



Global Network
Against Food Crises



2021 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

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Foreword

The findings of the fifth edition of the *Global Report on Food Crises* make grim reading. The number of people facing acute food insecurity and requiring urgent food, nutrition and livelihoods assistance is on the rise. Conflict is the main reason, combined with climate disruption and economic shocks, aggravated by the COVID-19 pandemic.

Conflict and hunger are mutually reinforcing. We need to tackle hunger and conflict together to solve either. They cannot be resolved separately. Hunger and poverty combine with inequality, climate shocks and tensions over land and resources to spark and drive conflict. Likewise, conflict forces people to leave their homes, land and jobs. It disrupts agriculture and trade, reduces access to vital resources like water and electricity, and so drives hunger and famine.

We must do everything we can to end this vicious cycle. Addressing hunger is a foundation for stability and peace. Our blueprint is the 2030 Agenda for Sustainable Development, and particularly SDG 2 on zero hunger. Accordingly, we need to transform our food systems to make them more inclusive, resilient and sustainable. Mobilizing ambitious action in that regard is the goal of the Food Systems Summit that I will convene later this year.

There is no place for famine and starvation in the 21st century. Together, we can end hunger.

António Guterres

Secretary-General of the United Nations



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GRFC 2021 in brief

The magnitude and severity of food crises worsened in 2020 as protracted conflict, the economic fallout of COVID-19 and weather extremes exacerbated pre-existing fragilities. Forecasts point to a grim outlook for 2021, with the threat of Famine persisting in some of the world's worst food crises.

In 2020



155M people

in 55 countries/territories were in **Crisis or worse** (IPC/CH Phase 3 or above) or equivalent – an increase of around 20 million people from 2019.



133 000 people

in Burkina Faso, South Sudan and Yemen were in **Catastrophe** (IPC/CH Phase 5) and needed urgent action to prevent widespread death and total collapse of livelihoods.



28M people

in 38 of the 43 countries/territories with IPC/CH analyses were in **Emergency** (IPC/CH Phase 4) and needed urgent action to save lives and livelihoods.

66%

of the 155 million people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent were in 10 countries/territories – Democratic Republic of the Congo (21.8M), Yemen (13.5M), Afghanistan (13.2M), Syrian Arab Republic (12.4M), Sudan (9.6M), northern Nigeria (9.2M), Ethiopia (8.6M), South Sudan (6.5M), Zimbabwe (4.3M) and Haiti (4.1M).

In three countries, more than half of the population analysed was in **Crisis or worse** (IPC Phase 3 or above) or equivalent.



60%
SYRIAN ARAB
REPUBLIC



55%
SOUTH
SUDAN



51%
CENTRAL
AFRICAN REPUBLIC

Children living in food-crisis countries/territories are especially vulnerable to **malnutrition**.



15.8M children under 5 years in the 55 food-crisis countries/territories were **wasted**.



75.2M children under 5 years in the 55 food-crisis countries/territories were **stunted**.

The primary **drivers** of acute food insecurity in 2020 were **conflict/insecurity, economic shocks** – including those resulting from COVID-19 – and **weather extremes**. Drivers often co-exist and reinforce one another.



CONFLICT/INSECURITY
99.1M people
in 23 countries/
territories



ECONOMIC SHOCKS
40.5M people
in 17 countries



WEATHER EXTREMES
15.7M people
in 15 countries

Forecast 2021



While conflict will remain the major driver of food crises in 2021, the economic repercussions of COVID-19 will exacerbate acute food insecurity in fragile economies.



142M people

are projected to be in **Crisis or worse** (IPC/CH Phase 3 or above) or equivalent in 40 countries/territories for which forecasts are available.



155 000 people

will likely face **Catastrophe** (IPC/CH Phase 5) in two of these countries through mid-2021, with **108 000** in South Sudan and **47 000** in Yemen.

In **South Sudan**, four payams of Pibor county will continue to face Famine Likely (IPC Phase 5).

In northern **Nigeria**, although no population/area is projected to be in Catastrophe/Famine (CH Phase 5), some indicators suggest that a proportion of the population (<10%) may face such conditions.



65% of the world's **46** million internally displaced people in 2020 were in Democratic Republic of the Congo, Yemen, Afghanistan, Syrian Arab Republic, Sudan, northern Nigeria, Ethiopia and South Sudan.



38% of the world's **30.5** million refugees and asylum seekers originate from three food-crisis countries – Syrian Arab Republic, Afghanistan and South Sudan.

Informing the work of the Global Network Against Food Crises

Founded by the European Union, FAO and WFP at the 2016 World Humanitarian Summit, the Global Network Against Food Crises is an alliance of humanitarian and development actors working together to prevent, prepare for, and respond to food crises and support the Sustainable Development Goal to End Hunger (SDG 2). It seeks to reduce vulnerabilities associated with acute hunger; achieve food security and improved nutrition; and promote sustainable agriculture and food systems, using a '3x3 approach.' This involves working at the global, regional and national levels to support partnerships within existing structures and to improve advocacy, decision-making, policy and programming along the following three dimensions:

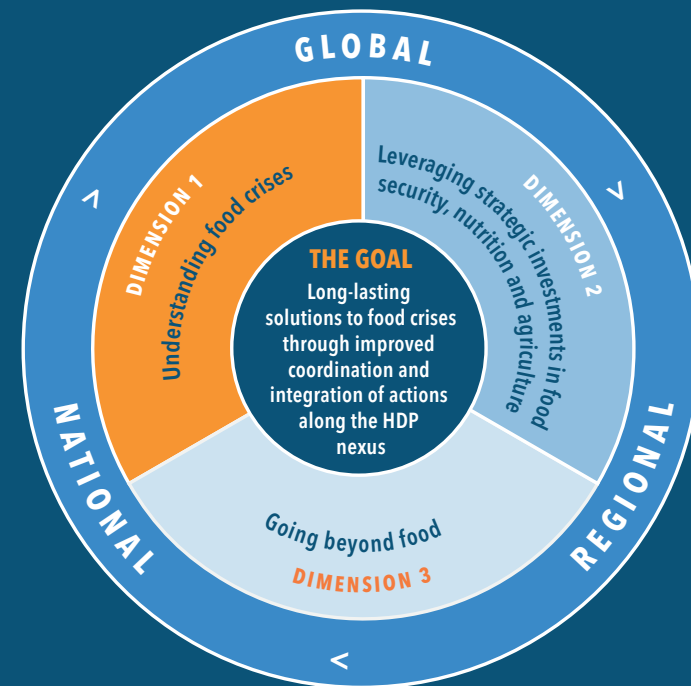
Dimension 1 | Understanding food crises

The work within this dimension aims to build greater consensus and promote evidence-based food security and nutrition analyses and reporting in order to strengthen the collection, quality and coverage of the food security and nutrition data and analysis, and inform decision-making and action. This will be achieved through the contribution to the Global Report on Food Crises, a unique 'global public good' under the coordination and leadership of the Food Security Information Network (FSIN), as well as the coordination, synthesis, and publication of technical analyses, including forward-looking analyses of food crises.

Dimension 2 | Leveraging strategic investments in food security, nutrition and agriculture

The work within this dimension aims to advocate for 'fit for purpose' financing that draws on the full range of resource flows (public and private, international and domestic) to better prepare for, prevent and respond to food crises. It seeks to improve coherence between humanitarian, development and peace actions (the HDP 'nexus') to build resilience to shocks and promote longer-term self-reliance. Activities include a strong focus on supporting capacity strengthening of country-level actors and institutions, as well as strengthening coordination at the regional level to ensure that investments are focused on the right place, at the right time.

The 3x3 approach to addressing food crises



Dimension 3 | Going beyond food

The work within this dimension aims to foster political uptake and coordination across clusters/sectors to address the underlying multi-dimensional drivers of food crises including environmental, political, economic, societal and security risk factors. It seeks to improve understanding and promote linkages between the different dimensions of fragility through knowledge sharing, advocacy and integrated policy responses.

Acknowledgements

This fifth annual Global Report on Food Crises (GRFC 2021) results from months of collaboration among numerous members of the international humanitarian and development community.

The Food Security Information Network (FSIN) coordinates this process, facilitating multiple partners at global, regional and national levels to share food security and nutrition data, analysis and valuable insights. Without the commitment, contributions and expertise of 16 agencies and many individuals this valuable work would not have been possible.

We would like to thank the senior committee members for their vital guidance and feedback, the FSIN-coordinated food security and nutrition technical working groups for providing analysis, editing, proofreading and disseminating the report and the contributors to the sessions of the technical consultations held from November 2020 to March 2021.

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Acronyms

3RP	Regional Refugee and Resilience Plan
ACAPS	Assessment Capacities Project
ACF	Action Contre le Faim
ACLED	Armed Conflict Location and Event Data Project
AfDB	African Development Bank
ALPS	Alert for Price Spikes indicator
ALG	Liptako-Gourma Authority (Autorité de Développement Intégré de la Région du Liptako Gourma)
AMN	Acute malnutrition
AML	African migratory locusts
ASAL	Arid and semi-arid lands
BAY	Borno, Adamawa and Yobe states
CADC	Central America Dry Corridor
CAFOD	Catholic Agency for Overseas Development
CARI	Consolidated Approach to Reporting Indicators of Food Security
CFA	Crop and Food Supply Assessment
CFSAM	Crop and Food Security Assessment Mission
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CH	Cadre Harmonisé
Cholera/AWD	Cholera and Acute Watery Diarrhoea
CILSS	Permanent Interstate Committee for Drought Control
CONASUR	Conseil National de Secours d'Urgence et de Réhabilitation, Ministère de l'Action Sociale et de la Solidarité National
COVID-19	Corona virus disease 2019
CPI	Consumer Price Index
DEVCO	International Cooperation and Development of the European Commission
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
ECDC	European Centre for Disease Prevention and Control
EC-JRC	European Commission – Joint Research Centre
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
ECOWAS	Economic Community of West African States (Communauté économique des États de l'Afrique de l'Ouest)
EFSA	Emergency Food Security Assessment (Evaluación de Seguridad Alimentaria de Emergencia)
EHES	Eswatini Household Income and Expenditure survey
ENA	Essential Needs Assessment
FAO	Food and Agriculture Organization of the United Nations

FAO-GIEWS	Food and Agriculture Organization of the United Nations – Global Information and Early Warning System on Food and Agriculture
FAW	Fall army worm
FCS	Food Consumption Score
FCT	Federal Capital Territory
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
FSTS	Food Security Technical Secretariat (Yemen)
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
gFSC	Global Food Security Cluster
GDP	Gross Domestic Product
GHO	Global Humanitarian Overview
GHRP	Global Humanitarian Response Plan
GIFMM	Interagency Group on Mixed Migration Flows – Colombia (Grupo Interagencial de Flujos Migratorios Mixtos)
GNAFC	Global Network Against Food Crises
GNC	Global Nutrition Cluster
GRFC	Global Report on Food Crises
HDP	Humanitarian-Development-Peace nexus
HDI	Humanitarian Development Index
HIV/AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
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
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
ISCG	Inter Sector Coordination Group (Bangladesh)
ISIL	Islamic State of Iraq and the Levant
IYCF	Infant and Young Child Feeding
JME	Joint Malnutrition Estimates
JMP	Joint Monitoring Programme
JRP	Joint Response Plan
LGA	Local government area
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MCNA	Multi-Cluster Needs Assessment
MDD	Minimum Dietary Diversity
MFB	Minimum Food Basket
MICS	Multiple Indicator Cluster Survey or Ministry and National Institute for Health (Ministerio de Salud-Instituto Nacional de Salud)
MLND	Maize Lethal Necrosis Disease
MoH	Ministry of Health
MPI	Multi-dimensional poverty index
MSF	Médecines Sans Frontières
MUAC	Mid-Upper Arm Circumference
NDVI	Normalized Difference Vegetation Index
NGCA	Non-Government-Controlled Area (Ukraine)
NNS	National Nutrition Survey
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development
PAHO/WHO	Pan American Health Organization
PCBS	Palestinian Central Bureau of Statistics
PDM	Post-Distribution Monitoring
PDS	Public Distribution System
PLW	Pregnant and lactating women
R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan
R4V	Response for Venezuelans
RBZ	Reserve Bank of Zimbabwe
rCSI	Reduced Coping Strategy Index
REVA	Refugee influx Emergency Vulnerability Assessment
RMRP	Refugee and Migrant Response Plan
RPCA	Food Crisis Prevention Network (Réseau de Prévention des Crises Alimentaires)
RVF	Rift Valley fever
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SENS	Standardised Expanded Nutrition Survey
SICA	Central American Integration System (Sistema de la Integración Centroamericana)
SISAAP	Système d'Information sur la Sécurité Alimentaire et d'Alerte Précoce
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
UEMOA	West African Economic and Monetary Union (Union économique et monétaire ouest-africaine)
UN	United Nations
UN Habitat	United Nations Human Settlement Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAMA	United Nations Assistance Mission in Afghanistan
UNCT	United Nations Country Team
UNCTAD	United Nations Conference on Trade and Development
UN/DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNECA	United Nations Economic Commission for Africa
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSC	United Nations Security Council
USAID	United States Agency for International Development
USD	United States Dollar
USDA GAIN	United States Department of Agriculture – Global Agricultural Information Network
VAC	Vulnerability Assessment Committee
WFP mVAM	United Nations World Food Programme mobile Vulnerability Analysis and Mapping
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WHZ	Weight-for-length/height z-score
ZimVAC	Zimbabwe Vulnerability Assessment Committee



1

A GLOBAL OVERVIEW OF FOOD CRISES

Introduction

The 2021 *Global Report on Food Crises* (GRFC 2021) highlights the remarkably high severity and numbers of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 55 countries/territories, driven by persistent conflict, pre-existing and COVID-19-related economic shocks, and weather extremes. The number identified in the 2021 edition is the highest in the report's five-year existence.

While conflict continues to displace people, disrupt livelihoods and damage economies, the COVID-19 pandemic and related containment measures have exacerbated pre-existing drivers of fragility, widened inequalities and exposed structural vulnerabilities of local and global food systems, hitting the most economically vulnerable households particularly hard.

The shocks come amid the frequent threat of weather extremes that result in crop and livestock losses, destroy homes and displace people. Together and separately, such shocks – especially when persistent or recurrent – drive millions of people to lose their livelihoods and lack adequate food. These shocks also increase the risk of all forms of malnutrition, and, in the most extreme cases, cause death.

Policy-makers need clear and reliable data and analyses to inform policies, strategies and actions. But information is often conflicting, based on various data sources and employs different methodologies that do not have an agreed equivalent in terms of standard IPC/CH phases. The GRFC – an initiative of the Global Network against Food Crises, facilitated by the Food Security Information Network (FSIN) and its 16 global and regional partners – responds to these limitations by providing

information based on a rigorous methodology and a highly consultative process.

The GRFC 2021 provides an overview of food crises in 2020 using acute food insecurity estimates for populations in countries/territories where data are based on the Integrated Food Security Phase Classification (IPC) and Cadre Harmonisé (CH) or comparable sources. It focuses on crises where the local capacities to respond are insufficient, prompting a request for the urgent mobilization of the international community, as well as countries/territories where there is ample evidence that the magnitude and severity of the food crisis exceed the local resources and capacities needed to respond effectively.

The GRFC Senior Committee confirms the scope of the report, endorses the criteria used to select the countries/territories, provides guidance on data gaps, technical challenges, consensus-building, and eventually validates the report. The GRFC Technical Working Groups agree on methods and approach; identify data sources and published analyses; engage with regional and country-level food security and nutrition specialists to address gaps; review and validate the quality and reliability of data; and identify peak estimates and key drivers of acute food insecurity and malnutrition.

The result is a document of reference with credible information and analyses endorsed by experts and held to the highest standards, based on independent, consensus-based assessments. It also highlights critical data gaps.

The GRFC 2021 estimates that at least 155 million people were acutely food insecure and in need of urgent assistance (IPC/CH Phase 3 or above) or equivalent in 2020 in 55 countries/

territories that asked for external assistance – the highest level in five years of GRFC reporting. It represents an increase of nearly 20 million people since 2019, when almost 135 million people were in Crisis or worse (IPC/CH Phase 3 or above) or equivalent, in 55 countries/territories. Around 21 percent of the analysed population was in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 2020, up from 16.5 percent in 2019.

While the GRFC compiles acute food insecurity estimates with a specific focus on countries that need assistance based on internationally agreed standards and consensus among technical partners, some organizations produce different estimates based on their own geographical coverage, methods and mandate, which they use for their own operational needs. See Technical Notes.

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

The GRFC 2021 methodology at a glance

The countries/territories selected for the GRFC 2021 were identified through the application of multiple, agreed-upon criteria established by the GRFC Senior Committee. The criteria have helped gauge the magnitude and severity of the acute food insecurity situation of all countries/territories in the report. See the next page for detailed selection process and criteria.

The main sources for acute food insecurity data are the Integrated Food Security Phase Classification (IPC) and the Cadre Harmonisé (CH). Populations in Crisis (IPC/CH Phase 3), Emergency (IPC/CH Phase 4) and Catastrophe (IPC/CH Phase 5) are those in need of urgent action. The situation is at its worst when households have exhausted all coping strategies and face destitution, malnutrition, starvation and death. See figure 1.1.

As in previous years, the report provides the peak/highest estimate of people in Crisis or worse (IPC/CH Phase 3 or above) across the analyses presented for the 2020 calendar year. For countries without IPC/CH analyses, acute food insecurity estimates were derived from IPC-compatible FEWS NET analyses, WFP analyses and/or Humanitarian Needs Overviews. See Technical Notes.

Most of the acute food insecurity 2021 forecasts are from IPC/CH projections, which focus on most-likely scenarios during a projected period and factor in the potential effects of planned, funded and likely-to-occur humanitarian assistance in the analysed area. In countries without an IPC/CH projection, FEWS NET provided an IPC-compatible estimated range of the number of people in Crisis or worse (IPC Phase 3 or above), based on a most-likely scenario, in the absence of humanitarian food assistance.

Figure 1.1

IPC/CH acute food insecurity phase description and response objectives

Phase	Phase description and priority response objective
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; <i>or</i> • 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; <i>or</i> • 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.) Famine and Famine Likely classifications are equally severe, the only difference is the amount of reliable evidence available to support the statement. URGENT ACTION required to revert/prevent widespread death and total collapse of livelihoods.

All partners are in agreement with the general magnitude and severity of acute food insecurity indicated for the countries included in this report except for Afghanistan, the Democratic Republic of the Congo, Ethiopia, Haiti and the Sudan. For those countries, FEWS NET produced estimates that were lower than those provided by the IPC Technical Working Groups.

Data gaps remain a challenge and partners are concerned over countries/territories lacking consensual and comparable acute food insecurity analyses and estimates. Such gaps and lack of sufficient evidence highlight the imbalance in attention that different crises receive and the urgent need for donors and agencies to prioritize assessments and analysis.

Selecting countries and identifying major food crises for inclusion in the GRFC 2021

The selection process for the GRFC 2021 identified 79 qualifying countries/territories for potential inclusion. Following a review of the evidence, the GRFC Technical Working Group validated acute food insecurity estimates for 55 countries/territories, of which 34 were identified as major food crises. This rigorous selection criteria has been employed over the five years of the GRFC's existence. In all five years, 39 countries consistently qualified as food crises, of which 19 were identified as major food crises. See Technical Notes.

1 | PRE-SELECTION OF QUALIFYING COUNTRIES/TERRITORIES

48 countries/territories that requested external assistance for food and/or faced shocks as assessed by FAO-GIEWS:

- ▶ in 2020 or
- ▶ at least once in the past 3 years or
- ▶ at least 3 years in the past 10 years.

31 low or middle-income countries/territories that did not meet FAO-GIEWS criteria, but requested external assistance as a result of:

- ▶ hosting refugee populations who were assisted by UNHCR and WFP
- ▶ having over 1 million or at least 20% of its population forcibly displaced
- ▶ having populations affected by conflict and insecurity, weather extremes and/or economic shocks.

Countries were excluded if they were high-income countries, if they did not ask for FAO or WFP assistance, or if the shocks had little impact on food security.

79 countries/territories identified

2 | SELECTION AND GROUPING OF COUNTRIES/TERRITORIES

24 of the 79 countries/territories identified had data gaps or insufficient evidence to produce estimates of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent.

The remaining **55** food-crisis countries/territories are grouped into 5 regions:

- ▶ **Central and Southern Africa** incorporating selected SADC countries and the Central African Republic
- ▶ **East Africa** including IGAD countries and Burundi
- ▶ **West Africa and the Sahel** countries covered by the Cadre Harmonisé (CH) methodology and Libya
- ▶ **Eurasia** focusing on Ukraine (Donetsk and Luhansk oblasts), the Middle East and South Asia
- ▶ **Central America and Haiti.**

55 countries/territories included

3 | IDENTIFICATION OF MAJOR FOOD CRISES

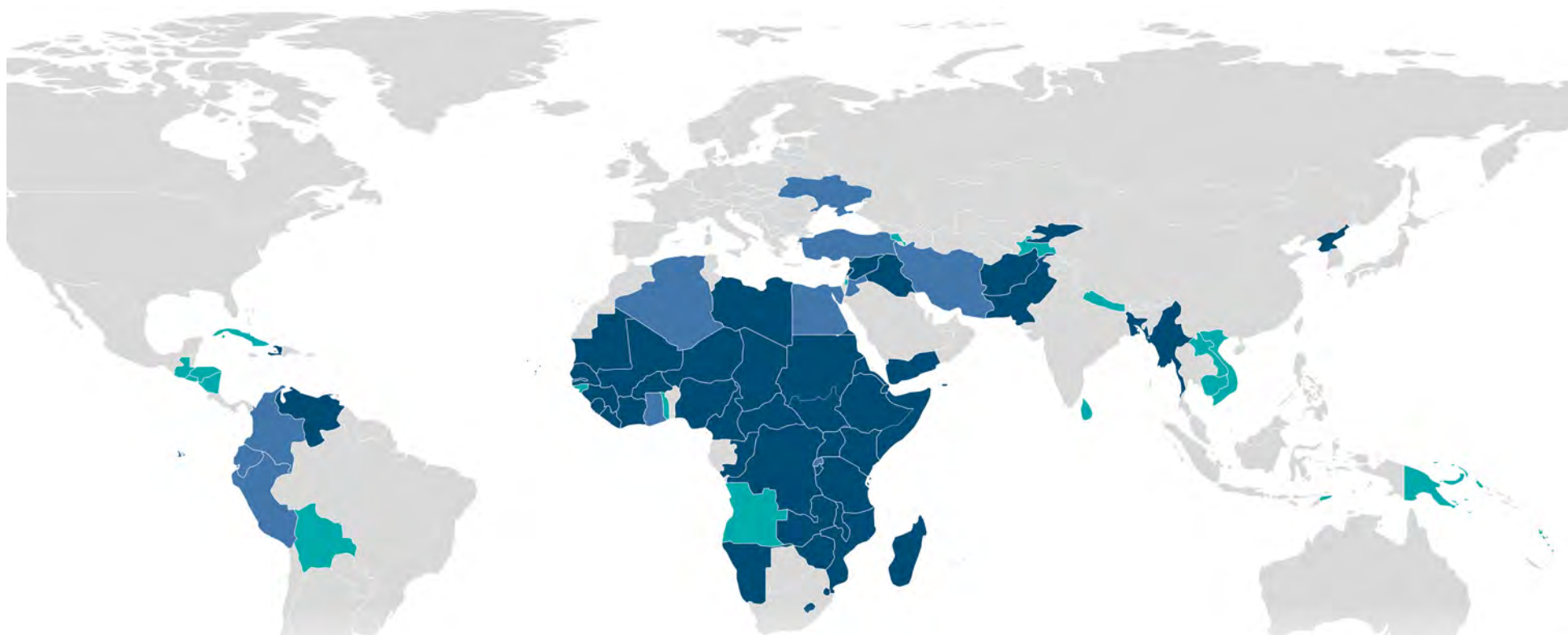
34 of the selected countries/territories were identified as major food crises in 2020 based on meeting one or more of the following criteria:

- ▶ at least 20% of the country population in Crisis or worse (IPC/CH Phase 3 or above) or equivalent
- ▶ at least 1 million people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent
- ▶ any area in Emergency (IPC/CH Phase 4) or above
- ▶ included in the IASC humanitarian system-wide emergency response-level 3.

34 major food crises analysed

Map 1.1

GRFC 2021 geographical coverage



- **Countries/territories that requested external assistance for food and/or faced shocks as assessed by FAO-GIEWS in 2020 or at least once in the past 3 years, or 3 years in the past 10 years:** Afghanistan, Bangladesh, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Eritrea, Eswatini, Ethiopia, Gambia, Guinea, Haiti, Iraq, Kenya, Kyrgyzstan, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Namibia, Niger, Nigeria, Pakistan, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Uganda, United Republic of Tanzania, Venezuela (Bolivarian Republic of), Yemen, Zambia, Zimbabwe.
- **Low or middle-income countries/territories that did not meet FAO-GIEWS criteria, but requested external assistance as a result of hosting refugee populations who were assisted by UNHCR and WFP or as a result of having over 1 million or at least 20% of its own population forcibly displaced:** Algeria, Colombia, Ecuador, Egypt, Ghana, Iran (Islamic Republic of), Jordan, Peru, Rwanda, Turkey, Ukraine.

- **Low or middle-income countries/territories that did not meet FAO-GIEWS criteria, but requested external assistance as a result of having populations affected by weather extremes, conflict/insecurity and/or economic shocks:** Angola, Armenia, Bolivia (Plurinational State of), Cambodia, Cuba, El Salvador, Guatemala, Guinea-Bissau, Honduras, Lao People's Democratic Republic, Nepal, Nicaragua, Papua New Guinea, Palestine, Sri Lanka, Tajikistan, Timor-Leste, Togo, Vanuatu, Viet Nam.

Data gaps/insufficient evidence to produce estimates of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent: Algeria (refugees), Armenia, Bolivia (Plurinational State of), Cambodia, Colombia (Venezuelan migrants), Cuba, Democratic People's Republic of Korea, Ecuador (Venezuelan migrants), Eritrea, Ghana (refugees), Iran (Islamic Republic of) (refugees), Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Myanmar, Nepal, Papua New Guinea, Peru (Venezuelan migrants), Rwanda (refugees), Sri Lanka, Tajikistan, Timor-Leste, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam.

Global food crises overview, 2020

Around 155 million people were in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 55 countries/territories in 2020.

The number of people in Crisis or worse (IPC/CH Phase 3 or above) in 2020 was nearly 20 million higher than in 2019 (134.7 million in 55 countries/territories). The additional people were mainly in 12 food crises: the Democratic Republic of the Congo and the Syrian Arab Republic, with around 6 million more each; Nigeria (15 states and the FCT) and the Sudan, with around 4 million more each; Afghanistan, Burkina Faso and Honduras, all with around 2 million more each and Burundi, Cameroon, Mozambique, Sierra Leone and Uganda, all with about 1 million more each.

Around 21 percent of the analysed population was in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 2020, up from 16.5 percent in 2019.

Out of the 47 million children suffering from wasting globally, 15.8 million were in these 55 food crises. Out of the 144 million children affected by stunting globally, 75.2 million were in the 55 food crises (JME, March 2020).



15.8M children under 5 years old are wasted and 75.2M children under 5 years old are stunted in the 55 food-crisis countries/territories.

Source: JME, March 2020.

Populations in Catastrophe/Famine (IPC/CH Phase 5)

In South Sudan, the number of people in Catastrophe (IPC Phase 5) increased from zero in May–July 2020 to 92 000 in October–November 2020, and increased further to 105 000 in six counties by December (IPC and external reviews, December 2020). The IPC Famine Review Committee determined that four payams in Pibor county faced Famine Likely (IPC Phase 5) in October–December 2020.

In Yemen, around 16 500 people were in Catastrophe (IPC Phase 5) in the last quarter of 2020 in five districts in the governorates of Al Jawf and Hajjah, driven by conflict, displacement and limited humanitarian access, and Amran, where highly vulnerable marginalized groups lack access to public services. This marks a decrease since January 2019 when 63 500 people were in Catastrophe (IPC Phase 5) in 25 districts in eight governorates, including Amran and Hajjah but not Al Jawf.

Burkina Faso's crisis worsened by mid-2020 when around 11 400 people – partially or completely cut off from humanitarian assistance – were in Catastrophe (CH Phase 5).

Populations in Stressed (IPC/CH Phase 2)

An additional 208 million people were in Stressed (IPC/CH Phase 2) in 43 countries/territories with IPC/CH analyses in 2020 and required action for disaster risk reduction and to protect livelihoods.



Some 155.3 million people were in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 55 countries/territories in 2020.



Nearly 133 000 people were in Catastrophe (IPC/CH Phase 5) in Burkina Faso, South Sudan and Yemen in 2020.

SOUTH SUDAN



YEMEN



BURKINA FASO



Source: FSIN, using IPC and CILSS-CH data.



Some 208 million people were in Stressed (IPC/CH Phase 2) in 43 countries/territories in 2020.

Populations in Emergency or worse (IPC/CH Phase 4 or above)

In 2020, 28.4 million people were in Emergency or worse (IPC/CH Phase 4 or above) in 38 out of 43 countries with IPC/CH analyses. The Democratic Republic of the Congo, Afghanistan, Yemen, the Sudan, South Sudan, Ethiopia, Haiti and Zimbabwe each had more than 1 million people in Emergency or worse (IPC/CH Phase 4 or above), accounting for 75 percent of the global total number in these phases. See figures 1.2 and 1.3.

The three worst global food-crises – the Democratic Republic of the Congo, Yemen and Afghanistan – accounted for nearly half of the total in Emergency or worse (IPC/CH Phase 4 or above).

In 23 of these 38 countries, the number of people in Emergency or worse (IPC/CH Phase 4 or above) increased between 2019 and 2020. The biggest increases were in the Democratic Republic of the Congo with a 1.8 million increase, Afghanistan (1.6 million) and the Sudan (1.1 million). Although their populations in Emergency or worse (IPC/CH Phase 4 or above) were comparatively low, three West African countries saw large percentage increases: Burkina Faso (1 689 percent), Sierra Leone (840 percent) and Chad (521 percent).

In six countries – the Central African Republic, South Sudan, Afghanistan, Yemen, Haiti and Zimbabwe – over 10 percent of the population analysed was in Emergency or worse (IPC Phase 4 or above), reaching 16 percent in the Central African Republic. See figure 1.4.

Although there are no estimates for the populations in Emergency or worse (IPC/CH Phase 4 or above) in the Syrian Arab Republic or Palestine, both countries/territories had around 1.3 million severely food-insecure people according to WFP, using CARL methodology. For the Syrian Arab Republic this represented six percent of the population analysed and for Palestine it represented 24 percent. See figure 1.5.

Figure 1.2

Eight food crises had more than one million people in Emergency or worse (IPC/CH Phase 4 or above) in 2020

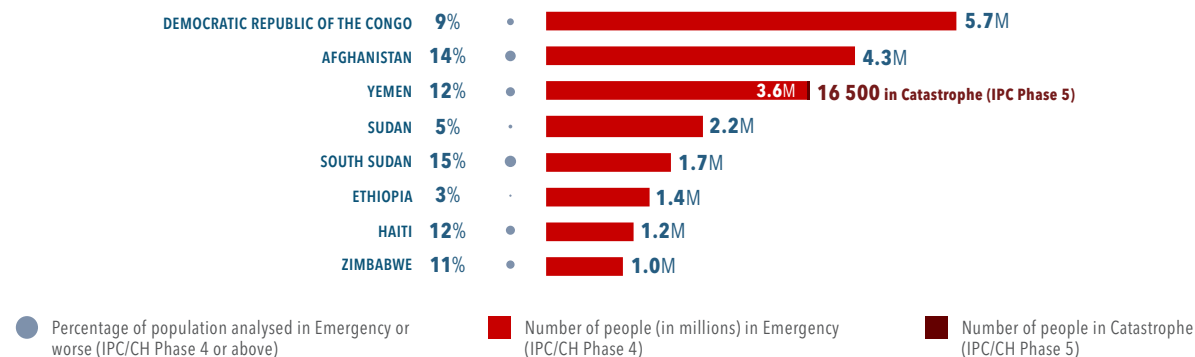


Figure 1.3

Of the 43 countries with IPC/CH analyses, 38 had populations in Emergency or worse in 2020

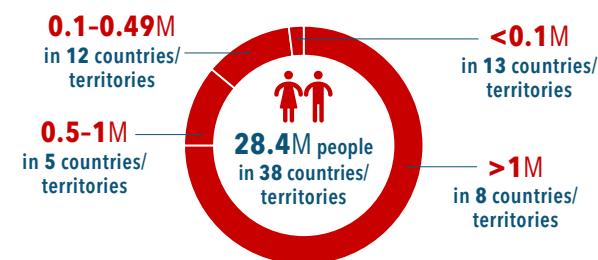


Figure 1.4

Six food crises had more than 10 percent of their analysed population in IPC Phase 4 or above in 2020

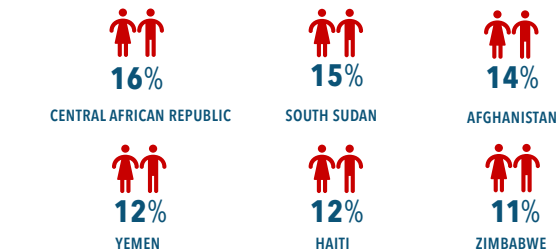
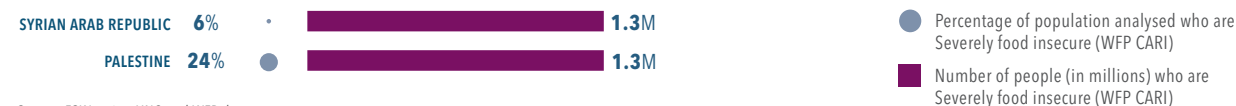


Figure 1.5

Two food crises with more than one million severely food-insecure people in 2020 (WFP CARL)



The regional perspective

In 2020, Africa remained the continent most affected by food crises, accounting for 63 percent of the global total number of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent, up from 54 percent in 2019. See map 1.2.

The number of people in Crisis or worse (IPC Phase 3 or above) or equivalent in Central and Southern Africa was the highest on the continent at 40.2 million, up from 32.2 million in 2019. This increase is partly explained by the economic impact of COVID-19 and protracted conflict in the Democratic Republic of the Congo as well increased analysis coverage. In East Africa, 32.9 million people were in Crisis or worse (IPC Phase 3 or above), 75 percent of them in the Sudan, Ethiopia and South Sudan. In West Africa and the Sahel, 24.8 million people were in Crisis or worse (CH Phase 3 or above) or equivalent – almost double the number of 2019 largely due to intensifying conflict, mass displacement and the economic impact of COVID-19.

Eurasia accounted for 29 percent of the global total number of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent. In the Middle East, 29.4 million people were in Crisis or worse (IPC Phase 3 or above) or equivalent in four conflict-affected countries/territories (Iraq, Palestine, the Syrian Arab Republic and Yemen) as well as refugee populations (mainly Syrian) in Egypt, Jordan, Iraq and Lebanon. In South Asia, (Afghanistan, Cox’s Bazar in Bangladesh and Khyber Pakhtunkhwa province in Pakistan), 15.6 million people were in Crisis or worse (IPC Phase 3 or above) or equivalent.

In Central America (El Salvador, Guatemala, Honduras and Nicaragua) and Haiti, over 11.8 million people were in Crisis or worse (IPC Phase 3 or above), a dramatic increase since 2019 due to increasing analysis coverage as well as deteriorating food crises linked to repeated weather extremes and the economic fallout from COVID-19 on fragile economies. See figure 1.6.

Map 1.2
Numbers of people in IPC/CH Phase 3 or above (or equivalent) by region, 2020

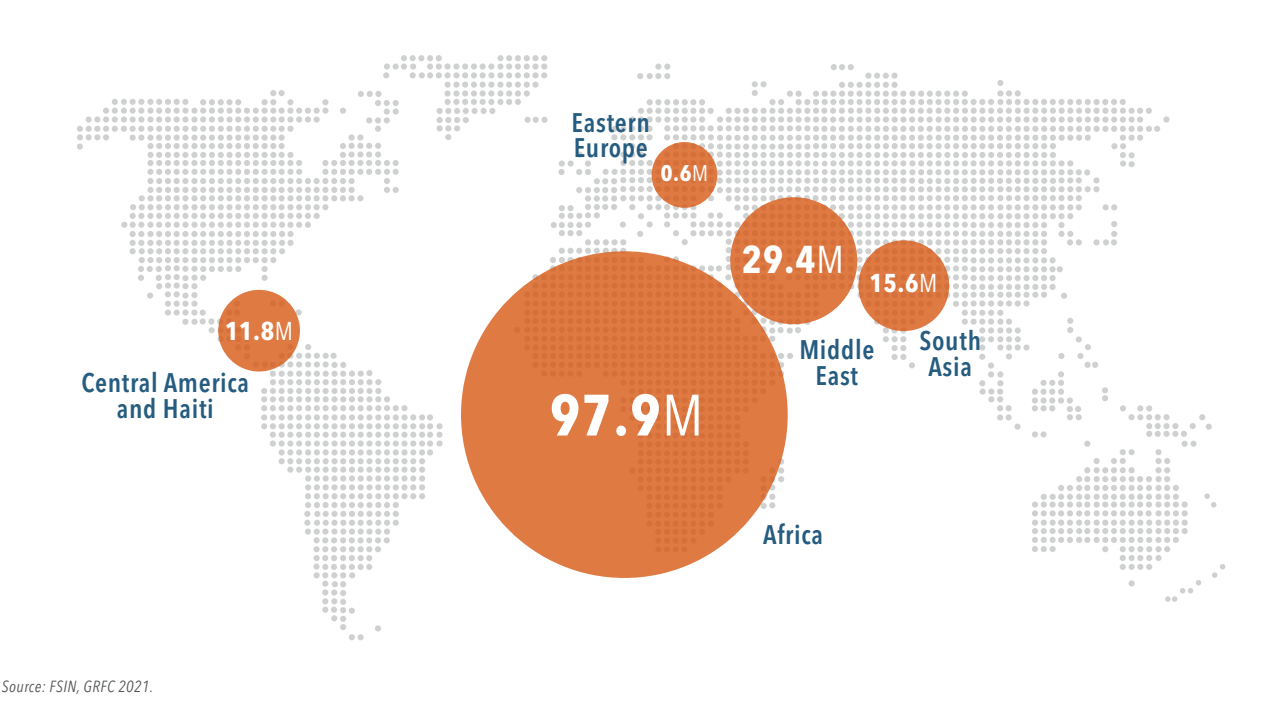


Figure 1.6
Numbers of people in IPC/CH Phase 3 or above (or equivalent), by region, 2016–2020
Data from 39 countries common to all editions of the GRFC 2017–2021

	2016	2017	2018	2019	2020
Eurasia	31.3	36.5	36.8	36.9	45.6
East Africa	25.9	29.3	28.4	27.7	32.9
Central America and Haiti	3.2	3.3	3.6	7.8	11.8
Central and Southern Africa	22.3	23.4	25.2	30.2	40.2
West Africa and the Sahel, Cameroon and Libya	11.5	18.1	11.4	12.6	24.8

Source: FSIN, GRFC 2017–2021.

The 10 crises with the highest number of people in Crisis or worse (IPC/CH Phase 3 or above), or equivalent

In the 10 worst food crises, over 103 million people were in Crisis or worse (IPC/CH Phase 3 or above) or equivalent, representing 66 percent of the total number. See figure 1.7.

For the third consecutive year, three conflict-affected countries – the Democratic Republic of the Congo, Yemen and Afghanistan – had the largest populations in Crisis or worse (IPC Phase 3 or above). These three, plus the Syrian Arab Republic, accounted for nearly 40 percent of the total global population in Crisis or worse (IPC Phase 3 or above).

In these 10 worst food crises – in terms of numbers of people in Crisis or worse (IPC/CH Phase 3 or above) – there were around 121 500 in Catastrophe (IPC Phase 5) in South Sudan (105 000) and Yemen (16 500).

Afghanistan, Haiti, South Sudan, the Syrian Arab Republic, Yemen and Zimbabwe all had at least 40 percent of their analysed population in Crisis or worse (IPC Phase 3 or above).

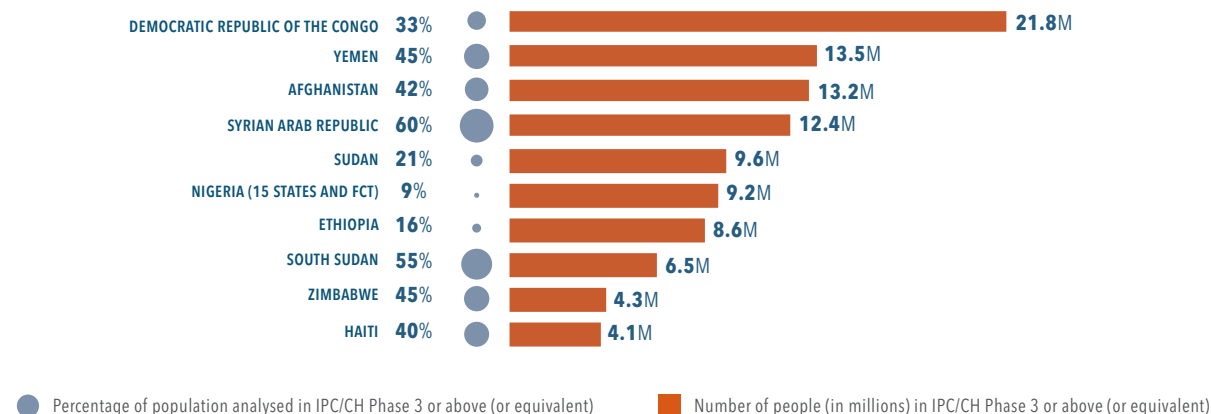
Nine of these 10 crises – Yemen, the Democratic Republic of the Congo, Afghanistan, Ethiopia, the Sudan, the Syrian Arab Republic, Nigeria (15 states and the FCT), South Sudan and Haiti – were also among the 10 food crises with the highest numbers of people in Crisis or worse (IPC/CH Phase 3 or above) in 2019.

Although Venezuela (Bolivarian Republic of) was among the 10 worst food crises in 2019, there was insufficient evidence to include it in 2020. Zimbabwe qualified as one of the 10 worst food crises in 2020. See figure 1.8.

Between the two years, major increases in the populations in Crisis or worse (IPC/CH Phase 3 or above) or equivalent

Figure 1.7

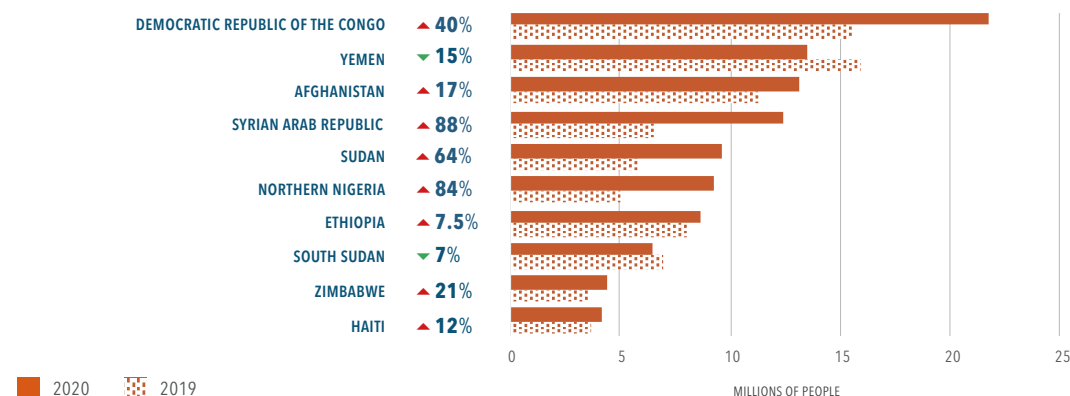
The 10 crises with the highest number of people in IPC/CH Phase 3 or above (or equivalent) in 2020



Source: FSIN, GRFC 2021.

Figure 1.8

Change in numbers of people in IPC/CH Phase 3 or above (or equivalent) in the 10 worst food crises, 2019–2020



Note: The 2019 and 2020 analyses are not fully comparable for Democratic Republic of the Congo, Ethiopia, northern Nigeria and Sudan.
Source: FSIN, GRFC 2021.

were observed in Afghanistan, the Democratic Republic of the Congo, northern Nigeria, the Sudan and the Syrian Arab Republic and relatively lower increases in Haiti, Ethiopia and Zimbabwe. The increases in the Democratic Republic of the Congo, Ethiopia and the Sudan can partly be attributed to increases in the population analysed. See figure 1.8.

Undernutrition in these 10 worst food crises

Women and children living in food-crisis countries are especially vulnerable to malnutrition. In total 7.2 million children suffered from wasting in the 10 worst food crises and 31.9 million suffered from stunting (JME, March 2020).

The highest levels of child wasting were in Yemen, the Sudan and South Sudan, each with a prevalence of around 16 percent. In Yemen, wasting levels reached 31 percent in some governorates (SMART 2019).

The world's two worst food crises had very high levels of child stunting with 46.4 percent of children under 5 years stunted in Yemen and 42 percent in the Democratic Republic of the Congo. See figure 1.9.

Displacement in these 10 worst food crises

Despite movement restrictions and the closure of international borders due to the COVID-19 pandemic, millions of people were internally displaced or sought refuge abroad in 2020, mainly due to conflict or, to a lesser extent, weather extremes.

Out of the world's 46 million people internally displaced, nearly 30 million were in the eight worst global food crises (IDMC, end 2019). The four countries with the highest number of people in Crisis or worse (IPC Phase 3 or above) – the Democratic Republic of the Congo, Yemen, Afghanistan and the Syrian Arab Republic – were among the world's five countries with the highest number of internally displaced people (UNHCR, December 2020). See figure 1.10.



7.2M children under 5 years old are wasted and 31.9M children under 5 years old are stunted in the 10 worst food crises

Source: JME, March 2020.

Figure 1.9

Wasting and stunting prevalence in children under 5 years in the 10 worst food crises of 2020

	WASTING (PERCENT)	STUNTING (PERCENT)
YEMEN	16.4%	46.4%
SUDAN	16.3%	38.2%
SOUTH SUDAN	15.8%	15.6%
SYRIAN ARAB REPUBLIC	11.5%	27.9%
ETHIOPIA	7.2%	36.8%
NIGERIA	6.8%	36.8%
DEMOCRATIC REPUBLIC OF THE CONGO	6.5%	42.0%
AFGHANISTAN	5.1%	36.6%
HAITI	3.7%	21.9%
ZIMBABWE	2.9%	23.5%

Very low Low Medium High Very high

Source: National nutrition surveys, date range used for data: 2013–2019.

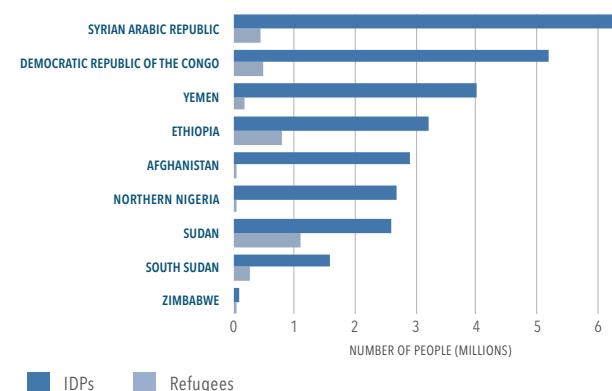
Despite having to contend with their own major displacement crises, eight of the 10 worst food-crisis countries were also hosting refugees/asylum seekers fleeing conflict from neighbouring countries. The largest numbers were hosted in the Sudan and Ethiopia followed by the Democratic Republic of the Congo, the Syrian Arab Republic, South Sudan and Yemen and relatively small numbers in Afghanistan and Nigeria. After several months of growing political tensions, the situation in the Tigray region of Ethiopia escalated in early November leading to immediate and large-scale forced displacement into east Sudan. See figure 1.10.

More than one in three of the world's 30.5 million refugees and asylum seekers originated from three of the worst food crises – the Syrian Arab Republic (6.7 million), Afghanistan (3.0 million) and South Sudan (2.3 million). Large numbers of refugees and asylum seekers originated from the Democratic Republic of the Congo (973 000), the Sudan (842 000), Nigeria (425 000) and Ethiopia (225 000) (UNHCR, mid-2020).

In 2020, the food security and livelihoods of already vulnerable forcibly displaced households became significantly more tenuous due to the COVID-19 pandemic. Displaced populations are disproportionately dependent on informal sector jobs and lack access to host countries' social safety nets (Center For Global Development, July 2020).

Figure 1.10

Numbers of IDPs and refugees/asylum seekers in the 10 worst food crises in 2020



Note: There are very low numbers of displaced people in Haiti.
Source: UNHCR and UNRWA, 2020.

Crises with the highest share of people in Crisis or worse (IPC/CH Phase 3 or above), or equivalent

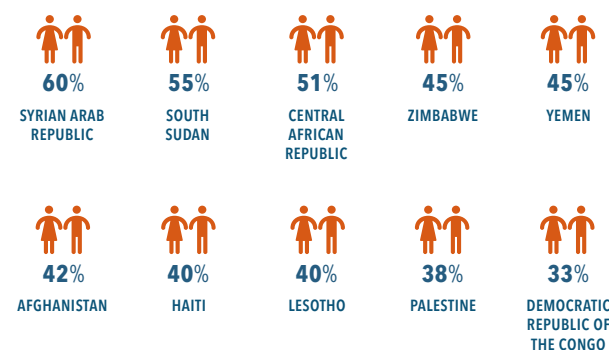
Seven of the 10 worst food-crisis countries in terms of numbers of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent, had at least 40 percent of their analysed populations in these Phases of acute food insecurity. The Central African Republic, South Sudan and the Syrian Arab Republic, had more than half of their analysed populations in Crisis or worse (IPC/CH Phase 3 or above) or equivalent. See figure 1.11.

In localized food insecurity hotspot areas in Angola and the Republic of the Congo, there was also a particularly high share of the analysed population in Crisis or worse (IPC/CH Phase 3 or above) or equivalent, partly attributable to the small share of the population analysed out of the total population. In Cox's Bazar, Bangladesh, the share of the analysed population among the Rohingya refugees and the host population reached 87 percent.

In certain Syrian refugee populations, the share of the analysed population in Crisis or worse (IPC/CH Phase 3 or above) or equivalent was also high, particularly among Syrian refugees in Lebanon (49 percent) and Egypt (39 percent).

Figure 1.11

Crises with the highest share of population analysed in IPC/CH Phase 3 or above (or equivalent) in 2020



Note: Countries with analysis coverage below 5 percent of the population are excluded from this graphic (Angola, Bangladesh, Congo, Pakistan), as are analyses solely covering displaced populations (Lebanon, Egypt, Jordan).

Source: FSIN, using IPC and HNO data.

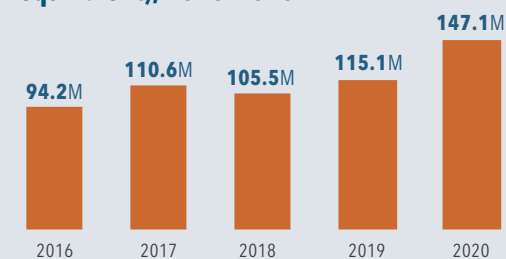
GRFC five-year trends

In the 39 countries/territories common to all five editions of the GRFC, the numbers of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent have risen.

The increasing trend from 2016–2020 reflects the wider availability of data, including in previously inaccessible areas or in contexts where data quality was poor. However, it also reflects worsening levels of acute food insecurity. In more than half of the 39 countries/territories, the number of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent reached at least a five-year high in 2020 (i.e. since GRFC records began). See figure 1.12.

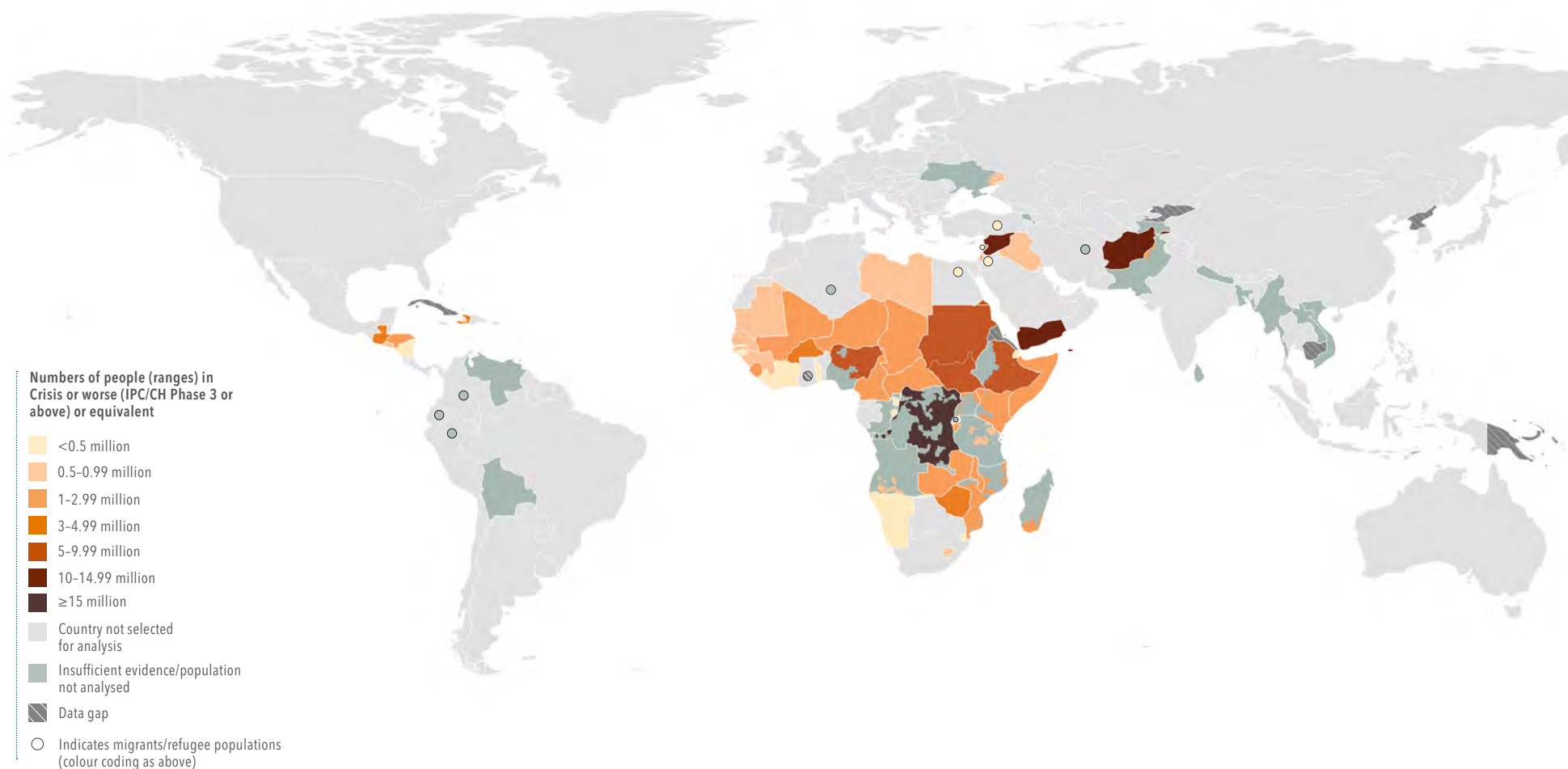
Figure 1.12

Numbers of people in IPC/CH Phase 3 or above (or equivalent), 2016–2020



Source: FSIN, GRFC 2017–2021.

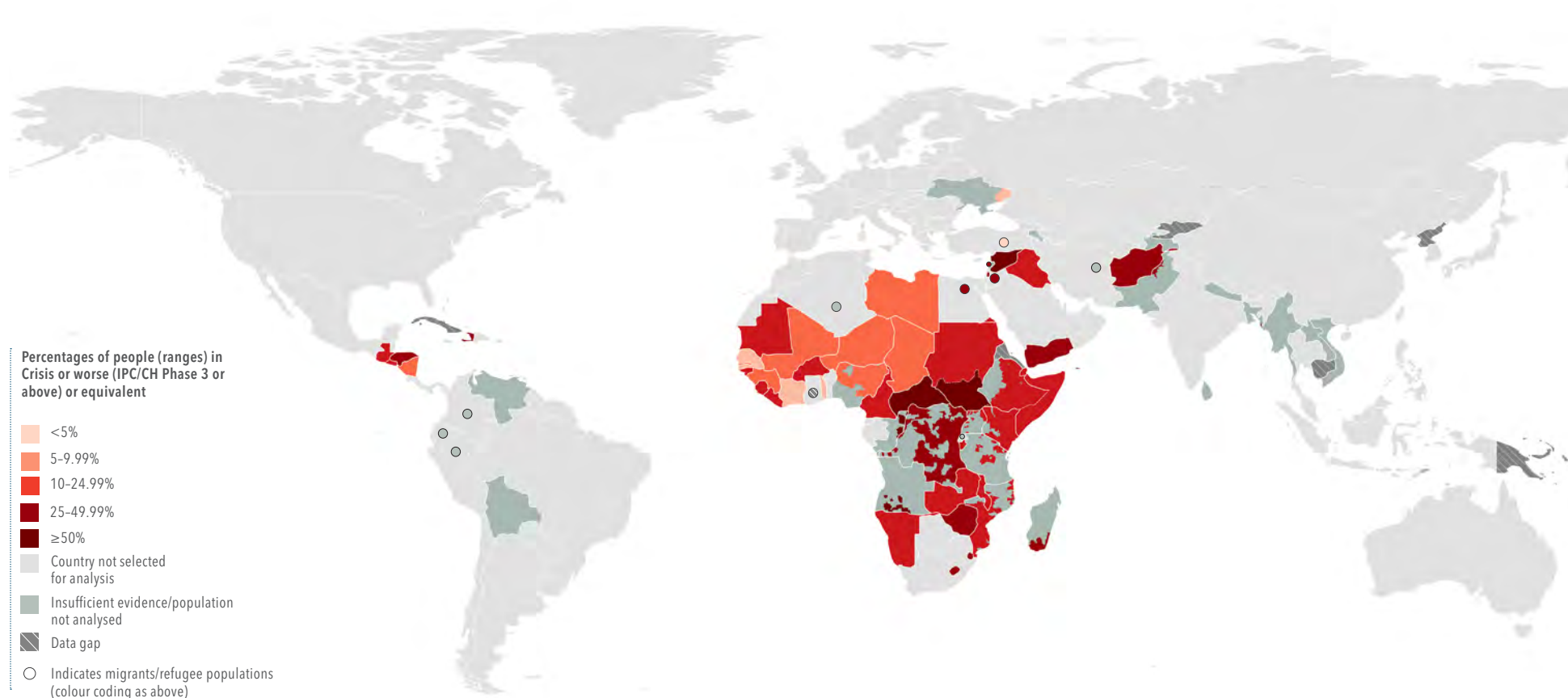
Map 1.3
155 million people in Crisis or worse (IPC/CH Phase 3 or above), or equivalent in 55 countries/territories in 2020



Note: Migrant/refugee populations refers to: Venezuelan migrants in Colombia, Ecuador and Peru; Sahrawi population in Algeria; refugees, mostly Syrian, in Egypt, Jordan, Lebanon and Turkey; mostly Afghan in Iran (Islamic Republic of); mostly Ivorian in Ghana and mostly Congolese and Burundian in Rwanda. 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 May 2021.

Map 1.4

Share of people in Crisis or worse (IPC/CH Phase 3 or above), or equivalent in 55 countries/territories in 2020



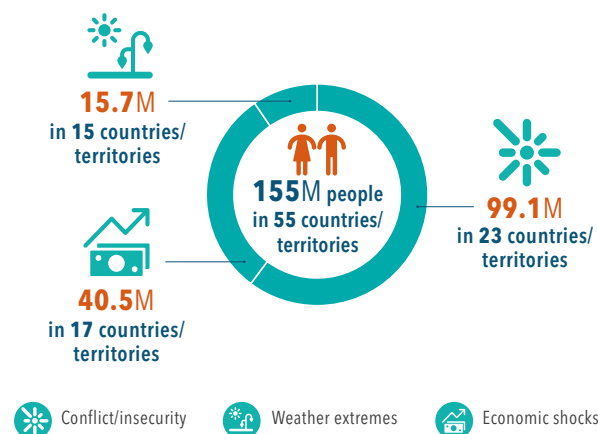
Note: Migrant/refugee populations refers to: Venezuelan migrants in Colombia, Ecuador and Peru; Sahrawi population in Algeria; refugees, mostly Syrian, in Egypt, Jordan, Lebanon and Turkey; mostly Afghan in Iran (Islamic Republic of); mostly Ivorian in Ghana and mostly Congolese and Burundian in Rwanda. 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 May 2021.

Major drivers of global food crises in 2020

The GRFC 2021 aims to identify the most prominent driver of acute food insecurity for each country/territory. In 2020, conflict/insecurity, weather extremes, and economic shocks, including COVID-19-related economic effects again constituted the three primary drivers of acute food insecurity. However, the drivers are often interlinked and mutually reinforcing, rendering it difficult to specify a singular trigger or driver of each food crisis. See figure 1.13.

For more information on the description and selection of the primary drivers, see the Technical Note.

Figure 1.13
Numbers of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent by key driver in 2020



Note: Many food crises are the result of multiple drivers. The GRFC has based these infographics on the predominant driver in each country/territory.
Source: FSIN, GRFC 2021.

Conflict/insecurity

Almost 100 million people were in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 23 countries/territories where conflict was the main driver. In spite of movement restrictions to contain the spread of the COVID-19 pandemic, conflict situations worsened in a number of countries, intensifying food crises in these contexts. Conflict drove internal and cross-border displacement, deprived people of their livelihoods, disrupted markets, trade and crop production, prevented herders from accessing their pasturelands and contributed to high food prices. Insecurity also constrained humanitarian access, leaving communities without essential assistance and exposing aid workers to increased risks.

Protracted conflict was the main driver of six of the 10 worst food crises – the Democratic Republic of the Congo, Yemen, Afghanistan, the Syrian Arab Republic, Nigeria (15 states and FCT) and South Sudan – with the number of IDPs increasing in all six countries in 2020. All countries that had populations in Catastrophe (IPC/CH Phase 5) in 2020 – Burkina Faso, South Sudan and Yemen – were affected by conflict/insecurity. More than 60 percent of the total population in Emergency (IPC/CH Phase 4) were in countries in which conflict was the main driver.

The data shows that each country identified primarily as a conflict-driven food crisis in 2019 remained so in 2020. However, the numbers of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent have increased by 22 million from 77.1 million in 2019.¹ See figure 1.14.

¹ The countries with conflict as the primary driver were the same in 2020 as 2019 – minus Myanmar and Rwanda and with the addition of the conflict-affected area of Khyber Pakhtunkhwa in Pakistan and Syrian refugees in Jordan and Egypt in 2020.

Figure 1.14
Number of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent by primary driver, 2018–2020

	2018	2019	2020
Conflict/insecurity	73.9M 21 countries	77.1M 22 countries	99.1M 23 countries
Weather events	28.7M 26 countries	33.7M 25 countries	15.7M 15 countries
Economic shocks	10.2M 6 countries	23.9M 8 countries	40.5M 17 countries

Note: Economic shocks includes the indirect impact of COVID-19 in 2020.
Source: FSIN, GRFC 2019–2021.

Economic shocks, including COVID-19

Economic shocks were a more significant driver of food crises in 2020 as the indirect impact of COVID-19 exacerbated fragilities. They became the primary driver of acute food insecurity for over 40 million people in Crisis or worse (IPC/CH Phase 3 or above) in 17 countries in 2020, up from around 24 million people in eight countries in 2019.

The socioeconomic impact of COVID-19 added further hardship in some of the worst food crises, such as Haiti, the Sudan and Zimbabwe, in which economic shocks had already been identified as the main driver in 2019. The varying measures to contain COVID-19 sharply curbed domestic economic activities, resulting in significant job and income losses, particularly in the

informal sector, where limited social protection programmes existed to buffer the impact of income shocks.

Unemployment increased significantly in urban areas where the industries most affected by the pandemic were largely located and many were engaged in the informal sector. External demand for tourism services and many primary commodities (such as oil and metals) that provide essential sources of revenue, declined. A reduction in remittances and net inflows of capital and aid, as well as reduced investments due to uncertainty were added strains on countries' tight financial resources. As a result of the job losses in advanced economies, remittance inflows declined and further cut households' incomes. An additional 119–124 million people were expected to fall into extreme poverty in 2020 using the USD 1.90 poverty line (WB, January 2021).

The multiple shocks to incomes led to a sharp reduction in households' capacity to purchase sufficient food, both in terms of quantity and quality. Supply chain disruptions contributed to abrupt food price spikes, especially during the initial period following movement restrictions, and sustained high levels thereafter. Increasing inflation rates, particularly in import-dependent countries, further weighed on households' poor food access. The economic downturns hit government finances, constraining their capacity to support vulnerable households as needs increased. Falling export and domestic revenues, as well as increased costs to fund the health response, pushed up public debt levels to unsustainable levels in several countries (GNAFC, September 2020).

Women are more exposed to hard-hit economic sectors and have lost their livelihoods faster. According to a worldwide analysis commissioned by UN Women and UNDP, by 2021 around 435 million women and girls will be living on less than USD 1.90 a day – including 47 million pushed into poverty as a result of COVID-19 (UN Women, 2020).

Weather extremes

Although most food crises were affected by weather extremes in 2020, their impact was relatively lower than the other two main drivers. Weather extremes nevertheless remained the primary driver of acute food insecurity in 15 countries with around 16 million people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 2020. In 2019, they constituted the primary driver in 25 countries with around 34 million people in Crisis or worse (IPC/CH Phase 3 or above). This is partly explained by the fact that in 10 countries – including Ethiopia – economic shocks (including COVID-19) became the primary driver of the food crisis rather than weather extremes, which nevertheless remained significant in 2020.

Although abundant rains improved crop yields in some areas, heavy rains caused floods, leading to deaths and displacement, destroying homes and shelters, spoiling crops, killing livestock and damaging critical infrastructure in most food-crisis countries/territories in Africa, the Middle East and South Asia.

Tropical storms, hurricanes, flooding and drought contributed to the precipitous rise in acute food insecurity in Central America and Haiti. In November, category 4 hurricanes Eta and Iota affected over 8.3 million people in the same areas, namely northern and eastern Guatemala, northern Honduras and north-eastern Nicaragua (FAO, 2021). The hurricanes hit areas where households had already experienced multiple years of poor rainfall followed by reduced incomes due to COVID-19 restrictions, causing large-scale crop and infrastructure damage, destroying household food reserves and rendering families dependent on markets during a period of high food prices.

Major food crises where weather extremes were primary drivers of acute food insecurity also included Madagascar, United Republic of Tanzania and Angola in southern Africa, as well as Somalia and Burundi in east Africa, notably due to prolonged and lingering effects of drought and recurrent floods.

Causes of undernutrition: poor diets, diseases and care practices

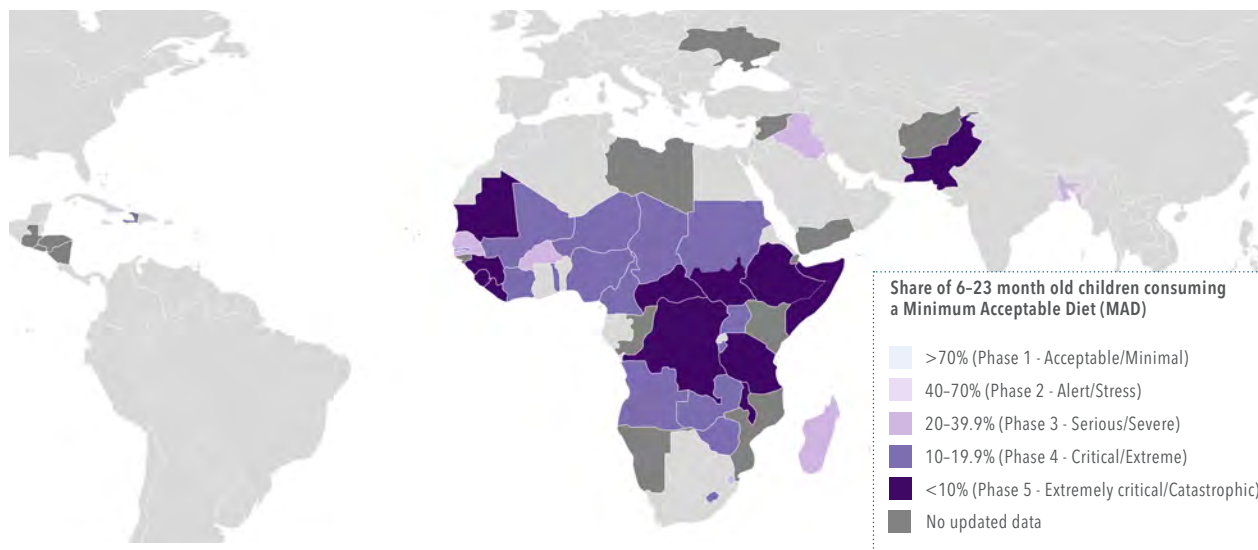
Good nutrition goes beyond food security. Proper care practices, including breastfeeding and other recommended infant and young child feeding practices, hygienic environments, and access to health services are needed in addition to nutritious diets. Good nutrition is as much about ensuring an appropriate intake of nutrients as it is about ensuring that children are healthy enough to absorb those nutrients.

During emergencies, disruptions to food, health, water and sanitation, and social protection systems make it more difficult for people to access nutritious diets and health services, and to practise protective behaviours such as breastfeeding to prevent malnutrition. In Somalia, just 5.1 percent of children aged 6–23 months consume a diet that is considered minimally acceptable in terms of diversity and meal frequency (DHS 2020). In the Central African Republic, this figure is 7.4 percent (SMART, 2019). And in Nigeria, just 27.2 percent of infants are exclusively breastfed until 6 months (NNHS 2018).

Even before the COVID-19 pandemic, malnutrition was a critical issue in food-crisis countries and particularly in those affected by protracted conflict and displacement, which disrupt the access of nutritionally vulnerable women and children to adequate food, essential services, and a safe and healthy environment. Of the 10 countries with the highest prevalence of wasting, eight (Yemen, South Sudan, the Sudan, the Niger, Somalia, Chad, northern Nigeria, and Burkina Faso) are affected by protracted conflict. In Yemen, wasting levels reached 31 percent in some governorates (SMART 2019). In South Sudan, 15.8 percent of children are wasted (FSNMS 2019). In October 2019, a rapid nutritional survey conducted in the six communes of Burkina Faso most affected by insecurity and displacement reported wasting levels of 17.2 percent in Barsalogho (Centre Nord) (OCHA, May 2020).

Map 1.5

Minimum Acceptable Diet (MAD) among children in countries affected by major food crises



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, using data extracted from national nutrition surveys, 2020.

In some countries, COVID-19 has turned pre-existing nutrition crises – driven by poverty, conflict, natural disasters and weather extremes – into nutrition disasters. Strategies to reduce COVID-19 transmission upset the production, transport, access and availability of nutritious, fresh and affordable foods, and reduced incomes, forcing millions of vulnerable families to rely on processed foods and nutrient-poor staples.

Misinformation regarding potential transmission, shortfalls in personal protective equipment prompting fears of transmission, maternal stress, social distancing, movement restrictions and a reduction in the supply and availability of medicines due to logistical constraints all disrupted access to lifesaving services to

prevent and treat malnutrition for the world's most vulnerable people, including the forcibly displaced. These services include the early detection and treatment of wasting, support for breastfeeding and other recommended feeding and care practices for young children, and vitamin A supplementation.

In April 2020, the global coverage of nutrition services for women, children and adolescents declined by nearly 40 percent at the start of the pandemic. Some 114 countries experienced disruptions to essential nutrition services (UNICEF, April 2020).

The 10 worst food crises (in terms of numbers of people in Crisis or worse (IPC Phase 3 or above) or equivalent) in 2020 were particularly affected by service disruptions. In six out of the

Figure 1.15

Estimated disruption to coverage of nutrition services nationally due to COVID-19 in the 10 worst food crises

Treatment of child wasting

<10% DROP	Afghanistan Nigeria Sudan
10-24% DROP	South Sudan Zimbabwe
25-49% DROP	Syrian Arab Republic Yemen

Note: Data unavailable for Democratic Republic of the Congo.
No drop in coverage was reported nationally in Ethiopia.

Early detection of child wasting

<10% DROP	Afghanistan Ethiopia
10-24% DROP	Sudan Syrian Arab Republic Yemen
25-49% DROP	Zimbabwe

Note: Data unavailable for Democratic Republic of the Congo.
No drop in coverage was reported nationally in South Sudan.

Vitamin A supplementation

<10% DROP	Syria
25-49% DROP	South Sudan Yemen Zimbabwe
50-74% DROP	Nigeria
75-100% DROP	Sudan

Note: Data unavailable for Afghanistan, Democratic Republic of the Congo and Ethiopia.

Source: UNICEF, September 2020.

nine countries with data, vitamin A supplementation dropped nationally by at least 25 percent. In Afghanistan, Nigeria, and the Sudan, this figure was over 50 percent. And in the Syrian Arab Republic and Yemen, the implementation of wasting treatment programmes dropped by 25-49 percent. See figure 1.15.

The Lancet estimated that in the first 12 months of the pandemic, the prevalence of child wasting could rise by 14.3 percent, resulting in an additional 6.7 million wasted children and 10 000 additional child deaths per month (*The Lancet*, 2020).

Food crises forecast for 2021

Over 142 million people in 40 out of the 55 countries/territories included in the GRFC 2021 are forecast to be in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 2021. Through mid-2021, around 155 000 people will likely face Catastrophe (IPC Phase 5) in South Sudan (108 000) and Yemen (47 000). No forecast is available for the 15 remaining countries/territories at the time of publication.

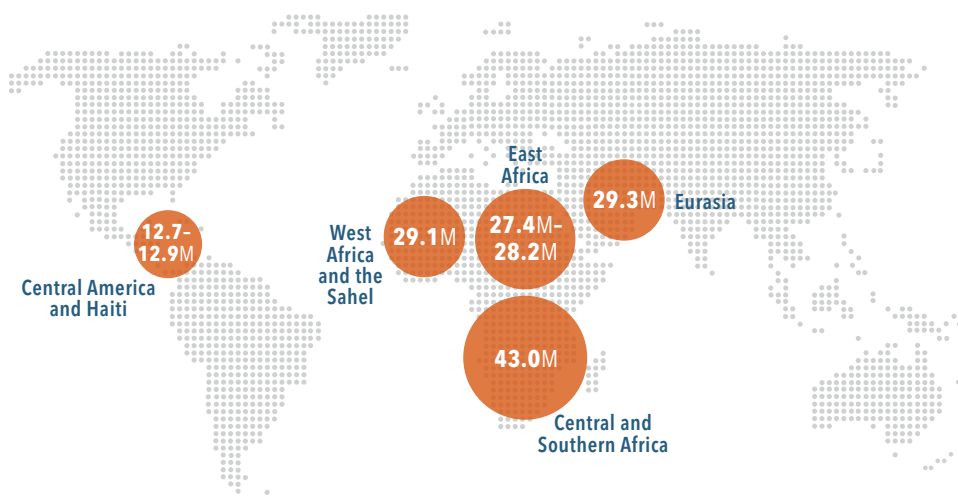
High levels of acute food insecurity will persist in countries with protracted conflicts by limiting access to livelihoods and agricultural fields, uprooting people from their homes, and increasing displaced populations' reliance on humanitarian aid for their basic needs. Even if there is some hope that peace negotiations or ceasefires may lead to a reduction in violence and improvement in security conditions in some countries in 2021, economic recovery from protracted conflict takes years.

With the COVID-19 pandemic still not under control, many households will face reduced incomes associated with limited labour wage opportunities and delays in payment of government employee salaries. If there is no improvement, the economic consequences may become more severe as the year progresses. In net food-importing countries, weakening currencies will continue to push up food prices and further curtail purchasing power. High levels of government debt stress could impinge on longer-term development policies that would potentially undermine economic recoveries, stalling improvements in food security and equality.

Drier-than-average weather conditions are expected during the March–May rainfall season in Ethiopia, Kenya and Somalia

Map 1.6

Numbers of people in IPC/CH Phase 3 or above (or equivalent) by region, 2021



Note: West Africa and the Sahel includes Cameroon and Libya. In Eurasia, estimates are only available for Afghanistan, Yemen and Syrian refugees in Jordan.
Source: FSIN, GRFC 2021.

with a negative impact on rangeland and crops. Coupled with persisting threat of desert locust infestations – already causing damage to crops and rangeland in southern and south-eastern Ethiopia, central and northern Kenya and Somalia – this could result in below-average crop and livestock production, reducing agricultural labour income, restricting food and milk consumption, increasing resource-based conflict and driving up cereal prices in the Horn of Africa. In early 2021, dryness prevailed in Iraq and particularly in southern and western Afghanistan, underpinned by the La Niña meteorological phenomenon (FAO-GIEWS, March 2021).

Forecasts for refugee food security are largely dependent on humanitarian assistance given refugees' limited rights and lack of economic opportunities. Refugee food assistance is projected to be reduced (or continued at less than required) in 2021 across several countries, particularly in East Africa. The worsening economic crisis in Lebanon and ongoing COVID-19 restrictions in host countries are expected to adversely affect Syrian refugees' livelihoods. Concerns over the deterioration in the protection and security environment in Cox's Bazar in Bangladesh, stemming in part from COVID-19-related interruptions to the delivery of essential services and assistance are likely to persist.

A worrying outlook for the worst food crises in 2021

In 2021, over 97 million people will be in Crisis or worse (IPC/CH Phase 3 or above) in eight out of the 10 worst 2020 food crises. See figure 1.16.

In the **Democratic Republic of the Congo**, the number of people in Crisis or worse (IPC Phase 3 or above) will reach alarming levels, with 27.3 million people from February–July compared to 21.8 million during the 2020 peak. This increase can be partly attributed to expanded analysis in new and urban areas, however the share of the analysed population in Crisis or worse (IPC Phase 3 or above) declined modestly relative to the 2020 peak (IPC, March 2021).

In **Yemen**, the number of people in Crisis or worse (IPC Phase 3 or above) is expected to rise again in 2021, as the conflict enters its seventh year. IPC projects that 16.1 million people will be in Crisis or worse (IPC Phase 3 or above) from January–June 2021. This number includes 6.7 million people in Emergency (IPC Phase 4) (IPC, December 2020).

In **Afghanistan**, high levels of acute food insecurity persist with 13.2 million people forecast in Crisis or worse (IPC Phase 3 or above) until March 2021. This includes around 4.3 million people in Emergency (IPC Phase 4). Households will struggle with reduced income, limited labour wage opportunities and high food prices. Rising COVID-19 cases and restriction measures will likely reduce income and increase their health costs, while remittances from abroad – particularly from the Islamic Republic of Iran – will remain low (IPC, November 2020).

In **Ethiopia**, 12.9 million people (24 percent of the analysed population) are expected to be in Crisis or worse (IPC Phase 3 or above) through June 2021, up from 8.6 million people in October–December 2020, despite planned humanitarian food assistance and other development interventions. This includes about 2.6 million people in Emergency (IPC Phase 4).

Although not factored into the IPC forecast, the extremely concerning humanitarian situation in the northern region of Tigray continues to deteriorate due to fighting and conflict. Access to essential services, food, water, livelihoods and cash remains disrupted, increasing the need for urgent assistance. Humanitarian aid is extremely limited, with aid workers still unable to access most rural areas of the region where the majority of the people in need are (OCHA, February 2021).

A major deterioration is forecast in **Nigeria** (16 states and the FCT) where 12.8 million people are expected to be in Crisis or worse (CH Phase 3 or above) during the lean season in June–August 2021. Almost 800 000 of them are forecast to be in Emergency (CH Phase 4) – an increase of 21 percent from the 2020 peak – with eight Local Government Areas in Borno state in this Phase (CILSS-CH, March 2021). The Nigerian economy is forecast to face its worst recession since the 1980s and staple food prices are expected to remain high, particularly in conflict-affected areas (WB, June 2020).

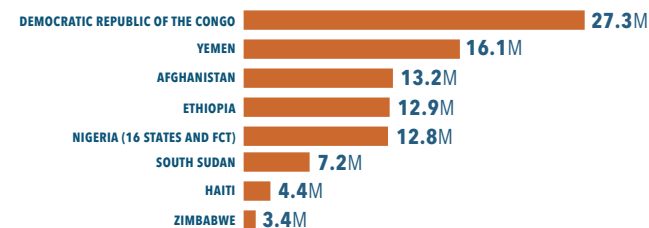
In **South Sudan**, the number of people in Crisis or worse (IPC Phase 3 or above) is projected to rise to nearly 7.2 million (60 percent of the population) during the April–July 2021 lean season, due to the confluence of insecurity and displacement, the 2020 flooding, consecutive below pre-conflict-level harvests and increasingly expensive food. Among them, 108 000 people are expected to face Catastrophe (IPC Phase 5) in Jonglei and Pibor administrative area, Northern Bahr el Ghazal and Warrap states. In Pibor county, four western payams (Gumuruk, Pibor, Lekuangle and Verteth) will continue to face Famine Likely (IPC Phase 5) and two eastern payams (Kizongora and Maruwa) will face 'Risk of Famine' in the first half of 2021 (IPC and external reviews, December 2020).

Over 4.3 million people are projected to be in Crisis or worse (IPC Phase 3 or above) in **Haiti** in March–June 2021, including 1.2 million in Emergency (IPC Phase 4). This rise is attributed

Figure 1.16

Numbers of people forecast to be in Crisis or worse (IPC/CH Phase 3 or above) in 2021

In eight out of the 10 worst food crises in 2020



Note: At time of publication there was no forecast available for Sudan and Syrian Arab Republic. Sources: FSIN, using CILSS-Cadre Harmonisé and IPC data.

to economic instability, due in part to the pandemic, poor harvests and the lingering effects of weather extremes (IPC, September 2020).

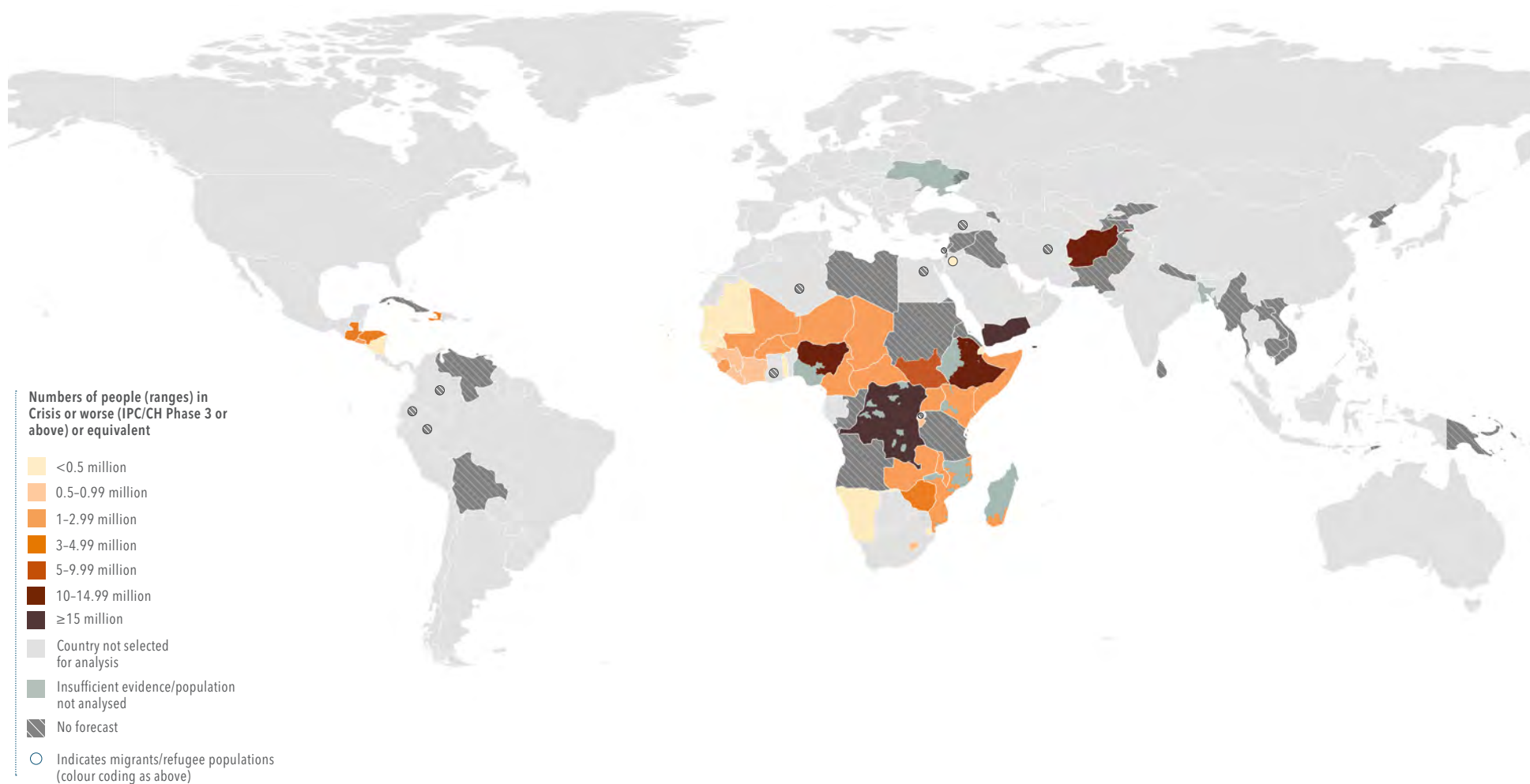
While **Zimbabwe** is expected to see a slight improvement, mostly due to planned large-scale humanitarian assistance, the situation will remain very concerning with 3.4 million people in Crisis or worse (IPC Phase 3 or above) from January–March 2021 compared to 4.3 million during the February–June 2020 peak largely due to lack of work opportunities and high food prices (IPC, November 2020).

There are no agreed upon forecasts available for the **Sudan**¹ and the **Syrian Arab Republic**. In the Sudan, acute food insecurity will be driven by flood-induced livelihood losses, conflict-induced displacement, the ongoing economic crisis, soaring food and non-food prices and the impacts of the COVID-19 pandemic (FEWS NET, March 2021). In the Syrian Arab Republic, the absence of a lasting peace agreement, sanctions, a war-torn economy and the effects of currency depreciation will continue to fuel the humanitarian crisis, particularly in north-west areas.

1 April 2021 IPC analysis not available at time of publication.

Map 1.7

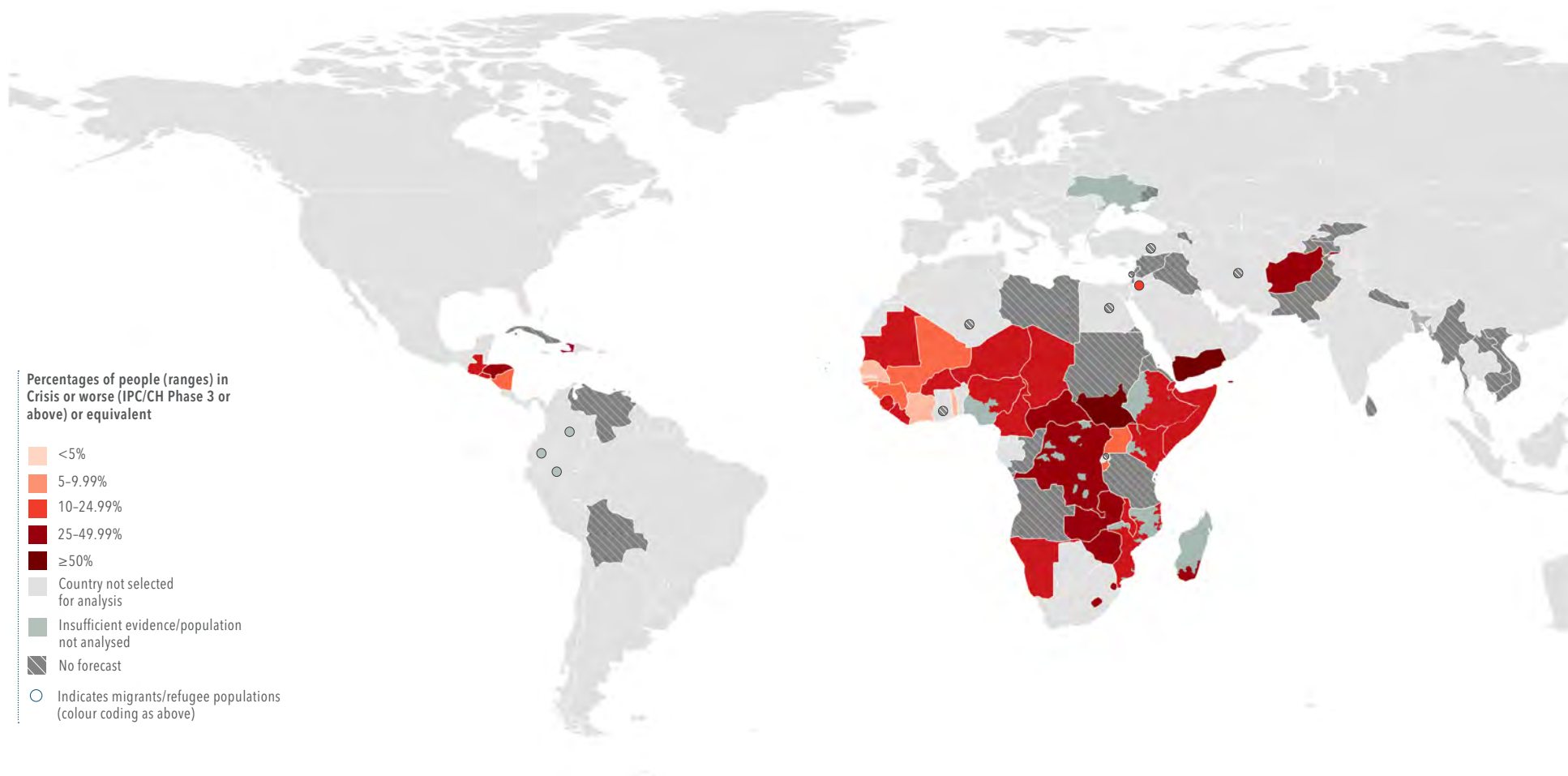
Around 142 million people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 40 countries/territories in 2021



Note: Migrant/refugee populations refers to: Venezuelan migrants in Colombia, Ecuador and Peru; Sahrawi population in Algeria; refugees, mostly Syrian, in Egypt, Jordan, Lebanon and Turkey; mostly Afghan in Iran (Islamic Republic of); mostly Ivorian in Ghana and mostly Congolese and Burundian in Rwanda. 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 May 2021.

Map 1.8

Share of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 40 countries/territories in 2021



Note: Migrant/refugee populations refers to: Venezuelan migrants in Colombia, Ecuador and Peru; Sahrawi population in Algeria; refugees, mostly Syrian, in Egypt, Jordan, Lebanon and Turkey; mostly Afghan in Iran (Islamic Republic of); mostly Ivorian in Ghana and mostly Congolese and Burundian in Rwanda. 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 May 2021.

Table 1.1 (page 1 of 4)

Table of acute food insecurity estimates, 2019-2021

Highest numbers of acutely food-insecure people in 2019 and 2020, and forecast numbers for 2021

Countries		2019 Highest number of acutely food-insecure people						2020 Highest number of acutely food-insecure people						2021 Highest number of acutely food-insecure people (forecast)					
Refugees/migrant populations are indicated in blue	USUAL PERIOD OF PEAK NEED	SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)	
						PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)
Afghanistan***	Jan-Apr	IPC	Nov 2019-Mar 2020	32.2 95%	Entire country	9.5 31%	11.3* 37%	IPC	Nov 2020-Mar 2021	32.9 95%	Entire country	10.6 34%	13.2* 42%	IPC	Nov 2020-Mar 2021	32.9 95%	Entire country	10.6 34%	13.2* 42%
Angola	Jan-Mar	IPC	Oct 2019-Feb 20	31.8 3%	23 communes in 8 municipalities	0.2 21%	0.6* 62%	IPC	Oct 2019-Feb 20	31.8 3%	23 communes in 8 municipalities	0.2 21%	0.6* 62%	No forecast					
Bangladesh	Jan-Dec (refugees) Varies (hosts)	JRP	Nov-Dec 2019	163.0 3%	Rohingya refugees and host populations in Ukhiya and Teknaf Upazilas of Cox's Bazar District	N/A N/A	1.3 92%	JRP	Nov-Dec 2020	164.7 3%	Rohingya refugees and host populations in Ukhiya and Teknaf Upazilas of Cox's Bazar District	N/A N/A	1.2 87%	No forecast					
Burkina Faso	Jun-Aug	CH	Oct-Dec 2019	21.4 100%	Entire country	3.6 17%	1.2* 6%	CH	Jun-Aug 2020	21.4 100%	Entire country	5.2 24%	3.3** 15%	CH	Jun-Aug 2021	22.0 98%	Entire country	4.8 22%	2.9* 13%
Burundi	Apr-May	FEWS NET	Mar-Apr 2019	11.5 100%	Entire country	N/A N/A	0.2 2%	IPC	May 2020	11.9 92%	Entire country	3.9 36%	1.4* 13%	FEWS NET	Mar-May 2021	12.3 100%	Entire country	N/A N/A	0.5-0.75M 5%
Cabo Verde	Jun-Aug	CH	Oct-Dec 2019	0.6 86%	17 out of 22 municipalities	0.06 13%	0.01 2%	CH	Jun-Aug 2020	0.6 86%	17 out of 22 municipalities	0.07 14%	0.01 2%	No forecast					
Cameroon	Mar-May	CH	Oct-Dec 2019	25.0 64%	7 regions	3.8 24%	1.4* 8%	CH	Oct-Dec 2020	25.9 100%	Entire country	6.2 24%	2.7* 10%	CH	Mar-May 2021	25.9 100%	Entire country	5.8 23%	2.6* 10%
Central African Republic	May-Aug	IPC	May-Aug 2019	4.8 91%	Excluding Lobaye, including displaced populations	1.8 41%	1.8* 41%	IPC	May-Aug 2020	4.8 95%	Excluding Bamhouti, Djéma, Yalinga, Ouadda, Ouanda-djallé, Mingala, Mbrès and Berbérati	1.6 35%	2.4* 51%	IPC	May-Aug 2021	4.8 95%	Entire country excluding Bamhouti, Djéma, Yalinga, Ouadda, Koui, Boganangone and Boganda	1.6 34%	2.3* 48%
Chad	Jun-Aug	CH	Jun-Aug 2019	15.8 91%	Excluding N'Djamena	2.7 19%	0.6* 4%	CH	Jun-Aug 2020	16.2 90%	Excluding N'Djamena	3.1 21%	1.0* 7%	CH	Jun-Aug 2021	16.7 92%	Excluding N'Djamena	3.3 22%	1.8* 12%
Colombia (Venezuelan migrants)	Varies by area/region	WFP	Sep-Dec 2019	1.6 100%	Venezuelan migrants	0.7 41%	0.9 55%	Insufficient evidence						Insufficient evidence					
Congo	Sep-Nov	Data gap						WFP	Feb 20	5.5 5%	7 flood-affected districts	N/A N/A	0.1 50%	No forecast					
Côte d'Ivoire	Mar-May	CH	Jun-Aug 2019	25.5 77%	31 regions (excluding Abidjan and Yamoussoukro)	2.6 13%	0.06 0.3%	CH	Mar-May 2020	26.5 23%	12 regions	0.9 15%	0.2 4%	CH	Jun-Aug 2021	27.7 46%	19 regions	2.5 20%	0.6* 5%
Democratic Republic of the Congo***	Varies by area/region	IPC	Jul-Dec 2019	86.8 69%	109 territories	27.0 45%	15.6* 26%	IPC	Jul-Dec 2020	103.2 65%	85 territories and 18 urban areas	29.0 44%	21.8* 33%	IPC	Feb-Jul 2021	105.0 91%	133 territories and 37 urban areas	40.8 42%	27.3* 28%
Djibouti	Jun-Sep	Data gap						IPC	Oct-Dec 2020	1.1 100%	Entire country	0.3 26%	0.2* 14%	IPC	Jan-Aug 2021	1.1 100%	Entire country	0.4 35%	0.2* 17%

* The estimates for this country include populations classified in Emergency (IPC/CH Phase 4). ** The estimates for this country include populations classified in Emergency (IPC/CH Phase 4) and Catastrophe (IPC/CH Phase 5).

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

Table 1.1 (page 2 of 4)

Table of acute food insecurity estimates, 2019-2021

Highest numbers of acutely food-insecure people in 2019 and 2020, and forecast numbers for 2021

Countries		2019 Highest number of acutely food-insecure people						2020 Highest number of acutely food-insecure people						2021 Highest number of acutely food-insecure people (forecast)					
	USUAL PERIOD OF PEAK NEED	SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)	
						PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)
Refugees/migrant populations are indicated in blue																			
Ecuador (Venezuelan migrants)	Varies by area/region	WFP	Jan-Mar 2019	0.4 100%	Venezuelan migrants	0.1 24%	0.3 76%	Insufficient evidence						Insufficient evidence					
Egypt (Syrian refugees)	Jan-Dec	Insufficient evidence						WFP	Jun 2020	0.3 50%	WFP-assisted refugees from Syrian Arab Republic, Sudan, South Sudan, Eritrea, Ethiopia, Somalia, Yemen and Iraq	0.07 53%	0.05 38%	No forecast					
El Salvador	Jun-Aug	IPC	Apr-Jul 2019	6.4 22%	Eastern region	0.5 34%	0.3* 22%	IPC	Nov 2020-Feb 2021	6.8 99%	Entire country	2.2 33%	0.7* 10%	IPC	Jun-Aug 2021	6.8 99%	Entire country	2.5 37%	1.0* 16%
Eswatini	Jan-Mar	IPC	Oct 2019-Mar 2020	1.1 83%	Rural population	0.4 39%	0.2* 25%	IPC	Oct-Dec 2020	1.1 98%	Entire country	0.4 34%	0.4* 32%	IPC	Jan-Mar 2021	1.2 97%	Entire country	0.4 38%	0.3* 31%
Ethiopia***	Feb-Jun	IPC	Jul-Sep 2019	112.1 26%	Selected areas in 6 regions	10.0 34%	8.0* 27%	IPC	Oct-Dec 2020	115.0 46%	Belg and Meher areas	15.8 30%	8.6* 16%	IPC	Jan-Jun 2021	115.0 47%	Belg and Meher areas	17.4 32%	12.9* 24%
Gambia	Jun-Aug	CH	Oct-Dec 2019	2.2 89%	Excluding Kanifing district	0.4 23%	0.2 10%	CH	Jun-Aug 2020	2.5 100%	Entire country	0.6 23%	0.1 6%	CH	Jun-Aug 2021	2.5 97%	Entire country	0.5 20%	0.1 5%
Guatemala	Jun-Aug	IPC	Mar-Jun 2019	17.6 95%	Excluding Guatemala City	4.8 29%	3.1* 18%	IPC	Nov 2020-Mar 2021	16.9 100%	Entire country (22 departments and Guatemala (metropolitana)	6.7 40%	3.7* 23%	IPC	Nov 2020-Mar 2021	16.9 100%	Entire country (22 departments and Guatemala (metropolitana)	6.7 40%	3.7* 23%
Guinea	Jun-Aug	CH	Jun-Aug 2019	13.4 75%	Excluding Conakry	1.4 14%	0.3 3%	CH	Oct-Dec 2020	13.3 83%	Excluding Conakry	2.1 19%	0.6 6%	CH	Jun-Aug 2021	13.3 83%	Excluding Conakry	2.2 20%	0.7 6%
Guinea-Bissau	Jun-Aug	CH	Oct-Dec 2019	2.0 63%	Excluding Bissau	0.3 26%	0.1* 10%	CH	Oct-Dec 2020	2.0 62%	Excluding Bissau	0.5 36%	0.2* 12%	CH	Jun-Aug 2021	2.1 64%	Excluding Bissau	0.3 22%	0.1 8%
Haiti***	Mar-Jun	IPC	Oct 2019-Feb 2020	11.3 93%	Rural and urban areas (excluding Villes de Gonaïves)	3.2 31%	3.7* 35%	IPC	Mar-Jun 2020	10.9 93%	Rural and urban areas (excluding Villes de Gonaïves)	2.8 27%	4.1* 40%	IPC	Mar-Jun 2021	10.9 87%	Rural and urban areas (excluding Villes de Gonaïves)	2.8 29%	4.4* 46%
Honduras	Jun-Aug	IPC	Nov 2019-Feb 2020	9.7 53%	13 departments	1.8 35%	1.0* 18%	IPC	Dec 2020-Mar 2021	9.3 100%	Entire country	3.4 37%	2.9* 31%	IPC	Jul-Sep 2021	9.3 100%	Entire country	3.5 38%	3.3* 35%
Iraq	No typical lean season	HNO	Jan-Dec 2019	39.3 100%	Entire country	N/A N/A	1.8 5%	HNO	Jan-Dec 2020	39.1 15%	Conflict-affected population	N/A N/A	0.7 12%	No forecast					
Jordan (Syrian refugees)	Jan-Dec	Insufficient evidence						WFP	Oct-Dec 2020	0.7 83%	Syrian refugees in host communities	0.4 65%	0.2 25%	WFP	Feb 2021	0.7 83%	Syrian refugees in host communities	0.4 63%	0.1 24%
Kenya	Mar-Apr	IPC	Aug-Oct 2019	52.6 26%	Arid and Semi-Arid Lands (rural)	6.0 43%	3.1* 22%	IPC	Oct-Dec 2020	53.8 33%	Arid and Semi-Arid Lands (rural) and 12 urban areas	6.3 35%	1.9* 10%	IPC	Mar-May 2021	55.0 28%	Arid and Semi-Arid Lands (rural)	5.6 36%	2.0* 13%

* The estimates for this country include populations classified in Emergency (IPC/CH Phase 4).

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

Table 1.1 (page 3 of 4)

Table of acute food insecurity estimates, 2019-2021

Highest numbers of acutely food-insecure people in 2019 and 2020, and forecast numbers for 2021

Countries		2019 Highest number of acutely food-insecure people						2020 Highest number of acutely food-insecure people						2021 Highest number of acutely food-insecure people (forecast)					
Refugees/migrant populations are indicated in blue	USUAL PERIOD OF PEAK NEED	SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)	
						PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)
Lebanon (Syrian refugees)	Jan-Dec	VASyr	Apr-May 2019	0.9 100%	Syrian refugees	0.6 63%	0.3 29%	VASyr	Aug 2020	0.9 100%	Syrian refugees	0.4 47%	0.4 49%	No forecast					
Lesotho	Jan-Mar	IPC	Oct 2019-Mar 2020	2.3 63%	Rural population	0.6 38%	0.4* 30%	IPC	Oct 2020-Mar 2021	2.0 73%	Rural population	0.5 33%	0.6* 40%	IPC	Oct 2020-Mar 2021	2.0 73%	Rural population	0.5 33%	0.6* 40%
Liberia	Oct-Dec	CH	Jun-Aug 2019	5.0 87%	Entire country	0.8 19%	0.04 1%	CH	Oct-Dec 2020	5.2 88%	Entire country	1.1 24%	0.5* 10%	CH	Jun-Aug 2021	5.2 91%	Entire country	1.5 32%	0.9* 20%
Libya	No typical lean season	HNO	Jan-Dec 2019	6.7 100%	Entire country	N/A N/A	0.3 5%	HNO	Jan-Dec 2020	7.4 100%	Entire country	N/A N/A	0.7 9%	No forecast					
Madagascar	Jan-Mar	IPC	Nov 2018-Mar 2019	26.3 18%	Southern, south-eastern and eastern areas	1.3 29%	1.3* 28%	IPC	Oct-Dec 2020	25.7 15%	Southern and south-eastern areas	1.7 42%	1.1* 27%	IPC	Jan-Apr 2021	25.7 15%	Southern and south-eastern areas	1.6 42%	1.3* 35%
Malawi	Jan-Mar	IPC	Oct 2018-Mar 2019	18.1 84%	Entire country	5.0 33%	3.3* 22%	IPC	Nov-Dec 2020	19.7 90%	Entire country	6.2 35%	2.5 14%	IPC	Jan-Mar 2021	19.7 90%	Entire country	6.3 35%	2.6* 15%
Mali	Jun-Aug	CH	Oct-Dec 2019	20.5 100%	Entire country	2.9 14%	0.6* 3%	CH	Jun-Aug 2020	20.9 98%	Entire country	3.7 18%	1.3* 7%	CH	Jun-Aug 2021	21.1 100%	Entire country	4.1 19%	1.3* 6%
Mauritania	Jun-Aug	CH	Jun-Aug 2019	4.1 100%	Entire country	1.2 28%	0.6* 15%	CH	Jun-Aug 2020	4.2 100%	Entire country	0.8 19%	0.6* 15%	CH	Jun-Aug 2021	4.3 100%	Entire country	0.9 21%	0.5* 11%
Mozambique	Jan-Mar	IPC	Oct 2019-Feb 2020	27.9 18%	39 districts (rural)	1.6 32%	1.7* 34%	IPC	Oct-Dec 2020	30.1 60%	Rural and urban areas (hotspots/most food-insecure areas)	8.8 48%	2.7* 15%	IPC	Jan-Mar 2021	30.1 60%	Rural and urban areas (hotspots/most food insecure areas)	8.4 46%	2.9* 16%
Myanmar	Monsoon season	HNO	Jan-Dec 2019	54.0 100%	Entire country	0.02 0.04%	0.7 1%	Insufficient evidence						No forecast					
Namibia	Jan-Mar	IPC	Oct 2019-Mar 2020	2.5 97%	Entire country	0.8 35%	0.4 18%	IPC	Oct 2020-Mar 2021	2.5 89%	Excluding Erongo region	0.7 29%	0.4* 20%	IPC	Oct 2020-Mar 2021	2.5 89%	Excluding Erongo region	0.7 29%	0.4* 20%
Nicaragua	Jul-Aug	FEWS NET	Jul-Sep 2019	6.0 100%	Entire country	N/A N/A	0.08 1%	FEWS NET	Sep-Oct 2020	6.2 100%	Entire country	N/A N/A	0.4 6%	FEWS NET	Jul-Aug 2021	6.2 100%	Entire country	N/A N/A	0.25-0.5M 6%
Niger	Jun-Aug	CH	Oct-Dec 2019	21.8 100%	Entire country	4.5 20%	1.4* 7%	CH	Jun-Aug 2020	23.0 96%	Entire country	5.0 23%	2.0* 9%	CH	Jun-Aug 2021	24.6 93%	Entire country	5.7 25%	2.3* 10%
Nigeria	Jun-Aug	CH	Jun-Aug 2019	201.0 51%	16 states and Federal Capital Territory	18.8 18%	5.0* 5%	CH	Oct-Dec 2020	212.1 49%	15 states and Federal Capital Territory	23.9 23%	9.2* 9%	CH	Jun-Aug 2021	219.5 49%	16 states and Federal Capital Territory	30.7 29%	12.8* 12%
Pakistan	Jun-Aug	IPC	Oct 2018-Jul 2019	216.6 3%	Balochistan and Sindh drought-affected areas	1.4 23%	3.1* 51%	IPC	Jun-Aug 2020	220.9 2%	Khyber Pakhtunkhwa	1.5 29%	1.2* 25%	No forecast					
Palestine	No typical lean season	HNO	Jan-Dec 2019	5.0 100%	Entire country	0.8 17%	1.7 33%	HNO	Jan-Dec 2020	5.2 100%	Entire territory	0.9 18%	2.0* 38%	No forecast					

* The estimates for this country include populations classified in Emergency (IPC/CH Phase 4). ** The estimates for this country include populations classified in Emergency (IPC/CH Phase 4) and Catastrophe (IPC/CH Phase 5).

Table 1.1 (page 4 of 4)

Table of acute food insecurity estimates, 2019-2021

Highest numbers of acutely food-insecure people in 2019 and 2020, and forecast numbers for 2021

Countries		2019 Highest number of acutely food-insecure people						2020 Highest number of acutely food-insecure people						2021 Highest number of acutely food-insecure people (forecast)					
Refugees/migrant populations are indicated in blue	USUAL PERIOD OF PEAK NEED	SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)		SOURCE	TIME PERIOD COVERED BY THE ANALYSIS	TOTAL POPULATION OF COUNTRY OR REGISTERED REFUGEES (MILLIONS) POPULATION ANALYSED (PERCENTAGE)	AREA/POPULATION ANALYSED	POPULATION IN IPC/CH PHASES (OR EQUIVALENT)	
						PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)					PHASE 2 (MILLIONS) (PERCENTAGE)	PHASE 3 OR ABOVE (MILLIONS) (PERCENTAGE)						
Rwanda****	Apr–May	FEWS NET	Apr–May 2019	12.6 100%	Entire country	N/A N/A	0.1 1%	Insufficient evidence						No forecast					
Senegal	Jun–Aug	CH	Oct–Dec 2019	16.2 81%	Excluding 3 departments	1.8 14%	0.4* 3%	CH	Jun–Aug 2020	16.7 100%	Entire country	3.5 21%	0.8* 5%	CH	Jun–Aug 2021	17.2 100%	Entire country	3.1 18%	0.5* 3%
Sierra Leone	Jun–Aug	CH	Oct–Dec 2019	8.1 100%	Entire country	2.6 33%	0.3* 4%	CH	Jun–Aug 2020	8.3 100%	Entire country	4.0 49%	1.3* 16%	CH	Jun–Aug 2021	8.5 96%	Entire country	2.8 35%	1.8* 22%
Somalia	Feb–Apr	IPC	Oct–Dec 2019	12.3 100%	Entire country (rural and urban areas and IDP settlements)	4.2 34%	2.1* 17%	IPC	Oct–Dec 2020	12.3 100%	Entire country (rural and urban areas and IDP settlements)	3.0 24%	2.1* 17%	IPC	Apr–Jun 2021	12.3 100%	Entire country (rural and urban areas and IDP settlements)	2.9 24%	2.7* 22%
South Sudan	May–Jul	IPC	May–Jul 2019	11.4 100%	Entire country	3.2 28%	7.0** 61%	IPC	May–Jul 2020	11.7 100%	Entire country	3.3 28%	6.5* 55%	IPC	Apr–Jul 2021	12.0 100%	Entire country	3.1 26%	7.2** 60%
Sudan***	Aug–Sep	IPC	Jun–Aug 2019	42.8 98%	Excluding West Darfur	11.8 28%	5.9* 14%	IPC	Jun–Sep 2020	45.3 100%	Entire country	15.9 35%	9.6* 21%	No forecast					
Syrian Arab Republic	No typical lean season	HRP	Jan–May 2019	18.3 100%	Entire country	2.6 14%	6.6 36%	HNO	Oct–Nov 2020	20.8 100%	Entire country	N/A N/A	12.4 60%	No forecast					
Togo****	Jun–Aug	CH	Oct–Dec 2019	7.5 74%	Excluding 2 prefectures	0.5 9%	0.003 0.1%	CH	Jun–Aug 2020	7.5 77%	Excluding 2 prefectures	1.3 22%	0.3* 5%	CH	Mar–May 2021	8.0 74%	Excluding 2 prefectures	1.0 17%	0.2* 4%
Turkey (Syrian refugees)	Jan–Dec	WFP	Apr–Sep 2019	3.6 75%	Syrian refugees	1.6 58%	0.5 17%	WFP	Nov 2019–Feb 2020	3.9 100%	Syrian refugees	2.3 58%	0.2 4%	No forecast					
Uganda	May–Jul	FEWS NET	Apr–Jul 2019	40.0 100%	Entire country	N/A N/A	1.5 4%	IPC	Jun–Aug 2020	45.7 25%	Karamoja, urban areas, refugee settlements and host community districts	4.3 38%	2.6* 23%	FEWS NET	May–Jul 2021	45.2 100%	Entire country	N/A N/A	2.0–2.5 N/A
Ukraine	Dec–Mar	HNO	Jan–Dec 2019	42.0 16%	Luhansk and Donetsk Oblasts, and IDP population	N/A N/A	0.5 9%	HNO	Jan–Dec 2020	41.7 16%	Luhansk and Donetsk Oblasts and IDP population	N/A N/A	0.6 9%	No forecast					
United Republic of Tanzania	Mar–Apr	IPC	Nov 2019–Apr 2020	58.0 8%	16 districts	1.7 34%	1.0* 20%	IPC	Nov 2019–Apr 2020	58.0 8%	16 districts	1.7 34%	1.0* 20%	No forecast					
Venezuela (Bolivarian Republic of)	Varies by area/region	WFP	Jul–Sep 2019	28.5 100%	Entire country	17.0 60%	9.3* 32%	Insufficient evidence						No forecast					
Yemen	Jul–Sep	IPC	Dec 2018–Jan 2019	29.9 100%	Entire country	8.9 30%	15.9** 53%	IPC	Oct–Dec 2020	30.0 100%	Entire country	10.0 33%	13.5** 45%	IPC	Jan–Jun 2021	30.0 100%	Entire country	8.6 29%	16.1** 54%
Zambia	Jan–Mar	IPC	Oct 2019–Mar 2020	17.9 53%	86 districts (rural)	3.1 33%	2.3* 24%	IPC	Oct 2019–Mar 2020	17.9 53%	86 districts (rural)	3.1 33%	2.3* 24%	IPC	Feb–Mar 2021	18.0 38%	64 districts (rural)	2.5 36%	1.7 25%
Zimbabwe	Jan–Mar	IPC	Oct–Dec 2019	14.6 64%	Rural population	2.7 28%	3.6* 38%	IPC	Feb–Jun 2020	14.6 66%	Rural population	2.8 29%	4.3* 45%	IPC	Jan–Mar 2021	15.6 62%	Rural population	3.1 32%	3.4* 35%

* The estimates for this country include populations classified in Emergency (IPC/CH Phase 4). ** The estimates for this country include populations classified in Emergency (IPC/CH Phase 4) and Catastrophe (IPC/CH Phase 5). *** FEWS NET's analyses suggest that the population requiring emergency food assistance in 2020 was lower than the IPC estimate. **** Changes in country selection: For Rwanda, the 2019 estimates refer to the entire country, whereas for 2020 and 2021 only refugees hosted in Rwanda were selected for analysis. Although Togo was not selected for the GRFC 2020, its 2019 CH estimates are included in the table above.



2

REGIONAL OVERVIEWS OF FOOD CRISES

Central and Southern Africa

Thirteen countries in this region were selected for inclusion in the GRFC 2021



Angola | Central African Republic | Congo
Democratic Republic of the Congo | Eswatini
Lesotho | Madagascar | Malawi
Mozambique | Namibia | United Republic of
Tanzania | Zambia | Zimbabwe

Major food crises

Of the 13 selected countries, 11 of them are classified as **major food crises** (see Chapter 3 for country-by-country analyses).

The other two countries – the **Congo** and **Namibia** – did not meet the selection criteria to qualify as major food crises.

- In 2020, the Central African Republic, the Democratic Republic of the Congo, Lesotho and Zimbabwe all experienced their highest numbers of people in Crisis or worse (IPC Phase 3 or above) since GRFC records began in 2016.
- Although climate shocks have historically been the primary driver of acute food insecurity in southern Africa, COVID-19-related economic shocks are driving additional needs.
- Around 72 percent of the region's children suffering from wasting reside in six countries – Angola, the Democratic Republic of the Congo, Mozambique, Madagascar, the United Republic of Tanzania and Zambia.
- More than 70 percent of the region's 7.1 million IDPs live in the Democratic Republic of the Congo, which has the largest internally displaced population in Africa.
- The region hosted over 1 million refugees and asylum seekers, the majority from the Democratic Republic of the Congo as well as Burundi, the Central African Republic, Chad, Ethiopia, Mozambique, Rwanda and Somalia, among others.
- In 2021, acute food insecurity is expected to remain atypically high, with notable increases in needs expected in the Democratic Republic of the Congo, Madagascar and Mozambique.

Central and Southern Africa

Angola | Central African Republic | Congo | Democratic Republic of the Congo | Eswatini | Lesotho | Madagascar | Malawi | Mozambique | Namibia | United Republic of Tanzania | Zambia | Zimbabwe



2020

40.2M people

in 13 countries in this region were in Crisis or worse (IPC Phase 3 or above) or equivalent.

No populations in this region were in Catastrophe (IPC Phase 5).



2020

9.1M people

in 11 countries were in Emergency (IPC Phase 4).

