparing situations across countries and regions, and over time.

The IPC technical manual version 3.1 provides information to appreciate and critically utilize IPC products as well as the protocols, including tools and procedures, to conduct the classification itself. *See https://www.ipcinfo.org/ipcinfo-website/resources/ipc-manual/en/*

IPC five-phase classification

Classification into five phases (1) None/Minimal, (2) Stressed, (3) Crisis, (4) Emergency, (5) Catastrophe/Famine is based on a convergence of available evidence, including indicators related to food consumption, livelihoods, malnutrition and mortality. Each of these phases has important and distinct implications for where and how best to intervene, and therefore influences priority response objectives. Populations in Crisis (IPC Phase 3), Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) are deemed to be those in need of urgent food, livelihood and nutrition assistance. Populations in Stressed (IPC Phase 2) require a different set of actions — ideally disaster risk reduction and livelihood protection interventions. Classifying Famine (IPC Phase 5), the fifth phase of food insecurity, requires analytical conclusions that meet three specific criteria. See page 234.

FEWS NET

Funded and managed by USAID's Bureau for Humanitarian Assistance (BHA), the Famine Early Warning Systems Network (FEWS NET) provides early warning and evidence-based analysis of acute food insecurity to inform humanitarian and development response. FEWS NET is monitoring 29 countries where it analyses the dynamics of food, nutrition and livelihood security so policymakers can design programmes that address the root causes of persistent or recurrent acute food insecurity, malnutrition and vulnerability.

FEWS NET classification is IPC compatible, which means it follows key IPC protocols but is not built on multi-partner technical consensus, so it does not necessarily reflect the consensus of national food security partners. *See https://fews.net/fews-data/333*

