Global Network Against Food Crises

FSIN Food Security Information Network

2021 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

REGIONAL FOCUS

ON THE INTERGOVERNMENTAL AUTHORITY ON DEVELOPMENT (IGAD) MEMBER STATES

Contents

Foreword

The annual *Regional Report on Food Crises* for the IGAD region brings to our attention the unacceptably high numbers of men, women and children in our region facing acute food insecurity and malnutrition, and serves as an important milestone towards delivering on the commitment of IGAD to fight hunger and malnutrition.

The IGAD region is endowed with a wide range of natural resources, presenting a variety of possibilities for wealth creation and development. Despite this potential, the region continues to be fraught by climatic shocks, conflict and insecurity, macroeconomic shocks, and pests and diseases, putting the livelihoods and food security of its population at risk.

The 2020 year presented itself far more strenuously on people in the IGAD region following the desert locust upsurge and the unprecedented COVID-19 pandemic, which disproportionately impacted our urban populations.

This unparalleled complexity of food crises in our region – having national, regional and global interlinked causes and consequences, including displacement and migration across national borders and beyond – points to a new normal that we all have to factor within our programmes, strategies and policies for food security and nutrition.

In addition to the highly commendable work of our governments, and development and humanitarian partners, IGAD has also stepped up its efforts, resulting in great achievements in this front.

Cognisant of the food security-conflict nexus, IGAD played an instrumental role in the mediations preceding the formation of the Revitalised Transitional Government of National Unity (R-TGoNU) in South Sudan. IGAD also continues to support the agreement of 29 November 2020 allowing 'unimpeded, sustained and secure access' for humanitarian support in the Tigray region of Ethiopia.

At the peak of COVID-19, desert locust invasion and widespread flooding in the region, IGAD developed the IGAD Food Security and Nutrition Response Strategy, 2020-2022 to inform and guide efforts towards significantly reducing food insecurity and malnutrition posed by the multiple shocks that affect the region. Within this, our key priority areas include regional emergency response interventions; regional coordination initiatives; regional preparedness and capacity enhancement interventions; and recovery and resilience building interventions.

The data and analysis in this report continues, for the third year, to provide our governments, development and humanitarian partners, and other key stakeholders with information and insights for coordinated and cost efficient strategies to tackle the root causes of food crises in the region.

Indeed, the actions required to address food insecurity and malnutrition in our region go beyond the capacity of any single institution. Multi-sectoral and integrated approaches, including strong partnerships, are therefore needed.

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

Workneh Gebeyehu (Ph.D)
IGAD Executive Secretary

In brief

The IGAD region accounted for 20 percent of the global number of people in Crisis or worse (IPC Phase 3 or above) in 2020. Food crises are forecast to worsen across the region in 2021, particularly in Ethiopia, South Sudan and the Sudan.

2020 **31.4M people** in 7 of the 8 IGAD member states (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda) faced **Crisis or worse (IPC Phase 3 or above)**.*

2020 **79%** of the **6.8M** people in **Emergency (IPC Phase 4)** were in Sudan, Ethiopia and South Sudan.

* *Eritrea remains a data gap.*

2020 **105 000** people in **6** counties in South Sudan were in **Catastrophe (IPC Phase 5)** in December 2020, up from zero in May–July and 92 000 people in October–November.

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 figure for South Sudan is from the IPC Famine Review Committee and external reviews, December 2020.

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

At any point in time in 2020 across **8** IGAD countries, an estimated **3.5M** children under 5 years were **wasted**, 0.9M of them severely so, with the highest numbers in Ethiopia, Sudan and South Sudan.

An estimated **14.1M** children under 5 years are **stunted** across **8** IGAD countries, with the highest numbers in Ethiopia, Sudan and Uganda.

Primary drivers of acute food insecurity in 2020

COVID-19 containment measures aggravated macroeconomic crises and worsened acute food insecurity, in tandem with conflict/insecurity, weather extremes and desert locusts. Some countries experienced their highest rainfall in 40 years, triggering flooding and/or landslides.

ECONOMIC SHOCKS
PRIMARY DRIVER FOR
20.2M people in Crisis or worse (IPC Phase 3 or above) in **4** countries

CONFLICT/INSECURITY
PRIMARY DRIVER FOR
9.1M people in Crisis or worse (IPC Phase 3 or above) in **2** countries

WEATHER EXTREMES
PRIMARY DRIVER FOR
2.1M people in Crisis or worse (IPC Phase 3 or above) in **1** country

20% of the world's **46M internally displaced people** in 2020 were in **4** IGAD countries – Ethiopia, Somalia, Sudan and South Sudan.

There were **4.2M refugees/asylum seekers** hosted in **7** countries in the IGAD region, the majority of them in Uganda and Sudan.

Acute food insecurity forecast 2021

2021 **36.7–37.2M people** are expected to face **Crisis or worse (IPC Phase 3 or above)** in **7** IGAD countries for which forecasts are available.*

* *This figure does not include the June 2021 IPC analysis covering the Ethiopian regions of Tigray, Afar and Amhara, which has not been endorsed by the Government of Ethiopia.*

2021 **108 000** people are projected to face **Catastrophe (IPC Phase 5)** in South Sudan through mid-2021. Four payams of South Sudan's Pibor county will continue to face Famine Likely (IPC Phase 5).*

This figure does not include the June 2021 IPC analysis covering the Ethiopian regions of Tigray, Afar and Amhara, which estimated that over 401 000 people in selected areas could face Catastrophe (IPC Phase 5) in July–September 2021. This figure has not been endorsed by the Government of Ethiopia. The figure for South Sudan is from the IPC Famine Review Committee and external reviews, December 2020.

Primary drivers of acute food insecurity in 2021

Economic shocks and the financial repercussions of COVID-19 will persist, especially in urban areas. Intensifying conflict in some areas will drive mass displacement. Poor rainfall in early 2021 is expected to adversely impact crop production while flooding could threaten livelihoods in the second half of the year.

Acknowledgements

This IGAD regional report is a by-product of the annual *Global Report on Food Crises* (GRFC 2021), which is the result of a complex, multi-partner, consensus-based process involving commitment and contributions from a multitude of agencies and individuals. The GRFC is facilitated by the Food Security Information Network (FSIN).

The report's authors would like to thank the agencies and staff of the international humanitarian and development community who shared data, analysis and global food security expertise. We also thank the FSIN coordinator and her team for their vital guidance and feedback as well as for the editing, design and dissemination of the report. We extend thanks to the FSIN coordinated global drafting team for their analysis and the regional contributors to the technical consultations held between October 2020 and March 2021.

The authors would like to thank senior advisers and technical officers from the following organizations: the International Cooperation and Development of the European Union (DEVCO); the European Civil Protection and Humanitarian Aid Operations of the European Commission (ECHO) and the European Commission Joint Research Centre (EC-JRC); the Food and Agriculture Organization of the United Nations (FAO) and its Global Information and Early Warning System (GIEWS); the Famine Early Warning Systems Network (FEWS NET); the Global Food Security Cluster (gFSC); the Global Nutrition Cluster (gNC); the International Food Policy Research Institute (IFPRI); the Intergovernmental Authority on Development (IGAD); the Integrated Food Security Phase Classification (IPC) – Global Support Unit; the United Nations Office for the Coordination of Humanitarian Affairs (OCHA); the United States Agency for International Development (USAID); the United Nations Children's Fund (UNICEF); United Nations High Commissioner for Refugees (UNHCR), and the World Food Programme (WFP).

In particular, we would like to thank the following people for their valuable insights and analyses: Brenda Lazarus, Sergio Innocente and Mary Njenga from FAO; Nigist Biru and Nancy Mutunga from FEWS NET; Abdi Jama, Charity Mumbua, Farshad Tami and Doreen Nanyonga from IGAD; Ernest-Moise Mushekuru, Rashid Mohamed and Belihu Negesse from the IPC-GSU; Naser Mohmand from UNHCR; Mara Nyawo and Marjorie Volege from UNICEF; and Marianne Jensby, Dion McDougal and Krishna Pahari from WFP.

We would like to further thank the representatives of the donor community, who not only shared their information needs, but provided thoughtful views and feedback. The regional report would also not have been possible without the support of IGAD member states. Finally, we greatly appreciate the European Union and USAID for their financial contributions to the FSIN.

This initiative is undertaken by the Global Network Against Food Crises. FSIN's work is made possible thanks to the generous support of the European Union and USAID.

Acronyms

ACLED Armed Conflict Location and Event Data Project
AMN Acute malnutrition
ASAL Arid and semi-arid lands
CARI Consolidated Approach to Reporting Indicators of Food Security
CFSA Crop and Food Supply Assessment
COVID-19 Corona virus disease 2019
DEVCO International Cooperation and Development of the European Commission
DHS Demographic and Health Survey
DRC Danish Refugee Council
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
ENA Essential Needs Assessment
E-VAC Emergency Vulnerability Assessment Committee
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
FCS Food Consumption Score
FEWS NET Famine Early Warning Systems Network
FSC Food Security Cluster
FSIN Food Security Information Network
FSNAU Food Security and Nutrition Assessment Unit
FSNMS Food Security and Nutrition Monitoring System
FSNWG Food Security and Nutrition Working Group
GAM Global Acute Malnutrition
GDP Gross Domestic Product
gFSC Global Food Security Cluster
GDP Gross Domestic Product
GNAFC Global Network Against Food Crises
GNC Global Nutrition Cluster
GRFC Global Report on Food Crises
HNO Humanitarian Needs Overview
HRP Humanitarian Response Plan
IDMC Internal Displacement Monitoring Centre
IDP Internally Displaced People
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
IPC GSU Integrated Food Security Phase Classification Global Support Unit
IYCF Infant and Young Child Feeding
JICA Japan International Cooperation Agency
JME Joint Malnutrition Estimates
JMP Joint Monitoring Programme
MAD Minimum Acceptable Diet
MDD Minimum Dietary Diversity
MICS Multiple Indicator Cluster Survey or Ministry and National Institute for Health
MUAC Mid-Upper Arm Circumference
OCHA UN Office for the Coordination of Humanitarian Affairs
R-ARCSS Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan
RVF Rift Valley fever
SAM Severe Acute Malnutrition
SDG Sustainable Development Goal
SENS Standardised Expanded Nutrition Survey
SMART Standardized Monitoring and Assessment of Relief and Transitions
SNNPR Ethiopian Southern Nations, Nationalities, and Peoples' Region
SOFI The State of Food Security and Nutrition in the World
TWG Technical Working Group
UBOS Uganda Bureau of Statistics
UN United Nations
UN Habitat UN Human Settlement Programme
UN Women UN Entity for Gender Equality and the Empowerment of Women
UNCT UN Country Team
UNCTAD UN Conference on Trade and Development
UN/DESA UN Department of Economic and Social Affairs
UNDP UN Development Programme
UNESCO UN Educational, Scientific and Cultural Organization
UNECA UN Economic Commission for Africa
UNHCR UN High Commissioner for Refugees
UNICEF UN Children's Fund
UNMISS UN Mission in South Sudan
UNSC UN Security Council
USAID United States Agency for International Development
USD United States Dollar
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

1 | OVERVIEW OF FOOD CRISES IN THE IGAD REGION

Introduction

About five years ago, the world made a commitment to end hunger and achieve food security and improved nutrition by 2030 through Sustainable Development Goal 2 (SDG 2). While this remains a top priority for IGAD, the region is increasingly off target to achieving this goal.

Every year, weather extremes, conflict/ insecurity, and macroeconomic shocks drive millions into acute food insecurity and malnutrition across the region. This is against a background of chronic vulnerabilities owing to recurrent stressors, protracted conflict in parts of the region, high levels of poverty and low resilience capacities. In 2020, the desert locust upsurge and COVID-19 pandemic dealt a further blow.

Acute food insecurity and malnutrition levels are historically higher in the arid and semi-arid lands (ASALs), which make up about 70 percent of the region, where pastoral and agro-pastoral livelihoods are repeatedly hit by weather extremes. The COVID-19 pandemic has also exposed the vulnerability of the region's urban residents, who are highly dependent on informal employment.

The *Global Report on Food Crises 2021* (GRFC 2021) estimated that at least 155 million people were in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 2020 in 55 countries/territories – the highest level in 5 years of GRFC reporting. Of them, nearly 31.4 million people were in 7 IGAD member states.

The IGAD region continues to host large populations of IDPs and refugees with limited coping mechanisms and fewer livelihood opportunities, exposing them to disproportionately high levels of acute food insecurity and malnutrition.

The need for effective programmes, projects and policies aimed at addressing the region's food crises cannot be over-emphasised. At the core of this is a need for timely data and information that details who, how many, where and why populations are acutely food insecure or malnourished, as well as how a food crisis is likely to evolve.

This regional report provides a comprehensive assessment of acute food insecurity and malnutrition in the IGAD region in 2020. It is a by-product of the *Global Report on Food Crises* (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. The GRFC 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 using the Integrated Food Security Phase Classification (IPC) and Cadre Harmonisé (CH) or comparable sources.

This regional report presents an opportunity for governments, policy makers, and development and humanitarian actors to better understand the food-crisis landscape in the IGAD region, including the complex interplay between the drivers and impacts of acute food insecurity and malnutrition. It draws attention to the urgent need for concerted and redoubled efforts to address the drivers of food crises across the region.

All countries in the IGAD region were selected for inclusion in the GRFC 2021

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

Data gaps

No acute food insecurity figures were available for Eritrea in 2020.

Major food crises in the IGAD region, 2020

Six IGAD member states are classified as major food crises – Djibouti did not meet the selection criteria to qualify as a major food crisis. *See Chapter 2.*

Historical inclusion of IGAD member states in the GRFC, 2017–2021

Over the five years of the GRFC's existence, Ethiopia, Kenya, Somalia, South Sudan, the Sudan and Uganda have systematically appeared as food crises each year following the application of multiple, agreed-upon criteria established by the GRFC Senior Committee.

Of these, Ethiopia, Somalia, South Sudan and the Sudan have qualified as major food crises each year, while Kenya and Uganda have qualified as major food crises four times and Djibouti three times. Eritrea has been systematically selected for inclusion but excluded because of recurrent data gaps.

See page 62 for GRFC selection criteria.

Limitations of the report

Consensus

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

Following a breakdown in technical consensus among South Sudan IPC Technical Working Group members surrounding the October 2020 South Sudan IPC analysis, an external Quality Review and Famine Review was conducted to further assess the populations in six counties: Akobo and Pibor (Jonglei and Pibor administrative area), Aweil South (Northern Bahr el Ghazal State) and Tonj East, Tonj North and Tonj South (Warrap State). The quality review team concluded that some indicators surpassed the Famine (IPC Phase 5) thresholds in Pibor county, resulting in the activation of a Famine Review. Upon the completion of the Famine Review of Pibor and the Quality Review of the other five counties, the IPC Global Support Unit (GSU) reviewed the findings and an IPC report was published reflecting the technical consensus of country IPC Technical Working Group members for 73 counties and different findings from the external quality review and famine review for six other counties (IPC, December 2020, IPC FRC, December 2020).

The IPC June 2021 analysis covering Ethiopia's Tigray region and neighbouring zones of Afar and Amhara was endorsed by the Ethiopia IPC analysis team. However, the report had not been endorsed by the Government of Ethiopia at the time of publication.