Note: For Malawi, there were no populations classified in Emergency (IPC Phase 4). For Congo, there was no disaggregation by IPC Phase.



2020

30.9M people

in 12 countries were in Crisis (IPC Phase 3).

Note: For Congo, there was no disaggregation by IPC Phase.

Thirteen countries in Central and Southern Africa account for 26 percent of the GRFC 2021 total number of people in Crisis or worse (IPC Phase 3 or above) or equivalent. See figure 2.1.

More than half of them (54 percent) were in the **Democratic Republic of the Congo** (21.8 million). In terms of prevalence, at least 30 percent of the population analysed were in Crisis or worse (IPC Phase 3 or above) in the Democratic Republic of the Congo and Eswatini, reaching 40 percent in Lesotho, 45 percent in Zimbabwe, 51 percent in the Central African



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Republic. Prevalence was also high in localized areas of Angola (62 percent) and the Republic of the Congo (50 percent).

Some 4.3 million people in **Zimbabwe** (nearly half of the rural population), over 2 million in the **Central African Republic**, **Malawi**, **Mozambique** and **Zambia**, and over one million in **Madagascar** were in Crisis or worse (IPC Phase 3 or above).

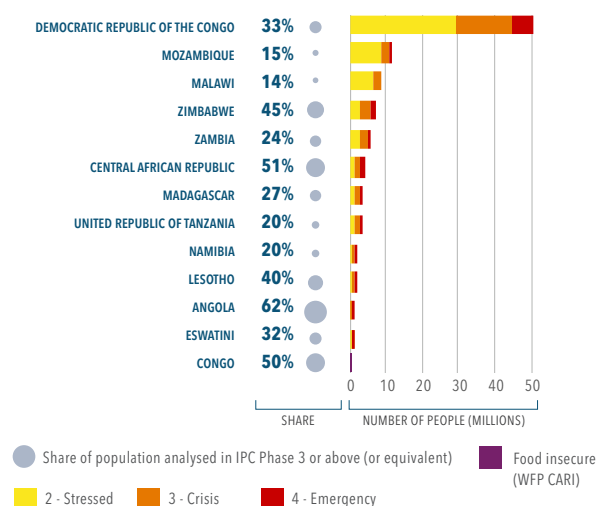
Nearly 9.1 million people across the region were in Emergency (IPC Phase 4) with 63 percent of them in the Democratic Republic of the Congo, and 11 percent in Zimbabwe.

Six countries – Angola, the Central African Republic, the Democratic Republic of the Congo, Madagascar, Zambia and Zimbabwe – had areas classified in Emergency (IPC Phase 4).

Acute food insecurity overview

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)



Source: FSIN, using IPC and WFP data.



56.5M people

in 12 countries in Central and Southern Africa
were in Stressed (IPC Phase 2).

Note: For Congo, there was no disaggregation by IPC Phase.

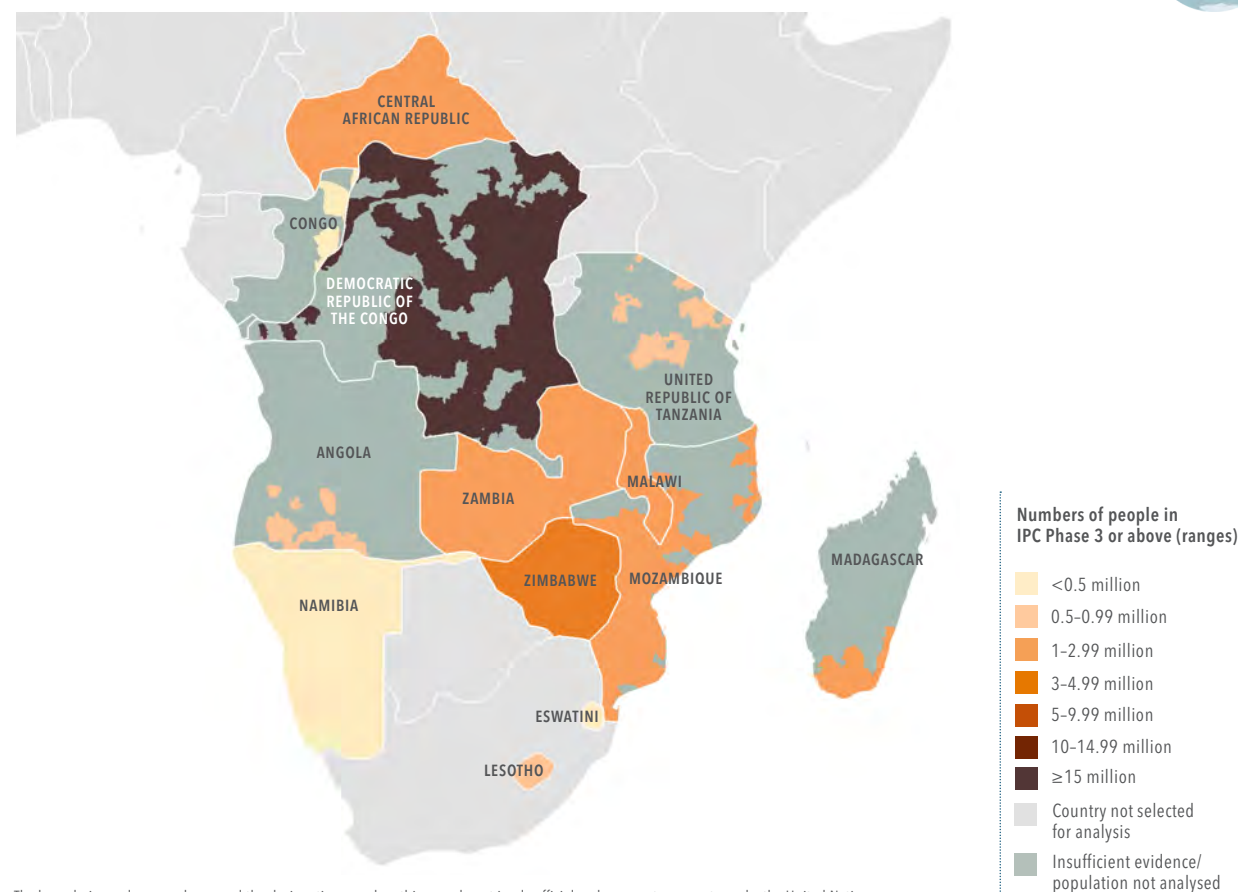


37.7M people

in Crisis or worse (IPC Phase 3 or above) in 11
SADC member states: Angola, Democratic Republic
of the Congo, Eswatini, Lesotho, Madagascar, Malawi,
Mozambique, Namibia, United Republic of Tanzania,
Zambia and Zimbabwe.

Map 2.1

Across the region, more than half of the people in Crisis or worse (IPC Phase 3 or above) were in the Democratic Republic of the Congo



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, using IPC and WFP data.

Nutrition and health overview

In the 13 countries of the Central and Southern African region included in this report, around 2.5 million children under five suffer from wasting (JME, March 2020).

In the SADC region, around 8.5 million children under 5 were expected to suffer from wasting in 2020 and into 2021, with approximately 2.3 million of them requiring life-saving treatment for severe wasting. This represents a 25 percent increase compared with the beginning of 2020 in part attributable to the effects of COVID-19 related restrictions. Lockdown measures and ensuing income losses reduced access to food and diverse varieties of food became increasingly unavailable, inaccessible and unaffordable for the poorest households. Also, movement restrictions resulted in sharp declines in access to child health and nutrition services (SADC, July 2020).

The prevalence of wasting in children under 5 years was of 'medium' public health significance in five countries in the region. The stunting prevalence for children under 5 years was 'very high' in 10 out of the 12 countries with data. See figure 2.2.

Most of the wasted children (90 percent) are found in six countries in the region – Angola, the Democratic Republic of the Congo, Mozambique, Madagascar, the United Republic of Tanzania and Zambia. In the Democratic Republic of the

Congo, 3.3 million children were suffering from wasting. There were pockets of high wasting prevalence (above 10 percent) in the Democratic Republic of the Congo (Greater Kasai, North Kivu, South Kivu and Tanganyika provinces), Mozambique (Cabo Delgado Province), southern Angola (Cunene and Huila provinces) and southern Madagascar (Atsimo Andrefana, Anosy and Androy regions).

More than 18.5 million children under 5 years across the region are stunted (JME, March 2020). The stunting prevalence is above 30 percent – classified as very high – in nine of the 16 SADC member states. Cereal-based diets are predominant across the region, limiting diet diversity and increasing the risk of micronutrient deficiencies demonstrated by the pellagra outbreaks in Mozambique and Zimbabwe (SADC, July 2020).

The two-year Ebola outbreak in conflict-affected North Kivu and Ituri provinces in the Democratic Republic of the Congo ended in August, but as of 14 February 2021, four cases of Ebola, including two deaths, had been reported in North Kivu (ECDC, February 2021). Meanwhile an outbreak in the country's northwest, in the remote and extremely difficult-to-access villages of Equateur province, lasted from early June to mid-November having infected 130 people and claimed the lives of 55 (MSF, November 2020).

Figure 2.2

Wasting and stunting in children under 5 years

	 WASTING (PERCENT)	 STUNTING (PERCENT)
Angola	8.2	37.6
Congo	7.1	37.6
Democratic Republic of the Congo	6.5	42.0
Madagascar	6.4	41.6
Central African Republic	5.2	37.5
Mozambique	4.4	42.3
Zambia	4.2	34.6
United Republic of Tanzania	3.5	31.8
Zimbabwe	2.9	23.5
Malawi	2.7	39.0
Lesotho	2.1	34.6
Eswatini	1.5	26.3

Very low Low Medium High Very high

Note: Date range used for data: 2015–2020. No recent data available for Namibia.
Source: FSIN, using national nutrition surveys data.

Figure 2.3

Estimated disruption to coverage of Vitamin A supplementation nationally due to COVID-19

<10% DROP	Zambia
10–24% DROP	Angola Eswatini
25–49% DROP	Lesotho Madagascar Zimbabwe
50–74% DROP	Malawi Mozambique Congo

Source: UNICEF, September 2020.

Food crises in Central and Southern Africa, 2019–2020

Conflict and climate shocks are the main determinants of acute food insecurity in this region. In 2020, the adverse economic effects of COVID-19 restrictions contributed to a sharp rise in the number of people in Crisis or worse (IPC Phase 3 or above) in five countries in the region.

The GRFC 2020 reported that there were 32.2 million people in Crisis or worse (IPC Phase 3 or above) across 12 of the countries in the region at the peak point in 2019. Comparing the 12 countries included in the GRFC 2020 and the GRFC 2021, this number rose by almost 8 million, partly due to an 11 percent increase in population analysed in the Democratic Republic of the Congo to include some urban areas. According to the IPC analyses, the Central African Republic, the Democratic Republic of the Congo, Eswatini, Lesotho and Zimbabwe all experienced substantial increases in numbers of people in Crisis or worse (IPC Phase 3 or above) in 2020.

In the **Democratic Republic of the Congo**, the 40 percent rise from around 16 million in July–December 2019 to almost 22 million people in July–December 2020 can also be attributed to persistent conflict, large-scale displacement, flooding, crop pests and COVID-19 containment measures. The prevalence of the population in Crisis or worse (IPC Phase 3 or above) increased from 26 percent in the second half of 2019 to 33 percent in the corresponding 2020 period (IPC, September 2020).

During the February–June 2020 lean season, the number of people in Crisis or worse (IPC Phase 3 or above) in rural **Zimbabwe** was around 21 percent higher than during the last three months of 2019 (IPC, March 2020).

At nearly 2.7 million, the number of people in Crisis or worse (IPC Phase 3 or above) in **Mozambique** in October–December 2020 was nearly 60 percent higher than the 2019 lean season, largely due to increased analysis coverage (60 percent of the country population in 2020 versus 18 percent in 2019). The prevalence of people in Crisis or worse (IPC Phase 3 or above) fell from 34 percent to 15 percent. With over 579 000 people in Crisis or worse (IPC Phase 3 or above), the situation in Cabo Delgado was concerning (IPC, January 2021).

In **Malawi**, the number of people in Crisis or worse (IPC Phase 3 or above) in November–December 2020 was 23 percent lower than the peak period in 2019 with 3.3 million from October 2018–March 2019, including 449 000 in Emergency (IPC Phase 4). This is despite the increase in coverage due to the inclusion of four main cities in the 2020 analysis, which accounted for 20 percent of the people in Crisis or worse (IPC Phase 3 or above) from November–December 2020 (IPC, January 2021).

In the **Central African Republic**, the number of people in Crisis or worse (IPC Phase 3 or above) in May–August 2020 was 2.4 million – 31 percent higher than during the same period in 2019, driven by prolonged conflict and the indirect economic impact of the pandemic on vulnerable livelihoods. This represented 51 percent of the population analysed, up from 41 percent in 2019. Notably, the number in Emergency (IPC Phase 4) increased by over 60 percent (IPC, May 2020).

Before COVID-19, the number of people in Crisis or worse (IPC Phase 3 or above) in **Zambia** in the first three months of 2020 was similar to the 2019 peak, as the same analysis

covered both periods of peak acute food insecurity in 2019 and 2020. The number fell to around 2 million in late 2020, as the population analysed decreased, but the prevalence of the population in Crisis or worse (IPC Phase 3 or above) increased (from 24 to 29 percent).

In **Madagascar**, when comparing the same seven southern districts analysed in both lean seasons 2019/2020 and 2020/2021, the number of people in Crisis or worse (IPC Phase 3 or above) almost doubled, mainly as a result of recurrent weather extremes, notably drought events, and the socioeconomic impact of COVID-19 (IPC, November 2020).

In **Lesotho**, the number of people in Crisis or worse (IPC Phase 3 or above) at the start of the 2020/21 lean season was 34 percent higher than the previous year, reflecting the impacts of COVID-19 and consecutive poor agricultural seasons (IPC, August 2020).

In **Angola**, before the COVID-19 pandemic, the number of people in Crisis or worse (IPC Phase 3 or above) in the southern provinces in the October 2019–February 2020 lean season constituted a 33 percent increase compared with July–September 2019 due to the effects of drought-reduced harvests and livestock in 2019 and high prices of food staples (IPC, October 2019).

Eswatini's situation deteriorated significantly due to reduced household food supplies and income from crop sales following the decreased 2020 cereal harvest, and COVID-19-related income losses. The prevalence of the population in Crisis or worse (IPC Phase 3 or above) increased from 25 percent at the peak in 2019 to 32 percent in 2020 (IPC, August 2020).

Major drivers of food crises across the region in 2020

Conflict/insecurity

Insecurity and armed conflict in the Democratic Republic of the Congo continued to displace large populations and disrupt livelihoods and agricultural activities during the growing season in late 2020. UNHCR reported that in the first six months of 2020, violence displaced over one million people in North Kivu, South Kivu and Ituri (UNHCR, June 2020). Displacement and insecurity limited households' ability to access agricultural land, own-produced crops and typical labour opportunities, leading to reductions in food and income, while increasing the need to purchase food in markets (FEWS NET, October 2020).

In the Central African Republic, for almost a decade, conflict and insecurity have affected agricultural and livestock activities, trade, livelihoods and humanitarian access (IPC, October 2020). Despite the continued support of all parties for

the February 2019 peace agreement, the security environment remained particularly unstable in 2020 with violence triggering new population displacements in the north-west and centre in the run-up to the December national elections. In the eastern regions armed groups blocked local market supplies from South Sudan (FEWS NET, December 2020).

Although conflict was not the primary driver in Mozambique, the violent insurgency in Cabo Delgado that began in 2017 escalated in 2020, with district capitals targeted (ACAPS, June 2020) and some communities cut off from basic services for months (UNHCR, December 2020). Displaced people lost their livelihoods and access to agricultural land, with some unable to harvest their crops (IPC, January 2021). Humanitarian organizations faced incredible challenges to operate and reach those who needed assistance the most, either due to the insecurity itself, infrastructure or administrative obstacles (OCHA, November, 2020).

Economic shocks, including COVID-19

Even before the COVID-19 health emergency, sluggish growth in the region's leading economy – South Africa – along with climate shocks and increasing public debt, had led to a weak economic environment. Currency depreciations in Angola, the Democratic Republic of the Congo, Madagascar, Zambia and Zimbabwe increased the costs of servicing external debt, triggered an increase in prices of imported food and created domestic inflationary pressures. Zimbabwe's shrinking economy and high inflation, coupled with climate impacts had left it facing its worst economic crisis in over a decade and urgently seeking international aid (SADC, July 2020).

COVID-19-related restrictions on the movements of goods and people resulted in widespread income losses, especially for those reliant on informal work and urban households. In Zimbabwe, unemployment of urban household heads,

Figure 2.4

Analysing acute food insecurity in times of COVID-19 in Central and Southern Africa, 2019–2020

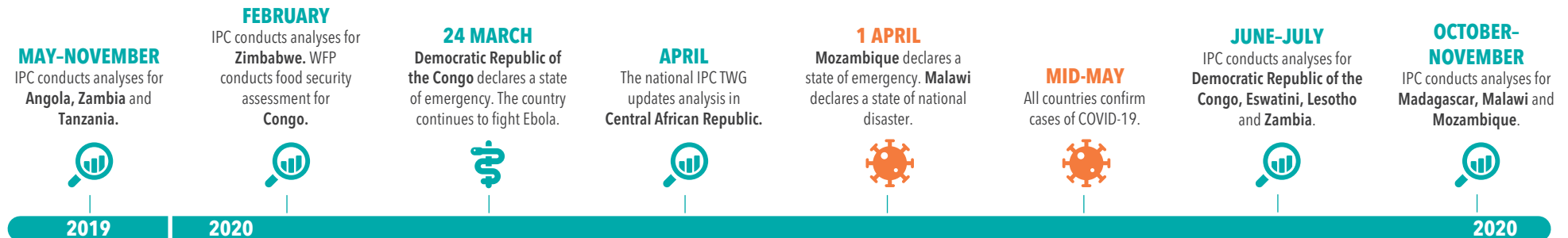
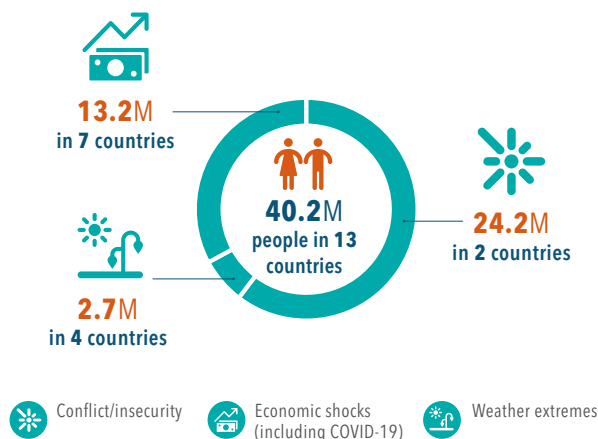


Figure 2.5

Numbers of people in Crisis or worse (IPC Phase 3 or above) by key driver, in 2020



Note: Many food crises are the result of multiple drivers. The GRFC has based these infographics on the predominant driver in each country/territory.
Source: FSIN, GRFC 2021.

mainly driven by COVID-19 lockdown measures, increased to 49 percent by the end of 2020 (ZimVAC, March 2021).

Very poor agricultural production in some areas in 2019, as well as border closures and the disruption of food supply chains between rural and urban areas contributed to food price rises across the region, particularly at the onset of the pandemic, reducing the purchasing power of the poorest households (FAO-GIEWS, December 2020). In Zimbabwe, food inflation reached around 980 percent in July 2020 (RBZ, 2020). In the Central African Republic in April, with the implementation of COVID-19 containment measures, already high food prices surged in most markets due to the slowdown of both local and international transport, with prices of imported products up to 80 percent higher than the previous April (FAO-GIEWS, June 2020).

In Angola, the economy contracted by 4.7 percent in 2020 due to the negative effects of COVID-19, including reduced oil exports, which are the country's main foreign exchange earner and main source of government revenue. In December 2020, prices of staple foods were about 30 percent higher, the national currency had depreciated by 38 percent and the national inflation rate was 25 percent. The weak currency sustained the inflationary price (FAO, 2021).

Remittances – a crucial lifeline for many vulnerable households – fell sharply. According to an analysis carried out by the European Union, three of the seven African countries most affected by the impact of falling remittances were in southern Africa – Eswatini, Lesotho and Zimbabwe (Kalantaryan, S. and McMahon, S., June 2020). According to the Reserve Bank of Malawi (RBM), remittances from Malawians working or living abroad had dropped 33 percent by June (FAO, October 2020).

Weather extremes

The October–December 2019 period was one of the driest since 1981 leading to a below-average area planted, poor germination and early wilting in central and southern parts of the region. Rainfall deficits in early 2020 affected southern parts of Zambia and Malawi and areas of Mozambique, causing localized agricultural production shortfalls. In Zimbabwe, the agricultural impacts were at the national level (SADC, July 2020; FAO July 2020).

However, some areas, including some northern and central parts of Malawi and much of Zambia experienced good rainfall conducive to crop development.

Excessive rains and flooding between December 2019 and March 2020 in parts of Angola, the Democratic Republic of the Congo, Madagascar, Malawi, Mozambique, the United Republic of Tanzania and Zambia caused deaths,

displacement, loss of livelihoods, and destruction of key infrastructure and agricultural fields. In the Democratic Republic of the Congo, over 50 percent of crops were lost to flooding in some areas (SADC, July 2020).

Between August and October, excessive rainfall triggered floods and destroyed large areas of crop lands in the Central African Republic and in the Democratic Republic of the Congo, where nearly 100 000 people lost food reserves and harvests in North Kivu, South Kivu, and Mbanza-Ngungu (FEWS NET, December 2020). In the Republic of the Congo, torrential rains in northern departments triggered flooding, resulting in population displacements and serious crop and livestock losses (FAO-GIEWS, December 2020).

Locusts, other pests and diseases

The late rains and high temperatures of the 2019/20 cropping season created an environment for pests to flourish. The season was affected by the African migratory locust in southern Angola, Botswana, Namibia, Zambia and Zimbabwe. Other migratory pests included the African armyworm and quelea birds. Maize Lethal Necrosis Disease (MLND) was reported in the Democratic Republic of the Congo and the United Republic of Tanzania (SADC, July 2020). Pests and crop diseases also contributed to reduced food production in the Central African Republic (IPC, April 2020). Desert locust infestations remained a threat to food security in the United Republic of Tanzania despite control operations (FAO, March 2021).

Food insecurity among displaced populations

Despite the closure of international borders due to the COVID-19 pandemic, in the first seven months of 2020 the number of refugees hosted in Central and Southern Africa rose sharply to reach over 1 million (UNHCR, December 2020).

Most of the refugees in the region came from the Democratic Republic of the Congo but there were also populations from Burundi, the Central African Republic, Chad, Ethiopia, Mozambique, Rwanda and Somalia among others. The Democratic Republic of the Congo also hosted the largest number of refugees in the region – mainly from Rwanda, the Central African Republic and South Sudan – and the largest number of IDPs in Africa – although 1.4 million IDPs in the Democratic Republic of the Congo returned during 2020 (UNHCR, January 2021).

The highest number of people in Crisis or worse (IPC Phase 3 or above) were in areas of the Democratic Republic of the Congo with a high concentration of IDPs and refugees, including Ituri, North Kivu and South Kivu. Most displaced people faced major food consumption deficits due to loss of revenues and food stocks and were dependent on humanitarian aid (IPC, July 2020).

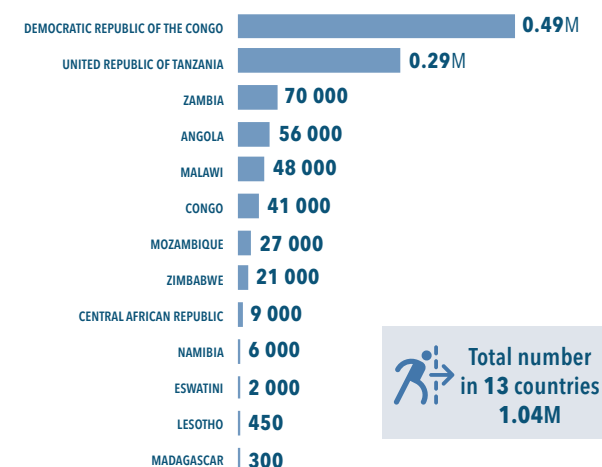
Most of the region's refugees lacked access to livelihood opportunities and were reliant on humanitarian assistance. According to WFP monitoring, the food security status of refugees hosted in the region deteriorated between the last quarter of 2019 and 2020 in Angola, the Republic of the Congo, the Democratic Republic of the Congo, Malawi, Mozambique and Rwanda, where 43–67 percent of the

refugee population had inadequate food consumption, the highest percentage in the Democratic Republic of the Congo. The percentage remained stable between the years in Zambia (44 percent) and the United Republic of Tanzania (14 percent) (WFP, 2019 and 2020).

In the Central African Republic, the surge in armed conflict and intercommunal violence since January 2020 triggered new displacements. Displaced households faced a significant decrease in purchasing power due to movement restrictions, limited access to markets and rising food prices (IPC, April 2020). By January 2021, there were 642 000 Central African refugees, predominantly displaced in neighbouring countries (UNHCR, January 2021).

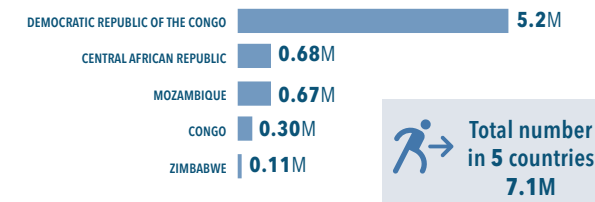
The escalation of conflict in northern Mozambique has led to a major displacement crisis. Displacement increased sixfold between March (110 000) and December (668 000) (UNHCR, end 2020). Over 90 percent of IDPs were hosted by families and communities, placing strain on their limited resources. The IDPs have lost access to typical food and income sources, as well as to agricultural land and inputs. The violence hampered the delivery of humanitarian assistance (IPC, October; FEWS NET, December 2020).

Figure 2.6
Number of refugees/asylum seekers in 2020



Source: UNHCR, end 2020 (for Angola, mid-2020).

Figure 2.7
Number of IDPs in 2020



Source: UNHCR, end 2020.

Regional forecast 2021



2021

43.0M people

in IPC Phase 3 or above in 10 countries in the region

Note: No forecast available for Angola, Congo and United Republic of Tanzania. Source: FSIN, using IPC data.

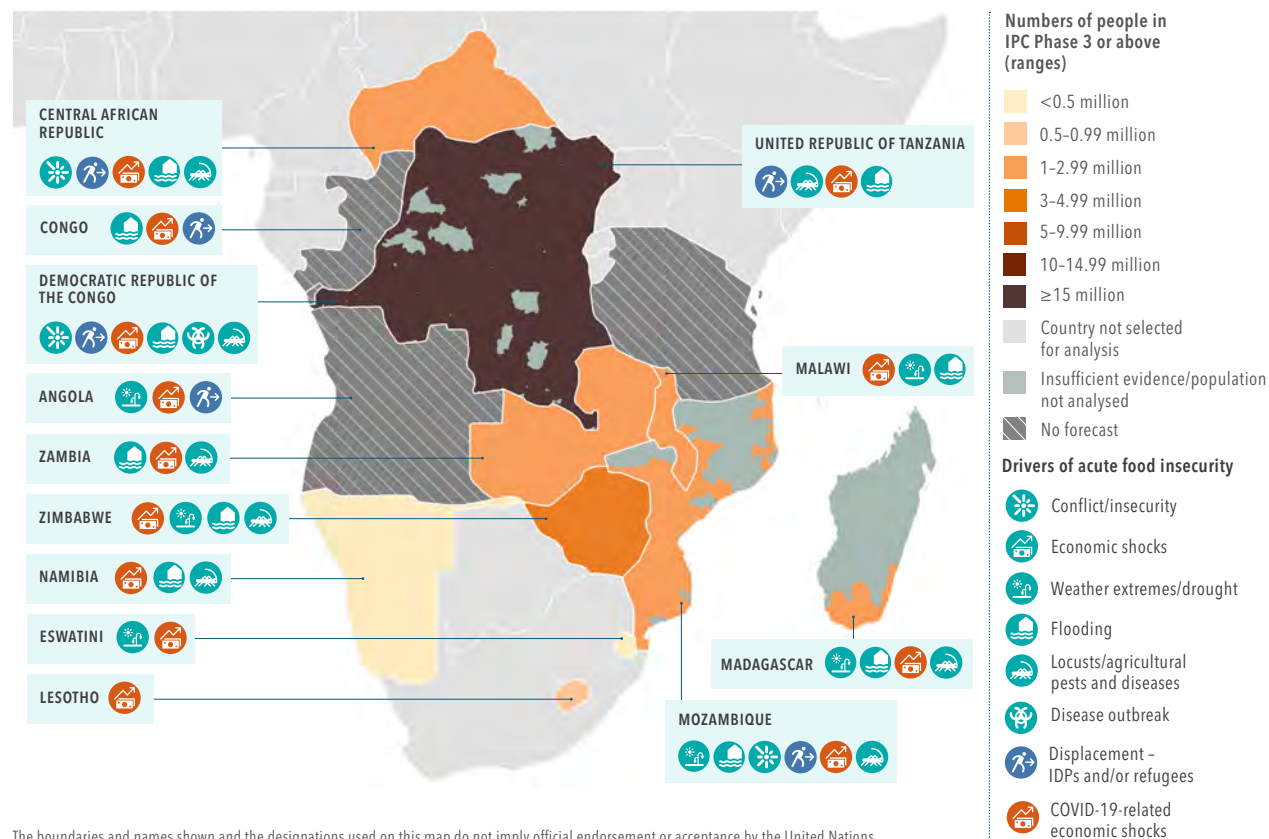
The high levels of acute food insecurity are expected to persist in 2021 largely due to ongoing conflict and displacement in the Central African Republic, the Democratic Republic of the Congo and northern Mozambique as well as the ongoing economic impacts of the second wave of COVID-19 cases, and rainfall deficits in Madagascar, northern Mozambique and central and south-western Angola. See figure 2.8.

In many areas, household food supplies were likely to be very scarce during January–March 2021, when prices generally reach their highest level and many households rely on markets for food consumption. Populations facing acute food insecurity are expected to be greatest in low-production areas, including southern parts of Mozambique, Madagascar, Malawi and much of Zimbabwe and conflict-affected areas of the Democratic Republic of the Congo (FEWS NET, December 2020).

Acute food insecurity will remain at alarming levels in the **Democratic Republic of the Congo**, with 27.3 million people in Crisis or worse (IPC Phase 3 or above) from February–July 2021. In Ituri, North Kivu, South Kivu and Maniema, conflict and related displacements will continue driving acute food insecurity and adversely affecting livelihoods. COVID-19 restrictions are expected to continue curbing income generation

Map 2.2

Central and Southern Africa, acute food insecurity estimates and drivers in 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: FSIN, GRFC 2021.

for urban-based and informal sector workers, while key sectors such as industry, hospitality, mining, tourism and agricultural exports remain depressed. Diseases, notably Ebola, malaria, cholera, and COVID-19 will likely slow supply chains and adversely affect food security and nutrition (IPC, March 2021).

While an improvement in acute food insecurity is expected in **Zimbabwe**, partly thanks to planned large-scale humanitarian food assistance, 3.4 million people are forecast to be in Crisis or worse (IPC Phase 3 or above) from January–March 2021. Storms, flooding, high food prices, and African migratory locust outbreaks are expected to drive acute food insecurity, against the backdrop of broader macroeconomic instability (IPC, November 2020, FEWS NET, January 2021).

During the lean season in **Mozambique** (October 2020–March 2021), acute food insecurity was expected to deteriorate with over 2.9 million people facing Crisis or worse (IPC Phase 3 or above). More than half of the 265 000 people in Emergency (IPC Phase 4) were expected to be in Cabo Delgado, where intensified conflict will continue displacing households and disrupting livelihoods. Persistently high unemployment will also stymie the recovery of incomes in urban and peri-urban areas through March 2021 (IPC, January 2021).

In **Malawi**, the number of people in Crisis or worse (IPC Phase 3 or above) was projected to rise marginally in the first quarter to 2.6 million with nearly 134 000 people forecast to be in Emergency (IPC Phase 4) during the lean season (IPC, January 2021). Acute food insecurity in urban areas was expected to remain high in January–March due to the introduction of new pandemic restrictions, limiting incomes for urban workers (FEWS NET, March 2021).

In the **Central African Republic** during the May–August lean season, 2.3 million people are expected to be in Crisis or worse (IPC Phase 3 or above) representing 48 percent of the analysed population (IPC, October 2020). However, this number is

likely to be higher than projections indicate due to worsening insecurity since the December 2020 elections (FAO-GIEWS, March 2021). Conflict will likely continue to reduce access to agricultural fields and livelihoods and uproot people from their homes, increasing IDPs' reliance on humanitarian aid for their basic needs. Armed violence around the elections displaced over 240 000 people. By early February 2021, over 117 000 of them remained internally displaced and an additional 105 000 people had fled the country (FAO-GIEWS, March 2021).

In **Zambia**, high levels of acute food insecurity will persist as households are expected to continue to face high food prices and income constraints brought about by the effects of the pandemic, with 1.7 million people in Crisis or worse (IPC Phase 3 or above) through to March 2021. Continued containment measures will constrain in-country trade, revenue-generating opportunities, and access to agricultural markets, placing inflationary pressure on food prices (IPC, March 2021).

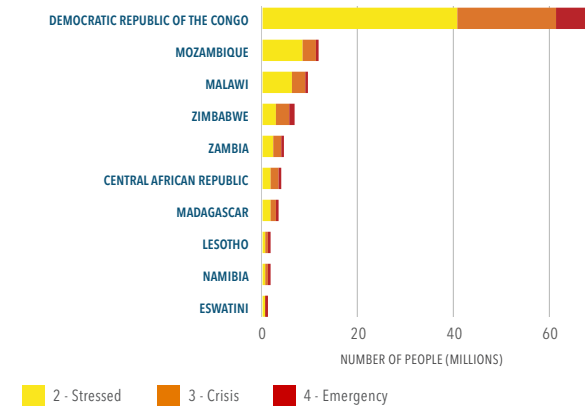
In **Madagascar**, acute food insecurity was expected to deteriorate in January–April 2021, with over 1.3 million people in Crisis or worse (IPC Phase 3 or above) in 13 districts of southern and south-eastern regions (IPC, December 2020). Production deficits in early 2021 compounded the effects of several consecutive poor harvests and reduced incomes due to COVID-19 restrictions (FAO-GIEWS, January 2021).

In **Eswatini** and **Lesotho**, the numbers of people in Crisis or worse (IPC Phase 3 or above) were projected to persist until the onset of the harvest in April 2021, as households face dwindling stocks, lack of income and high food prices (IPC, August 2020 and February 2021). In **Namibia**, 441 000 people were expected to be in Crisis or worse (IPC Phase 3 or above) in October 2020–March 2021 due to the impact of pandemic-related income losses on food access (IPC, September 2020).

In late 2020, several countries were hit by a second, more severe wave of COVID-19, just as most were starting to

Figure 2.8

Numbers of people forecast to be in Stressed or worse (IPC Phase 2 or above) in 2021 in 10 countries in the region



Note: No forecast available for Angola, Congo and United Republic of Tanzania.
Source: FSIN, using IPC data.

make an economic recovery. The high number of cases in South Africa, Zimbabwe, Lesotho and Mozambique led to the reinstatement of restriction measures, reducing income for some households (FEWS NET, January 2021). Although countries started re-opening their economies around March, the recovery of incomes and employment will be a gradual process that may slow improvements in acute food insecurity.

Generally favourable precipitation during the 2020/2021 rainy season recharged most water bodies, with some reaching maximum capacity in Zimbabwe, Mozambique and Malawi, and improved pastures and livestock body conditions. Overall, harvests are expected to be favourable across much of the region, but significantly below-average rainfall is of high concern in southern Madagascar, northern Mozambique and central and south-western Angola, where rainfall deficits are up to 50 percent of normal levels.

South Africa



The first IPC analysis to be conducted in South Africa classified over 9.3 million people in Crisis or worse (IPC Phase 3 or above) in September–December 2020, representing 16 percent of the analysed population.¹

The number of people in Emergency (IPC Phase 4) was 1.2 million. The situation was worst in Kwa-Zulu Natal province, with 535 000 people, or 5 percent of the population, in Emergency (IPC Phase 4). Large numbers of people were also in Emergency (IPC Phase 4) in Gauteng province (586 000) as well as in Western Cape (36 000) and Free State (3 800). An additional 14.8 million (25 percent of the analysed population) were in Stressed (IPC Phase 2). In the January–March 2021 lean season, the number of people in Crisis or worse (IPC Phase 3 or above) was expected to rise to 11.8 million. This includes 2.2 million in Emergency (IPC Phase 4).

Urban centres hit particularly hard by COVID-19 economic consequences

According to an IPC analysis of eight metropolitan areas, the eThekweni Metro in KwaZulu-Natal was in Crisis (IPC Phase 3), while the remaining six² were in Stressed (IPC Phase 2). Of the 17 urban hotspots regarded as the poorest within the metros, seven were in Crisis (IPC Phase 3), mostly in Gauteng, Free State and Western Cape, and 10 were in Stressed (IPC Phase 2). While food is available in supermarkets, loss of income due to COVID-19-related restrictions, along with price hikes, limited households' ability to purchase it.

¹ South Africa did not meet the criteria for inclusion in this report, given that it did not request external humanitarian assistance in 2020. Therefore, figures for South Africa are not included in other sections of the report.

² Buffalo City, Nelson Mandela Bay, City of Cape Town, City of Tshwane, Ekurhuleni and Mangaung.



A little girl and her father are washing their hands at a communal water point in the Bekezela informal settlement, Johannesburg. Residents of this settlement are in need of even basic amenities.

Economic shocks, including COVID-19, drove acute food insecurity in South Africa

Following years of slow growth, the effects of the COVID-19 pandemic caused a deep recession, with the economy contracting nearly 8 percent in 2020 (WB, January 2021).

The lockdown measures introduced in March and the impact of the global downturn led to 671 000 job losses in the formal sector alone in the second quarter of 2020. Widespread job losses also likely occurred in the informal sector, translating into large income losses and constrained food access (WB).

Meanwhile, prices of food staples rose, with the annual national food inflation rate reaching 6 percent in December 2020 compared to 3.8 percent in 2019 (STATSSA, 2021).

Over 50 percent of lower middle-class households were pushed out of permanent jobs into informal or temporary contracts, and likely fell into poverty in the absence of social protection programmes (UNDP, September 2020). The R350 (USD 23) social relief grant for the unemployed fell well short of covering the cost of a basic food basket in May (R960), which was nearly 10 percent higher than the previous year (IPC, February 2021).

East Africa

Ten countries in this region were selected for inclusion in the GRFC 2021



Burundi | Djibouti | Eritrea | Ethiopia
Kenya | Rwanda (refugees) | Somalia
South Sudan | Sudan | Uganda

Data gaps/insufficient evidence

Two countries in this region were then deselected – **Eritrea** because of data gap and **Rwanda (refugees)** due to insufficient evidence.

Major food crises

Of the eight remaining selected countries, **seven** of them are classified as **major food crises** (see Chapter 3 for country-by-country analyses).

Djibouti did not meet the selection criteria to qualify as a major food crisis.

The IPC Famine Review Committee determined that four western payams in South Sudan's Pibor county faced Famine Likely (IPC Phase 5) in October–December 2020 with two additional payams qualifying for an IPC 'Risk of Famine' from December 2020. The number of people in Catastrophe (IPC Phase 5) increased from zero in May–July to 92 000 in October–November, and further to 105 000 by December 2020 in six counties.

- In 2020, nearly 75 percent of East Africa's 33 million people in Crisis or worse (IPC Phase 3 or above) were in the Sudan, Ethiopia and South Sudan.
- Over 9.5 million people were displaced internally in 2020, mainly in the Sudan, Somalia, Ethiopia and South Sudan. The region hosted over 4.4 million refugees and asylum seekers, mostly from South Sudan, the Democratic Republic of the Congo, Somalia, the Sudan and Burundi.
- An estimated 3.5 million children under 5 across the eight selected IGAD countries are wasted, with the highest numbers in Ethiopia, the Sudan, South Sudan and Somalia.
- In 2020, COVID-19 containment measures aggravated macroeconomic crises, notably in Ethiopia, the Sudan and South Sudan. Alongside food price increases, the measures worsened urban acute food insecurity, notably in Kenya, the Sudan and Uganda.
- Some countries experienced their highest rainfall in 40 years, leading to extreme flooding and/or landslides across the region in 2020.
- In 2021, the four western payams of Pibor, South Sudan, will continue to face Famine Likely (IPC Phase 5) and two other payams in Eastern Pibor will face 'Risk of Famine' until July, while the number of people in Catastrophe (IPC Phase 5) is expected to increase to 108 000 during April–July in six counties. Acute food insecurity levels are also projected to increase in Somalia and Ethiopia.

East Africa

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



2020

32.9M people

in 8 countries in this region were in Crisis or worse (IPC Phase 3 or above).



2020

105 000 people

in South Sudan were in Catastrophe (IPC Phase 5).

The peak number of people in Crisis or worse (IPC Phase 3 or above) was in May–July when no populations were in Catastrophe (IPC Phase 5). Subsequent analyses classified 92 000 people in Catastrophe (IPC Phase 5) by October, increasing to 105 000 by December.



2020

6.8M people

in 8 countries were in Emergency (IPC Phase 4).



2020

26.0M people

in 8 countries were in Crisis (IPC Phase 3).

The **Sudan**, **Ethiopia** and **South Sudan** were again among the 10 worst global food crises in 2020. Nearly 75 percent of the region's 33 million people in Crisis or worse (IPC Phase 3 or above) were in these three countries, where 5.3 million people were in Emergency or worse (IPC Phase 4 or above).

In 2020, the **Sudan** became the largest food crisis regionally in terms of numbers of people in Crisis or worse (IPC Phase 3 or above) with 9.6 million, of whom almost 2.2 million were in Emergency (IPC Phase 4) in June–September (IPC, July 2020). **Ethiopia** had 8.6 million people in Crisis or worse (IPC Phase 3 or above) in October–December, including about 1.4 million people facing Emergency (IPC Phase 4) (IPC, October 2020). The



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analysis was conducted before the outbreak of conflict in Tigray. **South Sudan** had the highest prevalence of people in Crisis or worse (IPC Phase 3 or above) in the region, at 55 percent of the analysed population in May–July, or 6.5 million people. Around 1.7 million people were in Emergency (IPC Phase 4) (IPC, February 2020). According to the IPC Famine Review Committee, from October 2020, four western payams in Pibor county faced Famine Likely (IPC Phase 5) with two additional

payams qualifying for an IPC 'Risk of Famine' from December. The number of people in Catastrophe (IPC Phase 5) increased to 92 000 in October–November, and to 105 000 by December in six counties (IPC and external reviews, December 2020).

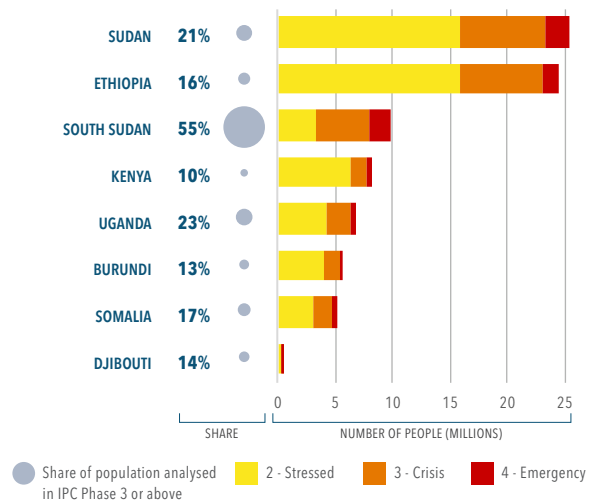
An analysis of Karamoja, urban areas, refugee settlements, and host community districts in **Uganda** estimated that 23 percent of the analysed population was in Crisis or worse (IPC Phase 3 or above) in June–August 2020 (IPC, October 2020). See fig. 2.9.

Acute food insecurity overview

Figure 2.9

Numbers of people in Stressed or worse (IPC Phase 2 or above)

and share of population analysed in Crisis or worse (IPC Phase 3 or above)



Source: FSIN, using IPC data.



52.8M people

in 8 countries in East Africa were in Stressed (IPC Phase 2).

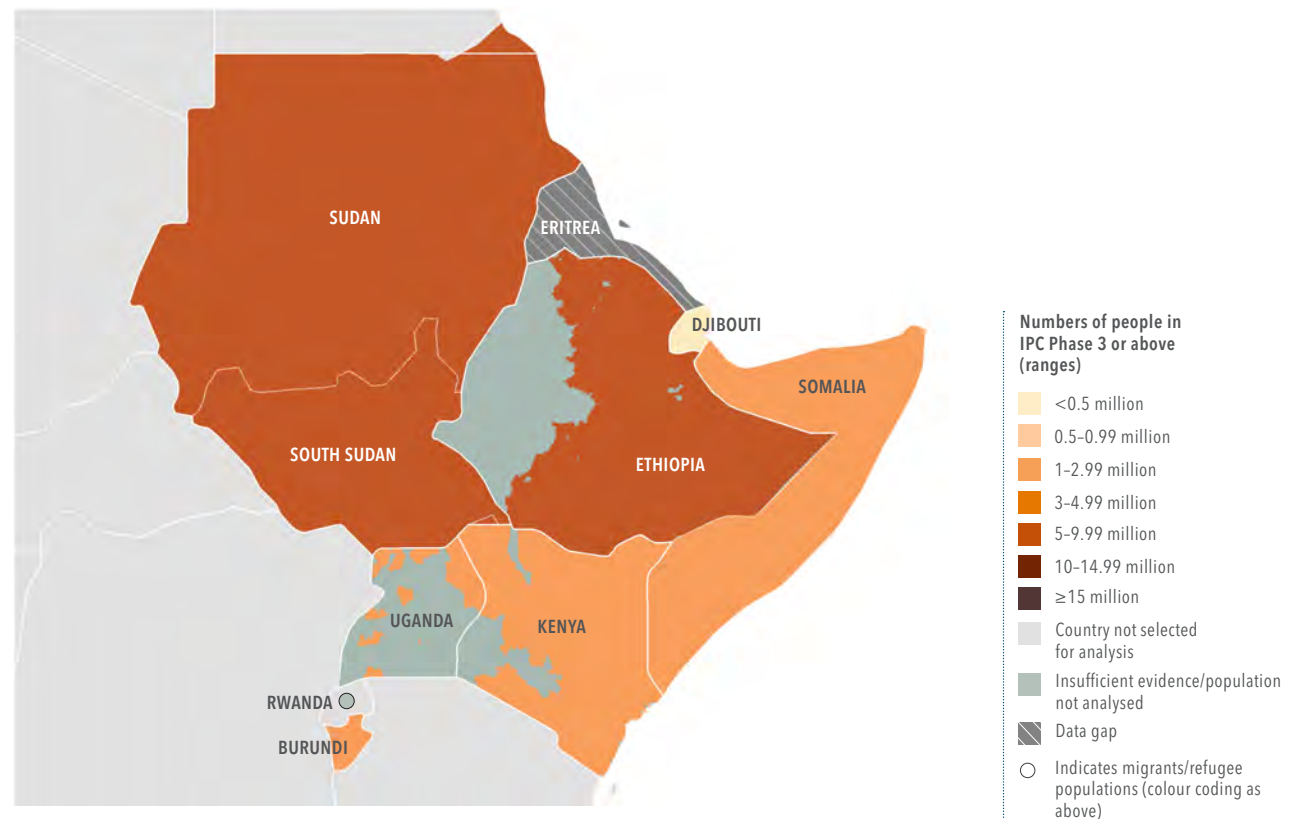


31.4M people

in Crisis or worse (IPC Phase 3 or above) in 7 of the 8 IGAD member states: Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda.

Map 2.3

Across the region, 75 percent of people in Crisis or worse (IPC Phase 3 or above) were in three countries, Sudan, Ethiopia and South Sudan



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: FSIN, GRFC 2021.

Nutrition and health overview

An estimated 3.5 million children under 5 years across the eight IGAD countries are wasted and 14.1 million are stunted (JME, March 2020).

The highest numbers of wasted children were in Ethiopia, the Sudan, South Sudan and Somalia. Increases in severe wasting during the lean season persist in parts of the Sudan, South Sudan, Ethiopia, Somalia, Kenya and Uganda. At sub-national level, there are parts of Ethiopia, Kenya, Somalia, the Sudan, South Sudan and Uganda that frequently record very high (>15 percent) levels of wasting.

A review of available data and information across the region indicates that since the onset of the pandemic, diets of young children have shifted towards less nutrient-dense and cheaper foods. Dietary diversity, which was already alarmingly low across the region, has declined along with consumption of protein-rich milk and eggs largely due to weakening of purchasing power as household incomes dropped and food prices increased (UNICEF, February 2021). With the onset of the COVID-19 pandemic in 2020, it was estimated that wasting across the region could increase by up to 25 percent (*The Lancet*, July 2020).

Generally, across the region, there were fewer admissions for the treatment of severe wasting in 2020 compared to 2019. Varied trends were recorded from country to country, with lower admissions noted in Burundi, Kenya, South Sudan

and Uganda, versus higher admissions noted in Ethiopia and Rwanda, and largely unchanged in Somalia. While the COVID-19 pandemic is likely to have had an impact on wasting service delivery, it has not been the only factor affecting admissions (UNICEF, 2021).

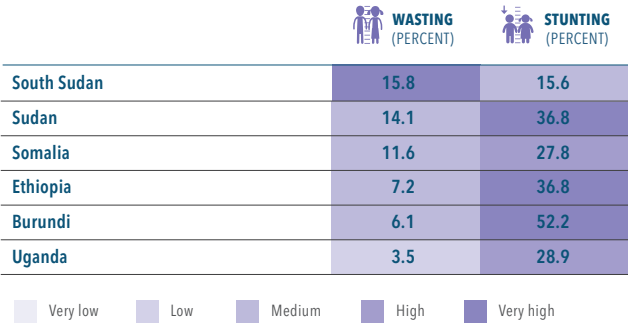
Overall across the region, admissions started to pick up again in the third quarter of the year following various adaptations to service delivery, including simplifying the treatment protocols and expanding the family MUAC initiative to ensure continued screening for wasting (UNICEF, 2021).

High levels of malnutrition among refugees were reported in Ethiopia, Kenya, the Sudan, South Sudan and Uganda.

Certain diseases are endemic in the region such as malaria and cholera while the prevalence of HIV/TB requires continued efforts for testing/treating. The already weak national health systems in the region face serious challenges regarding capacity, human resources, and equipment/medicine.

An estimated 14.1 million stunted children under 5 years across the eight IGAD countries – almost one in every three children – will likely not reach their full growth and developmental potential because of the irreversible physical and cognitive damage caused by persistent nutritional deprivations at an early age. The highest numbers of stunted children are in Ethiopia, the Sudan and Uganda.

Figure 2.10
Wasting and stunting in children under 5 years



Note: No recent data available for Djibouti or Kenya. Date range used for data, 2015–2020.
Source: FSIN, using National Nutrition Surveys data.

Figure 2.11
Estimated disruption to coverage of treatment of child wasting services nationally due to COVID-19



Source: UNICEF, September 2020.

Food crises in East Africa, 2019–2020

In 2020, the Sudan, Ethiopia and South Sudan were among the 10 worst global food crises in terms of numbers of people in Crisis or worse (IPC Phase 3 or above), as they had been in 2019.

The number of people in Crisis or worse (IPC Phase 3 or above) in the **Sudan** reached 9.6 million in June–September 2020. These high numbers were driven by the three-year economic crisis, compounded by the COVID-19 pandemic, floods, conflicts, displacement and soaring food prices. When comparing the same areas there was an increase of 3.2 million people since June–August 2019. Except for South Darfur and to a lesser extent Red Sea, where the population in Crisis or worse (IPC Phase 3 or above) declined, all states saw a deterioration, most markedly in Blue Nile, North Darfur, Central Darfur, Kassala and North Kordofan (IPC, November 2020).

In **Ethiopia**, when comparing the same areas analysed, the prevalence of acute food insecurity remained the same, with 16–17 percent of the population in Crisis or worse (IPC Phase 3 or above) during the last quarters of both 2019 and 2020. Acute food insecurity was driven by a convergence of factors including COVID-19-related income declines, elevated food prices, food supply constraints, floods, dry spells, desert locusts and below-average harvests. Inter-ethnic conflict, political instability and civil unrest disrupted livelihoods, markets and the delivery of humanitarian assistance, while constraining pastoral movements and displacing people (IPC, December 2020).

With 6.5 million people in Crisis or worse (IPC Phase 3 or above) in May–July 2020, **South Sudan** experienced a slight improvement compared to May–July 2019 when 7 million

people faced Crisis or worse (IPC Phase 3 or above). In 2020, the food crisis was fuelled by localised insecurity, the macroeconomic crisis and socioeconomic impacts of COVID-19, and widespread flooding (IPC, February 2020). The country has had between 10 000 and 100 000 people classified in Catastrophe (IPC Phase 5) during most rounds of IPC analysis since the last quarter of 2015. Until December 2020, the highest number was in February–April 2017 with 100 000 people in Catastrophe (IPC Phase 5) when Famine was declared in Leer and Mayendit counties of Unity state (IPC, January 2017). Massive multi-sector assistance was able to contain the escalation of the Famine. At the end of 2020, the spectre of Famine again returned when the FRC classified Gumuruk, Pibor, Lekuangle and Verteth payams in western Pibor county in Famine Likely (IPC Phase 5) while Kizongora and Maruwa payams, also in Pibor, were considered at 'Risk of Famine' (IPC FRC, December 2020).

In **Somalia**, acute food insecurity levels in October–December 2020 (2.1 million people in Crisis or worse (IPC Phase 3 or above)) persisted at similar levels to the corresponding period in 2019 as the country experienced widespread flooding, desert locust infestations and the negative socio-economic impact of COVID-19 (IPC, October 2020). The situation was not as critical as in 2017, when over 3 million were classified in Crisis or worse (IPC Phase 3 or above) during the second half of the year as several areas were in the grip of a severe drought (FSNAU, FEWS NET, September 2017).

In **Kenya**, 1.9 million people were estimated to be in Crisis or worse (IPC Phase 3 or above) from October–December 2020 driven by flooding, desert locusts, high food prices and

COVID-19 related job losses. Largely thanks to two consecutive seasons of good rains benefitting crop production and livelihoods, the number of people in Crisis or worse (IPC Phase 3 or above) in the ASALs was about 35 percent lower than during February–March 2020 and more than 70 percent lower than in late 2019, when the situation was largely driven by a severe drought earlier in the year (IPC, October 2019, April and November 2020).

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-urban migration, unemployment and under-employment, a high reliance on informal work, poor living conditions and food inflation. These trends were exacerbated by COVID-19 movement restrictions affecting East Africa's informal sector workers – particularly the 35 million people, or 58 percent of the urban populations living in informal settlements (UN Habitat, August 2020).

In **Uganda**, an estimated 292 000 people in five divisions of the capital Kampala and 543 000 in 12 other cities/urban centres faced Crisis or worse (IPC Phase 3 or above). Of these, a total of 254 000 faced Emergency (IPC Phase 4) (IPC, July 2020). In **Kenya**, over 1 million people were classified in Crisis or worse (IPC Phase 3 or above) across informal settlements in Nairobi, Mombasa and Kisumu from October–December 2020. All 12 assessed urban areas were classified in Crisis (IPC Phase 3) (IPC, November 2020). In the **Sudan**, the number of people in Crisis or worse (IPC Phase 3 or above) in Khartoum state almost doubled from 793 000 in June–August 2019 to 1.4 million during the same period in 2020 (IPC, September 2020).

Major drivers of food crises across the region in 2020



Economic shocks, including COVID-19

Even before the COVID-19 pandemic, many economies in the region – particularly Ethiopia, the Sudan and South Sudan – were already facing the effects of severe macroeconomic crises including low foreign exchange reserves, currency devaluation, inflation, falling public salaries, rising food prices and increasing poverty and inequality.

The economic impact of the pandemic was felt before the virus and containment measures reached the region, following lockdowns in China and Europe, which reduced trade and travel. Given some countries' high reliance on tourism for forex earnings, the industry's sudden collapse put an even greater strain on their national budgets and forex reserves (WFP, 2020). The economies in the region also rely heavily on exports, for which market value collapsed. For instance, South Sudan was heavily affected by the collapse of oil prices, while Kenya,

Ethiopia and Uganda are important producers and exporters of coffee, tea and cocoa, which provide an income to almost 5 million small growers (DRC et al, 2020).

COVID-19-related restrictive measures also decreased commodity movements, destabilizing food markets, curbing the livelihoods of those involved in formal and informal cross-border trade, and limited physical access to areas where many poor urban households earn income from labour. Currency depreciation, high transportation costs, supply chain delays due to border testing requirements and low household and market stocks variously led to high food prices in some countries (WFP, 2020; FEWS NET, August 2020).

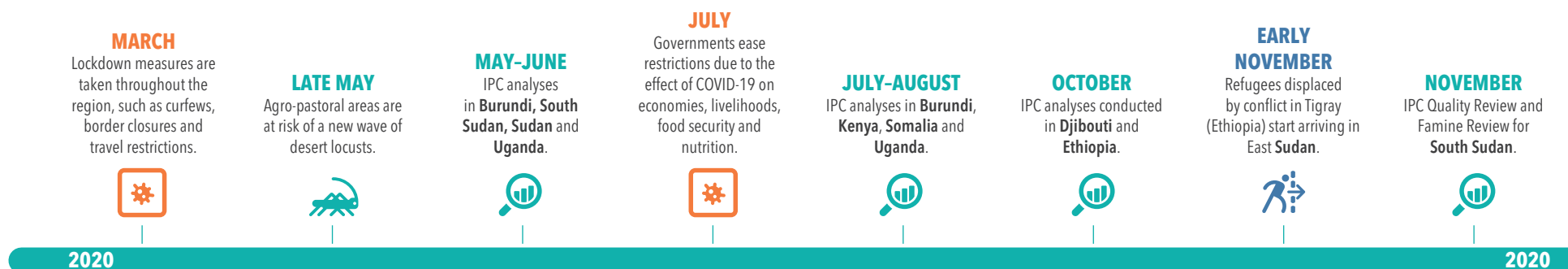
Across the region, up to 80 percent of non-agricultural employment is informal, so households in urban areas were especially hard hit by job losses (DRC et al, 2020). In Kenya, with the informal sector accounting for over 83.6 percent of the

total labour force, nearly 1.7 million Kenyan households were estimated to have lost their jobs by September (Kenya National Bureau of Statistics).

Households faced major declines in income, particularly those dependent on migratory and local labour work and remittances. In the Sudan, reduced employment activities in the Gulf States led to an unprecedented 80 percent decline in the flow of remittances between January and April (FAO, forthcoming, 2021). Several surveys in Ethiopia and Somalia found that many households that are heavily reliant on remittances reported a decline or loss of this income source (WB, 2020 and IOM, August 2020). High food prices in some markets particularly affected the purchasing power of the most vulnerable Somali households, as seasonal patterns were compounded by trade disruptions due to floods and by panic buying in response to the COVID-19 emergency, as well as production losses due to

Figure 2.12

Analysing acute food insecurity in times of COVID-19 in East Africa, 2020



desert locust infestations and weather extremes. Pastoralists in northern Somalia faced a decrease in demand for livestock and labour and increasing prices of imported staples. Transhumance patterns of pastoral communities in search of grazing lands across the region were reportedly disrupted. In South Sudan and the Sudan, COVID-19-related restrictions contributed to reducing agricultural production, due to limited access to inputs and labour (GNAFC, September 2020).

Conflict/insecurity

The region's 9.5 million IDPs and 4.4 million refugees have mainly been displaced by conflict and violence in Ethiopia, Somalia, South Sudan and the Sudan (UNHCR, December 2020).

In Ethiopia, several conflicts are ongoing in Konso, West and Kelem Wollega, Guji, Tigray, and the Oromia/Somali border area, resulting in hundreds of deaths and the displacement of millions, disrupting household livelihoods, markets and the delivery of humanitarian assistance, while constraining pastoral movements (ACLED, February 2021). Fighting broke out in many parts of Tigray in early November and rapidly deteriorated into a dire humanitarian crisis with access to essential services, food, water, livelihoods and cash cut off, and humanitarian aid extremely limited. Furthermore, this had a negative spill-over effect on neighbouring countries, raising the prices of imports to Djibouti (WFP, December 2020).

In South Sudan, despite efforts to move the September 2018 peace deal forward, levels of inter-communal violence were on track to meet or exceed the record of 2017 (UN SC, September 2020), disrupting main season cultivation, humanitarian food assistance delivery, market access and trade flows. The epicentres of inter-communal conflict were Jonglei and the Warrap-Lakes states border region. Of highest concern was Greater Pibor in Jonglei (IPC, 2020; FEWS NET, August 2020).

In the Sudan, fighting in Kassala, Red Sea states and across Darfur, including in the mountainous region of Jebel Marra, resulted in deaths and displacement and inhibited humanitarian access and response. About 35 000 of the 39 000 new conflict displacements recorded in the Sudan in the first half of 2020 were triggered by an increase in violence in the Darfur region and South Kordofan, Kassala and Gezira states as peace talks were delayed (IDMC, September 2020).

In Somalia, high levels of violence in parts of Jubaland, South West, Hirshabelle and Galmudug periodically disrupted trade flows, displaced households, and interrupted Gu season cropping activities, notably in Wanlaweyn, Marka and Qoryoley districts of Lower Shabelle (FSNAU, October 2020).

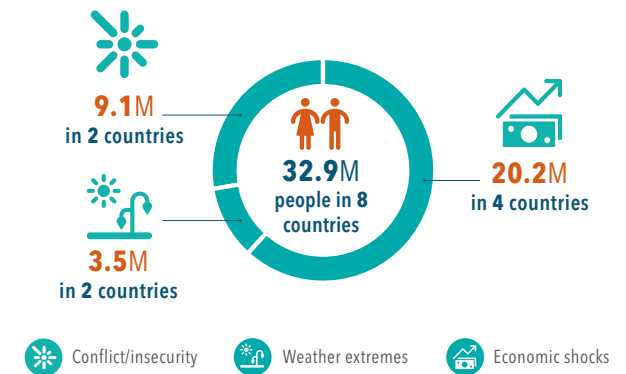
Weather extremes

Exceptionally abundant Gu/long rains between March and June improved crop and livestock production in most areas, but some recorded their highest rainfall in 40 years (FAO, December 2020). From June–October 2020, at least 3.6 million people were affected by floods or landslides across the region. In the Sudan, about 875 000 people were affected by the country's worst floods in decades, while about 856 000 people were affected in South Sudan and 663 000 in Somalia. In Ethiopia, about 1.1 million people were affected in regions where more than 1.1 million had previously been displaced by violence (OCHA, 2020). In Uganda, floods displaced over 80 000 people and rising water levels in lakes Victoria, Albert and Kyoga affected an estimated 516 000 (FEWS NET, June 2020). In Kenya, over 250 000 people were displaced, mainly in West Kenya, Coastal, North Eastern and North Rift regions (WFP, August 2020).

During the October–December 2020 short rainy season, most countries experienced below-average rains leading to a depletion of rangeland resources (FSNWG 2021).

Figure 2.13

Numbers of people in Crisis or worse (IPC Phase 3 or above) by key driver in 2020



Note: Many food crises are the result of multiple drivers. The GRFC has based these infographics on the predominant driver in each country/territory.
Source: FSIN, GRFC 2021.

On 22 November, Somalia was hit by Cyclone Gati, the strongest ever storm to hit the country. Roughly 180 000 people in Bari region were affected (OCHA, November 2020). In Burundi, acute food insecurity was mainly driven by livelihood losses caused by floods and landslides (FAO-GIEWS, March 2021).

Desert locusts

East Africa's worst desert locust upsurge in at least 25 years threatened crops and pastures across the region, particularly in Ethiopia, Kenya and Somalia. Though over 1.25 million hectares of land were treated, substantial crop and pasture losses were still observed (FAO, 2020). A desert locust impact monitoring exercise found that a third of cropping households and a half of livestock-rearing households in affected areas experienced crop and/or pasture losses. Of affected households, nearly seven out of every 10 reported high or very high losses (FSNWG, 2020).

East Africa experienced its worst desert locust invasion in at least 25 years, but large-scale control measures and abundant long rains averted widespread crop and pasture losses in 2020

East Africa's severe desert locust crisis, the worst in at least 25 years, began in June 2019 when swarms migrated from Yemen to northeast Ethiopia, southern Eritrea and northern Somalia (FAO-GIEWS, January 2020). Although one generation of breeding occurred and caused a 20-fold increase in locusts, the situation should have improved as vegetation normally dries out at the end of most years. However, in early December 2019, cyclone Pawan brought up to three years-worth of rain to central and northeast Somalia. This unexpected event gave rise to numerous swarms, some as large as Luxembourg, that invaded Kenya from late December to mid-February 2020. As a result, FAO's Director-General activated L3 protocols, the highest emergency level in the UN system, for a corporate response with partners (FAO, March 2021).

During 2020, the upsurge primarily affected Somalia, Kenya and Ethiopia. Swarm infestation levels were the highest in pastoral and agro-pastoral areas of northern and eastern Kenya, eastern Ethiopia, and central and northern Somalia where food security is chronically fragile.

Despite logistical and operational constraints caused by COVID-19, large-scale aerial and ground control operations carried out by governments and FAO partially mitigated the impact on pastures and crops. In addition, control operations prevented large-scale migration of spring-bred swarms from Kenya to the Sudan and West Africa (FAO, September 2020).

Though desert locust losses were prevented in most key productive areas, thus limiting impacts on national cereal production levels with the exception of a below-average secondary Deyr harvest in southern Somalia, significant crop



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and pasture losses were still observed in parts of the region. For example, according to a desert locust impact assessment, conducted between October and early December 2020 by the Food Security and Nutrition Working Group (FSNWG), roughly one third of cropping households and a half of livestock-rearing households living in desert locust affected areas experienced desert locust-related pasture and crop losses. Additional, nearly 7 out of every 10 impacted cropping and livestock-rearing respondents experienced high or very high losses (FSNWG, 2021). Making the situation worse, erratically

distributed and below-average short rains were observed between October and December. Together, poor rains and desert locusts caused a poor regeneration of pastures and a rapid depletion of rangeland resources in pastoral and agro-pastoral areas of northern and eastern Kenya, south-eastern Ethiopia, and central and northern Somalia. This in turn negatively impacted pastoral conditions for livestock and is expected to drive poorer-than-usual conditions through at least the start of the next rainy season in March 2021 (FAO-GIEWS, December 2020 and March 2021).

Food insecurity among displaced populations

By the end of 2020, there were around 4.4 million refugees and asylum seekers hosted in nine East African countries. Nearly 80 percent of them were in three countries – Uganda (1.45 million), the Sudan (1.1 million) and Ethiopia (0.8 million), the largest refugee-hosting nations in Africa.

The majority of refugees hosted in East Africa originate from South Sudan (2.11 million), the Democratic Republic of the Congo (0.7 million) and Somalia (0.5 million), and are displaced from their homes by a number of primary factors, including violence, conflict, political instability and rapid and slow-onset environmental events and disasters (UNHCR, 2020).

Refugees living in camps in all nine countries of the region were largely dependent on humanitarian food assistance, and faced significant nutrition gaps, especially the nutritionally vulnerable, such as young children, pregnant or lactating women (PLW), the elderly and people living with HIV. The COVID-19 pandemic also severely hampered refugees' ability to work and earn an income as many businesses in and around settlements were forced to close (WFP, June 2020).

Poverty levels among refugees in Uganda were high even before the pandemic (FSNA, January 2020). Some 89 percent of households reported a decline or total loss of income following lockdown in March 2020. Just over half of the households were living in poverty and relied more on humanitarian food assistance. The percentage of households that ran out of food because of a lack of money or other resources increased from 62 percent in 2018 to 84 percent in October/November 2020 (UBOS, UNHCR and WB, February 2021).

Refugees living in urban areas faced significant barriers to

access to services and basic human rights, including housing and shelter, education, freedom of movement, physical security and livelihoods. Urban refugees have been particularly affected by COVID-19 restrictions, as many have lost their livelihood opportunities (UNHCR, December 2020).

After several months of growing political tensions, the situation in the Tigray region of Ethiopia escalated in early November leading to immediate and large-scale forced displacement into the East Sudan. From 10 November to early January 2021, more than 56 000 refugees, mainly Ethiopian and some Eritrean, had crossed into the East Sudan from Tigray, sometimes at a rate of 4 000 a day (UNHCR, November 2020 and January 2021).

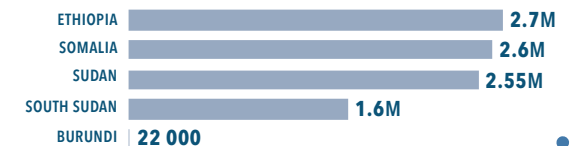
The East Sudan already hosted over 133 000 refugees, mostly from Eritrea, living in nine camps and urban areas and facing a dearth of livelihood opportunities, shortages of food and increasing prices (UNHCR, December 2020). While the Sudan continued to receive refugees from the Central African Republic and Chad in 2020, the majority of its 1.1 million refugees were from South Sudan. Fuel shortages slowed down the delivery of humanitarian assistance to refugee-hosting areas. COVID-19 restrictions hampered the ability of refugees to find livelihood opportunities, increasing their dependency on humanitarian aid (UNHCR, December 2020).

The number of IDPs in five East African countries exceeded 9.5 million by December 2020 with a more than 0.25 million increase in IDPs in each of Ethiopia, Somalia and the Sudan since 2019 (UNHCR, December 2020). The majority of IDPs are poor and live in urban areas with limited livelihood assets and employment options, and a high reliance on external

Figure 2.14

Number of IDPs in 2020

There were over 9.5 million IDPs across 5 countries in the region



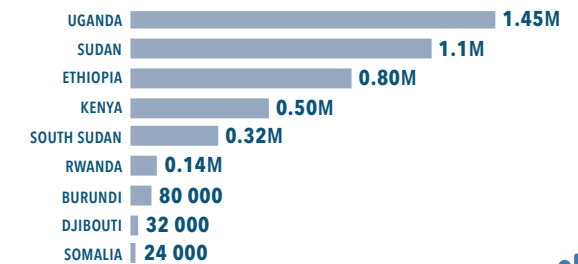
Note: These figures refer to the situation before the Tigray situation in Ethiopia.
Sources: UNHCR, end 2020.



Figure 2.15

Number of refugees/asylum seekers in 2020

There were 4.4 million people hosted in 9 countries in the region



Note: These figures refer to the situation before the Tigray situation in Ethiopia.
Sources: UNHCR, December 2020.



humanitarian assistance (FEWS NET, October 2020). Civil unrest in conflict-affected areas of Darfur, Blue Nile, west and South Kordofan led to high numbers of IDPs in the Sudan, living in crowded settlements with inadequate water and sanitation and facing livelihood losses (FAO, forthcoming).

Regional forecast 2021



2021

27.4–28.2M people

in Crisis or worse (IPC Phase 3 or above) in
7 countries in the region

Note: No forecast data available for the Sudan.
Source: FSIN, using IPC and FEWS NET data.

In South Sudan, western payams of Pibor county are expected to remain in Famine Likely (IPC Phase 5) while two payams in the eastern part of Pibor are projected to be at 'Risk of Famine' (IPC Phase 5). The overall number of acutely food-insecure people will increase further due to insecurity and displacement, consecutive poor harvests and increasingly expensive food.

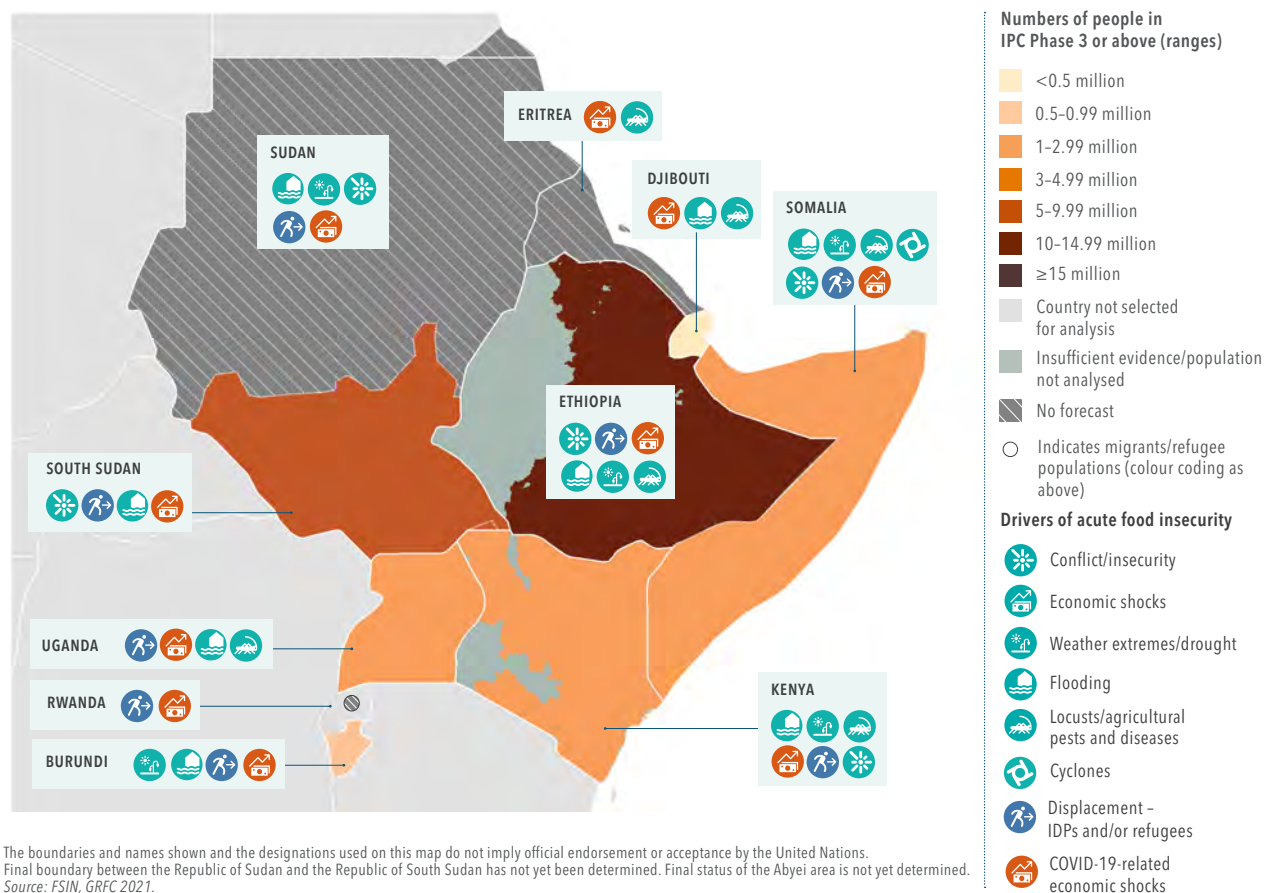
Acute food insecurity levels are also expected to escalate sharply in Ethiopia and Somalia in the first half of the year, driven by conflict and climate-induced displacement, high food prices, desert locusts and poor rains. See figure 2.16.

The compounding impacts of climatic shocks, conflict and insecurity, adverse macroeconomic shocks, desert locust invasion and the COVID-19 pandemic, on top of protracted food insecurity from past shocks, will likely continue to drive acute food insecurity in the region in 2021.

Dry-to-average weather conditions are expected during the March–May rainfall season in Ethiopia, Kenya and Somalia based on waning La Niña conditions with a negative impact on rangeland and crops (FAO, 2021). Coupled with persisting

Map 2.4

East Africa, acute food insecurity estimates and drivers in 2021



threat of desert locust infestations – already causing damage to crops and rangeland in southern and south-eastern **Ethiopia**, central and northern **Kenya** and **Somalia** – this could result in below-average crop and livestock production seasons, reducing agricultural labour income, restricting food and milk consumption, increasing resource-based conflict and driving up cereal prices (FEWS NET, January 2021). Even with the lifting of COVID-19 restrictions, recovery is projected to be slow.

In **Ethiopia**, 12.9 million people (24 percent of the analysed population) are expected to be in Crisis or worse (IPC Phase 3 or above) through June 2021 despite planned assistance. This includes about 2.6 million people in Emergency (IPC Phase 4). The highest proportion of populations in Crisis or worse (IPC Phase 3 or above) is expected to be in Oromia (38 percent). Continued currency depreciation will likely result in high inflation and food prices while poor households are likely to face below-average incomes from self-employment, farm and non-farm labour opportunities, and reduced remittances due to the continued effects of COVID-19, affecting urban populations most severely (IPC, October 2020).

In January–June 2021, 58 000 people were expected to be in Crisis or worse (IPC Phase 3 or above) in the northern Ethiopian region Tigray, according to the IPC analysis carried out before the escalation of conflict. The humanitarian situation continues to deteriorate due to conflict. Essential services remain disrupted, increasing the need for urgent assistance which is limited by access constraints (OCHA, February 2021). Estimates suggest that close to 500 000 people are displaced within Tigray and to Amhara, Afar, and the Sudan (ACAPS, February 2021).

In **South Sudan**, as the peak of the lean season approaches, the number of people in Crisis or worse (IPC Phase 3 or above) is projected to rise to over 7.2 million in April–July 2021, corresponding to 60 percent of the population. Among them, 108 000 people will face Catastrophe (IPC Phase 5) in Jonglei

and Pibor administrative area, Northern Bahr el Ghazal and Warrap states. Western payams of Pibor county (Gumuruk, Pibor, Lekuango and Verteth) will continue to face Famine Likely (IPC Phase 5) in the first half of 2021 while Kizongora and Maruwa payams qualify for an IPC 'Risk of Famine' statement (IPC and External Reviews, December 2020).¹

In the **Sudan**, the April 2021 IPC forecast was not available at the time of publication. Food prices are expected to continue increasing following the poor 2020 harvest, the government's removal of fuel subsidies and further currency depreciation. In Darfur, tribal conflicts have increased displacement in early 2021, and households have lost livelihoods, assets and access to the recent harvest (FEWS NET, February 2021). Food security outcomes are likely to further deteriorate in April as households deplete their food stocks at the start of the lean period.

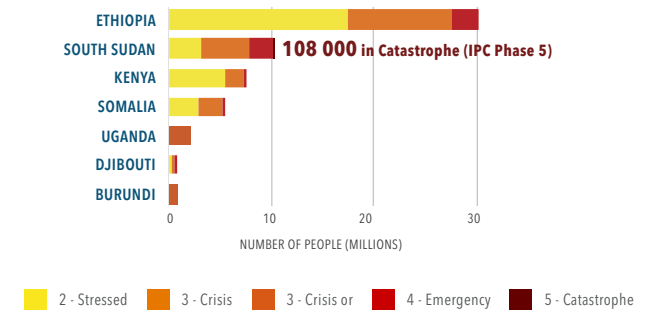
In **Somalia**, up to 2.7 million people are expected to face Crisis or worse (IPC Phase 3 or above) through mid-2021 in the absence of humanitarian assistance as households face the compounding effects of poor rainfall distribution, flooding, desert locust infestations, socioeconomic impacts of COVID-19 and conflict (IPC, February 2021).

In **Kenya**, 2 million people are projected to be in Crisis or worse (IPC Phase 3 or above) in March–May due to below-average rainfall, limiting income for agricultural and pastoralist-based livelihoods when many Kenyans have already lost other revenues due to COVID-19 containment measures. The onset of desert locust breeding season could further limit agricultural labour opportunities and crop production. Pressure on pastoralist livelihoods may lead to an uptick in resource-based

¹ Following a breakdown in technical consensus among South Sudan IPC Technical Working Group 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 the external reviews regarding the estimation of populations in IPC Phase 5 (Catastrophe) in five counties, namely Akobo, Aweil South, Tonj East, Tonj North and Tonj South and no Famine Likely classification, nor Risk of Famine in some payams of Pibor.

Figure 2.16

Numbers of people forecast to be in Stressed or worse (IPC Phase 2 or above) in 2021 in 7 countries in the region



Note: No IPC forecast available for the Sudan at the time of publication.
Source: FSIN, using IPC and FEWS NET data.

conflicts and livestock disease outbreaks in the dry season grazing areas (IPC, April 2021).

In **Uganda**, improvement in economic activities and livelihoods following the gradual lifting of restrictions is expected to be slow (FEWS NET, December 2020) with incomes remaining below average, especially for those living in informal settlements and/or reliant on informal employment and/or small-scale trade. FEWS NET forecasts that 2–2.5 million people will be in Crisis or worse (IPC Phase 3 or above). In **Burundi**, 0.5–0.75 million people are expected to be in Crisis or worse (IPC Phase 3 or above) in March–May (FEWS NET, 2021).

In **Djibouti**, from January–August 2021, an estimated 194 000 people, representing 17 percent of the population analysed, will be in Crisis or worse (IPC Phase 3 or above) notably due to the economic impact of the COVID-19 pandemic and the conflict in Tigray on international and regional trade flows, mainly in urban areas of Dikhil and Obock (IPC, 2021).

West Africa and the Sahel (incorporating Cameroon and Libya)

Nineteen countries in North and West Africa were selected for inclusion in the GRFC 2021



**Algeria (refugees) | Burkina Faso | Cabo Verde
Cameroon | Chad | Côte d'Ivoire | Gambia
Ghana (refugees) | Guinea | Guinea-Bissau
Liberia | Libya | Mali | Mauritania | Niger
Nigeria | Senegal | Sierra Leone | Togo**

Data gaps/insufficient evidence

Two countries in this region were then deselected – **Algeria (refugees)** because of insufficient evidence and **Ghana (refugees)** because of data gap.

As a result, the regional overview focus shifted to **West Africa and the Sahel (incorporating Cameroon and Libya)**.

Major food crises

Of the 17 remaining selected countries, **seven** of them – **Burkina Faso, Cameroon, Chad, Mali, Niger, northern Nigeria and Sierra Leone** – are classified as **major food crises** (see Chapter 3 for country-by-country analyses).

The other 10 countries did not meet the selection criteria to qualify as major food crises.

- In 2020, worsening conflict and mass displacements intensified major food crises in the region, notably in the Central Sahel region, the Lake Chad Basin and Cameroon.
- Comparing the same 16 countries/territories analysed, the number of people in Crisis or worse (CH Phase 3 or above) doubled from 12.7 million in 2019 to 24.5 million in 2020.
- The number of IDPs in the region reached 5.7 million. It hosted over 1.4 million refugees in 2020, mainly in Chad and Cameroon.
- By July 2020, cases of child wasting reached almost 5.4 million in Burkina Faso, Chad, Mali, Mauritania, the Niger and Senegal, fuelled by declining incomes, worsening access to humanitarian assistance, nutrition services and healthy diets.
- In the Sahel countries, the coverage of nutrition services during the early phase of the pandemic fell by around 30 percent, while services were sometimes completely disrupted in conflict-affected countries.
- In 2021, most countries in the region will face persistently high numbers of people in Crisis or worse (CH Phase 3 or above). In particular in Nigeria (16 states and the FCT), an estimated 12.8 million people are expected to face Crisis or worse (CH Phase 3 or above) in 2021, a 39 percent projected increase compared to the 2020 peak.

West Africa and the Sahel

Burkina Faso | Cabo Verde | Cameroon | Chad | Côte d'Ivoire | Gambia | Guinea | Guinea-Bissau | Liberia | Libya | Mali | Mauritania | Niger | Nigeria | Senegal | Sierra Leone | Togo



24.8M people

2020

in 17 countries/territories were in Crisis or worse (CH Phase 3 or above) or equivalent.



11 400 people

2020

in Burkina Faso were in Catastrophe (CH Phase 5).



1.8M people

2020

in 12 countries/territories were in Emergency (CH Phase 4).

Note: For Cabo Verde, Côte d'Ivoire, Gambia and Guinea there were no populations classified in Emergency (CH Phase 4). For Libya, there was no disaggregation by IPC/CH Phase.



22.3M people

2020

in 16 countries/territories were in Crisis (CH Phase 3).

Note: For Libya, there was no disaggregation by IPC/CH Phase.

In 2020, 24.8 million people were in Crisis or worse (CH Phase 3 or above) or equivalent across 17 countries/territories in West Africa and the Sahel (incorporating Cameroon and Libya). Almost 40 percent of these people were in 15 northern states and the Federal Capital Territory (FCT) (Abuja) of **Nigeria**, with 9.2 million in Crisis or worse (CH Phase 3 or above) from October–December.

In terms of numbers, **Burkina Faso** was the second worst crisis with 3.3 million in Crisis or worse (CH Phase 3 or above) from June–August when 11 400 people in the Sahel region



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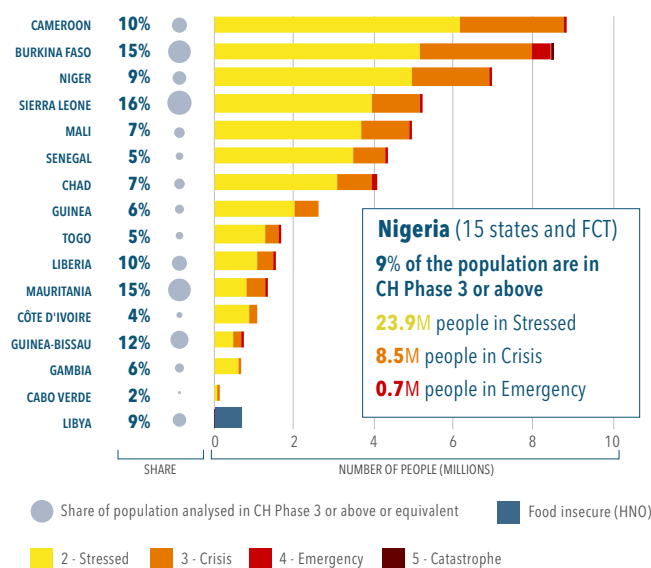
were in Catastrophe (CH Phase 5). **Cameroon** was the third biggest (2.7 million) followed by the **Niger** (2 million). Twelve countries across the region had populations classified in Emergency (CH Phase 4) with 65 percent of them in Burkina Faso and Nigeria. **Sierra Leone** had the region's highest share of its analysed population in Crisis or worse (CH Phase 3 or above) at 16 percent. Five additional countries had at least 10 percent of their analysed populations in Crisis or worse

(CH Phase 3 or above): Burkina Faso, Mauritania, Guinea-Bissau, Cameroon and Liberia. The prevalence was extremely high in some localized areas, reaching 62 percent in Ouadalan and Soum provinces of the Sahel region in Burkina Faso, and 40–75 percent in 10 areas of Borno and one area of Yobe, both in north-eastern Nigeria. In **Libya**, around 700 000 people (9 percent of the population analysed) were acutely food insecure and in need of urgent assistance. See figure 2.17.

Acute food insecurity overview

Figure 2.17

Numbers of people in CH Phase 2 or above
and share of population analysed in CH Phase 3 or above (or equivalent)



Source: FSIN, using CILSS-Cadre Harmonisé and HNO data.



61.8M people

in 16 countries/territories were in Stressed (CH Phase 2). Note: For Libya there was no disaggregation by IPC/CH phase.

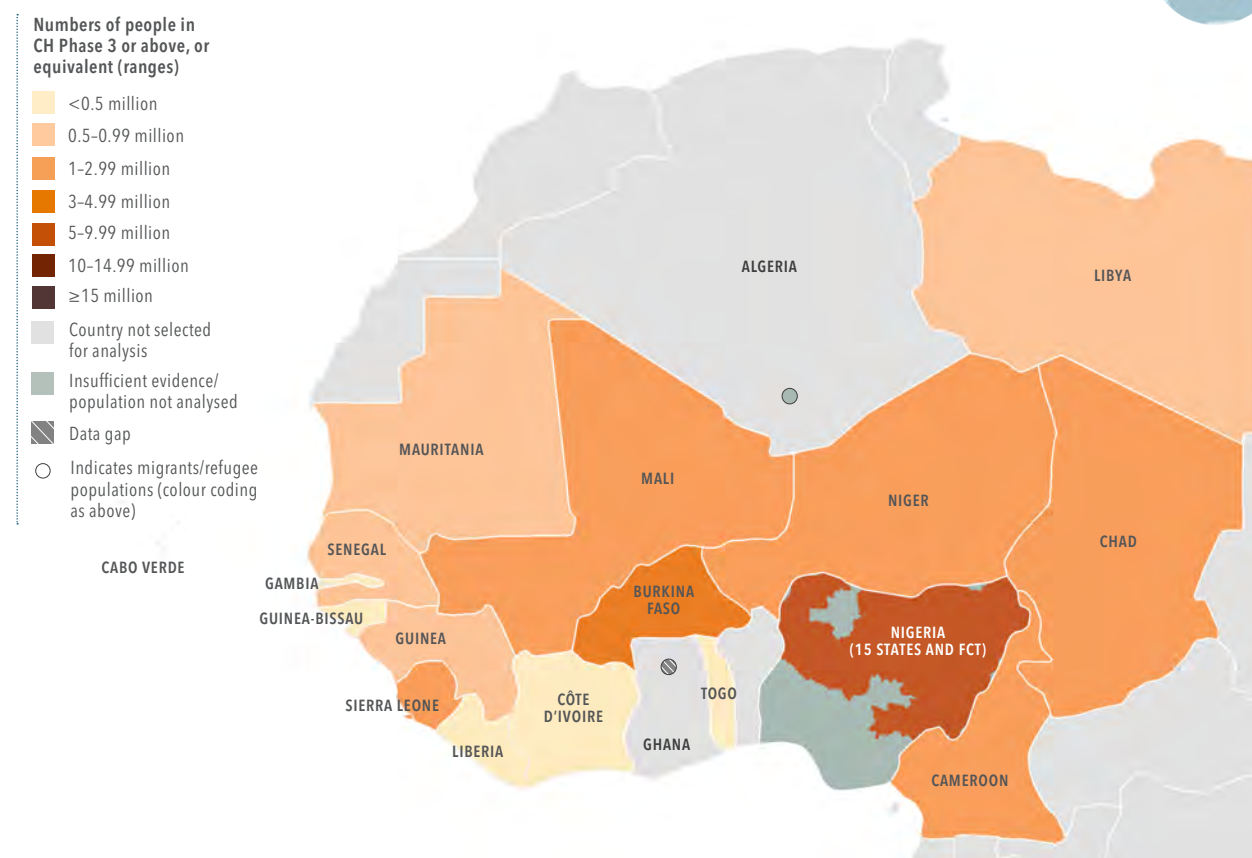


10.5M people

in Crisis or worse (CH Phase 3 or above) in 12 CILSS member states: Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Senegal and Togo.

Map 2.5

Across the region, out of nearly 25 million people in Crisis or worse (CH Phase 3 or above), 37 percent of them were in Nigeria (15 states and FCT) in 2020



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 2021.

Nutrition and health overview

Across West Africa and the Sahel, mass displacement coupled with the socioeconomic impact of COVID-19 sharply reduced coverage of basic social services, particularly nutrition services, leading to extremely high numbers of wasted children in 2020 (UNICEF/WFP, May 2020).

The numbers of wasted children were particularly high in the Sahel countries. Before the COVID-19 pandemic, 4.5 million cases of wasting were expected in 2020 across Burkina Faso, Chad, Mali, Mauritania, the Niger and Senegal driven by poor maternal nutrition and infant feeding practices, high levels of childhood illnesses and water-borne diseases, fragile health systems, poor access to clean water and sanitation and chronic poverty. By July, that number had jumped to almost 5.4 million as it became even more difficult for populations to maintain healthy diets and optimal IYCF practices, and to access essential nutrition services due to disruptions in food, health and humanitarian supply chains, and loss of household income (UNICEF, July 2020).

According to UNICEF, the coverage of nutrition services during the early phase of the pandemic fell by around 30 percent although services were sometimes completely disrupted in large areas of conflict-affected countries. Around 25 percent of Burkina Faso's health facilities in conflict-affected areas were either closed or had limited capacity (Health Cluster October 2020).

In the Niger, a September–October 2020 SMART survey showed a national wasting prevalence of 12.7 percent and severe wasting prevalence of 2.6 percent. Five regions – Diffa,

Maradi, Zinder, Tahoua and Agadez – had a wasting prevalence close to or above the WHO 'very high' threshold of 15 percent (UNICEF, November 2020).

In Burkina Faso, 631 787 children under 5 years and 128 672 pregnant and lactating women were suffering from wasting, according to the October–November 2020 IPC acute malnutrition analysis. Out of 44 provinces analysed, nine had wasting prevalence between 10–14.9 percent and five had wasting levels between 15–29.9 percent (IPC AMN, October 2020).

In north-eastern Nigeria (Adamawa, Borno, Yobe), about 921 618 children were wasted and in need of treatment. The wasting prevalence reached 14.5 percent in Borno (North) and 14.7 percent in Central Yobe – mainly attributed to conflict, displacement and the resulting impact on women and children as well as gaps in caregivers' nutritional dietary knowledge and hygiene practices (FS Cluster, November 2020).

Nearly 17 million children under 5 in 17 countries suffer from stunting (JME, March 2020). While the prevalence has decreased in some countries, the absolute number has increased more than anywhere else in the world. Early pregnancy and inadequate care during pregnancy contribute to inter-generational malnutrition (Health Cluster, October 2020).

Figure 2.18
Wasting and stunting in children under 5 years

	 WASTING (PERCENT)	 STUNTING (PERCENT)
Niger	12.7	41.5
Mauritania	11.5	22.8
Chad	10.0	30.5
Guinea	9.2	30.3
Burkina Faso	9.1	24.9
Senegal	8.1	18.8
Mali	7.2	23.9
Nigeria	6.8	36.8
Côte d'Ivoire	6.1	21.6
Gambia	6.0	13.6
Togo	5.7	23.8
Sierra Leone	5.4	29.5
Cameroon	4.3	28.9
Liberia	4.3	30.1

Very low Low Medium High Very high

Note: No recent data available for Guinea-Bissau and Libya. Date range used for data, 2015–2020.
Source: FSIN, using National Nutrition Surveys data.

Figure 2.19
Estimated disruption to coverage of early detection of child wasting services nationally due to COVID-19

<10% DROP	Cameroon Chad Niger
10–24% DROP	Guinea Guinea-Bissau
25–49% DROP	Senegal
50–74% DROP	Libya

Source: UNICEF, September 2020.

Food crises in West Africa and the Sahel, 2019–2020

In 2020, multiple drivers of acute food insecurity and malnutrition – conflict and mass displacements, COVID-19-related market disruptions, high food prices and falling income as well as destructive floods – occurred simultaneously in an already fragile environment, driving up the aggregate number of people in Crisis or worse (CH Phase 3 or above) or equivalent.

When comparing the same 16 countries analysed the number of people in Crisis or worse (CH Phase 3 or above) or equivalent almost doubled from 12.7 million in 2019 to 24.5 million in 2020.¹ The aggregate number of people in Emergency or worse (CH Phase 4 or above) in 12 countries more than doubled.

The six biggest food crises in the region all saw a major increase in numbers of people in Crisis or worse (CH Phase 3 or above) since 2019, led by **Burkina Faso** (169 percent increase), then **Mali** (107 percent increase), **Cameroon** (96 percent increase), **Nigeria** (84 percent increase in 15 northern states and FCT), **Chad** (59 percent increase) and the **Niger** (39 percent increase).

Burkina Faso's food crisis, which has been escalating since early 2018, climbed to extremely concerning levels in June–August 2020. For the first time, the CH analysis classified two provinces of the Sahel region – Soum and Oudalan – in Emergency (CH Phase 4). Around 11 400 people, who were partially or completely cut off from humanitarian assistance, were classified in Catastrophe (CH Phase 5).

Across the **Liptako Gourma** cross-border areas of Burkina Faso, Mali and the Niger, fewer than 1 million people have been in Crisis or worse (CH Phase 3 or above) between 2015 and 2018. In June–August 2020, it increased to 4.4 million people, including 627 000 people in Emergency (CH Phase 4) and 11 400 people in Catastrophe (CH Phase 5).

The already grave situation in northern **Nigeria** deteriorated dramatically with the number of people in Crisis or worse (CH Phase 3 or above) increasing from a peak of 5 million in June–August 2019 to 9.2 million in October–December 2020, largely due to intensifying conflict, the crippling economic impacts of falling oil revenues and COVID-19, as well as devastating floods.

For over a decade, violent conflict has severely weakened fragile livelihoods in north-eastern Nigeria, resulting in very high levels of acute food insecurity in Adamawa, Borno and Yobe. In 2020, the situation in these three states was worse than during the 2018 and 2019 lean seasons with 3.4 million people in Crisis or worse (CH Phase 3 or above), 1.8 million of them in Borno state. However, it was not as severe as June–August 2017, when 5.2 million people were in Crisis or worse (CH Phase 3 or above) in the three states (3.7 million of them in Borno), and Catastrophe (CH Phase 5) was averted mainly due to large-scale humanitarian assistance.

The deteriorating food security situation in **Sierra Leone** was particularly worrisome as the number of people in Crisis or worse (CH Phase 3 or above) almost quadrupled, compared to the 2019 peak number, to 1.3 million in June–August 2020 largely due to the country's economic crisis.



19.8M people

in Crisis or worse (CH Phase 3 or above) in 12 ECOWAS member states: Burkina Faso, Côte d'Ivoire, Gambia, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria (15 states and FCT), Senegal, Sierra Leone and Togo.

Note: Benin and Ghana were not selected for the GRFC 2021.



8.1M people

in Crisis or worse (CH Phase 3 or above) in 7 UEMOA member states: Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Niger, Senegal and Togo.

Note: Benin was not selected for the GRFC 2021.



4.4M people

in Crisis or worse (CH Phase 3 or above) in 3 countries in the Liptako Gourma cross border areas: 6 regions in Mali, 3 regions in Niger and 8 regions in Burkina Faso.

Several other countries that did not meet the criteria to be classified as major food crises saw a significant rise in the numbers of people in Crisis or worse (CH Phase 3 or above) or equivalent. These include **Côte d'Ivoire, Guinea, Liberia, Libya, Senegal** and **Togo**.

¹ The 2019 estimates did not include Togo.

Major drivers of food crises across the region in 2020

Conflict/insecurity

Intensifying and spreading regional conflict continued to be the main driver of food and nutrition insecurity across the region, depriving people of their livelihoods, driving internal and cross-border displacement, disrupting markets, trade and crop production, and contributing to high food prices. Insecurity also constrained humanitarian access, leaving communities without essential assistance and exposing aid workers to increased risks (GHO 2021). COVID-19 restrictions further undermined the coping capacity of vulnerable, conflict-affected people.

The Boko Haram-related insurgency in Lake Chad Basin (north-eastern Nigeria, northern Cameroon, western Chad and south-east Niger) intensified in north-eastern Nigeria, increasing displacement, disrupting the harvest and income-earning opportunities and leading to very high food prices,

particularly in Borno state. Cameroon remained the second most-affected country by the Lake Chad Basin emergency (GHO 2021). According to ACLED data, 2020 saw the largest increase in Boko Haram attacks in its Far North region relative to previous years, displacing thousands, disrupting farming and reducing the 2020 harvest for staple crops (FAO-GIEWS, December 2020).

In the Liptako Gourma area, intercommunal conflict between farmers and herders, and conflict between non-state armed groups and regular armed forces intensified (IOM, December 2020). In Burkina Faso, in particular, a significant increase in displacement increased pressure on already stressed livelihoods and natural resources, including pastures in the Sahel region (OCHA & CONASUR, November 2020).

Besides these two main areas of conflict, in the north-western and north-central states of Nigeria, village raids, kidnapping

and cattle rustling escalated, limiting humanitarian assistance and driving people from their homes, often into the Maradi region of the Niger (ACAPS, November 2020).

For the fourth consecutive year, the secessionist insurgency in Cameroon's North-West and South-West regions prevented farmers from accessing fields, resulting in reduced crop production, revenues and purchasing power (OCHA, August 2020; FAO-GIEWS, December 2020; FEWS NET July 2020).

In Chad, farmer-herder conflicts in Kanem, Bahr El Ghazal and Mayo-Kebbi-Est, and insecurity in Tibesti limited livestock access to natural grazing areas. Conflicts in Nigeria, the Central African Republic and Libya prevented herders from accessing their cross-border pasturelands and drove a large refugee influx (FAO-GIEWS, October 2020). Attacks by Boko Haram and military operations hindered agropastoral and seasonal livelihood activities (FAO, forthcoming).

Figure 2.20

Analysing acute food insecurity in times of COVID-19 in West Africa and the Sahel, 2020

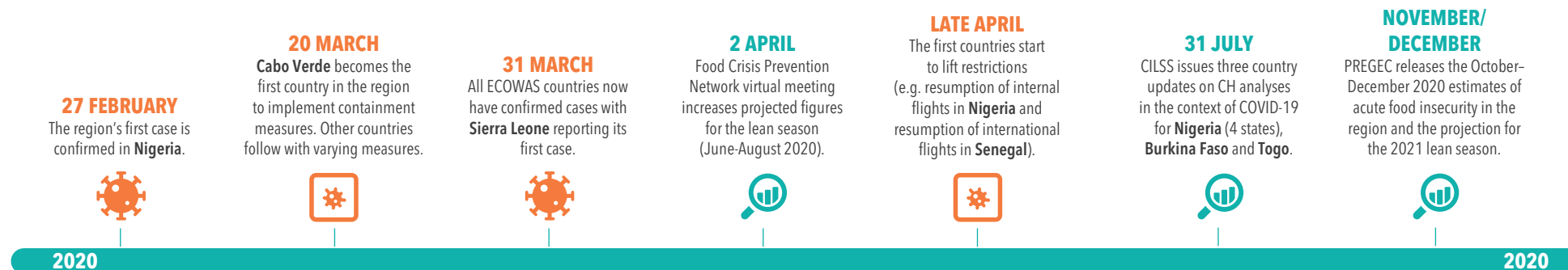
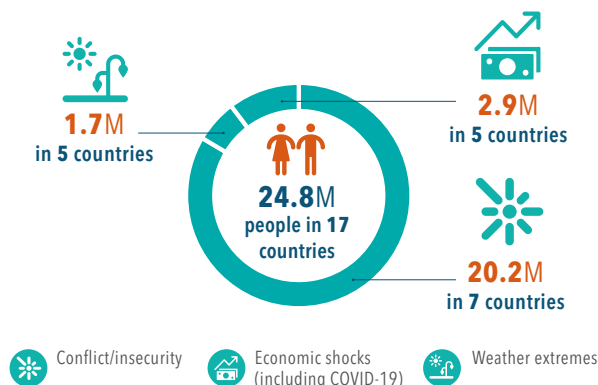


Figure 2.21

Numbers of people in Crisis or worse (CH Phase 3 or above) or equivalent by key driver, in 2020

Note: Many food crises are the result of multiple drivers. The GRFC has based these infographics on the predominant driver in each country/territory.
 Source: FSIN, GRFC 2021.

Economic shocks, including COVID-19

Many countries were already experiencing economic crises and extremely high levels of poverty prior to the pandemic. Of the 189 countries ranked in the Human Development Index (HDI), 13 of the lowest 30 countries are in this region with Burkina Faso, Chad, Mali, the Niger and Sierra Leone ranked in the lowest 10 (UNDP, 2020).

With the onset of COVID-19, food supply chains were disrupted due to border closures, shipping delays and suspension of air traffic, while movement restrictions affected the flow of farm produce to markets, putting further pressure on food prices, at least in the initial stages of restrictions. For conflict-affected countries, movement restrictions added a further layer of economic hardship to already fragile livelihoods by constraining access to agricultural inputs and income opportunities or natural resources (CILSS, April 2020).

Lower incomes and higher food prices diminished people's access to food, particularly for informal sector workers and urban dwellers. According to ILO estimates, 89 percent of working age men and 96 percent of women in ECOWAS member states earn a daily wage in the informal sector with little to no social protection or safety nets. The share of informal employment is highest in Burkina Faso (95 percent) (CERFAM, ECOWAS, UNECA, WFP, December 2020).

The global economic slowdown caused a sharp fall in the prices of several export products such as oil, which accounts for 93 percent of exports in Nigeria and a large share of earnings in Libya. Remittances across ECOWAS member states were predicted to fall to their lowest level in 10 years (CERFAM, ECOWAS, UNECA, WFP, December 2020). A World Bank report estimated that the COVID-19 shock would push about 5 million more Nigerians into poverty in 2020 (WB, June 2020).

Although restrictions across the region were eased in the latter half of the year, the pandemic continued to adversely affect exports, tourism, revenues from cash crops, remittances, employment and incomes, particularly for informal workers in urban areas. Many land borders remained closed and transhumance forbidden, negatively affecting pastoralist livelihoods (CILSS, July 2020 and FEWS NET, December 2020).

In West Africa and the Sahel, movement restrictions and border closures disrupted the marketing of animals and reduced prices in countries such as Chad, Nigeria and Uganda. In Nigeria, livestock productivity is estimated to have declined by 40 percent since access to fodder, supplementary feeds, minerals, critical veterinary supplies and technical services were restricted (GNAFC, September 2020). At the end of June, the easing of containment measures improved access to incomes, agricultural inputs and labour, except in some areas of Burkina Faso, Chad, Mali, Nigeria, the Niger and Senegal, which continued to face difficulties (CILSS, June 2020).

In Mali, two months of sanctions imposed by ECOWAS following the mid-August military coup also limited the flow of goods, services and remittances, compounding the impacts of political, economic, health and security crises, particularly for vulnerable households in urban and conflict-prone regions (USAID, September 2020).

In Burkina Faso, the ban on entering and leaving Ouagadougou hampered peri-urban agricultural activities as many farmers live in the city. In Burkina Faso and the Niger, the impact of COVID-19 restrictions led to demonstrations and uprisings (GNAFC, September 2020).

Weather extremes

While extreme weather events (droughts, floods) occur regularly in the fragile Sahelian areas, the situation was quite exceptional in 2020. Nearly all countries across the region experienced heavy rains. According to OCHA, flooding affected some 1.8 million people in 14 countries and destroyed 162 000 homes. Around 1.4 million of them were in the Niger, Nigeria, Chad and Burkina Faso. A further 193 000 people were affected by flooding in Cameroon with divisions of the Far North, North and Adamawa regions experiencing significant disruptions to the farming season (OCHA, October 2020; CH November 2020). Senegal and Mauritania, and some areas of Chad, Mali and the Niger experienced fodder deficits (ECOWAS, UNECA and WFP, December 2020).

The regional cereal production for the 2019/20 crop season was estimated close to the previous year's level and about 10 percent higher than the five-year average. However, Cabo Verde, the Gambia, Sierra Leone and the Niger experienced significant decreases compared to the five-year average due to drought conditions and the lingering effect of drought in the Gambia and Cabo Verde (CERFAM, ECOWAS, UNECA, WFP, December 2020).

Food insecurity among displaced populations

The intensifying conflict in the Lake Chad Basin and Liptako Gourma border region as well as rising tensions in other areas increased the numbers of IDPs, depriving them of their livelihoods and means of production, and exposing them to worsening acute food insecurity.

The aggregate number of IDPs increased from 3.5 million in Burkina Faso, Cameroon, Chad, Mali, the Niger and Nigeria in 2019 to 5.7 million in 2020. Each country saw an increase but the most alarming rise was in Burkina Faso – up from 0.2 million to 1.1 million, mainly in the Sahel and Centre Nord regions (UNHCR). In Libya, conflict displaced 218 000 people during 2019 and 2020 (UNHCR, February 2021). Libya is also a place of transit for people trying to reach Europe. See figure 2.22.

Most displaced households and migrants rely on humanitarian assistance to cover their basic needs. In Nigeria, over 2.7 million

people have been displaced due to the insurgency in the north-eastern states of Adamawa, Borno and Yobe, communal clashes in the north-western and north-central regions, and natural disasters. In the south, to which approximately 20 500 Nigerian migrants returned from Libya and Europe due to COVID-19, the pandemic heightened vulnerabilities associated with reintegration into communities of origin in several states (IOM, 2020). Over 63 000 Cameroonian refugee women, men and children are also registered in Akwa-Ibom, Benue, Cross River and Taraba States in southern Nigeria (UNHCR, February 2021).

Despite border closures due to the COVID-19 restrictions, families fleeing conflict and insecurity still sought refuge in neighbouring countries. Around 49 000 additional refugees arrived in the Niger, mainly from Nigeria, and around 22 000 in Cameroon and 10 000 in Chad, mainly from the Central African Republic and Nigeria (UNHCR, 2020). Between November

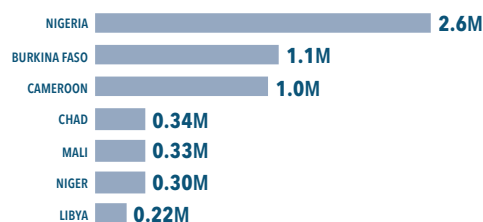
2020 and late February 2021, over 29 000 Ivorians fled political tensions in the Côte d'Ivoire, 95 percent of them hosted in Liberia in remote overcrowded camps with inadequate water, sanitation and hygiene provision, and under-resourced health services (UNHCR, February 2021).

With 0.48 million refugees, Chad is the biggest refugee-hosting country in the region with the majority of refugees from the Sudan and the Central African Republic. Food assistance is limited and only covers partial needs due to funding constraints (UNHCR & WFP, 2020). Almost 53 percent of refugees were moderately or severely food insecure, using WFP CARI methodology (WFP, December 2020). In Burkina Faso, food insecurity for refugees deteriorated since 2019 as work opportunities decreased due to COVID-19 restrictions. Some 60 percent had inadequate food consumption by December 2020 (WFP 2019 and 2020).

Figure 2.22

Number of IDPs in 2020

Burkina Faso experienced a five-fold increase in the number of IDPs

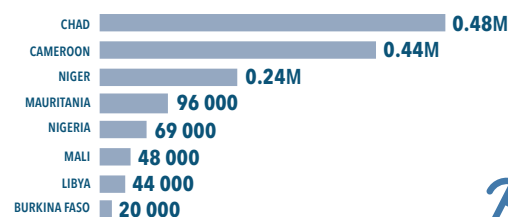


Source: UNHCR, end 2020.

Figure 2.23

Number of refugees/asylum seekers in 2020

Chad was the main refugee-hosting country with most coming from Sudan



Source: UNHCR, end 2020.

Figure 2.24

Number of IDP and refugee returnees in 2020

The majority of returnees had been displaced within their own borders



Source: UNHCR, end 2020.

Regional forecast 2021



2021

29.1M people

in Crisis or worse (CH Phase 3 or above) in 15 countries/territories in the region

Note: No 2021 estimate/forecast available for Libya and Cabo Verde.
Source: FSIN, using CILSS-Cadre Harmonisé data.

The situation of millions of crisis-affected people in the region will remain critical in 2021, with over 29 million people projected to be in Crisis or worse (CH Phase 3 or above) across 15 countries/territories. A major deterioration is expected in Nigeria (16 states and the FCT) where almost 13 million people are expected to be in Crisis or worse (CH Phase 3 or above) during the lean season. See figure 2.25.

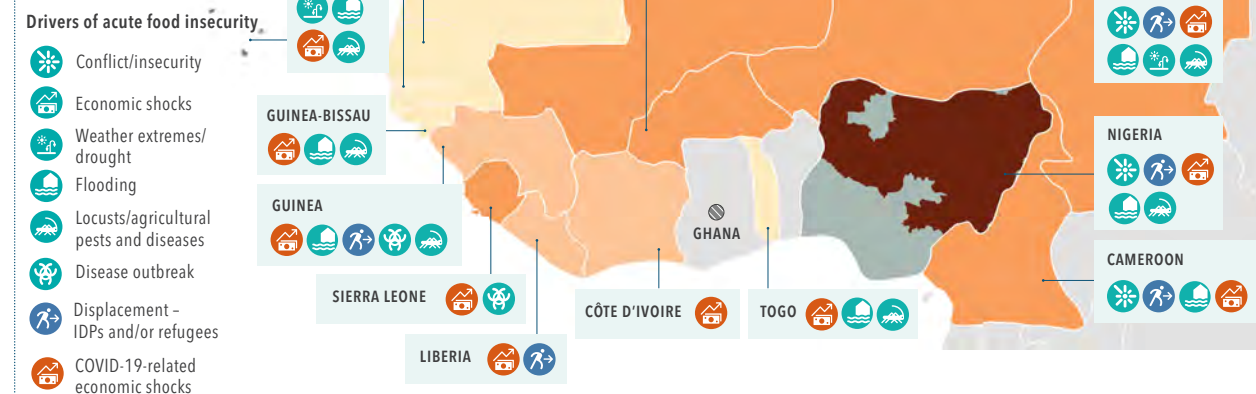
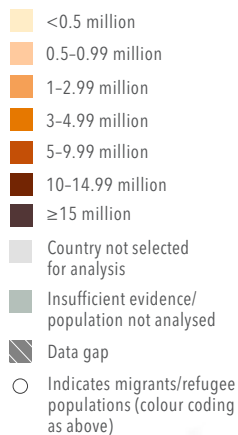
Despite extensive damage caused by flooding, the 2020–21 regional agricultural campaign has been positive overall with cereal production estimated to be 1.4 percent higher than the previous campaign and 9.3 percent above the five-year average. Although fodder production has maintained generally favourable levels with some surplus production, the security crisis continues to restrict access to pastures, the functioning of livestock markets and pastoral mobility (RPCA, December 2020).

Nigeria (16 states and the FCT) is expected to account for the largest number of people in Crisis or worse (CH Phase 3 or above) in the region, with 12.8 million in June–August 2021.

Map 2.6

Acute food insecurity estimates and drivers in 2021

Estimates of numbers of people in CH Phase 3 or above (ranges)



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 2021.

Around 0.8 million people are forecast to be in Emergency (CH Phase 4), with eight Local Government Areas in Borno state classified in this phase and one in Adamawa. There is insufficient nutrition and mortality evidence to classify populations or areas in Catastrophe/Famine (CH Phase 5), but other indicators suggest that a small proportion of the population might face such conditions (less than 10 percent) (CILSS-CH, March 2021).

In 2021, the Nigerian economy is forecast to face its worst recession since the 1980s. Staple food prices are expected to remain high, particularly in conflict-affected areas (World Bank, June 2020). Refugees will likely continue returning to north-eastern areas from Cameroon, Chad and the Niger, but large numbers of IDPs will remain, with many moving to urban areas (FEWS NET, November 2020).

Burkina Faso will remain the second worst food crisis in the region, although the population in Crisis or worse (CH Phase 3 or above) is expected to decrease by 12 percent to 2.9 million people in June–August 2021, compared to the same period in 2020. Two provinces – Oudalan and Soum in the Sahel region – are projected to be in Emergency (CH Phase 4) (CILSS-CH, March 2021). An early lean season is expected in northern areas due to reduced local cereal production and livelihood disruptions resulting from conflict, insecurity and displacement. Throughout the country, cereal prices are expected to remain above 2020 levels up to May 2021, while incomes and purchasing power remain lower than the pre-COVID 19 period (RPCA, December 2020).

In **Cameroon**, conflict and unrest in the Far North, North-West and South-West will continue displacing households, disrupting livelihoods and preventing farmers from accessing their land, likely causing another year of diminished agricultural output in the North-West and South-West. In March–May 2021, 2.6 million people are forecast to be in Crisis

or worse (CH Phase 3 or above), slightly down from 2.7 million in October–December 2020 (CILSS-CH, March 2021).

In **Chad**, continued conflict, insecurity, displacement, and pandemic restriction measures will drive a 75 percent increase in the number of people in Crisis or worse (CH Phase 3 or above) to 1.8 million in June–August 2021 (CILSS-CH, March 2021).

In the **Niger**, the number of people in Crisis or worse (CH Phase 3 or above) in 2021 is expected to increase by 15 percent to 2.3 million people, despite expected favourable production conditions and the recovery of informal work opportunities, particularly in urban areas. The number of people in Emergency (CH Phase 4) is forecast to rise by around 250 percent from the 2020 peak to over 218 000, largely due to continued violence and insecurity among vulnerable communities, particularly in the area of Liptako Gourma (CILSS-CH, March 2021).

