



2023 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

REGIONAL FOCUS

ON THE INTERGOVERNMENTAL AUTHORITY ON DEVELOPMENT (IGAD) MEMBER STATES

Required citation

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Centroamericana



Acronyms

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

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Key to icons

	Acutely food-insecure people		Host communities
	Conflict/insecurity		Displacement camps
	Weather extremes/drought		Nutrition
	Weather extremes/flooding		Wasting
	Economic shocks		Pregnant and lactating women
	Agricultural pests		Infectious diseases
	Livestock		Health and nutrition services
	Displacement – Internally displaced people (IDPs)		Food insecurity/lack of access to healthy diets
	Displacement – Refugees		Maternal and child-feeding practices
	Displacement – Returnees		

Map disclaimer

The boundaries and names shown and the designations used on all the maps in this document do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Foreword

This fifth edition of the *GRFC Regional Focus on IGAD Member States* presents a scathing indictment of our failure to advance towards Sustainable Development Goal 2, to end hunger and achieve food security and improved nutrition for all in the IGAD region.

Hunger levels in our region are at an unprecedented high. In 2022, about 55.45 million people were estimated to be acutely food insecure and in need of urgent assistance in seven of the eight IGAD member states – the highest number ever recorded in both the Global Report on Food Crises and the IGAD Regional Focus.

This figure is inextricably linked to climate extremes and disasters, conflict and insecurity, and economic shocks, which are increasingly intertwined with spiralling negative consequences for tens of millions of children, men and women.

The last three years have been extremely harsh for the people living in the IGAD member states, following five consecutive failed rainy seasons across the Horn of Africa that drove millions of people into acute food insecurity and malnutrition, and left hundreds of thousands of others on the brink of Famine in Somalia.

The November 2022 peace process brought hope for peace in northern Ethiopia. But by April 2023, it again became clear that much stands in the way of the goal of peace, security and stability across IGAD's member states when the violent power struggle broke out in the Sudan. The clashes are already disrupting livelihoods, increasing population displacement, and worsening acute food insecurity in the region. IGAD remains committed to conflict early warning, preventative diplomacy and mediation initiatives in response to IGAD member states' political and security challenges.

The economic fallout of the COVID-19 pandemic and the ripple effects of the war in Ukraine have made food inaccessible for many vulnerable populations, mainly due to the region's high dependency on food, fuel and fertilizer imports, which heightens its

vulnerability to global price shocks. Most of the IGAD member states lack the fiscal space to cushion the blow of high food prices. Many cannot borrow because markets are closed to them, and those that are able to do so are charged high interest rates that put them at risk of debt distress. All this, while humanitarian funding to address food insecurity continues to fall short of keeping up with the growing needs in the region.

This crisis calls for a paradigm shift.

To make advancements towards SDG 2, we must take bolder action to build resilience against future shocks, including transforming our agri-systems to become more efficient, inclusive and sustainable. In addition, we must increase our efforts to build and sustain peace. Conflict and food insecurity are inextricably linked, and this has never been clearer.

The comprehensive analysis in this report continues, for the fifth year, to provide us with the essential data and information to collectively address the root causes and consequences of food crises in our region. We must, therefore, act together, urgently, and in solidarity to reverse the trend of escalating numbers of people facing high levels of acute food insecurity.


Workneh Gebeyehu (Ph.D)
Executive Secretary, IGAD



The IGAD Regional Focus on Food Crises 2023 | In brief

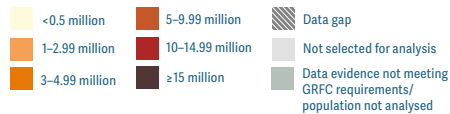
Djibouti | Ethiopia | Eritrea | Kenya | Somalia | South Sudan | Sudan | Uganda

Acute food insecurity overview, 2022

 **55.45M** people, or **22%** of the analysed population, in IPC Phase 3 or above or equivalent in seven of the eight IGAD member states, in 2022

 **301 000** people faced Catastrophe (IPC Phase 5) in 2022 in Somalia and South Sudan.

Number of people in IPC Phase 3 or above, or equivalent, 2022



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

Source: IPC TWGs, HRP (Ethiopia), FEWS NET (Uganda).

In 2022, the number of acutely food-insecure people in Crisis or worse (IPC Phase 3 or above) across the region was the highest in the five years of this Regional Focus.

This is attributable to an increase in the analysed population and compounding effects of multiple shocks:

-  the **unprecedented three-year drought** in the Horn of Africa and **record-breaking flooding** in South Sudan;
-  **macroeconomic shocks** linked to structural fragilities, protracted conflicts, COVID-19 and the war in Ukraine;
-  **conflict** in Ethiopia, Somalia, South Sudan and the Sudan, which disrupted livelihoods, markets and humanitarian access.

Since 2021, **Kenya** and **Somalia** saw the biggest increases in the numbers of people facing high levels of acute food insecurity. Year-on-year changes cannot be evaluated for Ethiopia due to different data sources.

The countries with the largest populations facing high levels of acute food insecurity were **Ethiopia** (23.6 million) and the **Sudan** (11.7 million). **South Sudan** had the highest prevalence with 63 percent of its total population in IPC Phase 3 or above.

Extremely severe levels of acute food insecurity plagued parts of the region with 301 000 people facing Catastrophe (IPC Phase 5) in **Somalia** (214 000 people) and **South Sudan** (87 000 people).

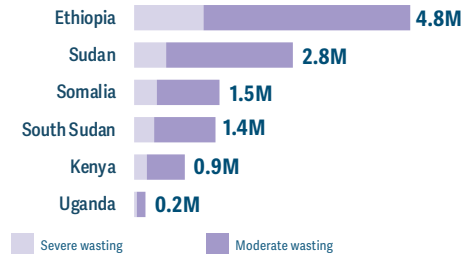
The projected Famine (IPC Phase 5) in October–December 2022 in **Somalia** for agropastoral populations in Baidoa and Burhakaba districts and displaced people in Baidoa town and Mogadishu **did not materialise** due to scaled-up assistance, a better-than-expected but still below-average October–December rainy season, and relative stabilization of very high food prices.

Nutrition

Acute malnutrition worsened significantly since 2021, particularly in the Horn of Africa, due to acute food insecurity, limited access to clean water, infectious disease outbreaks and poor child-feeding practices.

 **11.53 million children under 5 years old** were estimated to be affected by wasting in Ethiopia, the Sudan, Somalia, South Sudan, Kenya and Uganda. Around **2.76 million** were severely wasted.

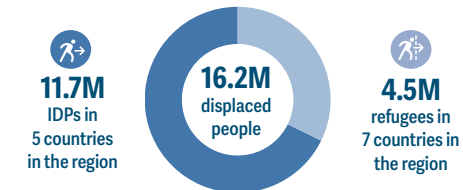
Children suffering from wasting, 2022



Source: Ethiopia Nutrition Cluster, 2022; IPC TWGs (Somalia, South Sudan, Kenya and Uganda); HNO 2023 (Sudan).

Displacement

Number of forcibly displaced people, 2022



No data available for Eritrea. No IDPs in Djibouti or Kenya.

Source: UNHCR; IOM, December 2022.

Profound challenges in 2023

Out of the five countries with food security projections for 2023, **Kenya** and **Somalia** are again facing sharp deteriorations in acute food insecurity. Up to **30 million people**, or 22 percent of the analysed population are projected in IPC Phase 3 or above in 2023 in all IGAD member states except **Djibouti, Eritrea** or **Ethiopia**, for which no data were available. This projection does not account for the impact of the recent clashes in the **Sudan**. Around 7.5 million people are projected to be in Emergency (IPC Phase 4) in **Kenya, Somalia, South Sudan** and the **Sudan**, and around 83 350 people in Catastrophe (IPC Phase 5) in **Somalia** and **South Sudan**.

In the **Sudan**, the impact of the ongoing conflict on food availability and access is expected to drive a rapid deterioration in the food security and nutrition situation, with Khartoum and the region of Darfur worst affected. By mid-May, more than **1 million** people had fled their homes with around **843 000** newly displaced internally and more than **250 000** displaced to neighbouring countries. According to the 2023 Revised Humanitarian Response Plan, **19.9 million** people are expected to require emergency food and livelihood assistance in the June–September lean season if the conflict continues.

Drought recovery is not imminent

Despite the positive impact of the March–May 2023 rains in pastoral and agropastoral areas, recovery from the three-year drought will be slow given the magnitude of livelihood losses and population displacements – mainly in Ethiopia, Kenya and Somalia. During the **June–September 2023** rainy season, an increased likelihood of **below-average rainfall is forecast for most unimodal northern and western parts of the region** – especially central and northeastern Ethiopia and parts of central and western South Sudan, as well as Djibouti, Eritrea, western Kenya, northern Uganda and the Sudan. In the northern parts of the IGAD region, this season contributes to more than 50 percent of annual rainfall.



CHAPTER 1

INTRODUCTION

Introduction

The Intergovernmental Authority on Development (IGAD) has eight member states – Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, the Sudan and Uganda. Its goal is to enhance regional cooperation in three priority areas: food security and environmental protection; socio-economic development, regional integration and cooperation; and peace and security.

The IGAD region continues to face alarming levels of acute food insecurity and malnutrition. This is attributed to a complex mix of reinforcing shocks and stressors, including increasingly frequent extreme weather events, unprecedented levels of conflict and insecurity, and economic shocks. Chronic vulnerabilities, in part attributed to the protracted impacts of previous shocks, high levels of poverty and inequality, limited resilience capacities, and high levels of displacement, further aggravate the situation.

To address this multifaceted crisis, decision makers and policy makers need accurate, timely and reliable data, and analyses that can provide vital evidence for programming and policy formulation, and that can also guide strategic development and humanitarian investments.

However, data has often been conflicting or derived from different sources with various methodologies that lack a

consensus-based standard, limiting comparability over space and time. Furthermore, most of the food security analyses conducted in the IGAD region are country-specific and, therefore, do not factor in the broader regional perspective.

This IGAD Regional Focus – a by-product of the Global Report on Food Crises (GRFC) – responds to these constraints by providing information based on a rigorous and highly consultative and collaborative process. It provides a comprehensive assessment of acute food insecurity and malnutrition in the IGAD region in 2022, including major food crises, populations of highest concern, trends over time and projections for 2023. It examines the main drivers of these food crises and presents the most recent available data and information on displacement and nutrition in the IGAD region. It also illustrates the regional and global interconnectedness of the drivers and consequences of food crises.

The report serves as a critical reference document for governments, development and humanitarian actors, and other stakeholders in bolstering the case for the transformation of agri-food systems, resilience building, conflict resolution and the promotion of durable peace in the IGAD region.

It is a timely reminder of the need for joint, concerted and redoubled efforts to tackle the root causes and consequences of food crises in the region, and for a paradigm shift towards integrating long-term development actions with short-term humanitarian interventions.

The IGAD Regional Focus as a public good: partnership, consultation and consensus

The production of the GRFC and its IGAD Regional Focus is coordinated by the Food Security Information Network in support of the Global Network Against Food Crises. The GRFC is the product of a collaboration among 16 partners consisting of regional intergovernmental bodies, donors, technical bodies, clusters and UN agencies. The result is an independent reference

document that aims for consensus-driven analysis that has been validated and endorsed by global and regional experts in the fields of food security, nutrition and displacement.

All 16 partners participate in the following:

- Technical Working Groups (displacement, food security, nutrition) consisting of technical experts from each of the partner agencies who contribute data and analysis, participate in the review of content, and make recommendations to the Senior Committee for endorsement.

- Senior Committee consisting of senior representatives from each partner agency who make the final decision on content and coordinate institutional clearance.

Country selection and coverage

The GRFC follows a specific process to identify countries and populations within a country for inclusion in the report, to identify which faced food crises and which are major food crises.

Countries were considered for potential inclusion in the IGAD Regional Focus 2023 if they had experienced

HOW TO READ THE REPORT



The IGAD Regional Focus provides several levels of analysis in each chapter. In this chapter there is a 'Spotlight' on the impact of the current conflict in the Sudan.

Chapter 2 | Regional overview of food crises

This section presents a consolidated food security analysis for the IGAD region for 2022 and projections for 2023 where available. It also presents nutrition and displacement analyses.

Chapter 3 | Major food crises in 2022

This chapter features individual analyses of six IGAD member states identified as 'major food crises'. All of them have at least 1 million people or 20 percent of their country population or migrant/refugee population in IPC Phase 3 or above or equivalent. These country briefs present the 2022 peak estimate of populations in IPC Phase 3 or above or equivalent, and the highest available projection for 2023. They include maps, a brief narrative on year-on-year changes and seven-year trends where possible, key drivers, as well as information on forcibly displaced populations and nutrition.

Technical Notes

This section provides the technical details regarding the information described in the IGAD Regional Focus including key terminology, data sources and methodologies, processes and protocols, as well as comparability challenges and limitations. It also contains references for the categorization of undernutrition and acute food insecurity indicators.

Appendices

All key terms and terminology used in the IGAD Regional Focus are listed in the Glossary for easy reference.

As the IGAD Regional Focus refers to peak estimates of acute food insecurity, Appendix 2 provides all available IPC results for specific countries dating back to 2016 where available thus providing additional information to the Chapter 3 country briefs, which helps the reader consider the seasonal aspect of acute food insecurity.

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



A strong partnership



A highly consultative process



A compilation of multiple consensus-based food security and nutrition analyses



A technical document of reference on food crises

a shock in 2022 and there was evidence that the magnitude and/or severity of the food crisis exceeded local resources and capacities to respond.

The countries included in the IGAD Regional Focus 2023 was based on the availability of data and their methodology meeting the GRFC partners' specific requirements for acute food insecurity estimates. Eritrea did not have data that met GRFC requirements. Six of the seven remaining IGAD member states are included as major food crises: Ethiopia, Kenya, Somalia, South Sudan, the Sudan and Uganda. Djibouti is included but not as a major food crisis.

Acute food insecurity data sources

The IGAD Regional Focus relies on data from Integrated Food Security Phase Classification (IPC) analyses for five of the seven countries in this report – Djibouti, Kenya, Somalia, South Sudan and the Sudan. These are government-endorsed, multistakeholder, consensus-based processes that result in a classification of the magnitude and severity of acute food insecurity based on a convergence of evidence and are comparable across countries, i.e. phase classification in one country is equivalent to phase classification in another.

They categorise populations into five phases of severity, from Phase 1 (no or minimal acute food insecurity) to Phase 5 (Catastrophe/Famine). See table, right. The IGAD Regional Focus primarily presents populations in Crisis or worse (IPC Phase 3 or above), who face high levels of acute food insecurity and need external humanitarian assistance to reduce food consumption gaps, and to protect and save livelihoods and lives.

Non-IPC data sources

When an IPC analysis is not available or coverage is partial, the Technical Working Groups evaluate the

use of other sources of evidence. The data for Ethiopia are from the country's Humanitarian Response Plan (HRP), which is based on different methodologies and on government-endorsed multi stakeholder processes, while those for Uganda are from an IPC-compatible FEWS NET analysis due to limited geographic coverage of the IPC analyses available within the country.

Desk research complements this acute food insecurity data with other information sources to provide a more comprehensive analysis of each country's food, nutrition and/or displacement crisis.

Peak estimates

The IGAD Regional Focus 2023 reports the highest estimate of people in Crisis or worse (IPC Phase 3 or above), or equivalent, for each country – also known as the peak estimate – out of all potential analyses available during the year. As acute food insecurity can be seasonal or the consequence of a shock, the peak figure does not necessarily reflect the situation throughout the year in that country and can be based on a projection.

Data gaps

There is little information on food security conditions in Eritrea due to limited availability and access to official data.

Projections for 2023

IPC and FEWS NET methodologies 'project' the acute food insecurity situation based on the most likely expected scenario by developing assumptions on the evolution of food security drivers and their impacts on food security outcomes. As of May 2023, projections were available for five of the IGAD Regional Focus 2023 countries. All data presented in the IGAD Regional Focus 2023 are the latest available as of 25 April 2023.

IPC/CH acute food insecurity phase description and response objectives

Phase	Phase description and priority response objectives
Phase 1 None/Minimal	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income. Action required to build resilience and for disaster risk reduction.
Phase 2 Stressed	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies. Action required for disaster risk reduction and to protect livelihoods.
Phase 3 Crisis	Households either: <ul style="list-style-type: none"> • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies. URGENT ACTION required to protect livelihoods and reduce food consumption gaps.
Phase 4 Emergency	Households either: <ul style="list-style-type: none"> • have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation. URGENT ACTION required to save lives and livelihoods.
Phase 5 Catastrophe	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.)* URGENT ACTION required to revert/prevent widespread death and total collapse of livelihoods.

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

What is a food crisis?

A food crisis occurs when levels of acute food insecurity and malnutrition rise sharply at local or national levels, raising the need for emergency food assistance. The GRFC and its IGAD Regional Focus processes aim to distinguish a food crisis from chronic food insecurity based on the interaction of shocks experienced in 2022, and that affect one or more of the pillars of food security: food availability, food access, food utilization and food stability. Food crises are more likely among populations already suffering from prolonged food insecurity and malnutrition, and in areas where structural factors increase their vulnerability to shocks.

Spotlight | The Sudan crisis

The eruption of violent armed clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in the capital Khartoum, the town of Omdurman and city of Merowe in Northern state on 15 April 2023 is plunging the Sudan into a dire humanitarian crisis, with Khartoum and Darfur the worst-affected areas.

The high-intensity conflict subsequently spread to cities in other states, including North, South and West Darfur and North Kordofan, resulting in the destruction of private houses, assets and critical infrastructures – including hospitals and markets – and severely disrupting humanitarian operations. In West Darfur in particular, the conflict has triggered intercommunal clashes, undermining the security and livelihood activities of the local population (FAO-GIEWS, May 2023).

As of 11 May, at least 676 people had been killed and 5 575 others injured – including civilians (OCHA, May 2023).

High levels of displacement

As of 16 May, about 843 130 people had been internally displaced since the beginning of the conflict, mainly from Khartoum State, followed by West Darfur (IOM DTM, May 2023). In addition, 253 600 Sudanese and foreign nationals, including large numbers of refugees and asylum seekers who had previously sought refuge in the country, had fled to South Sudan, Egypt, Ethiopia, Chad and the Central African Republic (UNHCR, May 2023). Some 450 000 children estimated to be among those displaced face an increased risk of malnutrition and protection concerns (UNICEF, May 2023).

According to a rapid assessment conducted by the Norwegian Refugee Council (NRC) in late April 2023 among 3 500 Sudanese people displaced from Khartoum to Madani town, 70 percent reported the extensive use of negative coping strategies and 90 percent reported humanitarian assistance and/or donations as their main source of food (FAO-GIEWS, May 2023).

Blow for an already fragile economy

From an economic standpoint, the conflict is worsening an economy that was already suffering from stagnation and slow economic growth. The heavy fighting is in Khartoum, the main business hub, where banking and customs procedures are centralized, severely obstructing external and internal trade flows. Fiscal challenges, already driven by increasing trade deficits, dwindling reserves of foreign exchange, currency depreciation and high debt levels, are expected to further widen. The ongoing conflict is expected to discourage both bilateral and multilateral donors from releasing funds, which had already been significantly reduced after the October 2021 military coup. This deepening economic crisis and increased scarcity of resources are likely to further impact the delivery of public services and intensify socioeconomic vulnerability (FAO-GIEWS, May 2023).

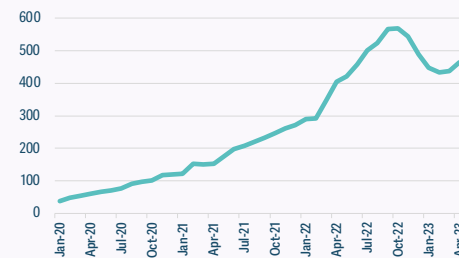
Increasing food prices

Since 2020, food prices in the Sudan have increased drastically, reaching record levels in 2022, primarily due to macroeconomic challenges such as steep inflation and currency depreciation, impacting economic access for many households. Increased fuel prices, affecting the cost of production and transportation, put further upward pressure on food prices. Though more recent price data are not available, the prices of sorghum and wheat in March 2023 were still well above the recent five-year average (WFP, April 2023).

According to UNICEF, in the conflict-affected areas, prices of basic commodities, including bottled water, food staples and fuel, have increased by 40–60 percent since mid-April 2023 (UNICEF, May 2023).

If the current conflict continues, the price of the local food basket (LFB) is projected to increase by a further 25 percent in the next 3–6 months to reach levels similar to those recorded in 2022, resulting in over 18 million people being unable to afford the LFB, according to WFP estimates. There have been reports of shortages of imported goods, such as oil, due to cross-border trade

Cost of local food basket and projection, March–December 2023 (SDG)



Source: WFP, 2023.

and movement disruptions, and shop closures due to insecurity or lack of stocks, which are exacerbating the situation (WFP, May 2023).

Deteriorating food insecurity and malnutrition

The convergence of these factors has severely constrained food availability and access and is expected to drive a further rapid deterioration in the food security and nutrition situation in the Sudan, which was already grappling with severe acute food insecurity and concerning levels of malnutrition before the clashes. In Darfur, and parts of Greater Kordofan and Nile, where humanitarian assistance was preventing worse outcomes, food consumption gaps are expected to widen due to the disruption of humanitarian activities (OCHA, May 2023). In rural areas, where the clashes have not yet reached, a similar outcome is also anticipated due trade disruptions and price increases, especially at a time when food stocks from the previous season are declining and reliance on markets is increasing (FEWS NET, April 2023).

The soaring prices and shortages of key inputs, including fuel, seeds, agrochemicals and migrating labour due to the conflict are threatening the main May–July planting season, heightening the risk of acute food insecurity

in the months ahead, by constraining the planted area, which will likely result in a reduced 2023 cereal production and in further food price spikes (FAO-GIEWS, May 2023). If forecasts pointing to below-average June–September rains especially over western cropping areas in the Greater Darfur Region materialise, it will result in reduced yields and cereal production in one of the areas most affected by acute food insecurity (ICPAC, May 2023).

The targeting of hospitals has also resulted in a critical shortage of medical supplies, further straining an already fragile health system and risking an increase in disease burden and prevalence of malnutrition.

According to the recently released 2023 Revised Humanitarian Response Plan, 19.9 million people are expected to require emergency food and livelihood assistance in the June–September lean season, if the conflict continues, with the highest prevalence expected in West Darfur, West Kordofan, Blue Nile, Red Sea and North Darfur States (HRP, May 2023) – well above the estimate of 11.7 million people estimated to have faced high levels of acute food insecurity during the June–September 2022 lean season (IPC, June 2022). An IPC analysis is planned for June 2023.

An estimated 30 percent increase in the number of children affected by wasting is projected in hotspot areas and a 15 percent increase in IDP-hosting areas. In total, 4.6 million people are in need of nutrition services compared to the estimated 4 million people at the beginning of the year (Revised Sudan HRP, May 2023).

Representatives of the SAF and the RSF signed on 20 May an Agreement on a Short-Term Ceasefire and Humanitarian Arrangements to remain in effect for seven days, which may be extended with the agreement of both parties. The implementation of such agreements and a prompt resolution of the conflict is key for the restoration of rural livelihoods, the country's economy and the food security situation of most affected populations.



CHAPTER 2

OVERVIEW OF FOOD CRISES IN THE IGAD REGION

Overview of food crises in the IGAD region

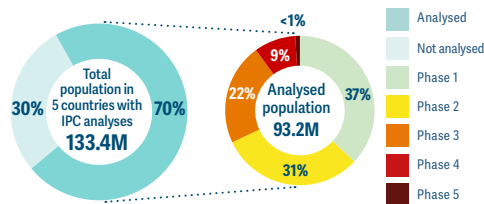
Djibouti | Ethiopia | Eritrea | Kenya | Somalia | South Sudan | Sudan | Uganda

The number of people facing high levels of acute food insecurity reached the highest level since GRFC records began

55.45M people, or **22%** of the analysed population, in IPC Phase 3 or above or equivalent in 2022 in seven of the eight IGAD member states

29.53M of them were in five countries with IPC analyses

29.07M in 5 countries | 20.49M in 5 countries | 8.74M in 5 countries | 0.30M in 2 countries



Source: IPC TWGs, 2022.

