



GLOBAL REPORT ON FOOD CRISES 2018

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GLOBAL REPORT ON FOOD CRISES 2018

HIGHLIGHTS

In 2017, almost 124 million people across 51 countries and territories faced *Crisis* levels of acute food insecurity or worse (IPC Phase 3 and above or equivalent) and required urgent humanitarian action. In 2016 the population in need of urgent action was estimated at 108 million across 48 countries.

When comparing the 45 countries included in both editions of the *Global Report on Food Crises**, there has been an increase of 11 million people in need of urgent action, an 11 percent rise from 2016. This is largely attributed to new or intensified conflict and insecurity in Myanmar, north-east Nigeria, Democratic Republic of Congo, South Sudan and Yemen. Prolonged drought conditions also resulted in consecutive poor harvests in countries already facing high levels of food insecurity and malnutrition in eastern and southern Africa.

North-east states of Nigeria, South Sudan, Somalia and Yemen have experienced significant acute food insecurity and malnutrition. *Famine* (IPC Phase 5) was declared in February 2017 in two counties of South Sudan. Despite the different contexts of the four countries, humanitarian assistance mobilized by the international community contributed to preventing a deterioration in food security and nutrition. However, humanitarian needs remain exceptionally high with almost 32 million food-insecure people in need of urgent assistance in 2017 across the four countries - an increase of almost 5 million from 2016. By mid-2017, *Catastrophe/famine* (IPC/CH Phase 5) conditions persisted in South Sudan for 40,000 people and in north-east Nigeria for 50,000 people.

In many countries, food insecurity is driven by multiple factors. However, the overview given in this report focuses on the main driver. In 2017, conflict and insecurity were the major drivers of acute food insecurity in 18 countries and territories where almost 74 million food-insecure people were in need of urgent assistance. Eleven of these countries were in Africa and accounted for 37 million acutely food-insecure people; the largest numbers were in northern Nigeria, Democratic Republic of Congo, Somalia and South Sudan. Four countries affected by protracted conflict and with very high numbers of food-insecure people in *Crisis* conditions or worse (IPC Phase 3 or above) were in the Middle East: Yemen had 17 million food-insecure people in need of urgent assistance, while Syria, Iraq and Palestine** together accounted for over 10 million. In Asia, conflict, insecurity and climate disasters drove large numbers of people into acute food insecurity in Afghanistan and Myanmar.

Food security and livelihood interventions save lives, safeguard livelihoods and strengthen resilience in conflict situations and can contribute to generating peace dividends and to sustaining peace. Unless peace is restored and structural changes made, the situation in these conflict-affected countries will continue to be volatile with millions of people facing *Crisis* conditions of food insecurity or worse.

Extreme climate events - mainly drought - were also major triggers of food crises in 23 countries with over 39 million food-insecure people in need of urgent assistance in 2017.

* The *Global Report on Food Crises 2017* is available at: <http://www.fsincop.net/global-network/global-report/en/>

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Two-thirds of these countries were in Africa, where almost 32 million people faced *Crisis* conditions of acute food insecurity or worse caused by climate shocks. More than 3 million food-insecure people were in Latin America and the Caribbean (five countries), while 3 million were in South Asia (three countries).

Drought in East Africa damaged already strained livelihoods, destroyed crops and pushed up food prices, particularly in Ethiopia, Somalia and Kenya. Lack of rain in 2016 in Uganda led to increased food insecurity in early 2017, at a time when the country was already facing high food insecurity due to an influx of refugees. Southern Africa suffered severe food insecurity conditions in early 2017 following prolonged drought in 2015/16. The dire situation in early 2017 in Malawi, Mozambique, Zimbabwe and most other mainland southern African countries improved with good 2017 harvests. However, the situation remained worrying in southern and south-eastern Madagascar, where about half the population were in need of humanitarian assistance, reflecting successive years of below-average rice harvests in the north.

In South Asia, drought affected agricultural production and food security in four districts of Sindh province in Pakistan, while severe and widespread floods in northern rice-growing areas of Bangladesh limited access to food for poorer households. Food access was also restricted in Cox's Bazar, where almost a million Rohingya refugees are located.

In the Caribbean, two extremely powerful hurricanes (Category 5 hurricanes *Irma* and *Maria*) in September devastated entire communities and exacerbated the already fragile food security situation in Haiti, where chronic poverty and successive climate disasters have undermined households' resilience to shocks.

Food insecurity in other countries presented in this report was also driven by factors such as population displacement and crop production shortfalls.

Conflict and climate shocks have forced large numbers of people to abandon their homes – either fleeing abroad or sheltering elsewhere in their own countries. The analysis in this report indicates that conflict and climate disasters have often occurred

simultaneously, and several African countries – including Nigeria, Somalia and Sudan – have seen significant population displacement associated with both. Internal and external displacement disrupts livelihoods, undermining access to income-earning opportunities and putting pressure on resources, with major consequences for the food security of host communities and displaced populations. Among the countries analysed in this report, Syria, Yemen, Iraq, Democratic Republic of Congo, Nigeria, Somalia, South Sudan, Uganda, Ethiopia, Sudan and Myanmar/Bangladesh are those most affected by displacement.

Weather hazards, crop production shortfalls and conflicts have also prompted price spikes in a number of countries, hindering food access. In 2017, high – and even record – staple food prices affected a number of countries, restricting access to food and increasing food insecurity. Weather-induced crop production shortfalls in East Africa triggered sharp cereal price increases in Kenya, Ethiopia, Somalia, Sudan and Uganda. Similarly, floods in Bangladesh and drought conditions in Sri Lanka reduced rice production, pushing prices to historical highs in the first half of 2017. Conflict and insecurity – which disrupts market functionality, hampers agricultural activities and brings about economic decline and currency depreciation – also prompted price spikes in Nigeria, South Sudan, Yemen and Burundi. Prices in southern Africa were at near-record levels in early 2017, but large increases in cereal production brought prices down for most of the year.

The short-term outlook for 2018 suggests conflict will remain a primary driver of food insecurity in major emergencies, particularly in Africa (Somalia, South Sudan, Democratic Republic of Congo, Central African Republic and Nigeria); in Asia (Afghanistan); and in the Middle-East (Yemen and Syria). South Sudan is expected to face rising acute food insecurity up to the peak of the lean season in July, with 155,000 people likely to face *Catastrophe* (IPC Phase 5) conditions. In north-east Nigeria, 3.7 million are expected to be severely food insecure through August 2018, with almost 13,000 people in *Famine* (CH Phase 5). The conflicts in Afghanistan and Yemen are expected to exacerbate food insecurity in 2018, with Yemen remaining the world's most concerning food crisis due to access restrictions, economic crisis and outbreaks of disease.

In 2018, dry weather conditions are likely to aggravate food insecurity in some countries. The Horn of Africa pastoral areas in Somalia, south-eastern Ethiopia and eastern Kenya are expected to receive below-average rainfall during the March-May rainy season.

Western African and Sahel countries including Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal are also expected to face increased food insecurity in pastoral areas due to the lingering effects of dry weather in 2017. Cape Verde has reported almost no harvests for the 2017/18 agricultural season because of a severe drought. In several countries, food access is expected to be limited by persistently high and/or rising domestic food prices, which will have a severe impact on the most vulnerable households.

Food security is also of concern in Eritrea, Democratic People's Republic of Korea and Venezuela, but no estimate of the number of food-insecure people in these countries could be made because of a lack of data.

The global prevalence of wasting is around 8 percent, still higher than the internationally agreed nutrition target to reduce and maintain childhood wasting to below 5 percent by 2025. Global wasting levels have remained static, and although there has been a reduction in stunting over the last decade, high wasting and stunting levels persist in areas of protracted crisis.

This report draws attention to the often huge differences in child wasting levels within countries. Extremely high rates of acute child malnutrition are found in areas affected by conflict such as north Darfur in Sudan (28 percent), South Sudan (23 percent), the Lac region of Chad (18 percent) and northern Nigeria (10-16 percent). The level of risk of malnutrition in food crises depends on factors such as the degree of civil security and displacement, the availability and accessibility of nutritious foods, access to health and nutrition services, and water and sanitary conditions. Those affected often have poor nutritional status before the crisis, as observed in the Rohingya crisis, Somalia, South Sudan, Democratic Republic of Congo, Yemen and in the Lac region of Chad.

Nutritional status deteriorates as the crisis affects communities and damages infrastructures, threatens livelihoods and disrupts social structures.

When access to health and sanitation services is also curbed, the risk of disease increases, and populations become more susceptible to infection. Many of the countries profiled in this report experienced severe outbreaks of cholera in 2017 including Yemen (almost a million cases), Democratic Republic of Congo, South Sudan, Borno state in Nigeria, Kenya, Sudan, Malawi, Mozambique, Burundi, Chad and Somalia, which raised the levels of acute malnutrition. In countries with conflict and displacements, it is more difficult to contain and treat diseases, which also increases the levels of acute malnutrition in the population. According to the *Global Nutrition Report 2017*, unclean water and poor sanitation is associated with 50 percent of undernutrition by increasing the risk of disease: when children are malnourished their resistance to illness is lowered and when they fall ill, malnourishment worsens.

In areas with climate shocks, where access to food, health care, clean water and sanitation services are limited, high acute malnutrition rates persist, as is the case in northern Kenya, in Sindh province in Pakistan as well as parts of Ethiopia and Madagascar. The report highlights that a high proportion of children under 2 are not consuming the minimum diet required for optimal growth and development, which contributes to high acute and chronic malnutrition levels.

A comparison of 2016 and 2017 shows that more people need support and for longer periods. Young children and pregnant and breastfeeding women are extremely vulnerable in emergencies and their nutritional status must be protected to prevent malnutrition and guarantee survival.



CONFLICT

Number and share of food-insecure people (IPC/CH Phase 3 or above)

| Countries | millions | % out of population analysed |
|--|-----------|------------------------------|
| YEMEN | 17M | 60% |
| NORTH NIGERIA NORTH-EASTERN NIGERIA | 5.2M 8.9M | 9% |
| DEMOCRATIC REPUBLIC OF THE CONGO | 7.7M | 11% |
| AFGHANISTAN | 7.6M | 26% |
| SYRIAN ARAB REPUBLIC | 6.5M | 33% |
| SOUTH SUDAN | 6.1M | 50% |
| SOMALIA | 3.3M | 27% |

In 2017, **conflict and insecurity were the main drivers of acute food insecurity in 18 countries and territories**, where almost 74 million food-insecure people are in need of urgent action



CLIMATE SHOCKS

Number and share of food-insecure people (IPC/CH Phase 3 or above)

| Countries | millions | % out of population analysed |
|-----------|----------|------------------------------|
| ETHIOPIA | 8.5M | 10% |
| MALAWI | 5.1M | 27% |
| ZIMBABWE | 4.1M | 42% |
| KENYA | 3.4M | 25% |

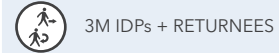
In 2017, **climate shocks were the main drivers of acute food insecurity in 23 countries and territories**, where over 39 million food-insecure people are in need of urgent action

DISPLACEMENT

SYRIAN ARAB REPUBLIC



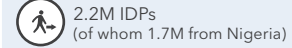
YEMEN



IRAQ



LAKE CHAD BASIN



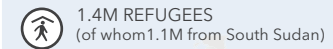
SOMALIA



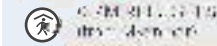
SOUTH SUDAN



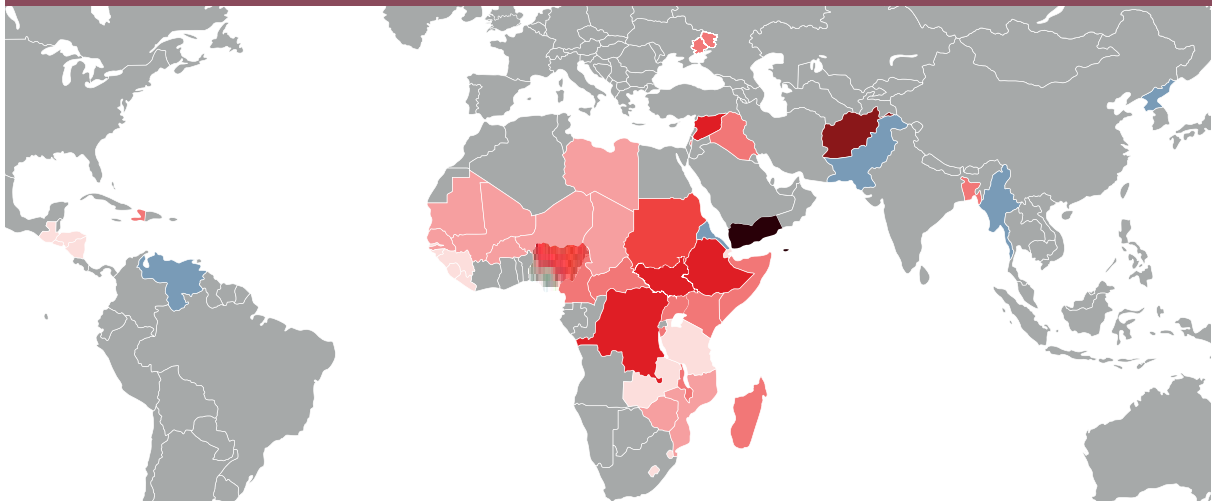
UGANDA



ENGLADESH



SHORT-TERM OUTLOOK FOR 2018



| Colour code | Estimates of food insecure population in need of urgent assistance in 2018 | Countries |
|--------------|--|--|
| Dark red | Above 10 million people | Yemen |
| Red | Between 7 and 9.99 million people | Afghanistan |
| Light red | Between 5 and 6.99 million people | Democratic Republic of Congo, South Sudan, Ethiopia, Syria |
| Orange | Between 3 and 4.99 million people | North Nigeria, Sudan |
| Light orange | Between 1 and 2.99 million people | Somalia, Kenya, Uganda, Burundi, Madagascar, Haiti, Central African Republic, Malawi, Iraq, Palestine, Cameroon, Ukraine (Donetsk and Luhansk oblasts), Bangladesh |
| Yellow | Between 0.5 and 0.99 million people | Zimbabwe, Mozambique, Chad, Niger, Mali, Burkina Faso, Mauritania, Senegal, Libya |
| Light yellow | Below 0.5 million people | Lesotho, Swaziland, Guatemala, Tanzania, Sierra Leone, Guinea, Liberia, Gambia, Guinea-Bissau, Djibouti, Honduras, Nicaragua, Zambia, El Salvador |
| Blue | Countries of concern for which no forecast estimates were produced | Democratic People's Republic of Korea, Myanmar, Pakistan, Eritrea, Venezuela |



Acknowledgements

The breadth of collaborative effort to produce this second annual *Global Report on Food Crises* is testament to the momentum within the international development community and beyond to address the fact that a growing number of people need humanitarian assistance to meet their daily minimum food requirements.

The *Global Report on Food Crises 2018* is the result of a multi-agency collaborative effort, coordinated by the Food Security Information Network. Planning, analysing, designing, writing and reviewing the contents of the report is a complex and iterative process which has involved many people and agencies.

The report's authors would like to thank senior advisers from the Committee for Drought Control in the Sahel (CILSS), the European Union, the International Food Policy Research Institute (IFPRI), the Intergovernmental Authority on Development (IGAD), the Food and Agriculture Organization of the United Nations (FAO), the Famine Early Warning Systems Network (FEWS NET), the Global Food Security Cluster (gFSC), the Integrated Food Security Phase Classification Group (IPC) - Global Support Unit, the Central American Integration System (SICA), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the World Food Programme (WFP).

These advisers provided vital guidance during consultations in October 2017 and January 2018, and extensive comments and suggestions once the report had been drafted. Special thanks go to the members of the drafting team various experts from these organizations, as well as the national technical working groups and regional advisers who contributed valuable insights on the data, analysis and revisions.

We would also like to thank those involved in the editing, design, proofreading and dissemination of the report.

We are grateful to the representatives of the donor community who initially shared their information needs with the technical committee and drafting team, and later their feedback and perspective as end-users. Finally, we would like to thank the European Union and USAID for their financial contribution to the *FSIN*.



“


Reports such as this gives us the vital data and analysis to better understand the challenge. It is now up to us to take action to meet the needs of those facing the daily scourge of hunger and to tackle its root

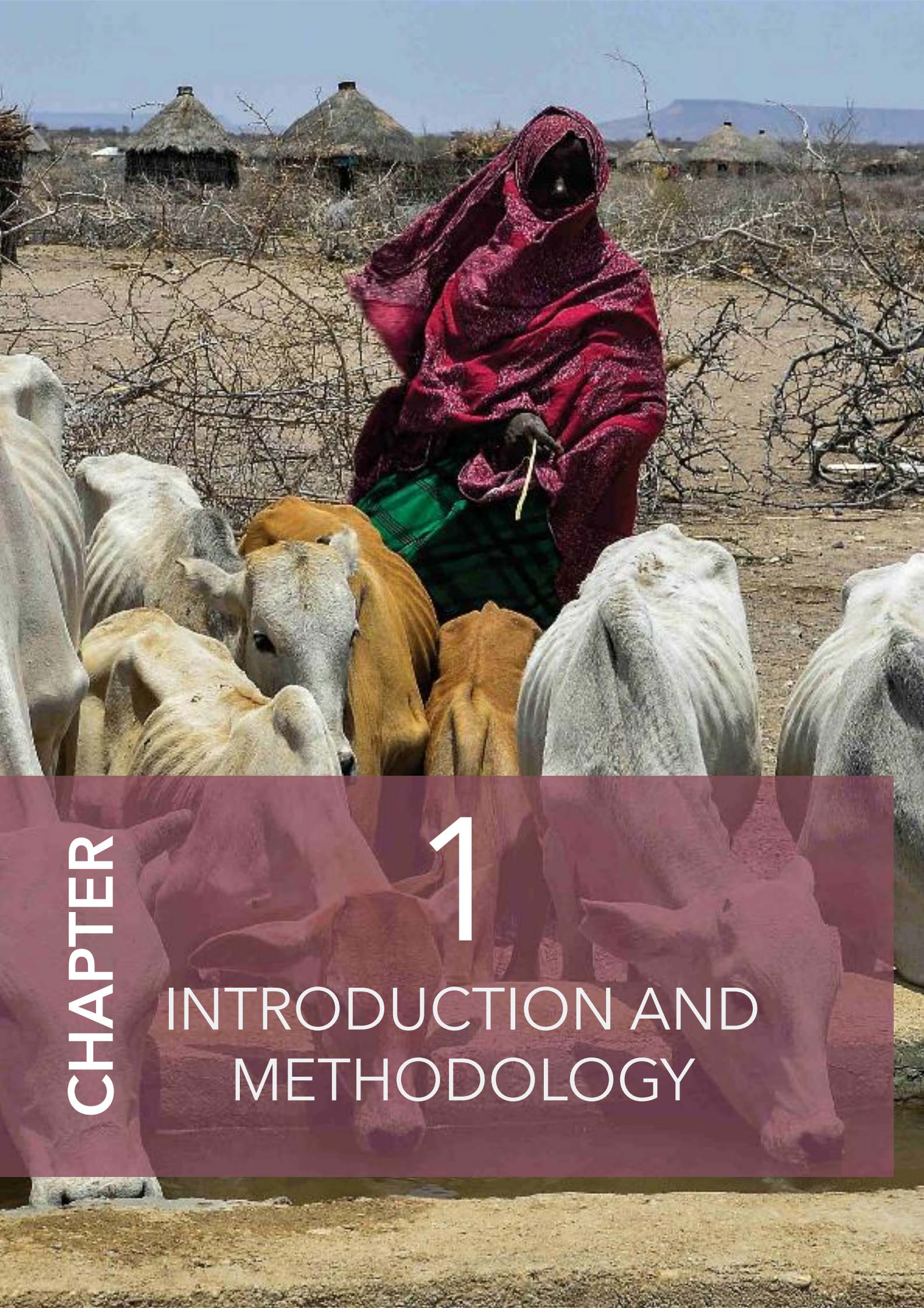
causes. António Guterres, UN Secretary-General

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CHAPTER

1

INTRODUCTION AND
METHODOLOGY

Crises become protracted through a wide range of intertwined shocks and stressors. Food insecurity in 2017 was driven by continuing conflict and insecurity throughout Africa, the Middle East and in parts of South Asia; persistent drought in the Horn of Africa; floods in Asia; and hurricanes in Latin America and the Caribbean. Famine was declared in areas of war-torn South Sudan, now in its fifth year of conflict; Yemen and Syrian Arab Republic were among the most concerning humanitarian emergencies.

Changes to the current response structure are needed to find sustainable solutions to these food insecurity crises. They include addressing the need for better coordination in food security and nutrition analyses for a more effective use of information in response planning; and improved, context-specific programming instruments to tackle complex emergencies and prolonged crises across the humanitarian-development-peace nexus.

Against this backdrop, this *Global Report on Food Crises* provides a comprehensive picture of the severity and magnitude of acute food insecurity and malnutrition in 2017 in 51 countries and territories, with in-depth analysis of the 26 crises with the largest populations in need of urgent action. Given the rising level of needs, the *Global Report on Food Crises 2018* is a vital tool to help decision-makers plan humanitarian interventions, and allocate and prioritize resources. The report aims to facilitate greater coordination among and within agencies to address these complex issues and hopes to encourage high-level political buy-in to support the implementation of durable solutions to food crises.

The report is part of the broader, ongoing process of establishing the “Global Network Against Food Crises”, which was launched in Istanbul at the World Humanitarian Summit in May 2016 with the objective of enhancing the impact of future responses to food crises. The network aims to create a forum for strategic global dialogue to reach a common understanding on the main drivers of food crises and related policy and programming implications, based on the evidence generated by the *Global Report on Food Crises* and its related analytical products.

The “new way of working” to transcend humanitarian/development divides which emerged from the World Humanitarian Summit and the Agenda for Humanity’s call to “move from delivering aid to ending need” provides a new framework for thinking about innovative approaches to address food crises more sustainably in line with SDG 2.¹

What is food insecurity?

Food insecurity refers to the lack of secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. For people to be food secure, food must be available in sufficient quantities – either homegrown, locally grown or imported from elsewhere. Food must be accessible – in other words, people must be able to acquire it regularly in adequate quantities and diversity whether through purchase, home production, barter, gifts, borrowing or food aid. And finally, the food that is available and accessible needs to have a positive nutritional impact on people. This refers to the way it is utilised by households, for instance, household storage, cooking, hygiene and sharing practices. Availability, access and utilisation are known as the three pillars of food security. A fourth pillar – stability – refers to the fact that all three must be maintained on a consistent basis.

Acute food insecurity and malnutrition are any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. They are highly susceptible to change and can occur and 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, 2017).

1 End hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

The FSIN - a global initiative co-sponsored by **FAO, IFPRI and WFP** - coordinates the annual *Global Report on Food Crises*. It is a **neutral technical platform** for exchanging expertise, knowledge and best practices, and developing harmonized methods, measurement and analysis.

The commitment to achieve collective outcomes of reducing needs, vulnerability and risk, over three to five years, as instalments towards advancing the 2030 Agenda, requires sound joint needs and risk analysis as a baseline for action. The *Global Report on Food Crises* can also serve this purpose by providing a common analysis for decision-making for operational agencies and for the deliberations of member states at the ECOSOC Operational Activities Segment and its Humanitarian Affairs Segment. The findings of the report may also be of interest to the Joint Steering Committee on Humanitarian and Development Collaboration, chaired by the UN Deputy Secretary-General, as it addresses bottlenecks and challenges related to responding to crises in a more anticipatory and sustainable manner.

The importance of reliable food and nutrition security information

In a food crisis or during protracted acute food insecurity, information can save lives. Analyses of food insecurity and malnutrition are carried out in countries and regions that are vulnerable to food crises and have large food-insecure populations and a high burden of malnutrition. The analyses identify who the food insecure and malnourished are, when they are food insecure, how severe the situation is, and how many food-insecure people there are in any given country or region. They establish where the food insecure live and the factors contributing to their vulnerability. And, when possible, they analyse how the situation is likely to evolve.

Organizations carrying out food and nutrition security assessments around the world combine traditional assessment methods with advanced and emerging technologies to provide timely actionable food security and nutrition analysis.

As the demand for humanitarian assistance rises,² and the importance of the humanitarian-development-peace nexus is recognised, it is vital to inform the global and national food security community of the magnitude and major drivers of food and nutrition crises. These drivers merit collaborative analysis because they are often complex and interlinked.

The Global Report on Food Crises

The *Global Report on Food Crises* brings together regional and national data and analysis into one report to provide a clear comprehensive picture of acute food insecurity in the many countries affected by food crises around the world.

What is malnutrition?

Malnutrition refers to the abnormal physiological condition caused by deficiencies, excesses or imbalances in energy and/or nutrients necessary for an active, health life. Malnutrition includes undernutrition, micronutrient deficiencies, overweight and obesity. These conditions can arise separately or coexist. Undernutrition refers to the outcome of insufficient intake, and/or poor absorption and/or poor biological use of nutrients consumed. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted) and deficient in vitamins and minerals (micronutrient deficiencies). All forms of malnutrition result from inadequate nutrient intake, repeated infectious disease, and/or poor care and feeding practices.

² FAO, IFAD, UNICEF, WFP & WHO. 2017. *The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security*. Rome: FAO. For more information on the differences between SOFI and Global Report on Food Crises, please see Annex 3.

The report goes beyond the figures to explore key drivers of food insecurity, looking in greater depth at the effects of factors such as conflict, climate change and natural disasters, and inflation. Food security analysis is complemented with an overview of the nutrition situation and the drivers of malnutrition, considering food consumption, caring practices and public health-related factors.

The report provides evidence-based analysis to guide humanitarian planning and decision-making, including how to allocate and prioritize resources to increase the resilience of the world’s most vulnerable people. It aims to help improve coordination between agencies for humanitarian and resilience-building initiatives.

The *Global Report on Food Crises* is the result of a consultative process involving a wide range of stakeholders. All partners are in agreement with the general magnitude and severity of acute food security indicated for the countries included in this report, except for Afghanistan, Burundi and Haiti, where FEWS NET analysis of available evidence suggests the population requiring emergency food assistance in 2017 was lower than Integrated Food Security Phase Classification (IPC) estimates, due to a different interpretation of data related to factors contributing to food insecurity.

Report structure

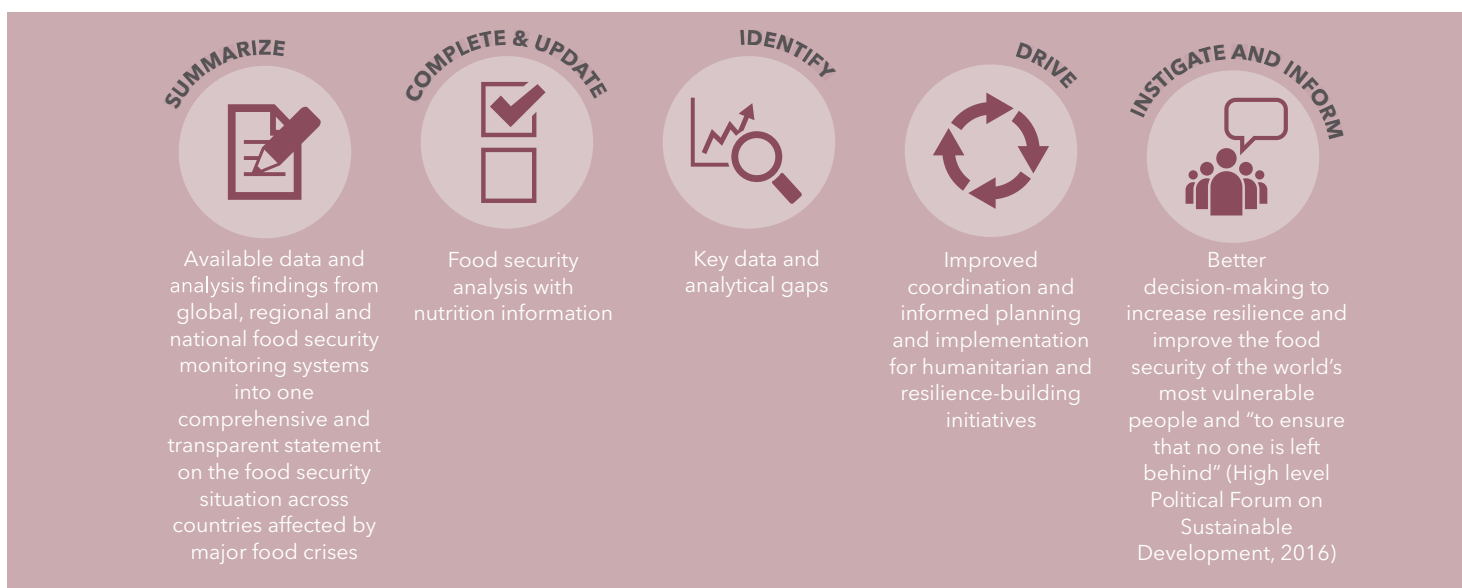
Chapter 1 introduces the objectives of the report and describes the methodology.

Chapter 2 presents a thematic analysis of the global food crises of 2017. It identifies the key drivers and factors contributing to food crises throughout the year and provides an update on the countries that faced major food crises in 2017. It includes the highest numbers of food-insecure people in 2017 in 51 countries and presents information on acute malnutrition and stunting, together with their major drivers.

Chapter 3 presents country-by-country analysis of food insecurity and malnutrition for 26 selected crises in 2017. Each brief contains a narrative on the magnitude, severity and main drivers of food insecurity and malnutrition, preceded by a one-page graphical summary.

Chapter 4 provides an analysis of expected trends in 2018 for the countries covered in chapters 2 and 3. It identifies which countries are likely to experience improving food security and those where the situation is likely to remain static or deteriorate. It explores the reasons behind food insecurity forecasts, and it estimates the number of people in need of urgent action (in IPC/CH Phase 3 or worse).

Specifically, this report is designed to achieve the following:



Methodology

Food security information sources and indicators

The *Global Report on Food Crises* aims to inform decision-making, including on how resources are prioritized. As not all analyses are conducted during the same season (post-harvest vs. lean season), the overview table contains the peak number, i.e. the highest number of food-insecure people in need of urgent action during 2017.

In countries where the government and food security stakeholders have adopted the Integrated Food Security Phase Classification (IPC) or the *Cadre Harmonisé* (CH) as the protocol for classifying the severity and magnitude of acute food insecurity, the results from the IPC/CH analyses 2017 are used to estimate the 2017 peak numbers of food-insecure people.

Developed by a global partnership, the IPC is a set of tools and procedures that aims to provide a “common currency” for classifying food insecurity. This evidence-based approach uses international standards that allow food security to be compared across countries and over time. It is based on consensus-building processes to provide decision-makers with a rigorous analysis of food insecurity, along with broad objectives for response. It classifies the populations in different phases according to the severity of the situation (see Table 1). The *Global Report on Food Crises* looks at the most severe IPC Phases - *Crisis* (IPC Phase 3), *Emergency* (IPC Phase 4) and *Catastrophe/Famine* (IPC Phase 5) - as these phases indicate the number and the location of populations in need of urgent assistance. Populations in *Stress* (IPC/CH Phase 2) are also indicated in Chapter 2, although they require a different set of actions - ideally disaster risk reduction and livelihood protection interventions. The CH tool, used in the Sahel and West Africa, is a harmonized framework for the analysis and identification of areas at risk and vulnerable groups. It uses similar standards to the IPC. For more details on IPC and CH classifications, please see Annex 2 - IPC reference tables.

Table 1: IPC/CH Phase description

| PHASE | TECHNICAL DESCRIPTION | PRIORITY RESPONSE OBJECTIVE |
|---------------|---|---|
| 1 - Minimal | More than four in five households in the area are able to meet essential food and non-food needs without engaging in atypical coping strategies to access food and income, including any reliance on humanitarian assistance. | Resilience building and disaster risk reduction |
| 2 - Stressed | Even with any humanitarian assistance at least one in five households in the area have the following or worse: Minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in atypical coping strategies. | Disaster risk reduction, protection of livelihoods and resilience building |
| 3 - Crisis | Even with any humanitarian assistance at least one in five households in the area have the following or worse: Food consumption gaps with high or very acute malnutrition OR Are marginally able to meet minimum food needs only with associated depletion of livelihood assets that will lead to food consumption gaps. | URGENT ACTION REQUIRED to protect livelihoods, reduce food consumption gaps and reduce acute malnutrition |
| 4 - Emergency | Even with any humanitarian assistance at least one in five households in the area have the following or worse: Large food consumption gaps resulting in very high acute malnutrition and excess mortality OR Extreme loss of livelihood assets that will lead to food consumption gaps in the short term. | URGENT ACTION REQUIRED to save lives and reduce acute malnutrition |
| 5 - Famine | Even with any humanitarian assistance at least one in five households in the area has an extreme lack of food and other basic needs where starvation, death, and destitution are evident | URGENT ACTION REQUIRED to prevent widespread death and total collapse of food access |

For countries without IPC or CH analyses, other sources were used. In particular, the numbers of food-insecure people in need of urgent action from FEWS NET's IPC-compatible³ analyses were used when available (for Malawi and Nicaragua).

For countries without IPC or CH analyses or those without IPC or CH estimates of the number of food-insecure people during the peak period of food insecurity, other sources such as Food Security Cluster analyses (mainly from the Humanitarian Needs Overview⁴) have been used to estimate the number of people in need of food assistance (such as in Iraq, Palestine and the Syrian Arab Republic). For some countries and territories, the *Global Report on Food Crises* refers to baseline and emergency food security and vulnerability assessments from WFP, which estimate the numbers of moderately and severely food-insecure people using CARI methodology⁵ (e.g. for Cameroon, Syrian refugees and Ukraine), and Vulnerability Assessment Committee surveys⁶ in southern Africa (for Namibia and South Africa)⁷. To give a thorough overview of each crisis and to analyse its drivers, throughout the report these sources were complemented with many others, particularly FAO Global Information and Early Warning System (GIEWS) products (see list of references on page 188).

Nutrition information sources and indicators

The IPC Global Initiative has recently developed an IPC Acute Malnutrition Classification, a set of tools and procedures to assess the nutrition situation in areas where acute malnutrition is high. It complements the IPC Food Security Analysis by providing a situation analysis of the area of study based on acute malnutrition, with a full understanding of the underlying and direct factors affecting it. For this report, in countries where this tool had been applied, the results are used as the basis for the assessment of the acute malnutrition situation (Afghanistan, Kenya, Burundi, Madagascar, Pakistan, South Sudan, Mali, Mozambique and Uganda).

However, as it is a recent tool, the IPC Acute Malnutrition Classification was only implemented in a few countries in 2017. Thus, for the majority of the countries, the nutrition information comes from other sources, mainly primary sources such as reports from national or sub-national surveys such as SMART surveys,⁸ Demographic and Health Surveys (DHS),⁹ Multiple Indicators Cluster Surveys (MICS),¹⁰ National Vulnerability Assessments and Analysis, and Infant and Young Child Feeding – Knowledge Attitude and Practices Assessments (IYCF KAP) for causes and factors (see list of references on page 188).

The main sources of information for the estimates of the number of children affected by acute malnutrition were in-country calculations by the nutrition clusters/sectors, shared in humanitarian response plans and documents such as the Humanitarian Needs Overviews (HNO) or the nutrition cluster/sector situation analysis and response plans.

³ IPC-compatible products are generated by applying key IPC protocols, with the exception of technical consensus of food security partners.

⁴ HNO: Humanitarian Needs Overviews aim to support the Humanitarian Country Team (HCT) in developing a shared understanding of the impact and evolution of a crisis and to inform response planning. The HNO includes an assessment of the food security situation, the impact of the crisis, a breakdown of the people in need and the required funds. Where people are at increased risk of food insecurity, assessments are conducted using accepted methods to understand the type, degree and extent of food insecurity, to identify those most affected and to define the most appropriate response.

⁵ The CARI is used to classify individual households according to their level of food insecurity. In this report, estimates of moderate and severely food-insecure people are considered as equivalent to IPC/CH Phase 3 or above.

⁶ The VAC assessment process and methodology is coordinated and backstopped by the SADC Food Agriculture and Natural Resources Vulnerability Assessment Committee. Its methodology draws from a livelihood-based vulnerability assessment framework.

⁷ Annex 2 provides the source used for each country.

⁸ Standardized Monitoring and Assessment of Relief and Transitions (SMART) is an improved survey method that is used mainly in emergencies to assess the severity and magnitude of a humanitarian crisis with a focus on nutritional status of under-5 populations and the mortality rate of a population.

⁹ Demographic Health Surveys (DHS) are nationally representative household surveys conducted every five years that provide data for a wide range of monitoring and impact evaluation indicators for health and nutrition.

¹⁰ Multiple Indicator Cluster Surveys are household surveys that collect information on the wellbeing of children, women and households worldwide.

The nutrition situation analysis in this report summarized in 'Nutrition Snapshots' highlights the key indicators, and detailed country analysis in Chapter 3 concerns malnutrition in all its forms¹¹ but with a special focus on acute malnutrition measured by wasting, and chronic malnutrition measured by stunting.

Acute malnutrition occurs when an individual suffers from current, severe nutritional restrictions; a recent bout of illness; inappropriate childcare practices; or, more often, a combination of these factors. It is characterised by extreme weight loss, and, in its severe form, can lead to death. Acute malnutrition in children can be measured by a low weight-for-height (WFH), which is called wasting; a low mid-upper arm circumference (MUAC); and/or the presence of bilateral oedema. Moderate acute malnutrition (MAM) is identified by WFH below -2 z scores and above -3 z scores of the reference population, and severe acute malnutrition (SAM) by WFH below -3 z scores. Global acute malnutrition (GAM) reflects the presence of both MAM and SAM in a population.

Malnutrition measured by stunting is characterized by a slowing in children's growth and their failure to reach their expected height. It is associated with a number of long-term factors, including chronically inadequate levels of nutrient intake, micronutrient deficiencies, frequent infection, and inappropriate feeding and caring practices over a sustained period.

When children are stunted, they are at higher risk of illness and are more likely to develop poor physical and cognitive skills as well as lower learning abilities in later childhood and adolescence. Although acute and chronic malnutrition can affect anyone, children under 5 are especially vulnerable. Thus, the prevalence of stunting and wasting among children aged 6-59 months is used as a good proxy for the nutrition situation in a community. The World Health Organization (WHO) has set severity indexes based on the prevalence of these two indicators among children aged 6-59 months (see Table 2 and Table 3).

Table 2: WHO Severity index for malnutrition based on prevalence of wasting

| | | |
|---------------------------|--------|------------|
| Global Acute Malnutrition | <5% | Acceptable |
| | 5-9% | Poor |
| | 10-14% | Serious |
| | ≥15% | Critical |

To account for all forms of malnutrition and its main drivers, the nutrition snapshots of the report analysed information following the UNICEF conceptual framework on causes of malnutrition, reviewing information available on the immediate and underlying causes of malnutrition, including looking at micronutrient deficiencies such as iron (anaemia) or vitamin A; dietary adequacy in terms of quantity (number of meals per day) or quality (dietary diversity); and morbidity (disease outbreaks) as immediate causes of malnutrition. It also reports on infant and young children caring practices such as breastfeeding and on indicators related to healthy environments such as the access to safe/improved water, improved sanitation or health facilities as proxies of the underlying causes of malnutrition.

Table 3: WHO thresholds for severity of stunting in a community

| | | |
|---------------------------------|--------|------------|
| Chronic malnutrition (stunting) | <20% | Acceptable |
| | 20-29% | Poor |
| | 30-39% | Serious |
| | ≥40% | Critical |

¹¹ Malnutrition, in all its forms, includes undernutrition (wasting and stunting), inadequate vitamins or minerals (micronutrient deficiencies), overweight and obesity.

Food insecurity outlook and projected trends in Chapter 4

The outlook and projected trends for 2018 are based on IPC projections, where possible; CH projections in West Africa; FEWS NET's most forward-looking analysis of projected emergency food assistance needs; or 2018 HNOs.

IPC projection analyses provide information on the projected severity and magnitude of acute food insecurity and estimate the number of people in each IPC Phase. For countries where projected IPC estimates of the number of food-insecure people during the peak period of food insecurity in 2018 were available, these were used as the reference. The CH projections were generated in October and November 2017 and forecast the number of people in *Crisis* (CH Phase 3) and higher for the West African and Sahel lean season in June to August 2018.

FEWS NET's food assistance outlook briefs provide information on the projected severity and magnitude of acute food insecurity and indicate each country's food-insecure population in urgent need of humanitarian assistance (IPC Phase 3 or above).

FEWS NET uses a methodology known as Scenario Development¹² to assist in projecting food insecurity and future food assistance needs. The process involves an assessment of the current situation; the creation of specific, informed assumptions about the future; analysis of expected impacts on food and income sources; and the likely responses of various actors. Based on a convergence of evidence, analysts describe the most likely scenario and classify the expected levels of food insecurity using the IPC. By clearly articulating the assumptions underlying the scenario, FEWS NET is able to update scenarios as new information becomes available.

Forecasting trends comparing the projected magnitude of food insecurity in 2018 to the 2017 peak number provided in Chapter 2 are illustrated by a colour-coded arrow, representing an increase or decrease of 50 percent or of 250,000 people in IPC/CH Phase 3 or above, when based on IPC, FEWS NET or CH sources. In other cases, the trend is based on Food Security Cluster estimates of people in need of life-saving and livelihoods food security assistance in 2018.

In addition to the sources mentioned above, other sources used to identify the most likely drivers of food insecurity in 2018 include reports from Assessment Capacities Project (ACAPS); FAO Early Warning Early Action; FAO/GIEWS; IASC Early Warning, Early Action and Readiness Analysis Group; and WFP Vulnerability Analysis and Mapping (VAM).

When is a famine declared?

Famine is declared when there is evidence of the following three conditions in a single location:

- Food shortages: at least 20% of the population faces extreme food shortages;
- Acute malnutrition: at least 30% of children suffer from acute malnutrition;
- Increased mortality: Daily deaths occur at double the normal rate.

¹² <http://www.fews.net/our-work/our-work/scenario-development>

Process for selecting countries

The illustrations below describe the criteria used at each step of the process for selecting countries in each chapter. They show the countries selected and those omitted due to insufficient data.

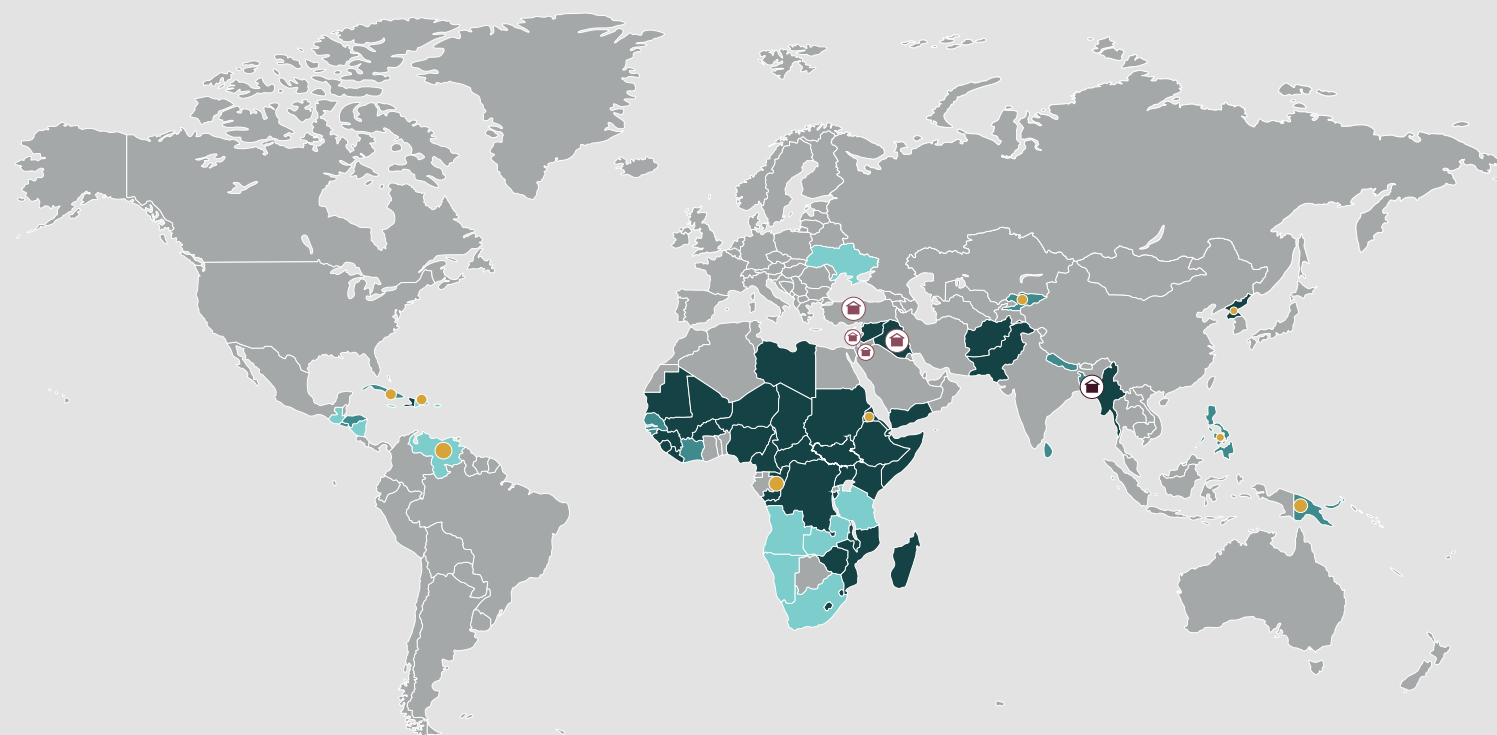
61 Countries selected for overview of peak number of food insecure people in 2017

Selection criteria (not mutually exclusive) Number of countries

| | |
|--|----|
| All countries included in the list of countries requiring external assistance for food in 2017. These are countries facing food crises. They are in need of external food assistance because they have an exceptional shortfall in aggregate food production and supplies or widespread lack of access to food or severe localised food insecurity | 37 |
| Countries not included in the list of countries requiring external assistance for food in 2017* but experienced at least one food crisis in the past three years or at least three food crises in the past 10 years. This is to capture the persistent and protracted aspect of those crises | 13 |
| To capture countries affected by natural disasters, influx of refugees, conflict, and/or political instability, but not included in the list of countries requiring external assistance for food in 2017, reports and publicly available information on food insecurity were consulted | 11 |

*Available at: <http://www.fao.org/giews/country-analysis/external-assistance/en/>

Map 1: Geographical coverage in Chapter 2



| | | | |
|---|---|---|--|
| <p>Countries requiring external assistance for food in 2017</p> <p>Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Republic of Congo, Democratic Republic of Congo, Djibouti, Eritrea, Ethiopia, Guinea, Haiti, Iraq, Kenya, Democratic People's Republic of Korea, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Sierra Leone, Somalia, South Sudan, Sudan, Swaziland, Syria, Uganda, Yemen, Zimbabwe</p> | <p>Countries not included in the list of countries requiring external assistance for food in 2017, but which experienced at least one food crisis in the past three years or at least three food crises in the past ten years</p> <p>Bangladesh, Cote d'Ivoire, Cuba, El Salvador, Gambia, Guinea Bissau, Honduras, Kyrgyzstan, Nepal, Papua New Guinea, Philippines, Senegal, Sri Lanka</p> | <p>Other countries selected based on other reports and publicly available information on food insecurity</p> <p>Angola, Dominican Republic, Guatemala, Namibia, Palestine, Nicaragua, South Africa, Tanzania, Ukraine, Venezuela, Zambia</p> | <p>Countries selected but for which no estimates were produced</p> <p>Cuba, Republic of Congo, Democratic People's Republic of Korea, Dominican Republic, Eritrea, Kyrgyzstan, Papua New Guinea, Philippines, Venezuela</p> |
| | | | <p> Syrian refugees in Jordan, Lebanon, Turkey and Iraq</p> |
| | | | <p> Rohingya refugees in Bangladesh</p> |

26 Crises shortlisted from Chapter 2 for detailed analysis of food insecurity and malnutrition (Chapter 3)

Selection criteria (not mutually exclusive)

Number of countries

Crises and/or countries with at least 20 percent of the population analysed in IPC/CH Phase 3 or higher; and/or at least 1 million people in IPC/CH Phase 3 or higher; and/or any area in IPC/CH Phase 4 (Emergency) or higher* 20**

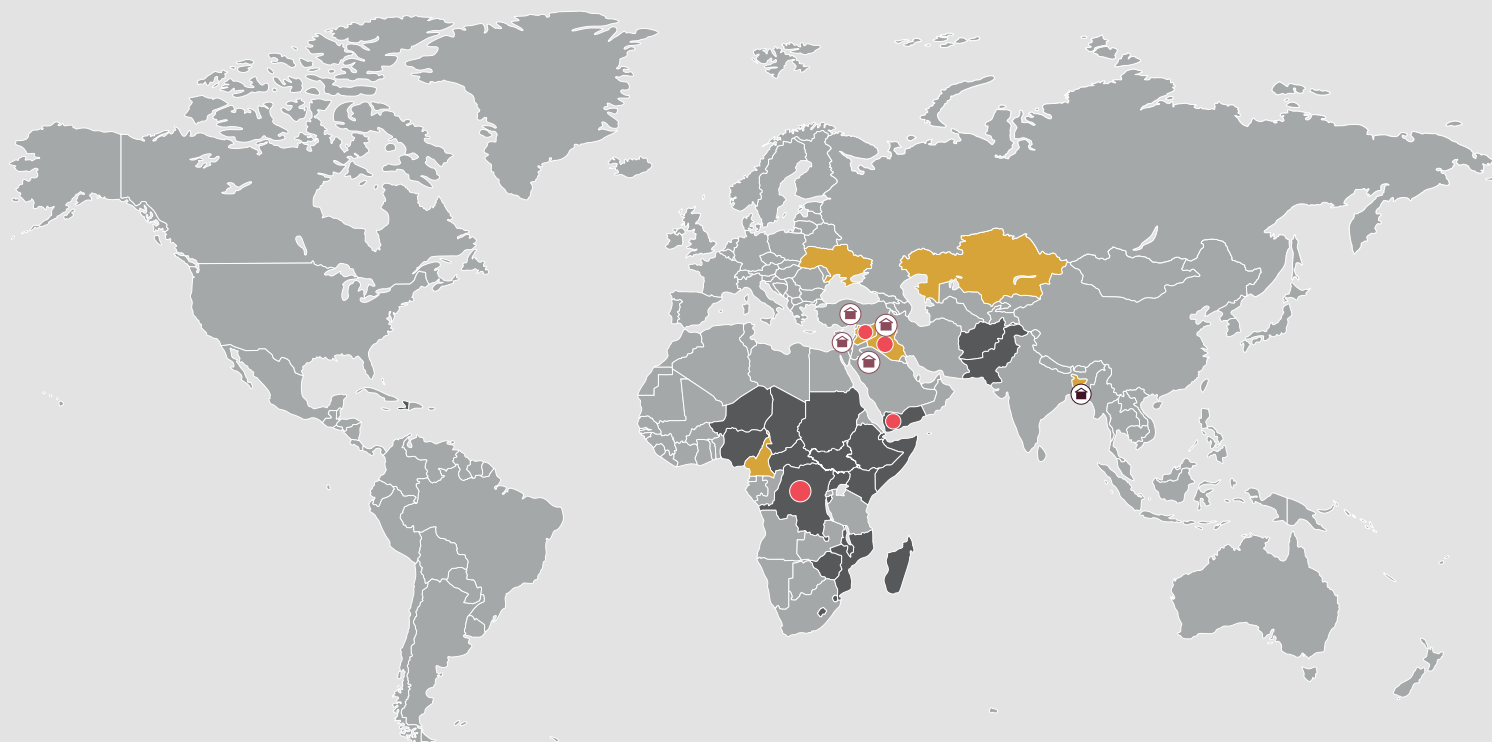
Countries without IPC/CH analysis having at least 20 percent of the population analysed and/or at least 1 million people acutely food-insecure based on estimates derived from Food Security Cluster reports/Humanitarian Needs Overviews and WFP Food Security Assessments 6







Countries included on the IASC Humanitarian System-Wide Emergency Response ('Level 3/L3' Response) emergencies list. An L3 response is activated when a humanitarian situation suddenly and significantly changes and when, following an analysis of five criteria - scale, complexity, urgency, capacity and reputational risk - it is clear that the capacity to lead, coordinate and deliver humanitarian assistance and protection on the ground does not match the scale, complexity and urgency of the crisis. Declaration of an L3 response activates a UN system-wide mobilisation of leadership, staffing and funding to enable the accelerated and scaled-up delivery of assistance and protection to people in need

* The criteria "countries having any segment of the population in IPC/CH Phase 4 or higher" used last year has been replaced by "countries having any area classified in IPC/CH Phase 4 or higher" to allow focus on major food crises.