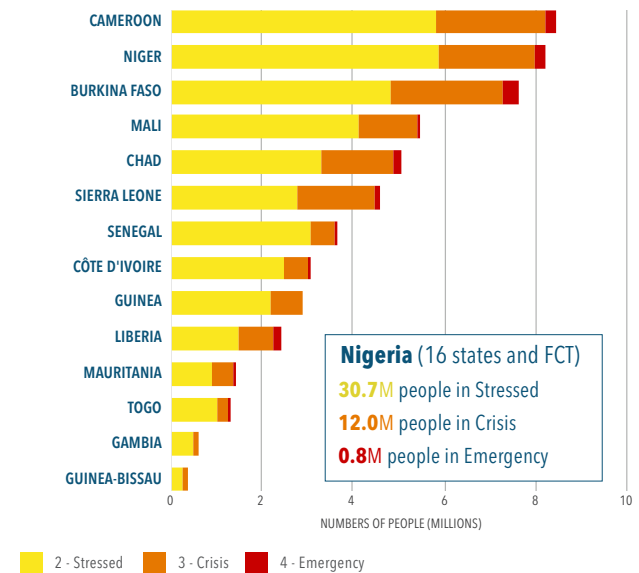
With 1.8 million people in Crisis or worse (CH Phase 3 or above), **Sierra Leone** is expected to face a worsening food crisis, especially in the Eastern and Southern regions where 27 percent of the local population is forecast to be in Crisis or worse (CH Phase 3 or above) (CILSS-CH, March 2021). This is largely due to reduced agricultural production, combined with rising food prices and plummeting purchasing power resulting from the poor macroeconomic situation (FAO, May 2020).

In **Mali**, the number of people in Crisis or worse (CH Phase 3 or above) will remain high with 1.3 million people during June–August 2021. Around six in 10 of these people are projected to be in Mopti and Gao due to continued violence and insecurity, which will heighten acute food insecurity, displace households and adversely affect livelihoods.

The conflict in the Sahel is expected to intensify, with significant risk of spillover into coastal countries. The August

Figure 2.25

Numbers of people forecast to be in Stressed or worse (IPC Phase 2 or above) in 2021
in 15 countries in the region



Note: No forecast available for Cabo Verde and Libya.
Source: FSIN, using CILSS-Cadre Harmonisé data.

2020 coup d'état in **Mali** and disputed elections in **Guinea** and **Côte d'Ivoire** have increased political and intercommunal tension (OCHA, 2020). In **Côte d'Ivoire**, the **Gambia**, **Guinea-Bissau**, **Liberia**, **Mauritania**, **Senegal** and **Togo**, acute food insecurity is likely to persist, mainly as a result of economic shocks, including the socioeconomic impact of COVID-19.

In **Libya**, almost 10 years after the revolution ended in civil war, security has improved thanks to a fragile ceasefire. However, a shattered economy and COVID-19 have exacerbated the impacts of years of fighting. Many Libyans, refugees and migrants have lost their livelihoods (ECHO, February 2021).

Central America and Haiti

Eleven countries in Latin America and the Caribbean were selected for inclusion in the GRFC 2021



Bolivia (Plurinational State of) |
Colombia (Venezuelan migrants) | Cuba |
Ecuador (Venezuelan migrants) | El Salvador |
Guatemala | Haiti | Honduras | Nicaragua |
Peru (Venezuelan migrants) |
Venezuela (Bolivarian Republic of) |

Data gaps/insufficient evidence

Six countries/migrant crises in this region were then deselected – Bolivia (Pluri-national State of), Colombia (Venezuelan migrants), Ecuador (Venezuelan migrants), Peru (Venezuelan migrants) and Venezuela (Bolivarian Republic of) due to insufficient evidence, and Cuba because of data gap.

As a result, the regional overview focus shifted to **Central America and Haiti**.

Major food crises

Of the five remaining selected countries, three of them are classified as major food crises (see Chapter 3 for country by country in-depth analyses).

Nicaragua and El Salvador did not meet the selection criteria to qualify as a major food crisis.

- Acute food insecurity increased significantly in the region, with 11.8 million in Crisis or worse (IPC Phase 3 or above) in 2020, up from 8.1 million people in 2019 in four Central American countries and Haiti.
- Severe weather extremes in late 2020 affected over 8 million people across Central America, hitting food-insecure areas that had already experienced multiple years of drought as well as reduced incomes due to COVID-19 restrictions.
- The economic repercussions of the pandemic heightened pre-existing vulnerabilities, precipitating a major economic and labour market crisis.
- Over three-quarters of analysed households in the Dry Corridor reported reduced incomes during October–December due to lost employment and low profitability in informal trade activities.
- In 2021, atypically high acute food insecurity levels are expected for Haiti, Guatemala, Honduras, El Salvador and likely Nicaragua.

Central America and Haiti

El Salvador | Guatemala | Haiti | Honduras | Nicaragua



11.8M people

in 5 countries were in Crisis or worse (IPC Phase 3 or above).

No populations in this region were in Catastrophe (IPC Phase 5).



2.3M people

in 4 countries were in Emergency (IPC Phase 4).

Note: For Nicaragua, there was no disaggregation by IPC Phase.



9.1M people

in 4 countries were in Crisis (IPC Phase 3).

Note: For Nicaragua, there was no disaggregation by IPC Phase.

In Central America and Haiti, over 11.8 million people were in Crisis or worse (IPC Phase 3 or above) across five countries.

In 2020, **Haiti** remained among the 10 worst global food crises with around 4.1 million people in Crisis or worse (IPC Phase 3 or above) in March–June – representing 40 percent of the analysed population. The country accounted for 35 percent of the regional population in Crisis or worse (IPC Phase 3 or above) and 51 percent of its population in Emergency (IPC Phase 4). Four areas were classified in Emergency (IPC Phase 4) including one urban area in Cité Soleil. In nine areas in the regions of Nippes, Ouest, Artibonite, Grand-Anse and Nord, and in the urban areas of Port-au-Prince, 15–18 percent of the population were facing Emergency (IPC Phase 4) (IPC, October 2019).



Around 65 percent of the region's population in Crisis or worse (IPC Phase 3 or above) were in the four Central American countries of El Salvador, Guatemala, Honduras and Nicaragua.

In **Guatemala**, over 3.7 million people were in Crisis or worse (IPC Phase 3 or above), of whom nearly 428 000 people were in Emergency (IPC Phase 4) in November 2020–March 2021 (IPC, January 2021). In **Honduras**, around 2.9 million people were in Crisis or worse (IPC Phase 3 or above), of whom

614 000 were in Emergency (IPC Phase 4) in December 2020–March 2021 (IPC, February 2021).

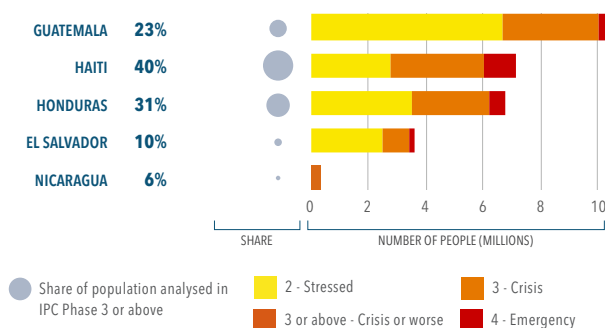
In **El Salvador**, around 684 000 people were in Crisis or worse (IPC Phase 3 or above), of whom 95 000 were in Emergency (IPC Phase 4) in November 2020–February 2021 (IPC, December 2020). In **Nicaragua**, around 400 000 people were in Crisis or worse (IPC Phase 3 or above) in September–October 2020 (FEWS NET, 2020). See figure 2.26.

Acute food insecurity overview

Figure 2.26

Numbers of people in Stressed or worse (IPC Phase 2 or above)

and share of population analysed in Crisis or worse (IPC Phase 3 or above)



Source: FSIN, using FEWS NET and IPC data.



15.1M people
in 4 countries were in Stressed (IPC Phase 2).

Note: For Nicaragua, there was no disaggregation by IPC Phase.



7.7M people
in Crisis or worse (IPC Phase 3 or above)
in 4 SICA member states: El Salvador,
Guatemala, Honduras and Nicaragua.

Map 2.7

Across the region, Guatemala, Haiti and Honduras each had around 3-4 million people in IPC Phase 3 or above in 2020



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 2021.

Displacement overview

In Central America, years of consecutive drought, poverty and a deteriorating security environment have driven around 470 000 Guatemalans, El Salvadorans and Hondurans to seek refuge abroad as of July 2020.

A further 319 000 people in El Salvador and Honduras were internally displaced as of early 2020 (UNHCR, 2020). Since April 2018, over 102 000 Nicaraguans have sought refuge from political instability and violence (UNHCR, 2020).

Figure 2.27

Number of IDPs in Honduras and El Salvador, in 2020



Source: UNHCR, end 2020.

Economic migrants

COVID-19 border closures complicated migration and left thousands of foreign migrants locked in their respective countries or stranded in Central American countries along the route to Mexico and the United States. Many migrants seeking asylum in North America tried to find local informal sector jobs in areas such as hospitality, domestic labour and construction during a time of high unemployment (IFRC, September, 2020). In Guatemala, 51 percent of surveyed migrants in June lost their employment due to COVID-19 and 44 percent had working hours reduced (IOM, June 2020).

Bolivarian Republic of Venezuela



Although acute food insecurity estimates for Venezuela (Bolivarian Republic of) are not included in the GRFC 2021 due to insufficient evidence, some data suggests that this major 2019 food crisis likely worsened in 2020.

In 2019, Venezuela (Bolivarian Republic of) was among the 10 worst¹ food crises globally, with 9.3 million Venezuelans requiring emergency food assistance, representing 32 percent of the total population (WFP, February 2020).² According to an FAO monitoring report, in August–September 2020 70 percent of surveyed respondents did not have enough food to satisfy energy requirements or had to limit the diversity of their diets, 32 percent had exhausted food stocks, and 11 percent went 24 hours without food (FAO, January 2021).

Economic collapse, COVID-19 restrictions, insecurity and weather extremes fuelled an already severe humanitarian crisis

Before the pandemic, the country was already on the brink of economic collapse, a situation that worsened considerably following the nationwide COVID-19 lockdown from mid-March until June 1, and strict subsequent lockdowns in states with high infection rates. Throughout

the year, oil production fell against the backdrop of international sanctions and declining global oil prices, leading to a GDP contraction of 30 percent year-on-year by the end of 2020 (CEPAL, December 2020). Oil shortages severely constrained food production and transportation (HRP 2021, forthcoming).

During the pandemic, 79 percent of surveyed recipients of remittances saw their incomes drop as inflation soared to 844 percent between January and September 2020, rendering food and other essential items increasingly unaffordable (NRC, 2020, Banco Central de Venezuela/HRP, 2021). Although increases were made to the minimum wage to mitigate burgeoning living costs, minimum wage recipients saw their purchasing power contract by 30 percent in real terms between January and June (CEPAL, October 2020). Economic crises and containment measures also considerably reduced planted agricultural areas and lowered yields, while market closures and mobility restrictions prevented the sale of agricultural products, leading to declining agricultural incomes (FAO, January 2021).

Generalized violence and insecurity persisted despite the lockdown, limiting household mobility and access to markets and employment. Clashes between criminal gangs during lockdown led to shootouts that lasted days in some of the poorest and most densely populated neighbourhoods of Caracas (IOM, May 2020).

From May–November, the country experienced over 63 tropical storms that flooded rivers, streams, and several

¹ In terms of numbers of acutely food-insecure people in need of urgent assistance (IPC/CH Phase 3 or above or equivalent).

² The WFP Emergency Food Security Assessment was conducted in July–September 2019 and analysed food consumption patterns, food and livelihood coping strategies and economic vulnerability to determine the prevalence of food insecurity. The government of the Bolivarian Republic of Venezuela did not endorse the results of the assessment.

Bolivarian Republic of Venezuela (continued)

communities in seven departments. Over 25 000 people were reportedly affected by the storms through the partial or total loss of homes, assets and crops (HRP 2021, forthcoming).

The prospect of worsening fuel shortages and COVID-19 movement restrictions in 2021 will likely further constrain food distribution and access to food markets, contribute to rising inflation and increase the frequency of power and water shortages (USAID, December 2020). Unstable access to water, sanitation, electricity and other basic services will in turn complicate efforts to contain the pandemic and deliver humanitarian assistance to vulnerable households (UNICEF, January–December 2020).

COVID-19 exacerbated difficult living conditions for Venezuelan migrants

Since 2014, nearly 5.5 million Venezuelan migrants, refugees and asylum-seekers have left the country, driven by food shortages, high food prices, unemployment and insecurity, making it Latin America's largest migration exodus in modern history (R4V, December 2020, WFP, February 2020a).

COVID-19 mitigation measures disproportionately affected refugees and migrants in host countries due to high employment levels in the informal sector, as joblessness rose regionally (R4V, December 2020).

Without savings or access to social safety nets, vulnerable migrant households struggled to afford food and housing as the pandemic drove up food prices (WFP, September 2020).



A five year-long socioeconomic crisis in the Bolivarian Republic of Venezuela has upended water and sanitation in some of the country's most vulnerable communities. Water quality, access and quantity are major concerns.

Despite border closures, between March and December around 143 000 Venezuelans returned home after losing their income or housing in host countries (HRP 2021, forthcoming). Aid workers expressed concern at the prospect of large influxes of migrants returning to a humanitarian crisis during the pandemic (USAID, September 2020) and many returnees faced discrimination in their own communities (UNHCR, accessed 15 February 2021). However, by September, the flow of returnees slowed and outward migration resumed as neighbouring economies recovered (R4V, December 2020).

The evolving humanitarian crisis in the country will likely continue encouraging outward migration, placing growing pressures on host governments and populations. Due to the ongoing pandemic and regional economic conditions, around 5 million people across the region affected by the Venezuelan crisis will require emergency food security assistance in 2021 (R4V, December 2020). The 2021 estimate represents a 94 percent increase compared to anticipated needs in 2020 before the pandemic, when 2.59 million people required food security assistance (R4V, 2019).

Nutrition and health overview

Prior to the COVID-19 pandemic, countries in Central America and Haiti had already experienced a worrying reversal in the progress made to improve nutrition security.

Although wasting levels among children under 5 years have not generally been considered a public health concern in the region, in Guatemala, the Ministry of Health reported an increase of 80 percent in wasting in 2020 compared to 2019 and 122 percent compared to 2018. There were 27 907 cases in 2020 (MoH, 2021). In Haiti, the prevalence of wasting had already increased from 3.7 percent in 2016/2017 to 6 percent in 2019, with the metropolitan area of Port-au-Prince citing a 6.5 percent prevalence of wasting and 2.5 percent prevalence of severe wasting (FEWS NET, June 2020).

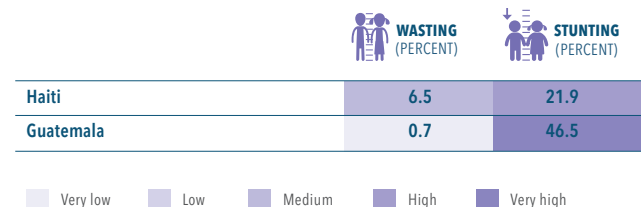
Within the region, Honduras, Guatemala and Haiti have high levels of stunting among children under 5 years at over 20 percent, peaking at 46.5 percent in Guatemala (DHS 2014–15). In 2020, a multi-agency UN report concluded that national stunting levels, notably in Guatemala and Honduras, often

mask high levels of stunting in disadvantaged sub-regions, which lag considerably behind regional averages due to high levels of poverty, largely informal labour markets, and relatively limited access to services, particularly education. In the Honduran Dry Corridor, the child stunting prevalence is at least 7 percentage points higher than the national average, while departments of the Nicaraguan Dry Corridor have stunting levels between 3 to 13 percentage points higher than the national average (UN, December 2020). In the Guatemala Dry Corridor, stunting levels reach a staggering 70 percent in some departments (DHS 2014–15).

In November, hurricanes Eta and Iota caused considerable damage to key water and sanitation infrastructure, contaminating wells and water sources and destroying waste management facilities. Guatemala and Honduras, which already had a high prevalence of sanitation-related diseases, saw worsening trends in the occurrence of diarrhoeal diseases due to the contamination of drinking water sources (IPC, January 2021).

Figure 2.28

Wasting and stunting in children under 5 years

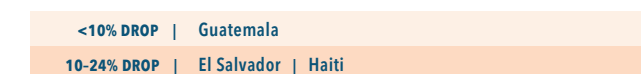


Note: No recent data available for El Salvador, Honduras and Nicaragua.
Date range used for data, 2015–2020.

Source: FSIN, using National Nutrition Surveys data.

Figure 2.29

Estimated disruption to protection and promotion of breastfeeding programmes nationally due to COVID-19



Source: UNICEF, September 2020.

Food crises in Central America and Haiti, 2019–2020

In Guatemala, Haiti, Honduras and Nicaragua, between 2019 and 2020 there was a steep rise in the numbers of people in Crisis or worse (IPC Phase 3 or above), largely due to weather extremes and the economic impact of COVID-19.

In 2019, 8.1 million people in four Central American countries and Haiti were in Crisis or worse (IPC Phase 3 or above). Out of the three countries profiled in this region that had comparable data available for 2020, the number of people in Crisis or worse (IPC Phase 3 or above) increased in every country by comparison with 2019, as the 2020 hurricane season greatly exacerbated the effects of years of repeated weather extremes and the COVID-19 pandemic worsened ongoing economic crises. In 2020, there was expanded analysis coverage, particularly in Honduras and El Salvador.

Since the first edition of the GRFC covering 2016, **Haiti** has experienced a continuous increase in the number of people in Crisis or worse (IPC Phase 3 or above) due to a combination of drought, economic shocks and insecurity from civil unrest. The trend continued into 2020 with a 12 percent increase in the number of people in Crisis or worse (IPC Phase 3 or above) between October 2019–February 2020 and March–June 2020. Haiti had 40 percent of its population in Crisis or worse (IPC Phase 3 or above) in March–June 2020 compared to 35 percent at the peak in 2019.

A worsening situation was particularly marked in **Guatemala** where hurricanes Eta and Iota and consecutive floods intensified acute food insecurity for populations already vulnerable from COVID-19-related livelihood losses and

several years of localized crop losses. Over 3.7 million people were in Crisis or worse (IPC Phase 3 or above) in November–December 2020, a 22 percent increase since the 2019 peak in March–June. Between these two periods, the number of departments in Crisis (IPC Phase 3) increased from six to 10, with a notable deterioration in the departments of Huehuetenango and Guatemala.

For **Honduras**, the threefold rise from around 1 million to 3 million people in Crisis or worse (IPC Phase 3 or above) between November 2019–February 2020 and December 2020 can be partly attributed to an increase in analysis coverage from 13 departments in 2019 to the entire country of 18 departments in 2020. However, it also reflects the accumulated impacts of years of drought, a severe 2020 hurricane season, high levels of insecurity, and a worsening economic situation exacerbated by COVID-19. Between 2019 and 2020, the prevalence of the population in Crisis or worse (IPC Phase 3 or above) increased from 18 percent to 31 percent.

Economic shocks, including COVID-19, had a similarly deleterious impact on food security in **Nicaragua**, where approximately 400 000 people were in Crisis or worse (IPC Phase 3 or above) during September–October 2020, a fivefold increase since the 2019 peak in June–August. In November 2020, hurricanes Eta and Iota affected around 3 million people mainly in the indigenous territories of the autonomous region of the North Caribbean Coast, Triángulo Minero, Matagalpa, Jinotega, Nueva Segovia, Rivas and Carazo, where artisanal fishing, forestry and agriculture were significantly affected. The hurricanes hit at the start of the lean season when food stocks were already low. The hurricanes

were expected to reduce harvests and severely affect livestock production (FAO, December 2020)

For **El Salvador**, the analyses are not comparable since the April–July 2019 analysis only covered the eastern region as opposed to the entire country in 2020. Between 2019 and 2020, the prevalence of the population in Crisis or worse (IPC Phase 3 or above) decreased from 22 percent to 10 percent.

In June–August, nearly 140 000 people, or 29 percent of the analysed population, were in Crisis or worse (IPC Phase 3 or above) in the drought-affected tri-national border region of **Rio Lempa** between El Salvador, Guatemala and Honduras. While this 67 percent increase in the number of people in Crisis or worse (IPC Phase 3 or above) since November 2018–January 2019 can partly be attributed to larger population coverage, COVID-19 movement restrictions, growing unemployment and hikes in food prices undoubtedly led to a worsening situation, compelling many households to adopt Crisis or Emergency coping strategies (IPC, June 2020). During the same period, the share of people in Crisis or worse (IPC Phase 3 or above) rose from 23 percent in late 2018/early 2019 to 33 percent in June–August 2020.

Major drivers of food crises across the region in 2020

Weather extremes

Tropical storms, hurricanes and flooding contributed to a precipitous rise in acute food insecurity in Central America, and to a lesser extent, the Caribbean, beginning with the arrival of storms Amanda and Cristobal in May/June which brought high winds, flooding and landslides and affected over 394 000 people in Guatemala (OCHA, June 2020).

In addition to the prolonged effects of drought, in August, tropical storm Laura and related heavy rainfall and floods led to production and livestock losses in Haiti, especially in the Sud-Est region (IPC, September 2020).

In November, two category 4 hurricanes, Eta and Iota, affected over 8 million people across Central America, bringing up to 1 000 mm of rain in areas of northern and eastern Guatemala, northern Honduras, north-eastern Nicaragua, and up to 200 mm

in western and eastern El Salvador (FEWS NET, December 2020). The hurricanes hit areas where households had already experienced multiple years of poor rainfall followed by reduced incomes due to COVID-19 restrictions.

In Guatemala, the hurricanes damaged over 137 million hectares of crops and incurred economic damages worth 897 million Guatemalan quetzals (over USD 115 million) (IPC, December 2020; FAO, December 2020). In Honduras, according to the preliminary evaluation report of the damages caused by hurricanes Eta and Iota, an estimated 569 220 hectares of crops were lost, which is equivalent to 70 percent of the area of crops established before the November storms (FAO, February 2021).

The hurricanes destroyed household food reserves, rendering families dependent on markets during a period of high food prices. Many households that relied on informal agricultural

labour were unable to work during the height of the agricultural season due to damages to plantations.

Economic shocks, including COVID-19

Before the COVID-19 pandemic, economic shocks were already driving high levels of acute food insecurity in the region. In 2019, Haiti faced a significant decrease in tourism, foreign direct investments, and blocked economic activities due to social unrest, contributing to an economic downturn (IPC, September 2020). Rapid currency depreciation, coupled with the economic effects of pandemic restrictions, eroded household purchasing power and inflated food prices (FEWS NET, April and August 2020). In this context, high production costs and shortages of agricultural inputs further constrained food production capacities, leading rural households to sell assets for food in 2020 (FAO-GIEWS, December 2020).

Figure 2.30

Analysing acute food insecurity in times of COVID-19 in Central America and Haiti, 2020

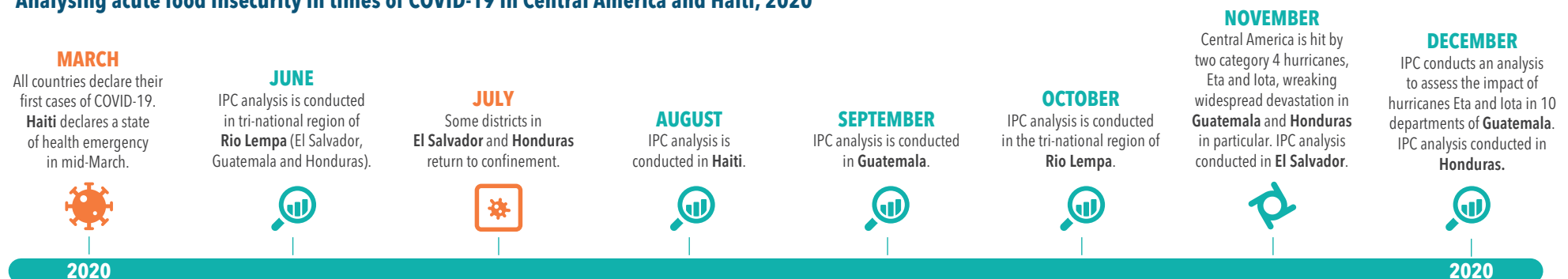
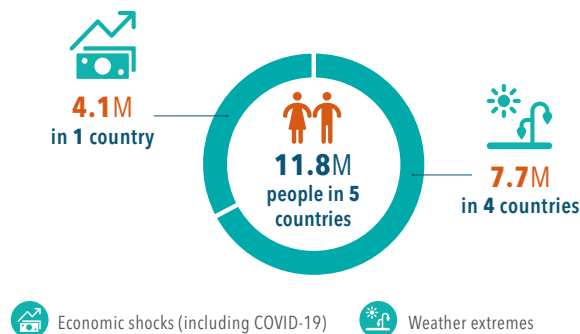


Figure 2.31

Numbers of people in Crisis or worse (IPC Phase 3 or above) or equivalent by key driver, in 2020

Note: Many food crises are the result of multiple drivers. The GRFC has based these infographics on the predominant driver in each country/territory.
Source: FSIN, GRFC 2021.

In Central American countries, years of consecutive bad harvests had drained household assets, revenues and savings, and triggered high food prices (IPC, June 2020).

In early-mid March 2020, countries in the region implemented various restrictive measures to curb the spread of the COVID-19 virus, including border closures and widespread business closures. The number of cases in the region continued to rise, leading to a balancing act between reducing pressure on strained healthcare systems and maintaining economic activity (IDB, May 2020).

The economic repercussions of COVID-19 containment measures aggravated pre-existing vulnerabilities and precipitated a major economic and labour market crisis for the region (CEPAL, December 2020). The unemployment rate spiked, particularly in the informal sector where almost two-thirds of the regional workforce are employed. Many informal sector workers

are engaged in the subsistence economy, living on wages accrued day by day without access to savings or social protection programmes (OECD, March 2020).

In countries such as Honduras, restrictions limited access to agricultural inputs and labour, and negatively affected food production and incomes of the most vulnerable. In Guatemala, sharp reductions in tourism reduced incomes of those employed in the sector (ASIES, June 2020).

According to the ILO, Latin America and the Caribbean was the region most affected globally in terms of losses in hours worked and labour income. Over the first three quarters of 2020, the regional average of hours worked declined 21 percent and labour income fell by over 19 percent (ILO, September 2020). For example, in Honduras, the Government estimates that 450 000 formal sector employees and around 1 million informal sector workers lost their jobs, while job losses in rural areas approached 40 percent of the workforce. This state of affairs led to increased levels of debt, the exchange of work for food, or the pawning of assets (FAO, forthcoming 2021).

Over three-quarters of analysed households in the Dry Corridor reported reduced incomes during October–December, due to lost employment and low profitability in informal trade activities (IPC, December 2020).

Remittances represent around 34 percent of GDP in Haiti, but during 2020, they fell by over 9 percent (IPC, December 2020). In Guatemala, remittances fell 17 percent relative to 2019, while in Honduras, where remittances amount to almost 20 percent of GDP, they declined by nearly USD 400 million during the first quarter of 2020 (FAO, October 2020, unpublished).

In rural areas in Guatemala, COVID-19 restrictions led to income losses for vulnerable groups such as subsistence farmers and migrant agricultural workers, many of whom had experienced several years of bad harvests and depended on migration and

agriculture for revenues (IPC, November 2020, FEWS NET, December 2020a).

In Honduras, inflated prices for dietary staples such as maize and beans between March and July led to the adoption of Crisis or Emergency coping strategies, such as selling assets, among vulnerable households, and prices spiked once again following the arrival of hurricanes Eta and Iota in November (IPC, July 2020, FAO-GIEWS, September 2020; IPC, February 2021). In Guatemala in July, the price of black beans was 45 percent higher than 2019, while basic grain prices in August remained above 2019 levels and the five-year average (FEWS NET, August 2020). Additionally, certain rural areas, notably San Marcos and Ixil regions, experienced food shortages due to seasonal availability and transport restrictions, leading prices to rise between 15 and 40 percent on average (FAO, October 2020, unpublished).

Conflict/insecurity

The region is one of the most violent in the world (UNDP, May 2019). Although the incidence of gang-perpetrated violence against civilians fell in 2020 due to COVID-19 lockdowns, insecurity still inhibited agricultural and economic activities. While gang violence in Guatemala has decreased since the pandemic, several departments reported rising homicide rates (ACLED, May 2020, UNHCR, November 2020). In Honduras, economic pressures fuelled rising competition between gangs (ACLED, September 2020). Violence has been a push factor in driving thousands of Hondurans to migrate in recent years (World Population Review, 2020).

During the second half of 2020, socio-political unrest in Haiti led to business closures and road blockages, reducing economic activities and placing pressure on food prices (FAO-GIEWS, December 2020). In November, the approval of the 2021 Guatemalan national budget sparked violent protests and clashes with police (ACLED, November 2020).

Regional forecast 2021



2021

12.7–12.9M people

in Crisis or worse (IPC Phase 3 or above) in 5 countries in the region

Source: FSIN, using FEWS NET and IPC data.

The accumulated effects of years of weather extremes coupled with worsening economic crises are expected to fuel increases in acute food insecurity for all countries where estimates are available.

Central America is expected to face escalating levels of acute food insecurity due to the disastrous 2020 hurricane season. See figure 2.32.

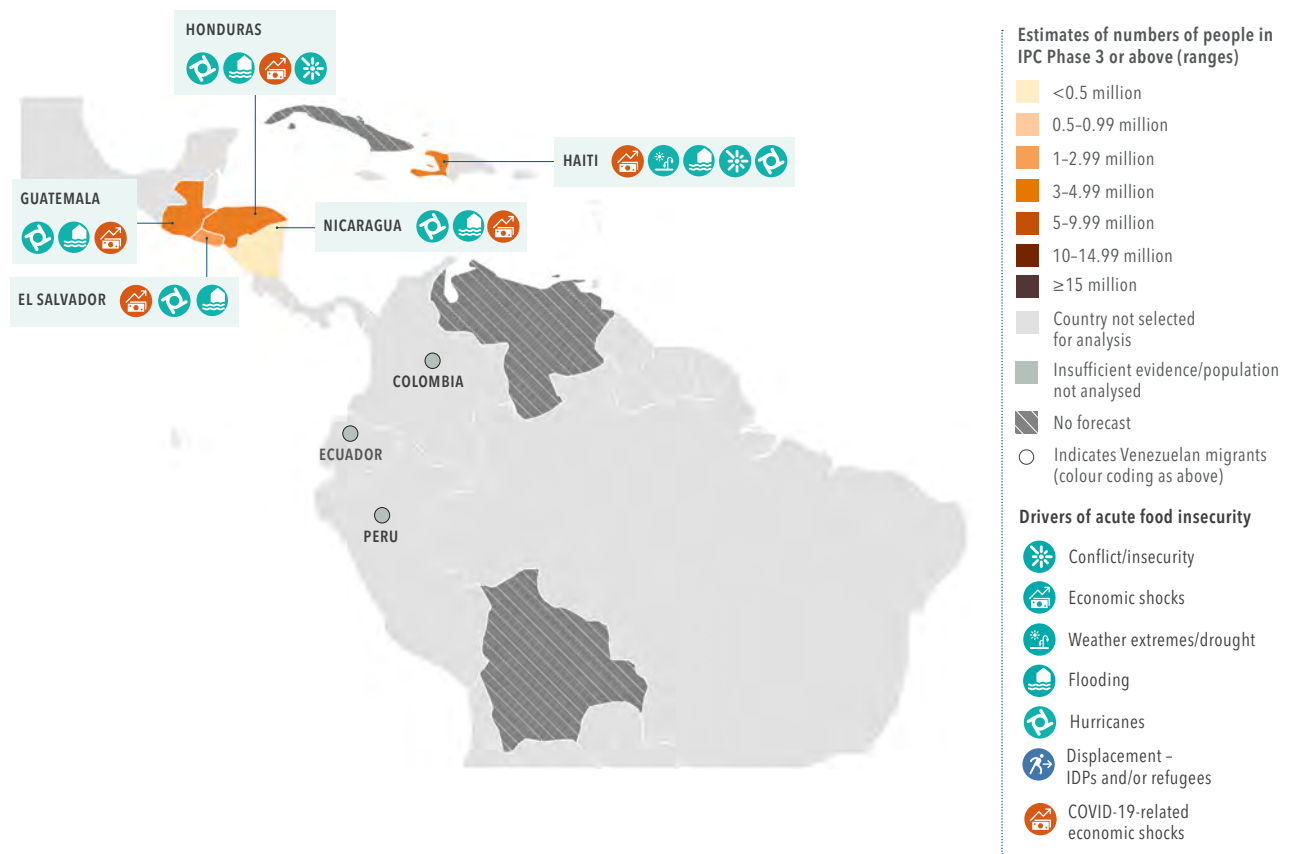
The region faces sluggish growth prospects for 2021, while a return to pre-pandemic economic activity levels is expected to take several years (ILO/ECLAC, November 2020).

Given the severity of the regional economic contraction in 2020 and a slow anticipated recovery, poverty and inequality rates are projected to remain high in 2021, with little respite for food-insecure households (CSIS, November 2020).

COVID-19 cases continued to rise in early 2021, with El Salvador, Nicaragua and Honduras reporting a second wave of infections. Health officials in the Honduran department of Cortés, which was one of the worst-hit departments by hurricanes Eta and Iota, reported a 200 percent increase in COVID-19 consultations since the December 2020 holiday season (OCHA, January 2021).

Map 2.8

Acute food insecurity estimates and drivers in 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: FSIN, GRFC 2021.

A worsening infection rate may necessitate the implementation of more stringent containment measures that could further curb economic activity and lead to rising unemployment and income losses, particularly for urban households.

In **Haiti**, food prices will increase during the lean season starting from March. Limited migration to the Dominican Republic will also likely reduce revenue-generating opportunities for vulnerable households. These factors are expected to increase acute food insecurity in 2021, when around 4.4 million Haitians – or 46 percent of the population – are projected to be in Crisis or worse (IPC Phase 3 or above) from March–June 2021. This figure represents a 6 percent increase relative to the 2020 peak and includes around 1.2 million people in Emergency (IPC Phase 4) – or over one in 10 people analysed (IPC, September 2020).

The destruction wrought by hurricanes Eta and Iota in Central America will have reverberating effects on food security through most of 2021, with atypically high food assistance needs anticipated in Guatemala and Honduras.

Rural households in the **Dry Corridor** will likely be the most food insecure following accumulated income, asset and crop losses during the 2019 drought and the 2020 hurricane season (IPC, December 2020).

Although no estimates are available for the peak of the lean season, in **Guatemala**, 3.7 million people are expected to be in Crisis or worse (IPC Phase 3 or above) until March 2021, mainly because of recovery from Eta and Iota (IPC, January 2021). The analysis does not extend to the expected lean season of June–August, but households affected by the hurricanes are expected to have limited food and income sources until the Primera harvest in September 2021.

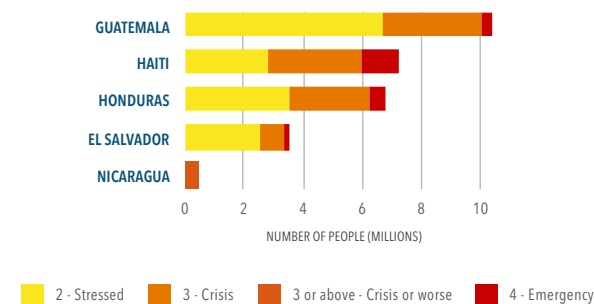
During July–September 2021, around 3.3 million people in **Honduras** are projected to be in Crisis or worse (IPC Phase 3 or above) representing around 35 percent of the population (IPC, February 2021).

Similarly, over 1 million people will be in Crisis or worse (IPC Phase 3 or above) in **El Salvador** in June–August, representing a 53 percent increase in food assistance needs from the 2020 peak (November 2020–February 2021) (IPC, December 2020).

Between 250 000 and 500 000 people are expected to be in Crisis or worse (IPC Phase 3 or above) in **Nicaragua** in July–August 2021 (FEWS NET, 2021).

Figure 2.32

Numbers of people forecast to be in Stressed or worse (IPC Phase 2 or above) in 2021
in 5 countries in the region



Source: FSIN, using FEWS NET and IPC data.

Eurasia – Eastern Europe, Middle East and South Asia

Twenty-seven countries in this region were selected for inclusion in the GRFC 2021



Afghanistan | Armenia | Bangladesh (Cox's Bazar) | Cambodia | Democratic People's Republic of Korea | refugees in Egypt | refugees in Iran (Islamic Republic of) | Iraq | refugees in Jordan | Kyrgyzstan | Lao People's Democratic Republic | host population and refugees in Lebanon | Myanmar | Nepal | Papua New Guinea | Pakistan | Palestine | Sri Lanka | Syrian Arab Republic | Tajikistan | Timor-Leste | refugees in Turkey | Ukraine | Vanuatu | Viet Nam | Yemen

Data gaps/insufficient evidence

Fifteen countries in this region – Armenia, Cambodia, Democratic People's Republic of Korea, refugees in Iran (Islamic Republic of), Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Myanmar, Nepal, Papua New Guinea, Sri Lanka, Tajikistan, Timor-Leste, Vanuatu and Viet Nam – were then deselected because of data gaps or insufficient evidence.

Major food crises

The 8 remaining selected countries are major food crises – Afghanistan, Bangladesh (Cox's Bazar), Iraq, Pakistan, Palestine, Syrian Arab Republic, Ukraine (Donetsk and Luhansk oblasts), Yemen. The Syrian refugees in 4 countries – Egypt, Jordan, Lebanon and Turkey – are included within the Syrian crisis analysis.

See Chapter 3 for country-by-country analyses.

- In 2020, three of the world's worst food crises are in Eurasia, driven primarily by protracted conflict, with over 39 million people in Crisis or worse (IPC Phase 3 or above) or equivalent in Yemen, Afghanistan and the Syrian Arab Republic.
- Displaced Yemeni households residing in 16 conflict-affected districts were increasingly at risk of dire levels of acute food insecurity.
- Conflict has precipitated a devastating economic decline in many countries of the region, notably for Yemen and the Syrian Arab Republic and its refugee populations. COVID-19 containment measures have further exacerbated the decline.
- The Syrian refugee crisis had nearly 5.6 million refugees registered by UNHCR by the end of 2020, while 6.7 million people remained internally displaced.
- Protracted conflict or the repercussions of previous conflict continued to drive food crises in Bangladesh (Cox's Bazar), Iraq, Pakistan (Khyber Pakhtunkhwa), Palestine and Ukraine (Donetsk and Luhansk oblasts).
- Heavy rains and flooding destroyed critical infrastructure in Yemen, the Syrian Arab Republic and Afghanistan, often worsening the situation of displaced populations, including in the Rohingya refugee camps of Cox's Bazar.
- In 2021, over 29.4 million people are forecast to be in Crisis or worse (IPC Phase 3 or above) or equivalent, in Yemen, Afghanistan and among Syrian refugees in Jordan.

Eurasia – Eastern Europe, Middle East and South Asia



45.6M people

in 12 countries/territories in this region were in Crisis or worse (IPC Phase 3 or above) or equivalent.

MIDDLE EAST | Iraq | Palestine | Syrian Arab Republic and Syrian refugees in Egypt, Jordan, Lebanon and Turkey | Yemen



29.4M people

in 8 countries/territories were in Crisis or worse (IPC Phase 3 or above) or equivalent.

SOUTH ASIA | Afghanistan | Bangladesh (Cox's Bazar) | Pakistan (Khyber Pakhtunkhwa)



15.6M people

in 3 countries were in Crisis or worse (IPC Phase 3 or above) or equivalent.

EASTERN EUROPE | Ukraine (Donetsk and Luhansk oblasts)

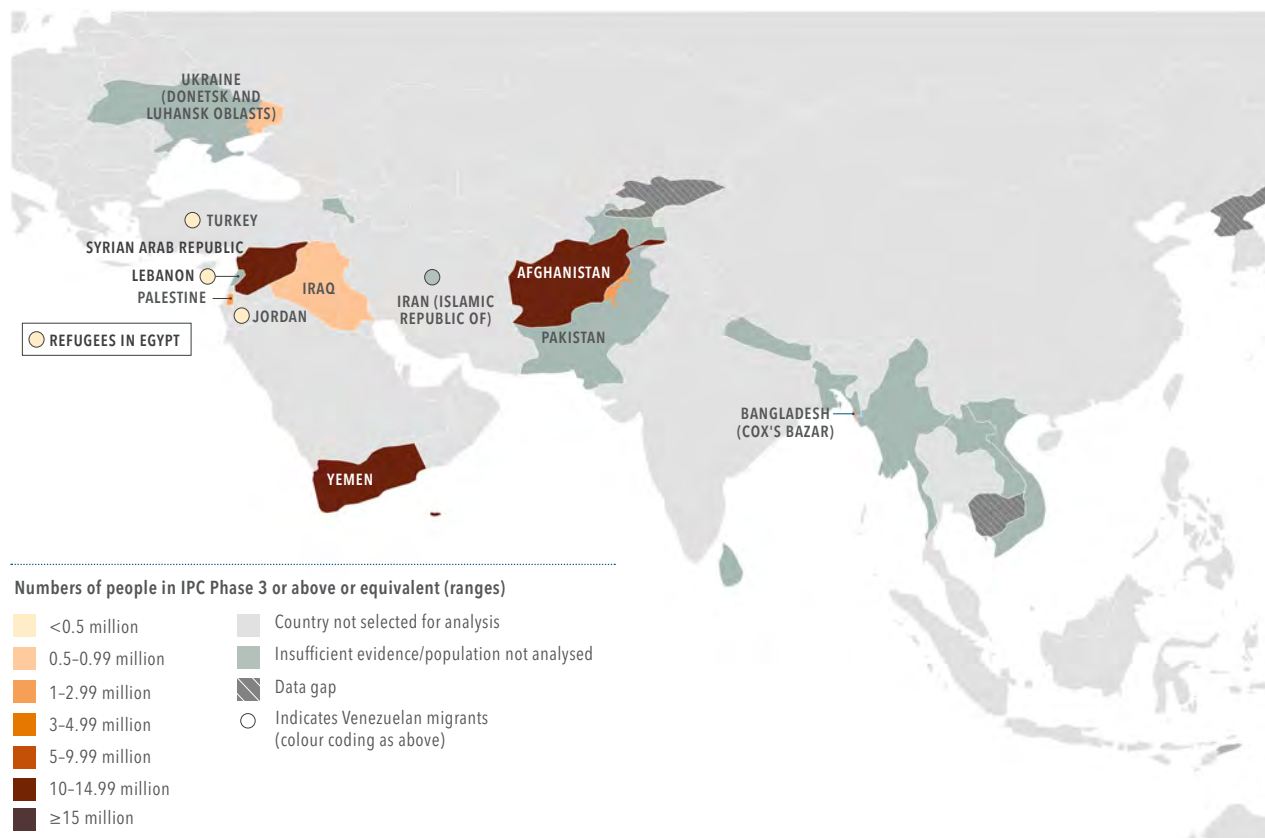


0.6M people

in Ukraine (Donetsk and Luhansk oblasts) were acutely food insecure and in urgent need of food assistance.

Map 2.9

Three of the world's worst 10 food crises – Yemen, Afghanistan and the Syrian Arab Republic – were in the Middle East and South Asia in 2020



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 2021.

Major drivers of food crises across Eurasia in 2020

Conflict/insecurity

Conflict was the main driver of acute food insecurity throughout the region, particularly in Afghanistan, the Syrian Arab Republic and Yemen, which experienced high levels of violence and displacement throughout 2020. Conflict destroyed infrastructure and agricultural land, eroded basic services, and ravaged economies and health systems. Displacement robbed millions of their livelihoods and forced them to live in precarious conditions, sometimes without access to aid.

In Yemen, the December 2018 Stockholm agreement remained largely unobserved and around 172 000 people were newly displaced in 2020 (UNHCR January 2021). The number of frontlines rose by 49 percent during 2020 with the heaviest clashes in Hudaydah, Marib and Al Jawf (OCHA, February 2021).

In Afghanistan, high levels of violence persisted, particularly in the south (UN General Assembly Security Council, December

2020). Although conflict-related displacement was the lowest since 2016, displacement levels remained high and widespread in 31 out of 34 provinces (FEWS NET, October 2020).

The decade of conflict in the Syrian Arab Republic has destroyed livelihoods and critical infrastructure and left 6.7 million people internally displaced, with millions dependent on humanitarian aid for their basic needs (OCHA, February 2021). It has created the world's largest refugee crisis, with an estimated 7.1 million Syrian refugees driven abroad (3RP, November 2020), mainly to neighbouring countries where most live in poverty, with limited access to basic services, education or job opportunities and few prospects of returning home (UNHCR February 2021).

Persecution and violence in Rakhine state in Myanmar were the root causes of the Rohingya refugee crisis. From August 2017, it compelled an estimated 745 000 Rohingya to seek refuge in Cox's Bazar district of Bangladesh. There is currently

no indication that the displaced population will be able to return safely and voluntarily. Meanwhile incidents of tension and violence within and surrounding the camps and between refugees and host communities increased in 2020 (JRP 2021).

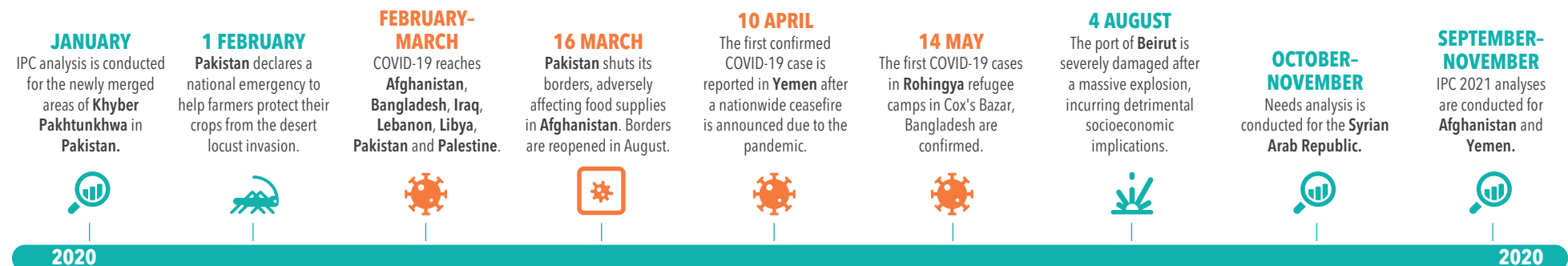
Prior conflict remained at the root of the food crisis in Pakistan's remote Khyber Pakhtunkhwa province. Although 97 percent of the 4 million people who fled their homes due to conflict have returned to their areas of origin since 2018, they have not been able to fully restore their livelihoods (WFP, August 2020).

December 2020 marked three years since Iraq's military operations against the Islamic State of Iraq and the Levant (ISIL) ended. However, the country was still recovering from conflict with around 1.2 million IDPs and 4.8 million returnees at risk of repeated and protracted displacement (ACAPS, January 2021).

Ukraine (Donetsk and Luhansk oblasts) has experienced over five years of conflict, with frequent military escalations

Figure 2.33

Analysing acute food insecurity in times of COVID-19 in Eurasia, 2020



and ceasefire violations. This disrupted essential services and livelihoods for over 5 million civilians, particularly those exposed to active hostilities along the 427-kilometre 'contact line' (IOM, November, 2020). Around 1.4 million persons are registered as internally displaced (Ministry of Social Policy of Ukraine, 2020).

In Palestine, despite a significant decline in conflict-related violence in 2020 compared to previous years, the population remained highly vulnerable, particularly in Gaza (HNO 2021).



Economic shocks

In early 2020, people across all of these countries were enduring harsh economic situations – usually as a consequence of, or in tandem with, conflict. High poverty rates, scarce stable employment, low daily wage rates and high prices of basic needs, including food, were aggravated by restrictions to contain COVID-19. People faced job losses, lower incomes and diminished purchasing power as reduced trade and disrupted supply chains increased food prices.

In Yemen, the country's already failing economy was further hit by depressed oil prices, the depletion of hard currency reserves and the decline in remittances (FAO, June 2020). Currency depreciation and forex shortages affected food supplies and prices in a country that imports about 90 percent of its food (FEWS NET, October 2020). The national monthly average cost of the minimum food basket (MFB) was 12 percent higher in December than in June. In southern governorates, it was 40 percent higher than in northern governorates (FAO, FSTS, December 2020). In September, 56 percent of households had no working members, despite the easing of social distancing measures (WFP, October 2020).

In Afghanistan, the 55 percent of people living on less than USD 2 a day faced the harshest consequences of pandemic-related restrictions as they had no opportunity to top up their

incomes by working longer hours (FAO, forthcoming 2021). Some 81 percent of Afghan households said their income had decreased compared to 2019 (IPC, November 2020).

In the Syrian Arab Republic, by December food prices were more than three times higher year-on-year and 29 times higher than the 5-year pre-crisis average (WFP, December 2020b) due to currency depreciation and spillover effects from the financial crisis in Lebanon, which had acted as a financial intermediary (FAO-GIEWS, December 2020).

The massive explosion in Beirut's port area in August 2020, aggravated Lebanon's economic crisis, characterized by inflation, high unemployment and violent protests. Poverty rates doubled from around 28 percent in 2019 to over 55 percent in 2020 (UNESCWA, August 2020). Food insecurity became significantly more acute and widespread (3RP, 2021). Lebanon hosts the highest number of displaced people per capita in the world. One in five Syrian refugee households in Lebanon reported in August/September that they had lost their income as a result of the country's worsening economic and financial crisis, as well as COVID-19-related restrictions (WFP, December 2020). Nearly the entire refugee population in Lebanon was unable to afford the Survival Minimum Expenditure Basket (SMEB), largely due to the rising cost of food and non-food items.

In Palestine, unemployment reached a staggering 46.6 percent in Gaza (PCBS, February 2021) and by November, salaries had reportedly fallen nearly 90 percent (Islamic Relief, November 2020). During the lockdown, 79 percent of Gazan households and 52 percent of West Bank households were borrowing money or buying on credit to access basic items, including food (PCBS, October 2020).

In Iraq, economic factors – such as declining income from oil and the inability of the government to pay pensions and salaries – remained drivers of acute food insecurity.



Weather extremes

Heavy rains and flooding were the predominant weather extremes affecting food security across several Asian and Middle Eastern countries in 2020. In Yemen, from April–August, torrential rains and flash flooding caused devastation. Many of the estimated 300 000 people who lost their homes and assets were already living in extreme poverty (UNHCR, August 2020).

In the north of the Syrian Arab Republic, in November and December, torrential winter rains hit Idleb and Aleppo, causing severe flooding in areas where thousands of IDP households were living in tents and temporary shelters (Mercy Corps, December 2020).

In Afghanistan, heavy rains and floods in some areas destroyed shelters and productive assets and caused displacement, while dry spells occurred in a context of low household resilience (IPC, November 2020).

In Cox's Bazar, windstorms, heavy rains and flooding between May and July affected more than 20 000 refugee households. COVID-19 containment measures resulted in a significant reduction in pre-monsoon preparedness (ACAPS, August 2020).



Desert locusts

In Yemen, abundant precipitation enabled breeding of desert locusts while the conflict diminished the capacity to respond to emerging swarms. Locust infestations were expected to significantly damage crops and pastures, generating serious losses for agricultural producers (WB, June 2020). In Pakistan, the Government declared a national emergency after the worst desert locust outbreak in 25 years hit the country in January, affecting many districts and contributing to a below-average cereal output for the third consecutive year (FAO-GIEWS, December 2020).

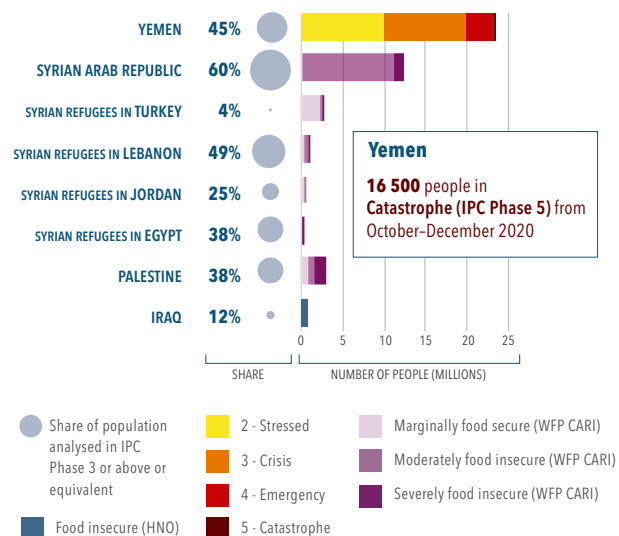
Middle East

Iraq | Palestine | Syrian Arab Republic and Syrian refugees in Egypt, Jordan, Lebanon and Turkey | Yemen

Acute food insecurity overview 2020

Figure 2.34

Numbers of people in IPC Phase 2 or above or marginally food insecure or worse (WFP CARI) and share of population analysed in IPC Phase 3 or above (or equivalent)



Source: FSIN, using HNO, IPC and WFP data.

In **Yemen**, 45 percent of the country's population were in Crisis or worse (IPC Phase 3 or above), despite ongoing humanitarian food assistance. Of the 13.5 million people in Crisis or worse (IPC Phase 3 or above), some 3.65 million (12 percent of the population) were in Emergency (IPC Phase 4), and of greatest



concern were approximately 16 500 people facing Catastrophe (IPC Phase 5) in five districts of Hajjah, Amran and Al Jawf governorates. Across 17 of Yemen's 21 governorates, 84 out of 333 districts were classified in Emergency (IPC Phase 4).

By November 2020, 12.4 million people – around 60 percent of the population – in the **Syrian Arab Republic** were classified as food insecure using the WFP CARI methodology. The number has nearly doubled since December 2018 and rose almost 60 percent between January and November 2020.

In **Palestine**, around 2 million people – or 38 percent of the population – were moderately or severely food insecure (WFP CARI methodology), the majority of them in the Gaza strip (1.4 million). The number was nearly 19 percent higher than 2019, and over 217 000 people saw their food insecurity status deteriorate from moderate to severe (HNO 2021). In **Iraq**, 0.7 million people representing 12 percent of the conflict-affected population, were food insecure (WFP CARI methodology) in 2020 (HNO 2021). See figure 2.34.

Food insecurity among displaced populations, including Syrian refugees

The Syrian Arab Republic has the highest number of internally displaced people in the world. Of the 6.7 million displaced across the country by the end of 2020, over 2.6 million were in north-western Idlib and Aleppo governorates.

Violence in Idlib in December 2019 and February 2020 forced an additional one million people to flee their homes (UNHCR February 2021). In the sub-district of Dana, IDPs outnumber residents by 6:1 (IOM, June 2020).

According to a July–August survey of newly displaced IDPs and host family households in north-west Syria, nearly 41 percent were food insecure (WFP CARI methodology) and in need of urgent assistance largely due to high and fluctuating food prices and the impact of currency depreciation on daily wages. More than half of households had taken on debt since displacement mainly to buy food. Competition for daily wage labour was great, and availability of work sporadic. More than 78 percent of heads of households were unemployed or had no stable source of income, and 42 percent of working-age men had not worked in the previous month (FAO, FSC, December 2020).

The pandemic contributed to a worsening food security environment for the 5.6 million registered Syrian refugees hosted in neighbouring countries. In June, 38 percent of surveyed refugees in Egypt were moderately or severely food insecure (WFP CARI methodology) with the majority reducing the daily number of meals eaten and cutting portion sizes or the quantities consumed by adults to enable children to eat (FAO/WFP/IFAD, July 2020).

In Iraq, lack of access to sustainable employment and livelihood opportunities remained the main vulnerability reported by

Syrian refugees and the root cause of protection issues, such as child labour and child marriage. The cost of the national Survival Minimum Expenditure Basket (SMEB) increased by 168 percent between October 2019 and August 2020. Unable to afford adequate accommodation and food, many sought to be relocated to camps. The multiple crises have heightened the risks of social instability with tensions increasing as people compete for scarce resources (3RP 2021).

Food insecurity worsened between 2019 and 2020 among Syrian refugees in Jordan. Around 20 percent had inadequate food consumption in 2020, and more than half of households, whether in camps or local communities limited adults' food intake for children to eat. Over 80 percent of camp-based refugees took on debt to buy food (WFP, 2019 and 2020).

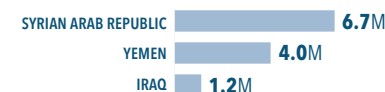
According to the 2020 VASyR analysis, nearly half of the Syrian refugee population in Lebanon was moderately or severely food insecure (WFP CARI methodology), up from 28 percent in 2019 (VASyR, 2020).

In Yemen, acute food insecurity was most prevalent in 16 conflict-affected districts where half of Yemen's 4 million displaced people live. Nearly 40 percent of displaced families had no access to income and faced worse food security outcomes than non-displaced households (IPC, December 2020). Over 60 percent of the new displacements in 2020 occurred in Marib governorate after a surge in fighting since January displaced an estimated 106 500 people, adding to the hundreds of thousands already sheltering there. The majority were settling into crowded displacement sites or informal settlements with inadequate services (IOM, December 2020 and February 2021). Some 85 percent of newly displaced households in the southern governorate of Lahj and 67 percent in Shabwah cited food as their main need, mainly due to increased prices of essential commodities (IOM, December 2020). Yemen's 178 000 refugees and asylum-seekers who

Figure 2.35

Number of IDPs in 2020

6.7M IDPs in the Syrian Arab Republic

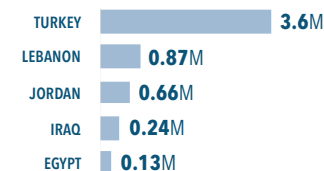


Source: UNHCR, end 2020.

Figure 2.36

Number of Syrian refugees in 2020

5.6M registered Syrian refugees, but estimated total number is 7.1 million



Source: UNHCR, end 2020.

0.74M Palestinian refugees are in the Syrian Arab Republic, Lebanon and Jordan.



Source: UNRWA, end 2020.

are mainly from Somalia and living in urban neighbourhoods, were also highly vulnerable (UNHCR, end 2020).

In Afghanistan, from December 2019 to February 2021, around 430 000 people were internally displaced by conflict and insecurity (HRP 2021). Unusually high movements of populations from urban to rural areas were observed during the COVID-19 pandemic (GNAFC, September 2020). According to a 2020 assessment of new and prolonged IDPs and returnees, mostly concentrated in 11 urban areas, 60 percent had inadequate food consumption, very low levels of income and a high level of debt (IPC, November 2020).

Nutrition and health overview for the Middle East

Yemen has long battled with some of the highest malnutrition levels in the world due to a combination of factors.

These include insufficient and poor-quality diets with only about 40 percent of children in the north and 50 percent in the south meeting minimum dietary diversity requirements, while exclusive breastfeeding prevalence is below 35 percent in the north and 25 percent in the south.

The prevalence of communicable diseases is high with 40 percent of children in the north and 25 percent in the south suffering from diarrhoea. About 60 percent of children in the north and 25 percent in the south affected by malaria/fever. Other drivers include food insecurity (related to conflict, reduced harvest and economic shocks), limited access to nutrition and health services, poor sanitation and hygiene; and the inability of many children to access important vaccines, such as measles and polio (IPC, February, 2021).

In 2020, the escalating conflict and economic decline, plus the overwhelming impact of the COVID-19 pandemic and funding shortfalls exacerbated these drivers and threatened to drive increases in acute malnutrition (UNICEF, October 2020). Wasting levels among children under the age of 5 years were the highest ever recorded in southern districts of Yemen in 2020 with more than 0.5 million cases.

The number of young children suffering from severe wasting increased by 15.5 percent during the year to reach 98 000 in need of urgent treatment. In the worst-hit areas of the Abyan, Lahj and Taiz lowlands more than 20 percent of children were wasted. In Hodeidah's lowlands, more than 25 percent were wasted (IPC AMN, October 2020).

IOM estimates that around 70 percent of displaced families in Marib governorate in Yemen lack access to reliable, safe water systems, and over 90 percent of new arrivals lack access to adequate latrines. IOM also estimates that 45 percent of IDPs do not have sustained access to health services (IOM, February 2021).

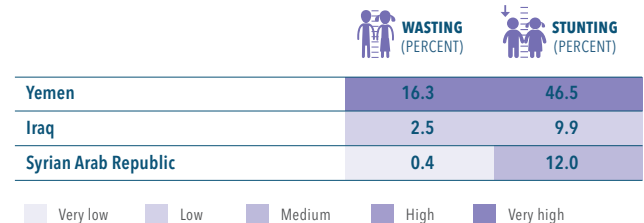
A nutrition surveillance report in north-west Syrian Arab Republic found that wasting levels were at sub-emergency levels but had nearly doubled compared to 2019. Breastfeeding rates were low at only 31 percent. Only 35 percent of children were eating a minimum acceptable diet. The number of severely wasted children in need of hospital admission was three times higher from January–October 2020 than during the same 10-month period in 2019. Around 34 percent were stunted in October 2020, up from 29 percent in January (Nutrition Cluster, October 2020).

In areas affected by displacements, 20–37 percent of mothers were malnourished and at risk of reduced immunity and illness, making them less able to properly feed and care for their infants (Nutrition Cluster, October 2020).

According to a survey conducted from July–August among newly displaced IDPs and host family households in north-west Syrian Arab Republic, consumption of both animal and vegetable proteins was low, and almost half of all households did not consume any haem iron-rich foods, possibly exposing pregnant and lactating women and children under 2 years to nutritional deficiencies. Around 79 percent of children aged 6–23 months were not meeting standards for an acceptable diet for their health and development (FAO, FSC, December 2020).

Figure 2.37

Wasting and stunting in children under 5 years



Note: No recent data available for Palestine and Syrian refugees in Egypt, Jordan, Lebanon and Turkey. Date range used for data, 2015–2020. Source: FSIN, using National Nutrition Surveys data.

Figure 2.38

Estimated disruption to coverage of early detection of child wasting services nationally due to COVID-19



Source: UNICEF, September 2020.

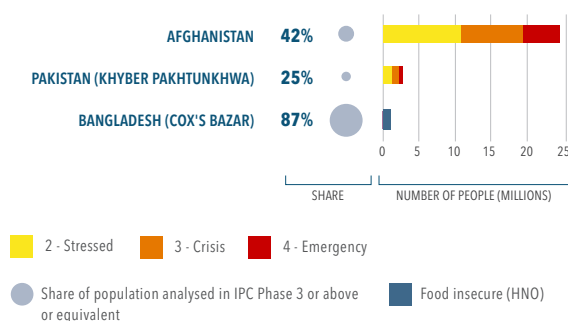
South Asia

Afghanistan | Bangladesh (Cox's Bazar) | Pakistan (Khyber Pakhtunkhwa)

Acute food insecurity overview 2020

Figure 2.39

Numbers of people in IPC Phase 2 or above
and share of population analysed in Crisis or worse
(IPC Phase 3 or above) or equivalent



Source: FSIN, using IPC and JRP data.

In 2019, households in **Afghanistan** were starting to gradually recover from the devastating 2018 drought, but food security deteriorated sharply throughout 2020. By November, 42 percent of Afghans or 13 million people were in Crisis or worse (IPC Phase 3 or above), 17 percent higher than the same period the previous year, making it the third worst food crisis in the world in terms of numbers. More than 4 million people and seven of its provinces and three urban areas were classified in Emergency (IPC Phase 4). During the

course of 2020, acute food insecurity deteriorated notably in urban areas, with 2.9 million urban dwellers in Crisis or worse (IPC Phase 3 or above) by November (IPC, November 2020).

In 2020, 1.2 million people were food insecure and in need of urgent food and livelihood assistance in **Cox's Bazar** district of **Bangladesh**. Over 70 percent of them were Rohingya refugees and the remainder were members of the Bangladeshi host community (JRP, March 2021). The proportion of refugee households with inadequate food

consumption increased from 42 percent in 2019 (REVA 3, April 2020) to 50 percent. The share of host households with inadequate food consumption rose from 21 percent in 2019 to 32 percent in 2020 (REVA 4, April 2021).

In **Pakistan's** Merged Areas of **Khyber Pakhtunkhwa** bordering Afghanistan, more than 1.2 million people were in Crisis or worse (IPC Phase 3 or above), representing 25 percent of the inhabitants of this remote area, according to a pre-COVID-19 analysis in March (IPC, May 2020). See figure 2.39.



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Food insecurity among displaced populations in South Asia

Afghans displaced by conflict and weather extremes who have sought safety in urban or semi-urban areas face a lack of basic services, poor shelter conditions, a saturated urban labour market, low wages and communal tensions.

According to a 2020 REACH assessment of new and prolonged Afghan IDPs and returnees, 60 percent have poor or borderline food consumption, very low levels of income and a high level of debt (IPC, November 2020).

Refugee food insecurity in Afghanistan remains high with 96 percent of the households having inadequate (i.e. poor or borderline) food consumption lacking animal protein foods. Refugees are relying on less preferred and less expensive foods almost every other day to bridge the food access gap, and almost 85 percent were borrowing money, primarily for food and/or health costs (WFP, 2020).

Half of the refugee households reported shocks that limited their income levels; over half of those were related to illness, 16 percent to COVID-19 lockdown measures and 12 percent to loss of employment or reduced salaries (WFP, 2020).

2.9M internally displaced Afghans in 2020.

Source: UNHCR, end 2020.



0.89M Rohingya refugees in Cox's Bazar, Bangladesh.

Source: JRP, 2021.



1.4M Afghan refugees in Pakistan.

Source: UNHCR, end 2020.



The 889 400 Rohingya refugees living in 34 extremely congested camps in Ukhiya and Teknaf Upazilas in Cox's Bazar continued to depend entirely on food assistance in 2020 (JRP, November 2020). The proportion of refugee households with inadequate food consumption increased from 42 percent in 2019 (REVA 3, April 2020) to 50 percent. Of the 63 percent of households who took out loans in 2020, 91 percent did so to cover essential food and health needs (REVA 4, April 2021).

Nutrition and health overview in South Asia

Southern Asia has higher wasting levels than any other region in the world with 14.3 percent of 6–59 month old children wasted (UNICEF, WHO, World Bank, March 2020).

Around 3.1 million Afghan children – almost half of under 5s – are suffering from wasting. Of these, 895 000 are severely malnourished. An estimated 720 000 or one in four pregnant and lactating women are undernourished (HNO 2021).

The deteriorating nutritional status of children in rural and urban areas, including Kabul, stemmed largely from increasing acute food insecurity as well as low/interrupted access to health and nutrition services. A decrease in admissions for treatment of severe wasting within health centres led to an estimated 14 840 children missing treatment during the pandemic. The findings of the most recent nutrition surveys across Afghanistan show that 27 out of 34 provinces were above the Emergency level threshold for wasting (HNO 2021).

One out of two Afghan children are not fully immunized. Half of health facilities providing vaccination services reported a decrease of 30 percent or more of the uptake of immunization services due to conflict and COVID-19. This led to outbreaks of measles affecting more than 10 500 children (UNICEF, February 2021).

Figure 2.40

Wasting and stunting in children under 5 years

	WASTING (PERCENT)	STUNTING (PERCENT)
Pakistan	17.7	40.2
Bangladesh	8.4	30.8
Afghanistan	6.3	36.6

Very low Low Medium High Very high

Date range used for data, 2015–2020.

Source: FSIN, using National Nutrition Surveys data.

Figure 2.41

Estimated disruption to coverage of treatment of child wasting services nationally due to COVID-19

<10% DROP	Afghanistan	Pakistan
50–74% DROP	Bangladesh	

Source: UNICEF, September 2020.

In the merged areas of Khyber Pakhtunkhwa in Pakistan the prevalence of wasting is the worst in the country alongside that of Sindh at 23 percent, while almost half of children are stunted (48.3 percent). Childfeeding practices are extremely concerning with 0.6 percent of 6–23 month old children receiving the minimum acceptable diet for growth and development. Around 94 percent of households find it challenging to access health services mainly due to long distances, high costs, non-availability of transport and poor roads. Almost 20 percent of households use unsafe drinking water sources. Sanitation levels are poor with 32 percent of male household members still defecating outside (Ministry of National Health Services, June 2019).

Eurasia forecast 2021

Continued conflict, displacement and deep economic crises across the three worst food crises in South Asia and the Middle East will keep driving alarming numbers of acutely food-insecure people in 2021.

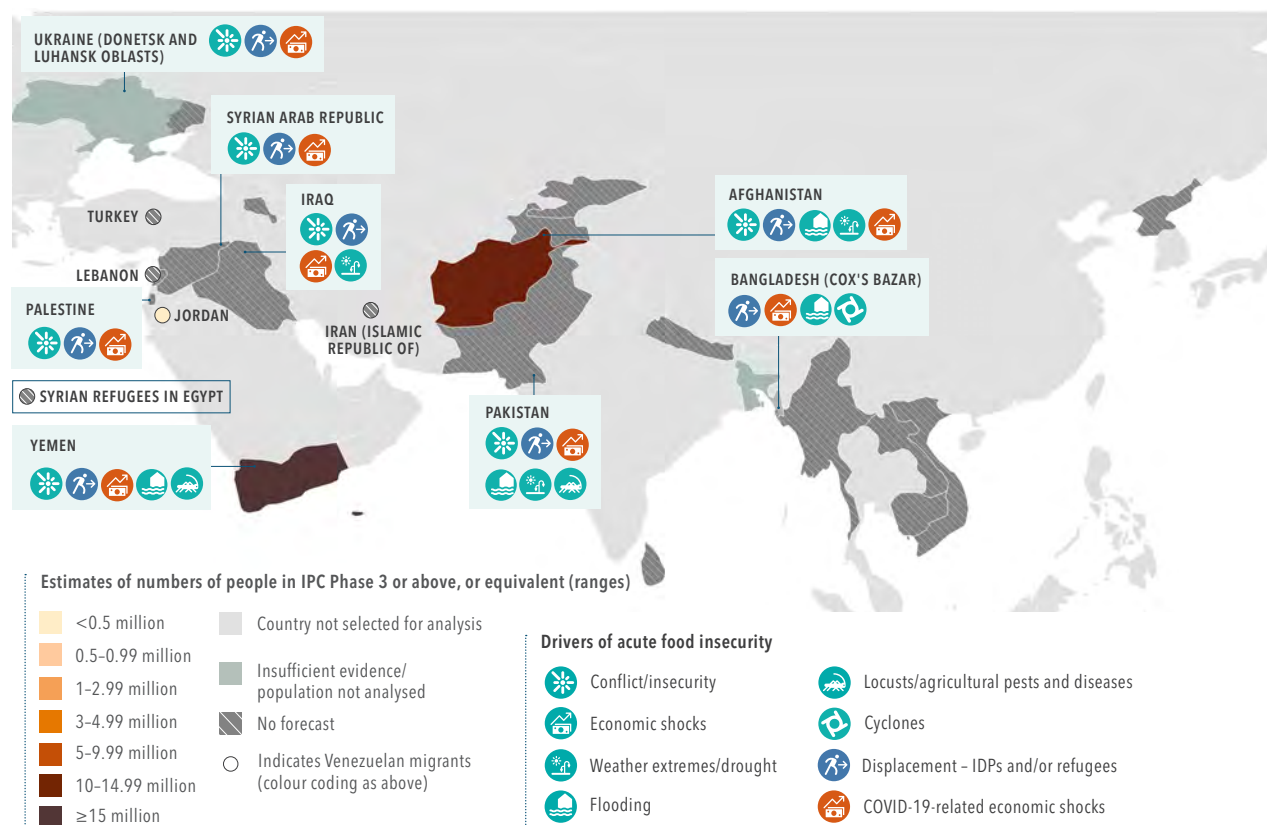
In **Yemen**, the number of people in Crisis or worse (IPC Phase 3 or above) is expected to exceed 16 million in January–June 2021 – 54 percent of the population analysed – as the conflict enters its seventh year. See figure 2.42. Rising food prices are expected to outpace wage increases in many areas, further diminishing purchasing power for poor households (IPC, December 2020).

In **Afghanistan**, the IPC anticipated that despite peace negotiations, conflict would intensify in early 2021 and rising COVID-19 cases would limit job creation, revenues and remittances through the end of the lean season in April. Households were expected to face high food prices in local markets with transportation costs increasing during the winter. Support from the government and international organizations was also expected to decline. Over 13 million people – or 42 percent of the analysed population – will remain in Crisis or worse (IPC Phase 3 or above) until March 2021 (IPC, November 2020). See figure 2.42. In January 2021, OCHA recorded the highest monthly number of humanitarian access impediments on record, three times higher than that of January 2020 (OCHA, February 2021).

In early 2021, dryness prevailed in Iraq, northern Pakistan and Afghanistan, underpinned by the La Niña meteorological

Map 2.10

Eurasia, acute food insecurity estimates and drivers in 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: FSIN, GRFC 2021.

phenomenon, diminishing 2021 production prospects (FAO-GIEWS, March 2021). In Afghanistan, reduced rainfall and/or snow melt during the wet season is expected to hinder pasture growth, constraining access to fresh fodder for herders. Below-average precipitation, coupled with warmer-than-average temperatures, is expected to create conducive conditions for pests and insect infestations during spring (March–April) (FAO, January 2021). However, spring precipitation in Afghanistan in March relieved water stress for crops in many areas and facilitated spring wheat cultivation in the northern regions, boding well for agricultural production and incomes (FEWS NET, March 2021).

In the **Syrian Arab Republic**, the absence of a lasting peace agreement, sanctions, a war-torn economy and the effects of currency depreciation will continue to fuel the humanitarian crisis, particularly in north-west areas. Of particular concern are the millions of displaced Syrians who have lost their livelihoods and assets and depend on emergency assistance for survival. With an unemployment rate of around 50 percent among the working age population, continued economic sanctions, a war-torn economy and a significantly devalued Syrian pound, many households will remain dependent on humanitarian assistance for their basic needs. Up to 2.7 million IDPs are living in areas where they are exposed to continued weather extremes. Already in 2021, heavy rains and floods in January affected over 1.5 million displaced people in north-west areas (CARE, January 2021; CAFOD, January 2021).

The worsening economic crisis in Lebanon and COVID-19 restrictions in neighbouring countries are expected to adversely affect **Syrian refugee** livelihoods and diminish remittances in 2021.

As of April 2021, small-scale desert locust infestations have started spreading to Jordan and Syria, and appearing in Lebanon (FAO, April 2021).

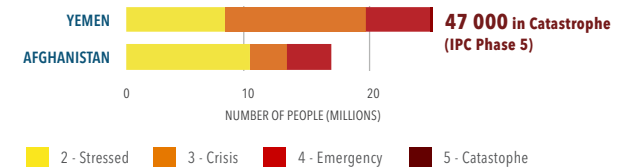
In **Palestine**, continuing movement restrictions and the economic slowdown associated with COVID-19, in addition to the underlying protracted crisis, might further challenge the resilience of Palestinians and reinforce rising unemployment and under-employment, and decrease purchasing power. This is likely to further drive up poverty and food insecurity levels, especially of poor and vulnerable communities (FAO, October 2020).

Following a tripartite meeting facilitated by China in mid January, Bangladesh and Myanmar agreed to begin a third attempt to repatriate Rohingya refugees from **Cox's Bazar** to Myanmar's Rakhine state in June 2021 (UNHCR, January 2021). However, on 1 February, Myanmar's military seized executive, legislative and judicial power for at least a year under a state of emergency (International Crisis Group, February 2021). Until durable solutions can be found in Myanmar that guarantee the refugees' safe and voluntary return, they will continue to rely on humanitarian aid to meet their basic needs (UNHCR, January 2021). Among host communities in Cox's Bazar, loss of livelihoods and breakdown of food supply and market systems due to COVID-19 will worsen food and nutrition security. The social impacts of the pandemic and increased competition over livelihoods could further undermine cohesion and peaceful coexistence between refugees and host communities. Both Rohingya refugees and local Bangladeshis will continue to be highly vulnerable to the impacts of cyclones and monsoon winds and rains (GHO 2021).

In **Iraq**, the sudden devaluation of the Iraqi Dinar in mid-December 2020 – the biggest devaluation since 2003 – started a wave of price increases of locally produced and imported food as households were still experiencing the economic fallout of COVID-19, such as delays in payment of government employee salaries (FAO, IFAD, WFP, WB, February 2021). These factors could put further pressure on households' food security status in 2021.

Figure 2.42

Numbers of people forecast to be in Stressed or worse (IPC Phase 2 or above) in 2021 in Yemen and Afghanistan



Source: FSIN, using IPC data.



2021

47 000 people are forecast to be in Catastrophe (IPC Phase 5) in Yemen's Al Jawf, Hajjah and Amran governorates between January–June 2021.

Source: IPC, December 2020.

In **Ukraine** (Donetsk and Luhansk oblasts), widespread COVID-19 infections continue. Severe movement restrictions will further increase the affected population's vulnerabilities, hitting residents in Non Government Controlled Areas (NGCA) particularly hard. The 'contact line' is expected to remain substantially closed until summer 2021. Economic recovery in Donetsk and Luhansk oblasts seems unlikely in 2021 (OCHA, February 2021). The measures adopted to contain the COVID-19 pandemic will continue to have strong socio-economic impacts on vulnerable people, particularly the elderly who account for almost 40 percent of the total population in need. People residing in the NGCA are the most affected, as they need to cross the 'contact line' to access social and financial services, including withdrawing their pensions.



3

COUNTRY-LEVEL OVERVIEWS OF MAJOR FOOD CRISES

Contents

This chapter covers 34 selected countries/territories that were identified as major crises in 2020 based on the following non-mutually exclusive criteria:

- ▶ at least 20% of the country population was classified in Crisis or worse (IPC/CH Phase 3 or above) or equivalent
- ▶ at least 1 million people were classified in Crisis or worse (IPC/CH Phase 3 or above) or equivalent
- ▶ any area was classified in Emergency or worse (IPC/CH Phase 4 or above)
- ▶ the country/territory was included in the IASC humanitarian system-wide emergency response-level 3.

Afghanistan	90
Angola	95
Bangladesh (Cox's Bazar)	99
Burkina Faso	104
Burundi	110
Cameroon	115
Central African Republic	120
Chad	125
Democratic Republic of the Congo	130
Eswatini	135
Ethiopia	140
Guatemala	145

Haiti	150
Honduras	155
Kenya	160
Lesotho	166
Madagascar	171
Malawi	177
Mali	182
Mozambique	187
Niger	192
Nigeria (15 states and Federal Capital Territory)	197
Pakistan (Khyber Pakhtunkhwa)	203
Palestine	208
Sierra Leone	213
Somalia	218
South Sudan	224
Sudan	231
Syrian Arab Republic	236
Uganda	241
United Republic of Tanzania	247
Yemen	252
Zambia	258
Zimbabwe	263

Afghanistan

13.2M people IPC Phase 3 or above
in November 2020–March 2021 (42% of the population analysed)

8.9M

IPC Phase 3 **Crisis**

4.3M

IPC Phase 4 **Emergency**

10.6M

IPC Phase 2 **Stressed**

Total population of the country: **32.9M**

Population analysed: **95%**

Source: Afghanistan IPC Technical Working Group, November 2020.

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

2019–20

Rising numbers of people classified in Emergency (IPC Phase 4)



In 2019, households were starting to gradually recover from the devastating 2018 drought, but improvements in their food security and nutrition situation have been halted by multiple shocks in 2020, including continued conflict-related displacement, an economic crisis aggravated by COVID-19 and weather extremes.



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When COVID-19 struck Kabul in March, Mohammad lost his main source of income overnight. By the end of lockdown, he had no money left to restart his business. COVID-19 has added a layer of complexity to a country that was already facing conflict, economic and weather-related crises.

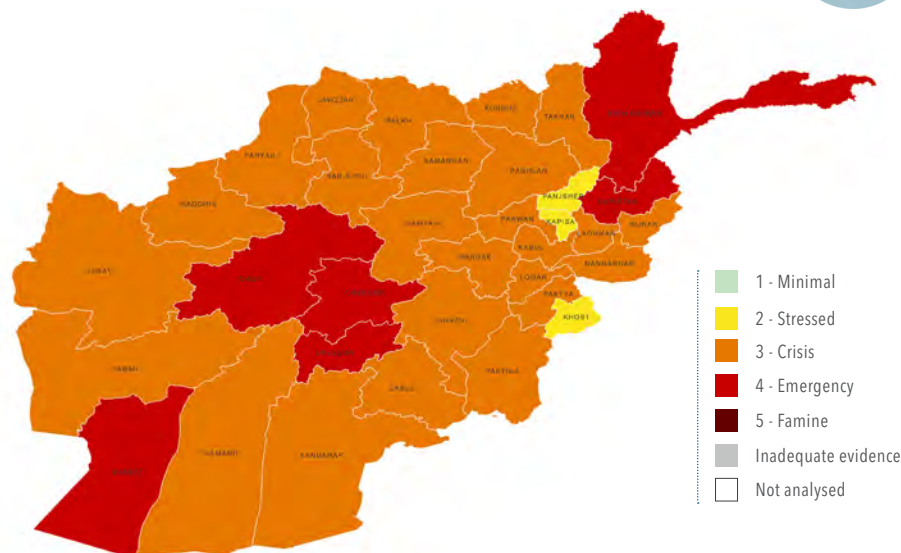
From November 2020–March 2021, corresponding to the lean season, more than 13 million people – 42 percent of the analysed population – were expected to be in Crisis or worse (IPC Phase 3 or above) (IPC, November 2020).

In terms of numbers of people, this marks an 18 percent increase since the post-harvest period of August–October 2020 when an estimated 11.15 million (36 percent of the analysed population) were classified in Crisis or worse (IPC Phase 3 or above). The number of people classified in Emergency (IPC Phase 4) climbed throughout the year from 2.7 million in January–March to 3.5 million in April–May and 4.3 million

in November–December. The population in Crisis or worse (IPC Phase 3 or above) rose significantly since the same period the previous year (November 2019–March 2020) when it stood at 11.3 million people (37 percent of the population analysed) as households began to recover from the devastating 2018 drought (IPC, September 2019).

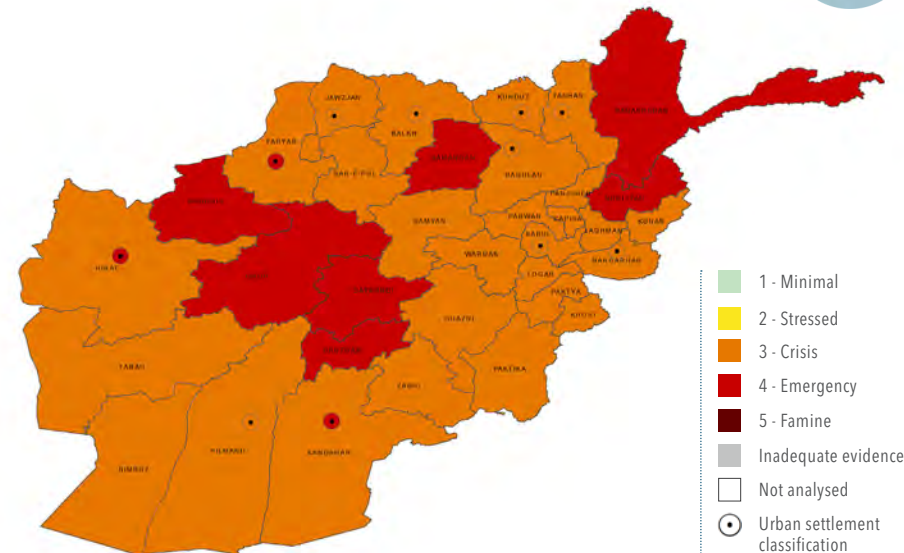
All provinces of Afghanistan were classified in Crisis or worse (IPC Phase 3 or above) in late 2020. The number of areas classified in Emergency (IPC Phase 4) was expected to increase from five in August–October 2020 to 10 in November 2020–March 2021.

Map 3.1

IPC acute food insecurity situation, **November 2019–March 2020**


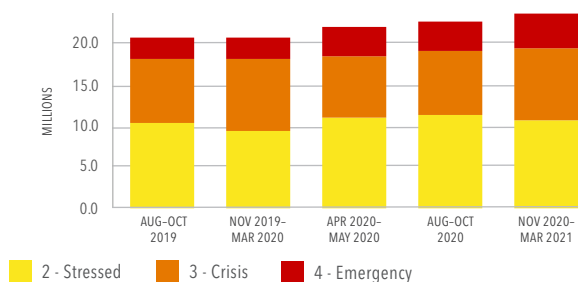
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Afghanistan IPC Technical Working Group, November 2019.

Map 3.2

IPC acute food insecurity situation, **November 2020–March 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: Afghanistan IPC Technical Working Group, November 2020.

Figure 3.1

Number of people in IPC Phase 2 or above,
2019–2021


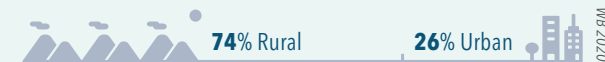
Source: Afghanistan IPC Technical Working Group.

Lack of work opportunities and high food prices increased acute food insecurity in urban areas in 2020

Acute food insecurity worsened in Afghanistan's major cities. Around 2.9 million people, representing 39 percent of the urban population analysed in 11 cities, were forecast to face Crisis or worse (IPC Phase 3 or above) from November 2020–March 2021, up from 2.5 million in August–October 2020. This was due to the expected impact of the second wave of COVID-19, higher food prices during the winter season and decreased income opportunities. Of them,

932 000 people (12 percent) were classified in Emergency (IPC Phase 4). Three of the cities – Faryab, Hirat and Kandahar – were classified in Emergency (IPC Phase 4) and the rest in Crisis (IPC Phase 3), including Kabul, Balkh and Jalalabad (IPC, November 2020).

Percentage of population living in rural versus urban areas



WB 2020.

Afghans displaced in cities and Pakistani refugees faced high levels of acute food insecurity

 **2.9M** IDPs

 **72 000** Pakistani refugees and asylum seekers (in Khost and Paktika provinces)

 **83 000** refugee returnees in the past 3 years (returning from Islamic Republic of Iran and Pakistan)

Source: UNHCR, end 2020.

Internally displaced Afghans seeking safety in urban or semi-urban settlements face a lack of basic services, poor shelter conditions, a saturated urban labour market, low wages and communal tensions.

According to the findings of a 2020 REACH assessment of new and prolonged IDPs and returnees, mostly concentrated in the 11 urban areas where an urban IPC analysis was conducted, 60 percent had inadequate food consumption, very low levels of income and a high level of debt (IPC, November 2020).

Refugee food insecurity remained very high with 96 percent of households having inadequate food consumption. Almost 85 percent were borrowing money, primarily for food and/or health costs. Half of refugee households reported shocks that limited their income levels – the majority related to illness (WFP, 2020).

During 2020, nearly 866 000 undocumented Afghan migrants returned, mainly from Iran (Islamic Republic of), with the total exceeding the previous high of 805 000 returnees in 2018 (IOM, December 2020).

Nutrition and health overview

Afghanistan has witnessed a significant decline in the nutritional status of children due to widespread food insecurity, forced displacement, poor maternal nutrition, and limited access to health services, water and sanitation. A high overall disease burden, poor maternal nutrition, and low immunization coverage exacerbate worsening nutritional outcomes. OCHA reported that 3.1 million children under 5 require nutrition support, as well as around a quarter of pregnant and lactating women (PLW) (HNO 2021). According to the most recent nutrition surveys conducted in 2020, 27 out of 34 provinces are below 15 percent prevalence (the 'very high' threshold) for wasting, while cases of severe wasting have increased by 13 percent. Furthermore, 15.3 percent of infants under 6 months suffer from wasting, of which 6.2 percent are severely wasted (UNICEF, May 2020).

The COVID-19 pandemic contributed to worsening nutritional outcomes, as OCHA reported that around 14 percent of wasting cases could be attributed to the effects of the pandemic. COVID-19 movement restrictions throughout 2020 limited nutrition treatment, while community fears of catching the virus led to low turnout in nutrition treatment facilities that are located in health centres. In November 2020, admissions for treatment of severe wasting in health centres had declined 33 percent compared to the pre-pandemic average. These trends, coupled with the already severe multi-faceted challenges driving malnutrition, have resulted in over 5.3 million women and children requiring emergency nutrition assistance to prevent health complications, morbidity and mortality in 2021, representing a dramatic 16 percent augmentation in needs since June 2020 (HNO 2021).

3.1M children under 5 are wasted, **895 000** of them are severely wasted.

Source: HNO 2021.



42.0% of women of reproductive age and **46.4%** of children under 5 are anaemic.

Source: WHO, 2016.

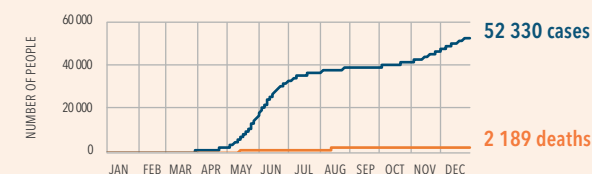


67.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.2 COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

While the peace negotiations between the Islamic Republic of Afghanistan and the Taliban, which began in Doha on 12 September, are ongoing, high levels of violence persisted, particularly in the south (UN General Assembly Security Council, December 2020).

Although conflict-related displacement was the lowest since 2016, displacement levels remained high and widespread, disrupting people's lives and livelihoods in 31 out of 34 provinces (FEWS NET, October 2020). Forced displacement numbers were highest in the north-eastern, northern and eastern provinces but from October, fighting between Afghan National Security Forces and non-state armed groups intensified in the southern provinces of Kandahar, Hilmand and Uruzgan. Constrained humanitarian access hindered assessments, thus preventing verification of the full extent of displacement and undermining the provision of assistance (HNO 2021).

Economic shocks, including COVID-19

Even before the imposition of restrictions to contain COVID-19, Afghans were facing a harsh economic environment driven by political uncertainties and poor security. Sustainable, paid employment was scarce, daily wage rates low, remittances from Iran (Islamic Republic of) falling and food prices high. The basic needs poverty rate was 55 percent at the time of the last household survey (2016/17) up from 38 percent in 2011–12 (WB, October 2020).

In a good production year, such as 2020, own production is expected to last less than six months for most farming

households, forcing them to buy food for the rest of the year (IPC, November 2020). COVID-19 had regional and country-wide impacts on the economy and trade, including reduced income, coupled with huge increases in food prices, as well as death or illness of family members. The results of the 2020 Seasonal Food Security Assessment show that around 7 in 10 households reported experiencing shocks, rising to 9 in 10 in Nuristan, Wardak, Uruzgan, Kandahar and Laghman provinces, and that loss of employment was the main shock reported. Overall, 81 percent of households said their income had decreased compared to 2019 (IPC, November 2020).

Though most of the containment measures such as lockdowns and movement restrictions were lifted in late May, food prices remained significantly above average and economic activity reduced throughout the year further depressing purchasing power of the population. At their peak in May 2020, wheat flour prices reached a five-year high. By September, they remained 25 percent higher than the three-year average. The prices of other staple food commodities followed similar trends (FEWS NET, October 2020).

In May, the average number of days of work available for casual labourers was just 1.4 days per week. Though it increased to an average of 2.4 days per week in September, it remained 24 percent below average. A casual labourer's purchasing power was 29 percent below average, driven by reduced labour availability and increased food prices (FEWS NET, October 2020). Damaged irrigation systems, problems accessing seed and fertilizer were among the major agriculture challenges that farmers faced in 2020. High price and low quality of fertilizers and chemicals were reported in many assessments.

Weather extremes

An estimated 111 300 individuals were affected by natural disasters from January–October 2020 across all 34 provinces of Afghanistan, mainly by floods and flash floods in August. The central, south-eastern and eastern areas of the country were affected the most, though impacts were widespread (FEWS NET, October 2020).

While floods/heavy rains resulted in the loss of shelters and productive assets and caused displacement, drought/dry spells, crop pests and livestock disease outbreaks, as well as low household resilience, all contributed to an overall deterioration in the food security situation. Livestock herd sizes decreased by 14 percent and livestock productivity fell by 48 percent largely due to lack of pasture and fodder, high prices of fodder and concentrated animal feed, lack of access to veterinary services, and poor access to water (IPC, November 2020).

Poor diets, diseases and care practices

Protracted conflict, displacement and weather extremes have all contributed to poor dietary outcomes for women and children. An estimated 42 percent of women of reproductive age are anaemic, as are 46.4 percent of children (WHO, 2016).

Around 57.5 percent of infants under 6 months are exclusively breastfed, resulting in nutrient and immunity losses for 4 in 10 infants (Afghan Health Survey, 2018).

Forecast 2021

13.2M people

IPC Phase 3 or above in November 2020–March 2021 (42% of population analysed)

Source: Afghanistan IPC Technical Working Group, November 2020.

High levels of acute food insecurity are expected to persist at least until the end of the lean season in April.

Households will face reduced income, limited labour wage opportunities and high food prices in local markets with transportation costs increasing during the winter, particularly in hard-to-reach and high altitude areas. The IPC forecast is the same as that used for the 2020 peak (November 2020–March 2021) and factors in COVID-19-related movement restrictions. IPC anticipated that cases for COVID-19 would rise during the projection period, and likely continue limiting job creation, revenues, and remittances through the end of the lean season in April. Humanitarian assistance was also expected to decline due to various factors, including COVID-19 restrictions and reduced funding (IPC, November 2020).

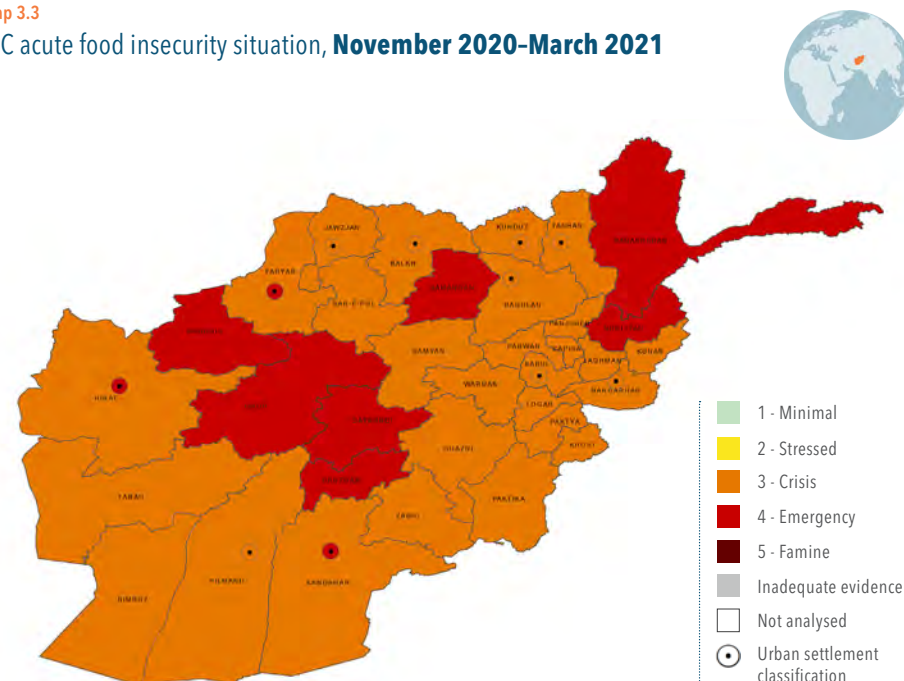
The IPC anticipated that despite peace negotiations, conflict would progressively intensify and worsen through the projection period, adversely impacting households and livelihoods (IPC, November 2020). Over 52 000 people were displaced in January 2021 – a 35 percent increase from the five-year January displacement average (FEWS NET, March 2021).

Although most of Afghanistan witnessed dry weather conditions from December 2020–February 2021, spring precipitation in March relieved water stress for crops in vegetative stages, particularly in central and northern areas, boding well for agricultural production and incomes. However, water deficits persist, particularly in the southern and western regions, while continued precipitation in certain areas has delayed spring cultivation, notably in parts of Badakhshan province (FEWS NET, March 2021).

The IPC analysis released just before the launch of the GRFC 2021 estimated that nearly 11 million people are in Crisis or worse (IPC Phase 3 or above), including 3.2 million in Emergency (IPC Phase 4) in March–May 2021 – the lean season in most areas. The number of people in Crisis or worse (IPC Phase 3 or above) is expected to reduce to 9.5 million in June–November 2021, mainly due to seasonal improved food access (IPC, April 2021).

Map 3.3

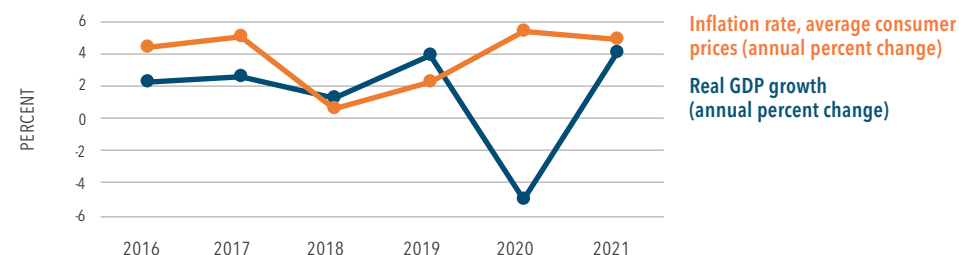
IPC acute food insecurity situation, **November 2020–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Afghanistan IPC Technical Working Group, November 2020.

Figure 3.3

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Angola

0.56M people IPC Phase 3 or above
in October 2019–February 2020 (62% of the population analysed)

0.27M IPC Phase 3 **Crisis** **0.29M** IPC Phase 4 **Emergency**

0.19M IPC Phase 2 **Stressed**

Total population of the country: **31.8M**

Population analysed: **3%**

Source: Angola IPC Technical Working Group, October 2019.

2019–20

A drought-induced food crisis

The high concentrations of acutely food-insecure people in southern provinces reflected the effects of drought-reduced harvests in 2019 and high prices of food staples, but the estimates do not capture the economic impact of the pandemic.

From October 2019–February 2020, out of around 562 000 people in Crisis or worse (IPC Phase 3 or above) in 23 communes of southern Angola, more than half of them (290 000) were classified in Emergency (IPC Phase 4). Overall, more than 60 percent of the population in the three provinces analysed (Cuando Cubango, Cunene and Huila) was in Crisis



Some of the Congolese refugees hosted in Angola run farms both inside and outside Lóvua settlement. The 2019 drought in southern provinces lowered production levels and increased cereal import requirements in 2020, which pushed up food prices.

or worse (IPC Phase 3 or above). The analysis was carried out before the COVID-19 pandemic (IPC, October 2019).

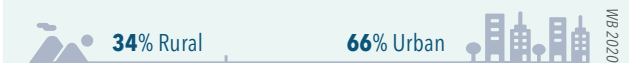
Fourteen communes out of 23 were classified in Emergency (IPC Phase 4) mainly in the municípios of Cahama, Cuangar, Cuanhama, Gambos/ex-Chiange, Ombadja and Quilengues. The remaining nine were all classified in Crisis (IPC Phase 3) (IPC, October 2019).

The number of people in Crisis or worse (IPC Phase 3 or above) was 33 percent higher in October 2019–February 2020 than in July–September 2019 (IPC, October 2019).

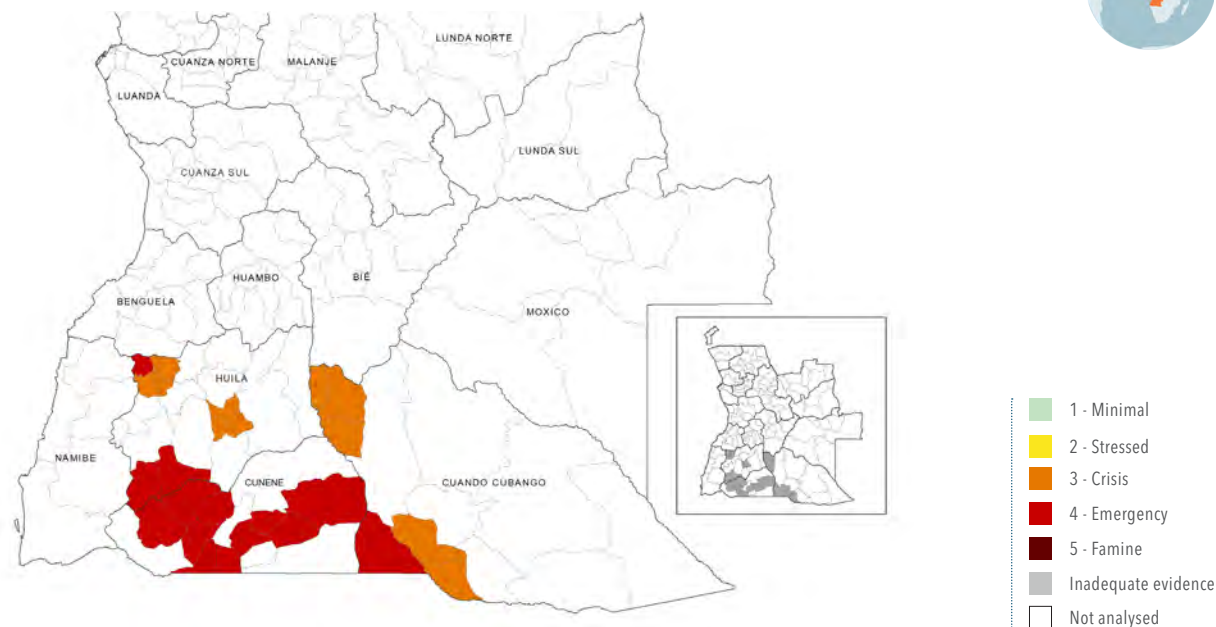
High unemployment rates in urban Angola

The unemployment rate in urban areas already stood at 42.6 percent in the last quarter of 2019, significantly higher than rural unemployment (17 percent). Unemployment rates are expected to have increased in urban areas and among young people due to COVID-19-related movement restrictions (UNDP, May 2020).

Percentage of population living in rural versus urban areas



Map 3.4

IPC acute food insecurity situation, **October 2019–February 2020**

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Angola IPC Technical Working Group, October 2019.



Nutrition and health overview

Multiple forms of malnutrition continue to threaten the wellbeing of Angola's children. Nationally, the prevalence of wasting among children under 5 years is of 'medium' public health significance. The prevalence is low (<5 percent) in 12 out of Angola's 18 provinces, while five provinces have 'medium' levels (5–<10 percent), and one province, Cunene, has a 'high' wasting prevalence (≥ 10 percent) (DHS 2015–16).

Nationally, the prevalence of child stunting is considered 'very high' at 38 percent, consisting of 1.9 million children under 5 years (DHS 2015–2016). Child stunting is classified as 'very high' (≥ 30 percent) in 15 of Angola's 18 provinces and as 'high' (20–<30 percent) in three provinces (Luanda, Zaire and Cabinda) (De Onis et al, 2018).

Micronutrient deficiencies are prevalent, with 65 percent of children suffering from anaemia.

Different forms of malnutrition coexist within the same child, with 2 percent of children under 5 years both stunted and wasted, and 1.4 percent both stunted and overweight (UNICEF, May 2018).

Drinking water sources have improved since 2000, but still 34 percent of the population was using surface water or unimproved sources in 2017. Similarly, sanitation has improved significantly since 2000, but still 30 percent of the population was either defecating outside or using unimproved facilities in 2017 (Global Nutrition Report).

Food insecurity levels increased among the refugee population hosted in Angola in 2020



56 000 refugees and asylum-seekers

Source: UNHCR, October 2020.

The majority of the refugees and asylum seekers in Angola are from the Democratic Republic of the Congo (UNHCR, 2020). While some live with host families in and around Dundo, around 21 000 are in a settlement in Lóvua, largely reliant on humanitarian food assistance (WFP, July 2020). The proportion of refugees with inadequate

food consumption increased from 32 percent in October–November 2019 to 41 percent by May 2020 and 44 percent by October. In May, those with poor food consumption (35 percent), reported this was mainly due to limitations and gaps in food distributions. By October, around 46 percent had adopted coping strategies with long term livelihood implications, such as selling productive assets or means of transport (WFP, 2019 and 2020).

Nutrition and health overview

5.9% of children under 5 are wasted,
1.0% of them are severely wasted.

Source: IIMS, 2015–16.



37.6% of children under 5 are stunted.

Source: IIMS, 2015–16.



37.5% of infants aged 0–6 months are exclusively breastfed.

Source: IIMS, 2015–16.



33.2% of children aged 6–23 months receive the minimum dietary diversity.

Source: IIMS, 2015–16.



47.7% of women of reproductive age and **64.8%** of children under 5 are anaemic.

Source: WHO, 2016; IIMS, 2015–16.



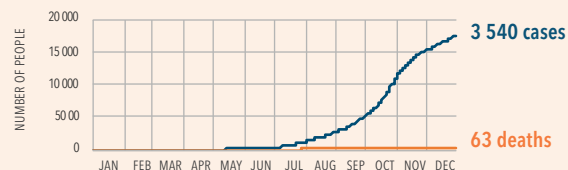
56.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.4

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.



Acute food insecurity and malnutrition drivers 2020

Weather extremes

High levels of acute food insecurity in early 2020 were largely attributable to the 2019 drought, which severely affected the three southern provinces of Cuando Cubango, Cunene and Huila. Local populations faced loss of assets, displacements and significantly disrupted livelihoods (IPC, October 2019). By December 2019, the drought had affected over 857 000 people and one million cattle had died (Government of Angola, December 2019). It also resulted in widespread loss of crops (Government of Angola, November 2019), and reduced households' resilience to future shocks (Government of Angola, September 2019). The aggregate 2019 cereal output, with the harvest completed by June 2019, was estimated to be 9 percent below the five-year average (JRC-GDO, FAO-GIEWS, October 2019) and consequently the 2019/2020 cereal import requirement increased to meet the deficit, with maize imports 15 percent above average (SADC, July 2019).

Between December 2019 and March 2020, heavy rainfall affected north and south-east Angola, triggering floods, which resulted in damage to hundreds of houses as well as to roads (ECHO, March 2020). Notwithstanding this damage, the abundant rains also supported a recovery in crop production in 2020 and the aggregate cereal output was estimated to be above the five-year average. The restrictions and economic effects associated with the COVID 19 pandemic did not cause major disruptions to cropping activities. The more favourable weather conditions also improved vegetation conditions in rangelands, mainly in western and southern provinces (FAO-GIEWS, October 2020).

Economic shocks, including COVID-19

Angola has made substantial economic and political progress since the end of the war in 2002, but large pockets of the population still live in poverty without adequate access to basic services (Oxford University, 2020). In recent years, the economy has been in a recession, reflecting a plunge in oil prices and the country's heavy reliance on revenues from oil exports; the oil sector accounts for one-third of GDP. The poor economic performance has contributed to worsening households' welfare and the impacts of COVID-19 pandemic further aggravated the food insecurity situation (WB, July 2020; UNDP, May 2020).

COVID-19-related restrictions resulted in widespread income losses and deterioration of households' purchasing power, especially given the high dependency on informal sector work, with around 73 percent of the adult population reliant on it (UNDP, May 2020).

Increasing food prices further constrained access to food. Nominal retail prices of food have been increasing since early 2018, mainly reflecting a significant and sustained depreciation of the national currency. As of August, the Angolan Kwanza had lost more than 60 percent of its value against the US dollar over the previous 12 months. In spite of a slightly above-average maize harvest in 2020, prices of maize flour increased throughout 2020 and reached record highs in August – over 30 percent higher than their year-earlier levels. Prices of cassava flour, another key food staple, were about 25 percent higher than the previous August (FAO-GIEWS, October 2020).

By December 2020, prices of staple foods were about 30 percent higher than the previous year, the national currency had depreciated by 38 percent and the national inflation rate was 25 percent. The weak currency sustained the inflationary prices (FAO-GIEWS, April 2021).

Poor diets, diseases and care practices

Child-feeding practices are poor, with only 38 percent of infants exclusively breastfed up to 6 months of age (DHS 2015–2016). Only 13 percent of children aged 6–23 months received a diet that met their requirements for growth and development (Minimum Acceptable Diet). Diarrhoeal disease is the main cause of death in Angola (Centre for Disease Control and Prevention, January 2020).

Forecast 2021

At the time of publication, there was no estimate available for food insecurity needs in 2021. However, significant risks remain for food-insecure populations following the worst drought in 30 years.

Although Angola generally received favourable rainfall in October and November 2020, seasonal rainfall was distributed poorly both spatially and temporally. In the key agricultural provinces of Cuenene, Cuanza Sul, Huila and Namibe, cumulative rainfall amounts from October to March were 60–80 percent below the average. Consequently, harvests for the 2021 cereal crops are expected to be far below the average, particularly for maize production.

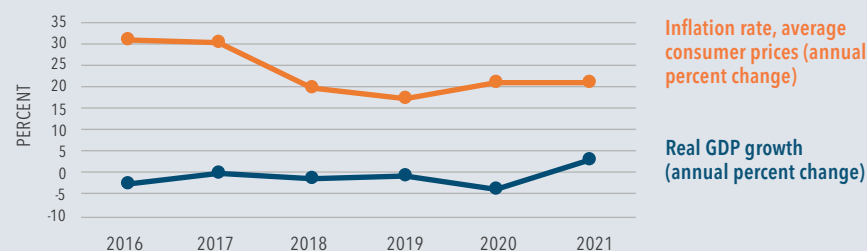
FAO-GIEWS anticipates that cereal import requirements for 2021/2022 will be at above-average levels to meet national maize consumption needs. Dry conditions also adversely impacted rangelands nationwide, reducing livestock body conditions and production (FAO-GIEWS, April 2021).

The multifaceted nature of the COVID-19 shock will continue to negatively affect Angola's economy although real GDP is forecast to increase in 2021. Inflation rates are expected to remain high, in part attributed to the weak currency (IMF, January 2021), while poor agricultural output could exert further upward pressure on food prices. In January and February 2021, food prices increased 2 percent on average relative to the previous month, which was attributed to the weak national currency. From February 2020 to 2021, the national currency lost around 30 percent of its value relative to the US dollar (FAO-GIEWS, April 2021).

Crop and livestock production face a significant risk from infestations of African migratory locust (AML). Between January and March 2021, AML swarms increased in the south-eastern areas, particularly in Cuando Cubango. An estimate of the damage caused and the area affected was not yet available (FAO-GIEWS, April 2021).

Figure 3.5

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Bangladesh (Cox's Bazar)

 **1.2M people**

acutely food insecure and in need of assistance in January–December 2020 (70% of host and 100% of refugee population analysed)

Source: JRP 2021 (forthcoming).

Total population of the country: **164.7M**

Total population of Cox's Bazar
(including **0.89M** Rohingya refugees): **3.5M**

Population analysed: **19%** of host community, **100%** of refugees.

Source: JRP 2021 (forthcoming).

2019–2020

Acute food insecurity persisted at similar levels



High levels of acute food insecurity in 2020 within Rohingya refugee camps and among nearby host communities were largely attributable to the socioeconomic impact of COVID-19.

In 2020, 1.2 million people were acutely food insecure and in need of humanitarian food and livelihood assistance in Cox's Bazar district of Bangladesh. Over 70 percent of them



Noor Bahar's home flooded in a heavy monsoon downpour – all she had left were the clothes she was wearing. Between May and July heavy rain and flooding affected more than 20 000 households in refugee camps. COVID-19 containment measures had reduced pre-monsoon preparedness.

were Rohingya refugees (889 400) in Ukhiya and Teknaf upazilas and the remainder (330 400) were members of the Bangladeshi host community (JRP 2021 (forthcoming)).

According to the latest Refugee Emergency Vulnerability Assessment (REVA 4), the proportion of refugee households with inadequate food consumption increased from 42 percent in 2019 (REVA 3, April 2020) to 50 percent (REVA 4, April 2021).

The food consumption score suggests that food insecurity may have deteriorated between 2019 and 2020, as the percentage of households with inadequate food consumption

increased from 21 percent in 2019 to 32 percent in 2020. The use of stress coping strategies, such as buying food on credit, borrowing money to buy food and spending savings, increased compared to 2019 among host and refugee populations (REVA 4, April 2021).

A May–June UNHCR survey among 10–19 year-old Bangladeshi and Rohingya adolescents found that 23 percent of Bangladeshis and 18 percent of Rohingyas felt hungrier in the previous four weeks than before COVID-19. In both host communities and camps, girls were more likely to report feeling hungrier than boys (UNHCR, December 2020).

Refugees remained dependent on food assistance

 **0.89M** refugees from Myanmar

Source: JRP 2021 (forthcoming).

Since August 2017, an estimated 745 000 Rohingya refugees have arrived in Cox's Bazar, increasing the total number to more than 889 000, living in 34 congested camps in Ukhiya and Teknaf Upazilas. In 2020, the Government transferred an estimated 3 753 Rohingya refugees to a facility constructed on the island of Bhasan Char in the Bay of Bengal.

The refugee population continued to show a high level of vulnerability and depend entirely on food assistance, which all refugees receive monthly to meet the minimum 2 100 daily kcal requirement (JRP, November 2020).

According to REVA 4, half of refugee households had inadequate food consumption. Around 75 percent reported having to moderate their diets by eating less preferred/less expensive food in 2020, but fewer households were borrowing food than the previous year (30 percent versus 42 percent in 2019) or reducing portion sizes (11 percent versus 24 percent in 2019) or cutting the number of meals eaten each day (7 percent versus 15 percent in 2019).

Some 62 percent of refugee households were resorting to Crisis or Emergency livelihood strategies to meet food gaps. Of the 63 percent of households who took out loans in 2020, 91 percent did so to cover essential food and health needs. However, the proportion selling food assistance fell from 51 percent in 2019 to 27 percent in 2020 possibly due to specific programmatic interventions (REVA 4, April 2021).

Map 3.5

Acute food insecurity situation, **refugee and host communities, Cox's Bazar district, 2020**



889 400 Rohingya refugees, vulnerable and in need of food assistance

330 400 Bangladeshi host community, vulnerable and in need of food assistance

 Refugee settlements

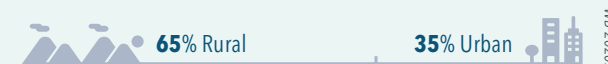
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: JRP 2021 (forthcoming).

Household incomes for the urban poor declined steeply at the onset of COVID-19, straining food access

Households in urban areas of Cox's Bazar – particularly daily wage labourers – faced a steep drop in income with 58 percent not receiving any income from their primary income sources for 1.5 months or more from April. For income sources that remained active, there were steep losses, reaching their lowest point in May. There was a substantial reduction in household food expenditure, by about 48 percent, depicting the strain in food access. Around 40 percent of households consumed only two meals

a day compared to 10 percent before the crisis. The partial reopening of the economy from June resulted in marginal improvements but recovery was expected to take a long time (WFP, July 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Conflict and mass displacement have compounded already high levels of poverty among Rohingya communities, who largely live in overcrowded refugee sites characterized by limited access to basic services, notably sanitation and health facilities (JRP, July 2020).

According to UNHCR, the prevalence of wasting in all three refugee sites is 'serious', reflecting very limited access to diverse and nutritious foods for refugees. Wasting levels are highest in Nayapara registered camps, followed by Kutupalong registered camps and Kutupalong Mega settlements (ENA, 2019 and 2020).

Stunting levels are also concerning, with two of the three sites reporting 'very high' stunting prevalence (30 percent or above) and one 'high' (20–30 percent). The prevalence of anaemia indicates other major nutritional deficiencies, with one site reporting 'high' levels of anaemia among children under 5 years and the other two 'medium' levels. All three refugee sites reported 'medium' levels of anaemia among women of reproductive age (ENA, 2019 and 2020).

The pandemic exacerbated ongoing nutritional challenges by limiting access to already strained and scarce healthcare resources. Humanitarian access to refugee populations became increasingly difficult due to containment measures, leading to the suspension of mass screening activities for child wasting and campaigns such as the biannual vitamin A supplementation in Kutupalong and Nayapara camps. During 2020, the number of severe and moderate wasting screenings decreased dramatically due to containment measures. In addition, rumours and misinformation led to declining trust

 **Wasting among refugee children under 5 was serious in 3 out of 3 refugee sites.**

Source: ENA, 2019 and 2020.



 **Levels of stunting for refugee children under 5.**



High
in 1 out of 3 refugee sites

Very high
in 2 out of 3 refugee sites

Source: ENA, 2019 and 2020.

 **Anaemia levels in non-pregnant refugee women were medium in 3 out of 3 refugee sites.**



 **Anaemia levels in refugee children under 5 were medium in 2 and high in 1 of the 3 refugee sites.**

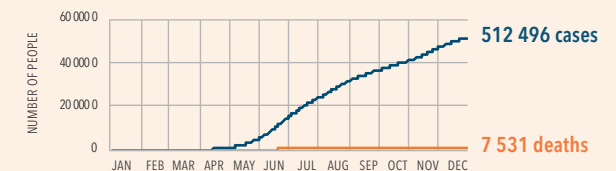
Source: ENA, 2019 and 2020.

and rising fear among refugees relating to testing, isolation and treatment for COVID-19. Fear in turn adversely affected health-seeking behaviours for more routine and general health services, such as immunization and maternal health, thereby increasing the risk of vaccine-preventable diseases (JRP, July 2020).