In Ethiopia, about **23.61M** people faced high levels of acute food insecurity (HRP, 2022)

In Uganda, **2.3M** people faced high levels of acute food insecurity (FEWS NET, 2023)

The compounding effects of multiple shocks, including drought, macroeconomic challenges and conflict, drove rising levels of acute food insecurity across the IGAD region, with nearly 55.45 million people in seven countries facing Crisis or worse (IPC Phase 3 or above) or equivalent in 2022 – the highest number in seven years of GRFC reporting. The 32 percent increase in the number of people facing high levels of acute food insecurity also

Populations in Catastrophe (IPC Phase 5)

Extremely severe levels of acute food insecurity plagued parts of the region.

In October–December 2022, 214 000 people faced Catastrophe (IPC Phase 5) in eight regions of central and southern Somalia (Bakool, Banadir, Bay, Galgaduud, Gedo, Middle Juba, Mudug and Nugaal). A Somalia IPC analysis published in September 2022 projected Famine (IPC Phase 5) for agropastoral populations in Baidoa and Burhakaba districts and displaced people in Baidoa town (Bay region) as well as in Mogadishu between October and December. However, the December 2022 Somalia IPC analysis found that Famine did not materialise due to scaled-up assistance, a better-than-expected but still below-average October–December rainy season, and relative stabilization of very high food prices.

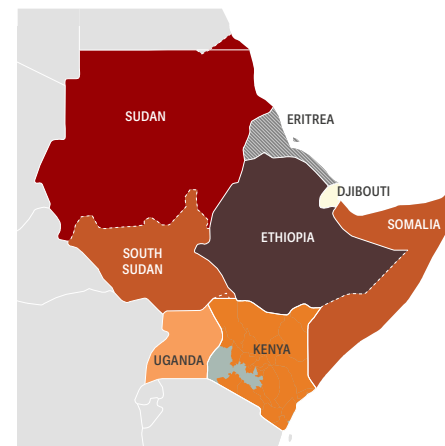
In April–July 2022, around 87 000 people faced Catastrophe (IPC Phase 5) in Jonglei, Lakes and Unity states, and in the Greater Pibor Administrative Area in South Sudan, which is 19 percent lower than during the April–July 2021 lean season.

In 2022, no new information by IPC phase was available for Ethiopia.

reflects an increase in analysed population (+31 percent year-on-year).

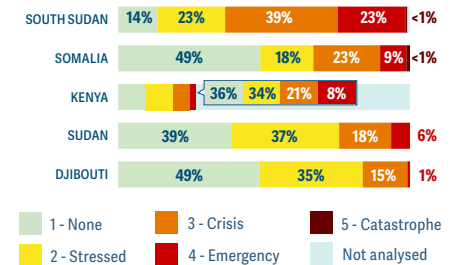
The overall number included 301 000 people in Catastrophe (IPC Phase 5) in Somalia and South Sudan and over 8.7 million people in Emergency (IPC Phase 4). Ethiopia, Kenya, Somalia, South Sudan and the Sudan all had the largest populations facing high levels of acute food insecurity in the seven-year history of the GRFC. The

Number of people in IPC Phase 3 or above, or equivalent, 2022



The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations. Source: IPC TWGs, HRP (Ethiopia), FEWS NET (Uganda).

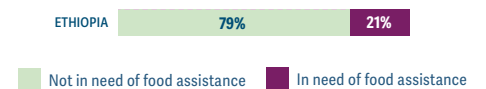
Share of analysed population by phase of acute food insecurity, 2022 peak



Source: IPC TWGs.



Source: FEWS NET.



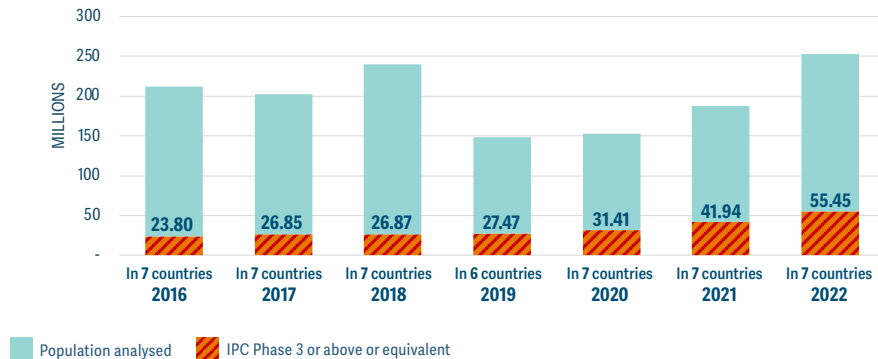
Source: HRP.

biggest year-on-year deteriorations were in Kenya, with an 84 percent increase in the number of people facing IPC Phase 3 or above between the 2021 and 2022 peaks, Somalia (61 percent increase) and the Sudan (20 percent increase). Year-on-year changes cannot be evaluated for Ethiopia due to different data sources.

The countries with the largest populations in the IGAD region facing high levels of acute food insecurity

were Ethiopia (23.6 million), followed by the Sudan (11.7 million), which are among the ten global food crises with the highest number of people in IPC Phase 3 or above or equivalent. At 63 percent, South Sudan had the highest share of its total population in these phases among all 58 countries/territories included in the GRFC 2023.

Number of people in IPC Phase 3 or above or equivalent, 2016–2022



Source: IPC TWG, FEWS NET and WFP.

Drivers of the crisis 2022–23

Weather extremes were considered the primary driver of acute food insecurity in Ethiopia, Kenya, Somalia and Uganda, where a total of 35.85 million people faced high levels of acute food insecurity. Southern and southeastern Ethiopia, the Arid and Semi Arid Lands (ASALs) of Kenya, and most of Somalia faced an unprecedented three-year drought which led to poor agricultural production, severe livestock losses, reduced livestock productivity and ultimately, the devastation of many livelihoods.

Uganda was affected by rainfall deficits, which combined with above-average temperatures, constrained crop production in the main maize exporter of the IGAD region, resulting in reduced exports to Kenya and South Sudan. Meanwhile, record-breaking flooding was observed in South Sudan for the fourth consecutive year causing population displacements and destroying large swathes of farmland (FSN WG, October 2022).

According to the latest forecast by the IGAD Climate Prediction and Applications Centre (ICPAC), below-average June–September rains are expected over most of the northern areas of the region, where they are the main rainy season, with likely crop yield reductions in

the Sudan, South Sudan, Ethiopia, Eritrea, western key-producing areas of Kenya and the Karamoja region of Uganda (ICPAC, May 2023).

Economic shocks Exceptionally high food prices limited food access across almost all countries in the region, linked to the combined effects of high international food, fuel and fertilizer prices (partially driven by the spillover effects of the war in Ukraine), a tightening of regional cereal supplies due to the drought, and currency depreciation in multiple countries (WFP, July 2022). Economic shocks were considered the primary driver in Djibouti, South Sudan and the Sudan, where a total of 19.59 million people faced high levels of acute food insecurity.

Conflict/insecurity Both political and resource-based conflict and insecurity continued to severely compromise food security in Ethiopia, where conflict in Tigray and adjacent areas of Afar and Amhara limited humanitarian access, and in Somalia where it drove population displacements and disrupted livelihoods, markets and economic activity (IPC, December 2022).

In Ethiopia, since the November 2022 peace agreement, conflict episodes have become more sporadic, allowing for increased humanitarian access and the

re-establishment of basic services. However, the security situation remains volatile, and recovery of severely eroded livelihoods and the economy in Tigray, Afar and Amhara is not likely to occur quickly due to the long-term nature of the conflict, the heavy damage to infrastructure, markets and livelihoods, and exhaustion of coping mechanisms (FEWS NET, December 2022).

Localized conflict also contributed to high levels of acute food insecurity in South Sudan, notably in Jonglei, Unity, Upper Nile and Warrap states (FEWS NET, October 2022), while in the Sudan, inter-communal clashes and unrest adversely impacted the food security situation in Blue Nile, Darfur, Kassala and Kordofan states in 2022 (FEWS NET, August 2022). The 2023 hostilities between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) are expected to drive a further deterioration in the acute food insecurity situation (WFP, May 2023). Regional conflict resulted in persisting high numbers of refugees hosted in Uganda (WFP & FAO, October 2022).

Acute food insecurity 2016–2023

After stable numbers of people facing high levels of acute food insecurity between 2016 and 2019, the population in IPC Phase 3 or above, or equivalent, in the IGAD member states rapidly increased from 2020, with more than 10 million additional people each year. This is attributed to multiple factors, including the socioeconomic impacts of COVID-19, heightened conflict (such as in northern Ethiopia), drought, atypical flooding, and macroeconomic challenges, exacerbated by the war in Ukraine as well as an increase in the population analysed.

In 2022, the number of people facing Catastrophe (IPC Phase 5) (301 050 in Somalia and South Sudan) was lower than the record 2021 levels (509 000 in Ethiopia and South Sudan). While no new information was available on the 401 000 people who faced Catastrophe (IPC Phase 5) in the Tigray region of Ethiopia in July–September 2021 (outside the country's 2021 peak of acute food insecurity), major concerns remain.

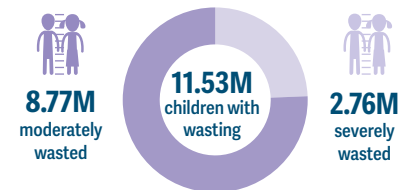
The regional-level Catastrophe (IPC Phase 5) figures during these past two years represent significant increases compared with other years covered by the

Global Report on Food Crises, including in 2018 when 172 000 people were in Catastrophe (IPC Phase 5) in Somalia and South Sudan, and in 2017 when two counties in Greater Unity, South Sudan were classified in Famine and 100 000 people faced Catastrophe (IPC Phase 5) (GRFC, May 2022).

When evaluating year-on-year regional trends, it must be taken into account that some countries, such as Djibouti, were not included every year, while others, such as Ethiopia and Uganda, saw changes in the geographic coverage of analyses and of data sources, while Kenya saw major increases in the analysed population in the ASALs. See *Technical Notes for 2021–2022 comparability issues*.

Nutrition challenges

Number of children under 5 years old with wasting in six major food crises, 2022



Source: IPC, HNO/HRP 2022.

Acute malnutrition worsened significantly since 2021 in the region, particularly in the Horn of Africa.

All food-crisis countries in the region, except Djibouti, had nutrition data available in 2022. In Ethiopia, the Sudan, Somalia, South Sudan, Kenya, and Uganda, 11.53 million children under 5 years old were estimated to be wasted. Of these, around 2.76 million were severely wasted.

In Ethiopia, the number of wasted children increased from 4.2 million in 2021 to 4.8 million in 2022 and the number of severely wasted children from 1.1 million to 1.2 million (GNC, February 2022). The nutrition situation was particularly concerning in the drought- and conflict-affected regions (UNICEF, 2022). In most of the

woredas in the Somali and Oromia regions, screening data revealed proxy GAM levels above the 15 percent Emergency threshold (GNC, 2022).

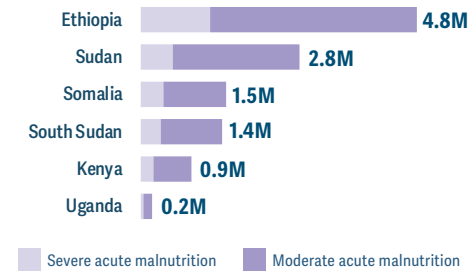
In Somalia, the September 2022 post-Gu assessment estimated that 1.78 million children under 5 years would suffer from wasting from August 2022–July 2023. The results from surveys conducted between October and December 2022 further showed very high levels of mortality (Crude Death Rate and/or Under-5 Death Rate) among agropastoral populations in Baidoa, Burhakaba and Middle Shabelle districts, and displaced populations in Baidoa and Mogadishu. The dramatic increase in the number of severe acute malnutrition cases was due to acute food insecurity, limited access to clean water, and disease outbreaks, but was projected to decrease in 2023 as a result of significant efforts in the scale-up of multisectoral humanitarian assistance, and slightly more favourable than previously forecast rainfall performance. In April–June 2023, fewer districts were projected to be in Critical (IPC AMN Phase 4) than in October–December 2022, and the Bay region was no longer classified in Very Critical (IPC AMN Phase 5) (IPC, February 2023).

Between July and October 2022, the nutrition situation in many counties in Kenya’s drought-stricken ASALs was Extremely Critical (IPC AMN Phase 5) or Critical (IPC AMN Phase 4) (IPC, September 2022).

The worst-affected areas in Kenya’s ASALs were Turkana South, where the situation was even worse than during the 2011 Horn of Africa crisis, Turkana North and Laisamis in Marsabit county (IPC AMN Phase 5) (IPC September 2022). In March–May 2023, Mandera and Wajir counties, North Horr, and Turkana North were all projected to be in Extremely Critical (IPC AMN Phase 5). From February–May 2023, over 970 200 children under 5 years were projected to be suffering from wasting with 240 600 of them severely wasted (IPC, February 2023).

In South Sudan, from July 2022 to June 2023, the number of children with wasting was estimated to reach 1.4 million, with 0.36 million of them severely wasted. During the March–June 2023 lean season – when limited household-level food is likely to lower individual intake and increased rains are likely to contribute to increased illness among children – 44 counties were projected to face Critical (IPC AMN Phase 4) acute malnutrition levels

Children suffering from wasting, 2022



Source: Ethiopia Nutrition Cluster, 2022; IPC TWGs (Somalia, South Sudan, Kenya and Uganda); HNO 2023 (Sudan).

and 15 Serious (IPC AMN Phase 3) (IPC, November 2022).

In the Sudan, the nutrition situation was already dire before the recent outbreak of violence, with 11 of the 18 states having a wasting prevalence above 15 percent (OCHA, June 2022). According to projections published before the current outbreak of violence, the number of wasted children under 5 years was projected to increase from 2.76 million in 2022 to around 3 million in 2023, with the number of severely wasted children increasing from 0.56 million to 0.61 million (HNO 2023, November 2022).

In Uganda, two of nine districts in the Karamoja region were classified in Critical (IPC AMN Phase 4) in February–July 2022, with the wasting prevalence among children under 5 years old reaching 22 percent in Moroto and 19.8 percent in Kaabong districts. Four districts were classified in Serious (IPC AMN Phase 3) with a wasting prevalence of around 14 percent. From August 2022–January 2023, wasting was projected to remain at similar levels (IPC May 2022).

High levels of acute malnutrition worsen the impact of public health emergencies

Across the IGAD region, the acute food insecurity crisis, five-season drought and recent flooding, coupled with low immunisation coverage, increased the risk of outbreaks of vaccine-preventable infectious diseases, including measles, cholera and malaria.

All countries in the region are currently managing measles outbreaks, with the highest number of cases reported in Ethiopia, Somalia, South Sudan and the Sudan. Seasonality of cases is evident, with dry periods coinciding with peak cases for most countries. Cholera outbreaks have been reported in four countries (Ethiopia, Kenya, Somalia and South Sudan).

Malaria remains a public health concern in the region and a significant cause of morbidity and mortality, particularly among pregnant women and children under 5 years. A surge in malaria cases was reported in Somalia, Ethiopia, the Sudan, South Sudan, and Uganda (WHO, February 2023; WHO, March 2023). Uganda also experienced an outbreak of the Sudan ebolavirus, which was declared over on 11 January 2023 (WHO, January 2023).

Infectious diseases can be both a risk factor and a consequence of acute malnutrition. High levels of acute malnutrition among children can increase risk of death, and infections including cholera, measles, and acute watery diarrhoea, can also lead to acute malnutrition, especially among children. In areas affected by conflict and severe climate events, life-saving health services were disrupted or extremely limited, further exacerbating the health and nutrition situation of the most vulnerable. Population displacement exposes communities to new infections and an increased risk of waterborne diseases especially where people are living in crowded conditions and in areas where water, sanitation and hygiene, and health services are limited.

Extremely critical child-feeding practices in five IGAD member states

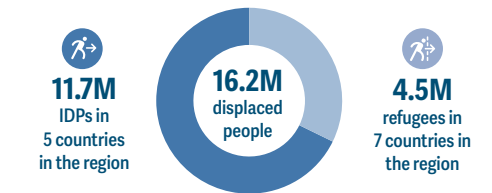
Poor child-feeding practices continue to be widespread across the region as families struggle to find and afford nutritious foods for their children, with diets further constrained by social, cultural and gender barriers.

Infants and young children should be fed a Minimum Acceptable Diet (MAD), i.e., an appropriate frequency and variety of foods to meet their energy and nutrient needs. According to preliminary thresholds suggested by IFE Core Group, MAD levels among children aged 6–23 months were extremely critical (<10 percent) or critical (10–19.9 percent) in five countries with available data. At the national level in South Sudan, 5 percent of

children of this age group received the MAD, followed by Somalia (8.7 percent), Uganda (10 percent), Ethiopia, (11 percent) and the Sudan (12.6 percent). It was much lower in Karamoja region of Uganda (1.8 percent).

Displacement

Number of forcibly displaced people in seven food-crisis countries, 2022



Source: UNHCR; IOM, December 2022.

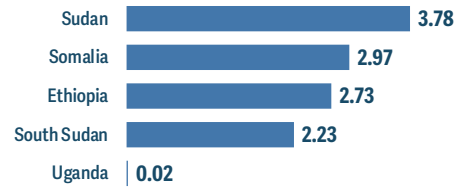
By the end of 2022, there were about 16.21 million forcibly displaced people in seven IGAD member states.

Of these, 11.7 million were internally displaced in the Sudan, Somalia, Ethiopia, South Sudan and Uganda. Of the 4.46 million refugees and asylum seekers hosted in the region, the majority were in Uganda and the Sudan followed by Ethiopia, Kenya, South Sudan and Somalia. More than half of the refugees in the region (2.29 million) were from South Sudan (UNHCR, May 2023).

In early 2023, Ethiopia received nearly 100 000 Somali refugees fleeing violence in the Somali city of Las Caanood (UNHCR, March 2023).

The eruption of armed clashes in the Sudan in mid-April 2023 is triggering mass population displacement, straining the country’s and region’s already fragile coping systems. Some of those fleeing were already IDPs because of previous conflicts in the Sudan or refugees from other countries who had sought safety there. As of 16 May, about 843 130 people had been internally displaced since the beginning of the conflict, mainly from Khartoum State, followed by West Darfur (IOM DTM, May 2023). In addition, 253 600 Sudanese and foreign

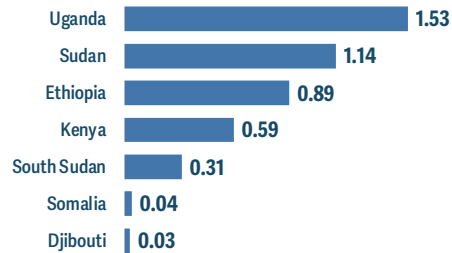
Number of IDPs by country, 2022



Source: IOM, December 2022.

nationals, including large numbers of refugees and asylum seekers who had previously sought refuge in the country, had fled to South Sudan, Egypt, Ethiopia, Chad and the Central African Republic (UNHCR, May 2023).

Number of refugees hosted by country, 2022



Source: UNHCR, December 2022.

Food insecurity is both a driver and an outcome of forced displacement. Due to the loss of assets and means of subsistence, breakdown of their community-based safety nets, and limited access to national social protection systems, refugees and IDPs are among the most vulnerable to acute food insecurity and malnutrition.

Displaced populations have been identified as one of the populations facing the most dire acute food insecurity, nutritional and mortality outcomes in Somalia, with the IPC analysis released in September projecting Famine among IDP populations in Baidoa town (Bay region) and Risk of Famine among IDPs in Mogadishu, Garowe,

Galkacyo and Dollow (IPC, September 2022). Though this projected Famine was prevented, IDPs still continue to face some of the most severe outcomes in Somalia (IPC, December 2022).

The nutrition situation among displaced populations fleeing the drought in the Horn of Africa was also a major source for concern with critical levels of wasting (>15 percent) reported among the children of newly arrived refugees in Kenya and Ethiopia (FSNWG, January 2023).

Faced with limited to no options for meeting their food security and nutrition needs, increasing numbers of displaced households and individuals, especially women and girls, resort to harmful coping strategies such as skipping or reducing meals or opting for less nutritious food, which has a negative effect on health and wellbeing, particularly for pregnant and lactating women; taking loans on interest and increasing indebtedness; and/or selling assets, thus undermining self-reliance.

Other harmful coping strategies may include begging, engaging children in labour (including in its worst forms), interrupting education, resorting to child marriage to obtain alternative sources of income, or engaging in the sale or exchange of sex. This in turn has immediate consequences on the protection environment, with increasing risks of marginalisation, abuse and exploitation, various forms of gender-based violence, and intercommunal tensions (UNHCR,2022).



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In the month following the eruption of violent clashes in the Sudan in April 2023, more than 1 million people fled their homes with nearly 850 000 displaced internally and more than 250 000 displaced to neighbouring countries.

Drought in the Horn of Africa

In 2022, the Horn of Africa experienced its worst drought in more than four decades, with catastrophic consequences (OCHA, September 2022).

The severe nature of the drought drove a large-scale, multisectoral humanitarian emergency, with a sharp increase in acute food insecurity, malnutrition and mortality rates. The worst-affected countries were Ethiopia, Kenya and Somalia.

The worsening of the drought in 2022 was driven by the poor performance of the region's two main annual rainy seasons. The March–May 2022 rainy season was well below average, with much of the region seeing the lowest rainfall amounts recorded in the past 70 years. In addition, the dry conditions were extremely widespread, affecting over 80 percent of the eastern Horn of Africa (FSNWG, July 2022). This was followed by an October–December rainy season that also performed poorly, though rainfall deficits during this season were not as severe as those observed during March–May.

Pastoral livelihoods – the key livelihood activity across many of the worst-affected areas – were devastated by the drought. According to the most recent available estimate, 13.2 million livestock died across the region due to a lack of pasture and water – 6.8 million in Ethiopia, 2.6 million in Kenya and 3.8 million in Somalia (FSNWG, March 2023). Milk availability, which is key for the nutrition status of young children, was severely limited as most animals ceased producing milk.

For cropping households, the drought drove consecutive seasons of below-average production. The 2022 Gu harvests in southern Somalia were estimated to be 50 percent below the 1995–2021 average (IPC, September 2022), while in Kenya, total crop failures were observed across much of the southeastern marginal agricultural cluster (Government of Kenya, September 2022).

Food access for households facing below-average crop and livestock production was further curtailed by extremely high food prices. In parts of southern Somalia, staple food prices doubled or tripled compared with the long-term average and exceeded levels observed during the 2011 and 2017 drought emergencies.

Due to a lack of food, water and other basic resources, 1.69 million people were internally displaced in 2022, including 1.2 million in Somalia and 512 000 in Ethiopia (UNHCR, December 2022).

As of December 2022, between 21.7 million and 22.6 million people faced high levels of acute food insecurity, primarily due to the drought in Ethiopia, Kenya and Somalia, including 2.7 million people in Emergency (IPC Phase 4) in Kenya and Somalia, and 214 050 people in Catastrophe (IPC Phase 5) in Somalia. At that time, subnational acute food security classifications showed a dire situation. In Kenya, four counties (Turkana, Marsabit, Isiolo and Mandera) were classified in IPC Phase 4 (IPC, September 2022).