Data gaps

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

Though all other countries in the region have IPC analyses, the geographical coverage is often limited to certain areas and most often excludes urban areas, which were disproportionately affected by the 2020 COVID-19 pandemic. In this report, only the analyses for Kenya, Uganda and Somalia cover urban populations. It is therefore likely that food insecurity needs are underestimated and the number of acutely food insecure people may be higher if the full population was considered. Furthermore, it is important to keep in mind that the figures reflect a situation characterised by a high level of humanitarian assistance.

Four countries had an updated IPC acute malnutrition analysis: Kenya, Somalia, South Sudan, and Uganda. Data gaps remain for Djibouti, Ethiopia, and the Sudan.

Comparability

This year, there are some limitations in comparability. For Djibouti, there was no updated IPC analysis on acute food insecurity in 2019, while the 2018 figure covered only 16 percent of the population. Given that this year is the only year where the food insecurity figure reflects an IPC analysis that covers the entire population, the numbers are reported alone without being compared to previous years.

In Ethiopia, the 2019 IPC analysis covered only 26 percent of the population, corresponding to selected areas in six regions. However, the geographic coverage for the 2020 peak analysis was expanded to cover both Belg and Meher producing areas, therefore the 2020 and 2021 analyses cover around 46 percent of the population. As such, though a sharp increase in food insecurity numbers is seen in this year's report, this is partly due to a larger population coverage. However, the increasing food insecurity in the Tigray region since the start of the conflict in November 2020 is not reflected in the 2020 peak figure as access constraints delayed data collection, and hence an update of the IPC figures.

IPC coverage for Kenya, Somalia and Uganda has been expanded since the beginning of the COVID-19 pandemic to include urban populations.

Comparability issues also exist for the Uganda peak estimates of acute food insecurity. Data for the 2019 peak were based on FEWS NET analysis with full country coverage, while the 2020 figures are based on IPC analysis covering Karamoja, urban areas, refugees and host communities (25 percent of the population), and the 2021 projection was provided by FEWS NET. While this was found to be suitable for informing the level of acute food insecurity, it does not allow for comparison across years.

In the Sudan, the 2019 acute food insecurity peak estimate excluded West Darfur, a region suffering from conflict and high levels of acute food insecurity. West Darfur was subsequently included in the 2020 peak estimate and the 2021 forecast estimate.

Although new IPC data became available recently for Uganda, the analysis was published after the cut-off date for inclusion and is therefore not included in this report. However, the analysis for the Sudan, which was released after the publication of the GRFC 2021, is included. The June 2021 Ethiopia analysis for Tigray is included in this report with caveats as the report is not endorsed by the Ethiopian government.

Acute food insecurity overview, 2020

31.4M people
2020
in 7 IGAD member states were in Crisis or worse (IPC Phase 3 or above) in 2020.

105 000 people
2020
in South Sudan were in Catastrophe (IPC Phase 5) in 2020.

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.

6.8M people
2020
in 6 IGAD member states were in Emergency (IPC Phase 4) in 2020.

48.9M people
2020
in 7 IGAD member states were in Stressed (IPC Phase 2) in 2020.

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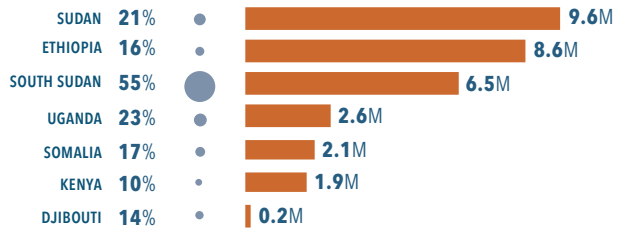
In seven of the eight IGAD member states (excluding Eritrea), 31.4 million people faced Crisis or worse (IPC Phase 3 or above) in 2020. This figure represented around 20 percent of the global number of 155 million people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 55 countries/territories in 2020, according to the GRFC 2021.

As in 2019, three countries in the region – the Sudan, Ethiopia and South Sudan – were among the 10 worst global food crises. These three countries accounted for nearly 79 percent of the IGAD region's population in Crisis or worse (IPC Phase 3 or above) (FSIN and GNAFC, 2021). The Sudan was the largest food crisis regionally with 9.6 million people in Crisis or worse (IPC Phase 3 or above) (IPC, November 2020). Ethiopia constituted the second largest with 8.6 million people in Crisis or worse (IPC Phase 3 or above) (IPC, December 2020). South Sudan constituted the third largest in terms of numbers with 6.5 million people in Crisis or worse (IPC Phase 3 or above), but the worst in terms of prevalence with 55 percent of its analysed population in Crisis or worse (IPC Phase 3 or above) (IPC, February 2020).

Figure 1.1

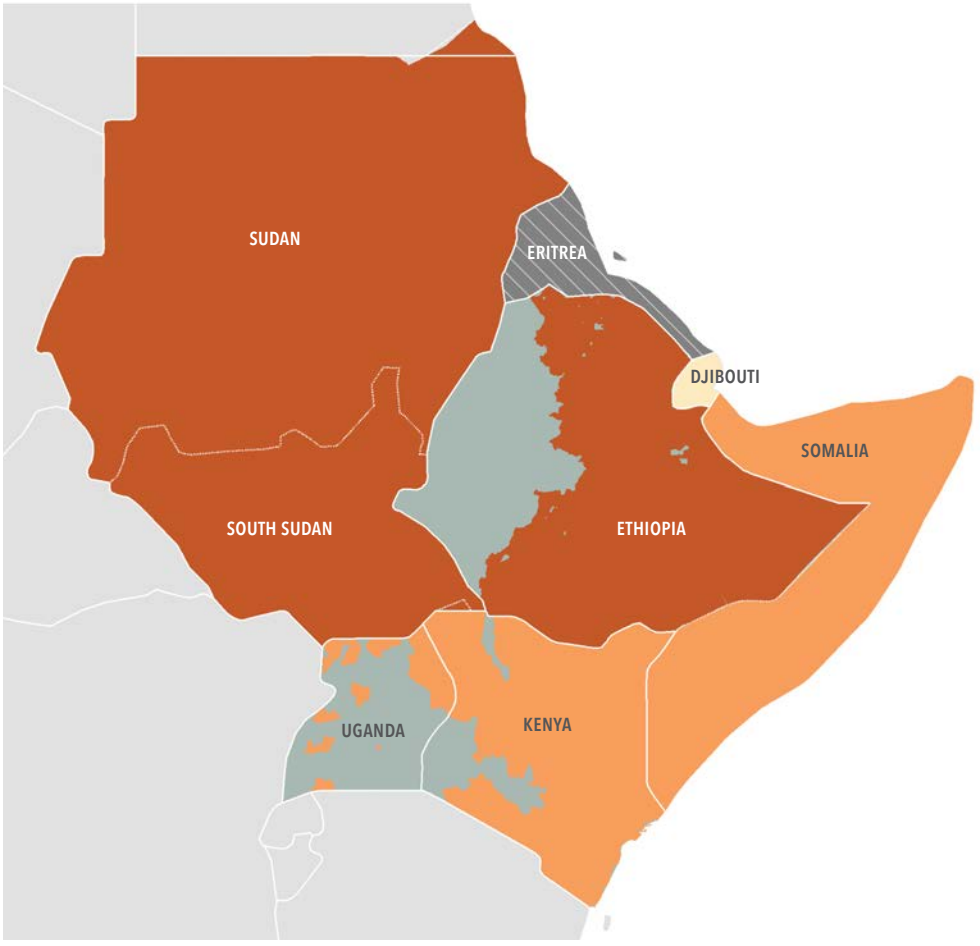
Populations in IPC/CH Phase 3 or above in 7 IGAD member states, 2020



Source: FSIN, GRFC 2021.

Map 1.1

In 2020, nearly 79 percent of the people in Crisis or worse (IPC Phase 3 or above) across the IGAD region 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.

Populations in Catastrophe (IPC Phase 5) in South Sudan

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

Populations in Emergency (IPC Phase 4)

Across six of the IGAD member states, 6.8 million people were in Emergency (IPC Phase 4) with the highest numbers in the

Sudan (2.2 million), followed by South Sudan (1.7 million) and Ethiopia (1.4 million). These three countries accounted for nearly 79 percent of the IGAD region's population in Emergency (IPC Phase 4) (FSIN and GNAFC, 2021). In South Sudan, nearly 15 percent of the population analysed was in Emergency (IPC Phase 4).

Populations in Stressed (IPC Phase 2)

Additionally, 48.9 million people were in Stressed (IPC Phase 2) in seven of the IGAD countries (excluding Eritrea), representing close to 24 percent of the total global population in Stressed (IPC/CH Phase 2).

The number of people in Crisis or worse (IPC Phase 3 or above) rose by nearly 4 million from 2019 to 2020

The number of people in Crisis or worse (IPC Phase 3 or above) has steadily increased in the IGAD region from 26.8 million in 2017, to 27 million in 2018, 27.5 million in 2019 (excluding Djibouti) up to 31.4 million in 2020 (FSIN and GNAFC, 2021).

When comparing acute food insecurity figures for the six IGAD countries covered by the GRFC 2020 and GRFC 2021 (Ethiopia, Kenya, Somalia, South Sudan, the Sudan, and Uganda), the number of people in Crisis or worse (IPC Phase 3 or above) increased by around 3.4 million, largely driven by rising numbers in the Sudan and Uganda. The increase also reflects the expanded geographical coverage of analyses in Ethiopia, Kenya, Somalia, the Sudan and Uganda.

When comparing the same areas of the **Sudan**, 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, particularly in Blue Nile, North Darfur, Central Darfur, Kassala and North Kordofan (IPC, November 2020).

Figure 1.2

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

	2016	2017	2018	2019	2020
Djibouti	0.2	0.1	0.2	–	0.3
Ethiopia	9.7	8.5	8.1	8.0	8.6
Kenya	1.3	3.4	2.6	3.1	1.9
Somalia	2.9	3.3	2.7	2.1	2.1
South Sudan	4.9	6.1	6.1	7.0	6.5
Sudan	4.4	3.8	6.2	5.9	9.6
Uganda	0.4	1.6	1.1	1.5	2.6

Note: Analyses are not always comparable as analysis coverage can vary in terms of population and/or areas analysed.
Source: FSIN, GRFC 2017–2021.

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 (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 (7 million people). 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 – when 105 000 people were in Catastrophe (IPC Phase 5) – the highest number was in February–April 2017 with 100 000 people in Catastrophe (IPC Phase 5) and 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 in 2017.

In **Somalia**, the number of people in Crisis or worse (IPC Phase 3 or above) in October–December 2020 (2.1 million) persisted at similar levels to the corresponding period in 2019 (IPC, October 2020). The situation was not as critical as in 2017, when over 3 million were 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**, good rains bolstered crop production and livelihoods, contributing to a 35 percent decline in the number of people in Crisis or worse (IPC Phase 3 or above) in the ASALs since February–March 2020 – over 70 percent lower than in late 2019, following a severe drought. However, the ASALs only accounted for 6 percent of the analysed population during the 2020 peak, compared to urban areas, which accounted for 43 percent of the analysed population (IPC, October 2019, April and November 2020).

Uganda's 2020 IPC analysis focussed on urban, refugee and vulnerable rural populations. Around 2.6 million of them faced Crisis or worse (IPC Phase 3 or above) in June–August 2020 largely due to the socioeconomic impacts of COVID-19 (IPC, October 2020). The 2019 figures had been provided by FEWS NET and are therefore not comparable.

Nutrition and health overview

In the eight IGAD countries, 3.5 million children are estimated to be wasted, with 0.9 million children requiring life-saving treatment for severe wasting at any point. This translates to an expected 9 million children who will suffer from wasting over one year, including an estimated 2.3 million children who will need treatment for severe wasting over the course of a year. (JME, March 2020).

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). While the pandemic itself has not had the projected negative effects on nutrition status, the secondary effects caused by containment measures have likely incurred detrimental consequences for nutrition outcomes due to rising living costs and declining incomes, which have pushed additional populations into extreme poverty (FNSWG, November 2020).

Results from a review of available data across the region show that child diets have altered since the onset of the pandemic, with a shift towards less nutrient-dense and cheaper foods, a reduction in diet diversity (which was already alarmingly low across the region) and a reduction in consumption of protein-rich milk and eggs (UNICEF, February 2021).

While the prevalence of stunted children is gradually declining across Africa, high population growth has eroded progress in lowering the number of stunted children in East Africa. An estimated 14.1 million children (nearly one out of three) are stunted across the eight IGAD countries, with the highest numbers in Ethiopia, the Sudan and Uganda.

Figure 1.3

Wasting and stunting in children under 5 years

	WASTING (PERCENT)	STUNTING (PERCENT)
South Sudan	15.8	15.6
Sudan	14.1	36.8
Somalia	11.6	27.8
Ethiopia	7.2	36.8
Uganda	3.5	28.9

Very low | Low | Medium | High | Very high

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

Figure 1.4

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

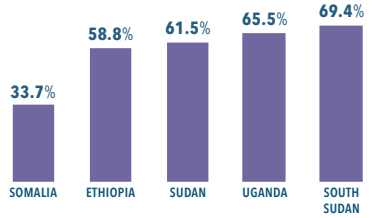
<10% DROP	Sudan
10-24% DROP	Djibouti | South Sudan | Uganda
25-49% DROP	Kenya

Source: UNICEF, September 2020.

These 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 (JME, March 2020, FSIN and GNAFC, 2021).

Figure 1.5

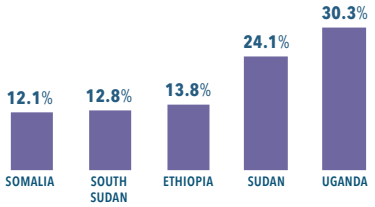
Rates of exclusive breastfeeding in infants aged 0–6 months



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

Figure 1.6

Percentage of children aged 6–23 months receiving the minimum dietary diversity



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

Country-level acute food insecurity snapshots

The Sudan

9.6M IPC Phase 3 or above
in June–September 2020 (21% of population analysed)

7.4M IPC Phase 3 **Crisis**
2.2M IPC Phase 4 **Emergency**
15.9M IPC Phase 2 **Stressed**

2021 Forecast

9.8M people IPC Phase 3 or above
in June–September 2021 (**21**% of the population analysed)

Source: Sudan IPC TWG, July 2020 and May 2021.

In the **Sudan**, the number of people in Crisis or worse (IPC Phase 3 or above) was the highest recorded in the country by the IPC, increasing by some 3.2 million when comparing the same regions covered between June–August 2019 and June–September 2020. Worsening food insecurity was driven by severe macroeconomic deterioration, including currency devaluation, compounded by the removal of food and fuel subsidies, rising prices, protracted conflict, and livelihood disruptions associated with recurrent floods (IPC, November 2020). In December 2020, national inflation increased to about 270 percent, representing a 15 percent increase from November, and a 72 percent increase over the last six months, weakening household purchasing power (FEWS NET, January 2021).

2021 forecast: The May 2021 analysis indicated that during June–September 2021, around 9.8 million people would be in Crisis or worse (IPC Phase 3 or above). This figure, the highest ever recorded for the Sudan, is attributed to the effects of the lean season, the 2020 floods, tribal conflict, low purchasing power and high food prices (IPC, May 2021).

Ethiopia

8.6M 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**

2021 Forecast

12.9M people* IPC Phase 3 or above
in January–June 2021 (**24**% of the population analysed)

** This figure does not include the June 2021 IPC analysis covering the Ethiopian regions of Tigray, Afar and Amhara, which has not been endorsed by the Government of Ethiopia.*

Source: Ethiopia IPC TWG, December 2020 and June 2021.