Although 99 percent of households reported using pit latrines in the camps (REACH, October 2019), and ratios for the number of people accessing latrines were acceptable, sanitation challenges remain, including the need for ongoing maintenance and repair of infrastructure, the precarious location of facilities in flood-prone areas, and limited space to construct additional facilities (JRP, July 2020).

Figure 3.6

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set for entire country.

COVID-19-related disruptions to nutrition programmes for refugee population

- ❗ Coverage of treatment of child wasting dropped by 50–74%.
- ❗ Coverage of early detection of child wasting dropped by 50–74%.
- ❗ Suspension of mass screening activities for child wasting in Kutupalong and Nayapara camps.

Source: UNHCR, 2021.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

The 2017 offensive in Myanmar that drove around 750 000 Rohingya to flee to Cox's Bazar in Bangladesh, remains the unresolved cause of this food crisis.

Incidents of tension and violence within and surrounding the camps and between refugees and host communities increased in 2020, exacerbated by the impacts of the COVID-19 pandemic, the extremely congested living conditions in the camps and limited opportunities for education, self-reliance and skills development. The reported presence of organized criminal gangs in the camps and surrounding communities, as well as an increase in violence, drug trafficking, human trafficking and abductions for ransom, contributed to a heightened sense of unease and fear for refugees and humanitarian actors (JRP 2021, forthcoming).

Violence between two criminal groups in the camps at the beginning of October, resulted in intra-camp displacement of at least 1 000 households and damage to dozens of shelters (ISCG, December 2020).

Economic shocks, including COVID-19

Rohingya refugees in Cox's Bazar – one of the poorest and least developed districts in Bangladesh – lack regular income and livelihood opportunities and are wholly dependent on external assistance (REVA 3, April 2020). Following the two-month countrywide lockdown from 26 March 2020, activities in camps were limited to critical services. By June, only half of refugee households reported being involved in a self-reliance activity (WFP, August 2020). By the end of 2020, self-reliance

activities had not fully resumed (ISCG, December 2020). Even with ongoing assistance, 49 percent of households did not have enough money to cover their minimum essential needs (REVA 4, April 2021).

The pandemic gravely affected the livelihoods of the most vulnerable host community members, such as those working in agriculture as supply chain disruptions and movement restrictions increased costs of inputs and led to labour shortages (FAO, May 2020). By July, 93 percent of households reported lost or lower income (ISCG, July–August 2020).

Containment measures and restrictions on business activities temporarily contributed to rising food prices, which, coupled with falling incomes, diminished purchasing power (FAO, May 2020). More than half (53 percent) of host households took out loans in 2020, up from 41 percent the previous year, mainly to cover essential food and health costs. Around 32 percent were spending their savings on food compared with 17 percent in 2019 (REVA 4, April 2021).

About 18 percent of the population in the district is engaged in the fisheries sector. With the outbreak of COVID-19, customer numbers and sales in the market dropped with fishers having to sell their catch for very little profit or none at all. The export of marine fish halted due to the closing of seaports and associated activities (FAO, May 2020).

Weather extremes and hazards

The scale of the Rohingya refugee influx has had a direct impact on the environment, and due to the high population density, vulnerability to natural hazards is significant. For

instance, deforestation has reduced soil absorption capacity, increasing the risk of erosion (JRP 2021, forthcoming). On 20 May 2020, Cyclone Amphan made landfall in Bangladesh. While there was no direct hit to Cox's Bazar, adverse weather damaged more than 1 500 shelters affecting more than 7 000 refugees (ISCG, June 2020).

Between May and July, windstorms, heavy rains, landslides and flooding affected more than 20 000 households in the camps. In previous years, the vast majority of shelters and public infrastructure received pre-monsoon support so that they could, to some extent, resist the effects of heavy rainfall and windstorms. However, COVID-19 containment measures resulted in a significant reduction in pre-monsoon preparedness, negatively affecting refugees' resilience to weather effects (ACAPS, August 2020).

In May, a serious fire incident at the Kutupalang refugee camp displaced 593 households and damaged 535 shelters (ISCG, June 2020).

Poor diets, diseases and care practices

In July 2020, 30 percent of Rohingya and 60 percent of host community households reported experiencing barriers to accessing integrated nutrition facilities during and after the COVID-19 lockdown (J-MSNA, 2020). Only 25 percent of eligible children completed their second measles vaccination largely due to the suspension of vaccination activities during the national lockdown (DHIS-2) (JRP 2021, forthcoming).

Forecast 2021

With no solution guaranteeing the Rohingyas' safe and voluntary return to Myanmar imminent, refugees in Cox's Bazar will remain reliant on aid, amid increasing tensions within camps and with the host community.

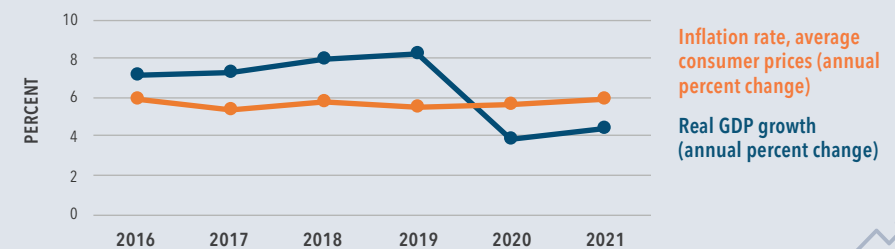
Following a tripartite meeting facilitated by China in mid January, Bangladesh and Myanmar agreed to begin a third attempt to repatriate Rohingya refugees to Myanmar's Rakhine state in June 2021. Bangladesh had reportedly proposed starting the repatriations in March, but Myanmar officials asked for more time to make logistical arrangements (UNHCR, January 2021).

Social unrest and violence against peaceful protestors followed Myanmar's military takeover on February 1, 2021. The UN Security Council highlighted the situation had potential to exacerbate existing challenges in Rakhine state (UN Security Council, March 2021). Until durable solutions can be found in Myanmar that guarantee the refugees' safe and voluntary return, they will continue to rely on humanitarian aid to meet their basic needs (UNHCR, January 2021).

Concerns over the deterioration in the overall protection and security environment in the camps, stemming in part from necessary COVID-19-related restrictions on the delivery of essential services and assistance are likely to persist. Among host communities, the loss of

Figure 3.7

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

livelihoods, the breakdown of food production and market systems, and the worsening of food and nutrition indicators will remain challenges (JRP 2021, forthcoming).

The social impacts of the pandemic and increased competition over livelihoods could further undermine cohesion and peaceful coexistence between refugees and host communities. Rohingya refugees and local Bangladeshis will continue to be highly vulnerable to the impacts of cyclones and monsoon winds and rains (GHO 2021).

Burkina Faso

3.3M people CH Phase 3 or above

in June–August 2020 (15% of the population analysed)

2.8M CH Phase 3 **Crisis** **0.51M** CH Phase 4 **Emergency** **11 400** CH Phase 5 **Catastrophe**

5.2M CH Phase 2 **Stressed**

Total population of the country: **21.4M**

Population analysed: 100%

Source: CILSS-Cadre Harmonisé, July (update) 2020.

2019–20

Increased levels of acute food insecurity



Burkina Faso's escalating conflict-related displacement crisis, in combination with the socioeconomic impacts of COVID-19 and weather extremes, trebled the number of people in Crisis or worse (CH Phase 3 or above).

Burkina Faso's food crisis, which has been escalating since early 2018, continued to do so into mid-2020 as the number of people in Crisis or worse (CH Phase 3 or above) almost trebled from the end of 2019 to reach 3.3 million in June–August 2020, including half a million in Emergency (CH Phase 4). For the first time in 10 years, the CH analysis classified two provinces of the Sahel region – Soum and Oudalan – in



Conflict, mass displacement and the socioeconomic impact of COVID-19 on top of years of weather extremes and low access to social services have aggravated this major food crisis where around 11 400 people faced famine-like conditions and almost 250 000 young children were wasted.

Emergency (CH Phase 4). Around 11 400 people – partially or completely cut off from humanitarian assistance – were identified as facing extreme lack of food and/or other basic needs even after full employment of coping strategies, and at risk of starvation, death, destitution and extremely critical acute malnutrition levels (Catastrophe/CH Phase 5).

Sixteen of the country's 45 provinces were classified in Crisis (CH Phase 3) in the regions of Boucle de Mouhoun, Centre-Nord, Est, Nord and Sahel. Before the COVID-19 pandemic outbreak in March–May 2020, already around 1.6 million people faced Crisis or worse (CH Phase 3 or above). Even

after the harvest, in October–December 2020, this number remained high at 2 million people, including 133 000 people facing Emergency (CH Phase 4) (CILSS-CH, July 2020).

During all three periods of analysis in 2020 the acute food insecurity situation was worse than the 2019 peak when 1.2 million people were classified in Crisis or worse (CH Phase 3 or above) (CILSS-CH, November 2019). In 2020, over 75 percent of the population in Crisis or worse (CH Phase 3 or above), and almost all the populations in Emergency (CH Phase 4) and all the population in Catastrophe (CH Phase 5) were in Centre-Nord, Est, Nord and the Sahel.

Burkina Faso was the world's fastest growing displacement crisis in 2020

 **1.1M IDPs**

 **20 000 refugees and asylum-seekers**

Source: UNHCR, end 2020.

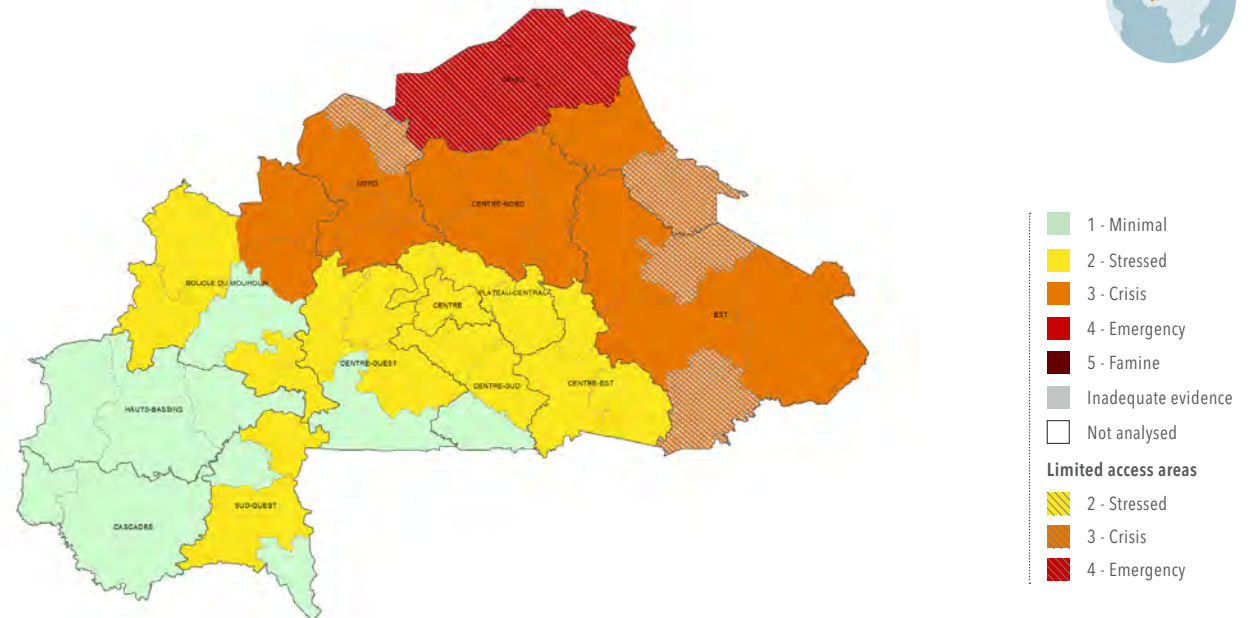
In 2019, the number of IDPs increased from 47 000 at the start of the year to 560 000 by the end, and this trend continued unabated in 2020 with an 87 percent increase to 1.05 million by November 2020 – meaning more than 1 in every 20 inhabitants were displaced (UNHCR, November 2020).

Deprived of their means of food production and income-earning, IDPs are reliant on humanitarian aid – but the arrival of newly displaced populations has overwhelmed humanitarian operations. In the Sahel region, armed groups cut off certain areas, preventing humanitarian access. Repeated displacements compelled some populations to move to more remote areas, making humanitarian access more challenging especially during seasonal flooding (ACAPS, December 2020).

 **The number of people in Crisis or worse (CH Phase 3 or above) has increased continuously since 2014, accelerating sharply in 2019 and 2020.**

Map 3.6

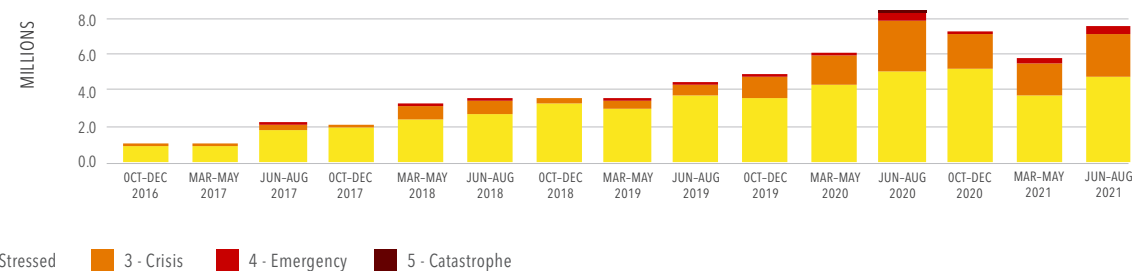
CH acute food insecurity situation, June–August 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, July (update) 2020.

Figure 3.8

Number of people in CH Phase 2 or above, 2016–2021



Source: CILSS-Cadre Harmonisé.

Nutrition and health overview

The nutritional situation in Burkina Faso is highly fragile due to years of weather extremes as well as limited access to social services. Conflict and widespread displacement in recent years have generated a growing humanitarian crisis largely in the regions of the Sahel, Est, Centre Nord, Nord, and the Boucle du Mouhoun, where nutrition indicators are considerably worse than the national average.

In 2018, wasting among children under 5 years was at 8.6 percent at the national level, of whom 1.4 percent suffered from severe wasting (GHRP 2020). By 2020, the wasting prevalence reached 9.1 percent. Around 24.9 percent were stunted, placing Burkina Faso in the 'high' (20–≤30) status (SMART, 2020).

In the Sahel region, 15.1 percent of children under 5 suffer from wasting, with 3.1 percent of them severely wasted. According to an October 2019 rapid nutrition survey in the six communes most affected by insecurity and displacement, wasting prevalence ranged from 9.3 percent in Kaya (Centre Nord), of whom 1.4 percent faced severe wasting, to as high as 17.2 percent in Barsalogho (Centre Nord), of whom 3.6 percent suffered from severe wasting. Among displaced populations living in an IDP camp in Barsalogho, malnutrition soared to 19.7 percent, while severe wasting levels reached 7.8 percent (GHRP 2020).

Malnutrition outcomes were particularly severe among displaced communities in the Centre Nord, Sahel and Nord regions, as well as the Est and the Boucle du Mouhoun regions (GHRP 2020).

631 787 children under 5 are wasted,
151 214 of them are severely wasted.

Source: SMART, 2020.



➔ Levels of wasting among refugee children under 5 were poor in both refugee sites.

Source: SENS, 2017.

24.9% of children under 5 are stunted.

Source: SMART, 2020.



➔ Levels of stunting among refugee children under 5 were very high in both refugee sites.

Source: SENS, 2017.

64.3% of infants aged 0–6 months are exclusively breastfed.

Source: SMART, 2020.



➔ Fewer than 75% of refugee infants aged 0–6 months are exclusively breastfed in both refugee sites.

Source: SENS, 2017.

29.2% of children aged 6–23 months receive the minimum dietary diversity.

Source: SMART, 2020.



61.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



49.6% of women of reproductive age and **86.2%** of children under 5 are anaemic.

Source: WHO, 2016.



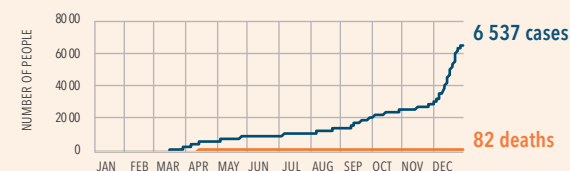
➔ Anaemia levels in non-pregnant refugee women were high in both refugee sites.

➔ Anaemia levels in refugee children under 5 were high in both refugee sites.

Source: SENS, 2017.

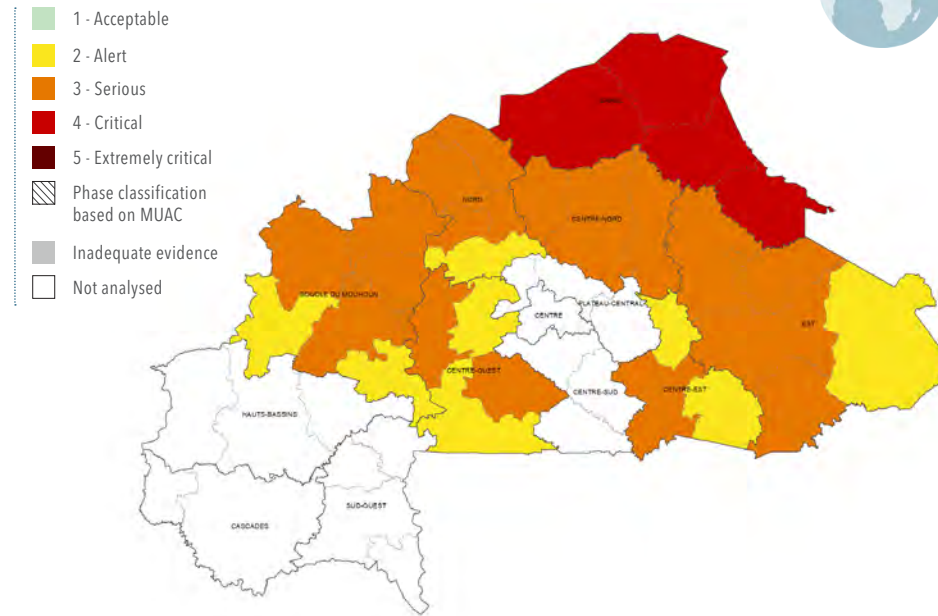
Figure 3.9

COVID-19 cumulative confirmed cases and deaths, January–December 2020



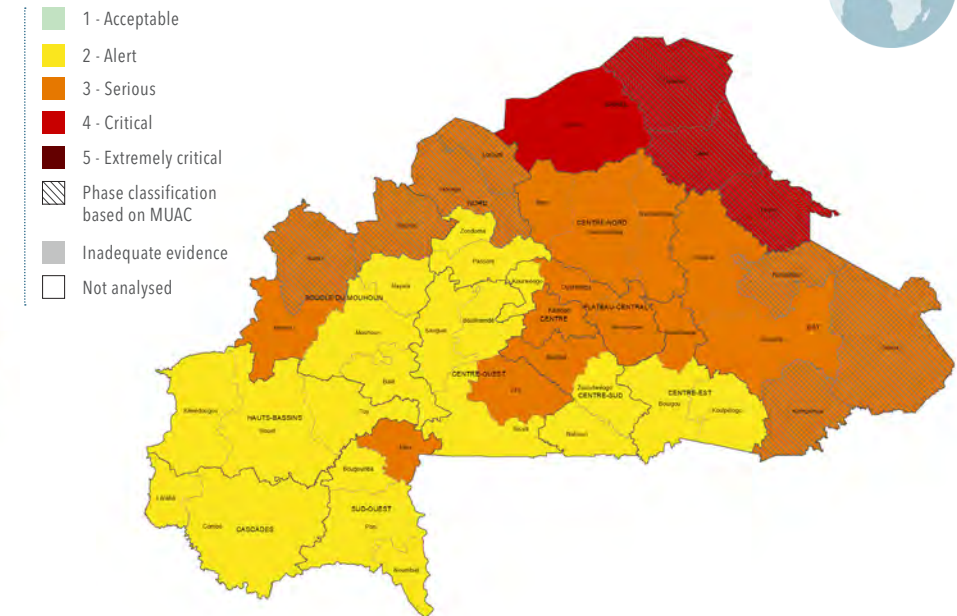
Source: FSIN, using WHO global data set.

Map 3.7

IPC acute malnutrition situation update, **April–July 2020**

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Burkina Faso IPC AMN Technical Working Group, June 2020.

Map 3.8

IPC acute malnutrition situation projection, **May–July 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: Burkina Faso IPC AMN Technical Working Group, January 2021.

IPC acute malnutrition analysis

According to the IPC AMN analysis in October–December 2020, 631 787 children ages 6–59 months were wasted, of whom 151 214 suffered from severe wasting. Around 128 672 pregnant and lactating women will suffer from wasting in 2021 (IPC, January 2021).

Of the 45 provinces analysed, five provinces were in a Critical situation (IPC AMN Phase 4), nine in a Serious situation (IPC AMN Phase 3), 29 in Alert (IPC AMN Phase 2) and two in Acceptable (IPC AMN Phase 1) from October 2020–January 2021.

The five provinces classified in Critical (IPC AMN Phase 4) were Lorum, Oudalan, Séno, Soum and Yagha. The nine provinces classified in Serious (IPC AMN Phase 3) were: Banwa, Kosssi, Sourou, Kouritenga, Bam, Namantenga, Boulkiemdé, Ziro and Kadiogo.

For the first projection from February to April 2021, the nutritional situation will likely remain stable in 36 provinces, improve in five, and only deteriorate in two.

For the second projection period from May to July 2021, there will likely be a deterioration in the nutritional situation in 14 provinces. Of the 45 provinces analysed, four provinces will

be in a Critical situation (IPC AMN Phase 4), 20 in a Serious situation (IPC AMN Phase 3), 21 in Alert (IPC AMN Phase 2) and none in Acceptable (IPC AMN Phase 1).

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Conflict and insecurity persisted, mostly in the regions of Boucle du Mouhoun, Centre-Nord, Est, Nord and Sahel. During the lean season in July, when the demand for cereals increased, food markets in Centre-Nord, Nord and Sahel were partially or completely closed because of insecurity. Prices increased significantly due to conflict-related trade disruptions – up by 33 percent year-on-year in Djibo (Sahel region) and by 31 percent in Yako (Nord) (WFP, July 2020) – while income-generating activities in the three regions were extremely scarce (CILSS, May, June and July 2020). Cereal production was below average in conflict-affected regions due to lack of access to inputs and lands (FEWS NET, November 2020).

Population displacements increased pressure on already stressed livelihoods and natural resources, including pasture in the Sahel region (OCHA & CONASUR, November 2020). In areas with large numbers of IDPs where high livestock supplies and low demand led to decreasing livestock prices in late 2020, pastoralists' purchasing power was severely eroded (FEWS NET, November 2020). Insecurity disrupted livestock markets in Boucle du Mouhoun, Centre-Nord, Est, Nord and Sahel throughout the year (CILSS-CH, July 2020).

Economic shocks, including COVID-19

The COVID-19 containment measures added a further layer of economic hardship on already fragile livelihoods with movement restrictions from April constraining access to agricultural inputs and income opportunities. Around 25 percent of agricultural markets and 45 percent of livestock

markets were closed, and most of the rest faced major disruptions – in particular, livestock markets in the Centre, Nord-Est and Plateau Central regions (CILSS, April 2020). Casual work opportunities and remittances decreased significantly (CILSS-CH, July 2020). Although restrictions were eased somewhat from May, the pandemic continued to adversely affect the entire economy throughout the year, including the tourism sector, revenues from cash crops (e.g. cotton) and remittances (FEWS NET, October 2020). Land borders remained closed and transhumance across Benin and the Niger forbidden, which had a further negative impact on pastoralist livelihoods (CILSS, July 2020 and FEWS NET, December 2020).

Weather extremes

The pastoralist situation was critical between April and July 2020 due to exhausted pastures, particularly in the north as well as in neighbouring Mali and the Niger, in addition to dryness of water points (CILSS, April and July 2020). In September, below-average rainfall and moisture deficits had a negative impact on the main season cereals in south-western areas, leading to reduced incomes and increased food insecurity. Heavy rains resulted in localized flooding in August and September 2020 across the Centre-Nord region, Kaya and Ouagadougou districts, destroying livelihoods, crops, livestock and infrastructure (FAO-GIEWS, October 2020). However, favourable rains and support to farmers kept yields at above-average levels and supported an upturn in production in 2020 (FAO-GIEWS, March 2021).

Agricultural pests and diseases

Localized fall armyworm and desert locust outbreaks were reported, especially in Sud-Ouest, Cascades and Hauts-Bassins regions (FAO-GIEWS, October 2020).

Poor diets, diseases and care practices

Poor child feeding practices are a major contributor to child malnutrition. In 2016, a staggering 86.2 percent of children were anaemic, as well as 50 percent of women of reproductive age, indicating limited household access to iron-rich foods (WHO, 2016). These conditions have likely deteriorated considerably, given escalating violence and displacement that have separated thousands of households from their livelihoods and access to diverse and nutritious diets. In 2020, only 21.9 percent of children ages 6–23 months were consuming the minimum acceptable diet, while only 29.2 percent consumed acceptable dietary diversity (SMART 2020).

Already fragile health services struggled to cope with the humanitarian crisis and faced shortages in equipment, medicines, financing and human capacity, which further limited access to healthcare. This situation was further exacerbated by the COVID-19 pandemic, which slowed and obstructed access to humanitarian assistance. These challenges have aggravated morbidity and mortality levels among vulnerable groups (GHRP 2020).

Forecast 2021

2.9M people

CH Phase 3 or above in June–August 2021
(13% of population analysed)

Source: CILSS-Cadre Harmonisé, March 2021.

▼ The number of people in Crisis or worse (CH Phase 3 or above) is expected to be lower during the 2021 lean season than 2020, but still above previous years.

In 2021, Burkina Faso is set to remain one of the world's most concerning food crises. During the June–August lean season the numbers of people in Crisis or worse (CH Phase 3 or above) are expected to remain particularly high in Centre-Nord, Est, Nord and Sahel. The forecast of nearly 2.9 million people in Crisis or worse (CH Phase 3 or above) includes over 344 000 people in Emergency (CH Phase 4). In addition, over 4.7 million people are likely to face Stressed (CH Phase 2) (CILSS-CH, March 2021).

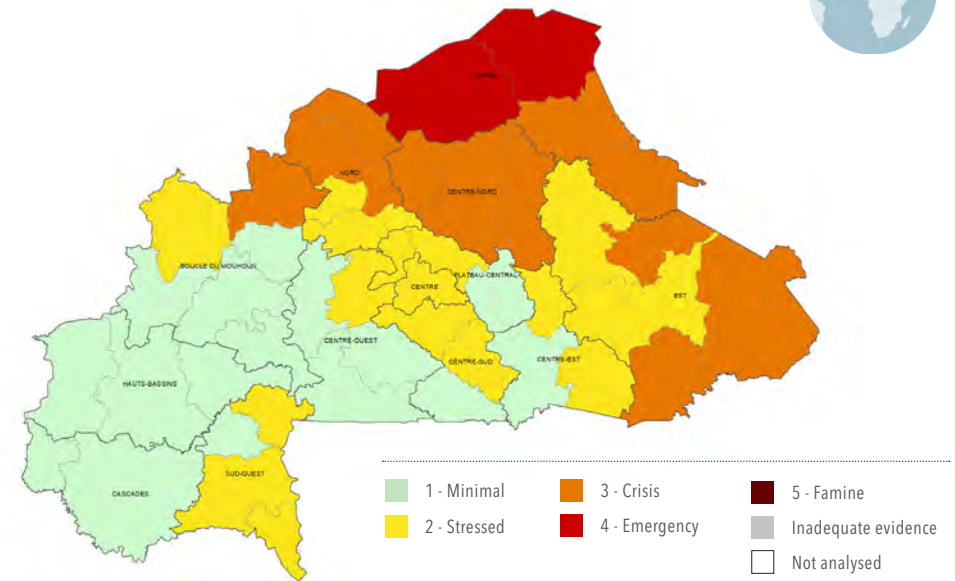
Two provinces – Oudalan and Soum in the Sahel region – are projected to be in Emergency (CH Phase 4), and 11 provinces in Crisis (CH Phase 3), mostly in the regions of Est, Centre-Nord, Sahel and Nord (CILSS-CH, March 2021).

An early February–May 2021 lean season is expected in areas of the northern regions as a result of cereal production being reduced at the local level and livelihoods being disrupted by conflict, insecurity and displacement. In calmer areas, vulnerable households will likely remain affected by reduced incomes and low purchasing power due to containment measures. Cereal prices are expected to remain above year-earlier levels up to May 2021. The area planted is likely to be lower than average due to reduced incomes and increased household debt in the context of the pandemic, losses recorded during the off-season harvests and insecurity (FEWS NET, December 2020).

In late November 2020, presidential elections took place and ushered in a new Government. In the absence of progress to mitigate the ongoing security crisis, food security and nutrition needs will remain atypically high, while displaced people and those in conflict zones will continue to face limited access to basic services such as healthcare and education. The flooding and violent winds experienced in 2020 are likely to return in 2021, according to meteorological information (GHO 2021).

Map 3.9

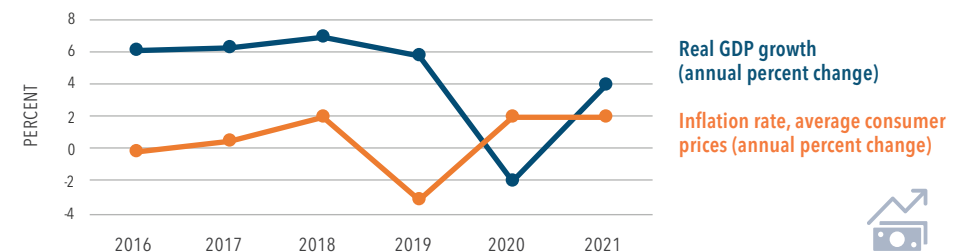
CH acute food insecurity situation, June–August 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2021.

Figure 3.10

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Burundi

1.4M people IPC Phase 3 or above
in May 2020 (13% of the population analysed)

1.4M IPC Phase 3 **Crisis**
42 055 IPC Phase 4 **Emergency**

3.9M IPC Phase 2 **Stressed**

Total population of the country: **11.9M**

Population analysed: **92%**

Source: Burundi IPC Technical Working Group, May 2020.

2019–20

More than 1 in 10 Burundians faced Crisis or worse (IPC Phase 3 or above)

Acute food insecurity persists due to the combined effects of floods and landslides, the economic repercussions of COVID-19 restrictions and food price inflation.



Over 1.4 million people in Burundi, or more than one in 10 people analysed, faced Crisis or worse (IPC Phase 3 or above), including 42 000 people in Emergency (IPC Phase 4), during the peak of the lean season in May 2020.

An additional 3.9 million people were classified in Stressed (IPC Phase 2) representing 36 percent of the population analysed, and in need of livelihood support (IPC, May 2020).

The worst-affected livelihood zones with 15 percent of the population facing Crisis or worse (IPC Phase 3 or above) were Congo Nile Ridge, High Altitude, Humid Plateaus and

Imbo. Of particular concern was Imbo, where 5 percent of the population was classified in Emergency (IPC Phase 4).

Acute food insecurity during 2020 followed typical seasonal trends with the population facing Crisis or worse (IPC Phase 3 or above) decreasing to 760 000 during the post-harvest August–September period, before increasing again to over 1.3 million people during the October–December lean season (IPC, May 2020).

Most refugees in camps were food secure, but income-earning was limited for returnees

 0.12M IDPs

 80 000 refugees and asylum seekers, mainly from the Democratic Republic of the Congo

 52 200 IDP and refugee returnees

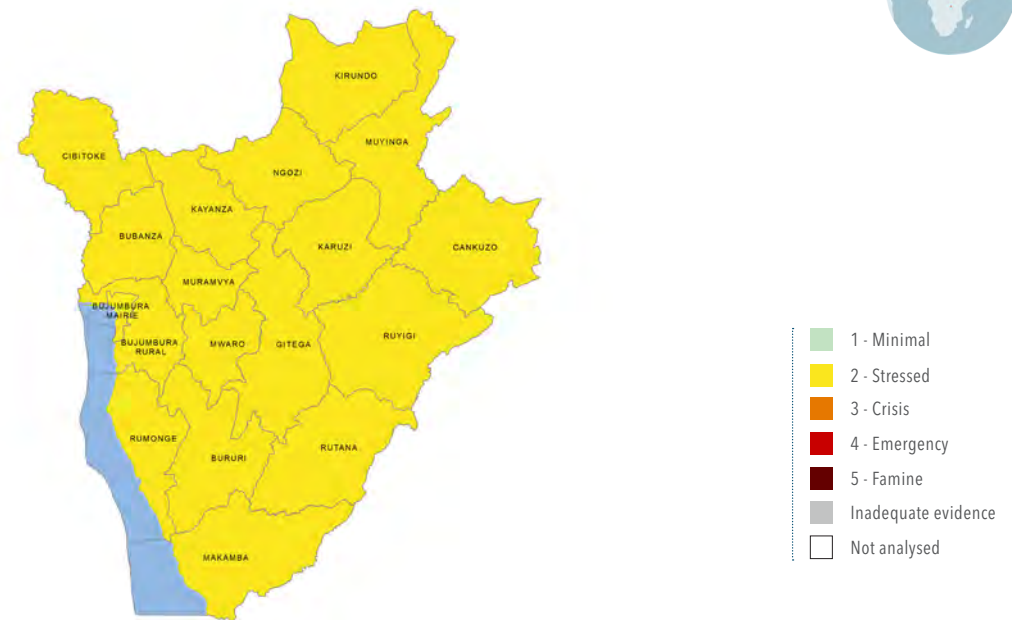
Source: UNHCR, end 2020.

The majority of refugees are in refugee camps and receive regular assistance. Despite the negative impacts of COVID-19 containment measures on household livelihoods, their food security improved slightly in 2020 as the proportion of those with inadequate food consumption dropped from 28 percent in 2018 to 22 percent in 2019 and 18 percent by December 2020. The food expenditure share fell from 81 percent in 2019 to 42 percent in 2020, indicating that they were able to allocate more money to non food expenditures (WFP 2019 & 2020). Around 31 000 refugees living in urban centres and reliant on remittances and casual labour faced moderate food insecurity, in line with Stressed (IPC Phase 2) outcomes (FEWS NET, November 2020).

New returnees, many of whom settled in the Eastern lowlands and East Arid Plateaus livelihood zones (IPC, May 2020), missed the 2020 Season B agricultural season and depleted the three-month food rations received on their return (FEWS NET, October 2020). Income-earning opportunities were limited in many cases due to COVID-19 impacts, particularly in cross-border areas with the United Republic of Tanzania (IPC, May 2020).

Map 3.10

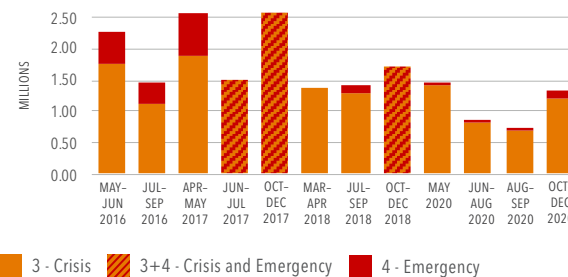
IPC acute food insecurity situation, May 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Burundi IPC Technical Working Group, May 2020.

Figure 3.11

Number of people in IPC Phase 3 or above, 2016-2020



Source: Burundi IPC Technical Working Group.

Urban populations hit by COVID-19 restrictions

Urban households and those in cross-border areas experienced income losses from COVID-19-related restrictive measures. Flooding along Lake Tanganyika also caused damage to commercial infrastructure and temporarily halted casual labour work, to the detriment of a number of peri-urban households (IPC, May 2020).

Percentage of population living in rural versus urban areas



WB 2020.

Nutrition and health overview

The prevalence of wasting among children under 5 years has been of 'medium' public health significance (5–10 percent) since 2010. In 2020, according to the preliminary results of the National Nutrition Survey it stood at 6.1 percent (ISTEBU, November 2020). Treatment of child wasting services dropped nationally by an estimated 10–24 percent, following the imposition of movement restrictions to contain the spread of COVID-19.

Although the latest evidence shows a positive trend in the prevalence of stunting, falling from 56 percent in 2016 to 54 percent in 2019 and to 52 percent in 2020, Burundi's child stunting levels are still among the highest in the world (JME 2020; ISTEBU, November 2020). The actual number of stunted children has not fallen due to population growth.

Different forms of malnutrition can coexist within the same child, with 3.4 percent of children under 5 years both stunted and wasted (UNICEF, May 2018).

In 2020, refugees' diets improved slightly in terms of their nutritional value with 71 percent consuming protein foods daily. However, 34 percent were still not consuming any haem iron-rich foods and a similar percentage were not consuming Vitamin A-rich foods (WFP 2019, 2020).

6.1% of children under 5 are wasted,
1.1% of them are severely wasted.

Source: SMART, 2020.

➔ **Wasting among refugee children under 5 years is at acceptable levels in 4 out of 4 refugee sites.**

Source: SENS, 2017.



52.2% of children under 5 are stunted.

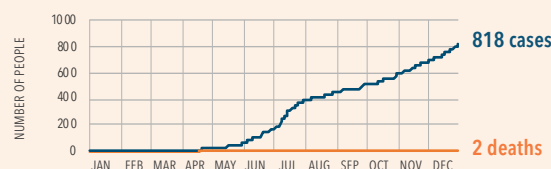
Source: SMART, 2020.

➔ **Stunting for refugee children under 5 years is at very high levels in 4 out of 4 refugee sites.**

Source: SENS, 2017.



Figure 3.12
COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of treatment of child wasting dropped by 10–24% nationally.
- ❗ Coverage of protection and promotion of breastfeeding programmes dropped by <10% nationally.
- ❗ Coverage of promotion of nutritious and safe diet dropped by 10–24% nationally.

Source: UNICEF, September 2020.

83.1% of infants aged 0–6 months are exclusively breastfed.

Source: SMART, 2020.

➔ **More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 2 out of 4 refugee sites.**

Source: SENS, 2017.



4.2% of children aged 6–23 months consuming acceptable dietary diversity.

Source: SMART 2020.



39.3% of women of reproductive age and **61.0%** of children under 5 are anaemic.

Source: DHS 2016–17.

➔ **Levels of anaemia in non-pregnant refugee women are low in 4 out of 4 refugee sites. Levels in refugee children under 5 years are low in 1 and medium in 3 out of 4 refugee sites.**

Source: SENS, 2017.



61.0% of households have access to at least basic drinking water services.

Source: JMP 2017.



Acute food insecurity and malnutrition drivers 2020

Weather extremes

In April, flooding and landslides affected western areas including Cibitoke, Bubanza, Rumonge, Bujumbura Mairie and Bujumbura Rural provinces (FAO-GIEWS, August 2020).

Though less than 1 percent of the land area planted in Season B crops was affected and national Season B harvests were above average (FAO-GIEWS, August 2020), localized crop production shortfalls, along with losses of homes and infrastructure, contributed to food insecurity in some areas. Flooding, high winds and hail at the beginning of the September–November rainy season led to some crop and infrastructure losses in Muyinga, Kirundo and Ngozi (OCHA, October 2020).

According to IOM and the Burundi Red Cross, 83 percent of the roughly 128 000 IDPs in Burundi were displaced because of natural disasters. Most lost access to their typical livelihood activities and faced increased levels of acute food insecurity. The majority of IDPs in Bujumbura Mairie, Bubanza, Rumonge and Makamba provinces lacked access to arable land. Among IDP households in Kirundo, Ngozi and Rumonge provinces, more than 70 percent were consuming only one meal a day. (IOM and the Burundi Red Cross, September 2020).

Economic shocks, including COVID-19

COVID-19 containment measures included the suspension of all flights, except for cargo, humanitarian, emergency and diplomatic flights, and the introduction of screening and quarantine measures at land border entries with Rwanda, the Democratic Republic of the Congo and the United Republic of Tanzania (FAO-GIEWS, August 2020).

Border closures had significant impacts on populations living in cross-border areas, such as the livelihood zones of Imbo Plain, Congo Nile Ridge, Eastern Depressions, Eastern Dry Plateaux and Buragane, as typical cross-border movements relating to both trade and casual labour were halted, reducing household income levels (IPC, May 2020).

Although not a major income source for most Burundian households, remittances from abroad also fell 20–30 percent in 2020 compared to 2019 due to the slowdown of the global economy, which negatively affected incomes and purchasing power for vulnerable households (FEWS NET, October 2020).

Other economic challenges included reduced availability of foreign currency, which affected imports from neighbouring United Republic of Tanzania, Uganda and Zambia, high inflation rates (7.3 percent in November), and high food prices (FEWS NET, December 2020).

Despite favourable Season B and C harvests, in November the price of beans was 30 percent higher than the five-year average, while that of cassava was 12 percent higher. Sweet potato, Irish potatoes, and banana prices were also up, and only maize prices remained around the five-year average (FEWS NET, December 2020).

In the context of three years of static labour wage rates rising food prices have driven declines in household purchasing power and food access for vulnerable households (FEWS NET, October 2020).

Poor diets, diseases and care practices

The main determinants of malnutrition are linked not only to the scarcity of land, which leads to poverty but also to inadequate infant and young child feeding practices. High fertility, as well as short intervals between births, which are both strongly linked to gender issues, are also considered to be driving factors (OCHA, June 2020).

The high prevalence of disease epidemics is also a risk factor for malnutrition. Over 4.7 million malaria cases were reported in 2020, with 2 712 deaths, well below that of 2019 (8.9 million cases). By the end of December 2020, outbreaks were declared in nine health districts in seven provinces (UNICEF, December 2020).

The country is cholera endemic, with annual outbreaks mainly affecting lakeside districts. From November 2019 to mid-2020, measles outbreaks were reported among Congolese refugees and host communities in Cibitoke district, which spread to Ngozi and Bujumbura Nord (WHO, November 2020). By the end of December 2020, a total of 1 879 cases of measles were reported in 41 out of 47 health districts of the country with children accounting for 54 percent of those affected (UNICEF, December 2020). Co-morbidity of malnutrition with malaria/measles puts children at increased risk of other infections, severe disease and death. Frequent flooding intensifies the risk of cholera and malaria outbreaks.

Forecast for 2021

0.5–0.75M people

IPC Phase 3 or above in March–May 2021
(5% of population analysed)

Source: FEWS NET, 2021.

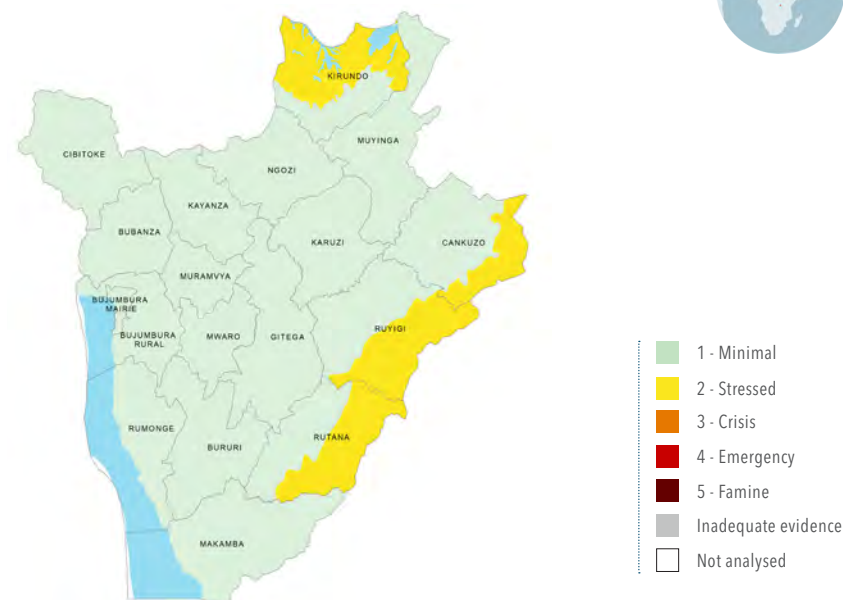
Food security is expected to improve in 2021 due to above-average crop production, which improved food availability and access despite lost income opportunities following COVID-19 restrictions.

In March 2021, above-average season A crop production at the national level bolstered food availability and access for the majority of households, with the exception of the Northern and Eastern Lowlands livelihood zones. In these areas, below-average rainfall led to below-average season A harvest, contributing to higher acute food insecurity levels relative to the national average. Households in the two regions also lost vital cross-border income-earning opportunities due to continued COVID-19-related border closures.

Above-average production is expected for the 2021 season A maize, tuber and banana crops, although bean production is reportedly below average. FEWS NET reported that the implementation of fixed producer prices for maize by the government have contributed to higher maize prices than normal. Higher prices are also the consequence of Kenya's temporary ban on maize imports from Uganda. In March 2021, maize prices were 22 percent above average and 11 percent over the price in March 2020 (FEWS NET, March 2021).

Map 3.11

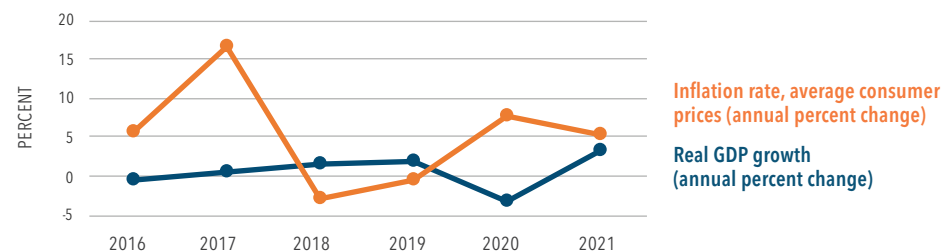
IPC acute food insecurity situation, **March–May 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: FEWS NET IPC-compatible map, 2021.

Figure 3.13

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Cameroon

2.7M people CH Phase 3 or above
in October–December 2020 (10% of the population analysed)

2.6M CH Phase 3 **Crisis** **98 695** CH Phase 4 **Emergency**

6.2M CH Phase 2 **Stressed**

Total population of the country: **25.9M**

Population analysed: **100%**

Source: CILSS-Cadre Harmonisé, November 2020.

2019–20 Rising levels of acute food insecurity



Conflict, socio-political unrest, flooding and COVID-19-related economic shocks fuelled rising acute food insecurity levels in the Far North, North and Littoral regions as well as the North-West and South-West.

In October–December 2020, of the approximately 2.7 million people in Crisis or worse (CH Phase 3 or above), around 25 percent were in the Far North region and more than 33 percent were in the North-West and South-West regions. The North and Littoral regions accounted for 25 percent of the total population in Crisis or worse (CH Phase 3 or above). Although the Far North accounted for the largest number of people in



Two ongoing security crises – one in Northern Cameroon stemming from the Boko Haram insurgency and the other in the North-West and South-West regions – have internally displaced nearly one million people, robbing them of their livelihoods and ability to access food.

Crisis or worse (CH Phase 3 or above) (630 000), the North-West held the largest share of the population in Emergency (CH Phase 4), accounting for around 65 percent of the total country population in Emergency. Of the 13 divisions within the North-West and the South-West, eight were classified in Crisis (CH Phase 3). They also accounted for the majority of the country's divisions in Crisis (CH Phase 3) during the 2020 peak (11 divisions nationally). The remaining three divisions in Crisis (CH Phase 3) were in the Far North and Adamawa.

While the October–December 2020 analysis was conducted across all 10 regions, previous CH analyses covered only seven

regions, having excluded the Centre, Littoral and South regions, therefore peak acute food insecurity numbers are not directly comparable. However, the analysis indicates that by late 2020 acute food insecurity levels had intensified considerably outside of the North-West and South-West, which were the only regions with divisions classified in Crisis (CH Phase 3) during the October–December 2019 peak. Several divisions in the Far North and Adamawa had moved from Minimal or Stressed (CH Phase 1 or 2) to Crisis (CH Phase 3). Between the 2019 and 2020 peak, the number of people in Crisis or worse (CH Phase 3 or above) increased by 170 percent in the Far North and by almost 470 percent in Adamawa (CILSS-CH, November 2019 and 2020).

The majority of internally displaced households were in hard-to-reach areas

➔ 1.1M IDPs

➔ 0.44M refugees and asylum-seekers

➔ 0.48M IDP and refugee returnees

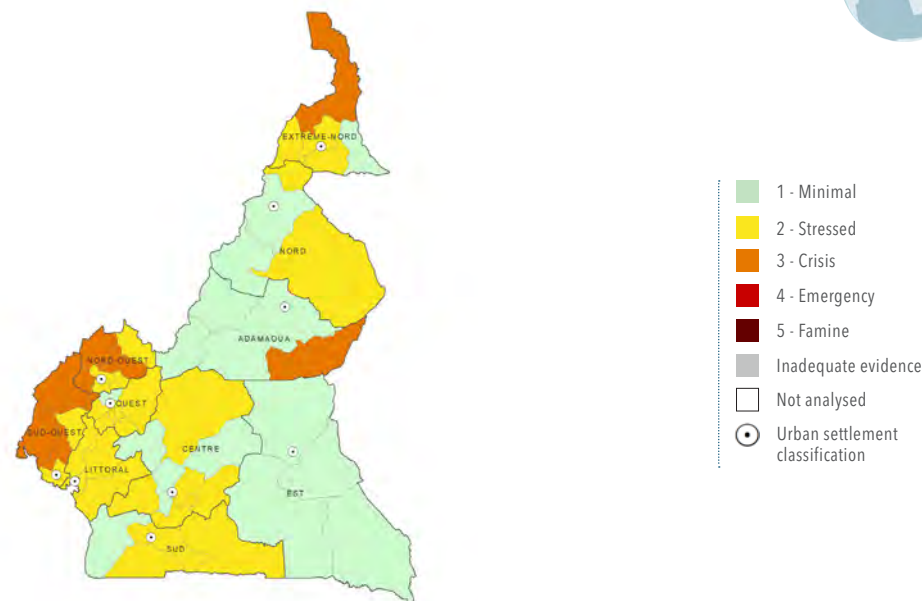
Source: UNHCR, end 2020.

Nearly 70 percent of the nearly 1.1 million people internally displaced by conflict were in the North-West and South-West regions, and the rest were in the Far North (UNHCR, November 2020). Over 56 percent of IDP households had unacceptable food consumption (WFP, September 2020). Humanitarian access to the North-West and South-West regions was complicated by insecurity, rain-washed roads and COVID-19 restrictions (OCHA, October 2020).

The majority of refugees – mainly from the Central African Republic and Nigeria – had acceptable food consumption, with the situation improving significantly for those in the Far North from 31 percent with acceptable consumption in 2019 to 73 percent in 2020 (WFP 2019 and 2020).

Map 3.12

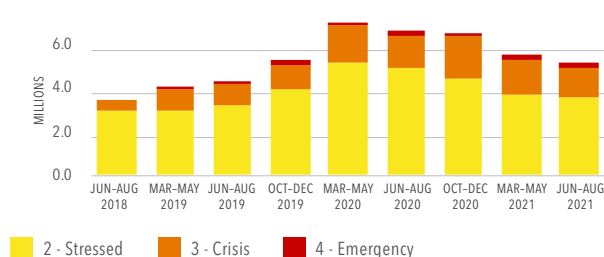
CH acute food insecurity situation, **October–December 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, November 2020.

Figure 3.14

Number of people in CH Phase 2 or above, 2018–2021



Source: CILSS-Cadre Harmonisé.

Acute food insecurity levels increased in Cameroon's two major cities during the COVID-19 pandemic

Government efforts to halt the spread of COVID-19 led to job and revenue losses and reduced purchasing power for poor households, especially in the large cities of Yaoundé and Douala (FEWS NET, July 2020). The two cities had 3 percent and 10 percent, respectively, of their population in Crisis or worse (CH Phase 3 or above). Another 14 percent of the population of Yaoundé and 25 percent of the population of Douala were in Stressed (CH Phase 2) between October

and December 2020. In the second half of 2020, movement restrictions and border controls disrupted trade and caused a spike in the price of staple food prices in major urban areas relative to 2019 (FAO-GIEWS, July 2020 and December 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

In Cameroon, against the backdrop of chronic vulnerabilities, including high poverty and disease levels, escalating violence and mass displacement have contributed to rising morbidity for both infectious and chronic diseases, as well as acute and chronic malnutrition.

Before the COVID-19 pandemic, around 4.3 percent of children were affected by wasting, while 1.6 percent suffered severe wasting. The prevalence of stunting at the national level stood at around 29 percent (DHS 2018).

In 2020, stunting levels in conflict-affected regions were above the 'very high' threshold of 30 percent, excluding the South West (HNO 2020). Rising levels of violence cut off access to critical basic services – including nutritional services – in areas that were already underserved.

The COVID-19 pandemic is likely to have increased child malnutrition levels by limiting access to scarce healthcare resources. Rising unemployment and loss of income diminished the quality of diets. Humanitarian needs in terms of nutrition services increased from 433 000 people in 2016 to 585 000 in 2020 (HNO 2020).

While national data was not available to illustrate the impact of the pandemic at the time of publication, the most recent SMART survey conducted in December 2020 in the Far North region of Logone-Chari concluded that the prevalence of wasting in the region was significantly higher than in 2019, rising from 5.2 percent to 13.9 percent. The mortality rate for children under the age of 5 years rose in comparison to data available at the regional level (Action Contre la Faim, December 2020).

4.3% of children under 5 are wasted,
1.6% of them are severely wasted.

Source: DHS 2018.

➔ **Wasting among refugee children under 5 was acceptable in 1 and poor in 2 out of 3 refugee sites.**

Source: SENS, 2016.

28.9% of children under 5 are stunted.

Source: DHS 2018.

➔ **Levels of stunting for refugee children under 5 were very high in all 3 refugee sites.**

Source: SENS, 2016.

39.7% of infants aged 0–6 months are exclusively breastfed.

Source: DHS 2018.

➔ **More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 1 out of 3 refugee sites.**

Source: SENS, 2016.

19.9% of children aged 6–23 months consume the acceptable dietary diversity.

Source: DHS 2018.

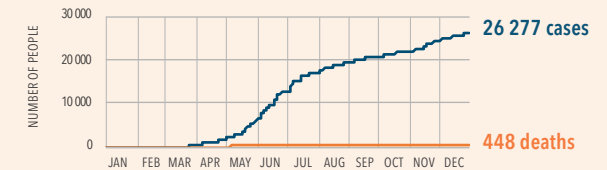
60.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.15

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of Vitamin A supplementation programmes dropped by 25–49% nationally.
- ❗ Coverage of treatment of wasting dropped by less than 10% nationally.
- ❗ Coverage of early detection of wasting dropped by less than 10% nationally.

Source: UNICEF, September 2020.

39.7% of women of reproductive age and **57.4%** of children under 5 are anaemic.

Source: DHS 2018.

➔ **Anaemia levels in non-pregnant refugee women were medium in all 3 refugee sites. Levels in refugee children under 5 were high in all 3 refugee sites.**

Source: SENS, 2016.



Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Cameroon's escalating food crisis was fuelled by two ongoing security crises – one in northern Cameroon stemming from the Boko Haram insurgency that has spilled over from north-eastern Nigeria, and the other in the North-West and South-West regions rooted in a secessionist insurgency.

According to ACLED, 2020 saw the largest increase in Boko Haram attacks relative to previous years with over 400 security incidents, including violent attacks, abductions, livestock theft, and destruction of property (FEWS NET, December 2020; FAO-GIEWS, December 2020).

Populations in the Far North areas of Logone and Chari, Mayo Tsanaga and Mayo Sava were exposed to repeated attacks from Boko Haram, which displaced thousands of households, disrupted the farming season and reduced the 2020 harvest for staple crops such as millet and sorghum (FAO-GIEWS, December 2020).

Since 2017, the North-West and South-West anglophone regions have experienced a secessionist insurgency that has evolved into a complex humanitarian crisis. For the fourth consecutive year, violence prevented farmers from accessing fields or led them to abandon production areas, resulting in reduced crop production, revenues and purchasing power (OCHA, August 2020; FAO-GIEWS, December 2020; FEWS NET, July 2020).

In the two anglophone regions the 2019/2020 agricultural output was 40 percent below the five-year average. (FEWS NET, July and December 2020).

Economic shocks, including COVID-19

In a country where 39 percent of the population lives below the poverty line, COVID-19 restrictive measures exacerbated an already precarious situation for vulnerable households (WFP, September 2020). In March, following the implementation of social distancing measures, a government survey found that over 50 percent of surveyed households experienced job losses, notably in the education, hotel, restaurant, construction and forestry sectors (FEWS NET, July 2020).

COVID-19-related border closures disrupted food imports and led to rising prices for food staples. By December, imported rice prices were still 40–42 percent higher than December 2019 and the five-year average (FEWS NET, December 2020). Maize and sorghum prices also increased, despite being produced locally, due to production shortfalls and the slowing of internal supply chains, which limited stocks in local markets and further constrained food access for vulnerable populations (FAO-GIEWS, December 2020). In December, the prices for fish, taro and plantains were 10–15 percent higher than their seasonal average as a result of limited market stocks in urban areas (FEWS NET, December 2020).

Weather extremes

As of October 23, 193 000 people were affected by flooding in the Far North, Littoral, South-West, West and South regions, with divisions of the Far North, North and Adamawa regions experiencing significant disruptions to the farming season (OCHA, October 2020; CH, November 2020). The flooding in the Far North was unprecedented in its geographic spread

and devastated five out of the six divisions, particularly Mayo-Danay and Mayo-Kani (IFRC, October 2020). Flooding damaged standing crops, contributing to below-average output for millet and sorghum in the uni-modal rainfall northern areas, washed away roads, and complicated humanitarian efforts to deliver assistance to vulnerable populations that already lacked access to basic services (FAO-GIEWS, December 2020; OCHA, December 2020).

Agricultural pests and diseases

Crop pests also posed a risk to agricultural production, with migratory locusts affecting Logone and Chari (Far North region), and fall armyworm in the southern region. Adamawa and the East also experienced an invasion of pastureland by *chromolaena odorata* (Bokassa Grass) (CILSS-CH, November 2020).

Poor diets, diseases and care practices

High levels of poverty and conflict serve as considerable obstacles to combatting poor diets, which are a leading driver of malnutrition challenges in the country. As of 2018, only 39.7 percent of infants up to 6 months old were exclusively breastfed, meaning that the majority of infants lack essential nutrients and immunities to help them thrive (DHS 2018). Similarly, only 10 percent of children ages 6–23 months consumed the minimum acceptable diet (DHS 2018). Access to iron-rich foods remains a significant barrier to healthier lives for young children and women of reproductive age, with 57.4 percent of the former and 39.7 percent of the latter classified as anaemic (DHS 2018).

Forecast 2021

2.6M people

CH Phase 3 or above in March-May 2021
(10% of population analysed)

Source: CILSS-Cadre Harmonisé, March 2021.



Despite a minor drop, the number of people in Crisis or worse (IPC Phase 3 or above) is expected to remain high due to conflict, displacement, and an uncertain economic environment.

Conflict and unrest in the Far North, North-West and South-West will continue to drive displacement and prevent farmers from accessing land. This will likely cause a fifth year of reduced harvests in the North-West and South-West where poor households began the lean season in February rather than March-May due to the early depletion of food reserves coupled with low agricultural revenues and high food prices (FEWS NET, December 2020).

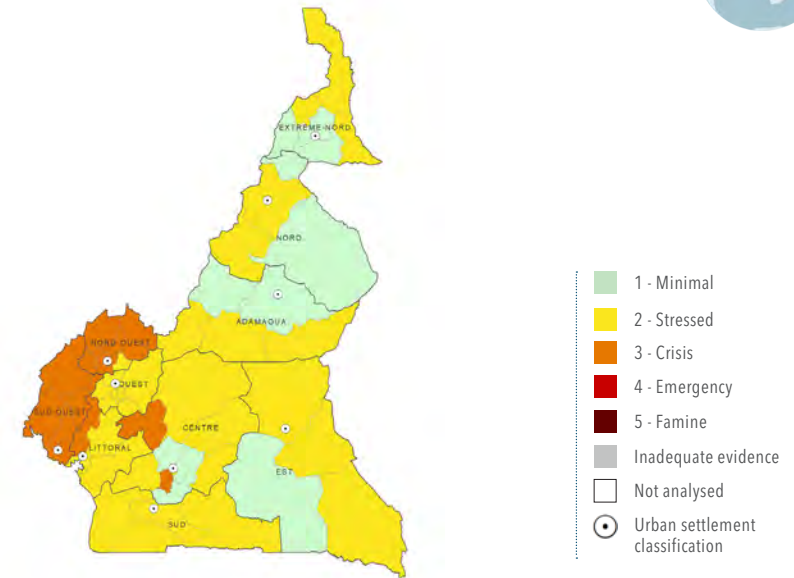
The largest numbers of people in Crisis or worse (IPC Phase 3 or above) are projected to be in the North-West, South-West, Littoral, Centre and Far North. Over 260 000 people are expected to be in Emergency (CH Phase 4) – the vast majority of them in the North-West and South-West. Another 5.8 million people are expected to be in Stressed (CH Phase 2) and highly vulnerable to worsening levels of acute food insecurity (CILSS-CH, March 2021).

By early April 2021, the government had not relaxed COVID-19 restrictions and border policies, which continued to limit revenue generation and livelihoods for urban workers in the informal sector. Despite restrictions, prices for food staples have remained relatively stable. However, in the Far North, although off-season harvests supported household food stocks, cereal prices were 15–20 percent higher year-on-year in early 2021 due to below-average imports from Chad, increased food smuggling to Nigeria, and reduced maize production in the North region following drought in 2020 (FEWS NET, March 2021).

A refugee influx from the Central African Republic following election violence in December 2020 increased pressure on employment and food prices in Mbere and Kadey departments. Since late 2020, the closure of the main travel corridors with the Central African Republic has stymied cross-border trade and transhumance movements, leading food prices to increase 20–30 percent in major border cities (FEWS NET, March 2021).

Map 3.13

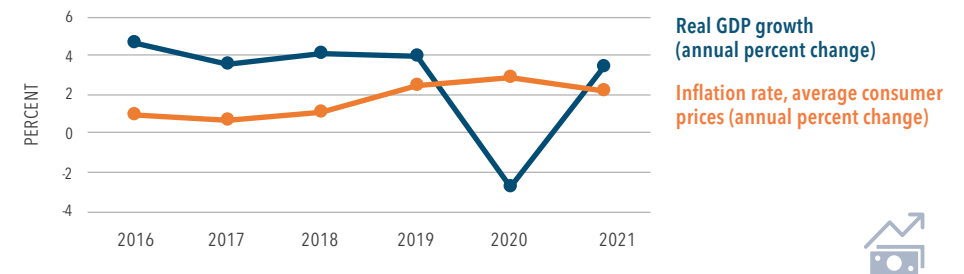
CH acute food insecurity situation, **March-May 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2021.

Figure 3.16

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Central African Republic

2.4M people IPC Phase 3 or above
in May–August 2020 (51% of the population analysed)

1.6M IPC Phase 3 **Crisis** **0.75M** IPC Phase 4 **Emergency**

1.6M IPC Phase 2 **Stressed**

Total population of the country: **4.8M**

Population analysed: **95%**

Source: Central African Republic IPC Technical Working Group, May 2020.

2019–20

Rising levels of acute food insecurity



Increasing levels of acute food insecurity in 2020 affected more than half the analysed population, mainly driven by prolonged conflict and insecurity and the indirect economic impact of the pandemic on vulnerable livelihoods.

During the 2020 lean season (May–August), the number of people in Crisis or worse (IPC Phase 3 or above) reached 2.4 million, representing 51 percent of the population



A decade of conflict has severely affected agriculture, trade, livelihoods and humanitarian access with many fleeing to the Sudan. The country's 630 000 IDPs faced further erosion of purchasing power in 2020 due to COVID-19-related movement restrictions, limited access to markets and rising food prices.

analysed. It included around 754 000 people facing Emergency (IPC Phase 4). In addition, about 1.6 million people faced Stressed (IPC Phase 2) (IPC, May 2020).

By comparison with the 2019 acute food insecurity peak number, the number in Crisis or worse (IPC Phase 3 or above) increased by 30 percent. Most notably, the number in Emergency (IPC Phase 4) alone increased by 60 percent (IPC, June 2019). In May–August 2020, 29 of the 64 areas analysed were classified in Emergency (IPC Phase 4) – in the prefectures of Basse-Kotto, Haut-Mbomou, Haute-Kotto, Kémo, Mambéré-Kadéï, Mbomou, Nana-Gribizi, Ouaka, Ouham,

Ouham Pendé, Sangha-Mbaéré and Vakaga. All other classified areas were in Crisis (IPC Phase 3).

In the post-harvest period (September 2020–April 2021), the number of people in Crisis or worse (IPC Phase 3 or above) was estimated to decrease to 1.9 million – or 41 percent of the population – with 408 000 people in Emergency (IPC Phase 4), despite the provision of humanitarian food assistance. An additional 1.8 million people were estimated to be in Stressed (IPC Phase 2) (IPC, October 2020).

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The majority of the country's IDPs and returnees had unacceptable food consumption in 2020

➔ **0.68M IDPs**

➔ **9 000 refugees and asylum-seekers**

➔ **163 000 refugee and IDP returnees**

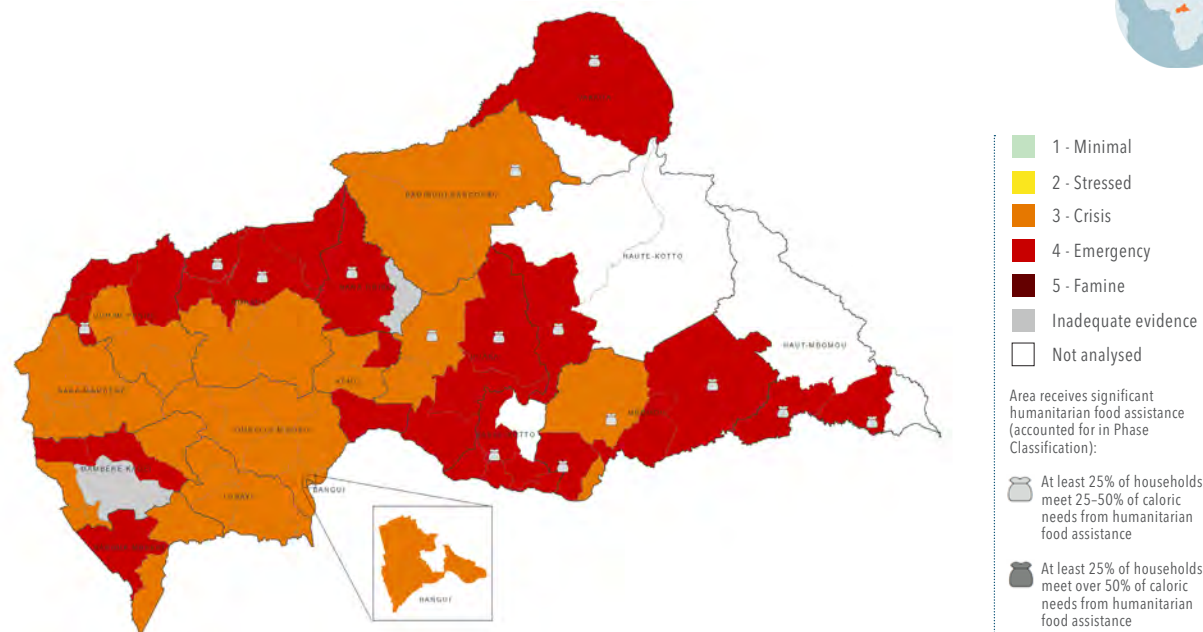
Source: UNHCR, end 2020.

The surge in armed conflict and intercommunal violence since January 2020 triggered new population displacements. One-third of IDPs lived in sites and two-thirds with host families (OCHA, December 2020).

Displaced households are among the most vulnerable to food insecurity, and in 2020, they faced a significant decrease of their purchasing power due to movement restrictions, limited access to markets and rising food prices. Around 77 percent of returned households and 61 percent of the displaced faced poor or borderline food consumption levels, compared to 49 percent nationally (IPC, May 2020).

Map 3.14

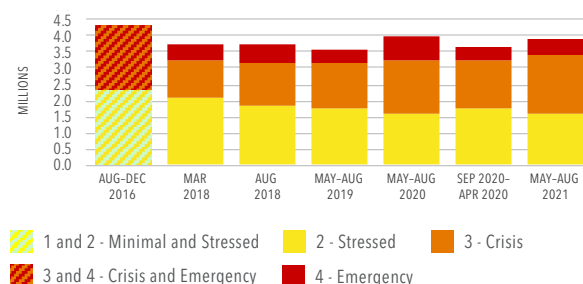
IPC acute food insecurity situation, **May–August 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Central African Republic IPC Technical Working Group, May 2020.

Figure 3.17

Number of people in IPC Phase 2 or above, 2016–2021



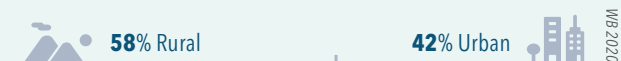
Half the population in the capital city Bangui were in Crisis or worse (IPC Phase 3 or above)

The economic slowdown, marked by a decrease in employment and incomes, as well as higher transportation costs and food prices, has severely affected vulnerable households living in urban areas who rely mostly on markets to access food. They also experienced poor hygiene and sanitation facilities.

In Bangui, around 438 000 people – or 50 percent of the population analysed – were in Crisis or worse (IPC Phase 3

or above) in May–August 2020, including 131 000 in Emergency (IPC Phase 4). Additionally, about 307 000 people (35 percent of the population) were classified in Stressed (IPC Phase 2) (IPC, May 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Wasting continues to be a major public health problem in the Central African Republic both from a magnitude and severity perspective, constituting one of the main causes of illness and mortality among children under the age of 5 years.

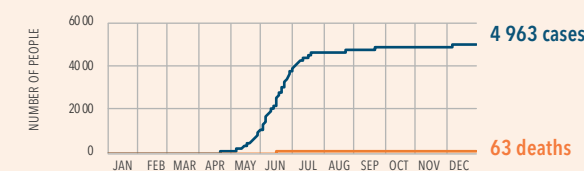
More than 200 000 children under 5 years are wasted. Of them, over 62 000 are affected by severe wasting and in need of urgent life-saving treatment. Although the wasting prevalence at the national level remained relatively low between 2014 and 2019, new pockets of wasting emerged in 2020 particularly among populations living in displacement camps and in areas with high concentrations of IDPs where sanitation and safe drinking water are poor, and access to healthcare limited. According to a September 2020 analysis, the number of children with severe wasting likely increased by 3 percent since the 2019 SMART survey, largely due to the impact of COVID-19 (HNO 2021).

The situation is particularly worrying in Satema, Ouadda, Nzacko and Mingala-Congo Toulou, with 'very high' (>15 percent) wasting levels, and in Amadagaza, Gamboula, Nola, Bayanga, Zangba, Mobaye, Rafai, Bangassou and Gadzi, with 'high' levels (10–15 percent).

Among women of child-bearing age the nutritional situation is serious with 11.4 percent wasted nationally, reaching 12.2 percent among pregnant and lactating women (HNO 2021).

Stunting levels are 'very high' according to WHO thresholds with approximately 40 percent of children below 5 years stunted, up from 37.7 percent in 2018 (SMART, 2018/19).

Figure 3.18
COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

Micronutrient deficiencies are prevalent, with 72 percent of children and 46 percent of women of reproductive age suffering from anaemia (WHO, 2016).

Carers lack knowledge about appropriate child-feeding practices. Although almost half of children are breastfed exclusively until 6 months of age, complementary feeding of children aged 6–23 months is very concerning with only 7.8 percent receiving the minimum dietary diversity and 7.4 percent a minimum acceptable diet (SMART, 2019).

The security crisis and socioeconomic impacts of COVID-19 have further negatively affected the availability of food and the efficacy of health and nutrition services, depriving children and pregnant and lactating women of much-needed curative and preventative support.

205 642 children under 5 are wasted, **62 327** of them are severely wasted.

Source: HNO 2021.



42.3% of children under 5 are stunted.

Source: SMART, 2019.



49.6% of infants aged 0–6 months are exclusively breastfed.

Source: SMART, 2019.



7.4% of children aged 6–23 months receive a minimum acceptable diet.

Source: SMART, 2019.



48.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



46.0% of women of reproductive age and **71.9%** of children under 5 are anaemic.

Source: WHO, 2016.



Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

For almost a decade, persisting conflict and insecurity had affected agricultural activities, trade, livelihoods and humanitarian access (IPC, October 2020). Despite the unbroken support of all parties to the peace agreement signed in February 2019, the security environment remained particularly unstable in 2020. From January to September, the sous-préfectures most affected by security incidents against humanitarian actors were Bangui, Ndélé (Bamingui-Bangoran), Kaga-Bandoro (Nana-Grébizy), Bria (Haute-Kotto), Bambari (Ouaka) and Batangafo (Ouham) as well as Grimari (Ouaka), Birao (Vakaga) and Bangassou (Mbomou) (HNO 2021).

In the run-up to the 27 December national elections, violence triggered new population displacements in the north-west and centre. In the eastern regions, household food access was affected by armed groups frequently disrupting trade from South Sudan to local populations (FEWS NET, December 2020).

In 2020, around 71 percent of households reported agriculture as one of their main sources of incomes. However, insecurity affected thousands of family farms across the country, as well as fishing and gathering activities. Intercommunal conflicts between farmers and herders, due to transhumance activities, also affected crops and livestock activities. Slightly below-average crop production levels were reported in 2019/2020 (IPC, May 2020), and were forecast for 2020/2021 as a result of insecurity, in tandem with the other drivers discussed below (FAO-GIEWS, December 2020).

Economic shocks, including COVID-19

Restriction measures taken by public authorities to contain the COVID-19 pandemic contributed significantly to lower food availability, pushed up prices and suppressed incomes of vulnerable households.

In a context of below-average 2019/2020 crop production, the partial closures of borders with Cameroon and the Democratic Republic of the Congo resulted in a slowdown in food commodity trade flows, lower-than-average market supply (FSC, May 2020) and increased food prices. October prices of imported rice were reportedly about 40 percent higher year-on-year, while beans were 20 percent higher (FAO-GIEWS, December). Despite the re-opening of borders in late 2020 – except with Chad – imported food prices remained high, notably due to illegal taxes, high transportation costs and speculation by traders (FEWS NET, December 2020). Around 28 percent of households also reported limited crop production capacity, mainly due to lack of access to agricultural inputs (IPC, October 2020).

In addition, the share of households reporting income-earning activities decreased by 26 percentage points (to 52 percent) compared to the pre-COVID-19 situation, weakening purchasing power and food access (IPC, October 2020).

Weather extremes

Adverse weather further reduced crop production, as well as access to markets and trade, and therefore contributed to the high food prices. The 2019/2020 harvest suffered from

rainfall deficits, which had a significant impact on cash crops, such as peanuts and sesame, as well as cassava in January–February 2020. Floods also reduced the output of rice and maize in lowlands (IPC, May 2020).

Between August and October, excessive rainfall triggered floods and destroyed large areas of crop lands in Ndélé (Bamingui-Bangoran), Alindao (Basse-Kotto), Birao (Vakaga), Bambari (Ouaka) and Bimbo (Ombella-M'Poko) (FEWS NET, October 2020; FAO-GIEWS, December 2020). As a consequence, by November, maize prices in Ndélé were 50 percent higher year-on-year (FEWS NET, December 2020).

Agricultural pests and diseases

The 2020/2021 agriculture campaign also suffered from fall armyworm and locust infestations, for which control operations were not sufficient mainly because of the conflict and limited access to fields (IPC, May 2020). Mosaic disease reduced cassava production, particularly in the prefecture of Kemo (FAO-GIEWS, December 2020).

Poor diets, diseases and care practices

The high risk of Ebola and other epidemic-prone diseases, including measles and cholera, threaten the nutrition situation, particularly for remote and displaced communities living in poor conditions and with suboptimal access to health services. A measles epidemic was declared in more than 22 health districts in January 2020. Disease management is impaired by lack of medicines and poor access to primary healthcare, safe drinking water, hygiene and sanitation (HNO 2021).

Forecast 2021

2.3M people

IPC Phase 3 or above in May–August 2021
(48% of population analysed)

Source: Central African Republic IPC Technical Working Group, October 2020.



Acute food insecurity is projected to remain at similarly high levels during the 2021 lean season, due to insecurity, trade disruptions and reduced incomes.

During the lean season (May–August 2021), 2.31 million people are expected to be in Crisis or worse (IPC Phase 3 or above) representing 48 percent of the analysed population. This figure includes 525 000 people in Emergency (IPC Phase 4) (IPC, October 2020).

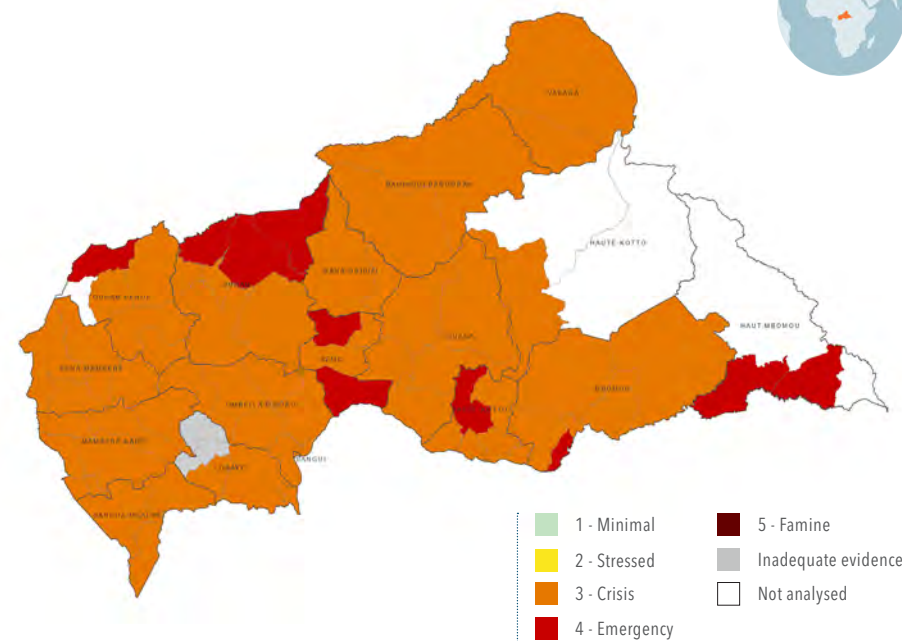
Ten sous-préfectures are expected to be classified in Emergency (IPC Phase 4) – Alindao (Basse Kotto), Obo, Zémio (Haut Mbomou), Dékoa, Ndjoukou (Kémo), Ouango (Mbomou), Batangafo, Kabo, Markounda (Ouham) and Ngaoundaye (Ouham Pendé). As in the two previous periods analysed, all areas analysed are expected to be classified in Crisis or worse (IPC Phase 3 or above).

Insecurity coupled with COVID-19 containment measures have continued to adversely affect agricultural production, significantly reducing household food reserves. Food stocks are likely to run out earlier than the usual lean season (May–August), increasing the reliance of vulnerable populations on markets where food prices continue to be high. Food access is expected to remain particularly constrained by insecurity and the impact of floods, which limit physical access to markets or to humanitarian assistance and could trigger further price increases. Ongoing trade disruptions and reduced levels of incomes linked to the COVID-19 pandemic will continue to undermine vulnerable populations' access to food (IPC, October 2020).

Since mid-December, events surrounding the general election sparked a surge in violence that had displaced over 240 000 people by mid-February 2021 (OCHA, February 2021). As a result of the worsening insecurity situation since the December 2020 elections, the number of people in Crisis or worse (IPC Phase 3 or above) is likely to be higher than projections indicate (FAO, March 2021).

Map 3.15

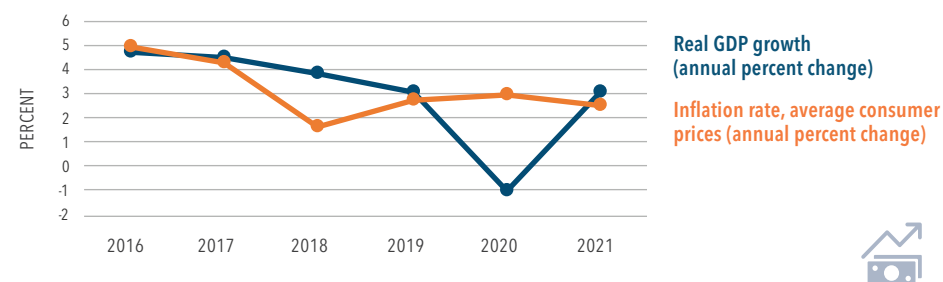
IPC acute food insecurity situation, May–August 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Central African Republic IPC Technical Working Group, October 2020.

Figure 3.19

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Chad

1.0M people CH Phase 3 or above
in June–August 2020 (7% of the population analysed)

0.88M CH Phase 3 **Crisis** **0.13M** CH Phase 4 **Emergency**

3.1M CH Phase 2 **Stressed**

Total population of the country: **16.2M**

Population analysed: **90%**

Source: CILSS-Cadre Harmonisé, March 2020.

2020

Rising levels of acute food insecurity



Even before accounting for the direct and indirect impacts of COVID-19 acute food insecurity levels rose in 2020 driven by conflict, insecurity and weather extremes.

At the peak of acute food insecurity in June–August 2020, the number of people in Crisis or worse (CH Phase 3 or above) reached over 1 million, representing 7 percent of the population analysed. The number facing Emergency (CH Phase 4) also reached a five-year high at around 135 000. In addition, nearly 3.1 million people were in Stressed (CH Phase 2) (CILSS-CH, March 2020). Although this period



The number of IDPs in the Lac region increased by over 60 percent in 2020, mainly because of an upsurge in conflict and floods, while conflict in the Central African Republic, Nigeria and the Sudan continued to drive refugee influxes despite movement restrictions.

corresponds to the 2020 peak of acute food insecurity, the analysis is a projection made in March that did not account for the economic impact of COVID-19, which likely further aggravated the situation. The June–August figure did not capture the situation for IDPs in Lac region.

The 2020 acute food insecurity peak number represents a 59 percent increase compared to the June–August 2019 lean season when 641 000 people were in Crisis or worse (CH Phase 3 or above) (CILSS-CH March 2019). In June–August 2020, 15 departments were classified in Crisis (CH Phase 3), mainly in western and north-western areas, such as in the

Tibesti and Lac regions. In the early part of the year (March–May), the number of people in Crisis or worse (CH Phase 3 or above) was seasonally low at around 453 000 – or 3 percent of the population analysed. This included 14 000 in Emergency (CH Phase 4).

In the post-harvest season from October–December 2020, the number of people in Crisis or worse (CH Phase 3 or above) seasonally decreased compared to the peak, but remained significant at 601 000 – or 4 percent of the population analysed. An additional 2.1 million people were facing Stressed (CH Phase 2) (CILSS-CH, November 2020).

The number of refugees hosted in Chad increased in 2020 – the majority were food insecure

➔ **0.34M IDPs (in Lac region), 0.13M of them newly displaced**

➔ **0.48M refugees, 16 800 of them newly displaced, mainly from the Sudan (77%), the Central African Republic (20%) and Nigeria (3%)**

Source: UNHCR, end 2020.

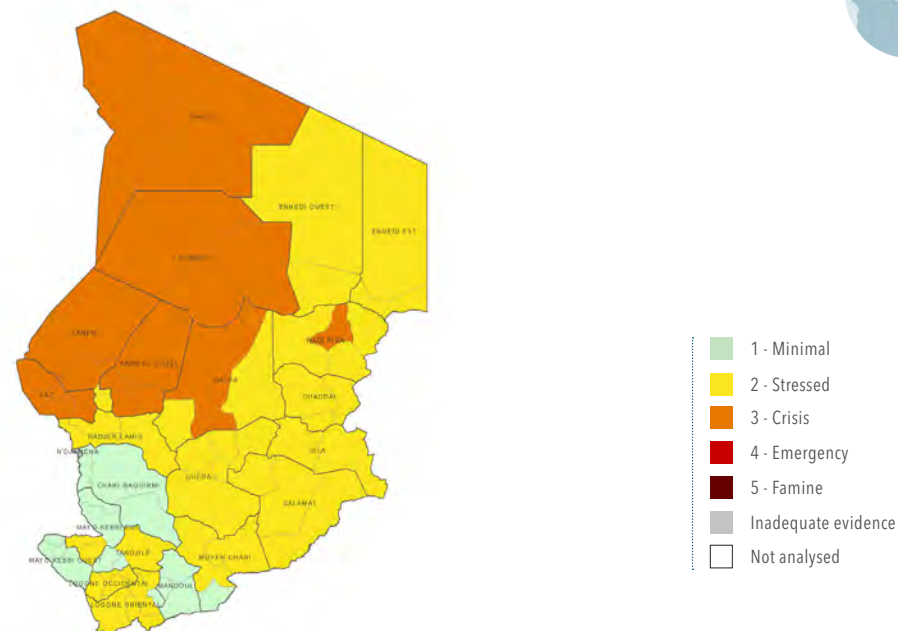
Ongoing conflict in the Central African Republic and Nigeria continued to drive people into Chad, despite movement restrictions (UNHCR, 2020). Clashes in the Sudan also triggered refugee influxes throughout 2020 into the Ouaddai region (UNHCR, September 2020).

Food assistance to displaced populations is limited and covers only partial needs for some due to funding constraints (UNHCR & WFP, 2020). Humanitarian assistance was the primary source of income for refugee households. Almost 53 percent of refugees were food insecure, while the majority of remaining refugees were marginally food secure. The highest levels of severe food insecurity (using WFP CARI methodology) were reported in Lac and Wadi Fija provinces. Around 46 percent of refugees had adopted long-term livelihood coping strategies. In Lac, 18 percent were using Emergency coping strategies, while 42 percent in Salamat used either Crisis or Emergency strategies (WFP, December 2020).

The number of IDPs in the Lac region increased by over 60 percent and represented around half of the region's population in 2020, mainly because of an upsurge in conflict, violent events and floods (IOM, November 2020).

Map 3.16

CH acute food insecurity situation, **June–August 2020**

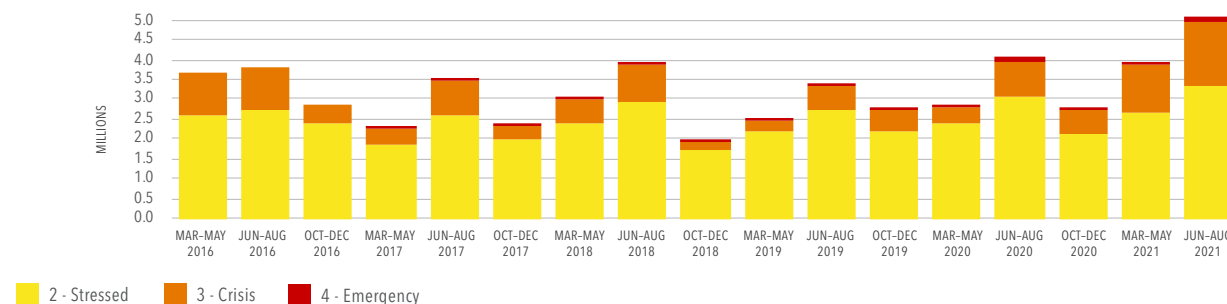


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: CILSS-Cadre Harmonisé, March 2020.

Figure 3.20

Number of people in CH Phase 2 or above, 2016–2021



Source: CILSS-Cadre Harmonisé.

Nutrition and health overview

Persistent insecurity in Chad has exacerbated longstanding challenges of food and nutrition insecurity, displacement and health crises (HNO 2020).

Between August 2019 and March 2020, nearly 1.9 million children aged 6–59 months were suffering from wasting, representing 10 percent of children of this age. Of them, over 461 000 had severe wasting (IPC, March 2020, SMART 2020). The prevalence of wasting was highest in Kanem, Ennedi-Ouest, Tibesti and Barh-El-Gazel, at over 15 percent, while Fira, Hadjer-Lamis and N'Djamena provinces had levels ranging from 10–15 percent (IPC, March 2020).

Poor sanitary systems, limited vaccine coverage, low purchasing power, and long-term conflict-related displacement underlie regular disease outbreaks – including cholera, meningitis, malaria, neo-natal tetanus, and acute respiratory infections – which contribute to the high levels of malnutrition (HNO 2020). The majority of the population has limited access to safe drinking water, sanitation and healthcare (JMP, 2017).

Stunting levels were also in the 'very high' range at 30.5 percent, as were anaemia levels among children (64 percent) (SMART 2019–2020).

Maternal and infant mortality rates are among the highest in the world, with maternal mortality reaching 860 deaths per 100 000 live births, while infant mortality was 72 for every 1 000 live births (HNO 2020).

1.86M children under 5 are wasted, 461 186 of them are severely wasted.

Source: SMART 2020.



→ Wasting among refugee children under 5 years.

Acceptable in 3 out of 19 refugee sites	Poor in 8 out of 19 refugee sites	Serious in 4 out of 19 refugee sites	Critical in 4 out of 19 refugee sites
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Source: SENS, 2016

30.5% of children under 5 are stunted.

Source: SMART, 2020.



→ Stunting for refugee children under 5 years.

High in 1 out of 19 refugee sites	Very high in 18 out of 19 refugee sites
---	---

Source: SENS, 2016

16.4% of infants aged 0–6 months are exclusively breastfed.

Source: SMART, 2020.



→ More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 2 out of 19 refugee sites.

Source: SENS, 2016

13.6% of children aged 6–23 months consume acceptable dietary diversity.

Source: SMART, 2018.



39.8% of women of reproductive age and **63.6%** of children under 5 are anaemic.

Source: SMART, 2017/19.



→ Levels of anaemia in non-pregnant refugee women.

Low in 4 out of 19 refugee sites	Medium in 13 out of 19 refugee sites	High in 2 out of 19 refugee sites
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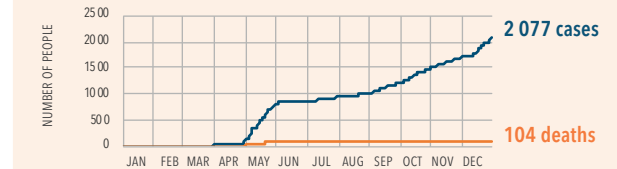
→ Levels of anaemia in refugee children under 5 years.

Medium in 10 out of 19 refugee sites	High in 9 out of 19 refugee sites
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Source: SENS, 2016

Figure 3.21

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of detection of child wasting dropped by 10% nationally.
- ❗ Coverage of protection and promotion of breastfeeding programmes dropped by 10% nationally.

Source: UNICEF, September 2020.

COVID-19-related disruptions to nutrition programmes for refugee population

- ❗ Suspension of face-to-face IYCF services in 14 refugee camps in South and East Chad regions.
- ❗ Suspension of mass screening activities for child wasting in 7 refugee camps in Lake Chad and South Chad regions.
- ❗ Suspension of standardized expanded nutrition survey (SENS) in 17 camps in South and East Chad regions.

Source: UNHCR, 2021.

39.0% of households have access to at least basic drinking water services.



Source: JMP 2017.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Conflict and insecurity continued to disrupt markets, trade and crop production, contributing to high food prices. The Boko Haram insurgency near Lake Chad triggered new population movements (FEWS NET, December 2020), which increased pressure on already stressed livelihoods of host households, mainly because of an oversupply of labour, below-average wages and fully depleted food stocks at the beginning of the lean season (FEWS NET, June 2020). The conflict in Lac also limited humanitarian access in some areas because of military operations (OCHA, September 2020).

Farmer-herder conflicts in Kanem, Bahr El Ghazal and Mayo-Kebbi-Est region, and insecurity in Tibesti also limited livestock access to natural grazing areas. In addition to movement restrictions, conflicts in neighbouring countries – Nigeria, the Central African Republic and Libya – prevented herders from accessing their cross-border pasturelands (FAO-GIEWS, October 2020).

Economic shocks, including COVID-19

Persisting macroeconomic difficulties due to low levels of international oil prices and the cost of the regional conflict were further aggravated by the socioeconomic impact of the COVID-19 pandemic (FEWS NET, June 2020 and December 2020).

The government implemented movement restrictions and closed borders and non-food related businesses, which significantly affected markets and trade, income-earning opportunities and households' purchasing power

(CILSS-CH, March 2020). In June, 35 percent of departments reported limited or very limited agricultural activities (CILSS, July 2020).

In the Sahel areas, cereal prices generally increased in 2020 compared to the previous year because of higher transportation costs, largely due to containment measures. As of October, millet prices had increased by 16–54 percent, sorghum by 7–58 percent and maize by 15–58 percent (SISAAP, November 2020).

Foreign demand for livestock remained below average in November, mainly as a result of border closures with Nigeria, the main cattle importer, which pushed down livestock prices and led to detrimental cereal-livestock terms-of-trade for pastoralists (SISAAP, November 2020).

Despite a slight easing in late June (IOM, September 2020), restriction measures continued to limit livelihood opportunities throughout the year, especially for pastoralist households and those dependent on seasonal migration (FEWS NET, December 2020).

Weather extremes

In early 2020, dry spells resulted in a 42 percent fodder deficit and vegetation coverage rates below 50 percent in 13 regions – 10 of which were located in the Sahel and Sahara areas. Livestock-hosting capacities were limited, and high concentrations of animals were reported in areas of Lake Chad, Lake Fitri and Barh Azoum (CILSS-CH, March 2020). Dry spells also affected crop production in August in the regions of Logone Occidentale, Logone Orientale, Mayo-Kebbi Est,

Mayo-Kebbi Ouest and Tandjilé (FAO-GIEWS, October 2020). Periods of heavy rains resulted in localized flooding in July and August, which affected around 380 000 people across 20 regions (Food Security Cluster, October 2020), causing human casualties, loss of livelihoods and damage to crops, livestock and infrastructures, mainly in Ndjamena, Mandoul, Lac and Mayo-Kebbi-Est (FAO-GIEWS, October 2020, FEWS NET, November 2020). Floods also contributed to increasing food prices in the Sahel regions (SISAAP, November 2020).

While aggregate 2020/2021 crop production was slightly above the five-year average, local deficits were recorded in the regions of Logone Oriental, Lac, Mayo Kebbi Ouest, Logone Occidental and Batha (SISAAP, November 2020).

Poor diets, diseases and care practices

Poor sanitation, water quality and limited vaccine coverage, have facilitated various epidemics in recent years (HNO 2020). The March 2020 outbreak of COVID-19 exacerbated the weakness of the health system. A measles outbreak has been persisting since April 2018, despite response campaigns conducted in epidemic districts. The country has also been affected by cases of meningitis, chikungunya and cVDPV2 (circulating vaccine-derived polioviruses) in 2020 (UNICEF, October 2020).

Only 16.4 percent of infants under 6 months old were exclusively breastfed, while 13.6 percent of children ages 6–23 months consumed acceptable dietary diversity (SMART 2020).

Forecast 2021

1.8M people

CH Phase 3 or above in June–August 2021
(12% of population analysed)

Source: CILSS-Cadre Harmonisé, March 2021.

 The number of people in Crisis or worse (CH Phase 3 or above) is expected to rise due to persisting conflict/insecurity and the indirect economic impacts of the pandemic.

As a result of persisting conflict/insecurity and displacement, and continued restriction measures including border closures, curfews and traffic limitations to contain the COVID-19 pandemic, the number of people facing Crisis or worse (CH Phase 3 or above) in the 2021 lean season is expected to rise relative to the same period in 2020 to nearly 1.8 million people. Within this, over 1.6 million people will face Crisis (CH Phase 3), while over 165 000 people will be in Emergency (CH Phase 4). Of the 73 departments in the country, 24 are projected to be in Crisis (CH Phase 3), largely located in Wadi Fira, Tibesti, Lac, Kanem, and Ennedi Ouest (CILSS-CH, March 2021).

Average crop production for 2020/2021 will likely ensure that markets are satisfactorily stocked. Despite pasture and vegetation conditions benefitting livestock (SISAAP, November 2020), in early 2021, livestock prices were expected to remain below average and to continue curtailing pastoralists' purchasing power (FEWS NET, December 2020).

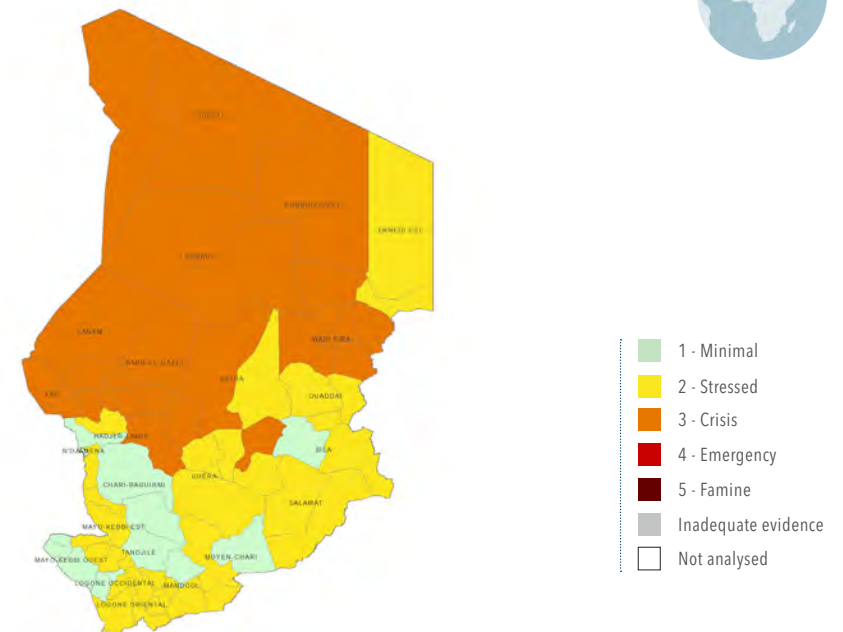
The situation in the Lac region is expected to deteriorate – with the number of people in Crisis or worse (CH Phase 3 or above) increasing from 110 000 in June–August 2020 to 168 000 during the 2021 lean season (CILSS-CH, March 2021).

Conflict-related displacement and trade disruptions, and movement restrictions are likely to add further strain to already vulnerable livelihoods of local and displaced populations during the lean season, in spite of the positive economic impact of Nigeria's move to reopen the border (FEWS NET, December 2020).

As of March 2021, rural and urban livelihoods remain limited by COVID-19 containment measures. Remittances and revenues from inter-regional migration continued to be constrained by transportation costs and border closures (FEWS NET, March 2021).

Map 3.17

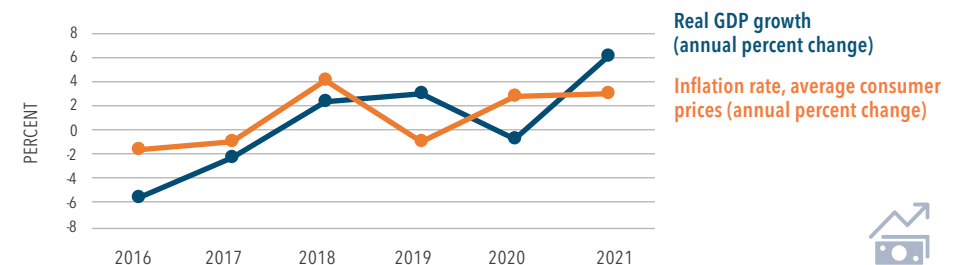
CH acute food insecurity situation, June–August 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2021.

Figure 3.22

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Democratic Republic of the Congo

21.8M people IPC Phase 3 or above
in July–December 2020 (33% of the population analysed)

16.1M IPC Phase 3 **Crisis** **5.7M** IPC Phase 4 **Emergency**

29.0M IPC Phase 2 **Stressed**

Total population of the country: **103.2M**

Population analysed: **65%**

Source: Democratic Republic of the Congo IPC Technical Working Group, September 2020.

Note: FEWS NET's analyses suggest that the population requiring emergency food assistance was lower than the IPC estimate for Democratic Republic of the Congo. For more information, see Technical Notes.

2019–20

Expanded IPC analysis indicates worsening situation



COVID-19 containment measures exacerbated this major food crisis, which stems from persistent conflict, large-scale displacement, low household purchasing power and crop pests.

During the second half of 2020, the Democratic Republic of the Congo was the world's worst food crisis in terms of numbers of people in Crisis or worse (IPC Phase 3 or above) with nearly 22 million in July–December, representing a third of the analysed population (IPC, September 2020).



A nursing aid measures nutritional milk for a child suffering from malnutrition. Poor child feeding practices and a high incidence of diseases have contributed to around 2.9 million children under 5 years being wasted, with the highest levels in conflict-stricken Ituri province.

Of them, almost 6 million people were classified in Emergency (IPC Phase 4) (IPC, September 2020). These figures cannot be directly compared to the July–December 2019 peak analysis due to an 11 percent increase in the population analysed to almost 67 million in 2020, and expansion of geographical coverage. The 2020 peak analysis covered nine additional urban centres and 29 new territories to account for rising acute food insecurity conditions in urban areas affected by restrictions to contain the spread of the COVID-19 pandemic. However, the increase can also be attributed to the worsening of the food crisis and growing needs for food assistance

during the 2020 lean season; between the 2019 and 2020 peaks, the prevalence of acute food insecurity increased from 26 to 33 percent (IPC, June 2019 and September 2020).

In July–December 2020, 13 territories were classified in Emergency (IPC Phase 4) and another 68 in Crisis (IPC Phase 3). Of the 23 provinces analysed (out of the total 26), the provinces of Ituri, Central Kasai, Kasai, North and South Kivu, and Tanganyika contained the largest number of people in Crisis or worse (IPC Phase 3 or above). Another 29 million people, representing 44 percent of the population analysed, were in Stressed (IPC Phase 2) (IPC, September 2020).

Loss of revenues and livelihoods create major food deficits for Africa's largest IDP population

→ 5.5M IDPs, 2.9M of them newly displaced in 2020

→ 0.49M refugees (41% from Rwanda, 33% from Central African Republic, 17% from South Sudan)

→ 1.4M IDP and refugee returnees

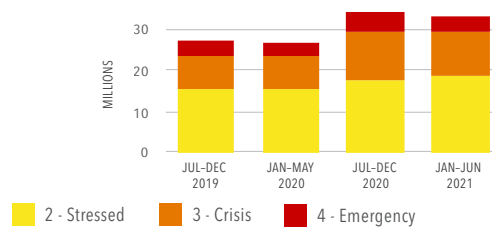
Source: UNHCR, end 2020.

In 2020, conflicts displaced hundreds of thousands of people in eastern provinces and in Haut-Katanga, Kasai, Central Kasai and Tshopo. The largest numbers of people in Crisis or worse (IPC Phase 3 or above) were in areas with a high concentration of IDPs and refugees, including the eastern provinces of Ituri, North Kivu and South Kivu.

Most displaced people are dependent on humanitarian aid for their basic needs (FEWS NET, October 2020). New displacements placed additional pressure on IDP shelters, and hosting sites were ill-equipped to meet basic needs for food, water and healthcare (UNHCR, June 2020).

Figure 3.23

Number of people in IPC Phase 2 or above in 2019-2021

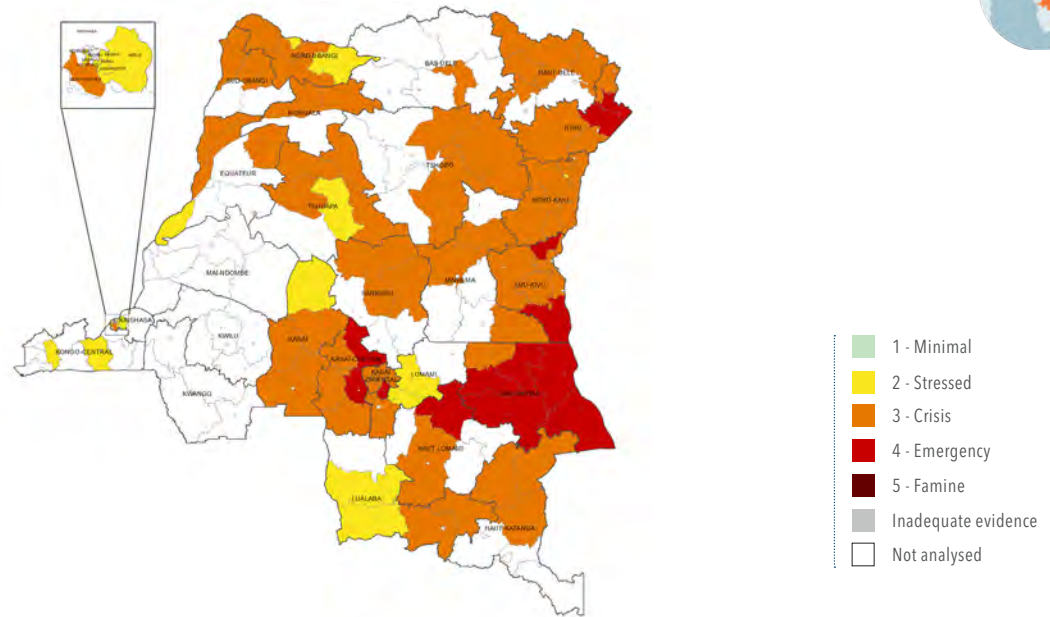


Note: Only 62 areas were considered out of 109 in the July-December 2019 analysis, out of 83 areas analysed in the January-May 2020 analysis, and out of 103 in the July-December 2020 and January-June 2021 analyses to ensure comparability among periods.

Source: Democratic Republic of the Congo IPC Technical Working Group.

Map 3.18

IPC acute food insecurity situation, July-December 2020



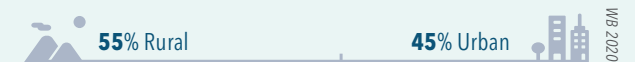
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Democratic Republic of the Congo IPC Technical Working Group, September 2020.

Around 15 percent of residents in Kinshasa were in Crisis or worse (IPC Phase 3 or above)

Efforts to contain the COVID-19 pandemic led to significant job losses in the urban informal sector, exacerbating already high poverty levels and economic decline. In Kinshasa, half of household heads surveyed in July were unable to pursue their livelihoods. These conditions led around 760 000 people in Kinshasa to face Crisis or worse (IPC Phase 3 or above) in July-December 2020, representing 15 percent of the analysed population.

In addition, 2.6 million (53 percent of the analysed population) of Kinshasa were in Stressed (IPC Phase 2) (IPC, September 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Around 3.4 million children under 5 years suffer from wasting of whom 1 million require lifesaving treatment for severe wasting (HNO, 2021). Nationally, the wasting prevalence is 8.12 percent, rising to 11.2 percent in Ituri province. The socioeconomic impact of the COVID-19 pandemic is expected to further increase the number of children with severe wasting in 2021.

Stunting levels are 'very high' with an estimated 41.8 percent of children under 5 years – almost 5.7 million children – stunted. The levels are even higher in conflict-affected north-eastern provinces of North Kivu (49.6 percent) and Ituri (47.1 percent). Stunting levels are 'very high' in 10 out of 11 refugee sites (SENS, 2019).

Fewer than half of all households have access to primary health care and only half of the children in these households have received the pentavalent vaccine. The COVID-19 pandemic placed additional pressure on already fragile social and health systems (UNICEF, 2021). Some 15 million Congolese in rural areas lack access to safe drinking water and sanitation facilities.

Micronutrient deficiencies are prevalent, with 64 percent of children under 5 years and 40 percent of women of reproductive age suffering from anaemia (SMART 2017/19).

3.4M children under 5 are wasted, 1M of them are severely wasted.

Source: HNO, 2021.

➔ **Wasting among refugee children under 5 years.**

Acceptable in 5 out of 11 refugee sites	Poor in 4 out of 11 refugee sites	Serious in 2 out of 11 refugee sites
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Source: SENS, 2019.

41.8% of children under 5 are stunted.

Source: MICS, 2018.

➔ **Stunting for refugee children under 5 years was high in 1 and very high in 10 out of 11 refugee sites.**

Source: SENS, 2019.

53.5% of infants aged 0–6 months are exclusively breastfed.

Source: MICS, 2018.

➔ **More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 0 out of 4 refugee sites.**

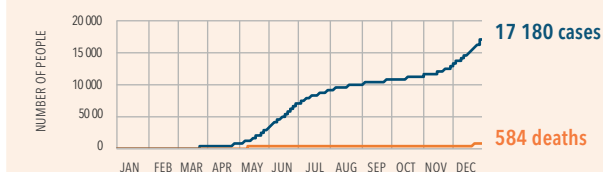
Source: SENS, 2019.

15% of children aged 6–23 months consume acceptable dietary diversity.

Source: MICS, 2018.

Figure 3.24

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for refugee population

! Suspension of mass screening activities for child wasting in 4 refugee camps in Nord Ubangi region.

Source: UNHCR, 2021.

41.0% of women of reproductive age and **63.2%** of children under 5 are anaemic.

Source: WHO, 2016.

➔ **Levels of anaemia in non-pregnant refugee women are medium in 3 out of 3 refugee sites.**

➔ **Levels of anaemia in refugee children under 5 years are high in 8 out of 8 refugee sites.**

Source: SENS, 2019.

39.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Ongoing insecurity, armed conflict, and inter-community tensions in North Kivu, South Kivu, Ituri, Tanganyika and Maniema regions continued to displace large populations and disrupt livelihoods during the agricultural season in late 2020. UNHCR reported that in the first six months of 2020, violence displaced over one million people in North Kivu (Masisi and Rutshuru territories), South Kivu (Fizi and Mwenga territories) and Ituri (Djugu territory) (UNHCR, June 2020).

Households experienced the destruction or theft of crops by armed groups or were prevented from accessing their fields. These factors were expected to produce lower-than-normal harvests, limiting the food production capacity of subsistence households and increasing their dependence on markets (FEWS NET, October 2020).

Economic shocks, including COVID-19

In March, the Congolese Government declared a state of emergency and closed all land and air borders, excluding food cargo, and enforced a nationwide curfew. In a country where approximately 70 percent of the population is employed in the informal sector, confinement measures constrained households' livelihoods and revenues, while driving food prices up and eroding household purchasing power. Border closures stymied the flow of informal cross-border trade with neighbouring countries, restricting incomes for thousands of households dependent on small-scale trade and leading to price distortions for products from the United Republic of Tanzania, Uganda, Kenya, Rwanda, and South Africa (FEWS NET, October 2020).

During March–April, COVID-19 related measures inflated food prices by around 15 percent, particularly in eastern and south-eastern region. Between December 2019 and June 2020, COVID-19 restrictions contributed to rising food prices in larger cities, with the price of certain food products, such as green beans, doubling in Goma and Bunia (IPC, September 2020).

Household purchasing power was further eroded by the depreciation of the Congolese Franc (INS, July 2020). Agricultural households dependent on the production of major food exports, such as coffee, cocoa and tobacco, faced declining revenues and rising costs for imported agricultural inputs (FEWS NET, October 2020).

According to the INS, the confluence of these factors led to a 30 percent decline in the purchasing power of most agricultural households, rendering populations more susceptible to food, nutrition and health-related crises (INS, July 2020).

Weather extremes

During the first half of 2020, heavy rain in South Kivu, Haut Lomami, Tanganyika and Haut Katanga led to flooding that damaged food crops and deprived around 500 000 people of nearly all their food reserves (IPC, September 2020).

In the city of Uvira in South Kivu, the International Red Cross estimated that heavy rain forced around 108 400 people to leave their homes and move into temporary shelters or reside with host families (IFRC, November 2020). Heavy rain during October also affected nearly 100 000 people through the loss of food reserves and harvests in Masisi (North Kivu), Kalehe (South Kivu), and Mbanza-Ngungu (Kongo central)

(FEWS NET, December 2020). In the Kirotshe area, around 80 percent of fields were partially or entirely destroyed, eliminating the harvest and production capacity of local households (OCHA, October 2020).

Agricultural pests and diseases

A high prevalence of plant and animal diseases continued to adversely affect yields in 2020 and exacerbate the effects of COVID-19 restrictions, conflict and flooding on production. The maize output was expected to be below average largely due to Fall Armyworm infestations (FAO-GIEWS, September 2020).

Poor diets, diseases and care practices

Poor infant and young children feeding practices are the main determinant of poor nutrition outcomes. Complementary feeding practices are poor with only 8 percent of children aged 6–23 months consuming a minimum acceptable diet (MICS, 2018).

The high prevalence of diseases with epidemic potential is deepening the complexity of the nutritional situation. The country's 11th Ebola outbreak was declared on 1 June 2020 in the Equateur province, with 119 confirmed cases as of 25 October and a mortality rate of 42.3 percent (UNICEF, 2021). Over 18 500 suspected cholera cases including 301 deaths were reported in the country by early December down from 27 833 cases and 407 deaths during the same period in 2019 (ECDC, December 2020). Monkeypox and plague were also present in 2020 (WHO, 2020).

Forecast 2021

27.3M people

IPC Phase 3 or above in February–July 2021
(28% of population analysed)

Disclaimer: Preliminary results pending official dissemination at national level. Source: Democratic Republic of the Congo IPC Technical Working Group, March 2021.

⚠️ Acute food insecurity is expected to rise significantly due to the combination of conflict, a deteriorating economic situation exacerbated by COVID-19 restrictions, and increased geographic coverage.

The number of people in Crisis or worse (IPC Phase 3 or above) is expected to reach 27.3 million during February–July 2021, a historic high for the IPC, partially reflecting the inclusion of new areas. This represents 28 percent of the population analysed – lower than the 2020 peak (33 percent). The highest prevalence is expected in Kasai Central (51 percent of the population analysed), Ituri (50 percent), Kasai (49 percent), Kwango (40 percent), Tanganyika (39 percent) and Kasai Oriental (38 percent) (IPC, March 2021).

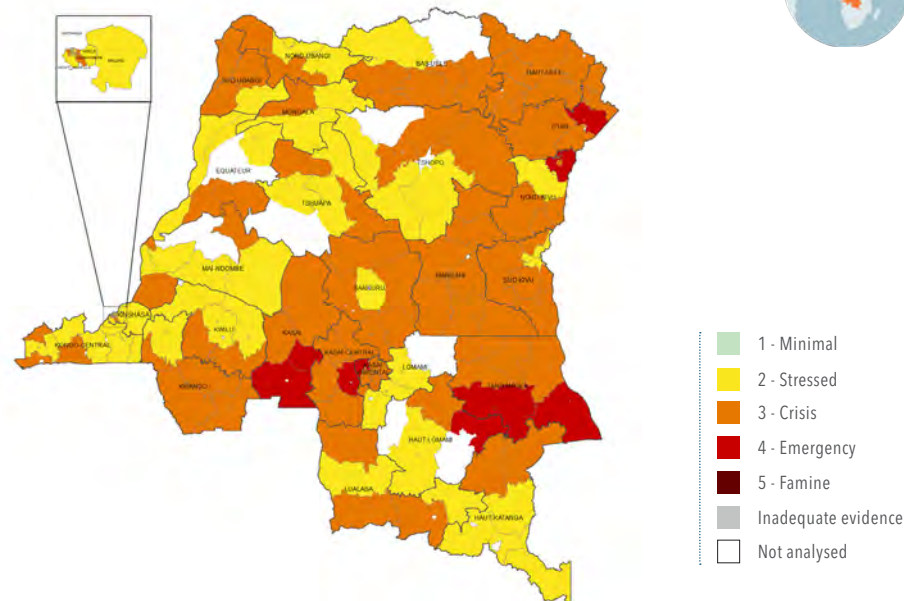
Conflict will still drive acute food insecurity, particularly in Ituri, North Kivu, South Kivu and Maniema, disrupting livelihoods and displacing households. Conflict-related displacement from neighbouring countries, notably the Central African Republic, will place further pressure on host and displaced populations.

Continued COVID-19 containment measures resulted in border closures and reduced economic activity in early 2021, which will likely continue to adversely affect revenues for households dependent on informal work and cross-border trade. Limited export volumes for coffee, cocoa and tobacco have significantly curbed purchasing power for subsistence farming households, while mining, industry, tourism and the hospitality sectors remain depressed. Households that lost employment during the pandemic may struggle to find new jobs. COVID-19 cases continued to be reported and in February an Ebola outbreak was declared in North Kivu, which could hinder supply chains. Persistent outbreaks of malaria and cholera will adversely affect food security and nutrition (IPC, March 2021).

African migratory locusts could threaten production in south-eastern areas and diminish availability of maize imports from neighbouring countries for regions like Haut-Katanga, which imports around 70 percent of its maize consumption (FEWS NET, December 2020).