In Somalia, the projected Famine did not materialise due to scaled-up humanitarian assistance and a poor but better-than-forecast October–December rainy season. However, widespread IPC Phase 3 and IPC Phase 4 classifications continued (IPC, December 2022). Similarly in Ethiopia, FEWS NET analyses showed widespread IPC Phase 4 and IPC Phase 3 outcomes, indicating that while the situation remains alarming, worse outcomes would have been likely in the absence of ongoing assistance (FEWS NET, November 2022).

Drought recovery will be prolonged in 2023

Given the magnitude of livelihood losses and population displacements, recovery is expected to be slow and the impacts of the drought will likely continue for many years to come (FSNWG, March 2023).

Though many forecasts prior to the start of the 2023 Gu/long rains season suggested the possibility of an unprecedented sixth consecutive below-average rainy season across the Horn of Africa (FAO et al., 2023), rainfall performance was generally more favourable than expected. Between 1 March–10 May 2023, above-average rainfall across many drought-affected areas – except for localized areas of southern Kenya and central Somalia (CHC, 2023) – have led to more favourable conditions for cropping in agropastoral areas and increased availability of water and pasture for livestock production in pastoral and agropastoral areas. However, heavy rains



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Somalia is in the grip of an acute food insecurity crisis amid what will soon become the longest drought in its history. This had driven 1.2 million internal displacements by the end of 2022.

have resulted in flooding in some parts of the region, displacing populations, damaging crops, killing livestock, and destroying infrastructure. Contaminated water sources have contributed to disease outbreaks, with rising cholera cases being observed in some areas as of May 2023, particularly in parts of Ethiopia and Somalia (FSNWG, 2023).

Global forecasts indicate a high probability of an El Niño forming later in 2023, which would be associated with above-average rains during the October–December rainy season across across the Horn of Africa (FAO, 2023). Should these rains materialize, a further recovery would be expected across drought-affected areas.

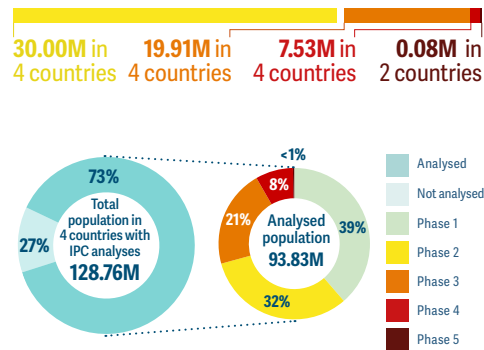
The recovery of livelihoods from this devastating drought will be a slow process. For pastoral households, it will

take years to recover herd sizes lost during the drought. This is illustrated by the 2017 drought in Somalia, where households were still rebuilding their herd sizes in 2020 when the ongoing drought hit (IPC, 2020). Similarly, for the millions of people who have been displaced by the drought, the recovery of their livelihoods will be extremely difficult, as shown by previous drought emergencies, many will probably never return to their homes (Centre for Humanitarian Change, 2017). Compared to displaced and pastoral populations, the recovery for cropping households will likely be more rapid with food security likely to improve with the start of the next harvests in July in many areas. However, access to seeds and flood impacts from heavy rains may still challenge recovery for this population.

Out of the five countries with projections for 2023, Kenya and Somalia are again facing sharp deteriorations in acute food insecurity

Up to **30.0M** people, or **22%** of the analysed population, were projected to be in IPC Phase 3 or above in 2023 in **five countries**

27.52M of them were projected in **four countries** with IPC analyses



Source: IPC TWGs, 2022 and 2023.

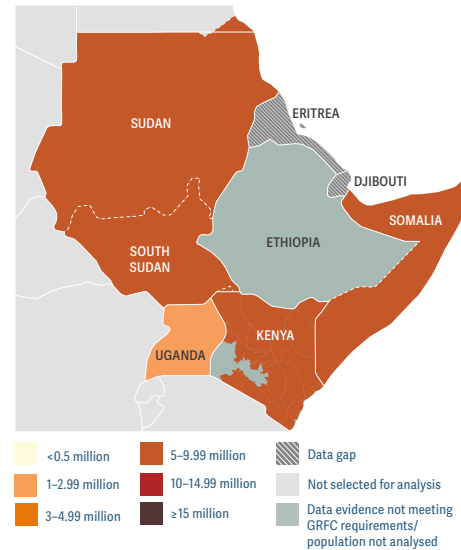
In Uganda, 2.0–2.5M people faced high levels of acute food insecurity (FEWS NET, 2023)

Weather extremes including the severe three-year drought across the Horn of Africa, economic challenges, and conflict and insecurity affecting livelihoods, markets and humanitarian access continue to drive dire levels of acute food insecurity across many countries in the IGAD region in 2023.

Populations with the most severe levels of acute food insecurity (IPC Phases 4 and 5) will remain extremely elevated during 2023, with 7.5 million people projected in Emergency (IPC Phase 4) in Kenya, Somalia, South Sudan and the Sudan.

Populations in IPC Phase 3 or above in **South Sudan** are expected to increase marginally from 7.74 million in April–July 2022 to 7.76 million in April–July 2023,

Projected number of people in IPC Phase 3 or above, 2023



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

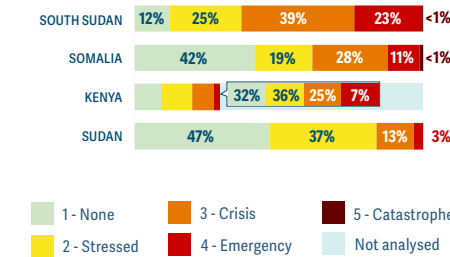
Source: IPC TWGs, 2022 and 2023.

including 2.9 million people in IPC Phase 4, driven by currency depreciation, high global food prices, climatic shocks including floods and dry spells, and persistent conflict and insecurity (IPC, November 2022).

In **Somalia**, 6.6 million people are projected to face IPC Phase 3 or above in April–June 2023 – an overall 18 percent increase compared with the peak 2022 figure due to the continued impacts of five below-average rainy seasons, high food prices and conflict (IPC, April 2023).

In **Kenya**, 5.4 million people are projected to face IPC Phase 3 or above in March–June 2023, the highest in the history of this Regional Focus due primarily to the continued impacts of the unprecedented drought, along with high food prices (IPC, February 2023).

Share of analysed population by phase of acute food insecurity, 2023



Source: IPC TWGs.



Source: FEWS NET.

In the **Sudan**, the number of people facing high levels of acute food insecurity was projected to decline by 34 percent to 7.7 million between October 2022 and February 2023. However, this is largely attributable to seasonality of acute food insecurity, though high food prices and intercommunal conflicts will persist (IPC, June 2022). Of high concern, violent clashes between the Sudanese Armed Forces and the paramilitary forces from mid-April are triggering rising population displacements and a severe deterioration of livelihoods and acute food insecurity. According to the recently released 2023 Revised Humanitarian Response Plan, 19.9 million people are expected to require emergency food and livelihood assistance in the June–September lean season, if the conflict continues, with the highest

Populations in Catastrophe (IPC Phase 5)

From April–June, around 83 000 people are projected to be in Catastrophe (IPC Phase 5) in the most severely drought- and conflict-affected areas of the region.

In **Somalia**, around 40 000 people face Catastrophe (IPC Phase 5) in Togdheer, Mudug, Galgaduud, Middle Shabelle, Bakool, and Bay. However, previously forecast Famine (IPC Phase 5) did not materialise due to multiple factors, including better 2023 Gu rainfall performance than previously forecast, declining though still well-above-average food prices and scaled up multisectoral humanitarian assistance (IPC, April 2023).

In **South Sudan**, in April–July 2023, around 43 000 people are expected to face Catastrophe (IPC Phase 5) in Akobo, Canal/Pigi and Fangak counties (Jonglei state), and Leer and Mayendit counties (Unity state) (IPC, November 2022) – a decrease compared to the same period in 2022 when 87 000 people were estimated to face Catastrophe (IPC Phase 5) in Jonglei, Greater Pibor Administrative Area, Lakes and Unity states.

prevalence expected in West Darfur, West Kordofan, Blue Nile, Red Sea and North Darfur States (HRP, May 2023) – well above the estimate of 11.7 million people estimated to have faced high levels of acute food insecurity during the June–September 2022 lean season (IPC, June 2022). However, no updated acute food insecurity estimates were available at the time of publication.

In **Uganda**, weather shocks, high food prices and conflict in certain areas are expected to drive acute food insecurity, with 2.0–2.5 million people projected to face high levels of acute food insecurity in February–May 2023, similar to the estimated 2.3 million in 2022, according to FEWS NET.

No projections are available for **Djibouti** or **Ethiopia**.




CHAPTER 3

MAJOR FOOD CRISES IN 2022


Ethiopia

ACUTE FOOD INSECURITY PEAK 2022

 **23.61M** people or **21%** of the analysed population were facing high levels of acute food insecurity in 2022

Source: HRP, November 2022.

Food crisis overview

 At 23.61 million, the number of people facing high levels of acute food insecurity in Ethiopia reached an unprecedented level in 2022.

This includes an estimated 10.73 million people who did not have the means to cover minimum food needs, according to the Households Economic Analysis (HEA); 5.4 million people in Tigray estimated by the WFP Emergency Food Security Assessment; 2.76 million IDPs; 1.66 million returnees; and 3.07 million public work clients from the Productive Safety Net Programme (HRP, November 2022).

In 2023, acute food insecurity is expected to peak during the July–September lean season due to the continued effects of five consecutive below-average rainy seasons in southern agropastoral and pastoral areas, protracted conflict and macroeconomic shocks, which mainly affect food and fuel prices.

Acute food insecurity since 2016

Ethiopia has consistently been among the world's ten largest food crises over the seven years of the GRFC.

Between 2020 and 2021, the population facing high levels of acute food insecurity more than doubled at country level (from 8.6 million to 16.7 million).

Drivers of the crisis, 2022–23



Weather extremes The failure of the 2022 March–May Gu rains followed by poor October–December Deyr rains exacerbated drought conditions that began in late 2020, resulting in severe crop and livestock losses in southern pastoral and agropastoral areas of South West Ethiopia Peoples' Region, southern areas of the Southern Nations, Nationalities and Peoples' Region (SNNPR), Borena zone in southern Oromia Region and southern Somali region (FAO, December 2022). Almost 7 million animals, belonging to about 600 000 households and valued at over USD 1.5 billion, have died since the beginning of the drought in 2020. An estimated 60 000 pastoralist households have lost all their livestock, resulting in pronounced human suffering (FAO, 2023). Minimal livestock reproduction led to limited milk production, impacting food security and nutrition, particularly for children (FEWS NET, October 2022). Livestock prices also increased as the prolonged drought reduced the availability of marketable live animals (FAO-GIEWS, August 2022).

Some drought-affected areas received average to above-average rains during the 2022 October–December Deyr/Hageya rainy season, but the amount of water was insufficient to regenerate pasture and replenish water resources. Forecasts for the March–May 2023 rainy season had pointed to depressed rainfall, coupled with high temperatures, risking a sixth consecutive poor rainy season. However, improved rainfall in drought-affected areas from mid-March 2023 helped to replenish surface water sources and regenerate pasture – but not enough for the restoration of livelihoods, which will take time. Heavy rains in some areas caused floods leading to destruction of shelter/houses and public infrastructures, livestock deaths, and further displacements (FSNWWG, March 2023; OCHA, April 2023).

According to the latest forecast by the IGAD Climate Prediction and Applications Centre (ICPAC), below-average rainfall amounts are expected in some of

the key western cropping areas between August and September, with likely negative impacts on yields on main season Meher crops, to be harvested from October (ICPAC, 2023).



Conflict/insecurity The conflict in Tigray and adjacent areas of Amhara and Afar regions has led to high levels of acute food insecurity, widespread displacement, limited access to services and the destruction of the local economy. Shortages of inputs in conflict-affected areas constrained planting for the main June–September 2022 Meher season (FAO-GIEWS, August 2022).

The humanitarian truce announced in March 2022 resulted in higher levels of household engagement in agricultural activities compared to the previous year. However, shortages of inputs including seeds, draft oxen and fertilizers constrained agricultural operations (FAO-GIEWS, August 2022). Intense conflict in October coincided with the Meher harvest, causing disruptions to harvest activities and further hampering market functionality (FEWS NET, December 2022).

Since the November 2022 peace agreement, conflict episodes have become more sporadic, allowing for increased humanitarian access and the re-establishment of basic services. However, the security situation remained volatile, likely constraining planting of secondary Belg crops in February and March 2023 for harvesting in June and July (FAO-GIEWS, March 2023). Recovery of severely eroded livelihoods and the economy in Tigray, Afar and Amhara is not likely to occur quickly due to the long-term nature of the conflict, the heavy damage to infrastructure, markets and livelihoods, and exhaustion of coping mechanisms (FEWS NET, December 2022).



Economic shocks Ethiopia continued to face severe macroeconomic challenges, including a large debt burden, high government spending, rising import bills, insufficient foreign currency reserves and continuous national currency depreciation, which contributed to increased costs of living and to the erosion

of household purchasing power (WFP, March 2023).

Inflation soared to very high levels in 2022, with food inflation estimated at 43.9 percent in May – the highest recorded in the past nine years. Prices of locally produced maize have increased near-continuously throughout 2022 and were about 20 percent higher than their year-earlier levels in October. Prices of imported wheat and vegetable oils were at near-record to record levels, due to high international prices exacerbated by the war in Ukraine (FAO, December 2022). High food prices are likely to persist throughout 2023, with locally produced grains expected to rise further during the upcoming lean season between June – October (WFP, March 2023).

DISPLACEMENT

2.73M IDPs, end 2022

Source: IOM, December 2022.

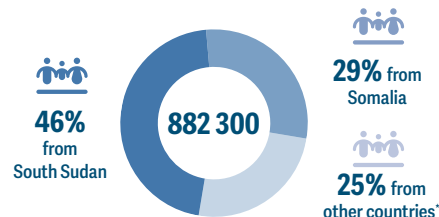


IDPs Ethiopia continued to be among the food-crisis countries/territories with the highest number of IDPs throughout 2022 and into 2023 (IDMC April 2022, IOM, December 2022).

Based on the most recent data collected by IOM between August and September 2022, 2.73 million IDPs were identified across 11 regions of the country because of conflict and drought, while 1.88 million had returned across nine regions to their place of origin seeking durable solutions, but still needing urgent humanitarian support. The figures excluded those displaced in and from Tigray as operational constraints in the region prevented data collection in 2022. As of September 2022, drought was the primary cause of displacement for 516 300 IDPs mostly concentrated in the Somali, Oromia and Afar regions (IOM, December 2022).

Overall, the highest levels of displacement (excluding Tigray) were in the Somali, Amhara and Oromia regions. Continued drought conditions and high levels of conflict, including recurrent conflict in the western part of Oromia, and some parts of the Benishangul-Gumuz, Somali and

Refugees and asylum-seekers, end 2022



* Including Eritrea, Sudan, Kenya, Yemen, Syrian Arab Republic and Democratic Republic of the Congo.
Source: UNHCR, December 2022.

SNNP regions caused further displacement (FEWS NET, December 2022; UNHCR, January 2023). From January 2023, conflict-induced population displacements reached a new high in Amhara, at nearly 383 000. Many IDPs in camps have received limited water, food and basic health and nutrition assistance despite their urgent needs (OCHA, February 2023).

In conflict-affected northern areas, the humanitarian needs of IDPs are likely to increase along with the risk of protracted displacement, unless the peace agreement leads to improved humanitarian access, complete cessation of conflict, and an opportunity for communities to recover and build resilience (UNHCR, January 2023).

Refugees Ethiopia hosts the third-largest population of refugees and asylum-seekers in Africa, at over 882 000 people, predominantly from South Sudan, Somalia and Eritrea. The majority (88 percent) live in camps (mainly Gambella bordering South Sudan, and Melkadida near Somalia), with only 3 percent living in settlements and 9 percent residing in the capital Addis Ababa. Around 82 percent are women and children. In 2022, over 22 000 new arrivals were registered, mainly from Somalia and South Sudan (UNHCR, December 2022).

Acute food insecurity in Ethiopia's refugee camps is concerning, with 49 percent of surveyed households recording poor food consumption scores and 25 percent facing borderline food consumption. Around 65 percent of households use negative coping strategies, including

reducing or skipping meals, consuming less-preferred foods and borrowing food for survival (SENS, 2022).

During 2022, key nutrition indicators further deteriorated in refugee camps in Gambella and Melkadida, due to the combined effects of food ration cuts, increased food prices, disease outbreaks, drought impacts and a critical nutrition situation among new arrivals from South Sudan and Somalia (UNHCR, December 2022).

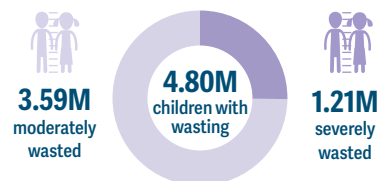
In 2022, UNHCR assessments found a 'high' to 'very high' prevalence of wasting in 15 out of 20 refugee settlements. Four camps out of 20 had a 'medium' level of wasting, while only one settlement had a 'low' level. Overall, there was an increase in the prevalence of wasting from 12.2 percent in 2021 to 15.5 percent in 2022. The prevalence of severe wasting rose from 1.8 percent to 2.9 percent (UNHCR, December 2022).

Stunting levels are also 'high', with 11 out of 20 refugee camps having 'high' to 'very high' levels. Anaemia is a severe public health problem (>40 percent) for children aged 6–59 months in 11 out of 20 camps and for women aged 15–49 years in six out of 20 camps (UNHCR, December 2022).

In February 2023, more than 83 000 people (mostly women, children and elderly people) reportedly arrived in a dire state in the Somali region, having fled from Lasanood in neighbouring Somaliland. They were in urgent need of food, nutrition, water, health response, shelter and protection (OCHA, February 2023).

NUTRITION

Number of children under 5 years old with wasting, 2022



Source: Ethiopia Nutrition Cluster, 2022.



The number of wasted children increased by 14 percent from 4.2 million in 2021 to 4.8 million in 2022. The number of severely wasted children increased from 1.1 million to 1.2 million (GNC, February 2022).

Various assessments in 2022 reported high levels of malnutrition. The Find and Treat campaign implemented in most of the woredas in the Somali and Oromia regions reported proxy wasting levels above 15 per cent (GNC, 2022). The nutrition situation was extremely concerning in drought and conflict-affected northern areas (Tigray, Afar and Amhara), reflected in the highest wasting admissions for the past three years (UNICEF, 2022). In the Oromia, Somali, Amhara, Tigray and SNNP regions, more cases of wasted children are expected in 2023 (FSNWG, October 2022 update). It is estimated that 7.4 million people will need nutrition assistance in 2023 (OCHA, February 2023). Stunting rates for children under 5 years old are 'very high' according to the WHO classification, with 37 per cent prevalence, equating to 5.8 million children (UNICEF, July 2022).

Drivers of undernutrition



Food insecurity and lack of access to healthy diets Inadequate food consumption in terms of quantity and variety leading to nutrient intake deficits is a significant factor in the poor nutrition situation.



Inadequate maternal and child-feeding practices Inadequate infant and child-feeding practices led to high consumption of monotonous starchy diets and poor consumption of iron-rich animal-sourced foods such as milk, meat and eggs. Only 11 percent of children aged 6–23 months eat a Minimum Acceptable Diet (MAD) which meets both the recommended dietary diversity and frequency thresholds in Ethiopia.

About 59 percent of children aged under 6 months are exclusively breastfed (UNICEF, October 2021). More than half (52.1 percent) of children aged 6–59 months are anaemic, indicating a severe public health problem (WHO, 2019). Around 24 percent of women of reproductive age (15–49 years) are anaemic (UNICEF, October 2021), indicating a moderate public health problem (WHO, 2019).

In Tigray, while breastfeeding practices are generally optimal, inadequate complementary feeding is widespread (WFP, Emergency Food Security Assessment, August 2022). Only 1.3 percent of children aged 6–23 months are receiving the MAD.



High prevalence of infectious diseases Ongoing disease outbreaks in certain regions have contributed to the increase in malnutrition. A cholera outbreak that started in August 2022 in Oromia has spread to Somali (OCHA, Cholera outbreak update January 2023).

The persistent lack of clean water supply adds to the risk of contracting the disease. In addition, there is a measles outbreak in Oromia, SNNP, Afar, Amhara and Somali, while malaria is worsening the already grave situation (UNICEF, 2022).



Limited access to health and nutrition services Damage and destruction of health facilities prevented access to essential health and nutrition services, including routine immunization (UNICEF, January 2023), especially in Afar, Amhara and Tigray which were cut off from humanitarian activities for much of 2022. Even though humanitarian access improved since the peace treaty, several areas remain inaccessible, and essential systems and services remain poor.

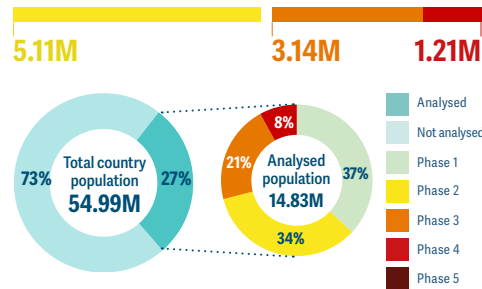


Poor household environment Lack of sanitation facilities and poor handwashing practices aggravate morbidity levels and ultimately increase the risk of malnutrition. In 2020, a WASH survey found that just 49.6 percent of households have access to safe drinking water (UNICEF, 2020). In Tigray, scarcity of safe drinking water contributed to an increased risk of disease outbreaks (WFP, August 2022)

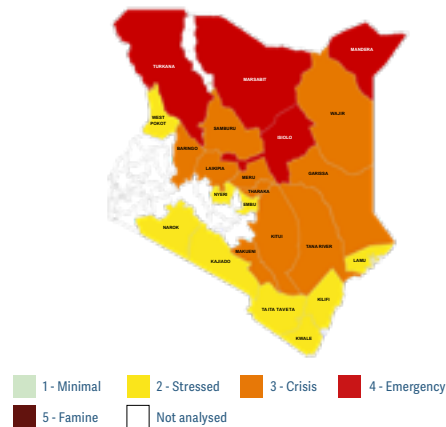
Kenya

ACUTE FOOD INSECURITY PEAK 2022

4.35M people or **29%** of the analysed population in IPC Phase 3 or above, **October–December 2022**



IPC acute food insecurity situation, October–December 2022



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

Source: Kenya IPC TWG, September 2022.

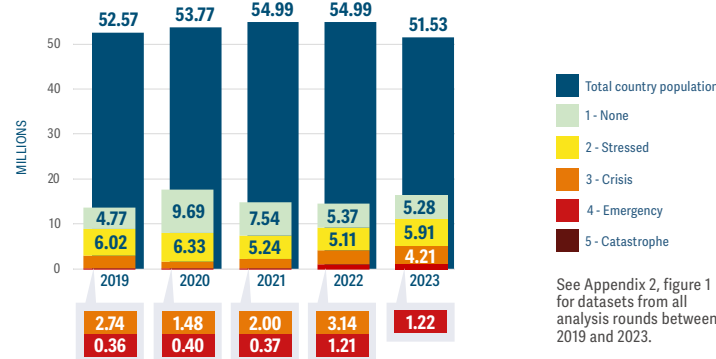
Food crisis overview

The number of people facing Crisis or worse (IPC Phase 3 or above) from October–December 2022 was almost 90 percent higher than in the last quarter of 2021 in the arid and semi-arid lands (ASALs), which account for 80 percent of Kenya’s land mass and 27 percent of its population. At 4.4 million, this was the highest in the history of IPC analyses in the country (IPC, September 2022).

The number of people in Emergency (IPC Phase 4) has increased nearly fourfold since 2021, from 368 000 to 1.2 million. The worst-affected counties were Isiolo, Mandera, Marsabit and Turkana, all of which were classified in IPC Phase 4.