In **Ethiopia**, over 8.6 million people (16 percent of the population analysed) faced Crisis or worse (IPC Phase 3 or above) in October–December 2020, including 1.4 million people in Emergency (IPC Phase 4), despite ongoing humanitarian food assistance. Food prices increased due to macroeconomic instability and COVID-19 containment measures curbed incomes and fuelled rising prices. Continued inter-ethnic conflict, political instability, and civil unrest disrupted livelihoods, markets and humanitarian assistance, while constraining pastoral movements and displacing populations. The analysis did not cover the humanitarian crisis in the Tigray region, which likely further increased food security needs (IOM, September 2020, IPC, December 2020). For more information see page 21.

2021 forecast: During January–June 2021, nearly 12.9 million people, or 24 percent of the population analysed, were projected to be in Crisis or worse (IPC Phase 3 or above), including 2.6 million people in Emergency (IPC Phase 4), despite planned humanitarian assistance. The figure of 12.9 million people does not capture the crisis in the Tigray region and neighbouring zones Afar and Amhara. Currency depreciation, below average incomes due to the COVID-19 pandemic, and conflict and related displacements will continue to constitute major drivers of food insecurity (IPC, December 2020 and June 2021).

A June IPC analysis concluded that in May–June 2021, over 5.5 million people were in Crisis or worse (IPC Phase 3 or above) in selected areas of the Tigray, Amhara and Afar regions, or 61 percent of the analysed population of 9 million people (IPC, June 2021). Over 350 000 people in the three regions were in Catastrophe (IPC Phase 5), a figure which was projected to rise to over 400 000 people in Tigray alone by July–September 2021, representing a 15 percent increase (IPC, June 2021). Projections for Afar were not available for July–September, while projections for Amhara were limited. This analysis has not yet been endorsed by the Government of Ethiopia.

Single mother Nyaluak Kuey Chan fled her home in Jonglei state, South Sudan, when conflict erupted.

South Sudan

6.5M **people** IPC Phase 3 or above

in May–July 2020 (**55**% of the population analysed)

4.7M IPC Phase 3 **Crisis**

1.7M IPC Phase 4 **Emergency**

3.3M IPC Phase 2 **Stressed**

2021 Forecast

7.2M **people** IPC Phase 3 or above

in April–July 2021 (**60**% of the population analysed)

Source: South Sudan IPC TWG, February 2020 and South Sudan IPC TWG, External Quality Review and Famine Review, December 2020.

In **South Sudan**, during the 2020 lean season (July–August), an estimated 6.5 million people faced Crisis or worse (IPC Phase 3 or above), including 1.7 million people in Emergency (IPC Phase 4). By December 2020, an estimated 105 000 people faced Catastrophe (IPC Phase 5). Accordingly, South Sudan continues to experience one of the worst food crises globally due to the compounded effects of widespread flooding, continued localised insecurity, the macroeconomic crisis and COVID-19 (IPC, December 2020, FEWS NET, December 2020, OCHA, January 2021).

2021 forecast: During the 2021 lean season in April–July, a projected 7.2 million people will face Crisis or worse (IPC Phase 3 or above), the highest number recorded in the country by IPC. This includes 2.4 million people in Emergency (IPC Phase 4) and 108 000 people in Catastrophe (IPC Phase 5) (IPC and External Reviews, December 2020).

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**

2021 Forecast

2.0–2.5M **people** IPC Phase 3 or above

in May–July 2021

Source: Uganda IPC TWG, October 2020 and FEWS NET, December 2020.

In **Uganda**, above-average rains in the first half of 2020 affected 48 districts, leading to localized crop destruction (FEWS NET, June 2020). COVID-19-related disruptions to income-generating activities and food ration cuts linked to humanitarian funding shortfalls contributed to acute food insecurity among refugee populations – although the full impact was mitigated by falling food prices. In Karamoja, poor 2019 crop production and cattle raid-related conflicts aggravated food insecurity, leading to the region being categorised in Crisis (IPC Phase 3) (IPC, October 2020). Uganda's urban population was hard hit by the effects of COVID-19 (IPC, October 2020 and FEWS NET, February 2021).

2021 forecast: The economic hardships of the pandemic continue to drive acute food insecurity,especially in Karamoja. Urban populations and refugees are expected to remain most affected by the impacts of COVID-19 (FEWS NET, February 2021).

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**

2021 Forecast

2.7M people IPC Phase 3 or above
in mid-2021

Source: Somalia IPC TWG, October 2020 and February 2021.

In **Somalia**, acute food insecurity drivers included a mixed Deyr rainfall performance, which led to massive flooding and damage to crops, pastures, infrastructure and displacements in northern and southern areas, and below-average rains in north-eastern and north-western Somalia, adversely affecting crop production. Desert locust infestations, especially in northern and central regions, also damaged crops and pasture. In addition, acute food insecurity levels were exacerbated by the socioeconomic impacts of COVID-19, including declining remittances, as well as rising food prices and reduced income-earning opportunities (IPC, October 2020).

2021 forecast: An estimated 2.7 million people are expected to face Crisis or worse (IPC Phase 3 or above) through mid-2021 due to the compounding impacts of flooding, poor rainfall distribution, desert locust infestations, conflict and the consequences of the COVID-19 pandemic (IPC, February 2021).

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**

2021 Forecast

2.0M people IPC Phase 3 or above
in March–May 2021 (**13**% of the population analysed)

Source: Kenya IPC TWG, November 2020 and April 2021.

In **Kenya**, in October–December 2020, an IPC analysis revealed that of the 1.9 million people facing Crisis or worse (IPC Phase 3 or above), 55 percent were in urban slums, driven by impacts of COVID-19 restrictions. Urban areas accounted for 43 percent of the total analysed population (1.1 million people), while the ASALs accounted for 6 percent (852 000 people). Although good rains benefitted crop production and livelihoods in the ASALs, desert locust infestations affected crops and livestock in Turkana, Marsabit, Samburu, West Pokot and Tana River counties, compromising food security.

2021 forecast: Poor rainfall could constrain agricultural and pastoralist incomes on top of the loss of other revenues due to COVID-19. Continued desert locust infestations could threaten agricultural labour opportunities and crop production (IPC, April 2021). With 84 percent of urban inhabitants employed in the informal sector, populations will likely remain vulnerable through 2021 (UN Habitat, August 2020).

Djibouti

155 000 people IPC Phase 3 or above
in October–December 2020 (**14**% of the population analysed)

129 000 IPC Phase 3 **Crisis**
26 000 IPC Phase 4 **Emergency**
293 000 IPC Phase 2 **Stressed**

2021 Forecast

194 000 people IPC Phase 3 or above
in January–August 2021 (**17**% of the population analysed)

Source: Djibouti IPC TWG, February 2021.

In **Djibouti**, during October–December 2020, 155 000 people were estimated to be facing Crisis or worse (IPC Phase 3 or above). Despite food assistance to refugees, the populations living in Markazi and Ali-Addeh camps were classified in Crisis (IPC Phase 3). Acute food insecurity drivers were mainly the COVID-19 pandemic, high food prices, drought and desert locusts (IPC, February 2021). The country did not qualify as a major food crisis and is therefore not covered in Chapter 2.

2021 forecast: The situation is expected to deteriorate in the first half of 2021 due to the effects of COVID-19, which will likely result in limited commercial exchanges and cross-border trade, slowing access to food items for a country that is heavily dependent on imports. An estimated 194 000 people will face Crisis or worse (IPC Phase 3 or above), with 12 percent in urban areas, 4.5 percent in rural areas and 0.5 percent in camps. Nearly 389 000 people (35 percent) are projected to be in Stressed (IPC Phase 2) (IPC, February 2021).

Major drivers of food crises across the IGAD region in 2020

Economic difficulties (macroeconomic challenges and the socio-economic effects of COVID-19), conflict and insecurity, weather extremes, and a resurgence of crop pests were among the key drivers of acute food insecurity in the region in 2020. The majority of the countries faced the compounding effects of multiple threats, exacerbating acute food insecurity.

Economic shocks, including COVID-19

In 2020, many economies in the region – particularly Ethiopia, the Sudan and South Sudan – were already facing macroeconomic crises before the pandemic, characterised by high inflation and currency devaluation. This resulted in a decrease in overall government spending as well as rising food prices, weakening household purchasing power and increasing poverty and inequality (FSIN and GNAFC, 2021). Following the outbreak of the COVID-19 pandemic in early 2020, lockdowns implemented in China and Europe to contain the virus constrained trade, remittances and tourist arrivals even before COVID-19 reached East Africa. Regional exports subsequently declined as the market value of crude oil collapsed. South Sudan in particular was heavily affected by the collapse of oil prices, which account for 99 percent of its total exports and one-third of its GDP. Similarly, Kenya, Ethiopia and Uganda's coffee, tea and cocoa industries, which employ almost five million small growers, were badly affected (DRC et al, 2020).

From March, restrictive measures disturbed commodity movements, destabilised food markets, constrained livelihoods dependent on cross-border trade and limited poor households' physical access to areas where they earn income from labour (WB, October 2020, FEWS NET, August 2020). Pandemic restrictions led to considerable livelihood losses, especially among urban and peri-urban populations engaged in the informal sector, which accounts for up to 80 percent of non-agricultural employment across the region (DRC et al, 2020). Unemployment rates rose sharply, job losses were the primary driver of reduced incomes for informal workers, with 45 percent of surveyed respondents in Kenya reporting layoffs and 48 percent in Uganda (JICA, 2020). Between March and 1 September, an estimated 1.7 million Kenyans lost their jobs and the unemployment rate doubled to 10.4 percent (WFP, October 2020).

Households faced major declines in income, particularly those dependent on migratory and local labour work and remittances. In Ethiopia, 34 percent of households faced reduced or total loss of income from March 2020, while over 50 percent of respondents who received remittances before the pandemic reported a decline or loss of this income source (FEWS NET

Figure 1.7

Analysing acute food insecurity in times of COVID-19 in the IGAD region, 2020

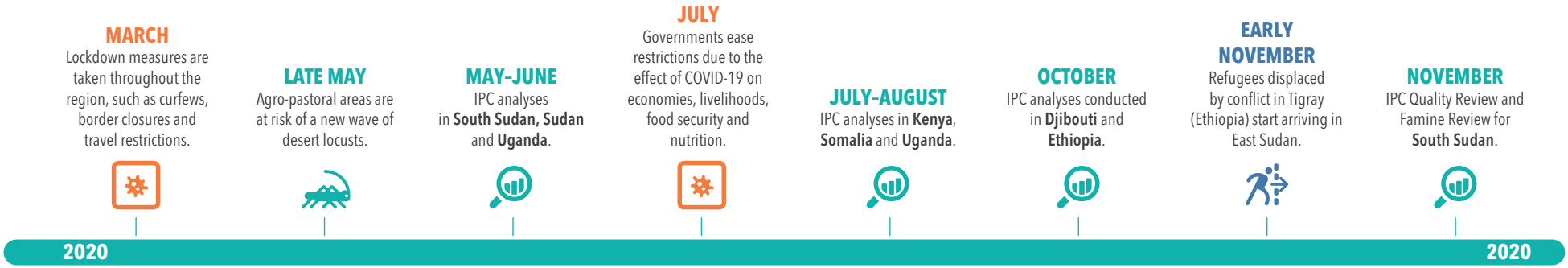
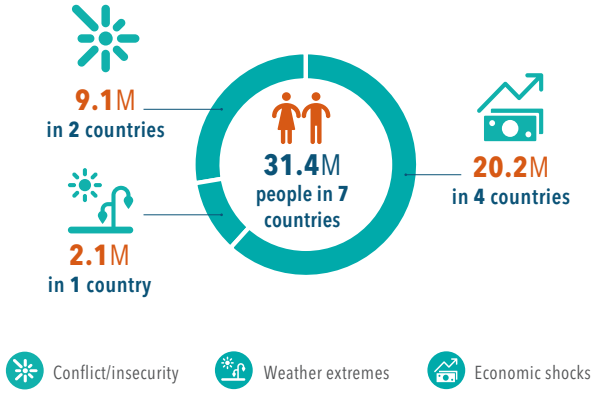


Figure 1.8

Numbers of people in Crisis or worse (IPC Phase 3 or above) by primary 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.

and WFP, 2020). In Somalia, where 40 percent of households depend heavily on remittances, remittances decreased by over 60 percent (IOM, August 2020). Meanwhile, currency depreciation, high transportation costs, speculative hoarding, supply chain delays and low household and market stocks augmented food prices across the region.

Conflict/insecurity

Conflict and insecurity in the region continued to displace households, disrupt livelihoods and market functioning and constrain the delivery of humanitarian and other essential services. As of December 2020, there were over 4.2 million refugees and asylum seekers in the IGAD region, of which the majority were displaced by conflict, particularly in Ethiopia,

COVID-19-related economic hardship exacerbated acute food insecurity in the IGAD region's major urban centres

Several of the 2020 IPC analyses revealed large numbers 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 (58 percent of the urban population) living in informal settlements (UN Habitat & WFP, August 2020).

Urban-based workers faced widespread job losses, notably those in the informal sector, which employs up to 80 percent of the population. This was amplified by the lack of diversified work opportunities and high dependency on the hospitality industry in Ethiopia, Kenya and Uganda.

A survey conducted by the Kenya National Bureau of Statistics (KNBS) 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). By 1 September, the KNBS 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).

Food system disruptions through supply chain impacts led to food scarcity and food price inflation as borders closed, impacting trade, logistics, production and value chains.

Policy responses to limit COVID-19's impact on food markets varied from Kenya's reduction in the value-added tax on all goods from 16 percent to 14 percent in March 2020, to the introduction of a ban on sorghum exports in the Sudan in April 2020 to ensure domestic availability. However, export restrictions and hoarding can short-circuit trade and distribution, thus exacerbating the risks of food insecurity, especially for the continent's most vulnerable populations (UNCTAD, 2020).

Urban households that rely on purchasing rather than producing their food were particularly affected by soaring food prices in 2020 – notably in Ethiopia, South Sudan and the Sudan.

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) in June–August 2020. 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).

Somalia, South Sudan and the Sudan.

In Ethiopia, several conflicts persist in Konso, West and Kelem Wollega, Gujji, Tigray, and the Oromo/Somali border area, resulting in hundreds of deaths and millions displaced, disrupting livelihoods, markets and humanitarian assistance, causing spikes in food insecurity, and constraining pastoral movements (ACLED, February 2021). Fighting broke out in many parts of Tigray in early November 2020 and rapidly deteriorated into a dire humanitarian crisis with access to essential services, food, water, livelihoods and cash cut off. Aid workers were initially unable to access most rural areas of the region, thereby severely constraining aid distribution (for more information, see page 21) (OCHA, February 2021).

In South Sudan, despite efforts to move the implementation of the 2018 Peace Agreement forward, levels of inter-communal violence were on track to meet or exceed the annual record of 2017, disrupting the main season cultivation, humanitarian food assistance delivery, market access and trade flows. The epicentres of inter-communal conflict were Jonglei, the Warrap-Lakes border region. Of highest concern was Greater Pibor in Jonglei, where conflict led to a serious deterioration in the acute food insecurity situation (FEWS NET, August 2020).

In the Sudan, fighting in Kassala, Red Sea states and across Darfur 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).