Map 3.19

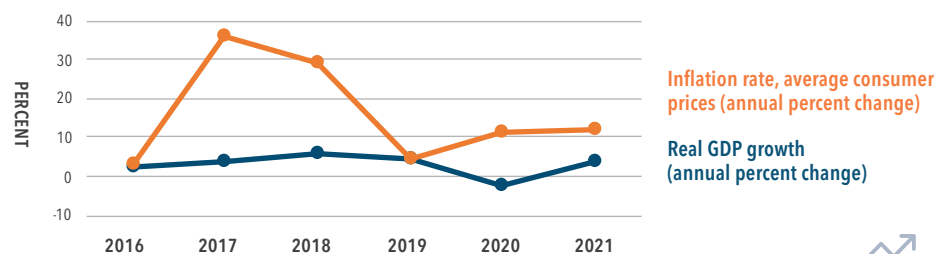
IPC acute food insecurity situation, February–July 2021



Disclaimer: Preliminary results pending official dissemination at national level. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: Democratic Republic of the Congo IPC Technical Working Group, March 2021.

Figure 3.25

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Eswatini

0.37M people IPC Phase 3 or above
in October–December 2020 (32% of the population analysed)

0.31M IPC Phase 3 **Crisis** **59 640** IPC Phase 4 **Emergency**

0.38M IPC Phase 2 **Stressed**

Total population of the country: **1.1M**

Population analysed: **98%**

Source: Eswatini IPC Technical Working Group, August 2020.

2019–20

Nearly one in three Emaswati in Crisis or worse (IPC Phase 3 or above)

Eswatini experienced high levels of acute food insecurity due to reduced household food supplies and income from crop sales following the decreased 2020 cereal harvest, coupled with COVID-19-related income losses.

Eswatini's acute food insecurity situation deteriorated sharply in 2020 in comparison with 2019. Nearly one in three Emaswati (366 000 people) were classified in Crisis or worse (IPC Phase 3 or above) from October 2020. Across the rural areas of four districts (Hhohho, Lubombo, Manzini and Shiselweni), the number of people in Crisis or worse (IPC Phase 3 or above)



While tropical cyclone Eloise caused storm damage and flooding in early 2021, in 2020 most farming households were affected by a combination of irregular rains and dry spells, reducing the area planted for crops, diminishing food stocks and increasing food import requirements.

increased by around 44 percent from 232 000 in the October 2019–March 2020 lean season to 335 000 a year later. Within this figure, more than 55 000 were in Emergency (IPC Phase 4). All areas were classified in Crisis (IPC Phase 3) with the exception of Manzini urban, which was classified in Stressed (IPC Phase 2) (IPC, July 2019 and August 2020).

With the exception of Hhohho, all rural areas of the analysed districts experienced worsening acute food insecurity, particularly Lubombo, where 55 percent of the population (more than 107 000 people) was in Crisis or worse (IPC Phase 3 or above) from October 2020–March 2021, compared with

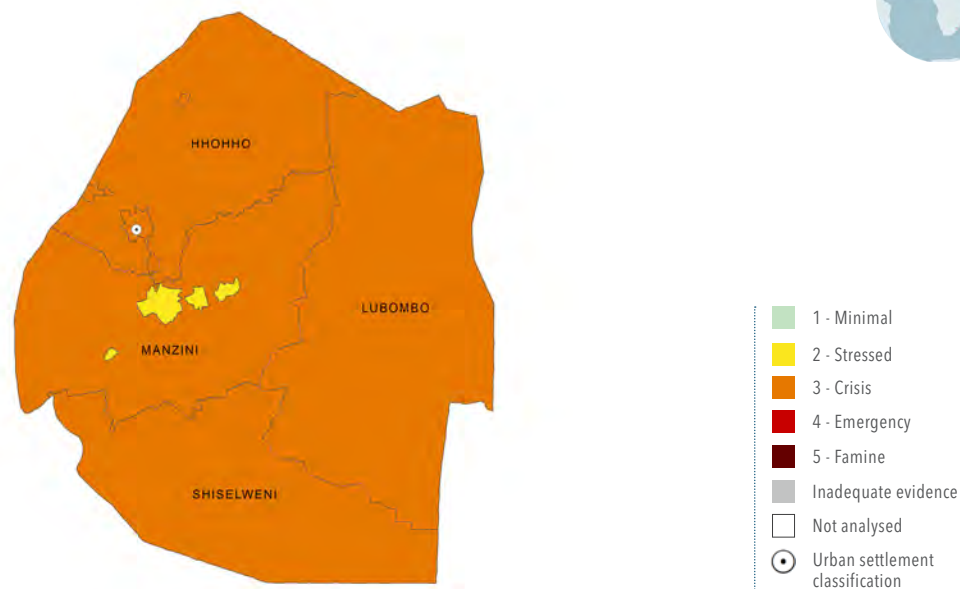
35 percent the previous year (64 000 people). The district had the highest number and share of people in Crisis or worse (IPC Phase 3 or above) in the country. Some 10 percent of its population were classified in Emergency (IPC Phase 4) versus 5 percent in the other rural districts (IPC, August 2020).

Although Eswatini is predominantly rural and acute food insecurity remains a largely rural issue, the analyses found a concerning number of people in Crisis (IPC Phase 3) in urban Hhohho and Manzini, peaking at over 37 000 (17 percent of the analysed urban population) from June–September 2020, before dropping to 31 000 in October–December.

A high proportion of households throughout the country had to resort to Crisis and Emergency livelihood coping strategies in order to buy food. In Manzini, Hhohho and Lubombo, the majority of households spent their savings and in Hhohho and Shiselweni, most borrowed money. A sizeable portion sold productive assets, a coping strategy used by 26 percent of households in Hhohho, or resorted to begging, which was employed by 29 percent of households in Shiselweni (IPC, August 2020).

Even before the start of the 2020 lean season, the numbers of people in Crisis or worse (IPC Phase 3 or above) were higher than during the 2019 lean season, at 330 000 from June–September 2020 before rising to 366 000 people in October–December.

Map 3.20

IPC acute food insecurity situation, **October–December 2020**


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Note: The original October 2020–March 2021 analysis period was narrowed to October–December 2020 after an updated analysis for January–March 2021 was produced.
Source: Eswatini IPC Technical Working Group, August 2020.

COVID-19-related income losses and high food prices undermined food security in urban areas

At the peak of urban food insecurity in June–September, 18 000 people in urban Hhohho and 20 000 in urban Manzini were in Crisis (IPC Phase 3) as COVID-19-related restrictions disrupted food supply chains, drove up prices and households faced income losses or loss of livelihoods.

In Hhohho, 56 percent of households faced reduced income, compelling 17 percent to use Emergency coping strategies,

such as begging or selling assets, to buy food. In Manzini, 70 percent experienced reduced income, forcing 32 percent to employ Emergency strategies (IPC, August 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Eswatini is on course to meet the World Health Assembly (WHA) targets for wasting. At around 1.5 percent, the levels of wasting among children under 5 years are considered 'very low'.

Performance on the complementary feeding indicators is better compared to other countries in the region, with 38 percent of children aged 6–23 months receiving minimal acceptable diets, 84 percent of children consuming acceptable minimum meal frequency, and 47 percent of children having minimum dietary diversity (UNICEF, 2019).

Sometimes different forms of malnutrition coexist within the same child: 0.6 percent of children under 5 years are both stunted and wasted, and 2 percent are both stunted and overweight (UNICEF, 2018a). According to UNICEF, pockets of elevated malnutrition prevalence exist in Lowveld areas of Hhohho, Lubombo and Shiselweni.

In 2020, the country was affected by disruption of essential health and nutrition services – such as Vitamin A supplementation – related to COVID-19 public health and social measures.

Micronutrient deficiencies are prevalent, with 42 percent of children suffering from anaemia, indicating a severe public health problem.

1.5% of children under 5 are wasted,
0.4% of them are severely wasted.

Source: E-VAC, 2019.



26.3% of children under 5 are stunted.

Source: E-VAC, 2019.



64.0% of infants aged 0–6 months are
exclusively breastfed.

Source: SOWC, 2019.



38.0% of children aged 6–23 months receive the
minimum dietary diversity.

Source: UNICEF, 2019.



27.2% of women of reproductive age and **42.0%** of
children under 5 are anaemic.

Source: WHO, 2016.



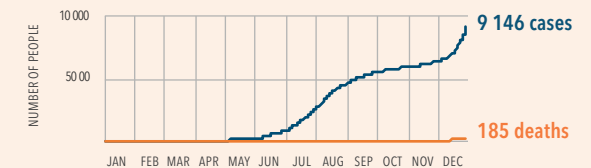
69.0% of households have access to at least basic
drinking water services.

Source: JMP, 2017.



Figure 3.26

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for children aged 6–23 months dropped by 25–49% nationally.
- ❗ Coverage of Vitamin A supplementation dropped by 10–24% nationally.
- ❗ Coverage of nutrition support for pregnant and lactating women dropped by 25–49% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

COVID-19 control measures, such as restricted travel and partial lockdowns, exacerbated acute food insecurity through job and income losses, especially for casual labourers. In particular, the measures adversely affected the 59 percent of Eswatini already living below the nationally defined poverty line and, even more, the 29 percent below the extreme poverty line (UNDP, March 2020).

An estimated 37 percent of households experienced reduced income and nearly 27 percent experienced a complete loss of employment (IPC, August 2020).

With 40 090 of Eswatini's total of 42 411 migrants living in South Africa, the shutdown of production in South Africa resulted in rising unemployment and substantial loss of income for Eswatini migrants, notably in mining, construction and transport (UN, June 2020).

According to an analysis carried out by the European Union, Eswatini is among seven African countries most affected by the impact of falling remittances. This is because, of the 33 African countries analysed, Eswatini has a higher-than-average dependence on remittance inflows (25 percent of households) and the people who are dependent on remittances have fewer alternative sources of income (more than 70 percent are not employed). Remittance-dependent households also face higher levels of economic hardship (more than 70 percent had some form of 'cash problem' during the previous year) and have fewer financial and digital resources to continue receiving money without having to meet intermediaries and money service providers in person (EU, June 2020).

Increasing maize and legume prices associated with the disruption of food supply chains crippled the purchasing power of the poorest households (IPC, August 2020).

Prices of maize meal increased in the first quarter of 2020 in response to an uptick in domestic demand at the onset of the pandemic. Prices levelled off from April, mostly reflecting adequate supplies following the harvest and above-average imports. In May, retail prices of maize were about 12 percent higher than their year earlier values (FAO-GIEWS, August 2020).



Weather extremes

In addition to the late onset of the rainfall season in 2019 (late October), the central and eastern regions of Lubombo, south-western Shiselweni and north-western Hhohho received below-normal rainfall. The combination of irregular rains and dry spells affected more than half of farming households in the country. In Lubombo, more than half of households reported that their food stocks would last less than two months following a reduction in the area of crops planted due to lack of rain (IPC, August 2020).

Of the eight southern Africa countries with data available, only Eswatini recorded a decrease in cereal production (-19 percent) in 2020 compared to 2019 (UNDP, 2020), making it the second consecutive annual decrease.

Already a net importer of cereals, mostly maize, rice and wheat, with imports satisfying about three quarters of domestic consumption needs, the import requirement in the 2020/21 marketing year (May/April) was estimated at

nearly 30 percent above the five-year average, almost entirely sourced from South Africa (FAO-GIEWS, August 2020).



Agricultural pests and diseases

In Shiselweni, although the area of crops planted in the region was higher than the previous year, unusually high levels of pests and disease compromised crop harvests. In Hhohho, a fall army worm infestation affected crop production (IPC, August 2020).



Poor diets, diseases and care practices

Performance on the complementary feeding indicators is better than other countries in the region, with 38 percent of children aged 6–23 months receiving minimal acceptable diets. Eswatini is also on track to meet, or exceed, the WHA breastfeeding target with 64 percent of infants exclusively breastfed (SOWC, 2019).

Eswatini has the highest prevalence of HIV in the world. In Hhohho urban, an estimated 53 percent of households reported that they were hosting a person living with HIV, which increases the nutritional needs of households (IPC, August 2020). In 2019, 35.6 percent of women aged 15–49 years and 18 percent of men of the same age group were living with HIV (UNAIDS).

Forecast 2021

0.35M people

IPC Phase 3 or above in January–March 2021
(31% of population analysed)

Source: Eswatini IPC Technical Working Group, February 2021.

High levels of acute food insecurity will persist through to the end of the lean season in March as households face dwindling stocks, lack of income and high food prices.

Almost 350 000 people – 31 percent of the analysed population – were forecast to be in Crisis or worse (IPC Phase 3 or above) during January–March 2021, including 60 000 in Emergency (IPC Phase 4) (IPC, February 2021).

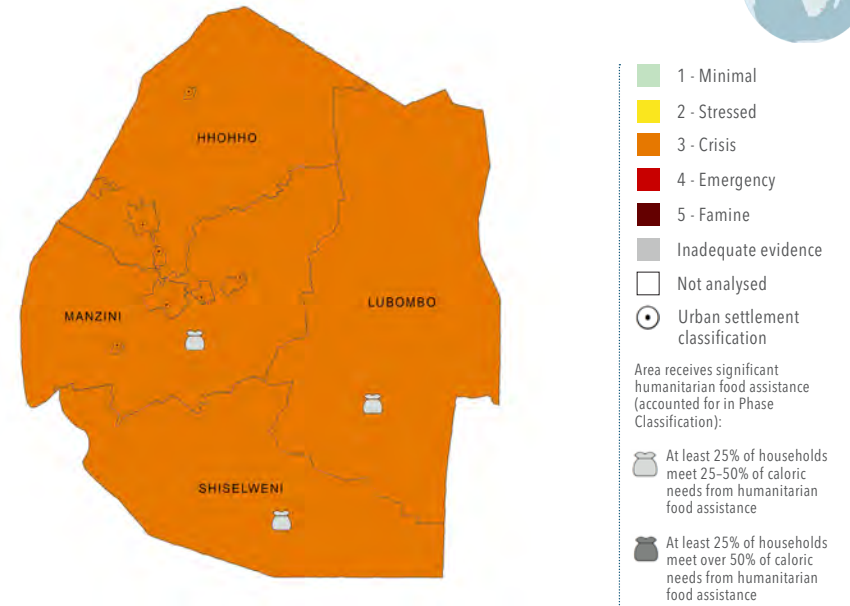
As the lean season progresses through to the beginning of the harvest in April, smallholders' food stocks will be increasingly depleted and households will have to rely solely on buying food. However, the harvesting of 2021 cereal crops, notably maize, began in April and given generally favourable soil conditions during October–December, above-average production output is expected. Production for maize in 2021 is projected to reach 100 000 tonnes, or 16 percent higher than 2020 levels, due to improvements in yield and favourable weather conditions. Favourable harvests are expected to replenish household food reserves from April–September (FAO-GIEWS, April 2021).

Cereal imports covering May 2020 until April 2021 were estimated at 250 000 tonnes, or 25 percent over the five-year average due to increased demand during the COVID-19 pandemic. However, import requirements will likely decline for the period covering May 2021–April 2022 thanks to the favourable maize harvest expected in spring 2021 (FAO-GIEWS, April 2021).

The pandemic will continue to lead to losses of both formal and informal employment, while typical income sources from non-agricultural labour and agricultural labour, such as weeding and land preparation, will also be reduced. This will further erode household purchasing power as food prices undergo typical lean period increases. Therefore, these high levels of acute food insecurity will persist until the main maize harvest replenishes household food stocks from April onwards (FAO-GIEWS, August 2020 and April 2021).

Map 3.21

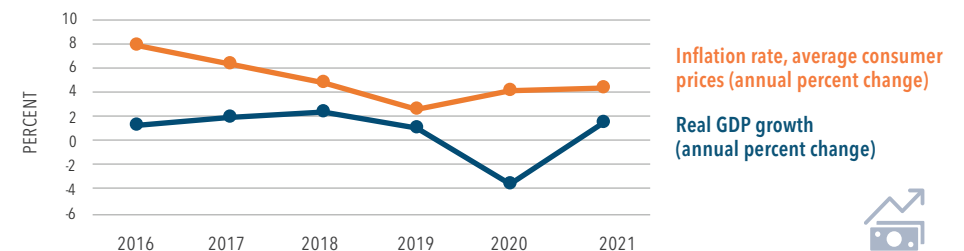
IPC acute food insecurity situation, **January–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Eswatini IPC Technical Working Group, February 2021.

Figure 3.27

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Ethiopia

8.6M people IPC Phase 3 or above
in October–December 2020 (16% of the population analysed)

7.2M IPC Phase 3 **Crisis**
1.4M IPC Phase 4 **Emergency**

15.8M IPC Phase 2 **Stressed**

Total population of the country: **115.0M**

Population analysed: **46%**

Source: Ethiopia IPC Technical Working Group, December 2020.

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

2019–20

High levels of acute food insecurity persisted

Multiple shocks, including the impact of COVID-19 restrictions on markets and incomes, desert locusts, and conflict and weather-related displacements drove this major food crisis.

The analysis did not consider the food security implications of the Tigray crisis, which broke out near the end of 2020, and for which food security data was limited.

From October–December 2020, 8.6 million people faced Crisis or worse (IPC Phase 3 or above) in Meher, Belg, pastoral and agro pastoral-dependent areas in seven regions, despite



Fatuma Abdi Dalmar's family has been farming for generations. In 2020 – just when she was about to reap an outstanding harvest – she lost almost all her crops (mainly sorghum) to invading locust swarms. She fears she will be unable to feed her five children as a result.

ongoing humanitarian food assistance. Of particular concern were 1.4 million people who faced Emergency (IPC Phase 4). Twenty-nine woredas were classified in Crisis (IPC Phase 3), but no areas were classified in Emergency (IPC Phase 4) (IPC, December 2020).

Afar had the highest prevalence of the population in Crisis or worse (IPC Phase 3 or above) at 49 percent of the analysed population, including 12 percent in Emergency (IPC Phase 4). The Somali region had 23 percent in Crisis or worse (IPC Phase 3 or above), including 5 percent in Emergency (IPC Phase 4). However, from a magnitude standpoint, the

highest numbers of people in Crisis or worse (IPC Phase 3 or above) were in Oromiya (3.4 million), SNNPR (1.4 million), Somali (1.3 million), and Amhara (1.2 million). The latest country analysis for Ethiopia in 2020 was expanded to include Meher-dependent areas, therefore increased geographical coverage resulted in the highest numbers of people in Crisis or worse (IPC Phase 3 or above) during the last quarter. The inclusion of these areas during the harvest period meant that the prevalence fell from 28 percent in February–June to 21 percent in July–September and 16 percent in October–December 2020 (IPC, December 2020).

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Refugees, and IDPs displaced by conflict and weather extremes, struggled to meet food needs

→ **2.7M IDPs**

→ **0.80M refugees** (46% from South Sudan, 25% from Somalia and 22% from Eritrea) **10 460** of them newly arrived in 2020

Source: UNHCR, end 2020.

IDPs, mainly displaced by conflict, and IDP returnees had limited income-generating opportunities in the context of rising food prices (IPC, December 2020).

Before the November 2020 outbreak of conflict in Tigray, the region hosted over 95 000 registered Eritrean refugees, and approximately 100 000 Ethiopian IDPs. Armed clashes and insecurity led to further displacement, particularly in Western Tigray. Many refugees, IDPs and host communities endured months with extremely limited – or no – assistance (UNHCR, March 2021).

The majority of refugees hosted in Ethiopia live in 26 camps in five under-served regions and remain dependent on humanitarian food assistance. They faced 16 percent food ration cuts throughout 2020 (UNHCR/WFP).

The percentage of households with inadequate food consumption increased from 36 percent in December 2018 to 44 percent in December 2019. It remained at similar levels in 2020 though the percentage with poor food consumption rose slightly from 4 percent in December 2019 to 11 percent in December 2020. The use of livelihood coping strategies to bridge food gaps increased from around 70 percent in 2018 and 2019 to 85 percent in 2020 (WFP, 2019 and 2020).

Map 3.22

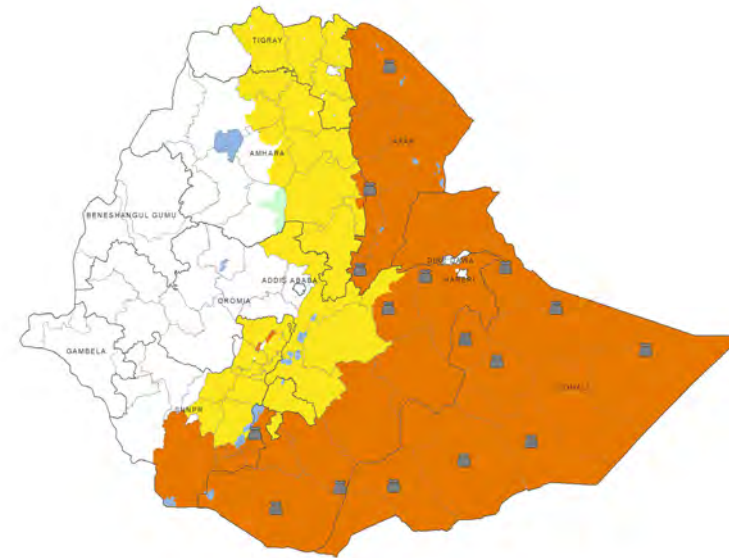
IPC acute food insecurity situation, **October–December 2020**



Area receives significant humanitarian food assistance (accounted for in Phase Classification):

At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance

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: Ethiopia IPC Technical Working Group, December 2020.

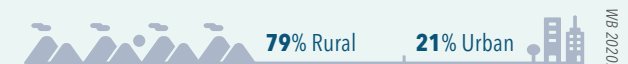
Urban households were more likely to experience COVID-19-related job losses than rural ones

The restrictive measures to contain COVID-19 had a disproportionately severe effect on urban inhabitants compared to rural (IPC, December 2020).

A survey by the World Bank found in April/May that 18 percent of urban respondents (compared to 10 percent of rural respondents) had lost their jobs since the start of the COVID-19 pandemic (World Bank, June 2020).

FEWS NET and WFP report that some of the greatest impacts of the Tigray crisis are likely felt in and around the city of Mekele (FEWS NET and WFP, 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Progress has been made over the past five years, however the nutrition situation in Ethiopia remains volatile. While child stunting reduced from 40 percent in 2015 to 37 percent in 2019, Ethiopia must further reduce the current levels by half in order to attain the Sustainable Development Goals (SDGs) on stunting and wasting by 2030 (UNICEF/WHO/World Bank, 2020). Wasting levels vary from very low (2.3 percent) in Addis Ababa to very high (21.1 percent) in Somali region. At national level, wasting has ranged between 7 percent and 10 percent (classified as medium) for the last 10 years, with a most recent estimate of 7.2 percent (DHS 2019).

Nationally, it is estimated that over 1 million children will require urgent treatment for severe wasting in 2021, while 3.5 million children and pregnant mothers will require treatment for moderate wasting. The recent conflict in Tigray, which had high malnutrition levels before the conflict, led to large scale displacement and increased needs for women and children.

Well over half of infants under 6 months are exclusively breastfed (59 percent), while only a little over one in every 10 children receive an adequately diverse diet (EMDHS, 2019, E-VAC, 2019). While Ethiopia has made massive strides in reducing under-5 mortality in the past decade, huge disparities still exist at the subnational level (EDHS, 2016). Ethiopia is prone to epidemic diseases, including measles, cholera and circulating vaccine-derived polio 2, which was reported in 2020.

4.2M children under 5 are wasted, 1M of them are severely wasted.

Source: HNO 2021.



Wasting among refugee children under 5 years.

Acceptable	Poor	Serious	Critical
in 1 out of 25 refugee sites	in 6 out of 25 refugee sites	in 11 out of 25 refugee sites	in 7 out of 25 refugee sites

Source: SENS, 2018 and 2019.

36.8% of children under 5 are stunted.

Source: EMDHS, 2019.



Stunting for refugee children under 5 years.

Low	Medium	High	Very high
in 6 out of 25 refugee sites	in 5 out of 25 refugee sites	in 7 out of 25 refugee sites	in 7 out of 25 refugee sites

Source: SENS, 2018 and 2019.

58.8% of infants aged 0–6 months are exclusively breastfed.

Source: EMDHS, 2019.



More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 20 out of 25 refugee sites.

Source: SENS, 2018 and 2019.

13.8% of children aged 6–23 months consume acceptable dietary diversity.

Source: DHS 2016.



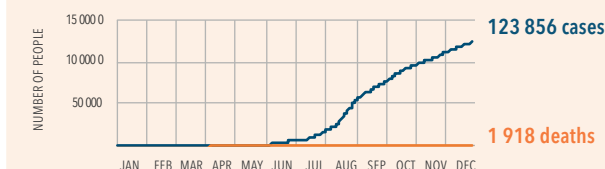
41.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.28

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of early detection of child wasting dropped by <10% nationally.

Source: UNICEF, September 2020.

COVID-19-related disruptions to nutrition programmes for refugee population

- ❗ Suspension of face-to-face IYCF services for urban refugees.

Source: UNHCR, 2021.

24.3% of women of reproductive age and 56.9% of children under 5 are anaemic.



Source: DHS 2016.

Levels of anaemia in non-pregnant refugee women.

Low	Medium	High
in 13 out of 25 refugee sites	in 10 out of 25 refugee sites	in 2 out of 25 refugee sites

Levels of anaemia in refugee children under 5 years.

Low	Medium	High
in 4 out of 25 refugee sites	in 8 out of 25 refugee sites	in 13 out of 25 refugee sites

Source: SENS, 2018 and 2019.

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

Restrictive measures including the closure of international and domestic borders, and restrictions on transportation services to curb the spread of the COVID-19 pandemic had major economic impacts against a backdrop of already serious macroeconomic challenges, including the depreciation of the local currency, high inflation, and elevated food prices (IPC, September and December 2020).

Data from a World Bank survey found that 34 percent of households experienced a reduction or total loss of their income since the start of the COVID-19 pandemic. In addition, more than 50 percent of respondents who received remittances before the start of the pandemic reported a decline or loss of this income source, which is especially for market-dependent communities in all the analysed regions (FEWS NET and WFP, October 2020; IPC, December 2020).

Movement restrictions also reduced trade levels and slowed the transportation of goods, resulting in food supply bottlenecks (FEWS NET & WFP, June 2020).

Around 44 percent of households in Meher-dependent areas reported moderate to very large reductions in the availability of food in local markets (IPC, December 2020).

This, along with macroeconomic challenges, drove rising food prices. According to FEWS NET/ETBC, the October price of teff, wheat and sorghum was up by 9–20 percent compared to the previous year's levels and up by more than 50 percent compared to the five-year average (FEWS NET and WFP, October 2020).



Conflict/insecurity

Protracted inter-ethnic conflict, political instability and civil unrest disrupted livelihoods, markets and the delivery of humanitarian assistance, while constraining pastoral movements and driving significant population displacements (FEWS NET and WFP, October and December 2020). Insecurity and conflict occurred in some areas of Addis Ababa, SNNPR, Oromia, Amhara and Benishangul Gumuz (FEWS NET and WFP, October and December 2020).

Although not factored into the IPC analysis, the November 2020 outbreak of conflict in Tigray region, bordering the Sudan and Eritrea, coincided with the peak harvest period, meaning employment and incomes were lost, markets were disrupted, food prices rose, and access to cash and fuel became very difficult (WFP, March 2021).



Desert locusts and other pests

The most severe desert locust outbreak in over 25 years has plagued Ethiopia, primarily in the eastern half of the country, but also in some western and southern areas and the Rift Valley (IPC, September 2020). While large-scale control operations largely mitigated the locusts' impact on crops and pasture and averted widespread damages, localized crop and pasture losses were significant (FAO-GIEWS, September 2020). According to an October–December assessment, 44 percent of cropping households and 52 percent of livestock-rearing households in affected areas experienced locust-related losses and of these households, roughly 70 percent had high or very high losses (FSNWG, January 2021).



Weather extremes

By July, roughly 600 000 people had been internally displaced by climate-induced factors, around two-thirds by drought and the rest by floods (IPC, September 2020). The secondary Belg harvest was estimated at 10–20 percent below average following the erratic February–May rainfall and reduced area planted due to access constraints to seed and other agricultural inputs in the wake of COVID-19-related restrictions. Flash flooding and landslides in April/May caused population displacements, human and livestock deaths, and damages to houses, infrastructure and crops in Somali region, Dire Dawa, and SNNPR (FEWS NET & WFP, June 2020).

While the above-average June–September Kiremt rains boosted yields of the main Meher harvest, flash floods caused localized crop losses and displacements in Afar, Gambella, Oromia, Amhara, Somali and SNNPR (FEWS NET & WFP, October 2020). During October–December, Deyr/Hageya rains in southern and south-eastern pastoral areas were adequate in Borena zone, Oromiya and areas of southern Somali, but in most of the Somali region dry conditions reduced pasture and water availability for livestock (FAO-GIEWS, December 2020).



Poor diets, care practices and disease

In addition to poor quality diets for young children, other drivers of malnutrition are food insecurity, lack of access to safe water and sanitation, and disease epidemics. Afar and Somali regions and parts of Oromia in particular face suboptimal access to health services with poor immunization coverage, resulting in annual outbreaks of measles and cholera (WHO, 2021).

Forecast 2021

12.9M people

IPC Phase 3 or above in January–June 2021
(24% of population analysed)

Source: Ethiopia IPC Technical Working Group, December 2020.



Sharp deterioration in food security due to population displacements, economic challenges, desert locusts, and anticipated below-average March–May rains.

The population facing Crisis or worse (IPC Phase 3 or above) is expected to rise sharply to 12.9 million from January–June 2021, which is the post-harvest period for western Meher-producing areas and the lean season in central and eastern Belg-receiving areas (IPC, December 2020). The IPC forecast did not take account of the conflict in Tigray.

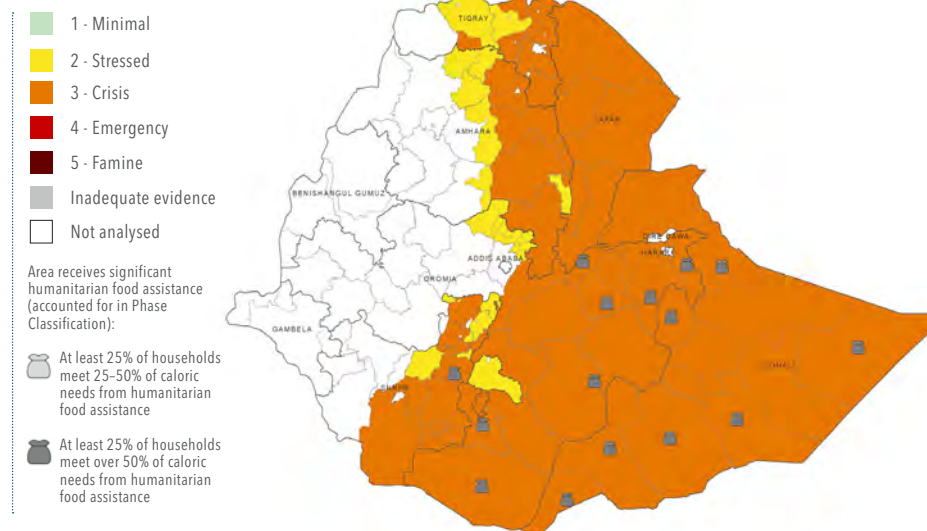
Macroeconomic challenges and below-average incomes from self-employment, farm/non-farm labour and remittances due to the continued effects of COVID-19 will persist, affecting urban populations most severely. Conflict and climate-induced displacements, and crop and pasture losses due to the desert locust upsurge will remain a persisting threat.

Forecasts indicate that the March–May 2021 rains (Belg, Gu/Genna, Diraac/Sugum) will likely be below average due to the effects of La Niña conditions on the East Africa region. A poor Belg season could drive below-average harvests and prevent some farmers from planting some Meher crops. The likely resulting increased market dependency would limit food access in the context of high food prices (IPC, December 2020).

According to FEWS NET, large food consumption gaps indicative of Emergency (IPC Phase 4) outcomes, with associated high levels of acute malnutrition and mortality, are expected in central and eastern Tigray through at least September as conflict continues to limit access to typical sources of income, especially in rural areas, just when many poor households have no remaining food stocks from their harvests, and are heavily reliant on income to purchase food (FEWS NET, February 2021). A joint OCHA/UNHCR mission in early 2021 found that Shimelba and Hitsats refugee camps, where 34 000 Eritrean refugees were living, had been destroyed, humanitarian facilities looted and refugees had fled the camps (UNHCR, March 2021).

Map 3.23

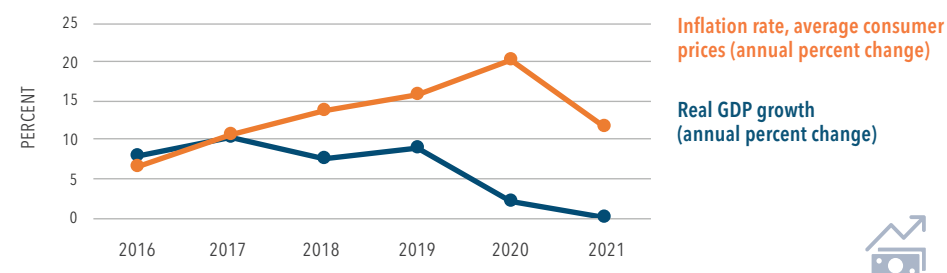
IPC acute food insecurity situation, January–June 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Ethiopia IPC Technical Working Group, December 2020.

Figure 3.29

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Guatemala

3.7M people IPC Phase 3 or above
in November 2020–March 2021 (23% of the population analysed)

3.3M IPC Phase 3 **Crisis**
0.43M IPC Phase 4 **Emergency**

6.7M IPC Phase 2 **Stressed**

Total population of the country: **16.9M**

Population analysed: **100%**

Source: Guatemala IPC Technical Working Group, January 2021.

2019–20

Widespread acute food insecurity worsened



Hurricanes Eta and Iota intensified acute food insecurity for populations already vulnerable from COVID-19-related livelihood losses and several years of bad harvests.

In November 2020–March 2021, over 3.7 million people were in Crisis or worse (IPC Phase 3 or above), including around 427 600 in Emergency (IPC Phase 4) (IPC, January 2021).

The largest numbers of people in Crisis or worse (IPC Phase 3 or above) were in the departments of Alta Verapaz (637 800), Huehuetenango (480 100), Quiché (372 000) and Guatemala, including Guatemala metropolitana (467 000). These departments accounted for over half (58 percent) of



Shortly after hurricane Eta battered Guatemala, hurricane Iota made landfall in the same areas where people were already vulnerable due to COVID-19-related income losses preceded by years of poor rainfall. By the end of the season, more than 2.4 million people were affected.

the number of people in Emergency (IPC Phase 4), while Alta Verapaz alone accounted for 25 percent of the total national population in Emergency (IPC Phase 4).

Across the 22 departments analysed, 10 were in Crisis (IPC Phase 3), while the remaining 12 were in Stressed (IPC Phase 2) (IPC, January 2021). The acute food insecurity estimate includes a projection update conducted at the end of 2020 to take into account the impact of hurricanes Eta and Iota, which made landfall in November (IPC, January 2021).

The analysis was conducted in the 10 departments most affected by the disasters: Alta Verapaz, Chiquimula, El Progreso,

Huehuetenango, Izabal, Jutiapa, Petén, Quiché, Santa Rosa and Zacapa. The update reported that over 2.2 million people were in Crisis or worse (IPC Phase 3 or above). Nine of the 10 departments analysed were in Crisis (IPC Phase 3) as well as Totonicapán, while Petén was in Stressed (IPC Phase 2) (IPC, January 2021).

The 2020 peak reflects a considerable worsening in the state of acute food insecurity in Guatemala, with the number of people in Crisis or worse (IPC Phase 3 or above) having increased by 19 percent since the 2019 peak of 3.1 million people in March–June (IPC, March 2019).

During the 2019 peak, only six departments (Quiché, Baja Verapaz, Alta Verapaz, Chiquimula, Jalapa, and Santa Rosa) were in Crisis (IPC Phase 3), while two departments were in Minimal (IPC Phase 1) and the remainder were in Stressed (IPC Phase 2) (IPC, March 2019).

Transiting migrants experienced significant COVID-19-related income losses



1 200 migrants and asylum-seekers

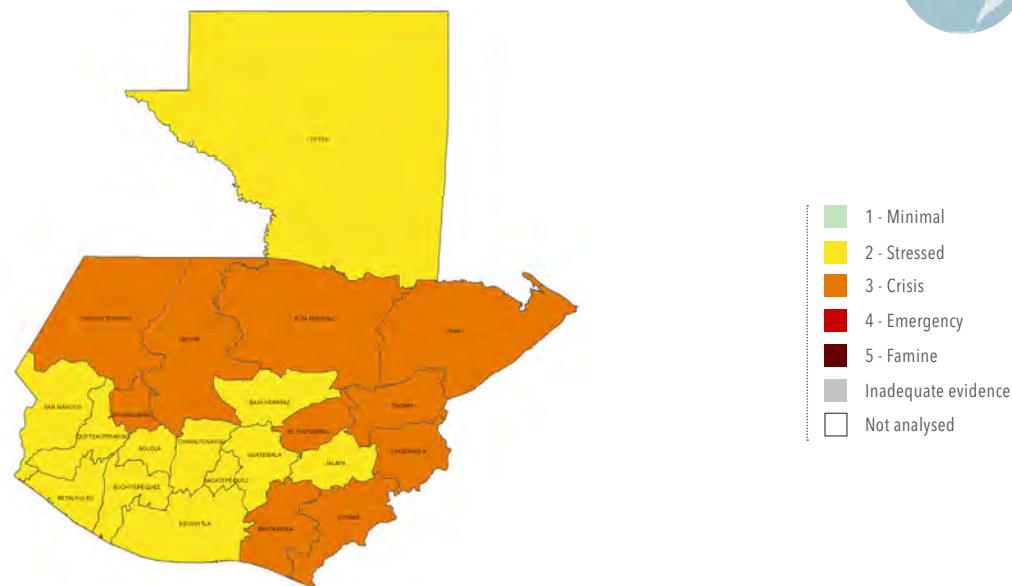
Source: UNHCR, June 2020.

In recent years, Guatemala has received large numbers of transiting migrants from other Central American countries on their way north, while many Guatemalans have also become migrants. COVID-19 border closures further complicated migration, leaving foreign migrants stranded in Guatemala and forced to find local jobs during a time of high unemployment (IFRC, September 2020).

According to IOM, 51 percent of surveyed migrants in June lost employment due to COVID-19, while 44 percent of those still working had working hours reduced. This is due in part to the precarious nature of their work and their engagement in sectors hit hardest by restrictions, notably hospitality, domestic labour, construction and restaurants (IOM, June 2020).

Map 3.24

IPC acute food insecurity situation, **November 2020–March 2021**



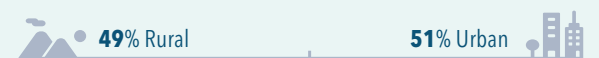
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Guatemala IPC Technical Working Group, January 2021.

In Guatemala City, acute food insecurity levels increased in the second half of the year

To assess the impact of pandemic containment measures on urban areas, 2020 IPC analyses disaggregated the capital of Guatemala City from the department of Guatemala. During the 2020 peak, of the 1.2 million people living in Guatemala City, over 120 000 people, or 10 percent of the population, were in Crisis or worse (IPC Phase 3 or above), including over 24 000 people in Emergency (IPC Phase 4). In August–October 2020, the number of people in Crisis (IPC Phase 3)

in Guatemala City reached nearly 145 000 people. COVID-19 containment measures led to over 75 percent of households in July and August reporting income losses (IPC, November 2020).

Percentage of population living in rural versus urban areas



WB 2020.

Nutrition and health overview

Guatemala's malnutrition-related challenges largely stem from limited purchasing power, limited household level food production, lack of access to sufficient quantities and quality of food, and poor access to basic services. In particular, coverage of health services is poor and unequal and constitutes one of the biggest challenges in the country (PAHO WHO, 2020).

Additionally, the effects of Hurricanes Eta and Iota in November 2020 may have exacerbated an already high occurrence of diarrhoeal diseases, likely due to the contamination of drinking water sources that were already untreated (IPC, December 2020).

In addition to diarrhoeal diseases, a high prevalence of epidemic dengue and respiratory diseases worsen malnutrition outcomes.

While wasting prevalence was very low (below 5 percent) in Guatemala during March–June 2019 (IPC, December 2020), stunting levels were very high, with 46.5 percent of children under 5 years short for their age. District-level differences in stunting varied widely, reaching as high as 70 percent in some departments (DHS 2014–15).

The Ministry of Health reported an increase of 80 percent in wasting in 2020 compared to 2019, and 122 percent compared to 2018 (MoH, 2021).

0.7% of children under 5 are wasted, **0.1%** of them are severely wasted.

Source: DHS 2014–15.



46.5% of children under 5 are stunted.

Source: DHS 2014–15.



53.2% of infants aged 0–6 months are exclusively breastfed.

Source: DHS 2014–15.



62.6% of children aged 6–23 months consume acceptable dietary diversity.

Source: DHS 2014–15.



16.4% of women of reproductive age and **36.5%** of children under 5 are anaemic.

Source: WHO, 2016.



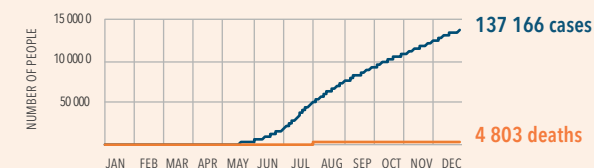
94.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.30

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for children aged 6–23 months dropped by 25–49% nationally.
- ❗ Coverage of Vitamin A supplementation dropped by 25–49% nationally.
- ❗ Coverage of nutrition support for pregnant and lactating women dropped by 25–49% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020



Weather extremes

In May/June, the eastern and central-north areas were hit by tropical storms Amanda and Cristobal, which caused high winds, flooding and landslides that affected over 394 000 people (OCHA, June 2020).

Within three days of Hurricane Eta's arrival in early November, rainfall accumulation exceeded 400 percent of the season's average, causing landslides and floods across the north-eastern regions (FEWS NET, December 2020a). By mid-November, hurricane Iota made landfall in the same areas affected by Eta, inflicting further damages. The two category 4 hurricanes hit areas where households were already vulnerable to food insecurity following multiple years of poor rainfall and diminished income due to COVID-19 restrictions in 2020 (see below) (FEWS NET, December 2020b). The hurricanes affected 2.4 million people across 10 departments, with over half of them in Alta Verapaz, Izabal and Jutiapa (OCHA, December 2020; FEWS NET, December 2020a). They damaged over 137 million hectares of crops, led to the loss of over 126 000 animals, and incurred economic damages worth 897 million Guatemalan quetzal (over USD 115 million) (IPC, January 2021; FAO, December 2020). Around 81 percent of agricultural land damaged was devoted to maize and beans, two of the most important food staples consumed nationally (FEWS NET, December 2020a).

The hurricanes damaged homes, roads, and vital infrastructure and destroyed household food reserves, increasing reliance on markets (FEWS NET, December 2020b). Thousands of households were unable to engage in agricultural work

during the period of highest demand for agricultural workers (FEWS NET, December 2020b). They destroyed sewage systems, latrines and safe water distribution networks, and contaminated water sources and wells (FEWS NET, December 2020a).



Economic shocks, including COVID-19

COVID-19 mitigation measures in March restricted access to markets, basic services and workplaces, and limited informal sector employment opportunities. In June, transport suspensions in Guatemala City increased daily travel by 300 percent as people were forced to use private transport (FEWS NET, August 2020). Pandemic-driven uncertainty and speculation contributed to rising food prices. In July, the price of black beans remained 45 percent higher than 2019, while basic grain prices in August were still above 2019 levels and the five-year average (FEWS NET, August 2020).

In rural areas, restrictions incurred income losses for vulnerable groups, such as subsistence farmers and migrant agricultural workers, leading many to adopt crisis or emergency coping strategies in the face of food shortages, including the sale of productive assets (IPC, November 2020). Poor and very poor households in the Dry Corridor were already vulnerable, having experienced several years of consecutive bad harvests and being dependent on migration and agriculture for revenues (FEWS NET, December 2020a). The destruction of food reserves and harvests during the hurricanes also increased food prices, with the price of black beans and white maize increasing 15 percent and 20 percent, respectively, between the beginning and middle of November (FEWS NET, December 2020a).

After five months of restrictions, the government relaxed COVID-19 measures, resulting in a partial recovery of wages and increased market access (FEWS NET, August 2020). Remittances from migrants in the United States, which benefit an estimated six million Guatemalans, also recovered. In July, the Bank of Guatemala reported a record USD 1.079 billion in family remittances (FEWS NET, August 2020).



Conflict/insecurity

The approval of the 2021 national budget sparked demonstrations against perceived corruption and the underfunding of sectors such as health and education. In late November, protestors set fire to the Congress building and called for the withdrawal of the bill and the resignation of the president, while violent clashes with police took place in Quetzaltenango and Huehuetenango (ACLED, November 2020).

Although gang-perpetrated violence targeting civilians decreased since the start of the pandemic, an increase in homicides was reported in departments of Chiquimula, Huehuetenango, and particularly Sololá (ACLED, May 2020; UNHCR, November 2020). Insecurity likely prevented urban inhabitants from accessing workplaces or markets and generated economic uncertainty.



Poor diets, care practice and diseases

Diets are heavily cereal based, mainly maize. Just over 50 percent of children under 6 months are exclusively breastfed while complementary feeding tends to be nutritionally poor (FAO, 2021).

Forecast 2021

3.7M people

IPC Phase 3 or above in November 2020–March 2021 (23% of population analysed)

Source: Guatemala IPC Technical Working Group, January 2021.

▶ The effects of COVID-19-related restrictions and hurricanes Eta and Iota on livelihoods and food access will drive high levels of acute food insecurity in early 2021.

IPC anticipated that the impacts of hurricanes Eta and Iota would incur adverse consequences for acute food insecurity through most of 2021 (IPC, January 2021). For subsistence farmers who suffered partial or complete crop losses during the hurricanes, as well as poor households who were unable to find agricultural work, food and income sources are expected to be limited until the Primera harvest in September 2021 (FEWS NET, December 2020b).

FEWS NET projects that the loss of many households' food reserves during hurricanes Eta and Iota will likely lead to the early onset of the lean season in February, triggering rising food insecurity through the peak of the lean season in August 2021 (FEWS NET, December 2020a).

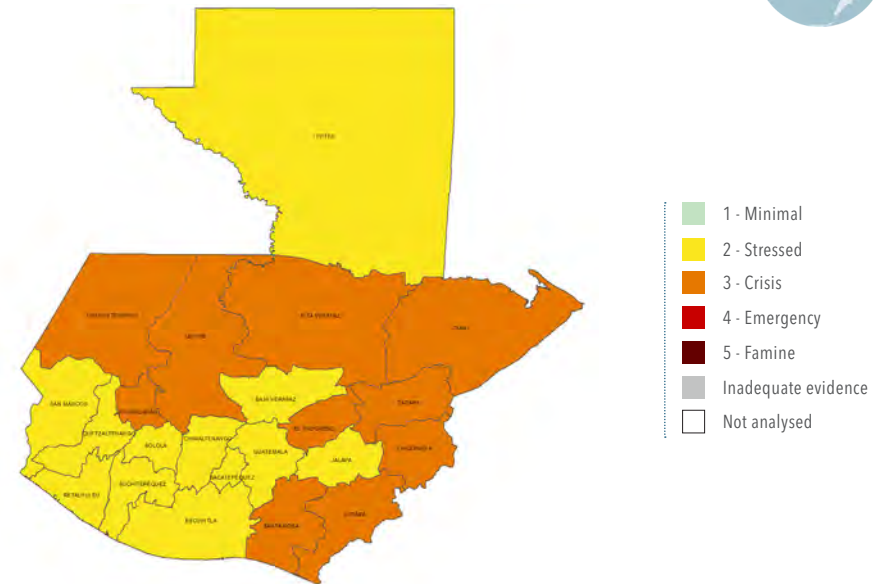
The destruction of food reserves is also expected to adversely affect the next planting season and may lead to lower-than-average output, thereby contributing to rising food prices for essential items such as beans (FEWS NET, December 2020a).

As previously mentioned, the relaxation of government pandemic restrictions enabled a partial recovery of the economy towards the end of 2020. However, COVID-19 cases are expected to rise over the coming months, which may require the implementation of more stringent measures that will likely reduce economic activity once again (IPC, January 2021).

Of particular concern for the spread of COVID-19 are the areas affected by hurricanes, which displaced thousands of households into shelters where living conditions are characterized by poor hygiene and a lack of water and supplies to prevent contagion (FEWS NET, December 2020a).

Map 3.25

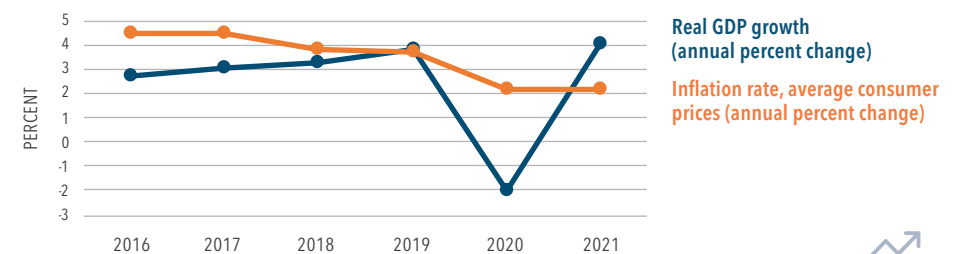
IPC acute food insecurity situation, **November 2020–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Guatemala IPC Technical Working Group, January 2021.

Figure 3.31

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Haiti

4.1M people IPC Phase 3 or above
in March–June 2020 (40% of the population analysed)

2.9M IPC Phase 3 **Crisis**
1.2M IPC Phase 4 **Emergency**

2.8M IPC Phase 2 **Stressed**

Total population of the country: **10.9M**

Population analysed: **93%**

Source: Haiti IPC Technical Working Group, October 2019.

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

2019–20

Progressive deterioration in rural acute food insecurity



There has been a continual rise in the numbers of people in Crisis or worse (IPC Phase 3 or above) since 2017 as a result of drought, economic shocks, insecurity stemming from civil unrest, as well as structural vulnerability.

In March–June 2020, over 4.1 million people – representing 40 percent of the analysed population – faced Crisis or worse (IPC Phase 3 or above), including 1.2 million people in



Dutreuil Mathurin, 51, is a smallholder farmer who also works on other people's farms to help supplement his income. The 2019 drought, followed by below-average rain in 2020, coupled with high food prices and the socioeconomic impacts of COVID-19, make it hard for many Haitians to make ends meet.

Emergency (IPC Phase 4). Almost 2.8 million people were in Stressed (IPC Phase 2) (IPC, October 2019).

The projection was made in October 2019, so did not take into account the indirect impact of the COVID-19 pandemic, which is likely to have had a compounding effect on food security.

As the map shows, during this period, four areas were in Emergency (IPC Phase 4) including one urban area in Cité Soleil, and three rural areas in the regions of Grand-Anse, Nord-Ouest and Ouest. In nine areas in the regions of Nippes, Ouest, Artibonite, Grand-Anse and Nord, and in the urban areas of Port-au-Prince, 15–18 percent of the population were

facing Emergency (IPC Phase 4). In the rest of the country, 29 areas – including 11 urban – were in Crisis (IPC Phase 3), and the remaining six urban areas were in Stressed (IPC Phase 2). In six areas at least half of the population was in Crisis or worse (IPC Phase 3 or above).

In October 2019–February 2020, corresponding to the 2019 peak number, already 3.67 million people – or 35 percent of the analysed population – were in Crisis or worse (IPC Phase 3 or above), with more than one million in Emergency (IPC Phase 4). Between August 2020 and February 2021, around 4 million people – or 42 percent of the

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population analysed – were in Crisis or worse (IPC Phase 3 or above), comprising 905 000 people in Emergency (IPC Phase 4), and taking into account the positive result of humanitarian food assistance (IPC, September 2020).

Food security has significantly deteriorated in rural areas, with the number of people in Crisis or worse (IPC Phase 3 or above) progressively increasing from 1.3 million in October 2017–February 2018 to 3.1 million in August 2020–February 2021.

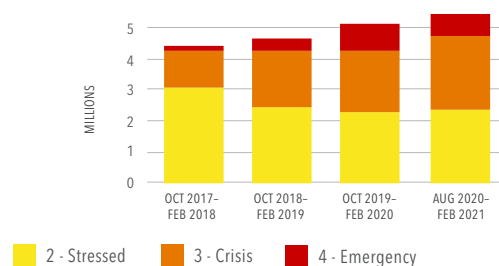
Conflict and violence triggered small numbers of IDPs in 2020

Information about people living in displacement after major disasters is scarce, but evidence suggests that people displaced by the 2010 earthquake and hurricanes such as Matthew in 2016, are still living in displacement.

In the first half of 2020, there were 360 new displacements associated with conflict and violence including in Port-au-Prince and the departments of Nord and Ouest (IOM, 2020).

Figure 3.32

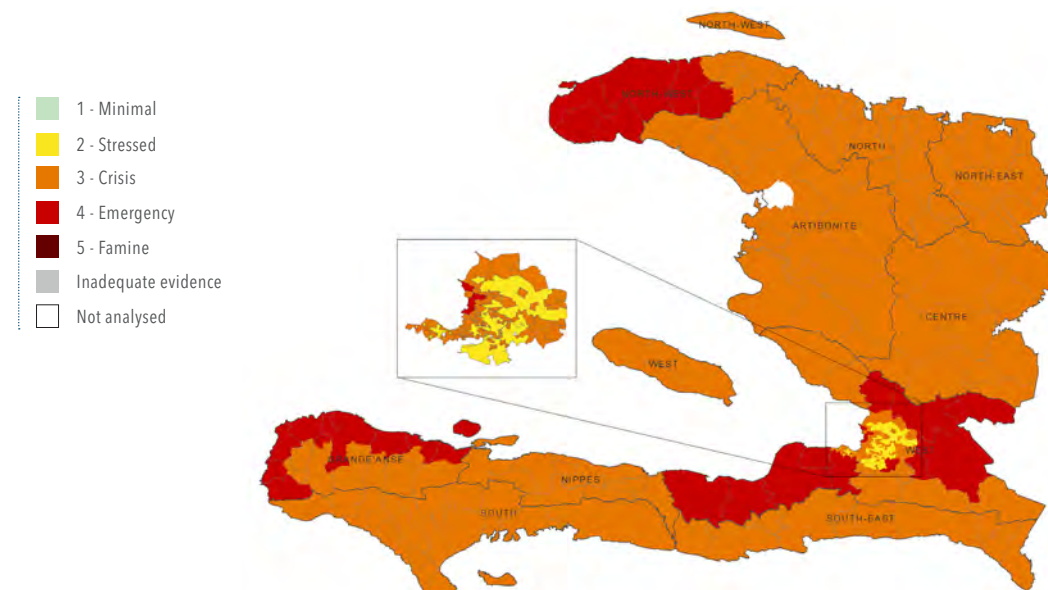
Number of people in IPC Phase 2 or above, 2017–2021, rural areas only



Source: Haiti IPC Technical Working Group.

Map 3.26

IPC acute food insecurity situation, March–June 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Haiti IPC Technical Working Group, October 2019.

Around one million people were in Crisis or worse (IPC Phase 3 or above) in metropolitan areas in 2020

Since October 2019, urban analyses have also been available, demonstrating that acute food insecurity is not only a rural problem in Haiti. From March–June 2020, around one million people faced Crisis or worse (IPC Phase 3 or above) in seven metropolitan areas, including 228 000 facing Emergency (IPC Phase 4). Additionally, 841 000 people were in Stressed (IPC Phase 2) (IPC, October 2019). In the context of the pandemic

outbreak, the situation remained extremely concerning as around 82 percent of urban households reported reduced incomes (IPC, September 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Weather extremes have wrought significant damage on already fragile and overstretched critical infrastructure systems in recent years in Haiti, particularly surrounding access to clean water, sanitation, and health facilities. Around 58 percent of families with sick or injured families reportedly do not seek medical care due to high healthcare costs, while in 2019, access constraints, a lack of supplies and staff led to the closure of hospitals and health centres (Ministère de la Santé Publique et de la Population, July 2018; ACAPS, October 2019).

As such, limited access to basic services coupled with high poverty levels, poor diets, and a high prevalence of diseases have contributed to poor nutrition outcomes for Haitian children. For example, high stunting (between 20–30 percent) affected over one in five children (22 percent) under five years of age (DHS 2012), even if wasting was within the medium range (5.1 percent). This situation has largely remained the same based on most recent data, which reflected high stunting (21.9 percent) and low wasting (3.7 percent) (MSPP, July 2018).

Nutritional outcomes for complementary feeding practices were also poor, as only 11 percent of children ages 6–23 months had access to the minimum acceptable diet (DHS 2016–2017). Nearly half (49 percent) of women of reproductive age were anaemic, while 66.3 percent of children also suffered from anaemia (DHS 2016–2017).

Safe water consumption constitutes a major concern for malnutrition, with just 65 percent of households having access to basic drinking water (WHO and UNICEF, 2017). From 2010 to November 2019, Haiti reported over 820 000 suspected cholera cases, although cases declined from 3 777 in 2018 to 674 in 2019 (ECDC, November 2019).

3.7% children under 5 are wasted,
0.8% of them are severely wasted.

Source: DHS 2016–17.



21.9% of children under 5 are stunted.

Source: DHS 2016–17.



39.9% of infants aged 0–6 months are
exclusively breastfed.

Source: DHS 2016–17.



25.4% of children aged 6–23 months consume
acceptable dietary diversity.

Source: DHS 2016–17.



49.0% of women of reproductive age and **66.3%** of
children under 5 are anaemic.

Source: DHS 2016–17.



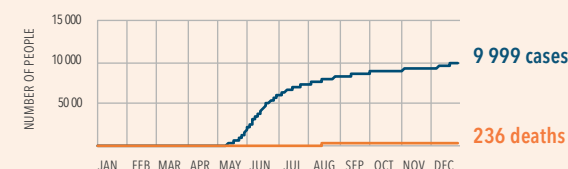
65.0% of households have access to at least basic
drinking water services.

Source: JMP, 2017.



Figure 3.33

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for children aged 6–23 months dropped by 10–24% nationally.
- ❗ Coverage of Vitamin A supplementation dropped by 10–24% nationally.
- ❗ Coverage of nutrition support for pregnant and lactating women dropped by 10–24% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Economic shocks, including COVID-19

The significant depreciation of the national currency – losing 54 percent of its value between August 2015 and 2020 – continued to severely affect vulnerable households' purchasing power and access to food (FEWS NET, August 2020). At the end of the lean season in June, the price of a basic food basket was 29 percent higher than a year before (IPC, September 2020).

Despite the interventions of the government and the Central Bank (FEWS NET, August 2020), in late 2020 the exchange rate on the parallel market was around 20 percent higher than the official exchange rate, which triggered a new increase in imported food prices from September (FEWS NET, December 2020).

As of October, prices of imported staple foods remained well above their year-earlier values also due to generally tight supplies after the poor 2019 output, and in the 2020 main season. In this context, high production costs and a shortage of agricultural inputs further limited food production capacities, as rural households sold assets to access food in 2020 (FAO-GIEWS, December 2020).

Already in 2019, the country faced a significant decrease in tourism, in foreign direct investments and blocked economic activities due to the social unrest and insecurity, leading to an economic downturn (IPC, September 2020). The pandemic-related restrictions – including curfew, closures of schools and airports – added a further strain on vulnerable households' incomes, including those depending on agriculture, as well as on informal and daily labour (FEWS NET,

April 2020), as 10 percent of households on average were entirely unemployed – reaching 20 percent in some areas (IPC, September 2020). The increased flow of Haitian migrants arriving from the Dominican Republic also increased supply on the labour market (OCHA, August 2020) and contributed to a drop in remittances – which account for about 34 percent of gross domestic product – by over 9 percent compared to the previous year (FEWS NET, June 2020).

In late 2020, restrictions were still in place, but compliance dropped, which allowed for a return to normal functioning of economic activities. However, farmer households faced an exhaustion of their capacity to hire labourers, which negatively affected access to food for the most vulnerable (FEWS NET, December 2020).

Weather extremes

Rainfall was below average for the second consecutive year, and in 2020 the drought began earlier – in March (FEWS NET, June 2020).

In 2019, the El-Niño related drought had affected all major crops and resulted in production levels being 12 percent below average (IPC, October 2019). This situation also negatively affected the availability of seeds for the next agricultural season, in a context of limited economic access. Livestock body conditions also deteriorated due to dry conditions, and their market value decreased. Some reportedly died because of the drought, affecting owners' purchasing power (FEWS NET, June 2020). Although weather conditions became conducive to average yields from August, production was likely to remain

at a low level on account of reduced plantings (FAO-GIEWS, December 2020). At the end of August, the impact of the Tropical Storm Laura and related heavy rainfall and floods brought further reduction in output and loss of cattle, particularly in the Sud-Est region (IPC, September 2020).

Conflict/insecurity

In 2020, the lingering effect of the 2019 social unrest and insecurity still hindered agricultural and economic activities (FAO-GIEWS, June 2020) and contributed to high food prices (CNSA, October 2020). Resurgence of socio-political turmoil since September exerted additional pressure on prices, as closures of businesses and blockages of roads due to insecurity reduced economic activities (FAO-GIEWS, December 2020).

Poor diets, diseases and care practices

High poverty levels, frequent and intense weather extremes and insecurity have contributed to poor dietary outcomes for Haitian children. Only 11 percent of children between the ages of 6–23 months reportedly consumed the minimum acceptable diet needed for growth and development, while a quarter of children consumed acceptable dietary diversity (DHS 2016–2017).

Poor sanitation practices and limited access to adequate water and sanitation infrastructure have also led to recurring cholera outbreaks. Between 2010 and November 2019, over 820 000 suspected cases were reported and nearly 10 000 deaths, constituting the worst outbreak in recent history (CDC, 2021).

Forecast 2021

4.4M people

IPC Phase 3 or above in March–June 2021
(46% of population analysed)

Source: Haiti IPC Technical Working Group, September 2020.

▲ The number of people in Crisis or worse (IPC Phase 3 or above) is expected to continue increasing in 2021 due to poor economic conditions and lingering effects of drought.

Around 4.4 million people – 46 percent of the population analysed – are expected to face Crisis or worse (IPC Phase 3 or above) from March–June 2021. This includes 3.2 million people in Crisis (IPC Phase 3) and nearly 1.2 million people in Emergency (IPC Phase 4) (IPC, September 2020).

Three rural areas – in the regions of Nord-Ouest, Ouest and Sud-Est – are forecast to be in Emergency (IPC Phase 4). However, 10 areas have 15 percent of their population expected to face Emergency (IPC Phase 4). In most of these areas, at least half of the population is in Crisis or worse (IPC Phase 3 or above).

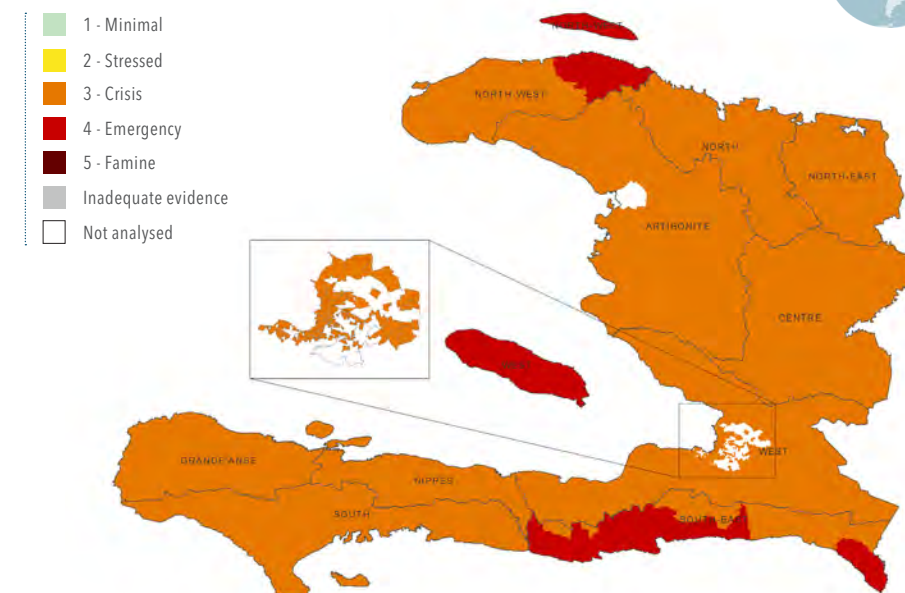
Political instability continued to adversely affect livelihoods and economic activity, as the capital was rocked by insecurity and violent protests in the first months of 2021. Insecurity has led to the sporadic closure of businesses, schools and markets, reducing access to employment and revenues for poor urban households (FEWS NET, March 2021).

Household purchasing power was further weakened by currency fluctuations in 2021. Although the official exchange rate hit around 79 gourdes to the US dollar on March 30, having improved since March 2020, the informal market exchange rate hovered around 95 gourdes. Given that the informal exchange rate is strongly correlated with the price of imported products, this translated into elevated prices for imported staple products compared to the five-year average (FEWS NET, March 2021). As of February 2021, food prices remained 40 percent over the five-year average (FEWS NET, February 2021).

Despite favourable rains in March, markets face limited availability of agricultural seeds due to below-average production for winter crops. Poor access to irrigation threatens to upset production in the agricultural region of Artibonite (FEWS NET, March 2021).

Map 3.27

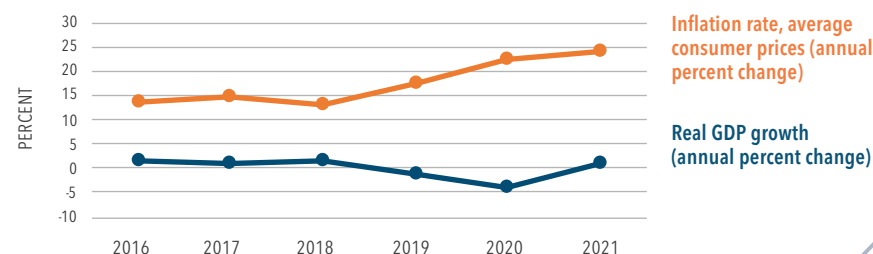
IPC acute food insecurity situation, March–June 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Haiti IPC Technical Working Group, September 2020.

Figure 3.34

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Honduras

2.9M people IPC Phase 3 or above
in December 2020–March 2021 (31% of the population analysed)

2.3M

IPC Phase 3 **Crisis**

0.61M

IPC Phase 4 **Emergency**

3.4M

IPC Phase 2 **Stressed**

Total population of the country: **9.3M**

Population analysed: **100%**

Source: Honduras IPC Technical Working Group, February 2021.

2019–20

Rising levels of acute food insecurity



Rising numbers of people in Crisis or worse (IPC Phase 3 or above) were driven by the accumulation of years of weather extremes – most recently hurricanes Eta and Iota in 2020 – as well as economic hardships exacerbated by COVID-19 restrictions and insecurity.

In December 2020, the numbers of people in Crisis or worse (IPC Phase 3 or above) reached nearly 3 million. Within this, approximately 2.3 million people, or 24 percent of the country, were in Crisis (IPC Phase 3), while over 600 000 people, or seven percent of the total population, were in Emergency (IPC Phase 4).



Luvinda, a widow and mother of five, usually sells food by the roadside and does domestic work to help support her family, but COVID-19 restrictions have denied her this income. Around half of households reported a reduction in their income sources due to COVID-19 restrictions.

These figures stand in stark contrast to the 2019 peak period of acute food insecurity (November 2019–February 2020), when 1 million people were in Crisis or worse (IPC Phase 3 or above), or 18 percent of the population analysed, though coverage for the 2019 analysis only covered 13 departments, as opposed to the entire country in the 2020 analysis (18 departments).

In the 12 comparable departments covered by the 2019 and 2020 peak analyses, the number of people in Crisis or worse (IPC Phase 3 or above) doubled from roughly 700 000 to 1.4 million (IPC, November 2019 and February 2021). During the 2020 peak in December, every department in the country

was in Crisis (IPC Phase 3). The highest numbers of people in Crisis or worse (IPC Phase 3 or above) were in the departments of Cortés (732 000), Francisco Morazán (469 000) and Yoro (220 000), with the three departments accounting for nearly half of the total population in Crisis or worse (IPC Phase 3 or above) (IPC, February 2021).

The same three departments also held the largest number of people in Emergency (IPC Phase 4), with Cortés accounting for around 50 percent of the total national population in Emergency (IPC Phase 4) (IPC, February 2021).

Insecurity, poverty and climate extremes have fuelled internal displacement and migration

 **247 000** internally displaced people

Source: UNHCR, end 2020.

As the main cause of internal displacement, gang-perpetrated violence has displaced an estimated 247 000 people in Honduras between 2004 and 2018 (ICRC, January 2021; UNHCR, May 2020).

Insecurity as well as widespread poverty, hunger, severe climatic shocks, including hurricanes Eta and Iota, and the economic effects of the COVID-19 pandemic, have led thousands to try to flee to Mexico and the United States. However COVID-19 lockdown measures slowed outward migration for much of 2020, putting migrants in precarious economic positions as they were forced to look for jobs during a period of high unemployment (IFRC, January 2021).

Map 3.28

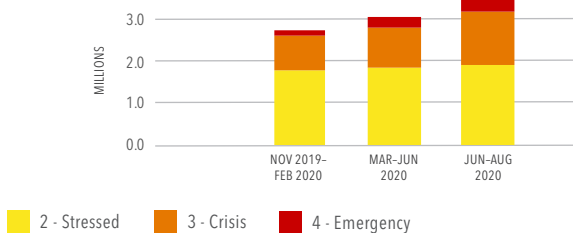
IPC acute food insecurity situation, **December 2020–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Honduras IPC Technical Working Group, February 2021.

Figure 3.35

Number of people in IPC Phase 2 or above in 2019–2020



Note: 2020 peak estimates are not included due to differences in geographical coverage.
Source: Honduras IPC Technical Working Group.

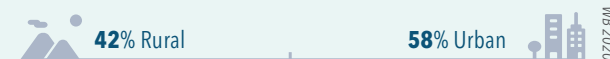
High numbers of informal sector workers in urban areas face severe economic consequences of COVID-19

High levels of violence and weather extremes have propelled migration to urban areas in recent years, which were ill-equipped to meet growing demand for employment and services.

Around 72 percent of the working poor depend on the informal sector, and a significant portion of them live in urban areas (WFP/ILO, July 2020).

A joint WFP/ILO study concluded that around 2.1 million informal workers lost their income during the pandemic, while 67 percent of respondents were reportedly on labour suspension (WFP/ILO, July 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

No recent data are available on child nutrition in Honduras. The latest available figures in 2012 show that chronic malnutrition affected more than one in five children (22.6 percent) under 5 years of age (DHS 2011–12), even if wasting was 'very low.'

The country carries a double burden of stunting among children under 5 years and overweight/obesity among women of reproductive age (51 percent) (USAID 2018).

In 2020, a multi-agency UN report concluded that national stunting levels often mask high levels of stunting in disadvantaged sub-regions, which lag considerably behind regional averages due to high levels of poverty, largely informal labour markets, and relatively limited access to services, particularly education. The Honduran Dry Corridor stunting rate is at least 7 percentage points higher than the national average (UN, December 2020). An older study found that children living in the poorest households were eight times more likely to be stunted than children in the richest households. Among mothers with no education, more than

half of children were stunted, and among mothers with only primary education, one-third of children were stunted (WB, 2011).

The anaemia rate (31.4 percent) in children aged 6–59 months indicates a moderate public health problem (WHO, 2016).

The prevalence of thinness among adolescent girls increased from 9 percent in 2006 to 12 percent in 2012, which is important because childbearing begins early with 19 percent of adolescent girls having begun childbearing by age 19. Malnourished adolescent girls are more likely to have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to old well-nourished mothers ((USAID 2018).

While Hondurans generally have good access to an improved drinking water source (94.8 percent), the difference between rural and urban areas remained wide at 14 percentage points, with 99 percent of urban populations having access to improved water compared to 86 percent of rural dwellers (JMP, 2017).

17.6% of women of reproductive age and 31.4% of children under 5 are anaemic.

Source: WHO, 2016.



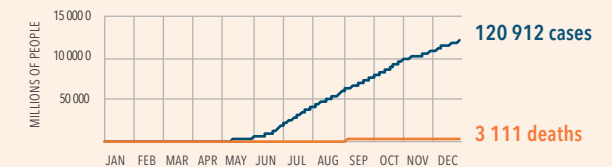
94.8% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.36

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.



Acute food insecurity and malnutrition drivers 2020



Weather extremes

Severe drought in 2019 led to 25–50 percent production losses of the national maize, beans and rice output, and 70–100 percent losses of maize production in the eastern and southern regions (FSIN, April 2020).

During 2020, household vulnerability was heightened when several departments experienced further drought that led to wildfires, scarcity of potable water, and diminished crop production (ACAPS, October 2020). Before August, households depleted their basic grain reserves, deepening their dependence on markets and increasing market pressures on food prices (IPC, July 2020).

In November, northern Honduras was hit by Category 4 hurricanes Eta and Iota, which affected 3.8 million people and damaged or destroyed 61 000 homes (OCHA, December 2020). By December, around 330 000 people were still cut off from emergency assistance due to disrupted communications and destroyed roads, while 95 000 people were still living in shelters (NRC, December 2020). Infrastructure damage contaminated water sources and undermined waste management, increasing food safety risks and the risk of contracting malaria, dengue and COVID-19 (OCHA, December 2020c).

Households lost livestock, food stocks and post-harvest crops, and FAO reported that nearly 570 000 hectares of crops were damaged or lost following the storms particularly beans and maize (FAO, February 2021). The destruction aggravated food insecurity for households already suffering from diminished income sources due to multiple poor harvests and COVID-19 restrictions (FEWS NET, December 2020a). Damage to

plantations curbed opportunities for agricultural work at the height of the agricultural season (October–February), when poor and very poor households accrue most of their annual income.



Economic shocks, including COVID-19

In a country where 2 million people (40 percent of the national workforce) were already unemployed in early 2020, COVID-19 restrictions dealt a hard blow (WFP, July 2020). Around half of households reported a reduction in their income sources due to lost employment or reduced hours for agricultural labourers (IPC, February 2021). The Honduran government halted commercial flights and closed borders in March until August, slowing the movement of essential goods and migrant workers. Several rounds of lockdowns and curfews were also implemented incurring severe economic consequences for livelihoods, especially urban-based informal sector workers (IPC, July 2020).

Initial estimates suggested that COVID-19 mitigation measures led to a USD 1.4–1.7 billion contraction in GDP during 2020 (IPC, February 2021). Remittances declined as migrants lost employment (IPC, July 2020).

Inflated prices for staples, such as beans and maize, in several departments from March to July, led vulnerable households to adopt Crisis or Emergency coping strategies, such as reducing the quality and quantity of foods consumed (FEWS NET, August and December 2020; IPC, July 2020). Although prices began to stabilize by August, the destruction of household food stocks and croplands during the hurricanes led to rising food prices again at the end of 2020 (FAO-GIEWS, December 2020).



Conflict/insecurity

Honduras is one of the most violent countries in the world with the second highest homicide rate globally, which has led thousands of Hondurans to migrate abroad (World Population Review, 2020). Violence against women in Honduras is widespread and increased during the state-mandated pandemic curfew (Centro de Derechos de Mujeres, 2020). Economic pressures generated rising competition between criminal gangs, leading to a spike in inter-gang battles and fatalities.

In the wake of hurricanes Eta and Iota, criminal groups reportedly blocked humanitarian actors from reaching communities and extorted civilians as they attempted to return to their homes (NRC, December 2020).



Poor diets, diseases and care practices

Exclusive breastfeeding rates during the first six months of a child's life are low (31.2 percent) (DHS 2011–12) and children's diets may not contain adequate micronutrients such as iron.

In 2019, 86 705 cases of dengue were reported, 20 percent of which were potentially lethal. Diarrhoeal diseases reached alarming levels – likely stemming from untreated water consumption and water scarcity in some areas (GoH, October 2019). In 2020, hurricanes Eta and Iota caused considerable damage to key water and sanitation infrastructure, contaminating wells and water sources and destroying waste management facilities, increasing the occurrence of diarrhoeal diseases (IPC, February 2021).

Forecast 2021

3.3M people

IPC Phase 3 or above in July–September 2021 (35% of population analysed)

Source: Honduras IPC Technical Working Group, February 2021.



The acute food insecurity situation is expected to deteriorate further in 2021 due to the combined effects of hurricanes, prior drought and pandemic-related economic hardship.

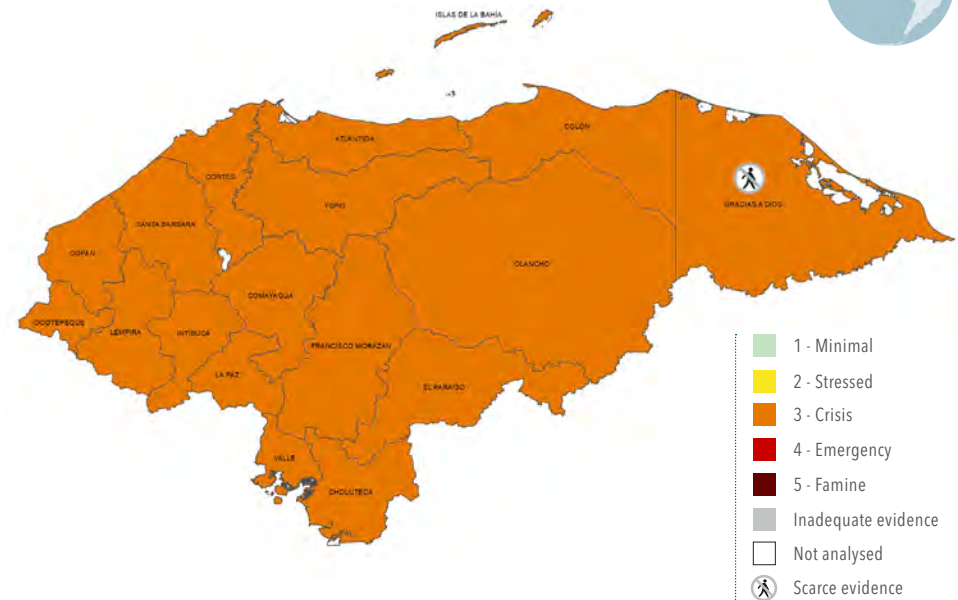
The combined impacts of the hurricanes, prior drought, and the pandemic will drive the number of people projected to be in Crisis or worse (IPC Phase 3 or above) in July–September 2021 above the 2020 peak (FEWS NET, December 2020a; IPC, February 2021). Households affected by the hurricanes through income and livelihood losses will likely face elevated levels of food insecurity until the Primera harvest in September, leading many to employ Crisis or Emergency coping strategies (IPC, February 2021). For households that were unable to engage in agricultural work or harvest their crops, the lean season started early in January–February as opposed to March–May. For households unaffected by the hurricanes, the Postrera harvest is projected to reinforce local food stocks and incomes for agricultural labourers. Rural households in the Dry Corridor are expected to be the most food insecure due to accumulated income, asset and crop losses from the 2019 drought and 2020 hurricane season (FEWS NET, December 2020a). Acute food insecurity is also projected to be high in areas of northern and southern Honduras (FEWS NET, March 2021).

In hurricane-affected urban areas, households are expected to face increased levels of acute food insecurity due to employment and revenue losses, despite a gradual economic recovery following the relaxation of many pandemic restrictions (IPC, February 2021; FEWS NET, March 2021). As of March 2021, revenues remained below the norm due to job losses in the formal sector and rising competition for informal sector jobs. Staple food prices will also reportedly remain high due to higher food prices and Postrera crop losses during the hurricanes, especially for red beans (FEWS NET, December 2020b).

ACLED projects that continued economic difficulties driven by the pandemic will likely fuel gang violence, displacing civilians and livelihoods and pushing more citizens to flee the country (ACLED, September 2020).

Map 3.29

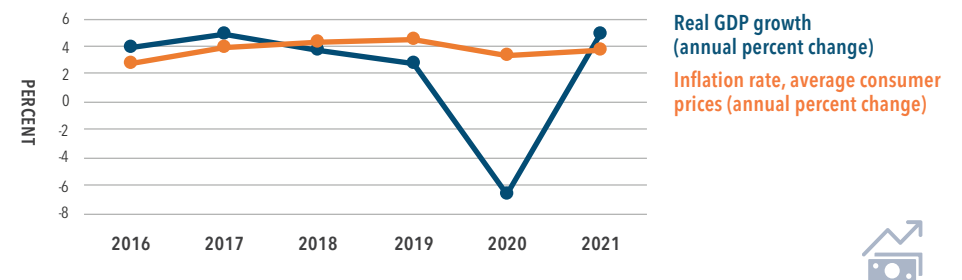
IPC acute food insecurity situation, **July–September 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Honduras IPC Technical Working Group, February 2021.

Figure 3.37

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Kenya

1.9M people IPC Phase 3 or above
in October–December 2020 (10% of the population analysed)

1.5M IPC Phase 3 **Crisis**
0.40M IPC Phase 4 **Emergency**

6.3M IPC Phase 2 **Stressed**

Total population of the country: **53.8M**

Population analysed: **33%**

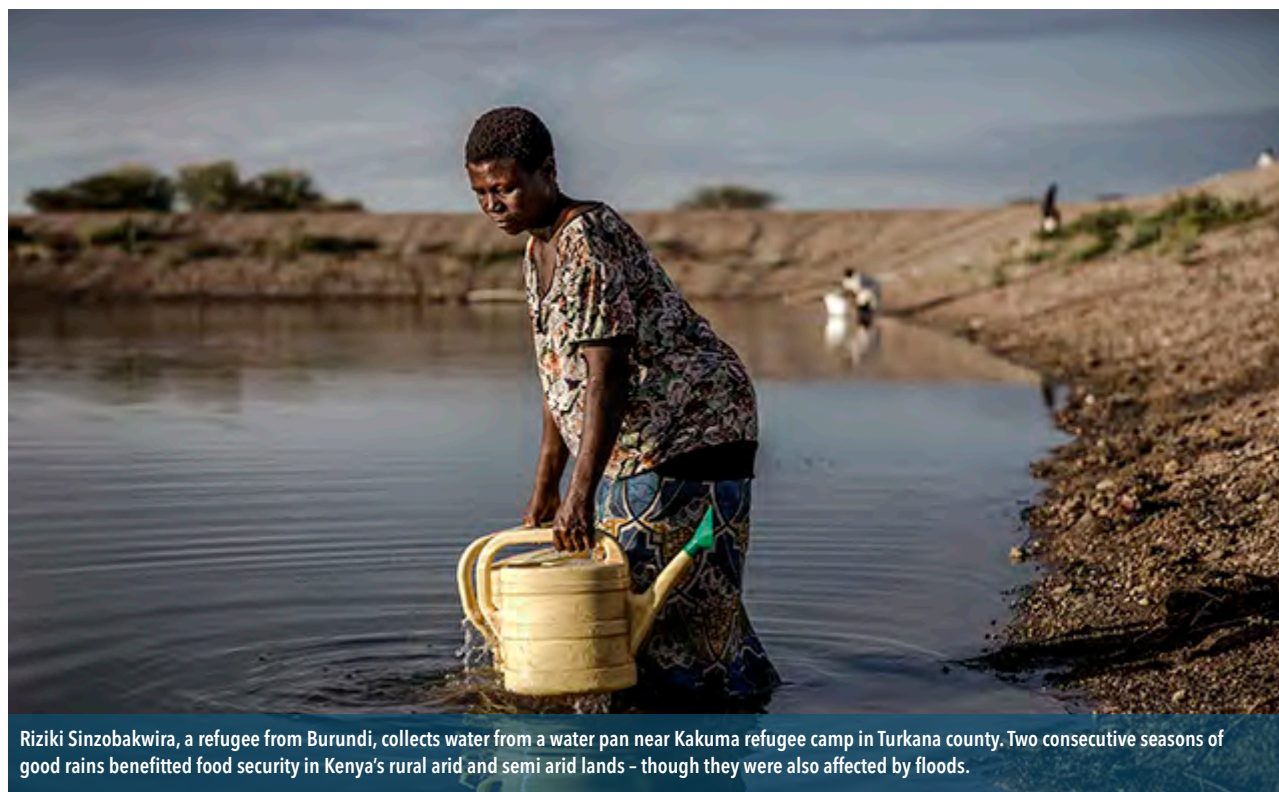
Source: Kenya IPC Technical Working Group, November 2020.

2019–20

High levels of acute food insecurity in urban Kenya

While two consecutive seasons of good rains benefitted food security in rural areas, they were still affected by floods and desert locusts. Urban populations faced particularly high levels of acute food insecurity due to the economic impacts of COVID-19.

In late 2020, the majority of the population in Crisis or worse (IPC Phase 3 or above) was in urban areas, though substantial rural food insecurity persisted. Around 45 percent of the population in Crisis or worse (IPC Phase 3 or above) were in rural arid and semi-arid lands (ASALs), while 55 percent were in urban slums (IPC, November 2020).



Riziki Sinzobakwira, a refugee from Burundi, collects water from a water pan near Kakuma refugee camp in Turkana county. Two consecutive seasons of good rains benefitted food security in Kenya's rural arid and semi arid lands – though they were also affected by floods.

Of the 1.9 million people classified in Crisis or worse (IPC Phase 3 or above), nearly 400 000 were in Emergency (IPC Phase 4). An additional 6.3 million people were classified in Stressed (IPC Phase 2) (IPC, November 2020).

Previous IPC analyses have focused on rural Kenya and in particular on the ASALs. In 2020, in response to the expected socioeconomic impacts of COVID-19 containment measures, the analysis was extended to urban areas and revealed an extremely concerning situation. Urban slums were home to nearly 60 percent of the population classified in Emergency (IPC Phase 4) (IPC, November 2020).

In the 23 counties classified as ASALs, nearly 852 000 people were estimated to be in Crisis or worse (IPC Phase 3 or above) from October–December 2020, including 165 000 in Emergency (IPC Phase 4) in Isiolo, Mandera, Marsabit, Turkana and Wajir. This figure is about 35 percent lower than the estimated 1.3 million during February–March 2020 and more than 70 percent lower than the estimate of 3.1 million in late 2019, following the severe drought (IPC, July 2019).

As the map shows, from October–December 2020, the majority of counties (20) were classified in Stressed (IPC Phase 2) and three were in Minimal (IPC Phase 1) (IPC, November 2020).

Around a third of refugees in two settlements were severely food insecure (as per WFP CARI methodology)

 **0.5M refugees (54% from Somalia and 25% from South Sudan)**

Source: UNHCR, December 2020.

Kenya hosts over 500 000 refugees, of whom 84 percent reside in two camps – Dadaab in Garissa, and Kakuma and Kalobeyei settlements in Turkana. Faced with work and movement restrictions, they are largely dependent on humanitarian assistance (UNHCR).

Funding shortfalls have forced WFP to cut full food rations by 15–40 percent since 2015, compromising health and nutrition (WFP, December 2020). In 2020, refugees were receiving 60 percent of the full ration (UNHCR and WFP, 2020).

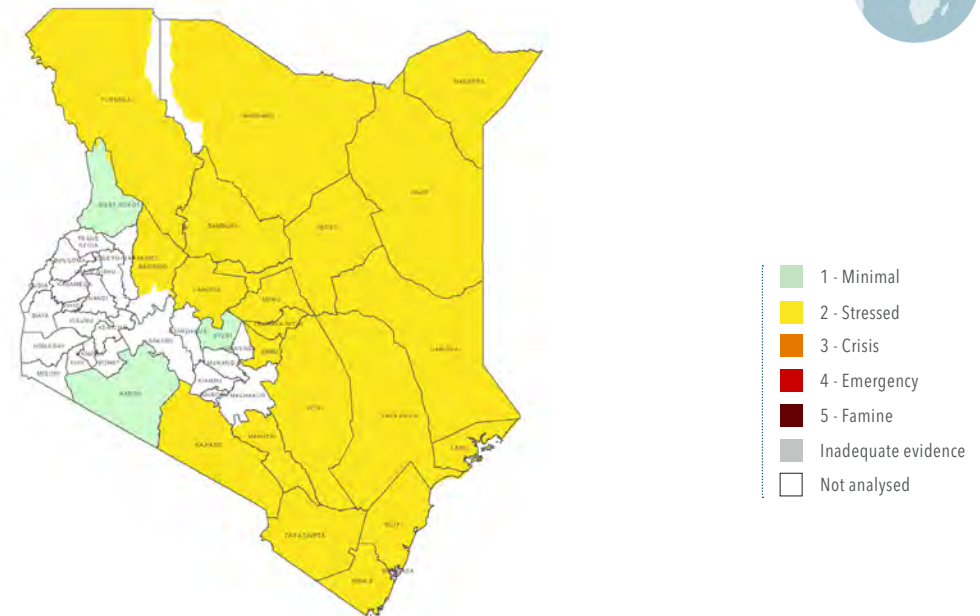
According to World Bank monitoring, over 60 percent of adult refugees were unemployed in May 2020, climbing to 80 percent by the end of October. Fewer than 10 percent were receiving remittance income and one in five refugee household were taking out loans (WB, February 2021).

The percentage of refugees with inadequate food consumption fell from 62 percent in July 2019 to 30 percent by November. The levels of poor food consumption were considerably higher in July in Kakuma and Kalobeyei settlements (around 30 percent) compared to Dadaab (7 percent) (WFP, 2019 and 2020).

Around 40 percent of adult refugees were skipping meals at least every other day (WB, February 2021).

Map 3.30

IPC acute food insecurity situation, **October–December 2020**



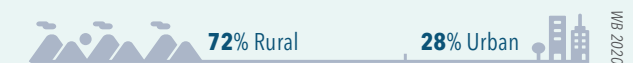
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Kenya IPC Technical Working Group, November 2020.

Acute food insecurity in informal settlements of Nairobi, Mombasa and Kisumu reached very high levels

Over 1 million people were classified in Crisis or worse (IPC Phase 3 or above) across informal settlements in Nairobi, Mombasa and Kisumu from October–December 2020. Although this represents a slight decrease compared with the August–September analysis period due to the gradual reopening of the economy, some 234 000 people were still estimated to be facing Emergency (IPC Phase 4). Populations in Crisis or worse (IPC Phase 3 or above)

were mainly living in informal settlements in Nairobi, in particular Mukuru, Githurai, Dandora and Kawangware. All 12 assessed urban areas were classified in Crisis (IPC Phase 3) (IPC, November 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Wasting levels had fallen to 4.2 percent by 2014, which is considered a low prevalence. However, national estimates mask high and very high levels of wasting in some of the arid and semi-arid counties (ASAL). According to the August–November 2020 IPC acute malnutrition analysis, an estimated 531 000 children aged 6–59 months require treatment for wasting. Of them 344 000 are in the ASALs, 130 000 in non-ASALs and 57 000 in urban centres of Nairobi, Mombasa and Kisumu (IPC, November 2020).

Around 136 000 children under 5 years require treatment for severe wasting, consisting of 87 000 in the ASALs, 32 000 in the non-ASALs and 17 000 in urban centres. Additionally, nearly 99 000 pregnant and lactating women need treatment for wasting – nearly all of them in the ASALs (IPC, November 2020).

At the national level there has been progress in reducing stunting with levels falling from 41 percent in 2005 to 26 percent by 2014, while the number of stunted children declined by 27 percent over the same time period (UNICEF/WHO/World Bank, 2020).

Overlapping forms of malnutrition exist in Kenya with 1.3 percent of children both stunted and wasted, and 1.2 percent both stunted and overweight, bringing an increased risk of death to these highly vulnerable children (UNICEF, 2018a).

Two out of three children under 6 months are exclusively breastfed (61 percent), while just one in three children (36 percent) receives a sufficiently varied diet.

531 000 children under 5 are wasted,
136 000 of them are severely wasted.

Source: IPC AMN, August–November 2020.

➔ **Wasting among refugee children under 5 years is poor in 4 and serious in 1 out of 5 refugee sites.**

Source: SENS, 2018 and 2019.

➔ **Stunting among refugee children under 5 years.**

Medium in 2 out of 5 refugee sites	High in 2 out of 5 refugee sites	Very high in 1 out of 5 refugee sites
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Source: SENS, 2018 and 2019.

➔ **More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 3 out of 5 refugee sites.**

Source: SENS, 2018 and 2019.

27.2% of women of reproductive age and 41.1% of children under 5 are anaemic.

Source: WHO, 2016.

➔ **Levels of anaemia in non-pregnant refugee women are medium in 2 and high in 3 out of 5 refugee sites.**

➔ **Levels of anaemia in refugee children under 5 years are high in 5 out of 5 refugee sites.**

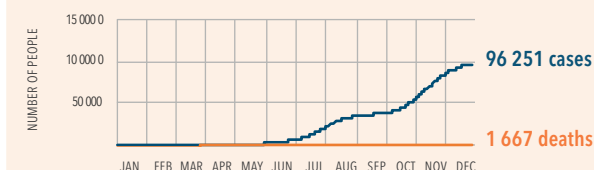
Source: SENS, 2018 and 2019.

59.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.

Figure 3.38

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

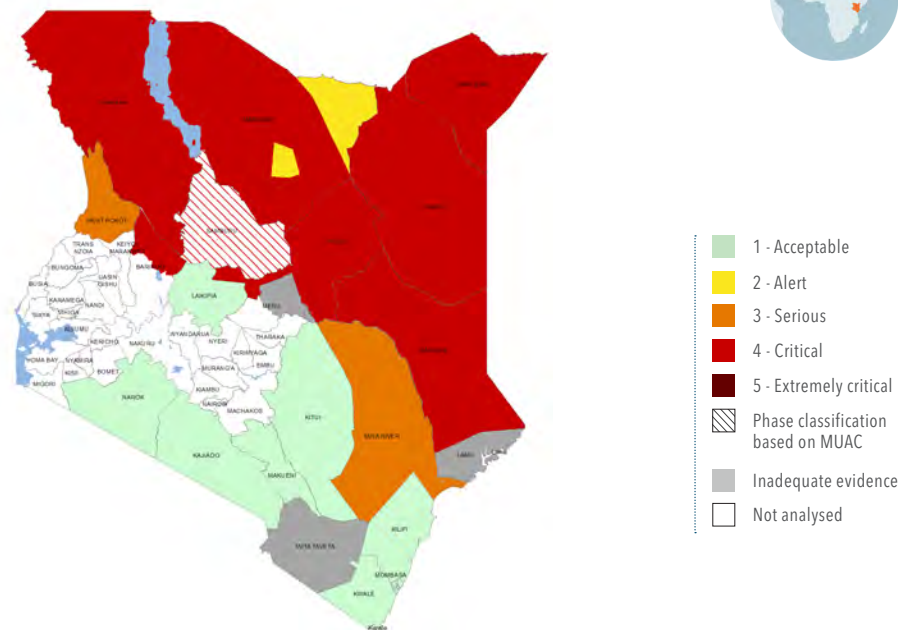
- ❗ Coverage of Vitamin A supplementation programmes dropped by 25–49% nationally.
- ❗ Coverage of treatment of child wasting dropped by 25–49% nationally.
- ❗ Coverage of early detection of child wasting dropped by 75–100% nationally.

COVID-19-related disruptions to nutrition programmes for refugee population

- ❗ Suspension of face-to-face IYCF services in Kakuma camp.
- ❗ Suspension of mass screening of child wasting activities, such as during vitamin A campaign, in Kakuma camp.

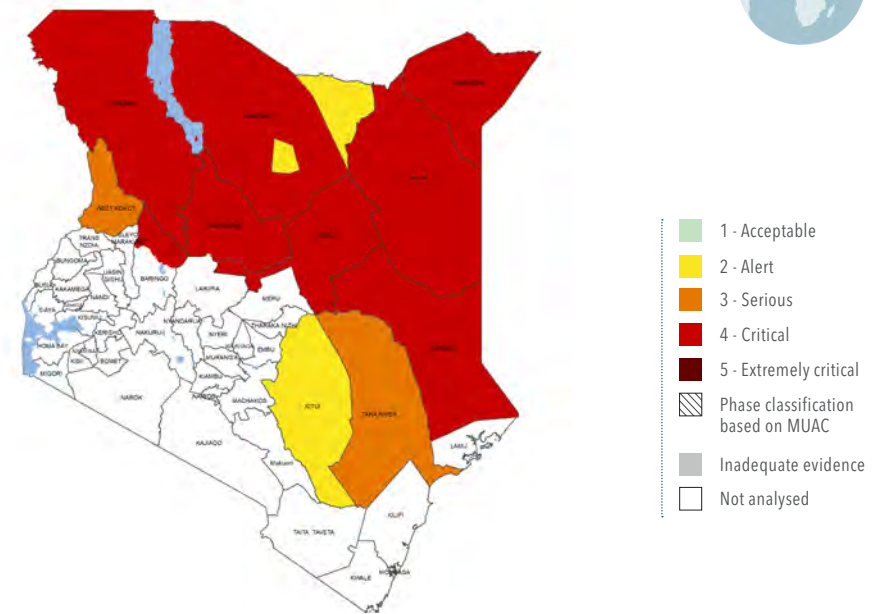
Source: UNHCR, 2021.

Map 3.31

IPC acute malnutrition situation, **September–November 2020**

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, November 2020.

Map 3.32

IPC acute malnutrition situation, **March–May 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: Kenya IPC Technical Working Group, April 2021.

While there have been many efforts by the Governments and partners to improve health indicators in ASALs, many communities continue to be affected by epidemic prone diseases, which are exacerbated by droughts and floods and contribute in no small way to worsening nutrition indicators.

IPC acute malnutrition analysis

According to the IPC acute malnutrition analysis (IPC-AMN), in August–October 2020 Garissa, Wajir, Mandera, Marsabit (North Horr and Laisamis sub-counties), Isiolo, and Baringo (East Pokot and Tiati East Sub counties) were classified in Critical (IPC AMN Phase 4). Tana River and West

Pokot counties were classified in Serious (IPC AMN Phase 3) (IPC, November 2020). In February 2021, these areas are expected to remain classified in the same phases with the addition of Samburu and Turkana in Critical (IPC AMN Phase 4) (IPC, April 2021).

The nutrition situation is expected to deteriorate in most ASAL counties if the 2021 long rains perform poorly and result in deteriorating animal body conditions, negatively affecting milk production and consumption. Other drivers of malnutrition in the ASALs include morbidity, poor childcare practices, poor sanitation and health care. Shocks such as

flooding due to the backflow of Lake Turkana, interruption of livelihoods by the rising Turkwel Dam, the desert locust invasion in several counties, insecurity and COVID-19 related impacts – especially in urban centres – have exacerbated the malnutrition problem. Low literacy levels, poor infrastructure and poverty are underlying structural issues that impede recovery from the recurrent shocks and increase the vulnerability of ASAL communities to rapid deterioration of nutrition (IPC, April 2021).

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

The restrictive measures introduced in March to curb the spread of the COVID-19 pandemic dealt a devastating blow to the economy and to household incomes, especially in urban areas where the informal sector is estimated to account for 84 percent of total employment.

Poor households, who mainly rely on daily wages earned through casual labour, petty trading, food vending, construction activities and domestic work, were severely affected. Despite the phasing out in July/August of some restrictive measures, the food security situation was expected to remain concerning for the urban poor in the short term, despite a slight improvement due to the economic reopening (FAO-GIEWS, October 2020).

A survey conducted by the Kenya National Bureau of Statistics in key urban areas in May 2020 indicated that about 62 percent of respondents were out of work, with women disproportionately affected. As a result, many struggled to pay for rent or transport, or afford food (UN Habitat, August 2020).

Poor urban households relied heavily on credit facilities to narrow food gaps, leading to atypically high indebtedness. By 1 September, the Kenyan National Bureau of Statistics estimated that 1.7 million Kenyans had lost jobs across the country and that the unemployment rate had doubled to 10.4 percent from 5.2 percent in March when the first cases of COVID-19 were reported (WFP, October 2020).

Save the Children remote interviews with key informants in Mandera, Turkana and Wajir counties in May revealed a

30 percent reduction in casual wages linked to COVID-19 restrictions, a 20–40 percent increase in the price of rice, wheat flour and sugar, and 50–70 percent increase in prices of maize and beans in Turkana, due to supply disruptions (Save the Children, 2020).



Desert locusts

Desert locust infestations, affecting 29 counties by February 2020, were contained by large-scale control operations that averted widespread crop and pasture losses. However, pasture losses were significant in Turkana, Marsabit, Samburu, West Pokot and Tana River counties, where swarms infested about 1 million hectares of land. In September, a few swarms persisted in parts of north-western Turkana, Marsabit, Samburu and Laikipia counties (FAO-GIEWS, October 2020). However, with swarms increasing in Yemen, Ethiopia and Somalia in November, the country was reinvaded and infestation levels increased again. As of 21 December, swarms were present in Lamu, Mombasa, Mandera, Marsabit, Taita Taveta, Garissa, Wajir, Tana River and Kitui counties (FAO, December 2020).



Weather extremes

In northern and north-eastern pastoral areas, two consecutive seasons of favourable rains improved livestock body condition and productivity (FAO-GIEWS, July 2020). In the key south-western cropping areas of the Rift Valley and Western provinces, abundant and well-distributed rains were favourable for crop development, and the long-rains maize production was estimated to be 10–15 percent above average

(FAO-GIEWS, September 2020). However, these rains also caused over 250 000 people to be displaced by landslides and river flooding by mid-2020, destroying homes and assets across 43 out of 47 counties (IFRC, July 2020). The subsequent October–December short rains were erratic and below average in several northern and eastern pastoral areas and in south-eastern and coastal agricultural areas, eroding some of the gains made in rangeland and livestock conditions and diminishing secondary season maize production (FAO-GIEWS, March 2021).



Conflict/insecurity

Long-standing resource-based conflicts constrained food access for a small proportion of poor households across the pastoral areas. In mid-June, armed conflict between communities in the areas of Badandrero, Badasa and Harorogesa (Wajir/Marsabit counties) led to deaths, injuries and displacement of at least 1 750 people (OCHA, July 2020).



Poor diets, diseases and care practices

In the ASALs, low literacy levels and poverty exposed communities to high levels of malnutrition. Poor IYCF practices and illnesses, coupled with aforementioned shocks, slowed the recovery from the effects of the 2019 drought, particularly for the most vulnerable. School closures interrupted school meal programmes, a major source of nourishment for children. COVID-19 measures interrupted health services and activities, incurring a decline in vitamin A supplementation, immunization and Integrated Management of Acute Malnutrition services in April and May (IPC, November 2020).

Forecast 2021

2.0M people

IPC Phase 3 or above in March-May 2021
(13% of population analysed)

Source: Kenya IPC Technical Working Group, April 2021.

⚠️ In rural areas, poor rains will limit agricultural and pastoralist activities, while low income will continue to constrain food access for the urban poor.

During March–May 2021, 1.8 million people are expected to be in Crisis (IPC Phase 3) and an additional 239 000 people in Emergency (IPC Phase 4). This amounts to 13 percent of the population of ASAL counties in Crisis or worse (IPC Phase 3 or above) – a 43 percent increase from around 1.4 million people in February 2021 (IPC, April 2021).

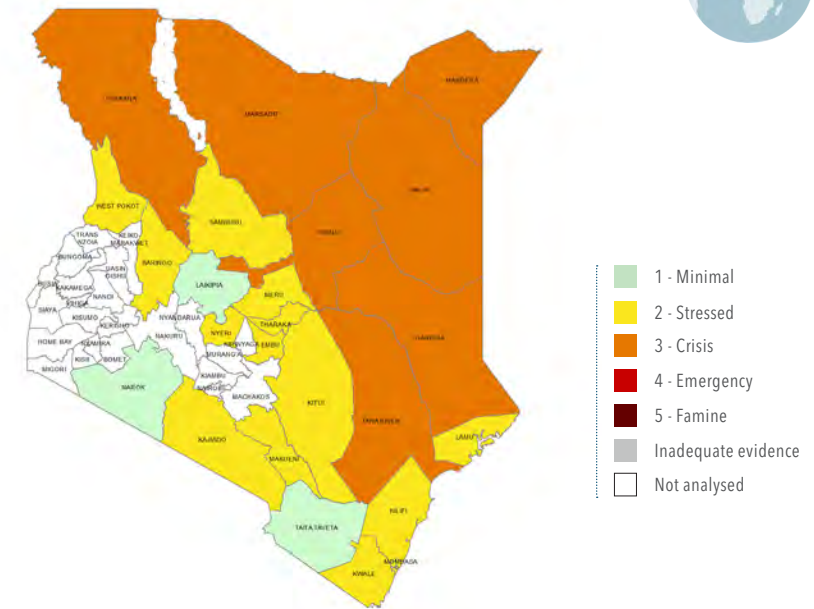
The number of people in Crisis or worse (IPC Phase 3 or above) is expected to be highest in Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir, which account for the majority of the 238 000 people projected to be in Emergency (IPC Phase 4). These seven regions are expected to be in Crisis (IPC Phase 3) during March–May 2021 (IPC, April 2021).

The below-average October–December short rains and the anticipated below-average long rains from March until May are expected to limit opportunities for revenue generation and casual labour during a period when many Kenyans have lost other income-earning opportunities due to COVID-19-related measures. Agricultural labour opportunities and crop production could also be threatened by the onset of desert locust breeding season following the start of the rains. In the absence of farming income, many households will be forced to utilise coping mechanisms indicative of Stressed (IPC Phase 2) and Crisis (IPC Phase 3) to meet their consumption needs. Poor households are expected to face food reserve shortages, forcing them to depend on local markets for their food needs during a time when food prices are high and household incomes are below average.

Pastoralist households could face reduced rangeland resources, likely constraining household milk consumption and livestock prices. IPC anticipates an uptick in resource-based conflicts and livestock disease outbreaks in the dry season grazing areas resulting from resource competition and overcrowded livestock raising conditions (IPC, April 2021).

Map 3.33

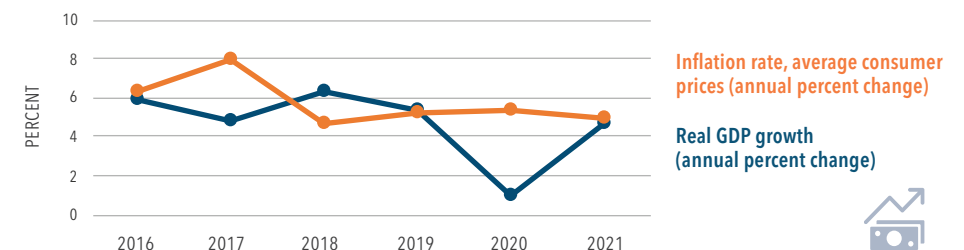
IPC acute food insecurity situation, **March–May 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Kenya IPC Technical Working Group, April 2021.

Figure 3.39

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Lesotho

0.58M people IPC Phase 3 or above
in October 2020–March 2021 (40% of the population analysed)

0.48M IPC Phase 3 **Crisis** **0.10M** IPC Phase 4 **Emergency**

0.48M IPC Phase 2 **Stressed**

Total population of the country: **2.0M**

Population analysed: **73%**

Source: Lesotho IPC Technical Working Group, August 2020.



Households faced a spike in food prices in April 2020 as the effects of COVID-19 lockdown measures took hold – just as incomes from informal work and remittances nosedived. Thereafter food prices generally stabilized countering a worse impact on households' access to food.

2019–20 High levels of acute food insecurity



The number of people in Crisis or worse (IPC Phase 3 or above) at the start of the 2020/21 lean season was 34 percent higher than the peak of the previous year, reflecting the adverse impacts of the COVID-19 pandemic and consecutive below-average agricultural seasons.

At the start of the 2020/2021 lean season (October 2020–March 2021), the number of people in Crisis or worse (IPC Phase 3 or above) reached over 582 000, about 34 percent higher than the previous lean season.

The share of the population in Crisis or worse (IPC Phase 3 or above) rose from 30 percent of the population analysed for October 2019–March 2020 to 40 percent for the corresponding period one year later. The number in Crisis (IPC Phase 3) increased from around 362 000 to 482 000 and the number in Emergency (IPC Phase 4) from 71 000 to 100 000. Meanwhile, the number facing Stressed

(IPC Phase 2) fell slightly from 553 000 to 479 000.

In five out of the 10 regions, some 45 percent of the population were in Crisis or worse (IPC Phase 3 or above), namely Mafetung, Maseru, Mohale's hoek, Qacha's nek and Quthing. In the other five regions, the share of the population in Crisis or worse (IPC Phase 3 or above) ranged from 30–40 percent (IPC, August 2020).

All 10 regions had at least 5 percent of their population in Emergency (IPC Phase 4), reaching 10 percent in Mafetung, Maseru and Mohale's hoek (IPC, August 2020).

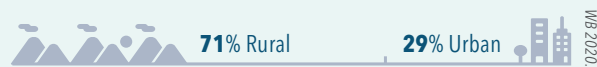
COVID-19 restrictions were likely to have slightly increased poverty rates in urban Lesotho in 2020

Lesotho is predominantly a rural country with poverty levels higher in rural areas (WB, May 2020). However, the impact of COVID-19 on income-earning opportunities for urban populations was concerning in Maseru and other urban centres where households are generally more reliant on salaries and daily wages for food purchases (FEWS NET, July 2020).

Between 2002 and 2017, the urban poverty rate decreased from 41.5 percent to 28.5 percent. However, the actual number of urban poor increased from 180 000 to 196 000. Extreme poverty, based on a food basket required to achieve the minimum daily calorie requirement of 2 700 kilocalories per adult equivalent per day, halved in urban areas from 22.2 percent to 11.2 percent (WB, December 2019).

However, in 2020, poverty rates in urban areas were estimated to have risen by 1 percent, while moderately lower increases were estimated among the rural population (UNDP, July 2020).

Percentage of population living in rural versus urban areas



Map 3.34

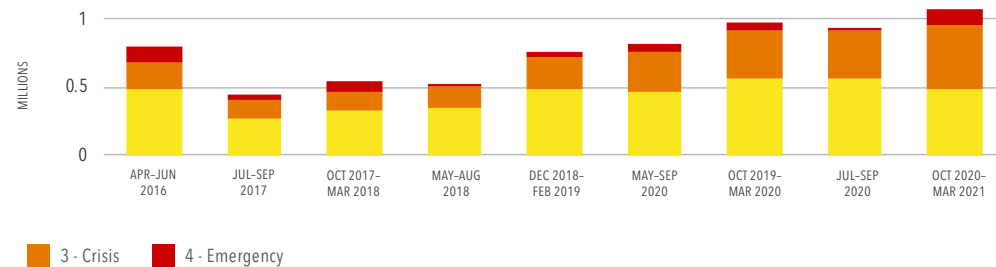
IPC acute food insecurity situation, **October 2020–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Lesotho IPC Technical Working Group, August 2020.

Figure 3.40

Number of people in IPC Phase 2 or above, 2016–2021



Source: Lesotho IPC Technical Working Group.

Nutrition and health overview

At 2.1 percent, the percentage of wasted children under 5 years is of 'low' public health significance (MICS, 2018).

Stunting levels are much more concerning at 34.9 percent, indicating a 'very high' public health concern. The widest gap for stunting was observed between the poorest and richest households. Mothers with only a primary education were twice as likely to have children suffering from stunting compared to those with a secondary education or higher (MICS, 2018).

Additionally, the country was affected by disruption of essential health services related to COVID-19 public health and social measures. The coverage of promotion of nutritious and safe diets for children aged 6-23 months, vitamin A supplementation programmes and nutrition support for pregnant and lactating women decreased by 25-49% at the national level in 2020.

Micronutrient deficiencies are prevalent – 27.4 percent of women of reproductive age and 50.4 percent of children under 5 years are anaemic (WHO, 2016).

2.1% of children under 5 are **wasted**, **0.8%** of them are **severely wasted**.

Source: MICS, 2018.



34.9% of children under 5 are **stunted**.

Source: MICS, 2018.



59.0% of infants aged 0-6 months are **exclusively breastfed**.

Source: MICS, 2018.



18.6% of children aged 6-23 months consume **acceptable dietary diversity**.

Source: MICS, 2018.



27.4% of women of reproductive age and **50.4%** of children under 5 are **anaemic**.

Source: WHO, 2016.



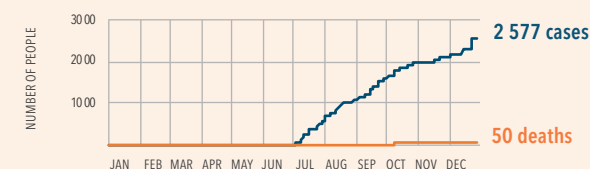
79.4% of households have access to at least **basic drinking water services**.

Source: MICS, 2018.



Figure 3.41

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for children aged 6-23 months dropped by 25-49% nationally.
- ❗ Coverage of Vitamin A supplementation programmes dropped by 25-49% nationally.
- ❗ Coverage of nutrition support for pregnant and lactating women dropped by 25-49% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Economic shocks, including COVID-19

Even before the pandemic, economic forecasts pointed to a sluggish expansion in 2020 due to poor performance in every sector of the economy (UNDP, July 2020).

The slowdown and, in some cases, complete cessation of economic activities due to movement restrictions between March–May 2020 led to a year-on-year economic contraction of 4.8 percent (IMF, October 2020).

Even before the pandemic, unemployment levels were high (32.8 percent) and incomes low, with 39.7 percent of the employed living on less than USD 1.90 a day. Across all sectors affected by movement restrictions, supply chain disruptions and job losses – textile/apparel, tourism/travel, mining and retail/wholesale – informal businesses and workers were hardest hit (UNDP, July 2020).

There were also significant spillover effects from the economic downturn in neighbouring South Africa where 420 000 Basotho work, including 97 000 as unskilled and semi-skilled workers and an unknown number in the mining and corporate sectors, on farms, in domestic work and other informal sector jobs (UNDP, July 2020).

In Quthing, Mofale's hoek and Mafeteng, more than 50 percent of households depend on informal labour opportunities in South Africa. Seasonal migration during the May/June harvest – a typical livelihood strategy in southern and eastern parts – fell, reducing the contribution of seasonal incomes from 35 percent of total household income to 15 percent (IPC, August 2020).

The return of an estimated 93 000 migrant workers from South Africa in 2020 resulted in a reduction in remittances, which provide a source of income for an estimated 17 percent of households in Lesotho. Remittance income was not expected to recover quickly (LVAC, March/April 2020 and IPC, August 2020).

According to an analysis carried out by the European Union, Lesotho is among seven African countries most affected by the impact of falling remittances. This is because its people are highly dependent on remittance inflows with few alternative sources of income and remittance-dependent households face high levels of economic hardship (European Union, 2020).

Generally stable food prices countered a worse impact of income losses on households' access to food. Following a spike in April 2020, which was attributed to an uptick in consumer demand as the effects of the pandemic-related lockdown measures took hold (FAO-GIEWS, December 2020), staple food prices thereafter were mostly firm and only moderately higher year-on-year. This reflected generally adequate domestic supplies, following an increase in production and ample import availabilities from South Africa (Lesotho Bureau of Statistics, November 2020).

Weather extremes

Following two consecutive years of below-average food harvests in 2019 and 2020, low cereal outputs reduced the availability of staple foods for rural households, and lowered income-earning opportunities from crop sales. Successive years of poor agricultural outputs are likely to have forced

many rural households to engage in negative coping strategies, increasing their vulnerability to future shocks.

Severe dry weather conditions affected the 2019 cereal crops, resulting in a well below-average output, while the late onset of seasonal rains delayed the sowing of staple food crops and resulted in a below-average planted area in 2020. Precipitation improved from the mid-point of the agricultural season, but its erratic temporal distribution kept yields at low levels. Rural households were expected to have exhausted their food stocks by the end of September 2020, ushering in an early lean season (IPC, August 2020).

Poor diets, diseases and care practices

While exclusive breastfeeding rates are good (approximately 59 percent of children below 6 months are exclusively breastfed (MICS, 2018)), complementary feeding from 6 months is poor, with only 18.6 percent of 6–23 month old children receiving a diet with the minimum recommended diversity. Two thirds of children (68.1 percent) received the minimum recommended number of meals per day. Only 11 percent received the minimum acceptable diet, i.e. both the required number of meals together with the recommended level of diversity (UNICEF, 2019).

With 23.6 percent HIV prevalence, Lesotho continues to record the second highest prevalence of HIV/AIDS globally, which predisposes the population to risk of other diseases, including malnutrition.

Forecast for 2021

0.58M people

IPC Phase 3 or above in October 2020–
March 2021 (40% of population analysed)

Source: Lesotho IPC Technical Working Group, August 2020.



The very high prevalence of people in Crisis or worse (IPC Phase 3 or above) is projected to persist until the beginning of the harvest in April 2021.