IPC 3.1 acute food insecurity reference table

		Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Phase name and description		Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.)
Priority response objectives		Action required to build resilience and for disaster risk reduction	Action required for disaster risk reduction and to protect livelihoods	**Urgent action required to** → Protect livelihoods and reduce food consumption gaps	Save lives and livelihoods	Revert/prevent widespread death and total collapse of livelihoods
Food security first-level outcomes		First-level outcomes refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase descriptions are included for each indicator. Although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.				
	Food consumption (focus on energy intake)	**Quantity: Adequate energy intake** **Dietary energy intake:** Adequate (avg. 2 350 kcal pp/day) and stable **Household Dietary Diversity Score:** 5–12 food groups and stable **Food Consumption Score:** Acceptable and stable **Household Hunger Scale:** 0 (none) **Reduced Coping Strategies Index:** 0–3 **Household Economy Analysis:** No livelihood protection deficit **Food Insecurity Experience Scale:** (FIES 30 days recall):<-0.58	**Quantity: Minimally Adequate** **Dietary energy intake:** Minimally adequate (avg. 2 100 kcal pp/day) **Household Dietary Diversity Score:** 5-FG but deterioration ≥1 FG from typical **Food Consumption Score:** Acceptable but deterioration from typical **Household Hunger Scale:** 1 (slight) **Reduced Coping Strategies Index:** 4–18 **Household Economy Analysis:** Small or moderate livelihood protection deficit <80% **FIES:** Between -0.58 and 0.36	**Quantity: Moderately Inadequate** – Moderate deficits **Dietary energy intake:** Food gap (below avg. 2 100 kcal pp/day) **Household Dietary Diversity Score:** 3–4 FG **Food Consumption Score:** Borderline **Household Hunger Scale:** 2–3 (moderate) **Reduced Coping Strategies Index:** ≥19 (non-defining characteristics (NDC) to differentiate P3, 4 and 5) **Household Economy Analysis:** Livelihood protection deficit ≥80%; or survival deficit <20% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	**Quantity: Very Inadequate** – Large deficits **Dietary energy intake:** Large food gap; well below 2 100 kcal pp/day **Household Dietary Diversity Score:** 0–2 FG (NDC to differentiate P4 and 5) **Food Consumption Score:** Poor (NDC to differentiate P4 and 5) **Household Hunger Scale:** 4 (severe) **Reduced Coping Strategies Index:** ≥19 (NDC to differentiate P3, 4 and 5) **Household Economy Analysis:** Survival deficit ≥20% but <50% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	**Quantity: Extremely Inadequate** – Very large deficits **Dietary energy intake:** Extreme food gap **Household Dietary Diversity Score:** 0–2 FG **Food Consumption Score:** Poor (NDC to differentiate P4 and 5) **Household Hunger Scale:** 5–6 (severe) **Reduced Coping Strategies Index:** ≥19 (NDC to differentiate P3, 4 and 5) **Household Economy Analysis:** Survival deficit ≥50% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)
	Livelihood change (assets and strategies)	**Livelihood change:** Sustainable livelihood strategies and assets **Livelihood coping strategies:** No stress, crisis or emergency coping observed	**Livelihood change:** Stressed strategies and/or assets; reduced ability to invest in livelihoods **Livelihood coping strategies:** Stress strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Accelerated depletion/ erosion of strategies and/or assets **Livelihood coping strategies:** Crisis strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Extreme depletion/ liquidation of strategies and assets **Livelihood coping strategies:** Emergency strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Near complete collapse of strategies and assets **Livelihood coping strategies:** Near exhaustion of coping capacity
Food security second-level outcomes		Second-level outcomes refer to area-level estimations of nutritional status and mortality that are especially useful for identification of more severe phases when food gaps are expected to impact malnutrition and mortality. For both nutrition and mortality area outcomes, household food consumption deficits should be an explanatory factor in order for that evidence to be used in support of the classification.				
	Nutritional status* Global Acute Malnutrition based on Weight-for-Height Z-score	**Acceptable** <5%	**Alert** 5–9.9%	**Serious** 10–14.9% or > than usual	**Critical** 15–29.9% or > much greater than average	**Extremely Critical** ≥30%
	Global Acute Malnutrition based on Mid-Upper Arm Circumference	<5%	5–9.9%	10–14.9%	≥15%	
	Body Mass Index <18.5	<5%	5–9.9%	10–19.9%, 1.5 x greater than baseline	20–39.9%	≥40%
	Mortality*	**Crude Death Rate** <0.5/10,000/day **Under-five Death Rate** <1/10,000/day	**Crude Death Rate** <0.5/10,000/day **Under-five Death Rate** <1/10,000/day	**Crude Death Rate** 0.5–0.99/10,000/day **Under-five Death Rate** 1–2/10 000/day	**Crude Death Rate** 1–1.99/10,000/day or <2x reference **Under-five Death Rate** 2–3.99/10,000/day	**Crude Death Rate** ≥2/10,000/day **Under-five Death Rate** ≥4/10,000/day
Food security contributing factors		For contributing factors, specific indicators and thresholds for different phases need to be determined and analysed according to the livelihood context; nevertheless, general descriptions for contributing factors are provided below.				
	Food availability, access, utilization, and stability	Adequate to meet short-term food consumption requirements **Safe water** ≥15 litres pp/day	Borderline adequate to meet food consumption requirements **Safe water** marginally ≥15 litres pp/day	Inadequate to meet food consumption requirements **Safe water** >7.5 to 15 litres pp/day	Very inadequate to meet food consumption requirements **Safe water** >3 to <7.5 litres pp/day	Extremely inadequate to meet food consumption requirements **Safe water** ≤3 litres pp/day
	Hazards and vulnerability	None or minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/or extreme food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/ or near complete food consumption deficits

The IPC Acute food insecurity reference table was updated on October 1st, 2021 to reflect the inclusion of the FIES among the food security first-level outcomes. For more information on the FIES, see Boero, V., Cafiero, C., Gheri, F., Kepple, A.W., Rosero Moncayo J. & Viviani, S. 2021. Access to food in 2020. Results of twenty national surveys using the Food Insecurity Experience Scale (FIES). FAO. https://doi.org/10.4060/cb5623en

Acute food insecurity in the GRFC, data sources and methods

Acute food insecurity peak estimates

The peak estimate is based on the highest number of acutely food-insecure people in the year in question. It does not reflect the latest analysis available but purely the observed peak.[1]

Estimates derived from non-IPC sources which are not accepted as fully compatible with IPC phases by the TWG are recorded as insufficient data in the GRFC.