** This includes Lake Chad Basin for which three out of four subnational areas are covered by *Cadre Harmonisé*. The fourth - Cameroon's Far-North - is covered by food security surveys using CARI methodology.

Map 2: Geographical coverage in Chapter 3



| | | |
|---|--|--|
| <p></p> <p>Countries having at least 20 percent of the population analysed food-insecure and/or at least 1 million people based on estimates derived from Humanitarian Needs Overviews, Food Security Cluster reports and Food Security Assessments</p> <p>Bangladesh, Cameroon, Iraq, Palestine, Syria, Ukraine</p> | <p></p> <p>Crises and/or countries with at least 20 percent of the population in Crisis (IPC/CH Phase 3) and higher; and/or at least 1 million people in Crisis (IPC/CH Phase 3) or higher; and/or any area in Emergency (IPC/CH Phase 4) or higher</p> <p>Afghanistan, Burundi, Central African Republic, Chad, Democratic Republic of Congo, Djibouti, Lesotho, Ethiopia, Haiti, Kenya, Madagascar, Malawi, Mozambique, Niger, Nigeria, Pakistan, Somalia, South Sudan, Sudan, Swaziland, Uganda, Yemen, Zimbabwe</p> | <p> </p> <p>IASC L3 emergencies in 2017</p> <p>Democratic Republic of Congo (Kasai), Iraq, Syria Republic, Yemen</p> <p> Syrian refugees in Jordan, Lebanon, Turkey and Iraq</p> <p> Rohingya refugees in Bangladesh</p> |
|---|--|--|

61 countries forecast to experience food security crises in 2018 (Chapter 4)

Selection criteria (not mutually exclusive)

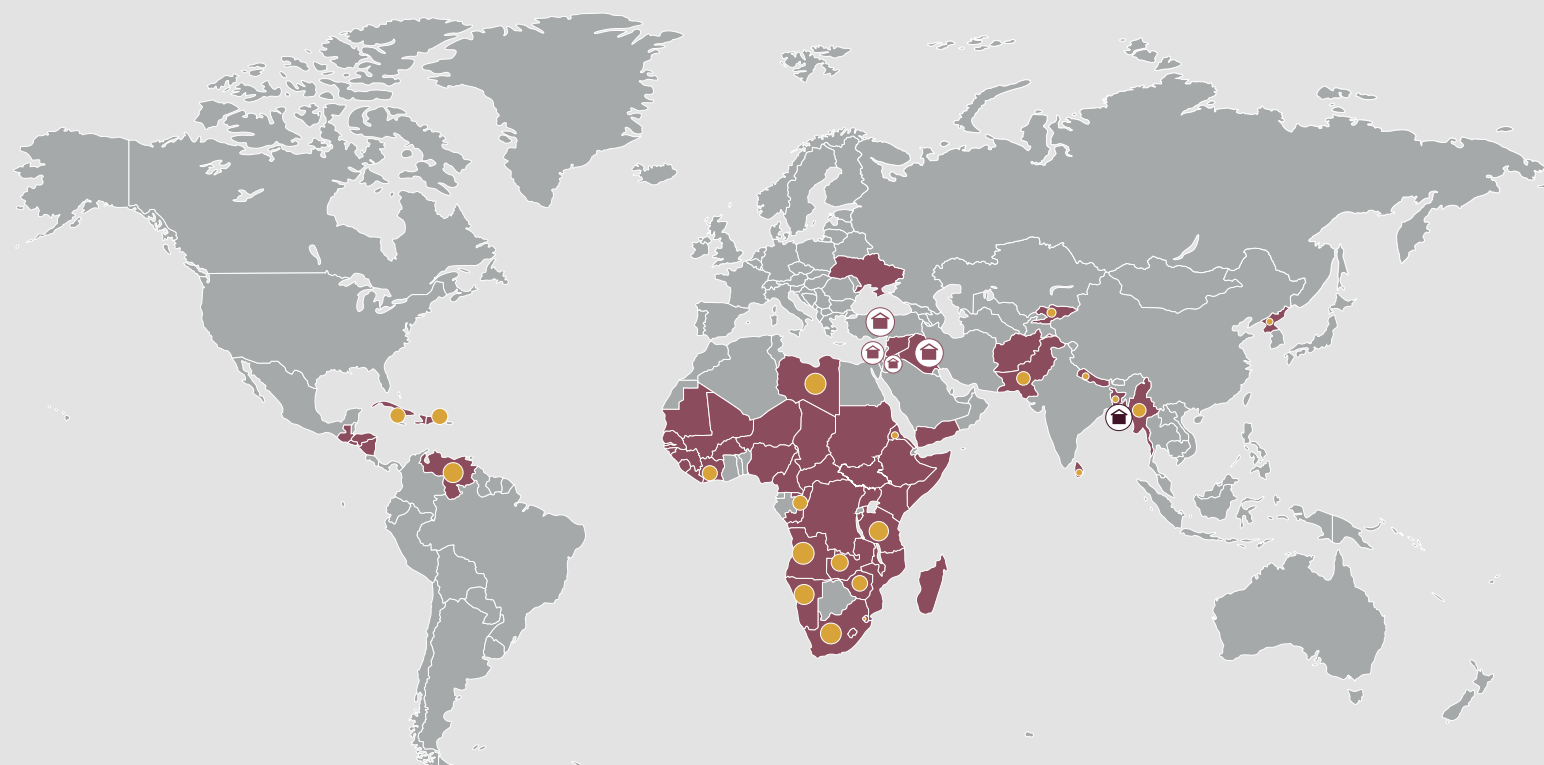
Number of countries

Countries selected for overview of peak number of food insecure people in 2017 (chapter 2)

61

Any additional country identified as a looming crisis based on early warning source

Map 3: Geographical coverage in Chapter 4



Countries selected for overview of peak number of food insecure people in 2017 (Chapter 2)

Afghanistan, Angola, Bangladesh, Bolivia, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Dominican Republic, El Salvador, Eritrea, Ethiopia, Gambia, Guatemala, Guinea, Guinea Bissau, Haiti, Honduras, Iraq, Kenya, Kyrgyzstan, Democratic People's Republic of Korea, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mongolia, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Swaziland, Syria, Tanzania, Uganda, Ukraine, Venezuela, Yemen, Zambia, Zimbabwe

Countries for which no forecast estimates were produced due to insufficient data

Angola, Bangladesh, Republic of Congo, Cote d'Ivoire, Cuba, Djibouti, Dominican Republic, Eritrea, Kyrgyzstan, Democratic People's Republic of Korea, Myanmar, Namibia, Nepal, Pakistan, South Africa, Sri Lanka, Swaziland, Tanzania, Venezuela, Zambia, Zimbabwe



Syrian refugees in Jordan, Lebanon, Turkey and Iraq



Rohingya refugees in Bangladesh

Limitations

All partners are in agreement with the general magnitude and severity of acute food insecurity indicated by this report. However, the estimated peak numbers of food-insecure people may differ from individual agency estimates as they reflect a consensus-based approach, and/or are based on different methods, protocols and/or data.

As already mentioned, sometimes IPC or IPC-compatible estimates do not exist for a particular country and other sources (HNOs and government released figures) are used, which means estimates are not always comparable. Variations in the geographical coverage of IPC or CH analyses constitute a technical limitation to presenting year-on-year trends for certain countries.

Some countries were not included in the report because of a lack of recently validated data (see Box: Major data gaps). This highlights the need for the Global Network against Food Crises to advocate for investments in food security monitoring systems at national and regional levels.

Nutrition data availability varied from country to country. Recent data on acute malnutrition were available for most countries, although the geographic areas covered differed by country, ranging from national surveys to district assessments, or even studies limited to the geographical areas of operation of the organization undertaking the survey. Similarly, IPC acute malnutrition analyses did not always cover the entire country.

For stunting and contributing factors to malnutrition, most countries have had a national survey in the last three to five years (with the exception of Somalia, South Sudan and Iraq). However, national mean values may differ greatly from values in the areas affected by a food crisis. Some of the dietary intake and WASH indicators were from DHS or MICS surveys that were conducted earlier than the most recent acute malnutrition data.

National trends and sub-national disparities related to nutrition were indicated where possible. However, in countries where insecurity is particularly severe and access to certain areas is restricted, it was difficult to obtain reliable nutrition data for affected regions, particularly for displaced households.

The future is hard to predict and accordingly, the food security outlook and projected trends presented in Chapter 4 are more uncertain than the analyses of the past situation presented in Chapters 2 and 3. The estimates of the future food-insecure population for some countries are presented as ranges rather than points, to reflect this higher level of uncertainty. Additionally, many countries lacked any projections of future food security outcomes during 2018 and therefore could not be included in the chapter.

Major data gaps

Congo, Côte d'Ivoire, Cuba, Dominican Republic, Eritrea, Democratic People's Republic of Korea, Kyrgyzstan, Papua New Guinea, Philippines and Venezuela.

All these countries, with the exception of Côte d'Ivoire and the Democratic People's Republic of Korea, also faced major data gaps in 2016 and were not covered in the 2017 *Global Report on Food Crises*. Investing in data collection and assessments is important to ensure needs are not overlooked.



CHAPTER

2

GLOBAL OVERVIEW OF
FOOD CRISES IN 2017



In 2017, around 124 million people in 51 countries faced *Crisis* food insecurity or worse (IPC/CH Phase 3 or above). Last year's *Global Report on Food Crises* identified 108 million people across 48 countries in 2016.

A comparison of the 45 countries included in both global reports reveals an increase of 11 million people or 11 percent in the number of food-insecure people across the world. This rise can largely be attributed to new or intensified conflict and insecurity in countries such as Yemen, (northern) Nigeria, the Democratic Republic of Congo, South Sudan and Myanmar. Persistent drought also played a major role, causing consecutively poor harvests in countries already facing high levels of food insecurity such as Kenya, Somalia and Uganda, and in southern Africa.

All countries in last year's report were included this year except the Democratic People's Republic of Korea and Côte d'Ivoire, which were among ten countries initially selected but omitted due to insufficient data. The other eight countries without adequate data were Congo, Cuba, Dominican Republic, Eritrea, Kyrgyzstan, Papua New Guinea, the Philippines and Venezuela. Among these countries, worrying levels of food insecurity are reported in Democratic People's Republic of Korea, Eritrea and Venezuela.

The Democratic People's Republic of Korea - where agriculture is frequently hit by weather shocks - is likely to be facing a severe food crisis. An estimated 10.5 million (41 percent of the population) were undernourished in 2017.¹³ In Venezuela, 6.7 million people rely on government food distribution programmes; the cost of government food rations increased by 150 percent between April and August 2017 due to rising food prices.¹⁴ The price of a food basket on the black market also increased, rising an average 24 percent a month between April and August, and recording the highest increase in 20 years between June and July.¹⁵ More than a million Venezuelans have reportedly left the country because of shortages of basic goods and soaring inflation.¹⁶ In Eritrea, economic constraints have increased vulnerability to food insecurity,¹⁷ and 15,000 children are severely malnourished.¹⁸

The additional countries included in the report this year are El Salvador, Pakistan, Palestine, Sri Lanka and Ukraine.



13 FAO, IFAD, UNICEF, WFP & WHO. 2017. *The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security*. Rome: FAO.

14 Caritas 09/2017.

15 Ibid.

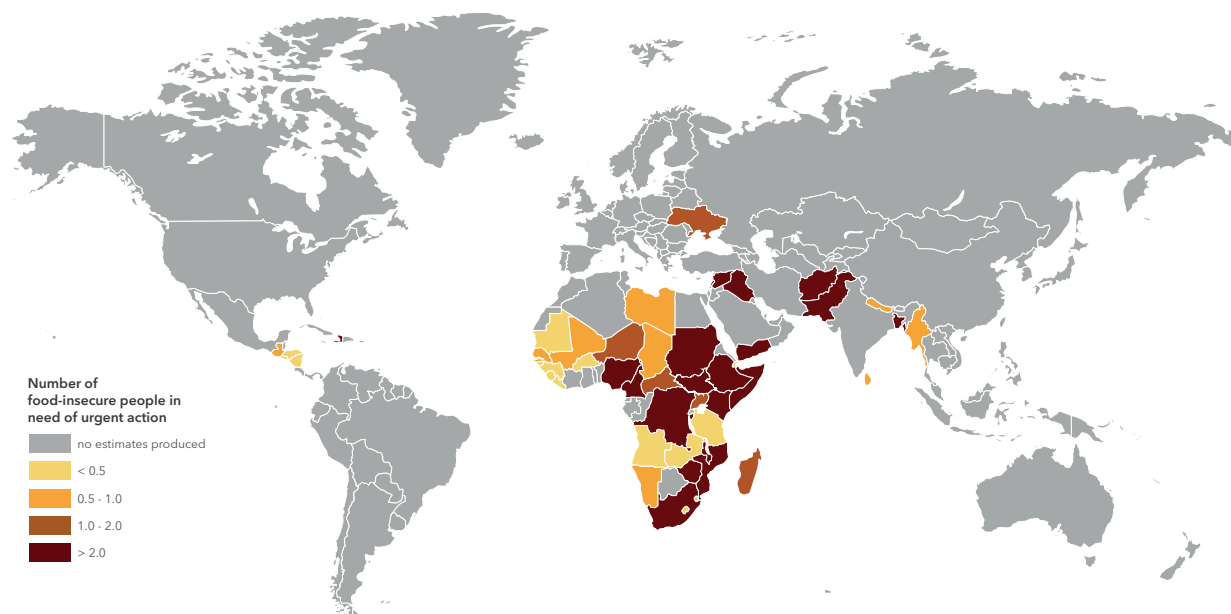
16 See UNHCR at <https://data2.unhcr.org/en/documents/details/61425> and IMF at <https://www.imf.org/en/Publications/WEO/Issues/2017/09/19/world-economic-outlook-october-2017>

17 FAO. *Crop Prospect and Food Situation*, December 2017. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/a-i8278e.pdf>

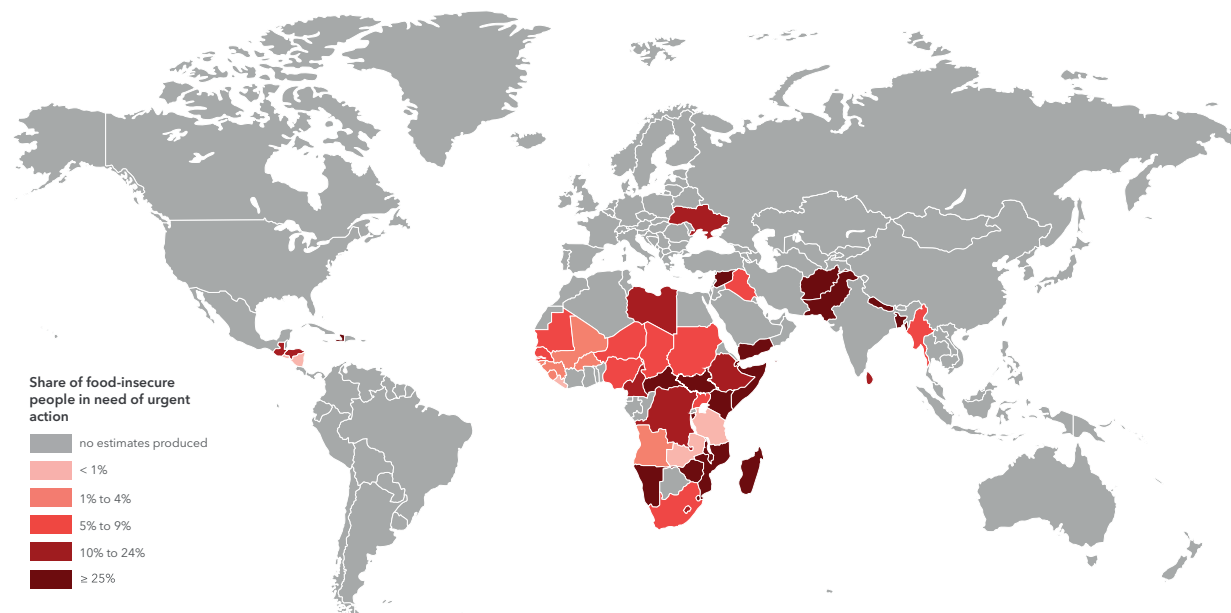
18 UNICEF. Humanitarian Action for Children. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/2018-HAC-Eritrea.pdf>

The maps and the table below present the population in each country in *Crisis* (IPC/CH Phase 3 or equivalent) conditions or worse, in millions and in percentages of total population analysed.

Map 4: Number of people in IPC/CH Phase 3 and above or equivalent in 2017 in countries selected for Chapter 2



Map 5: Share of people in IPC/CH Phase 3 and above or equivalent out of population analysed in 2017 in countries selected for Chapter 2



Phase 3 Crisis

Even with any humanitarian assistance at least one in five households in the area have the following or worse: Food consumption gaps with high or above usual acute malnutrition OR Are marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps

Phase 4 Emergency

Even with any humanitarian assistance at least one in five households in the area have the following or worse: Large food consumption gaps resulting in very high acute malnutrition and excess mortality OR Extreme loss of livelihood assets that will lead to food consumption gaps in the short term

Phase 5 Famine/Catastrophe

Even with any humanitarian assistance at least one in five households in the area has an extreme lack of food and other basic needs where starvation, death, and destitution are evident

Estimation of food-insecure population by country

Table 4: Highest numbers and share of food-insecure people in 2017

| Countries/territories | Total population analysed (millions) | Percentage of population analysed out of total country population ^A (%) | Population in Crisis, Emergency and Catastrophe/Famine (IPC/CH Phase 3 and higher) | | Population in Stressed (IPC/CH Phase 2) | |
|--|--------------------------------------|--|--|--------------------------------|---|--------------------------------|
| | | | Number (millions) | % of total population analysed | Number (millions) | % of total population analysed |
| Afghanistan ^C | 29.0 | 84% | 7.6 | 26% | 9.9 | 34% |
| Angola | 12.8 | 60% | 0.1 | 1% | 0.7 | 5% |
| Bangladesh (South Central & Cox's Bazaar) ^C | 11.1 | 6% | 3.4 | 31% | 3.1 ^B | 28% |
| Burkina Faso ^C | 19.5 | 100% | 0.3 | 1% | 1.8 | 9% |
| Burundi ^C | 9.8 | 94% | 2.6 | 26% | 4.0 | 41% |
| Cameroon | 24.3 | 100% | 3.9 | 16% | 11.9 | 49% |
| Central African Republic ^C | 3.7 | 64% | 1.1 | 30% | 1.5 | 41% |
| Chad ^C | 13.0 | 93% | 0.9 | 7% | 2.6 | 20% |
| Democratic Republic of the Congo ^C | 71.7 | 92% | 7.7 | 11% | N/A | N/A |
| Djibouti (Rural areas) ^C | 0.3 | 31% | 0.1 | 46% | 0.0 | 16% |
| El Salvador | 2.3 | 35% | 0.0 | 0% | 0.3 | 12% |
| Ethiopia ^C | 86.2 | 91% | 8.5 | 10% | N/A | N/A |
| Gambia | 1.7 | 85% | 0.1 | 7% | 0.4 | 23% |
| Guatemala | 4.6 | 28% | 0.5 | 10% | 1.3 | 28% |
| Guinea | 9.4 | 77% | 0.3 | 3% | 2.0 | 22% |
| Guinea-Bissau | 1.2 | 68% | 0.0 | 3% | 0.3 | 24% |
| Haiti ^C | 7.6 | 69% | 2.3 | 31% | 3.5 | 46% |
| Honduras | 4.5 | 48% | 0.4 | 10% | 0.6 | 13% |
| Iraq | 37.0 | 100% | 2.0 | 5% | N/A | N/A |
| Kenya ^C | 13.6 | 29% | 3.4 | 25% | N/A | N/A |
| Lesotho ^C | 1.4 | 73% | 0.3 | 24% | 0.4 | 30% |
| Liberia | 4.2 | 89% | 0.0 | 0% | 0.4 | 9% |
| Libya | 6.5 | 100% | 0.6 | 10% | N/A | N/A |
| Madagascar (southern and southeastern) ^C | 3.0 | 12% | 1.5 | 51% | 0.7 | 22% |
| Malawi ^C | 18.8 | 100% | 5.1 | 27% | 2.2 | 12% |
| Mali ^C | 18.9 | 100% | 0.6 | 3% | 3.2 | 17% |
| Mauritania ^C | 3.9 | 93% | 0.3 | 7% | 0.9 | 23% |
| Mozambique ^C | 12.5 | 47% | 3.1 | 25% | 3.6 | 29% |
| Myanmar (selected areas) | 8.3 | 15% | 0.8 | 9% | N/A | N/A |
| Namibia | 1.3 | 62% | 0.6 | 46% | 0.1 | 10% |
| Nepal (selected areas - Terail) ^C | 1.9 | 6% | 0.8 | 41% | N/A | N/A |
| Nicaragua | 6.2 | 100% | 0.0 | 0% | N/A | N/A |
| Niger ^C | 18.0 | 91% | 1.3 | 7% | 4.4 | 24% |
| Nigeria (Northern) ^D | 94.5 | 52% | 8.9 | 9% | 20.4 | 22% |
| Pakistan (4 districts in Sindh province) ^C | 5.4 | 3% | 2.7 | 50% | 1.2 | 23% |
| Palestine | 5.0 | 100% | 1.6 | 32% | N/A | N/A |
| Senegal ^C | 12.4 | 83% | 0.8 | 7% | 3.6 | 29% |
| Sierra Leone | 6.4 | 89% | 0.1 | 1% | 1.1 | 18% |
| Somalia ^C | 12.3 | 89% | 3.3 | 27% | 2.9 | 23% |
| South Africa | 55.0 | 100% | 3.9 | 7% | 10.4 | 19% |
| South Sudan ^D | 12.2 | 99% | 6.1 | 50% | 3.6 | 30% |
| Sri Lanka (ten affected districts) | 5.7 | 27% | 0.9 | 16% | N/A | N/A |
| Sudan ^C | 42.8 | 100% | 3.8 | 9% | 12.5 | 29% |
| Swaziland ^C | 0.9 | 81% | 0.4 | 39% | 0.3 | 32% |
| Syrian Arab Republic | 19.4 | 100% | 6.5 | 33% | 4.0 | 21% |
| United Republic of Tanzania ^{C,E} | 58.0 | 100% | 0.3 | 0% | N/A | N/A |
| Uganda | 35.0 | 87% | 1.6 | 5% | 9.3 | 26% |
| Ukraine (Luhansk and Donetsk oblasts) | 6.0 | 13% | 1.2 | 20% | N/A | N/A |
| Yemen ^C | 28.2 | 100% | 17.0 | 60% | 6.1 | 22% |
| Zambia | 14.5 | 100% | 0.0 | 0% | 1.0 | 7% |
| Zimbabwe ^C | 9.6 | 68% | 4.1 | 42% | 1.4 | 15% |
| Total population | 891.5 | | 123.5 | | | |

A For most countries, the population analysed is significantly below the total population because of the focus of IPC/CH analysis on rural population.

B The number of people in Phase 2 is underestimated because not available for Cox's Bazaar.

C The estimates for this country contain population classified in Emergency (IPC/CH Phase 4).

D The estimates for this country contain population in in Emergency (IPC/CH Phase 4) and in Catastrophe/Famine (IPC/CH Phase 5)

E Tanzania's figures include two analyses carried out in Tanzania Mainland (February 2017) and Zanzibar (July 2017).



"We must acknowledge and address the link between hunger and conflict if we are to achieve zero hunger. Investing in food security and livelihood in conflict situations saves lives, strengthens resilience and can also contribute to sustaining peace." José Graziano da Silva, FAO Director-General



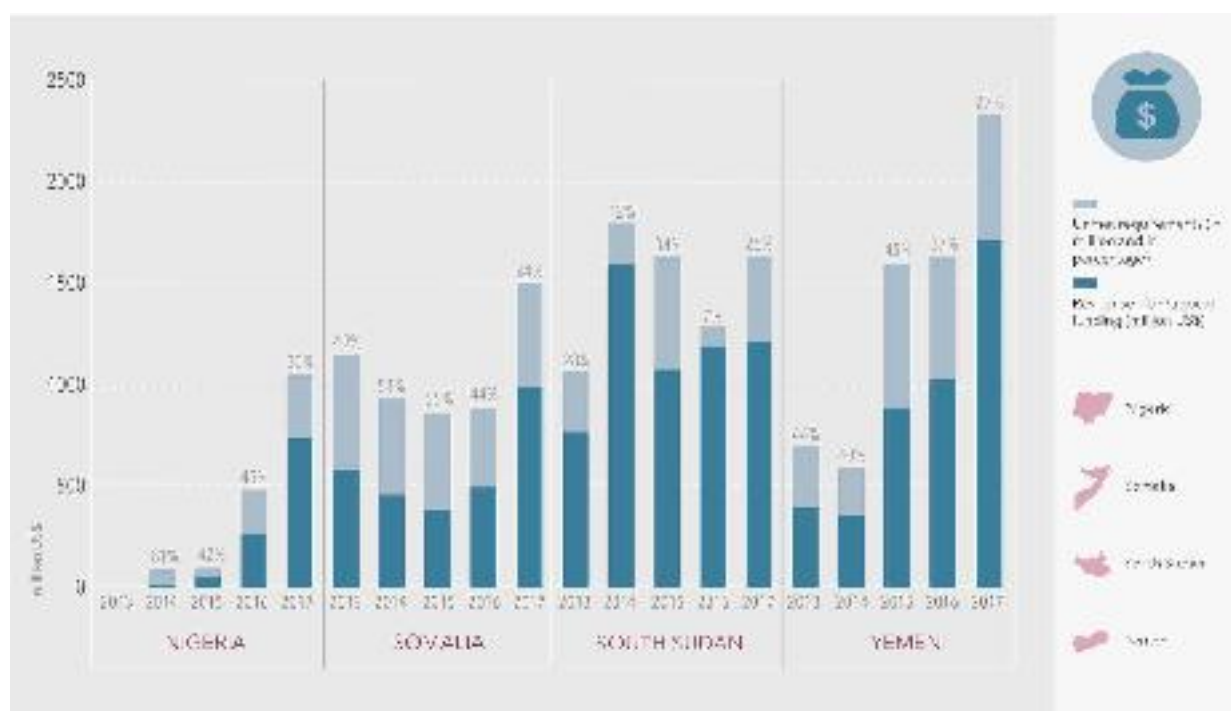
The four most severe food crises of 2017

The humanitarian landscape in 2017 was marked by the declaration of famine in areas of South Sudan and the risk of famine (in a worst-case scenario) in north-eastern Nigeria and Somalia. The food crises in these countries are mostly driven by conflict and in the case of Somalia, also by severe drought. Yemen faced a major food crisis as well, because of the ongoing conflict. In these four countries, over 10 million people are currently displaced from their homes,¹⁹ increasing their vulnerability to food insecurity. These populations require urgent humanitarian assistance to save lives, protect livelihoods, reduce acute malnutrition and strengthen resilience.

In the four countries, a total of 31.6 million people were classified in IPC/CH Phase 3 or above in 2017 – an increase of 18 percent compared with 2016 (almost five million people more). The greatest increases in food insecurity have been in South Sudan (23 percent) and Yemen (20 percent).

Humanitarian funding needs in the four countries have more than doubled, from US\$2.9 billion in 2013 to more than US\$6.5 billion in 2017. As indicated in Graph 1, humanitarian operations increased substantially in 2017, when the international community provided US\$1.7 billion to support humanitarian assistance in Yemen, US\$1.2 billion in South Sudan, US\$1 billion in Somalia and more than US\$0.7 billion in Nigeria – covering 66 to 74 percent of their humanitarian assistance needs. However, 29 percent of humanitarian requirements remained unmet²⁰ and longer-term investments were well below projected needs.

Graph 1: Trends in humanitarian financing (2013-2017) in the four most severe food crises in 2017



Source: OCHA, Financial Tracking System.

Despite different contexts, humanitarian assistance has played an important role in mitigating the magnitude and severity of food insecurity and malnutrition in all four countries, although the effectiveness of the responses was hindered by insecurity and the limited coverage of needs.

¹⁹ Source: UNHCR.

²⁰ Calculations based on data collected from the OCHA Financial Tracking System, downloaded on 20 February 2018.

In South Sudan, extreme levels of acute food insecurity persisted in 2017. *Emergency* conditions prevailed in Upper Nile and Jonglei states, and *Crisis* outcomes were widespread in Greater Equatoria state, an area that was relatively food secure until the spread of conflict to the region in mid-2016. The number of people estimated to be in *Catastrophe* (IPC Phase 5) fell from 100,000 in February to 25,000 in October-December. However, the population facing *Crisis* (IPC Phase 3) conditions or worse in September rose by 30 percent compared with 12 months previously.

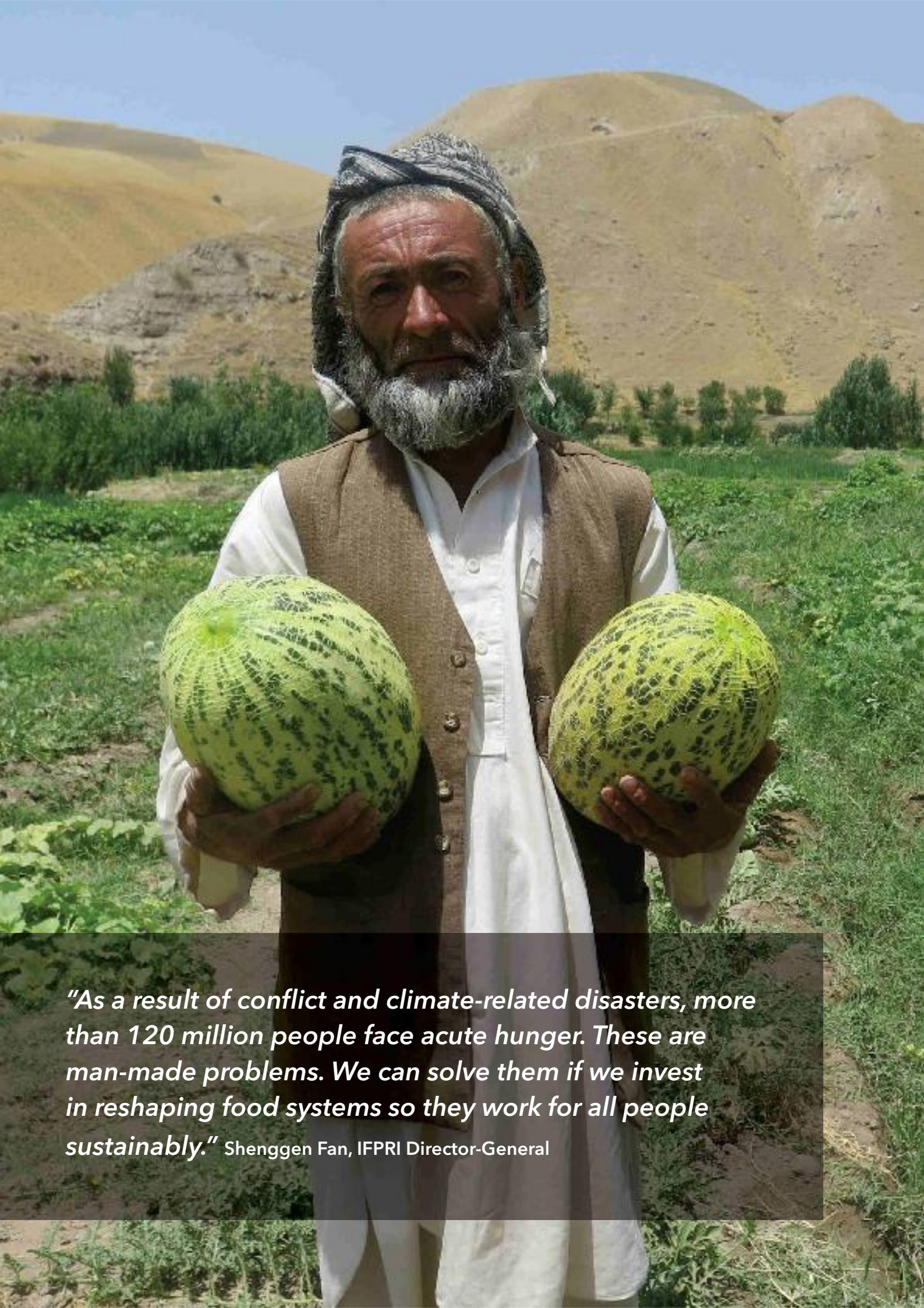
In Somalia, sustained humanitarian assistance has prevented food insecurity from deepening. However, drought continued until late 2017, and the number of people requiring urgent humanitarian assistance remained extremely high throughout the year. There was threefold increase in the estimated number of people in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) between July 2016 and July 2017, rising to one in four Somalis. Acute malnutrition in some drought-affected areas was alarming, reaching extremely critical thresholds in some cases. The *2018 Humanitarian Needs Overview* forecast that 1.2 million children will be acutely malnourished between September 2017 and September 2018, including 87,250 severely malnourished children.

In Yemen, protracted conflict and livelihood disruptions continue to erode household purchasing power and food access. Yet the level of assistance is below requirements: in 2017, only 73 percent of humanitarian needs were met.²¹ Access issues are at the heart of the problem, including the poor frequency and coverage of data collection, which is vital for targeting humanitarian assistance. The forced closure of major seaports and airports enforced in most of November 2017 disrupted the humanitarian and commercial supply pipelines and stopped critical supplies, including medicines, from reaching the Yemeni people. Such restrictions to humanitarian access have a direct impact on food security. In 2017, the conflict exacerbated the dire nutritional situation because of worsening health, food security, water, sanitation and hygiene conditions.

In northern Nigeria, conflict and insecurity have also constrained humanitarian access. Although access has improved, several areas in the north-east remain unreachable. Over the past year, humanitarian organizations and the government have massively scaled up assistance to prevent famine. This, coupled with the harvest in late 2017, has substantially reduced food insecurity. However, violent attacks continue, and insecurity and access constraints still hinder aid delivery, preventing the recovery of livelihoods. Longer-term approaches are needed to support recovery, including livelihoods assistance.

Last year's report, which covered food crises in 2016, was instrumental in highlighting the risk of a severe deterioration in food insecurity and malnutrition in these four countries, based on actual and projected figures, bringing the latest data to the attention of high-level policy fora and decision-making bodies. Unless peace is restored and long-term investments are made in rebuilding resilience and livelihoods, the situation in these four countries will continue to be volatile with millions of vulnerable people at risk.

²¹ OCHA financial tracking system. 20 February 2018.



“As a result of conflict and climate-related disasters, more than 120 million people face acute hunger. These are man-made problems. We can solve them if we invest in reshaping food systems so they work for all people sustainably.” Shenggen Fan, IFPRI Director-General

Principal drivers of acute food insecurity in 2017

Conflict remains the main driver of food crises

Out of the 51 countries that experienced food crises in 2017, conflict and insecurity were the major drivers of food insecurity in 18 countries, where almost 74 million people faced *Crisis* (IPC/CH Phase 3), *Emergency* (IPC/CH Phase 4) or *Catastrophe/Famine* (IPC/CH Phase 5) conditions. Eleven of these countries are in Africa (with 37 million food-insecure people in need of urgent action), four are in the Middle-East (with an estimated 27 million food-insecure people) and two are in Asia (with over 8 million food-insecure people in need of urgent action). The only country affected in Europe is Ukraine.

Although in many countries food insecurity is driven by multiple factors, the following overviews only consider the main driver. Some countries affected by conflict or insecurity, such as Afghanistan, Burundi, Somalia and Sudan, also experience climate shocks and other compounding factors such as chronic poverty and low agricultural productivity.

In Africa, the conflict-affected countries with the highest numbers of food-insecure people in need of urgent action were northern Nigeria (8.9 million - of whom 5.2 million were located in the three north-eastern states); the Democratic Republic of Congo (7.7 million people); and South Sudan (6.1 million). There were two countries where over 30 percent of the population was in IPC/CH Phase 3 or above: South Sudan (50 percent) and Central African Republic (30 percent).

In the Middle East, the worst-affected countries and territories were Yemen, where 17 million people (60 percent of the population) were acutely food insecure; Syria, where 6.5 million (33 percent) were acutely food-insecure; and Palestine, where 1.6 million (32 percent) were acutely food insecure. In Asia, Afghanistan followed with 7.6 million (26 percent of the population) in IPC Phase 3 or above.

Figure 1: Number and share of people in IPC/CH Phase 3 and above or equivalent, in countries affected by conflict and insecurity

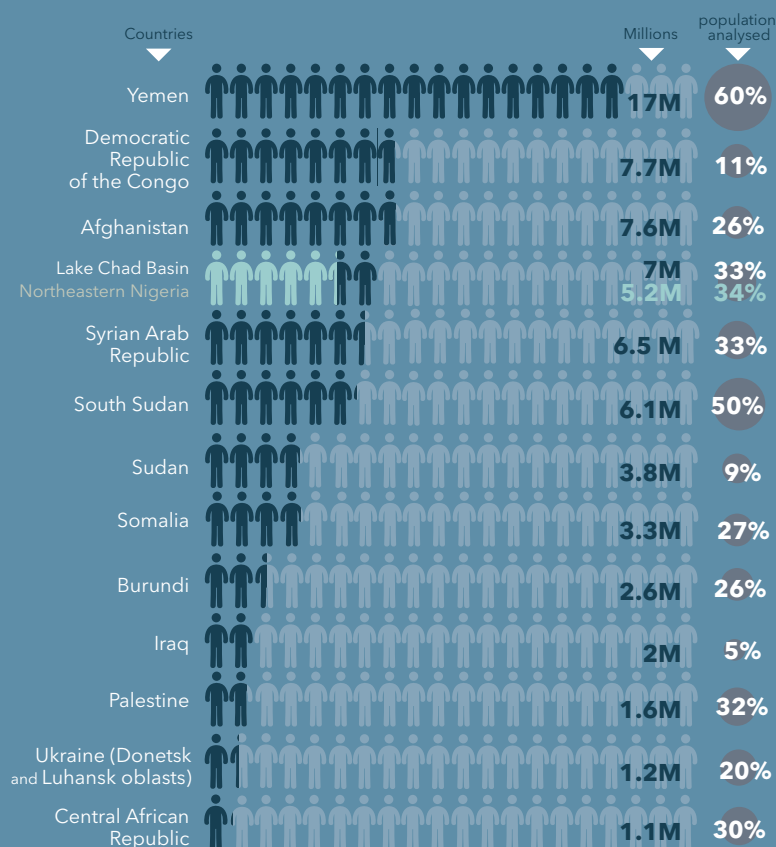
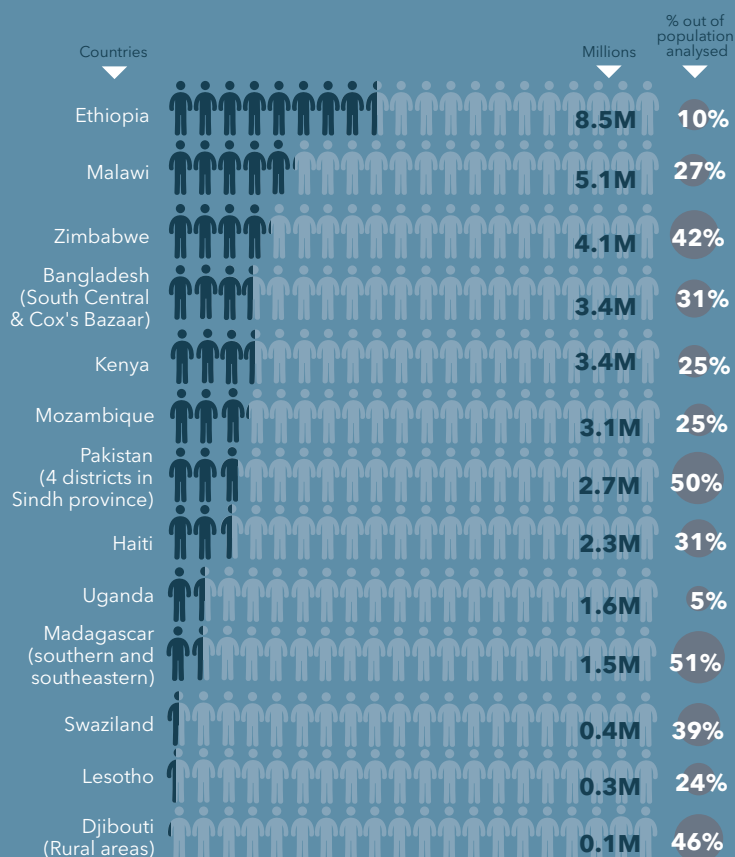


Figure 2: Number and share of people in IPC/CH Phase 3 and above or equivalent, in countries affected by climate shocks



Out of the 51 food crises listed in Table 4, 26 have been selected for further analysis as they are considered to have had the most serious crises, according to the criteria set out in Chapter 1. Thirteen of these crises were driven by conflicts and insecurity, as detailed in Chapter 3 (see figure 1).

As presented in the *State of Food Security and Nutrition in the World 2017* report, over the past decade, conflicts have increased in number and complexity, particularly in countries that already faced high levels of food insecurity. As well as causing direct loss of life, conflict tends to create multiple compounding effects. It can trigger deep economic recessions, drive up inflation, disrupt livelihoods, limit trade and market functioning, displace households, and hinder the delivery of humanitarian assistance. It erodes resources for social protection and healthcare, reduces market supplies and accessibility, and damages health and nutrition. Conflict undermines resilience and often forces individuals and households to engage in increasingly negative and irreversible coping strategies that threaten their future livelihoods, food security and nutrition.

Conflict is also a primary driver of high food prices, impairing market activities and interrupting food supplies. Aggravating these conditions, conflicts also tend to reduce household income as economic activity is disrupted. Vulnerable rural households are often hit hardest, as rural areas are main battlegrounds in many of the contexts referred to here. Agriculture is severely affected: as farms cease to function, employment opportunities and salaries for agricultural day labourers fall, reducing purchasing power and further impairing food access.

Such situations, as seen in South Sudan, can push households into famine. In 2017, conflicts triggered steep price rises in Kenya, Ethiopia, Somalia, Sudan and Uganda. In Syria and Yemen, conflict has halted trade, destroyed food storage facilities and damaged the overall economic structure.

Limited humanitarian access

Some of the most vulnerable people are those living in inaccessible, insecure or besieged areas where humanitarian agencies cannot deliver vital supplies. For instance, hostilities and explosive hazards limit access to several parts of Syria. Moreover, parties to the conflict – who have the legal obligation to facilitate humanitarian access – often deny humanitarians the authorization to operate. Other constraints to humanitarian access include the sporadic closure of designated border crossings, the removal of critical medical supplies from convoys, and the targeting of humanitarian workers and facilities. Of the 13.5 million people in need of humanitarian assistance in Syria in 2017, humanitarians were only able to reach a monthly average of 7.7 million people. The problem is compounded by the difficulty in reaching people in areas designated as ‘under siege’ or ‘hard-to-reach’ by the UN, or where restrictions on the movement of civilian populations prevent them from accessing basic services.* According to ACAPS, humanitarian access in Afghanistan worsened in 2017, with the number of incidents involving humanitarian staff rising throughout the year. The Aid Worker Security database reports that the countries with the highest number of security incidents involving humanitarian workers in 2017 were South Sudan, Syria, Central African Republic, Somalia, Afghanistan, Nigeria, Democratic Republic of Congo and Yemen.

*OCHA. *Syrian Arab Republic: 2018 Humanitarian Needs Overview*.