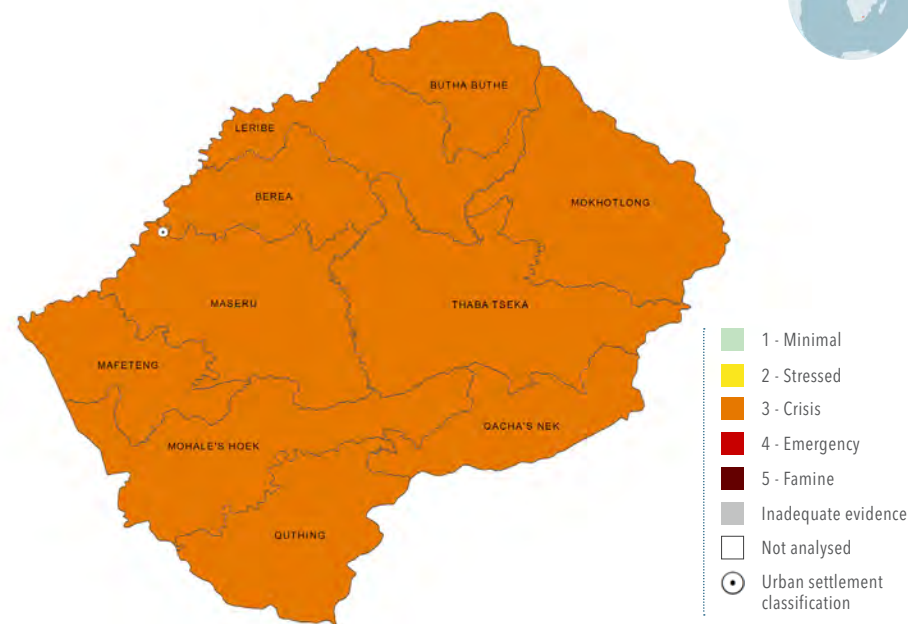
The high number of people in Crisis or worse (IPC Phase 3 or above) is projected to persist through the first quarter of 2021 until the onset of the 2021 harvest in April (IPC, August 2020). From then, food security conditions are expected to improve seasonally as newly harvested crops augment households' food stocks and crop sales are likely to boost incomes. Household incomes are also expected to improve due to increased agricultural labour opportunities during the harvest in April/May. The maize harvest during this period is projected to be around average, likely boosting household food reserves and revenues from sales (FEWS NET, March 2021).

Although COVID-19 safety measures are still in force, along with a nationwide curfew from 10pm until 4am, restrictive measures on public activities have been gradually relaxed, enabling a return to average economic activity levels in urban areas. The relaxation of restrictions in South Africa has also led to an improvement in labour migration and remittance levels. However, the potential for a third wave of COVID-19 cases could lead to the re-imposition of stricter measures that would curb economic activities and adversely impact livelihoods.

Despite improvements in cross-border flows with South Africa, slower transit times have resulted in higher imported maize meal prices, which have reduced purchasing power for poor households. In Maseru, maize meal prices are expected to fluctuate between 15–18 percent over the five-year average until September (FEWS NET, March 2021).

Map 3.35

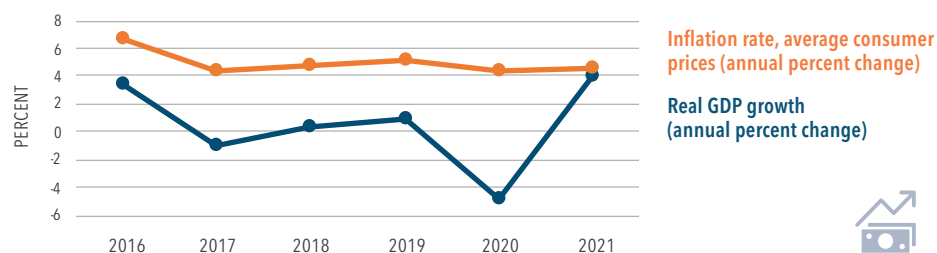
IPC acute food insecurity situation, January–March 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Lesotho IPC Technical Working Group, August 2020.

Figure 3.42

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Madagascar

1.1M people IPC Phase 3 or above
in October–December 2020 (27% of the population analysed)

0.86M IPC Phase 3 **Crisis** **0.20M** IPC Phase 4 **Emergency**

1.7M IPC Phase 2 **Stressed**

Total population of the country: **25.7M**

Population analysed: **15%**

Source: Madagascar IPC Technical Working Group, December 2020.

2019–20

Acute food insecurity worsened in seven southern districts



Recurrent weather extremes and the socioeconomic impacts of COVID-19 aggravated acute food insecurity in Ambovombe, Bekily, Beloha, Amboasary, Betioky, Ampanihy and Tsihombe districts.

At the start of the 2020/2021 lean season, over 1 million Malagasy – or 27 percent of the population analysed – were in Crisis or worse (IPC Phase 3 or above) in 13 southern and south-eastern districts, including 204 000 people in Emergency (IPC Phase 4). Around 85 percent of these people were located in three southern regions – Androy, Anosy and Atsimo Andrefana. In addition, more than 1.6 million people



In southern districts, where three years of drought have wiped out harvests, around one in 10 children are wasted. In Amboasary district, raw mangoes and tamarind are often families' only food source.

were in Stressed (IPC Phase 2) from October–December 2020 (IPC, December 2020). Across the three southern regions, one district (Amboasary-atsimo) was classified in Emergency (IPC Phase 4) and six in Crisis (IPC Phase 3). The remaining six districts, mostly in south-eastern regions, were classified in Stressed (IPC Phase 2) (IPC, November 2020).

The lean season analyses for 2019/2020 and 2020/2021 are not directly comparable because of differing geographical coverage. From November 2019–March 2020, around 730 000 people – or 20 percent of the analysed population – were in Crisis or worse (IPC Phase 3 or above) in 13 districts of

southern, south-western and south-eastern Madagascar, including 37 000 people in Emergency (IPC Phase 4). Eleven districts were facing Crisis (IPC Phase 3) (IPC, November 2019).

If taking into account the same areas analysed (seven southern districts), the number of people in Crisis or worse (IPC Phase 3 or above) increased by 78 percent from 444 000 in November 2019–March 2020 to 790 000 in October–December 2020. However, the total number in October–December 2020 was lower than both November 2017–March 2018 with 891 000 people in Crisis or worse (IPC Phase 3 or above) and November 2018–March 2019 with 880 000 people.

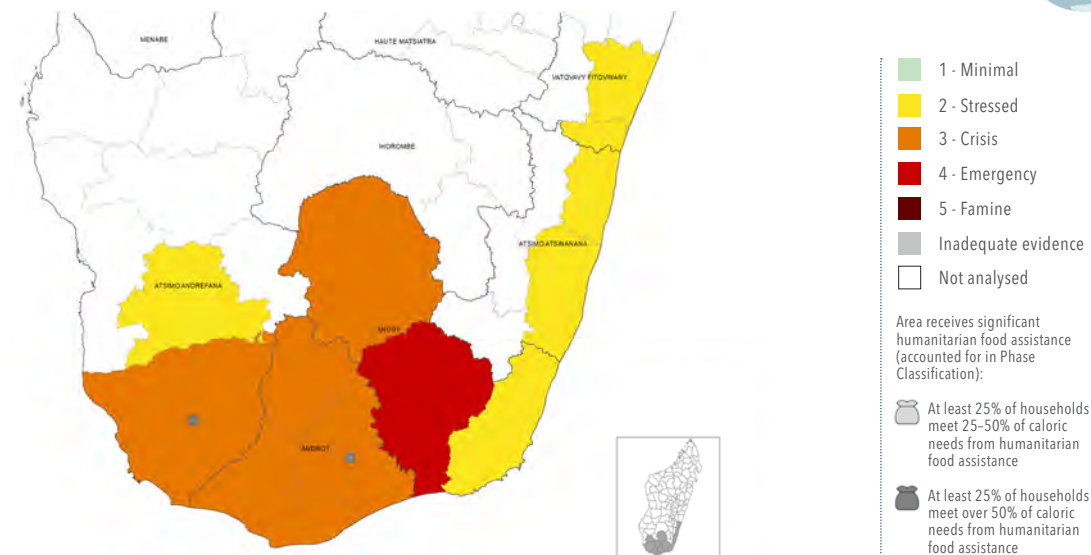
Weather extremes displace thousands annually

Because of its location, Madagascar is prone to extreme weather-related natural disasters such as droughts, floods and landslides, and is regularly impacted by cyclones of varying intensity.

Cyclones and heavy floods displace populations in the tens of thousands every year, mostly in informal camp settings, with negative impacts on the livelihoods, health and well-being of the displaced population and host communities (IOM, November 2020). More than 16 000 were displaced by heavy rainfall and flooding in January 2020 (OCHA, January 2020).

Map 3.36

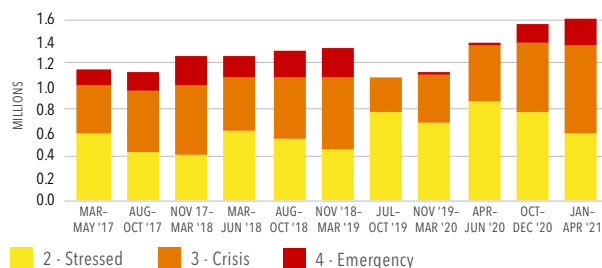
IPC acute food insecurity situation, **October–December 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Madagascar IPC Technical Working Group, December 2020.

Figure 3.43

Number of people in IPC Phase 2 or above, 2017–2021 (seven districts only)



Source: Madagascar IPC Technical Working Group.

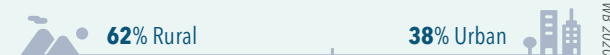
COVID-19-related restrictions dramatically reduced informal sector incomes of urban poor

Measures to curb the spread of COVID-19 were imposed in three cities – Antananarivo, Tamatave and Fianarantsoa – including a transportation ban and curfew, which considerably reduced livelihood activities and income opportunities (FEWS NET, April 2020).

Many people lost their jobs due to restriction measures, particularly in the tourism, mining and textiles sectors, and

remained unemployed as of late 2020 (FEWS NET, October 2020). More than 80 percent of the urban population is employed in the informal sector (FSC, July 2020).

Percentage of population living in rural versus urban areas



WB 2020.

Nutrition and health overview

The most recent national survey (MICS 2018) reported a 'medium' national wasting prevalence of 6.4 percent. Approximately 27 100 children required lifesaving treatment for severe wasting (IPC AMN, December 2020).

However, according to a 2020 IPC acute malnutrition analysis based on SMART surveys in drought-affected southern Madagascar, the situation was far worse in the 10 districts where three years of drought have wiped out harvests and hampered people's access to food. Some 135 000 children were wasted with more than 27 000 of them classified as suffering from severe wasting (IPC AMN, December 2020).

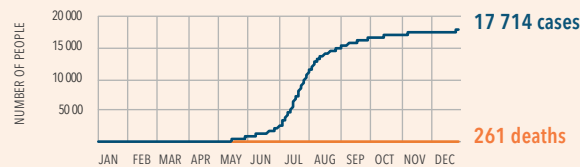
Of the 10 hardest-hit southern districts, Amboasary is the epicentre; families barely scrape together enough food with raw mangoes and tamarind often their only food source. A WFP assessment in Amboasary in October found three out of four children had quit school – mostly to help their parents forage for food (WFP, November 2020).

The prevalence of stunting in Madagascar is considered 'very high' at 42.0 percent. Given this prevalence, Madagascar is ranked 10th among the most-affected countries in the world. Malnutrition is associated with at least 44 percent of deaths among children under 5 years in Madagascar (UNICEF, 2020).

In 2020, the country was affected by disruption of essential health and nutrition services – such as the early detection of and treatment of child wasting and Vitamin A supplementation – related to COVID-19 public health and social measures.

Figure 3.44

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of Vitamin A supplementation programmes dropped by 25–49% nationally.

Source: UNICEF, September 2020.

Micronutrient deficiencies are prevalent, with 48.8 percent of children suffering from anaemia, indicating a severe public health problem.

Approximately 51 percent of children below 6 months are exclusively breastfed. Performance on the complementary feeding indicators is low with 25 percent of children aged between 6–23 months receiving the minimum recommended dietary diversity (MICS 2018).

135 476 children under 5 were wasted, 27 137 of them were severely wasted in 10 districts in the Grand Sud (October 2020–April 2021).

Source: IPC AMN, December 2020.

42.0% of children under 5 are stunted.

Source: MICS, 2018.

51.0% of infants aged 0–6 months are exclusively breastfed.

Source: MICS, 2018.

25.0% of children aged 6–23 months receive the minimum dietary diversity.

Source: MICS, 2018.

36.8% of women of reproductive age and **48.8%** of children under 5 are anaemic.

Source: WHO, 2016.

41.0% of households have access to at least basic drinking water services.

Source: MICS, 2018.

IPC acute malnutrition analysis

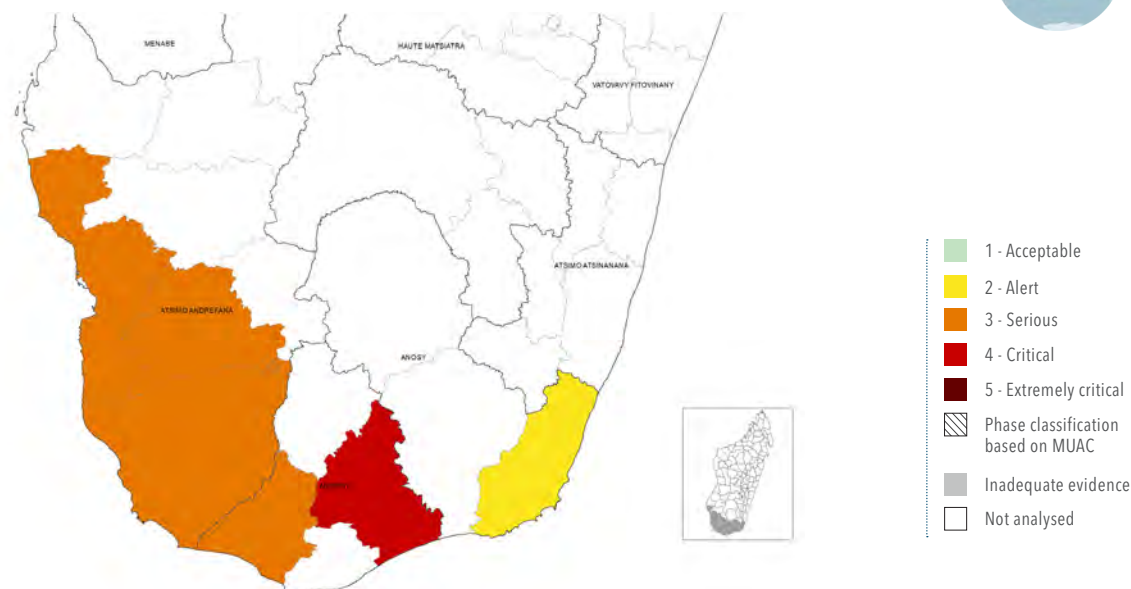
The 2020 IPC acute malnutrition analysis classified the two districts of Amboasary Atsimo and Betroka in Serious (IPC AMN Phase 3), seven districts in Alert (IPC AMN Phase 2), and one district in Acceptable (IPC AMN Phase 1).

Between January and April 2021, as the hunger gap deepens, the nutrition situation in Amboasary Atsimo was expected to shift to Critical (IPC AMN Phase 4) and the districts of Ambovombe, Bekily and Ampanihy to Serious (IPC AMN Phase 3).

The highest wasting levels were in Amboasary (15.2 percent), Bekily (13.6 percent) and Ambovombe (12.4 percent). The districts with the highest numbers of children in need of urgent treatment for severe wasting were: Ampanihy (5 249), Ambovombe (4 598) and Amboasary (4 049) (IPC, December 2020).

Map 3.37

IPC acute malnutrition situation, **September–December 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Madagascar IPC Technical Working Group, May 2020.

Acute food insecurity and malnutrition drivers 2020



Weather extremes

In the south, after three years of consecutive drought, dry spells that affected the regions of Androy, Anosy and Atsimo Andrefana in late 2019 worsened in January. Around 73 percent of the territory faced a 'moderate' drought, marked by a dry-up of water points, deterioration of quality and spikes in prices of water. Crop deterioration was reported in almost all monitored communes, with agricultural losses ranging from 50–100 percent (SISAV, February 2020).

Despite above-average cereal crop production prospects at the national level in 2019/2020 (FAO-GIEWS, December 2020), in most southern districts, the main harvest was poor or insignificant (IPC, April 2020), which also led to a low availability of seeds for the next season (FAO-GIEWS, November 2020).

The first part of the 2020/2021 rainy season (October 2020–March 2021) was again marked by insufficient and erratic rainfall resulting in soil moisture deficits, drought and abnormal dryness in southern and central areas (FEWS NET, December 2020).

In January 2020, a tropical depression caused heavy rainfall and floods, which affected nearly 107 000 people mostly in the north (Boeny, Sofia and Alaotra Mangoro), causing deaths, displacement and loss of livelihoods, and destruction of key infrastructures and agricultural fields (OCHA, January 2020). In February, the Tropical depression Francisco and consequent floods affected rice crops in the south-eastern region of Vatovavy Fitovinany (SISAV, February 2020).

Tropical cyclone Herold triggered floods and affected around 3 000 people in the north-east (OCHA, March 2020). Tropical storm Chalane made landfall in late December, but caused limited damage (OCHA, December 2020).



Economic shocks, including COVID-19

Before the COVID-19 pandemic outbreak, the depreciation of the Malagasy Ariary against the US dollar had already triggered an increase in prices of imported food products, such as rice. In Tulear II, the main city in the south, year-on-year inflation rate reached 12 percent in April 2020, mainly driven by the poor 2019/2020 harvest (FEWS NET, June 2020).

In April, food prices spiked in some cities after the announcement of lockdown. While prices relaxed within a week, they still remained above average because of sanitary checkpoints in ports and on roads slowing down trade flows. Export revenues fell significantly in 2020 because of the COVID-19-related economic slowdown (FEWS NET, December 2020).

As the city lockdown measures triggered an urban exodus, populations in rural areas faced decreased income opportunities due to excess of labour supply, limited migration options, and reduced remittances, in particular in Androy and in the south-east. In southern markets, restrictions prevented pastoralists from selling livestock in weekly markets, while high supply and poor demand resulted in low prices, all contributing to reduced incomes (FEWS NET, April 2020). Movement restrictions and curfews were lifted across the country by October (FEWS NET, October 2020).

Food prices remained above 2019 levels throughout the year. As of November, cereal prices were 20–30 percent higher than the previous year, and prices of tubers had more than doubled, particularly in southern markets (FEWS NET, December 2020). However, the implementation of a price ceiling on rice products in March 2020 helped to prevent spikes following the introduction of pandemic-associated lockdown measures (FAO-GIEWS, November 2020).



Agricultural pests and diseases

In the southern areas, the damages caused by fall armyworm infestations and other pests on crops contributed to low food availability, and discouraged farmers from planting maize in 2020 (FAO-GIEWS, November 2020).



Poor diets, diseases and care practices

Major contributing factors to the deterioration of the nutritional situation in the 10 drought-affected southern districts include inadequate food intake, poor dietary diversity of children and women, and high prevalence of diseases (diarrhoea, acute respiratory infections and malaria) linked to restricted access to health services.

The high level of acute food insecurity in most districts and the low access to safe drinking water also contribute to increased levels of wasting. Finally, the COVID-19 epidemic is an aggravating shock, with the serious disruption that it causes to the food and health systems (IPC AMN, December 2020).

Forecast 2021

1.3M people

IPC Phase 3 or above in January–April 2021
(35% of population analysed)

Source: Madagascar IPC Technical Working Group, December 2020.

▲ Acute food insecurity is expected to deteriorate, in particular in seven southern districts.

Over 1.3 million people are expected to face Crisis or worse (IPC Phase 3 or above) in January–April 2021 in the 13 districts of southern and south-eastern regions – Androy, Anosy, Atsimo Andrefana, Atsimo Atsinanana, Vatovavy Fitovinany – despite the provision of humanitarian food assistance. This population includes 282 000 people facing Emergency (IPC Phase 4) in the southern regions. Around 1.6 million people are also likely to face Stressed (IPC Phase 2) during this period (IPC, December 2020).

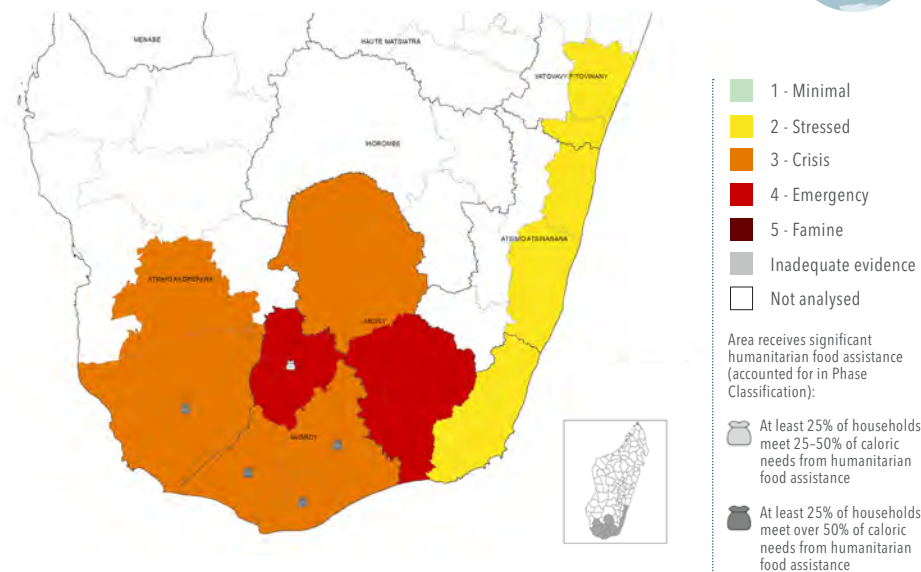
Two districts are projected to be in Emergency (IPC Phase 4) and six others in Crisis (IPC Phase 3) in the regions of Androy, Anosy and Atsimo Andrefana. The other six districts – mostly located in the south-eastern regions (Atsimo Atsinana and Vatovavy) – and in Anosy (Taolagnaro) are projected to be in Stressed (IPC Phase 2) (IPC, December 2020).

In southern rice-producing areas, the main harvests for rice and maize were below average due to significant rainfall deficits, pest infestations and lack of access to quality inputs. This will likely decrease food availability during the lean season and contribute to limited supplies of rice and cassava in local markets. Production deficits are expected in the main producing areas – Tulear II, Betroka, Tsivory, Bekily and Ampanihy (FEWS NET, December 2020). The decline in production comes after several consecutive poor harvests and will likely increase food security needs (FAO-GIEWS, January 2021). Households dependent on cash crops, mining, tourism or textiles are not expected to have recovered their ability to buy the food they need (FAO-GIEWS, November 2020).

The adverse effects of the COVID-19 pandemic have further heightened households' vulnerability to food insecurity (FAO-GIEWS January 2021).

Map 3.38

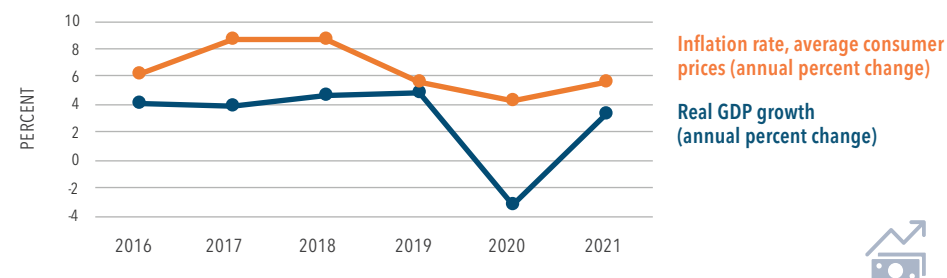
IPC acute food insecurity situation, January–April 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Madagascar IPC Technical Working Group, December 2020.

Figure 3.45

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Malawi

2.5M people IPC Phase 3 or above
in November–December 2020 (14% of the population analysed)

2.5M IPC Phase 3 **Crisis** **0M** IPC Phase 4 **Emergency**

6.2M IPC Phase 2 **Stressed**

Total population of the country: **19.7M**

Population analysed: **90%**

Source: Malawi IPC Technical Working Group, January 2021.

2019–20

The number of people in Crisis or worse (IPC Phase 3 or above) decreased in rural areas

Weather conditions were relatively beneficial compared to 2019/20 when southern districts faced food deficits due to dry conditions in the planting period and the impact of cyclone Idai. In 2020, COVID-19 related restrictions affected economic activities.

From November–December 2020, the number of people in Crisis or worse (IPC Phase 3 or above) was estimated at 2.55 million (14 percent of the analysed population). Of these, just over 2 million were in rural areas and 518 000 were in the four cities of Blantyre, Lilongwe, Mzuzu and Zomba. A large proportion of the population (35 percent) was in Stressed



Eighteen-month-old Chifundo's mother died when he was just days old. His uncle, who works as a day-labourer, has been struggling to find work during the pandemic, and is having difficulty supporting his family, including his orphaned nephew who is suffering from malnutrition.

(IPC Phase 2), and vulnerable to shifting to higher phases of acute food insecurity in the event of a major shock.

Except Lilongwe, all cities were in Crisis (IPC Phase 3). All rural areas were in Stressed (IPC Phase 2) with the exception of Balaka, Neno and Nsanje in the southern region which were in Crisis (IPC Phase 3). No populations were in Emergency (IPC Phase 4) (IPC, January 2021).

Given that the peak analysis for 2020 included both urban and rural areas, the analysis is not directly comparable with the 2019 peak analysis (January–March), which only covered rural areas. However, when comparing the rural areas covered

by both analyses, the number of people in Crisis or worse (IPC Phase 3 and above) in 2020 was 38 percent lower than last year, when 3.3 million people were in Crisis or worse (IPC Phase 3 and above) in rural areas, including 449 000 in Emergency (IPC Phase 4) (IPC, August 2018).

However, in comparison with the corresponding lean season in 2019, the number was slightly higher. From November 2019–March 2020, 1.9 million people were classified in Crisis or worse (IPC Phase 3 and above) in rural Malawi against 2.03 million in the January–March 2021 lean season, representing a 7 percent increase (IPC, November 2019).

Food access for refugee households was increasingly challenging in 2020

 **48 000** refugees, 62% from Democratic Republic of the Congo, 23% from Burundi and 15% from Rwanda

Source: UNHCR, end 2020.

The proportion of refugee households with inadequate food consumption increased from 40 percent in 2019 to 52 percent by November 2020. The use of consumption-based coping strategies remained persistently high, while 60 percent of the refugees were using long-term livelihood coping strategies, with around a fifth (21 percent) adopting Crisis or Emergency level strategies.

As the data for 2020 was collected by phone, the findings are likely conservative and may reflect the food security status of better-off refugees (WFP, November 2019 and November 2020).

Restrictions on refugees' freedom of movement and right to employment in Malawi have resulted in limited income earning opportunities. Food assistance in 2020 was provided to all refugees largely at a 50 percent ration (UNHCR and WFP, 2020).

Around 27 percent of the refugees rely on food assistance as their main income. Those relying on casual labour increased from 14 percent in 2019 to 24 percent in 2020. Around 15 percent have small businesses. Some refugees have access to land, enabling 22 percent of them to produce food, mainly for their own consumption, and as a main source of income for just 4 percent. Another 5 percent rely on petty trade (WFP, November 2020).

Map 3.39

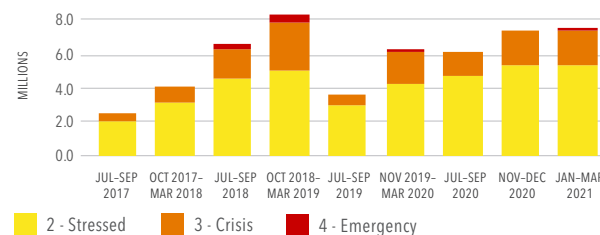
IPC acute food insecurity situation, **November–December 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Malawi IPC Technical Working Group, January 2021.

Figure 3.46

Number of people in IPC Phase 2 or above, 2017–2021, rural areas only

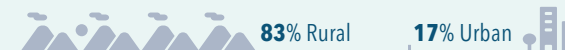


Note: The estimates for Jul–Sep 2020, Nov–Dec 2020 and Jan–Mar 2021 do not cover Blantyre city, Likoma, Lilongwe city, Mzuzu city, Zomba city. Source: Malawi IPC Technical Working Group.

COVID-19-related income losses in urban areas

Around 20 percent of people in Crisis or worse (IPC Phase 3 or above) were in four main cities from November–December 2020. In Blantyre, Mzuzu and Zomba, 20 percent of the population were classified in Crisis (IPC Phase 3) in late 2020. In Lilongwe, 15 percent faced Crisis (IPC Phase 3).

Percentage of population living in rural versus urban areas



Nutrition and health overview

A combination of weather extremes and economic shocks in recent years have rendered it difficult for Malawi to make progress in improving malnutrition outcomes. The country has a 'very high' prevalence of stunting at the national level (37.1 percent), which continues to pose significant long-term development challenges in terms of healthy development, growth, and economic productivity (DHS 2015–2016).

Stunting in Malawi is higher among children of undernourished mothers and among children born with low weight. This highlights the importance of tackling undernutrition across the life-cycle, starting early in life with a focus on the 1 000 day window and continuing into adolescence and pregnancy. Higher stunting levels among the lowest wealth quintiles reflect socioeconomic inequalities (DHS 2015–2016).

The prevalence of wasting is classified as 'low' (2.7 percent) as per the latest data (DHS 2015–2016). However, wasting in Malawi fluctuates by season and rises during the lean season and during years with poor agricultural performance.

2.7% of children under 5 are **wasted**, **0.6%** of them are **severely wasted**.

Source: DHS 2015–16.



➔ **Wasting** among refugee children under 5 years is **acceptable** in 2 out of 2 refugee sites.

Source: SENS, 2016.

37.1% of children under 5 are **stunted**.

Source: DHS 2015–16.



➔ **Stunting** for refugee children under 5 years is **very high** in 2 out of 2 refugee sites.

Source: SENS, 2016.

60.9% of infants aged 0–6 months are **exclusively breastfed**.

Source: DHS 2015–16.



➔ **More than 75%** of refugee infants aged 0–6 months are **exclusively breastfed** in 0 out of 2 refugee sites.

Source: SENS, 2016.

25.1% of children aged 6–23 months receive the **minimum dietary diversity**.

Source: DHS 2015–16.



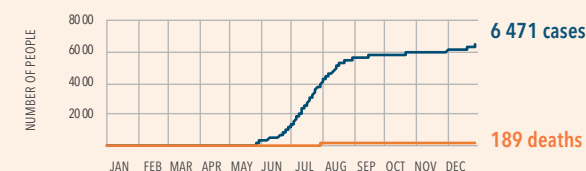
69.0% of households have access to at least basic **drinking water services**.

Source: JMP, 2017.



Figure 3.47

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

❗ Coverage of Vitamin A supplementation programmes dropped by 50–74% nationally.

Source: UNICEF, September 2020.

32.7% of women of reproductive age and **62.6%** of children under 5 are **anaemic**.

Source: DHS 2015–16.



➔ **Levels of anaemia** in non-pregnant refugee women

Medium in 1 out of 2 refugee sites	High in 1 out of 2 refugee sites
---------------------------------------	-------------------------------------

➔ **Levels of anaemia** in refugee children under 5 years

Medium in 1 out of 2 refugee sites	High in 1 out of 2 refugee sites
---------------------------------------	-------------------------------------

Source: SENS, 2016.

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

By comparison with neighbouring countries, the measures introduced to curb the spread of the COVID-19 disease were generally mild. A High Court ruling in May 2020 prevented the imposition of a full lockdown unless safety net programmes were implemented to mitigate the impact on the poorest. Although economic growth slowed sharply to 1.3 percent in 2020 (WB, January 2021), it remained positive, unlike in neighbouring countries.

However, the adverse impact of the global economic recession that detrimentally affected the Malawian economy (especially through lower export demand and reduced remittances), contributed to income reductions, as well as job losses (WB, December 2020).

Remittances – a crucial financing lifeline for many vulnerable households – decreased by 57 percent year on year in April before rebounding in May, when they were still 15 percent lower than the previous year (WB, July 2020).

While income losses were estimated to have been steepest among urban households (WB, December, 2020), reductions occurred across all income groups and as a result 1.6 million people were estimated to have temporarily fallen into poverty in 2020 (IFPRI, November 2020).

After remaining low for several months, increasing COVID-19 cases in mid-December led the government to issue new restrictions, including closing land borders to foreigners and the movement of non-essential goods – just as trade and other forms of economic activity were starting to recover, improving

income-earning opportunities for urban households (FEWS NET, December 2020).

A slowdown in food price inflation during 2020 abated some of the effects of lower incomes and prevented a further deterioration in food insecurity. Prices of the main food staple, maize, began increasing seasonally from mid-2020, but remained lower year-on-year as of December 2020 (IFPRI, December 2020).



Weather extremes

Overall, weather conditions were beneficial, and this supported an upturn in agricultural production in 2020 which was also underpinned by large-scale livelihoods support and agriculture programmes for the 2020/2021 planting season. Production of maize, the primary food staple, was estimated at 3.7 million tonnes, about 25 percent higher than the five-year average, supported by high yields and an above-average planted area amid an increased use of hybrid seeds and fertilizers (FAO-GIEWS, August 2020).

Production of other cereal crops, including rice and sorghum, was also estimated to have increased in 2020. Reflecting the output increase, food availability at the national level was reportedly generally adequate, bolstering rural households' food supplies and stabilizing food availability in most markets.

However, in parts of the south where seasonal rainfall deficits were recorded and in some districts in the north where floods occurred, shortfalls in cereal production were estimated. As a result, households in these areas experienced some food gaps (IPC, September 2020).



Agricultural pests and diseases

The impact of fall army worm has reduced in the last two years, though there are more infestations especially during the winter cropping. The improvement is a result of the intensive sensitization by the Ministry of Agriculture and FAO through the field campaigns. However, a few other minor pests for horticulture are still persistent.



Poor diets, diseases and care practices

Declining incomes and food gaps due to weather extremes have contributed to poor performance in complementary child feeding practices, with only 25 percent of children between the ages of 6–23 months consuming the minimum dietary diversity. Similarly, only 8 percent of children consume the minimum acceptable diet, while 29 percent obtain the minimum meal frequency (DHS 2015–16).

In addition to the COVID-19 pandemic, Malawi is prone to other epidemic diseases, including cholera and measles, which continue to threaten the nutrition situation.

Forecast 2021

2.6M people

IPC Phase 3 or above in January–March 2021
(15% of population analysed)

Source: Malawi IPC Technical Working Group, January 2021.

▶ Prevalence of food insecurity to remain stable but populations in urban areas expected to face more severe levels of acute food insecurity in early 2021.

The number of people in Crisis or worse (IPC Phase 3 or above) was projected to rise marginally in the first quarter of 2021 (January–March) to 2.64 million. The number of people forecast to face Emergency (IPC Phase 4) is expected to increase to nearly 133 000 during the lean season. Most of the populations in Emergency (IPC Phase 4) are located in urban areas and the deterioration predominantly reflects the impact of the effects of the pandemic on people's ability to purchase food (IPC, January 2021).

Since the projection was made, new restrictions were implemented in January to stem the spread of rising COVID-19 cases, which constrained income-generating opportunities for urban households in particular. However, in February, many low-income households benefited from a three-month cash-based assistance programme that helped reinforce food security outcomes. A decline since March in the number of COVID-19 cases has also enabled a gradual resumption of economic activity, which will likely translate to improved food security in urban households, provided cases do not rise again (FEWS NET, March 2021).

Acute food insecurity numbers will also likely improve in May/June with the beginning of the main harvest in April, which will reinforce household food stocks and agricultural incomes, particularly in the southern and central areas (FEWS NET, March 2021). Current conditions portend to an above-average agricultural output in 2020, reflecting conducive weather conditions and the implementation of the government's Affordable Inputs Program (AIP), which provided 4.2 million smallholder farmers with subsidized access to essential agricultural inputs. If an above-average staple food harvest is attained, food supplies should improve from the second quarter of 2021, boosting rural households' food availability and dampening pressure on food prices, notably to the benefit of urban populations (FAO-GIEWS, December 2020).

Map 3.40

IPC acute food insecurity situation, **January–March 2021**

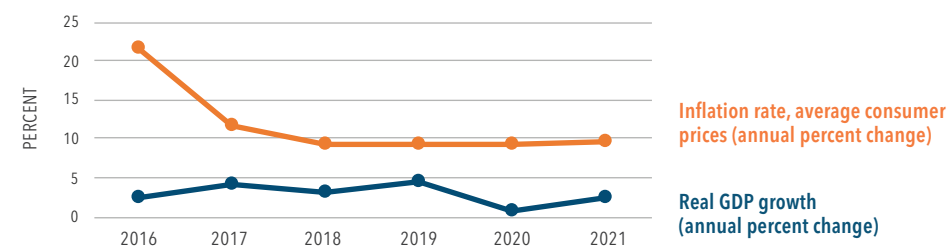


- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Inadequate evidence
- Not analysed
- Urban settlement classification

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Malawi IPC Technical Working Group, January 2021.

Figure 3.48

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Mali

1.3M people CH Phase 3 or above
in June–August 2020 (7% of the population analysed)

1.2M CH Phase 3 **Crisis** **0.13M** CH Phase 4 **Emergency**

3.7M CH Phase 2 **Stressed**

Total population of the country: **20.9M**

Population analysed: **98%**

Source: CILSS-Cadre Harmonisé, March 2020.

2019–20

Rising levels of acute food insecurity



COVID-19 containment measures compounded security, economic and health crises, and together with floods dramatically increased the magnitude of this food crisis.

In less than one year, the number of people in Crisis or worse (CH Phase 3 or above) more than doubled, from around 648 000 people in October–December 2019 to over 1.3 million during the June–August 2020 lean season. The number of people in Emergency (CH Phase 4) more than trebled from 39 000 to nearly 130 000. Acute food insecurity became more geographically widespread with high numbers in Crisis or worse (CH Phase 3 or above) across central,



Mohammed and his family fled Mopti, one of the country's major areas of food production, to seek refuge from conflict. In 2020, fatalities from widespread conflict across northern, central and Liptako-Gourma areas of Mali increased by 46 percent from 2019.

eastern and western regions as well as northern (CILSS-CH, November 2019 and March 2020).

The number of people in Crisis or worse (CH Phase 3 or above) was particularly high in the regions bordering Burkina Faso and the Niger, namely Mopti, with 535 279 people, and Gao, with 210 443 people. These two regions accounted for seven out of the nine areas classified in Crisis (CH Phase 3) and 77 percent of Mali's population in Emergency (CH Phase 4) (CILSS-CH, March 2020).

A broader historical trend analysis revealed that in June–August 2020, the number of people in Crisis or worse

(CH Phase 3 or above) was the highest since the same period in 2014, when there were 1.9 million, including 37 000 in Emergency (CH Phase 4). The high levels in 2014 were attributed to a humanitarian crisis stemming from a highly volatile security environment, large numbers of internally displaced people and refugees, poverty and climate-related shocks. Although there were more people in Crisis or worse (CH Phase 3 or above) in June–August 2014 than in June–August 2020, the 2020 peak reported nearly 93 000 more people in Emergency (CH Phase 4), indicating a marked increase in the severity of acute food insecurity (CILSS-CH).

COVID-19-related restrictions imposed additional economic hardship on displaced families

-  **0.33M IDPs, 146 000 of them newly displaced in 2020**
-  **48 000 refugees and asylum seekers mainly from the Niger, Mauritania and Burkina Faso**
-  **27 000 refugee and IDP returnees in 2020**

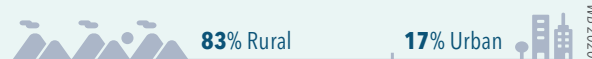
Source: UNHCR, end 2020.

Largely driven from their homes by conflict in the central and northern regions since 2018, Mali's IDPs are mainly dependent on humanitarian assistance, having lost their livelihoods and assets. Many IDPs have lost or changed their livelihoods again as a result of COVID-19 restrictions in the cercles of Gao, Bourem and Niono. The majority of IDPs cite food as their greatest need (IOM, October 2020).

Bamako faced rising food insecurity in mid-2020

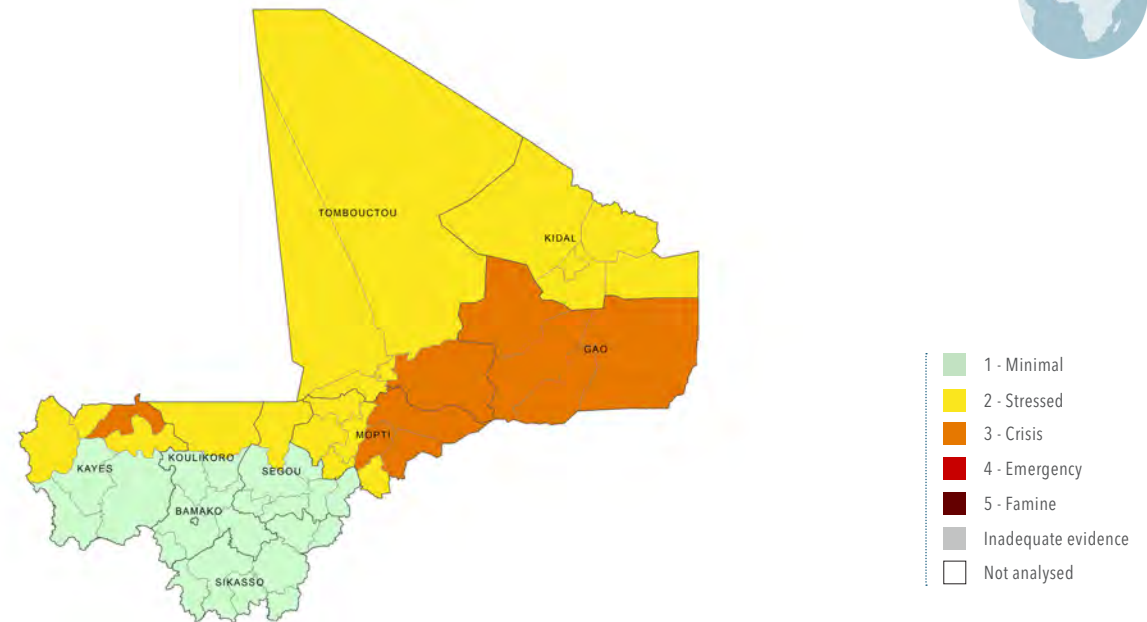
Acute food insecurity is usually a rural issue in Mali, but COVID-19 containment measures led to income losses in urban areas, particularly for households dependent on the informal sector. From March–May 2020, the capital, Bamako, had 317 000 people in Stressed (CH Phase 2), but by June–August, nearly 26 000 were in Crisis (CH Phase 3), with an additional 351 000 in Stressed (CH Phase 2). Although food security improved among Bamako's urban population, by October–December, 379 000 people remained in Stressed (CH Phase 2).

Percentage of population living in rural versus urban areas



Map 3.41

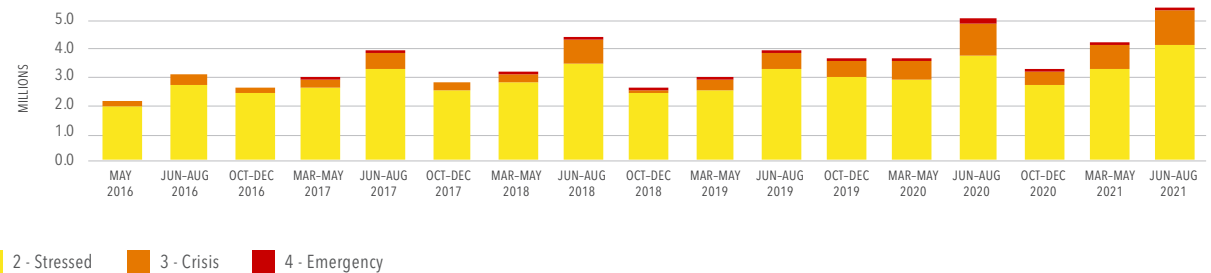
Mali, CH acute food insecurity situation, June–August 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2020.

Figure 3.49

Number of people in CH Phase 2 or above, 2016–2021



Source: CILSS-Cadre Harmonisé.

Nutrition and health overview

In the northern and central regions, displacement – fuelled by violence intertwined with frequent and intense periods of drought and flooding – prevented thousands of people from accessing healthcare and nutrition services (HNO 2020).

In 2020, the latest SMART survey reported that 7.2 percent of children were wasted, while 1.3 percent were severely wasted, with Tombouctou having the highest wasting prevalence in the country (14.9 percent) (SMART, 2020). Gao, Ménaka, Mopti and parts of Ségou were also highly affected by wasting, as well as the district of Bamako (HNO 2020). Stunting levels at the national level were also high at 23.9 percent (SMART, 2020).

Communities in conflict zones and displaced populations are particularly vulnerable to nutritional challenges, with household access to potable water particularly low in Kidal (38 percent) and Gao (44 percent). Over 96 percent of IDPs live in regions where household access to at least basic drinking water is lower than the national average (78 percent) (HNO 2020; JMP, 2017).

Poor sanitary conditions have rendered the population highly vulnerable to malnutrition, with over half of malnutrition cases associated with diarrhoeal disease (HNO 2020).

Anaemia rates among children and women of reproductive age were staggeringly high as well, at 81.9 percent and 63.4 percent, respectively (DHS 2018).

0.36M children under 5 are wasted, 0.16M of them are severely wasted.

Source: HNO 2021.



23.9% of children under 5 are stunted.

Source: SMART, 2020.



51.5% of infants aged 0–6 months are exclusively breastfed.

Source: SMART, 2020.



29.4% of children aged 6–23 months receive the minimum dietary diversity.

Source: SMART, 2020.



63.4% of women of reproductive age and **81.9%** of children under 5 are anaemic.

Source: DHS 2018.



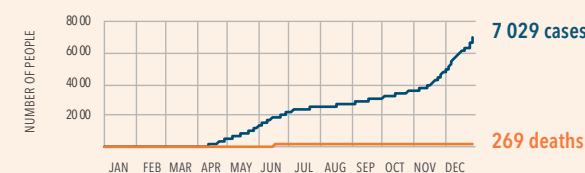
78.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.50

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

❗ Coverage of Vitamin A supplementation programmes dropped by 75–100% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

ACLED reported that fatalities from conflict increased by 46 percent from 2019, with severe implications for food security and nutrition (ACLED, December 2020). Armed conflict in the northern, central and Liptako-Gourma areas adversely affected agricultural production, as did recurrent inter-communal conflicts, violence, crime and the use of improvised explosive devices (UNICEF, June 2020). Some 34 700 hectares of land could not be cultivated during the 2019/20 agricultural season in Mopti region, leading to localized production shortfalls (FAO, June 2020; UNICEF, July 2020; FEWS NET October, 2020).

Poor households in Liptako-Gourma and western Sahel consumed their food stocks early in the 2020 lean season, deepening their dependence on markets. From July–August, the percentage of households dependent on markets as their primary source of food increased from 57 percent to 67 percent (WFP et al., August 2020). Conflict limited revenue generation and prevented many households from accessing markets and humanitarian aid (WFP, July 2020; FAO, June 2020).

Economic shocks, including COVID-19

The implementation of COVID-19 containment measures aggravated acute food insecurity levels in rural areas by preventing farmers, herders and fishers from accessing markets and production areas, preventing pastoralists from accessing pastures, water and fodder for their animals, and disrupting traditional patterns of seasonal migration for agricultural workers to prepare the fields (FAO, June 2020).

According to a July WFP mobile Vulnerability Analysis and Mapping assessment (mVAM), 64 percent of households in surveyed areas that depend on migration saw their revenues fall by over 30 percent due to COVID-19-related restrictions, adversely affecting their purchasing power (WFP, July 2020). Cotton producers also experienced declining incomes due to falling global demand for cotton resulting from the COVID-19 economic slowdown. The downturn in demand led to a 77 percent decline in areas devoted to Malian cotton cultivation area year-on-year (CILSS-CH, November 2020).

Although restrictions were lifted by the summer, economic activity did not fully recover due to limited demand for informal sector work in urban areas, and was further constrained by two months of sanctions imposed on Mali by the Economic Community of West African States (ECOWAS) following the mid-August military coup that deposed former President Ibrahim Boubacar Keita. The sanctions limited the flow of goods, services and remittances, particularly for vulnerable households in urban and conflict-prone regions. In late August, WFP reported that over 20 percent of Malian households had adopted negative coping strategies to meet basic food needs during the lean season (USAID, September 2020).

Weather extremes

From July–September, over 90 000 people were affected by flooding in the regions of Menaka, Ségou, Gao, Bamako and Timbuktu and nearly 74 000 hectares of grains destroyed (FEWS NET, October 2020). The loss of homes, assets, livestock, food stocks and crops eroded the capacity of vulnerable

households to meet their basic food needs during the lean season. Flooding degraded roads, preventing access to markets and humanitarian assistance. Prices of coarse grains generally increased in September after the floods reduced supplies and further hampered marketing activities and market access (FAO-GIEWS, October 2020).

Agricultural pests and diseases

Localized outbreaks of fall armyworms (FAW) and desert locusts were reported across most areas of the country, while grain-eating birds affected crops in Macina, Niono, Gao, Ansongo and Bourem districts. As a result, several areas were expected to experience production shortfalls due to a combination of pests, floods and conflict.

Poor diets, diseases and care practices

Poor nutritional outcomes stem in part from poor child feeding practices. Only 17.6 percent of children ages 6–23 months, receive a minimum acceptable diet (SMART, 2020). Poor sanitary conditions have rendered the population highly vulnerable to malnutrition, with over half of malnutrition cases associated with diarrhoeal diseases (HNO 2020). COVID-19 placed additional pressure on Mali's already limited and strained healthcare sector. A polio epidemic in the Menaka region, an outbreak of measles in the northern and central regions, and cases of Crimean Congo haemorrhagic fever in Mopti were more difficult to manage due to movement restrictions and may have further deteriorated nutrition outcomes (UNICEF, June 2020).

Forecast 2021

1.3M people

CH Phase 3 or above in June–August 2021
(6% of population analysed)

Source: CILSS–Cadre Harmonisé, March 2021.



Food security conditions are expected to remain atypically high during the 2021 lean season as Mali's economic and political environment stabilises amid continued insecurity.

The number of people in Crisis or worse (CH Phase 3 or above) is expected to remain high at around 1.3 million people during the 2021 lean season (CILSS-CH, March 2021). Conflict is expected to continue driving high levels of acute food insecurity, particularly for vulnerable households living in the northern regions and Liptako-Gourma areas. Persistent insecurity in Gao and Mopti will continue to adversely affect livelihoods, displace thousands of households and heighten local food insecurity, despite the expectation of an adequate upcoming harvest (FEWS NET, December 2020). Mopti and Gao are projected to account for six in ten Malians expected to be in Crisis or worse (CH Phase 3 or above) during the 2021 lean season, as well as 94 percent of the total population in Emergency (CH Phase 4) (CILSS-CH, March 2021).

The resurgence of COVID-19 cases towards the end of 2020 led to a reinstatement of containment measures, particularly in Bamako where most of the cases were concentrated. The restrictions continue to adversely affect livelihoods for urban households into spring 2021, but not as severely as in spring 2020 (FEWS NET, March 2021). As during the first wave however, the arrival of remittances from abroad will likely be slowed, and may constrain access to key non-food staples for households dependent on migration. A renewal of violent protests would also disrupt livelihoods and economic activity (FEWS NET, December 2020).

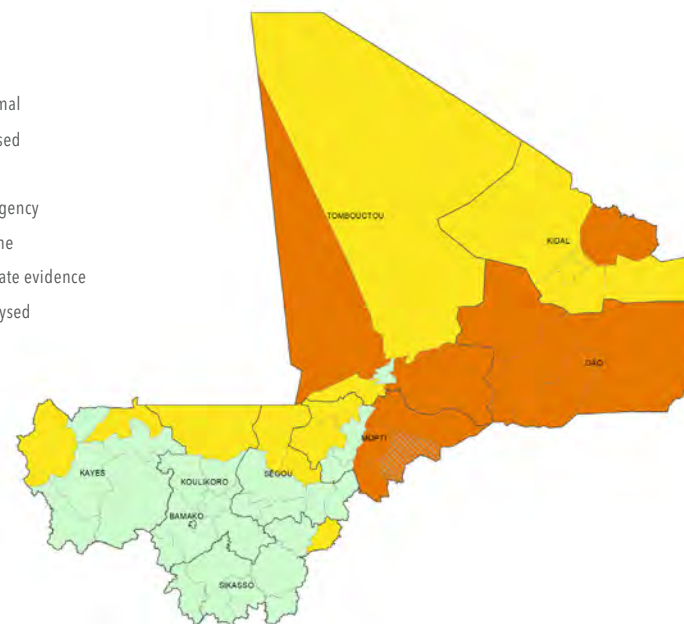
Food stocks in rural areas are expected to help increase food security during the first few months of 2021 for households outside of conflict zones due to a projected 19 percent increase in cereal production relative to the five-year average. Similarly, good harvests in relatively conflict-free zones will likely ensure adequate food stocks in local markets and keep food prices stable (FEWS NET, December 2020).

Map 3.42

Mali, CH acute food insecurity situation, June–August 2021



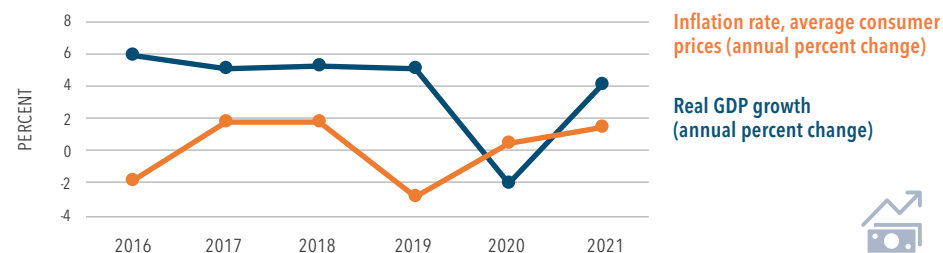
- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Inadequate evidence
- Not analysed



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS–Cadre Harmonisé, March 2021.

Figure 3.51

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Mozambique

2.7 M people IPC Phase 3 or above
in October–December 2020 (15% of the population analysed)

2.4M IPC Phase 3 **Crisis**
0.31M IPC Phase 4 **Emergency**

8.8M IPC Phase 2 **Stressed**

Total population of the country: **30.1M**

Population analysed: **60%**

Source: Mozambique IPC Technical Working Group, January 2021.

2019–20

Mozambique faced a deeply concerning food crisis

Displacement due to intensified conflict in northern and central provinces, a third consecutive year of drought in southern provinces, as well as declining incomes, created an alarming acute food insecurity situation.

Some 2.7 million people faced Crisis or worse (IPC Phase 3 or above) across the country from October–December 2020. Acute food insecurity was worst in the eastern districts of Cabo Delgado province, southern Tete province, most of the districts of Gaza and Inhambane provinces, and one district in Maputo region, which were classified in Crisis (IPC Phase 3), while all other analysed districts were classified in Stressed (IPC Phase 2) (IPC, January 2021).



Joaquina cooks in front of her brother's home in Montepuez, north-east Mozambique after fleeing violence in Cabo Delgado with her husband, children and grandchildren in August 2020. Their house was burned to the ground and they have lost their income sources, access to agricultural land and inputs.

Cabo Delgado had by far the highest number of people in Crisis or worse (IPC Phase 3 or above) with over 579 000. It also accounted for nearly half of the country's total of 306 000 people classified in Emergency (IPC Phase 4) (IPC, January 2021). The provinces of Gaza, Inhambane and Niassa also had populations classified in Emergency (IPC Phase 4), totalling over 168 000 (IPC, January 2021).

Gaza had the highest share of people in Crisis or worse (IPC Phase 3 or above), with 29 percent of its analysed population, followed by Cabo Delgado (25 percent) and Inhambane (21 percent) (IPC, January 2021).

In both urban and rural areas the prevalence of people in Crisis or worse (IPC Phase 3 or above) was around 15 percent, but since Mozambique is still predominantly a rural country, the numbers were far higher in rural areas at 1.9 million.

In terms of magnitude, the situation was seemingly far worse than during the October 2019–February 2020 lean season, when 1.7 million (34 percent of the population analysed) were in Crisis or worse (IPC Phase 3 or above), with 265 000 in Emergency (IPC Phase 4) (IPC, June 2019). However, the 2020 analysis covered 60 percent of the population while the 2019 analysis covered only 18 percent.

In northern areas conflict increased displacement - many families were cut off from assistance

→ 0.67M IDPs

→ 27 000 refugees and asylum seekers, 37% from the Democratic Republic of the Congo, 33% from Burundi, 14% from Rwanda, 13% from Somalia

Source: UNHCR, end 2020.

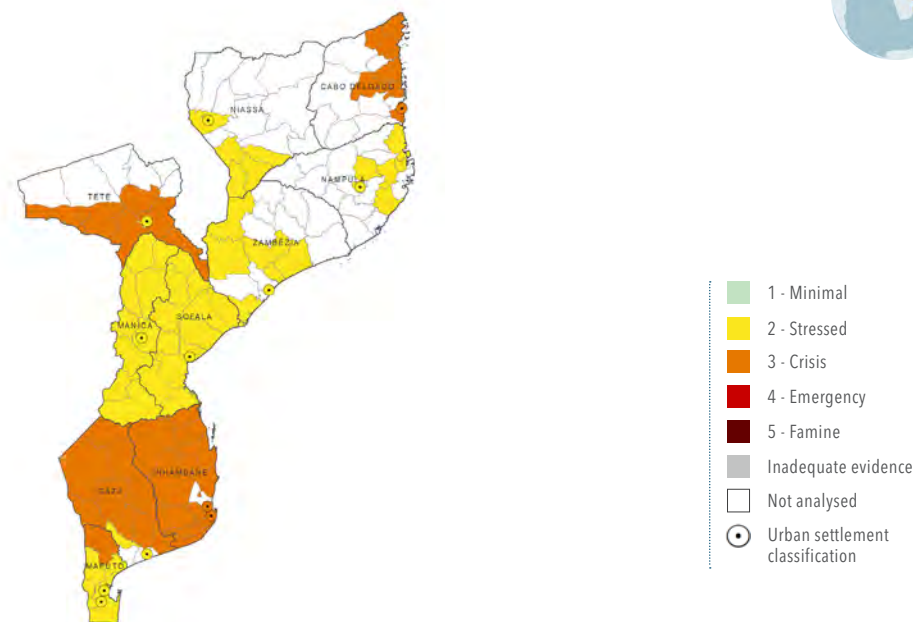
The escalation of the conflict in Cabo Delgado since the beginning of 2020, as well as conflict in Manica and Sofala, drove massive displacement, with IDPs losing access to typical food and income sources, as well as to agricultural land and inputs. Displacement increased sixfold between March (110 000) and December (668 000) (UNHCR, end 2020). However, the volatile situation makes getting exact estimates challenging. The violence is hampering humanitarian assistance with aid organizations facing major challenges to reach people affected (FEWS NET, December 2020).

Many have been forced to move multiple times. The majority have sought refuge in the safer southern districts of Cabo Delgado, where around 90 percent of displaced households are sheltered by host communities (UNHCR, December 2020). In conflict-affected areas of Cabo Delgado, 154 000 people or 45 percent of the population were facing Crisis or worse (IPC Phase 3 or above) (IPC, January 2021).

In Maratane camp, 52 percent of refugees had unacceptable food consumption in September 2020 versus 35 percent in July 2019. Around 18 percent of refugees spent over 65 percent of their total monthly expenditure on food and 35 percent were applying Crisis or Emergency livelihoods coping strategies in September 2020 (WFP, 2020).

Map 3.43

IPC acute food insecurity situation, October–December 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Mozambique IPC Technical Working Group, January 2021.

Around 15 percent of urban populations were in Crisis or worse (IPC Phase 3 or above)

COVID-19 containment measures resulted in thousands of poor households in urban and peri-urban areas losing income sources (FEWS NET, October 2020).

Even after measures were relaxed, urban and peri-urban households still faced difficulty obtaining sufficient income to buy food due to restrictions on the operation of small income-generating businesses (FEWS NET, October 2020).

Around 0.8 million people in 12 cities/urban areas were in Crisis or worse (IPC Phase 3 or above) from October–December. In Maputo, around 184 000 people (17 percent of the population) were in Crisis (IPC Phase 3) (IPC, January 2021).

Percentage of population living in rural versus urban areas



WFP 2020.

Nutrition and health overview

The devastating impact of frequent cyclones, coupled with the effects of recent drought, conflict, suboptimal access to healthcare, and poor living conditions have fuelled numerous nutrition and health challenges. The socioeconomic effects of the COVID-19 pandemic have placed additional pressure on an already fragile economic environment, while containment measures curbed access to health services, making it difficult for Mozambique to combat malnutrition in its various forms.

Some 42.6 percent of children under 5 years are stunted (DHS 2011), well above the average for Africa (29.1 percent) and among the worst globally. Without significant improvements in treatment or a reduction in the root causes, Mozambique will have more stunted children in 2030 because reductions in prevalence are not keeping pace with population growth (Global Nutrition Report, 2020).

Stunting remains a significant challenge in the north, particularly in Cabo Delgado, where insecurity worsened in 2020. Pre-crisis stunting levels of 52.8 percent in Cabo Delgado could worsen further due to conflict (DHS 2011).

Around 5.9 percent of children under 5 are affected by wasting, placing it lower than the African regional average of 6.4 percent (DHS 2011; Global Nutrition Report, 2020).

Only 43 percent of infants under 6 months are exclusively breastfed. Complementary feeding for children 6–23 months is also poor, with only 14.5 percent of children consuming a minimum acceptable diet (DHS 2011).

97 890 children under 5 are **wasted**,
17 910 of them are severely wasted.

Source: HNO 2021.



42.6% of children under 5 are **stunted**.

Source: DHS, 2011.



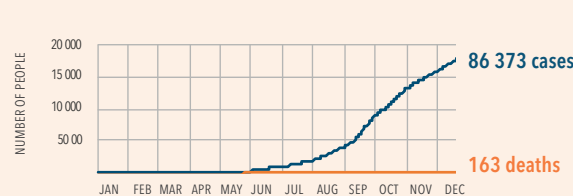
43.0% of infants aged 0–6 months are exclusively **breastfed**.

Source: DHS, 2011.



Figure 3.52

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

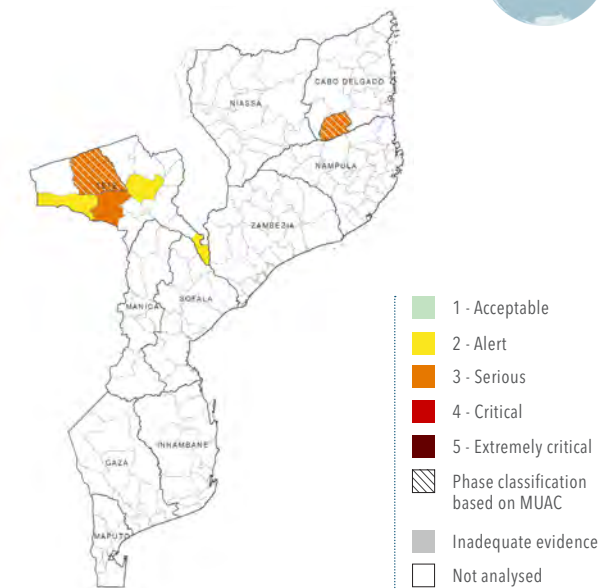


IPC acute malnutrition analysis

An estimated 27 747 children aged 6–59 months need treatment for wasting in seven districts of Cabo Delgado and Tete provinces from April 2020–2021. Of these, an estimated 5 958 need treatment for severe wasting.

Map 3.44

IPC acute malnutrition situation, October–November 2020



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

Source: Mozambique IPC Technical Working Group, July 2020.

Three districts (Ibo, Maravia and Namuno) were expected to be in Serious (IPC AMN Phase 3) and four districts (Cahora-Bassa, Chiúta, Mágoè and Mutarara) were expected to be in Alert (IPC AMN Phase 2) (IPC AMN, July 2020).

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

COVID-19 containment measures (including border closures except for essential goods and cargo, and restrictions on non-essential trade and work, among others) primarily affected poor urban and peri-urban households who lost access to their usual sources of income and had to rely on alternative work and assistance from friends, family and neighbours in order to purchase food (FEWS NET, June 2020).

According to estimates made in early December by the World Bank, around 120 000 jobs in Mozambique were lost due to the COVID-19 pandemic, particularly in the hotel and tourism, transport, education and informal sectors (FEWS NET, December 2020).

From October–November, maize grain prices remained above the five-year average due to several years of successive price increases driven by the multiple shocks that affected production levels in some areas. In Pemba, the capital of Cabo Delgado province, November maize prices were 57 percent above the five-year average and 12 percent above 2019 prices as the increase in market-dependent IDPs drove up demand, while reduced production in districts affected by conflict decreased supply (FEWS NET, December 2020).

In drought-affected provinces, increased competition and below-average demand limited income and reduced household purchasing power (FEWS NET, December 2020).



Conflict/insecurity

The violent insurgency in Cabo Delgado province that began in 2017 escalated in scope and scale in 2020 with district capitals rather than just villages targeted (ACAPS, June 2020), and the crisis threatened to spread beyond the country's borders. More than 2 000 people have been killed since the conflict started in 2017, which led to houses being looted and burned, families separated and health centres and schools seriously damaged. Access to agricultural land has been blocked and other economic activities curtailed (UNHCR, December 2020).

Insecurity also intensified in the provinces of Sofala and Manica. People displaced by conflict lost their livelihoods and access to their agricultural land, with some unable to harvest crops that were ready (IPC, January 2021).

Access to some areas in Cabo Delgado – such as Nangade, Mocimboa da Praia, Muidumbe, Macomia, Meluco and Quissanga – was limited due to violence, insecurity and the rainy season, with certain communities being cut off from basic services for months (UNHCR, December 2020).



Weather extremes

In semi-arid areas of southern and central Mozambique (Gaza, Inhambane, northern Maputo, the southern portions of Tete, Manica and Sofala provinces), poor rural households faced food gaps driven by the third consecutive year of drought and poor production. Some were still recovering after losing their livelihood assets during the 2016 El Niño drought and/or cyclone Idai in 2019 (FEWS NET, June 2020).

The formation of tropical storm Chalane in late December brought significant rainfall in Sofala and Manica provinces, which were previously hit by cyclone Idai in 2019. However, the storm caused only minimal damage to the agriculture sector (FAO-GIEWS, January 2021).



Poor diets, diseases and care practices

Weather extremes, the subsequent destruction of critical water and sanitation infrastructure, and conflict and displacement have contributed to recent disease outbreaks. Mozambique is one of the countries that reported outbreaks of measles in 2020. Cholera has become endemic in the country with 61.4 percent of cases reported following the cyclone in January 2020. Manica province's seasonal spikes in malnutrition were compounded by the impact of tropical cyclone Idai in 2019. Following the cyclone, a widespread deficiency of vitamin B3 caused an outbreak of pellagra, a disease characterised by dermatitis, diarrhoea, dementia and death (WFP, November 2020).

Diets are poor, with national averages low in fruits, vegetables, legumes, nuts and seeds, wholegrains and milk compared to levels optimal for health (Global Nutrition Report, 2020).

Forecast 2021

2.9M people

IPC Phase 3 or above in January–March 2021
(16% of population analysed)

Source: Mozambique IPC Technical Working Group, January 2021.

Between late 2020 and early 2021 nearly 250 000 additional people will require emergency food assistance in Cabo Delgado, Maputo, Sofala and Zambezia provinces

During the lean season (January–March 2021), acute food insecurity is expected to deteriorate with over 2.9 million people facing Crisis or worse (IPC Phase 3 or above). More than half of the 265 000 people in Emergency (IPC Phase 4) will be in Cabo Delgado as the conflict leads to further increases in the number of IDPs losing access to their typical subsistence and income-generating activities. Three other provinces are expected to face a worsening situation, namely Zambezia, Maputo and Sofala (IPC, January 2021).

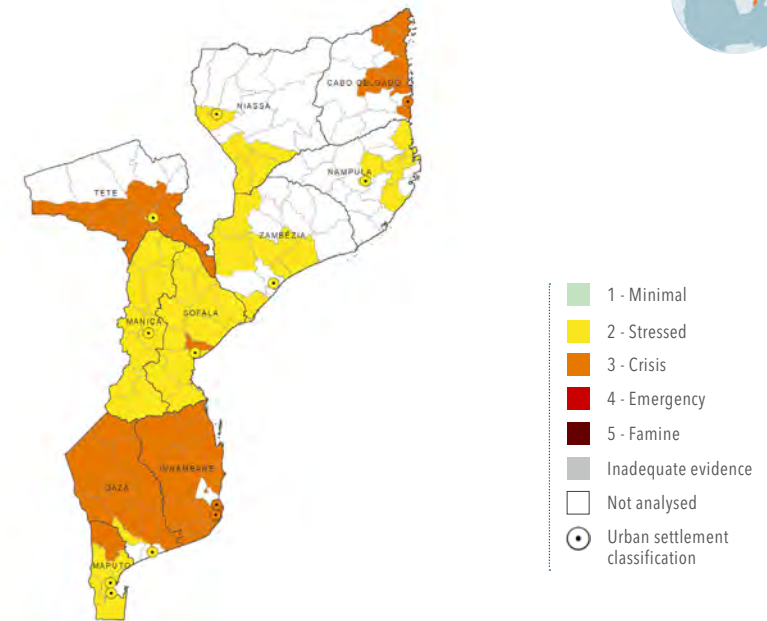
In December 2020, pandemic control measures were relaxed but the recovery of poor household incomes in urban and peri-urban areas was expected to be slow due to high unemployment. From April, a significant economic recovery was projected as the number of households affected by COVID-19 measures was expected to decline (IPC, January 2021).

From January–April near-average rainfall for most areas bode well for 2021 cereal yields, but there is a higher probability of cyclones making landfall. Currency depreciation could exert upward pressure on domestic prices when supplies from local production dwindle and imports cover an increasing share of domestic consumption (FAO-GIEWS, January 2021).

From April–September, acute food insecurity is expected to improve in rural areas as households access food from their own production and food prices stabilize. However, in Cabo Delgado the situation will continue deteriorating with 769 000 people expected to be in Crisis or worse (IPC Phase 3 or above), primarily driven by conflict (IPC, January 2021). Rainfall deficits during the beginning of the cropping season in northern Cabo Delgado and Nampula may also curb food availability and incomes due to reduced cereal output forecast for 2021. The risk of additional cyclones could further reduce food availability in the north (FAO-GIEWS, February 2021).

Map 3.45

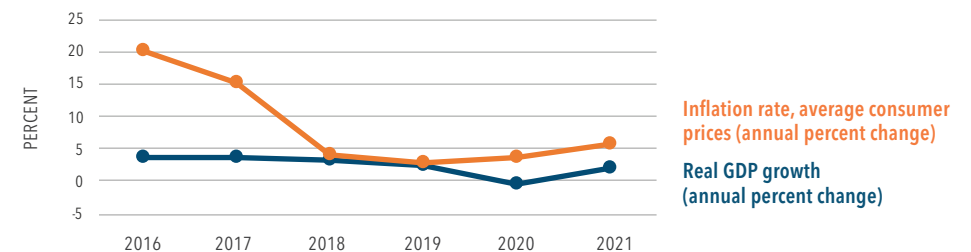
IPC acute food insecurity situation, **January–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Mozambique IPC Technical Working Group, January 2021.

Figure 3.53

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Niger

2.0M people CH Phase 3 or above
in June–August 2020 (9% of the population analysed)

2.0M CH Phase 3 **Crisis** **61 760** CH Phase 4 **Emergency**

5.0M CH Phase 2 **Stressed**

Total population of the country: **23.0M**

Population analysed: **96%**

Source: CILSS-Cadre Harmonisé, March 2020.

2019–20

Rising levels of acute food insecurity



Conflict, displacement, flooding and COVID-19-related economic shocks led to a sharp deterioration in acute food insecurity, particularly in Tillabéri, Zinder, Tahoua and Maradi, during the 2020 lean season.

At over 2 million, the number of people in Crisis or worse (CH Phase 3 or above) during the 2020 lean season was 39 percent higher than the 2019 peak in October–December (1.4 million). The 2020 June–August lean season figure included around 62 000 people in Emergency (CH Phase 4), below the 86 000 in late 2019. An additional 5 million people were in Stressed (CH Phase 2) (CILSS-CH, March 2020). The analysis did not take into account the impact of COVID-19 on



In 2020, over half a million people in the Niger were affected by flooding, which increased the risk of water-borne diseases, impaired hygiene and sanitation services, delayed emergency assistance distribution and complicated the implementation of COVID-19 prevention measures.

food security. The June–August 2020 acute food insecurity figures are the highest estimated by the CH since June–August 2014, when there were 2.2 million people in Crisis or worse (CH Phase 3 or above) due to drought, flooding, violence, refugee influx, a cholera outbreak and high food prices during the 2014 lean season (OCHA, September 2014).

In June–August 2020, the number of people in Crisis or worse (CH Phase 3 or above) was highest in the Tillabéri region at 566 000. Out of 16 departments, or sub-regions analysed in Tillabéri, 10 were in Crisis or worse (CH Phase 3 or above), while the remainder were in Stressed (CH Phase 2). Tillabéri also

accounted for the majority of people in Emergency (CH Phase 4) at nearly 42 000.

There were large populations in Crisis or worse (CH Phase 3 or above) in Zinder (395 000), Tahoua (337 000), and Maradi (348 000), although most departments in these regions were in Stressed (CH Phase 2). In Diffa, which has been heavily affected by the crisis in the Lake Chad Basin, five out of eight departments were in Crisis (CH Phase 3). By October–December, the number of people in Crisis or worse (CH Phase 3 or above) remained high, despite having declined to 1.2 million (CILSS-CH, October 2020).

Refugees faced constrained access to assistance

-  **0.3M IDPs, 0.1M of them newly displaced in 2020**
-  **0.24M refugees and asylum seekers, 73% from Nigeria and 26% from Mali**

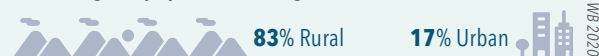
Source: UNHCR, end 2020.

Since the outbreak of conflict in 2012, the Niger has sheltered tens of thousands of Malian refugees, with nearly 60 000 by October. Almost 170 000 Nigerians have fled from violence into the Niger, notably in Diffa and Maradi regions, and rely on humanitarian food assistance for survival. However, constrained access to aid has increased refugees' food insecurity. IDPs forced to leave their homes and livelihoods due to violence and flooding are dependent on humanitarian assistance and host populations to meet their food security needs (UNHCR October, November 2020; FEWS NET, February 2020).

Floods and COVID-19 affected urban households

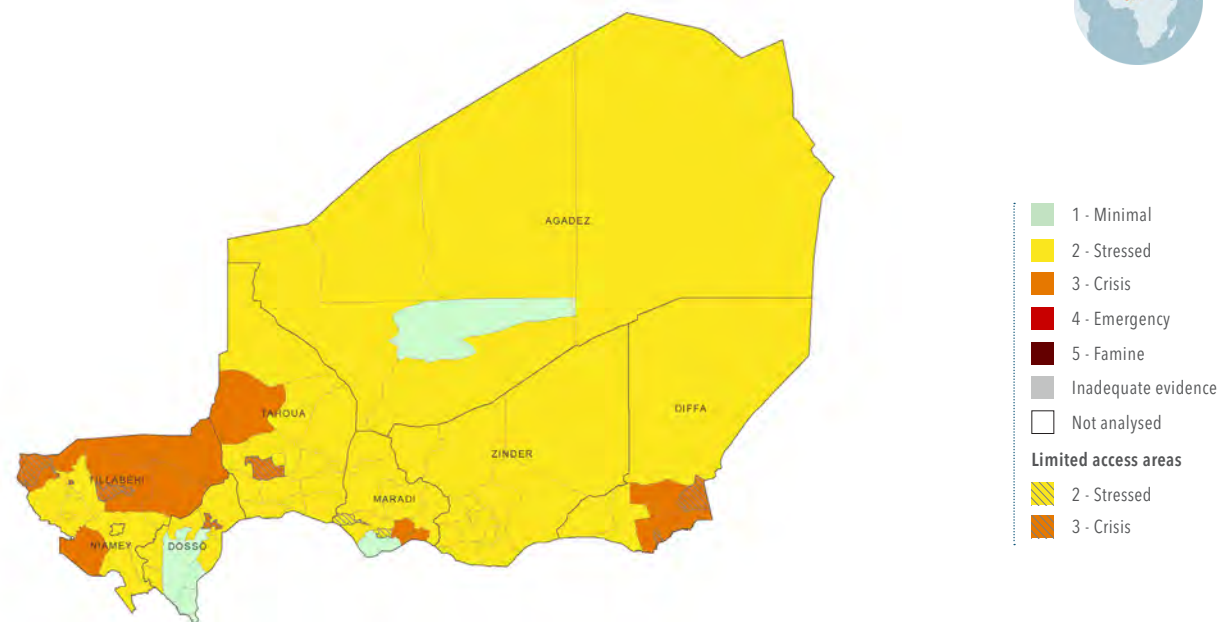
Flooding destroyed property and livelihoods in urban areas. Around 105 000 people were in Crisis or worse (CH Phase 3 or above) in the capital Niamey in January–May 2020. Although this number decreased by June–August, roughly 92 000 people remained in Crisis (CH Phase 3) (CILSS-CH, March 2020). Urban households faced rising food prices, unemployment and dwindling monthly revenues following the implementation of COVID-19 containment measures. Poor households sank into growing debt to buy food, and struggled to pay it off due to unemployment (FEWS NET, October 2020).

Percentage of population living in rural versus urban areas



Map 3.46

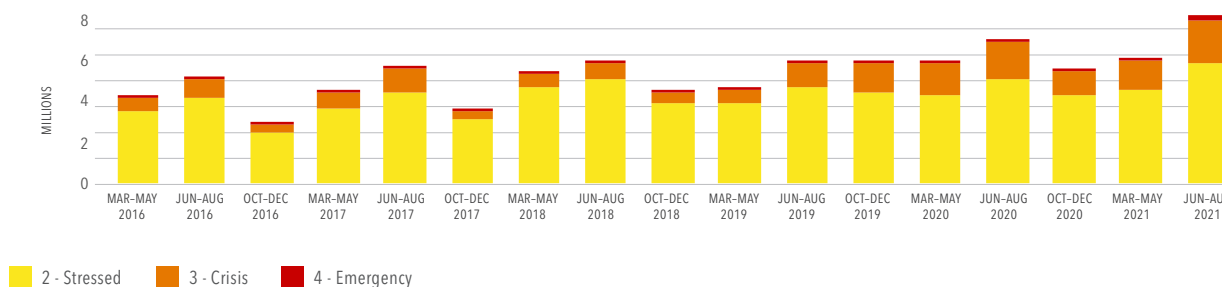
CH acute food insecurity situation, June–August 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2020.

Figure 3.54

Number of people in CH Phase 2 or above, 2016–2021



Source: CILSS-Cadre Harmonisé.

Nutrition and health overview

The Niger faces major issues with acute and chronic malnutrition as well as micronutrient deficiencies (HNO 2021). Nationally, 12.7 percent of children aged 6–59 months are wasted, with 2.6 percent of them facing severe wasting (SMART, 2020).

Out of the Niger's seven provinces, five reportedly have wasting levels over 10 percent, notably Tahoua, Maradi, and Zinder, while Diffa has the highest prevalence at 19.3 percent. Stunting levels are also 'very high' (30 percent or above) at 45.1 percent (SMART, 2020). Children also face elevated morbidity rates due to the prevalence of malaria, acute respiratory infections, diarrhoea, and anaemia, with 63.3 percent of children being anaemic (HNO 2021; SMART, 2020).

Only half of households have access to basic drinking water services, which, coupled with poor hygiene and sanitation practices, exacerbates the prevalence of water-borne diseases (JMP, 2017).

Only 21 percent of infants up to 6 months old are exclusively breastfed (SMART, 2020). Access to health and nutrition services remains a significant barrier for many households, particularly in the region of Agadez, where over 31 percent of households do not have access to healthcare (HNO 2021). Conflict in the regions of Diffa, Tillabéri, Tahoua, and Maradi has also uprooted thousands from their homes and livelihoods, which have exacerbated an already fragile nutritional situation and further limited access to healthcare (OCHA, January 2021).

1.3M children under 5 are wasted, **0.4M** of them are severely wasted.

Source: HNO 2021.



Wasting among refugee children under 5



Source: SMART, 2018.

45.1% of children under 5 are stunted.

Source: SMART, 2020.



Levels of stunting for refugee children under 5 were very high in all 5 refugee sites.

Source: SMART, 2018.

21.1% of infants aged 0–6 months are exclusively breastfed.

Source: SMART, 2020.



13.6% of children aged 6–23 months receive the minimum dietary diversity.

Source: SMART, 2020.



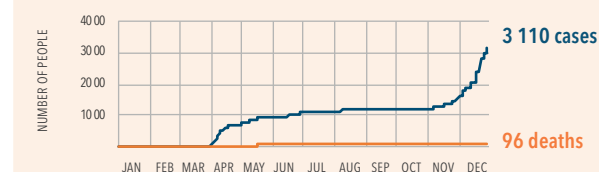
58.4% of women of reproductive age and **63.3%** of children under 5 are anaemic.

Source: SMART, 2020.



Figure 3.55

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

❗ Coverage of early detection of wasting programmes dropped by <10% nationally.

Source: UNICEF, September 2020.

COVID-19-related disruptions to nutrition programmes for refugee population

❗ Suspension of mass screening activities for child wasting in refugees living in villages in Maradi region.

Source: UNHCR, 2021.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Conflict and insecurity posed the greatest threat to food security in the Niger, particularly in the regions of Diffa, Tillabéri, Tahoua and Maradi. Conflict and insecurity emanating from Mali, Burkina Faso and Nigeria spilled into the Niger and forced vulnerable populations to abandon their homes and livelihoods, especially in the border areas of Liptako-Gourma between Mali, Burkina Faso and the Niger. In Tahoua and Tillabéri alone, the number of security incidents increased from 67 in September 2019 to 169 in September 2020, contributing to over 140 000 IDPs in the two regions as of September 2020, representing around 47 percent of the total IDP population, and generating significant loss of livelihoods, access to land, markets and other critical services (FEWS NET, October 2020).

Pastoralist and agro-pastoralist households in numerous regions of the country have also faced difficulty accessing pastures for livestock due to conflict (CILSS-CH, June 2020). Continuous insecurity also limited the flow of emergency food assistance to vulnerable households in Maradi and Tahoua regions (UNICEF, July 2020; WFP, June 2020).

Weather extremes

In 2020, an estimated 516 000 people in Maradi, Agadez, Tillabéri, Niamey and Tahoua experienced flooding, with 44 000 houses destroyed or damaged and over 18 000 animals killed (OCHA, September 2020; November 2020). Food production losses were estimated at 17 percent of irrigated rice production, while nearly 9 000 hectares of other

staple crops (millet, sorghum, niébé, and garden fruits and vegetables) were also lost (FEWS NET, October 2020). Flooding also increased the risk of water-borne diseases, limited access to hygiene and sanitation services, delayed emergency assistance distribution and complicated the implementation of effective preventative measures against COVID-19 (OCHA, November 2020).

Economic shocks, including COVID-19

COVID-19 containment measures had a severe impact on livelihoods and revenue generation, particularly in urban centres, where most people work as informal labourers or in small businesses. Although lockdown measures were lifted in May, certain restrictions – such as border closures – were maintained, which, coupled with the long confinement period from March, continued to negatively affect livelihoods and employment opportunities. In August, households reported a 10 percent decline in average monthly revenues in Niamey compared to August 2019 (Save the Children, October 2020).

A FEWS NET analysis in September 2020 found that flooding exacerbated the economic impact of COVID-19 measures, leading to a 20–35 percent decline in average monthly revenues relative to September 2019 for urban Niamey (FEWS NET, October 2020).

Flooding, conflict and limited market access due to COVID-19 restrictions contributed to rising food prices, eroding the purchasing power of vulnerable households. In August, prices for local grains were 40 percent higher than in September 2019 and more than 20 percent above the five-

year average (FEWS NET, September 2020). In Niamey, the combined effects of COVID-19 and flooding led to a 10 percent increase in food prices relative to the previous year and the five-year average (FEWS NET, October 2020).

Border closures to contain the pandemic have greatly disrupted the livelihoods of households reliant on transhumance. Despite the relaxation of public health measures since May, transhumance movements were not permitted for much of 2020 through the majority of the country, leading to large concentrations of animals along the southern border, notably along the border with Benin and Nigeria (CILSS-CH, June 2020). Crop and livestock producers also experienced declining terms of exchange, which translated into declining purchasing power for agro-pastoralist households (CILSS-CH, April 2020).

Poor diets, diseases and care practices

Even before the COVID-19 pandemic hit, IPC projected that nutritional outcomes would decline in the Niger in 2020 – a deterioration that was driven primarily by insecurity, which worsened considerably from the beginning of the year. In this context, the effects of COVID-19 containment measures combined with flooding, insecurity, displacement and widespread poverty were expected to further increase nutritional needs. Pandemic restrictions reportedly limited access to health centres, stymied the implementation of preventative nutritional campaigns, and worsened access to diverse and nutritious diets, particularly for children and young women (HNO 2021).

Forecast 2021

2.3M people

CH Phase 3 or above in June–August 2021
(10% of population analysed)

Source: CILSS-Cadre Harmonisé, March 2021.



The population in Crisis (CH Phase 3) is expected to persist, while continued violence and insecurity will more than treble the numbers of people in Emergency (CH Phase 4) compared to the 2020 peak.

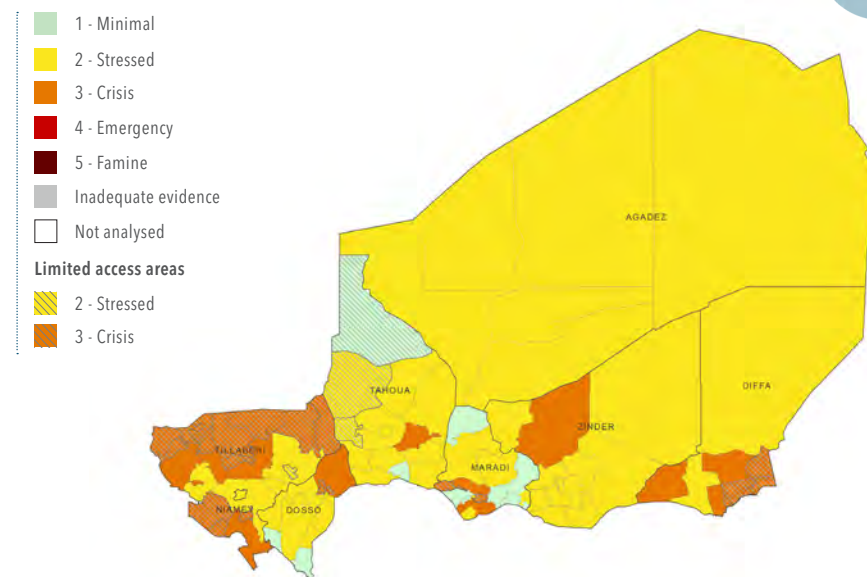
In June–August 2021, the number of people in Crisis or worse (CH Phase 3 or above) is expected to rise 13 percent from the 2020 peak to nearly 2.3 million people. The regions of Tillabéri and Maradi alone account for 49 percent of the total number of people in Crisis or worse (CH Phase 3 or above), while Zinder and Tahoua also contain large numbers of people in Crisis or worse (CH Phase 3 or above) (CILSS-CH, March 2021).

Although the number of people in Crisis (CH Phase 3) is expected to remain stable, the number of people in Emergency (CH Phase 4) accounts for the increase in 2021 acute food insecurity compared to the 2020 peak. The number of people facing Emergency (CH Phase 4) is expected to rise from over 61 000 in 2020 to almost 218 000, representing an increase of around 250 percent (CILSS-CH, March 2021). This concerning increase can be attributed in large part to continued violence and insecurity among vulnerable communities, which will fuel displacement. The number of violent attacks in the Liptako-Gourma region alone is expected to increase by around 30 percent per year (FEWS NET, October 2020).

The persistence of conflict within the Niger and along its borders will contribute to growing numbers of refugees, particularly from northern Nigeria, leading to increased food assistance needs among refugee populations and pressure on the resources and public services of host communities (FEWS NET, October 2020). Conflict has also forced the concentration of animals in secure areas, leading to the rapid degradation of available fodder and water resources and increasing tensions between farmers and herders, with severe repercussions for the livelihoods of affected households (FAO-GIEWS, January 2021).

Map 3.47

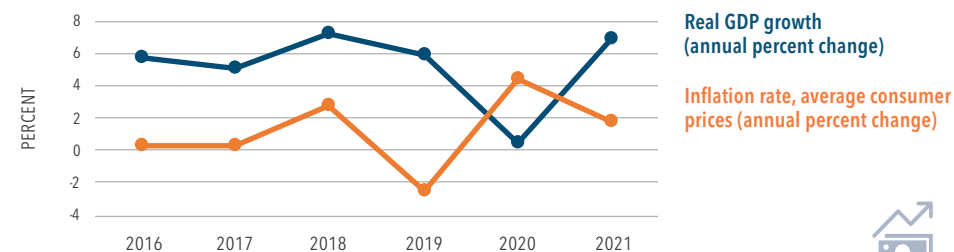
CH acute food insecurity situation, June–August 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2021.

Figure 3.56

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Nigeria (15 states and Federal Capital Territory)

9.2M people CH Phase 3 or above
in October–December 2020 (9% of the population analysed)

8.5M

CH Phase 3 **Crisis**

0.66M

CH Phase 4 **Emergency**

23.9M

CH Phase 2 **Stressed**

Total population of the country: **212.1M**

Population analysed: **49%**

Source: CILSS-Cadre Harmonisé, November 2020.

2019–20

Acute food insecurity levels increased



Intensifying conflict/insecurity in northern states and the crippling economic impacts of falling oil revenues and COVID-19, as well as devastating floods, created a dire food crisis, elevating the risk of having population in Catastrophe (CH Phase 5).

The already grave situation in the 15 northern states and the Federal Capital Territory (FCT) (Abuja) of Northern Nigeria deteriorated dramatically in 2020. From October–December 2020, at 9.2 million, the number of people in Crisis or worse (CH Phase 3 or above) almost doubled compared to the 2019 peak during June–August. The figure included 3.4 million people in Crisis or worse (CH Phase 3 or above) in the north-



Ka'ana prepares a meal for her family in Yobe state where around 947 000 people were in Crisis or worse (CH Phase 3 or above) in late 2020. Intensified Boko Haram violence increased displacement, disrupted the harvest and income-earning and inflated food prices in north-eastern states.

eastern BAY states, most of them in Borno (1.8 million), followed by Yobe (947 000) and Adamawa (658 000). Around 640 000 were in completely or partially inaccessible areas in Borno. The majority of people classified in Emergency (CH Phase 4) in Nigeria (15 states and FCT) were in Borno (433 000) followed by Yobe (119 000) (CILSS-CH, November 2020).

The situation in the BAY states was worse than during the 2018 and 2019 lean seasons (June–August) in terms of numbers of people in Emergency (CH Phase 4). However, it was not as bad as June–August 2017, when nearly 1.5 million people were in Emergency (CH Phase 4) and over 50 000 people in

Catastrophe (CH Phase 5), and Famine was averted mainly thanks to large-scale humanitarian assistance. In September 2020, the UN Secretary General forewarned the UN Security Council (UNSC) that north-eastern Nigeria was one of four crises 'facing the spectre of heightened food insecurity and potentially famine' and that action was urgently needed to address the humanitarian crisis and the low level of funding (FAO, December 2020).

Acute food insecurity in the north-western states was also concerning, particularly in Kaduna, Katsina, Niger, Sokoto and the FCT (CILSS-CH, November 2020).

Displaced people in north-eastern states faced a dire humanitarian situation, especially in Borno

- ➔ **2.6M** IDPs, **2.1M** of them in north-eastern BAY states
- ➔ **69 000** refugees and asylum seekers (**96%** from Cameroon)
- ➔ **12 000** refugee returnees from Cameroon, Chad and the Niger

Source: UNHCR, end 2020.

The most conflict-affected state of Borno hosted the highest number of IDPs at 1.6 million with 56 percent of them in camps (IOM, November 2020). Deprived of their livelihoods, most displaced people were in a dire humanitarian situation without adequate access to food, water and other essentials. Hundreds of thousands were in inaccessible areas with limited humanitarian access or need assessments (WFP, 2020). Heavy rainfall in October devastated homes and shelters across IDP camps, informal settlements and host communities in BAY states. In addition to the rains, attacks and clashes prevented food and critical supply trucks from reaching IDPs, returnees and host populations in parts of Borno state, resulting in weeks of shortages (OCHA, December 2020, February 2021).

Floods and COVID-19 affected urban households

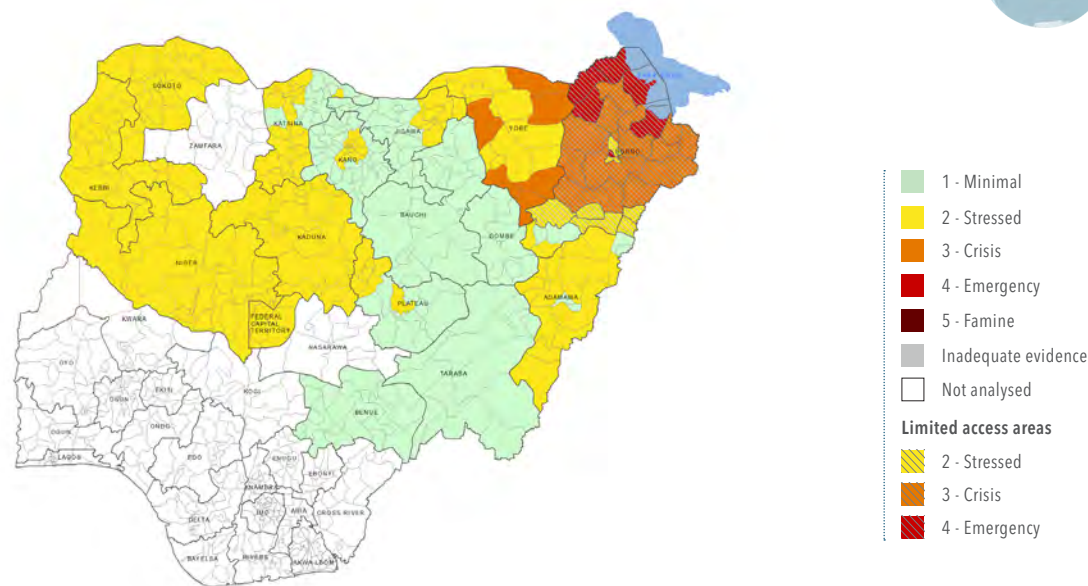
The number of people in Crisis or worse (CH Phase 3 or above) in the FCT (Abuja) increased from 20 000 during the 2019 lean period to 644 000 in 2020, when 39 412 were in Emergency (CH Phase 4) (CILSS-CH, November 2020).

Percentage of population living in rural versus urban areas



Map 3.48

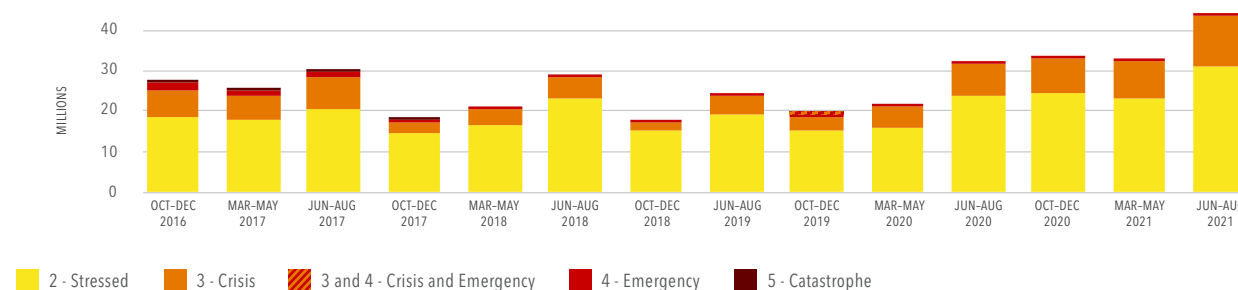
CH acute food insecurity situation, **October-December 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, November 2020.

Figure 3.57

Number of people in CH Phase 2 or above in 2016-2021



Source: FSIN, using CILSS-Cadre Harmonisé data.

Nutrition and health overview

The nutritional crisis in Nigeria is primarily driven by intensified conflict in the north-east, with many Nigerians trapped in areas inaccessible to humanitarian actors. The effects of conflict and mass displacement were exacerbated by climatic shocks such as flooding and frequent refugee influxes from neighbouring countries.

Even before the conflict, the north-east regions were predisposed to high levels of malnutrition due to weak health infrastructure; limited access to water, health and sanitation services; inadequate infant and young-child feeding practices; a high prevalence of water-borne diseases, and bouts of seasonal food insecurity. In 2020, the region experienced an outbreak of yellow fever as well as Lassa fever. The COVID-19 pandemic put additional strain on weak health systems (HNO 2021).

Wasting levels in children ages 6–59 months have continued to rise in Borno, Yobe and Adamawa states year-on-year. Nearly 810 000 children were wasted, of whom over 295 000 faced severe wasting. The wasting prevalence reached 13.6 percent in Yobe and 10.7 percent in Borno, both above the 'high' threshold of 10 percent, and 7.5 percent in Adamawa ('medium'). However, several LGAs in Borno and Yobe have notably higher wasting levels than state averages, particularly Gubio, Nganzai, Magumeri, Mobbar and Kala-balge in Borno and Geidam in Yobe (HNO 2021).

Stunting also poses a major health burden, with 36.8 percent of children suffering from stunting (DHS 2018). Nearly 68 percent of children and 58 percent of women of reproductive age are anaemic (DHS 2018).

0.8M children under 5 are wasted, **0.3M** of them are severely wasted.

Source: HNO 2021.



36.8% of children under 5 are stunted.

Source: DHS, 2018.



28.7% of infants aged 0–6 months are exclusively breastfed.

Source: DHS, 2018.



22.6% of children aged 6–23 months receive the minimum dietary diversity.

Source: DHS, 2018.



57.8% of women of reproductive age and **67.9%** of children under 5 are anaemic.

Source: DHS, 2018.



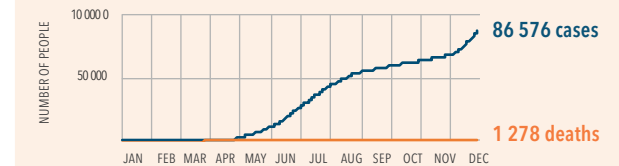
71.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.58

COVID-19 cumulative confirmed cases and deaths, January–December 2020



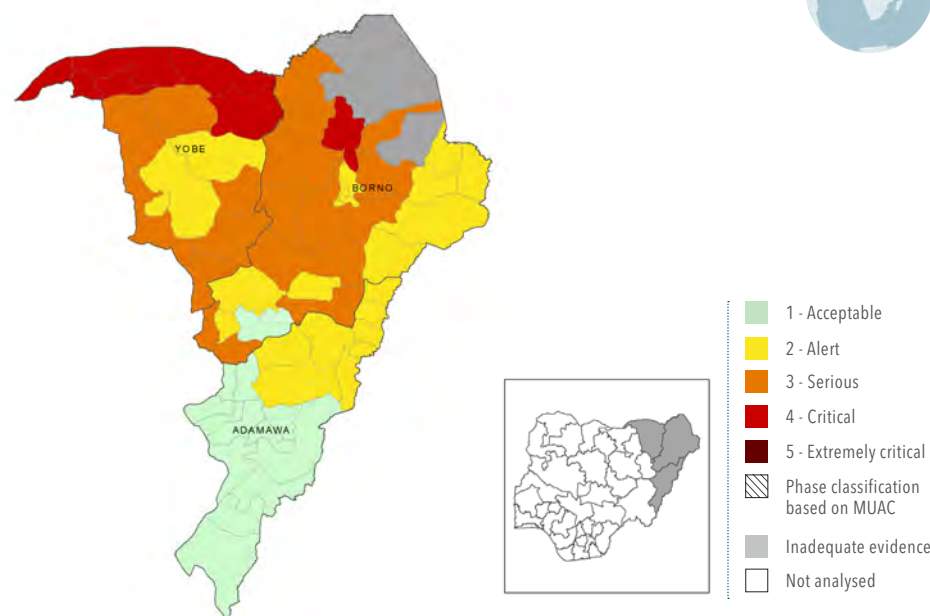
Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of treatment of child wasting dropped by <10% nationally.
- ❗ Coverage of protection and promotion of breastfeeding programmes dropped by 50–74% nationally.
- ❗ Coverage of Vitamin A supplementation programmes dropped by 50–74% nationally.

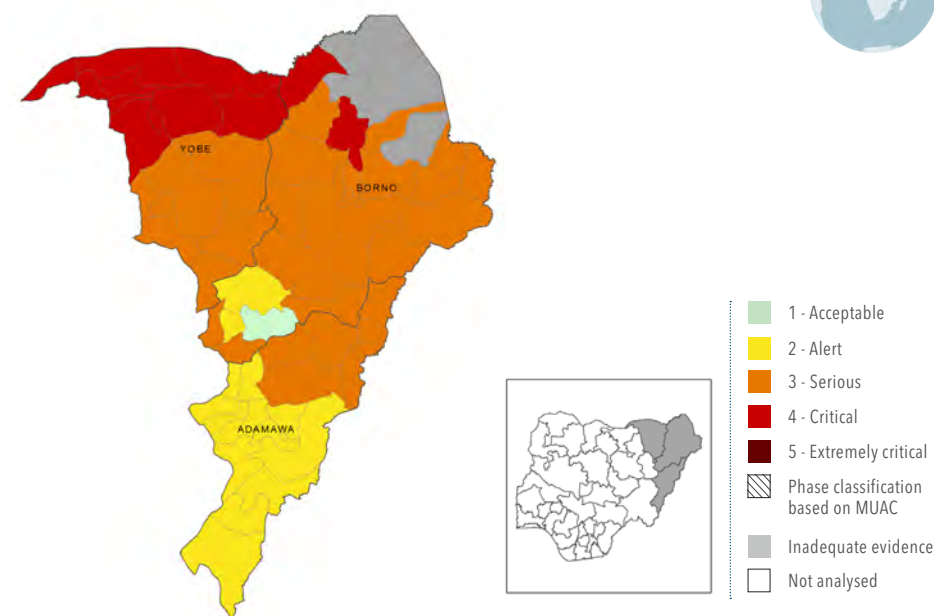
Source: UNICEF, September 2020.

Map 3.49

IPC acute malnutrition situation, **September–December 2020**


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Nigeria IPC Technical Working Group, March 2021.

Map 3.50

IPC acute malnutrition situation, **May–August 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: Nigeria IPC Technical Working Group, March 2021.

IPC acute malnutrition analysis

The IPC projects that approximately 1.15 million children between aged 6–59 months will face acute malnutrition during 2021, of whom over half (605 000) will be severely wasted. Another 123 000 pregnant or lactating women are also projected to face acute malnutrition (IPC AMN, March 2021).

According to the September–December 2020 IPC AMN analysis, seven Local Government Areas (LGAs) in Borno, Yobe and Adamawa were classified in IPC AMN Phase 4 (Critical) out of 61 total LGAs. Another 19 LGAs were in IPC AMN Phase 3 (Serious), and 21 were in IPC AMN Phase 2 (Alert).

The primary drivers of acute malnutrition in these areas were reportedly high morbidity rates due to diarrhoea and fever and poor food consumption patterns, both in the nutritional quality and quantity of food consumed. Additional drivers included the COVID-19 pandemic and the subsequent deleterious impacts on incomes and livelihoods, which have reduced access to diverse and nutritious foods (IPC AMN, March 2021).

During the post-harvest period of January–April 2021, the situation is projected to remain relatively stable. However, conditions will likely deteriorate significantly during the

2021 lean season (May–August 2021) due to a worsening security situation, which is expected to lead to declining food availability and outbreaks of measles, malaria and acute watery diarrhoea. During this period, 11 LGAs will likely be in IPC AMN Phase 4 (Critical), while 34 LGAs will be in IPC AMN Phase 3 (Serious) (IPC AMN, March 2021).

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

The Boko Haram conflict intensified in the north-east, increasing displacement, disrupting the harvest and income-earning opportunities and leading to very high food prices, particularly in Borno. Civilians and aid workers continued to face grave safety risks, especially along key supply routes in Borno (OCHA, December 2020). Aid organisations were restricted from operating in areas not under the control of the federal government (ACAPS, November 2020).

Village raids, kidnapping and cattle rustling escalated in north-western states, limiting humanitarian assistance and driving people from their homes, often into the Maradi region of the Niger, as the centre of the conflict shifted from Zamfara to Katsina state (ACAPS, November 2020). In north-central states, herder/farmer and communal conflict persisted, resulting in the displacement of households from their income and food sources (FEWS NET, November 2020).

In mid-October, nationwide demonstrations and protests forced markets/shops to close in some areas, restricting households' access to food and constraining informal workers' income (FEWS NET, November 2020).

Economic shocks, including COVID-19

Plunging international oil prices combined with containment measures to control the spread of COVID-19 hit the Nigerian economy hard. Real GDP contracted by 6.1 percent in the second quarter of 2020, ending three years of low but positive GDP growth since the 2016/17 recession (National Bureau of Statistics (NBS), 2020).

With oil accounting for over 80 percent of exports and half of government revenues (World Bank, November 2020) and oil revenues plummeting by over 50 percent from the first to second quarter (Central Bank of Nigeria (CBN)), Nigeria faced acute foreign currency shortages. This prompted the government to devalue the official naira three times in 2020, which, coupled with high domestic fuel prices, drove up transportation costs and food prices (FEWS NET, November 2020). According to the NBS, the food inflation rate reached 18.3 percent in November 2020, the highest level in three years (FAO-GIEWS, January 2021).

Despite increasing numbers of COVID-19 infections, restrictions eased from mid-2020 and informal sector activities gradually resumed in urban areas, but access to income remained below average for the most vulnerable (FEWS NET, November 2020). In the second quarter, remittances from abroad fell to the lowest level since 2008, according to the CBN. A June World Bank report estimated that the COVID-19 shock would push about 5 million more Nigerians into poverty in 2020. The poverty rate was projected to reach 42.5 percent with women disproportionately affected (World Bank, June 2020).

Weather extremes

Favourable rains benefitted crop development in most areas, leading to a slightly higher aggregate cereal output relative to the five-year average (FAO-GIEWS, January 2021). However, in October, torrential rainfall, river floods and flash floods washed away wide swathes of farmlands causing crop losses (IFRC, October 2020). Flooding occurred across the cereal production

belts of Kebbi, Jigawa, Niger, Bauchi, Kaduna, Kano States and the FCT, leading to localized production shortfalls (CILSS-CH, November 2020).

Poor diets, diseases and care practices

Prolonged and intense conflict in north-east Nigeria, intertwined with poor WASH conditions, food insecurity, and poor Infant and Young Child Feeding (IYCF) practices, have incurred detrimental consequences for the nutritional status of children.

Severely malnourished children are 12 times more likely to die relative to a well-nourished one, while a non-breastfed infant under 6 months is 14 times more likely to die from diarrhoea/pneumonia relative to an exclusively breastfed infant (HNO 2021).

Only 28.7 percent of Nigerian infants under 6 months are exclusively breastfed. Nearly 68 percent of children are anaemic, versus nearly 58 percent of women of reproductive age (DHS 2018).

Poor IYCF practices pose a significant challenge to children's nutrition, with only 1 percent of children in Adamawa, 0.9 percent in Borno and 0.4 percent in Yobe states consuming the minimum acceptable diet (NFSS, 2020). Other major malnutrition drivers include poor vitamin A supplementation coverage, low measles vaccination coverage, and high prevalence of diarrhoea and fever, particularly during the lean season (IPC AMN, March 2021).

Forecast 2021

12.8M people

CH Phase 3 or above in June–August 2021
(12% of population analysed, including IDPs)

Source: CILSS-Cadre Harmonisé, March 2021.



Rising levels of acute food insecurity are expected during the lean season due to the impacts of conflict, the COVID-19 pandemic, localized production shortfalls and high food prices.

During the June–August 2021 lean season, in the absence of intensified resilience-driven livelihood interventions and food assistance, the number of people in Crisis or worse (CH Phase 3 or above) is expected to increase to 12.8 million (12 percent of the analysed population) across 16 states and the FCT, including IDP populations in Katsina, Sokoto, and Zamfara. Of these, nearly 800 000 people are forecast to be in Emergency (CH Phase 4), with seven LGAs in Borno State classified in Emergency (CH Phase 4) (CILSS-CH, March 2021).

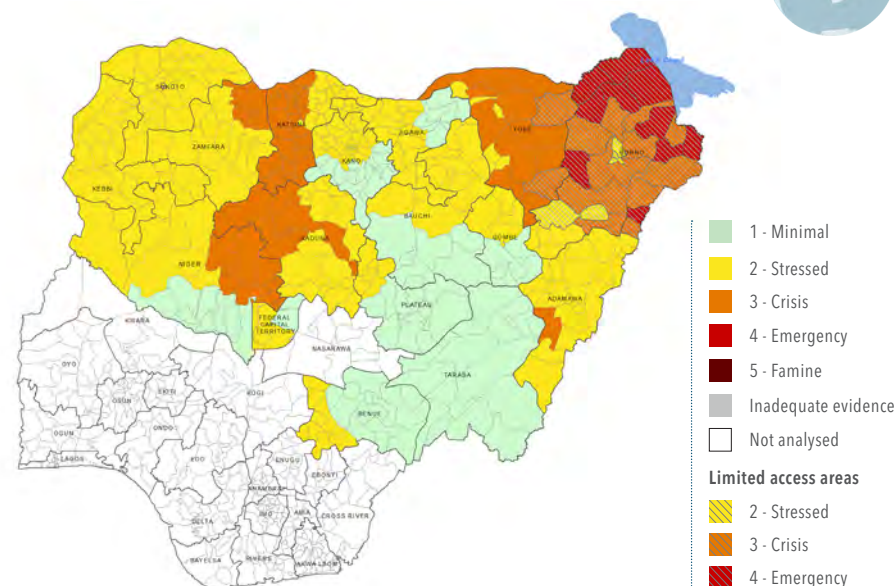
Poor, rural north-eastern communities outside of IDP settlements/garrison towns and those worst-affected by the persisting Boko Haram conflict will continue to lack access to humanitarian assistance and will be unable to engage in normal livelihood activities. Over 3.2 million people will likely be in inaccessible or partially accessible areas in Borno (2.6 million), Adamawa (212 000) and Yobe (462 000) (CILSS-CH, March 2021). Refugees are likely to continue returning to north-eastern areas from Cameroon, Chad and the Niger, while internal displacement is expected to persist at high levels, with large numbers moving to urban areas (FEWS NET, November 2020).

If deteriorating security hinders access to typical food and income sources and humanitarian assistance for a prolonged period, Famine (IPC Phase 5) is possible, according to FEWS NET projections (FEWS NET, November 2020).

Though international demand for crude oil may increase slightly, the government's access to foreign currency is expected to remain low, which could signal another devaluation of the naira (NGN). Staple food prices are expected to remain high, particularly in conflict-affected areas. The economy is forecast to face the worst recession since the 1980s (WB, June 2020).

Map 3.51

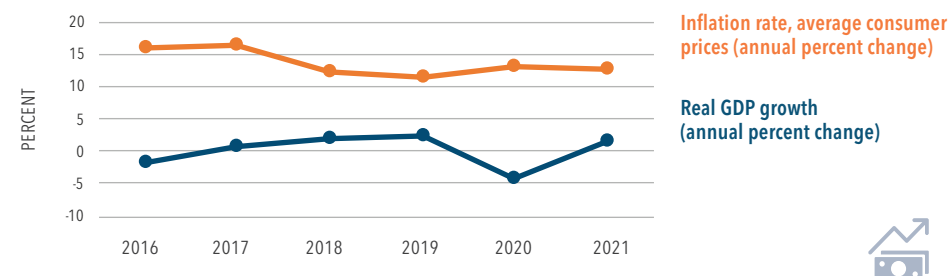
CH acute food insecurity situation, June–August 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2021.

Figure 3.59

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Pakistan (Khyber Pakhtunkhwa)

1.2 M people IPC Phase 3 or above
in June–August 2020 (25% of the population analysed)

0.86M IPC Phase 3 **Crisis** **0.37M** IPC Phase 4 **Emergency**

1.5M IPC Phase 2 **Stressed**

Total population of the country: **220.9M**

Population analysed: **2%**

Source: Pakistan IPC Technical Working Group, May 2020.

2019–20

Around one in four inhabitants in Crisis or worse (IPC Phase 3 or above)

Ongoing recovery from a decade of conflict coupled with an extreme lack of secure employment opportunities led to high levels of acute food insecurity in this remote area, even before the impact of COVID-19 was accounted for.

In Pakistan's remote Khyber Pakhtunkhwa region one in four inhabitants were estimated to be in Crisis or worse (IPC Phase 3 or above) in June–August 2020, according to an analysis carried out before WHO's declaration of COVID-19 as a pandemic. Out of more than 1.2 million people in Crisis or worse (IPC Phase 3 or above), more than 371 000 were in Emergency



The remote merged areas of Khyber Pakhtunkhwa are facing a challenging rehabilitation period following a decade of volatile law and order. In many areas, inhabitants face extremely fragile food security and livelihood situations, low production, poor education and lack of basic services.

(IPC Phase 4) (IPC, May 2020). Out of the 13 Merged Areas, consisting of seven districts (formerly the semi-autonomous Federally Administered Tribal Agencies, (FATA)) and six tribal subdivisions or TSDs (formerly known as Frontier Regions), 12 were classified in Crisis (IPC Phase 3).

Half of the population in Crisis or worse (IPC Phase 3 or above) were in the three most populous districts, of Bajaur, South Waziristan and Khyber (IPC, May 2020).

In TSD Lakki Marwat, although the number in Crisis or worse (IPC Phase 3 or above) was relatively low at fewer than 8 000, this represented some 40 percent of the population. In

D.I. Khan, Kurran, Orakzai, Peshawar and South Waziristan district at least 30 percent of the population was in Crisis or worse (IPC Phase 3 or above) (IPC, May 2020).

The IPC analysis only covered two percent of Pakistan's population of nearly 221 million people (UN DESA, 2020).

Other provinces that have recently faced high levels of acute food insecurity are drought-affected Balochistan and Sindh. At the peak point of acute food insecurity in 2019, 1.79 million people in 14 districts of Balochistan and 1.28 million people in seven districts of Sindh were in Crisis or worse (IPC Phase 3 or above) (FSIN & GNAFC, April 2020).

Grave levels of food insecurity and economic vulnerability among Afghan refugees in Pakistan



1.4M registered Afghan refugees, 58% of them in Khyber Pakhtunkhwa

Source: UNHCR, end 2020.

Afghan refugees in Pakistan constitute the second-largest refugee population in the world and, after 40 years of forced displacement, also the largest protracted refugee population under UNHCR's mandate. Around a third of the 1.4 million are hosted in 54 refugee villages, but almost two thirds are widely spread out in urban and semi-urban areas across the country, the majority (58 percent) in Khyber Pakhtunkhwa (OCHA, April 2020; GHO 2021).

Some 96 percent of refugee households had inadequate food consumption. Almost 85 percent were borrowing money, primarily for food and/or health needs. Half of the refugee households reported shocks that limited their income levels, mainly related to illness, followed by COVID-19 lockdown measures, loss of employment or reduced salaries (WFP, 2020).

In 2008, the Government of Pakistan took offensive measures against non-state armed group activities in districts of Khyber Pakhtunkhwa, causing millions of people to flee the area and seek refuge in neighbouring districts. Displacement numbers peaked in 2009, when more than four million people were forced to flee their homes. Thanks to significantly improved security since 2018, 97 percent of displaced families have returned to their areas of origin, but the affected populations have not yet been able to fully restore their livelihoods (WFP, August 2020).

Map 3.52

IPC acute food insecurity situation, **June–August 2020**



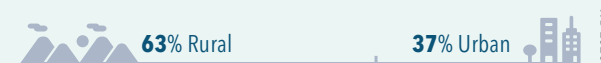
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Pakistan IPC Technical Working Group, May 2020.