IPC projections are estimated by outlining the main assumptions driving the evolution of food security in the projected period. The focus is on the 'most likely scenario' which helps to devise the potential changes on population distribution across IPC phases. Also, IPC projections take into account the potential effects of already funded or likely to be funded and delivered humanitarian assistance in the area of analysis.

FEWS NET food assistance outlook briefs provide information on the projected severity and magnitude of acute food insecurity (using ranges) and indicate each country's food-insecure population in need of urgent humanitarian food assistance (IPC Phase 3 or above). FEWS NET projections are based on a scenario development approach where a set of assumptions regarding the evolution of food security drivers and their impacts on food security outcomes in the absence of humanitarian food assistance.

Forecast sections aim to identify the expected peak of AFI in the currently ongoing year (2022), notably through IPC and IPC-compatible projections indicating the expected peak magnitude of population facing Crisis or worse (IPC Phase 3 or above) in food crisis countries.

Data comparability rules and graphs

In Chapter 3 (Major Food Crises), all comparable analyses are included in the acute food insecurity graphs. Acute food insecurity estimates are considered comparable when the following criteria are met: the same areas are analysed, the difference in the population analysed is lower than 10 percentage points and the same sources and methodology are used.

Differences in areas analysed are mentioned in a note below the graph or in the annex, which displays all selected analysis periods per country. In the case of certain countries, historical analyses did not cover the same geographical areas, therefore only estimates related to areas analysed in all rounds of analysis are displayed in the graph to ensure comparability. For this reason, the figures in these graphs do not always correspond to the numbers in the IPC briefs because they have been specifically altered to analyse the same geographical areas across analysis periods.

After confirming data comparability between two analyses, the GRFC has determined the following rules for defining whether a trend is stable, improving or worsening:

- If the change in the number of acutely food-insecure people remains lower than 250 000 people or 50 percent, whether increasing or decreasing, the trend is considered to be stable.
- If there is a decline in the number of acutely food-insecure population by 250 000 people or 50 percent, the trend is considered to be improving.
- If there is an increase in the number of acutely food-insecure population by 250 000 people or 50 percent, the trend is considered to be worsening.

1 AFI estimates are rounded in this document.

Explanatory notes on disclaimers

Ethiopia

FEWS NET's analysis of available evidence suggests the population requiring humanitarian food assistance in 2021 is lower than the IPC Technical Working Group estimate. FEWS NET and the IPC Technical Working Group took into account different considerations of food security outcomes indicators, particularly those related to livelihood coping, in the context of local livelihoods patterns and corroborating information. However, in conflict-affected parts of northern Ethiopia, FEWS NET's analysis of contributing factors and likely impacts on food consumption and nutrition suggest more severe acute food insecurity than assessed by the IPC TWG.

Sudan

FEWS NET's analysis of available evidence suggests the population requiring humanitarian food assistance in 2021 is lower than the IPC Technical Working Group estimate. FEWS NET and the IPC TWG arrived at differing estimates as logistical challenges associated with COVID-19 created difficulties for reconciling subnational results during the remotely held national-level analysis. Among the technical issues most difficult to resolve were those surrounding the impacts of COVID-19 restrictions on local livelihoods and the inclusion of populations who face chronically poor food consumption and limited livelihoods options.

IPC acute malnutrition reference table

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.
	The situation is progressively deteriorating, with increasing levels of acute malnutrition. Morbidity levels and/or individual food consumption gaps are likely to increase with increasing levels of acute malnutrition.				
Priority response objective to decrease acute malnutrition and to prevent related mortality.[2]	Maintain the low prevalence of acute malnutrition.	Strengthen existing response capacity and resilience. Address contributing factors to acute malnutrition. Monitor conditions and plan response as required.	Urgently reduce acute malnutrition levels through → Scaling up of treatment and prevention of affected populations.	Significant scale-up and intensification of treatment and protection activities to reach additional population affected.	Addressing widespread acute malnutrition and disease epidemics by all means.
Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)	<5%	5.0 to 9.9%	10.0 to 14.9%	15.0 to 29.9%	≥30%
Global Acute Malnutrition (GAM) based on mid-upper arm circumference (MUAC)	<5%	5-9.9%	10-14.9%	≥15%	

*GAM based on MUAC must only be used in the absence of GAM based on WHZ; the final IPC Acute Malnutrition phase with GAM based on MUAC should be supported by an analysis of the relationship between WHZ and MUAC in the area of analysis and also by using convergence of evidence with contributing factors. In exceptional conditions where GAM based on MUAC is significantly higher than GAM based on WHZ (i.e. two or more phases), both GAM based on WHZ, and GAM based on MUAC should be considered, and the final phase should be determined with convergence of evidence.