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In 2020, conflict-ridden Jonglei state, South Sudan was hit by devastating floods. From mid-2020, at least 3.6 million people in the IGAD region experienced flooding or landslides, which displaced families, destroyed crops and livestock and plunged stranded communities deeper into dependence and destitution.

Weather extremes

Exceptionally abundant Gu rains (the long rains) between March and June 2020 improved crop and livestock production in most areas. At the same time, some areas recorded their highest rainfall in 40 years (FAO, December 2020), leading to widespread flooding. From June–October 2020, at least 3.6 million people were affected by floods or landslides across the region, leading to crop and livelihood losses, displacement and damage to critical infrastructure with serious consequences for household food security.

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 people in Somalia. In Ethiopia, about 1.1 million people were affected by flooding 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 people (FEWS NET, June 2020). In Kenya, over 250 000 people were displaced by floods, mainly concentrated in West Kenya, Coastal, North Eastern and North Rift regions. Additionally, over 37 500 livestock were reported missing (IFRC, July 2020).

In addition, Cyclone Gati made landfall in Somalia on 22 November 2020, the strongest ever storm to hit the country. Roughly 180 000 people in Bari region were affected – of them 38 000 were affected by heavy rains in Bossaso (OCHA, 2020). Meanwhile, other areas in Somalia, Ethiopia and eastern Kenya experienced below-average October–December short rains that drove below-average production (FSNWG, March 2021).

The IGAD region 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 north-eastern 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 north-eastern Somalia, giving 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 Level 3 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-related 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 and pasture losses were still observed in certain areas. Between October and early December 2020, roughly one third of cropping households and half of livestock rearing households living in desert locust-affected areas experienced desert locust-related pasture and crop losses. Nearly 7 out of every 10 impacted cropping and livestock-rearing respondents experienced high or very high losses (FSNWG, 2021). Moreover, erratically distributed and below-average short rains were observed between October and December, further worsening the situation. 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 effected pastoral conditions for livestock and is expected to drive poorer-than-usual conditions through at least the start of the rainy season in March 2021 (FAO-GIEWS, December 2020 and March 2021).

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The desert locust is considered the most dangerous migratory pest in the world – an adult locust can consume roughly its own weight in fresh food every day. A very small part of an average swarm eats the same amount of food in one day as about 10 adult elephants or 2 500 people.

Acute food insecurity among displaced populations

As of December 2020 , there were over 4.2 million refugees and asylum seekers in the IGAD region, an increase of 4 percent compared to the 4.04 million reported in December 2019 (UNHCR, December 2020). During 2020, around 148 000 new arrival refugees were registered in the region. These figures refer to the situation before the outbreak of conflict in the Tigray region of Ethiopia in November 2020, which prompted tens of thousands of people to seek refuge in the Sudan.

Around half of the region's refugees were from South Sudan. The remainder were from Somalia, the Democratic Republic of the Congo, the Sudan, Eritrea and Ethiopia (UNHCR, December 2020). Refugees were displaced due to a number of factors, notably violence, conflict, political instability and weather extremes (UNHCR, 2020). See figure 1.9.

Uganda continued to host the highest number of refugees and asylum seekers in the region with 1.45 million, followed by the Sudan, Ethiopia, Kenya, South Sudan, Djibouti and Somalia. Around 81 percent of refugees and asylum seekers were women and children, considered the most vulnerable to protection-related risks and vulnerabilities (UNHCR, December 2020). See figure 1.10.

By December 2020, four IGAD member states hosted around 9.5 million IDPs in Ethiopia, Somalia, the Sudan and South Sudan (UNHCR and IOM, December 2020). See figure 1.11. The majority of IDPs were uprooted by conflict, violence and intercommunal clashes (FSIN and GNAFC, 2021). Most refugees and IDPs reside in urban areas and face heightened levels of food and nutrition insecurity, given limited livelihood options and assets and their location in camps and settlements, where access to basic services, land, and work is constrained. They are thus heavily dependent on humanitarian food assistance to meet their minimum food and nutrition needs for survival (UNHCR, December 2020, FEWS NET, October 2020).

However, funding shortfalls forced ration cuts in food and non-food assistance to refugee populations in Djibouti, Ethiopia, Kenya, South Sudan, and Uganda. Rations did not always cover the recommended 2 100 kilocalories per person per day. In addition, because of limited funding, UNHCR was unable to provide adequate supplies of non-food assistance, which resulted in shortfalls in firewood supplies for cooking, water containers, soap, and adequate shelters in some of the refugee sites in the region. As a result, refugees were forced to apply negative coping strategies such as begging, child labour and child marriage to meet their basic needs.

The effects of food ration cuts compounded the socio-economic impacts of COVID-19 in the region, which rendered many refugees and IDPs jobless or earning reduced incomes, particularly urban dwellers (UNHCR, December 2020). Before the pandemic, high levels of acute malnutrition, stunting and anaemia were reported in various refugee sites in Djibouti, Ethiopia, Kenya, South Sudan, the Sudan, and Uganda. Livelihood and income losses due to pandemic restrictions likely exacerbated malnutrition, though nutrition surveys and identification of malnourished cases were limited during the reporting period (UNHCR, WFP & UNHCR, March 2021).

Figure 1.9

Country of origin of refugees/asylum seekers in 2020

Nearly 4 million refugees originated from 6 countries in the region

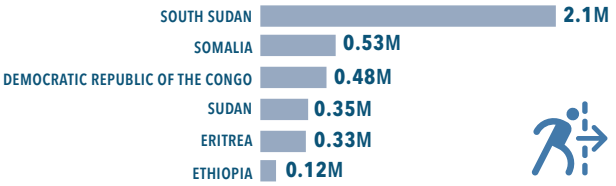


Figure 1.10

Number of refugees/asylum seekers in 2020

There were 4.2 million people hosted in 7 countries in the region

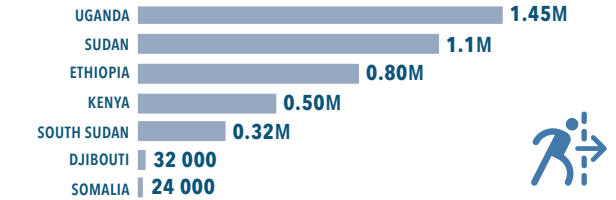
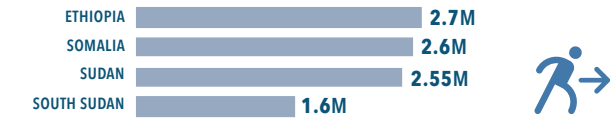


Figure 1.11

Number of IDPs in 2020

There were over 9.5 million IDPs across 4 countries in the region



Note:Figures 1.9–1.11 above refer to the situation before the Tigray situation in Ethiopia.
Sources: UNHCR, end 2020.

The cascading effects of conflict – displacement, movement restrictions, limited humanitarian access, loss of harvests and livelihoods, and dysfunctional markets – are creating a catastrophic food crisis in Ethiopia's Tigray region

In November 2020, long-rising tensions between the federal government of Ethiopia and the leadership of the northern Tigray region exploded into military confrontation. This situation has resulted in a dire humanitarian crisis and fears of regional instability.

As of June 10, the conflict in Tigray had displaced around 1.7 million people (UNHCR, June 2021). Since the beginning of the crisis, people uprooted by the fighting have struggled to meet their basic needs. The violence took place during the harvest season, thereby eroding access to food supplies and income sources. Humanitarian access constraints since the outbreak of the conflict have impeded the scale-up of humanitarian operations.

The compounding effects of conflict, mass population displacements, movement restrictions, loss of livelihood assets and harvests, and constrained access to markets and humanitarian assistance have resulted in devastating consequences for food security (IPC, June 2021).

In June 2021, the IPC GSU published an analysis with a disclaimer covering Tigray and the neighbouring zones of Afar and Amhara, under instruction from the IPC Global Steering Committee. Although the Government of Ethiopia has not endorsed the results, the analysis concluded that over 5.5 million people – or 61 percent of the analysed population – faced Crisis or worse (IPC Phase 3 or above) in May–June 2021, including over 2 million people in Emergency (IPC Phase 4), despite the delivery of major humanitarian food assistance to 5 million people in recent months. Of particular concern were over 350 000 people in Catastrophe (IPC Phase 5) located in Tigray, which constitutes the highest number of people in Catastrophe (IPC Phase 5) since the 2011 famine in Somalia.

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By June 2021, an estimated 63 000 refugees – many of them mothers with young children – had crossed the border from Ethiopia to the Sudan. They are fleeing conflict in Ethiopia's Tigray region, which erupted in late 2020, creating a dire humanitarian emergency.

Although data was not available in all analysed areas to conduct a projection analysis, during July–September 2021, an estimated 4.4 million people (74 percent of the analysed population) are expected to face Crisis or worse (IPC Phase 3 or above), including over 400 000 people in Catastrophe (IPC Phase 5) (IPC, June 2021). Several populations in Tigray and the surrounding areas remain particularly at risk, including tens of thousands of Eritrean refugees in Tigray, over 1.7 million IDPs and over 63 000 Ethiopian refugees who fled to the Sudan by June 2021 (OCHA, June 2021). Most of the new arrivals were forced to leave all of their assets, rendering them dependent on humanitarian assistance to meet their basic needs. Nutrition screening among newly arrived children aged 6–59 months indicated a critical/high level of acute malnutrition (FSNWG, April 2021).

Regional forecast 2021

2021

36.7–37.2M people*

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

* This figure does not include the June 2021 IPC analysis covering the Ethiopian regions of Tigray, Afar and Amhara, which has not been endorsed by the Government of Ethiopia.

Source: FSIN, using IPC and FEWS NET data.

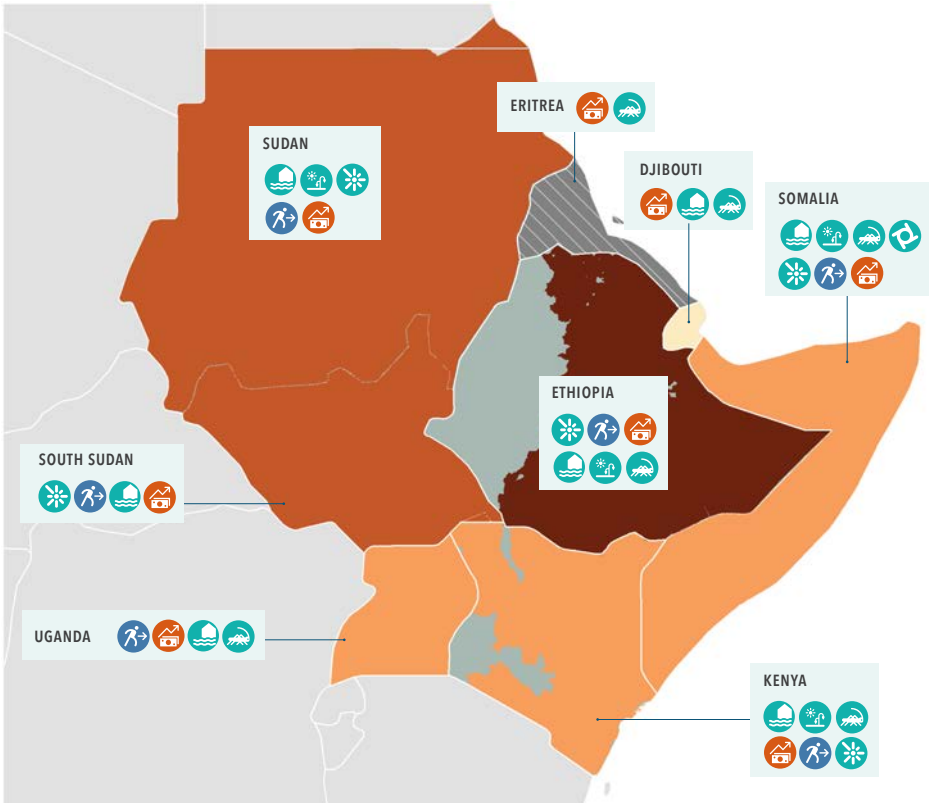
Acute food security was expected to deteriorate across the region in 2021 due to the ongoing negative impacts of COVID-19, macroeconomic crises, high food prices, poor rainfall, conflict-induced displacements, and the threat of desert locusts.

In South Sudan, 108 000 people were expected to face Catastrophe (IPC Phase 5) in Jonglei and Pibor administrative area, Northern Bahr el Ghazal and Warrap states. Four western payams of Pibor county were projected to continue facing Famine Likely (IPC Phase 5), while two eastern payams could face Risk of Famine in the first half of 2021 (IPC and external reviews, December 2020).

As the humanitarian crisis in Ethiopia's Tigray region continued to unfold, 400 000 people were projected to be in Catastrophe (IPC Phase 5) in Tigray in July–September 2021, according to a June IPC analysis, which had not been endorsed by the Government of Ethiopia at the time of publication (IPC, June 2021).

Map 1.2

In 2021, food crises are expected to escalate across the IGAD region due to a confluence of shocks compounding pre-existing vulnerabilities



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

- <0.5 million
- 0.5–0.99 million
- 1–2.99 million
- 3–4.99 million
- 5–9.99 million
- 10–14.99 million
- ≥15 million
- Country not selected for analysis
- Insufficient evidence/population not analysed
- No forecast
- Indicates migrants/refugee populations (colour coding as above)

Drivers of acute food insecurity

- Conflict/insecurity
- Economic shocks
- Weather extremes/drought
- Flooding
- Locusts/agricultural pests and diseases
- Cyclones
- Displacement – IDPs and/or refugees
- COVID-19-related economic shocks

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.

The GRFC 2021 estimated that 30 million people would face Crisis or worse (IPC Phase 3 or above) in the IGAD region in 2021 (FSIN and GNAFC, 2021). However, since the release of the GRFC 2021 in May, a new projection for acute food insecurity in the Sudan was made available, bringing the estimated range of people in Crisis or worse in seven IGAD countries to 36.7–37.2 million people. This figure does not include figures from the IPC June 2021 analysis of Ethiopia's Tigray region and neighbouring Afar and Amhara zones (IPC, June 2021).

According to the December 2020 IPC Ethiopia analysis, the population facing Crisis or worse (IPC Phase 3 or above) was expected to rise sharply to 12.9 million from January–June 2021, driven by macroeconomic challenges and below-average incomes due to the continued effects of COVID-19, as well as conflict and climate-induced displacements (IPC, December 2020). The analysis did not take account of the conflict in Tigray, where food security outcomes are characterized by large food consumption gaps and high levels of acute malnutrition and mortality. A June 2021 IPC analysis, which was not endorsed by the Government of Ethiopia, indicated that in May–June 2021, 5.5 million people in Tigray, Afar and Amhara were in Crisis or worse (IPC Phase 3 or above), including nearly 353 000 people in Catastrophe (IPC Phase 5). Although the July–September 2020 projection covered a smaller population, the number of people in Crisis or worse (IPC Phase 3 or above) was expected to increase to 4.4 million (74 percent of the analysed population) in Tigray region alone, including over 400 000 people in Catastrophe (IPC Phase 5) (IPC, June 2021). Estimates for acute food insecurity in Afar were not available for the projected period, while estimates for Amhara were limited.

The IPC analysis for the Sudan anticipates rising emergency food assistance needs with nearly 9.8 million people in Crisis or worse (IPC Phase 3 or above), representing 21 percent of the population analysed, in June–September 2021 (IPC, May 2021). Seasonal trends during the main lean season, localized conflict, low purchasing power and high food prices are expected to be the main drivers of the worsening situation with IDPs, returnees, those stranded in conflict-hit areas, refugees from South Sudan, Ethiopia and other countries most affected (IPC, May 2021).