Climate shocks intensify food insecurity

In 2017, climate-related shocks were the main drivers of food insecurity in 23 of the 51 countries and territories in this report, accounting for over 39 million people in IPC/CH Phase 3 or above. Fifteen of these countries are in Africa (with almost 32 million food-insecure people requiring urgent action), five are in Latin America and the Caribbean (with 3.3 million people) and three are in South Asia (with 4.4 million people).

Of the 26 food crises profiled in Chapter 3, 13 were driven by climate disasters (see figure 2). Countries that are prone to drought, cyclones, hurricanes and flooding tend to have successive low harvests because poor rural households have limited access to agricultural inputs such as irrigation, fertilizers and improved seeds or to credit, and they lack the capacity to mitigate the impacts of successive climate shocks.

In parts of the Horn of Africa, recurring drought decimated livestock herds and severely affected cropping seasons in 2017, sharply reducing crop production particularly in Somalia, eastern Kenya and south-eastern Ethiopia.

Following the widespread drought in southern Africa in 2016, more than 20 million people were in need of emergency food assistance in Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe in early 2017. Conditions improved with the harvest later in the year. Wetter weather helped boost production across the region, resulting in a sharp drop in the number of food-insecure people in Malawi, Mozambique and Zimbabwe in the second half of 2017. In Madagascar, food security remained poor, particularly in the south-east. This reflected the impact of a prolonged dry spell and a cyclone in early 2017, which combined to slash rice production in northern rice-growing areas; import dependency subsequently increased and food prices rose. In Asia, drought caused a steep cut in rice production and smaller harvests in Pakistan's Sindh province, which has suffered three years of weather-reduced agricultural production.

Floods also undermined food insecurity in 2017, although to a lesser extent - mainly by damaging agricultural production. From the beginning of August, severe monsoon rains caused widespread flooding across South Asia, affecting 40 million people in Bangladesh, India and Nepal.²² The floods destroyed homes, schools and health facilities and caused extensive agricultural damage, propelling people into acute food insecurity and exacerbating pre-existing vulnerabilities. The affected population became dependent on urgent assistance for food, shelter, clean water and sanitation. Three episodes of severe and widespread floods in Bangladesh curtailed 2017 rice output, which affected food access nationally, particularly in Cox's Bazar, where almost a million Rohingya refugees are now located.²³

In September, Hurricane Irma tore through the Caribbean, causing severe and extensive damage across many small Caribbean islands such as Anguilla, Barbuda, the British Virgin Islands and Saint Martin and, to a slightly lesser extent Cuba, the Dominican Republic and Haiti. Ten days later, just as communities were starting to rebuild, category 5 hurricane Maria hit the region, causing intense damage in Dominica, one of the poorest countries in the Caribbean. Both hurricanes were among the most powerful in recorded history. Haiti - which was still recovering from the effects of Hurricane Matthew in October 2016, and prolonged drought from summer 2014 to early 2016 - was spared a direct hit from the hurricanes, but suffered agricultural and livestock losses. With more than half the population living in extreme poverty, Haitians have very low capacity to cope with even moderate shocks.

²² OCHA.

²³ As of 11 January 2018, the Bangladeshi Immigration and Passports Department had registered 971,627 people through biometric registration.

Escalating food prices compound food insecurity

In 2017, staple food prices reached record highs in Nigeria, Niger, Ethiopia, Kenya, Uganda, Sudan, Yemen and South Sudan²⁴ and were at abnormally high levels in many countries, including Bangladesh, Burundi, Somalia and Sri Lanka. Such steep price gains disproportionately affect poorer households, given their high expenditure on food, which often exceeds 65 percent of their budget.

The reasons behind the food price spikes in 2017 were multiple, although conflict, weather and economic shocks underpinned most of the record-high prices. Although international market conditions were generally stable, food import bills in import-dependent countries were inflated by currency depreciations, higher freight costs and an overall increase in aggregate import volumes in countries where production remained insufficient to satisfy rising domestic requirements.

Higher import costs were a main factor behind steep food inflation rates. South Sudan saw the sharpest currency depreciation against the United States dollar – around 80 percent in 2017;²⁵ together with conflict, this caused record-high food prices. Syria's currency followed closely with a 51 percent yearly depreciation. Other countries with very high depreciations included Liberia, the Democratic Republic of Congo, Nigeria and Yemen. Meanwhile, import inflation eased in southern African countries where exchange rates stabilized over the year, curbing upward pressure on food prices.

Weather shocks also drove up food prices in several parts of the world, such as in East Africa where drought curtailed agricultural production and fuelled record-high prices in mid-2017, and in southern Africa in early 2017, under the lingering effects of poor harvests in 2016. Prices subsequently dropped in East Africa in the second half of 2017, and in southern Africa from March, as newly harvested crops alleviated supply pressure. Meanwhile in Bangladesh and Sri Lanka, rice prices reached record highs after floods caused extensive damage to paddy crops.

While high prices adversely affect food access, they can also represent an opportunity for farming households to benefit from increased income, as long as the appropriate support structures are in place and households have adequate productive capacity. In fact, the higher maize prices in southern Africa were one factor behind the significant increase in production in 2017.

Acute malnutrition in countries in crisis

Worldwide, nearly 52 million children under 5 (7.7 percent) were acutely malnourished (wasted, or too thin for their height) and 17 million (2.5 percent) were severely wasted in 2016.²⁶ This prevalence of around 8 percent is still far off the internationally agreed global nutrition target to reduce and maintain childhood wasting to below 5 percent by 2025.

A significant number of the 52 million children with wasting live in countries where cyclical food insecurity and protracted crises exacerbate their vulnerability. This report draws attention to extremely high rates of acute child malnutrition in countries or areas affected by conflict including north Darfur in Sudan (28%), South Sudan (23%), the Lac region of Chad (18%), Somalia (13.8-17.4%), Yemen (10-15%), northern Nigeria (10-16%), Central African Republic (12%), the Diffa region of Niger (11%), Democratic Republic of Congo (8-10%), Latakia and Al Hassakeh in Syria (9.7%) and Afghanistan (9.5%). It also shows the high burden of acute malnutrition in areas or countries affected by drought or floods, including Haiti, Ethiopia, northern Kenya, Madagascar, Sindh province in Pakistan, Somalia and Zimbabwe.

²⁴ FPMA bulletins, available at <http://www.fao.org/giews/food-prices/home/en/>

²⁵ From January to November 2017.

²⁶ UNICEF, WHO & World Bank Group. *Levels and Trends in Child Malnutrition Joint Child Malnutrition Estimates, 2017.*

According to the latest estimates for 2016, 155 million children are chronically malnourished (stunted or too short for their age). A significant number of stunted children (122 million) are thought to live in fragile and conflict affected states.²⁷ Out of the 24 countries profiled in Chapter 3,²⁸ 17 countries have serious to critical levels of stunting as defined by WHO.²⁹ In countries in crisis, this is a manifestation of the deterioration of the multiple determinants leading to chronic malnutrition, with a large proportion of children becoming newly stunted all the time.

In food crises when food availability and access to nutrient-rich food groups such as meat, fish, eggs, pulses and dairy are impaired, children are not able to consume the micronutrients they need during critical growth periods. In many of the countries and areas profiled in this report, more than 60 percent of preschool-aged children are estimated to be anaemic and fewer than 10 percent of children receive a minimum acceptable diet. Areas of particular concern include Chad, Democratic Republic of Congo, Ethiopia, Malawi, Sindh province in Pakistan, Somalia and Zimbabwe.

However, high levels of acute malnutrition and stunting are not only the result of food crises. Countries with high levels of acute malnutrition usually have high incidence of infectious diseases, inadequate caring capacity and social and cultural practices, low coverage of supplementation programmes, poor child feeding practices, poor healthcare, and inadequate water quality and hygiene practices. The extent to which these factors are exacerbated by conflict, disaster and displacement depends on the nature, magnitude and duration of the crisis. The overlap between risk factors for acute malnutrition and stunting calls for investing in common approaches for prevention.

Drivers of malnutrition

Refugees and displaced people often have to live in unsanitary conditions, unhealthy surroundings and overcrowded shelters, and health services may no longer be available or used. Education is disrupted. People lose their social networks and mothers, who are the cornerstone of household care and nutrition, may not be able to benefit from advice and social support from their families and communities. Frequent displacement reduces people's ability to support themselves and can increase trauma and stress within communities, which may harm childcare practices. In Kutupalong refugee camp in Bangladesh, 21 percent of Rohingya refugees under 5 are acutely malnourished, with 7.5 percent severely malnourished. Wasting levels among Somali IDPs are also alarming at 18 percent. The south-eastern area of Central African Republic is also particularly affected (Gambo, Znagda, Pombolo, Bakou and Alindao) with an alarming rate of 9.4 percent of severe acute malnutrition resulting from the recent deterioration of the security situation and additional population displacements.

During conflict or as a result of natural disasters, infrastructure is destroyed or, at best, not maintained and water sources are often contaminated. Households have limited access to safe drinking water as reflected in Borno State in Nigeria (15%), Central African Republic (30%) and Democratic Republic of Congo (49%). This heightens the risk of disease and therefore of malnutrition as resistance is lowered.³⁰ Outbreaks of disease are a direct consequence: many of the countries profiled in this report experienced severe outbreaks of cholera in 2017 including Yemen (almost a million cases), Democratic Republic of Congo, South Sudan, Borno state in Nigeria, Kenya, Sudan, Malawi, Mozambique, Burundi, Chad, Haiti and Somalia.

27 Mates, E., Shoham, J., Tanya K. & C. Dolan. 2017. *Stunting in protracted crises: discussion paper*. Available at www.ennonline.net/stuntingprotractedemergencies

28 Data is not available for Iraq and Ukraine.

29 >30 percent of children under 5 with low height-for-age.

30 According to the *Global Nutrition Report 2017*, unclean water and poor sanitation is associated with 50 percent of undernutrition as they heighten the risk of disease: when children are malnourished, their resistance to illness is lowered and when they fall ill, malnourishment worsens.

There have been serious outbreaks of acute watery diarrhoea in Central African Republic, Ethiopia and Sudan; dengue fever in Sudan; and Hepatitis E in the Diffa region of Niger and north-eastern Nigeria.

Countries in crisis usually lack functioning health centres, medical staff, medical supplies including drugs and vaccines, and the resources needed to run hospitals or respond to public health emergencies. Lack of financial resources and insecurity prevent patients from being able to reach the health centres that are functioning. For instance, across all four districts of Pakistan's Sindh province, in April and May 2017, only 19 percent of households were able to access healthcare easily; long distances, high costs and a lack of transport services were the major obstacles.³¹ Without a good quality public health system, families lack the services and information they need for care throughout pregnancy, at birth and during the critical first two years of a child's life.

National averages are not enough to see who is being left behind and what progress is being made. The gaps in nutrition data availability can occur for several reasons: i) inadequate access to the affected population because of insecurity; ii) data do not keep pace with rapidly changing situations; and iii) there are insufficient financial or technical resources to conduct timely assessments. To improve nutritional outcomes, more regular, detailed and disaggregated data are needed by wealth quintile, gender, geography, age and disability.

Chronic malnutrition

Globally, the prevalence of chronic malnutrition (stunting) fell from 29.5 percent to 22.9 percent between 2005 and 2016. This still leaves 155 million children under 5 facing an increased risk of impaired cognitive ability, poor school performance and death from infections. There has been an impressive decline in chronic malnutrition prevalence since 2000, when 198.4 million were affected. However, in West, Central and East Africa, and in South Asia, stunting rates still exceed 30 percent and are as high as 36.7 percent in East Africa. Africa is the only region where the number of stunted children has risen – up by 17 percent from 50 million in 2000 to 59 million in 2016. While the number has fallen by 35 percent in Asia, the continent still has the highest number of stunted children at 86.5 million, which is 56 percent of all stunted children in the world.

Source: FAO, IFAD, UNICEF, WFP and WHO, 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO.

³¹ IPC Acute malnutrition analysis. 2017

Gender, food insecurity and malnutrition

Conflict and disasters can aggravate pre-existing food security and malnutrition vulnerabilities, exacerbating poverty and reinforcing gender inequalities and discrimination. Access to education, health centres, water, sanitation and hygiene is compromised during disasters, with women particularly affected. One in every five women of childbearing age is likely to be pregnant in crisis situations and among refugees.³²

Displacement is particularly serious for women and girls, who cannot access reproductive and maternal health services and are disproportionately vulnerable to sexual and gender-based violence. They are particularly exposed to abuse and attacks when forced to travel to remote areas in search of food, water and firewood.³³

Many factors contribute to their vulnerability, such as being separated from their families, having limited access to support and economic opportunities, and overcrowding in IDP settlements, which offer minimal privacy and security. Rohingya women and girls in the refugee camps in Cox's Bazar in Bangladesh³⁴ report eating and drinking less to avoid using latrines because they do not feel safe. Out-of-school children are more susceptible to protection abuses, including forced recruitment by armed groups.³⁵

Rural women are less likely than men to have access to productive resources such as land, knowledge, labour, credit and extension services. Although they play a predominant role in world food production, women own less than 20 percent of land and receive only 5 percent of agricultural extension services worldwide.³⁶ When crops fail because of unfavourable weather or conflict, cultural or economic restrictions often prevent women from leaving their farms to find work elsewhere, so they stay behind struggling to feed their families and care for children, the elderly and the disabled. Women often have few assets and resources to help them plan for and potentially avert the next crisis.

During humanitarian crises, more women find themselves heading their households, having lost their husbands, assets, livelihoods and all forms of financial security. They face greater difficulties accessing aid and other resources needed to care for their families because they are less likely to be literate and earn less than men. To feed their families, they often resort to transactional sex, the early/forced marriage of their daughters,³⁷ selling their remaining assets, participating in the illegal drug trade, cutting food intake, or re-selling humanitarian assistance. Evidence shows that conflict leads to increased rates of female labour.³⁸ This results in women having less time for childcare, which in return has a negative impact on child nutrition.

Women who previously had very limited decision-making power suddenly find themselves heading families. They tend to make certain decisions in the absence of their husbands, such as sending their daughters to school. Out of necessity women take the opportunity to actively engage in petty trade and construction.

If humanitarian interventions are not planned with gender dynamics in mind, the needs of those most at risk may not be met, and an opportunity to support positive change will be lost. All actors involved in emergencies - including donors, humanitarian agencies, governments and civil society organizations - must promote gender equality as part of any response.³⁹ Likewise, women need to be included in peace negotiations to ensure that reconstruction processes and peace agreements match their realities and are more likely to succeed. Research shows that half of all exclusive peace processes fail within the first five years, but when civil society and particularly women are included, the failure rate drops by over 50 percent.⁴⁰

32 United Nations Population Fund (UNFPA). 2017. *Humanitarian emergencies*. In: *Emergencies* [online]. New York, USA. [Cited 29 June 2017]. <http://www.unfpa.org/emergencies>

33 Domínguez-Mujica, Josefina. 2016. *Global Change and Human Mobility*. New York: Springer, p. 58.

34 ISCG 2017

35 <http://www.unocha.org/story/car-true-face-displacement>

36 UNDP. Gender and climate change and food security.

37 In Syria, 48 percent of these girls have been married off to men at least 10 years older than them. Asaf, Yumna. 2017. *Syrian Women and the Refugee Crisis: Surviving the Conflict, Building Peace, and Taking New Gender Roles*.

38 *The State of Food Security and Nutrition in the World, 2017*.

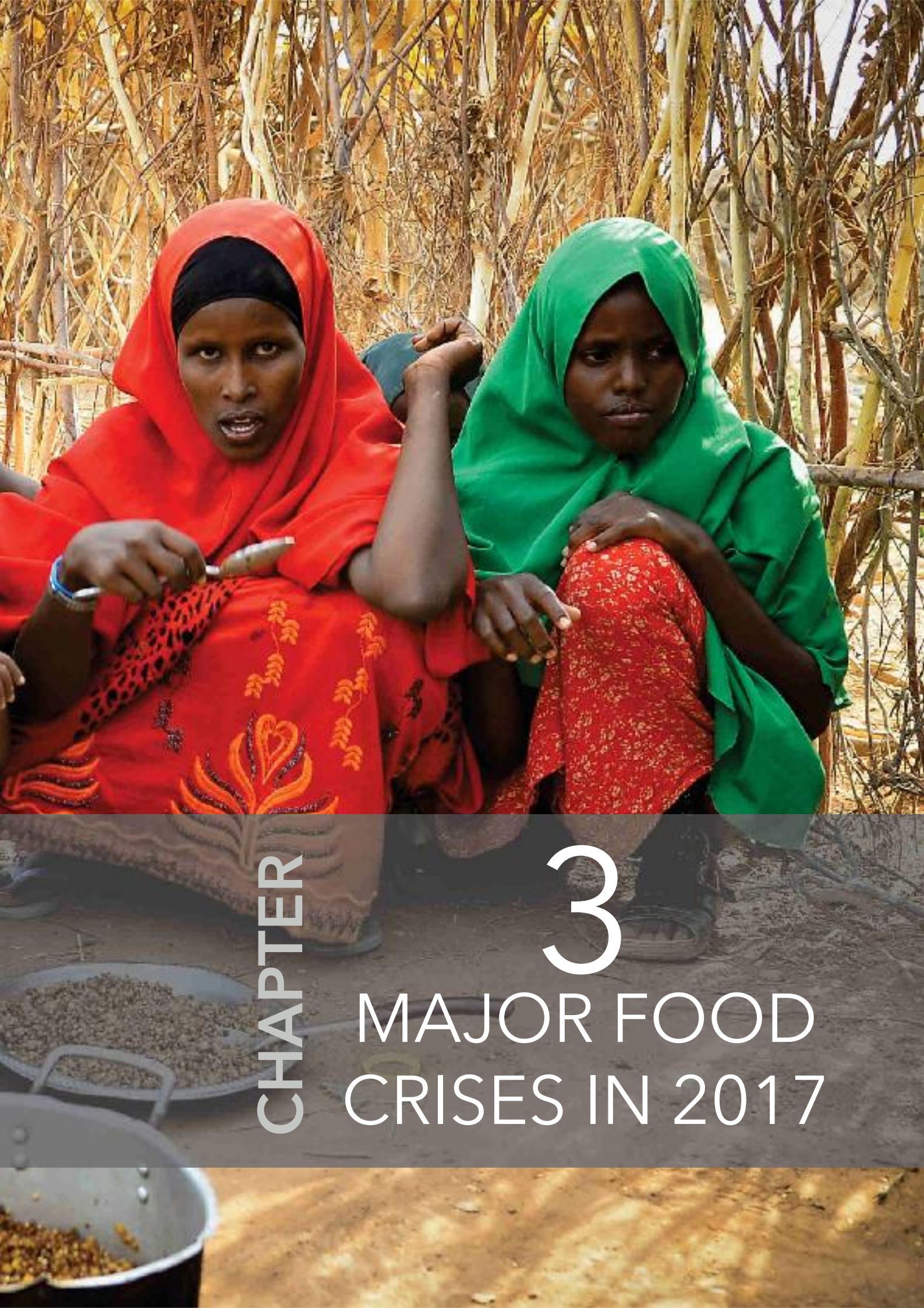
39 OXFAM. 2017.

40 Ibid.



“Hunger and food insecurity plague the lives of millions worldwide. In the face of man-made and natural disasters, we should shape a more robust and strategic global response to food crises. The Global Report is a pivotal tool in putting the humanitarian and development nexus in practice and support us in our joint fight against hunger.”

Christos Stylianides, EU Commissioner for Humanitarian Aid and Crisis Management



CHAPTER

3

MAJOR FOOD
CRISES IN 2017

AFGHANISTAN

KEY FOOD INSECURITY FIGURES AND TRENDS

2017

2016-17

2018

TOTAL POPULATION
34.7M

27%
URBAN

73%
RURAL



7.6M
FOOD-INSECURE
PEOPLE IN NEED
OF URGENT ACTION

IPC 3+



5.7M



1.9M

NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION



Decreased mainly
due to seasonal
improvements
associated with the
harvest



The number of
food-insecure people
in need of urgent
action is forecast to
increase in 2018

KEY FACTORS DRIVING FOOD INSECURITY



CONFLICT
INTENSIFIED IN
2017



POPULATION
DISPLACEMENT



CLIMATE
SHOCKS



Lack of jobs eroded
households' already limited
purchasing power



Displaced people and
returnees have limited
livelihood options; health
facilities and schools are
overloaded



A total of 29 out of 34
provinces experienced
climate shocks between
January and November
2017

DISPLACEMENT



1M

close to 400,000 people internally displaced in
2017 in addition to around 700,000 already
displaced in 2016

IOM, January 2018



>560,000

Undocumented Afghans returned from Pakistan
and from the Islamic Republic of Iran in 2017

IOM, January 2018



Harsh climate, lack of
inputs and conflict
hampered
wheat production

KEY MALNUTRITION FIGURES

1.6M

Children aged 6-59 months affected by
moderate and severe acute malnutrition



546,000

With severe acute malnutrition



16% Children aged 6-23 months
consuming a diet that meets the minimum
requirements for growth and development



43% Infants (up to 6 months old)
exclusively breastfed



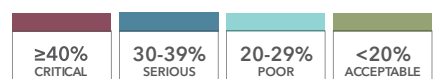
65% Households having access to
safe drinking water

41%

Children aged 0-59 months stunted



National Nutrition Survey, 2013



HNO, 2018

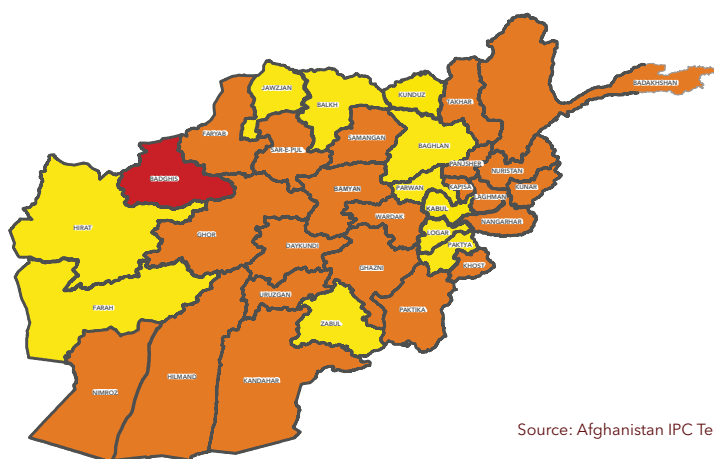
DHS 2015-16



Background

The UN strategic review of 2017 reclassified Afghanistan from a post-conflict country to one in active conflict. After four decades of conflict, the country faces huge economic and development challenges which cannot be remedied by humanitarian aid. Approximately 39 percent of the population lives below the poverty line, an estimated 10 million people have limited or no access to essential health services, 3.5 million children are out of school and infant mortality rates are among the highest in the world. The humanitarian community has identified 8.7 million people with chronic needs who require longer-term systemic interventions.

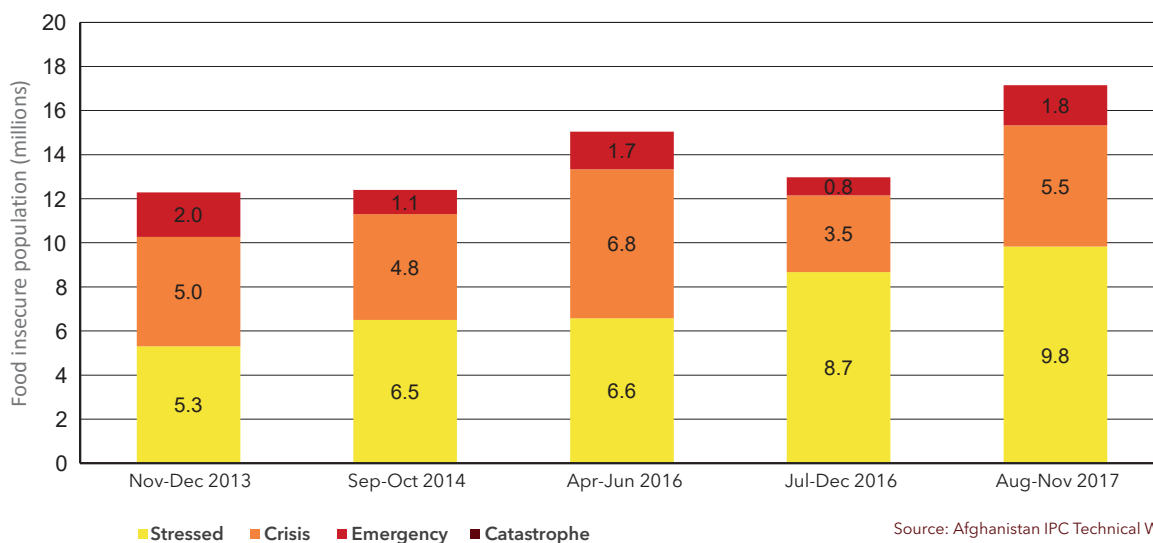
Map 6: Afghanistan, IPC Acute food insecurity situation, August - November 2017



Source: Afghanistan IPC Technical Working Group, October 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 2: Afghanistan, number of people in IPC Phase 2, 3, 4 and 5 in 2013 - 2017*



Source: Afghanistan IPC Technical Working Group

*To allow comparability with previous years, estimates of populations classified in each IPC Phase in 2017 do not include estimates for Laghman and Nimruz provinces as these areas were not included in IPC analyses in previous years.

Acute food insecurity snapshot

Between August to November 2017 - the post-harvest period, 7.6 million people (26 percent of the population) were in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4), requiring urgent humanitarian assistance, according to the latest IPC analysis. Out of 34 provinces, 11 were classified in *Stressed* (IPC Phase 2), 22 in *Crisis* (IPC Phase 3) and 1 (Badghis) in *Emergency* (IPC Phase 4). This is a major deterioration from a similar period last year (July to December 2016), with an additional 3 million people facing *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) conditions.

The populations worst affected by food insecurity are internally displaced persons (IDPs), returnees and refugees, households headed by women, those relying on casual labour for income, and landless households. In addition, a high concentration of IDPs, returnees and refugees in some areas has stretched the resilience of host communities by, for instance, competing for limited labour opportunities, rendering these host populations increasingly susceptible to food insecurity.

FEWS NET analysis of available evidence suggests the population requiring emergency food assistance in 2017 was lower than the IPC estimate. For more information, see <http://www.fews.net/afghanistan>

Factors driving acute food insecurity

In 2017, acute food insecurity in Afghanistan was mainly driven by conflict, increased influxes of returnees and the movement of IDPs, and by natural disasters. Limited or no access to sustainable job opportunities eroded households' already limited purchasing power. Lack of education and low capacity to endure shocks also played a part in undermining food security.

Sustained levels of internal displacement combined with influxes of returnees have had a profound impact in parts of Afghanistan, overloading health facilities and schools, depressing labour wages, and pushing up rents.

From January to early December 2017, some 391,000 people were displaced because of conflict or, in some cases, natural disasters. These people joined an estimated 700,000 who were already displaced in 2016. Over 50 percent of people displaced by conflict in Afghanistan have now been displaced twice or more, compared with just 7 percent five years ago. By December 2017, over 98,000 Afghans had returned from Pakistan and 462,000 from the Islamic Republic of Iran.⁴¹ Oversaturated local labour markets and limited livelihood options make economic reintegration difficult as the increased supply of unskilled workers is greater than the stagnant demand for their labour.

Conflict also prevented the delivery of humanitarian assistance in several areas, such as Badghis, Faryab, Uruzgan, Nimroz and Nangarhar.

Climate disasters, including floods and flash floods in Hirat, Nimroz, Balkh, Baghlan, Nangarhar and Badakhshan, affected more than 45,000 people between January and October 2017. Agricultural production in the country is mostly rain-fed, varying year-by-year and vulnerable to prolonged dry spells. Early season dryness ended across most of the country in January 2017, but continued in March and April in the north, north-east, north-west and southern areas, damaging crop development and pastures in the provinces of Hirat, Zabul, Faryab, Badghis and Sari Pul. National wheat production in 2017 is forecast to be almost 16 percent below the five-year average because of poor rainfall, lack of access to quality farm inputs and limited extension services. Poor pasture as a result of low rainfall in livestock-raising regions, coupled with insufficient fodder and disease, compelled farmers in Badghis to sell their animals as a coping mechanism, bringing down livestock prices. Cereal import requirements for the current marketing year (2017/18) were estimated at 3 million metric tons, which is on a par with last year but 25 percent higher than the five-year average.

⁴¹ IOM. 2017. *Return of Undocumented Afghans Monthly Situation Report*. <http://www.globaldtm.info/iom-return-of-undocumented-afghans-monthly-situation-report-december-2017/>

Access to regional food markets would compensate for crop production deficit in Afghanistan if only people had the income to buy food in the markets. Moreover, although national wheat prices were generally stable in 2017, there were major regional differences: wheat grain prices were almost 30 percent higher in Kandahar than in Hirat, reflecting transportation bottlenecks. Prices of staple foods such as wheat flour, cooking oil, rice and sugar were often subject to local increases (e.g. Kunar and Nuristan) because of difficult physical access, exacerbated by insecurity.

Households' limited resilience to shocks weakens their food security. Conflict-affected and returnee populations are more likely to resort to negative coping mechanisms such as early and forced marriage, child labour and family separation. According to the 2017 Seasonal Food Security Assessment, 46 percent of respondent households had faced some type of shock in the previous 12 months, with high percentages of people facing loss of employment (38 percent), reduced income (18 percent), severe sickness of family members (17 percent), livestock diseases (14 percent) or increases in food prices (13 percent). Livestock distress sales, lack of extension services and poor access to fodder facilities were of particular concern in higher altitude provinces.⁴²

⁴² Seasonal Food Security Assessment 2017.

Nutrition snapshot

The most recent national nutrition survey was carried out in Afghanistan in 2013. It found that 9.5 percent of children under 5 were wasted,⁴³ with 4 percent severely so. The stunting rates were also high at 40 percent, of whom half were severely stunted. Of the 34 provinces, fifteen⁴⁴ had *Emergency* levels of acute malnutrition.⁴⁵ Access to nutritious food has been difficult, particularly in provinces where most households are highly food insecure. Annually, 1.6 million children under 5 and 443,000 pregnant and lactating women require treatment for acute malnutrition.⁴⁶ In December 2017, an IPC nutrition analysis identified the immediate cause of malnutrition as inadequate dietary intake.⁴⁷

Poor infant and young child feeding practices and widespread micronutrient deficiencies among children and mothers contribute to poor nutritional status in Afghanistan. According to the DHS 2015-16, only 16 percent of children aged 6-23 months receive a minimum acceptable diet for their age and around 80 percent have low dietary diversity (only 22.5 percent consume food from more than four food groups). Conflict exacerbates the underlying causes of malnutrition by undermining household food security, compromising dietary intake and damaging health services. In addition, the continuous influx of IDPs, refugees and returnees into urban areas increases the burden of malnutrition by stretching the capacity of health systems to respond to and prevent different forms of malnutrition.

Whether or not food has a positive nutritional impact on people depends on the way it is utilised - which refers to the storage, cooking, hygiene and sharing practices within the household. According to the Seasonal Food Security Assessment 2017, three out of four Afghan households do not have access to improved sanitation facilities. Literacy rates among women and knowledge about food preparation and nutrition are also low.

⁴³ Prevalence of global acute malnutrition.

⁴⁴ Bamyan, Daykundi, Ghor, Jawzjan, Kandahar, Khost, Kunar, Laghman, Nangarhar, Nuristan, Paktya, Panjsher, Parwan, Uruzgan and Wardak.

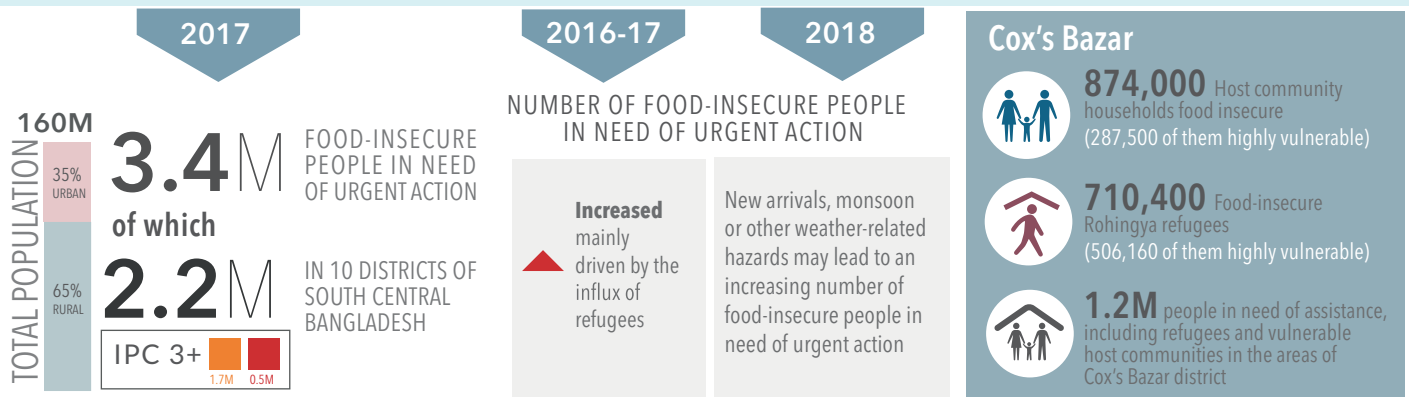
⁴⁵ The WHO emergency threshold is >15 percent.

⁴⁶ Caseload estimate based on acute malnutrition rates from SMART nutrition surveys conducted in 2015-2017 and, where no recent data is available, the Afghanistan National Nutrition Survey, 2013.

⁴⁷ Afghanistan IPC Technical Working Group, 2017.

BANGLADESH (South Central and Cox's Bazar)

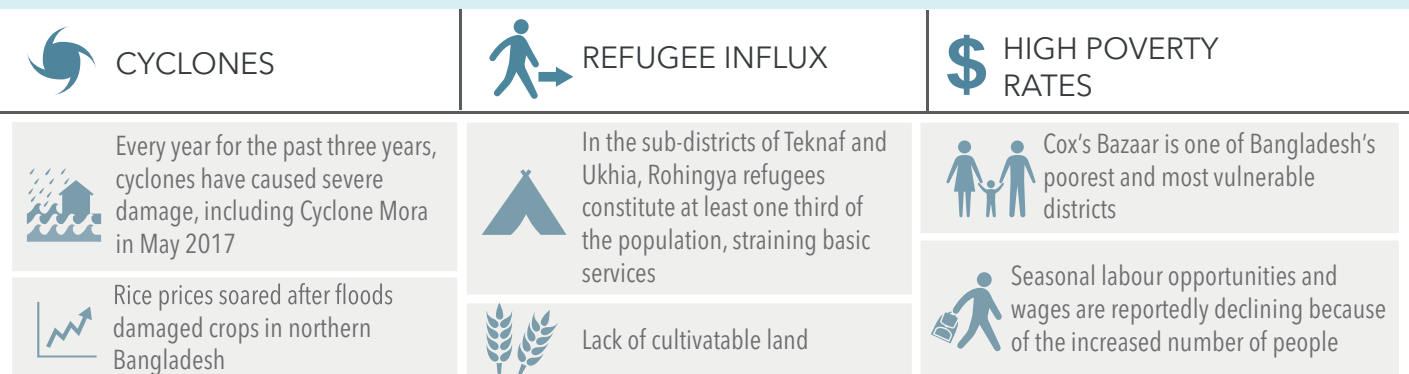
KEY FOOD INSECURITY FIGURES AND TRENDS



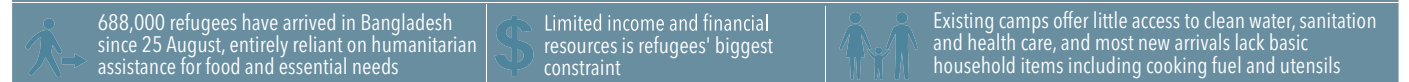
KEY FACTORS DRIVING FOOD INSECURITY - SOUTHERN DISTRICTS



KEY FACTORS DRIVING FOOD INSECURITY - COX'S BAZAR – Host communities



KEY FACTORS DRIVING FOOD INSECURITY - Rohingya refugees



KEY MALNUTRITION FIGURES - Rohingya Refugees in Cox's Bazar





Background

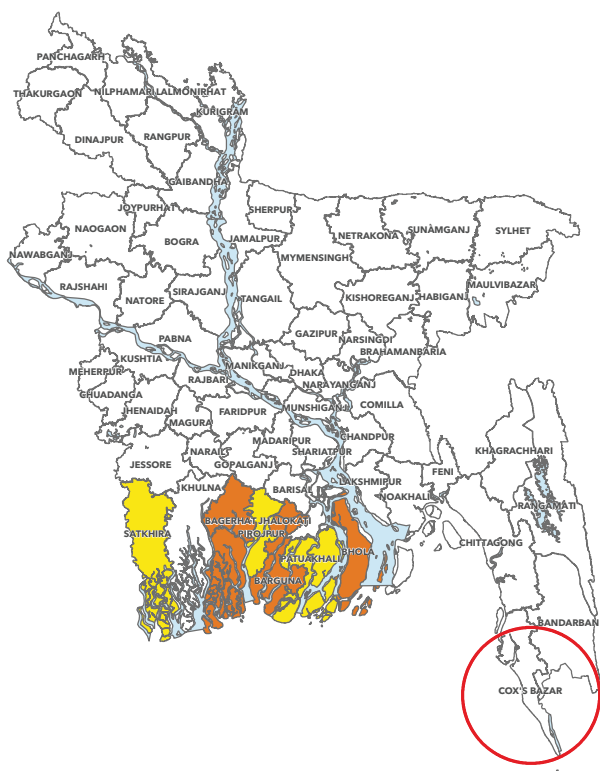
The most densely populated country in the world,⁴⁸ Bangladesh, with its low elevation and vast watercourses, is highly susceptible to extreme weather events, the frequency and intensity of which are predicted to increase. The country has achieved sustained economic growth and significant development gains in recent years. Poverty has halved from 49 percent in 2000 to 24 percent in 2016.⁴⁹ Extreme poverty has dropped from 34 percent in 2000 to 13 percent in 2016.⁵⁰ But chronic food insecurity is still widespread and is particularly high in southern and south-eastern districts of the country, which are prone to natural disasters and where poverty rates are higher than the national average. One such district is Cox's Bazar, which is now also hosting almost a million Rohingya refugees, the majority of whom have fled from northern Rakhine state in Myanmar since August 2017.

48 Excluding city states.

49 Household Income and Expenditure Survey, 2016 (HIES 2016).

50 Ibid.

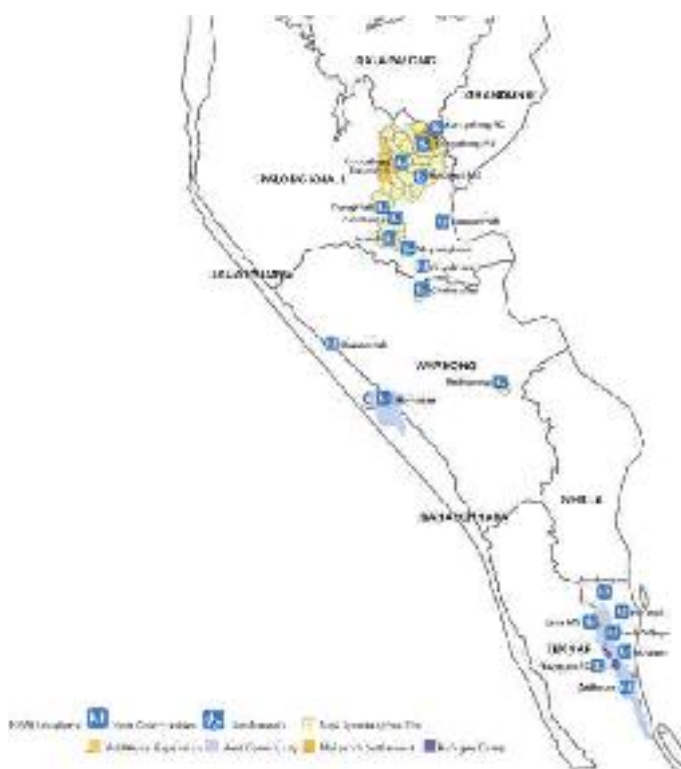
Map 7: Bangladesh, IPC Projected Acute food insecurity overview of 7 Districts of Bangladesh, January - April 2017



Source: Bangladesh IPC Technical Working Group, November 2016

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis
 4 Emergency 5 Famine Areas with inadequate evidence Not Analysed

Map 8: Rohingya Emergency Vulnerability Assessment (REVA) locations in Cox's Bazar (Bangladesh), December 2017



Acute food insecurity snapshot

Southern districts

Between January and April 2017, around 2.25 million people in southern Bangladesh were estimated to be in need of urgent humanitarian food and livelihood assistance across seven districts. According to a 2016 IPC analysis, 1.74 million people (17 percent of the population analysed) were forecast to be in *Crisis* (IPC Phase 3) and 0.51 million (5 percent) in *Emergency* (IPC Phase 4). Four districts (Bagerhat, Barguna, Jhalokati and Bhola) were classified in *Crisis* (IPC Phase 3) and three (Patuakhali, Pirojpur and Satkhira) in *Stressed* (IPC Phase 2).

Cox's Bazar

An inter-agency humanitarian response plan indicates that 1.2 million people are currently in need of assistance, including refugees and vulnerable host communities in Cox's Bazar.⁵¹

The Rohingya Emergency Vulnerability Assessment (REVA) in December 2017 found that 38 percent of host community households in Cox's Bazar were food insecure. Of these, 12.5 percent were "highly vulnerable" to food insecurity. This translates into 874,000 food-insecure people, of whom 287,500 are highly vulnerable. The study also found that 17 percent of host community households (391,000 people) could not afford the per capita minimum expenditure food basket. To cope with food shortfalls, seven in ten households were forced to adopt one or more coping strategies, such as relying on less preferred food, borrowing food and relying on help from friends or relatives, as well as reducing the size and frequency of meals.

The Rohingya refugees

Around 80 percent of the 888,000 Rohingya refugees (new arrivals and 'older' refugees) in Cox's Bazar were considered food insecure by the REVA. Of these 506,160 (57 percent) were highly vulnerable and 204,240 (23 percent) were vulnerable.

Refugees who had arrived before the 25 August exodus from Rakhine state fared only slightly better than new arrivals. Around half (55 percent of registered refugees and 46 percent of unregistered refugees) were considered "highly vulnerable" compared with 58 percent of new arrivals.

Factors driving acute food insecurity

Southern districts

Persistent poverty, low literacy rates and recurrent disaster engender chronic food insecurity in these districts.

Most people in the analysed districts live in areas exposed to disaster and the impacts of climate change, especially tropical cyclones, water logging and tidal surges. This is particularly the case during the lean period at the beginning of the calendar year. Their vulnerability to natural hazards is heightened by poor living conditions - 90 percent live in semi-*pucca* or *kaccha* huts, made of wood, mud, straw and dry leaves.

In most southern districts, poverty rates are above the national average, reaching 30 percent in places. Income sources tend to be unreliable, which undermines people's capacity to cope with - and recover from - climate shocks. More than 60 percent of the population is engaged in day labour and agricultural wage labour, with rates usually below the national rate. Work opportunities are scarce during the agricultural lean period. Very few households receive remittances (around 9 percent.)

⁵¹ Rohingya Refugee Crisis Humanitarian Response Plan. September 2017 to February 2018.

Heavy monsoon rain between April and August caused flooding, particularly in northern districts and across the major rice-producing areas of Dhaka and Rajshahi, which account for 70 percent of total rice production. As a result, the 2017 aggregate paddy output was estimated at 50.8 million metric tons, 2 percent below the near-average level of 2016 and a five-year low, pushing up paddy prices throughout 2017. The abnormally high prices restricted poor households' access to food.

However, the acute food insecurity figures for early 2017 are projections from 2016 that were based on the high likelihood of disasters combined with low levels of resilience to cope and recover. In fact, these districts did not suffer the level of disaster that hit other areas of the country in 2017. In particular, they were spared the extensive floods that struck 24 districts in northern, north-eastern and central areas, so acute food insecurity levels were possibly below the predicted figures.

Cox's Bazar

The immense influx of refugees into Cox's Bazaar from Rakhine state, Myanmar, has placed the district's already under-developed infrastructure and basic services under tremendous strain. The southern peninsula of Cox's Bazaar in southeast Bangladesh, with a population of 2.3 million predominantly Bengali Muslims, is one of Bangladesh's poorest and most vulnerable districts. Poverty levels are well above the national average: 33 percent live below the poverty line and 17 percent below the extreme poverty line. In the sub-districts (*upazilas*) of Teknaf and Ukha, the Rohingya now constitute at least one third of the population. These are among the 50 most socially deprived *upazilas* (out of 509) based on indicators of literacy, child labour, access to sanitary toilets and connection to electricity.⁵² Difficult terrain, bad roads and insufficient infrastructure contribute to poor living conditions.

The lack of cultivable land makes households dependent on seasonal labour and unskilled work. Host communities are struggling to compete with the Rohingya population, who work for lower wages. Employment opportunities – and wages – are reportedly in decline. Poor host community households are now employed for half-day, rather than full-day labour.⁵³

The lack of cultivable land also forces people to be dependent on markets for food, making them highly vulnerable to price fluctuations and food availability in food-producing areas of the country. The monsoon flooding, chiefly in northern rice-growing districts, damaged paddy crops and pushed up prices, particularly affecting poor households in Cox's Bazar. Host communities have reported a significant rise in the price of main foods (rice, flour, pulses, soybean oil, potatoes, sugar and salt) since the recent influx of refugees, which is a source of real strain for households who on average allocate around two thirds of their monthly budget to food expenditure.⁵⁴

Cox's Bazar has been hit by cyclones for three consecutive years.⁵⁵ Each cyclone has caused severe damage and rendered the district more vulnerable as complete recovery between cyclones has not been possible. Research suggests host communities have experienced greater losses from these climate disasters than the Rohingya population, with livelihood losses including crops, and damage to housing and WASH facilities.⁵⁶

⁵² UNICEF 2013.

⁵³ REVA December 2017, UNDP & UNWOMEN December 2017.

⁵⁴ REVA December 2017.

⁵⁵ Cyclone Mora in May 2017, Cyclone Roanu in May 2016 and Cyclone Komen in July 2015.

⁵⁶ ACF January 2017.

The Rohingya refugees

Forced to leave everything behind, the 688,000 refugees who have arrived in Bangladesh since 25 August are extremely vulnerable.⁵⁷ It has become one of the fastest refugee exoduses in modern times and has created the largest refugee camp in the world. By 11 January 2018, the Bangladeshi Immigration and Passports Department had registered 971,627 people through biometric registration, while OCHA estimates the total number to be 888,000.

The scaling-up of food assistance since September 2017 has played an essential role in ensuring access to an acceptable diet for most refugees. Limited income and financial resources remain the biggest constraints for refugees, as well as the main drivers of overall vulnerability to food insecurity. Refugees hosted by local communities are slightly better off than those in camps because they have easier access to income sources such as fishing or casual agricultural labour.

The camps offer little access to clean water, health care or food. The majority of new arrivals lack basic household items such as cooking fuel and utensils. Reported coping mechanisms include selling assets, participating in illegal activities and begging.

Households depending on formal or informal assistance, begging and relying on paid domestic work as their main income source are among the most vulnerable. Within both refugee and host communities, households led by women and single-parent households with high numbers of dependent children, elderly and disabled people are more likely to be food insecure.

⁵⁷ According to OCHA, between 25 August 2017 and 27 January 2018, some 688,000 people fled, bringing the total number of Rohingya refugees hosted in Cox's Bazar to over 888,000 – since there were already more than 200,000 there beforehand.

Nutrition snapshot

Southern districts

According to the IPC 2016 analysis, the average global acute malnutrition (GAM) rate in the seven acutely food-insecure districts was 11 percent, rising to 13 percent in four *Crisis* (IPC Phase 3) districts.⁵⁸ Only 31 percent of women had acceptable food diversity (consuming five or more out of nine food groups), falling to 26 percent in the four *Crisis* districts. Measured by body mass index for adult women, 24 percent were suffering from chronic energy deficiency.