The IPC Acute Malnutrition Scale classifies the severity of acute malnutrition in the population of reference. The IPC analysis process reviews all contributing factors affecting acute malnutrition in the area of analysis, such as dietary intake, disease, feeding and care practices, health and WASH environment and contextual information such as access to services and mortality are all included in the analysis.

Nutrition and health, data sources and key indicators

Wasting

Moderate wasting using the weight for height indicator is identified by weight for height z scores (WHZ) between -2 and -3 of the reference population, and severe wasting by WHZ below -3. Wasting reflects both moderate and severe wasting in a population. Wasting can also be defined by Mid-Upper Arm Circumference (MUAC) measurements ≤12.5 cm, with severe wasting defined with a measurement of ≤11.5 cm.

Severity index for prevalence of wasting in children aged 6–59 months

Prevalence ranges	Label
< 2.5%	Very low
2.5–< 5%	Low
5–< 10%	Medium
10–< 15%	High
≥ 15%	Very high

Source: De Onis et al. Public Health Nutrition, 2018. Available at: https://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf

Stunting

Stunted children under 5 years old are identified by a height for age z score (HAZ) below -2 of the reference population. Severe stunting is defined as HAZ below -3.

Severity index for prevalence of stunting in children aged 6–59 months

Prevalence ranges	Label
< 2.5%	Very low
2.5–10%	Low
10–< 20%	Medium
20–<30%	High
≥ 30%	Very high

Source: De Onis et al. Public Health Nutrition, 2018. Available at: https://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf

Minimum dietary diversity

This indicator refers to the percentage of children aged 6–23 months who receive foods from five or more out of eight food groups a day. The eight food groups are: i. breastmilk; ii. grains, roots and tubers; iii. legumes and nuts; iv. dairy products (infant formula, milk, yogurt, cheese); v. flesh foods (meat, fish, poultry and liver/organ meats); vi. eggs; vii. vitamin-A rich fruits and vegetables; viii. other fruits and vegetables. In some surveys, minimum dietary diversity is calculated based on seven food groups, excluding breastmilk. In these cases, the indicator refers to the percentage of children aged 6–23 months who receive foods from four or more out of seven food groups a day.

Minimum meal frequency

The indicator refers to the proportion of children aged 6–23 months who receive solid, semi-solid or soft foods at least the minimum number of recommended times a day depending on their age and whether they are breastfed.

Minimum acceptable diet

This composite indicator combines meal frequency and dietary diversity to assess the proportion of children aged 6–23 months consuming a diet that meets the minimum requirements for growth and development.

Prevalence ranges	Label
< 70%	Phase 1 - Acceptable/minimal
40–70%	Phase 2 - Alert/stress
20–39.9%	Phase 3 - Serious/severe
10–19.9%	Phase 4 - Critical/extreme
< 10%	Phase 5 - Extremely critical/ catastrophic

Source: Preliminary thresholds suggested by IFE Core Group.

Nutrition and health, data sources and key indicators *continued*

Percentage of households not consuming micronutrient-rich food (analysed in refugee populations)

This refers to the proportion of households with no member consuming any vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products over a reference period of 24 hours. The food group of vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products are the same as the 12 food groups defined by FAO (2011).

Exclusive breastfeeding

Exclusive breastfeeding in the first six months followed by the timely introduction of safe and nutritionally adequate complementary foods with continued breastfeeding until 2 years of age or beyond ensures children receive all the nutrients they need. This indicator refers to the percentage of infants 0–5 months of age who were fed only breast milk during the previous day.

Prevalence ranges	Label
> 70%	Phase 1 - Acceptable/minimal
50–70%	Phase 2 - Alert/stress
30–49.9%	Phase 3 - Serious/severe
11–29.9%	Phase 4 - Critical/extreme
< 10%	Phase 5 - Extremely critical/catastrophic

Source: adapted from UNICEF Breastfeeding Score Card.