The worsening situation is attributed to the cumulative effect of five consecutive poor rainy seasons (March–May long and October–December short rains), as well as food price volatility following high national demand, low local availability, reduced imports from neighbouring Uganda, high fuel costs and supply disruptions linked to the war in Ukraine (IPC, September 2022).

Numbers of people by phase of acute food insecurity, 2019–2023



See Appendix 2, figure 1 for datasets from all analysis rounds between 2019 and 2023.

Source: Kenya IPC TWG.

Further deterioration projected for 2023

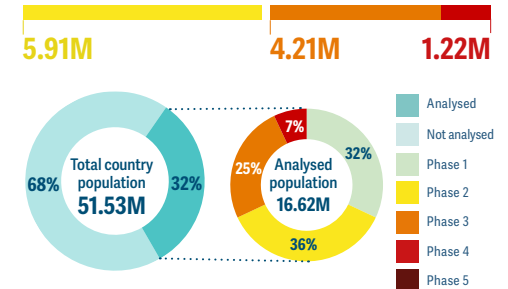
Despite abundant precipitation in most parts of the country since the onset of the March–May long rains, the drought situation and its effects on food security remain critical across the ASALs (NDMA, April 2023). The negative impacts of the prolonged drought are likely to persist throughout 2023, especially for pastoralists who have lost a significant number of animals. While above-average rains have improved vegetation conditions and water levels, recovery of livestock body conditions and productivity will take longer, impacting on livelihoods and limiting access to income (FEWS NET, April 2023).

Above-average food prices are also likely to persist through 2023 driven by reduced local production and high import costs that will further erode household resilience and capacity to meet food needs (FEWS NET, April 2023), and affect terms of trade.

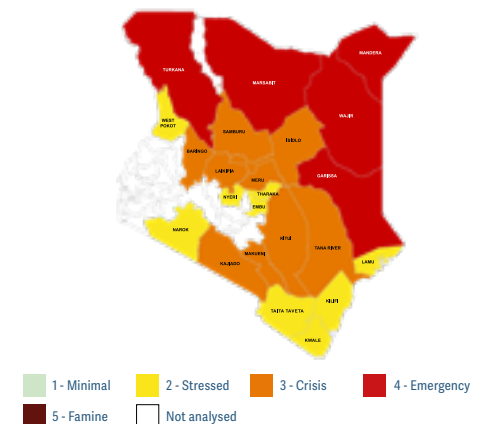
In addition, flash floods were reported in Marsabit, Mandera, Garissa, Isiolo, Samburu, Narok, Taita Taveta and Wajir counties between March–April 2023, causing damage to infrastructures, displacement and loss of

ACUTE FOOD INSECURITY PROJECTION 2023

5.43M people or **32%** of the analysed population in IPC Phase 3 or above, **March–June 2023**



Projected IPC acute food insecurity situation, March–June 2023



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

Source: Kenya IPC TWG, February 2023.

livestock and property (NDMA, April 2023). Turkana, Mandera, Marsabit, Wajir and Garissa counties – predominantly pastoral areas – are likely to deteriorate from IPC Phase 3 to IPC Phase 4, with 5.43 million people across the ASALs expected to be in IPC Phase 3 or above from March-June 2023 (IPC, February 2023).

Acute food insecurity since 2016

Kenya (the ASALs) has been categorized as a food crisis in all seven editions of the GRFC and as a major food crisis since 2017. The number of people facing IPC Phase 3 or above has fluctuated but increased significantly from 2021 both in terms of magnitude and severity, with the counties of Isiolo, Mandera, Marsabit and Turkana consistently classified in IPC Phase 4.

Since 2020, despite a lower number of people analysed in the ASALs, the number of people in IPC Phase 3 or above more than doubled, and the number in IPC Phase 4 more than tripled, reaching 1.2 million in 2022 from 0.4 million in 2020.

The country is prone to extreme climate events and related conflict over scarce resources and recently other shocks have led to a deterioration in food security. COVID-19 restrictions between 2020 and 2021 disrupted food supplies and cross-border movements of goods and people, contributing to food price volatility (GRFC 2022). Prospects of a post-pandemic recovery dimmed in 2022 due to the drought and the effects of the war in Ukraine.

Drivers of the crisis, 2022–23

Weather extremes Five consecutive poor rainy seasons since October 2020 have severely affected pasture and water availability in the ASALs and have placed livelihoods under extreme pressure. As of December 2022, drought conditions were reported in 22 ASAL counties, with nine counties classified in Alarm drought phase and 13 in Alert (NDMA, January 2023).

Many water points dried up or diminished in quality (USGS USAID/FEWS NET, Dec 2022), leaving nearly 5 million people with no access to enough water for drinking, cooking and cleaning (HNO, 2022).

Declining pasture and water availability led to a deterioration in livestock body conditions, which impacted livestock price and productivity. Milk production was estimated at 30–80 percent below the average of the previous five years in May (FAO-GIEWS, July 2022) with an impact on children’s diets in the arid areas (IPC, September 2022). In 2022, due to pasture shortage and water insecurity, 2.5 million livestock died, causing economic losses of more than USD 1.5 billion (GoK, November 2022).

Maize production in key producing areas in the west of the country was estimated at 10–15 percent below the average of the previous five years following the delayed onset of seasonal rains and dry spells during critical growth stages (FAO, December 2022). In marginal southeastern and coastal agricultural areas, more substantial cereal production shortfalls were recorded, with maize production officially estimated to be 50 and 80 percent, respectively, below average (FAO, March 2023).

In 2023, despite enhanced precipitation since the onset of the March–May long rains, the livelihood impacts of this historic drought are likely to persist. As of March 2023, drought conditions were reported in 22 ASAL counties, with eight counties classified in the Alarm drought phase and 11 in Alert (NDMA, April 2023).

In unimodal rainfall major growing areas of Central, Rift Valley and Western provinces, where the bulk of the national maize output is produced, 2023 long-rains main season crops, to be harvested from September, have benefited so far from abundant precipitation. However, according to the latest forecast by the IGAD Climate Prediction and Applications Centre (ICPAC), below-average to average rainfall amounts are expected between June and September, with a likely negative impact on yields (ICPAC, May 2023).

Economic shocks Global price shocks following the war in Ukraine, along with reduced regional cereal supplies due to climatic shocks, translated into domestic price increases, eroding household purchasing power. Kenya is largely dependent on imports to meet domestic demand for commodities such as edible oils, petroleum goods and fertilizers (IPC, September 2022). The increased import

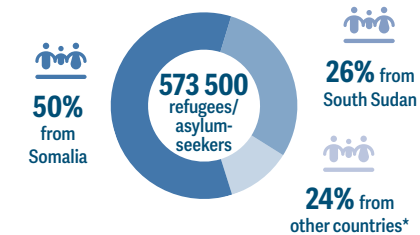
bills while the country faces a heavy debt load and diminishing investment are depleting foreign exchange reserves and causing rapid currency depreciation, contributing to higher costs of living. Annual inflation peaked at 9.6 percent in October 2022 driven by food inflation (15.8 percent) and high transport costs (11.6 percent) (KNBS, October 2022).

In the ASALs, local cereal prices continued to soar through the first quarter of 2023 and remained well above the national average. Food prices are pushing up the overall cost of living for households in these areas, with food inflation continuing to be in double digits throughout the first quarter of 2023 (WFP, April 2023).

Conflict/insecurity Resource-based conflict was recorded in most of the ASAL counties, instigated by competition for scarce pasture and water due to the drought, coupled with longstanding rivalries between communities (IPC, September 2022).

DISPLACEMENT

Refugees and asylum-seekers, end 2022



* including Democratic Republic of the Congo, Ethiopia, Burundi. Source: UNHCR, December 2022.

Refugees Kenya hosts over 573 500 refugees and asylum-seekers, mainly from Somalia and South Sudan. In 2022, over 50 000 refugees arrived, mostly from Somalia, many malnourished (UNHCR, December 2022).

Around 83 percent of refugee populations reside in camps in two of the country’s poorest and most food-insecure counties – Garissa bordering Somalia

(Dadaab camp), and Turkana bordering South Sudan (Kakuma camp), while the rest (17 percent) live in Nairobi.

The food security situation of the refugee population deteriorated in 2022 due to inflation and high levels of household debt, as well as the impacts of halved food rations linked to insufficient funding. In Kakuma camp, as of August 2022, the price of wheat flour and rice was 40–50 percent above the recent three-year average, while that of maize was 70 percent above. In Dadaab, the price of wheat flour was 59 percent above average, while maize and beans prices were 13–17 percent above. The year-on-year price of vegetable oil more than doubled in both camps (UNHCR-WFP JAM, 2022).

In 2021, child wasting levels were just under the ‘high’ prevalence at 9.6 percent in Kakuma and 8.5 percent in Dadaab. In both camps, there was a 60 percent increase in severe wasting admissions compared with 2020. Anaemia levels were a severe public health problem for children aged under 5 years and women of reproductive age in all camps (SENS 2021).

Disease outbreaks (measles, acute watery diarrhoea and cholera) were other aggressive aggravating factors that are likely to have affected the nutritional situation in refugee camps in 2022 (UNHCR, 2022). Staffing levels in health institutions in the camps were insufficient, compromising the quality of service provision (UNHCR-WFP JAM, 2022).

NUTRITION

Number of children under 5 years old with wasting, July–October 2022



115 700 pregnant and lactating women acutely malnourished, 2022

Source: Kenya IPC TWG, September 2022.

Between July and October 2022, the nutrition situation in many counties in Kenya's drought-stricken ASALs was of concern. Based on the July 2022 IPC AMN analysis in the ASAL areas, wasting levels were Extremely Critical (IPC AMN Phase 5) in Turkana North and Turkana South sub-counties as well as Laisamis in Marsabit county (≥30 percent). Turkana West, Turkana Central, Samburu, Mandera, Wajir and Garissa counties, and the Tiati sub-county in Baringo and North Horr in Marsabit were Critical (IPC AMN Phase 4) (IPC September 2022). The situation was estimated to be worse than the 2011 Horn of Africa crisis, noting the high GAM rate of >40 per cent in Turkana South. By the end of the year, compared to last year during the same period, the nutrition had deteriorated and remained of concern in all the ASAL counties.

During this period, around 884 500 children aged 6–59 months needed treatment for wasting, of whom 222 700 were severely wasted. About 75 per cent of the wasted children were in the ASALs, and 25 per cent were in non-ASAL and urban areas (IPC, September 2022). The number of children suffering from wasting was projected to increase to over 970 200, of whom 240 600 were severely wasted, in February–May 2023, with the majority (70 percent) in the ASALs. The number of acutely malnourished pregnant and lactating women was projected to increase from around 116 000 in 2022 to

142 000 in 2023 (IPC, February 2023). The situation was projected to worsen from November 2022. In March–May 2023, Mandera and Wajir counties, North Horr, and Turkana North sub-counties were projected to be in IPC AMN Phase 5 (IPC, February 2023).

Drivers of undernutrition

Food insecurity and lack of access to healthy diets Poor food consumption was identified as a major contributing factor to child wasting due to very low milk production reported in pastoral drought-affected areas where milk is a major contributor to children's diets. Food insecurity led to poor dietary intake in both children and women, expressed by low dietary diversity and meal frequencies.

However, there was a lack of convergence between the acute food insecurity and acute malnutrition classifications: those counties in extremely critical acute malnutrition situations (IPC AMN Phase 5) (Laisamis in Marsabit county, Turkana South, and Turkana North) were classified in Crisis (IPC Phase 3) for acute food insecurity. The counties and subcounties in Critical (IPC AMN Phase 4) were classified in Crisis (IPC Phase 3) for acute food insecurity. This highlights the importance of non-dietary factors contributing to the very high acute malnutrition levels.

Inadequate maternal and child-feeding practices From October–December 2022, childcaring and feeding practices were expected to worsen with the deteriorating food insecurity situation and as families exhausted their coping strategies. Already, exclusive breastfeeding rates for children aged 0–5 months were estimated at 61 percent in 2020 (UNICEF, 2021), which is considered an 'Alert' level. Nearly 29 percent of children (a moderate public health problem) and 43 percent of pregnant/lactating women were anaemic, indicating a severe public health problem (WHO, January 2023).

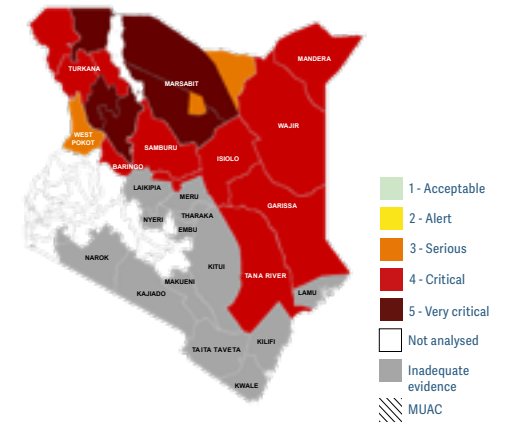
Limited access to health and nutrition services Humanitarian assistance, including nutrition and health interventions, were hampered by intercommunal conflicts that led to the destruction of infrastructures in parts of Turkana and Marsabit (IPC, September 2022). Around 20–30 percent of the population in ASALs have

minimal to no access to essential health services, with outpatient attendance in health facilities having reduced by 42 percent due to population movement, poorly supplied health facilities, insecurity and inadequate outreach (UNICEF, October 2022).

High prevalence of infectious diseases Malaria and upper respiratory tract infections across all counties remained a major contributor to wasting. Also, diarrhoea prevalence was high in Garissa and Laisamis while measles outbreaks were reported in Turkana West, Garissa and Mandera. Low vaccination coverage, low vitamin A supplementation and poor health-seeking behaviour were reported in Garissa while remaining suboptimal in Moyale, Isiolo and North Horr (IPC, February 2023).

Poor household environment Poor access to safe water was a cross-cutting contributing factor to acute malnutrition coupled with poor sanitation. The continued impacts of the drought in the projection period will worsen water availability, compromising hygiene and sanitation practices, and leading to higher vulnerability to disease. Disease outbreaks of measles and cholera are expected to increase, worsening acute malnutrition (IPC, February 2023). Flood impacts in areas that have observed heavy rains since March 2023 will also further challenge the health situation (FSNWG, April 2023).

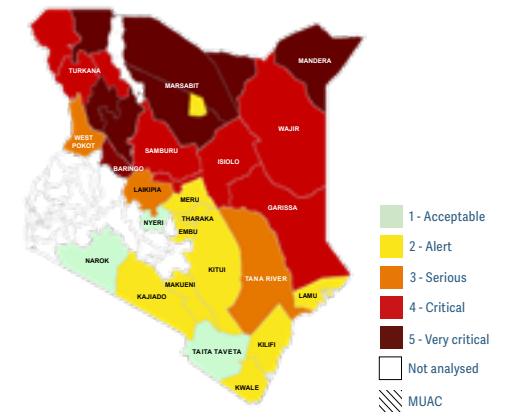
IPC acute malnutrition situation, August–October 2022



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

Source: Kenya IPC TWG, September 2022.

Projected IPC acute malnutrition situation, March–May 2023



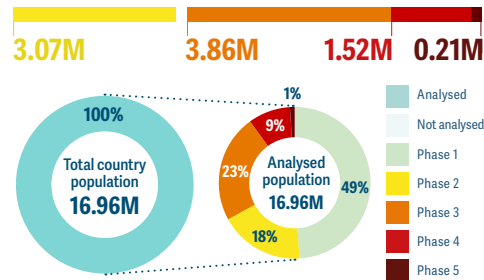
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Source: Kenya IPC TWG, February 2023.

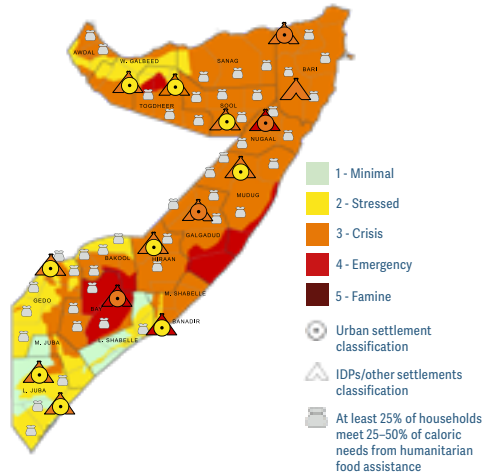
Somalia

ACUTE FOOD INSECURITY PEAK 2022

5.59M people or **33%** of the analysed population in IPC Phase 3 or above, **October–December 2022**



IPC acute food insecurity situation, October–December 2022



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

Source: Somalia IPC TWG, December 2022.

Food crisis overview

In Somalia, 5.59 million people, or 33 percent of the total population, were estimated to face Crisis or worse (IPC Phase 3 or above) in October–December 2022, representing the highest number in the seven-year history of the GRFC. This equates to more than 2 million additional people in IPC Phase 3 or above compared with the same period in 2021 (IPC, November 2021) and is attributable to the impacts of the unprecedented three-year drought, record food and fuel prices, and continued conflict, as well as an increase of 1.2 million in the country's population analysed between the two years. Within this figure, 214 050 people faced Catastrophe (IPC Phase 5) in eight regions in central and southern parts of the country. Around 1.5 million people faced Emergency (IPC Phase 4) (IPC, December 2022).

A deteriorating outlook for 2023

Around 6.6 million people across Somalia are expected to face IPC Phase 3 or above between April and June 2023, an increase of 18 percentage points compared to 2022. Of these, 40 350 are expected to face Catastrophe (IPC Phase 5). This is mainly due to persistent drought impacts, above-average food prices, conflict and insecurity, and inadequate levels of humanitarian assistance. However, the waning of La Niña climate conditions during the April - June Gu season has improved drought conditions with mixed conditions as of May, with above-average rains in southern areas but moderate rainfall deficits in central zones (CHC, May 2023). Improved rains will help to support somewhat better cropping and livestock conditions than the previous year, although multiple seasons of good rainfall would be required for a full recovery (IPC, February 2023).

Famine averted in the last quarter of 2022 and the first half of 2023

A Somalia IPC analysis published in September 2022 projected Famine (IPC Phase 5) for agropastoral populations in Baidoa and Burhakaba districts and displaced people in Baidoa town (Bay region) as well as in Mogadishu between October and December.

However, the December 2022 Somalia IPC analysis found that Famine did not materialise due to scaled-up assistance, a better-than-expected but still below-average October–December rainy season, and relative stabilization of very high food prices.

Follow-up integrated food security, nutrition, and mortality surveys conducted in these areas in March 2023 concluded that Famine (IPC Phase 5) has been averted thus far in Somalia, and is not expected to be the most likely outcome through at least June 2023.

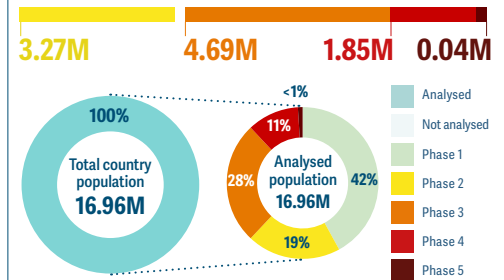
Drivers of the crisis, 2022–23

Weather extremes Somalia has witnessed an unprecedented drought, caused by five consecutive seasons of below-average rains since late 2020 (IPC, December 2022a). This drought has devastated livelihoods, both in terms of well-below average harvests and the loss of 3.8 million livestock as of December 2022 (FSNWG, December 2022). Reduced income sources and extremely limited access to food and other basic needs have led to widespread population displacements, with 1.18 million people internally displaced due to drought in 2022 (UNHCR, January 2023).

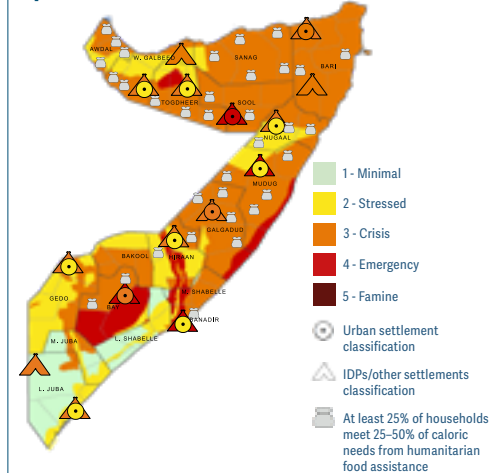
Fortunately, a previously forecast Famine (IPC Phase 5) in Somalia was averted due to multiple factors, including

ACUTE FOOD INSECURITY PROJECTION 2023

6.58M people or **39%** of the analysed population in IPC Phase 3 or above, **April–June 2023**



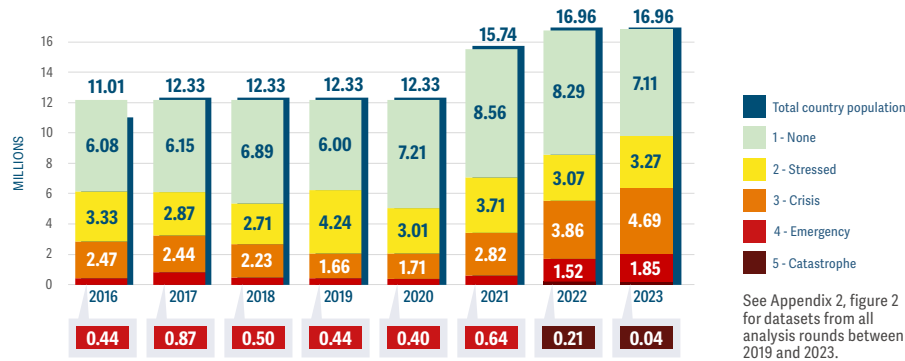
Projected IPC acute food insecurity situation, April–June 2023



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

Source: Somalia IPC TWG, April 2023.

Numbers of people by phase of acute food insecurity, 2016–2023



Source: Somalia IPC TWG.

better 2023 Gu rainfall performance than previously forecast, declining though still well-above-average food prices and scaled up multisectoral humanitarian assistance.

Economic shocks Across Somalia, record prices of basic commodities, including food and fuel, severely limited food access for poor households who were also facing reduced levels of income, eroding their purchasing power. In October 2022, prices of local cereals were up by 32–142 percent compared with the five-year average, while imported rice prices were up by 27–85 percent and diesel prices by 43–102 percent. Similarly, water prices escalated during the same period, up by 9–154 percent compared with the five-year average. The 2023 food security projections assume that food, fuel and water prices will remain well above average levels (IPC, December 2022).

Conflict/insecurity Continued conflict in Somalia killed over 1 000 civilians (IPC, December 2022) and drove over 600 000 displacements in 2022 (UNHCR, January 2023). Conflict impaired humanitarian assistance access with limited presence outside major cities, as well as livelihoods, markets and economic activity (IPC, December 2022). Projections for 2023 assume that

conflict will continue to drive population displacements and disrupt access to livelihoods and humanitarian assistance (IPC, April 2023).

Acute food insecurity since 2016

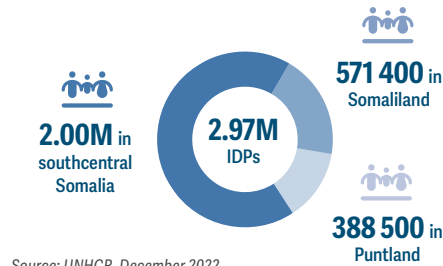
Somalia has a long history of food crises and has been included as a ‘major’ food crisis in every edition of the GRFC, driven by conflict, weather-induced shocks and economic challenges.

Prior to the current drought, two previous droughts had devastated the country, with a Famine in 2011 resulting in the death of nearly 260 000 people, while in 2017, Famine was only prevented due to large-scale humanitarian assistance (IPC, October 2022). Nonetheless, almost 900 000 people were in Emergency (IPC Phase 4) in the mainly crop-dependent Bay and southern parts of Bakool region (FSNAU/FEWS NET, September 2017).