The sanitation practices are poor and over half the population has no access to improved latrines. Access to safe drinking water is also a challenge, with between 10 percent and 25 percent of households using unsafe drinking water from ponds, canals or rainwater. While rice and fish production is generally satisfactory, there are deficits in the production of meat, milk and eggs. This reduces households' potential access to more diverse foods and can impact the nutritional status of women and children.

Cox's Bazar – host communities

According to the 2016 SMART nutrition survey, global acute malnutrition (GAM) rate measured by wasting and/or oedema was 10.7 percent in Ukhia and Teknaf (against a national rate of 14 percent), and the severe acute malnutrition (SAM) rate was 2 percent (against a national rate of 3.1 percent).⁵⁹ However, the stunting prevalence in both *upazilas* is above than the national average of 36 percent⁶⁰ and exceeds the WHO *Critical* threshold. This high stunting prevalence indicates chronic malnutrition, which is usually an indication of poor socio-economic conditions, recurrent exposure to illnesses at an early age, and sub-optimal feeding and care practices in an environment with limited safe water and appropriate sanitation.

Limited access to clean drinking water, particularly in remote rural areas, and low access to improved sanitation facilities have contributed to high levels of malnutrition. The recent refugee influx has exacerbated the situation. Hygiene practice is generally poor, with only a third of households using soap for handwashing and practising handwashing at critical times.⁶¹ The risk of the spread of disease is increased by poor waste management, which further contaminates water sources. Latrines are not always decommissioned, increasing open defecation on cultivable land and near rivers, risking water and soil contamination and the spread of disease.⁶²

Health services in Cox's Bazar are greatly overstretched. The health facilities lack adequate staff and the technical equipment to meet the population's health needs. The health system is therefore overburdened and the population underserved. The district health system, including Cox's Bazar district hospital, is overwhelmed with new refugees.

⁵⁸ Bangladesh IPC Technical Working Group, 2016.

⁵⁹ Bangladesh Demographic Health Survey 2014.

⁶⁰ Ibid.

⁶¹ Chowdhury et al. July 2017.

⁶² Plan International, Save the Children & World Vision December 2017; Chowdhury et al. July 2017; ACAPS, NPM analysis hub. *Rohingya Crisis Host Communities Review Thematic Report* – January 2018.

Long distances – coupled with poor roads and transport systems, particularly during the rainy season – are extra challenges to accessing and operating health services.⁶³

Household dietary diversity is low in Ukhia and Teknaf, particularly among poorer households. In December 2017, an estimated 38 percent of surveyed households headed by women recorded poor food consumption, compared with 27 percent of households led by men. Only one in three women in the host community had access to a minimum diversified diet⁶⁴ and 72 percent of children were not eating a minimum diversified diet – one that provides the minimum recommended nutrients required for growth and development. The high prevalence of child marriage, adolescent pregnancies and undernutrition in mothers and adolescent girls contributes to the intergenerational cycle of undernutrition.

Cox's Bazar – Rohingya refugees

Recent surveys have found alarming rates of malnutrition in Kutupalong refugee camp. A rapid SMART survey conducted in May 2017 – before the August 2017 influx to Cox's Bazar – recorded a GAM prevalence of 21.2 percent and SAM prevalence of 3.6 percent in makeshift settlements.⁶⁵ A survey carried out in November 2017 in Kutupalong recorded a SAM prevalence of 7.5 percent among children aged 6-59 months⁶⁶ – double the rate seen among Rohingya child refugees in May.

The preliminary results of a nutrition survey⁶⁷ conducted in Kutupalong and Nayapara registered camps between October and November 2017, as well as in the makeshift camps and new spontaneous settlements, indicate that GAM prevalence among children aged 6-59 months significantly exceeds the WHO *Emergency* threshold of 15 percent, except in Nayapara RC (14.3 percent). Nearly half of the children are suffering from anaemia, which represents a severe public health problem according to WHO thresholds. Anaemia could be associated with the combined effect of limited access to foods rich in haem iron and the high incidence of diarrheal diseases.

The main factors underlying these alarming malnutrition rates are diets inadequate to meet children's nutrient requirements, especially during population movement and displacements when young children were crossing the border – a six-day journey; and the stress and trauma related to this difficult environment, which limits appropriate care and feeding practices for children. Only 9 percent of children aged 6-23 months in Kutupalong refugee camp, 16 percent in Nayapara refugee camp, and 6 percent in makeshift areas consumed a minimum acceptable diet appropriate for their growth and development. Poor infant and young child feeding and care practices, micronutrient deficiencies, poor hygiene and sanitation, poor health services and illness exacerbate the poor nutritional status of the children. The crowded living conditions and lack of adequate WASH facilities also make people more susceptible to the spread of communicable diseases. Health concerns include skin ailments, acute respiratory infection, diarrhoea, measles and *E. coli*.⁶⁸

⁶³ IOM 2015; Kuam et al. 2014; ACAPS, NPM analysis hub. *Rohingya Crisis Host Communities Review Thematic Report* – January 2018.

⁶⁴ REVA 2017.

⁶⁵ Nutrition Rapid SMART survey, May 2017.

⁶⁶ ISCG 5 November 2017; ACAPS, NPM analysis hub. *Rohingya Crisis Host Communities Review Thematic Report* – January 2018.

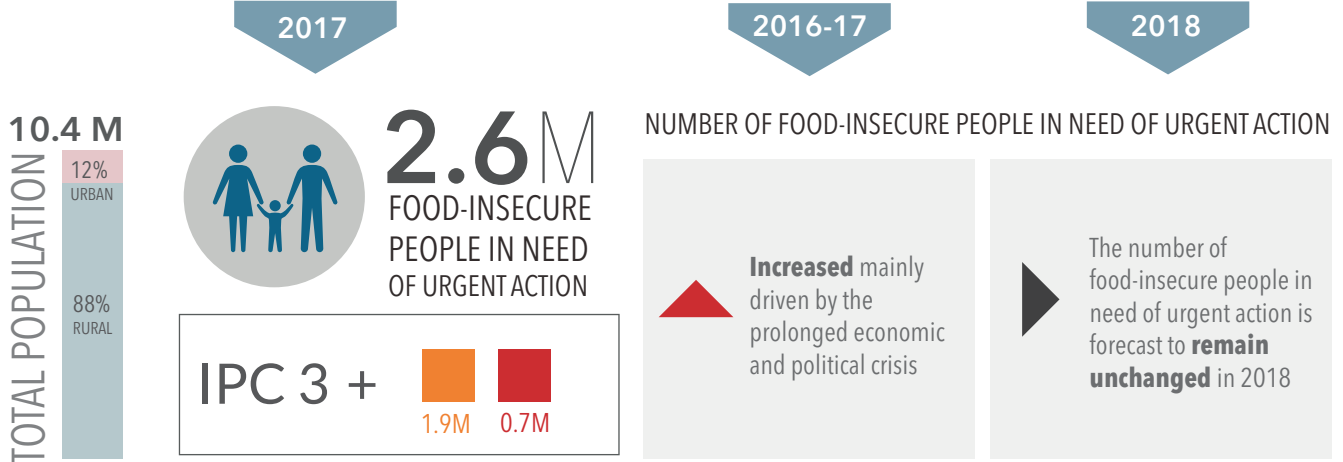
⁶⁷ A multi-agency assessment on behalf of the nutrition sector.

⁶⁸ WHO October 2017.



BURUNDI

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



CLIMATE SHOCKS



POPULATION DISPLACEMENT



CIVIL UNREST



Early harvest below average because of poor rainfall, limited land, lack of inputs and plant pests/diseases



Climate-related shocks, combined with civil unrest since 2015, has resulted in almost half million people displaced in neighbouring countries (Tanzania, Rwanda, Uganda and Democratic Republic of Congo)

DISPLACEMENT

IOM, January 2018



176,000

HNO November 2017



137,000



Scarce work opportunities in agriculture and very low wages



Inflation has risen, especially for staple foods

KEY MALNUTRITION FIGURES

285,000

Children aged 6-59 months affected by moderate and severe acute malnutrition



70,000

With severe acute malnutrition

HNO, 2018



10% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



83% Infants (up to 6 months old) exclusively breastfed

DHS 2016-17

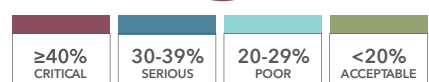


74% Households having access to safe drinking water

DHS, 2016-17

56%

Children aged 0-59 months stunted

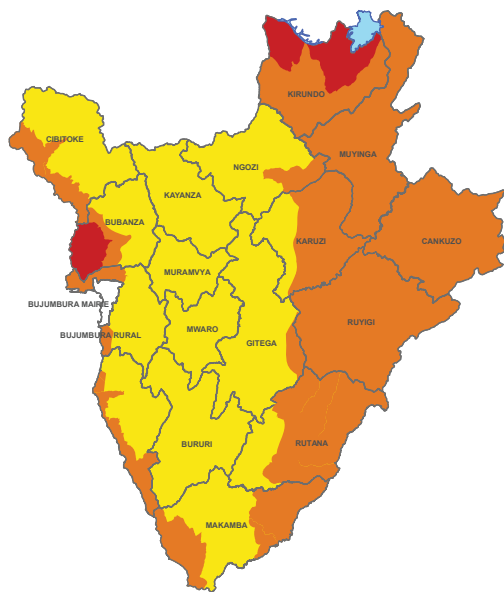




Background

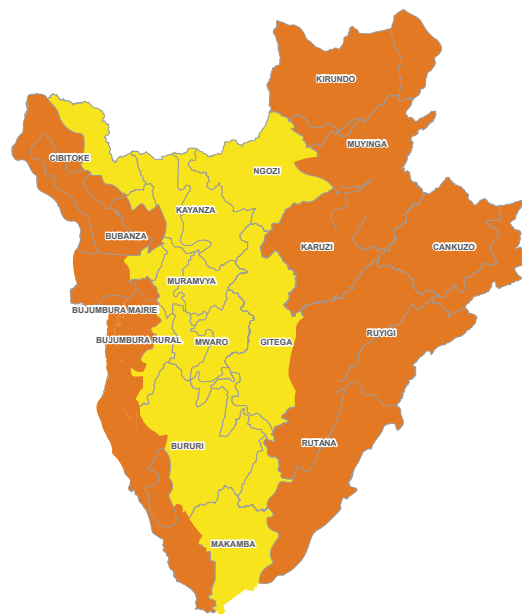
Burundi has experienced two years of violence and unrest. Set against a fragile backdrop of widespread poverty and falling purchasing power caused by rapid population growth, environmental degradation and low resilience to natural disasters and other human-made shocks, the crisis has devastated the country's economy. Several Western partners have suspended budgetary aid and introduced sanctions, resulting in low levels of foreign currency, hampering trade, further weakening the national currency and stifling the delivery of basic services. An epidemic of malaria was declared in March 2017.

Map 9: Burundi, IPC Acute food insecurity situation, April - May 2017



Source: Burundi IPC Technical Working Group, April 2017

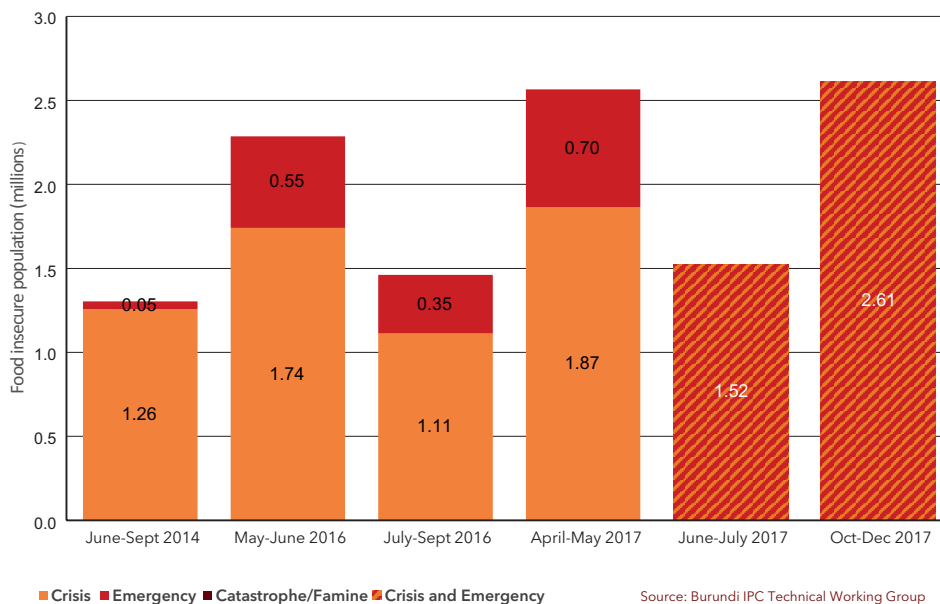
Map 10: Burundi, IPC Acute food insecurity situation, October - December 2017



Source: Burundi IPC Technical Working Group, July 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 3: Number of people in IPC Phase 3, 4 and 5 in 2014 - 2017



Source: Burundi IPC Technical Working Group

Acute food insecurity snapshot

Food security in Burundi deteriorated in 2017 compared with previous years. As demonstrated in Graph 3, the number of people in urgent need of humanitarian assistance (in IPC Phase 3 or 4) rose by 12 percent between May–June 2016 and April–May 2017.

At the height of the lean season in April and May, the number of people estimated to be in *Crisis* conditions or worse (IPC Phases 3 or 4) was almost 2.6 million (26 percent of the rural population), of whom 700,000 (7 percent) faced *Emergency* (IPC Phase 4) conditions. The most food-insecure areas were Eastern and Northern Lowlands, Eastern Arid Plateaux and Imbo Plains, which were classified in *Crisis* (IPC Phase 3) with the municipalities of Busoni, Bugabira and Gihanga in *Emergency* (IPC Phase 4).

During the harvest/post-harvest period from July to September, 1.8 million people (20–25 percent of the population) in Imbo Plains, Northern Lowlands and Eastern Arid Plateaux were still in *Crisis* (IPC Phase 3) or worse. Food insecurity was expected to deteriorate during the lean season, with 27 percent of the population likely to face IPC Phases 3 or 4 between October and December 2017.

The last time Burundi had areas classified in *Emergency* (IPC Phase 4) was in 2010 after a severe water deficit related to La Niña and the consequent harvest failure.

FEWS NET analysis of available evidence suggests the population requiring emergency food assistance in 2017 was lower than the IPC estimate. For more information, see <http://www.fews.net/burundi>.

Factors driving acute food insecurity

Widespread food insecurity was mainly associated with chronic poverty, recurring displacement, disruptions in livelihood activities, a deteriorating economy, high food prices and climate shocks impacting agricultural production.

In 2017, production shortfalls were caused by poor rainfall, limited access to inputs, and plant pests and diseases including the cassava mosaic virus. Although the 2017B July harvest was good, the early 2017A harvest was 25 percent below that of 2016A due to poor seasonal rainfall. In the northern provinces of Muyinga and Kirundo and the north-western province of Bubanza, crop output was between 40 and 52 percent lower than the previous year.

Burundi does not produce enough food to meet the needs of its people, making it vulnerable to economic shocks and fluctuating imports. As a result, the socio-political crisis that began in mid-2015 and the ensuing macroeconomic collapse have placed severe pressure on household food security. Soaring inflation rates,⁶⁹ the depreciation of the Burundian franc, dwindling foreign currency reserves, and trade restrictions imposed by neighbouring countries, the US and the EU have implications for all Burundians.

Basic food items (sweet potato, cassava and maize) cost 30 percent more between May and June 2017 than in the same period in 2016. High prices shrink the purchasing power of the 40 percent of households (mainly subsistence farmers) who spend more than 75 percent of their income on food during the lean season when their household food stocks are depleted. Work opportunities in agriculture are scarce, particularly during this time, and wages are very low. Except in Buragane, Highlands and Eastern Lowlands, over half of households resorted to crisis and stress coping strategies (more than 63 percent in Imbo Plains and 75 percent in Northern Lowlands) such as moving elsewhere or migrating, selling productive assets, selling crops that were still growing, and stealing in order to be able to eat.

⁶⁹ In July, general inflation was estimated at 13.2 percent, and food inflation at 19.5 percent.

By August, households were able to be more reliant on their own production and prices came down as newly harvested crops from an average season B harvest increased supplies. But the Burundian population was still recovering from the hardship of the pre-harvest season and 22 percent still adopted severe coping mechanisms to access food.⁷⁰ While maize prices declined in Bujumbura, they remained 35 percent higher in October than a year earlier.

Since civil unrest erupted in April and May 2015, thousands of people have fled their homes, mainly to neighbouring Tanzania, Rwanda, Uganda and the Democratic Republic of Congo;⁷¹ 176,000 people are internally displaced. Between late September and mid-November 2017, more than 8,800 people returned, and 73,000 voluntary returnees from Tanzania are expected by the end of 2018.⁷² Large influxes of returnees are likely to increase economic pressure on the communities hosting returnees and displaced people, and generate disputes over scarce resources.

Nutrition snapshot

The nutrition situation in Burundi deteriorated in 2017. Based on the September 2017 IPC Acute Malnutrition analysis report, 9 of Burundi's 18 provinces have *Alert* levels of malnutrition, where an estimated 125,000 children are expected to suffer from acute malnutrition. Three of these provinces (Karusi, Kayanza and Kirundo) have rates ranging from 7.4 percent to 8.1 percent⁷³ with pockets of *Serious* (10 to 14 percent) levels of acute malnutrition.

According to the 2017 Humanitarian Needs Overview, 285,000 children were suffering from acute malnutrition nationally, of whom 56,000 were suffering from severe acute malnutrition. Admissions of severely malnourished children more than doubled between 2013 and 2016.

Major factors contributing to acute malnutrition include the poor quality diets of children, relatively high disease prevalence (nearly 118,000 cases of malaria were reported in mid-October⁷⁴), and poor access to health facilities, clean water and sanitation. According to the 2016/17 Demographic Health Survey, just 10 percent of children aged 6-23 months received a minimum acceptable diet and 60 percent of the population lacked access to improved sanitation. The worsening socio-economic situation and food insecurity are also underlying factors. Anaemia is a major public health issue that requires urgent attention. The same survey found that nationally, 61 percent of children and 39 percent of women were anaemic.

⁷⁰ FSMS August 2017.

⁷¹ Source: <https://data2.unhcr.org/en/situations/burundi>

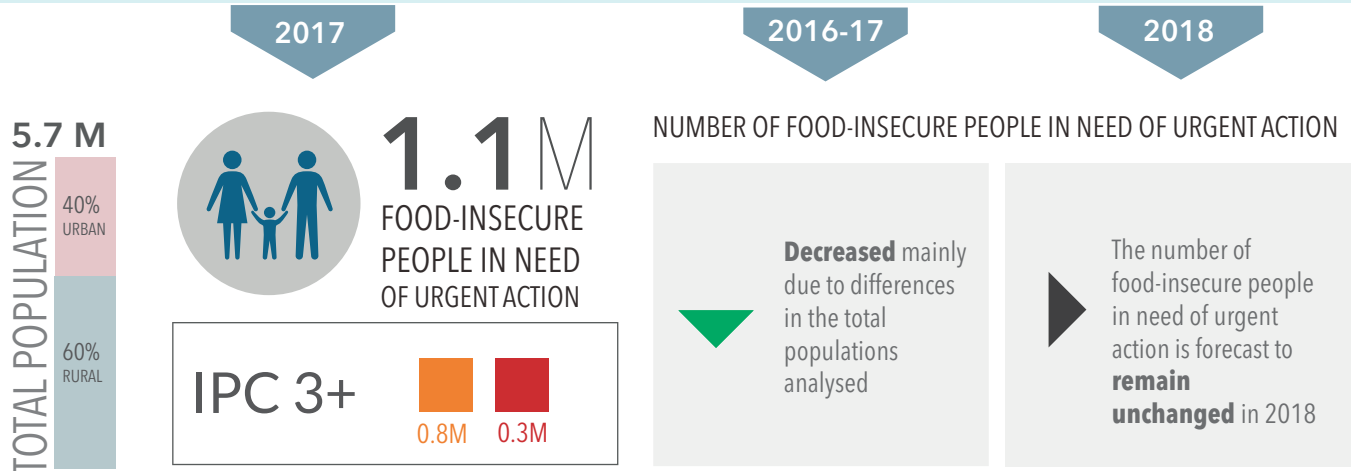
⁷² Source: <https://data2.unhcr.org/en/documents/download/60449>

⁷³ Considered poor by WHO thresholds.

⁷⁴ WHO OEW Bulletin, Week 48, 2017.

CENTRAL AFRICAN REPUBLIC

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



CONFLICT AND INSECURITY



POPULATION DISPLACEMENT



HIGH FOOD PRICES



Security has deteriorated, especially in north-western and southeastern areas



Fourth consecutive year of reduced harvest as insecurity prevented access to land and inputs



Limited employment, lower production and inflated food prices, especially in conflict-affected areas, have constrained access to food

DISPLACEMENT

UNHCR, December 2017



689,000

UNHCR, January 2018



47,730



Conflict has devastated the livestock sector



Many have had to cease farm work and the sale of agricultural products - the main income for over half of households

KEY MALNUTRITION FIGURES

87,700

Children aged 6-59 months affected by moderate and severe acute malnutrition



37,300

With severe acute malnutrition



45% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



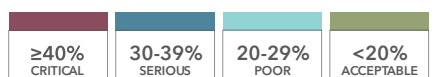
29% Infants (up to 6 months old) exclusively breastfed



30% Households having access to safe drinking water

41%

Children aged 0-59 months stunted



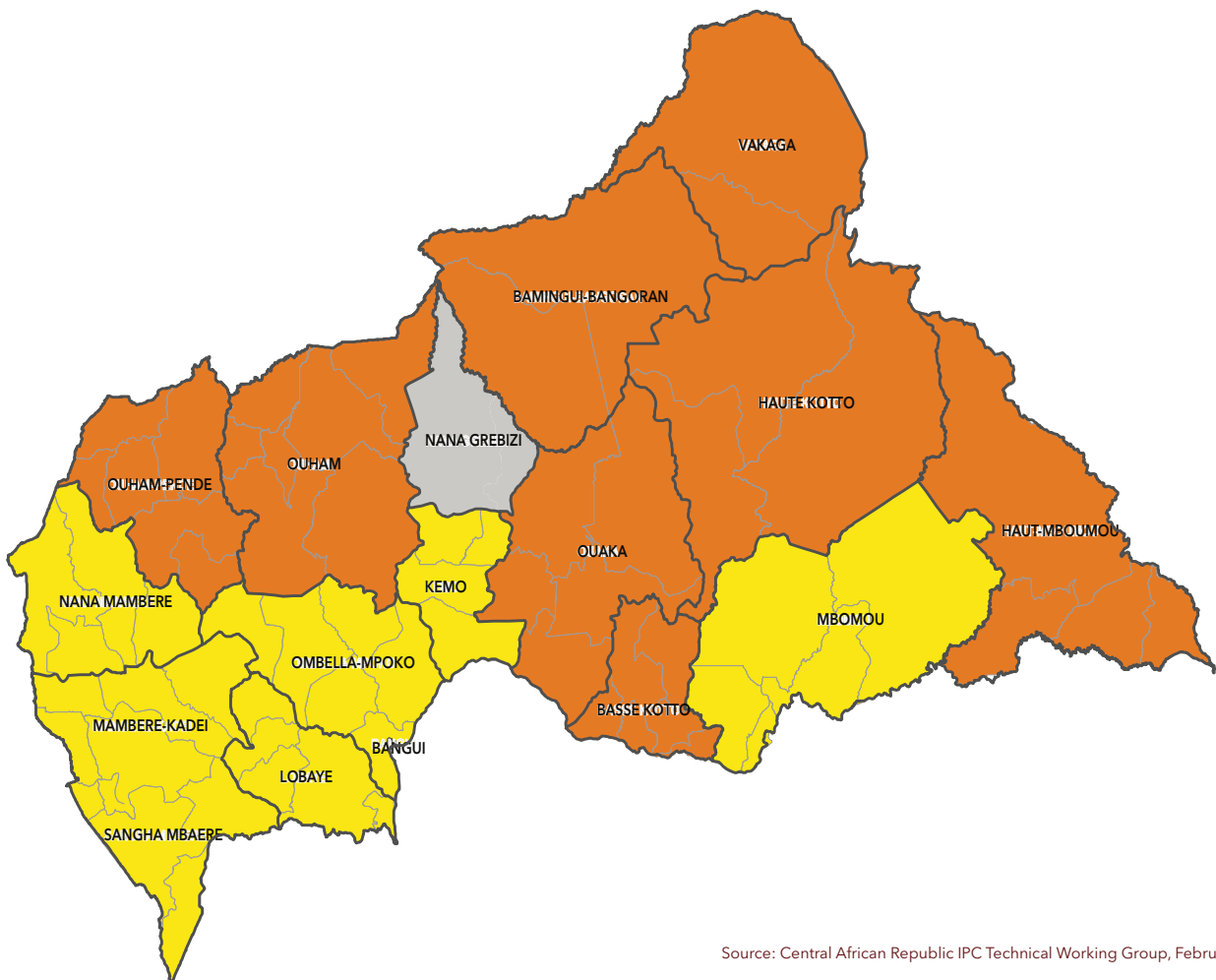


Background

The Central African Republic has now endured four years of conflict. In early 2017, despite security improvements in the southwest, attacks by the Lord's Resistance Army and other armed groups were recorded in north-western, central and south-eastern areas. The northeast and northwest were also affected by conflict between farmers and pastoralists. Security deteriorated in the latter half of the year, especially in north-western and south-eastern areas, with armed militias targeting civilian populations, humanitarian workers and UN peacekeepers, creating an extremely alarming humanitarian situation.⁷⁵

⁷⁵ Reliefweb October 2017.

Map 11: Central African Republic, IPC Acute food insecurity situation, February - May 2017



Source: Central African Republic IPC Technical Working Group, February 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

The IPC analysis conducted in February 2017 indicates that over 1.1 million people – around 25 percent of the population – were in *Crisis* (IPC Phase 3) or worse from February to May 2017 and required urgent humanitarian action. Of these, more than 315,000 people faced *Emergency* (IPC Phase 4) conditions. While these figures are lower than those in the August-December 2016 IPC analysis, when over 2 million people were estimated to be in urgent need, and they are lower than the December 2015-June 2016 analysis, when the figure was 1.8 million, the decrease is mostly due to differences in the geographical coverage of the analysis.

Although there was some improvement in Vakaga, Nana-Mambéré, Mambéré-Kadéï and Mbomou prefectures between August-December 2016 and February-May 2017, food insecurity has significantly worsened (from IPC Phase 2 *Stressed* to IPC Phase 3 *Crisis*) in other areas since December 2015 – notably in Bamingui-Bangoran, Haute-Kotto and Basse-Kotto. Between February and May 2017, the proportion of the population facing *Crisis* (IPC Phase 3) or above exceeded 35 percent in Bamingui-Bangoran, Basse Kotto, Haute Kotto and Haut-Mbomou; it reached 45 percent or higher in Ouaka, Ouham, Ouham Pendé and Vakaga.

Factors driving acute food insecurity

The food crisis stems mainly from insecurity and forced displacement. State structures, social cohesion, and traditional and communal conflict-management structures have collapsed as a result of conflict.

From February 2017, the various crises that broke out in Ouham-Pendé, Ouaka and Haute-Kotto triggered increased displacement and a deterioration in food security.⁷⁶ By mid-2017, conflict had also broken out in Mbomou, Haut-Mbomou and Basse Kotto. In July, violence resumed in Ouham and continued to spread in the second half of the year. As a result, in 2017 access significantly deteriorated in the east (Mbomou, Haute-Kotto and Haut-Mbomou), in the centre (Nana-Gribizi, Ouaka and Basse-Kotto), and in the west (Ouham, Nana-Mambéré, Ouham-Pendé and Mambéré-Kadéï).

Displaced people, living in camps or among host communities, are the most severely affected by food insecurity because of the disruption to their livelihoods. While the number of IDPs fell between December 2015 and December 2016 in the prefectures of Ouham-Pendé (-85%), Haute-Kotto (-47%) and Nana-Gribizi (-33%), the number increased in Ouham (+61%), Ouaka (+65%), Ombella M'Poko (+55%) and Kémo (+76%). Between January and late October 2017, the total number of IDPs increased from over 400,000 to around 600,000 – including 411,000 IDPs living among host communities.

Livelihoods have been severely curtailed by the cumulative effects of the crisis. In particular, populations in areas classified in *Crisis* (IPC Phase 3) or above face serious food access constraints: most have had to cease their income-generating activities such as agricultural work and the sale of agricultural products, which are the main source of income for 52 percent of households. As a result, in order to access food most households – particularly IDPs, returnees and those in host communities – have to resort to negative coping strategies that erode their resilience. For instance, in September 2017, one in two households were eating less food or eating fewer meals a day.⁷⁷

Food availability is severely limited across the country following four consecutive years of poor harvests. Most of the country faced an earlier and more difficult lean season than usual in 2017. Import requirements for the 2016/17 commercial year were not completely covered by commercial imports and food aid delivery, resulting in a cereal deficit of 6,700 metric tons. In spite of favourable weather conditions and adequate rainfall, food production fell again in 2017 mainly because of insecurity, which restricted access to croplands and inputs such as seeds and fertilizers.

⁷⁶ Source: <https://www.acaps.org/special-report/humanitarian-overview-analysis-key-crises-2018>

⁷⁷ Central African Republic Crop and Food Security Assessment Mission (CFSAM), September 2017.

Conflict has similarly devastated the livestock sector. Veterinary services were reported to have dropped dramatically, falling 60 percent since before the crisis (2012). Despite the harvests in early 2018, the lean season is expected to begin earlier than usual (in April in the southern agricultural areas; in July in the northern agricultural areas), because of the low levels of food stocks and limited employment opportunities and resources.

Lower production levels, below-average market supplies, poor access to markets and increased demand for imported food and livestock have led to high food prices, especially in north-west, south-east and central areas affected by conflict. For instance, notable increases in rice prices (e.g. +160 percent in Bocaranga) were observed between June and August in Ouham-Pendé amid deteriorating security. Similarly, areas that procure most of their staple foods from conflict-affected regions are facing major price fluctuations. In Berberati, the price of cassava rose by 50 percent between June and August. Poor households who have lost their livelihoods and/or have limited employment opportunities are unable to withstand such price increases without resorting to corrosive coping strategies.

Nutrition snapshot

Rates of acute malnutrition are classified as *Serious*, with a global acute malnutrition (GAM) rate of 12 percent in the north-east (Vakaga and Ouanda Djalé) and in the south (Gambo and Zangba), according to the 2016 and 2017 rapid SMART surveys and as flagged by the 2018 Humanitarian Needs Overview. The national rate of severe acute malnutrition (SAM) in 2018 is projected to be 5 percent, representing 37,281 children under 5.⁷⁸ More than half of all subprefectures had SAM levels above the *Critical* threshold of 2 percent. The south-eastern area (Gambo, Zangda, Pombolo, Bakou and Alindao) is particularly affected with an alarming rate of 9.4 percent, following a recent deterioration in security and rise in population displacement. This area remains highly inaccessible to humanitarian aid.

The prevalence of stunting is *Critical* – i.e. over 40 percent⁷⁹ – in 9 out of 16 districts; it is above 50 percent in the subprefectures of Mamberé-Kadei (50.3 percent) and Sangha Mbaere (53 percent).⁸⁰ Micronutrient deficiencies are also of concern: data from 2017 revealed that 46 percent of women aged 15-49 years were anaemic. Around 72 percent of children aged 6-59 months were anaemic in 2011,⁸¹ while Vitamin A deficiency among children 6-59 months was above 60 percent (data from 2013).⁸²

Factors that underlie these poor nutrition rates include a high rate of illness (malaria, acute respiratory infections and diarrhoea); deteriorating access to clean water and adequate sanitation (only 30 percent of households have access to safe drinking water and 20 percent to latrines);⁸³ and the lack of health care services (only 34 percent of health centres are functioning).⁸⁴ Dietary diversity continues to decline: cassava is a substitute for more nutritious cereals and vegetables. People are consuming very little fruit, pulses and foods of animal origin, including almost no milk. The current deterioration in diet quality is of serious concern, particularly among displaced people, refugees and the poor, who are the most vulnerable to malnutrition.

78 Central African Republic: 2018 Humanitarian Needs Overview 2018.

79 According to WHO thresholds, a stunting prevalence above 40 percent is considered critical.

80 Nutrition Cluster May 2016.

81 WHO 2016 and 2011.

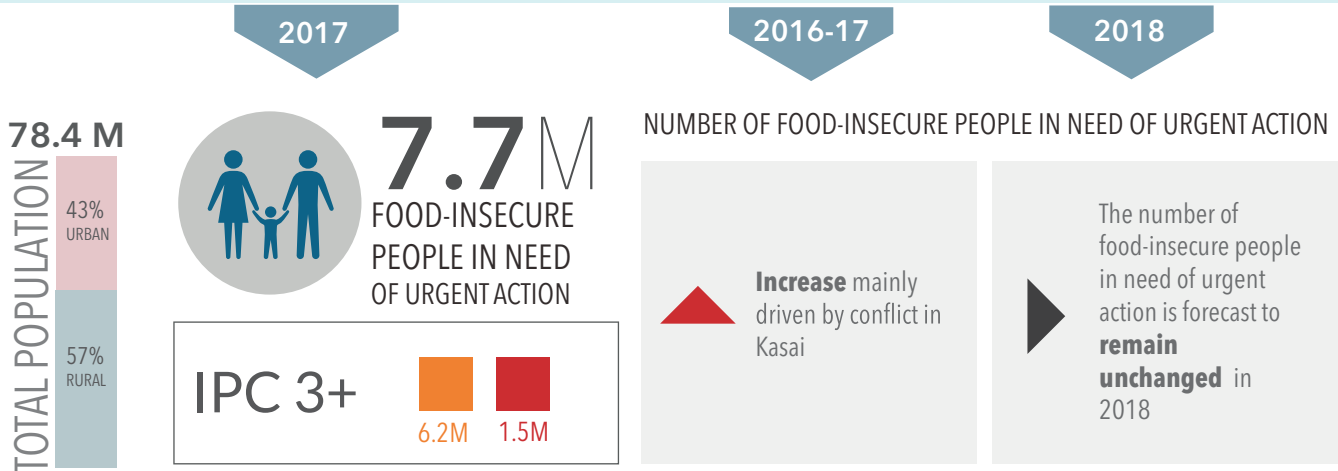
82 Stevens et al. 2015.

83 Central African Republic: 2018 Humanitarian Needs Overview.

84 Ibid.

DEMOCRATIC REPUBLIC OF CONGO

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



CONFLICT
In Kasai, Tanganyika and North and South Kivu



POPULATION DISPLACEMENT



POVERTY AND HIGH FOOD PRICES



Two agricultural seasons lost in Kasai as armed groups have looted harvests and farmers have abandoned crops



IDPs have limited access to livelihoods, and refugees are putting pressure on local resources and assets



The annual inflation rate soared in 2017, undermining the purchasing power of poor rural households

DISPLACEMENT



Refugees

500,000

from Burundi, Central African Republic, Rwanda, South Sudan hosted in Democratic Republic of Congo

OCHA, December 2017



Internally Displaced Persons

4.5M

OCHA, December 2017



Returnees

1.8M

in 2017

OCHA, December 2017



Dry weather and fall armyworm infestations reduced maize harvest and poor pasture affected livestock (milk production and weight)



KEY MALNUTRITION FIGURES

3.7M

Children aged 6-59 months affected by moderate and severe Acute Malnutrition



1.7M

With severe acute malnutrition

Nutrition Cluster, 2018



8% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



48% Infants (up to 6 months old) exclusively breastfed



49% Households having access to safe drinking water

DHS, 2013-14

43%

Children aged 0-59 months stunted



CRITICAL

≥40%
CRITICAL

30-39%
SERIOUS

20-29%
POOR

<20%
ACCEPTABLE

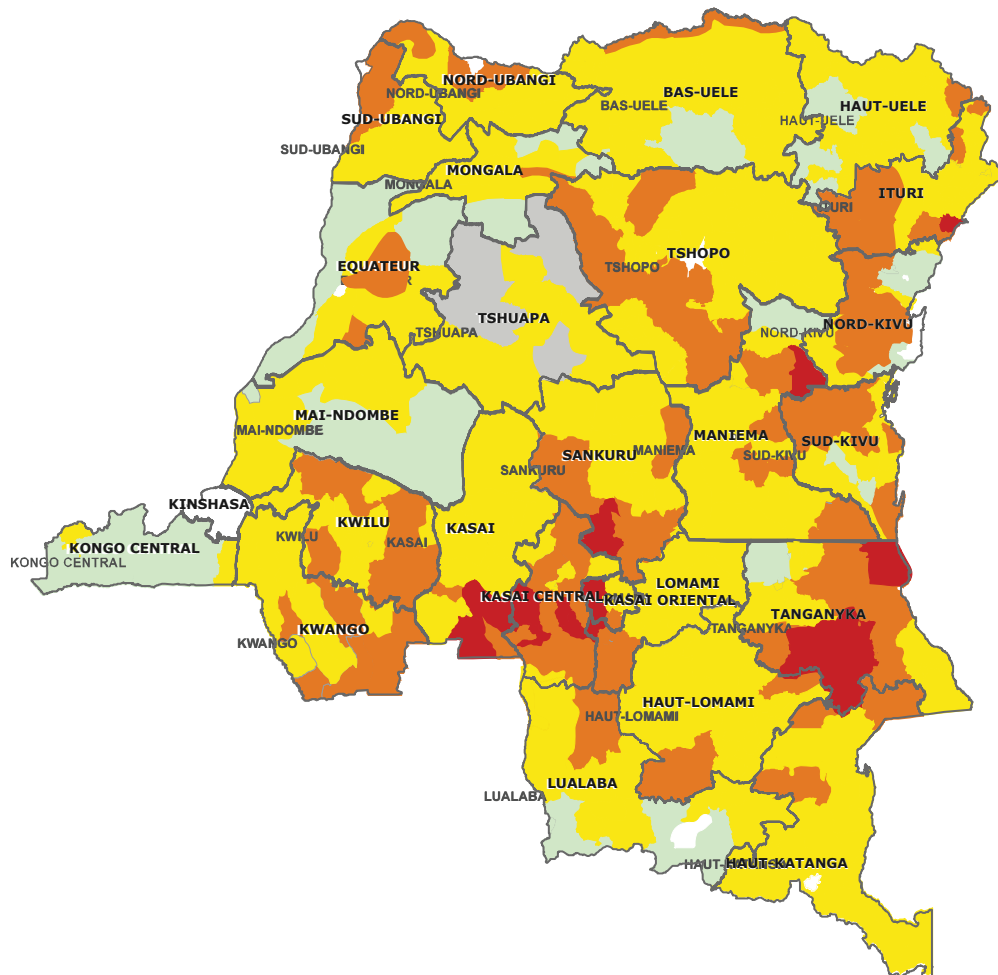
DHS, 2013-14



Background

Despite being abundant in natural resources, Africa's second biggest country is one of the world's poorest and least developed nations following years of violence, upheaval and instability. The humanitarian situation in the Democratic Republic of Congo has deteriorated dramatically over the past year with violent conflict and intercommunal tensions - mainly in the Kasai, South Kivu and Tanganyika regions - now affecting people in areas previously considered stable. Today, the country has more internally displaced people than any country in Africa. It has become one of the world's largest and most complex humanitarian crises.

Map 12: Democratic Republic of Congo, IPC Acute food insecurity situation, June - December 2017



Source: Democratic Republic of the Congo IPC Technical Working Group, June 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

The humanitarian crisis in the Kasai region and the spread of inter-communal conflicts in Tanganyika and in the eastern part of the country has created an alarming food security situation. Many people are eating little more than a meal a day, and one that is severely lacking in protein, vitamins and minerals - typically just maize or cassava root and leaves.

An IPC analysis for June to December 2017 estimated that 7.7 million people (11 percent of the total population) were in IPC Phase 3 (*Crisis*) or above. Of this figure, 1.5 million were in *Emergency* (IPC Phase 4). Some 86 territories (59 percent of the country) were classified in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4).

The following territories had a high prevalence of people facing *Emergency* (IPC Phase 4) conditions: Kamiji (Lomami); Kabeya Kamwanga and Miabi (Eastern Kasai); Dibaya and Kazumba (Central Kasai); Kamonia (Kasai); Lusambo (Sankuru); Manono, Nyunzu and Kalemie (Irumu); and Punta (Maniema). Around 86 percent of the 1.5 million people facing *Emergency* (IPC Phase 4) conditions were in the provinces of Kasai and Tanganyika, which are both classified in IPC Phase 4 - though neither of them was a year earlier. Hence, the number of people requiring urgent humanitarian assistance increased significantly between June 2016 and June 2017.

Factors driving acute food insecurity

The insecurity in Kasai, intercommunal conflicts in Tanganyika and the protracted insecurity in the east have had a devastating impact on people's ability to access food. The situation is further complicated by political uncertainty and economic downturn.

Most populations in *Emergency* (IPC phase 4) are located in areas affected by conflict. The total number of internally displaced people in the Democratic Republic of Congo stood at 4.35 million on 30 November, which is the highest number of any country on the African continent. Over 2 million people (44 percent) have fled their home since January 2017, mainly as a result of clashes and armed attacks.⁸⁵

The province of North Kivu remains the worst affected, with more than 1 million IDPs, followed by Tanganyika (631,000) and South Kivu (647,000). The Kasai crisis that broke out in mid-2016 created 0.9 million IDPs, including 605,000 in 2017. Since January 2017, 1.8 million people have returned home, including 1.4 million in the Kasai region.⁸⁶

A significant portion of the IDPs are hosted by local communities, putting added strain on the latter's limited resources with the high risk of pushing them into unsustainable coping mechanisms and livelihood strategies.

In the east and the central parts of the country, IDPs have lost their assets and face extremely limited access to livelihoods. In the Kasai regions, violence has led to the loss of two agricultural seasons, and therefore worsening food security prospects for 2018. Areas classified in *Crisis* (IPC Phase 3) face side-effects of the fighting, such as the displacement of destitute populations. In this context of already heightened vulnerability, refugees from Central African Republic, South Sudan and Burundi live and share livelihoods with local populations, putting even more pressure on assets and resources.

Throughout the Democratic Republic of Congo, 50 to 75 percent of households depend on traditional subsistence agriculture as their main source of livelihood. According to remote sensing analysis, vegetation conditions in 2017 were favourable in most cropping areas thanks to adequate rainfall. However, crop production continues to be affected by conflict with national and/or foreign armed groups looting harvests, displaced farmers abandoning crops and planting areas reduced. In south-eastern areas, a dry spell affected the maize harvest, while the fall armyworm damaged it in North Kivu and Katanga. In some areas, poor pasture affected milk production and the weight of livestock.

85 OCHA. République Démocratique du Congo: Personnes déplacées internes et retournées. 31 décembre 2017

86 Ibid.

The surplus production of Zambian maize in 2017 and the lifting of the Democratic Republic of Congo's restrictions on maize imports from Zambia bolstered food availability, particularly in the south-east (Lubumbashi, Kolwezi and Likasi) and central east (Kasai region). However, poor people with deteriorating purchasing power cannot afford to buy food in sufficient quantity and quality. The annual inflation rate surged from 18 percent in 2016 to 42 percent in 2017, reflecting declining export revenues combined with high government spending and currency depreciation. The Congolese franc lost 52 percent of its value between June 2016 and June 2017. Food prices soared in areas affected by crop pests, poor rains and population movements as well as by conflict-induced disruptions to farming and trade.

By September, food prices were particularly high in Tanganyika, North and South Kivu, Sankuru, Maniema, Eastern Kasai and Kasai, Haut-Uele, Tshuapa, Kongo Central, Kwango and Kwulu. The elevated prices eroded household purchasing power: in 51 percent of territories (26 provinces), households could not afford a maize-based food basket; and in 38 percent of territories, households could not afford a cassava-based food basket.

In addition, although areas classified in *Stressed* (IPC Phase 2) tend to be stable from a security point of view, they regularly face climate shocks and economic hardship related to macro-economic instability (e.g. weakened purchasing power due to the falling exchange rate of the Congolese franc to the US dollar). In 2017, between 40 and 60 percent of households in Haut-Katanga, Lualaba, Haut Lomami and Tanganyika resorted to crisis and coping strategies, and between 10 and 15 percent resorted to distress coping strategies, depleting their assets irreversibly.

Nutrition snapshot

Data show that over 8 percent of children under 5 were suffering from global acute malnutrition (GAM) in 2013/14⁸⁷ – equal to more than 1.5 million children. The national nutrition programme, PRONANUT, revealed an even more worrying nutritional situation, with GAM rates above 10 percent. The prevalence of chronic malnutrition, or stunting, is also very high. Nationally, 43 percent of children under 5 were found to be stunted in 2013/14.

UNICEF and partners conducted eight surveys in 2017 that confirmed the precarious nutrition situation, with indicators exceeding emergency thresholds in 80 percent of the health zones assessed. According to the UNICEF Nutrition Cluster, an estimated 2.2 million children will suffer from severe acute malnutrition (SAM) in 2018;⁸⁸ this is 12 percent of the global caseload.

The humanitarian and nutrition situation are of grave concern in the provinces of Kasai, Kasai Central and Kasai Oriental, where high GAM prevalence and a rising under-5 mortality rate (exceeding the emergency level of 2 deaths/10,000 children/day in certain health zones) continue to be documented. Surveys conducted by UNICEF/ PRONANUT and partners at the start of the lean season in September and October 2017 found a GAM prevalence greater than 10 percent and a SAM prevalence of over 2 percent in all surveyed health zones. Prevalence by mid-upper arm circumference was also found to be high; this is closely associated with child mortality risk. Measles vaccination coverage was reported at <60 percent in Tshikaji, Bunkonde and Lubondaie health zones. In view of the high incidence of childhood diseases, the dysfunctional health and social care system, the poor 2018 harvest forecast and the effects of recent conflict, insecurity and mass population displacement, it is highly likely that the nutrition situation will continue to deteriorate in this region. In 2018, according to the Nutrition Cluster, 300,000 cases of SAM and 700,000 cases of moderate acute malnutrition (MAM) in children under 5 are expected in the Great Kasai region.

The country is also undergoing one of the worst cholera outbreaks of the decade. In September 2017, cholera incidence reached a peak of more than 2,000 cases a week. Fatality rates were as high as 5 percent in Kasai, Kongo Central, Sankuru and Maniema. By 3 December, 52,775 cases of cholera had been reported in 2017, with a 2.1 percent case fatality rate.⁸⁸

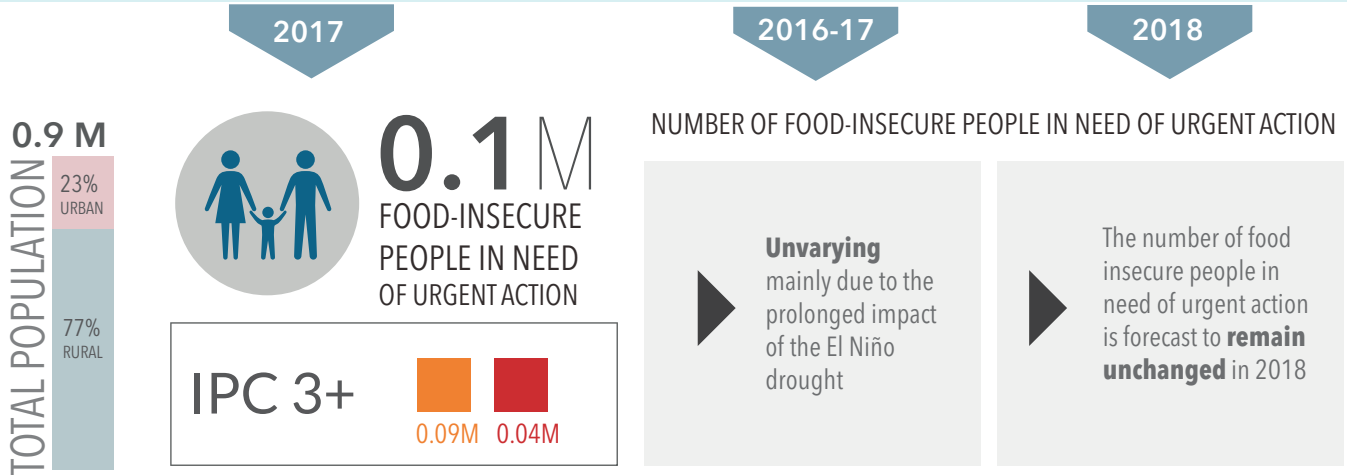
Besides illness and disease, other factors that underlie the alarming malnutrition situation include poor child feeding practices: just 20 percent of children aged 6-23 months meet minimum dietary diversity requirements, and 8 percent a minimum acceptable diet (DHS 2013/14). High levels of anaemia among child-bearing women and children, inadequate breastfeeding practices and poor access to sanitation or clean drinking water also contribute to malnutrition.