Prevalence of anaemia

This indicator refers to the proportion of children aged 6–59 months and of reproductive age women (15–49 years) who are anaemic. Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiological needs, which varies by age, sex, altitude, smoking and pregnancy status. Iron deficiency is thought to be the most common cause of anaemia globally, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections and inherited disorders can all cause anaemia. In its severe form, it is associated with fatigue, weakness, dizziness and drowsiness. Pregnant women and children are particularly vulnerable (WHO).

Prevalence ranges	Label
< 5.0%	No public health problem
5.0–19.9%	Mild public health problem
20.0–39.9%	Moderate public health problem
≥ 40.0%	Severe public health problem

Source: WHO, 2008.

COVID-19 disruption to nutrition/health services

UNICEF Quarterly Tracking on the Situation of Children in COVID-19 draws on periodic country office reporting against an evolving questionnaire, first initiated 12 March 2020. Country office responses rely on varying sources and in some cases the best estimates combine multiple sources, though figures may not accurately represent the full national response to the COVID-19 pandemic. Countries are requested to report based on representative administrative data, representative survey data, or other sources or estimation and note and provide explanation if estimates are particularly weak.

Access to basic drinking water services

Improved drinking water sources are those which, by nature of their design and construction, have the potential to deliver safe water. The WHO and UNICEF Joint Monitoring Program for Water Supply Sanitation and Hygiene (JMP) subdivides the population using improved sources into three groups (safely managed, basic and limited) according to the level of service provided. In order to meet the criteria for a safely managed drinking water service, people must use an improved source meeting three criteria: accessible on premises; available when needed; free from contamination. If the improved source does not meet any one of these criteria but a round trip to collect water takes 30 minutes or less, then it is classified as a basic drinking water service. If water collection from an improved source exceeds 30 minutes, it is categorized as a limited service (WHO and UNICEF).

Limitations and data challenges, 2022

The number of people in Crisis or worse (IPC Phase 3 or above) does not necessarily reflect the full population in need of urgent action to decrease food gaps and protect and save lives and livelihoods

This is because some households may only be classified in IPC Phase 1 or 2 because they receive assistance, and are in fact in need of continued action. In many countries, the number in Crisis or worse (IPC Phase 3 or above) refers to populations in need of action further to that already taken.

Absence of estimates for populations in Stressed (IPC Phase 2) due to the use of non-IPC data sources in Uganda.

Lack of/low data availability for refugee food security

Refugee food security is measured in various ways across refugee populations and data are not systematically collected, disaggregated, consolidated or shared.

Limited availability and frequency of IPC acute malnutrition analyses

Only four countries conducted an IPC acute malnutrition analysis: Kenya, Somalia, South Sudan and Uganda.

Limited forecast analysis (acute food insecurity and malnutrition)

For several countries with no IPC or compatible products where alternative estimates are used, forecast analyses are not available. In some cases where IPC is used, data collection and analysis updates are not as frequent as might be needed to provide estimates for the forecast section of this report. IPC-compatible analyses offer range values for forecasts rather than precise estimates. Not all countries with a 2021 IPC acute malnutrition analysis had a projection beyond publication of the GRFC 2022.

APPENDIX 1

TRENDS GRAPHS FOR NUMBERS OF PEOPLE IN CRISIS OR WORSE (IPC/CH PHASE 3 OR ABOVE)