Between 2018 and 2022, the number of people in Crisis or worse (IPC Phase 3 or above) more than doubled, with the most significant increases in the last two years (IPC, October 2022).

DISPLACEMENT

Number of IDPs, end 2022



Source: UNHCR, December 2022.

IDPs By the end of 2022, nearly 3 million IDPs were living in congested settlements or temporary shelters established at different sites across the country, uprooted from homes by armed conflict and drought.

Between January 2021 and November 2022, more than 1.36 million people were newly displaced by the prolonged catastrophic drought with tens of thousands of people leaving their homes in search of assistance every month in 2022. The highest numbers were in January 2022 (311 000) and June 2022 (114 000) (IOM, March 2023).

Through Emergency Tracking Tool (ETT) assessments, IOM observed that 343 600 individuals had been displaced by drought across 216 settlements in Gedo (40 percent in IDP sites and 60 percent outside of IDP sites) in the year to November 2022. According to UNHCR, 79 percent of IDPs are women and children (PRMN, 2022).

In early 2023, WHO reported that 15–20 families were arriving daily – sick, exhausted and hungry – in the suburbs around Mogadishu after week-long journeys on foot from remote villages to reach IDP camps in Banadir. The IDP camp in Daynile district, housing over 500 000 people, continued to grow by the day, even as the district’s fragile health system struggles to provide essential health and nutrition services. Access to safe water, sanitation and hygiene remains a challenge. Malnutrition, epidemic-prone diseases like acute watery diarrhoea and measles, pneumonia, anaemia in pregnant

women, and skin infections due to lack of water intake are common among new arrivals (WHO, February 2023).

Acute food insecurity and critical levels of malnutrition are major concerns among IDPs, host communities and returnees due to limited livelihood assets and opportunities, low access to communal support and high reliance on external humanitarian assistance, including food assistance. For example, IDPs in Mogadishu and Baidoa will continue to face Emergency (IPC Phase 4) food security outcomes between April and June 2023.

A UNHCR Protection and Return Monitoring Network (PRMN) survey of 288 000 IDP arrivals in January 2023 found that food was the priority need for 78 percent and shelter the priority need for 10 percent (UNHCR PRMN, January 2023). Wasting prevalence among IDPs has increased each year since 2019, reaching 18.2 percent in 2022 (HNO 2023, February 2023).

Armed conflict and the climate-related crisis are likely to trigger further displacement and put additional pressure on already strained communities (IOM Migration Report, 2022). Up to 450 000 people are expected to be displaced by conflict in 2023 (HNO, February 2023).

Refugees Somalia hosts nearly 35 000 refugees and asylum-seekers, the majority from Ethiopia, followed by Yemen. Around 69 percent of them are women and children, and live in urban areas in relatively stable Somaliland (58 percent), Puntland (32 percent) and southcentral Somalia (10 percent). During 2022, around 5 500 newly arrived refugees were registered. In addition, around 3 000 Somali refugees returned home, including those who returned spontaneously from neighbouring countries, bringing the total to 93 700 people (UNHCR, December 2022).

Refugees in Somalia do not receive humanitarian assistance. Many cannot afford housing and live in traditional shelters, leaving them susceptible to robbery, sexual assault and harassment, while others have settled at the periphery of towns due to rental challenges, and face poor living conditions, a lack of water and sanitation, and limited access to healthcare and nutrition services (UNHCR, 2022).

NUTRITION

Number of children under 5 years old with wasting, January–December 2023



Source: Somalia IPC TWG, February 2023.

According to estimates released in June 2022, about 1.48 million children under 5 years suffered from wasting from May–December 2022. Updated analysis in September 2022 estimated an increase in the number of children expected to be wasted to 1.78 million from August 2022–July 2023, based on the post-Gu assessments. The number of children suffering severe wasting increased by over 30 percent, primarily due to deteriorating food insecurity and limited access to clean water, leading to outbreaks of acute watery diarrhoea and increasing incidence of diseases such as measles (IPC, February 2023).

The highest numbers of wasted children were in Banadir, Bay, Lower Shabelle, Mudug, Bari and Lower Juba (IPC, September 2022). In addition, stunting prevalence remains high in Somalia, affecting 27.8 percent of children under 5 years (DHS, 2020). In addition, the results from 31 integrated surveys conducted between October and December 2022 showed very high levels of mortality (Crude Death Rate and/or Under-5 Death Rate) among agropastoral populations in Baidoa and Burhakaba districts, displaced populations in Baidoa, agropastoral populations in Middle Shabelle, and displaced populations in Mogadishu, but the levels were low elsewhere (IPC, February 2023).

Additionally, 43,000 excess deaths due to the drought were estimated in 2022, with half of the deaths amongst children under the age of five (UNICEF, 2023).

The most recent projection indicates the stagnating high wasting burden of 1.8 million children expected to be affected throughout 2023 (IPC, April 2023). Although still

critical, the number of severely wasted children projected in 2023 (478 000) is slightly below the estimates based on the results of the IPC acute malnutrition analysis conducted in August 2022 (513 550), due to significant efforts in the scale-up of multisectoral humanitarian assistance, supported by slightly more favourable than previously foreseen rainfall performance (IPC, September 2022; IPC, February 2023, IPC, April 2023). Between April–June 2023, fewer districts were projected to be in Critical (IPC Phase 4) than in October–December 2022, and Bay region was no longer classified in Very Critical (IPC AMN Phase 5).

Drivers of undernutrition

Food insecurity and lack of access to healthy diets Severe food shortage resulting in inadequate food intake is a major cause of the high levels of acute malnutrition in Somalia (HNO, 2023).

Inadequate maternal and child-feeding practices Only 47 percent of infants under 6 months are exclusively breastfed and only 8.7 percent of children aged 6–23 months receive a Minimum Acceptable Diet (MAD) (HNO, 2023; IPC, September 2022). Women and girls in Somalia often have limited access to resources and lack skills and knowledge to provide optimal nutrition for themselves and their children (HNO 2023, February 2023).

Anaemia data from 2019 indicate a 'severe' public health problem, with 51.8 percent of children aged 6–59 months and 43.1 percent of women of reproductive age anaemic (WHO, 2021).

Poor household environment More than 6.4 million people were facing acute water shortages in October 2022 and new IDPs had limited access to sanitation facilities (UNICEF, November 2022; OCHA, 2022). Poor water and sanitation led to outbreaks of infectious diseases in several areas.

The WASH cluster reports that 8 million people are in need of emergency WASH services across the country in 2023, a 25 percent increase since 2022. According to Somalia's Water Sources Information Management System, about 1 800 out of 8 200 water sources are non-functional and require urgent rehabilitation (UNICEF, March 2023).

Limited access to health and nutrition services Increased insecurity, especially in south-central Somalia, continued to chronically constrain households' access to health and nutrition services.

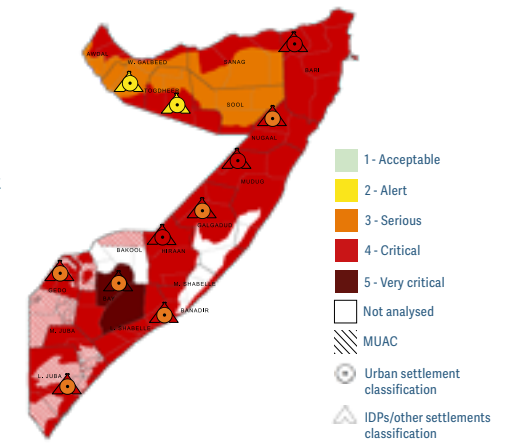
Expanding conflict, the anticipation of conflict, and the perception of high security risks in relation to the low-acceptance of non-state armed actors for humanitarian operations originating from government-controlled areas made it challenging for actors to expand their coverage of health and nutrition services or provide technical support to existing sites (UNICEF, January 2023).

Most households especially in rural areas, therefore, could not access these services due to long distances, high transport costs and safety concerns (OCHA, February 2023). Obstacles imposed by armed actors, including access denials, worsened the situation (UNICEF, January 2023).

High prevalence of infectious diseases Acute watery diarrhoea and measles are endemic and cases continue to rise compared with recent years, driven by severe water shortages, poor sanitation and limitations in the healthcare system (OCHA, January 2023).

Limited access to safe water, open defecation in IDP camps and insecurity leading to delayed access to care were among the factors that contributed to the cholera outbreak, with 13 383 cases across 25 districts in 2022 (WHO, December 2022). Between 1 January - 2 April 2023, 4032 new cases of suspected cholera have been reported from 26 drought-affected districts, with Lower Juba, Gedo, and Banadir being worse affected (WHO, 2023). An estimated 90 percent of the cases of severe acute malnutrition and medical complications are attributed to diarrhoeal diseases and measles (HNO 2023, February 2023).

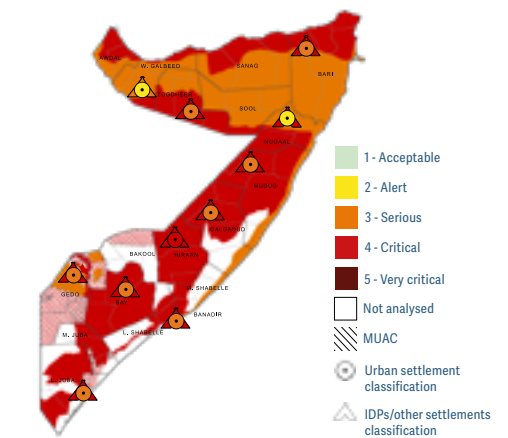
IPC acute malnutrition situation, October–December 2022



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Source: Somalia IPC TWG, September 2022.

Projected IPC acute malnutrition situation, April–June 2023



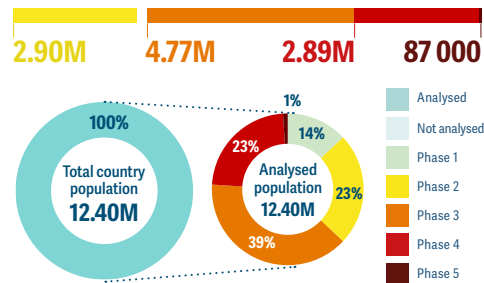
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Source: Somalia IPC TWG, February 2023.

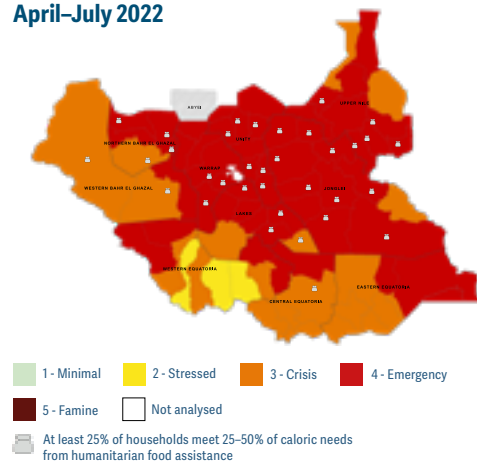
South Sudan

ACUTE FOOD INSECURITY PEAK 2022

7.74M people or **63%** of the analysed population in IPC Phase 3 or above, April–July 2022



IPC acute food insecurity situation, April–July 2022



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Source: South Sudan IPC TWG, April 2022.

Food crisis overview

At 7.74 million people, the population in Crisis or worse (IPC Phase 3 or above) reached the highest in the seven-year history of the GRFC during the April–July 2022 lean season – more than half a million more people than during the same period in 2021 (IPC, December 2020). The share of the population in IPC Phase 3 or above (63 percent) is the highest in the region and indeed the highest among all 58 countries/territories in the GRFC 2023 (IPC, April 2022).

The deterioration was driven by numerous interconnected shocks and stressors including a macroeconomic crisis characterized by a weak local currency and low foreign currency reserves, high food prices, livelihood and crop losses in areas affected by unusually severe floods, and the localized escalation of intercommunal violence (FAO, December 2022). According to estimates from the 2022 FAO/WFP Crop and Food Security Assessment Mission (CFSAM), aggregate cereal production in 2022 was 12 percent above that of the 2021 output and about 16 percent above the previous five-year average. However, the overall cereal deficit for January–December 2023 was still substantial with net production in 2022 representing only about two-thirds of the estimated cereal requirements in 2023. The highest deficit is recorded in the Greater Upper Nile region due to livelihood losses caused by floods and intercommunal violence (FAO/WFP, June 2022).

Two-thirds of the country's 79 counties were classified in Emergency (IPC Phase 4), and almost one-third in Crisis (IPC Phase 3). Only three counties were in Stressed (IPC Phase 2). The most food-insecure states where more than 66–79 percent of their populations were facing high levels of acute food insecurity were Jonglei, Unity, Warrap, Upper Nile and Northern Bahr el Ghazal (IPC, April 2022).

A similar projection for 2023

This alarming situation is expected to persist at similar levels in terms of magnitude during the April–July 2023 lean season. Nevertheless, the number of counties

Populations in Catastrophe (IPC Phase 5)

In April–July 2022, around 87 000 people faced Catastrophe (IPC Phase 5) in the states of Jonglei and Greater Pibor Administrative Area (67 000 people), Lakes (13 000 people) and Unity (7 000 people) – 19 percent lower than during the April–July 2021 lean season. In April–July 2023, around 43 000 people are still expected to face Catastrophe (IPC Phase 5) in Akobo, Canal/Pigi and Fangak counties in Jonglei state; and in Leer and Mayendit counties in Unity state (IPC, November 2022).

classified in Emergency (IPC Phase 4) is expected to decrease from 52 to 47, and those in Crisis (IPC Phase 3) to increase from 23 to 29 (IPC, November 2022).

Drivers of the crisis, 2022–23

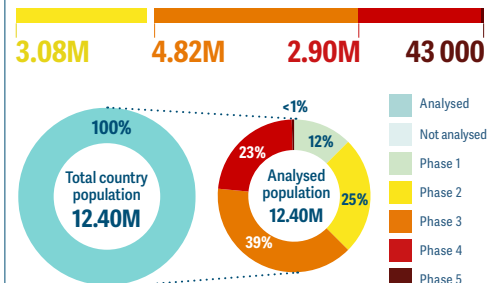
Economic shocks Exceptionally high staple food prices, in tandem with limited economic activity due to the prolonged macroeconomic crisis, severely curtailed household purchasing power and food access in 2022.

Factors underpinning these rising food prices included insufficient domestic food supplies due to a structural deficit and below-average 2021 cereal production; low foreign currency reserves and the weak national currency; high fuel prices, with prices of diesel in December 2022 more than twice its year-earlier values in the capital Juba; and reduced imports from neighbouring Uganda, the main source of imported cereals, due to low exportable surpluses following reduced 2022 cereal production (FAO/WFP, 2022). For instance, in January 2023, cross-border imports of maize and sorghum from Uganda were about 90 percent lower on a yearly basis and about 70 percent below the average of the previous five years (FSNWG, January 2023).

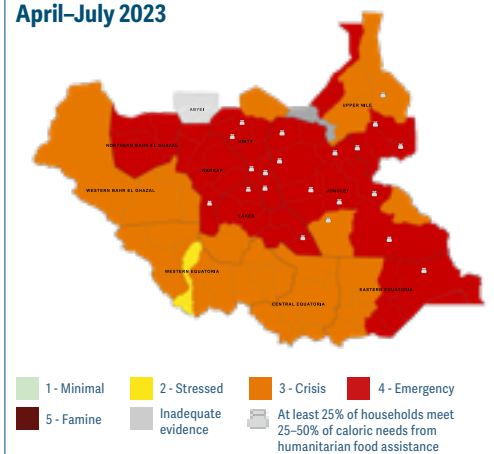
In Juba, prices of maize surged by almost 70 percent between June and September 2022, while prices of the

ACUTE FOOD INSECURITY PROJECTION 2023

7.76M people or **63%** of the analysed population in IPC Phase 3 or above, April–July 2023



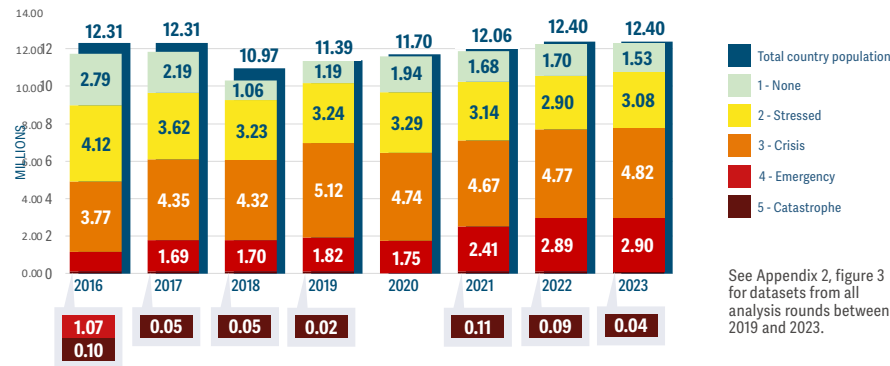
Projected IPC acute food insecurity situation, April–July 2023



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Source: South Sudan IPC TWG, November 2022.

Peak numbers of people by phase of acute food insecurity, 2016–2023



In 2018, the peak of acute food insecurity was reached in September that year although 155 000 people faced IPC Phase 5 in May–July 2018. Source: IPC TWGs.

main staple sorghum more than doubled (FAO, December 2022). In November, maize and sorghum prices were around twice their already high year-earlier values and about 100 times those of July 2015, before the currency collapse (FAO, December 2022).

Conflict/insecurity Despite the August 2022 agreement to extend the Transitional Government of National Unity through February 2025, and an overall decrease in the number of acts of violence against civilians (ACLED, January 2023), subnational conflict and attacks on civilians persisted in seven out of ten states, especially in Upper Nile, Jonglei, Unity and Warrap. Insecurity prevented people from accessing fields, livestock and income-generating activities, disrupted trade and markets, drove up food prices, and constrained humanitarian access. In 2022 alone, an estimated 257 000 people were displaced by conflict (OCHA, November 2022).

In the November 2022–May 2023 dry season, localized conflict/insecurity is expected to continue leading to displacement, depletion or loss of assets, and disruption of livelihoods, further reducing income for purchasing food and covering essential needs (IPC, November 2022).

Weather extremes In 2022, an estimated 130 000 hectares of cultivated land were damaged by floods, with an estimated loss of

65 000 tonnes of cereals (FAO/WFP, forthcoming). Over 1 million people were reportedly affected in nine of the ten states in August to late October, mainly impacting Northern Bahr el Ghazal, Warrap and Unity (OCHA, November 2022). Atypical rainfall from October to mid-December (the start of the usual dry season), combined with elevated water levels in the Nile River and its tributaries, slowed the expected recession of the floodwaters in the Sudd Wetland and White Nile River Basin (FEWS NET, December 2022).

In unimodal northern areas, where the rainfall season typically begins in June, some recession is expected in 2023 in most flood-affected areas, but residual flood water will likely constrain market and humanitarian access, especially in parts of Jonglei and Unity states, and interfere with land preparation and planting due to high soil saturation (FEWS NET, March 2023). Below-average rainfall amounts are expected between June and September, with a likely negative impact on yields of 2023 crops (ICPAC, May 2023).

Acute food insecurity since 2016

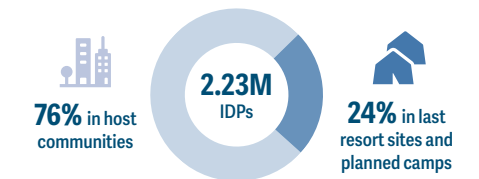
Since the first edition of the GRFC in 2017, South Sudan has consistently ranked among the worst eight food crises in terms of numbers of people in Crisis or worse (IPC Phase 3 or above). Each year since 2017, at least half

of its population has faced IPC Phase 3 or above during the April–July lean period, reaching over 60 percent in 2019, 2021 and 2022. For seven consecutive years, South Sudan has had populations in Catastrophe (IPC Phase 5), reaching the highest number (155 000) in May–July 2018 (IPC, January 2018). The severity of acute food insecurity has increased sharply since 2020 with the number of people in Emergency (IPC Phase 4) rising by 38 percent between 2020 and 2021, and by another 20 percent between 2021 and 2022.

This protracted and worsening food crisis is attributable to the combined effects of recurrent shocks and underlying fragility, instability and ubiquitous poverty. Persistent annual cereal deficits, years of asset depletion and livelihood losses, and constrained access to basic services hamper households’ capacities to cope with repeated shocks and erode opportunities to build resilience.

DISPLACEMENT

IDPs live in host communities or displacement sites



Source: UNHCR, February 2023.

IDPs Since 2014, more than 2.2 million people in South Sudan have been internally displaced by conflict and natural disasters, with subnational and localized violence leading to the displacement of more than 300 000 people in 2022 alone. A further 2.3 million are refugees in five surrounding countries (mainly Uganda and the Sudan) (UNHCR, February 2023).

Most displaced people live in host communities, further straining limited essential services. Instability and flooding have resulted in hundreds of thousands of people living in protracted displacement in camp-like settings in overcrowded shelters that get flooded during

the rainy season, increasing disease outbreaks. These poor living conditions, lack of water and sanitation services and insufficient health services sometimes spark tensions between population groups (HNO 2023, November 2022).

More than 61 percent of IDPs nationally face high levels of acute food insecurity in 2023 with the highest percentages in Western Bahr el Ghazal (69.9 percent) and Central Equatoria (67.3 percent) (IPC as reported in HNO 2023, November 2022). In camps, wasting levels exceeded WHO emergency thresholds. In interviews, IDPs indicated insufficient or no access to food for children or nutrition services in Leer, Mayendit, Malakal, Akobo, Wau and Juba counties (OCHA, January 2023). An estimated 390 000 IDP children and pregnant and lactating women are expected to suffer from acute malnutrition in 2023 (HNO 2023, November 2022).

Returns Since 2016, 1.92 million people returned to their place of origin, 67 percent of them from within South Sudan following the peace agreement in 2018. In 2022, nearly 126 600 South Sudanese refugees spontaneously returned, mainly from the Sudan (HNO 2023, November 2022). Returnees face severe obstacles to food security and adequate nutrition, including lack of access to livelihoods, disputes over land tenure and poor household environment.

The 2022 Inter-Sector Needs Assessment indicates that 63 percent did not receive any support to return or relocate and 75 percent reported food as a priority need (OCHA, January 2023).

The eruption of conflict in the Sudan since mid-April is resulting in an influx of people fleeing into South Sudan, mostly South Sudanese returnees. Based on the most recent available data, 46 000 South Sudanese refugees living in Sudan had crossed the border back to South Sudan. Many are stranded in Renk county in Upper Nile where basic services are extremely limited (UNHCR, May 2023).

Refugees By the end of 2022, 310 520 refugees were living in South Sudan (UNHCR, December 2022), mainly in camps (92 percent) in Upper Nile and Unity states. The majority were from the Sudan (92 percent) and the rest from the Democratic Republic of the Congo, Ethiopia, the Central African Republic,

Eritrea and Burundi. During 2022, around 6 591 new arrival refugees were registered in the country (UNHCR, December 2022).

Due to limited access to livelihoods, lack of agricultural opportunities and continued insecurity, refugees rely on humanitarian food assistance. In 2021, the food ration was reduced from 70 to 50 percent of the daily recommended 2 100 kilocalories (UNHCR & WFP, 2022).

The percentage of moderately and severely food-insecure refugee households has progressively increased since September 2020 to reach 79 percent by June 2022, largely attributed to the after-effects of COVID-19, an increase in market prices of food commodities and the ration cuts, as well as prolonged flooding and limited livelihood options. Around 70 percent of refugee households spent more than 65 percent of their incomes on food (WFP, June 2022).

The prevalence of child wasting was 'high' (>10 percent) in four out of eight monitored refugee camps and that of severe wasting was above 2 percent in two sites. Stunting was 'very high' or 'high' in two camps. Anaemia was a severe public health concern among children under 5 years old in five camps (SENS, 2021).