Poor households in deprived urban areas contended with lack of basic services, COVID-19-related job losses and spiralling food prices

The only major city in this largely rural area of Pakistan is Peshawar, which has an estimated population of 1.97 million. Approximately 76 percent (1.5 million) of its inhabitants live in slums/under-served areas, with lack of safe sanitation and drinking water and very high chances of disease outbreaks (UNICEF, July 2020). In January 2020, prices of essential foods, including wheat flour, rice, pulses

and vegetables, were 19.5 percent higher than the previous January in urban areas (IPC, May 2020).

Percentage of population living in rural versus urban areas (all of Pakistan)



WB 2020.

Nutrition and health overview

Data covering nutritional outcomes in Khyber Pakhtunkhwa merged districts were limited at the time of publication, however the region's nutritional status remains highly concerning.

At the national level, 17.7 percent of children are wasted (NNS, 2018). Within Khyber Pakhtunkhwa, 23.1 percent of children suffer from wasting, constituting the highest rate in the country alongside Sindh province (23.3 percent).

An alarming 40.2 percent of children in Pakistan are stunted, placing the country in the 'very high' stunting classification. In Khyber Pakhtunkhwa, child stunting levels are even more concerning at 48.3 percent (NNS, 2018).

Childfeeding practices are even more concerning across the merged districts than they are nationally. While only 3.6 percent of 6–23 month old children receive the minimum acceptable diet for growth and development nationally, the proportion is as low as 0.6 percent in Khyber Pakhtunkhwa. Only 14.2 percent receive an adequately diverse diet and 18.2 percent receive solid, semi-solid or soft foods at least the minimum number of recommended times a day (NNS, 2018).

Across Pakistan, provision of healthcare for non-COVID-related illnesses, including routine immunization and general child healthcare, was disrupted as maximum resources were diverted towards responding to the COVID-19 outbreak. Global lockdown and travel restrictions disrupted supply chains. Outreach services stopped due to lockdown and non-availability of basic protective equipment for vaccinators.

17.7% of children under 5 are wasted.

Source: NNS, 2018.



40.2% of children under 5 are stunted.

Source: NNS, 2018.



48.4% of infants aged 0–6 months are exclusively breastfed.

Source: NNS, 2018.



14.2% of children aged 6–23 months receive the minimum dietary diversity.

Source: NNS, 2018.



42.7% of women of reproductive age and **53.7%** of children under 5 are anaemic.

Source: NNS, 2018.



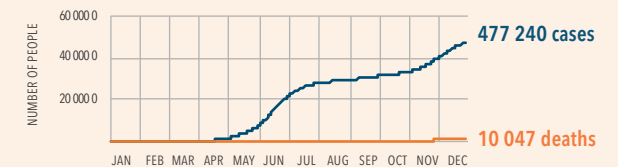
91.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



Figure 3.60

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of treatment of child wasting dropped by <10% nationally.
- ❗ Coverage of early detection of wasting programmes dropped by 25–49% nationally.
- ❗ Coverage of protection and promotion of breastfeeding programmes dropped by 25–49% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Two years since the end of conflict, households still lack the resources needed to resume farming or to restore their production to pre-crisis levels by investing in quality inputs, including high-yielding seeds, fertilizer and agricultural tools. Many livestock keepers lost their herds during displacement or have been forced to distress-sell them to meet basic needs. Lack of money and inadequate supplies of water, fodder and veterinary services thwart efforts to rebuild herds (IPC, May 2020, WFP, August 2020).

Economic shocks, including COVID-19

Most people in the remote Merged Areas have no permanent source of income with 65 percent of households reliant on informal work, loans, income support and aid. Households allocate the majority of their expenditure to food, indicating their vulnerability to food price increases. Around 67 percent of households spend more than 75 percent of their expenditure on food. Women face multiple levels of exclusion that expose them and their children to a higher risk of food insecurity and malnutrition (WFP, August 2020).

Although the IPC analysis did not account for the direct and indirect impact of COVID-19, it is likely that the pandemic exacerbated the situation in this fragile area by reducing food availability and further curtailing economic access to food. Nationally, prices of wheat flour, the main staple, showed a steady upward trend throughout 2020 and reached record levels in October 2020, reflecting a tight market supply situation. Prices of wheat remained well above their year

earlier levels in November 2020 and were still at near record highs in some markets. Prices of other important food items, such as milk, onion and chicken meat, were high throughout the year, constraining access to food for the most vulnerable households (FAO-GIEWS, December 2020).

The partial lockdown to contain COVID-19 disrupted domestic supply and demand, as businesses were unable to operate and consumers curbed expenditures. In November, the Government reinstated cautionary measures due to a second wave, increasing the stress on vulnerable populations, particularly women and children from disadvantaged households, home-based domestic workers and daily-wage earners (GHO 2021).

Weather extremes

During the winter, persistent heavy rain and snow resulted in flash floods, avalanches and landslides, damaging or destroying infrastructure, cutting off roads and villages, directly affecting livelihoods and confining some people to their houses (ECHO, March 2020, IFRC May 2020). Flash floods, triggered by heavy monsoon rains across Khyber Pakhtunkhwa in August–September, led to 30 fatalities, destroyed more than 130 houses, and blocked roads, isolating many communities (ECHO, September 2020).

Although not covered by an IPC analysis in 2020, Sindh province was the most severely affected by heavy rains, which caused massive flooding in the cities of Karachi and Hyderabad, and districts of Shaheed Benazirabad and Dadu (ECHO, October 2020). The Sindh Government announced

a state of emergency on 25 August. By mid-September, over 68 000 people were displaced in relief camps (OCHA, September 2020). According to a rapid needs assessment in the nine hardest-hit districts, one million people were affected, 30 percent of whom were estimated to be in need of food assistance (WFP, September 2020).

Desert locusts and other pests

The Government declared a national emergency after the worst desert locust outbreak in 25 years hit Pakistan in January 2020, affecting many districts. In June, the Government's preliminary estimate of monetary losses due to desert locusts over the 2020 and 2021 agricultural seasons ranged from USD 3.4 billion to USD 10.21 billion (OCHA, June 2020).

Poor diets, diseases and care practices

Poor nutritional outcomes in Khyber Pakhtunkhwa stem from various factors, including lack of access to basic services after years of conflict-related displacement. COVID-19 reduced access to already scarce healthcare resources by sharply constraining incomes. The pandemic is expected to lead to rising malnutrition cases, particularly of wasting (HRP 2020). Child-feeding practices are extremely concerning with 3.6 percent of 6–23 month-old children receiving the minimum acceptable diet for growth and development. Almost 20 percent use unsafe drinking water sources and sanitation levels are poor (NNS, 2018).

Forecast 2021

The socioeconomic impact of COVID-19 will contribute to rising unemployment, inflation and poverty, curtailing poor households' access to food. Monsoon floods, drought-like conditions due to La Niña and desert locusts could lead to widespread crop damage and inflationary pressures, further aggravating food insecurity and malnutrition.

The COVID-19 pandemic, prevention and mitigation measures and the global economic fallout will continue to have a large-scale socioeconomic impact throughout Pakistan in 2021, especially on people already living below the poverty line. The economic stress will likely result in growing unemployment, inflation and poverty. According to the IMF, poverty is expected to rise from 24 to 40 percent, and the economic impact will be most acute on vulnerable groups, including women, and the refugee population (GHO 2021).

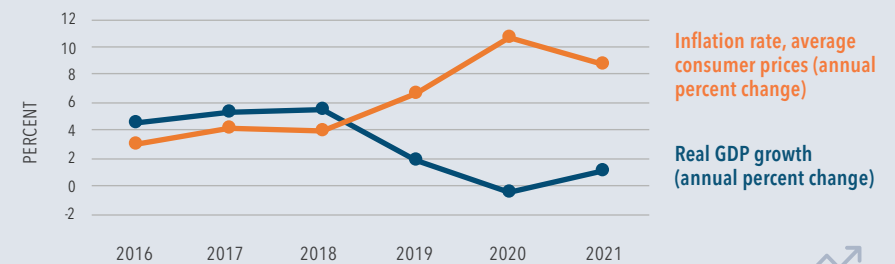
The meteorological department has predicted severe cold weather, including snowfall and rains over the winter. Monsoon floods are again expected in 2021 as the adverse impacts of climate change continue to undermine traditional livelihoods and coping mechanisms (GHO 2021). Pakistan is ranked among the top 10 countries in the world most affected by the impact of climate change (German Watch, January 2021).

Locust attacks and heavy monsoon rains could lead to widespread crop damage, food insecurity and inflationary pressures and negatively affect livelihoods for households dependent on agriculture. Recovery in flood-affected and other disaster-affected districts is likely to be slow (GHO 2021).

Other weather risks include the potential for drought-like conditions due to La Niña, which have affected other areas in the country, notably Balochistan and Sindh provinces. Drought could in turn adversely affect 2021 wheat output, especially in rainfed areas. Another consequence of La Niña is reduced snowfall, which may curb irrigation supplies from melting snow and increase prices of key staples such as wheat flour (FAO, December 2020). All of this could lead to increased food insecurity and malnutrition, along with increasing morbidity and mortality, particularly among children and pregnant/lactating women (GHO 2021).

Figure 3.61

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

In Sindh, the 2020 floods, heavy rains and hail contributed to the destruction of the main crops, particularly cotton, wheat and chilli, which especially affected women who often work as casual labourers to pick chilli and cotton. Even after floodwater drained away, much of the agricultural land remained uncultivable, preventing farmers from planting for the next season (WFP, December 2020).

According to an IPC analysis in Balochistan province's 10 rural districts – released just before the launch of the GRFC 2021 – around 756 000 people or 27 percent of the analysed population are estimated to be in Crisis or worse (IPC Phase 3 or above), including over 185 000 in Emergency (IPC Phase 4) during March–June 2021. The situation is driven by multiple shocks including high food prices, locust outbreaks, rains/flooding and drought – all of them exacerbated by the impacts of the COVID-19 pandemic (IPC, April 2021).

Palestine

2.0M people

moderately or severely food insecure and in need of assistance in January–December 2020 (38% of population analysed)

0.73M

Moderately food insecure

1.3M

Severely food insecure

0.93M

Marginally food insecure

Total population of the country: **5.2M**

Population analysed: **100%**

Source: HNO 2021.

2019–20

Acute food insecurity levels increased



The containment measures imposed to limit the spread of COVID-19 compounded the effects of years of economic hardship and conflict, and contributed to rising numbers of acutely food-insecure people.

In Palestine, around 2 million people – accounting for nearly 4 in 10 Palestinians – were classified as moderately to severely food insecure using WFP CARI methodology (HNO 2021).

Nearly 1 million additional Palestinians were considered marginally food secure and remained vulnerable to shocks that could render them moderately or severely food insecure.



Falha, a widow and mother of three children in their twenties, struggles to meet her essential needs. Rampant unemployment and poverty – made worse by COVID-19 restrictions in 2020 – have made it even harder for Palestinian families to afford food.

The year 2020 has greatly exacerbated existing food insecurity-related hardships for the Palestinian population. The number of people in need of urgent food security related assistance in 2020 increased by 300 000 people. This represents a 20 percent increase relative to food security needs in 2019, when an estimated 1.7 million people were moderately to severely food insecure (HNO 2020 and 2021).

Additionally, between 2019 and 2020, the food security status of over 217 000 people worsened from moderately food insecure to severely food insecure (HNO 2021). The peak estimate for 2020 also reflects a general deterioration

in the food security conditions in Palestine. It is estimated that in 2020 there were almost 400 000 more food-insecure people than in 2018, mostly attributed to the socioeconomic consequences of the COVID-19 pandemic, resulting in a 30 percent increase in the severely food-insecure population (HNO 2018).

The Gaza Strip houses the majority of individuals classified as acutely food insecure, accounting for nearly 72 percent, or over 1.4 million of the total acutely food-insecure population. The remaining 600 000 people reside in the West Bank (HNO 2021).

Palestinian refugees were disproportionately affected by rising levels of acute food insecurity

Around 5.7 million Palestinian refugees live across the Middle East, with over 1.7 million of them in 58 recognized camps. The remaining two-thirds reside in and around the urban centres of host countries, as well as the West Bank and Gaza Strip (UNRWA, June 2020).

According to UNRWA, there are around 775 000 Palestinian refugees in the West Bank, 25 percent of them in 19 camps. Some 1.4 million are in the Gaza Strip, with 600 000 of them in eight recognized camps, which reportedly have one of the highest population densities in the world.

As a result of the ongoing blockade, economic crisis and rising unemployment, the number of refugees who rely on UNRWA for food assistance has reportedly increased from less than 80 000 people in 2000 to nearly 1 million prior to the pandemic (UNRWA, 2020). Refugees and host populations alike struggled to access clean water and electricity.

Israeli demolitions of Palestinian homes have forcibly displaced families, fuelling rising food insecurity and dependence on humanitarian aid (HNO 2021). In 2020, home demolitions in the West Bank increased 48 percent relative to 2019, leaving 1 006 Palestinians homeless, the highest number since 2016 (B'Tselem, January 2021).

Of the food-insecure Palestinians in the West Bank, refugees continued to be disproportionately affected by rising food insecurity driven by COVID-19 during 2020 (HNO 2021).

Map 3.53

Acute food insecurity situation, 2020



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, using HNO 2021 data.

In a largely urban society, COVID-19 restrictions had a major impact on household incomes

Around 8 in 10 Palestinians live in urban areas, with the vast majority engaged in urban-based livelihoods. At the peak of pandemic-induced business closures in April, over 66 percent of surveyed firms reported they were completely shut down (World Bank, November 2020).

During March–May, 52 percent of surveyed households across Palestine indicated that the main breadwinner did not receive income during the lockdown (PCBS, October 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Although the COVID-19 mortality rate remains low by global standards at 77 per 1 million people, pandemic containment measures have drastically impacted living conditions in Palestine, particularly from the perspective of access to healthcare. Response to the pandemic necessitated the reallocation of already scarce healthcare resources, contributing to continuous shortages of medical equipment, including personal protective equipment (PPE) and medicine.

Medical professionals have been stretched to capacity, while facilities lack funding to take on additional healthcare staff (HNO 2021).

Shortages have been particularly dire in the Gaza Strip, where 43 percent of essential medicines at Gaza's Central Health Drugs store ran out of stock in the first half of 2020.

Health facilities are dependent on fuel donations to run backup generators during black-outs as a result of the chronic electricity deficit. As healthcare centres were converted into COVID-19 quarantine and isolation centres, by late September, only 19 out of 51 primary health centres were functioning.

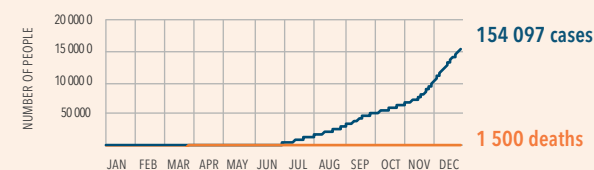
Consequently, the pandemic has significantly constrained the delivery of various essential healthcare services and contributed to mortality from preventable diseases. Over 64 000 people have been affected by the postponement of care for non-communicable diseases and palliative care (HNO 2021).

The diversion of scarce resources away from the provision of sexual and reproductive healthcare, emergency nutrition services and obstetric and neonatal care has also impacted 80 000 women and 210 000 children, including 25 000 neonates (HNO 2021). Pregnant women and new mothers in Gaza are reportedly at heightened risk of being unable to access healthcare – a situation that has been exacerbated by lockdown measures and the sharp decline in medical referrals to hospitals in Israel and Jerusalem (UN Women, April 2020).

Furthermore, a recent study by WFP and UNICEF concluded that many pregnant and lactating women are particularly vulnerable due to a combination of undernutrition and obesity, with 28 percent of lactating women in Gaza reportedly having depleted iron levels (WFP/UNICEF, August 2020).

Figure 3.62

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

Relative to previous years, conflict-related violence declined significantly in 2020, primarily due to the cessation of mass demonstrations along the Gaza-Israeli border in 2018 and 2019. In 2020, the number of Palestinian injuries fell by around 85 percent relative to 2019 to 2 000 injuries, while fatalities declined by 78 percent (HNO 2021). However, the population remains highly vulnerable to conflict and violence, particularly in Gaza.

Insecurity has prevented 3 000 Palestinian farmers, who own or work land located up to 1 000 metres from the Israeli perimeter fence, from developing agricultural livelihoods. Chronic electricity deficits limit local food production and contribute to water shortages for irrigation. Around 4 000 families engaged in fishing for their livelihoods face difficulties accessing the sea due to Israeli restrictions (HNO 2021).

Economic shocks, including COVID-19

The COVID-19 pandemic hit as the Palestinian economy faced the effects of three years of high unemployment, low economic growth and sizeable fiscal deficits (World Bank, November 2020). COVID-19 mitigation measures significantly increased the severity of humanitarian needs by undermining livelihoods and living conditions, particularly in the Gaza Strip, which has faced a 14-year Israeli blockade and frequent hostilities (HNO 2021).

By April–May, lockdown measures rendered around 121 000 people unemployed, while unemployment reached a

staggering 49 percent in Gaza (World Bank, November 2020; PCBS, April–June 2020). Consequently, during March–May, over 40 percent of respondents had reduced monthly food expenditures relative to February and 57 percent reported that their diet was less diverse (PCBS, October 2020). By November, monthly incomes in Gaza had reportedly fallen nearly 90 percent (Islamic Relief, November 2020).

COVID-19 restrictions severely disrupted the food system, particularly for small-scale producers who struggled to access credit, markets and inputs. During the lockdown, 79 percent of Gazan households and 52 percent of West Bank households were obliged to borrow money or buy on credit to purchase basic items, including food (PCBS, October 2020).

In response to Israel's plans to annex parts of the West Bank, the Palestinian Authority (PA) stopped accepting tax clearance revenues collected by Israel for the PA, resulting in an 80 percent loss in income that reduced the PA's ability to deliver services, pay salaries and maintain social safety nets during the pandemic (HNO 2021).

In the West Bank, the share of Palestinians living below the poverty line was expected to rise from 14 percent before the pandemic to 30 percent in 2020. During the same period in Gaza, the share rose from 53 percent of the population to 64 percent, or the equivalent of 37 300 new poor families (World Bank, June 2020; HNO 2021).

In the Gaza Strip, the impact of conflict/insecurity has reportedly cost the Gazan economy USD 16.7 billion in losses, or 107 percent of Palestinian GDP, pushing the economy to near collapse (UN, November 2020). Over 80 percent of

the Gazan population depends on aid for sustaining their livelihoods (ECHO, November 2020).

Weather extremes

In January, heavy rain, winds, and a cold wave hit Palestine, causing flooding in several areas and leading thousands of people to be evacuated from their homes (IFRC, November 2020). Cold weather extremes greatly impacted households in the Gaza Strip, where thousands of people were displaced and living in transitional shelters or tents due to recent conflict. The temperature approached zero degrees in the Gaza Strip during a time when heating systems cannot operate due to electricity cuts, while gas stations had insufficient fuel to enable people to utilize their own generators (IFRC, January 2020).

Poor diets, diseases and care practices

With the deterioration of the water and sanitation situation and the ongoing energy crisis in the Gaza Strip, only 10 percent of the population have direct access to clean and safe drinking water. In Area C in the West Bank, access to water remains precarious due to military regulations. Insufficient access to health care resulting from the chronic depletion of medical supplies, insufficient human resources, and COVID-19 related access restrictions exacerbated health needs (HNO 2021).

Forecast 2021

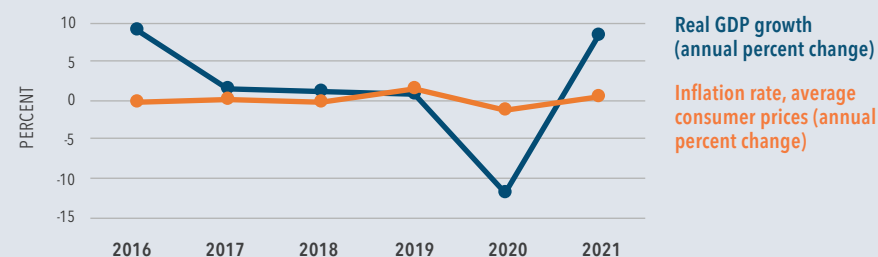
The protracted political and economic crisis in tandem with the prolonged impact of COVID-19 restrictions will continue to severely limit employment opportunities and constrain household income in Palestine.

The Palestinian economy is projected to experience a modest improvement in its outlook as growth returns to around 2.5 percent in 2021. This is largely due to the expected stabilization of the daily number of infections during the first half of the year due to widespread pandemic containment measures, which will facilitate the reopening of the economy (World Bank, November 2020).

However, increasing COVID-19 cases in the Gaza Strip will likely extend the duration of containment measures, leading to severe economic repercussions for households already under considerable financial duress and magnifying household food insecurity levels. A rising caseload is also expected to overwhelm the already overburdened health sector in Gaza, in the event that the health system does not receive international assistance or cases continue to rise (Al Mezan, November 2020). In light of these circumstances, the vast majority of households in Gaza are expected to remain highly vulnerable to food insecurity and increasingly dependent on humanitarian assistance to meet their basic needs.

Figure 3.63

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.



Given the continued deterioration in living conditions and frayed relations between the Palestinian Authority and Israel, the risk of an increase in violence remains in 2021, particularly in Gaza (HNO 2021). The protracted conflict/insecurity will likely accelerate the displacement of Palestinian households (UNRWA, December 2020).

Sierra Leone

1.3M people CH Phase 3 or above
in June–August 2020 (16% of the population analysed)

1.2M CH Phase 3 **Crisis**
0.74M CH Phase 4 **Emergency**

4.0M CH Phase 2 **Stressed**

Total population of the country: **8.3M**

Population analysed: **100%**

Source: CILSS-Cadre Harmonisé, March 2020.

2019–20

Rising levels of acute food insecurity

Several years of economic, environmental and epidemiological shocks exacerbated the vulnerability of Sierra Leone's population.

The numbers of people in Crisis or worse (CH Phase 3 or above) escalated dramatically between late 2019 and mid-2020 in Sierra Leone. During the June–August 2020 lean season, more than 1.3 million people were in Crisis or worse (CH Phase 3 or above), mainly in the coastal districts of Bonthe



and Moyamba, and the eastern district of Kenema, which were all classified in Crisis (CH Phase 3). This marked a fourfold increase since the peak period in October–December 2019 when 348 000 people were in Crisis or worse (CH Phase 3 or above) (CILSS-CH, March 2020).

Considering its small population size (8.3 million), the country had West Africa's highest national prevalence of people in Crisis or worse (CH Phase 3 or above) (16.0 percent). Nearly half of its population were classified in Stressed (CH Phase 2) (RPCA, November 2020). The CH analysis was carried out in March 2020, before restrictions were imposed to curb the

spread of COVID-19, and did not consider the undoubted negative effects on food security of such measures, particularly on smallholder farmers, urban slum dwellers and other vulnerable groups, such as female-headed households (FAO, May 2020).

In March–May 2020, the population in Crisis or worse (CH Phase 3 or above) had already reached about 1 million, according to the March CH analysis. The number fell to 852 000 following the harvest from October–December but this was still nearly three times higher than the same period in 2019 (CILSS-CH, November 2020).

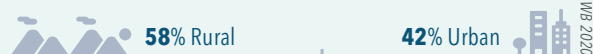
COVID-19-related restrictions added to previous economic hardships, especially for urban dwellers

The June 2020 E-FSMS found that approximately 5.1 million Sierra Leoneans (63 percent) were moderately or severely food insecure, around 0.8 million of them severely so, based on WFP CARI methodology. This represented an increase of 1.2 million people since January. The districts with the highest share and number of severely food-insecure people were Port Loko (33 percent), Western Urban (22 percent), Tonkolili (18 percent) and Kenema (17 percent). It found 87 percent of households had adopted one or more livelihood coping strategies to meet food needs in May, an increase from 74 percent in January. One-fifth reported adopting Emergency coping strategies (E-FSMS, June 2020).

Urban food insecurity continued on an upward trend, with 49 percent of the population in Freetown found to be food insecure, an increase from 41 percent in January 2020. Of them, 22 percent or 275 000 people were severely food insecure. This likely reflects the impact of the COVID-19 outbreak in urban areas, particularly lockdowns that prevented vulnerable petty traders and day labourers, many of whom live a hand-to-mouth existence, from earning an income (E-FSMS, June 2020).

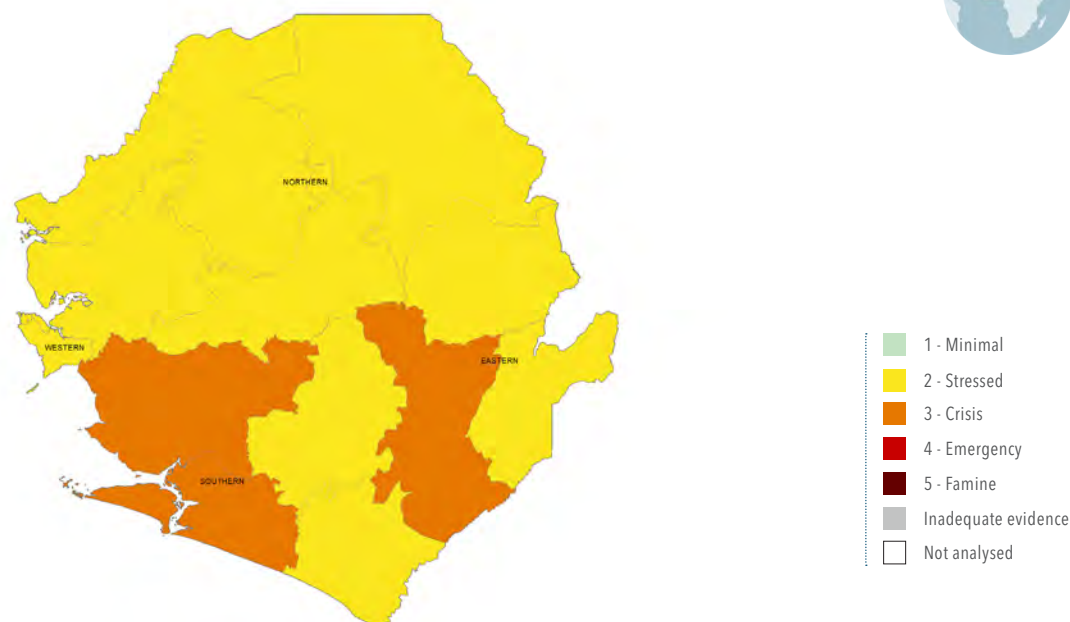
Even before COVID-19, depreciation of the Leone greatly exacerbated the vulnerability of urban residents who solely rely on market purchase of predominantly imported food commodities to meet their household food needs (FSMS, January 2020).

Percentage of population living in rural versus urban areas



Map 3.54

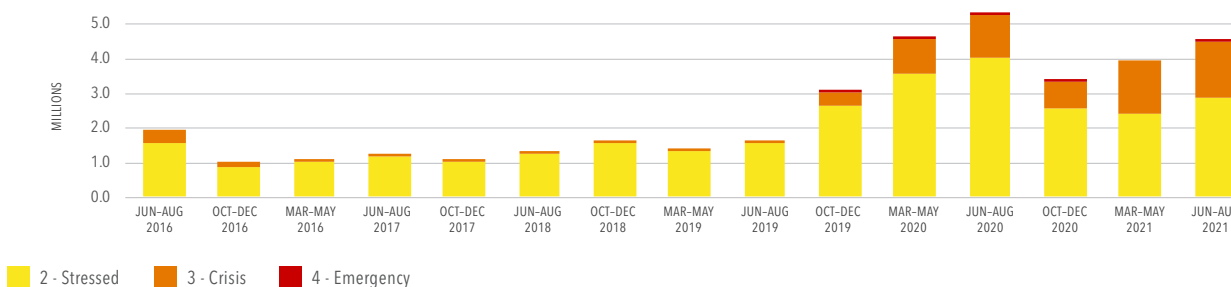
CH acute food insecurity situation, **June–August 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2020.

Figure 3.64

Number of people in CH Phase 2 or above in 2016–2021



Source: CILSS-Cadre Harmonisé.

Nutrition and health overview

In Sierra Leone, child wasting levels are classified as 'medium' at 5.4 percent. This is a significant improvement since 2010 when 9 percent were wasted. Regional disparities exist, with the Western province having the highest prevalence at 7.4 percent (DHS 2019).

Stunting levels are classified as 'high', with nearly 30 percent of children stunted (DHS 2019) – down from over 40 percent in 2010 (Global Nutrition Report, 2020).

Infant and child-feeding practices are generally poor with only 54.1 percent of infants up to 6 months being exclusively breastfed, though the country is on course to meet the exclusive breastfeeding target (DHS 2019, Global Nutrition Report, 2020). Only 9.2 percent of children aged 6–23 months receive the minimum acceptable diet, 25.1 percent acceptable dietary diversity and around 32.2 percent acceptable minimum meal frequency (DHS 2019). Around 68 percent of children and 46.5 percent of reproductive-age women are anaemic (DHS 2019). These outcomes likely worsened during the course of the COVID-19 pandemic, which contributed to rising food insecurity and constrained access to critical nutritional services. For example, provision of vitamin A supplements fell by 50–74 percent due to COVID-19 containment measures.

Nutritional outcomes in the country can be attributed to a confluence of factors, notably high levels of poverty and food insecurity, climatic shocks such as flooding, and limited access to healthcare and WASH facilities. For example, the capital Freetown, which was built to house around 300 000 people, now has over one million residents, placing significant pressure on scarce basic services.

5.4% of children under 5 are wasted, **1.1%** of them are severely wasted.

Source: DHS 2019.



29.5% of children under 5 are stunted.

Source: DHS 2019.



54.1% of infants aged 0–6 months are exclusively breastfed.

Source: DHS 2019.



25.1% of children aged 6–23 months receive the minimum dietary diversity.

Source: DHS 2019.



46.5% of women of reproductive age and **67.8%** of children under 5 are anaemic.

Source: DHS 2019.



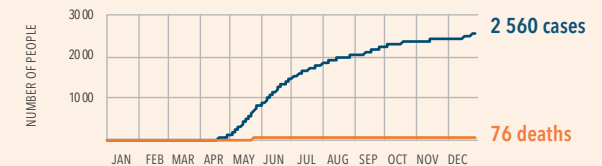
59.5% of households have access to at least basic drinking water services.

Source: MICS, 2017.



Figure 3.65

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

❗ Coverage of Vitamin A supplementation programmes dropped by 50–74% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

Three years of currency depreciation, high food import requirements and escalating food prices were already constraining food access in early 2020, (FAO, May 2020). The country was still recovering – socially and economically – from the Ebola virus outbreak, which ended in 2016 (WFP, October 2020).

In March, when the majority of households were already spending most of their income on food, the Government imposed movement restrictions to slow the spread of the COVID-19 virus. Fear of contracting the virus led 60 percent of households to stay at home, prompting further economic slowdown and income losses (FAO, May 2020). According to the Emergency Food Security Monitoring System (EFSMS) June report, of the 80 percent of households that reported experiencing a shock in May, 44 percent cited lockdown and movement restrictions as the main one (EFSMS, June 2019).

Despite a timely start to the rainy season in late March, movement restrictions and limited agricultural labour disrupted the main planting season (April–July) for rice, the chief staple. Market disruptions created input and seed shortages, while farmers consumed seeds meant for planting due to difficulties in accessing food. This was all expected to adversely affect the 2020 main harvest (FAO, May 2020).

For three months (the country started to reopen in July), the supply chain of food imports was disrupted due to shipping delays and the suspension of air traffic, while movement restrictions affected the flow of farm produce to markets, exacerbating high food prices. Poverty levels were already very

high, with 58 percent of the population multi-dimensionally poor (UNDP 2020), but the rise in prices of local and imported food likely pushed more into poverty (FAO, May 2020). The price of local rice increased by 12 percent between January–March 2020 and April–June 2020, when it was 57 percent higher than the same period in 2019 (EFSMS, June 2020).

Restrictions affected remittances sent by international migrants (which account for more than 50 percent of annual household consumption), while lack of work and internal travel restrictions prevented rural households from receiving much-needed income and/or goods from family members working in urban centres (WB, June 2020).



Weather extremes

The abnormal rainfall in 2018 and 2019, which resulted in poor seed germination and waterlogging of fields and crops, continued to contribute to high levels of acute food insecurity in 2020 by reducing the overall yield and increasing food prices (ACAPS, August 2020).

Import requirements for the 2019/20 marketing year (November/October) were forecast to be above average as local traders sought to replenish their stocks. The rainy season of 2020 was erratic with below-normal rainfall – although when it did rain, rainfall was heavy, causing flooding. During the dry season in early 2020, there was a scarcity of pasture and fodder for livestock, but by May, forage availability was satisfactory in the main grazing areas, allowing animals to maintain good body conditions and enhance their market value (FAO-GIEWS, May 2020).



Agricultural pests and diseases

Although maize is only produced on a very small scale, fall armyworm remained a source of concern. There was no major outbreak of animal diseases, but field reports indicated some cases of pestes des petits ruminants (PPR), worms, foot rot and skin problems caused by ticks or mange, affecting small ruminants, as well as Trypanosomiasis in cattle in Koinadugu, Bombali, Kambia, Tonkolili and Kono districts. Anthrax, Haemorrhagic Septicaemia (HS) and Bovine Brucellosis were prevalent in some areas (PREGEC, November 2020).



Poor diets, diseases and care practices

Lockdown restrictions and fear of contracting COVID-19 reduced health-seeking behaviour including routine immunizations and growth monitoring check-ups, while the economic downturn reduced the ability of households, particularly women and children, to consume nutritious foods (EFSMS, June 2020). Reports from the MOHS Health Information Bulletin revealed a decrease in the percentage of fully immunized 0–11-month-old children from 79 percent in the first quarter to 72 percent in the second.

Despite improvement in some areas, sub-optimal infant and young child nutrition and care practices as well as poor sanitation and hygiene practices remain prevalent. Fewer than half of households use improved sanitation facilities that are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site (UNICEF/WHO, 2017).

Forecast 2021

1.8M people

CH Phase 3 or above in June–August 2021
(22% of population analysed)

Source: CILSS-Cadre Harmonisé, March 2021.



High levels of acute food insecurity will persist as reduced crop production increases food imports and inflates food prices, while purchasing power weakens.

High levels of acute food insecurity are expected to worsen in the 2021 lean season with almost 1.8 million people forecast to be in Crisis or worse (CH Phase 3 or above) in June–August 2021. Within this, the number of people in Emergency (CH Phase 4) is expected to increase 22 percent from the 2020 peak to around 90 000 people. The largest number of people in Crisis or worse (CH Phase 3 or above) is expected to be in the Northern region, at over 630 000 people, or 22 percent of the region's population analysed. The prevalence is expected to be even higher in the Eastern and Southern regions, with 27 percent in both (CILSS-CH, March 2021).

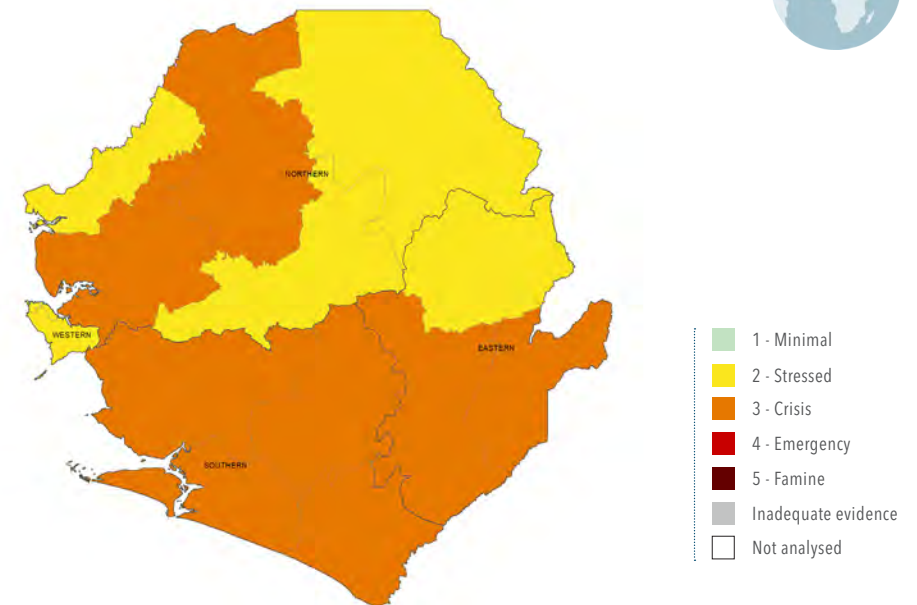
This forecast can be attributed to reduced agricultural production due to COVID-19 movement restrictions and disruptions to the supply chain for agricultural inputs as well as an increase in post-harvest losses, combined with rising food prices and plummeting purchasing power as the poor macroeconomic situation persists (FAO, May 2020).

Heavy rains, flash floods and mudslides are expected in coastal areas at the height of the rainy season in July–August when 90 percent of Sierra Leone's yearly rainfall is normally recorded. Urban and rural districts in the Western region are particularly vulnerable due to their high population density, proximity to the coast and deforestation in the neighbouring hills. Urban expansion in areas particularly at risk of flooding has heightened the pressure on sewage systems and put increasing strain on already unstable ground (ACAPS, August 2020).

There is a high risk of seasonal outbreaks of animal diseases including peste des petits ruminants in sheep and goats, foot-and-mouth disease in cattle and Newcastle disease in poultry (FAO-GIEWS, 2020).

Map 3.55

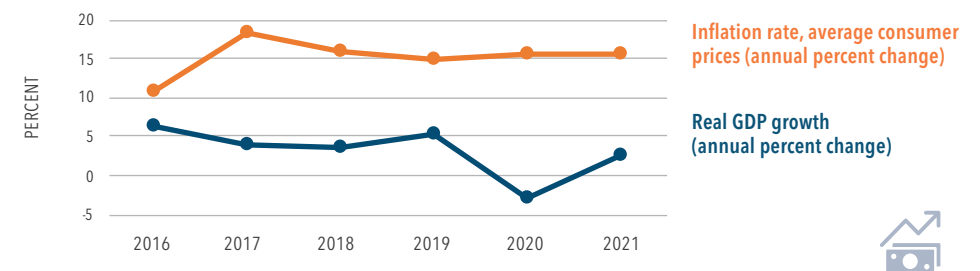
CH acute food insecurity situation, June–August 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: CILSS-Cadre Harmonisé, March 2021.

Figure 3.66

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Somalia

2.1 M people IPC Phase 3 or above
in October–December 2020 (17% of the population analysed)

1.7M

IPC Phase 3 **Crisis**

0.40M

IPC Phase 4 **Emergency**

3.0M

IPC Phase 2 **Stressed**

Total population of the country: **12.3M**

Population analysed: **100%**

Source: Somalia IPC Technical Working Group, October 2020.

2019–20

Persistently high levels of acute food insecurity



The multi-hazard impact of widespread flooding, desert locust infestation on crops and pastures as well as the negative socioeconomic impact of COVID-19 all contributed to the acute food insecurity situation.

Around 2.1 million people across Somalia were expected to face Crisis or worse (IPC Phase 3 or above) from October–December 2020, representing 17 percent of the population



One of the worst desert locust infestations in decades caused significant damage to pasture but limited damage to crops in northern and central agropastoral areas. In late 2020, the outbreak expanded into southern key cropping areas, significantly harming sorghum and cowpea crops.

analysed, in the absence of humanitarian assistance (IPC, October 2020).

The number of people in Crisis or worse (IPC Phase 3 or above) remained on a par with the same period in 2019, while the number of people in Stressed (IPC Phase 2) fell from 4.2 million to around 3 million. The number of people in Emergency (IPC Phase 4) fell slightly too from 439 000 to around 400 000 (IPC, August 2019 and October 2020).

As the map shows, from October to December 2020, most areas were classified in Stressed (IPC Phase 2) while 16 districts were in Crisis (IPC Phase 3). The regions with the

highest numbers of people in Crisis or worse (IPC Phase 3 or above) were Banadir (372 000), West Galbeed (223 000) and Bay (200 000). Just three regions – Banadir, West Galbeed and Bay – accounted for 40 percent of the total population in Emergency (IPC Phase 4). Most urban populations were expected to face Stressed (IPC Phase 2) during this period (IPC, October, 2020).

At 1.3 million, the number of people in Crisis or worse (IPC Phase 3 or above) was 38 percent lower in July–September compared to the 2020 peak figure in October–December (IPC, October, 2020).

Over 40 percent of the population in Crisis or worse (IPC Phase 3 or above) in 2020 were IDPs

-  **2.7M IDPs, 1.3M of them newly displaced in 2020**
-  **24 070 refugees and asylum-seekers**
(71% from Yemen, 26% from the Syrian Arab Republic)
-  **243 000 refugee and IDP returnees**

Source: UNHCR, end 2020.

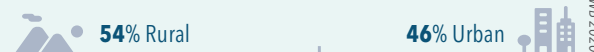
IDPs, the majority of whom are poor and live in urban areas with limited livelihood assets and employment options, are highly reliant on external humanitarian assistance. While food assistance plays a significant role in preventing worse outcomes for many households, a significant proportion of IDPs continue to face moderate to large food consumption gaps. Of the estimated 2.6 million IDPs in Somalia, approximately 24 percent are in Crisis (IPC Phase 3) and an additional eight percent are likely in Emergency (IPC Phase 4) (FEWS NET, October 2020).

Refugees in host communities have limited access to food assistance and livelihood opportunities (UNHCR, 2021).

The urban poor struggled to make ends meet

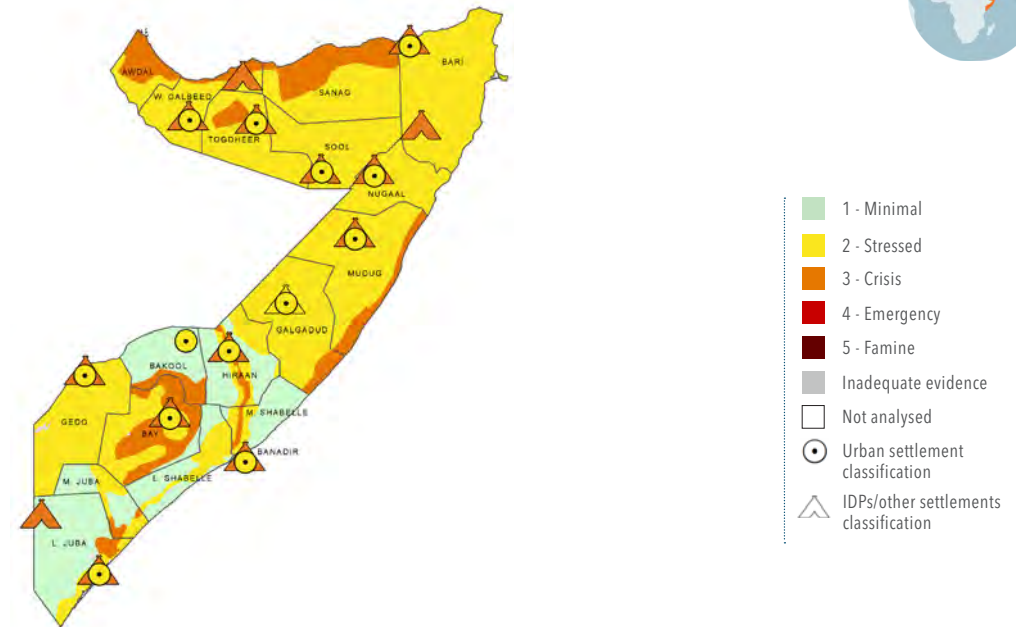
Many urban dwellers faced moderate to large food consumption gaps as their food security status was undoubtedly worsened by the indirect socioeconomic impacts of COVID-19, including a decline in remittances, increased food prices and dearth of employment and other income-earning opportunities (IPC, October 2020).

Percentage of population living in rural versus urban areas



Map 3.56

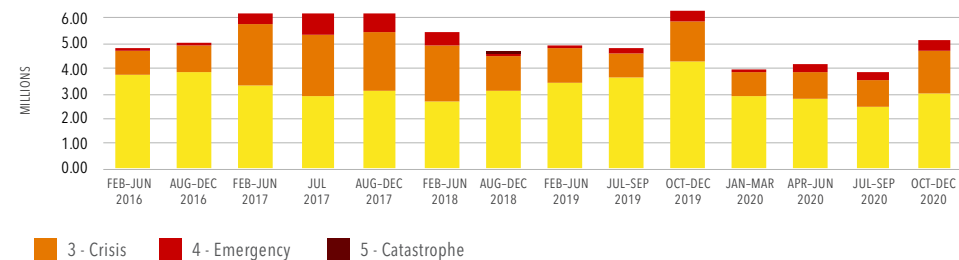
IPC acute food insecurity situation, **October-December 2020**



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, October 2020.

Figure 3.67

Number of people in IPC Phase 2 or above, 2016-2020



Source: Somalia IPC Technical Working Group.

Nutrition and health overview

Somalia's health system is fragile, mainly due to a long-running complex emergency. Although significant investments have contributed to improving health indicators, advancements have faced disruptions from recurring crises (UNICEF). Somalia still reports unacceptably high child mortality from a combination of neonatal causes, respiratory tract infections and other infections. Low coverage of routine immunization has caused recurrent measles outbreaks affecting children under 5 years of age the most, while outbreaks of circulating vaccine-derived polio have also been reported for the past three years.

In 2020, WHO reported 6 589 suspected cholera cases in the regions of Banadir, Bay, Hiran and Lower Shabelle, including 33 associated deaths. Almost half the cases were among children aged 2 years or younger leading to 18 deaths in this age group (ECDC, December 2020).

Children and women living in IDP settlements and inaccessible areas suffer even bigger gaps in access to health and nutrition services, and often experience a dangerous cocktail of malnutrition and infectious diseases.

At 27.8 percent, stunting in Somalia is classified of 'high' public health significance and is below levels found in most neighbouring countries (DHS 2020).

Child-feeding indicators are particularly poor in Somalia, with only 33.7 percent of children exclusively breastfed for the first 6 months of their lives and just 12.1 percent of children aged 6–23 months receiving a minimally diverse diet. These poor young child-feeding practices are key drivers of malnutrition (DHS 2020).

962 000 children under 5 are wasted,
162 000 of them are severely wasted.

Source: HNO 2021.



27.8% of children under 5 are stunted.

Source: DHS 2020.



33.7% of infants aged 0–6 months are
exclusively breastfed.

Source: DHS 2020.



12.1% of children aged 6–23 months receive the
minimum dietary diversity.

Source: DHS 2020.



44.4% of women of reproductive age and **55.8%** of
children under 5 are anaemic.

Source: WHO, 2016.



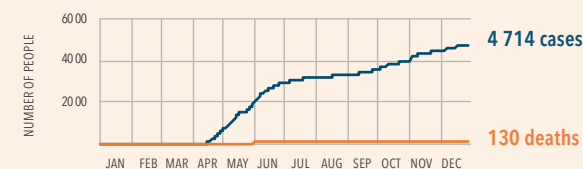
52.0% of households have access to at least basic
drinking water services.

Source: JMP, 2017.



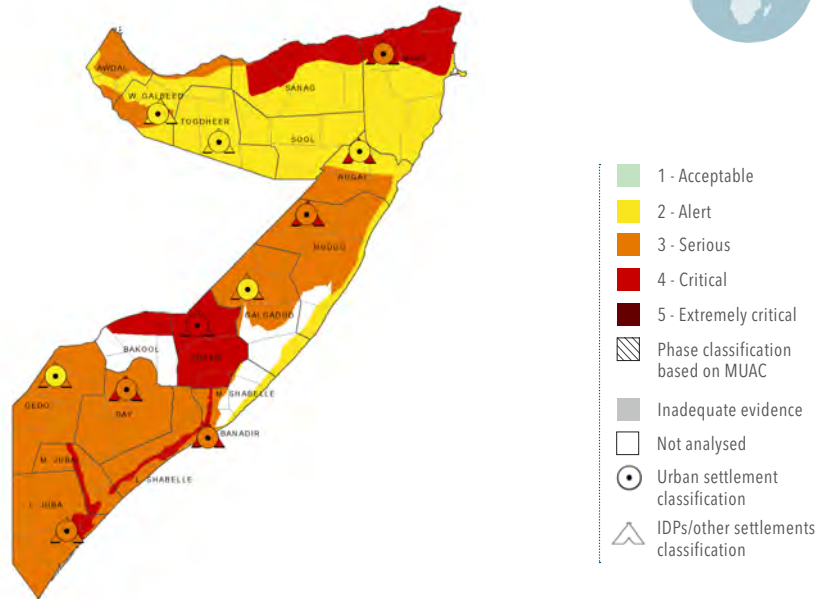
Figure 3.68

COVID-19 cumulative confirmed cases and deaths, January–December 2020



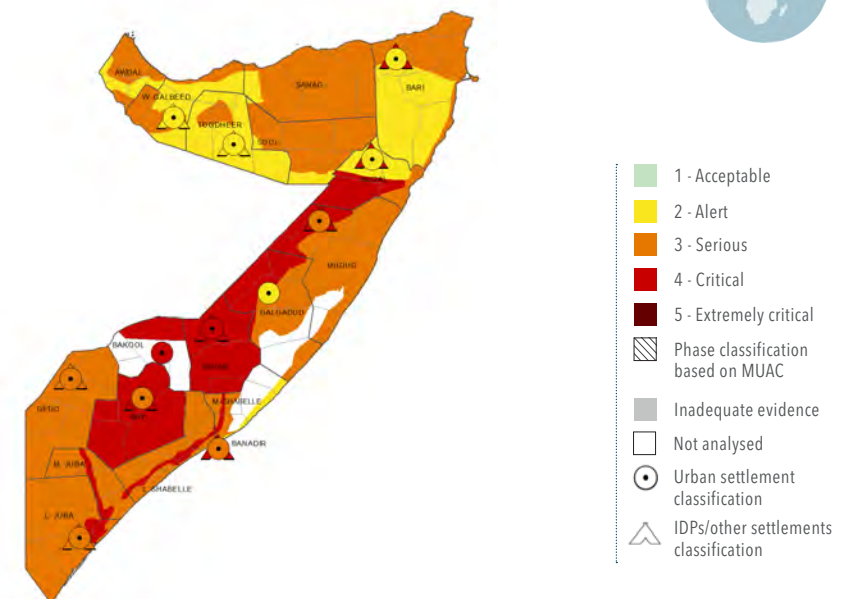
Source: FSIN, using WHO global data set.

Map 3.57

IPC acute malnutrition situation, **October–December 2020**

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, October 2020.

Map 3.58

IPC acute malnutrition situation, **February–April 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 Technical Working Group, March 2021.

IPC acute malnutrition analysis

The 2020 IPC acute malnutrition analysis expected the nutrition situation to deteriorate in October–December 2020 among some population groups due to seasonal factors and an expected deterioration in food insecurity.

During this period the wasting prevalence among children under 5 years was at Critical (IPC AMN Phase 4) levels among displaced populations in Baidoa, Beletweyne, Bosasso, Galkacyo, Garowe and Mogadishu. The levels were also expected to be Critical in East Golis pastoral, Hiran region, Elbarde district of

Bakool region, Middle and Lower Shabelle Riverine and Middle and Lower Juba Riverine livelihoods (IPC AMN, October 2020).

The nutrition situation was expected to deteriorate further from February–April 2021 among some population groups due to seasonal as well as acute factors, including increased disease burden, a decline in milk availability and access, reduced access to water, and worsening food insecurity related to declining household cereal stocks and a likely increase in cereal prices.

Accordingly, a deterioration from Serious (IPC AMN Phase 3) to Critical (IPC AMN Phase 4) is expected among Galkacyo IDPs,

Hawd Pastoral of northeast and central regions, rural Hiran (Beletweyne, Jalalaqsi, Buloburte and Mataban districts), Baidoa IDPs, Bay Agropastoral and Lower Juba Riverine. Similarly, a deterioration from Alert (IPC AMN Phase 2) to Serious (IPC AMN Phase 3) is expected in Guban Pastoral, Northwest Agropastoral, Togdheer Agropastoral, and Coastal Deeh Pastoral of northeast and central regions.

The number of population groups with a Critical acute malnutrition prevalence (GAM $\geq 15\%$ or IPC AMN Phase 4) is projected to increase from nine in October–December 2020 to 16 in February–April 2021 (IPC AMN, March 2020).

Acute food insecurity and malnutrition drivers 2020



Weather extremes

April–June 2020 Gu rains in central and southern Somalia began early and were exceptionally heavy until early May, causing severe flash flooding and river overflows, which submerged about 20 percent of the average planted area for the 2020 Gu season, and led to massive displacements, destruction of farmland, crops and property. Dry weather until late June resulted in crop wilting and poor germination of replanted crops. Above-average coastal rains in July led to partial vegetation recovery, but caused floods and crop losses. October–December Deyr rains in central and southern Somalia started with a prolonged dry spell, which decreased agricultural employment opportunities and income. Torrential rains in November benefited crops but caused destructive flooding (FAO, September and December 2020).

Overall, the aggregate 2020 cereal production is estimated at about 15 percent below the five-year average. Floods displaced some 918 000 people, with the largest numbers in Hiraaan, Lower Shabelle and Middle Shabelle regions. Drought displaced around 157 000 people, with the highest numbers in Middle Shabelle (UNHCR, accessed January 2021).

In November, tropical cyclone Gati caused flash floods in coastal and inland areas of north-eastern Somalia, especially in Iskushuban district of Bari region, leading to livestock losses, destruction of property, damage to critical infrastructure, and shipping and fishing equipment (FEWS NET, December 2020). In Iskushuban, about 60 000 people were affected. In Bossaso district, about 40 000 were affected by flash floods, of whom 90 percent were IDPs and refugees (OCHA, December 2020).

In pastoral areas, below-average rainfall in parts of the North, central Somalia, coastal areas and Gedo region led to water scarcity and pasture shortages, prompting atypical, earlier-than-normal livestock migration to distant grazing areas. As a result, milk availability for consumption and sale is limited (FSNAU-FEWS NET, February 2021).



Desert locusts

Desert locusts continued to pose a serious threat to crops and pastures, mainly in northern and central agropastoral areas. While pasture damages were significant, crop losses were limited. However, in late 2020, the locust outbreak expanded into southern key cropping areas, and significant damages to sorghum and cowpea crops were reported (FAO-GIEWS, December 2020). From October to December 2020, roughly 27 percent of cropping respondents and 59 percent of livestock-rearing respondents living in desert locust-affected areas experienced crop and pasture losses, according to a joint desert locust impact assessment. (FSNWG, January 2021).



Economic shocks, including COVID-19

The Somali economy has a number of structural weaknesses that exposed it to the 'triple crises' of COVID-19, flooding and the desert locust infestation in 2020. These include a heavy reliance on live animal exports, imported food stuffs, remittances and Overseas Development Assistance (ODA).

Remittances, which tend to benefit households in northern parts of Somalia with stronger connections to the diaspora, declined in the first two quarters of 2020 at the beginning of

the pandemic (FSNAU, February 2021).

A UNIDO/World Bank study indicated that in the Small and Medium-sized Enterprise sector, COVID-19 led to a 30 percent reduction in sales, leaving most businesses with liquidity problems. Micro-enterprises were also disrupted, but less severely (WB, July 2020). Another IOM study found that women-owned businesses were especially hard hit (IOM, August 2020). Communities in East Golis and Coastal Deeh faced income shortfalls from fishing and frankincense sales due to the fall in demand during the pandemic (FEWS NET, October 2020).



Conflict/insecurity

While significant advances have been made in the battle against Al-Shabaab (AS), including the return of state control to main towns across Somalia, the presence of AS continued to fuel conflict and sustain a persistent state of insecurity (IOM, November 2020). During the first seven months of 2020, conflict in southern and central regions intensified by comparison with 2019. In Sanaag, Galgaduud, Hiiraan and Lower Shabelle, conflict led to loss of assets, disrupted livelihoods and trade, and population movements (FEWS NET, October 2020). Some 213 000 people were internally displaced by conflict in 2020 (UNHCR, November 2020).



Poor diets, diseases and care practices

Besides food insecurity, the drivers of wasting include high morbidity, low immunization, and vitamin-A supplementation and reduced access to milk (FSNAU-FEWS NET, February 2021).

Forecast 2021

2.7M people

IPC Phase 3 or above in April–June 2021
(22% of population analysed)

Source: Somalia IPC Technical Working Group, March 2021.



Acute food insecurity is expected to deteriorate among poor rural, urban and displaced populations due to anticipated below-average Gu rains, desert locusts, the socioeconomic impacts of COVID-19 and protracted conflict.

Up to 2.7 million people across Somalia are expected to face Crisis or worse (IPC Phase 3 or above) through mid-2021 in the absence of humanitarian assistance. Of them 400 000 people are expected to be in Emergency (IPC Phase 4). Approximately 840 000 children under the age of 5 are likely to be wasted, nearly 143 000 of them severely so (IPC, March 2021).

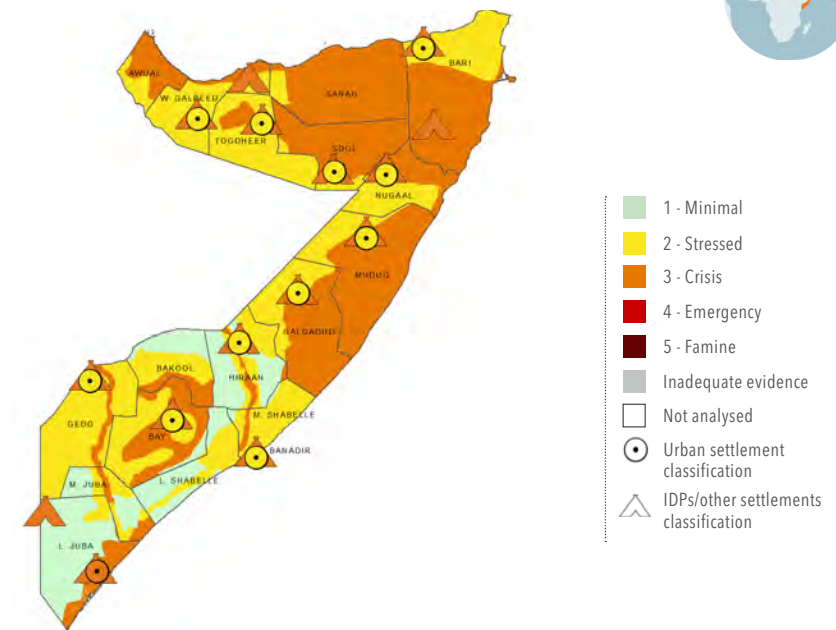
Through at least mid-2021, desert locusts will continue to pose a serious risk of damage to both pasture and crops across Somalia. Available forecasts indicate an increased likelihood of below-average rainfall during the 2021 Gu (April–June) season across most of the country, which would adversely affect food security and nutrition outcomes.

In agropastoral livelihood zones, poor households that experienced crop losses and low income from agricultural employment mainly due to erratic and poorly distributed rainfall, desert locusts, stalk borer infestations and conflict, will face moderate to large food consumption gaps. Likewise for poor households in riverine livelihood zones along the Shabelle and Juba rivers, where recurrent floods destroyed farmland and crops and displaced local populations. Poor pastoralist households with limited saleable animals will also face moderate to large food consumption gaps through mid-2021.

The impacts of the erratic 2020 Deyr season rainfall on rural livelihood activities have also negatively affected food security among IDPs in rural areas. The urban poor, including IDPs, will continue to face moderate to large food consumption gaps, partly due to the slowdown in economic activities related to the COVID-19 pandemic (FSNAU-FEWS NET, February 2021).

Map 3.59

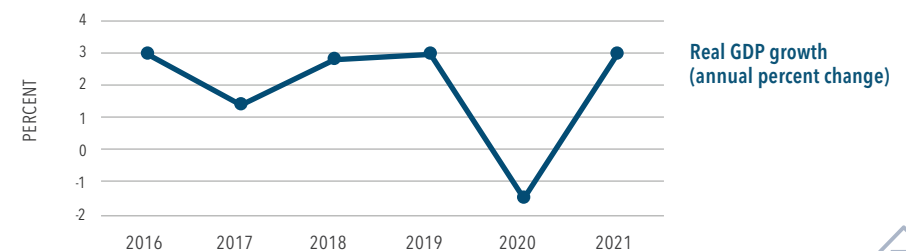
IPC acute food insecurity situation, April–June 2021



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 Technical Working Group, March 2021.

Figure 3.69

Real GDP growth, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

South Sudan

6.5M people IPC Phase 3 or above
in May–July 2020 (55% of the population analysed)

4.7M **1.7M**
IPC Phase 3 **Crisis** IPC Phase 4 **Emergency**

3.3M IPC Phase 2 **Stressed**

Total population of the country: **11.7M**

Population analysed: **100%**

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

2019–20 Famine re-emerged in 2020

South Sudan continued to experience one of the worst food crises globally, fuelled by continued localized conflict, the macroeconomic crisis and the impacts of COVID-19 restrictions, and widespread flooding.

By the end of 2020, the severity of acute food insecurity worsened with Western payams of Pibor county in Famine Likely (IPC Phase 5) and populations in Catastrophe (IPC Phase 5) in five other counties.

From May–July 2020, nearly 6.5 million people (55 percent of the population) faced Crisis or worse (IPC Phase 3 or



Deborah Nyakueth prepares a meal of ground sorghum and water for her children. The family had escaped their home in Leer village, Unity state, by way of impenetrable, crocodile-infested swamps, arriving in Nyal village, where thousands of other displaced people are seeking refuge from conflict.

above) with more than 1.7 million people (15 percent of the population) in Emergency (IPC Phase 4) (IPC, February 2020).

Some 33 counties were classified in Emergency (IPC Phase 4), 37 in Crisis (IPC Phase 3) and eight in Stressed (IPC Phase 2). The states with the highest levels of acute food insecurity were Jonglei, Unity, Upper Nile, Lakes, Warrap and Northern Bahr el Ghazal (IPC, February 2020).

This is a slight improvement in the number of people in Crisis or worse (IPC Phase 3 or above) compared to the May–July 2019 peak (7 million) (IPC, May 2019).

While the number of people in Crisis (IPC Phase 3) decreased marginally from 4.7 million in May–July 2020 to 4.2 million in October–November 2020, the number of people in Emergency (IPC Phase 4) increased sharply from 1.7 million to 2 million.

The number of people in Catastrophe (IPC Phase 5) increased from zero to 92 000 in October–November 2020, making a total of 6.3 million in Crisis or worse (IPC Phase 3 or above), or 53 percent of the analysed population, and the number in Catastrophe (IPC Phase 5) increased further to 105 000 by December (IPC and external reviews, December 2020).

This represents a marked deterioration compared to the equivalent period in 2019 (September–December), when 4.5 million people were facing Crisis or worse (IPC Phase 3 or above), representing 38 percent of the analysed population (IPC, August 2019).

Famine Likely reported in Pibor county by the Famine Review Committee

According to external reviews conducted on the October 2020 South Sudan IPC analysis,¹ the Western payams of Pibor county (namely, Gumuruk, Pibor, Lekuangole, and Verteth) were classified in Famine Likely (IPC Phase 5). Two other payams in Eastern Pibor (Kizongora and Maruwa) will face 'Risk of Famine' from December 2020.

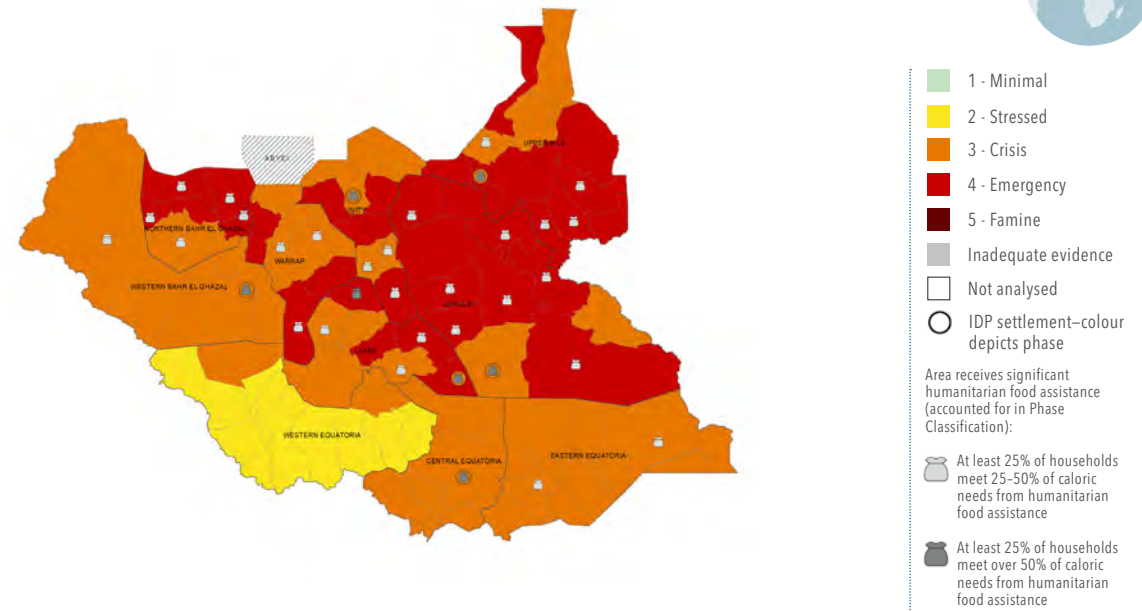
The situation was also highly concerning in five counties that had populations in Catastrophe (IPC Phase 5), namely Akobo, Aweil South, Tonj East, Tonj North and Tonj South.

These conditions were due to the confluence of violent attacks, widespread displacement, historic flooding and a weak macroeconomic environment, which devastated pastoralist and agricultural-based livelihoods and fuelled a surge in food prices. All of these factors constrained food availability and access and contributed to catastrophic levels of food insecurity, disease prevalence, and access to water, health and nutrition services (IPC FRC, December 2020).

¹ Following a breakdown in technical consensus among South Sudan IPC Technical Working Group 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 mentioned above regarding the estimation of populations in Catastrophe (IPC Phase 5) in five counties, namely Akobo, Aweil South, Tonj East, Tonj North and Tonj South and no Famine Likely (IPC Phase 5) classification in some payams of Pibor.

Map 3.60

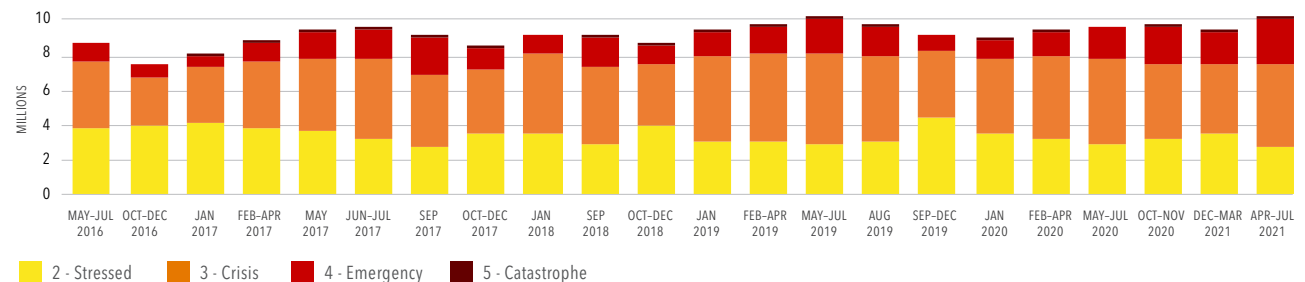
IPC acute food insecurity situation, **May–July 2020**



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, February 2020.

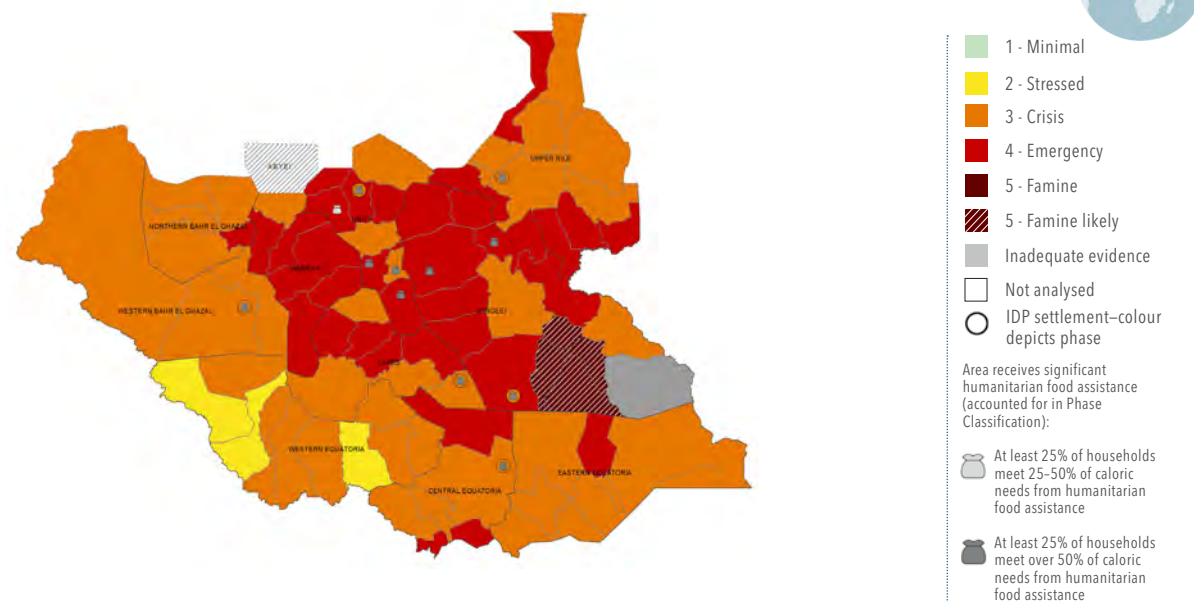
Figure 3.70

Number of people in IPC Phase 2 or above, 2016–2021



Note: In the periods of October–November 2020, December 2020–March 2021 and April–July 2021 the population analysed in Jonglei and Pibor administrative area does not include the population from four payams (i.e. Marow, Boma, Kizongora and Miwono) that were not classified due to lack of data. Source: South Sudan IPC Technical Working Group, External Quality Review and Famine Review, December 2020.

Map 3.61

IPC acute food insecurity situation, **October–November 2020**

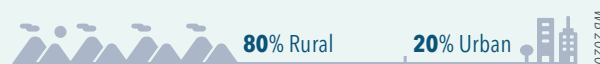
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.
Source: South Sudan IPC Technical Working Group, External Quality Review and Famine Review, December 2020.

South Sudan's growing urban slum population faced heightened vulnerability due to COVID-19-related income losses

An estimated quarter of South Sudan's population now lives in urban areas (Census 2008 projection), with over 90 percent in slums (World Urbanization Prospects, 2019 and UN Habitat 2020). The vast majority rely on informal sources of income. COVID-19 was expected to increase the vulnerability of informal sector workers (WFP and UN Habitat, August 2020). According to WFP, half of households in Juba allocate around two-thirds of their money to food purchases, and therefore

restrictions on market access and/or changes in food prices deepen their vulnerabilities. COVID-19 restrictions caused sudden daily income losses for informal sector workers and small business owners (FEWS NET, April 2020).

Percentage of population living in rural versus urban areas



Refugees' food consumption and use of livelihood coping strategies improved in 2020

1.6M IDPs

0.32M refugees and asylum-seekers (93% from Sudan)

0.30M refugee and IDP returnees, during 2020

Source: UNHCR, end 2020.

The number of new displacements triggered by conflict and violence in South Sudan rose sharply in the first half of 2020. Around 46 000 were recorded in the state of Jonglei, with tens of thousands more people displaced in the state in July and August. Continued intercommunal violence and cattle raids triggered more than 90 000 displacements in the state of Warrap (IDMC, September 2020).

Due to limited access to livelihoods, a lack of agricultural opportunities, and continued insecurity, the refugee population remains heavily dependent on humanitarian food assistance to survive.

Food ration cuts have been in place since November 2015, with a 70 percent ration distributed regularly in 2020 (UNHCR and WFP, 2020). However, based on WFP's programme monitoring, food consumption among assisted refugees improved slightly with the percentage of households with inadequate food consumption decreasing from at least 70 percent in 2019 to 37 percent by 2020.

Still at least 68 percent of the refugees were using long term livelihood coping strategies. Even though 19 percent were resorting to Emergency strategies, this is a significant drop from over 55 percent during 2018 and 2019 (WFP, 2019 and 2020).

Nutrition and health overview

The nutrition situation in South Sudan remains critical. As per the most recent estimates, the prevalence of wasting among children under 5 is estimated at 15.8 percent (FSNMS 2019). An estimated 1.4 million children under 5 require treatment for wasting (HNO 2021).

Levels of child stunting have reduced over the last 10 years from 31 percent in 2010 to 15.6 percent in 2019 (classified as 'medium') (FSNMS 2019). Efforts have been made by humanitarian partners to improve access to life-saving interventions for the population. This however has been hampered by the economic crisis, flooding and food insecurity.

Over two-thirds of children between 0–6 months are exclusively breastfed (69.4 percent), while just 12.8 percent of children receive a diverse diet, which is a deterioration from 15 percent in 2018 (FSNMS 2019). Along with disease, ongoing insecurity, caused by inter-tribal conflict, which erodes resilience and limits access to key food sources for young children including milk (due to cattle-rustling), remain the major drivers of malnutrition in South Sudan. In addition, climatic shocks, particularly severe flooding, have contributed to drive malnutrition in 2020.

While a decline has been noted in health indicators over time particularly in maternal and child mortality, South Sudan's health system continues to be affected by various factors including neglect from decades of war and the conflict following independence (2013, 2016) that disrupted gains made in the post-independence period. With over 1.4 million IDPs in 2020, the already fragile health system faces additional challenges in optimal service delivery,

1.4M children under 5 are wasted, 313 391 of them are severely wasted.

Source: HNO 2021.

→ Wasting among refugee children under 5 years

Acceptable in 1 out of 8 refugee sites	Poor in 5 out of 8 refugee sites	Serious in 1 out of 8 refugee sites	Critical in 1 out of 8 refugee sites
--	--	---	--

Source: SENS, 2019.

15.6% of children under 5 are stunted.

Source: FSNMS 2019.

→ Stunting for refugee children under 5 years

Low in 1 out of 8 refugee sites	High in 2 out of 8 refugee sites	Very high in 5 out of 8 refugee sites
------------------------------------	-------------------------------------	--

Source: SENS, 2019.

12.8% of children aged 6–23 months receive the minimum dietary diversity.

Source: FSNMS, 2019.

including for nutrition. South Sudan experiences annual outbreaks of measles (almost 1 000 cases in 2020) due to low routine immunization coverage, as well as outbreaks of other infectious diseases which, coupled with recurrent natural disasters, contribute to the cycle of malnutrition that affects children under 5 years.

69.4% of infants aged 0–6 months are exclusively breastfed.

Source: FSNMS, 2019.

→ More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 7 out of 8 refugee sites.

Source: SENS, 2019.

34.0% of women of reproductive age and **58.0%** of children under 5 are anaemic.

Source: WHO, 2016.

→ Levels of anaemia in non-pregnant refugee women

Medium in 7 out of 8 refugee sites	High in 1 out of 8 refugee sites
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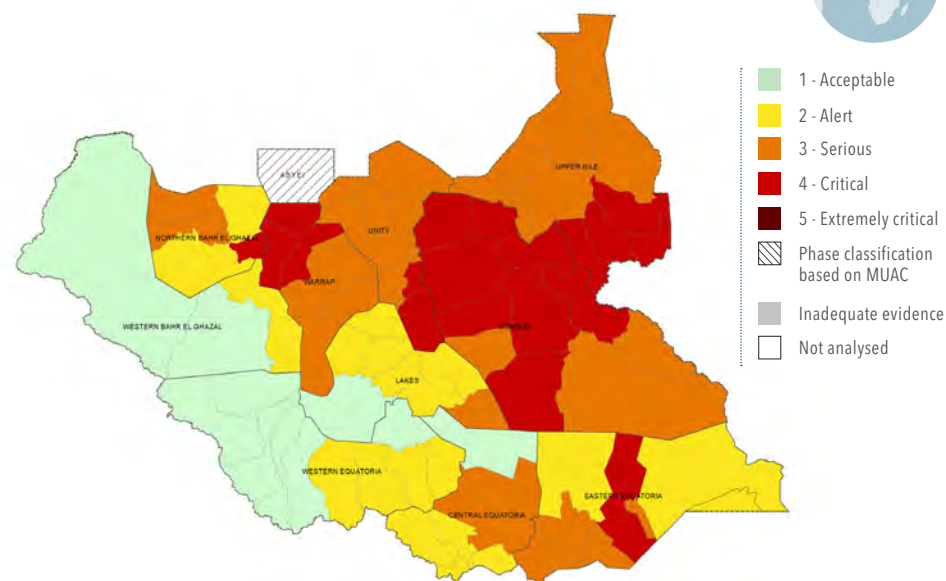
→ Levels of anaemia in refugee children under 5 years are high in all 8 refugee sites.

Source: SENS, 2019.

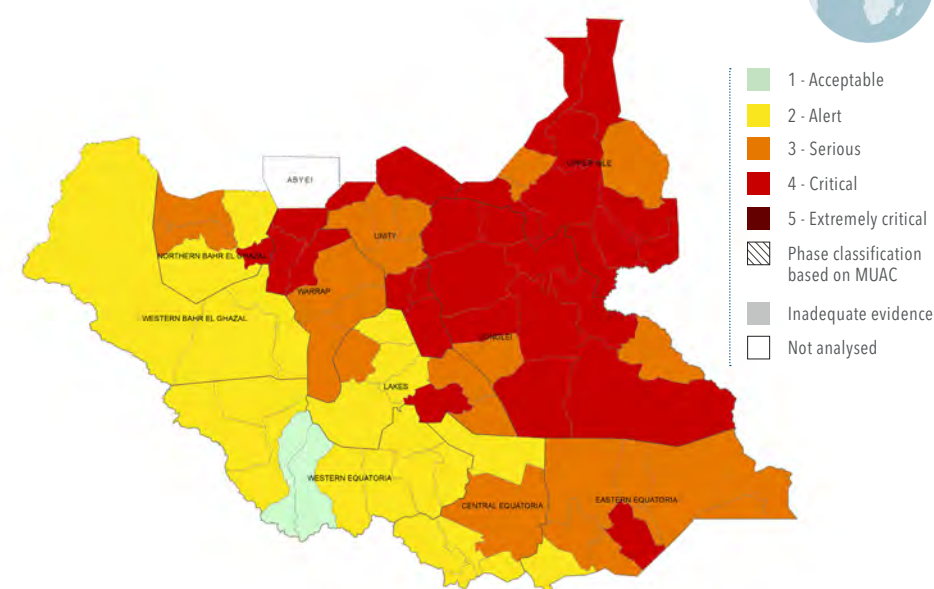
38.0% of households have access to at least basic drinking water services.

Source: RSNMS, R24, 2019.

Map 3.62

IPC acute malnutrition situation, **May–August 2020**

Map 3.63

IPC acute malnutrition situation, **November 2020–March 2021**

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, February 2020.

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IPC acute malnutrition analysis

According to the IPC AMN analysis, 68 percent of counties (53) were classified in Serious or worse (IPC AMN Phase 3 or above) from November 2020–March 2021. Out of them, 29 counties were in Critical (IPC AMN Phase 4) and 24 in Serious (IPC AMN Phase 3). This marked a worsening nutrition situation compared to the same season of 2019 with an additional nine counties classified in Critical (IPC AMN Phase 4) in 2020. Out of these, five were in Upper Nile State, three in Unity, one in Jonglei and one in Lakes (IPC, February and December 2020).

Of the counties classified in Critical (IPC AMN Phase 4) from November 2020–March 2021, nearly 80 percent were in Greater Upper Nile and 17 percent in Greater Bahr el Ghazal. Some 31 percent of the counties in Jonglei and Upper Nile were in Critical (IPC AMN Phase 4). Parts of Unity, Warrap, Eastern Equatoria, Northern Bahr el Ghazal and Lakes were also classified in Critical (IPC AMN Phase 4).

Further deterioration in the nutrition situation is projected during the lean season of April–August 2021 when 72 percent of counties (57) are projected to be in Serious or worse

(IPC AMN Phase 3 or above) and Renk County is projected to be in Extremely Critical (IPC AMN Phase 5). A total of nine counties are projected to deteriorate from Serious (IPC AMN Phase 3) into Critical (IPC AMN Phase 4) during the lean season, while four counties in Alert (IPC AMN Phase 2) will deteriorate to Serious (IPC AMN Phase 3) (IPC AMN, February 2020 and December 2020).

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

After the signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) in September 2018, major combat operations ceased, and improved security prompted a returnee influx, with 100 000 verified returns recorded in 2019 and 110 000 between January and September 2020 (HNO 2021).

However, intercommunal violence increased in some areas in 2019 and 2020. The epicentres of inter-communal conflict were Jonglei state, where the president declared a three-month state of emergency from 12 August 2020, and the Warrap-Lakes border region. Of highest concern was Greater Pibor in Jonglei, where over 60 000 people were displaced with little or no access to assistance. Between April and June, 635 metric tonnes of food and nutrition items were stolen in Jonglei and Greater Pibor. Other conflict-affected areas of concern included Central Equatoria, Pariang and Mayom counties of Unity, and Juba county (FEWS NET, August 2020).

Intercommunal violence or low-intensity armed conflicts have been witnessed in 2020 also in Upper Nile, Unity and Western Bahr el Ghazal (HRP 2020).

Weather extremes

Households started the year highly reliant on market-sourced food since the 2019 cropping season only met 63 percent of the 2020 national cereal requirements. Seasonal declines in fish and cereal stocks from early to mid-2020 exacerbated high market reliance (IPC, February 2020).

From July until October 2020, abnormally heavy rainfall led to flooding for the second consecutive year that weakened infrastructure and eroded livelihoods for vulnerable communities along the White Nile, Pibor, Sobat, Lol and other rivers. Over 1 million people were affected, with an estimated 480 000 people displaced. Crop losses were significant in the worst-affected areas, including Jonglei, Pibor, Lakes and Unity (OCHA, December 2020). Alongside conflict, flooding was identified as one of the primary drivers of Famine Likely (IPC Phase 5) in Gumuruk, Pibor, Lekuangle and Verteth payams in Pibor county (IPC Famine Review, December 2020).

According to the preliminary findings of the 2020 FAO/WFP Crop and Food Security Assessment Mission, 2020 aggregate cereal production was estimated at about 7 percent above the outputs of both the 2019 and the average of the previous five years, but still well below the pre-conflict levels. Apart from losses in areas worst-affected by flooding, cereal production benefitted from the abundant rains and a larger harvested area than in 2019 due to security improvements (FAO-WFP, forthcoming).

Economic shocks, including COVID-19

The lingering effects of poor harvests, the conflict-induced macroeconomic crisis and prolonged years of asset depletion had already led to rapid inflation and loss of livelihoods even before the COVID-19 crisis (IPC, February 2020).

South Sudan was dealt a further blow by the sharp decline in oil prices during the pandemic since proceeds from oil exports account for 97 percent of exports and a large share of budget

revenue, further compressing the already limited space for policy action (IMF, November 2020).

These shocks, combined with local currency depreciation, high transportation costs, speculative hoarding in anticipation of a total lockdown, and supply chain delays due to mandatory testing and clearance of truck drivers at the border crossing points all contributed to above-average food prices during the lean season (FEWS NET, May 2020.)

According to a rapid phone-based survey with 1 213 households mainly in Central Equatoria, Northern Bahr el Ghazal, Western Equatoria and Jonglei in June, more than half of respondent households had lost either some or all income from their main livelihood source since the pandemic began. Some 20 percent that cited non-farm business as a means of livelihood reported a total loss of income (WB, October 2020).

Food prices, already at exceptionally high levels in late 2019, continued to soar in 2020. In the capital Juba, prices of maize and sorghum reached record highs in November due to a further abrupt depreciation of the local currency on the parallel market in mid-October (FAO-GIEWS, December 2020).

Poor diets, diseases and care practices

The major factors contributing to wasting include high prevalence of diseases, poor quality and diversity of food, and poor access to health and nutrition services due to heightened inter-communal conflict and flooding mainly in the Greater Upper Nile. COVID-19 related disruptions as well as changes in severe and moderate wasting referral protocols for children exacerbated lack of access to services (IPC, December 2020).

Forecast 2021

7.2M people

IPC Phase 3 or above in April–July 2021
(60% of population analysed)



Multiple factors are expected to drive alarmingly high numbers of acutely food-insecure people, including conflict and flood-related low crop production and the ongoing economic crisis.

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

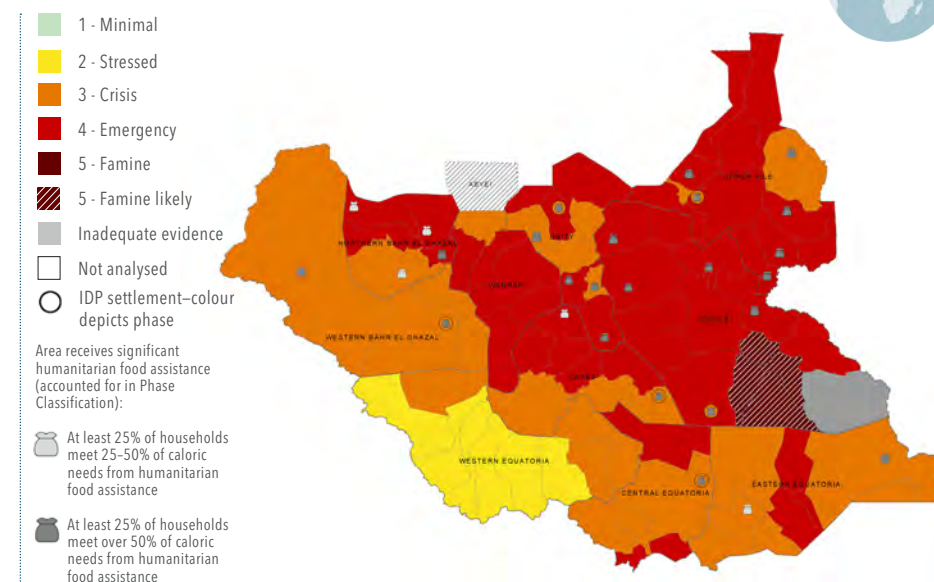
At the peak of the 2021 lean season, the number of people in Crisis or worse (IPC Phase 3 or above) is projected to rise to almost 7.2 million in April–July 2021, an increase of nearly 11 percent relative to the 2020 peak. This corresponds to 60 percent of the population. Among them, 2.4 million people will face Emergency (IPC Phase 4), and a further 108 000 people are expected to face Catastrophe (IPC Phase 5) in Jonglei and Pibor administrative area, Northern Bahr el Ghazal and Warrap. Western payams of Pibor county are expected to remain in IPC Phase 5 (Famine Likely) while Kizongora and Maruwa payams in the eastern part of Pibor are projected to be at 'Risk of Famine' (IPC Famine Review, December 2020).

These extremely alarming high levels of acute food insecurity are driven by a confluence of factors that vary by region, including the widespread impacts of conflict, insecurity and floods on crop production, livestock production, trade and marketing function, and other livelihood activities. Other major factors include currency depreciation, high food prices, diminished household purchasing power, and degraded road conditions, which adversely impact market access and functionality. The impact of these factors have been magnified by the effects of the COVID-19 pandemic on supply chain systems, markets and household livelihoods and incomes (IPC, December 2020).

Domestic cereal production, despite some increases in 2019 and 2020, will continue not to meet the country's needs. At about 466 000 tonnes, the country's projected cereal deficit for 2021, remains substantial. Although nationally this represents a 4 percent decline from the 2020 deficit, in flood-affected Jonglei state, where the food security situation is already alarming and cereal production declined in 2020 due to extensive flood damage, the cereal deficit is projected to increase by 7 percent in 2021 (FAO-WFP, forthcoming).

Map 3.64

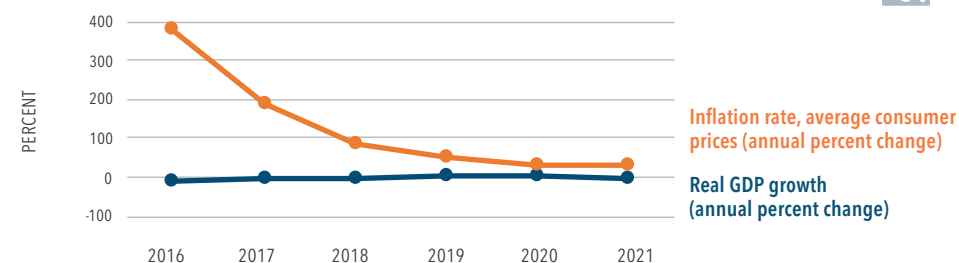
IPC acute food insecurity situation, April–July 2021



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, External Quality Review and Famine Review, December 2020.

Figure 3.71

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Sudan

9.6 M people IPC Phase 3 or above
in June–September 2020 (21% of the population analysed)

7.4M IPC Phase 3 **Crisis** **2.2M** IPC Phase 4 **Emergency**

15.9M IPC Phase 2 **Stressed**

Total population of the country: **45.3M**

Population analysed: **100%**

Source: Sudan IPC Technical Working Group, July 2020.

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

2019–20

Rising levels of acute food insecurity



The economic crisis, characterized by soaring food prices, and compounded by complex and intersecting factors including the COVID-19 pandemic, floods, conflicts and displacement created alarmingly high acute food insecurity levels in mid-2020.

From June–September 2020, 9.6 million people were in Crisis or worse (IPC Phase 3 or above) in the Sudan. The figure included almost 2.2 million people in Emergency (IPC Phase 4) (IPC, July 2020).



The vast region of Darfur has been plagued by violence for years. A sharp uptick in intercommunal violence in the region in 2020 reportedly overwhelmed health centres and forced large numbers of people to flee their homes in search of safety, including many into neighbouring Chad.

Overall, 10 of the Sudan's 18 states had over 20 percent of their population in Crisis or worse (IPC Phase 3 or above) – compared to two states in June–August 2019 (IPC, July 2019).

Three localities were classified in Emergency (IPC Phase 4): Al Buram in South Kordofan, North Jebel Marra in Central Darfur and Halaib in Red Sea state (IPC, July 2020).

In five states – Blue Nile, Central Darfur, North Darfur, West Darfur and South Kordofan – at least 30 percent of the population was classified in Crisis or worse (IPC Phase 3 or above). Comparison of the same areas analysed in 2020

and 2019 shows an increase by 3.2 million people in Crisis or worse (IPC Phase 3 or above) since June–August 2019. With the exception of South Darfur, and to a lesser extent Red Sea, where the population in Crisis or worse (IPC Phase 3 or above) fell, all states saw marked rises. The most concerning were in Blue Nile, North Darfur, Central Darfur, Kassala and North Kordofan.

The situation was expected to improve seasonally towards the end of the year. During October–December 2020, an estimated 7.1 million people, representing 16 percent of the population, were expected to be in Crisis or worse (IPC Phase 3 or above) (IPC, November 2020).

In late 2020, the Sudan received as many as 4 000 refugees per day from Tigray in Ethiopia

➔ 2.6M IDPs

➔ 1.1M refugees and asylum-seekers (70% from South Sudan, 12% from Eritrea, 9% from the Syrian Arab Republic and 7% from Ethiopia), 91 300 of them newly arrived in 2020

Source: UNHCR, end 2020.

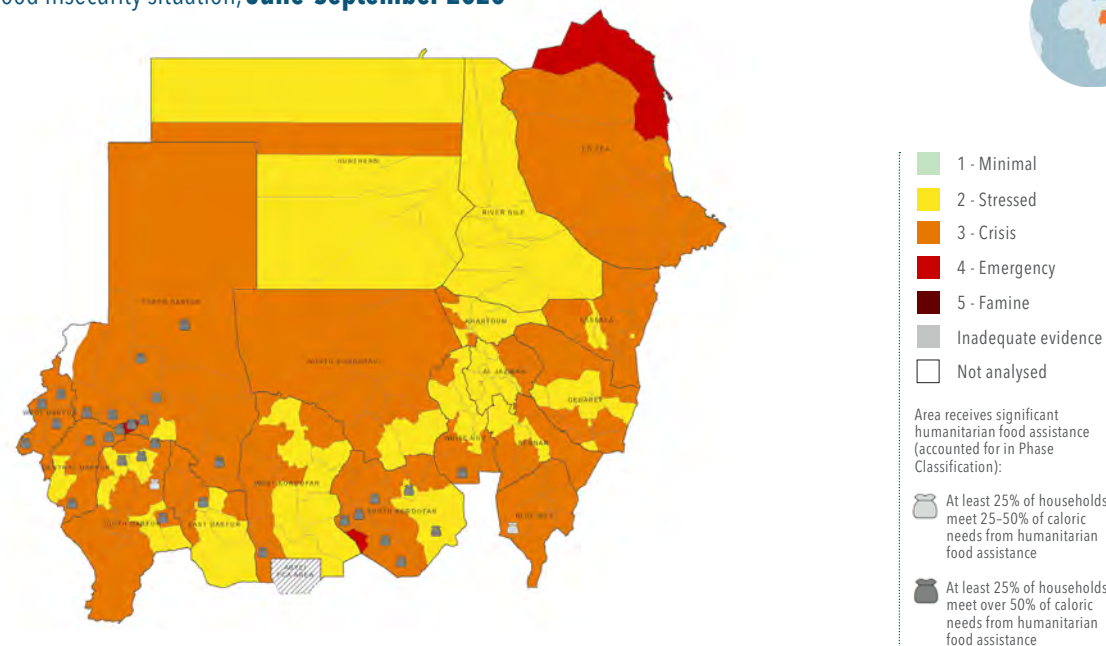
Already host to over 1 million refugees, the Sudan continued to receive refugees from neighbouring countries in 2020, including the Central African Republic, Chad and Ethiopia. From 10 November to early January 2021, more than 56 000 Ethiopian refugees arrived (January 2021), sometimes at a rate of 4 000 a day, fleeing fighting in Tigray (UNHCR, November 2020).

Around 70 percent of refugees are from South Sudan. Significant funding gaps for the South Sudanese refugee response were exacerbated by the Sudan's ongoing economic crisis. Fuel shortages slowed down the delivery of humanitarian assistance and COVID-19 restrictions hampered the ability of refugees to find livelihood opportunities, increasing their dependency on aid (UNHCR, December 2020).

In camps in Kassala and Gedaref states, refugees face lack of livelihood opportunities, food shortages and increasing prices, while chronic underfunding of humanitarian assistance has left them with poor access to infrastructure and services, including WASH and health facilities (UNHCR, December 2020).

Map 3.65

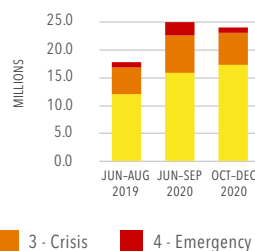
IPC acute food insecurity situation, June–September 2020



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: Sudan IPC Technical Working Group, July 2020.

Figure 3.72

Number of people in IPC Phase 2 or above, 2019–2020

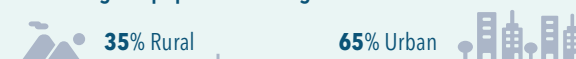


Note: To allow for comparability across analysis periods, West Darfur is excluded from the graph.
Source: Sudan IPC Technical Working Group.

Urban households faced lower purchasing power

Rising commodity prices and loss of income associated with COVID-19 containment measures substantially decreased the purchasing power of urban households. The number of people in Crisis or worse (IPC Phase 3 or above) in Khartoum state almost doubled from 793 000 in June–August 2019 to 1.4 million during the same period in 2020 (IPC, July 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

In the Sudan, over 2.7 million children aged 6–59 months were wasted in 2020, up from 2.5 million in 2019 (OCHA, 2019 and 2020). Of them, 522 000 children were reportedly severely malnourished (OCHA, 2020). The prevalence of wasting was highest in the states of North Darfur (19.5 percent), Red Sea (17.8 percent), Northern (17.7 percent), River Nile (17.3 percent), East Darfur (16.9 percent) and South Darfur (16.4 percent). Stunting also posed a serious nutritional concern, with 36.8 percent of children stunted (S3M II, 2019).

Access to nutritious diets is also limited, with only 24.1 percent of children aged 6–23 months receiving the minimum dietary diversity, and only 12.6 percent consuming the minimum acceptable diet (S3M II, 2019). Anaemia rates are high among reproductive age women and children alike at 30.7 percent and 38.8 percent, respectively (S3M II, 2019).

The number of people at risk of contracting water-related diseases rose in 2020 due to stagnant water and flood damage to water sources and latrines. The risk of vector-borne diseases such as dengue, malaria, Rift Valley Fever, and chikungunya increased and are endemic in the Sudan (OCHA, October 2020).

COVID-19 related movement restrictions affected people's ability to access healthcare and assistance, made it difficult for health workers to report to work in larger cities, and slowed the distribution of critical medical supplies from capitals to more rural areas. Routine vaccination programmes were delayed or cancelled (OCHA, October 2020).

2.8M children under 5 are wasted, 522 000 of them are severely wasted.

Source: HNO 2021.



→ **Wasting among refugee children under 5 years**

Poor	Serious	Critical
in 2 out of 15 refugee sites	in 7 out of 15 refugee sites	in 6 out of 15 refugee sites

Source: SENS, 2018 and 2019.

36.8% of children under 5 are stunted.

Source: S3M II, 2019.



→ **Stunting for refugee children under 5 years**

Low	Medium	High
in 4 out of 15 refugee sites	in 5 out of 15 refugee sites	in 6 out of 15 refugee sites

Source: SENS, 2018 and 2019.

30.7% of women of reproductive age and **38.8%** of children under 5 are anaemic.

Source: WHO, 2016; S3M II, 2019.



→ **Levels of anaemia in non-pregnant refugee women**

Low	Medium	High
in 1 out of 15 refugee sites	in 12 out of 15 refugee sites	in 2 out of 15 refugee sites

→ **Levels of anaemia in refugee children under 5 years**

Medium	High
in 5 out of 15 refugee sites	in 10 out of 15 refugee sites

Source: SENS, 2016.

65.6% of households have access to at least basic drinking water services.

Source: JS3M II, 2019.



61.5% of infants aged 0–6 months are exclusively breastfed.

Source: S3M II, 2019.



→ **More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 4 out of 15 refugee sites.**

Source: SENS, 2018 and 2019.

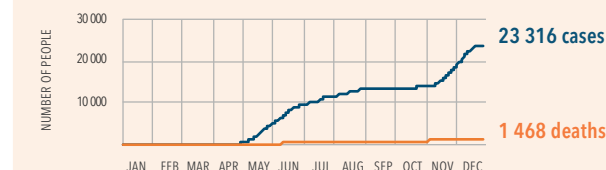
24.1% of children aged 6–23 months receive the minimum dietary diversity.

Source: S3M II, 2019.



Figure 3.73

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of treatment of child wasting dropped by <10% nationally.
- ❗ Coverage of early detection of child wasting programmes dropped by 10–24% nationally.
- ❗ Coverage of protection and promotion of breastfeeding programmes dropped by 10–24% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Economic shocks, including COVID-19

Since late 2017 the Sudan has been facing a macroeconomic crisis, characterized by currency devaluation and rampant inflation, eroding public expenditures on basic services and increasing poverty and inequality. In 2020, the increased demand for importing essential food and non-food items as a result of the flood crisis and COVID-19 pandemic exacerbated forex shortages (IPC, November 2020).

Throughout 2020, devaluing currency, spiralling transport costs and low market and household stocks inflated food and non-food prices. By August, year-on-year inflation was 214 percent, increasing prices of agricultural inputs (IPC, November 2020). In October, the government removed all fuel subsidies, which led to an initial 400 percent increase in fuel prices, and a further increase in food and non-food prices (FEWS NET, November 2020). By November, prices of locally produced sorghum and millet and imported wheat were more than four times the already high year-earlier values (FAO, February 2021).

COVID-19 lockdown measures and movement restrictions compounded the dire economic situation by decreasing commodity movements, destabilizing food markets, diminishing cross-border trade, and limiting many poor households' physical access to areas where they earn income from labour (WB, October 2020, FEWS NET, August 2020).

In the agropastoral and pastoral areas of Darfur, North Kordofan and Blue Nile states, and parts of Gadaref, Sennar and Kassala states, restricted livestock movements as a result of COVID-19 led to concentration of herds in limited spaces, which depleted animals' health and body conditions

and strained natural resources (FAO/IPC, July 2020). The cancellation of the Hajj to Saudi Arabia and border closures led to sharp declines in income from livestock (FEWS NET, August 2020). By October, borders had reopened for commodities and internal population movements were back to normal, but COVID-19 continued to indirectly affect food security via lower remittances, increased costs of key commodities such as fuel, and the scarcity of hard currency (IPC, November 2020).

Weather extremes

During August and September, heavy rains and overflow of the River Nile led to the worst flooding in more than three decades, affecting 17 out of 18 states. Among the hardest hit areas were Blue Nile, Khartoum, River Nile, North Darfur and Sennar states. As of mid-September, the flooding had affected over 875 000 people, most of them displaced, having lost their key livelihood assets and food stocks (OCHA, October 2020).

Production losses incurred by flooding were estimated at over 1 million tonnes in rainfed areas where 528 000 farming households were affected. Sorghum, the main staple food, constituted about 50 percent of the damaged crops. Gedarif was the most affected state in terms of damage to planted areas with more than 1 million hectares of cultivated land washed away, followed by Blue Nile (617 000 hectares), Sennar (113 000 hectares) and Kassala (109 000). More than 108 000 heads of livestock were lost, mainly in North Darfur, Blue Nile and Sennar states (FAO, September 2020).

Despite significant flood-induced losses, national sorghum, millet and wheat production in 2020 was expected to be

12 percent up from 2019 and 25 percent higher than the five-year average mainly due to the high market prices of grains, which prompted farmers to increase plantings, and to an increased availability of fuel and agricultural finance, according to the preliminary results of the 2020 Crop and Food Supply Assessment (CFSA), (FAO, February 2021).

Conflict/insecurity

Fighting in Kassala, Red Sea states and across Darfur, including in the mountainous region of Jebel Marra, resulted in deaths and displacement and inhibited humanitarian access and response. About 35 000 of the 39 000 new conflict displacements recorded in the Sudan in the first half of 2020 were triggered by an increase in violence in the Darfur region and South Kordofan, Kassala and Gezira states. The remainder were the result of border skirmishes between Ethiopia and the Sudan (IDMC, September 2020).

On 31 August, the Government signed a peace agreement with the Sudan Revolutionary Front that seeks to end 17 years of conflict in Darfur and southern regions of South Kordofan and Blue Nile states (USAID, November 2020).

Poor diets, diseases and care practices

Inadequate dietary intake and communicable diseases are among the immediate causes of undernutrition in the Sudan. Poor IYCF practices are also a leading cause of malnutrition (S3M II, 2019).

Forecast for 2021

Above-average emergency food assistance needs are expected to persist as the macroeconomic difficulties keep staple food prices at very high levels.

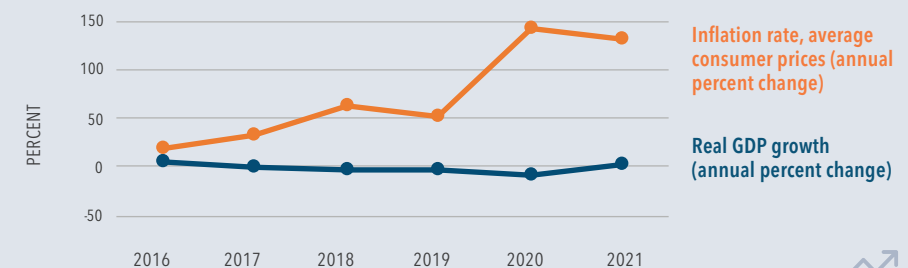
The expected increasing prices of food and non-food items, along with low household purchasing power, driven by the persistent macroeconomic difficulties and impact of the flooding on harvest and infrastructure, will continue to drive exceptionally high needs. The government's removal of fuel subsidies are expected to drive even higher prices than previously anticipated and based on FEWS NET's integrated projections, the Sudanese pound is likely to depreciate further in the parallel market (FEWS NET, October 2020).

Anticipated improvements in security, the voluntary return of IDPs, improved trade flows and increased humanitarian access to conflict-affected areas in South Kordofan and Darfur following the 2020 comprehensive peace agreement and ongoing peace talks are not expected to have a significant impact on food security in the first half of 2021 because any gains will be offset by the macroeconomic crisis and high staple food prices.

IDPs and poor households in conflict-affected areas in parts of Jebel Marra of Darfur and in South Kordofan, and increased numbers of poor households in parts of North Darfur, northern Kassala, and much of Red Sea states will likely be in Crisis (IPC Phase 3) (FEWS NET, October 2020).

Figure 3.74

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Food security outcomes are likely to start to deteriorate further in April as household food stocks diminish at the start of the lean period and payments from agricultural labour, cash crops, and livestock are seasonally low (IPC, November 2020).

The IPC analysis conducted in April 2021 was unavailable at the time of publication.

Syrian Arab Republic

12.4M people

acutely food insecure and in need of urgent assistance in October–November 2020 (60% of population analysed)

11.1M

Moderately food insecure

1.3M

Severely food insecure

Source: HNO 2021.

Total population of the country, including IDPs and returnees: **20.8M**

Population analysed: **100%**

Source: HNO 2021.

2019–20

The number of food-insecure people reached a four-year high



A decade of conflict, a war-torn economy, COVID-19 restrictions, and weather extremes resulted in the highest number of food-insecure people since 2016.

By November 2020, there were 12.4 million people in the Syrian Arab Republic who were moderately to severely food insecure using WFP CARI methodology, translating into six in 10 of the Syrians still living in the country. Within this figure, nearly 1.3 million people were severely food insecure (HNO 2021).

These estimates reflect a significant deterioration in food security conditions since December 2018, when 6.5 million



Continued hostilities are causing multiple displacements, and the socioeconomic impacts of COVID-19 are hitting families and children extremely hard. Rising levels of child wasting in hard-to-reach areas and IDP camps endanger the survival and wellbeing of young children.

people were acutely food insecure and in need of urgent assistance. The number of acutely food-insecure people steadily rose from 2018 to 6.6 million by May 2019, 7.9 million people by December 2019, and to 9.3 million by mid 2020.

Food insecurity trends worsened considerably over the course of 2020, with the number of acutely food-insecure people rising by almost 60 percent between December 2019 and November 2020. Of the 12.4 million acutely food-insecure people in need of urgent assistance in November, the highest numbers were in Aleppo, Idleb and rural Damascus (HNO 2021).

The internal displacement crisis



6.7M IDPs (10% increase from August 2019–August 2020).



1.8M IDPs in camps and informal settlements (20% increase from January 2019–January 2020).



600 000 of them newly displaced in 2020.

Source: HNO 2021.

The Syrian refugee crisis

Numbers of refugees and refugee returnees

 **5.6M Syrian registered refugees outside the country** (65% in Turkey, 16% in Lebanon, 12% in Jordan, 4% in Iraq, 2% in Egypt)

 **0.44M Palestinian refugees and 15 000 refugees of other nationalities in the country**

 **38 500 refugee returnees in 2020**

Source: UNHCR, end 2020 and UNRWA, December 2020.

The Syrian refugee crisis has created an estimated 7.1 million refugees (3RP, November 2020). By 31 December 2020, there were nearly 5.6 million Syrian refugees registered by UNHCR, a number that has steadily increased since the onset of the 2011 crisis (UNHCR, January 2021). The pandemic exacerbated the effects of ongoing crises and contributed to a worsening food security environment for many refugees as they experienced a steep rise in unemployment and declining incomes. Many Syrian refugees depend on casual labour, largely in the informal sector, which was hit particularly hard by COVID-19 containment measures.

In Lebanon, one in five Syrian refugee households reported in August/September that they had lost their income as a result of COVID-19 related restrictions and the worsening macroeconomic crisis, compelling 4 in 10 refugee households to adopt Crisis or Emergency coping strategies (WFP, December 2020a). Nearly the entire refugee population in the country was unable to afford the Survival Minimum Expenditure Basket (SMEB), largely due to the rising cost of food and non-food items.

According to the 2020 VASyR analysis, nearly half of the Syrian refugee population in Lebanon was moderately or severely food insecure based on WFP CARI methodology¹, up from 28 percent in 2019 (WFP/UNHCR/UNICEF, 2020). The number of refugee households with inadequate diets doubled from 25 percent to 49 percent, while the proportion of households living under the extreme poverty line reached 89 percent, up from 55 percent in 2019 (WFP, December 2020c).

Syrian refugees in host communities in Jordan reported widespread losses in income, while 78 percent of refugee households reported WFP assistance as their primary revenue source (WFP, September 2020). During October–December, around 150 000 surveyed refugees (25 percent of the population) were classified as acutely food insecure and 400 000 at risk of becoming food insecure (65 percent of the population) (WFP, December 2020). These circumstances led to an increase in the adoption of Emergency livelihood coping strategies from 21 percent in April to 34 percent in August, including sending children to work (14 percent) (WFP, September 2020).

Refugees in camps also experienced worsening food security, with the percentage of refugees with inadequate food consumption rising from 5 percent in 2019 to 19 percent by September 2020 (WFP, September 2020).

Three in four WFP-assisted refugee households in Egypt reported that the pandemic disrupted household income sources. In June 2020, 38 percent of surveyed refugees in the

country were moderately or severely food insecure based on WFP CARI methodology. The majority (65 percent) of refugee households were reducing the daily number of meals eaten and over 50 percent were cutting portion sizes or the quantities consumed by adults to enable children to eat (FAO/WFP/IFAD, July 2020).

In Turkey, by February 2020, around 157 000 Syrian refugees (4 percent) were acutely food insecure and another 2.3 million (58 percent) were marginally food secure. Although data for Syrian refugees in Turkey was not available in times of COVID-19, as of February 2020, nearly one in two Syrian refugee households in the country were already living below the World Bank's moderate poverty line. Food security was highly likely to have deteriorated during the pandemic due to extensive layoffs of informal labourers (WFP, June 2020).

In Iraq, as of January 2020, 28 percent of Syrian refugees had inadequate food consumption, reflecting a worsening food security situation from 2019 (WFP, 2019 and 2020).

Although data in times of COVID-19 was not available, pandemic restrictions led over half of refugee households to report reduced food consumption, rising levels of debt, and restrictions to their movements, thus constraining access to livelihoods (UNHCR, October 2020).

In all countries hosting Syrian refugees, containment measures complicated humanitarian efforts to assist refugees in meeting basic needs for food, shelter and services. COVID-19 restrictions and border closures also stymied the flow of Syrian refugee returnees. In 2020, there were 38 000 returnees compared with 95 000 in 2019 (UNHCR, December 2020).

¹ Acute food insecurity estimates in Egypt, Jordan, Lebanon and Turkey are based on WFP CARI methodology.

Nutrition and health overview

The Syrian civil war and the consequent humanitarian crisis has incurred detrimental consequences for access to healthcare and nutritional outcomes. In 2020, only 58 percent of hospitals and 53 percent of primary health care centres were fully functional – a situation that was exacerbated by the COVID-19 pandemic, which required the diversion of scarce resources away from implementing routine health services delivery, notably nutritional programmes (OCHA, 2021).

Deteriorating socioeconomic conditions have also resulted in a rising prevalence of anaemia, with one third of women of reproductive age and children suffering from anaemia (WHO, 2016).

Similarly, a worsening economic situation is expected to impose further limits on the dietary diversity of children and mothers alike, while the latter will likely face continued difficulties breastfeeding their children. As of 2019, only 24 percent of infants up to six months old were exclusively breastfed in 11 governorates (HNO 2020). Only 31.9 percent of children between 6–23 months receive the minimum acceptable diet in Aleppo, Idlib and Hama governorates (KAP IYCF, 2017).

In addition to chronic malnutrition, wasting is widespread and affected 137 000 children before the outbreak of the COVID-19 pandemic (HNO 2020). Over 19 000 children reportedly faced severe acute nutrition in 2019, particularly among children living in hard to reach areas and IDP camps (OCHA, March 2019 and OCHA, 2021).

Nutritional outcomes are particularly dire in northwest Syria, which has been disproportionately impacted by conflict and

90 000 children under 5 are wasted.

Source: HNO 2021.



12.0% children under 5 are stunted.

Source: SMART, 2019.



24.0% of infants aged 0–6 months are exclusively breastfed in 11 governorates.

Source: HNO 2019.



57.3% of children aged 6–23 months receive the minimum dietary diversity in Aleppo, Idlib and Hama governorates.

Source: KAP IYCF, 2017.



33.6% of women of reproductive age and **34.9%** of children under 5 are anaemic.

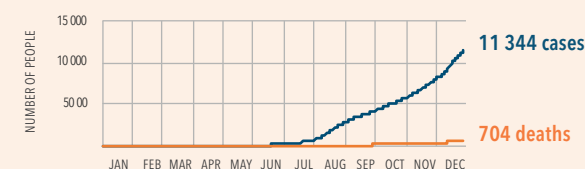
Source: WHO 2016.



mass population displacements. Thirty-four percent of children under five years of age were stunted as of October 2020, or an increase of 5 percent since January. During the same period, the number of children requiring hospitalizations due to complications with severe wasting tripled relative to the same period in 2019 (HNO 2021). As of October, 20–37 percent of pregnant and lactating women were reportedly malnourished, and maternal malnutrition is projected to remain a serious challenge in the region (HNO 2021).

Figure 3.75

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of child wasting treatment dropped by 25–49% nationally.
- ❗ Coverage of early wasting detection dropped by 10–24% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

The Syrian civil war entered its tenth year in 2020. Conflict and protracted displacement continued to drive acute food insecurity, destroy livelihoods and limit economic activities, including in agriculture. The war left 6.7 million people internally displaced by August 2020, with millions dependent on humanitarian aid to meet their basic needs. The ongoing conflict has destroyed or severely damaged basic services, notably housing, water and sanitation, as well as critical infrastructure for food production (HNO 2020 and 2021).

During the first half of 2020, fighting in Idlib governorate displaced nearly 1.5 million people, constituting the most intense period of displacement since the war began in 2011, and pushing thousands into overcrowded displacement camps (Amnesty International, May 2020; OCHA, February 2020; OCHA, October 2020b). Agriculture is the primary livelihood in northwest Syria, therefore displacement entailed the total loss of livelihood assets, rendering families entirely dependent on humanitarian assistance (OCHA, May 2020). According to OCHA, nearly 4 in 10 IDP families in the northwest of the country have been displaced over three times. Meanwhile, over 50 percent of all Syrian IDPs have been displaced for over five years (OCHA, December 2020). Continued insecurity also impeded humanitarian access to vulnerable populations and the distribution of emergency assistance (OCHA, May 2020).

In regions where active hostilities have diminished, households struggled to survive due to the erosion of basic services and livelihoods, thereby diminishing household coping capacity in the face of future shocks (HNO 2020).

Economic shocks, including COVID-19

Before the COVID-19 pandemic, over 80 percent of Syrians reportedly lived under the poverty line and unemployment was estimated at 42.6 percent of the working age population (HNO 2020, UNCT, August 2020). During the COVID-19 lockdown, between 600 000–700 000 people lost their jobs, particularly in the informal and self-employed sector. Remittances also fell as much as 50 percent during the pandemic due to the prevalence of Syrian workers employed in countries badly hit by local or global economic downturns, such as Lebanon or Saudi Arabia (UNCT, August 2020).

Years of economic sanctions have eroded access to, and the affordability of, imported agricultural inputs and crucial supplies, curbing local production (HNO 2020). The conflict and worsening national and regional economic conditions before and during the pandemic resulted in devastating currency devaluation; by August 2020, the Syrian pound was valued at 2–3 percent of its 2010 value (UNCT, August 2020). Although high production and transport costs stalled the recovery of national food production, cereal production in 2020 was over 20 percent higher than 2019 and 77 percent higher than the five-year average thanks to favourable weather and improved security in certain areas (HNO 2020, FAO-GIEWS, December 2020).

COVID-19 mitigation measures reduced cross-border trade and resulted in higher food prices and lower availability of goods in local markets (OCHA, May 2020). Between November and December alone, the national average price of the WFP standard reference food basket rose 13 percent, representing the highest

level recorded since food price data was first collected by WFP in 2013 (WFP, December 2020b). Between December 2019 and 2020, food prices rose 236 percent, while prices by December 2020 were 29 times higher than the five-year pre-crisis average (WFP, December 2020b).

Weather extremes and hazards

The 2020 wheat production is estimated at 2.8 million tonnes, up from 2.2 million tonnes in 2019, but still well below the pre-crisis level of 4.1 million tonnes (2002–2011) (HNO 2020, FAO-GIEWS, December 2020).