Numbers of people in Kenya in IPC Phase 2 or above, 2019–2022

FIGURE A1

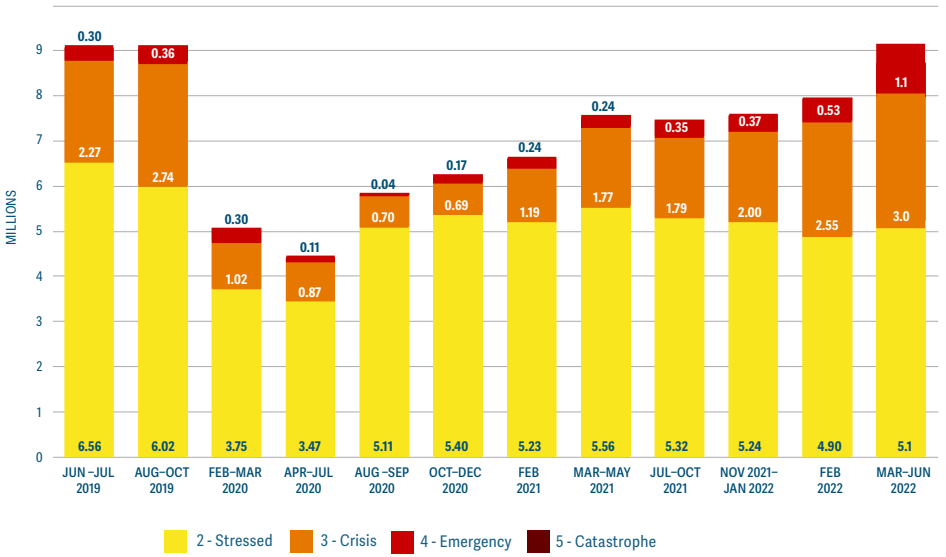


TABLE A1

	JUN–JUL 2019	AUG–OCT 2019	FEB–MAR 2020	APR–JUL 2020	AUG–SEP 2020	OCT–DEC 2020	FEB 2021	MAR–MAY 2021	JUL–OCT 2021	NOV 2021–JAN 2022	FEB 2022	MAR–JUN 2022
STRESSED (PHASE 2)	6.56	6.02	3.75	3.47	5.11	5.40	5.23	5.56	5.32	5.24	4.90	5.1
CRISIS (PHASE 3)	2.27	2.74	1.02	0.87	0.70	0.69	1.19	1.77	1.79	2.00	2.55	3.0
EMERGENCY (PHASE 4)	0.30	0.36	0.30	0.11	0.04	0.17	0.24	0.24	0.35	0.37	0.53	1.1
CATASTROPHE (PHASE 5)												

Source: Kenya IPC Technical Working Group.