In South Sudan, 7.2 million people – 60 percent of the population – are forecast to be in Crisis or worse (IPC Phase 3 or above) during April–July 2021, due to a confluence of factors that vary by region. These include the impacts of conflict, insecurity and floods on crop and livestock production, trade, markets and other livelihoods. The situation continues to be magnified by the effects of the COVID-19 pandemic (IPC, December 2020). Southern Jonglei remains the area of greatest concern (FEWS NET, March 2021).

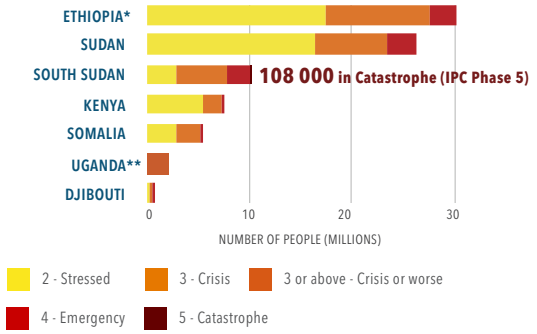
The third wave of COVID-19 is looming across the IGAD region and the likely impact is expected late 2021 to early 2022. Several countries in the region are likely to re-impose movement restrictions to mitigate the spread of the virus. This is expected to result in further losses in household incomes, as well as rising staple food prices and transport costs. Dwindling purchasing power, especially of the vast urban population, and limited rural labour opportunities will further erode households' coping capacities (FAO, July 2020). Steep increases in staple food prices were observed in the Sudan and South Sudan in the first quarter of 2021, while there were modest increases in Somalia and Ethiopia. Prices remained generally stable in Djibouti, and decreased in Uganda and Kenya (WFP, May 2021).

Below-average rainfall from the start of the March–May 2021 rainfall season led to large moisture deficits, adversely affecting vegetation conditions across eastern Kenya and southern Somalia and leaving no chance for recovery, while inadequate rainfall in May led to poor ground conditions in east-central Somalia. A failed March–May rainfall season in north-eastern Ethiopia reduced water availability and deteriorated ground conditions, leading to drought (NOAA/CPC, June 2021).

Figure 1.12

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

in 7 countries in the region



* Ethiopia figures do not include the IPC June 2021 estimates for the Tigray region and neighbouring zones.

** An IPC analysis was recently published for Uganda but missed the cut-off date for inclusion in this report, therefore a range estimate from FEWS NET is utilised for the 2021 Uganda projection.

Source: FSIN, using IPC and FEWS NET data.

In central and western Ethiopia, the Sudan and South Sudan, forecast models predict above-average rainfall from June to September 2021. Given high river levels and residual floodwaters after the 2020 floods, another consecutive year of flooding is likely in the Sudan and South Sudan (FEWS NET, March 2021).

While desert locust numbers are lower than during mid-2020, good rains in late April and early May caused widespread breeding and a further increase in numbers, signifying that the current upsurge is not yet over. Numerous hopper bands formed in north-west Somalia and, to a lesser extent, in eastern Ethiopia. Despite substantial control operations, new swarms forming in late June and July are expected to move west to the Afar region in north-eastern Ethiopia for summer breeding from August to October. This could allow the upsurge to continue to at least the end of this year (FAO, June 2021).

2 | COUNTRY-LEVEL OVERVIEWS OF MAJOR FOOD CRISES

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: **115.0**M

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.

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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.

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 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).

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).

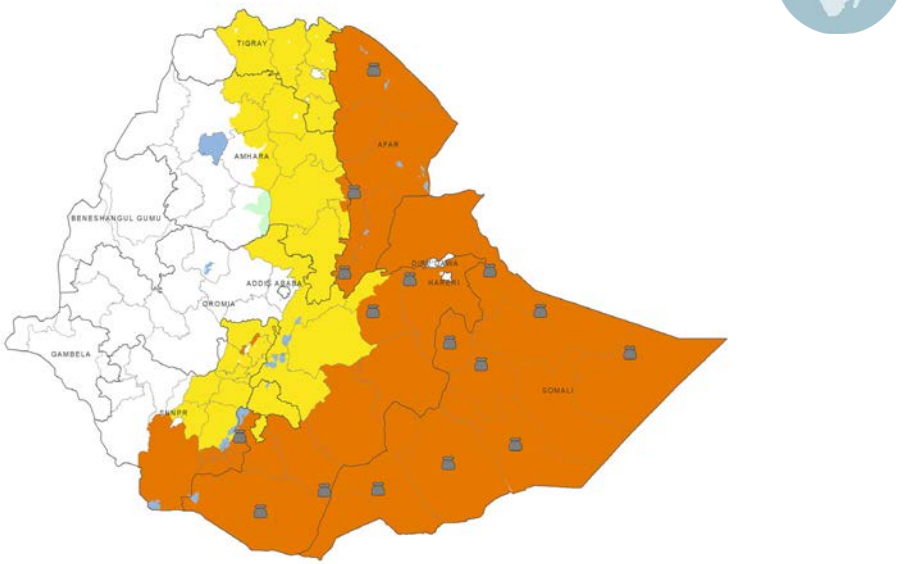
Before the November 2020 outbreak of conflict in Tigray, the region hosted over 95 000 registered Eritrean refugees, and approximately 100 000 Ethiopian IDPs. Armed clashes and insecurity led to further displacement, particularly in Western Tigray. Many refugees, IDPs and host communities endured months 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 2.1

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: 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

WB 2020.

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.

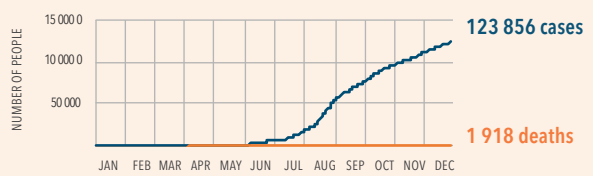
Source: DHS 2016.

41.0% of households have access to at least basic drinking water services.

Source: JMP, 2017.

Figure 2.1

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, leading to loss of employment and incomes, market disruptions, rising food prices, and limited access to cash and fuel (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.

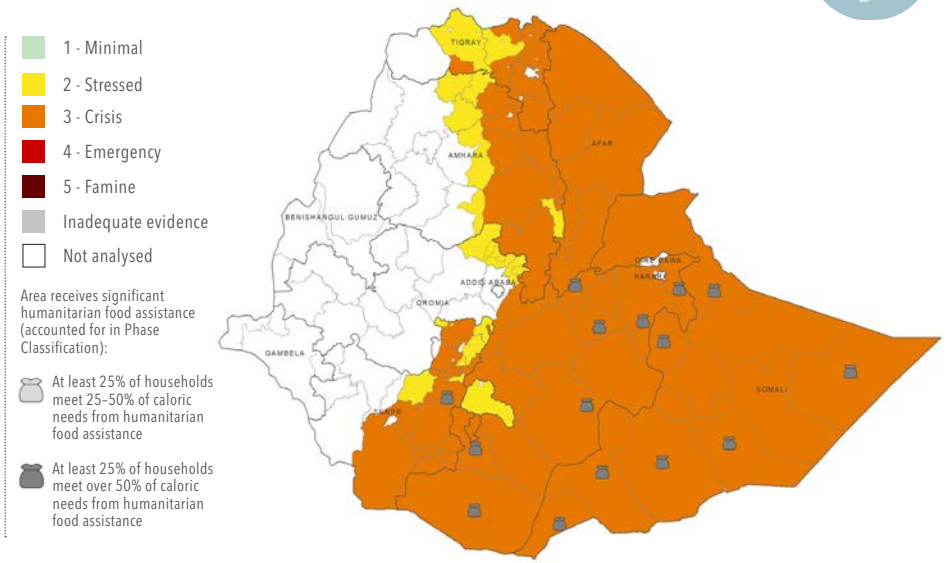
Macroeconomic challenges and below-average incomes from self-employment, farm/non-farm labour and remittances due to the continued effects of COVID-19 will persist, affecting urban populations most severely. Conflict and climate-induced displacements, and crop and pasture losses due to the desert locust upsurge will remain a persisting threat.

Erratic Belg rains could drive below-average harvests and prevent some farmers from planting some Meher crops. The resulting increased market dependency would limit food access in the context of high food prices (IPC, December 2020, FAO-GIEWS, May 2021)

In June 2021, the IPC GSU published an analysis covering Tigray and the neighbouring zones of Afar and Amhara. Although the Government of Ethiopia has not endorsed the results, the analysis concluded that over 5.5 million people – or 61 percent of the analysed population – faced Crisis or worse (IPC Phase 3 or above) in May–June 2021, including over 2 million in Emergency (IPC Phase 4), despite the delivery of major humanitarian food assistance. Of particular concern were over 350 000 people in Catastrophe (IPC Phase 5) in Tigray. Although data was not available in all analysed areas to conduct a projection analysis, an estimated 4.4 million people (74 percent of the analysed population) are expected to face Crisis or worse (IPC Phase 3 or above), including over 400 000 people in Catastrophe (IPC Phase 5) during July–September 2021 (IPC, June 2021).

Map 2.2

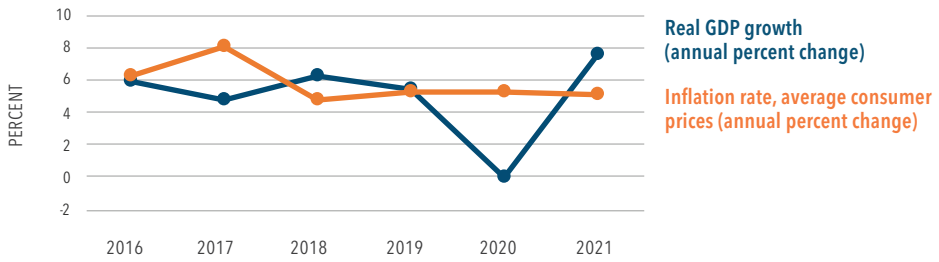
IPC acute food insecurity situation, **January–June 2021**



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 2.2

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: **53.8**M

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).

© FAO/LUISTATO

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).

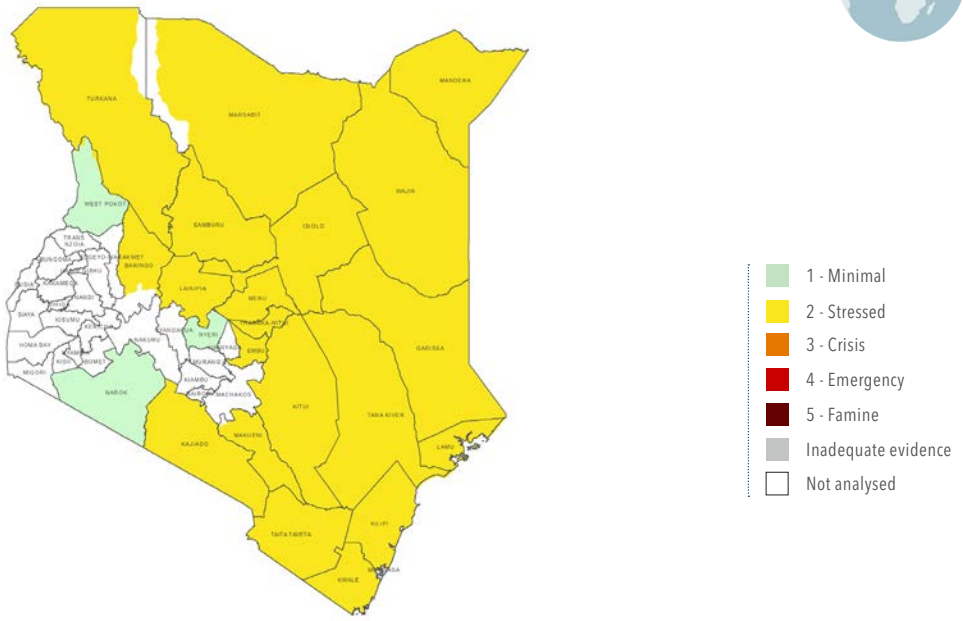
According to World Bank monitoring, over 60 percent of adult refugees were unemployed in May 2020, climbing to 80 percent by the end of October. Fewer than 10 percent were receiving remittance income and one in five refugee household were taking out loans (WB, February 2021).

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 2.3

IPC acute food insecurity situation, **October–December 2020**

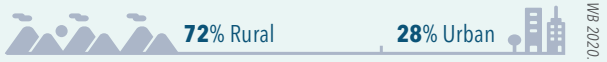


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Kenya IPC Technical Working Group, November 2020.

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	High	Very high
in 2 out of 5 refugee sites	in 2 out of 5 refugee sites	in 1 out of 5 refugee sites

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.

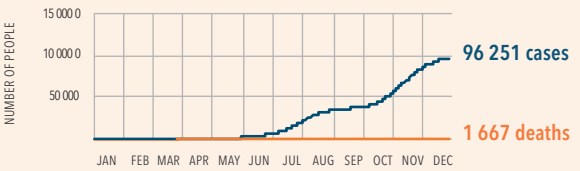
Source: SENS, 2018 and 2019.

59.0% of households have access to at least basic **drinking water** services.

Source: JMP, 2017.

Figure 2.3

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.

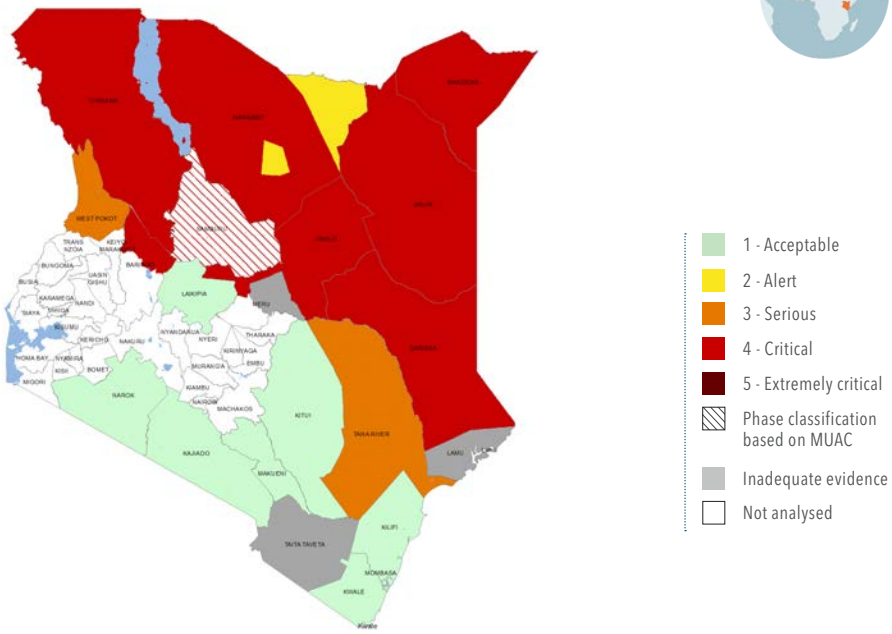
COVID-19-related disruptions to nutrition programmes for refugee population

- 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 2.4

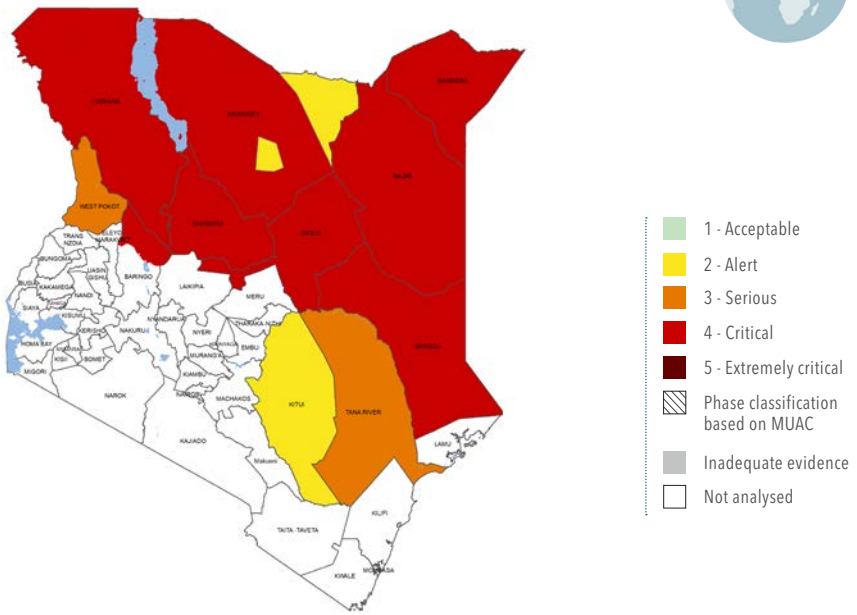
IPC acute malnutrition situation, **September–November 2020**



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 2.5

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 Tiaty 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 Badanrero, 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–May limited opportunities for revenue generation and casual labour in the far East and coastal regions of the country at a time 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).