NUTRITION



Acute malnutrition was expected to deteriorate from mid-2022 due to insufficient and poor access to health and nutrition services, high levels of disease and inadequate child-feeding practices, in tandem with persistently high acute food insecurity.

The 2021 figure of 1.3 million children with wasting had already marked the highest caseload since the start of the conflict in December 2013 (IPC, December 2020). From July 2022 to June 2023, the number of children with wasting was estimated to reach 1.4 million, based on analysis of SMART nutrition surveys.

The majority (around 61 percent) of South Sudan's wasted children are in the states of Jonglei, Upper Nile, Unity and Warrap, which also have the highest numbers and prevalence of people in IPC Phase 3 or above phases of acute food insecurity (IPC, November 2022). From July to October 2022, 30 counties we classified in Critical

Number of children under 5 years old with wasting, July 2022–June 2023



0.74M pregnant and lactating women acutely malnourished, 2023

Source: IPC, November 2022.

(IPC AMN Phase 4) and 15 in Serious (IPC AMN Phase 3). During the post-harvest season from November 2022, rather than an improvement that would be typical of this period, the situation was projected to worsen, with 34 counties in IPC AMN Phase 4 and 22 in IPC AMN Phase 3. During the March–June 2023 lean season, wasting levels are expected to worsen, with 77 percent of analysed counties projected to be in Serious or worse (IPC AMN Phase 3 or above). This translates to 44 counties in Critical (IPC AMN Phase 4) and 15 in Serious (IPC AMN Phase 3). Two in three counties classified in IPC AMN Phase 4 are in Upper Nile, Jonglei and Unity (IPC, November 2022).

Stunting levels in South Sudan are 'very high' with 31.3 percent of children under 5 years of age affected (Global Nutrition Report, 2021).

Drivers of undernutrition

Food insecurity and lack of access to healthy diets There is a strong linkage between the severity of acute food insecurity and acute malnutrition during the lean season when households face depleted food stocks, limited access to and reduced functionality of markets because of the rainy season, high food prices, and reduced income. Despite this, in some areas in Lakes and Western Equatoria states, low levels of disease mean that acute malnutrition may not reach more severe phases, which translates into a significantly

lower projected severity of acute malnutrition than acute food insecurity (IPC, November 2022).



Inadequate maternal and child-feeding practices All IYCF indicators remain suboptimal. At national level, fewer than 5 percent of children aged 6–23 months receive a Minimum Acceptable Diet, i.e. the required food quality at the required frequency (IPC, November 2022).



High prevalence of infectious diseases Nearly 63 percent of children reported having been ill two weeks prior to the assessment, mainly with diarrhoea, fever and cough. Existing poor sanitation conditions are likely contributing to the high incidence of illness, with open defecation reported by half of households in 56 counties (IPC, November 2022). The government declared a cholera outbreak in March 2022 (WHO, September 2022).

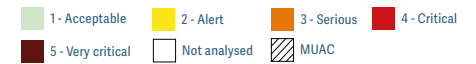
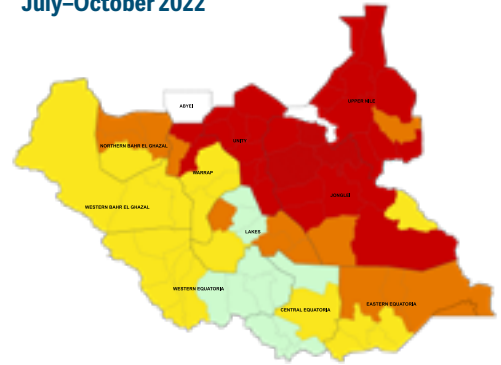
Disruption in health services was a critical factor in the nationwide measles outbreak that the Ministry of Health declared on 11 December. Cases had been reported in 22 counties by mid-December, raising the risk of increased acute malnutrition and mortality levels due to the interaction of hunger and disease, especially in areas with large populations in Emergency (IPC Phase 4) (FEWS NET, December 2022).



Limited access to health and nutrition services Access to health facilities is a major driver of undernutrition with only 8 percent of health facilities nationwide fully functional, while 53 percent are moderately functional (OCHA, February 2022). This is a major contributing factor, especially in locations with flooding and conflict (Jonglei, Upper Nile and Unity states) where access to humanitarian support is limited and delivery is costly.

The 24 percent cut in the donor-financed Health Pooled Fund in mid-2022, which was used to support the provision of primary healthcare services, reduced critical health support in at least 220 facilities across eight out of ten states. Coupled with conflict/insecurity leading to displacement and the targeting of humanitarian actors, these multiple deprivations are hampering the delivery of life-saving programmes and are expected to lead to further deterioration if urgent and adequate support is not provided on time (IPC, November 2022).

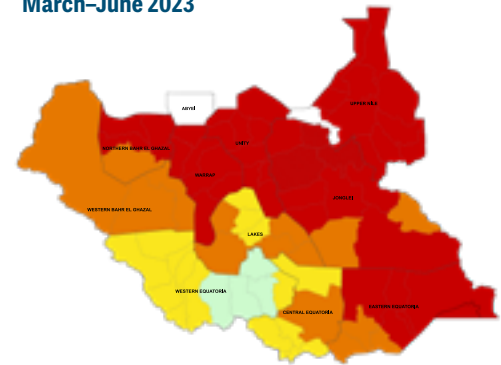
IPC acute malnutrition situation, July–October 2022



The boundaries and names shown and the designations used on these maps 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 TWG, November 2022.

Projected IPC acute malnutrition situation, March–June 2023



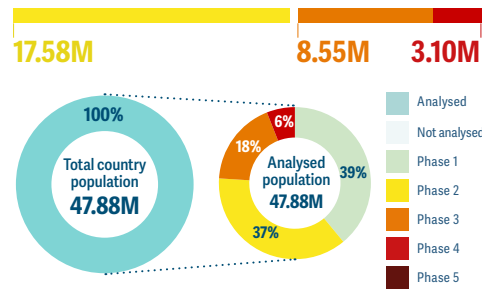
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Source: South Sudan, IPC TWG, November 2022.

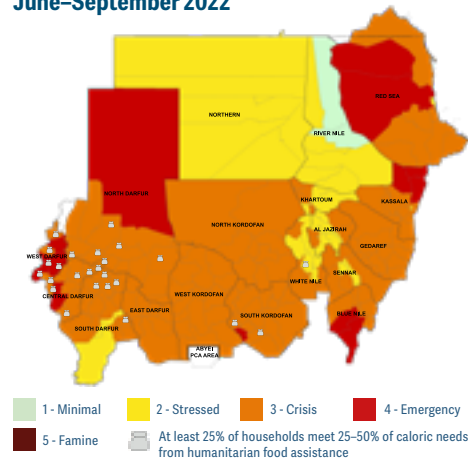
Sudan

ACUTE FOOD INSECURITY PEAK 2022

11.65M people or **24%** of the analysed population in IPC Phase 3 or above, **June–September 2022**



IPC acute food insecurity situation, June–September 2022



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

Source: Sudan, IPC TWG, June 2022.

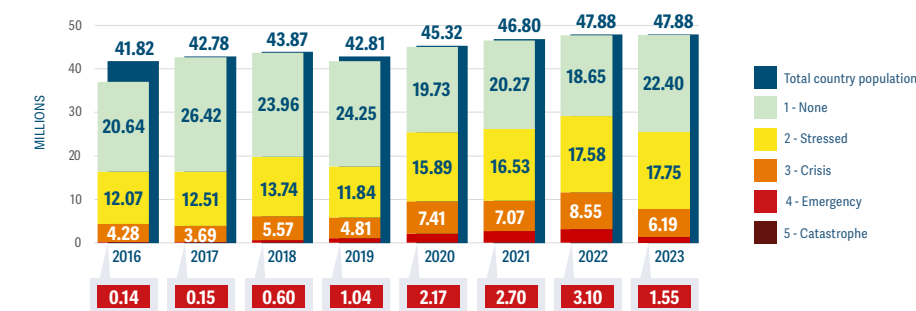
Food crisis overview

An estimated 11.65 million people were in Crisis or worse (IPC Phase 3 or above) in June–September 2022, the highest recorded figure in the seven-year history of the GRFC and an increase of 2 million people since the previous high in June–September 2021. A worsening macroeconomic crisis, exacerbated by international supply shocks, early onset of the lean season due to reduced 2021 cereal production, conflict, civil unrest and political instability drove the deterioration.

Of the 187 localities analysed, 14 were estimated to be in Emergency (IPC Phase 4) and 138 in Crisis (IPC Phase 3) (IPC, June 2022). Central, North and West Darfur, Blue Nile, and South and North Kordofan states had 30–42 percent of their analysed populations in IPC Phase 3 or above. Displaced populations, those residing in conflict affected areas, and vulnerable agropastoral and pastoral communities in eastern, northern and western Sudan were the most food insecure (IPC, June 2022).

Between October 2022 and February 2023, levels of acute food insecurity were projected to decline, with 7.74 million people to face Crisis or worse (IPC Phase 3 and above). This expected improvement was attributed

Numbers of people by phase of acute food insecurity, 2016–2023



Source: Sudan IPC TWG.

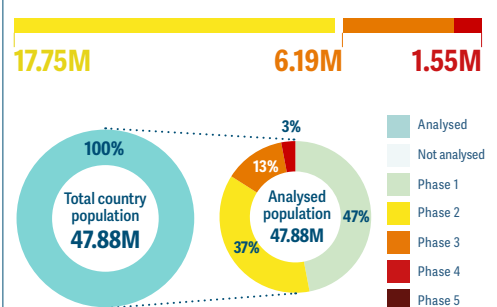
to improved food access following the 2022 main cereal harvests, estimated at an above average level and significantly higher than the reduced levels in 2021 (FAO, March 2023). However, the recent onset of clashes between the Sudanese Armed Forces and paramilitary forces in mid-April is likely to worsen acute food insecurity as markets and livelihoods have been severely and suddenly disrupted, humanitarian operations halted and the risk of further internal displacement heightened.

Acute food insecurity since 2016

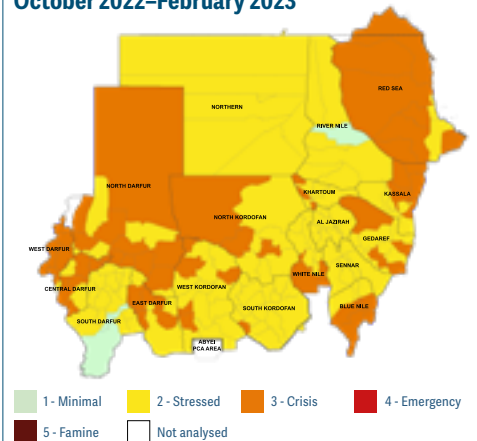
The Sudan has persistently high levels of acute food insecurity due to the combined impacts of the macroeconomic crisis since 2017, civil unrest since 2018, protracted inter-communal conflicts and weather extremes. In six out of seven years, the country has been among the ten largest food crises in the GRFC, with its population in IPC Phase 3 or above consistently increasing from 3.8 million in 2017. In 2020 and 2021, the socioeconomic impacts of the COVID-19 pandemic compounded the dire economic situation, resulting in 21 percent of the population being in IPC Phase 3 or above compared with 14 percent in 2019. The people facing IPC Phase 4 more than doubled over the same period, and steadily increased to over 3 million in 2022.

ACUTE FOOD INSECURITY PROJECTION 2023

7.74M people or **16%** of the analysed population in IPC Phase 3 or above, **October 2022–February 2023**



Projected IPC acute food insecurity situation, October 2022–February 2023



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

Source: Sudan, IPC TWG, June 2022.

Drivers of the crisis, 2022–23



Economic shocks Poor macroeconomic conditions persisted due to low foreign currency reserves, continued currency depreciation and rampant inflation. The consequent upward pressure on local and imported food and non-food prices curtailed households' purchasing power. In September 2022, the national average retail price of a kilogram of sorghum was 243 percent higher than in the same period in 2021 (WFP, September 2022), while in August 2022, a litre of fuel was 135 percent higher year-on-year (FEWS NET, August 2022).

The Sudan was heavily affected by the war in Ukraine due to high dependence on cereal imports from the Russian Federation and Ukraine. The 2022–23 IPC acute food insecurity projections assume that staple cereal prices will decline through February 2023 due to above-average 2022/23 main season harvests but will remain four to five times above the recent five-year average (IPC, June 2022).



Conflict/insecurity Inter-communal clashes, political instability, civil unrest and the increased presence of armed groups led to population displacement, disruption of agricultural production and livelihoods, and destruction of households' productive assets, particularly in Blue Nile, Darfur, Kassala and Kordofan states (FEWS NET, August 2022). The 2022–2023 projection period coincides with the harvest season, when conflict levels typically increase due to disputes over land (IPC, June 2022). The intense fighting that broke out across the Sudan in mid-April 2023 is expected to further worsen the country's acute food insecurity situation.

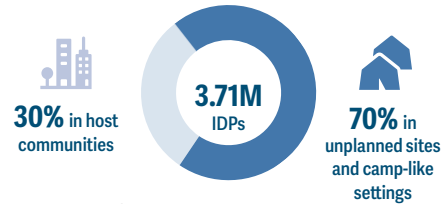


Weather extremes The 2021/22 cereal production was estimated to be 35 percent below that of the previous year and about 30 percent below the previous five-year average, mainly due to irregular distribution of rains, with prolonged dry spells followed by torrential rains in July 2021, which triggered floods and forced several farmers to replant (FAO, March 2022). The 2022/23 aggregate cereal production is estimated at about 45 percent above the previous year and 13 percent above the average of the previous five years. The increase is mainly due to abundant and well-distributed rains over most cropping areas, which boosted yields (FAO, March 2023).

Below-average rainfall amounts are expected, especially over western cropping areas in the Greater Darfur region, between June and September, with a likely negative impact on yields of 2023/24 crops in one of the areas most affected by acute food insecurity (ICPAC, May 2023).

DISPLACEMENT

IDPs were mainly displaced by conflict



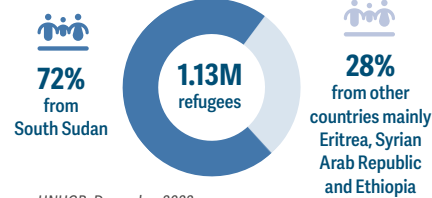
Source: IOM, December 2022.

IDPs In 2022, around 418 500 people were internally displaced, 75 percent of them due to a spike in localized conflict in Darfur and Kordofan, and 25 percent due to flooding. Overall, about 85 percent of the 3.71 million IDPs were displaced by armed conflict and communal clashes, 7 percent by economic shocks and 6 percent by weather extremes (IOM DTM, February 2023). At least 2 million are under 18 years and have been displaced for most of their lives (HNO 2023, November 2022).

Most IDPs live in camps in the highly food-insecure Darfur states (HNO 2023, November 2022) and in settlements in Kordofan, Red Sea, Blue Nile, Gedaref and Kassala states. They face high levels of acute food insecurity, consistent with IPC Phase 3 or above and incomes below the level necessary to safeguard their means of subsistence (FEWS NET, August 2022).

Refugees The Sudan hosts one of the largest refugee populations in Africa, with 39 percent residing in camps, and 61 percent in out-of-camp settings. During 2022, over 56 000 new arrivals were registered as refugees in the country, mostly from South Sudan (UNHCR, December 2022). High levels of acute food insecurity and malnutrition remain a key concern. Results from the 2022 UNHCR SENS surveys in refugee camps in White Nile state revealed that

Refugees mainly reside in Khartoum and White Nile states, 2022

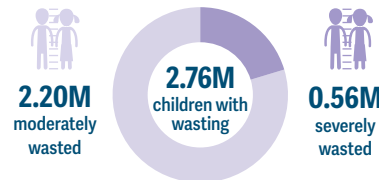


Source: UNHCR, December 2022.

43 percent of surveyed households had poor food consumption and 40 percent borderline. They revealed very high levels of child wasting (above the 15 percent threshold) and severe wasting above 2 percent in all the camps, indicative of a significant deterioration compared with previous years (UNHCR SENS, 2022). Food ration cuts since July 2022 entailed refugees receiving 50 percent of the recommended daily food basket of 2 100 kcals per person a day, which likely exacerbated the situation (ECHO, June 2022).

NUTRITION

Number of children under 5 years old with wasting, 2022



905 000 pregnant and lactating women acutely malnourished, 2022

Source: HNO 2023, November 2022.

The nutrition situation in the Sudan is dire, with 11 of the 18 states having a wasting prevalence above 15 percent (OCHA, June 2022). The number of wasted children under 5 years was projected to increase from 2.76 million in 2022 to around 3 million in 2023, with the number of severely wasted

children increasing from 0.56 million in 2022 to 0.61 million in 2023 (HNO 2023, November 2022).

Drivers of undernutrition

Food insecurity and lack of access to healthy diets Sharply deteriorating levels of acute food insecurity in 2022 contributed to worsening acute malnutrition by restricting dietary intake. A dry spell in 2022 affected food security in 115 localities and led to an estimated 153 000 more cases of severe and moderately malnourished children (HNO 2023, November 2022).

Poor household environment Unsafe water, inadequate sanitation and poor personal and environmental health and hygiene increased the risk of a growing number of WASH-related diseases. About 28 percent of water sources lack sufficient water, and 25 percent do not function, largely attributable to fuel price increases. Around 30 percent of the population has access to basic sanitation with a 33.3 percent prevalence of open defecation. Handwashing with soap and water is estimated at 14.3 percent (HNO 2023, November 2022).

High prevalence of infectious diseases Reduced coverage of immunization programmes exposed young children to vaccine-preventable diseases: nationally, measles vaccine coverage declined to 60 percent in 2022, following an already reduced rate of 67 percent in 2020., and was even lower in Central Darfur, East Darfur, South Darfur, South Kordofan, West Kordofan and Red Sea states, severely compromising child nutrition status (HNO 2023, November 2022).

Limited access to health and nutrition services The protracted humanitarian crisis in the Sudan continues to impact the already fragile health system (HNO 2023, November 2022).

Inadequate maternal and child-feeding practices According to the latest available data, while over 62 percent of children under 6 months were exclusively breastfed, only 12.6 percent of children aged 6–23 months consumed a Minimum Acceptable Diet (S3M II, 2019). Anaemia prevalence in children aged 6–59 months was estimated at 50.8 percent, indicating a severe public health problem. Among women of reproductive age, it was a moderate problem (36.5 percent) (UNICEF, 2019).

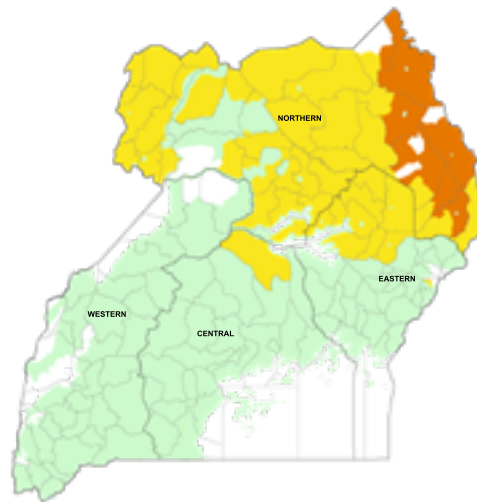
Uganda

ACUTE FOOD INSECURITY PEAK 2022

 **2.3M** people or **5%** of the analysed population in IPC Phase 3 or above, **July–August 2022**

Source: FEWS NET, June 2022.

IPC acute food insecurity situation, July–August 2022




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

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

Source: FEWS NET, June 2022.

Food crisis overview

 At 2.3 million in July–August 2022, the number of people facing Crisis or worse (IPC Phase 3 or above) was among the highest estimated in Uganda over the previous seven years. Consecutive seasons of below-average harvests, compounded by high food prices, were the main drivers of the acute food insecurity situation (FEWS NET, June 2022).

Following consecutive seasons of below-average harvests, high levels of acute food insecurity were especially prevalent in north-eastern Karamoja, Teso subregion, and in northern areas of the country.

Refugees, mainly from South Sudan and the Democratic Republic of the Congo, were among the country's most acutely food-insecure, as limited income and diminished coping capacity exacerbated their vulnerabilities.

Acute food insecurity projected to persist at similar levels in 2023

In the projection period, the situation is not expected to improve at national level, with the estimated number of people facing high levels of acute food insecurity ranging between 2–2.5 million in March–May 2023, mostly due to below-average rainfall over several cropping areas and economic shocks. In the Karamoja subregion, in particular, the population facing high levels of acute food insecurity is expected to increase at the peak of the 2023 lean season, compared to the same period in 2022, as Crisis (IPC Phase 3) outcomes become more widespread (FEWS NET, January 2023). Even with humanitarian assistance, increasing numbers of refugees are estimated to face IPC Phase 3 or worse (FEWS NET, June 2022).

Acute food insecurity since 2016

Over the seven years of the GRFC's existence, Uganda has been identified as a major food crisis with over 1 million people in IPC Phase 3 or above. The differing analysis coverage and data sources

challenge comparisons over time. The highest number of people in IPC Phase 3 or above in the history of the GRFC was 2.6 million in 2020 at the height of the COVID-19 pandemic, even though the analysis only covered the food insecurity hotspots, accounting for 25 percent of the country population (Karamoja, urban areas, refugee populations and their host communities), while in other years, analyses covered at least 87 percent of the population. Since 2020, the number has remained above the 2-million mark, indicating continued fragility of the food security situation. The proportion of the population facing high levels of acute food insecurity in some areas has continued to increase since 2020.


Drivers of the crisis, 2022–23

 **Weather extremes** In bimodal rainfall areas covering most of the country except the Karamoja region, the March–June 2022 first season rains performed poorly, characterized by a 30–40 day delayed onset, erratic distribution and severe precipitation deficits, especially in northern areas. The insufficient rains significantly constrained crop yields, resulting in 30–50 percent below five-year average crop production and a third consecutive season of poor harvests (FEWS NET, June 2022). According to FAO's Agricultural Stress Index, as of mid-June, severe drought conditions affected more than 85 percent of the cropland in the Central, Eastern and Northern districts (FAO-GIEWS, October 2022).

In July, unseasonal torrential rains in the Eastern and Northern areas triggered landslides and flash floods that affected over 12 000 people and resulted in loss of lives, damage to infrastructure and localized crop losses (FAO-GIEWS, October 2022).

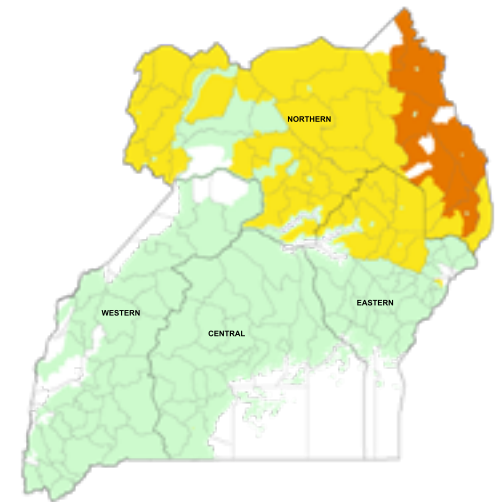
The October–December 2022 second rainy season performed poorly. However improved late-season rains in December resulted in a partial crop recovery, and the second season harvest performed better than the first but was still estimated to be below average (FEWS NET, December 2022).

ACUTE FOOD INSECURITY PROJECTION 2023

 **2.0–2.5M** people or **4–5%** of the analysed population in IPC Phase 3 or above, **February–May 2023**

Source: FEWS NET, February 2023.

Projected IPC acute food insecurity situation, March–May 2023



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

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Source: FEWS NET, February 2023.