Numbers of people in Somalia in IPC Phase 2 or above, 2016–2022

FIGURE A2

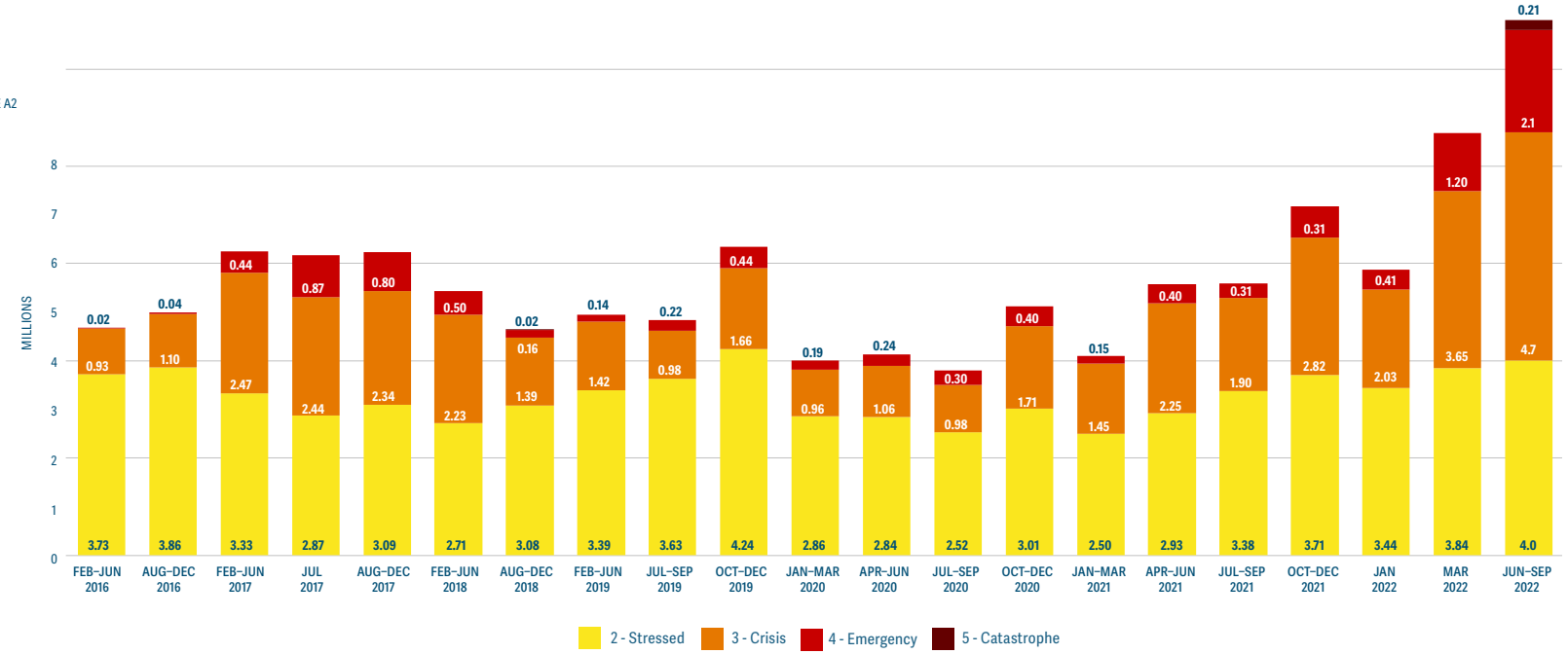


TABLE A2

	FEB–JUN 2016	AUG–DEC 2016	FEB–JUN 2017	JUL 2017	AUG–DEC 2017	FEB–JUN 2018	AUG–DEC 2018	FEB–JUN 2019	JUL–SEP 2019	OCT–DEC 2019	JAN–MAR 2020	APR–JUN 2020	JUL–SEP 2020	OCT–DEC 2020	JAN–MAR 2021	APR–JUN 2021	JUL–SEP 2021	OCT–DEC 2021	JAN 2022	MAR 2022	APR–JUN 2022
STRESSED (PHASE 2)	3.73	3.86	3.33	2.87	3.09	2.71	3.08	3.39	3.63	4.24	2.86	2.84	2.52	3.01	2.50	2.93	3.38	3.71	3.44	3.84	4.0
CRISIS (PHASE 3)	0.93	1.10	2.47	2.44	2.34	2.23	1.39	1.42	0.98	1.66	0.96	1.06	0.98	1.71	1.45	2.25	1.90	2.82	2.03	3.65	4.7
EMERGENCY (PHASE 4)	0.02	0.04	0.44	0.87	0.80	0.50	0.16	0.14	0.22	0.44	0.19	0.24	0.30	0.40	0.15	0.40	0.31	0.31	0.41	1.20	2.1
CATASTROPHE (PHASE 5)							0.02														0.21

Source: Somalia IPC Technical Working Group.