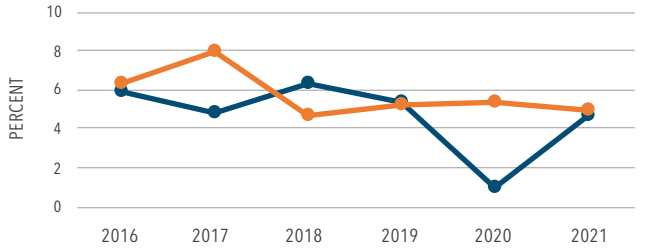
Map 2.6

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 2.4

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: **12.3**M

Population analysed: **100**%

Source: Somalia IPC Technical Working Group, October 2020.

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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.

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 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, 1.3**M **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).

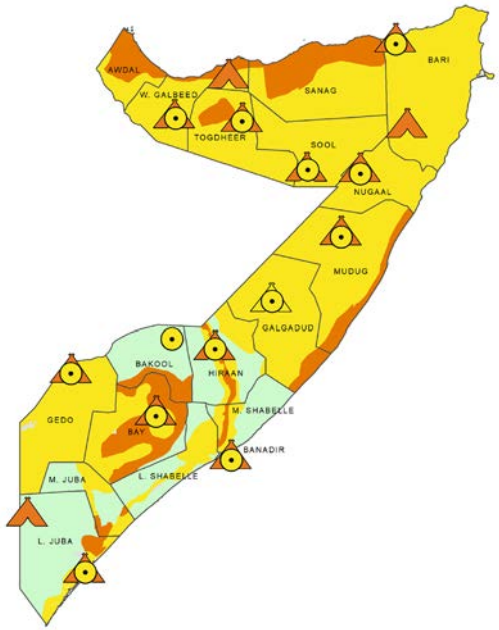
The urban poor struggled to make ends meet

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 2.7

IPC acute food insecurity situation, **October–December 2020**

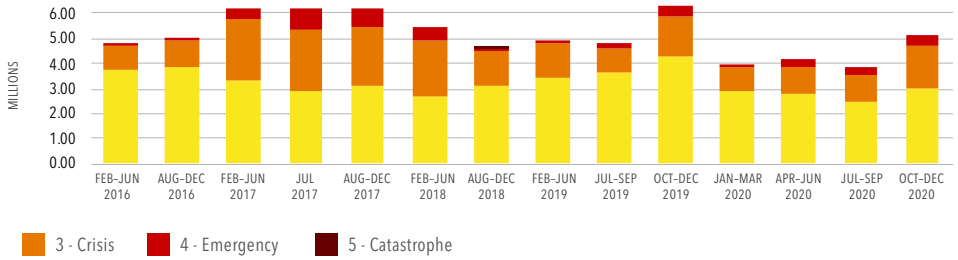


1 - Minimal
2 - Stressed
3 - Crisis
4 - Emergency
5 - Famine
Inadequate evidence
Not analysed
Urban settlement classification
IDPs/other settlements classification

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

Figure 2.5

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**.

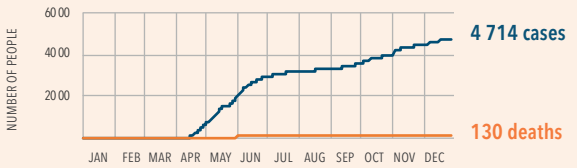
Source: WHO, 2016.

52.0% of households have access to at least basic **drinking water** services.

Source: JMP, 2017.

Figure 2.6

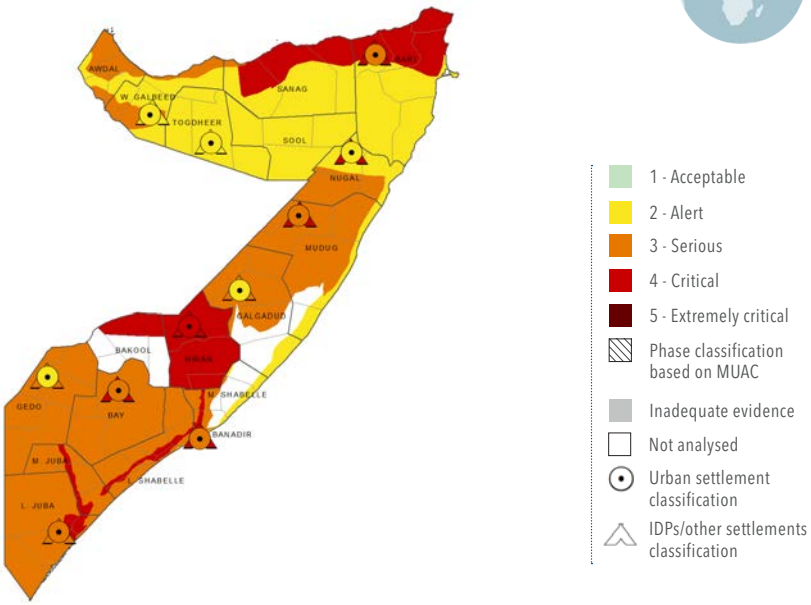
COVID-19 cumulative confirmed cases and deaths, January–December 2020



Source: FSIN, using WHO global data set.

Map 2.8

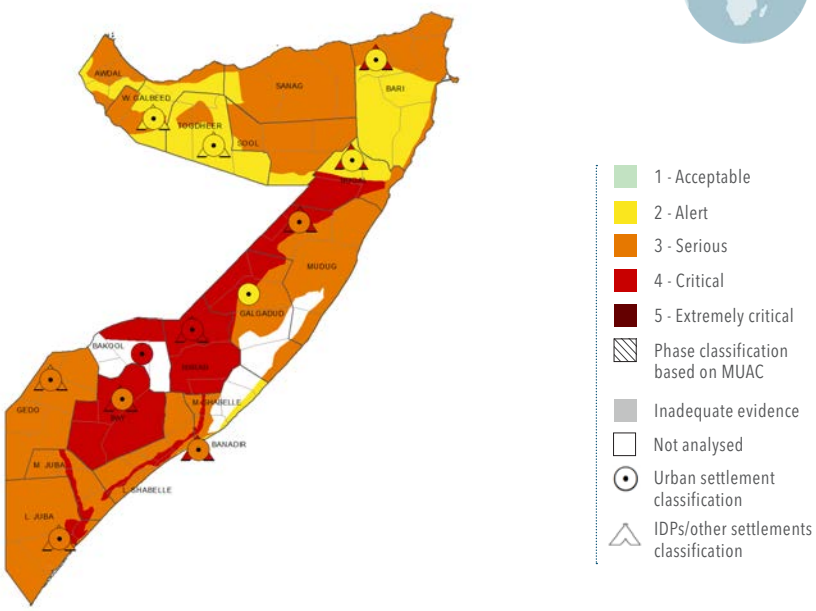
IPC acute malnutrition situation, **October–December 2020**



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 2.9

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, Toghdeer Agropastoral, and Coastal Deeh Pastoral of northeast and central regions.

The number of population groups with a Critical acute malnutrition prevalence (GAM ≥ 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 Hiraan, 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 humanitarian/development assistance.

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).

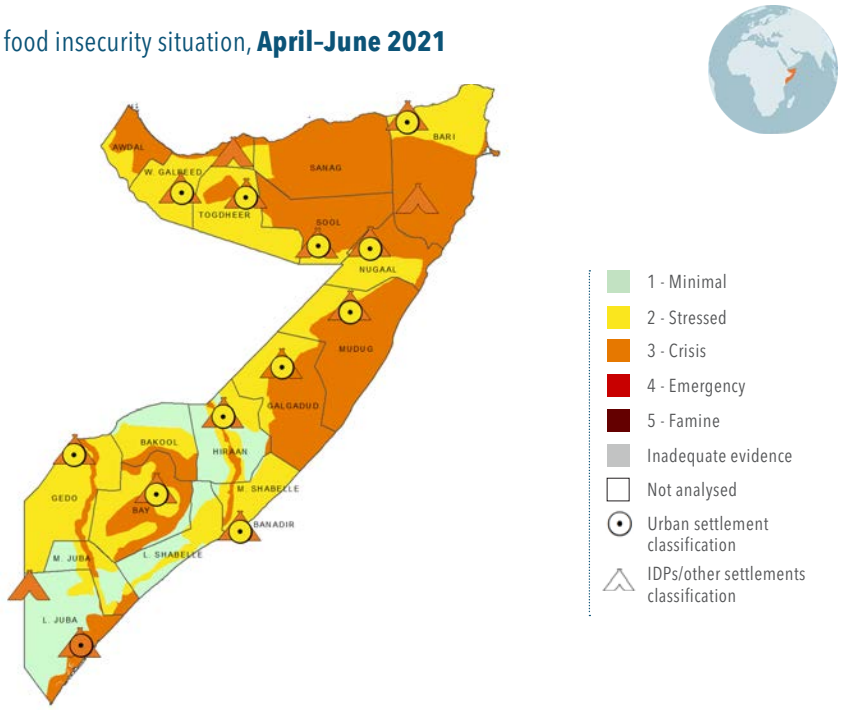
Through at least mid-2021, desert locusts will continue to pose a serious risk of damage to both pasture and crops across Somalia. Available forecasts indicate an increased likelihood of below-average rainfall during the 2021 Gu (April–June) season across most of the country, which would adversely affect 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 2.10

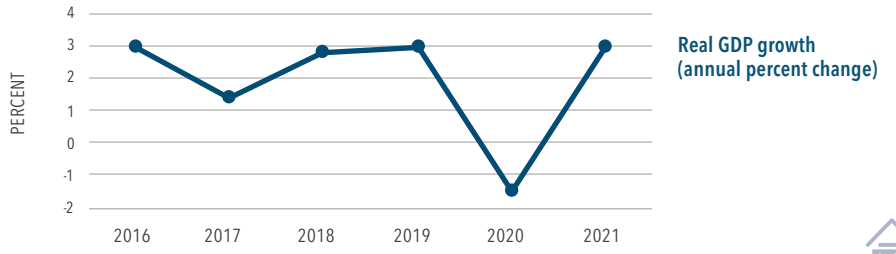
IPC acute food insecurity situation, **April–June 2021**



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 2.7

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 IPC Phase 3 **Crisis**

1.7M IPC Phase 4 **Emergency**

3.3M IPC Phase 2 **Stressed**

Total population of the country: **11.7**M

Population analysed: **100**%

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

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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.

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 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.

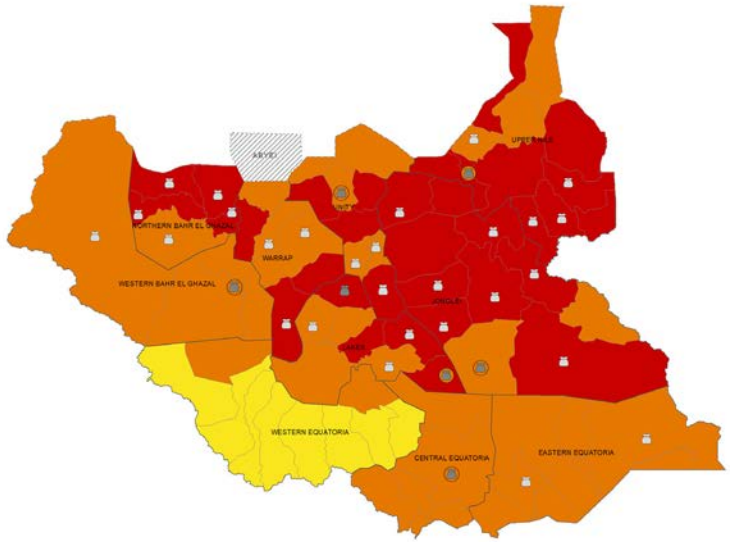
The situation was also highly concerning in five counties that had populations in Catastrophe (IPC Phase 5), namely Akobo, Aweil South, Tonj East, Tonj North and Tonj South.