87 EDS 2013/14.

88 WHO, OEW Bulletin, Week 51, 2017.

DJIBOUTI (rural areas)

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



POPULATION DISPLACEMENT



PROLONGED IMPACT OF THE EL NIÑO DROUGHT



LIVELIHOOD DISRUPTION



The drought in the Horn of Africa prompted a further influx of refugees from Somalia and Ethiopia



Pastoral livelihoods were severely impoverished by prolonged impact of the El-Niño drought in the Horn of Africa

DISPLACEMENT

Humanitarian outlook, January - June 2018



27,800



More limited food access for pastoralists because of poor livestock body conditions, smaller herds, and lower sales of livestock and dairy products



Below-average localized rainfall, particularly in south-eastern pastoral border areas and north of Obock city

KEY MALNUTRITION FIGURES

18,600

Children <5 affected by moderate and severe acute malnutrition



5,200

With severe acute malnutrition



12% Infants (up to 6 months old) exclusively breastfed

33%

Children aged 0-59 months stunted



≥40% CRITICAL
30-39% SERIOUS
20-29% POOR
<20% ACCEPTABLE



Background

Despite economic growth of 6.5 percent in 2016,⁸⁹ poverty and unemployment are widespread in the Republic of Djibouti: 72.5 percent of the rural population live in extreme poverty,⁹⁰ and the unemployment rate is 59.5 percent.⁹¹

Hot, arid conditions are exacerbated by climate events such as El Niño. Livestock is the main livelihood for a third of people, but it accounts for just 3 percent of GDP. Djibouti imports 90 percent of the food it needs, which makes it highly dependent on international market prices.

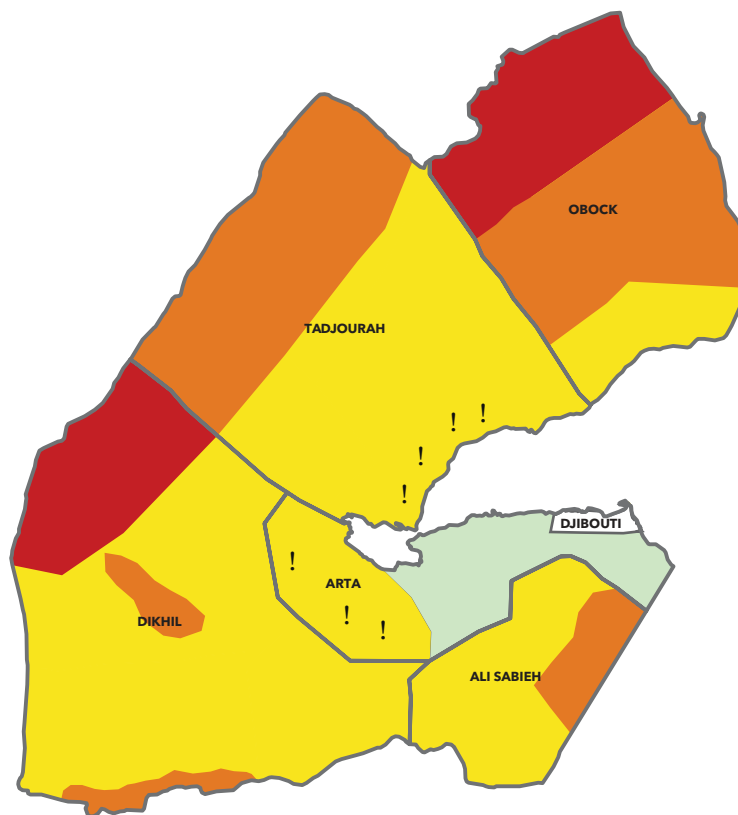
For more than 40 years, Djibouti has maintained an open-door policy for refugees; most of the 28,000 refugees it hosts come from neighbouring Somalia, Ethiopia and Eritrea, as well as Yemen. Many have been exiled in the country for more than 25 years. Most live in one of three camps and are dependent on humanitarian assistance. During the lean season (June to September) nomadic populations often cross the porous border from Somalia and Ethiopia in search of pasture.

89 IMF.

90 DISED. Available at: <http://www.ministere-finances.dj/statistiques/AS/Stat/Edam/PROFIL.pdf>

91 IMF.

Map 13: Djibouti, IPC Acute food insecurity situation, November 2016 - May 2017



Source: Djibouti IPC Technical Working Group, October 2016

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed
 ! Area would likely be at least 1 Phase worse without the effects of humanitarian assistance

Acute food insecurity snapshot

Despite the overall improvement in food security since 2015, the situation in early 2017 was particularly poor in the pastoralist areas of Dikhil, North Obock and Ali-Sabieh, which border countries affected by the Horn of Africa drought crisis. Between November 2016 and May 2017, 130,000 people were facing *Crisis* (IPC Phase 3) or *Emergency* (Phase 4) conditions in rural areas - representing 46 percent of the rural population. Among this group, 44,413 people - or 16 percent of the rural population - were in *Emergency* (IPC Phase 4).

The four worst-affected regions were Obock (70 percent of people in IPC Phases 3 or 4), Dikhil (55 percent in IPC Phases 3 or 4), Tadjourah and Ali Sabieh (45 percent in IPC Phases 3 or 4). In Dikhil and Obock, 20 percent of the rural population were classified in IPC Phase 4, while in Tadjourah and Ali Sabieh, the proportion was 15 percent.

Although both displaced and local populations faced high levels of food insecurity in early 2017, rural communities were worst affected as refugees receive humanitarian assistance in Ali Addeh, Hol Hol and Markazi camps.

Nutrition snapshot

Global acute malnutrition (GAM), measured using mid-upper arm circumference (MUAC), fell from 17 percent in October 2015 to 7.5 percent in October 2016, according to the Food Security and Monitoring System survey of October 2016. However, the rates of GAM by MUAC among children remained above 10 percent in Obock and Dikhil (11.5 percent). According to UNICEF, almost 18 percent of Yemeni refugees in Markazi camp are acutely malnourished.⁹²

According to the 2017 Humanitarian Response Plan, 18,600 children under 5 are at risk of acute malnutrition; of this figure, 5,200 are expected to be severe cases. One in three women of reproductive age suffers from anaemia.

More than one in three children aged 6-59 months were stunted in 2012, a prevalence classed as *Serious* by WHO.⁹³

Child nutrition is undermined by a number of factors, including poor access to basic healthcare, clean drinking water and sanitation linked to the nomadic lifestyle of the population. Population and livestock movements to Djibouti's northern areas of Dikhil, Tadjourah, Ali-Sabieh and Arta during the lean season often overburden already fragile delivery systems for nutrition, water and sanitation, health, child protection and education services in these areas.

92 UNICEF. 2017. Djibouti Humanitarian Situation Report, June 2017.

93 Djibouti Ministry of Health & PAPFAM. 2013. *Enquête djiboutienne à indicateurs multiples (EDIM): Rapport préliminaire. Plus additional analysis.*



Factors driving acute food insecurity

Acute food insecurity in Djibouti has its roots in structural poverty; drought, leading to a lack of water for agro-pastoral activities; a lack of basic health, education, water and sanitation services; inadequate social safety nets; limited employment opportunities; and stresses from the influx of refugees.

The 2016 El Niño-induced drought in the Horn of Africa continued to affect food security in 2017 by impoverishing pastoral conditions and prompting a further influx of refugees from Somalia and Ethiopia. From January to March 2017, the Xays/Daada rains helped boost livestock production across most of the country, but poor pastoral conditions persisted in Ali Sabieh and Dikhil because of below-average rainfall. The March-to-May rainfalls (Diraac/Sougum) were between 40 and 60 percent below average in south-eastern pastoral border areas and in areas north of Obock city, so rangelands continued to deteriorate and by June they were even poorer than in 2016.

Djibouti is heavily dependent on imported food and its food security relies on the stability of international food prices. Cereal prices in local markets were low and stable across the country thanks to favourable international conditions in the first half of 2017. However, for households dependent on livestock sales and/or seasonal labour in southern border areas of Ali Sabieh, food access was particularly constrained during the June–October lean season because of low sales of livestock and dairy products as a consequence of deteriorating livestock body conditions and smaller herd sizes, as well as a lack of other income-earning opportunities.



ETHIOPIA

KEY FOOD INSECURITY FIGURES AND TRENDS

2017

2016-17

2018

94.3 M



8.5M
FOOD-INSECURE
PEOPLE IN NEED
OF URGENT ACTION

NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION



Decreasing in number, but food insecurity becoming more severe



The number of food-insecure people in need of urgent action is forecast to **decrease** in 2018

KEY FACTORS DRIVING FOOD INSECURITY



POPULATION
DISPLACEMENT



POLITICAL
INSTABILITY AND
ARMED CLASHES



PROLONGED
IMPACT OF THE
EL NIÑO DROUGHT



Poor rains have triggered to large-scale displacement and livelihood loss



Prices of maize reached record highs between January and October, while low livestock prices limited food access for pastoralists



Below-average rains and drought in 2017 continued to destroy crops and livestock assets in south-eastern, central and southern areas

DISPLACEMENT

Refugees



893,000

UNHCR, December 2017

Internally Displaced Persons



1.7M

OCHA, November 2017



In September, 27% of Meher season maize crops reportedly infested with fall armyworm



Lack of food and water has led to high livestock mortality rates and a decline in milk production

KEY MALNUTRITION FIGURES

3M

Children aged 6-59 months affected by moderate and severe acute malnutrition



334,000

With severe acute malnutrition



7% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



58% Infants (up to 6 months old) exclusively breastfed



65% Households having access to safe drinking water

39%

Children aged 0-59 months stunted



≥40%
CRITICAL

30-39%
SERIOUS

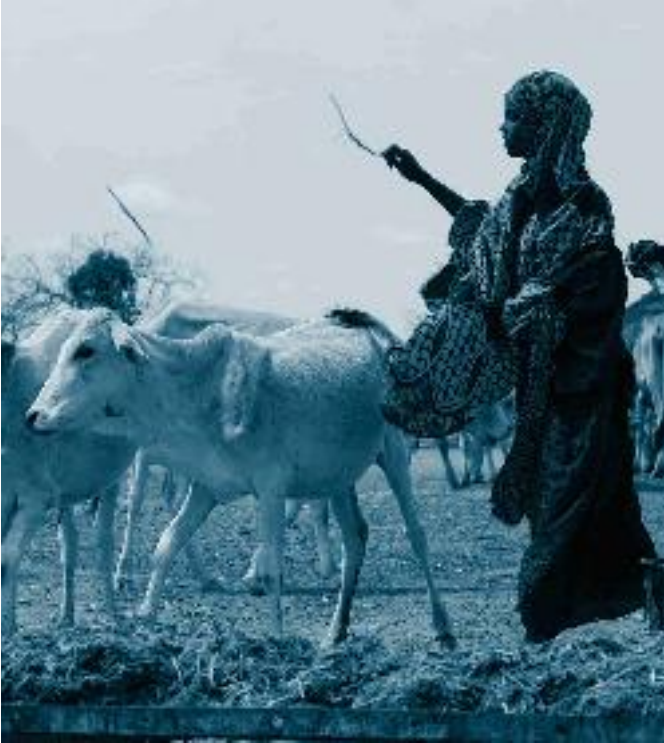
20-29%
POOR

<20%
ACCEPTABLE

HAC, 2017

DHS, 2016

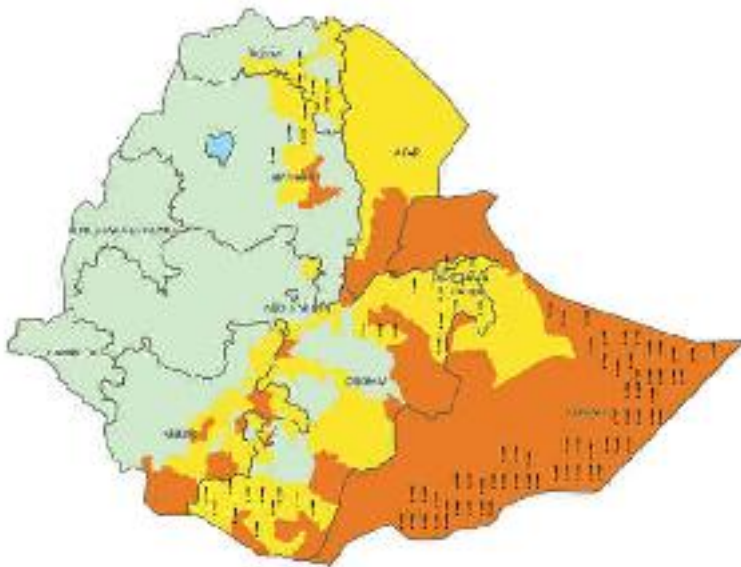
DHS, 2016



Background

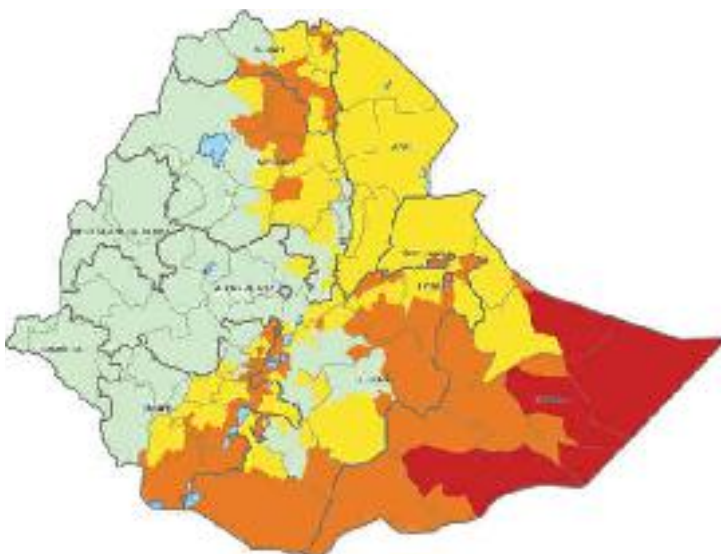
Continuous seasons of poor or non-existent rainfall coupled with the strongest El Niño phenomenon on record led Ethiopia to experience the worst drought in decades in 2016. Consecutive poor rains from October to December 2016 and from March to May 2017 led to drought once again in 2017, with the worst effects in the largely pastoralist Somali region where pastoral and agro-pastoral livelihoods were devastated. Inter-communal conflicts flared up on the Somali-Oromia border, causing internal displacement, and anti-government protests regarding the marginalisation of ethnic groups led to renewed tensions.

Map 14: Ethiopia, IPC Acute food insecurity situation, April - May 2017



Source: FEWS NET (April 2017). Note: This is FEWS NET IPC compatible product, which is generated through the application of the full set of IPC tools and procedures, with the exception of technical consensus

Map 15: Ethiopia, IPC Acute food insecurity situation, June - September 2017



Source: FEWS NET (June 2017). Note: This is FEWS NET IPC compatible product, which is generated through the application of the full set of IPC tools and procedures, with the exception of technical consensus

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed
 ! Area would likely be at least 1 Phase worse without the effects of humanitarian assistance

Acute food insecurity snapshot

Throughout 2017, food security in Ethiopia deteriorated. At the beginning of 2017 the government estimated that 5.6 million people in 461 *woredas* (districts) would need emergency food assistance from February to June following the failure of the 2016 rainy season. Some 228 of these districts were classified as “priority one” hotspots, up from 192 in December 2016.

Following poor performing spring rains and deepening drought conditions in the pastoralist and agro-pastoralist southern and south-eastern regions, the National Disaster Risk Management Commission (NDRMC) revised its food insecurity estimate, calculating that at least an additional 2.2 million people required food assistance, bringing the new total to 7.78 million by June. Over 90 percent of the worse-off *woredas* were in Oromia, SNNPR and Somali, with Dollo and Koraha in Somali classified in *Emergency* (IPC Phase 4) through to December. Northern Amhara and southern Tigray were also severely affected by acute food insecurity.

Between July and December, the acutely food-insecure caseload grew further, reaching 8.5 million. The southern Somali region was still the area of major concern with 2.7 million people requiring emergency food assistance, the majority in *Emergency* (IPC Phase 4). Areas of particular concern were the Afder Pastoral and Lowland Hawd Pastoral livelihood zones, where poor households were classified in *Catastrophe* (IPC Phase 5). By October an additional 4 million beneficiaries of the Productive Safety Net Programme were estimated to require assistance.

Factors driving acute food insecurity

In 2017, erratic and below-average rains in central and southern agro-pastoral areas and prolonged drought in south-eastern pastoral areas continued to destroy crops and livestock and led to large-scale displacement, with the IDP caseload estimated at around 1.7 million people.

This current food security crisis was preceded by the 2015/16 El Niño-induced drought, which caused crop failure in the north and east of the country. A strong government and international response helped to avert escalation of food insecurity but the national and international response to the second round of drought was limited and delayed.

Climate change-induced droughts are happening more frequently, leaving no time for rangeland pasture to recover. The flash floods that usually occur at the end of droughts wash away the natural seed reserve in the soil, denuding vast areas of rangeland.

In eastern Amhara, eastern Oromia and north-east SNNPR, the poor February–May 2017 *Belg* rainy season delayed and reduced the harvest, postponed the planting of *Meher* crops and reduced the *Meher* harvest. In south-western pastoral areas of southern Oromia and southern Somali, drought continued through the October–December 2017 *Deyr/Hageya* season, when the meagre rains failed to offset the moisture deficits accumulated over more than a year of dryness. Current vegetation conditions are still very poor, and pasture and water availability is very low.

In major *Meher*-producing areas of western Oromia, Amhara and Benishangul Gumuz, crop output is expected to be good following abundant and well-distributed rainfall. As a result, despite localized production shortfalls, aggregate 2017 cereal production is forecast at above-average levels.

However, as of early September, 550,000 hectares of *Meher* maize crops (about 27 percent of the total planted area) were reported to be infested by fall armyworm. The government, with FAO support, has undertaken monitoring activities and applied control measures.

In the pastoral Somali region, herd sizes in June were up to 70 percent below average because of high animal mortality rates. Poor livestock body conditions and a lack of food and water also caused a sharp decline in milk production.

This has a long-term impact as weakened animals take up to 10 months following a good rainy season to improve and it can take two to four years for herd sizes to recover. Terms of trade for pastoralists deteriorated by 40 to 60 percent between June 2016 and June 2017, severely limiting food access for pastoralist households. Pastoralists often resorted to extreme coping mechanisms – such as slaughtering new-born calves to save the lives of breeding cows and selling productive assets. These strategies undermine their livelihoods in the longer term, eroding their incomes and restricting their food access.

Maize prices surged between January and October, doubling on average in all monitored markets and reaching record highs, as seasonal increases were compounded by the poor performance of the *Belg* harvest, concerns over the fall armyworm infestation, sustained exports to Kenya and the recent devaluation of the local currency. Prices dropped sharply in November and December thanks to the *Meher* harvest, but they remained up to 30 percent higher than a year earlier. The annual food inflation rate reached 18.1 percent in November, the highest since August 2012.

Political instability and potential armed clashes also threaten to undermine food security. A state of emergency was in place until August 2017 following the Oromo protests of 2016. Anti-government demonstrations in the Oromia region resumed in October. Intercommunal conflict – driven by land disputes and competition over access to resources – flared on the Oromo-Somali border, displacing over 225,000 people and causing hundreds of civilian deaths.⁹⁴

⁹⁴ IFRC. 22 November 2017.

Nutrition snapshot

According to the 2016 national Demographic Health Survey, one in 10 children under 5 were acutely malnourished, reflecting *Serious*⁹⁵ levels, and 3 percent had severe acute malnutrition (SAM). High chronic malnutrition rates are also at *Serious* levels, with stunting reported at 38.4 percent.

According to the Humanitarian Requirements mid-year review, SAM admissions in the first four months of 2017 were 20 percent above initial projections for 2017. A multi-agency group strategic advisory group led by NDRMC/ENCU revised the projected needs to 376,000 SAM admissions and 3.6 million MAM⁹⁶ admissions (1.84 million children aged 6-59 months and 1.76 million pregnant and lactating women). The worst hit areas were in the southern belt of the Somali region and four zones of Afar, and the *Belg*-producing zones of Oromia and SNNP.

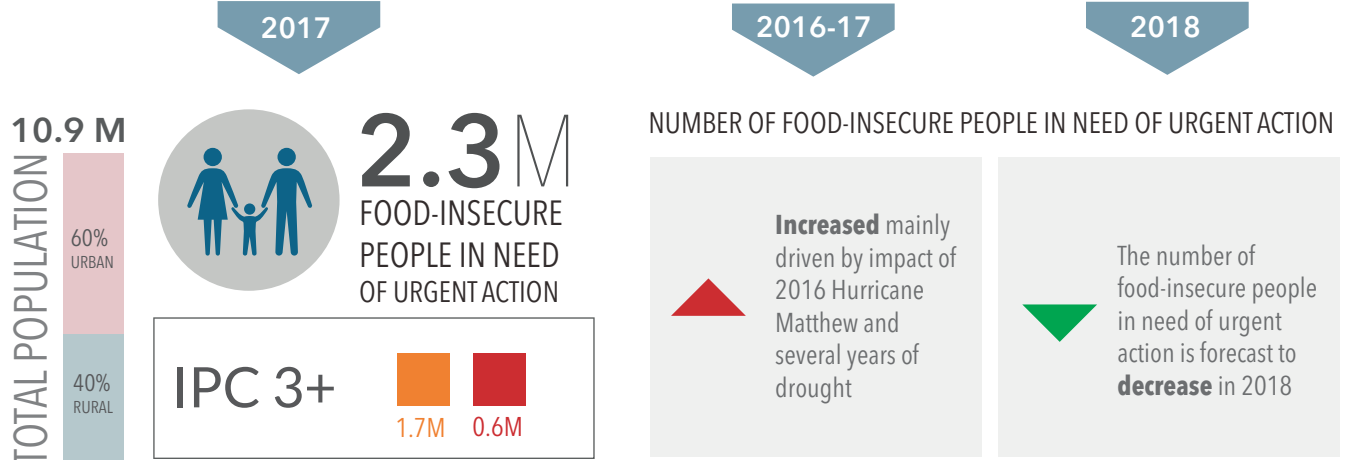
The main drivers of the current nutrition situation include diseases such as the recent acute watery diarrhoea outbreak; loss of livestock/livelihoods; food insecurity associated with drought; and water scarcity in some drought-affected areas which directly reduces the quality of drinking water. These factors compound the already-fragile nutrition status of the population, against a backdrop of high poverty rates, limited access to healthcare, and poor sanitation and water quality. Child-feeding practices are also suboptimal with just 7 percent of children aged 6-23 months consuming a minimum acceptable diet. Over half of children under 5 (57 percent) and a quarter of women of reproductive age are anaemic, indicating diets that may be low in iron-rich protein.

⁹⁵ According to WHO thresholds.

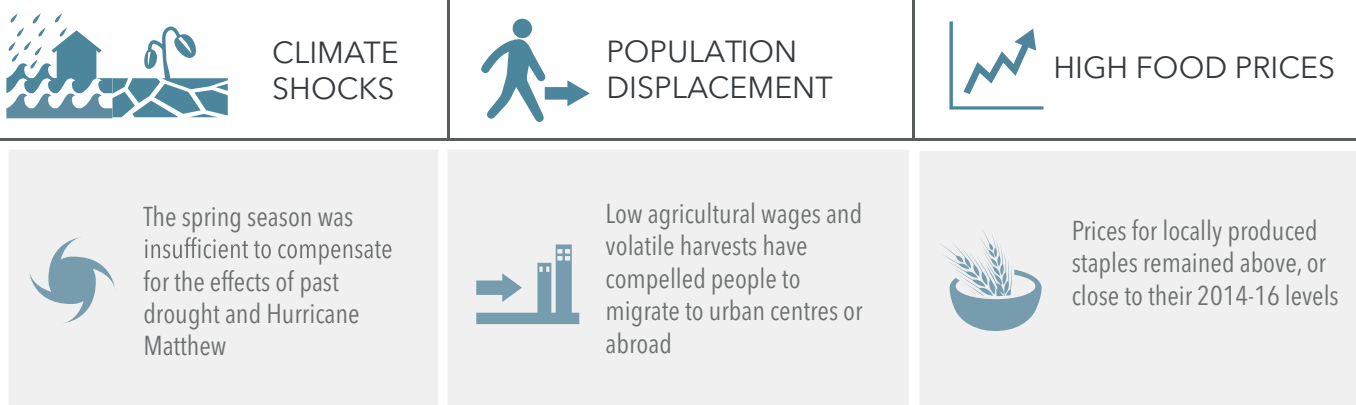
⁹⁶ Moderate acute malnutrition.

HAITI

KEY FOOD INSECURITY FIGURES AND TRENDS



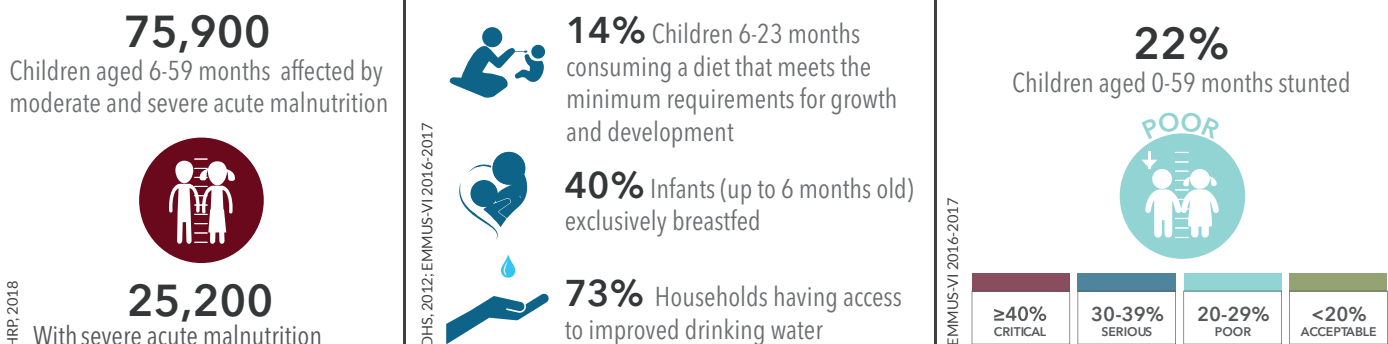
KEY FACTORS DRIVING FOOD INSECURITY



DISPLACEMENT



KEY MALNUTRITION FIGURES





Background

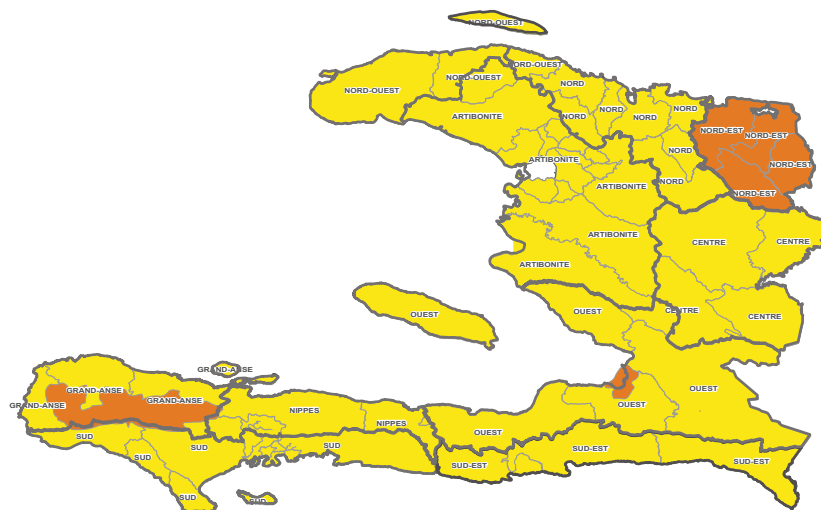
Haiti is highly prone to natural disasters such as hurricanes, floods, droughts, earthquakes and landslides. It was ranked third in the world's countries most affected by extreme weather events in the Climate Risk Index 2016. More than half of the population live in extreme poverty, so many Haitians have very low capacity to cope with even moderate shocks. Agricultural productivity is low due to a lack of adequate inputs, poor infrastructure, low mechanization and environmental degradation.

Map 16: Haiti, IPC Acute food insecurity situation, February - May 2017



Source: Haiti IPC Technical Working Group, February 2017

Map 17: Haiti, IPC Acute food insecurity situation, October 2017 - February 2018



Source: Haiti IPC Technical Working Group, October 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

Around 2.3 million people (31 percent of the population) were reported to require urgent food, nutrition and livelihoods assistance between February and May 2017, corresponding to the lean season. Of these, nearly 1.7 million people were estimated to be in *Crisis* (IPC Phase 3) and 650,000 people in *Emergency* (IPC Phase 4). The departments most affected by Hurricane Matthew, which struck Haiti in late 2016, were in *Crisis* (IPC Phase 3), despite the delivery of food assistance. Without food assistance, these departments would likely have faced *Emergency* levels of food insecurity (IPC Phase 4). Other departments which were less or not affected by Hurricane Matthew (Sud-Est, the highlands of Artibonite and Nord-Est) were also in *Crisis* (IPC Phase 3) following the severe 2015 drought.

According to the latest IPC analysis conducted in October 2017, food security improved in the second half of the year, with 1.3 million people (18 percent of the population analysed – excluding main cities) in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) from October 2017 to February 2018. Of these, 133,000 were in *Emergency*. The notable improvement was mainly thanks to better weather, which contributed to a normal spring harvest, but the situation still reflects the prolonged effects of several years of recurrent shocks. The Nord-Est department and mountainous areas of the Grande-Anse (southwest) were the only areas classified in IPC Phase 3. However, there were also relatively high levels of food insecurity in parts of the highlands of Artibonite, Gonaïves, the lowlands of Nord-Ouest and coastal areas of the Sud department. The Grande-Anse area has not fully recovered from the impact of Hurricane Matthew, which destroyed household and productive assets such as homes, fruit trees and livestock. Artibonite and Nord-Ouest are also still recovering from El Niño, which affected these areas from 2014 to early 2016.

FEWS NET analysis of available evidence suggests the population requiring emergency food assistance in 2017 was lower than the IPC estimate. For more information, see <http://www.fews.net/haiti>.

Factors driving acute food insecurity

The main drivers of acute food insecurity in Haiti in 2017 included climate disasters and erratic weather such as drought and floods, which destroyed assets and impaired agricultural production. Currency volatility and high food prices also played a role.

Before Hurricane Matthew in October 2016, Haiti had experienced prolonged drought caused by El Niño, which began in the summer of 2014, lasted until early 2016 and increased the number of food-insecure people. While the 2016 spring season was acceptable, it was not good enough to prompt a full recovery.

The 2017 spring agricultural season, from February to August, was characterized by unfavourable rainfall; it was the fourth consecutive season since 2014 that significantly deviated from long-term precipitation patterns. The spring season generates 60 percent of the annual cereal output and is very important in determining food availability and food security during the 2017/18 agricultural year. The prolonged dry weather in June affected maize yields as it coincided with the period of tasseling or filling of the grain. Compared with the same season in 2016, the spring 2017 harvest was expected to be 15 percent lower for maize, 18 percent lower for sorghum and 6 percent lower for pulses. However, if the autumn and winter seasons match those of 2016, agricultural production for 2017 is set to increase by 7 percent from the previous year. These estimates assume no significant crop losses due to Hurricane Irma, which affected the departments of Nord and Nord-Est between 8 and 9 September 2017. If the damage is in line with the early estimates made by a rapid assessment carried out by the Ministry of Agriculture, Natural Resources and Rural Development, the forecast aggregate 2017 production of cereals, starchy roots and pulses may be revised downward slightly but it is still expected to be above the 2014 to 2016 average. Nonetheless, food availability will continue to be sustained by imported goods.

Prices eased in 2017 thanks to the appreciation of the gourde and seasonal improvements in August. However, prices for locally produced staple foods remained above or close to their 2014-16 levels across the main markets. After three years of erratic agricultural production, high levels of household debt and the depletion of assets continue to stymie growth in the agricultural sector. Farmers across the country cite three main issues: poor and untimely distribution and availability of seeds; disrepair of irrigation infrastructure and equipment; and the decline in the availability of agricultural labour in the past few years. Low agricultural wages and volatile harvests have compelled people to migrate to urban centres or abroad in search of other income opportunities.

Nutrition snapshot

Although levels of malnutrition have improved over the last 10 years, they are still a major cause for concern. Based on the last national health survey, the prevalence of global acute malnutrition was 4 percent and that of severe acute malnutrition (SAM), 1 percent.⁹⁷ But a more recent nutritional SMART survey (not yet published) conducted in 20 municipalities in Hurricane Matthew-affected areas in August 2017 found that five municipalities in the Grand'Anse department and two communes in Sud had SAM rates above the 2 percent *Emergency* threshold.

In 2017, 22 percent of children were chronically malnourished (measured by stunting), down from 23.5 percent in 2016, with rural children most affected (24 percent compared with 18 percent of children in urban areas).⁹⁸ This prevalence is classified as *Poor* by WHO. Huge disparities exist between socio-economic groups: chronic malnutrition was seven times higher among children in the poorest quintile (34 percent) than among those in the wealthiest quintile (9 percent).⁹⁹ Rates of undernutrition were much higher in Sud-Est and Centre, which are not necessarily the areas most affected by food insecurity. There has been a significant increase in overweight/obesity levels among women (15-49 years), up from 43.7 percent in 2010 to 58.3 percent in 2016.¹⁰⁰

Micronutrient deficiencies (iron and vitamins) are also concerning, with 49 percent of women and more than 65 percent of children suffering from anaemia (more predominant in urban than rural settings).¹⁰¹

Factors that underlie malnutrition in Haiti include recurrent disease outbreaks - chiefly cholera and acute watery diarrhoea. The weak healthcare system remains a major constraint.¹⁰² However, the number of suspected cholera cases fell by 67 percent between January and November 2017 to 12,990.

Overall, dietary diversity is poor: almost 50 percent of households have poor or borderline food consumption.¹⁰³ Access to clean water is deteriorating,¹⁰⁴ and only 73 percent of households have access to safe drinking water (only 60 percent in rural settings). Inadequate infant and child feeding practices also contribute to malnutrition in Haiti; just 40 percent of children under 6 months are exclusively breastfed, and 83 percent of children between 6 and 9 months benefit from complementary feeding.¹⁰⁵

97 EMMUS-VI 2016-2017.

98 Ibid.

99 Ibid.

100 WHO 2016.

101 EMMUS-VI 2016-2017.

102 UNICEF. Humanitarian Situation Report. October 2017.

103 CNSA/ESASU emergency survey 2015.

104 EMMUS-VI 2016-2017 and recent SMART surveys (August 2017).

105 EMMUS-VI 2016-2017.

KEY FOOD INSECURITY FIGURES AND TRENDS

2017

2016-17

2018

TOTAL POPULATION
37 M

70%
URBAN

30%
RURAL



2.0M
FOOD-INSECURE
PEOPLE IN NEED
OF URGENT ACTION

NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION



Increased, mainly due to insecurity and financial challenges faced by displaced people and returnees

Localised clashes may lead to a stable or increasing number of food-insecure people in need of urgent action

KEY FACTORS DRIVING FOOD INSECURITY



CONFLICT



POPULATION
DISPLACEMENT



LACK OF INCOME



After years of conflict, volatility persists, with people facing insecurity and financial challenges in liberated and conflict areas



Few employment opportunities for unskilled farm workers resulted from lower production and consequent decrease in demand



Limited livelihood opportunities and restricted access to the public distribution system have undermined people's ability to buy food in newly retaken and inaccessible areas

IOM, December 2017



2.6M

IOM, December 2017



3.2M



The pace of displacement over the past three years is almost unprecedented



Wheat production was below that of 2016 and the quality was generally limited, making it more suitable for animal feed or mixing with other qualities



Background

Major military operations concluded in late 2017 in Iraq, three years after Islamic State (ISIL) captured much of Iraqi territory, including the city of Mosul and other major towns, triggering mass displacement. But the humanitarian crisis is far from over, and the situation remains tense and volatile. Of the 6 million people displaced since the rise of ISIL in 2014, 2.6 million were still displaced at the beginning of 2018.¹⁰⁶

106 Humanitarian Response Plan 2018. Available at: <http://www.unocha.org/iraq>

Map 18: Iraq, IDPs by governorate of displacement and localisation of IDP and refugee camps



Acute food insecurity snapshot

Despite improvements, displaced people in the governorates of Anbar, Ninewa, Kirkuk and Salah al-Din in northern Iraq face particularly high levels of food insecurity. An estimated 2 million people are food insecure among IDPs, returnees, host communities, residents and refugees. The 2018 Humanitarian Needs Overview estimates that 60 percent of the people in need of food assistance are in these northern governorates.

According to a survey from October 2017,¹⁰⁷ over 65 percent of displaced households in and outside camps in these governorates identified food as a priority need, compared with around half of the host community households and 56 percent of the returnees.

According to the Comprehensive Food Security and Vulnerability Analysis 2016, coping strategies such as eating fewer and smaller meals, selling off productive assets, and migrating, are twice as prevalent among displaced families as among residents.¹⁰⁸ WFP monitoring of 1,100 respondents living in several locations in Mosul and in the district of Sinjar in Ninewa found that inadequate food consumption among IDPs, returnees and residents was at its lowest level for six months.

IDPs are among the most vulnerable groups, with large food consumption gaps, high food expenditure and widespread use of negative coping strategies. However, vulnerable resident and host community households are also at risk of becoming food insecure because of the increasing pressure on insecure livelihoods, unsustainable coping strategies, and the loss and damage of productive assets.

Factors driving acute food insecurity

Iraq presents a complex picture of displacement: according to UNHCR data, more than 2.6 million Iraqis are displaced inside the country and 220,000 are refugees in other countries. There are also 300,000 refugees in Iraq from neighbouring countries - mainly from Syria. In the Kurdistan region of Iraq there are 1.5 million displaced Iraqis and Syrian refugees. Of the internally displaced Iraqis, more than 700,000 are living in informal settlements. According to IOM, 2.6 million had returned to their places of origin by October 2017.

In newly retaken and inaccessible areas, families report limited livelihood opportunities, which reduces their ability to purchase food and other necessities. Households have limited access to the public distribution system (PDS), an important social safety net that entitles Iraqis to receive flour, rice and cooking oil rations from the government. An October 2017 assessment reported that 74 percent of residents and 90 percent of returnees to Mosul did not receive any PDS assistance.¹⁰⁹

More than a third of Iraq's 37 million people live in rural areas and depend on agriculture for their livelihoods. In locations without active conflict, farmers continue producing, even though inputs are expensive and payments for crops are delayed.

But in places with active fighting or where fighting ended recently, farmers lack machinery, seeds and fertilizer; fields are contaminated with unexploded ordnances; and agricultural infrastructure (irrigation, silos, storage and crop processing facilities) has been damaged or destroyed. Import and transport regulations prevent the use of fertilizers that could be used to manufacture improvised explosive devices.

These multiple constraints threaten farming livelihoods and limit employment opportunities for unskilled farm workers. Many farms lie abandoned after their occupants fled violence. In liberated or active conflict areas, 75 to 80 percent of wheat and barley crops have been lost. Ninewa has been particularly hard hit. This governorate produced over 20 percent of Iraqi wheat and almost 40 percent of Iraqi barley before the conflict but ISIL looted and destroyed over 90 percent of pipes, sprinklers, water pumps and channels, and filled in some of the wells.

¹⁰⁷ Iraq Assessment Working Group multi-cluster needs assessment.

¹⁰⁸ Comprehensive Food Security and Vulnerability Analysis. 2016.

¹⁰⁹ Iraq Assessment Working Group. Multi-cluster needs assessment October 2017 .

Overall, the agricultural production capacity has been reduced by an estimated 40 percent compared with pre-ISIL occupation levels.¹¹⁰

Three quarters of cattle, sheep, goats and buffalo were lost in the conflict, although in some areas losses were as high as 95 percent. The lack of and/or high prices of animal feed, inaccessibility of pasture due to explosives, the lack of space for livestock in camps and the government suspension of veterinary services have all contributed to massive livestock losses and led farmers to sell their livestock for cash.

Despite the conflict, an estimated 4 million metric tons of wheat were harvested in 2017, slightly lower than 2016 production and the five-year average. Wheat quality is reportedly poor, making it more suitable for animal feed. The total forecasted cereal imports for 2017/18 are 13 percent above the previous agricultural year and the five-year average.

Food prices fell by 6 percent in August 2017 compared with the previous month, although large regional differences persisted. Market functionality has been improving, with fewer reported shortages. However, the purchasing power of households living in conflict areas remains significantly lower than in the rest of the country.

According to WFP's latest mobile monitoring report, IDPs, residents and returnees are increasingly able to meet their food needs in Mosul as access to fresh vegetables, dairy products and pulses has improved and prices have fallen to pre-conflict levels thanks to better market integration. Consequently, the use of negative coping strategies such as households borrowing food or adults skipping meals in order to feed children has declined. Nevertheless, purchasing power in western Mosul is still weak because of limited job opportunities and low wages. In August 2017, unskilled labour wages were 30 percent lower than in the rest of Ninewa; in September, they fell a further 8 percent. Many residents had to purchase food on credit and use their savings. According to WFP's August *Market Monitor*, food prices fell by 6 percent across the country and by as much as 26 percent in Kirkuk and 22 percent in Erbil. But wages fell too – by 4 percent for unskilled labour.

In the Kurdistan region of Iraq, IDPs and Syrian refugees make up 25 percent of the population. Refugee families spend more of their money on food than anything else. The purchasing power of Syrian refugees decreased in the second quarter of 2017 as food prices rose during Ramadan, according to WFP monitoring.

110 HNO 2018

Nutrition snapshot

Nationally, rates of acute child malnutrition are *Poor* according to WHO thresholds, with wasting affecting 7.5 percent of non-displaced children under 5.¹¹¹ Internally displaced children were less likely to be wasted (5.5 percent). Governorate-level analysis revealed high rates of severe acute malnutrition in Babylon, Thi Qar and Qadisiya, and among IDPs in Diyala, Salah al-Deen and Najaf governorates.

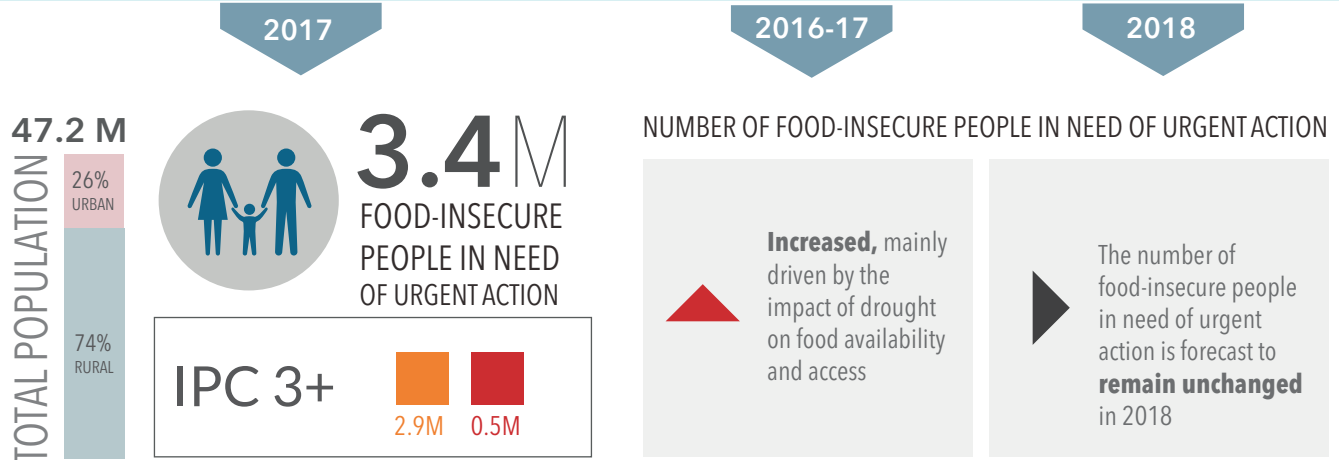
The prevalence of chronic malnutrition (measured by stunting in children under 5) was 16.6 percent in resident children and 19.2 percent in IDP children. The highest severe stunting rates for both resident and IDP children were recorded in the Baghdad region.

The Comprehensive Food Security and Vulnerability Analysis 2016 survey showed that chronic malnutrition was linked to household wealth status, with children in the poorest households more likely to be stunted. More than one in five children aged 12-59 months had anaemia, iron deficiency, or iron deficiency anaemia, according to Iraqi National Micronutrient Deficiencies: Assessment and Response 2011-12. Rate of exclusive breast feeding (EBF) for the recommended six months is extremely low in Iraq at 19.6 percent, and only 42.8 percent of women initiate breastfeeding within the first hour of life. Micronutrient deficiencies and sub-optimal infant and child feeding practices remain a concern and contribute to the levels of malnutrition.

111 According to the 2016 CFSVA.

KENYA

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



POPULATION DISPLACEMENT



POOR RAINFALL



HIGH FOOD PRICES



Consecutive poor rainy seasons have affected coastal marginal agricultural areas and arid and semi-arid pastoral regions



Aggregate cereal production in 2017 is forecast to be 14% down on 2016 and 12% below five-year average

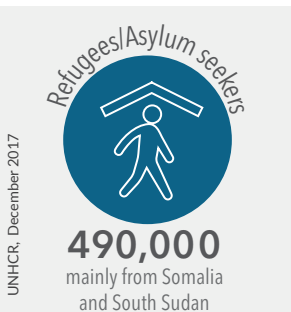


Up to 400,000 metric tons of maize lost to fall armyworm infestation



After reaching record highs in May 2017, maize prices have fallen except in pastoral and marginal agricultural areas

DISPLACEMENT



Nearly half a million refugees mainly from Somalia and South Sudan live in crowded conditions in Dadaab and Kakuma camps with limited access to basic services



Poor pasture and lack of water have damaged livestock body conditions and milk production and have increased mortality rates

KEY MALNUTRITION FIGURES

482,000
Children aged 6-59 months affected by moderate and severe acute malnutrition



105,000
With severe acute malnutrition



22% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development

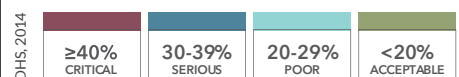


41% Infants (up to 6 months old) exclusively breastfed



65% Households having access to improved drinking water

26%
Children aged 0-59 months stunted





Background

Kenya has suffered at least two consecutive poor rainy seasons, with the greatest impact felt in coastal marginal agricultural areas and the arid and semi-arid pastoral regions that make up 80 percent of the country's landmass, but are home to a quarter of the population. These north-east counties suffer from poverty, structural underdevelopment, inter-communal violence, disease, drought and unpredictable rainfall patterns. Nearly half of Kenyans live below the poverty line.