Numbers of people in South Sudan in IPC Phase 2 or above, 2014–2022

FIGURE A3

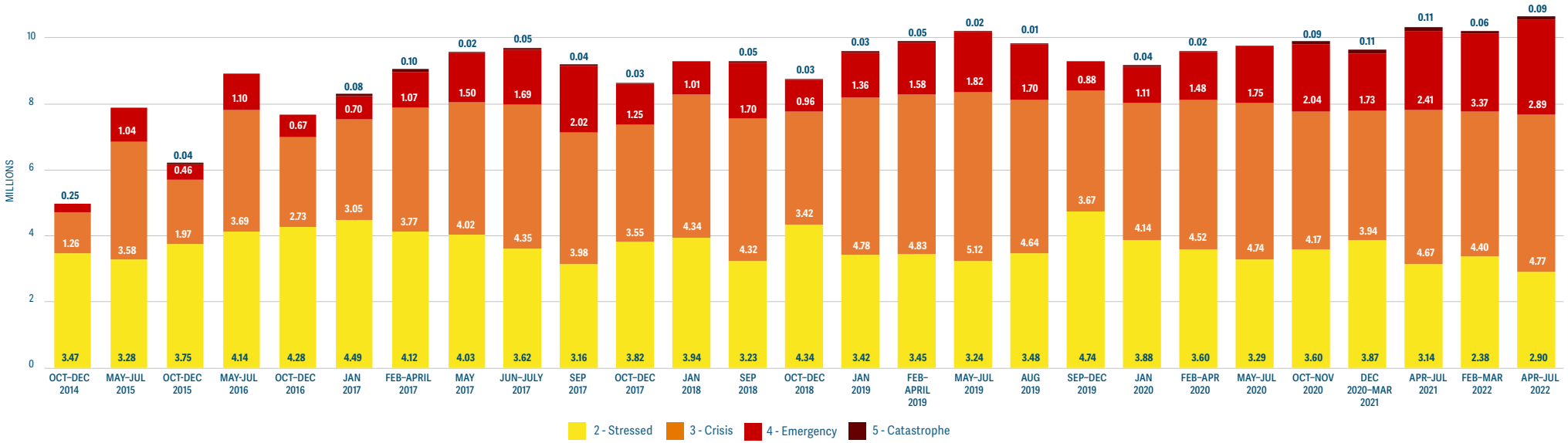


TABLE A3

	OCT–DEC 2014	MAY–JUL 2015	OCT–DEC 2015	MAY–JUL 2016	OCT–DEC 2016	JAN 2017	FEB–APRIL 2017	MAY 2017	JUN–JULY 2017	SEP 2017	OCT–DEC 2017	JAN 2018	SEP 2018	OCT–DEC 2018	JAN 2019	FEB–APRIL 2019	MAY–JUL 2019	AUG 2019	SEP–DEC 2019	JAN 2020	FEB–APR 2020	MAY–JUL 2020	OCT–NOV 2020	DEC 2020–MAR 2021	APR-JUL 2021	FEB-MAR 2022	APR-JUL 2022
STRESSED (PHASE 2)	3.47	3.28	3.75	4.14	4.28	4.49	4.12	4.03	3.62	3.16	3.82	3.94	3.23	4.34	3.42	3.45	3.24	3.48	4.74	3.88	3.60	3.29	3.60	3.87	3.14	3.37	2.90
CRISIS (PHASE 3)	1.26	3.58	1.97	3.69	2.73	3.05	3.77	4.02	4.35	3.98	3.55	4.34	4.32	3.42	4.78	4.83	5.12	4.64	3.67	4.14	4.52	4.74	4.17	3.94	4.67	4.40	4.77
EMERGENCY (PHASE 4)	0.25	1.04	0.46	1.10	0.67	0.70	1.07	1.50	1.69	2.02	1.25	1.01	1.70	0.96	1.36	1.58	1.82	1.70	0.88	1.11	1.48	1.75	2.04	1.73	2.41	2.38	2.89
CATASTROPHE (PHASE 5)			0.04			0.08	0.10	0.02	0.05	0.04	0.03		0.05	0.03	0.03	0.05	0.02	0.01		0.04	0.02		0.09	0.11	0.11	0.06	0.09

In the periods Oct–Nov 2020, Dec 2020–Mar 2021 and Apr–Jul 2021, the population analysed in Jonglei and Pibor administrative area does not include the population from four payams (Marow, Boma, Kiziongora and Miwono) that were not classified due to lack of data.

Source: South Sudan IPC Technical Working Group.

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Chapter 2

The sources used to the inform the country analyses presented in chapter 3 are also used for chapter 2, including IPC analyses for each country. Please refer to references listed for each separate country as well as the additional references below.

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Chapter 3

Ethiopia

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Global Network Against Food Crises

Founded by the European Union, FAO and WFP in 2016, the Global Network Against Food Crises (GNAFC) is an alliance of humanitarian and development actors committed to addressing the root causes of food crises and finding lasting solutions to them, through shared analysis and knowledge, strengthened coordination in evidence-based responses and collective efforts across the humanitarian, development and peace (HDP) nexus.

www.fightfoodcrises.net **@fightfoodcrises**

FSIN
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Founded by FAO, IFPRI and WFP, the Food Security Information Network (FSIN) facilitates the exchange of technical expertise, knowledge and best practice among food security and nutrition practitioners. Its purpose is to promote timely, independent and consensus-based information about food crises, while also highlighting and addressing critical data gaps. As a key partner of the GNAFC, FSIN coordinates the publication of the *Global Report on Food Crises*.

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IGAD

The Intergovernmental Authority on Development (IGAD) is a regional economic community (REC) that forms one of the building blocks of the African Union and is comprised of eight Member States, namely Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda. IGAD seeks to assist and complement the efforts of its Member States, through increased cooperation, to achieve food security and environmental protection, peace and security, and economic cooperation and integration.

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