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 2.11

IPC acute food insecurity situation, **May–July 2020**



1 - Minimal
2 - Stressed
3 - Crisis
4 - Emergency
5 - Famine
Inadequate evidence
Not analysed
IDP settlement–colour depicts phase

Area receives significant humanitarian food assistance (accounted for in Phase Classification):

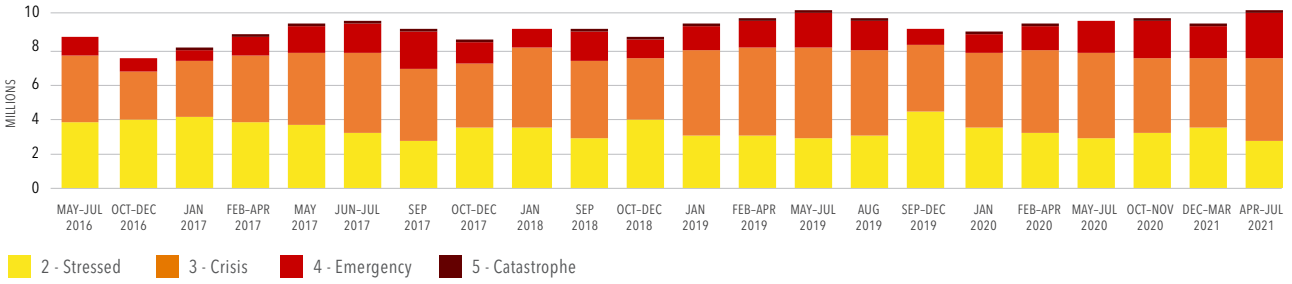
At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance

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. 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 2.8

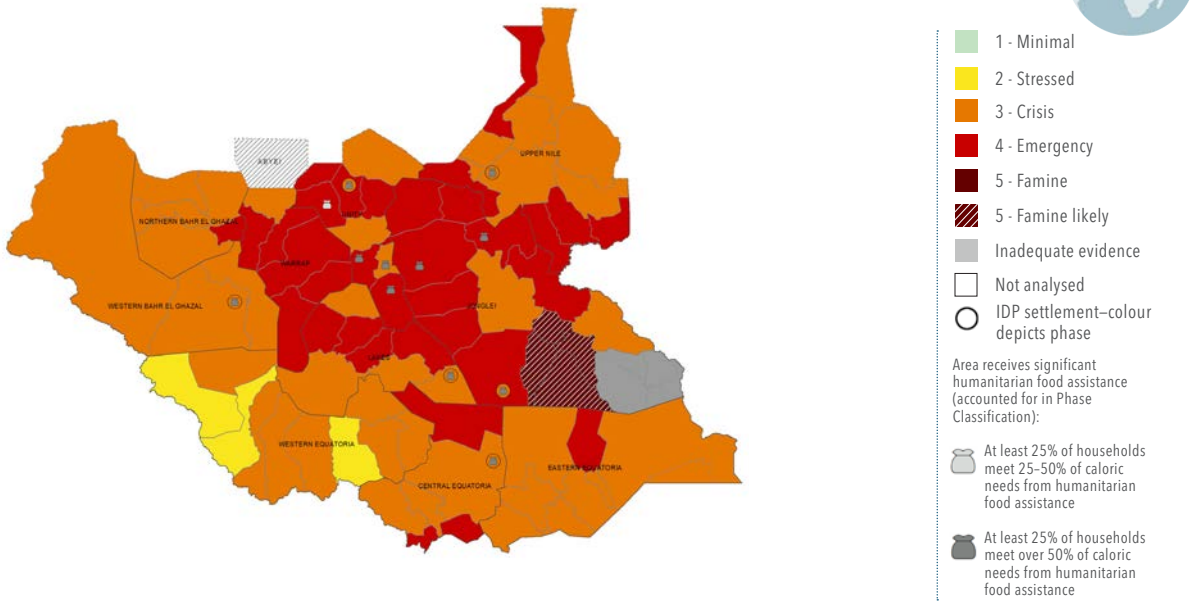
Number of people in IPC Phase 2 or above, 2016–2021



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 2.12

IPC acute food insecurity situation, **October–November 2020**



1 - Minimal
2 - Stressed
3 - Crisis
4 - Emergency
5 - Famine
5 - Famine likely
Inadequate evidence
Not analysed
IDP settlement–colour depicts phase

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

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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, 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.

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	Poor	Serious	Critical
in 1 out of 8 refugee sites	in 5 out of 8 refugee sites	in 1 out of 8 refugee sites	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	High	Very high
in 1 out of 8 refugee sites	in 2 out of 8 refugee sites	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.

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	High
in 7 out of 8 refugee sites	in 1 out of 8 refugee sites

Levels of anaemia in refugee children under 5 years are high in all 8 refugee sites.

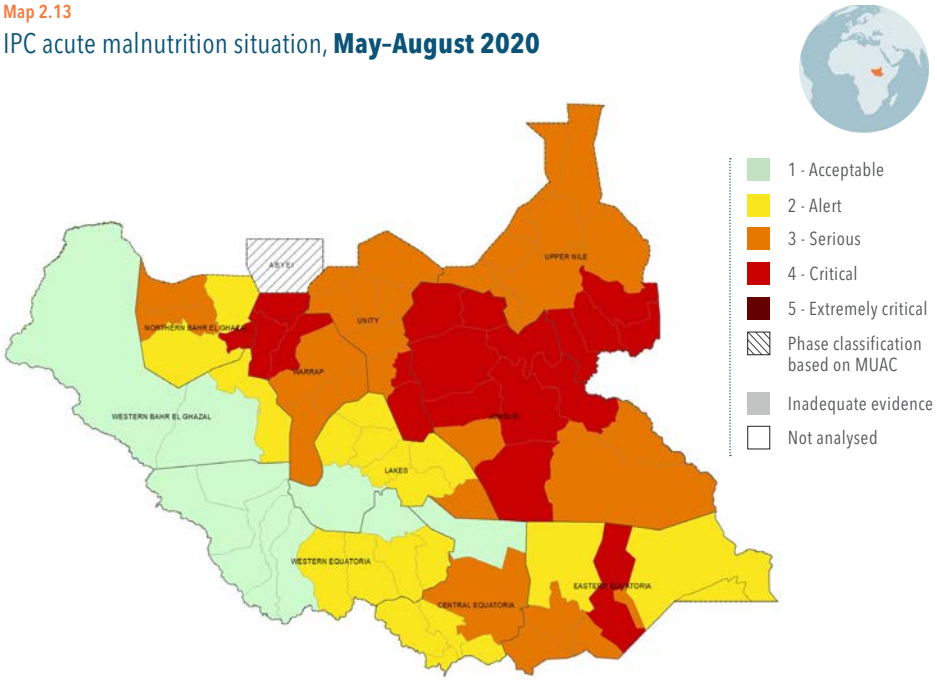
Source: SENS, 2019.

38.0% of households have access to at least basic drinking water services.

Source: RSNMS, R24, 2019.

Map 2.13

IPC acute malnutrition situation, **May–August 2020**



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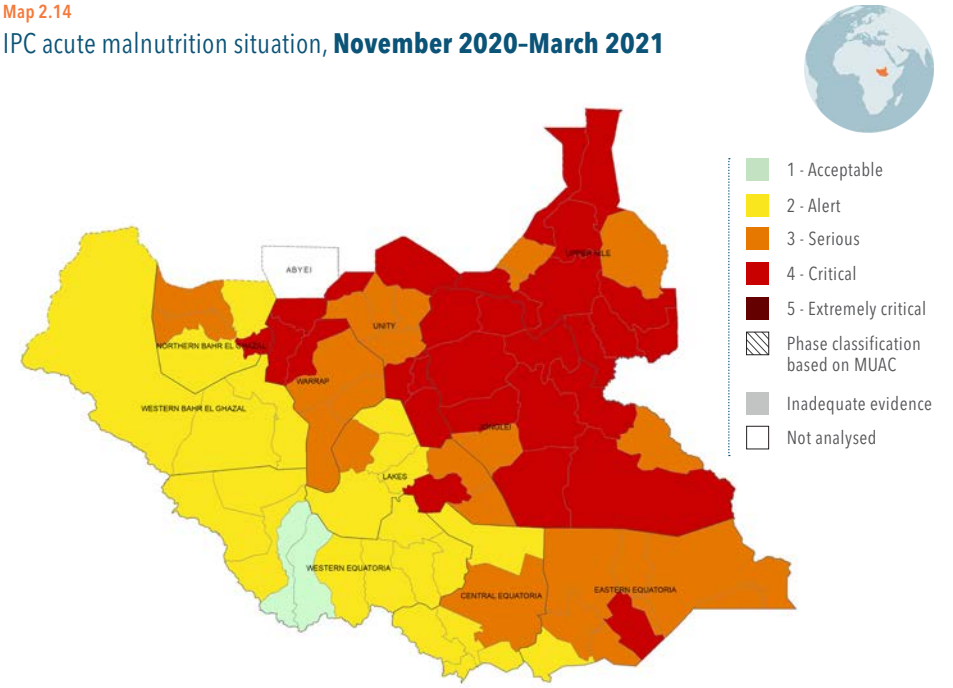
Source: South Sudan IPC Technical Working Group, February 2020.

Map 2.14

IPC acute malnutrition situation, **November 2020–March 2021**



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

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, Lekuangole and Verteth payams in Pibor county (IPC Famine Review, December 2020).

According to the 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 incurred 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, May 2021).

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.

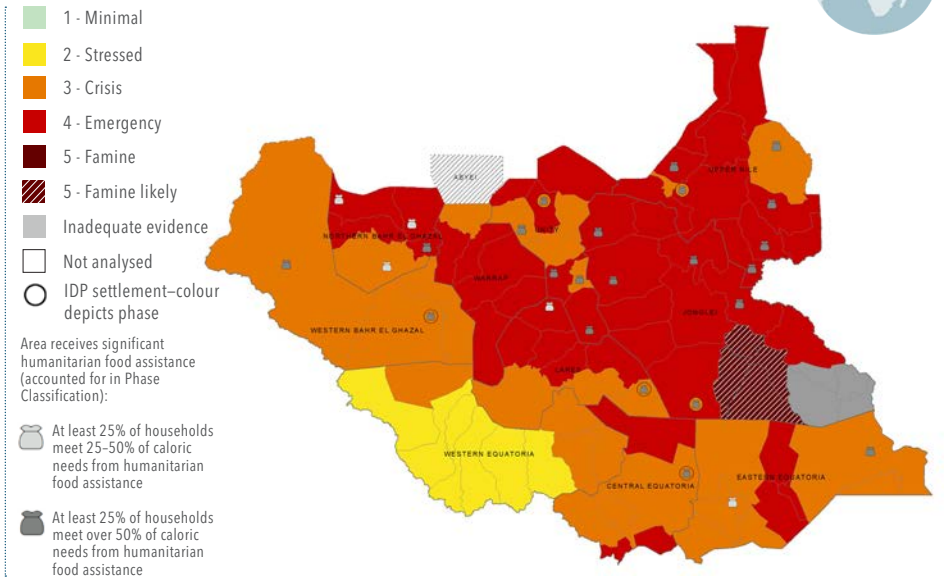
At the peak of the 2021 lean season, the number of people in Crisis or worse (IPC Phase 3 or above) is projected to rise to almost 7.2 million in April–July 2021, an increase of nearly 11 percent relative to the 2020 peak. This corresponds to 60 percent of the population. Among them, 2.4 million people 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, May 2021).

Map 2.15

IPC acute food insecurity situation, **April–July 2021**



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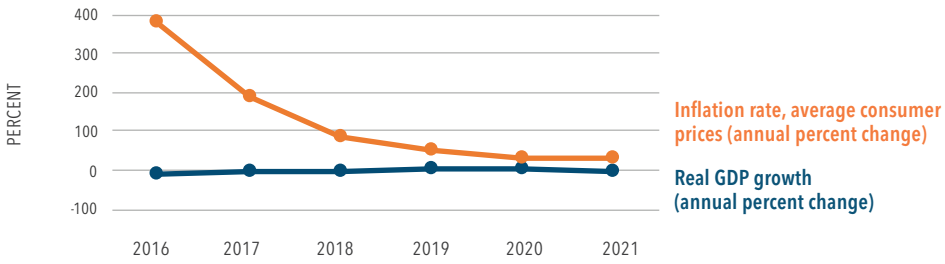
Source: South Sudan IPC Technical Working Group, External Quality Review and Famine Review, December 2020.

Figure 2.9

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: **45.3**M

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).

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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.

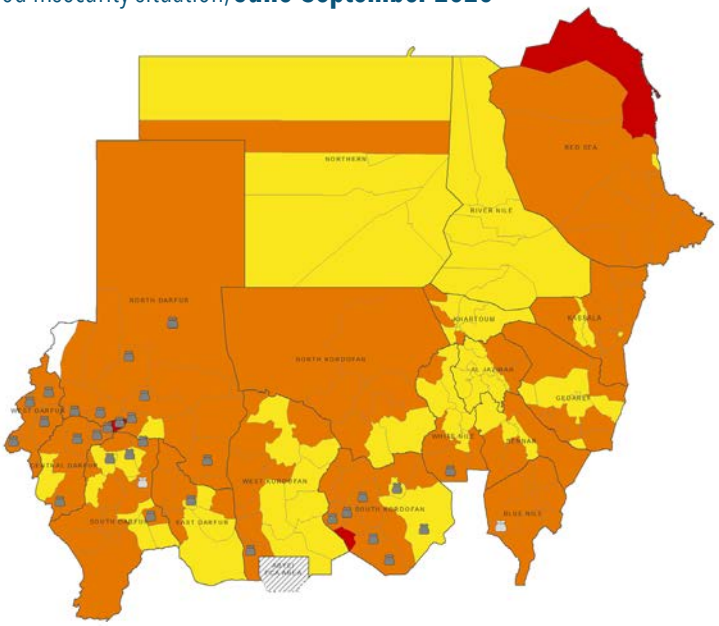
Already host to over 1 million refugees, the Sudan continued to receive refugees from neighbouring countries in 2020, including the Central African Republic, Chad and Ethiopia. From 10 November to early January 2021, more than 56 000 Ethiopian refugees arrived (January 2021), sometimes at a rate of 4 000 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 2.16

IPC acute food insecurity situation, **June–September 2020**



1 - Minimal
2 - Stressed
3 - Crisis
4 - Emergency
5 - Famine
Inadequate evidence
Not analysed

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

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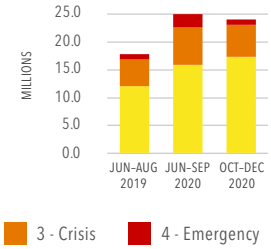
Source: Sudan IPC Technical Working Group, July 2020.

Figure 2.10

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.

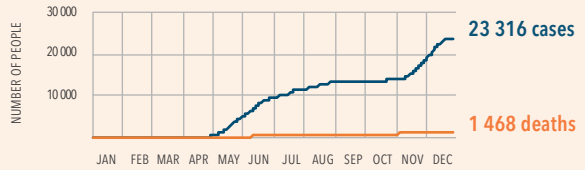
Source: SENS, 2018 and 2019.

24.1% of children aged 6–23 months receive the minimum dietary diversity.

Source: S3M II, 2019.

Figure 2.11

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

Emergency food assistance needs are expected to intensify during the lean season due to low purchasing power and high food prices as well as conflict.

Although the IPC analysis conducted in April 2021 was unavailable at the time of publication for the GRFC 2021, the newly released analysis projected that during June–September 2021, around 9.8 million people, representing 21 percent of the total analysed population (46.5 million), will be in Crisis or worse (IPC Phase 3 or above). This is the highest number of people projected by the IPC to be in Crisis or worse (IPC Phase 3 or above) in the Sudan. Within this period, which corresponds to the main lean season for most of the areas analysed, nearly 2.7 million people are projected to be in Emergency (IPC Phase 4), or 6 percent of the analysed population, requiring urgent action to save lives, protect livelihoods and reduce food consumption gaps.

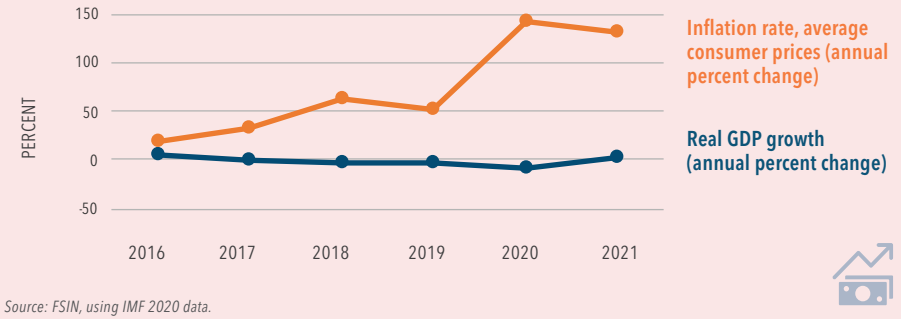
Low household purchasing power, soaring food and non-food prices and conflict-induced displacements, particularly in the Darfur and Kordofan states, are expected to be the main drivers of acute food insecurity. Over 16.5 million people are projected to face Stressed (IPC Phase 2) (IPC, May 2021).