Map 19: Kenya, IPC Acute food insecurity situation, January 2017



Source: Kenya IPC Technical Working Group, February 2017

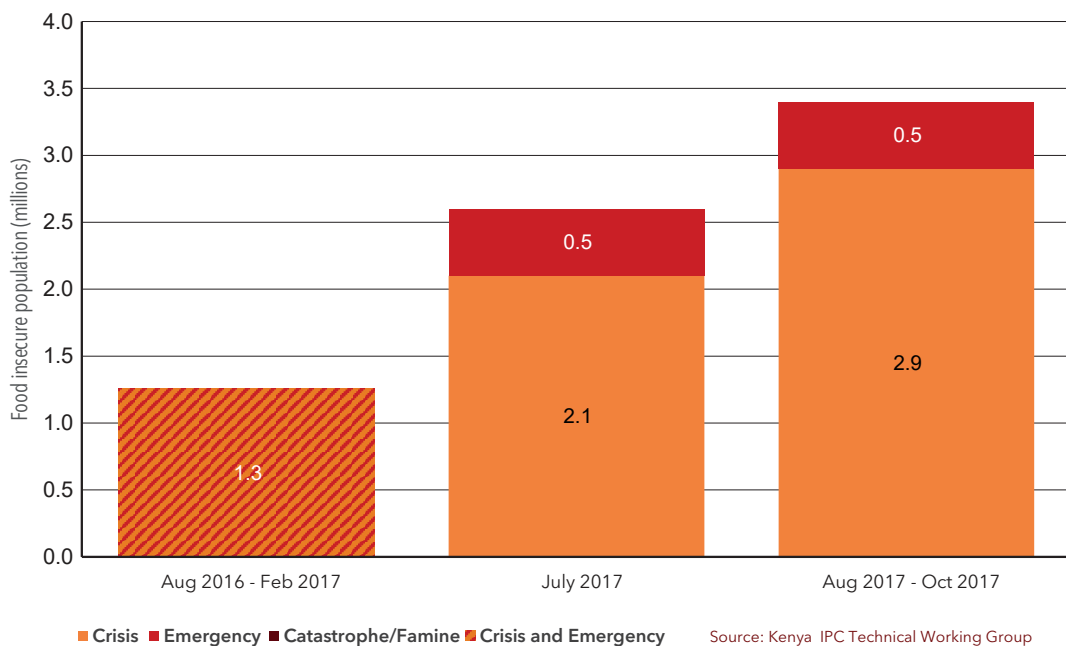
Map 20: Kenya, IPC Acute food insecurity situation, August - October 2017



Source: Kenya IPC Technical Working Group, July 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 5: Number of people in IPC Phase 3, 4 and 5 in 2016 - 2017



Acute food insecurity snapshot

Food security in Kenya deteriorated significantly in 2017, mainly because of below-average long and short rain crop production in 2016. In July, 2.6 million people (19 percent of the population) were classified in *Crisis* and *Emergency* (IPC Phase 3 and 4), requiring urgent humanitarian assistance. The number increased to an estimated 3.4 million (25 percent of the population) from August to October 2017 as the dry spell persisted. Of this total, 2.9 million people were expected to be in *Crisis* (IPC Phase 3) and 0.5 million people in *Emergency* (IPC Phase 4). Most of the acutely food-insecure population live in the pastoral areas of Turkana, Marsabit, West Pokot, Baringo, Wajir, Mandera, Tana River and Garissa, and parts of the coastal marginal agricultural areas of Kilifi and Lamu.

The number of people in urgent need of humanitarian assistance (in IPC Phase 3 or above) doubled between late 2016/early 2017 and mid-2017, and increased again by almost a million between August and October 2017. Nevertheless, towards the end of 2017, in the coastal marginal agricultural areas, food security was expected to improve slightly with the short rains until January 2018.

Factors driving acute food insecurity

In 2017, food security deteriorated, driven by drought-reduced supplies of cereals and livestock products, coupled with high food prices, especially in south-eastern marginal agricultural areas and in north-eastern pastoral counties. Fall armyworm infestations, conflicts over natural resources and insecurity exacerbated the situation.

In most major growing areas of the Rift Valley and western provinces, the 'long rain' season was late and dry, damaging maize crops irreversibly. Fall armyworm spread to several provinces affecting 200,000 hectares of maize and causing losses of up to 400,000 metric tons. In south-eastern and coastal bi-modal rainfall marginal agricultural areas, the 2017 October–December 'short rain' season performed poorly, with severe dryness in October followed by torrential rain. The most severe rainfall deficits were recorded in Lamu, Taita Taveta, Kitui and Makueni counties. This is expected to result in the fourth consecutive poor harvest, after the below average 2017 'long rain' harvest, the failed 2016/17 'short rain' harvest and the reduced 2016 'long rain' output. As a result, aggregate cereal production in 2017 was forecast at 3.9 million metric tons, down 6 percent from the previous year and 12 percent below the five-year average.

The 'short rains' also performed poorly in several pastoral areas, where pasture and water resources had already suffered three consecutive poor rainy seasons. The areas worst hit by the drought were central Tana River and Isiolo, eastern Garissa and Wajir, and northern Marsabit, where cumulative rains from October to December were as much as 70 percent below average. By the end of 2017, rangeland conditions were poor, and pasture and water availability were sharply reduced, impairing livestock body conditions and milk production. Drought-related deaths of animals were reported. Pastoralists were compelled to travel longer distances to find pasture and remaining pasture was quickly depleted by over-grazing. Livestock body conditions are expected to deplete faster than normal during the January to March 2018 dry season. In some areas, intercommunal conflict and insecurity along the international borders with Somalia, Ethiopia and Sudan have also restricted access to pasture.

After reaching record highs in June 2017, maize prices fell by 40 percent in main markets in the second half of 2017, reverting to their 2016 levels, as newly harvested crops and sustained imports increased supplies. The introduction of a new price subsidy programme for maize grain imports and domestic maize flour products also exerted a downward pressure on prices. However, maize prices have been stable or rising in markets in pastoral and marginal agricultural areas in recent months. For example, in south-eastern Makueni and north-eastern Tana River, maize prices were 20 to 30 percent higher in November than 12 months earlier. In coastal Kilifi county, prices were 50 percent higher than the year before.

In pastoral areas, livestock prices have been low since mid-2016 because the poor rainy seasons have forced pastoralists to reduce their herd sizes. In Wajir and Isiolo, goat prices were between 16 and 32 percent lower in November than a year earlier. Because of falling livestock prices and stable or increasing cereal prices, the terms of trade for pastoralists deteriorated over the course of 2017. For example, in Isiolo, the equivalent in maize of a medium-sized goat fell by 22 percent.

Furthermore, as of December 2017, Kenya hosted 489,000 refugees and asylum seekers, half of them from Somalia and 111,000 from South Sudan. The majority of the Somalian refugees live in Dadaab refugee camp in north-east Garissa county, while the South Sudanese are mainly hosted in Kakuma camp in north-western Turkana county. The high density of people in the camps limits their access to basic services, including food, water, shelter and sanitation, leading to a precarious food security situation.

Nutrition snapshot

The most recent national survey conducted in Kenya¹¹² found that 4.1 percent of children aged 6-59 months were wasted.¹¹³ However, *Critical* levels of wasting among children under 5 were found in the northern counties of Turkana, Marsabit and Mandera. Nationally, 26 percent of children were stunted (*Poor* by WHO thresholds), with stunting prevalence rising to *Critical* in two counties - West Pokot and Kitui - and *Serious* in twelve others.¹¹⁴

The recent severe food crises in the north have undermined the nutrition situation of the population in Kenya's arid and semi-arid lands. The IPC for Acute Malnutrition conducted in July 2017 reported a "very critical" nutrition situation¹¹⁵ in Turkana Central, Turkana North, Turkana South and in North Horr in Marsabit. The rates of acute malnutrition in Turkana are comparable to those during the 2011 Horn of Africa crisis, with a global acute malnutrition rate of 37 percent recorded in Turkana South. A *Critical* nutrition situation¹¹⁶ was reported in East Pokot (Baringo), Samburu, West Pokot, Turkana West, Garissa, Wajir and Mandera, while the situation in Laikipia was reported as *Serious*.¹¹⁷

Compared with February 2017, the nutrition situation in July was static or had deteriorated.¹¹⁸ In July 2017, it was estimated that 420,674 children aged 6-59 months and 39,068 pregnant and lactating women required treatment for acute malnutrition in urban counties and in the arid and semi-arid lands.

High rates of wasting are driven by inadequate food intake caused by the food crises in northern Kenya. Other factors include common illnesses such as diarrhoea, outbreaks of disease, low coverage of supplementation programmes, poor child feeding practices, poor water and hygiene practices, and underweight in women of childbearing age. Pre-existing factors such as high poverty rates, the low literacy and education levels of the household head, poor access to health facilities and frequent shocks aggravate the situation. There is a risk that nutrition levels will continue to deteriorate in most counties as food security worsens.¹¹⁹

112 Kenya DHS 2014.

113 This is classified as *Acceptable* by WHO standards.

114 Kenya DHS 2014.

115 Phase 5; GAM by WHZ ≥ 30 percent.

116 Phase 4; GAM WHZ 15.0 - 29.9 percent.

117 Phase 3; GAM WHZ 10.0 - 14.9 percent.

118 See IPC acute malnutrition mapin Annex 6.

119 KNBS, Kenya Ministry of Health, NACC, KEMRI & NCPD. Kenya Nutrition Situation Report. August 2017.

LAKE CHAD BASIN - North Nigeria, Niger, Chad and Cameroon

KEY FOOD INSECURITY FIGURES AND TRENDS

| 2017 | | TOTAL POPULATION IN AFFECTED AREAS: 21M | | 2016-17 | | 2018 | |
|--|---------|---|--|---|---|------|---|
| FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION | | | | NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION | | | |
| North-eastern Nigeria States of Borno, Adamawa and Yobe | 5.2M | CH 3+ | | | Increased, mainly due to prevailing insecurity | | the number of food-insecure people is expected to decrease in 2018 |
| Niger Diffa region | 135,000 | CH 3+ | | | Increased, mainly due to prevailing insecurity | | the number of food-insecure people is expected to remain unchanged in 2018 |
| Chad Lac region | 123,000 | CH 3+ | | | Remained stable, mainly due to improved security conditions and slightly improved 2016/17 harvest | | the number of food-insecure people is expected to remain unchanged in 2018 |
| Cameroon Far North | 1.5M | Far-North region 1.5M food insecure, 1.3M moderately food insecure and 129,000 severely food insecure | | | Remained unchanged, mainly due to the recurrence of shocks | | the number of food-insecure people is expected to remain unchanged in 2018 |

KEY FACTORS DRIVING FOOD INSECURITY

| CONFLICT AND INSECURITY | POPULATION DISPLACEMENT | HIGH FOOD PRICES |
|--|--|--|
| <p>The eight-year Boko Haram insurgency has pushed vast areas surrounding Lake Chad towards the brink of disaster</p> <p>DISPLACEMENT: 2.2M IDPs</p> <p>Most displaced are hosted among already vulnerable local communities</p> | <p>Agriculture, the main livelihood for 80-90% of the rural population, has been disrupted mainly by displacement and decreased planted areas</p> <p>In north-eastern Nigeria 2017 crop production was affected by fall armyworm and locust infestations and in Chad by leaf miner attacks</p> <p>Lack of access to animal fodder, reduced pastoralist mobility and deterioration of pasture have weakened animals, contributing to falling prices of livestock and low milk production</p> <p>In Cameroon's Far North region, erratic rainfall forced 150,000 people to leave unproductive cultivated areas</p> | <p>Market functionality has been disrupted and food prices have soared, hitting households' purchasing power</p> <p>Regional trade has been constrained by insecurity, military restrictions, border closures and the depreciation of the Nigerian naira</p> |
| <p>1.7M Nigeria 530,000 Chad, Niger, Cameroon</p> | <p>210,000 From Nigeria in Chad, Niger and Cameroon</p> | |

source: UNHCR, December 2017

KEY MALNUTRITION FIGURES

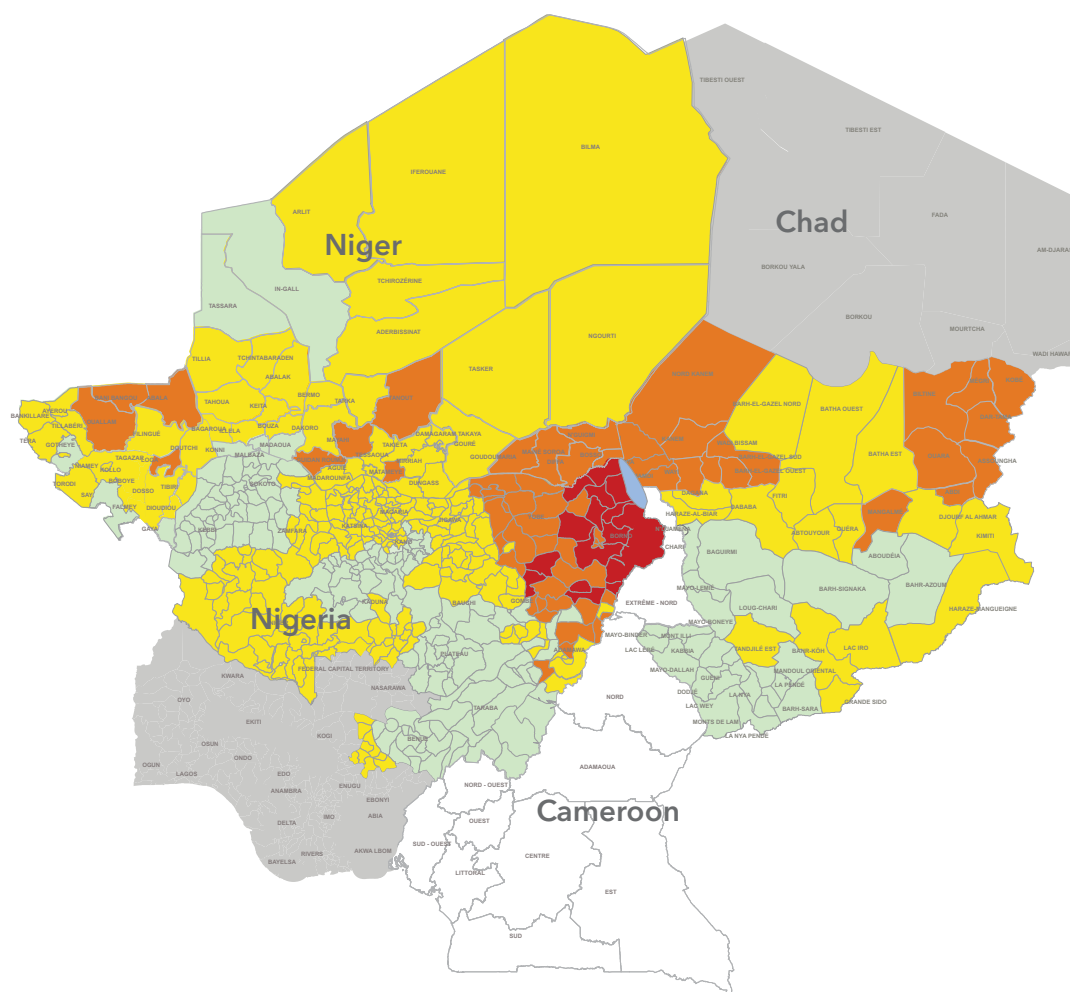
| | | | | | | |
|--|---|--|--------------------|-------------------|----------------|--------------------|
| <p>5M</p> <p>Children aged 6-59 months affected by moderate or severe acute malnutrition</p> <p>2.6M</p> <p>With severe acute malnutrition</p> | <p>10% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development</p> <p>17% Infants (up to 6 months old) exclusively breastfed</p> <p>73% Households having access to improved drinking water</p> <p>DHS, 2013</p> | <p>37%</p> <p>Children aged 0-59 months stunted</p> <p>SERIOUS</p> <p>DHS, 2013</p> <table border="1"> <tr> <td>≥40% CRITICAL</td> <td>30-39% SERIOUS</td> <td>20-29% POOR</td> <td><20% ACCEPTABLE</td> </tr> </table> | ≥40% CRITICAL | 30-39% SERIOUS | 20-29% POOR | <20% ACCEPTABLE |
| ≥40% CRITICAL | 30-39% SERIOUS | 20-29% POOR | <20% ACCEPTABLE | | | |



Background

The eight-year Boko Haram insurgency has pushed vast areas surrounding Lake Chad towards the brink of disaster. The lake is the region's most important source of fresh water and livelihoods. Military operations have restored relative security in the main towns affected in the four countries, many of which were previously out of reach for humanitarian actors; however, insecurity remains high, even in areas which could potentially see the return of displaced people.

Map 21: Lake Chad Basin, CH Acute food insecurity situation, June - August 2017



Source: Cadre Harmonisé (March 2017)

CH Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

The food crisis in the Lake Chad Basin is concentrated in areas of north-east Nigeria,¹²⁰ the Diffa region in Niger, the Lac region in Chad, and the Far North region in Cameroon: roughly half of the total food-insecure populations of these four countries live in these regions. In the pre-harvest season (June-August), 5.5 million people faced *Crisis* (CH Phase 3) or above in north-east Nigeria, Diffa and Lac. This figure included 50,000 people in *Famine* (CH Phase 5) in north-east Nigeria. In addition, 129,000 people faced severe food insecurity in Cameroon's Far North in 2017. Food insecurity was particularly high in north-east Nigeria, especially in Borno state, where 3.7 million people faced *Crisis* (CH Phase 3), *Emergency* (CH Phase 4) or *Famine* (CH Phase 5) in 2017 compared with 2 million people during the 2016 pre-harvest period. Between October and December 2017, the number of people facing *Crisis* (CH Phase 3) or above in northeast Nigeria, Diffa and Lac fell to 2.8 million.

Factors driving acute food insecurity

Agriculture constitutes the main livelihood for 80 to 90 percent of the rural population in the Lake Chad Basin, but it has been significantly disrupted by years of conflict. Insurgent activities have led to smaller cultivated areas and lower agricultural productivity, to population displacements and to disrupted supply routes and market closures. The looting and destruction of crops, infrastructure and productive assets together with displacement have damaged households' assets and livelihoods and therefore food availability and access. The agriculture, livestock and fishery sectors were already under-developed because of poor governance and limited access to basic services, previous social and economic tensions, and unsustainable production practices compounded by erratic rainfall. Household vulnerability to shocks has therefore reached critical levels, as demonstrated by food security and malnutrition indicators.

The Boko Haram insurgency in the Lake Chad Basin has displaced over 2.3 million people, including over 210,000 Nigerian refugees who have fled to neighbouring countries.¹²¹ More than 1.7 million are internally displaced in Nigeria and 530,000 are internally displaced in Niger, Chad and Cameroon.¹²² Most of the displaced are living in host communities, who are themselves highly vulnerable. Many IDPs in host communities have poor access to food, and food availability is also significantly reduced by the increased demand.

Regional trade has been severely constrained by insecurity, military restrictions and the depreciation of the Nigerian naira. Market functionality has been disrupted, pushing up food prices. In early 2017, most staple food prices were far above their five-year average: maize prices rose by 50 to 150 percent while sorghum prices increased by 76 to 204 percent, slashing household purchasing power.

Acute food insecurity snapshot - North-east Nigeria

Between March and May 2017, 4.7 million people (30 percent of the population analysed) faced CH Phase 3, 4 or 5 (*Crisis*, *Emergency* or *Famine*) in the states of Borno, Adamawa and Yobe. Among them 44,000 people faced *Famine* (CH Phase 5) in Borno state. By the June-August lean season, 5.2 million people (34 percent of the analysed population) were in *Crisis* (CH Phase 3) or above, with 50,000 people in *Famine* (CH Phase 5). Thanks to harvests, better security and stepped-up humanitarian interventions, the number of people facing *Crisis* (CH Phase 3) or above fell to 2.7 million in October-December and the number facing *Famine* (CH Phase 5) decreased by 97 percent between June-August and October-December.

Among the three states, Borno has the worst levels of food insecurity. In March-May, nearly 70 percent of Borno's people were in CH Phase 3 or above - among them, 44,000 were in *Famine* (CH Phase 5).

¹²⁰ North-east Nigeria comprises the three states of Adamawa, Borno and Yobe.

¹²¹ UNHCR.

¹²² UNHCR.

This percentage was unchanged in June–August and by October–November, Borno was still mainly classified in *Crisis* (CH Phase 3) with some local government areas (LGAs) in *Emergency* (CH Phase 4).

By contrast, people in Yobe and Adamawa were mainly in *Stressed* (CH Phase 2) and partly in *Crisis* (CH Phase 3).

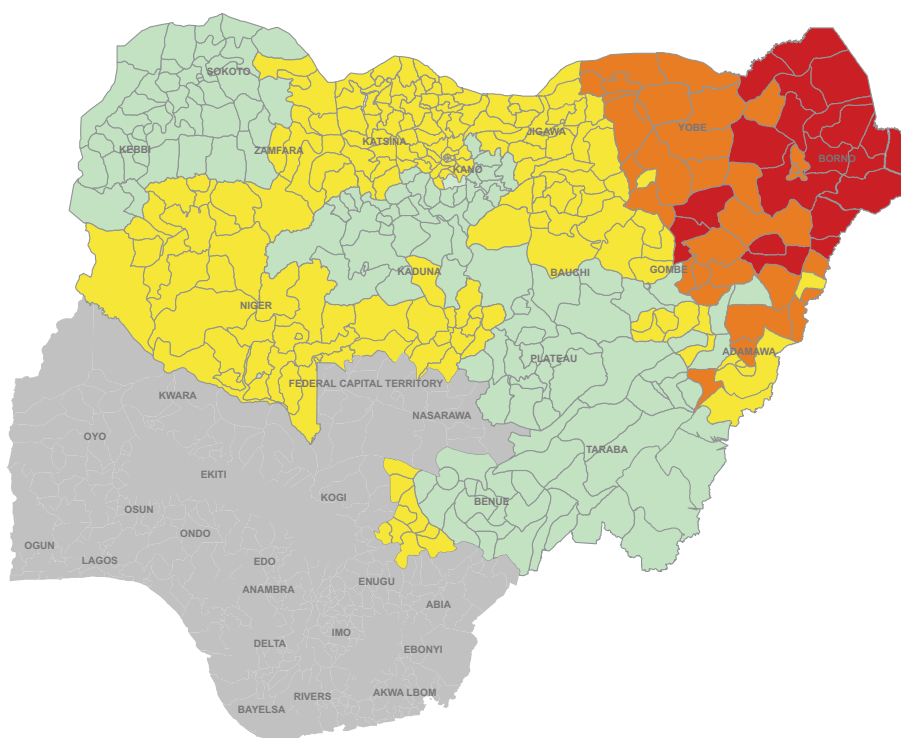
The livelihood and food security crisis has had particular impact on IDPs and host communities, as well as on households highly dependent on markets rather than home production for food.

Factors driving acute food insecurity

In early 2017, the conflict between the Multinational Joint Task Force and Boko Haram insurgents was still active with severe consequences for local populations – loss of life, disrupted livelihoods, displacement and damage to infrastructure and property. Between March and May, better security allowed increasing numbers of households to return to Borno, Yobe and Adamawa. However, several areas in the north-east remained inaccessible and more than 1.7 million people were still displaced in these three states (1.4 million of them in Borno alone) – mostly living among host communities. IDPs living in host communities are particularly vulnerable to food insecurity.

Food availability has fallen dramatically because of below-average production throughout the year, mainly due to population displacements and a sharp drop in planted areas related to insecurity – especially in Borno. In the 2016/17 season, crop output increased compared with the previous year, but was still below the pre-conflict average. The production of staple foods and cash crops in the 2017/18 season in the three states will be slightly below 2016 levels. The 2017 production was also affected by fall armyworm and locust infestations – in

Map 22: Nigeria (16 states), CH Acute food insecurity situation, June - August 2017



Source: Cadre Harmonisé (March 2017)

CH Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

some areas of Yobe and Adamawa, 25 to 30 percent of millet, sorghum, cowpea and groundnut crops were destroyed.

The 2016/17 harvest saw food prices fall in the short term, but they rose again sharply in January driven by currency depreciation, civil insecurity and high transportation costs. The depreciation of the naira (-50 percent from early 2016 to March 2017) caused inflation of 19 percent in January compared with a year earlier, and affected trade and food prices across the region. As a consequence, food exports increased, reducing local supply at a time when demand for food was already high because of procurement for humanitarian interventions in the northeast. Similarly, imports from neighbouring countries such as cash crops and livestock from the Sahel countries fell because of the exchange rate and soaring transportation costs (200 to 300 percent above average in March) due to high fuel prices. In October, staple food prices in the north-east were still mostly 150 percent above those two years previously.

Data from April 2017 showed that 71 percent of households living in Adamawa, Borno and Yobe were resorting to livelihood-based coping strategies.

Nutrition snapshot

SMART surveys were not conducted in the region last year, but results from round three of the Nutrition and Food Security Surveillance (July to August 2017) indicate that global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates have increased in most surveyed areas since the previous rounds.¹²³ GAM levels were *Serious* in four of five Borno domains (ranging from 10.4-13.9 percent) and borderline *Serious* to *Emergency* in the three Yobe domains (ranging from 9.9-16.4 percent). The prevalence of SAM exceeded emergency thresholds (>2 percent) in six of the eight domains.

However, the round 3 surveillance was conducted at the start of the hunger season while rounds 1 and 2 were conducted post-harvest. An increase in acute malnutrition is consistent with the hunger and malaria seasons, when there are more admissions to treatment programmes.

Chronic malnutrition or stunting is estimated to be high in Adamawa (33 percent) and Borno (37 percent) and very high in Yobe (52 percent), according to the 2015 National Nutrition and Health Survey.

The main underlying causes of the high levels of child undernutrition in northeast Nigeria are high levels of food insecurity and poor access to safe drinking water and sanitation (only 15 percent of the population has access to potable water), mainly caused by water source contamination in the conflict-affected areas. Borno has had the worst cholera prevalence of all Nigerian states: 5,365 cases were reported between August and December 2017, with a 1.1 percent fatality rate.¹²⁴ Across the country, child feeding practices are poor with just 40 percent of children aged 6-23 months meeting minimum dietary diversity: 42 percent meet minimum meal frequency, and 14 percent receive a minimum acceptable diet.¹²⁵

123 Conducted in October to November 2016, and in February to March 2017.

124 WHO OEW Bulletin, Week 51, 2017.

125 MICS 2016-17.

Acute food insecurity snapshot - Diffa region, Niger

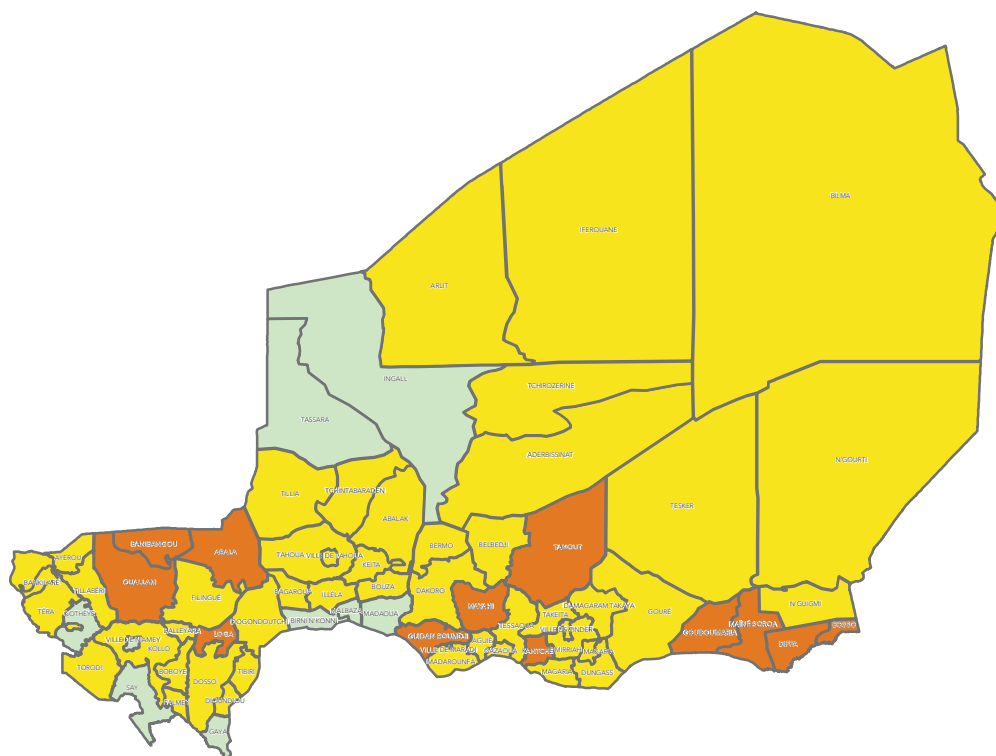
Between March and May 2017, 118,000 people in Diffa were in *Crisis* (CH Phases 3) or *Emergency* (CH Phase 4) (19 percent of the population analysed), requiring urgent humanitarian assistance. Between June and August, this number grew to 135,000 (22 percent of the population analysed), of whom 16,000 were in *Emergency* (CH Phase 4). Nevertheless, the situation improved in the harvest/post-harvest period between October and December, when 65,000 people (9 percent of the population analysed) were in CH Phases 3 or 4.

Out of six communes in the Diffa region, four were in *Crisis* (CH Phase 3) and one was in *Stressed* (CH Phase 2) between March and May 2017. In the pre-harvest season (June to August 2017), the four communes bordering Nigeria were classified in *Crisis* (CH Phase 3). In the post-harvest period, three communes (Bosso, N'Guigmi and Diffa) were still in *Crisis* (CH Phase 3) and one (N'Gourti) was in *Stressed* (CH Phase 2) between October and December 2017.

Factors driving acute food insecurity

Despite above-average production in Niger in 2016/17, Boko Haram-related conflict continued to drive food insecurity in the Diffa region. Although the conflict waned in 2017, it still triggered massive population displacement in the region and the situation remained tense at the end of the year after the government enforced a three-month state of emergency in Diffa, Tillabéry and Tahoua from September.

Map 23: Niger, CH Acute food insecurity situation, June - August 2017



Source: Cadre Harmonisé (March 2017)

CH Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine 6 Areas with inadequate evidence 7 Not analysed

National crop production in 2016/17 was estimated at 5.9 million metric tons – a 9 percent increase from 2015/16 and 24 percent higher than the five-year average. In 2017/18, production is forecast to fall by 7 percent compared with 2016/17, but it should remain well above the five-year average. In the Diffa region, food production was curtailed by the enforcement of security measures, which resulted in smaller planted areas. A lack of access to fuel limited the use of irrigation, and households depleted their food stocks earlier than in previous years. However, the return of IDPs to the Bosso area has seen an increase in area planted from 3,000–5,000 hectares in 2015/16 to 8,000 hectares in 2017 (versus an average 13,000 hectares before the crisis). Localized dry spells affected the pastoral sector in Diffa in August.

Market closures and the disruption of supply routes (restrictions on exports to Nigeria) led to high transportation costs and sharp cereal price increases in conflict-affected areas. Millet prices were 34 percent higher in March 2017 than in March 2016, and maize was 40 percent more expensive in May 2017 than May 2016. However, the government is supporting food access by subsidizing cereal throughout the country.

The delayed start of the rainy season brought extra expense to pastoralists who sought to maintain their livestock. Meanwhile, livestock prices continued to fall, mostly because of a fodder deficit and the depreciation of the Nigerian naira. The latter has drastically affected all trade in the region, especially with Nigeria, limiting the economic opportunities, incomes and purchasing power of local populations. However, in November the depreciating value of the CFA franc compared with the naira triggered an increase in livestock sales to Nigeria and improved the purchasing power of pastoralists.

Often having lost their assets and livelihoods, displaced households have no choice but to take on debt or resort to harmful, insecure and unsustainable livelihood practices such as chopping green wood in an attempt to make ends meet.

Nutrition snapshot - Niger

The SMART survey conducted in November and December 2017 showed a median global acute malnutrition (GAM) rate of 13.9 percent for the Diffa region, an increase from the 11.4 percent recorded in September 2016.^{126 127} A total of 100,855 people were considered to be in need of nutritional assistance, including 45,505 children aged 6–59 months with severe acute malnutrition (SAM). The situation for IDPs was classed as *Serious*, with a GAM prevalence of between 10 and 15 percent, and stunting rates between 35 and 40 percent.¹²⁸

Malnutrition remains a major problem in Niger. Since 2010, the number of children admitted for SAM treatment in the country has been steady at between 350,000 and 400,000. The constancy in the figures over the years shows the chronic state of malnutrition in the country, which does not necessarily correspond to a particular shock or food crisis. The underlying causes are limited access to diverse, nutritive and healthy foods, due to geographic unavailability or to economic constraints; lack of safe water and sanitation; and low coverage of health services. There are also strong social norms that interfere with appropriate infant and young child care practices.

The situation among IDPs in the Diffa region is worse, because of overcrowded living conditions and insecurity. In 2017, a hepatitis E epidemic was declared, mainly in IDP camps. Around 2,000 people were affected and 38 died, showing the precarious conditions in which the IDPs live. Insecurity also limits access to basic services. Women and children are prevented from using latrines in the outskirts of the camps because of the risk of sexual violence.¹²⁹

126 UNICEF. Niger Humanitarian Report. September 2016.

127 Note de synthèse. Évaluation nationale de la situation nutritionnelle par la méthodologie SMART dans la région de Diffa (République du Niger). Données collectées entre 17 novembre et 6 décembre 2017.

128 Ibid.

129 Niger: 2018 Humanitarian Needs Overview. November 2017.

Acute food insecurity snapshot - Lac region of Chad

The number of acutely food-insecure people in the Lac region peaked between March and May 2017, when 160,000 people (28 percent of the population analysed) were estimated to be in *Crisis* (CH Phases 3) or *Emergency* (CH Phase 4). Of these, 13,102 people were in *Emergency* (CH Phase 4). In the pre-harvest period (June to August), 123,000 people were in *Crisis* (CH Phase 3) or above (21 percent of the population analysed) - among them 11,512 in *Emergency* (CH Phase 4). This downward trend continued in October-December, when the number of people in CH Phases 3 or 4 fell to 81,000 (14 percent of the population analysed), with 3,428 in *Emergency* (CH Phase 4).

The entire Lac region (four departments - Mamdi, Wayi, Fouli and Kaya) was classified in CH Phase 3 between March-May and June-August 2017. However, in October-December the situation in Mamdi and Wayi improved to *Stressed* (CH Phase 2), while the other two departments (Fouli and Kaya) remained in *Crisis* (CH Phase 3).

Factors driving acute food insecurity

Security improved in Chad's Lac region in 2017. However, the conflict continues to affect crop production, local markets and livelihoods. It has triggered population displacement (IDPs, refugees and returnees) - mostly in Fouli and Kaya, and to a lesser extent in Mamdi. Food stocks are under considerable pressure despite surplus production in the 2016/17 season. Market supplies are running low because of insecurity. In addition, displacement has increased the number of people looking for daily casual work, which is lowering the average wage for day labourers and undermining household purchasing power.

Map 24: Chad, CH Acute food insecurity situation, June - August 2017



Source: Cadre Harmonisé (March 2017)

CH Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Cereal production in the 2016/17 season was estimated at 2.9 million metric tons. This was a slight increase compared with the five-year average, mostly due to a larger planted area. The 2017/18 agricultural season was affected by localized dry spells, resulting in a 7.6 percent drop in production compared with 2016/17. Harvests have also been affected by leaf miner attacks.

Meanwhile pasture conditions deteriorated, prompting an earlier-than-normal start to the pastoral lean season (February instead of April), which, compounded by insecurity, pushed pastoralists to travel further south in search of residual crops and watering holes. These circumstances have caused overgrazing and deteriorated pastures in southern areas. Animals are physically weaker, contributing to falling livestock prices.

In early 2017, food prices were mostly above average because of increasing demand and tight cereal supplies. In February, the price of maize on Bol market was 18 percent above average. However, in May maize prices were 18 percent below the five-year average because of lower demand and cheaper supplies of subsidized rice and sorghum. Livestock prices have also fallen as a result of border closures and the suspension of exports to Nigeria.

The Lac region is dependent on imported food and fuel, and households rely heavily on remittances. Border closures and the depreciation of the naira have disrupted trade and livelihoods, resulting in lost income and limited employment opportunities.

Nutrition snapshot

The nutrition situation in Chad is alarming. Most regions have seen a significant deterioration from last year in terms of both acute and chronic malnutrition. The national global acute malnutrition (GAM) rate rose from 11.9 percent in 2016 to 13.9 percent in 2017. In the past year, 12 out of 23 regions had GAM levels above the *Emergency* threshold of 15 percent. The regions most affected by acute malnutrition were West and East Ennedi, Salamat, Batha, Bahr el Gazel and Wadi Fira. In the conflict-affected Lac region, the prevalence of GAM has risen from 12 percent in 2016 to 18 percent in 2017, and severe acute malnutrition has gone up from 2.1 percent to 3.4 percent in 2017.

Stunting prevalence also increased nationally from 26.2 percent in 2016 to 34.2 percent in 2017, with Bahr El Gazel, Lac, Sila, Salamat and Batha the worst affected. Only six regions had stunting prevalence below 20 percent.¹³⁰

Apart from food security constraints, factors underlying this dire malnutrition situation include low coverage of WASH facilities, and lack of basic health and social services, especially in remote areas, which results in high child morbidity. The high numbers of displaced people have put pressure on Chad's limited capacities to care for these vulnerable groups. The existence of strong traditional beliefs related to child-caring practices result in poor feeding practices such as very low exclusive breastfeeding rates (7 percent) and minimum acceptable diet (5 percent) among young children, which contribute to both acute and chronic malnutrition.¹³¹

In the Lac region, the security situation remains fragile and recurring security incidents limit humanitarian access. Protection incidents and cases of gender-based violence continue to increase, affecting childcare practices. Morbidity levels in the region have deteriorated, with a sharp increase in HIV prevalence since 2016.¹³²

130 National nutrition survey using SMART methodology, 2017.

131 OCHA. Bulletin Humanitaire Tchad. No 09. Octobre-Novembre 2017.

132 OCHA. Chad: Situation in the Lac region and impact of the Nigerian crisis. Situation Report no. 27. 16 November 2017.

Acute food insecurity snapshot - Cameroon (Far North)

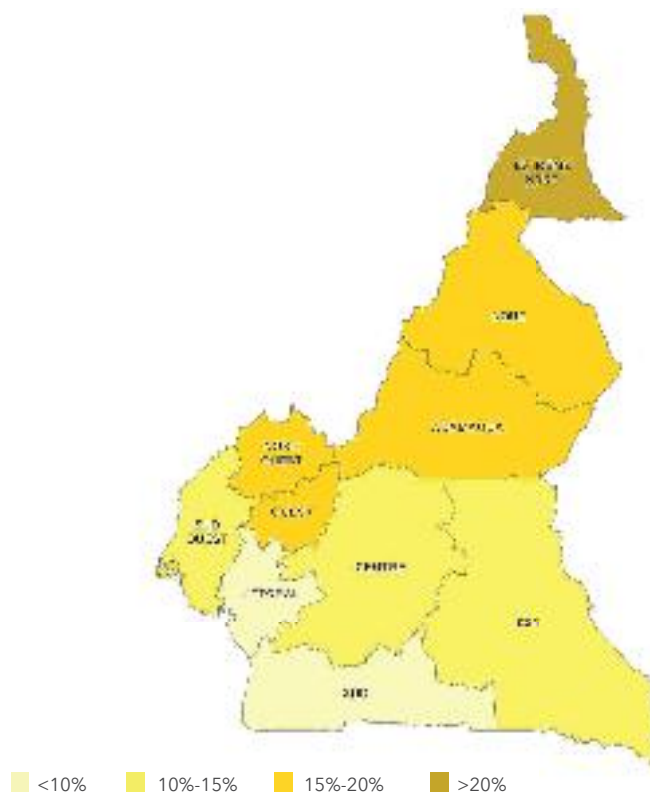
A WFP study carried out in May 2017 found that 1.46 million people (34 percent of the population) were food insecure in the Far North region in Cameroon. Of these, 129,000 people (3 percent of the population) were severely food insecure. Nationally, 3.9 million people (16 percent of the population) were food insecure in 2017 - including 211,000 people facing severe food insecurity. This represents a significant rise since September 2016 when 2.5 million people were food insecure nationally, but in the Far North the prevalence of food insecurity remains unchanged.

Factors driving acute food insecurity

Food consumption in the Far North is hampered by the recurrence of shocks (such as the late arrival of rains), increased costs of food and agricultural inputs, and low productivity. Around 65 percent of households in the Far North are in the poorest quartile of the Cameroonian population, and depend mostly on agriculture for their income. Insecurity caused by the Boko Haram insurgency has reportedly contributed to food insecurity for 11 percent of the households responding to the WFP survey.

Over 82 percent of households reported being affected by at least one shock in the month preceding survey, such as illness or the death of a household member, loss of employment or income source, and delayed rains or drought. Most respondents cited erratic rainfall and pests, and unusual diseases of animals or crops as recent shocks. As a result, 23 percent of households reported resorting to stress-level coping strategies, such as borrowing money or spending savings, and 19 percent to crisis-level coping strategies such as withdrawing children from school. Around 4 percent resorted to emergency-level coping strategies such as selling assets or begging.

Map 25: Cameroon, Prevalence of food insecurity by regions, using the Consolidated Approach for Reporting Indicators of Food Security (CARI)



Source: WFP CFSVA December 2017

Food production in the Far North is extremely low, mostly because erratic rainfall has forced 150,000 people to leave unproductive cultivated areas. Similarly, milk production has been curtailed by a series of factors such as higher livestock prices linked to border closures, which lower the supply from neighbouring countries; dryness and smaller pastures; lack of access to animal fodder; and reduced pastoralist mobility because of Boko Haram.

Some 14 percent of respondent households reported having faced price increases over the month preceding the survey. More than half (54.2 percent) said they were spending over 75 percent of their income on food, making them particularly vulnerable to price rises. Some 31 percent of the respondent households in the Far North reported having contracted debts to purchase food - compared with the national rate of 16 percent.

Nutrition snapshot

The 2017 Cameroon Humanitarian Needs Overview estimated that 516,000 people - mainly women and children under 5 - would be nutritionally vulnerable and at least 257,000 people would suffer from acute malnutrition across the country in 2017. Those estimated to suffer from acute malnutrition include 50,000 pregnant and lactating women; 7,600 Central African Republic refugee children under 5; and more than 1,000 Nigerian refugee children under 5. Children represented 63 percent of the people in need. The 2017 SMART survey found stable GAM rates from 4.5 to 6.5 percent and stunting rates about 30%, up to 41 percent in the northern region.. According to a MICS 2014 report, 31.7 percent were stunted.

Infectious disease, suboptimal infant and young child feeding practices and inadequate hygiene and sanitation are the main contributors to malnutrition in Cameroon. In the Far North, just 14 percent of the population has access to adequate hygiene and sanitation, and 45 percent lack access to improved water.



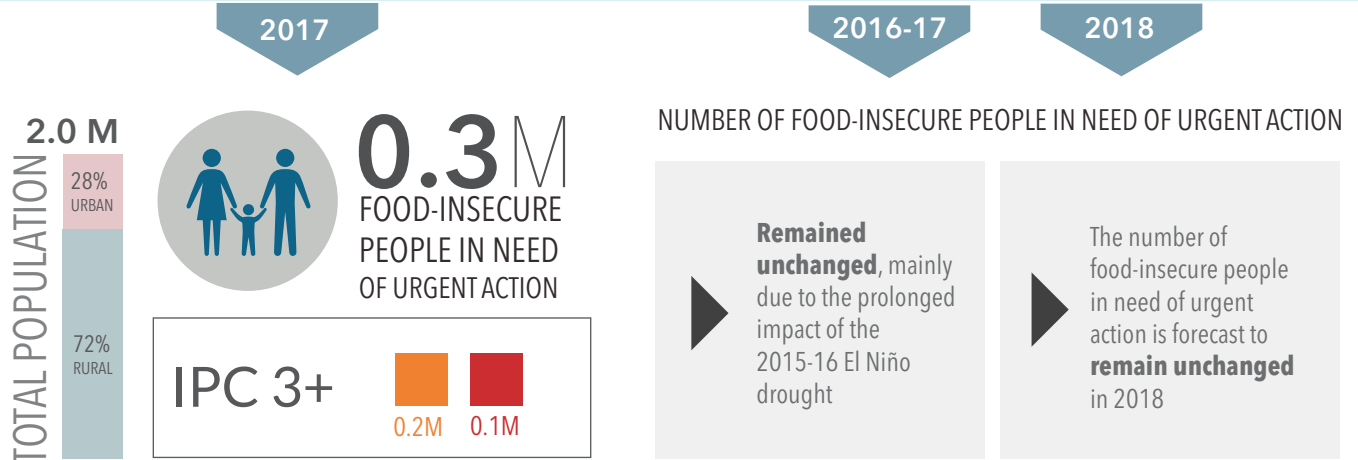


"The 2017/18 season recorded low production of biomass in the pastoral zone of the Sahel, causing early movements of animals to traditional points of concentration. In September 2017, CILSS, thanks to the analysis of the Cadre Harmonisé, issued a warning recommending countries to maintain vigilance and provide early responses to ease transhumance toward coastal countries, rehabilitate water points and provide animal feed. That is the reason why it is important to reinforce the Regional System for the Prevention and management of food crisis (PREGEC)." Djime

Adoum, CILSS Executive Secretary

LESOTHO

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



PERSISTENT EFFECTS OF EL-NIÑO RELATED DROUGHT



HIGH FOOD PRICES



HIGH POVERTY RATE



2016 cereal production was severely hit by drought, triggering an early and severe lean season from December 2016 to February 2017



57% of people live below the poverty line and cannot afford an adequate diet when prices rise during the lean season



Low supply of staples and high demand inflated food prices until the 2017 harvest



Poor rural households lack access to agricultural land and resources to maximize production

KEY MALNUTRITION FIGURES



3,700

With severe acute malnutrition

UNICEF, 2017



11% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



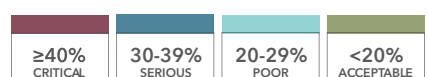
53% Infants (up to 6 months old) exclusively breastfed



84% Households having access to safe and drinking water

DHS, 2014

33% Children aged 0-59 months stunted



DHS, 2014



Background

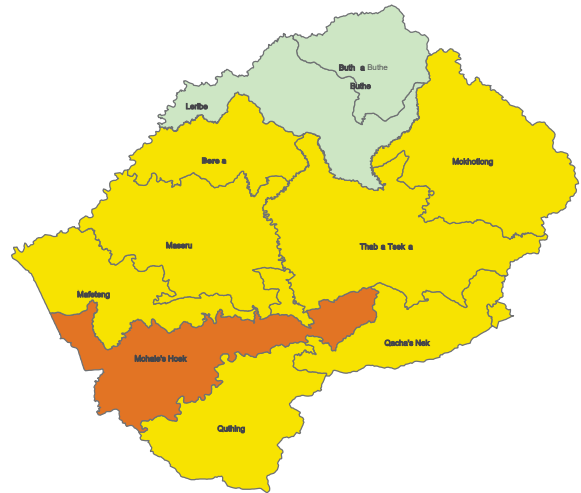
Lesotho is an upland country with a largely rainfed agricultural sector. As such, it is highly vulnerable to changes in the climate. Projections of an increasingly warmer climate will mean greater demand for water for crops, which is likely to exacerbate the impact of dry spells on agricultural production. The country lacks the resources to mitigate or adapt to climate change.