In October, at least 156 wildfires in Latakia, Tartous and Homs governorates displaced an estimated 25 000 people and affected 140 000, destroying or damaging homes and reducing access to basic services (OCHA, October 2020a). By the end of October, over 35 000 hectares of agricultural land had burned, diminishing food production and the livelihoods of 40 000 households (OCHA, October 2020c).

In November–December, heavy winter rains hit Idlib and Aleppo, causing severe flooding in areas where thousands of IDP households were living in tents and temporary shelters (Mercy Corps, December 2020).

Poor diets, diseases and care practices

Conflict, mass displacement and low purchasing power have translated into poor feeding practices. Access to iron-rich foods is limited and consumption of fruit, vegetables, legumes, nuts and seeds, wholegrains and milk are low compared to levels optimal for health (Global Nutrition Report 2020).

Forecast 2021

Acute food insecurity will likely remain alarmingly high in 2021 due to continued conflict, displacement, economic decline – including the hh effects of COVID-19 – and weather extremes. Economic instability in neighbouring countries, particularly in Lebanon, is also expected to exacerbate this ongoing food crisis.

In the absence of a lasting peace agreement, conflict will continue to fuel the humanitarian crisis, particularly in the north-west areas of the country. Of particular concern are the millions of displaced Syrians who have lost their livelihoods and assets and depend on emergency assistance for survival.

Continued sanctions, a war-torn economy, and the effects of a depreciated Syrian pound will also contribute to high numbers of acutely food-insecure Syrians. High unemployment within the working age population will render households increasingly reliant on humanitarian assistance and remittances. The worsening economic crisis in Lebanon and COVID-19 restrictions in neighbouring countries are expected to adversely impact Syrian refugee livelihoods and diminish remittances in 2021 (UNCT, August 2020).

Despite favourable cereal production output in 2020, at least one-third of domestic consumption needs for 2020/21 must be imported, increasing vulnerability to rising prices and supply chain disruptions (FAO-GIEWS, December 2020). Rainfall deficits are

also expected to curb production prospects for the 2021 wheat crop (FAO, March 2021). Due to economic sanctions, the country is dependent on imports from Lebanon, however the Beirut port explosion has disrupted access to Lebanese imports, contributing to further product shortages and rising prices (WFP, November 2020).

Localized lockdowns to contain the pandemic are also likely, given a rise in COVID-19 cases nationwide at the end of 2020, including a threefold increase in cases in north-west areas. This will further complicate humanitarian efforts to distribute assistance and continue limiting cross-border trade (WFP, November 2020).

Weather extremes were expected to aggravate already dire living conditions for IDP families. In late January 2021, heavy rainfall led to widespread flooding in Aleppo and Idlib IDP camps, affecting at least 41 200 people (ECHO, January 2021).

Over 22 000 displaced people lost their temporary shelters and few belongings due to heavy rains and snow damage, which turned 87 displacement camps into lakes in northern Idlib and western Aleppo amid freezing temperatures. Difficult winter conditions in 2021 had already affected over 1.5 million displaced people in north-west areas in January, while aid workers have warned that up to 2.7 million IDPs remain seriously exposed to continued bad weather (CARE, January 2021; CAFOD, January 2021).

As of April 2021, small-scale desert locust infestations have started spreading to Jordan and the Syrian Arab Republic, and appearing in Lebanon (FAO, April 2021).

Uganda

2.6 M people IPC Phase 3 or above
in June–August 2020 (23% of the population analysed)

2.0M

IPC Phase 3 **Crisis**

0.62M

IPC Phase 4 **Emergency**

4.3M

IPC Phase 2 **Stressed**

Total population of the country: **45.7M**

Population analysed: **25%**

Source: Uganda IPC Technical Working Group, October 2020.

2019–20

High levels of acute food insecurity among analysed populations

Urban, refugee and vulnerable rural populations faced high levels of acute food insecurity due to the socioeconomic impacts of COVID-19, heavy April–May rainfall that caused flooding in some areas, and localized conflict.

From June–August 2020, 2.6 million people faced Crisis or worse (IPC Phase 3 or above), representing 23 percent of the analysed population. Of these, 623 000 people faced Emergency (IPC Phase 4). An additional 4.3 million people were in Stressed (IPC Phase 2) (IPC, October 2020).



The COVID-19 pandemic laid bare many of the deep gender inequalities in Uganda. Before the pandemic, women already spent about 3.5 times more hours than men each week on domestic labour. With school closures, these care burdens got heavier, giving women less time to devote to economic activities.

The 2020 analysis was based on 25 percent of the population, with a focus on refugee settlements, refugee-hosting districts, urban areas including Kampala and the Karamoja region.

In refugee-hosting districts, excluding Kampala, an estimated 1 million people faced Crisis or worse (IPC Phase 3 or above), including about 200 000 people who faced Emergency (IPC Phase 4). Of major concern were Lamwo, Kikuube, Obongi and Yumbe districts, where 30–40 percent of the analysed populations faced Crisis or worse (IPC Phase 3 or above). High levels of acute food insecurity also persisted in Karamoja, leading to the region being classified in Crisis (IPC Phase 3).

An estimated 313 000 people faced Crisis or worse (IPC Phase 3 or above) in the region, a 22 percent decline compared to the estimated number of 401 800 for May 2019.

By September 2020, the situation had improved with 2 million people in Crisis or worse (IPC Phase 3 or above). The number in Emergency (IPC Phase 4) fell by 40 percent to 372 000. The number of people in Crisis or worse (IPC Phase 3 or above) fell from 1 million to 714 000 in 11 refugee-hosting districts, from 543 000 to 359 000 in 12 urban centres, from 292 000 to 252 000 in Kampala and from 313 000 to 182 000 in Karamoja (IPC, October 2020).

Refugees depended on life-saving food aid in the world's fourth biggest refugee-hosting country

 **1.45M** refugees and asylum-seekers (65.5% from South Sudan, 31% from the Democratic Republic of the Congo)

Source: UNHCR, end 2020.

Uganda was the world's fourth largest refugee-hosting country in 2020.

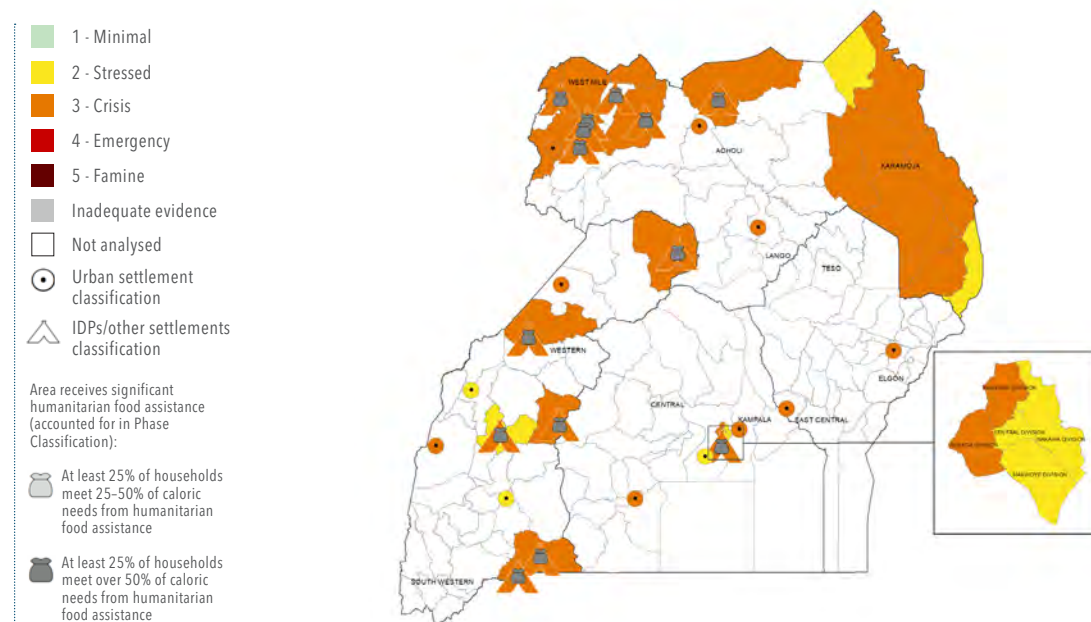
Poverty levels among refugees residing in the 14 refugee settlements were already high before the COVID-19 pandemic (FSNA, January 2020), which further curtailed incomes and increased reliance on humanitarian food assistance. Some 89 percent of households reported a decline or total loss of income following lockdown in March 2020 with more than half (51 percent) of refugee households living in poverty. The percentage of households that ran out of food because of a lack of money or other resources increased from 62 percent in 2018 to 84 percent in October/November 2020. Nearly 30 percent of refugee households were unable to afford the main staple food in the week preceding the interview peaking at 60 percent in Kampala and 41 percent in the South West (UBOS, UNHCR and WB, February 2021).

In April, WFP announced a 30 percent cut in food rations to refugees as a result of funding cuts. This coincided with the introduction of COVID-19 related restrictions, disrupting casual labour and small-scale trade (WFP, December 2020).

Market access for refugees fluctuated dramatically during the year – reaching their worst levels at just 10 percent in August/September, before improving to 56 percent in October before dropping again to 13 percent by November (WFP mVAM, 2020).

Map 3.66

IPC acute food insecurity situation, June–August 2020



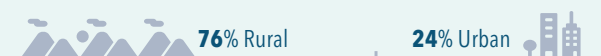
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Uganda IPC Technical Working Group, October 2020.

More than a quarter of a million urban dwellers were in Emergency (IPC Phase 4) in Uganda

COVID-19 related restrictions significantly disrupted the livelihoods of urban populations, especially for those living in informal settlements and/or predominantly dependent on informal employment, which accounts for about 81 percent of total employment in urban areas (FEWS NET, April 2020). An estimated 292 000 people in five divisions of the capital Kampala and 543 000 in 12 other cities/urban centres faced Crisis or worse (IPC Phase 3 or above). Of these, 254 000

faced Emergency (IPC Phase 4) (84 000 in Kampala). In Gulu and Kasese municipalities, 25 percent of the analysed population were in Crisis or worse (IPC Phase 3 or above) (IPC, July 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

The most recently available national-level wasting data revealed a wasting prevalence of 3.5 percent in 2016 (DHS 2016). In northern regions of Karamoja and West Nile, the wasting prevalence was 'very high' at 10 percent.

While there has been a steady reduction in the prevalence of stunting since 1988, still 29 percent of Ugandan children remain stunted. Again the prevalence was higher in Karamoja at 35 percent (DHS 2016).

Uganda continues to see a steady improvement in health indicators including for vaccine preventable diseases. However, humanitarian crises and lack of equal access to services mean that some regions/districts have disproportionately high morbidity and mortality from preventable causes, including malnutrition and infectious diseases, in areas in the north-east, north-west, west and central-north, the latter three being refugee-hosting regions.

Nationally, around 39 percent of refugee households were found to have high health vulnerability, reaching at least 64 percent in Imvepi and Palabek settlements. One in four refugee households nationally reported having sub-standard toilet facilities, reaching over 45 percent in Nakivale and Rwamwanja. One in four refugee households nationally were found to have high water supply vulnerability, reaching 44 percent in Nakivale settlement (REACH, October 2020).

Some 52 percent of refugee households in the South West and 38 percent in West Nile had diets that were lacking iron in June 2020 (WFP, 2020).

195 000 children under 5 are wasted, **25 190** of them are severely wasted.

Source: IPC AMN, 2020; DHS 2016.

Wasting among refugee children under 5

Acceptable in 5 out of 12 refugee sites	Poor in 3 out of 12 refugee sites	Serious in 4 out of 12 refugee sites
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Source: FSNA, 2017.

28.9% of children under 5 are stunted.

Source: DHS 2016.

Levels of stunting for refugee children under 5 were very high in all 3 refugee sites.

Low in 2 out of 12 refugee sites	Medium in 5 out of 12 refugee sites	High in 4 out of 12 refugee sites	Very high in 1 out of 12 refugee sites
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Source: FSNA, 2017.

65.5% of infants aged 0–6 months are exclusively breastfed.

Source: DHS 2016.

More than 75% of refugee infants aged 0–6 months are exclusively breastfed in 6 out of 12 refugee sites.

Source: FSNA, 2017.

30.3% of children aged 6–23 months receive the minimum dietary diversity.

Source: DHS 2016.

49.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.



31.7% of women of reproductive age and **52.8%** of children under 5 are anaemic.

Source: DHS 2016.

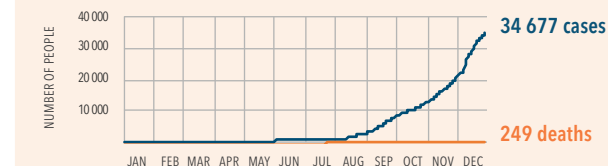
Anaemia levels in non-pregnant refugee women were medium in all 12 refugee sites, and levels in refugee children under 5 were medium in 3 and high in 9 of them.

Source: FSNA, 2017.



Figure 3.76

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for children aged 6–23 months dropped by 25–49% nationally.
- ❗ Coverage of Vitamin A supplementation programmes dropped by 10–24% nationally.
- ❗ Coverage of protection and promotion of breastfeeding programmes dropped by <10% nationally.

Source: UNICEF, September 2020.

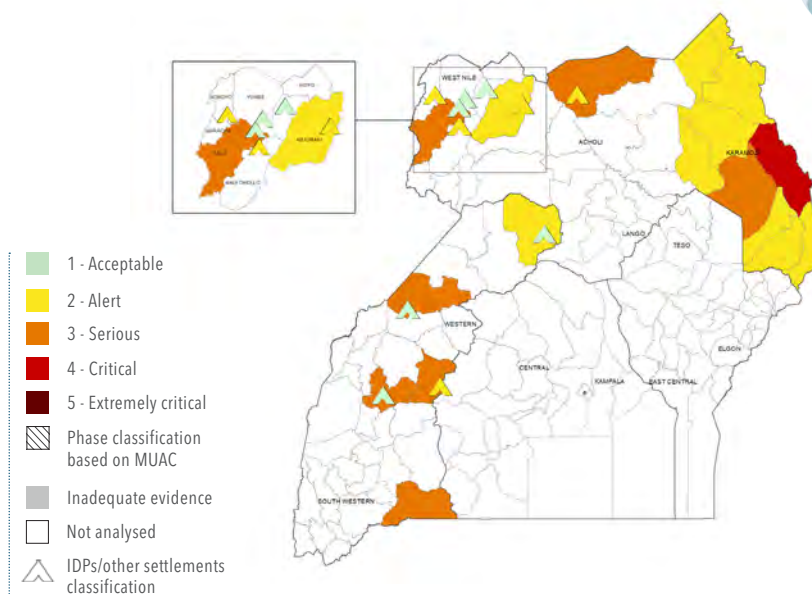
COVID-19-related disruptions to nutrition programmes for refugee population

- ❗ Suspension of mass screening activities for child wasting in 13 refugee camps

Source: UNHCR, 2021.

Map 3.67

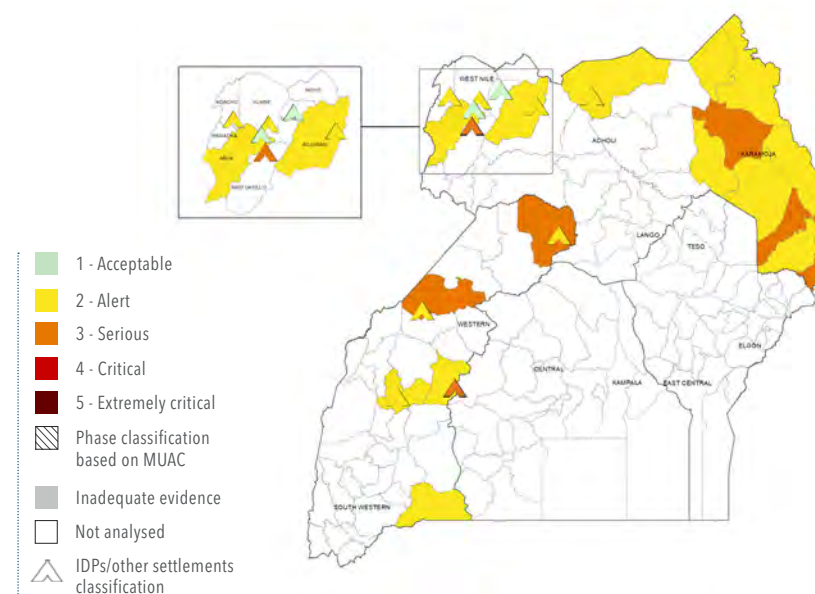
IPC acute malnutrition situation, **February–August 2020**



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 Technical Working Group, October 2020.

Map 3.68

IPC acute malnutrition situation, **September 2020–January 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: Uganda IPC Technical Working Group, October 2020.

IPC acute malnutrition analysis

The IPC acute malnutrition analysis focused on nine districts in the Karamoja region, eight refugee-hosting districts, and 11 refugee settlements. It estimated that around 195 000 children were wasted in these areas during 2020. More than 25 000 of them were expected to be affected by severe wasting (IPC, October 2020).

In the Karamoja region, it classified one district (Moroto) in Critical (IPC AMN Phase 4) and one district (Napak) in Serious (IPC AMN Phase 3) during February–August 2020. Seven

districts in Karamoja were classified in Alert (IPC AMN Phase 2) (IPC, October 2020).

Regarding refugee settlements and refugee-hosting areas, wasting was worse in refugee-hosting districts than refugee settlements.

Of the eight refugee-hosting districts analysed, six were classified in Serious (IPC AMN Phase 3) and two in Alert (IPC AMN Phase 2). All 11 refugee settlements were either classified in Alert (IPC AMN Phase 2) or Acceptable (IPC AMN Phase 1) in February–August 2020.

The wasting situation is likely to remain the same in the districts of Abim, Kaabong, Karenga, and Nakapiripirit through the projection period of September 2020 to January 2021. The wasting situation in Moroto is projected to improve from Critical (IPC AMN Phase 4) to Serious (IPC AMN Phase 3) due to the expected improvement in the food security situation.

Additionally, Nabilatuk, Amudat, and Kotido districts are projected to worsen from Alert (IPC AMN Phase 2) to Serious (IPC AMN Phase 3) due to an anticipated increase in the disease burden (IPC, October 2020).

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

Large segments of the population, especially in urban areas, lost their livelihoods due to COVID-19 restrictions, severely diminishing purchasing power and food access. Business activities and labour demand, especially in the informal sector, tourism and hospitality declined due to lockdowns between March and June (FEWS NET, June 2020). Domestic and export demand for agricultural products, including livestock, fell, leading to reduced incomes and purchasing power for farmers and herders (FEWS NET, April 2020).

Closure of borders and truck delays associated with COVID-19 clearance procedures at border points led to reduced trade, curbing the livelihoods of those involved in both formal and informal cross-border trade with neighbouring countries including Kenya and South Sudan. Refugees engaged in casual labour or petty trade were also negatively impacted by the COVID-19-related restrictions (FEWS NET, June 2020). Despite the gradual lifting of restrictions, the economic slowdown persisted, limiting purchasing power of the poorest households.



Weather extremes

In bi-modal rainfall areas covering most of the country, above-average seasonal rains in March–May were generally beneficial for first season crop production. However, torrential rains in April and May triggered flooding and landslides in several areas, leading to livestock deaths, damage to infrastructure and localized crop losses. They affected about 177 000 people, of whom about 24 000 were displaced. The inundation along lakeshores – especially lakes Kyoga and Victoria – resulted in

infrastructure damage and livelihood losses. The water levels of Lake Victoria were reported to be the highest in 60 years (FAO-GIEWS, June 2020).

The September–November rainy season was also characterized by abundant precipitations, especially in northern areas, favouring establishment and development of second season crops. Torrential rain triggered floods and landslides that affected about 16 500 people in northern areas and more than 2 000 in the south-west.

In the uni-modal rainfall agro-pastoral Karamoja region, the April–September rainy season had an early onset in March, with heavy rains triggering flooding and waterlogging. This resulted in delayed and reduced plantings, although the good performance of seasonal rains benefitted yields. Cereals and pulses were harvested in October, with about a one-month delay. Production was estimated at 10–20 percent below average due to the reduced planted area and the continuation of seasonal rains into October, which increased post-harvest losses (FAO-GIEWS, December 2020).



Conflict/insecurity

In Karamoja, cattle raids, theft and seasonal conflict played a key role in driving acute levels of food insecurity, especially in Kaabong, Moroto, Napak and Kotido districts. The conflict stemming from cattle raids prevented households in Kaabong, Kotido and Nabilatuk districts from accessing their lands for cultivation, diminishing their production and food availability (IPC, October 2020).

Armed conflict and inter-ethnic violence in the states neighbouring Uganda including South Sudan, the Democratic Republic of the Congo and Burundi continued to drive up the refugee population in Uganda.



Desert locusts, other pests and diseases

Desert locust swarms entered Uganda from Kenya from February 2020 mainly into Karamoja sub-region and spread to other north and north-eastern districts. Swarms reported in July and August landed in maturing crops that were nearing harvest (FAO, August 2020). In mid-2020, a regional FSNWG impact study found that 29 percent of cropping respondents in desert locust-affected areas reported crop losses with 7 percent of them experiencing high or very high losses. About 73 percent thought harvests of their most important crop would be below average. Around 41 percent of livestock-rearing households in desert locust-affected areas reported losses to rangeland, with 9 percent of them reporting high or very high losses (FAO, July 2020). In Karamoja, fall armyworm and livestock diseases, such as the foot and mouth disease outbreak in Kotido, Abim, Napak and Moroto, were expected to affect agricultural production and household food availability (IPC, October 2020).



Poor diets, diseases and care practices

Breastfeeding and IYCF practices are often inadequate. Epidemic-prone diseases, including cholera and measles are challenging, particularly in refugee settlements and/or host districts and in the north-east, which has lower access to health services. The COVID-19 pandemic has hampered access to and utilization of health facilities.

Forecast 2021

2.0–2.5M people

IPC Phase 3 or above in May–July 2021

Source: FEWS NET, 2021.

Below-average rainfall is projected to adversely affect agricultural livelihoods in the first months of 2021, while the economic hardships of the pandemic will continue to drive acute food insecurity, especially in Karamoja.

Between May–July 2021, an estimated 2–2.5 million people are forecast to be in Crisis or worse (IPC Phase 3 or above) (FEWS NET, 2021).

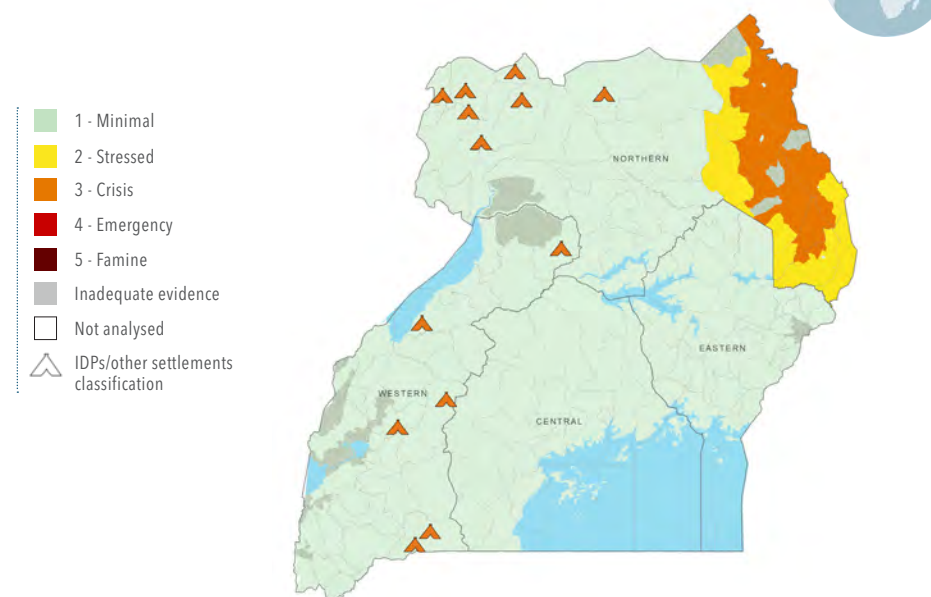
Since late February 2021, bimodal areas faced delayed and below-average rainfall, disrupting the planting season and leading to limited water and pasture availability. In parts of Lango, Acholi, East Nile and Teso, rainfall was reportedly 25–50 percent of the long-term average, which could adversely affect crop production, household food stocks, and agricultural incomes. Although planting conditions were more favourable in the Southwest, significant rainfall in April could destroy localized crop areas (FEWS NET, March 2021).

In March 2021, the local and cross-border maize trade was disrupted when Kenya announced a temporary ban on maize imports from Uganda and the United Republic of Tanzania in an attempt to enforce new food safety standards. Formal maize exports subsequently declined, leading to a 3–7 percent fall in retail maize prices in rural markets. FEWS NET anticipated that the uncertain regulatory environment will dampen maize exports and prices in the short to medium term, which could adversely impact farmer and exporter incomes. However, lower maize exports have reinforced food availability for poor households dependent on markets for food, both in urban and rural areas.

From March, acutely-food insecure populations in Karamoja are expected to rise, peaking before the July 2021 harvest. FEWS NET projected that food-insecure households would deplete household food stocks during the lean season. Many households will likely be unable to meet their food and non-food needs during this period due to high competition for labour and natural resources, diminished coping capacity due to the economic hardships of the pandemic, and inadequate livestock to sell (FEWS NET, March 2021).

Map 3.69

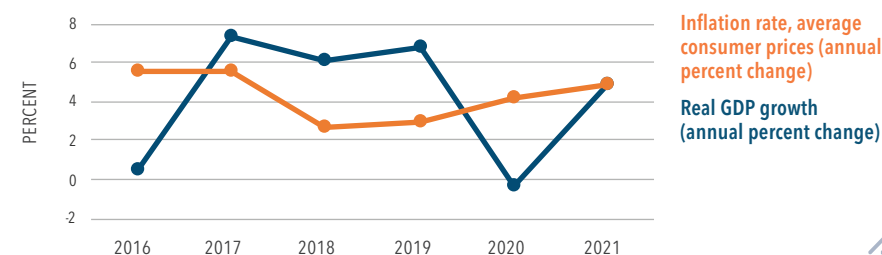
IPC acute food insecurity situation, May–July 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: FEWS NET IPC-compatible map, 2021.

Figure 3.77

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

United Republic of Tanzania

0.99 M people IPC Phase 3 or above
in November 2019–April 2020 (20% of the population analysed)

0.76 M IPC Phase 3 **Crisis** **0.22 M** IPC Phase 4 **Emergency**

1.7 M IPC Phase 2 **Stressed**

Total population of the country: **58.0M**

Population analysed: **8%**

Source: United Republic of Tanzania IPC Technical Working Group, February 2020.

2019–20

The poor 2019 harvest led to unusually high levels of acute food insecurity in early 2020

Erratic rainfall, prolonged dry spells in some areas, and lack of household food stocks exposing people to high market prices increased acute food insecurity levels in early 2020.

From November 2019–April 2020, nearly one million people, representing 20 percent of the population in 16 analysed districts of the United Republic of Tanzania, were in Crisis or worse (IPC Phase 3 or above). The number included around 225 000 people in Emergency (IPC Phase 4) or 5 percent of the analysed population (IPC, February 2020).



Early motherhood, with mothers often lacking formal education, employment and access to media are among the drivers of sub-optimal child feeding practices – although breastfeeding levels and dietary diversity among 6–23 month-olds have been improving in recent years.

As the map shows, 10 of the analysed districts were classified in Crisis (IPC Phase 3) and the remaining six in Stressed (IPC Phase 2). In Kishapu, Longido and Musoma, at least 30 percent of the population were in Crisis or worse (IPC Phase 3 or above). Twelve of the districts had populations in Emergency (IPC Phase 4). In Mpwapwa and Same, 10 percent of the populations were in Emergency (IPC Phase 4) (IPC, February 2020).

By May–September, the number in Crisis or worse (IPC Phase 3 or above) halved to about 490 000 people with a drastic reduction in the number facing Emergency

(IPC Phase 4) to 7 600 people in just one district (Mwanga). Notably, in Bahi, Chamwino, Kongwa and Mpwapwa districts of Dodoma region, where the 2019 cereal output was sharply reduced, the number of people in Crisis or worse (IPC Phase 3 or above) declined by 75 percent between the two periods. However, there was a slight increase from 1.7 million to 1.8 million in the number of people in Stressed (IPC Phase 2), who required assistance for disaster risk reduction and protection of livelihoods (IPC, February 2020).

These analyses were made in November 2019 and therefore did not take into account the indirect impact of the pandemic.

The large majority of refugees hosted in the United Republic of Tanzania were food secure

 **0.29M** refugees and asylum-seekers, **8 700** of them newly displaced in 2020 (69% from Burundi, 31% from the Democratic Republic of the Congo)

 **30 600** Burundian refugees repatriated during 2020. **109 400** assisted returns since September 2017.

Source: UNHCR, end 2020.

Refugees from Burundi and the Democratic Republic of the Congo mainly reside in three refugee camps in the north-west where they have no access to land, limited freedom of movement and very limited livelihoods opportunities. Over 70 percent rely on food assistance as their main income source and 66 percent on food aid as their main food source.

In July 2020, 86 percent had acceptable food consumption, a slight improvement since 2019 (81 percent) (WFP 2019 and 2020, and WFP & UNHCR July 2020)

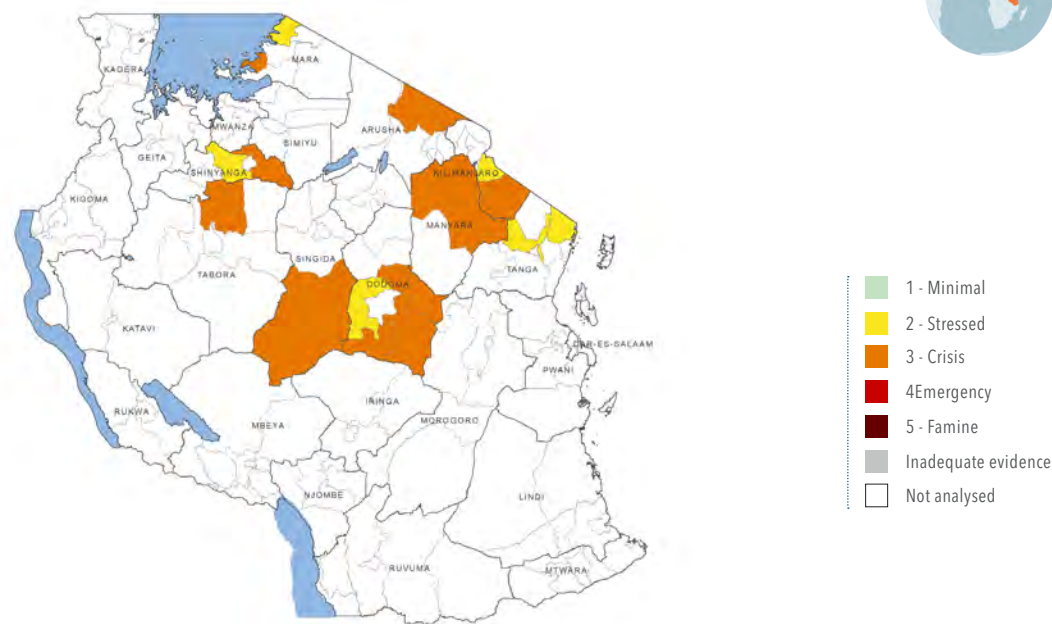
In November, due to funding constraints, WFP reduced rations to 68 percent of the minimum required kilocalories, the third significant ration reduction in 2020 and at the height of the lean season (WFP, January 2021).

About 14 percent of refugees lost their livelihood source as a result of the pandemic (WFP & UNHCR July 2020).

The return of refugees to Burundi has been gaining pace since elections in summer 2020. In total, UNHCR has registered over 106 000 assisted voluntary returns from Burundi since 2017, when the process was initiated. Over 29 000 were repatriated in 2020 (ECHO, December 2020).

Map 3.70

IPC acute food insecurity situation, **November 2019–April 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: United Republic of Tanzania IPC Technical Working Group, February 2020.

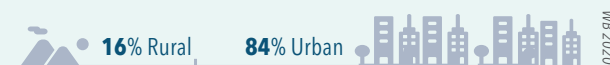
Even light COVID-19 restrictions, in tandem with the global economic downturn, were likely to have dented the purchasing power of poor urban households given the very high reliance on informal work

While the United Republic of Tanzania did not impose a total lockdown to curb the spread of COVID-19, the government closed schools, suspended international flights and banned all public gatherings before lifting the restrictions in June.

The urban poor were more vulnerable to the socioeconomic impacts of the COVID-19 related restrictions since about 80 percent of the urban population depend on informal

livelihood activities with unreliable income sources (WFP, November 2020).

Percentage of population living in rural versus urban areas



Nov 2020.

Nutrition and health overview

Between 2014 and 2018, the United Republic of Tanzania made progress in reducing stunting levels in children under 5 years of age from 34.7 percent to 31.8 percent, amounting to around 3 million stunted children in 2018 (TNNS, 2018). Although stunting prevalence has fallen at the national level, certain regions continue to face stunting levels over 40 percent, notably Rumuwa (41 percent), Songwe (43.3 percent), Iringa (47.1 percent), Rukwa (47.9 percent), and Njombe (53.6 percent). Wasting also affects 3.5 percent of children under 5, and 1.5 percent of children are both stunted and wasted. Another 1.6 percent of children are both stunted and overweight (UNICEF, 2018a).

Improvements were also made in increasing exclusive breastfeeding for infants under 6 months of age between 2014 and 2018, rising from 41.1 percent of infants to nearly 58 percent (TNNS, 2018). However, access to safe water and sanitation remains a challenge; although 57 percent of the population has access to an improved water source (JMP, 2017), only 15 percent of the population in rural areas uses improved sanitation.

Refugee households face a lack of nutritious diets, with only 5 percent of refugees consuming iron-rich foods daily, while 43 percent did not consume those foods at all in the previous week. Vitamin A-rich foods were also missing from the diets of 24 percent of refugee households, while only 15 percent consumed them daily (WFP & UNHCR, July).

4.5% of children under 5 are wasted, **1.2%** of them are severely wasted.

Source: DHS 2015–16.



➔ Levels of wasting among refugee children under 5 were **acceptable** in 2 and **poor** in 2 out of 4 refugee sites.

Source: SENS, 2019.

34.4% of children under 5 are stunted.

Source: SMART, 2020.



➔ Levels of stunting among refugee children under 5 were **very high** in 4 out of 4 refugee sites.

Source: SENS, 2019.

59.2% of infants aged 0–6 months are exclusively breastfed.

Source: DHS 2015–16.



➔ More than **75%** of refugee infants aged 0–6 months are exclusively breastfed in 2 out of 4 refugee sites.

Source: SENS, 2019.

39.9% of children aged 6–23 months receive a **minimum acceptable diet**.

Source: DHS 2015–16.



57.0% of households have access to at least basic **drinking water services**.

Source: JMP, 2017.



44.8% of women of reproductive age and **57.7%** of children under 5 are anaemic.

Source: DHS 2015–16.



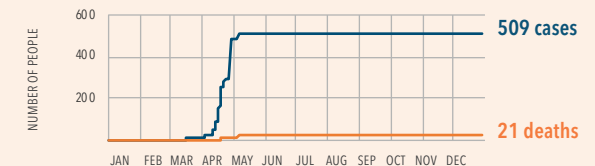
➔ Anaemia levels in non-pregnant refugee women were **low** in 3 and **medium** in 1 out of 4 refugee sites.

➔ Anaemia levels in refugee children under 5 were **low** in 1 and **medium** in 3 out of 4 refugee sites.

Source: SENS, 2019.

Figure 3.78

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of nutrition support for pregnant and lactating women dropped by 75–100% nationally.
- ❗ Coverage of early detection of child wasting dropped by 75–100% nationally.
- ❗ Coverage of treatment of child wasting dropped by 25–49% nationally.

Source: UNICEF, September 2020.

Acute food insecurity and malnutrition drivers 2020

Weather extremes

Erratic rainfall and fall armyworm infestations were the main causes of the reduced 2019 Masika harvest gathered in July–August in north-eastern bimodal rainfall areas and reduced Msimu harvest, gathered from May–July in central and southern unimodal rainfall areas. Most households in agriculture-producing areas reported deficit production compared with a normal year when they are able to produce either sufficient or surplus crops (IPC, February 2020).

As a result, aggregate cereal production in 2019 was estimated at 9.9 million tonnes, about 5 percent below average. However, in central Tabora, Singida and Dodoma regions, yields were particularly low with maize production estimated to be 20–55 percent below the output obtained during the previous year (FAO-GIEWS, May 2020).

In pastoral and agro-pastoral areas, the dry spells diminished the availability of pasture and water for livestock leading to depreciated prices of animals due to poor body conditions (IPC, February 2020).

The improvement in the level of food security from May–September 2020 was driven by above-average 2020 Msimu and Masika harvests, thanks to abundant and well-distributed rains, which benefited crop establishment, development and yields and allowed households to replenish their food stocks (FAO-GIEWS, July 2020).

However, the heavy rains triggered widespread floods in March and April in northern Mwanza, Simiyu, Mara and Kagera, in western Rukwa, Katavi and Kigoma, in eastern Manyara and in

southern Morogoro, resulting in population displacements and localized damage to crops (FAO-GIEWS, May 2020).

Economic shocks, including COVID-19

Most households across analysed areas reported that they did not have food stocks available to them and were dependent on markets. Prices of maize in April were 15–25 percent higher than one year earlier, driven by sustained export demand from Kenya, Rwanda and Southern African countries, coupled with the below average 2019 domestic cereal production (FAO-GIEWS, May 2020).

A lack or limited availability of casual labour work after the poor harvest, coupled with the unusually high market prices, experienced in all districts analysed, played a major part in driving food insecurity for vulnerable segments of the population (IPC, February 2020).

While the United Republic of Tanzania did not impose a total lockdown in response to the COVID-19 pandemic, and the economy had reopened fully by the middle of the year, the regional and global economic recession was expected to affect the incomes of enterprises and individuals, and ultimately government revenue collections and its ability to provide social and economic services (UNDP, April 2020).

The suspension of international travel was expected to derail the growth of the tourism and hospitality industry, a key contributor to the national economy and major source of employment, tax revenue and foreign exchange earnings. While the sector accounts for an estimated 17.5 percent of the country's GDP, it is more important for Zanzibar as it accounts for about a third of its

GDP, 80 percent of its revenue, and is the biggest employer on the island (UNDP, April 2020).

Although the country reopened for international tourism in June, the sector was still expected to underperform during the peak season of July–October (WB, October 2020).

The December 2019 Tanzania Mainland Poverty Assessment noted that despite sustained economic growth, the absolute number of poor people grew from 13 million in 2007 to 14 million. For every four Tanzanians who moved out of poverty, three fell into it. Poverty was higher in rural than urban areas and concentrated in the western and lake zones, and lowest in the eastern zones (WB, October 2020).

Crop pests

Fall armyworm infestations also contributed to the decreased production in both the Masika and Msimu harvests in 2019 (IPC, November 2019). The infestations persisted into 2020, especially in Mara, Manyara and Kilimanjaro regions, resulting in localized crop losses (FAO-GIEWS, May 2020).

Poor diets and disease

Between 2014 and 2018, notable improvements have been made in the minimum dietary diversity for children aged 6–23 months, rising from 24.5 percent to 35.1 percent. However, only 30.3 percent of children are receiving the minimum acceptable diet. These outcomes are likely the result of low maternal education, low wealth score, young maternal age, lack of formal occupation among mothers, and low maternal exposure to media, such as television, newspaper or radio.

Forecast 2021

Although the country is largely food secure, food shortages will likely persist at sub-regional levels due to the adverse impacts of weather extremes and desert locusts on agriculture.

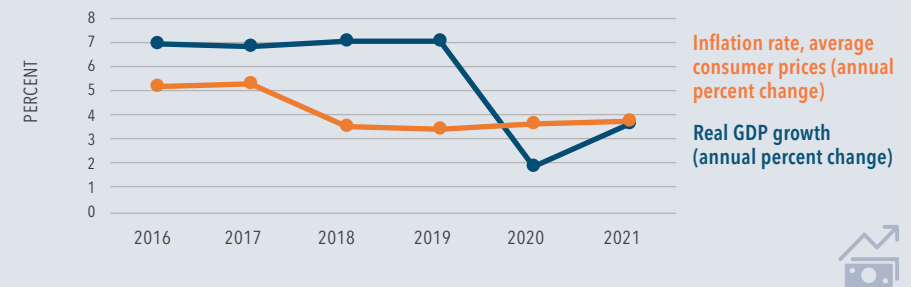
Heavy rainfall affected the southern region of Mtwara in January, causing flash floods and resulting in casualties and damage (ECHO, January 2021).

From late February, heavy rain affected north-western areas, causing rivers and lakes to overflow, and triggering floods that resulted in evacuations and damage. The most affected areas were the Kagera and Kigoma regions. Lake Victoria and Lake Tanganyika both experienced rising water levels (ECHO, March 2021).

In the Horn of Africa, immature swarms of desert locusts continue to migrate southwards. There were reports that a few immature swarms had reached the north-eastern district of Mwanga in early January. FAO reported a moderate risk of a few swarms reaching south-western as well as north-eastern areas of the country (FAO, January 2021).

Figure 3.79

Real GDP growth and inflation rate, 2016-2021 (forecast)



Source: FSIN, using IMF 2020 data.

Yemen

13.5M people IPC Phase 3 or above

in October–December 2020 (45% of the population analysed)

9.8M **3.6M** **16 500**

IPC Phase 3 **Crisis** IPC Phase 4 **Emergency** IPC Phase 5 **Catastrophe**

10.0M IPC Phase 2 **Stressed**

Total population of the country: **30.0M**

Population analysed: **100%**

Source: Yemen IPC Technical Working Group, December 2020.

2019–20

Persistent high levels of acute food insecurity

Five years of persistent conflict, economic collapse and significant flooding in 2020 left almost half of the population in Crisis or worse (IPC Phase 3 or above) (IPC, December 2020). A separate IPC-compatible analysis assessed that, in a worst-case scenario, there was a risk of Famine (IPC Phase 5) in 2020 and beyond (FEWS NET, 2020).

High levels of acute food insecurity in Yemen persisted into October–December 2020, when 13.5 million people faced Crisis or worse (IPC Phase 3 or above) outcomes. In the absence of large-scale humanitarian food assistance (HFA), the number of people in Crisis or worse (IPC Phase 3 or above) would have likely been higher.



Of the total number of people in Crisis or worse (IPC Phase 3 or above), some 3.65 million (12 percent of the population) were in Emergency (IPC Phase 4), and of greatest concern were approximately 16 500 people facing Catastrophe (IPC Phase 5) in five districts of Hajjah, Amran and Al Jawf governorates (IPC, December 2020).

Around 366 000 people were in Crisis or worse (IPC Phase 3 or above) in seven urban areas, a third of them in Sana'a city. In 2021, this number was expected to increase to almost half a million (IPC, December 2020).

A third of the total population, representing 10 million people, was in Stressed (IPC Phase 2).

Across 17 of Yemen's 21 governorates, 84 out of 333 districts were classified in Emergency (IPC Phase 4). Another 225 districts were in Crisis (IPC Phase 3). Only 24 districts were classified in Stressed (IPC Phase 2), chiefly in Hadramaut (18), followed by Al Maharah (3) and Ibb (3).

In three governorates – Al Jawf, Raymah and Sa'ada – more than 60 percent of the population was in Crisis or worse (IPC Phase 3 or above) (IPC, December 2020).

More than 1 in 10 Yemenis are internally displaced and highly vulnerable

 More than **4.0M** IDPs, **171 950** of them registered newly displaced in 2020

 **0.18M** refugees and asylum seekers

Source: UNHCR, end 2020.

Acute food insecurity is more severe in areas with active fighting or bordering areas with limited access, and is particularly affecting Yemen's more than 4 million IDPs (IPC, December 2020).

Nearly 40 percent had no access to income. To put food on the table, many – particularly the one in four displaced families headed by a woman or a girl – were using coping strategies that jeopardize their future livelihoods including selling off belongings, pulling children out of school and sending them to work, begging on the streets, or eating just once a day (UNHCR, December 2020).

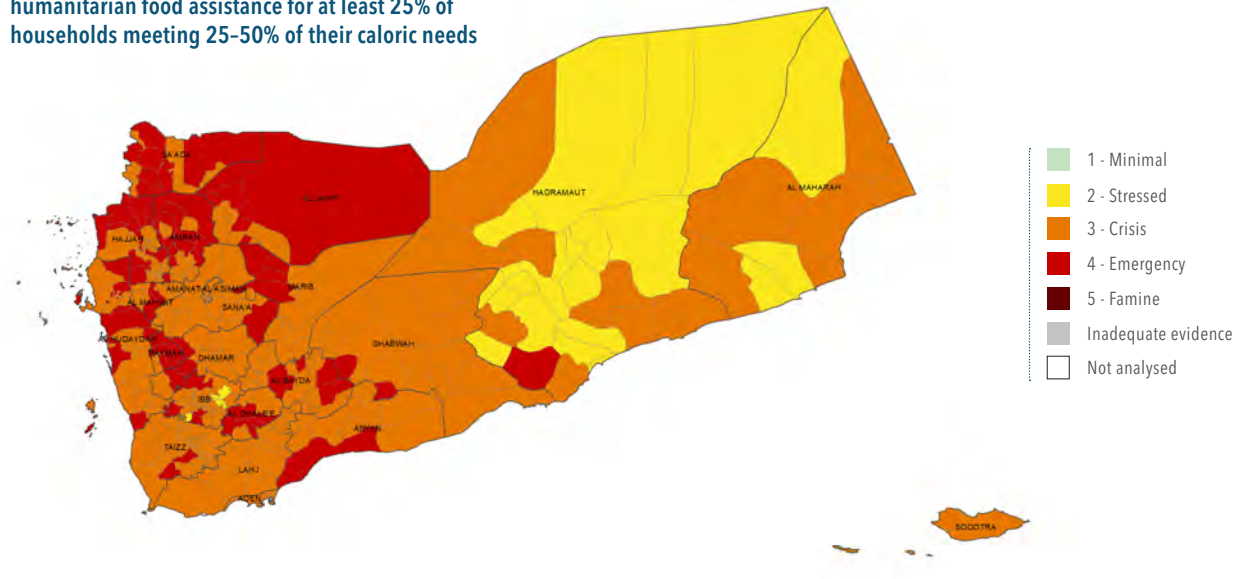
The 178 000 refugees and asylum-seekers estimated to be still living in Yemen are among the most vulnerable. Most live in urban neighbourhoods in Aden and Sana'a, with fewer in Mukalla in Hadramaut governorate and Kharaz camp in Lahj governorate where they are heavily reliant on food assistance.

Although small in size, the refugee community was highly affected by the pandemic due to the loss of livelihoods, as many held unskilled jobs in the informal sector, and discrimination due to scapegoating for being perceived as having brought the disease to Yemeni communities (UNHCR, August 2020).

Map 3.71

IPC acute food insecurity situation, **October–December 2020**

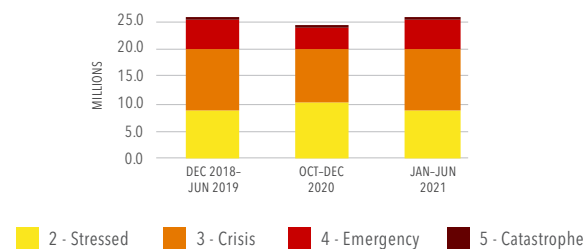
Nearly 260 districts out of 333 received significant humanitarian food assistance for at least 25% of households meeting 25–50% of their caloric needs



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Yemen IPC Technical Working Group, December 2020.

Figure 3.80

Number of people in IPC Phase 2 or above, 2018–2021



Source: Yemen IPC Technical Working Group.

Acute food insecurity increased in urban Yemen

Food insecurity intensified in urban areas as poor households exhausted their savings, assets and ability to purchase food on credit. In the southern cities of Lahij and Taizz, protests escalated in December over currency depreciation and increasing prices. In Aden, soldiers protested over delayed salary payments (FEWS NET, December 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

The nutritional situation has deteriorated significantly in Yemen due to a confluence of conflict, displacement, economic collapse, and flooding. These factors have created a favourable environment for the outbreak of communicable diseases, amid the breakdown of health and WASH services and worsening living conditions resulting from conflict.

OCHA estimated that over 15.4 million people require support in accessing basic water and sanitation needs, of which 8.7 million people have acute need, particularly in IDP sites where basic services are scarce. Four years ago, these factors contributed to the worst cholera outbreak in modern times, and the risk of another cholera outbreak remains high in over 70 percent of the country. Similarly, cases of diphtheria, polio and dengue fever have been on the rise since 2015, with over 65 000 cases of diphtheria reported in 2020, affecting 69 percent of districts in the country (HNO 2021).

The COVID-19 pandemic placed further pressure on already fragile health facilities and stymied the delivery of services to combat preventable diseases and the effects of malnutrition. Utilisation of health, nutrition and education services also declined due to fears of contracting the virus.

As a result of these factors, according to the IPC, out of 35 zones analysed in the south of the country during August 2020 and the north of the country in December 2020, the nutrition situation was expected to worsen in 18 zones

(IPC, February 2020) (see maps on the following page). OCHA reported that Yemen recorded one of the highest levels of malnutrition in the world, with over 2.25 million cases of wasting among children ages 0–59 months and over a million cases among pregnant and lactating women expected in 2021. Among these, over 325 000 children reportedly face severe wasting. Six governorates have wasting levels above the 15 percent WHO emergency threshold: Aaden, Abyan, Al Hodeidah, Hajjah, Lahj, and Taizz (HNO 2021). Additionally, 86 percent of children were estimated to be anaemic, as well as 71 percent of women of reproductive age (DHS 2013). Yemen has the highest maternal mortality ratio in the Arab world and is considered to be a 'high alert' country for maternal mortality (HNO 2021).

Poor quality of foods consumed by children, high prevalence of communicable diseases, poor infant and young child feeding practices and poor WASH services are major contributors to high levels of wasting. Poor access to nutrition and health services, and low rates of immunization (measles and polio) (around 60 percent in most zones) are concerning. Immunization service access and utilization were affected by a number of factors including floods, conflict, Ramadan and Eid, the impact of COVID-19 travel restrictions, fear and the suspension of some mobile and outreach services (IPC, February 2021).

2.2M children under 5 are wasted, **0.4M** of them are severely wasted.

Source: HNO 2021.



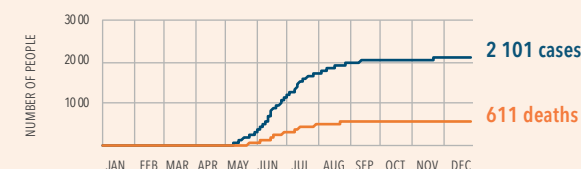
71.0% of women of reproductive age and **86.0%** of children under 5 are anaemic.

Source: Yemen DHS 2013.



Figure 3.81

COVID-19 cumulative confirmed cases and deaths, January–December 2020



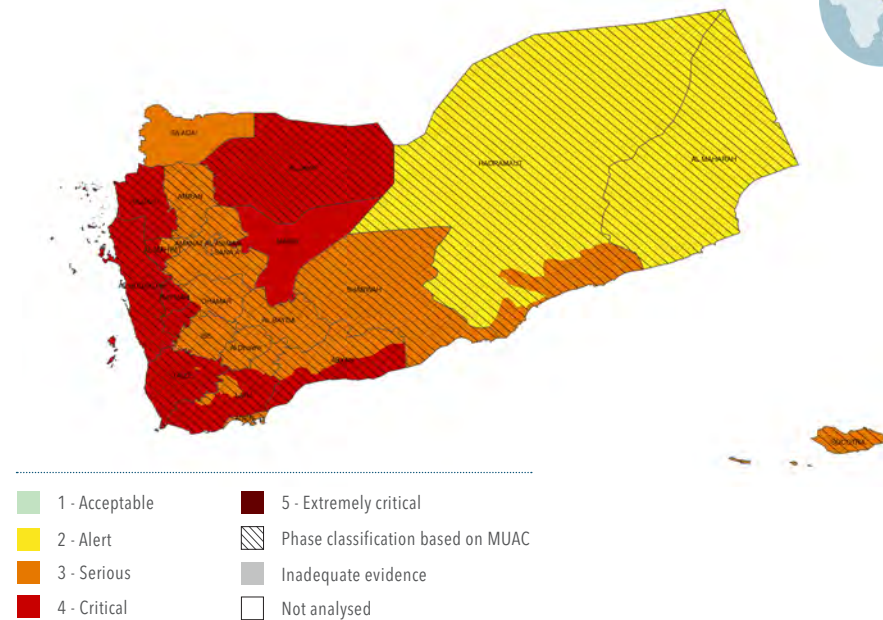
Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of treatment of child wasting dropped by 25–49% nationally.
- ❗ Coverage of early detection of child wasting programmes dropped by 10–24% nationally.
- ❗ Coverage of Vitamin A supplementation programmes dropped by 25–49% nationally.

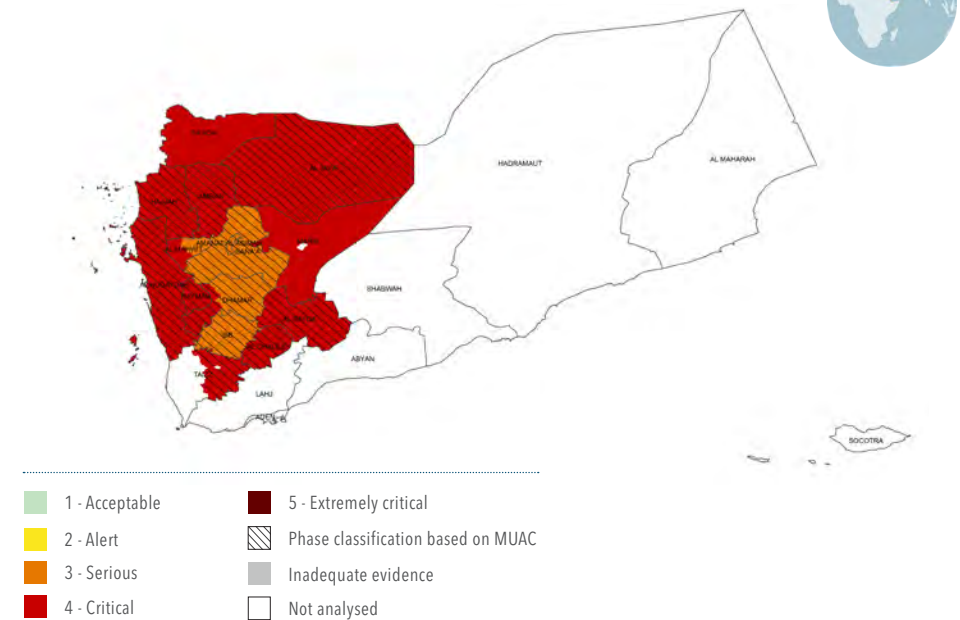
Source: UNICEF, September 2020.

Map 3.72

IPC acute malnutrition situation, **August–December 2020**

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Yemen IPC Technical Working Group, February 2021.

Map 3.73

IPC acute malnutrition situation, **January–March 2021 (North)**

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Yemen IPC Technical Working Group, February 2021.

IPC acute malnutrition analysis

In the International Recognized Government Zone (IRG) – 133 districts – over half a million children aged 0–59 months, and more than a quarter of a million pregnant and lactating women were expected to suffer from acute malnutrition during the course of 2020 (IPC, January 2020).

From January–July 2020, 80 percent of the 35 zones included in the analysis were in Serious or worse (IPC AMN Phase 3 or above) with two (Taiz Lowland and Hajjah Lowland) classified in Critical (IPC AMN Phase 4) and 26 in Serious (IPC AMN Phase 3) (IPC AMN, February 2021).

From August–December 2020, the situation deteriorated by comparison with January–July 2020, with the number of zones in Critical (IPC AMN Phase 4) increasing from two to 13. Taiz Lowland and Hajjah Lowland remained in Critical (IPC AMN Phase 4) and the following 12 zones moved to Critical (IPC AMN Phase 4): Abyan Lowland, Lahj lowland, Al Jawf, Al-Mahweet Lowland, Hodeidah Highland, Hodeida Lowland, Marib Rural, Raymah, Sa'ada Highland, Sa'ada Lowland, Taiz Highland, and West Dhamar (IPC AMN, February 2021).

An additional IPC AMN analysis conducted in 22 zones in the north for which data is available shows that during January–

March 2021, seven zones are in Serious (IPC AMN Phase 3) and the remaining 15 in Critical (IPC AMN Phase 4) (IPC AMN, February 2021).

Over 2.25 million children under 5 years are projected to suffer from wasting in the course of 2021 in Yemen. Of them 395 195 children are expected to suffer from severe wasting. The highest numbers of children suffering from severe wasting are expected to be in Hodeida Lowland (over 95 000) and Taiz Highland (over 30 000). More than a million pregnant and lactating women are projected to suffer from acute malnutrition in the course of 2021 (IPC AMN, February 2021).

Acute food insecurity and malnutrition drivers 2020

Conflict/insecurity

In 2020, civilians continued to bear the brunt of the conflict, which began escalating five years ago. Devastated infrastructure and agricultural land, lack of government services, and an economy and healthcare system in tatters affected every household, while active fighting continued to drive displacement. The December 2018 Stockholm agreement between the internationally recognized government (IRG) and Ansar Allah remained largely unobserved and around 172 000 people were newly displaced in 2020, mostly in Ma'rib, followed by Hudaydah, and Taizz (UNHCR, January 2021). The number of frontlines rose from 33 at the beginning of 2020 to 47 by October with the heaviest clashes in Hudaydah, Marib and Al Jawf (OCHA, October 2020).

Humanitarian partners reported 4 288 access incidents in 2020, including restrictions on the movement of humanitarian organizations, personnel and goods within and into Yemen, and interference in the implementation of humanitarian activities. In southern governorates, personnel and cargo movements were reportedly blocked on key access and supply routes in Aden, Taizz and Abyan (HNO 2021).

Economic shocks, including COVID-19

Economic conditions remained dire. The country's already weak fiscal position was eroded by depressed oil prices, the depletion of hard currency reserves and the decline in remittances (FAO, June 2020). By December, the rial had lost 250 percent of its value since 2015 (WFP, December 2020). Currency depreciation and foreign exchange shortages have

a major impact on food supplies and prices in a country that imports about 90 percent of its food. From June–September 2020, average monthly fuel import levels were only one third of the January–May 2020 average (FEWS NET, October 2020). Food imports during 2020, were 11 percent lower than in 2019 (FAO, December 2020).

The average retail prices of imported food increased throughout the year reaching the highest levels in December when wheat grain was 33 percent higher than the previous year and non-Basmati rice 27 percent higher. The national monthly average cost of the minimum food basket (MFB) was 12 percent higher in December than in June. In southern governorates, the MFB was 40 percent higher than in northern governorates (FAO, FSTS, December 2020).

According to an August COVID-19 impact assessment in nine governorates, 49 percent of households reported that a family breadwinner had lost their job. Most households (78 percent) were in debt with debt levels increasing by 50 percent on average since the start of the pandemic (DRC, IOM, CCY, NRC & ACTED, November 2020). In September, 56 percent of households had no working members despite the easing of social distancing measures (WFP, October 2020).

Weather extremes

From March–August, torrential rains and, in some areas repeated flash flooding caused devastation, destroying homes and shelters, damaging infrastructure, spoiling crops, killing livestock and damaging roads, bridges, and electricity and water networks. Many shops and local markets reported stock

losses (OCHA, September 2020). An estimated 300 000 people lost their homes, crops, livestock and personal belongings in the three months to August. In Hababa, a sudden and catastrophic break of the Al-Roone dam led to the uncontrolled release of 250 000 cubic metres of water, affecting IDP sites where people were already living in poverty, often in overcrowded, makeshift shelters, which were washed away or damaged (UNHCR, August 2020).

The cities of Sana'a and Aden were exceptionally hard hit by the April floods. The damage to transportation infrastructure hampered the internal movement of commercial and humanitarian goods. The destruction of the already weak water and sanitation infrastructure resulted in water contamination and shortages of clean potable water which exacerbated the spread of diseases (FAO-GIEWS, June 2020).

The April floods coincided with the harvesting of wheat in Central Highlands and planting of sorghum in Southern Uplands and Central Highlands. Planting activities were delayed, while standing crops still to be harvested were damaged (FAO-GIEWS, June 2020). Abundant rains enabled breeding of desert locusts while conflict diminished the capacity to respond. Infestations were expected to significantly damage crops and pastures (WB, June 2020).

Poor diets, diseases and care practices

High prevalence of communicable diseases, poor infant and young child feeding practices and poor WASH services are major contributors to high prevalence of wasting (IPC, February 2021).

Forecast for 2021

16.1M people

IPC Phase 3 or above in January–June 2021
(54% of population analysed)

Source: Yemen IPC Technical Working Group, December 2020.



Conflict and the deepening liquidity crisis is pushing Yemen to the brink of economic collapse.

During the first half of 2021, over 16.1 million people – 54 percent of the population – are expected to be in Crisis or worse (IPC Phase 3 or above) as the lean season progresses. The number in Catastrophe (IPC Phase 5) in Al Jawf, Amran and Hajjah governorates is expected to reach 47 000, while the number in Emergency (IPC Phase 4) is expected to increase to over 5 million (IPC, December 2020).

This forecast assumes that in January–June 2021, beneficiaries will receive half of the ration that they were provided with in late 2020. Any further reductions or other shock could lead to even higher acute food insecurity levels, including further populations falling into Catastrophe (IPC Phase 5) (IPC, December 2020).

Over 2.25 million children under 5 years and more than 1 million pregnant and lactating women are forecast to suffer from wasting in the course of 2021. Of the wasted children, 395 195 are projected to suffer severe wasting (IPC, February 2021).

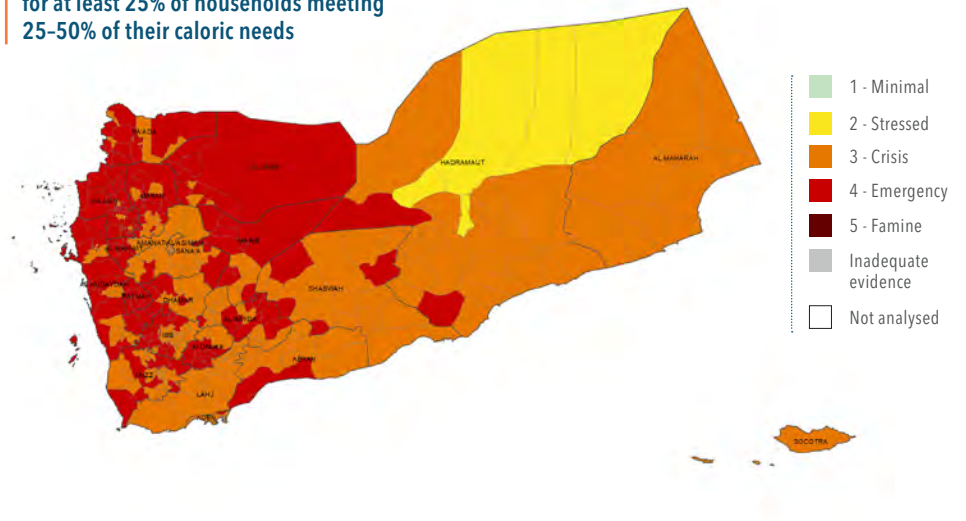
Protracted conflict and poor macroeconomic conditions – as well as seasonal flooding in some areas – continue to disrupt livelihoods, reduce access to income, and drive significantly above-average food prices. Farmers are expected to face further reductions in profits due to the increasing cost of fuel for irrigation, with reduced production levels likely in some areas. In February, conflict escalated in Ma'rib and Al Jawf, as Ansar Allah forces continued their offensive east toward Ma'rib City. Conflict is likely to intensify in the coming months, and lead to additional displacements and livelihood disruption (FEWS NET, February 2021).

Map 3.74

IPC acute food insecurity situation, **January–June 2021**



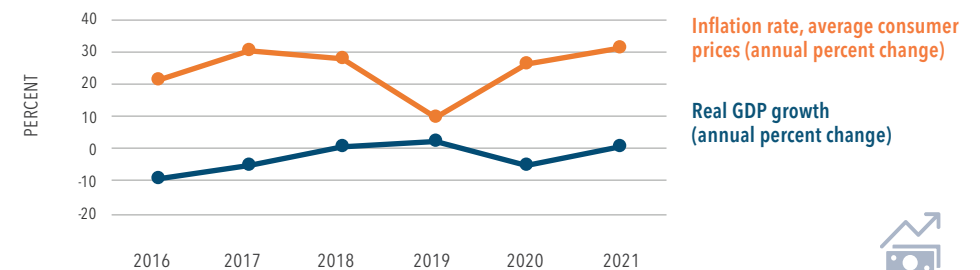
Nearly 260 districts out of 333 received significant humanitarian food assistance for at least 25% of households meeting 25–50% of their caloric needs



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Yemen IPC Technical Working Group, December 2020.

Figure 3.82

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Zambia

2.3 M people IPC Phase 3 or above
in October 2019–March 2020 (24% of the population analysed)

1.9M

IPC Phase 3 **Crisis**

0.41M

IPC Phase 4 **Emergency**

3.1M

IPC Phase 2 **Stressed**

Total population of the country: **17.9M**

Population analysed: **53%**

Source: Zambia IPC Technical Working Group, August 2019.

2019–20

Acute food insecurity levels peaked before the onset of the pandemic

Drought and floods resulted in a steep decline in agricultural production in 2019, leading to record high maize prices and high levels of acute food insecurity in early 2020 before the pandemic set in.

From October 2019–March 2020, 2.3 million people were estimated to be in Crisis or worse (IPC Phase 3 or above), comprised of 1.9 million (20 percent) in Crisis (IPC Phase 3) and 412 000 (4 percent) in Emergency (IPC Phase 4). Three districts – Gwembe, Shangómbó and Lunga – were projected to be in Emergency (IPC Phase 4) while 52 districts



Two consecutive years of poor harvests depressed availability of staple foods at the beginning of 2020 and further eroded the resilience of rural households. While the 2020 maize crop was the second highest on record, some areas experienced crop losses as heavy downpours caused localized floods.

were classified in Crisis (IPC Phase 3) and 33 in Stressed (IPC Phase 2). The remaining 31 districts were not covered by the analysis (IPC, August 2019).

The situation was most concerning in the Western province where 34 percent of the population was classified in Crisis (IPC Phase 3) and 10 percent in Emergency (IPC Phase 4), amounting to around 410 000 people.

The Southern province was the next most badly affected area in terms of share of population analysed in Crisis or worse (IPC Phase 3 or above) at 33 percent, or 486 000 people (IPC, August 2019).

By July–September 2020, the number of people in Crisis or worse (IPC Phase 3 or above) fell to 1.42 million. However, this analysis only covered 64 areas, versus 86 in the October 2019–March 2020 analysis. In other words, 22 percent of the analysed population were in Crisis or worse (IPC Phase 3 or above) in times of COVID-19, compared with 24 percent before the pandemic. From October, food insecurity was expected to deteriorate during the lean season, with about 1.98 million people (29 percent of the analysed population) in Crisis or worse (IPC Phase 3 or above) from October 2020–March 2021 (IPC, December 2020).

Many refugees in Zambia sank into higher levels of debt as COVID-19 restrictions cut incomes



70 000 refugees and asylum-seekers (**82%** from the Democratic Republic of the Congo, **10.5%** from Burundi, **5%** from Somalia)

Source: UNHCR, end 2020.

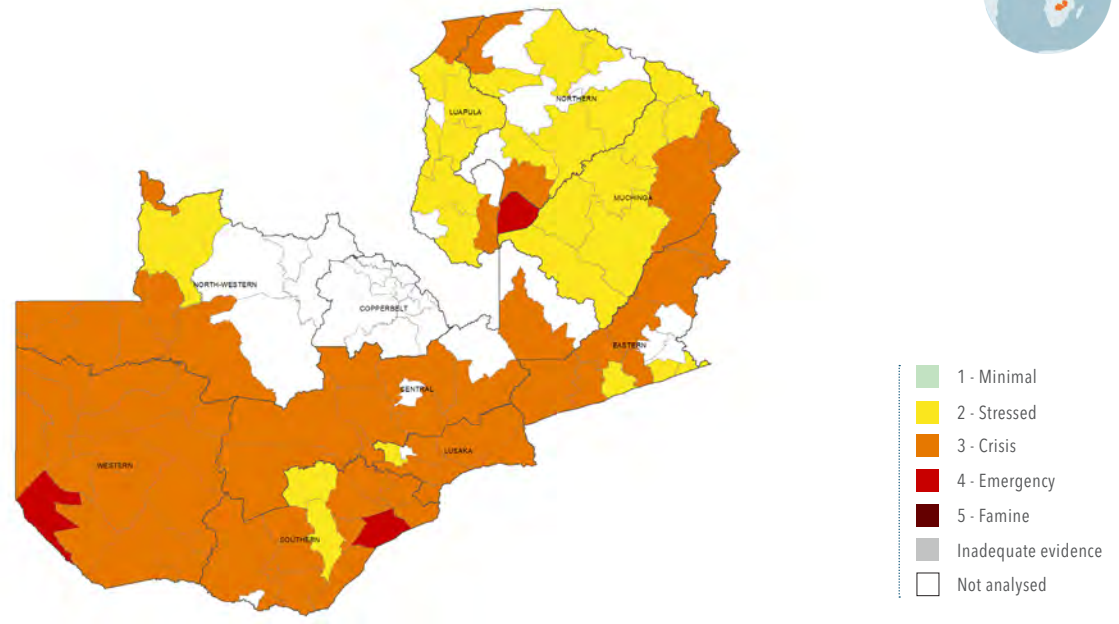
Refugees in Zambia – mainly from the Democratic Republic of the Congo – and living in three settlements (Meheba, Mayukwayukwa and Mantapala) and urban areas (Lusaka/Ndola) face restricted freedom of movement, limited access to land and agricultural inputs, and struggle to make a living as casual labourers or petty traders, for instance.

The September 2020 joint UNHCR/WFP needs assessment found that 90 percent of refugee households in Mantapala were unable to meet their essential needs without external support. On average, 77 percent of household expenditures were spent on food.

While food consumption improved between 2019 and 2020, about 44 percent of households had inadequate consumption. Half of the households reported not having enough food or money to buy food in the preceding week, and one-fifth were forced to adopt emergency coping strategies. Out of the households that indicated having felt the impact of the pandemic, 75 percent reported their income had been compromised. Debts increased for 57 percent of households (UNHCR & WFP, September 2020).

Map 3.75

IPC acute food insecurity situation, **October 2019–March 2020**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Zambia IPC Technical Working Group, August 2019.

Less stringent lockdown measures may have averted worse food insecurity outcomes in urban areas

A rapid assessment examining the impact of COVID-19 on people's food and nutrition security in June, found that COVID-19 had adverse effects on income inflows of vulnerable households in peri-urban Kafue and urban Lusaka, leading to low dietary diversity. Rising prices of essential commodities made it difficult for low-income households to buy food, further undermining their ability to meet their food and nutrition needs sustainably, particularly

for those headed by the disabled, the elderly and children. However, the fact that the government avoided total lockdown may have helped to sustain some level of economic activity and averted worse levels of acute food insecurity (WFP, June 2020).

Percentage of population living in rural versus urban areas



Nutrition and health overview

Climatic shocks, poor living conditions, a high prevalence of disease, and limited maternal education have contributed to the persistence of poor nutritional outcomes in Zambia.

The country has made progress in recent years in reducing the prevalence of stunting for children under 5 years, which fell from 40 percent in 2014 to 35 percent in 2018. However, this progress masks regional disparities, with stunting levels as high as 46 percent in Northern and 45 percent in Luapula Provinces. Additionally, wasting levels have remained relatively unchanged, affecting around 5 percent of children (DHS 2018).

There is also coexistence of both forms of malnutrition, with 1.3 percent of children being both stunted and wasted, and 3.4 percent both stunted and overweight. Micronutrient deficiencies are also common health issues for Zambian children. Anaemia, which is a severe public health issue, has not seen any significant reduction among children over the past two decades as 6 out of 10 children aged 6–59 months are still anaemic (DHS 2018).

4.2% of children under 5 are **wasted**, 1.5% of them are **severely wasted**.



Source: DHS 2018.

➔ Levels of **wasting** among refugee children under 5 were **poor** in 2 out of 2 refugee sites.

Source: SENS, 2017.

34.6% of children under 5 are **stunted**.



Source: DHS 2018.

➔ Levels of **stunting** among refugee children under 5 were **very high** in 2 out of 2 refugee sites.

Source: SENS, 2017.

69.9% of infants aged 0–6 months are **exclusively breastfed**.



Source: DHS 2018.

➔ More than **75%** of refugee infants aged 0–6 months are **exclusively breastfed** in 0 out of 2 refugee sites.

Source: SENS, 2017.

23.2% of children aged 6–23 months receive the **minimum dietary diversity**.



Source: DHS 2018.

31.1% of women of reproductive age and **58.1%** of children under 5 are **anaemic**.



Source: DHS 2018.

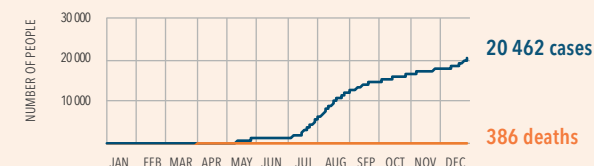
➔ **Anaemia** levels in non-pregnant refugee women were **medium** in 2 out of 2 refugee sites.

➔ **Anaemia** levels in refugee children under 5 were **high** in 2 out of 2 refugee sites.

Source: SENS, 2017.

Figure 3.83

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for young children dropped by 10–24% nationally.
- ❗ Coverage of Vitamin A supplementation dropped by <10% nationally.
- ❗ Coverage of nutrition support for pregnant and lactating women dropped by <10% nationally.

Source: UNICEF, September 2020.

COVID-19-related disruptions to nutrition programmes for refugee population

- ❗ Suspension of face-to-face IYCF services in 3 refugee camps.
- ❗ Suspension of standardized expanded nutrition survey (SENS) in 3 refugee camps.

Source: UNHCR, 2021.

60.0% of households have access to at least basic **drinking water services**.



Source: JMP, 2017.

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

After 15 years of significant socioeconomic progress and achieving middle-income status in 2011, Zambia's economic performance stalled from 2015, underpinned by low international commodity prices, reduced agricultural outputs and power shortages.

The COVID-19 pandemic exacerbated the macroeconomic vulnerabilities the country was facing, and contributed to the default on sovereign debt, which in turn cut access to external credit. The overall slowdown in the economy prior to the pandemic had already curbed household income, limiting gains in poverty reduction and contributing to high levels of food insecurity in 2020.

Moreover, a persisting and steep depreciation of the national currency, which began in late 2018 and continued into 2020, contributed to domestic inflationary pressures (WB, August 2020) and in combination with low agricultural outputs in 2018 and 2019, drove up the price of maize to record highs in early 2020 (FAO-GIEWS, August 2020). These sharp price increases in combination with stagnant and low incomes, adversely affected households' economic access to foods.



Weather extremes

Prolonged dry spells, water logging and false starts to the 2018/2019 rainy season resulted in a sharp reduction in cereal production in 2019 and lower availability of staple foods at the beginning of 2020. The impacts of rainfall deficits were most pronounced in Southern, Western, Eastern and Central provinces and parts of Lusaka, areas that also registered poor

harvests in 2018. Northern and eastern regions experienced flash floods (IPC, August 2019) that led to localized crop losses in 2019. Given that stocks were already low in 2019, following a below-average harvest in 2018, the impact of the second consecutive poor harvest had compounding effects on rural populations and compelled households to prolong the use of negative coping strategies, further eroding their resilience.

Despite a delayed start of seasonal rains, rainfall was conducive for normal crop growth from November 2019 to early April 2020, fostering the second largest national maize crop on record and 65 percent above the reduced level in 2019. However, some areas of Southern, Western, Luapula and Northern provinces experienced crop losses as heavy downpours caused localized floods (FAO-GIEWS, August 2020), while below-normal rainfall was recorded in some parts of Southern, Central Lusaka, Copperbelt and Western Provinces (IPC, December 2020).



Agricultural pests and diseases

Infestations of fall armyworm affected about 15 percent of the area planted with maize, mostly in Southern and Central provinces in 2019/20. Although pesticides to treat the affected crops were distributed by the government, supply shortages were noted in some areas, which is likely to have increased crop damage (FAO-GIEWS, August 2020). Areas along the Zambezi were affected by an outbreak of locusts, curtailing crop production (IPC, December 2020).



Poor diets, diseases and care practices

Poor Infant and Young Child Feeding (IYCF) practices constitute a major driver of malnutrition outcomes in the country, with only 23 percent of children between the ages of 6–23 months receiving the recommended minimum dietary diversity. Similarly, only 12 percent of children receive the minimum acceptable diet (DHS 2018).

The COVID-19 pandemic and related disruptions to nutrition programmes may have worsened these trends further. COVID-19 containment measures led to a 10–24 percent decline in national programme coverage to promote nutritious and safe diets for young children. Additionally, nutrition programme coverage for vitamin A supplement provision fell by up to 10 percent nationally.

Refugee populations faced similar disruptions to critical nutrition programming, as during the course of 2020, face-to-face IYCF services were suspended in three refugee camps, as was the distribution of the standardized expanded nutrition survey (SENS) (UNICEF, 2021).

Forecast 2021

1.7M people
IPC Phase 3 or above in February–March 2021 (25% of population analysed)

Source: Zambia IPC Technical Working Group, March 2021.

Despite improved trade flows with neighbouring countries, pandemic restrictions will constrain in-country trade and incomes, while flooding and locusts will likely threaten production in localised areas.

During the lean season, over 1.7 million people were estimated in Crisis or worse (IPC Phase 3 or above), or 25 percent of the analysed population. Nearly 239 000 of them were projected to be in Emergency (IPC Phase 4). Both the highest numbers and prevalence of people in Emergency (IPC Phase 4) were in the Northern, the Eastern and the Western provinces (IPC, March 2021). The analysis for February–March 2021 is not directly comparable to the 2020 peak due to differences in geographic coverage.

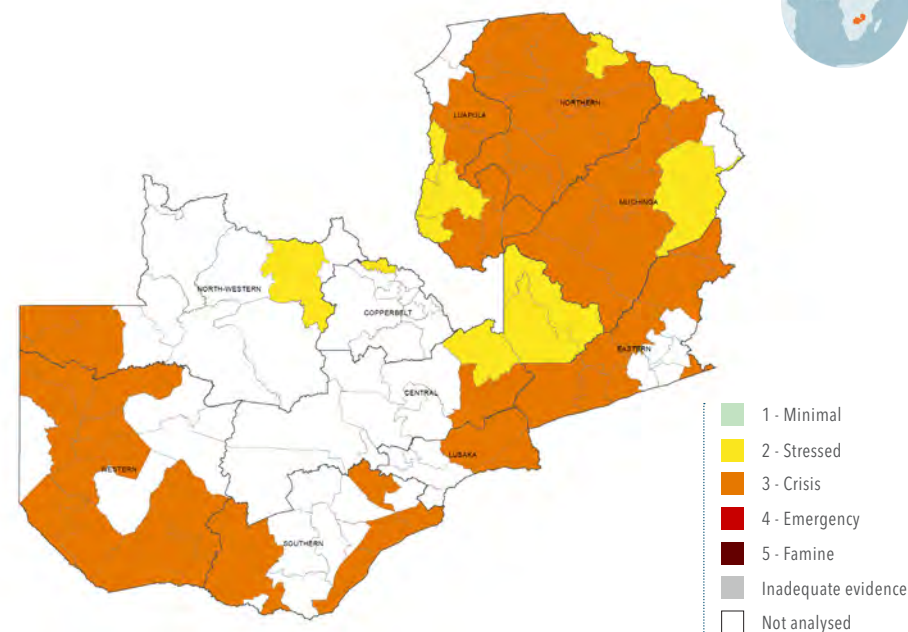
During February–March, the majority of households were projected to be dependent on markets to meet their food consumption needs, while poor households rely on casual labour for food and revenues. Pandemic-related containment measures will likely continue limiting in-country trade, access to agricultural markets, and other revenue-generating opportunities. However, informal trade flows with Malawi, Mozambique, the Democratic Republic of the Congo, and the United Republic of Tanzania were likely to remain around normal levels. Nevertheless, food prices were anticipated to continue rising over the five-year average due to inflation, constraining household food purchases.

Although rainfall during the projected period was forecast to be normal to above normal at the national level, flooding was expected to adversely impact households residing in flood-prone areas in the North, North Eastern and Southern regions.

Other risks to food production include the formation of locust swarm movements, which could cause localized crop losses and worsen food insecurity (IPC, March 2021). Favourable rainfall facilitated insect breeding, leading to growing swarms of African migratory locusts during January–March in the western and southern regions, where almost 30 percent of the national maize output is produced (FAO-GIEWS, March 2021).

Map 3.76

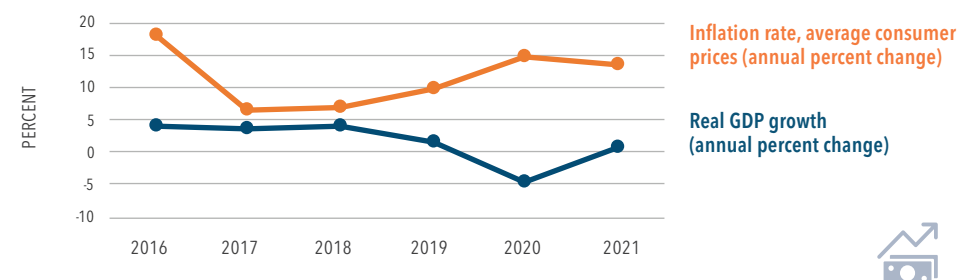
IPC acute food insecurity situation, February–March 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Zambia IPC Technical Working Group, March 2021.

Figure 3.84

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.

Zimbabwe

4.3M people IPC Phase 3 or above
in February–June 2020 (45% of the population analysed)

3.3M IPC Phase 3 **Crisis**

1.0M IPC Phase 4 **Emergency**

2.8M IPC Phase 2 **Stressed**

Total population of the country: **14.6M**

Population analysed: **66%**

Source: Zimbabwe IPC Technical Working Group, March 2020.

2019–20 Highest levels of acute food insecurity in a decade



Even before the impacts of COVID-19, acute food insecurity soared in the first half of 2020, mostly because of reduced availability of grains and high food prices.

During the February–June 2020 lean season, over 4.3 million people – 45 percent of the rural population – were in Crisis or worse (IPC Phase 3 or above), over 20 percent more than during the last three months of 2019 (3.6 million) when Zimbabwe was already experiencing its worst food crisis in a decade. In February–June, over a million people were in Emergency (IPC Phase 4) while nearly 2.8 million people were



Zimbabwe had already had two consecutive years of weather-reduced harvests before 2020 when an early end to the rains and dry spells again cut food availability. In Mashonaland provinces, which normally produce about half the national maize output, seasonal rains were 30 percent below average.

in Stressed (IPC Phase 2) (IPC, March 2020). This estimate does not take into account the impact of COVID-19-related restrictions on livelihoods and on the economy, as the analysis was produced before the pandemic.

The three western districts of Hwange, Binga (Matabeleland North) and Kariba (Mashonaland West) were particularly affected, and classified in Emergency (IPC Phase 4).

All but one of the other analysed rural districts faced Crisis (IPC Phase 3). However, 20 districts – mainly located in Manicaland, Mashonaland East and West, Masvingo, and Matabeleland North and South – had 15 percent of their

population or more in Emergency (IPC Phase 4) and required particular attention (IPC, March 2020).

Thanks to the provision of large-scale humanitarian food assistance, in October–December 2020 the number of people in Crisis or worse (IPC Phase 3 or above) decreased to 2.6 million – representing 27 percent of the rural population. It included over 588 000 people in Emergency (IPC Phase 4) (IPC, November 2020).

Around one in three refugees hosted in Zimbabwe were food insecure in 2020

 **110 000** IDPs (as a result of the impact of Cyclone Idai)

 **21 000** refugees and asylum-seekers, from the Democratic Republic of the Congo (52%), Mozambique (37%), Burundi and Rwanda

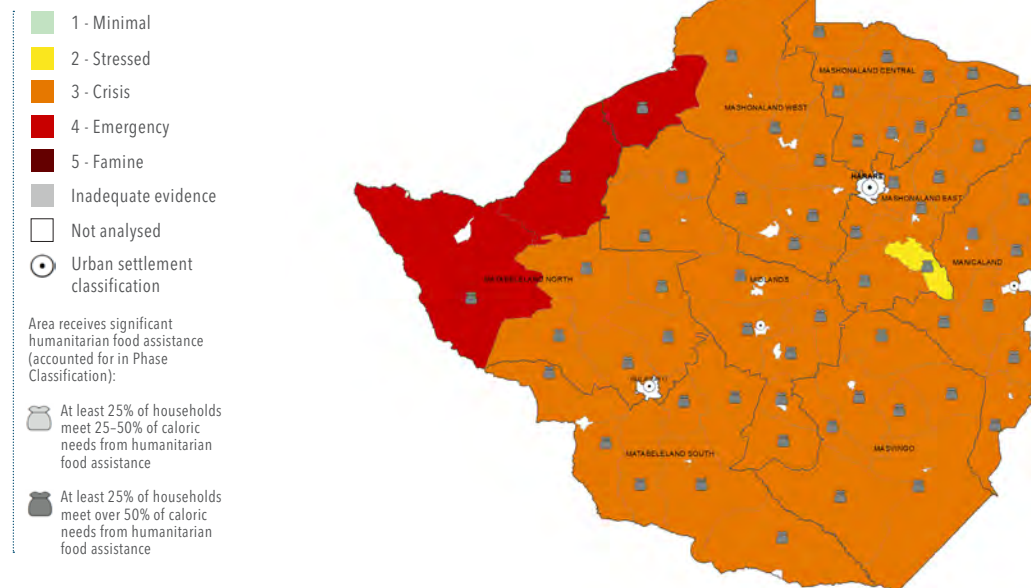
Source: UNHCR, end 2020.

Refugee food insecurity remained stable compared to 2019, and trend data from the past four years indicate very similar results for 2017, 2019 and 2020 with 27–30 percent of the households having inadequate food consumption.

Many refugees increasingly resorted to food consumption based coping strategies when faced with food access challenges (WFP, 2019 and 2020).

Map 3.77

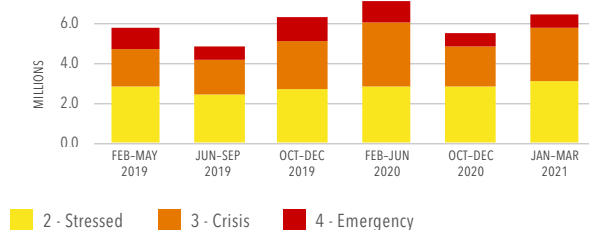
IPC acute food insecurity situation, February–June 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Zimbabwe IPC Technical Working Group, March 2020.

Figure 3.85

Number of people in IPC Phase 2 or above in 2019–2021



Source: Zimbabwe IPC Technical Working Group.

The socio-economic impacts of the pandemic exacerbated food insecurity for urban households

In December 2020, 2.4 million people in urban areas were cereal insecure – a 12 percent rise from 2019. The increase was driven by hyperinflation and the adverse effects of pandemic containment measures, which reduced household purchasing power and increased the price of food and essential services.

Pandemic restrictions eroded urban employment opportunities and revenues, as most households depend on

small businesses, petty trade, vending and casual labour – activities that were largely shut down during the lockdown period (ZimVAC, March 2021).

Percentage of population living in rural versus urban areas



WB 2020.

Nutrition and health overview

According to the Zimbabwe National Nutrition Survey of 2018, 23.5 percent of children under 5 were stunted, having fallen from 32.2 percent in 2010 (MICS 2019, Global Nutrition Report, 2020). Meanwhile, 2.5 percent of children suffered from wasting, a figure that has remained relatively stable since 2020 (Global Nutrition Report, 2020). Additionally, 1.1 percent of children under 5 years are both stunted and wasted, while 0.5 percent are both stunted and overweight (UNICEF, 2018a).

Only 42 percent of children below the age of 6 months were exclusively breastfed (MICS 2019). However, performance on the complementary feeding indicators is very low with only 17 percent of children receiving the minimum dietary diversity. Also, only 11 percent of the children receive the minimum acceptable diet (MICS 2019). Cereal-based diets are predominant, thereby limiting diet diversity and increasing the risk of micro-nutrient deficiencies. This risk is demonstrated by the active pellagra outbreaks in Zimbabwe reported in 2020. However, the country has made progress in improving access to the recommended minimum meal frequency; the percentage of children that met this indicator rose from 35.8 percent in 2015 to 68.4 percent in 2019 (Global Nutrition Report, 2020).

233 950 children under 5 are wasted.

Source: DHIS 2017.



24.0% of children under 5 are stunted.

Source: MICS 2019.



42.0% of infants aged 0–6 months are exclusively breastfed.

Source: MICS 2019.



17.0% of children aged 6–23 months receive the minimum dietary diversity.

Source: MICS 2019.



28.8% of women of reproductive age and **41.7%** of children under 5 are anaemic.

Source: WHO, 2016.



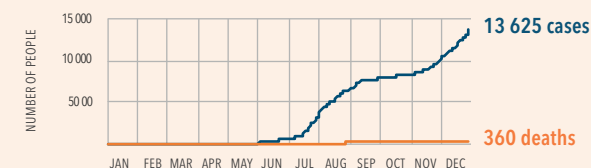
64.0% of households have access to at least basic drinking water services.

Source: MICS 2019.



Figure 3.86

COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

COVID-19-related disruptions to nutrition programmes for host population

- ❗ Coverage of promotion of nutritious and safe diets for young children dropped by 10–24% nationally.
- ❗ Coverage of Vitamin A supplementation dropped by 25–49% nationally.
- ❗ Coverage of nutrition support for pregnant and lactating women dropped by 10–24% nationally.

Source: UNICEF 2021.

Acute food insecurity and malnutrition drivers 2020



Economic shocks, including COVID-19

In late 2020, national food self-sufficiency was estimated at 20 percent below average. The country's foreign exchange shortages and currency depreciation thwarted its capacity to import enough food to close the 2020/21 national cereal gap of nearly one million metric tons by the end of the marketing year in March 2021. The exchange rate was about 25 percent higher on the parallel market than the official rates, despite stabilizing in October (FEWS NET, October 2020). Auctions were introduced in June 2020 to stabilize foreign exchange rates (RBZ, 2020). The year-on-year inflation rate peaked in July with 838 percent, while food inflation reached 980 percent in April and 977 percent in July (RBZ, 2020).

Although most restrictions imposed in March 2020 to counter COVID-19 were lifted in June, some still remained in place in October (FEWS NET, October 2020). The average income of rural households was about 25 percent lower in April 2020 than during the previous April largely due to the closure of informal markets (ZimVAC, October 2020). Remittances also decreased due to border closures and economic slowdown in neighbouring countries, and remained below average for poor households in late 2020 (FEWS NET, October 2020).

Market prices of basic food commodities started to increase from March and peaked in June. Prices remained high, though month-to-month increases stabilized from over 30 percent to on average 19 percent by July and around 10 percent in the following months (WFP, 2020). Supply chain disruption brought price increases in April when maize meal prices were up to 4–5 times higher on parallel markets than subsidized

maize meal in supermarkets and unaffordable for many poor households (FEWS NET, April 2020). Access to agricultural inputs was severely constrained due to price increases (FAO-GIEWS, October 2020). Food and overall consumption poverty had increased by 700 percent as of September compared to 2019 levels (National Statistics Agency).



Weather extremes

Zimbabwe had experienced two consecutive years of weather-reduced harvests before 2020. In 2019, it faced a 40 percent reduced harvest due to the flooding and landslides that followed cyclone Idai, followed by the worst drought in decades. In 2020, the rainy season ended prematurely in early March in the southern areas and the season experienced several dry spells, which reduced food availability (MLAWRR, May 2020).

In the north-eastern Mashonaland provinces, which normally produce about 50 percent of the national maize output, seasonal rainfall was approximately 30 percent below average (FAO-GIEWS, June 2020).

In some districts, flooding in February destroyed crops, including in Binga and Hwange, and crushed hopes for a green harvest in March. Poor rainfall in January–March reduced income opportunities, as casual labour is mostly agricultural, compelling more households to sell assets and increased reliance on assistance and social networks (IPC, March 2020). Despite a moderate yearly increase, the 2020 cereal production was approximately 12.5 percent below the five-year average (FAO-GIEWS, October 2020) and the main harvest met only 60 percent of the national requirements (MLAWRR, May 2020).

In turn, a water crisis severely affected livelihoods, as average national dam levels were about 40 percent full in early September, or around 50 percent below what is expected for that time of the year, and water levels continued to decline. As of October, the authorities in Bulawayo were only able to supply daily water to two urban areas out of nearly 100 (FEWS NET, October 2020). At the national level, approximately 38 percent of rural households reported cattle deaths, with Matabeleland North and South the most affected by the drought (ZimVAC, October 2020).



Agricultural pests and diseases

Outbreaks of African migratory locusts and red locust hoppers spread from Namibia to Angola, Botswana, Zambia and Zimbabwe (SADC, November 2020; FAO-GIEWS, December 2020). In June, outbreaks were reported in Chiredzi and Mwenezi districts, affecting over 39 700 hectares, while a large swarm reportedly entered Hwange (Matabeleland North) from Botswana in October (SADC, October 2020). Fall armyworm also affected maize crops and contributed to decreasing production (FEWS NET, October 2020).



Poor diets, diseases and care practices

Poor complementary feeding practices are widespread. Also, in 2020, an upsurge of malaria was reported, with 236 000 cases and 226 deaths, compared to 137 850 cases and 137 deaths reported in 2019, partly attributable to shortages of essential medicines and limited access to health services, aggravated by the spread of COVID-19 and related containment measures.

Forecast 2021

3.4M people

IPC Phase 3 or above in January–March 2021
(35% of population analysed)

Source: Zimbabwe IPC Technical Working Group, November 2020.

High acute food insecurity levels are expected to remain during the lean season, though lower than in 2020 due to a high volume of planned assistance.

During the peak of the lean season in January–March 2021, around 3.4 million people – or 35 percent of the rural population – are projected to face Crisis or worse (IPC Phase 3 or above), including 769 000 people in Emergency (IPC Phase 4), despite the planned delivery of substantial humanitarian food assistance (IPC, November 2020).

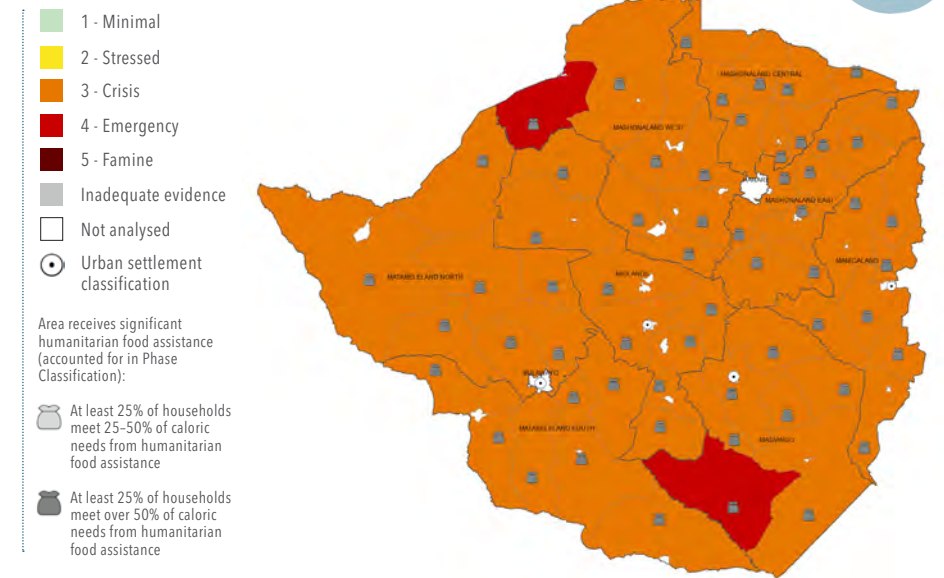
In deficit-producing areas, poor households were expected to lack food stocks and income opportunities, while in most surplus-producing areas, the most vulnerable were likely to have to rely on markets (FEWS NET, December 2020). Food prices were expected to remain high during the lean season (IPC, November 2020). In March 2021, bread and fuel prices increased by 7 percent and 5 percent, respectively (FEWS NET, March 2021).

Favourable rains could support a recovery in cereal production compared to the reduced levels of the previous two years (NACOF, September 2020). However, as the 2020–2021 La Niña event continues, Zimbabwe faces the risk of excessive rainfall, flooding in riverine areas, crop destruction and extensive damage to infrastructure. In January, tropical storm Chalane and tropical cyclone Eloise further affected victims of the 2019 tropical cyclone Idai. Heavy rainfall associated with the storms substantially damaged vital infrastructures, restricting access to markets and increasing the cost of transport, goods and services, particularly in eastern and southern areas (FEWS NET, February 2021).

The country also faces an increased threat from the ongoing outbreaks of African migratory locusts in some areas and a higher-than-normal probability of above-average cyclone activity. Locusts were observed in areas of Mwenezi and Chiredzi districts of Masvingo Province, and are expected to result in some crop losses (FAO, January 2021, FEWS NET, March 2021).

Map 3.78

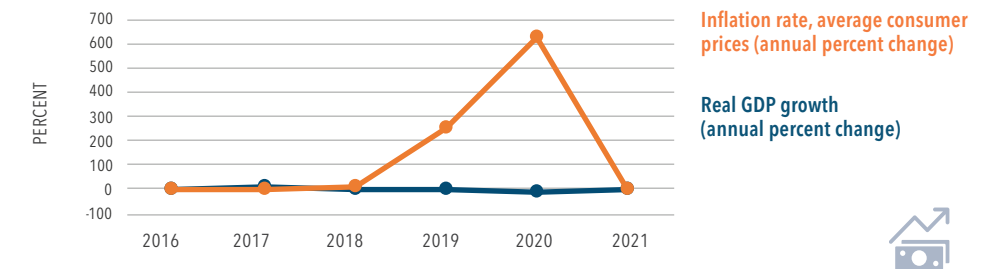
IPC acute food insecurity situation, **January–March 2021**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Zimbabwe IPC Technical Working Group, November 2020.

Figure 3.87

Real GDP growth and inflation rate, 2016–2021 (forecast)



Source: FSIN, using IMF 2020 data.



TECHNICAL NOTES

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

1 | PRELIMINARY WORK

Technical consultation

Senior Committee
(16 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 acute food insecurity.



Historical inclusion of countries/territories in the GRFC, 2017–2021

Over the five years of the GRFC's existence, 39 countries/territories have systematically appeared as food crises each year following the rigorous selection process. Of these, 19 have qualified as a major food crisis each year. See tables.

Fifteen countries have regularly been selected for inclusion but subsequently excluded because of recurrent data gaps. The Democratic People's Republic of Korea and the Bolivarian Republic of Venezuela have had estimates available only once during the five-year period and qualified as major food crises. The other countries regularly excluded are: the Plurinational State of Bolivia, Cuba, the Republic of the Congo, the Dominican Republic, Eritrea, the Kyrgyz Republic, the Lao People's Democratic Republic, Nepal, Papua New Guinea, Philippines, Tajikistan, Timor-Leste and Vanuatu.

Over the five years, several regional crises have featured, allowing for coverage of countries that would otherwise not have qualified for inclusion as a major food crises. The Lake Chad Basin region (Cameroon, Chad, the Niger and north-east Nigeria) was included in 2018 and 2019 editions. The Central Sahel region (Burkina Faso, Mali and the Niger) was in the GRFC 2020. The Central American Dry Corridor region (El Salvador, Guatemala, Honduras) was in the 2018–2020 editions. As many of these food crises have grown in severity and magnitude, the countries have qualified for inclusion in their own right.

Since the GRFC 2019, populations of Syrian refugees, notably in Lebanon, and Venezuelan migrants in Colombia and Ecuador qualified for inclusion in their own right. However, these populations were analysed within the broader context of their country of origin and were not reported individually.

Food crises in the GRFC 2017–2021: frequency of inclusion

5 years	39 countries: Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Ethiopia, Gambia, Guatemala, Guinea, Guinea Bissau, Haiti, Honduras, Iraq, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nicaragua, Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Uganda, Yemen, Zambia, Zimbabwe
4 years	10 countries: Angola, Côte d'Ivoire, Djibouti, El Salvador, Myanmar, Namibia, Pakistan, Palestine, United Republic of Tanzania, Ukraine
3 years	3 countries: Cabo Verde, Lebanon (refugees), Turkey (refugees)
2 years	5 countries: Colombia (migrants), Ecuador (migrants), Jordan (refugees), Nepal, South Africa
Once	8 countries: Congo, Democratic People's Republic of Korea, Egypt (Refugees), Peru (migrants), Rwanda, Sri Lanka, Togo, Venezuela (Bolivarian Republic of)

Major food crises in the GRFC 2017–2021: frequency of inclusion

5 years	19 countries: Afghanistan, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Ethiopia, Haiti, Madagascar, Malawi, Mozambique, Niger, Nigeria, Somalia, South Sudan, Sudan, Syrian Arab Republic, Yemen, Zimbabwe
4 years	8 countries: Bangladesh, Burundi, Iraq, Kenya, Lesotho, Pakistan, Palestine, Uganda
3 years	5 countries: Djibouti, El Salvador, Guatemala, Honduras, Zambia
2 years	6 countries: Angola, Burkina Faso, Mali, South Africa, United Republic of Tanzania, Ukraine
Once	3 countries: Democratic People's Republic of Korea, Sierra Leone, Venezuela (Bolivarian Republic of)
Never	17 countries: Cabo Verde, Congo, Côte d'Ivoire, Gambia, Guinea, Guinea-Bissau, Liberia, Libya, Mauritania, Myanmar, Namibia, Nepal, Nicaragua, Rwanda, Senegal, Sri Lanka, Togo

Number of food crises and major food crises, GRFC 2017–2021

	2016	2017	2018	2019	2020
Number of food crises	48	51	53	55	55
Number of major food crises	25	32	33	35	34

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 security 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 (SOFI, 2020).

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., 2020). 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, nearly 690 million people are hungry, or 8.9 percent of the world population – up by 10 million people in one year and by nearly 60 million in five years. The number of people affected by severe food insecurity which is another measure that approximates hunger, shows a similar upward trend. In 2019, close to 750 million – or nearly one in 10 people in the world – were exposed to severe levels of food insecurity. Considering the total affected by moderate or severe food insecurity, an estimated 2 billion people in the world did not have regular access to safe, nutritious and sufficient food in 2019 (FAO et al, July 2020).¹

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., 2020).

Differing estimates of 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 2020, the World Bank (WB) and the World Food Programme (WFP) both produced acute food insecurity estimates that were higher than those released in the GRFC 2021 as they refer to different countries and methodologies that are not fully comparable with those provided in the GRFC. The WB estimated that nearly 233 million people were acutely food insecure in 2020 in the 54 countries for which it provides financing and projected that the number could rise by 100 million people in 2021 (WB, February 2021).

In February 2021, WFP projected that 270 million people could become acutely food insecure, or at risk, across 79 countries where it operates (WFP, February 2021).

¹ The figures presented in this report differ from the estimates produced by FAO to assess the evolution of COVID-19 effects on food insecurity in food crises (FAO, forthcoming).

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 within the same 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.

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 throughout this report to describe all forms of acute malnutrition including those diagnosed with oedema. Children affected 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 either 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 3.0.

Areas can be classified as **Famine Likely** if minimally adequate evidence available indicates that a Famine may be occurring or will 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.
- Projection of Famines can be made even if the current situation is not yet classified as Famine, thus allowing early warning.

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 2021 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).

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 often 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

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 tend to coincide with increases in acute food insecurity.

Increases in prices of staple grains, oil or agricultural inputs can affect food availability, food prices and incomes. 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 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, increases vulnerability to economic shocks and detracts from development spending.

COVID-19-related economic impacts

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. The outbreak of COVID-19 and the related containment measures affected worldwide trade, and also 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)

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 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 food insecurity. There are around 30 countries currently implementing the IPC.

It provides the 'big picture' evidence base of food emergencies by assessing the following: how severe, how many, when, where, why, who, as well as the key characteristics. It provides the 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, rapid 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 3.0 provides information to appreciate and critically utilize IPC products as well as the protocols, including tools and procedures, to conduct the classification itself. See http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf

Cadre Harmonisé (CH)

The Cadre Harmonisé is the multi-dimensional analytical framework used by CILSS for the analysis and identification of areas and groups at risk of acute food insecurity in the Sahel, West Africa and Cameroon. It aims to inform national and regional food crisis prevention and management systems. It takes into account various indicators of food and nutrition security outcomes and contributing factors.

Like the IPC, it relies on existing food security and nutrition information systems that have been in place in most Sahelian countries since 1985, and more recently in other coastal countries of West Africa. There are 18 countries currently implementing the CH: Burkina Faso, Benin, Cameroon, Cabo Verde, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, the Niger, Nigeria, Senegal, Sierra Leone and Togo.

The CH version 2.0 clarifies the specific functions and protocols for carrying out an integrated and consensual analysis of acute food and nutrition insecurity. See: <http://www.cilss.int/index.php/2019/10/04/cadre-harmonise-manuel-version-2-0/>

IPC/CH five-phase classification

As a result of technical developments of the CH tools and processes and harmonization efforts carried out over the last decade, the IPC and the CH acute food insecurity approaches are very close to each other and give comparable figures of acute food insecurity. The five-phase classification is the same though there are a few differences pertaining to the use of certain indicators, classification of famine and estimation of humanitarian assistance.

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/CH Phase 3), Emergency (IPC/CH Phase 4) and Catastrophe (IPC/CH Phase 5) are deemed to be those in need of urgent food, livelihood and nutrition assistance. Populations in Stressed (IPC/CH Phase 2) require a different set of actions – ideally disaster risk reduction and livelihood protection interventions. Classifying Famine (IPC/CH Phase 5), the fifth phase of food insecurity, requires analytical conclusions that meet three specific criteria. See page 273.

IPC acute food insecurity reference table

Phase name and description		Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine		
		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		
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 security first-level outcomes	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	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%	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%	Quantity: Very Inadequate – Large deficits Dietary energy intake: Large food gap; much 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%	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%		
	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		
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.								
Food security second-level outcomes	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		

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>

WFP

Prior to any intervention, the World Food Programme undertakes an analysis of the food security situation in the area with partners to perform effective targeting, determine the most appropriate type and scale of intervention and ensure the most efficient use of humanitarian resources.

The **Consolidated Approach for Reporting Indicators of Food Security (CARI)** is a WFP method used to analyse and report the level of food insecurity within a population. It addresses the multiple dimensions of food security. It uses up to five indicators – Food Consumption Score, food energy shortfall, poverty status, food expenditure share and livelihood coping strategies – that are consistent with internationally accepted food security concepts to assess a household's current food security status and its coping capacity.

Each surveyed household is classified into one of four food security categories – food secure, marginally food secure, moderately food insecure and severely food insecure. The results are presented within the CARI food security console, which provides the prevalence of each available CARI food security indicator. The aggregate results provide the population's overall food security outcome or Food Security Index (FSI).

The five indicators included within the CARI approach can be used within IPC/CH analysis, but there are many differences between the two methods. The fundamental difference is that the CARI analyses primary data from a single household survey, while the IPC/CH uses a 'convergence-of-evidence' approach, incorporating and analysing a variety of secondary information. While the CARI assesses the situation at a fixed point in time with no forecasting, the IPC/CH provides the current snapshot and a projection based on the most likely scenario for any time period in the future. *For more details see https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271451.pdf*

Example of a completed CARI console

DOMAIN		INDICATOR	FOOD SECURE (1)	MARGINALLY FOOD SECURE (2)	MODERATELY FOOD INSECURE (3)	SEVERELY FOOD INSECURE (4)
CURRENT STATUS	Food consumption	Food consumption group	Acceptable 51%		Borderline 36%	Poor 13%
COPING CAPACITY	Economic vulnerability	Food expenditure share	Share <50% 8%	50%-65% 9%	65%-75% 11%	Share >75% 72%
	Asset depletion	Livelihood coping strategy categories	66%	Stress 19%	Crisis 3%	Emergency 11%
FOOD SECURITY INDEX			6.9%	43.7%	42.7%	6.8%

An **Essential Needs Assessment (ENA)** uses both qualitative and quantitative analysis to understand whether people facing a crisis or shock, including in refugee settings, are meeting their essential needs and how they are doing so. The assessment estimates the number of people unable to meet their essential needs and profiles these households by describing their main characteristics. Indicators include measures of households' economic capacity to meet essential needs, multidimensional deprivation of essential needs, coping strategies employed, and how households prioritize needs. In the GRFC, ENA-driven food insecurity statistics are considered as 'insufficient evidence' due to lack of comparability with IPC/CH Phases. *For more information see <https://www.wfp.org/publications/essential-needs-guidelines-july-2018>*

Humanitarian Needs Overview

HNO provides the People in Need (PiN) figure for the Food Security and Livelihoods cluster, based on data collected during the year. When no other sources for acute food insecurity estimates are available, the GRFC Food Security TWG assesses the methodology of the PiN to ensure it is based on acute food security indicators and equivalent to Crisis or worse (IPC/CH Phase 3 or above) for use in the GRFC.

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 peak¹.

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

IPC/CH 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/CH phases. Also, it takes into account the potential effects of planned, funded and likely-to-occur humanitarian assistance in the area of analysis. CH projections forecast the number of people in CH Phase 3 or above in a scenario in which no food assistance is provided.

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.

Data sources for the peak estimates in 2020 and 2021

Data source	Number of countries	
	2020	2021
IPC	27	21
CH	16	15
FEWS NET	1	3
WFP CARI	5	1
HNO	6	

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 analyzed are mentioned in a note below the graph. 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.

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 note on disclaimers

Afghanistan

FEWS NET's analysis of available evidence suggests the population requiring emergency food assistance in 2020 is lower than the Afghanistan IPC Technical Working Group estimate. FEWS NET and the IPC Technical Working Group took into account different considerations of key sources of food and income (such as labour income, livestock sales, harvests and remittances) and different interpretations of the impact of the COVID-19 restrictions on those sources. FEWS NET and the IPC Technical Working Group likewise differed in their interpretations of household food security outcome indicator data in the context of local livelihood patterns and corroborating information and factored in different amounts of humanitarian food assistance in the projection assumptions.

Democratic Republic of the Congo

FEWS NET's analysis of available evidence suggests the population requiring emergency food assistance in 2020 is lower than the IPC estimate. FEWS NET's analysis covers mostly eastern Democratic Republic of the Congo, whereas the IPC Technical Working Group covers most of the country, which accounts for some differences. When comparing similar areas, FEWS NET's estimates remain lower due in part to differences in contextualizing evidence and outcome indicators, including those related to livelihoods change.

Ethiopia

FEWS NET's analysis of available evidence suggests the population requiring emergency food assistance in 2020 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. Although area level classifications are broadly consistent between the two analyses, the number of people classified in Crisis or worse (IPC Phase 3 or above) in those areas is lower in FEWS NET's analysis.

Haiti

FEWS NET's analysis of available evidence suggests the population requiring emergency food assistance in 2020 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 outcome indicator data following its convergence of evidence among the various indicators, as well as with existing nutrition data. This resulted in a lower estimate of the total number of people in Crisis or worse (IPC Phase 3 or above).

Sudan

FEWS NET's analysis of available evidence suggests the population requiring emergency food assistance in 2020 is lower than the IPC estimate. FEWS NET and the IPC TWG arrived at differing estimates as logistical challenges associated with COVID-19 created difficulties for remotely held national-level analysis sessions to reconcile analyses conducted and led at the state level. 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.

Acute malnutrition classification

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.

IPC acute malnutrition classification 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.	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 by: scaling up treatment and prevention of affected populations.	Urgently reduce Acute Malnutrition levels by: significantly scaling up and intensifying treatment and protection activities to reach additional population affected.	Urgently reduce Acute Malnutrition levels by: 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 the 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. 1 The mortality mentioned above refers to the increased risk of mortality with the increased levels of Acute Malnutrition. 2 Priority response objectives recommended by the IPC Acute Malnutrition Reference Table focus on decreasing Acute Malnutrition levels; specific actions should be informed through a response analysis based on the information provided by analyses of contributing factors to Acute Malnutrition as well as delivery-related issues, such as government and agencies' capacity, funding and insecurity in the area. 3 GAM based on WHZ is defined as WHZ<-2 or presence of oedema; GAM based on MUAC is defined as MUAC<125mm or presence of oedema					

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	
$\geq 15\%$	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	
$\geq 30\%$	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.

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).

GRFC 2021: limitations and data challenges

The number of people in Crisis or worse (IPC/CH 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/CH Phase 1 or 2 because they receive assistance, and are in fact in need of continued action. The number in Crisis or worse (IPC/CH Phase 3 or above) refers to populations in need of action further to that already taken.

Absence of estimates for populations in Stressed (IPC/CH Phase 2) pending data sources for seven countries: Bangladesh (Cox's Bazar), Iraq, Libya, Nicaragua, the Republic of the Congo, the Syrian Arab Republic and Ukraine (Donetsk and Luhansk oblasts).

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. In 2020, only two IPC analyses – Djibouti and Uganda – included a separate analysis of refugees.

WFP CARI or ENA assessments are available for some refugee populations (Chad, Cox's Bazar, Egypt, Jordan, Lebanon and Turkey) but are not accepted as equivalent to IPC/CH phases by the GRFC 2021 technical working group.

Limited availability and frequency of IPC acute malnutrition analyses

Only nine countries conducted an IPC acute malnutrition analysis in 2020: Burkina Faso, Kenya, Nigeria, Madagascar,

Mozambique, Somalia, South Sudan, Uganda and Yemen.

Limited availability of updated information and frequency of national nutrition surveys

Sixteen out of the 55 food-crisis countries included in the GRFC do not have updated/recent malnutrition prevalence and IYCF data at the national level beyond 2016.

Seven out of the 34 major food-crisis countries in chapter 3 do not have national updated/recent malnutrition prevalence and IYCF data at the national level beyond 2016. Among the 10 worst food crises, the Syrian Arab Republic and Yemen do not have malnutrition prevalence and IYCF data at the national level.

Limited forecast analysis (acute food insecurity and malnutrition)

For several countries with no IPC/CH or compatible products where alternative estimates are used, forecast analyses are not available. In some cases where IPC/CH 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 2020 IPC acute malnutrition analysis had a projection beyond publication of the GRFC 2021.

Data comparability challenges

Following the declaration of the pandemic in March 2020, household data collection using in-person interaction was suspended, obliging analysts to collect food security and

nutrition data remotely. COVID-19 affected the ability to monitor the pandemic's impact on food security and nutrition and disrupted the delivery of nutrition services.

In response, IPC and CH rapidly adopted virtual multi-stakeholder training and online analysis, and a complete virtual IPC/CH process was designed and implemented at country level to produce IPC/CH analyses that are fully compliant with established protocols.

Countries are also exploring how to adapt face-to-face nutrition surveys and assessments, programme monitoring, and situation analysis processes in order to generate data for reporting and response planning.

For some countries, the coverage of food security analyses within and between years varies in terms of population (e.g. rural only vs. rural and urban) and/or areas analysed (e.g. part of the country vs. whole country). This affects the comparability of the number of acutely food-insecure people between time periods. In a few countries, data sources changed over years, this hampers comparability with previous years and highlights the importance for food-crisis countries to conduct an IPC/CH analysis at least once a year.

Detailed, comparative analysis on refugee food security at country, regional or global level is not possible with current systems and processes and particularly not in a comparable way to IPC/CH protocols.

Iconography

Drivers of acute food insecurity

-  Conflict/insecurity/political crises
-  Economic shocks
-  Generic weather extremes and/or prolonged dry spells
-  Flooding
-  Cyclones/hurricanes
-  Locusts and other agricultural pests
-  Health shocks
-  Disease outbreaks
-  COVID-19
-  Hazards – explosion

Nutrition and WASH

-  Wasting
-  Stunting
-  Dietary diversity
-  Breastfeeding
-  Anaemia
-  Access to safe drinking water
-  Disruption to nutrition services

Displacement

-  Internally displaced people (IDPs)
-  Refugees/asylum-seekers
-  Returnees

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.

Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

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.

A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).



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CHAPTER 3

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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.

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