Unfavourable weather conditions prevailed in the unimodal rainfall, agropastoral Karamoja region where the April–September 2022 seasonal rains started late and were significantly below average and erratic, especially between May and July, resulting in prolonged dry spells (FAO-GIEWS, October 2022). Crop production for the late 2022 harvest was estimated to be 50–80 percent below average (FEWS NET, January 2023), marking the fourth consecutive season of reduced harvests in the subregion (FAO-GIEWS, October 2022), and occasioning an earlier than usual start (in January) of the 2023 lean season (FEWS NET, January 2023).

Inadequate pasture regeneration and water-source recharge led to below-average livestock body conditions and productivity both in the cattle corridor area and in the Karamoja region (FEWS NET, July 2022).

Below-average rainfall amounts are expected between June and September 2023, potentially leading to the fifth below-average harvest in the subregion (ICPAC, May 2023).

Economic shocks Food prices were elevated across the country due to tight market availability and sustained local demand, as households relied more on the market for food due to lower stocks at the household level caused by consecutive poor harvests. Above-average export demand, mainly from Kenya where crop production was also reduced, and high fuel prices, underpinned by the ripple effects of the war in Ukraine, exerted additional pressure on food prices (FEWS NET, August 2022; FAO-GIEWS, October 2022).

The annual inflation rate, estimated at 10 percent in December 2022, has been increasing since early 2022, underpinned by increasing food and fuel prices. Food inflation was estimated in December 2022 at 23 percent, compared with 5.3 percent in January. In December 2022, average national prices of beans, matooke cooking bananas, cassava flour and maize flour were between 23 percent and 84 percent higher on a yearly basis (Uganda Bureau of Statistics, December 2022).

In Karamoja, incomes were below average for most households due to the below-normal crop production season, ongoing insecurity and rising inflation (all of which constrained typical livelihood activities) and

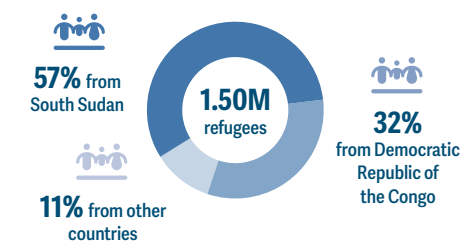
reduced purchasing power. Incomes from firewood collection and charcoal production – typically used by poor households to fill income gaps during the lean season – were constrained due to insecurity in some areas, and by below-average prices of charcoal and firewood in many markets (FEWS NET, August 2022).

Conflict/insecurity A volatile security situation in North Kivu and Ituri provinces of the Democratic Republic of the Congo and in South Sudan resulted in over 144 600 new refugees and asylum-seekers arriving in the country during 2022 (UNHCR, March 2023), putting a strain on already limited resources for humanitarian assistance. Concurrently, WFP cut already partial food rations to 60–70% of the food basket of 2100 kilocalories per person per day, which forced many refugees to resort increasingly to negative coping strategies, including child labour and early marriage (ECHO, January 2023).

Localized cattle raid-related conflict as well as intercommunal clashes over resources and sporadic attacks by armed gunmen in Karamoja spread to Teso subregion, causing population displacement and the establishment of mini IDP camps in Kapelebyong district (IPC, November 2022). Insecurity in Karamoja continued to constrain households' access to farmlands and grazing areas, risking reduced crop and livestock production (FEWS NET, March 2023).

DISPLACEMENT

Uganda hosts the largest refugee population in Africa



Source: UNHCR, December 2022, UNHCR January 2023.

Refugees Uganda hosts 1.5 million refugees, the largest refugee population in Africa, mainly from South Sudan and the Democratic Republic of Congo. The majority live in 13 settlements in the West Nile subregion, and southern and midwestern regions, while 8 percent live in urban areas, particularly Kampala (UNHCR, December 2022).

Refugees in Uganda are dependent on food aid assistance, but rations were cut due to underfunding in 2021. According to the WFP/UNHCR Food Security and Nutrition Assessment 2022 in 13 refugee settlements as well as host districts, refugees living without food assistance, surviving by themselves in Kampala, had better nutrition status than those in the settlements (UNHCR and WFP, June 2022).

According to an IPC acute malnutrition analysis in refugee settlements, between February 2022–January 2023, an estimated 36 600 children aged 6–59 months suffered wasting across all refugee settlements, with 8 600 severely wasted. Additionally, 4 200 pregnant and lactating women among the refugee population were acutely malnourished (IPC, November 2022).

During February–July 2022, Adjumani – the largest settlement, hosting around 237 800 refugees – was classified as in a Serious situation (IPC AMN Phase 3), with a wasting prevalence of 10.5 percent. Six others were classified as in Alert (IPC AMN Phase 2), and the rest in Acceptable (IPC AMN Phase 1) (IPC, November 2022).

The stunting prevalence ranged from 35–48 percent ('very high') in five settlements in western districts, and was 'high' in three settlements in the West Nile subregion (UNHCR and WFP, June 2022).

Drivers of undernutrition for refugees

Inadequate maternal and child-feeding practices Only 8.5 percent of children aged 6–23 months received a Minimum Acceptable Diet (MAD) across the refugee settlements, based on results from the December 2020 Food Security and Nutrition Assessment (FSNA).

Exclusive breastfeeding during the first 6 months reduced from 62 percent in 2021 to 60 percent, while

mixed feeding practices for infants were rampant among refugee mothers with premature introduction of solid, semi-solid and soft foods (IPC, November 2022).

High levels of anaemia among children aged 6–59 months are a major public health concern at 45 percent. The 'moderate' anaemia prevalence among pregnant and lactating women (32 percent) is a contributing factor to low birth weight infants, who are then more prone to acute malnutrition. Only 28.2 percent of the women in refugee settlements were able to consume five or more food groups in a day (IPC, November 2022).

High prevalence of infectious diseases Malaria and acute respiratory infection cases are high in refugee settlements and in host communities, which places a disease burden on the children and strains the health services, contributing to malnutrition. From the most recent FSNA, 76.3 percent of children in the settlements and 77.1 percent of those in host communities were found to have tested positive for malaria in the two weeks preceding the survey (IPC, November 2022).

Food insecurity and lack of access to healthy diets Access to a nutritious, iron-rich diet is a challenge for refugees living in settlements. Most households do not have enough food from their own production, and the high prices in local markets significantly limit their ability to meet the Minimum Expenditure Basket. According to WFP CARI, about 49 percent of the refugee population faced moderate acute food insecurity while another 6 percent faced severe food insecurity in 2022 (IPC, November 2022).

Poor household environment Although 94 percent of refugee households could access safe water sources, the per capita water use is still low, with only 33 percent able to use 20 or more litres of water per person per day. In almost 63 percent of refugee households, water for drinking is not treated before use (IPC, November 2022).

NUTRITION

Number of children under 5 years old with wasting, February 2022–January 2023



22 300 pregnant and lactating women acutely malnourished, 2022

Source: Uganda IPC TWG, May and November 2022.

According to IPC analyses in Karamoja, refugee settlements and refugee-hosting districts, around 196 000 children under 5 years old were suffering from wasting in 2022. Of them, around 36 600 were in refugee settlements and 67 900 in 12 refugee hosting districts (IPC, November 2022). In Karamoja region, the number of children with wasting increased from 56 600 to 91 600 between the 2021 and 2022 lean seasons. The number of children with severe wasting in Karamoja more than doubled from 10 300 to 23 000 (IPC July 2021; IPC, May 2022).

In February–July 2022, two of nine districts in Karamoja were classified as in Critical (IPC AMN Phase 4) – up from one during the 2021 lean season – with the wasting prevalence among children under 5 years old reaching 22 percent in Moroto and 19.8 percent in Kaabong. Four districts were classified as in Serious (IPC AMN Phase 3) with a wasting prevalence of around 14 percent (IPC May 2022). From August 2022–January 2023, wasting was projected to remain at similar levels (IPC May 2022).

Available data show no improvement in wasting among children in Karamoja in the last eight years.

From 2015–2019, the wasting levels were ‘high’ each year (10–<15 percent). They improved to 9.7 percent in 2020 before increasing again to 10.7 percent in 2021 and

then to 13.1 percent in 2022 (IPC, May 2022). According to UNICEF, 2.4 million children are stunted (UNICEF, 2022).

Drivers of undernutrition in Karamoja

Food insecurity and lack of access to healthy diets Of the nine districts analysed, six were of concern in terms of both acute food insecurity and acute malnutrition, namely Amudat, Kaabong, Kotido, Moroto, Nabilatuk and Napak, with at least a classification of Crisis (IPC Phase 3) for acute food insecurity and Alert (IPC AMN Phase 2) for acute malnutrition. Overall, there was consistency and convergence between results from the analyses, demonstrating the link between the two dimensions (IPC, May 2022).

Inadequate maternal and child-feeding practices As women are the main breadwinners in Karamoja, high workloads and high levels of maternal alcoholism were leading causes of ‘Extremely Critical’ child-feeding practices (IPC, May 2022).

According to results from the FSNA from February–March 2022, just 1.8 percent of 6–23-month-old children received the MAD across Karamoja, ranging from 0 percent in Napak and Nakapiripirit districts to 8.6 percent in Amudat district. The remaining districts had fewer than 5 percent of children able to meet the minimum dietary requirements for growth and development (IPC, May 2022).

In 2021, at the national level, 10 percent of 6–23-month old children received the MAD, which is considered ‘Critical’ (LSMS 2019–20). Exclusive breastfeeding rates for children aged 0–5 months were at an ‘Alert’ level of 61 percent in May 2022 in Karamoja region.

In 2022, anaemia prevalence for women of reproductive age was estimated nationally at 32.8 percent, a ‘moderate’ public health problem. In Karamoja region, 37 percent (a reduction from the 59 percent recorded in 2021 but still considered a ‘severe’ public health problem (WHO 2019)) of children aged under 5 were estimated to be anaemic, with the highest prevalence of children suffering from anaemia in Napak (52.5 percent), Amudat (51.5 percent) and Nakapiripirit (45.7 percent) districts (IPC, May 2022).

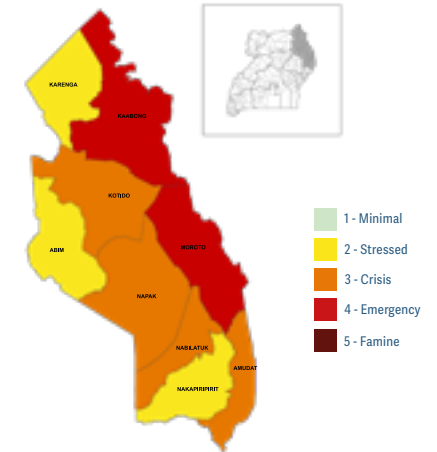
Only about 19 percent of women were able to consume an adequately diverse diet in Karamoja. The most

affected districts in this regard were Napak (3.2 percent), Moroto (15.4 percent), Abim (11.5 percent) and Karenga (15 percent) (IPC, May 2022).

Poor household environment Low water availability at household level and poor access to improved sanitation facilities led to poor hygiene practices that exposed children to diarrhoea, dysentery and skin infections. Although 92 percent of households had access to safe water sources (FSNA, 2022), the per capita water use in Karamoja was found to be below the recommended WHO standard of 20 litres per person per day. Only 19 percent of households (30 percent in 2021) met this minimum water-use standard with average per capita use being 13.2 litres per person per day, most likely due to long distances and high queuing time, coupled with heavy female workload (IPC, May 2022).

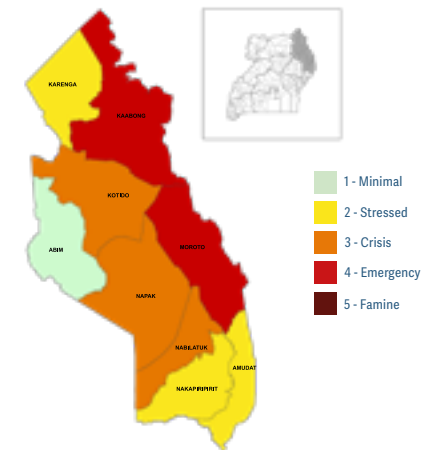
In 2022, access to improved sanitation facilities was still very low across the region. Open defecation stood at 56 percent. The worst-performing districts were Amudat, Moroto, Napak and Kotido, where open defecation ranged from 66–80 percent (IPC, May 2022).

IPC acute malnutrition situation in Karamoja, February–July 2022



The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations. Source: Uganda IPC TWG, May 2022.

Projected IPC acute malnutrition situation in Karamoja, August 2022–January 2023



The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations. Source: Uganda IPC TWG, May 2022.



APPENDICES

Glossary

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.

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.

Chronic food insecurity

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

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

Moderate food insecurity refers to the level of severity of food insecurity, based on the Food Insecurity Experience Scale (FIES), in which people face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. It thus refers to a lack of consistent access to food, which diminishes dietary quality, disrupts normal eating patterns, and can have negative consequences for nutrition, health and well-being.

Severe food insecurity refers to the level of severity of food insecurity in which people have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating, putting their health and well-being at grave risk, based on the FIES (FAO *et al.*, 2021).

According to the SOFI report, between 702 million and 828 million people in the world faced hunger in 2021 – an increase by about 150 million since the outbreak of the COVID-19 pandemic. The number of people affected by severe food insecurity which is another measure that approximates hunger, shows a similar upward trend. Around 11.7 percent of the global population was severely food insecure in 2021, representing 923.7 million people – 207 million more people in two years. Around 2.3 billion people in the world were moderately or severely food insecure in 2021 – an increase by more than 350 million people compared with 2019, the year before the COVID-19 pandemic unfolded (FAO *et al.*, July 2022).

Coping strategies

Coping strategies are measures to which people resort in order to obtain food, income and/or other essential goods or services when their normal means of livelihood have been disrupted or other shocks/hazards affect their access to basic needs.

Export prohibitions and restrictions

Export prohibitions and restrictions are export measures that have a limiting effect on the quantity or amount of a product being exported. They can take the form of a tax or a quantitative restriction. The latter is generally prohibited with some exceptions, notably those applied to prevent or relieve critical shortage of foodstuffs.

Food access

Food access refers to access by households/individuals to adequate resources for acquiring appropriate foods for a nutritious diet.

Food availability

Food availability refers to the availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports.

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.

Forced displacement

Forced displacement is an involuntary or coerced movement of a person or people away from their home or home region as a result of persecution, conflict, generalized violence or human rights violations. 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 breakdown of familial and community networks that provide the necessary support and guidance for looking after young children.

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.

GIEWS assessment (used in country selection for GRFC)

The FAO Global Information and Early Warning System (GIEWS) classifies and regularly updates the list of countries requiring external assistance for food, dividing them into three categories according to the predominant driver: countries with (1) an exceptional shortfall in aggregate food production and supplies; (2) widespread lack of access to food; and (3) severe localized food insecurity.

Internally displaced people

IDPs are those people 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.

Livelihoods

People's capabilities, assets (both material and social) and activities required for a means of living linked to survival and future well-being, and the policies and institutions that shape or constrain access to assets and choices about activities.

Major food crisis

A food crisis is defined as 'major' if more than 1 million people or more than 20 percent of a total area, region or country population is estimated to be facing IPC/CH Phase 3 or above or equivalent, or if at least one area is classified in Emergency (IPC/CH Phase 4) or worse, or if the country is included in the IASC humanitarian system-wide emergency response-level 3.

Malnutrition

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

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

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

Malnutrition has immediate and long-reaching consequences, including stunting children's growth, increasing susceptibility to disease and infections, and contributing to 45 percent of deaths among children aged 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.

Migrants

According to IOM, migrant is an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants and those whose status or means of movement are not specifically defined under international law, such as international students.

A migrant with the intention to settle is someone who has reached the final destination country, where the person wishes to remain permanently.

- Transit migrant is someone who is temporarily staying in one or more countries with the objective of reaching a further and final destination country.
- Pendular migrant: Temporary and usually repeated population movements, which may represent a movement pattern within a country and between neighbouring countries.

Minimum Expenditure Basket

A Minimum Expenditure Basket (MEB) is defined as what a household requires in order to meet basic needs, on a regular or seasonal basis, and its average cost. The MEB is a monetary threshold – the cost of these goods, utilities, services and resources – and is conceptually equivalent to a poverty line. It typically describes the cost of meeting one month's worth of essential needs. Since the MEB sets a monetary threshold for what is needed to cover essential needs, the households whose expenditures fall below the MEB are defined as being unable to meet their essential needs. More information is available: <https://docs.wfp.org/api/documents/WFP-0000074198/download/>

Nutritional status

Nutritional status refers to the physiological state of an individual that results from the relationship between nutrient intake and requirements and the body's ability to digest, absorb and use these nutrients.

Nutritious foods

Nutritious foods are referred to as safe foods that contribute essential nutrients such as vitamins and minerals (micronutrients), fibre and other components to healthy diets that are beneficial for growth, and health and development, guarding against malnutrition. In nutritious foods, the presence of nutrients of public health concern (including saturated fats, free sugars and salt/sodium) is minimized, industrially produced trans fats are eliminated, and salt is iodized.

People facing high levels of acute food insecurity

People who are referred to as 'facing high levels of acute food insecurity' are in IPC/CH Phase 3 or above. However, this does not necessarily reflect the full population in need of urgent action to decrease food gaps and protect and save lives and livelihoods. This is because some households may only be classified in IPC/CH Phase 1 or 2 because they receive assistance, and are in fact in need of continued action. In many countries, the number in Crisis or worse (IPC/CH Phase 3 or above) refers to populations in need of action further to that already taken.

People in Need (PiN) vs gap

PiN estimates, used in HNOs, are based on analysis that does not take into consideration humanitarian assistance. This is purely a figure for the number of people who would need assistance. The gap, however, takes into consideration all existing and likely happening assistance, and bases the needs according to unmet needs. In summary, the gap figure is smaller, and should only reflect those who need assistance on top of the assistance already being provided.

Primary driver of acute food insecurity

Although acknowledging that drivers are often interlinked and mutually reinforcing, the GRFC identifies as primary driver the most prominent trigger of acute food insecurity for each country/territory in terms of number of people affected on a yearly basis.

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.

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).

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 aged 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.

Survival Minimum Expenditure Basket

While the MEB is defined as what a household requires in order to meet their essential needs, on a regular or seasonal basis, and its average cost, the SMEB is the absolute minimum amount required to maintain existence and cover life-saving needs, which could involve the deprivation of certain human rights. However, the concepts of SMEB and MEB have not always been used consistently by the humanitarian community and are sometimes used interchangeably. It is therefore important to be clear from the outset of the analysis whether a MEB or SMEB is the goal. More information is available: <https://docs.wfp.org/api/documents/WFP-0000074198/download/>

Undernourishment

Undernourishment is defined as the condition in which an individual's habitual food consumption is insufficient to provide the amount of dietary energy required to maintain a normal, active, healthy life. For the purposes of this report, hunger is defined as being synonymous with chronic undernourishment. The PoU is used to measure hunger.

Undernutrition

Undernutrition is a consequence of insufficient nutrient intake and/or absorption, and/or illness or disease. Acute malnutrition (wasting 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.

Vulnerability

Vulnerability refers to the conditions determined by physical, social, economic and environmental factors or processes that increase the susceptibility of an individual, community, assets or systems to the impacts of hazards. Vulnerability to food insecurity is the range of conditions that increases the susceptibility of a household to the impact on food security in case of a shock or hazard.

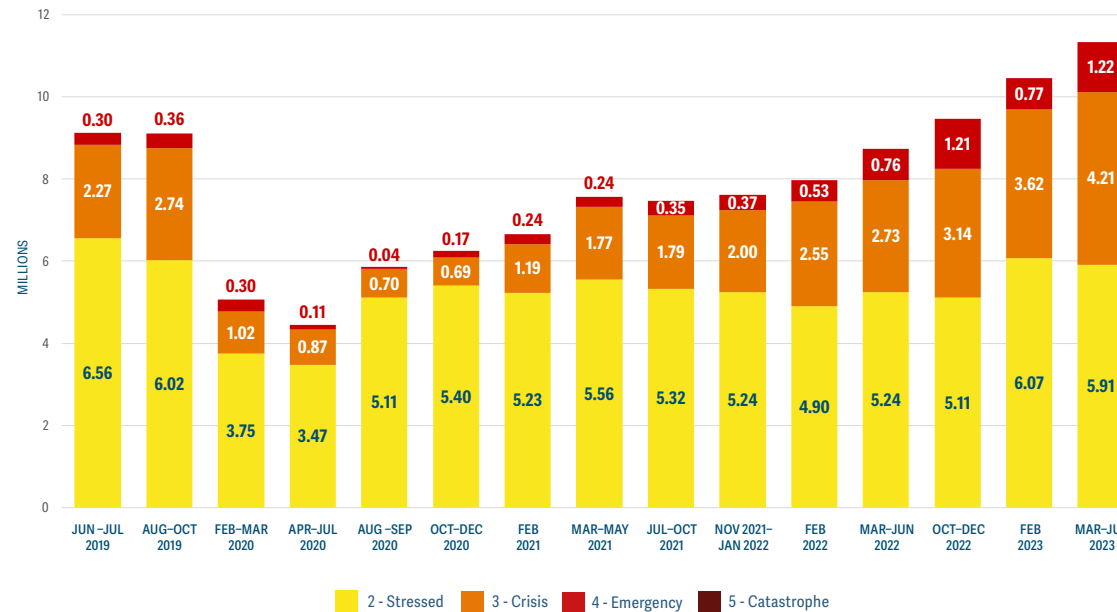
Wasting

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 as well as presence of bilateral pitting oedema. Wasting can also be defined by Mid-Upper Arm Circumference (MUAC) measurements ≤ 12.5 cm, with severe wasting defined with a measurement of ≤ 11.5 cm. Wasting is used in this report to describe all forms of acute malnutrition including those diagnosed with oedema. Affected children require urgent feeding, treatment and care to survive. Wasting prevalence depicts the nutrition situation in the general population at a specific time: it can show marked seasonal patterns and can change quickly over time.

The immediate cause of wasting is a severe nutritional restriction as a result of inadequate food intake or recent illness, such as diarrhoea, that hinders appropriate intake and absorption of nutrients.