Map 26: Lesotho, IPC Acute food insecurity situation, November 2016 - March 2017



Source: Lesotho IPC Technical Working Group, May 2016

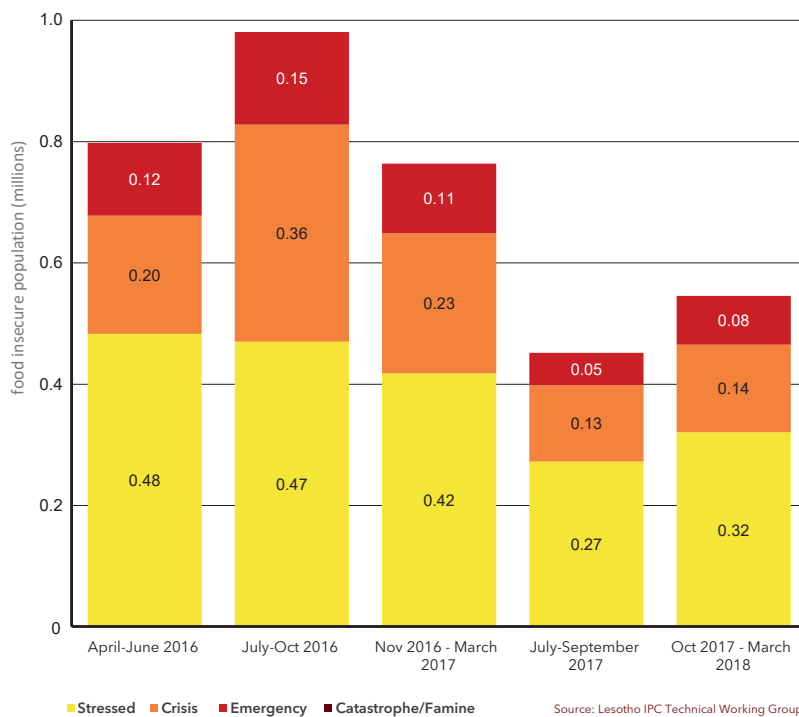
Map 27: Lesotho, IPC Acute food insecurity situation, October 2017 - March 2018



Source: Lesotho IPC Technical Working Group, July 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 6: Number of people in IPC Phase 2, 3, 4 and 5 in 2016 - 2018



Acute food insecurity snapshot

More than 345,000 people (over 24 percent of the population analysed) faced *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) food insecurity in Lesotho between November 2016 and March 2017. A significant share of this population – about 115,000 people – were classified in IPC Phase 4, requiring interventions to save their lives and livelihoods.

All districts except Leribe and Mokhotlong were classified in IPC Phase 3, with between 5 and 13 percent of the rural population in IPC Phase 4. The proportion of the population in IPC Phases 3 and 4 reached 27 percent in Berea, 30 percent in Thaba-Tseka and close to 42 percent in Quthing.

Food security improved from April 2017 after a good maize harvest, as shown by the post-harvest IPC analysis.¹³³ The total population in IPC Phases 3 or 4 was 179,000, a drop of more than 65 percent compared with the previous post-harvest season.¹³⁴ The situation was expected to deteriorate slightly during the lean season according to the IPC October 2017 – March 2018 classification, with 225,000 in IPC Phase 3 or 4 (16 percent of the population analysed). However, this is 45 percent less than during the previous lean season.

Factors driving acute food insecurity

El Niño-induced drought in 2015/16 saw maize production in 2016 fall by 64 percent compared with the five-year average; sorghum and wheat production were also well below average levels. The sharp drop in cereal production triggered an early and severe lean season, primarily because households had much smaller food supplies from their own production. The lean season peaked between December 2016 and February 2017. In addition to reduced food availability, the tighter domestic staple food supplies and the corresponding increase in demand caused food prices to rise, adversely affecting access. However, safety net programmes and food subsidies introduced in 2016 helped ease the pressure of higher food prices.

From April 2017 (the start of the harvest period), food security improved significantly. The change was mostly driven by a sharp upturn in the 2017 cereal output, estimated to be three times the five-year average. The increased cereal production bolstered household food supplies and lowered food prices in 2017.

¹³³ Covering July to September 2017.

¹³⁴ When the population in IPC Phases 3 or 4 was 510,000. Source: IPC July to October 2016.



In October 2017, maize meal in Maseru was cheaper than in October 2016, although prices remained above the five-year average. Sharply reduced prices in South Africa, the country's main source of imported grain, also brought down food prices in Lesotho, helping to improve food access.

Despite the overall improvement in food security from the second quarter of 2017 onwards, pockets of severe food insecurity remained in the south-west of the country, reflecting the lingering impact of the 2016 drought and low production in 2017, caused by the limited productive capacities of rural farming households.

Nutrition snapshot

Acute malnutrition in Lesotho is within acceptable ranges according to the May 2016 Vulnerability Assessment (LVAC) findings, which were consistent with an earlier mass screening conducted in April by UNICEF, the Ministry of Health and the World Bank. National wasting prevalence for children in rural areas was 2.7 percent according to LVAC 2016, a decrease from the 2014 Demographic and Health Survey (DHS) (3.5 percent). The more recent LVAC 2017 report estimated a global acute malnutrition rate of 4.7 percent among children aged 6-59 months, but the data is indicative due to the small sample size of children assessed during the survey.

Chronic malnutrition is widespread. The 2014 DHS found that 89,000 or 33.2 percent of Basotho children under 5 were suffering from stunting. The more recent LVAC 2016 found a higher rate of stunting which, at 42.9 percent, exceeded the WHO *Critical* threshold.

Factors associated with high levels of chronic malnutrition in Lesotho include very poor dietary diversity, with iron-rich foods rarely consumed. The 2017 LVAC found poor and very poor rural households had the worst diets. Fewer than 5 percent ate iron-rich foods and only 20 percent ate protein-rich foods. Overall, 84 percent of households consumed just 1-3 food groups.¹³⁵ Malnourished children were less likely to be breastfed and more likely to have had a recent illness. Nearly a quarter of the population is infected with HIV, with women disproportionately affected because of gender-based violence. Around 80 percent of those living with HIV also have tuberculosis. Sanitation levels are very poor: 27 percent of households have no facilities at all, and only 25 percent have handwashing facilities near toilets.¹³⁶

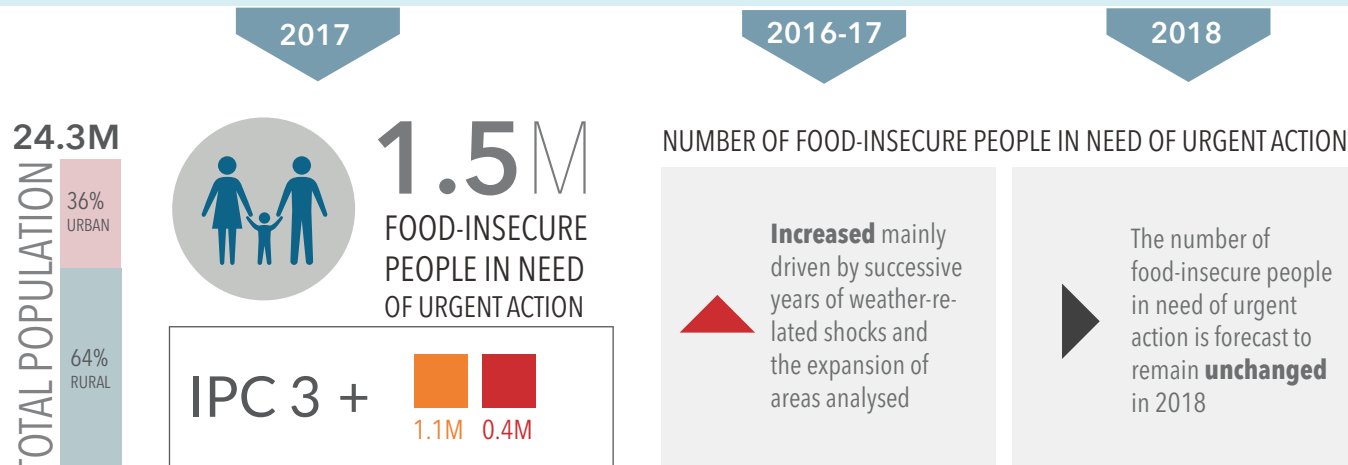
¹³⁵ LVAC 2017.

¹³⁶ Ibid.



MADAGASCAR (southern and south-eastern)

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



CLIMATE SHOCKS



IMPACT OF CYCLONE



HIGH FOOD PRICES



Limited resilience means households cannot mitigate the impacts of climate shocks, including three years of drought



In March Cyclone Enawo caused flooding and damaged rice crops



In November, the price of imported rice was 22% above the 2012-16 average



Rice and maize production were below the five-year average in 2017 and lower than the previous year mainly because of poorly distributed rainfall



More than 70% of Malagasies live below the poverty line



Households are spending a greater share of their income on food at the expense of other necessities, including health and education

KEY MALNUTRITION FIGURES

38,000

Children aged 6-59 months affected by moderate and severe acute malnutrition



4,300

With severe acute malnutrition



30% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



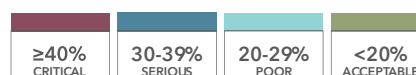
42% Infants (up to 6 months old) exclusively breastfed



34% Households having access to safe drinking water

47%

Children aged 0-59 months stunted





Background

Despite being rich in natural resources, Madagascar is one of the world's poorest countries and is heavily dependent on foreign aid. Since gaining independence from France in 1960, it has experienced repeated political instability. The most recent coup in 2009 led to five years of political deadlock, international condemnation and economic sanctions. Despite the return of democratic elections in 2013, the political and economic situation remains fragile. Madagascar is extremely vulnerable to climate disasters including drought, cyclones, flooding and locust infestations. At the end of 2016, following three years of consecutive drought exacerbated by El Niño, almost 1 million people in Madagascar's southern regions required humanitarian assistance, according to the UN.

Map 28: Madagascar (southern and south-eastern), IPC Acute food insecurity situation, March - May 2017



Madagascar IPC Technical Working Group, June 2017

Map 29: Madagascar (southern and south-eastern), IPC Acute food insecurity situation, November 2017 - March 2018



Source: Madagascar IPC Technical Working Group, October 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed
 ! Area would likely be at least 1 Phase worse without the effects of humanitarian assistance

Acute food insecurity snapshot

Food security in southern and south-eastern regions deteriorated throughout 2017 in Madagascar - although in southern regions the situation was better than at the end of 2016.

Between March and May 2017, an estimated 582,591 people in the southern regions of Anosy, Androy and Atsimo, Andrefana and 484,957 people in south-eastern regions were categorized in *Crisis* (IPC Phases 3) or *Emergency* (IPC Phase 4), bringing the total to around 1.1 million. In southern regions, 8 percent of the population were in *Emergency* (IPC Phase 4) and 23 percent were in *Crisis* (IPC Phase 3), a marked improvement since the end of 2016.¹³⁷ In the south-east, 27 percent were in Phase 3 and 9 percent were in Phase 4.

Between August and October 2017, the number of people in IPC Phases 3 or 4 increased to 1.29 million. Reflecting seasonal trends, when household food stocks dwindle and market reliance increases, the IPC acute food security analysis for November 2017 to March 2018 forecast a further escalation in food insecurity, with an estimated 1.52 million people in IPC Phase 3 or above.

Although food security is deteriorating at the aggregate level, the situation was better in the southern regions of Anosy and Androy compared with the end of 2016. This reflects sustained humanitarian assistance and a moderate upturn in the 2017 cereal output, which nonetheless remained below the five-year average.

The situation was extremely fragile in 2017, particularly in the south-eastern region of Atsimo-Atsinanana, which was affected by prolonged drought and cyclone damage. Although not covered in the IPC analysis, data from the joint FAO and WFP Crop and Food Security Assessment Mission in 2017 also indicated poor food security conditions in the eastern coastal regions of Vatovavy-Fitovinany, as bad weather shocks reduced agricultural production.

Factors driving acute food insecurity

The poor food security situation in southern regions is driven by successive years of low agricultural production, mainly caused by climate shocks and exacerbated by poor productivity and limited resilience, which prevent households from mitigating the impact of climate shocks.

National rice and maize production were below the five-year average in 2017 and lower than the previous year.¹³⁸ National rice production was estimated to be 3.1 million metric tons. This is a drop of 21 percent from the five-year average, mostly due to insufficient and poorly distributed rainfall in the main rice-producing regions. In March 2017, Cyclone Enawo brought heavy rains, causing floods and damaging rice production as well as vanilla crops, a major export. The country's main rice-producing region had the lowest production ever recorded.

Maize production in 2017 fell by an estimated 11 percent compared with 2016. Similarly, national cassava output was estimated at 2.5 million metric tons, a 4 percent reduction compared with 2016.

The southern regions are the most vulnerable to adverse weather and food insecurity. The cereal harvests in Anosy and Androy, although still below average, increased in 2017 helping to bolster household food supplies. However, the well below-average production per capita for rice curtailed food availability.

As a result of forecast lower domestic production and tight rice supply, more imports were required to meet demand. According to estimates from Madagascar Customs, 400,000 metric tons of rice was imported during the first ten months of 2017. This is 78 percent more than the five-year average and almost treble the rice imports for the same period in 2016. The stability of the Malagasy ariary and consumer demand also drove up imports.

¹³⁷ When 20 percent of the population were in IPC Phase 4 and 32 percent were in IPC Phase 3.

¹³⁸ FAO/WFP. Madagascar Crop and Food Security Assessment Mission. 2017.

Lower domestic rice production coupled with forecasts of reduced harvests pushed up rice prices during the first half of 2017. Prices stabilized in May, reflecting better availability thanks to the main harvest and large import volumes that eased supply pressure. However, in November the price of imported rice was 22 percent above the 2012–16 average in all markets because of higher demand, as poor households could not afford the expensive local rice.

To cope, households adopted negative strategies or were spending a greater share of their income on food at the expense of other necessities, including health and education. They remained at a high risk of falling into *Crisis* or *Emergency* by "*Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) conditions without humanitarian assistance.

Nutrition snapshot

The most recent national nutrition survey found an average global acute malnutrition (GAM) rate of 8.6 percent (*Poor*) among children under 5, with 1.4 percent suffering severe acute malnutrition.¹³⁹ The same survey found *Critical* levels of chronic malnutrition, with stunting affecting almost half of all children under 5 (47.3 percent).

The July 2017 IPC analysis of acute malnutrition in the Grand Sud included all eight drought-affected districts in southern Madagascar. Three of the eight districts (Bekily, Beloha and Amboasary) had *Serious* (Phase 3) acute malnutrition, with GAM ranging from 10.8 to 13.9 percent. The remaining five districts (Taolagnaro, Tsihombe, Ampanihy, Betioky and Ambovombe) fell into the *Alert* category (Phase 2), with GAM ranging from 8.1 to 9.7 percent.

The July analysis was followed by an August–October IPC analysis, which reported a drop in GAM. The prevalence in all nine surveyed districts of the Grand Sud was below the *Serious* threshold. The prevalence of acute malnutrition remained stable during the survey period, suggesting that the nutrition assistance received had helped to avert an increase in malnutrition prevalence.

The IPC analysis revealed that malnutrition tends to peak around February and March, indicating a need to strengthen nutritional surveillance.

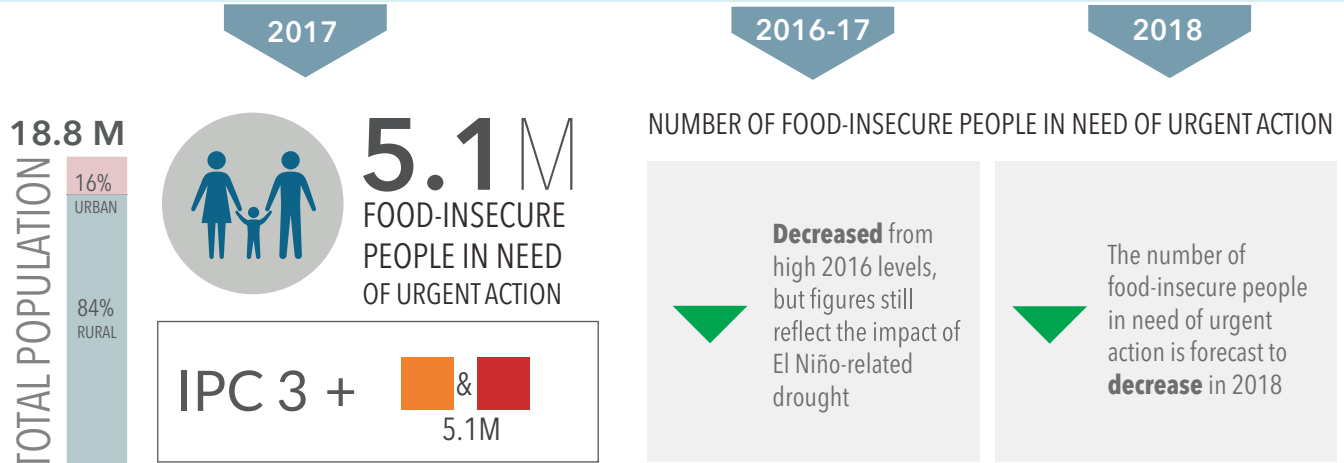
Factors affecting malnutrition in these eight districts included inadequate access to diverse and nutrient-rich foods; poor access to improved water sources; high levels of food insecurity; high prevalence of diseases such as diarrhoea, malaria and fever; lack of access to health services; and suboptimal breastfeeding practices. Some 2,580 suspected cases of plague were reported from 13 September to 17 December 2017, with an 8.6 percent case fatality rate.¹⁴⁰

139 State of Acute Malnutrition, 2013 (national survey).

140 WHO. OEW Bulletin, Week 51. 2017.

MALAWI

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



EL NIÑO-INDUCED DROUGHT



HIGH FOOD PRICES



HIGH POVERTY RATE



Prolonged El Niño-induced dry spells resulted in a disastrous 2016 cereal harvest and low household food stocks in early 2017



High maize prices into early 2017 severely impaired food access during lean period, when households are most dependent on markets



A good 2017 harvest bolstered household food supplies, but dry spells and fall armyworm damaged crops in southern districts



Rice and maize production were below the five-year average in 2017, mainly because of poorly distributed rainfall



High poverty levels, unreliable low-paid work, low purchasing power, market inaccessibility and high dependency levels underpin chronic food insecurity

KEY MALNUTRITION FIGURES



64,800

With severe Acute malnutrition



8% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



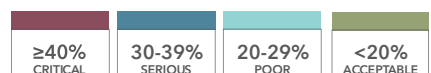
61% Infants (up to 6 months old) exclusively breastfed



87% Households having access to safe and drinking water

37%

Children aged 0-59 months stunted





Background

Over 80 percent of Malawi’s 17.2 million inhabitants are smallholders,¹⁴¹ farming small parcels of densely cultivated, chiefly rain-fed land, and they are highly vulnerable to the effects of increasingly frequent and intense floods and droughts.¹⁴² In 2016/17, a prolonged El Niño-induced drought contributed to the second consecutive year of deficit maize production. Household capacity to prepare for difficult times by saving or investing is constrained by high inflation, high food prices and limited income-earning opportunities. More than half of Malawi’s population (57 percent) is classified as poor;¹⁴³ rural families headed by women are the poorest.¹⁴⁴ Malawi is currently receiving an influx of asylum seekers from the Democratic Republic of Congo.

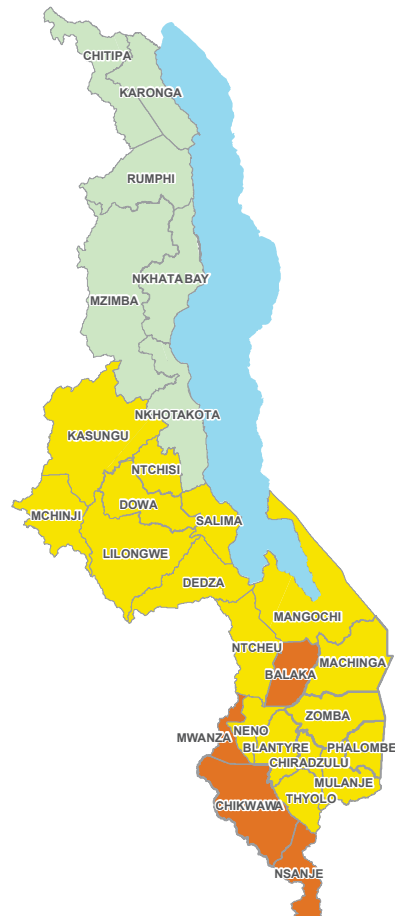
141 World Bank 2015.
142 See <http://www1.wfp.org/countries/malawi>
143 Integrated Household Survey 3, 2012.
144 Three in 10 households are headed by women (DHS 2015/16).

Map 30: Malawi, IPC Acute food insecurity situation, February - May 2017



Source: FEWS NET (October 2016). Note: This is FEWS NET IPC compatible product, which is generated through the application of the full set of IPC tools and procedures, with the exception of technical consensus

Map 31: Malawi, IPC Acute food insecurity situation, October 2017 - March 2018



Source: Madagascar IPC Technical Working Group, June 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

Around 5.1 million people were classified in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) during the lean period between January and March 2017, according to FEWS NET. As of January, areas in the southern and central region were in *Crisis* (IPC Phase 3), with pockets facing *Emergency* (IPC Phase 4) conditions. However, FEWS NET predicts a rise in the number of people in IPC Phase 4 in the worst-hit areas, and more areas are expected to be classified in *Emergency* (IPC Phase 4) between February and May 2018.

The situation improved during the 2017 post-harvest period (July-September), when 421,000 people were in *Crisis* (IPC Phase 3). Nevertheless, food security deteriorated during the 2017/18 lean season with 1,043,000 people classified in *Crisis* (IPC Phase 3) between October 2017 and March 2018. According to the July 2017 IPC analysis, the main districts of concern are Chikhwawa, Mwanza and Nsanje in the south-west of the country, and Balaka in the centre, with more than 20 percent of the population classified in *Crisis* (IPC Phase 3) in each of these districts.

Factors driving acute food insecurity

The food security situation in early 2017 primarily reflected the disastrous 2016 cereal harvest, which was 34 percent less than the five-year average because of prolonged drought. The maize output in the Central region was particularly hard hit, as were the southern districts where food insecurity is highest. Low household food stocks until March 2017 increased people's reliance on markets for food. Maize prices rose inexorably throughout 2016 because of depleted national stocks, reaching a record high in December 2016. These conditions persisted into early 2017, and continued to impair food access at a time when households were most dependent on market supplies – the lean season.

The start of the 2017 harvest in April and the large increase in national production helped alleviate food insecurity in most of the country. Maize production in 2017 was estimated at 3.5 million metric tons, 46 percent more than 2016 output and 6 percent higher than the five-year average. Production gains were also estimated for millet, rice and sorghum, contributing to an overall above-average cereal output of 3.7 million metric tons in 2017. The year-on-year production gain was mainly reflective of favourable weather, despite poor rains at the start of the season, and generally good availability of inputs. However, dry weather and a fall armyworm infestation caused localized damage in southern districts, creating production shortfalls and lingering food insecurity, most notably in Balaka and Nsanje.

The favourable cereal supply in 2017 also triggered a steep drop in maize prices from their record highs to well below their year-earlier levels, improving food access. In August, the national inflation rate dropped to single digits for the first time since 2011 and was estimated at 8.3 percent in October 2017. Overall, improved agricultural production and lower prices boosted food security in most districts.

However, lower cash crop production is likely to have deflated the income of some farming households, curbing the positive impacts of lower food prices. Both cotton and tobacco production has declined as farmers switch to growing alternative crops.

Food security in Malawi is historically unstable. According to the Malawi Vulnerability Assessment Committee, food insecurity prevalence has ranged from just 1 percent to 46 percent over the last 12 years, reflecting both the great potential to reduce food insecurity and low household resilience to shocks. Since 2005, 20 districts have been targeted for assistance for six or more years.¹⁴⁵ Among them, Balaka, Chikhwawa and Nsanje were targeted every year; Blantyre and Phalombe for 10 years; and Machinga, Mwanza and Zomba for nine years.

¹⁴⁵ Malawi Vulnerability Assessment Committee.

Besides depressed maize production and high food prices caused by flooding and drought, chronic food insecurity is underpinned by other factors such as high poverty levels, unreliable low paid work, low purchasing power and market inaccessibility. Dependency levels are also high as many households host children orphaned by HIV AIDS.

Nutrition snapshot

Acute child malnutrition rates fell slightly between May 2016 and May 2017. The weighted global acute malnutrition (GAM) prevalence was 2.2 percent and the severe acute malnutrition (SAM) rate was 0.3 percent according to the May 2017 SMART survey, compared with 2.5 percent (GAM) and 0.5 percent (SAM) in May 2016.

Chronic undernutrition (measured by stunting) continues to be one of the main developmental challenges for Malawi. Although the stunting rate has declined steadily since 1997, the findings of the last DHS survey (2015-16) showed that chronic undernutrition still affected 1.1 million children under 5 (37 percent).

In 2017, there were cholera outbreaks in three districts. Ninety cases and one death were recorded between 11 March and 14 June, when the last case was recorded.

Factors that contribute to the high rates of stunting in Malawi include low birth weight, poor maternal nutrition, child sickness (especially diarrhoea and fever), lack of sanitation, poor access to healthcare, low levels of maternal education, and lack of dietary diversity in children under 5. A major concern is that only 8 percent of children aged 6-23 months receive the minimum acceptable diet set out in the 2008 WHO recommendations.¹⁴⁶

Child anaemia levels have remained static since 2010. The DHS 2015-16 found that 63 percent of children aged 6-59 months had some form of anaemia, with rates rising to over 70 percent in Nkhata Bay, Salima, Nkhotakota, Chikhwawa, Neno, Nsanje and Machinga. Moderate or severe anaemia affected 36 percent of children, and prevalence exceeded 40 percent in nine districts. Nearly one third of Malawian women aged 15 to 49 had anaemia, though prevalence was higher in the northern and southern regions and among less educated, poorer women in rural areas.

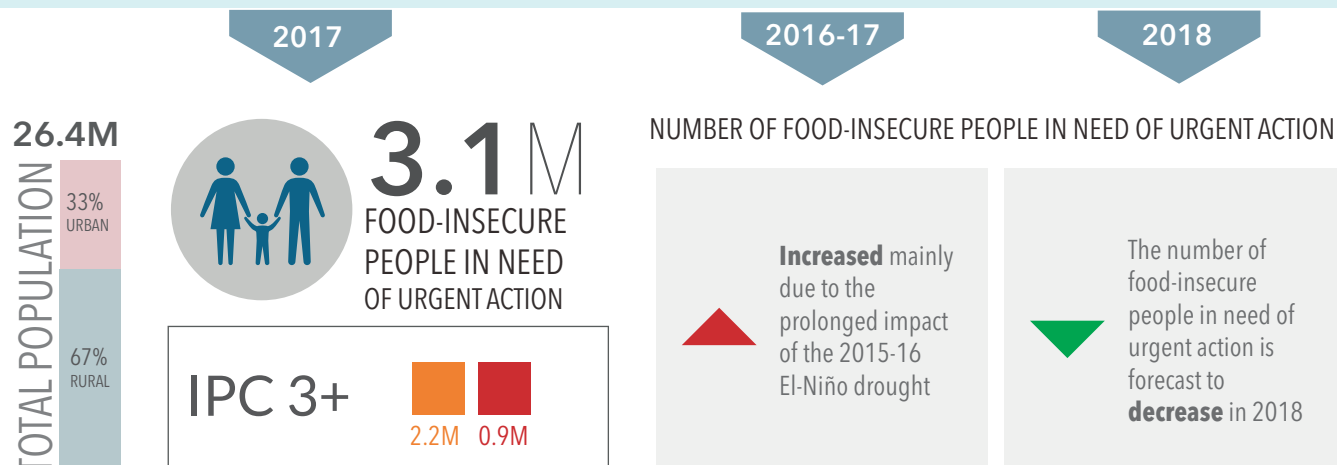
Between the 2004 and 2014 MICS, no net improvements were observed in the percentage of children under 5 with fever or diarrhoea. Almost one in five rural households in Malawi used unimproved toilet facilities. Of these, 7 percent of households had no facilities at all.

During the DHS 2015-16, nearly 8 out of 10 rural women reported at least one problem accessing health care. The most commonly cited problems were the distance to the health facility and obtaining money to pay for treatment. A sizeable percentage of women reported not wanting to go alone (30 percent) or needing to obtain permission to go for treatment (16 percent).

¹⁴⁶ Malawi DHS 2015-16.

MOZAMBIQUE

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



DROUGHT



IMPACT OF CYCLONE



HIGH FOOD PRICES



The 2016 El Niño-induced drought destroyed crops, leaving households with low food stocks in early 2017



Floods triggered by Cyclone Dineo damaged crops and infrastructure, affecting 60,000 hectares



Food prices reached record highs in early 2017



Resurgence of localized insecurity in central and southern parts of the country



Pest infestations lowered cereal production in some areas



Low agricultural output tightened households' food supplies and increased their reliance on markets

KEY MALNUTRITION FIGURES



11% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



41% Infants (up to 6 months old) exclusively breastfed

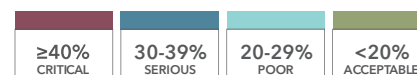


51% Households having access to safe drinking water

43% Children aged 0-59 months stunted



National Survey 2013





Background

Mozambique is one of the poorest countries in the world, ranked 181 out of 188 countries on the 2015 UN Human Development Index. It is also one of the most disaster-prone, vulnerable to a wide range of extreme climate shocks that regularly destroy infrastructure and disrupt economic growth. Following two decades of peace and stability, when there was considerable social and economic progress, renewed political disputes since 2013 have led to a resurgence of localized insecurity in central and southern parts of the country. Although Mozambique has reached its Millennium Development Goal of halving the number of hungry people, 80 percent of the population still cannot afford a minimum adequate diet.

Map 32: Mozambique, IPC Acute food insecurity situation October 2016 - February 2017



Source: Mozambique IPC Technical Working Group, July 2016

Map 33: Mozambique, IPC Acute food insecurity situation October 2017- March 2018



Source: Mozambique IPC Technical Working Group, August 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

Between October and February 2017, more than 3.1 million people were classified in *Crisis* (IPC Phase 3) or worse in Mozambique. Food insecurity was critical in central and southern provinces, because of El Niño-associated drought, which curbed the 2016 cereal output, causing localized food shortages and pushing up food prices. As a result, more than 2 million people (over 18 percent of the population) in the south and centre, excluding the provinces of Maputo, were classified in *Crisis* (IPC Phase 3) during the first quarter of 2017. In addition, 9 percent of the population faced *Emergency* (IPC Phase 4) conditions in Inhambane and Manica, along with between 11 and 19 percent of the population in Gaza, Sofala, Tete and Zambezia.

These numbers fell significantly from June 2017, mainly thanks to a well above-average cereal harvest and falling prices. An estimated 51,909 people in Sofala and Gaza were categorized in *Crisis* (IPC Phase 3) between June and September 2017. Towards the end of the year, with the start of the lean season, the number of people projected to be in *Crisis* (IPC Phase 3) rose to 361,067, predominantly concentrated in central provinces and the southern province of Gaza. Nonetheless, these numbers were significantly lower than the high levels of acute food insecurity seen in 2016.

Factors driving acute food insecurity

The critical food security situation in the first quarter of 2017 was primarily driven by poor agricultural output in 2016, which reduced household food supplies and increased household reliance on external sources to meet consumption requirements. In addition, record high prices severely hampered food access, particularly for poorer households whose expenditure is primarily allocated to food. Populations in *Emergency* (IPC Phase 4) were characterized as households with no food reserves, very limited access to other sources of income, and severely depleted assets. High levels of chronic food insecurity and limited resilience to climate shocks underpinned food insecurity, while the impact of localized civil insecurity earlier in the year aggravated conditions in some central provinces.

Food security improved with the start of the 2017 main season harvest in April, as cereal output was well above average and was 18 percent higher than the previous year, which alleviated food supply pressure.

Although nationally the number of food-insecure people declined in 2017, conditions remained acutely stressed in several districts in mid-2017, mainly in Sofala province. These areas were affected by unfavourable weather, including irregular rainfall in the first quarter of 2017, and pest infestations, which combined to lower cereal production in some areas. Cyclone Dineo also increased food insecurity in southern provinces, where over 60,000 hectares of crops were affected, forcing many farmers to replant. Floods triggered by the cyclone also damaged infrastructure, undermining the productive and resilience capacities of households.

Conditions worsened in most provinces towards the end of 2017, most notably in central Tete, Gaza, Inhambane and Zambezia, as household food stocks were depleted with the onset of the lean season. However, markets were generally well supplied across the country, reflecting an overall favourable supply situation, and maize grain prices were mostly below their year-earlier levels. In addition, the strengthening of the local currency in 2017 eased import inflation and lessened upward pressure on food prices. These market conditions improved food access for poorer households.

Nutrition snapshot

According to the IPC Acute Malnutrition Classification, six districts reached malnutrition levels ranging from *Alert/Serious* to *Critical*, with the highest prevalence of global acute malnutrition (GAM) found in Chiúre (10.9 percent) and Namuno (13.6 percent) in Cabo Delgado province. The IPC analysis estimates that 8,000 children have severe acute malnutrition (SAM) and 22,000 have moderate acute malnutrition (MAM) across 20 districts. This total of 30,000 acutely malnourished children marks a considerable improvement since last year's *Global Report on Food Crises*, when 160,000 children were estimated to be acutely malnourished nationwide.

Based on the concurrence of food insecurity and acute malnutrition, the IPC report recommends a joint food security and nutrition response that prioritizes five districts: Namuno, Chiúre, Ancuabe, Macossa and Mutarara.

Anaemia is also a major health problem, affecting 69 percent of children aged 6–59 months and 54 percent of women of reproductive age across the country. This warrants immediate attention, especially in Cabo Delgado and Zambezia.

From October 2017 to February 2018, acute malnutrition is projected to increase following an expected decline in food security and seasonal increases in disease prevalence. The *State of Acute Malnutrition 2016* found a 6.1 percent prevalence of GAM, a 2.3 percent prevalence of SAM and a 43.1 percent prevalence of stunting.

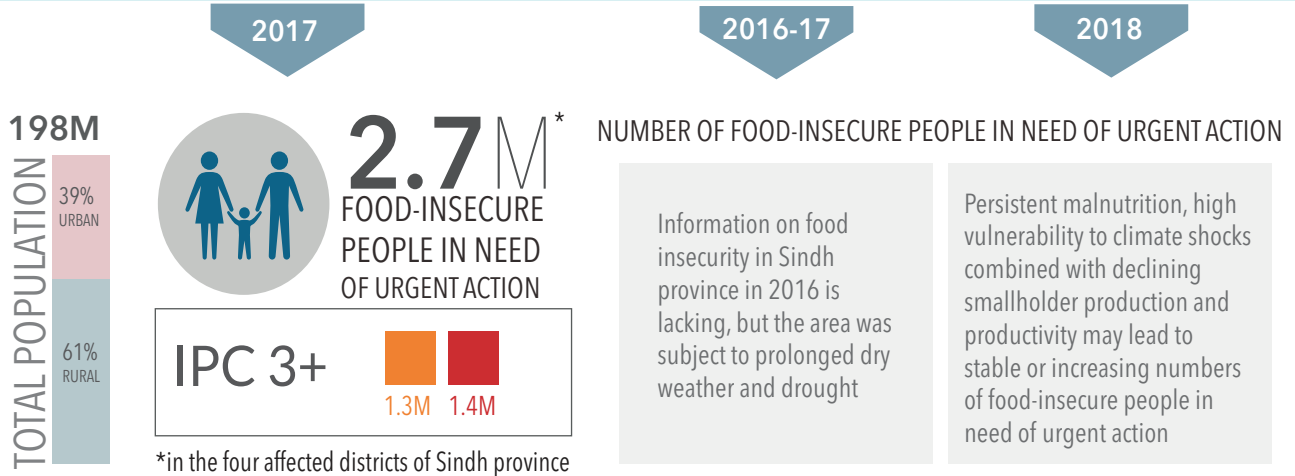
Immediate causes of malnutrition, particularly in the worst-affected districts, include low dietary diversity, poor breastfeeding and complementary feeding practices, and in some areas, high prevalence of malaria, diarrheal disease and HIV. Water and sanitation services are poor: according to the DHS 2011 just 51 percent of people had access to improved drinking water and 22 percent had access to improved sanitation. Between mid-August and December 2017, 1,252 cases of cholera were reported.¹⁴⁷

147 WHO. OEW Bulletin, Week 51. 2017.

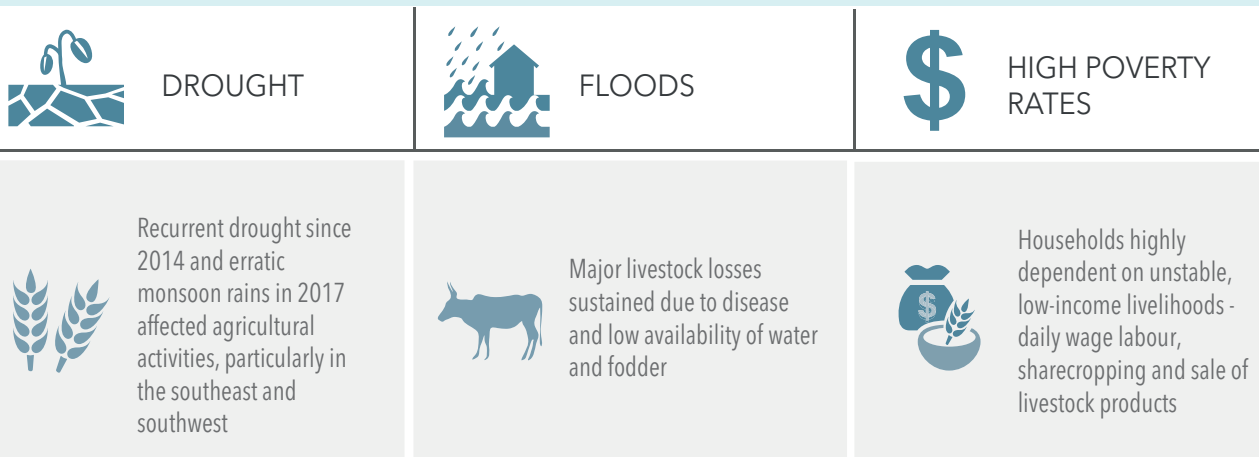


PAKISTAN (four districts in Sindh province)

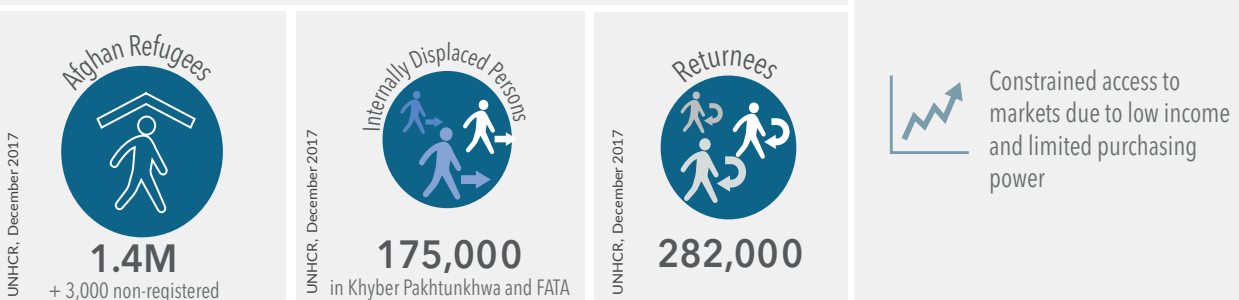
KEY FOOD INSECURITY FIGURES AND TRENDS



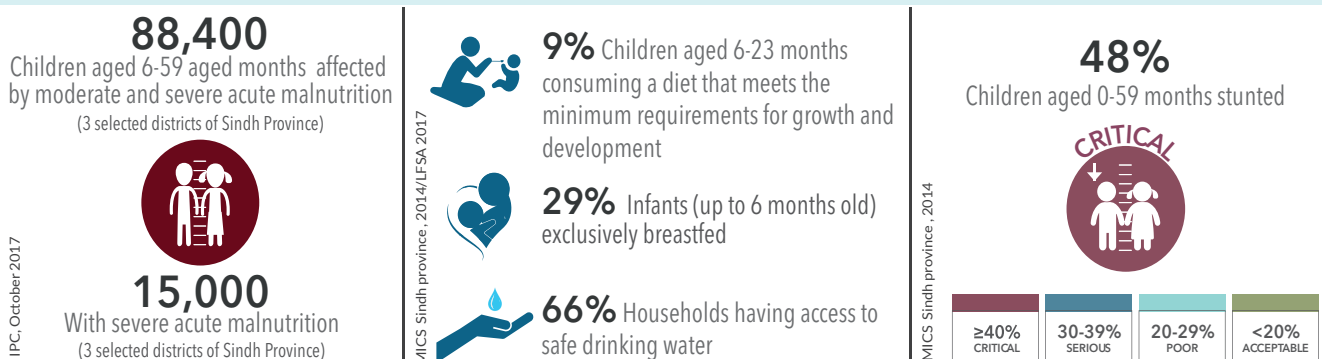
KEY FACTORS DRIVING FOOD INSECURITY



DISPLACEMENT IN PAKISTAN



KEY MALNUTRITION FIGURES

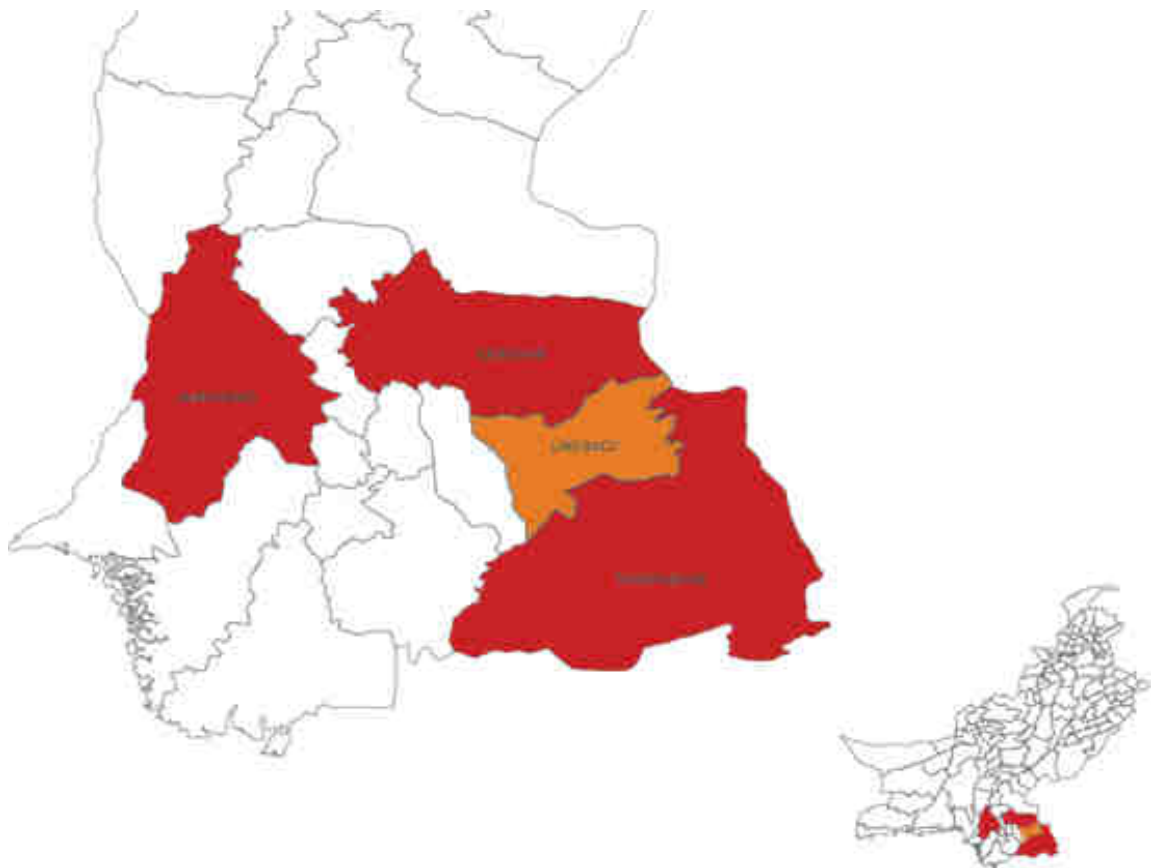




Background

In south-east and south-west districts of Sindh, recurring rainfall deficits since 2014 have resulted in livestock deaths and crop failure, with severe consequences for the fragile livelihoods of the local population. Drought was preceded by three consecutive years of flood emergencies (2010-2013). Lack of access to WASH facilities and medical services exacerbates food insecurity and undernutrition. Landless agricultural labourers, pastoralists, and sharecroppers are most vulnerable. High levels of food insecurity also occur elsewhere in the country, but there is no recent IPC available for the Federally Administrative Tribal Areas (FATA) or Khyber Pakhtunkhwa.

Map 34: Pakistan, selected Districts of Sindh Province, IPC Acute food insecurity situation February - August 2017



Source: Pakistan, IPC Technical Working Group, May 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

In 2017, food security remained critical in the four vulnerable arid south-eastern and south-western districts of Sindh province. Based on the latest IPC analysis conducted in Jamshoro, Sanghar, Umerkot and Tharparkar districts of Sindh province and valid for the period February to August 2017 (corresponding to the lean season), 2.7 million people (50 percent of the population analysed) were classified in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) and required urgent action.¹⁴⁸ In Jamshoro and Sanghar, at least 20 percent of the population were in *Emergency* (IPC Phase 4) while in Tharparkar, 40 percent of the population were classified in this phase. Umerkot was less severely affected, with 37 percent of the population in *Crisis* (IPC Phase 3).

The IPC revealed that 30 percent of households had poor food consumption. A third were engaging in “emergency” coping strategies and a quarter had adopted “crisis” coping strategies in order to meet their food consumption requirements. The impact of limited dietary diversity and low levels of food consumption were reflected in alarming rates of acute malnutrition.

Conditions improved following the 2017 main season harvest, but these improvements are likely to be limited and short-lived as 2017 production was estimated to be below average in these areas.

Factors driving acute food insecurity

A major driver of food insecurity in Jamshoro, Sanghar, Umerkot and Tharparkar in Sindh province is erratic rainfall, which affects the sale of livestock products and crop production. Other factors include long-term structural issues such as fragile livelihoods and low income; and limited access to markets, water and sanitation, and basic services due to the remoteness of these areas.

Agriculture is vital to the economy of Sindh province. Farming is based on irrigation along the Indus River and its tributaries. Crops such as winter wheat, rice, sugarcane, chilli, cotton, onions, millet, beans and oil seeds are grown during two seasons (*kharif* and *rabi*). Land is owned by a few large landowners who rent out land to many sharecroppers who, together with the landless agricultural labourers, make up the poorest segment of the population.

Apart from Tharparkar which is mainly arid, the three other districts (Jamshoro, Sanghar and Umerkot) have mono-cropping zones where agricultural activities are completely dependent on the monsoon rainfall from July to September. These south-eastern and south-western areas of Sindh province have been affected by recurrent drought since 2014. The 2017 monsoon rains improved somewhat but were still erratic, limiting the recovery of livestock and agricultural activities. Between April and May 2017 - corresponding to the lean season - 45 percent of surveyed households said they had no food stocks from their own production. The prolonged drought caused a gradual deterioration of pasture conditions and reduced fodder availability for livestock - mainly sheep and goats, which are the main income source for many farmers. Animals with poor body conditions are more susceptible to disease and parasites, which in turn make them less able to absorb nutrients. Since August 2016, major livestock losses have been reported due to disease and the low availability of water and fodder. Between 20 and 40 percent of goats are reported to have died, and 35 to 50 percent of sheep.

Chronic poverty and periods of acute food shortages are typical of this region of Sindh. Across all four districts, households are highly dependent on unsustainable and unstable livelihoods that generate low income, such as daily wage labour (agriculture and non-agriculture), and the sale of livestock products. A 2015 Drought Impact Assessment Report found that poor and very poor households accounted for 57 to 63 percent of households in the irrigated agriculture zones, and 61 to 68 percent of households in the rainfed agriculture zones.

¹⁴⁸ The IPC exercise focused on the four districts of Jamshoro, Sanghar, Tharparkar and Umerkot because of their prolonged high vulnerability.

In 2017, although markets were generally functional, low income levels limited household purchasing power. In April and May 2017, around 45 percent of households could not afford to purchase food in markets and 70 percent across all four districts took on debt to meet their household needs. Households' lack of financial access to food was compounded by the remoteness of the areas, which hinders physical access to markets.

The 2015 Drought Impact Assessment Report found that, although chronic poverty is concerning, the economies in the irrigation zones were relatively resilient in face of drought, with farmers able to secure their food and income in a similar way in both the drought and non-drought years with some expenditure adjustments. Poor labourers were able to find work harvesting wheat and chilli. The impact of drought was much more severe in livelihood zones dependent on local rainfall for crop and livestock production, where households were quickly unable to meet their basic survival and livelihood protection needs.