The most affected groups are internally displaced people (IDPs), returnees, those stranded in conflict-hit areas and refugees from South Sudan, Ethiopia and other countries. Other vulnerable populations include poor groups from agro-pastoral and pastoral communities in rural areas of Western, Eastern and Northern Sudan, whose livelihoods are directly affected by the impact of lean season and macroeconomic crises.

By April–May 2021, the number of people in Crisis or worse (IPC Phase 3 or above) already reached 7.3 million people (15.7 percent of the analysed population), including over 1.8 million people in Emergency (IPC Phase 4). Higher-than-usual levels of acute food insecurity during this period were largely driven by a deteriorating economy, coupled with an increase in localised conflicts and associated population displacements, especially in Darfur (Geneina) and Kordofan states.

Figure 2.12

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



Source: FSIN, using IMF 2020 data.

During the harvest season (October 2021 to February 2022), the number of people in Crisis or worse (IPC Phase 3 or above) is expected to decline to around 6 million people, of which around 1.3 million people will be in Emergency (IPC Phase 4). This decline is largely attributed to the positive effects of the main harvest and post-harvest seasons, which are expected to significantly improve access to food and income from food production, cash and in-kind payments for agricultural labour, and in-kind support from relatives compared to the lean season (IPC, May 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: **45.7**M

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).

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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.

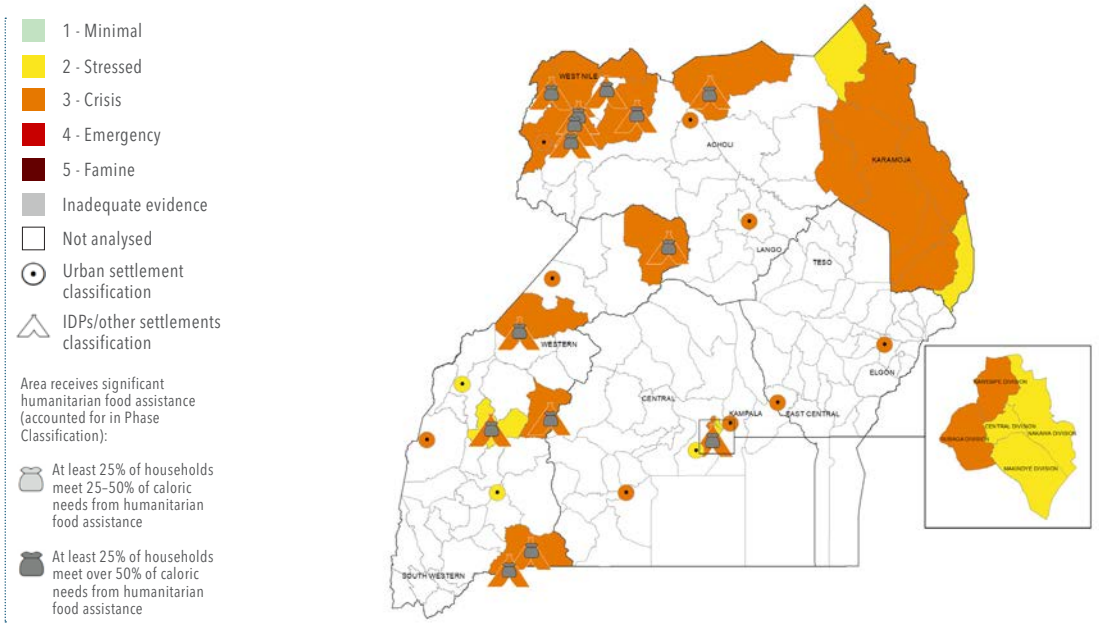
Poverty levels among refugees residing in the 14 refugee settlements were already high before the COVID-19 pandemic (FSNA, January 2020), which further curtailed incomes and increased reliance on humanitarian food assistance. Some 89 percent of households reported a decline or total loss of income following 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 2.17

IPC acute food insecurity situation, **June–August 2020**

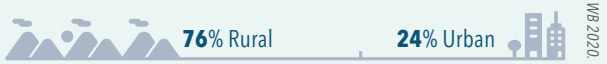


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Uganda IPC Technical Working Group, October 2020.

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	Poor	Serious
in 5 out of 12 refugee sites	in 3 out of 12 refugee sites	in 4 out of 12 refugee sites

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	Medium	High	Very high
in 2 out of 12 refugee sites	in 5 out of 12 refugee sites	in 4 out of 12 refugee sites	in 1 out of 12 refugee sites

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**.

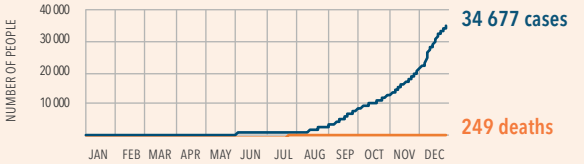
Source: DHS 2016.

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 2.13

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.

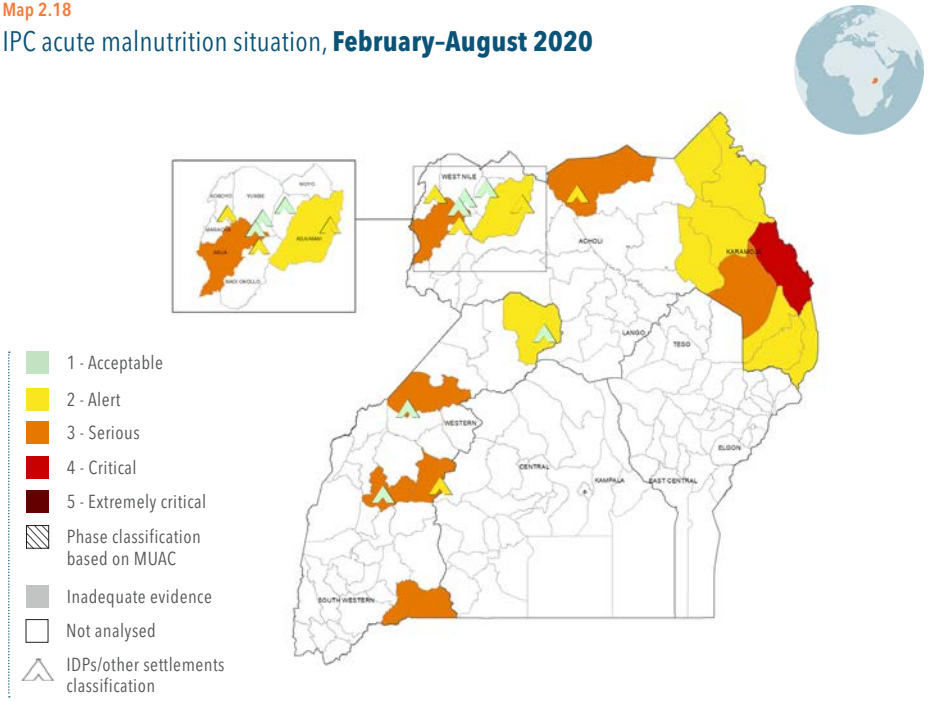
COVID-19-related disruptions to nutrition programmes for refugee population

- Suspension of mass screening activities for child wasting in 13 refugee camps

Source: UNHCR, 2021.

Map 2.18

IPC acute malnutrition situation, **February–August 2020**



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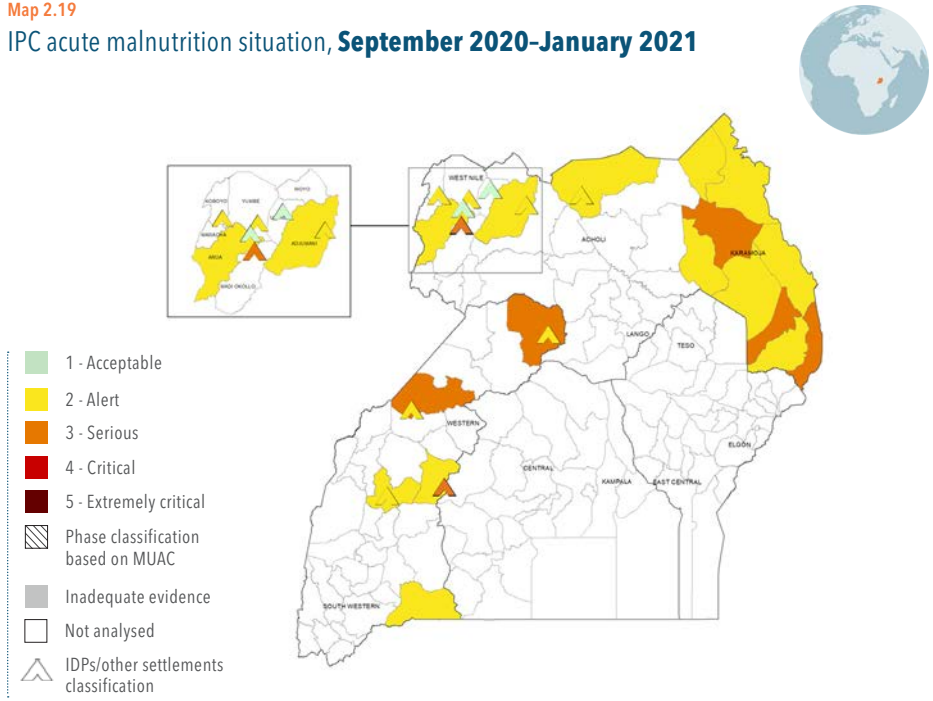
Source: Uganda IPC Technical Working Group, October 2020.

Map 2.19

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).

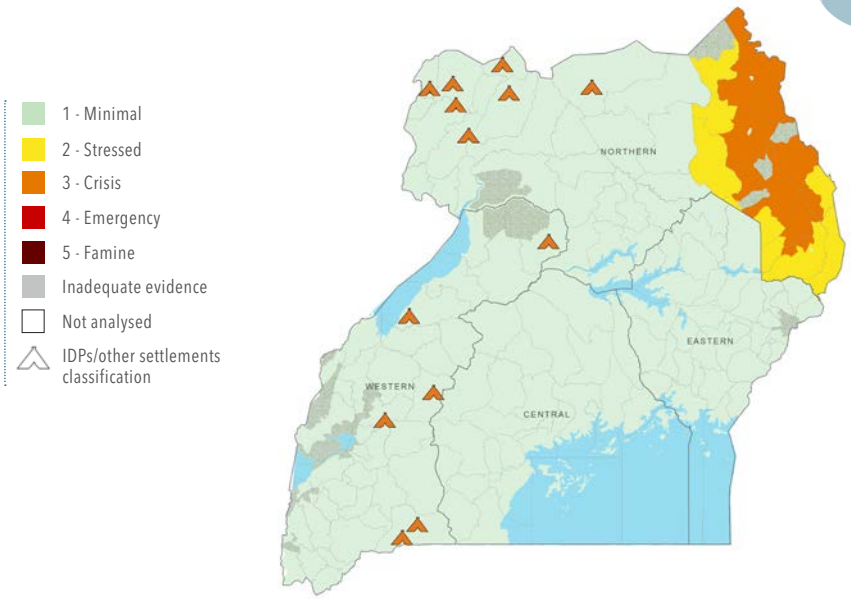
Since late February 2021, bimodal areas faced delayed and below-average rainfall, disrupting the planting season and leading to limited water and pasture availability. In parts of Lango, Acholi, East Nile and Teso, rainfall was reportedly 25–50 percent of the long-term average, which could adversely 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 2.20

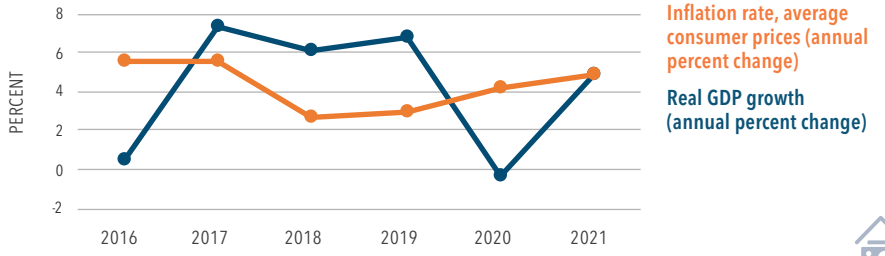
IPC acute food insecurity situation, **May–July 2021**



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 2.14

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



Source: FSIN, using IMF 2020 data.

TECHNICAL NOTES

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.

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.

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

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

IPC five-phase classification

Classification into five phases (1) None/Minimal, (2) Stressed, (3) Crisis, (4) Emergency, (5) Catastrophe/Famine is based on a convergence of available evidence, including indicators related to food consumption, livelihoods, malnutrition and mortality. Each of these phases has important and distinct implications for where and how best to intervene, and therefore influences priority response objectives. Populations in Crisis (IPC Phase 3), Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) are deemed to be those in need of urgent food, livelihood and nutrition assistance. Populations in Stressed (IPC Phase 2) require a different set of actions – ideally disaster risk reduction and livelihood protection interventions. Classifying Famine (IPC Phase 5), the fifth phase of food insecurity, requires analytical conclusions that meet three specific criteria. See page 273.

FEWS NET

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

FEWS NET classification is IPC compatible, which means it follows key IPC protocols but is not built on multi-partner technical consensus, so it does not necessarily reflect the consensus of national food security partners.

See https://fews.net/fews-data/333

IPC acute food insecurity reference table

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

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 IGAD regional report: data sources and methods

Acute food insecurity peak estimates

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

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

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.

This report uses the IPC Famine Review Committee and external reviews report as the reference document for the analysis on South Sudan. Consequently, the findings differ from the country-level analysis. Moreover, there is a consolidated report produced by the IPC GSU that accommodates both the FRC, the external review for 6 counties and the 73 county analysis report of the TWG.

Data comparability rules and graphs

In Chapter 2 (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.

Explanatory notes on disclaimers

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.

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.

1 AFI estimates are rounded in this document.

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
≥ 15%	Very high

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

Stunting

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

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

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

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

Minimum dietary diversity

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

Minimum meal frequency

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

Minimum acceptable diet

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

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

Source: Preliminary thresholds suggested by IFE Core Group.

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).

IGAD regional report 2021: limitations and data challenges

The number of people in Crisis or worse (IPC Phase 3 or above) does not necessarily reflect the full population in need of urgent action to decrease food gaps and protect and save lives and livelihoods. This is because some households may only be classified in IPC Phase 1 or 2 because they receive assistance, and are in fact in need of continued action. The number in Crisis or worse (IPC Phase 3 or above) refers to populations in need of action further to that already taken.

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.

Limited availability and frequency of IPC acute malnutrition analyses

Only four countries conducted an IPC acute malnutrition analysis in 2020: Kenya, Somalia, South Sudan and Uganda.

Limited availability of updated information and frequency of national nutrition surveys

Some countries do not have updated/recent malnutrition prevalence and IYCF data at the national level.

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 rapidly adopted virtual multi-stakeholder training and online analysis, and a complete virtual IPC process was designed and implemented at country level to produce IPC 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, which hampers comparability with previous years and highlights the importance for food-crisis countries to conduct an IPC 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 protocols.

Comparability with GRFC

The GRFC 2021, launched in May 2021 relied on available information at that time. Therefore the 2021 forecast figures in this IGAD report differ from what was reported in the GRFC mainly due to available analysis in the Sudan.

The IPC analysis in Ethiopia for 2021 is not included in this IGAD report, but may be sited in GRFC 2022 once the analysis is endorsed at the national level.

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
- COVID-19

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.

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.

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