Trends bar graphs for numbers of people in IPC Phase 3 or above

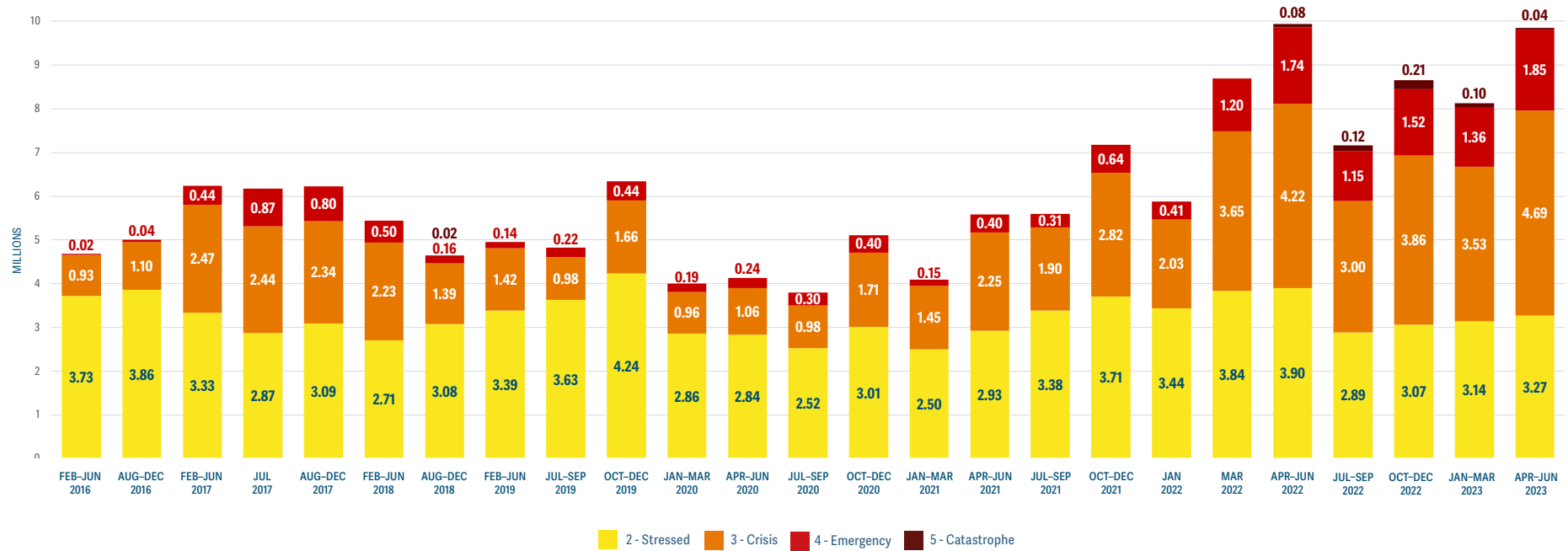
Figure 1
Numbers of people in Kenya in IPC Phase 2 or above, 2019–2023



	JUN-JUL 2019	AUG-OCT 2019	FEB-MAR 2020	APR-JUL 2020	AUG-SEP 2020	OCT-DEC 2020	FEB 2021	MAR-MAY 2021	JUL-OCT 2021	NOV 2021-JAN 2022	FEB 2022	MAR-JUN 2022	OCT-DEC 2022	FEB 2023	MAR-JUN 2023
STRESSED (PHASE 2)	6.56	6.02	3.75	3.47	5.11	5.40	5.23	5.56	5.32	5.24	4.90	5.24	5.11	6.07	5.91
CRISIS (PHASE 3)	2.27	2.74	1.02	0.87	0.70	0.69	1.19	1.77	1.79	2.00	2.55	2.73	3.14	3.62	4.21
EMERGENCY (PHASE 4)	0.30	0.36	0.30	0.11	0.04	0.17	0.24	0.24	0.35	0.37	0.53	0.76	1.21	0.77	1.22
CATASTROPHE (PHASE 5)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Source: Kenya IPC TWG.

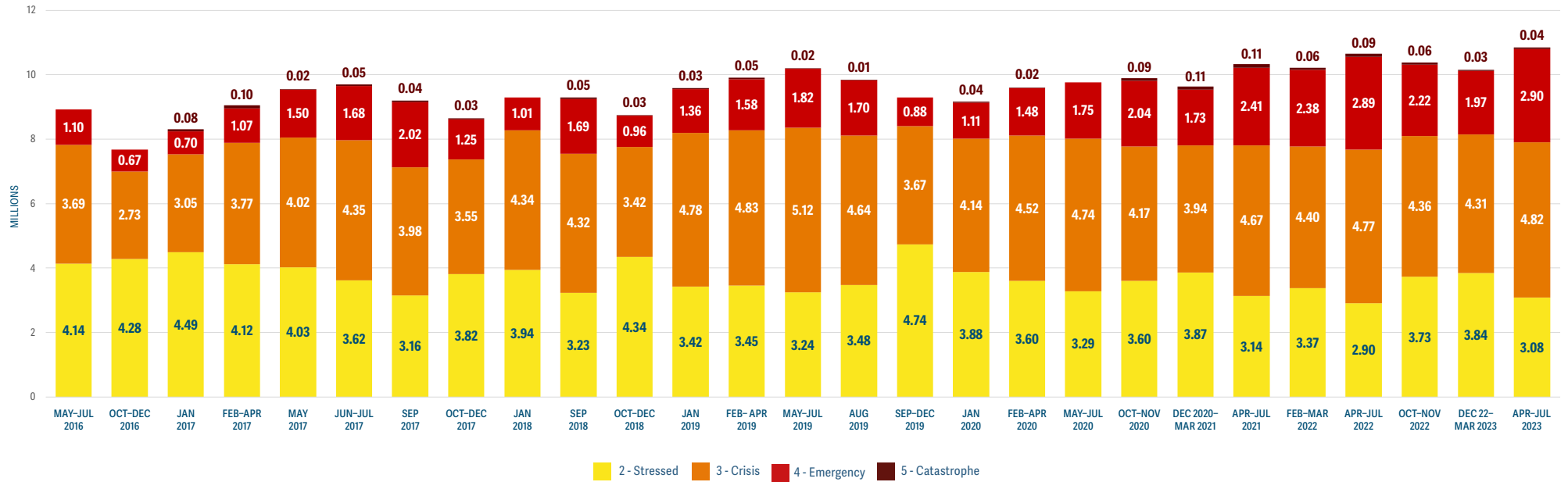
Figure 2
Numbers of people in Somalia in IPC Phase 2 or above, 2016–2023



	FEB-JUN 2016	AUG-DEC 2016	FEB-JUN 2017	JUL 2017	AUG-DEC 2017	FEB-JUN 2018	AUG-DEC 2018	FEB-JUN 2019	JUL-SEP 2019	OCT-DEC 2019	JAN-MAR 2020	APR-JUN 2020	JUL-SEP 2020	OCT-DEC 2020	JAN-MAR 2021	APR-JUN 2021	JUL-SEP 2021	OCT-DEC 2021	JAN 2022	MAR 2022	APR-JUN 2022	JUL-SEP 2022	OCT-DEC 2022	JAN-MAR 2023	APR-JUN 2023
STRESSED (PHASE 2)	3.73	3.86	3.33	2.87	3.09	2.71	3.08	3.39	3.63	4.24	2.86	2.84	2.52	3.01	2.50	2.93	3.38	3.71	3.44	3.84	3.90	2.89	3.07	3.14	3.27
CRISIS (PHASE 3)	0.93	1.10	2.47	2.44	2.34	2.23	1.39	1.42	0.98	1.66	0.96	1.06	0.98	1.71	1.45	2.25	1.90	2.82	2.03	3.65	4.22	3.00	3.86	3.53	4.69
EMERGENCY (PHASE 4)	0.02	0.04	0.44	0.87	0.80	0.50	0.16	0.14	0.22	0.44	0.19	0.24	0.30	0.40	0.15	0.40	0.31	0.64	0.41	1.20	1.74	1.15	1.52	1.36	1.85
CATASTROPHE (PHASE 5)	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.08	0.12	0.21	0.10	0.04

Source: Somalia IPC TWG.

Figure 3
Numbers of people in South Sudan in IPC Phase 2 or above, 2016–2023



	MAY-JUL 2016	OCT-DEC 2016	JAN 2017	FEB-APR 2017	MAY 2017	JUN-JUL 2017	SEP 2017	OCT-DEC 2017	JAN 2018	SEP 2018	OCT-DEC 2018	JAN 2019	FEB-APR 2019	MAY-JUL 2019	AUG 2019	SEP-DEC 2019	JAN 2020	FEB-APR 2020	MAY-JUL 2020	OCT-NOV 2020	DEC 2020-MAR 2021	APR-JUL 2021	FEB-MAR 2022	APR-JUL 2022	OCT-NOV 2022	DEC 2022-MAR 2023	APR-JUL 2023
STRESSED (PHASE 2)	4.14	4.28	4.49	4.12	4.03	3.62	3.16	3.82	3.94	3.23	4.34	3.42	3.45	3.24	3.48	4.74	3.88	3.60	3.29	3.60	3.87	3.14	3.37	2.90	3.73	3.84	3.08
CRISIS (PHASE 3)	3.69	2.73	3.05	3.77	4.02	4.35	3.98	3.55	4.34	4.32	3.42	4.78	4.83	5.12	4.64	3.67	4.14	4.52	4.74	4.17	3.94	4.67	4.40	4.77	4.36	4.31	4.82
EMERGENCY (PHASE 4)	1.10	0.67	0.70	1.07	1.50	1.69	2.02	1.25	1.01	1.70	0.96	1.36	1.58	1.82	1.70	0.88	1.11	1.48	1.75	2.04	1.73	2.41	2.38	2.89	2.22	1.97	2.90
CATASTROPHE (PHASE 5)	0.00	0.00	0.08	0.10	0.02	0.05	0.04	0.03	0.00	0.05	0.03	0.03	0.05	0.02	0.01	0.00	0.04	0.02	0.00	0.09	0.11	0.11	0.06	0.09	0.06	0.03	0.04

In the periods 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 (Marow, Boma, Kiziongora and Miwono) that were not classified due to lack of data.
 Source: South Sudan IPC TWG.



TECHNICAL NOTES

Technical notes

GRFC as a public good: Consultation, partnership and consensus

1 | PRELIMINARY WORK

Technical consultation

Senior Committee
(17 partner organisations)

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

Pre-selection of countries

FSIN and Food Security Technical Working Groups

- Identify qualifying countries according to the criteria for inclusion: assistance request, FAO-GIEWS monitor, or hosting refugee populations

Data gathering

FSIN and Technical Working Groups

- Identify and share relevant data and analyses pertaining year 2022.
- Engage with regional and country-level food security and nutrition specialists to try and fill data gaps

2 | RESEARCH, ANALYSIS AND PRODUCTION

Data endorsement

FSIN and Technical Working Groups

- Agree on criteria for endorsement of data/analysis
- Validate the reliability of the data source
- Identify and endorse peak acute food insecurity estimates for 2022
- Identify and endorse undernutrition data
- Identify and endorse displacement data
- Identify and endorse key drivers of acute food insecurity

Drafting

FSIN and Technical Working Groups

- Initial drafting based on data endorsed by the Technical Working Groups
- Complement data and figures with qualitative literature reviews
- Produce relevant infographic, maps, graphics, and other visuals

Quality control check

FSIN and Technical Working Groups

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

3 | REVIEW AND CLEARANCE

Review

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

FSIN

- Final proof-read

Institutional clearance

Senior Committee

- Each partner organisation validates the report

4 | RELEASE AND DISSEMINATION

Publication of the 2023 Global Report on Food Crisis

FSIN and the Global Network Against Food Crises

- Digital and physical publication of the full report and related products, including In Briefs (translated in English, Spanish, French, and Arabic), interactive version, and stand-alone assets (maps and infographics)
- Hybrid launch event with main partners
- Coordinated communications campaign to maximize visibility and outreach

Regional reports

FSIN, regional organisations and the Global Network Against Food Crises

- Production and publication of regional reports in coordination with regional partners to provide in-depth information on specific areas and regions
- Dissemination, including outreach campaign and events, organized in coordination with regional partners

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

Data selection

Country selection process for the GRFC 2023

Step 1

FSIN and the Food Security Technical Working Group (TWG) lead the country selection process and present the list of countries/territories with the selection rationale to the Senior Committee for endorsement.

The process starts around October and continues until the end of the year to ensure inclusiveness throughout 2022. This step includes:

1. Pre-select all countries/territories that requested external assistance for food and/or faced shocks as assessed by FAO-GIEWS:
 - a. in 2022, or
 - b. at least once in the past 3 years, or
 - c. at least 3 years in the past 10 years

External assistance for logistical support, for capacity building, for longer-term poverty reduction or development purposes is not considered as a qualifying factor for a food crisis.

Countries that did not request external humanitarian food assistance, but which had acute food insecurity analyses available that indicate high levels of food insecurity, are not included in the GRFC. However, the TWG can still consider such analyses for the regional overviews in consultation with the Senior Committee.

2. Exclude high-income countries from the global country list, as these countries are expected to manage their food crises with internal resources.
3. Assess the following among the low or middle-income countries/territories, that are not identified by FAO-GIEWS assessments, but requested external food assistance because of:
 - a. hosting refugee populations who were assisted by UNHCR and WFP. If this criterion is met, only the refugee populations in that country are included, while the host country is only pre-selected if

its resident population needed external food assistance.

- b. having over 1 million or at least 20 percent of its population forcibly displaced.
- c. having populations affected by conflict and insecurity, weather extremes and/or economic shocks

As a result of the above process, 73 countries/territories were identified as food crises in 2022.

Step 2

FSIN facilitates discussions with the Food Security TWG on the available acute food insecurity data for the pre-selected countries/territories. There are a few core rules on the data endorsement:

1. Assessment/analysis methodology is among those endorsed by the TWG (see data endorsement)
2. The 2022 peak analysis covers at least one month of 2022, and if several analyses are available, the one describing the highest magnitude of acute food insecurity is selected
3. The 2023 projection analysis covers at least one month of 2023, and if several analyses are available, the one describing the highest magnitude of acute food insecurity is selected instead of the projection that extends to the furthest.
4. For countries/territories where the analysis source or methodology differs between the 2022 peak and 2023 projection, the TWG reviews where and how the analysis results can be included to avoid confusion. Different methods may result in different estimates, and therefore it might be decided not to include some analyses or their figures and rather have more qualitative information from the sources.

Out of the eight IGAD member states identified as food crises, all but Eritrea had data available and were included as food crises in this Regional Focus.

Step 3

Identification of major food crises based on meeting one or more of the following criteria:

1. At least 20 percent of the country population in Crisis or worse (IPC Phase 3 or above) or equivalent
2. At least 1 million people in Crisis or worse (IPC Phase 3 or above) or equivalent
3. Any area classified in Emergency (IPC Phase 4) or above
4. Included in the IASC humanitarian system-wide emergency response-level 3

Six countries – Ethiopia, Kenya, Somalia, South Sudan, the Sudan and Uganda – were identified as major food crises in 2022 and are reported in Chapter 3 of this Regional Focus.

Data endorsement: sources and methodologies

The data presented in the GRFC follow the data source priority ranking listed below. Exceptions can be made based on the Food Security TWG discussion and agreement on the data that appear to best reflect a particular country's food security situation. This is primarily due to different analysis coverage, timings or when a country/territory has information from several sources.

1. IPC Acute Food Insecurity Analysis
2. FEWS NET IPC-compatible analysis
3. WFP's CARI methodology
4. Humanitarian Needs Overview, or similar country team source

Integrated Food Security Phase Classification (IPC)

The IPC results from a partnership of various organizations at the global, regional and country levels

and is widely accepted by the international community as a global reference for the classification of acute food insecurity. There are around 30 countries currently implementing the IPC.

It provides the 'big picture' evidence base of food crises by assessing the following: how severe, how many, when, where, why, who, as well as the key characteristics. It provides data for two time periods – the current situation and future projection. This information helps governments, humanitarian actors and other decision-makers quickly understand a crisis (or potential crisis) and informs appropriate 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, considering 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, specialized parameters have been developed. The IPC provides a structured process for making the best assessment of the situation based on what is known and shows the limitations of its classifications as part of the process.

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

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

IPC 3.1 acute food insecurity reference table

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

Classifying Famine (IPC Phase 5)

Famine is classified at area level 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 percent of children suffer from wasting.
- Two people for every 10 000 dying each day due to outright starvation or to the interaction of malnutrition and disease.

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

Areas can be classified in Famine Likely if minimally adequate evidence available indicates that a Famine may be occurring or will occur. This classification should 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 in Famine. This can occur due to the time lag between food insecurity, malnutrition and mortality, or in the case of a localized situation.
- Projections of Famine can be made even if the areas are not currently classified in Famine, thus allowing early warning.

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

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 phase has important and distinct implications for where and how best to intervene and thus 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 distinct set of actions – ideally disaster risk reduction and livelihood protection interventions.

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, undernutrition 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>

Humanitarian Needs Overview (HNO) and other estimates

OCHA HNOs provide the People in Need (PiN) figure for the Food Security and Livelihoods cluster, based on data collected during the year and it is endorsed by the Humanitarian Country Team in each country/territory. Similarly, food insecurity estimates are provided by

OCHA in the Humanitarian Response Plan (HRP) and Joint Response Plan (JRP). 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 insecurity indicators and equivalent to Crisis or worse (IPC Phase 3 or above) for use in the GRFC.

Citing the data source in the GRFC

All data sources are referenced according to the month and year of its publication. The analysis period is aligned with the IPC and FEWS NET current and projection time frames, while for the other sources the analysis period reflects the timing of the data collection.

Acute food insecurity peak for 2022 and projection estimates for 2023

The peak estimate is based on the highest number of acutely food-insecure people in the year in question as reported by endorsed data sources. It does not reflect the latest analysis available but purely the observed peak.¹

Projection sections aim to identify the expected peak of acute food insecurity in 2023, notably through IPC and IPC-compatible projections indicating the expected peak magnitude of population facing Crisis or worse (IPC Phase 3 or above) in food-crisis countries. These projections do not necessarily extend to the typical lean season, but indicate the most severe period covered by the analyses by the time of the GRFC launch.

IPC projections are estimated by outlining the main assumptions driving the evolution of acute 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. IPC projections take into account the potential effects of already funded or likely-to-be-funded and delivered humanitarian assistance in the area of analysis.

FEWS NET projections (Uganda) are based on a scenario development approach where a set of assumptions

¹ AFI estimates are rounded in this document.

regarding the evolution of food security drivers and their impacts on food security outcomes in the absence of humanitarian food assistance. The upper bound of the range is included in regional and global aggregates.

Data from non-IPC (FEWS NET, CARI and HNOs analyses) sources are presented in the country narratives according to the terminology and categorization used in the original data source.

In global and regional narratives, the wording ‘high levels of acute food insecurity’ or ‘IPC Phase 3 or above, or equivalent’ are used to include both IPC estimates and any food security estimates that are based on non-IPC data source reflecting an approximation of IPC Phase 3 and above.

Graphs

The graphs to visualize acute food insecurity peaks, if possible, broken down by severity (Phase 1 to 5) over the seven years of GRFC history are included in chapter 3. To better contextualize the acute food insecurity levels, the graphs also show the total country population to which those peaks refer to for each year, as well as the number of people in IPC Phases (1-2) to give the extent of the total population analysed.

In the previous editions of the GRFC, graphs have included all available comparable analyses, but these graphs are now shifted to the Annex while only the annual peak analysis is included in Chapter 3. Only years whose figures are from the same data source are presented in the 2016–2023 trends graphs.

Graphs for countries that are only covered in the GRFC for the first year as well as those for which data are only available for two years are not presented in Chapter 3.

Maps

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 the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area is not yet determined.

Drivers of acute food insecurity

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. Also, it is acknowledged that food insecurity is not driven solely by the occurrence of a hazard, but rather by the interaction between hazards and people specific vulnerabilities. Although not listing each specific vulnerability factor for each country, the GRFC 2023 takes a practical approach by estimating which are the most salient drivers for each country/territory out of the broad categories explained below.

The Food Security TWG analyses each selected country and identifies which of the drivers could be considered as the primary driver. For countries with two or more drivers affecting various parts of the country, the primary driver was selected based on analysis of how many people were affected by each of the drivers. The GRFC presents the number of countries by primary driver in global and regional narratives and aggregates the corresponding numbers of acutely food insecure people.

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

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 and or have difficulties in accessing food as 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 as 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 remain as the underlying cause of food insecurity. In cases where conflict/insecurity has reduced and/or localized, with other drivers showing a predominant effect, the change in the primary driver from the previous year is considered.

Weather extremes

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

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

Adverse weather events are particularly grave for smallholder farmers and pastoralists who rely on agriculture and livestock-rearing to access food and often lack the resilience capacities to withstand and recover

from the impacts of such shocks. People's vulnerability to weather shock events rests on their capacity to adapt and bounce back after their livelihood has been affected, as well as the scale and frequency of shocks. Repeated events further erode capacity to withstand future shocks.

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

Economic shocks

Economic shocks at country level can affect the food insecurity of households or individuals through various channels. Macroeconomic shocks may lead to increases in acute food insecurity through for instance, a contraction in GDP leading to high unemployment rates and consequent loss of income for those affected households, or a significant contraction in exports and/or a critical decrease in investments and other capital inflows, bringing a significant currency depreciation and high inflation, increasing production costs and food prices and worsening terms of trade which may lead to increases in acute food insecurity. High debt and limited fiscal space constrain economic growth, increase vulnerability to economic shocks and detract from development spending.

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

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.

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. Transboundary Animal Diseases (TADs) may be defined as those epidemic diseases that 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.

Nutrition

IPC acute malnutrition reference table

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

Nutrition and health – key indicators and categorization

Wasting

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

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

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

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

Stunting

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

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

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

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

Minimum 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. Minimum Meal Frequency 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 Dietary Diversity refers to the percentage of children aged 6–23 months who receive foods from five or more out of eight food groups a day.

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 6 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
$\geq 40.0\%$	Severe public health problem

Source: WHO, 2008.

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).

IPC acute malnutrition reference table

Phase name and description	Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
	Less than 5% of children are acutely malnourished.	5-9.9% of children are acutely malnourished..	10-14.9% of children are acutely malnourished.	15-29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.
	The situation is progressively deteriorating, with increasing levels of acute malnutrition. Morbidity levels and/or individual food consumption gaps are likely to increase with increasing levels of acute malnutrition.				
Priority response objective to decrease acute malnutrition and to prevent related mortality. ²	Maintain the low prevalence of acute malnutrition.	Strengthen existing response capacity and resilience. Address contributing factors to acute malnutrition. Monitor conditions and plan response as required.	Urgently reduce acute malnutrition levels through →		
			Scaling up of treatment and prevention of affected populations.	Significant scale-up and intensification of treatment and protection activities to reach additional population affected.	Addressing widespread acute malnutrition and disease epidemics by all means.
Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)	<5%	5.0 to 9.9%	10.0 to 14.9%	15.0 to 29.9%	≥30%
Global Acute Malnutrition (GAM) based on mid-upper arm circumference (MUAC)	<5%				
		5-9.9%			
			10-14.9%		
				≥15%	
*GAM based on MUAC must only be used in the absence of GAM based on WHZ; the final IPC Acute Malnutrition phase with GAM based on MUAC should be supported by an analysis of the relationship between WHZ and MUAC in the area of analysis and also by using convergence of evidence with contributing factors. In exceptional conditions where GAM based on MUAC is significantly higher than GAM based on WHZ (i.e. two or more phases), both GAM based on WHZ, and GAM based on MUAC should be considered, and the final phase should be determined with convergence of evidence.					

IPC acute malnutrition reference table

The IPC Acute Malnutrition Scale classifies the severity of acute malnutrition in the population under assessment. The IPC analysis process reviews all contributing factors affecting wasting 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.

Limitations and data comparability challenges

There are no estimates for populations in Stressed (IPC Phase 2) due to the use of non-IPC data sources in Ethiopia and Uganda.

Lack of/low data availability for refugee food security

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

Comparability challenges for food security analyses in the IGAD region over time

In Ethiopia, the 2021 and 2022 peaks are not comparable because of the change in the data source and coverage of the analyses. The 2021 peak is derived from IPC analysis that covered 49 percent of the country, while the 2022 estimate is based on an HRP mid-year update, that is basing the food insecurity estimates on WFP's CARI-based assessments in Tigray, and Household Economic Assessment methodology for the rest of the country.

In Somalia, the peak estimates of 2020, 2021 and projection for 2022 are comparable (covering similar areas and having less than 10 percentage point

difference in total population coverage). However, the official estimates used for the country population data used by the IPC analysis increased from 15.7 million August 2021 to 17.0 million in November 2022.

In Uganda, the peak estimates of 2021, 2022 and projection for 2023 are comparable (covering similar areas and having less than 10 percentage point difference in total population coverage). However, the country population data used by the FEWS NET analysis decreased from 45.7 million in 2021 to 44.2 million in 2022.

Uganda has an IPC analysis available, but the TWG opted to use FEWS NET analysis because of wider analysis coverage.

Ethiopia, Somalia, South Sudan and the Sudan have been identified as major food crises for all seven editions of the GRFC, Kenya and Uganda for six editions and Djibouti for three. Eritrea has consistently been selected but no data have been available.

Four out of seven IGAD countries conducted an IPC acute malnutrition analysis covering a portion of 2022: Kenya, Somalia, South Sudan and Uganda.



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Chapter 3

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

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



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



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