Nutrition snapshot

Sindh province

In 2012/13, an estimated 11 percent of children under 5 were acutely malnourished¹⁴⁹ across Pakistan, with prevalence rising to 13.6 percent in Sindh province. These levels are classed as *Poor* by WHO. According to the MICS 2014, global acute malnutrition (GAM) reached *Critical* levels in Sindh province at 15.4 percent. National levels of chronic malnutrition (stunting, or low height for age) were *Critical* at 45 percent, and rates were significantly higher in Sindh (57 percent).¹⁵⁰

In the last IPC Acute Malnutrition analysis (July 2017) conducted in Jamshoro, Umerkot and Tharparkar, all three districts were classified in Phase 4 (*Critical*) with a GAM¹⁵¹ prevalence of over 20 percent.

Nutrition insecurity in these areas is underpinned by a high prevalence of diarrhoea and other diseases together with poor access to sanitation (and to some extent, water) and to basic services, especially health-care. Across all three districts in April and May 2017, only 19 percent of households were able to access health care easily. The other household reported obstacles such as long distances (46 percent), the high cost of health services (47 percent) and the unavailability of transport services (48 percent). Other major factors contributing to acute malnutrition in these districts are inadequate diets (just 9.2 percent received a minimum adequate diet in Sind¹⁵²) and poor child feeding practices (e.g. very low rates of exclusive breastfeeding). GAM prevalence was also higher among children living in desert or arid areas, and in households led by women with unsustainable, non-agriculture-based livelihood sources and poor socio-economic-status.¹⁵³

149 As measured by global acute malnutrition - low weight for height.

150 DHS 2012-13.

151 By mid-upper arm circumference.

152 According to MICS 2014 Sind province.

153 Food Security Cluster. Livelihood and food security assessment.2017.

PALESTINE

KEY FOOD INSECURITY FIGURES AND TRENDS

2017

2016-17

2018

4.9M
TOTAL POPULATION



1.6M
FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION

NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION

Continued movement, access restrictions and closure are restraining growth, and increasing unemployment and poverty

The number of food-insecure people in need of urgent action is likely to remain unchanged, but may increase in case of new hostilities

KEY FACTORS DRIVING FOOD INSECURITY



PROTRACTED CRISES AND RECURRENT CONFLICT



RESTRICTION ON MOVEMENT OF PEOPLE



HIGH UNEMPLOYMENT AND POVERTY RATES



27% of people living on the West Bank and 70% living in Gaza are registered refugees



Recurrent hostilities have eroded basic infrastructure, service delivery, livelihoods and coping mechanisms in the Gaza Strip



In Gaza more than 1M live in poverty. Unemployment has soared to 65% among women and young people



23,500
from Gaza conflict

UNRWA, 2017

Refugees



1.4M in Gaza
0.8M in West Bank

OCHA, December 2017



11 years of closure and internal Palestinian divide jeopardized the economy and severely constrained movements, access to water, sanitation and energy



Palestinians depend on foreign imports, primarily from Israel, for 40% of food items and 95% of cereals and pulses

KEY MALNUTRITION FIGURES



40% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



150,000 Pregnant and lactating women in need of access to quality health services to reduce high risk of pregnancies and risk of infant mortality



40,000 suffer from micronutrient deficiencies

7%

Children aged 0-59 months stunted



MICS, 2014



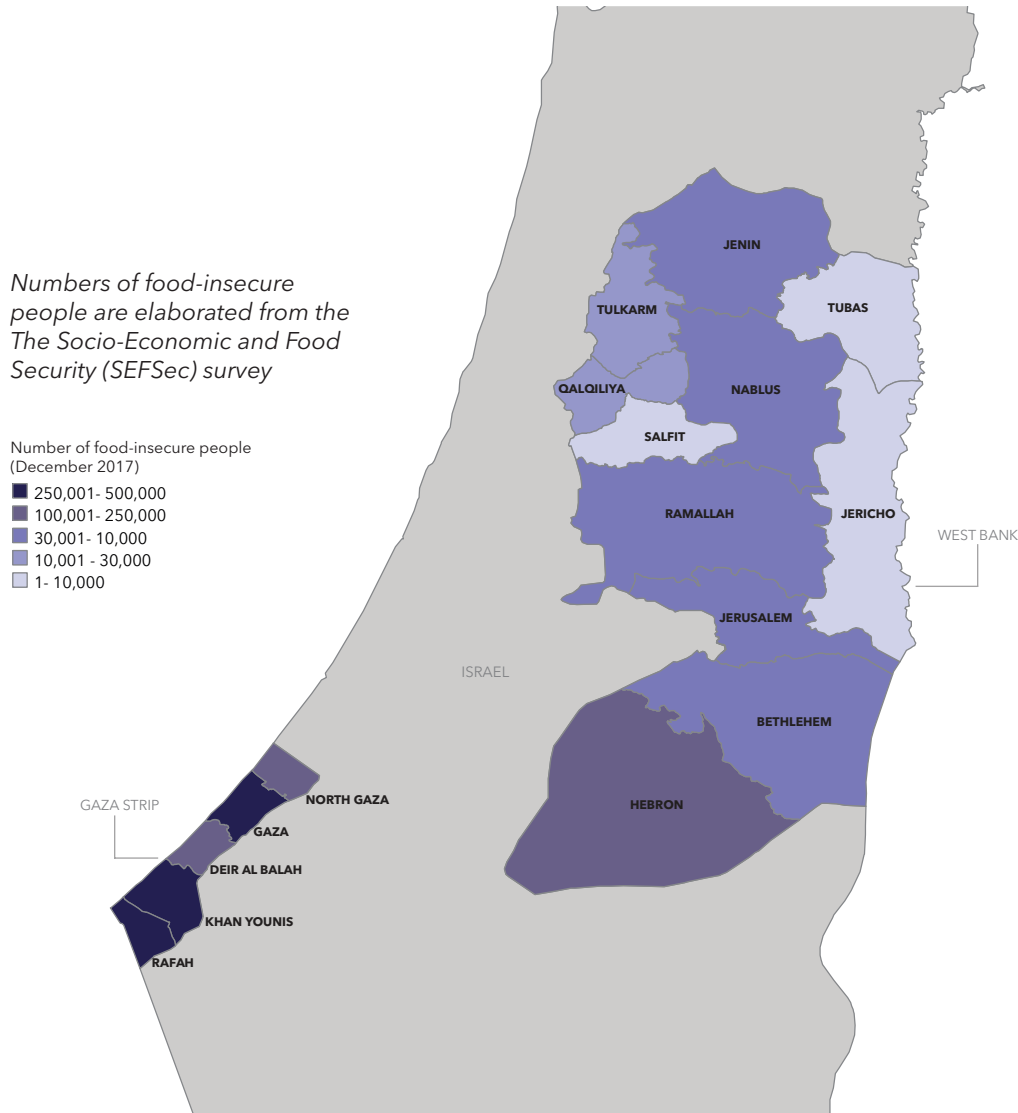
Background

The West Bank and the Gaza Strip face unique political, socio-economic and developmental challenges caused by protracted crisis. Political instability, Israeli control over Palestinian natural resources (including land, water and sea), the limitations on the movement of people and goods, the settlement expansion and the fragmentation of the West Bank along with the closure of the Gaza Strip have created a largely distorted economy based on non-productive, non-tradable sectors such as services, finance and public administration. Economic growth in recent years has been so meagre that it has not been able to compensate for the significant population growth, led by activities with low capacity to create employment, which has been one of the major causes of high unemployment (26.9 percent in 2016) and poverty levels.¹⁵⁴ In 2018, an estimated 2.5 million people will be in need of humanitarian assistance throughout Palestine.¹⁵⁵

154 Palestinian Economic Policy Research Institute (MAS). *Strategic Review of Food and Nutrition Security in Palestine 2017*.

155 OCHA. 2017. *Palestine 2018 Humanitarian Needs Overview*. Available at https://www.ochaopt.org/sites/default/files/hno_20_12_2017_final.pdf

Map 35: Number of food-insecure people (December 2017)



Source: HNO, 2018

Acute food insecurity snapshot

Around 1.6 million of the 4.95 million people in Palestine (31.5 percent of the population) are moderately to severely food insecure.¹⁵⁶ In Gaza Strip, 40 percent are food insecure, while in the West Bank food insecurity prevalence is 13 percent. Households led by women are particularly vulnerable, with 46 percent facing food insecurity.

Of the 2.9 million people living on the West Bank, 0.8 million are registered refugees: 15 percent of refugees are food insecure, rising to 24 percent among those living in camps. Of the 1.94 million people in Gaza, 1.36 million are registered refugees, of whom two in five are food insecure.¹⁵⁷

Factors driving acute food insecurity

In the West Bank, Palestinians continue to be subject to a complex system of physical and bureaucratic barriers. This restricts their right to freedom of movement, undermines livelihoods and increases dependency on humanitarian aid. In recent years, the Israeli authorities have eased some long-standing obstacles, but Palestinians are still restricted from entering east Jerusalem, areas isolated by the Barrier, "firing zones", the Israeli-controlled area of Hebron H2, and land around or within Israeli settlements. Many Palestinians throughout the West Bank are also at risk of displacement and/or forcible transfer due to a coercive environment generated by Israeli policies and practices. These practices include the demolition - or threat of demolition - of homes, schools and livelihood shelters due to lack of building permits which are almost impossible to obtain; the aggressive promotion of plans to relocate communities to urban townships; restrictions on access to natural resources; the denial of basic service infrastructure; and the lack of secure residency. Such practices are often implemented against a backdrop of the establishment and expansion of Israeli settlements.¹⁵⁸

Gaza Strip has had to contend with the eleven-year closure imposed by Israel, citing security concerns after the takeover of Gaza by Hamas in 2007; three major escalations of hostilities in less than ten years; and the intensification of the internal divide between the West Bank-based Palestinian Authority and the de facto Hamas authorities in 2017. Together these factors have devastated public infrastructure, disrupted the delivery of basic services and undermined already vulnerable living conditions.¹⁵⁹

In Gaza, 2 million Palestinian residents are entering their eleventh year under closure. Life for them has become characterized by soaring poverty and unemployment, acute fuel shortages, restricted electricity supply, poor water and sanitation, severe movement restrictions, and the threat of full-scale Israeli hostilities.

According to a 2017 UN report, the heavy restrictions on the movement of people and goods in and out of Gaza, combined with the three consecutive conflicts and the internal political divide, have crushed the enclave's formerly trade-based economy, and the inhabitants are experiencing extreme poverty, food insecurity and a sense of hopelessness.¹⁶⁰ The number of refugees living in poverty in Gaza has risen from 899,859 in 2015 to 971,837 in 2016 to 1.1 million in 2017.¹⁶¹ The *Strategic Review of Food and Nutrition Security in Palestine 2017* reports that poverty is the main determinant of food and nutrition security for the Palestinian population and that the divergence in food security levels between Gaza and the West Bank is in line with the poverty rate, which stands at 38.8 percent in Gaza and is much less - 17.8 percent - in the West Bank.

Most of the Palestinians in Gaza remain unable to access the rest of Palestine and the outside world, with only a minority eligible for exit permits via Israel. In November 2017, the number of Palestinians eligible to leave was 47 percent below the 2016 average. In 2017, the unemployment rate in Gaza stood at 44 percent, the highest in the world.

Youth unemployment reached 64 percent, while unemployment among women was 66 percent,¹⁶² more than double the rate in 2007. High unemployment undermines food security and seriously diminishes people's ability to withstand economic shocks. The closure also creates high additional costs for humanitarian organizations operating in the Gaza Strip, reducing already scarce funds for humanitarian interventions.

156 OCHA. 2017. Palestine 2018 Humanitarian Needs Overview.

157 Ibid.

158 Ibid.

159 Ibid.

160 UN Relief and Works Agency for Palestinian Refugees in Near East, situation report 30 May - 5 June 2017.

161 UNRWA.

162 See http://pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_13-2-2018-LF-en.pdf

Following the decision of the de facto Hamas leadership in March to establish a parallel structure to run local ministries in Gaza, the Palestinian Authority reduced payments for electricity, the allowances of public employees, and payments for the referral of patients for treatment outside Gaza. Longer power outages have undermined basic health, water and sanitation services and limited the ability of farmers to irrigate their lands, further affecting food security and livelihoods.

Figures from November 2017 show that 23,500 people remain displaced from the 2014 Gaza conflict. They are primarily reliant on temporary shelter cash assistance to rent accommodation until their homes are reconstructed or rehabilitated. This assistance has been disrupted by significant funding shortages, with anecdotal evidence suggesting that this has resulted in debt accumulation and the adoption of negative coping mechanisms such as withdrawing children from school or sending them out to work.

Palestinians produce only 60 percent of food items consumed in Palestine and just 5 percent of all cereals and pulses.¹⁶³ For the rest, they depend on foreign imports, primarily from Israel. This dependence on imports stems from an inability to access the resources necessary to produce enough food for domestic consumption. The availability of cultivated agricultural land has fell from 2,435 km² to 1,514.8 km² in 2010.¹¹⁵ Cereal and wheat production has halved over the same period,¹¹⁶ while the population has increased. Due to Israeli restrictions, Palestinian herders are only able to access to 85 percent of the grazing lands.¹⁶⁴ Besides the confiscation of land from Palestinian farmers to build settlements, settler-only roads, and the Separation Wall that runs through the West Bank, checkpoints and roadblocks are major challenges for farmers. The Israeli military and settlers often destroy or vandalise land and crops in the West Bank. In Gaza, farmers have also lost much of their most fertile agricultural land to the “buffer zone” that borders Israel.

The 2018 HNO identified that ultimately, the drivers of vulnerability have political root causes, which directly result in humanitarian needs and can only be resolved with engagement from actors outside the humanitarian sphere.

163 The Applied Research Institute - Jerusalem. 2010 (p.36). Available at <http://www.arij.org/publications/2010/Chapter%202.pdf>

164 UNCTAD. 2015. Available http://unctad.org/en/PublicationsLibrary/gdsapp2015d1_en.pdf

Nutrition snapshot

The latest nutrition survey carried out in Palestine (MICS 2014) found that rates of acute and chronic malnutrition among children under 5 were within acceptable limits. Overall, 1.2 percent of children were found to be wasted, rising to 1.7 percent in the West Bank, and 7.4 percent of children were stunted, rising to 7.7 percent in the West Bank. However, various micronutrient deficiencies of grave concern have been reported. Just 40 percent of children aged 6-23 months received a minimum acceptable diet, falling to 36 percent in the Gaza Strip. The HNO 2018 reports that 40,000 children are suffering from micronutrient deficiencies in Gaza.

Recurrent conflict has damaged water and sanitation infrastructure and delivery. Around 40 percent of people in Gaza receive just four to six hours of water supply every three to five days. Over 96 percent of the water extracted from the aquifer is unfit for human consumption,¹⁶⁵ so 90 percent of people in Gaza rely on purchasing desalinated water from private trucking, which poses a heavy financial burden on already impoverished families and is a health risk due to widespread contamination of that water source.

Increased electricity cuts have reduced the drinkable/piped water supply and the operation of 130 critical water and sanitation facilities. This has led to the discharge of untreated sewage into the sea and heighten the risk of the overflow of raw sewage onto the streets.

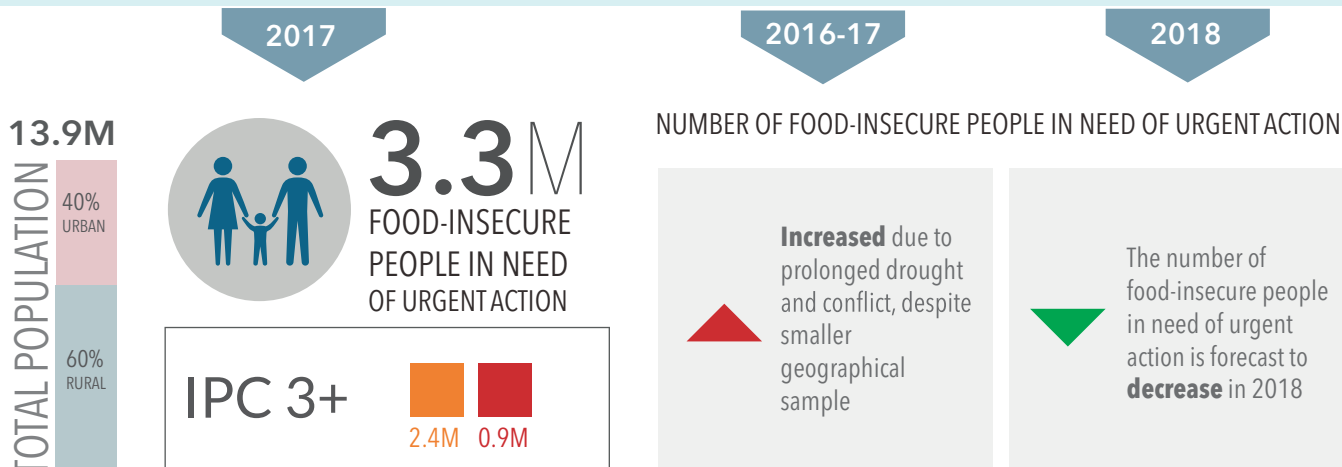
The electricity cuts are disrupting the delivery of primary and secondary healthcare services by the Ministry of Health. Health provision is also impeded by delays in the shipment of essential drugs and disposables from the Palestinian Authority Ministry of Health, which has recently been delaying or suspending payment for the referral of patients for medical treatment outside Gaza.

A WHO assessment carried out in the West Bank and Gaza Strip between December 2015 and February 2016 by five independent experts found the health system in Palestine was operating under severe pressure due to rapid population growth, the lack of economic opportunities and adequate financial resources, shortages of basic supplies and the inherent limitations of occupation or closure.

165 OCHA. 2018 Humanitarian Needs Overview.

SOMALIA

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



DROUGHT



CONFLICT



LARGE-SCALE DISPLACEMENT



Persistent drought and conflict have caused large-scale displacement



Drought has spanned at least four consecutive rainy seasons. April to June harvest was poor following lack of rain in northeastern, central and southern cropping areas



Conflict and insecurity have increased in many southern and central regions since last year. Militias blockade roads, hindering trade flows and restricting humanitarian access

DISPLACEMENT

OCHA, December 2017



2.1M

UNHCR, November 2017



40,700
mainly from Kenya



73% of Somalis live below the poverty line and cannot afford an adequate diet



Low milk productivity and birth rates combine with high livestock mortality and distress sales



Maize and sorghum were expensive in 2017, while livestock prices were generally low

KEY MALNUTRITION FIGURES

390,000
Children aged 6-59 months affected by moderate and severe acute malnutrition



87,000
With severe acute malnutrition



9% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



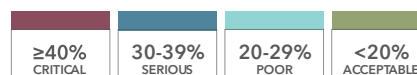
33% Infants (up to 6 months old) exclusively breastfed



59% Households having access to safe drinking water

10%

Children aged 0-59 months stunted



HNO, 2018

JMP, 2015; Somali Infant and Young Child Nutrition Assessment 2016

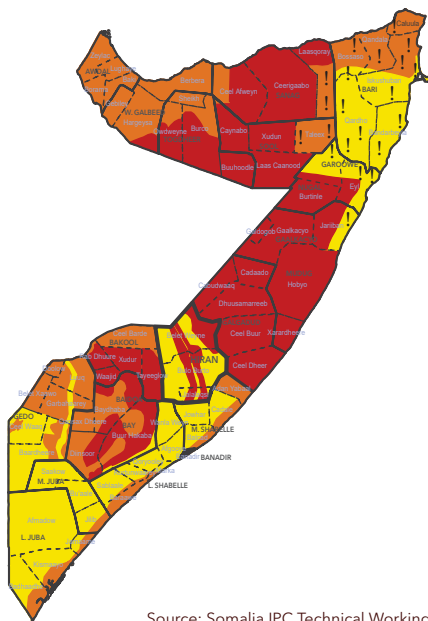
FSNAU Somalia Nutrition Analysis, Post Gu 2016, Technical Series Report No. VII 70, December 21, 2016



Background

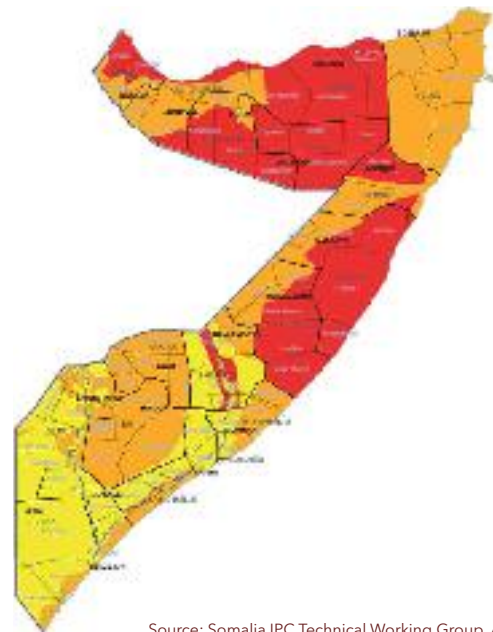
Poor rains, livestock losses and people abandoning their homes to escape drought and conflict have wrecked livelihoods and created widespread food insecurity in Somalia. Following warnings of the risk of famine in early 2017, emergency food assistance has reached roughly 2.5 million people a month since April, greatly mitigating food consumption gaps. Even so many areas remain on the brink of famine.

Map 36: Somalia, IPC Acute food insecurity situation, July 2017



Source: Somalia IPC Technical Working Group, August 2017

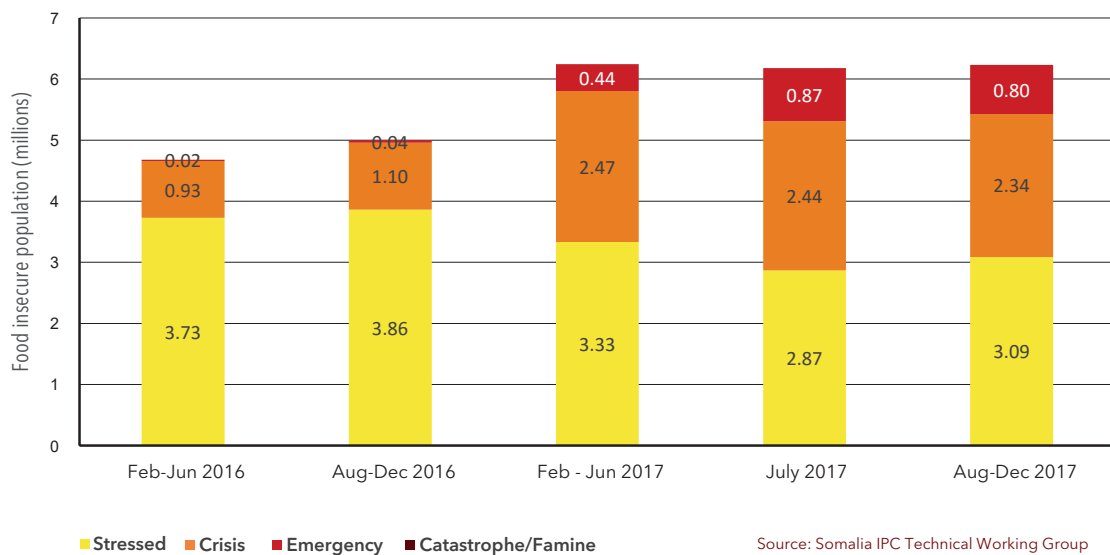
Map 37: Somalia, IPC Acute food insecurity situation, August - December 2017



Source: Somalia IPC Technical Working Group, August 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed
 ! Area would likely be at least 1 Phase worse without the effects of humanitarian assistance

Graph 7: Number of people in IPC Phase 2, 3, 4 and 5 in 2016 - 2017



Source: Somalia IPC Technical Working Group

Acute food insecurity snapshot

Following the late start and early end of the April-June *Gu* rainy season, the number of people in need of urgent humanitarian assistance peaked at 3.31 million (27 percent of the population) in July 2017. The number of people in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) more than trebled from less than a million in the first half of 2016 to almost 3 million a year later. Although humanitarian assistance seems to have prevented a further deterioration of food security in many areas in the second half of 2017 – particularly in several north-eastern regions – the number of people in *Emergency* (IPC Phase 4) nearly doubled between the first and second half of the year.

During the IPC analysis carried out in August 2017, a risk of *Famine* (IPC Phase 5) was identified in the worst-case scenario of a substantial scale-down of humanitarian assistance, sharp increase in food prices and poor performance of the *Deyr* rains. Of greatest concern were areas in the north-east and some IDP populations.

Food security deteriorated in agro-pastoral areas of Bay and Bakool, Northern Inland Pastoral, Hawd Pastoral and Addun livelihood zones, where the majority of the population is facing *Crisis* or *Emergency* (IPC Phase 3 or 4). In Bay/Bakool agro-pastoral areas, food insecurity was extremely severe after the failed 2016/2017 *Deyr*, but it improved notably by mid-2017, presumably because of humanitarian assistance. Despite this, food insecurity among Baidoa IDPs remained close to *Catastrophe* (IPC Phase 5). In Northern Inland Pastoral and Hawd Pastoral livelihood zones, *Emergency* (IPC Phase 4) outcomes were expected to prevail towards the end of 2017 in the absence of humanitarian assistance. Particularly affected were IDPs in Dhusamareb and rural households.

Factors driving acute food insecurity

Somalia's already dire food security crisis has been further undermined by the poor *Gu* (April-June) cereal harvest, coupled with high prices for local cereals, substantial livestock losses and depressed incomes. Civil insecurity continues to disrupt trade and agriculture, triggering further displacement and limiting humanitarian access in several areas.

Following four consecutive poor rainy seasons, severe drought persisted in several parts of the country, driving food insecurity to severe levels. Low crop and pastoral production, coupled with high food prices, severely constrained food availability and access for large segments of the population. The output of the main 2017 *Gu* season coarse grain harvest, gathered in July, was heavily reduced by poor rains in the north-east and in most central and southern cropping areas including Hiraan, Bakool, Gedo, and the Lower and Middle Shabelle regions. In the "sorghum belt" of Bay, although cumulative rainfall levels were near average, rains were erratic and led to smaller yields. The low crop production meant cereal stocks were depleted more quickly than usual, which triggered an earlier start to the lean season.

Subsequently, the *Deyr* October-December rains also performed very poorly, notably in the Lower Shabelle region, the main maize-producing area. As a result, the outlook for the *Deyr* harvest, to be gathered in January 2018, is forecast to be over 20 percent below the five-year average and it is expected to lead to another season of low cereal production. Aggregate 2017 cereal production is estimated at 174,000 tons, about 26 percent below the average of the past five-year average.¹⁶⁶ The negative impact of unfavourable weather is compounded by the depletion of productive assets, lack of agricultural inputs, civil insecurity and large-scale displacements.

In pastoral areas, prolonged drought resulted in very poor rangeland conditions and severe shortages of pasture and water. Livestock body conditions were reported to be poor, with low milk productivity and birth rates, and herd sizes sharply reduced by mortality and distress sales. In the worst-hit areas, including Central Galgaduud and Mudug regions, and southern Lower and Middle Juba regions, herd sizes are estimated to have shrunk by 40 to 60 percent since December 2016.

¹⁶⁶ FAO/GIEWS.

Rainfall received in early November 2017 in most southern and central areas partially replenished water sources, helping to regenerate some pasture and improve livestock body conditions and reproduction slightly – but these improvements were expected to be short-lived because of the *Jilaal* dry season starting in late December.

Thanks to sustained food assistance, the prices of locally produced maize and sorghum – the main staples – were stable, despite the tight supply situation. In November 2017, prices of maize and sorghum in main markets including in the capital Mogadishu were around the same high levels of 12 months earlier, but up to 50 percent higher than two years earlier. Prices of livestock were generally low in most markets as a result of drought-induced animal emaciation. In Galkayo, one of the main livestock markets in the Horn of Africa, located in the Mudug region, the prices of goats rose by 20 percent between October and November as a result of better body conditions, but they remained 15 percent lower than a year earlier.

Persistent drought has led to large-scale displacement. Between January and October 2017, 1 million people were internally displaced, bringing the total number of IDPs to 2.1 million.¹⁶⁷ Most of those displaced are in Bay and Banadir followed by the northern Sool, Sanaag and Togdheer regions, and the central and southern Mudug, Bakool and Gedo regions. While drought is the primary driver of displacement, another major cause is ongoing conflict and insecurity, which has increased in many southern and central regions since last year. People have been killed in inter-clan conflict in Afgoye, Merka and Dhusamareeb and many have fled these areas, losing their assets and abandoning their fields. Insurgent and allied militias continued to blockade roads, hindering trade flows and restricting humanitarian access to some southern and central regions. IDPs and civilians in conflict-affected areas are among the most vulnerable with many lacking access to basic services. Furthermore, the arrival of newly displaced people in urban areas that already host large numbers puts additional pressure on host communities, provoking conflict over already depleted resources and limited work opportunities.

¹⁶⁷ OCHA. Humanitarian Response Plan. December 2017.

Nutrition snapshot

According to the *2018 Humanitarian Needs Overview*, 1.2 million children were projected to be malnourished between September 2017 and September 2018, which included 87,250 severely malnourished children. Of this total, 231,000 were in IDP settlements. Most of the IDP settlements had global acute malnutrition (GAM) rates above the 15 percent WHO *Critical* threshold during 2017.

The results from the last analysis in November 2017 showed a modest improvement in the nutrition situation. The national median acute malnutrition rate fell from *Critical* (17.4 percent GAM) in July to *Serious* (13.8 percent). Among IDPs, the median GAM prevalence across Somalia was 14.3 percent compared with 18.1 percent in June 2017 and 14.4 percent in November 2016. The estimated 22,149 acutely malnourished children under 5 across the 13 main IDP settlements in November represented a nearly 30 percent decrease since June. The estimated number of IDP children under 5 suffering from severe acute malnutrition was 5,200, a decrease of 46 percent from June 2017.¹⁶⁸ The decrease is related to a decline in morbidity and the lower incidence of acute watery diarrhoea, as well as the impact of sustained humanitarian interventions.

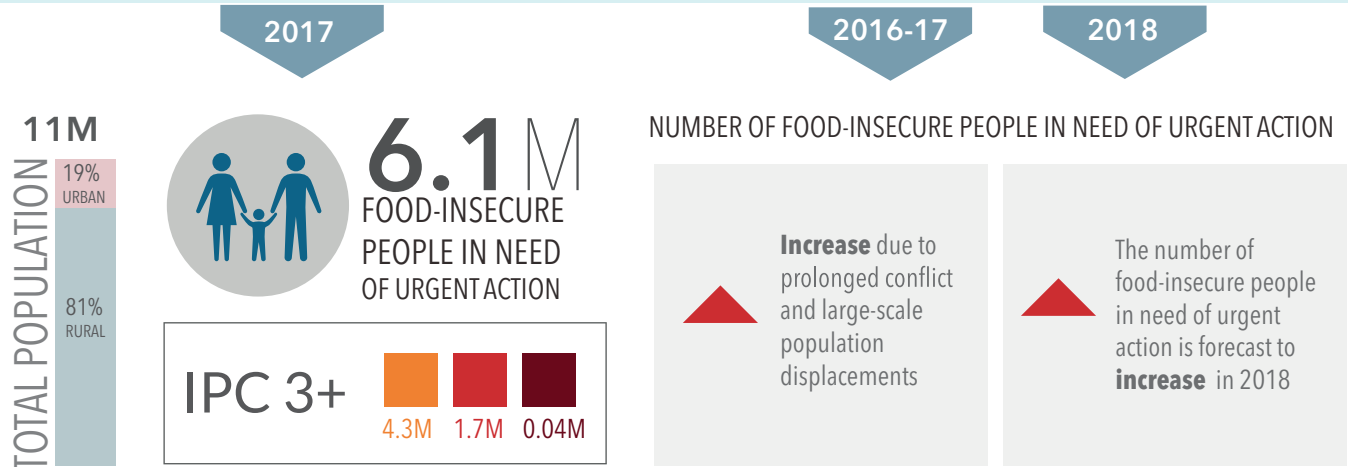
The national stunting prevalence in Somalia is 10 percent which is considered *Low* (<20 percent). However, there are major differences across areas and population groups: stunting prevalence is 15.7 percent in south and central Somalia; 8.1 percent in the northeast; and 3.6 percent in the north-west.

Despite some improvement, the nutrition situation remains alarming. Apart from drought and the ongoing conflict, malnutrition is underpinned by the lack of access to basic services and humanitarian assistance, resulting in low immunization coverage and high illness prevalence among children, as well as poor child care and feeding practices. Long-term and newly displaced IDPs and civilians in conflict-affected areas are among the most vulnerable, since they lack access to health, education and water, sanitation and hygiene services.

¹⁶⁸ FSNAU Somalia Nutrition Update for November 2017.

SOUTH SUDAN

KEY FOOD INSECURITY FIGURES AND TRENDS



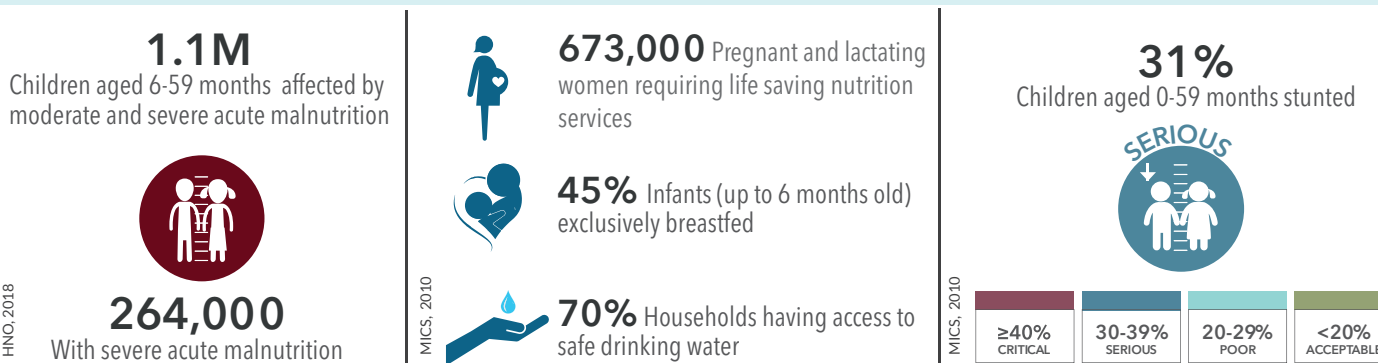
KEY FACTORS DRIVING FOOD INSECURITY



DISPLACEMENT



KEY MALNUTRITION FIGURES

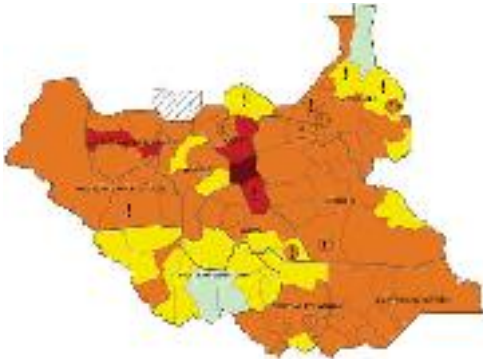


Background

South Sudan became the world's newest country when it gained independence in 2011 after civil wars that claimed 2.5 million lives. The war that broke out in 2013 has become a complex and dangerous mix of armed conflict, inter-communal violence, economic decline, disease and hunger. Despite efforts to revitalize the Agreement on the Resolution of the Conflict in the Republic of South Sudan and the arrival of the first members of the Regional Protection Force in the capital, by March 2017 the conflict had spread to all states.



Map 38: South Sudan, IPC Acute food insecurity situation, February - April 2017



Source: South Sudan IPC Technical Working Group, January 2017

Map 39: South Sudan, IPC Acute food insecurity situation, June - July 2017



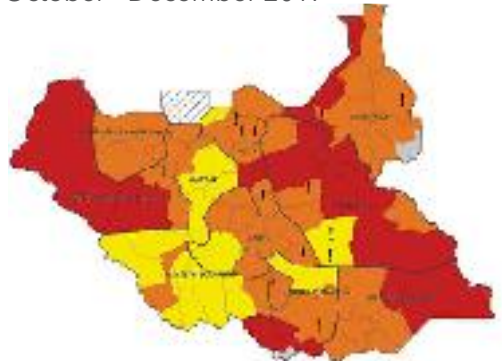
Source: South Sudan IPC Technical Working Group, July 2017

Map 40: South Sudan, IPC Acute food insecurity situation, September 2017



Source: South Sudan IPC Technical Working Group, September 2017

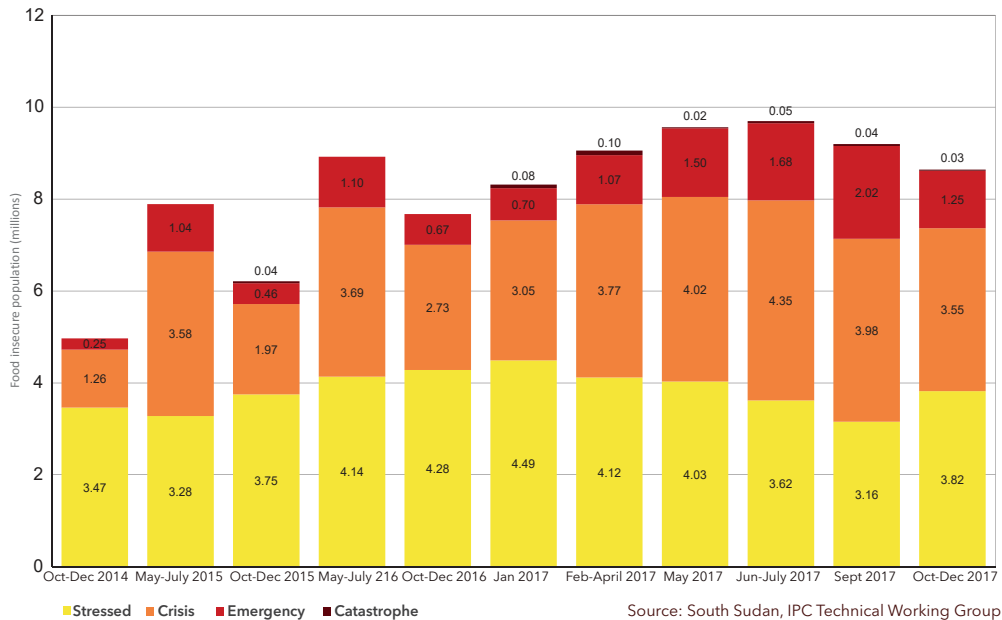
Map 41: South Sudan, IPC Acute food insecurity situation, October - December 2017



Source: South Sudan IPC Technical Working Group, September 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 8: Number of people in IPC Phase 2, 3, 4 and 5 in 2014 - 2017



Source: South Sudan, IPC Technical Working Group

Acute food insecurity snapshot

Since the beginning of the civil conflict in 2013, the number of acutely food-insecure people in South Sudan has risen steadily. In 2017, an unprecedentedly high number of people required urgent humanitarian action (IPC Phase 3 or above). In February, with 100,000 people facing *Catastrophe* (IPC Phase 5), famine was declared in Leer and Mayendit counties of Unity state. Massive multi-sector life- and livelihood-saving assistance was able to contain the escalation of the famine; however, at the peak of acute food insecurity between June and July 2017, an estimated 6.08 million people (50 percent of the population) were in *Crisis* (IPC Phase 3), *Emergency* (IPC Phase 4) or *Catastrophe* (IPC Phase 5). A further 3.62 million people were in *Stressed* (IPC Phase 2) during the same period. The number in *Crisis* (IPC Phase 3) or above rose by 27 percent from 4.79 million people during the same period in 2016.

Of those estimated to be in need of urgent support in June and July 2017, 45,000 were in *Catastrophe* (IPC Phase 5) in parts of former Jonglei and Unity state and 1.7 million were likely to be in *Emergency* (IPC Phase 4). In September, of the 6 million people in IPC Phase 3 or above, 2 million were in *Emergency* (Phase 4) and 45,000 in *Catastrophe* (IPC Phase 5). In particular, populations in IPC Phase 5 were seen in former Jonglei (Nyirrol and Ayod counties), in former Eastern Equatoria (Kapoeta East county), and former Western Bahr el Ghazal (Wau county).

Although post-harvest gains were expected to reduce the number of severely food-insecure people to 4.8 million (45 percent of the total population) in October-December 2017, forecasts of an earlier-than-normal start to the lean season could result in increased food insecurity between January and March 2018.

Factors driving acute food insecurity

Conflict affected all states in South Sudan in 2017 with multiple adverse effects on food security. People have continued to flee their homes, losing their livelihoods, assets and income sources. Main supply routes have been blocked. People are unable to afford food or transport to the markets that are still functioning. The failing economy, high transportation costs, and the depreciation of the South Sudanese pound have tightened food supply and pushed up prices.

Conflict continues to provoke large-scale displacements. Since the start of the conflict in mid- December 2013 until the end of November 2017, over 4 million South Sudanese have fled their homes: of these, 1.9 million are internally displaced and 2.4 million have sought refuge in neighbouring countries. In Uganda alone, 2,000 South Sudanese arrive every day bringing the total to over 1 million people. Over 420,000 refugees are now in Ethiopia, and nearly 770,000 are in the Sudan.¹⁶⁹

In the second half of 2017, Greater Baggari in Wau county (in former Western Bahr el Ghazal state) was of particular concern, with insecurity severely restricting the movements of up to 38,000 people, thereby limiting their ability to cultivate, search for wild foods or move towards Wau town for assistance.

Between October and December, food security saw seasonal improvements thanks to household harvests and the availability of wild foods. Rainfall in 2017 was favourable except for localized floods in some areas of Greater Kapoeta region in Eastern Equatoria and in Northern Bahr el Ghazal. Crop losses from pests and diseases were minimal, despite localized fall armyworm outbreaks. However, because of the intensity and scale of the conflict, the 2017/18 harvest remained below the five-year average, with cereal production estimated at 970,000 metric tons, the lowest output since the start of the conflict. Production is reported to be between 30 to 50 percent less than in 2016 in traditionally surplus-producing areas of Greater Equatoria and Western Bahr el Ghazal, which have experienced an exodus of 600,000 people in 2017, decimating the number of households engaged in farming.

¹⁶⁹ UNHCR South Sudan situation regional update, 1-31 December 2017.

By contrast, small increases in output of between 5 and 10 percent are forecast in the Greater Upper Nile region, although local production remains well below pre-conflict levels. Any seasonal improvements in food availability are not likely to last long as households will soon exhaust any home-produced stocks.

Cereal prices fell in several markets between August and October as the 2017 harvest increased supplies. Government-subsidized sales of basic foods contributed to the downward pressure. However, despite the recent declines, the prices of cereals and other food items are still exceptionally high. For example, December prices of maize and sorghum in Juba were up to double their year-earlier levels and about seven times higher than two years earlier, driven by tight supplies, market disruptions, high transportation costs and the weak local currency.

In such a context, humanitarian assistance has a major role to play in preventing widespread acute food insecurity. However, despite a significant increase in recent years, food assistance reached up to 3 million beneficiaries a month in 2017, just half the estimated population in need in September.¹⁷⁰ Access to affected populations – crucial for assessing needs and delivering assistance – remains a challenge because of insecurity, with reported cases of access constraints increasing in 2017.

170 FEWS NET. South Sudan Food Security Outlook. October 2017-May 2018.

Nutrition snapshot

The already dire acute malnutrition rates in South Sudan have worsened since 2016. According to the September 2017 IPC analysis, 31 counties in the former states of Lakes, Northern Bahr el Ghazal, Unity, Western Bahr el Ghazal, Eastern Equatoria and parts of Jonglei have global acute malnutrition (GAM) rates that reflect *Critical* acute malnutrition (≥ 15 percent), ranging from 15 to 29.9 percent. In three counties,¹⁷¹ GAM prevalence is extremely critical, exceeding 30 percent. Levels of acute malnutrition were anticipated to improve marginally from September to December 2017 thanks to the higher seasonal increased availability of local produce such as fish and milk and slightly better access to markets and services.

The national level of stunting is *Serious* at 31 percent, according to the State of Acute Malnutrition joint estimates for 2016. The same report found *Critical* national rates of GAM at 22.7 percent and of severe acute malnutrition, at 9.9 percent.

Such high levels of acute malnutrition are attributed to continuing severe food insecurity; widespread and prolonged insecurity; displacement; poor access to services; high morbidity; low vaccination rates for children; suboptimal child feeding practices; poor water, sanitation and hygiene; and poor public healthcare services. Some 21,576 cases of cholera have been reported since the start of the current outbreak in June 2016 with a case fatality rate of 2.1 percent. People living around landing sites and towns on the River Nile, cattle camp dwellers, populations living on islands with no services, and IDPs lacking access to hygiene and sanitation are the worst affected.¹⁷²

171 Renk, Twic and the Greater Baggari area in former Wau.
172 WHO OEW Bulletin, Week 51, 2017.

SUDAN

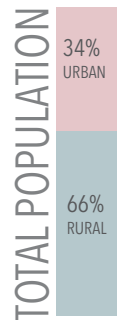
KEY FOOD INSECURITY FIGURES AND TRENDS

2017

2016-17

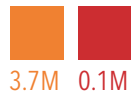
2018

42.8M



3.8M
FOOD-INSECURE
PEOPLE IN NEED
OF URGENT ACTION

IPC 3+



NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION



Decreased mainly due to seasonal improvements associated with the harvest



The number of food-insecure people in need of urgent action is forecast to **remain unchanged** in 2018

KEY FACTORS DRIVING FOOD INSECURITY



LARGE-SCALE
DISPLACEMENT



CONFLICT



UNPREDICTABLE
RAINFALL



Sudan hosts refugees from seven countries. The high influx from South Sudan increases competition for domestic food



Conflict between pastoralists and settled farmers and inter-tribal insecurity persist in some areas of South Kordofan and Darfur states, disrupting livelihoods and markets



Prolonged dry spells affected crop development and pastoral outputs. The 2017 harvest is likely to be 39% lower than the record 2016 output and 12% below the five-year average

DISPLACEMENT

OCHA, December 2017



773,000
from South Sudan

OCHA, December 2017



2M

OCHA, December 2017



386,000



Prices of the main staples sorghum, millet and wheat were very high at the end of 2017



Fall armyworm infestations further reduced crop output

KEY MALNUTRITION FIGURES

2.2M

Children aged 6-59 months affected by moderate and severe acute malnutrition



573,000

With severe acute malnutrition



15% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



55% Infants (up to 6 months old) exclusively breastfed



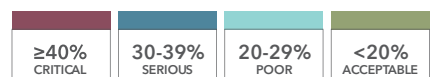
68% Households having access to safe drinking water

38%

Children aged 0-59 months stunted



MICS, 2014



HNO, 2017

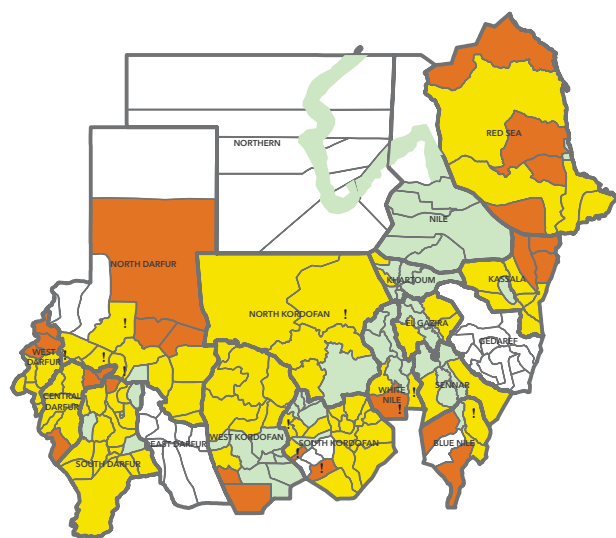
MICS, 2014

Background

Africa's third largest country, Sudan, is currently hosting refugees from five of its seven neighbouring countries – Central African Republic, Chad, Eritrea, Ethiopia and South Sudan – as well as from Syria and Yemen. The country's humanitarian situation is complex, with acute needs across the Darfur region, the Blue Nile and South Kordofan states, eastern Sudan and other areas. Conflict and inter-communal tensions, compounded by poverty, under-development and environmental factors, are the driving forces behind displacement and food insecurity.



Map 42: Sudan, IPC Acute food insecurity situation, April - June 2017



Source: Sudan IPC Technical Working Group, March 2017

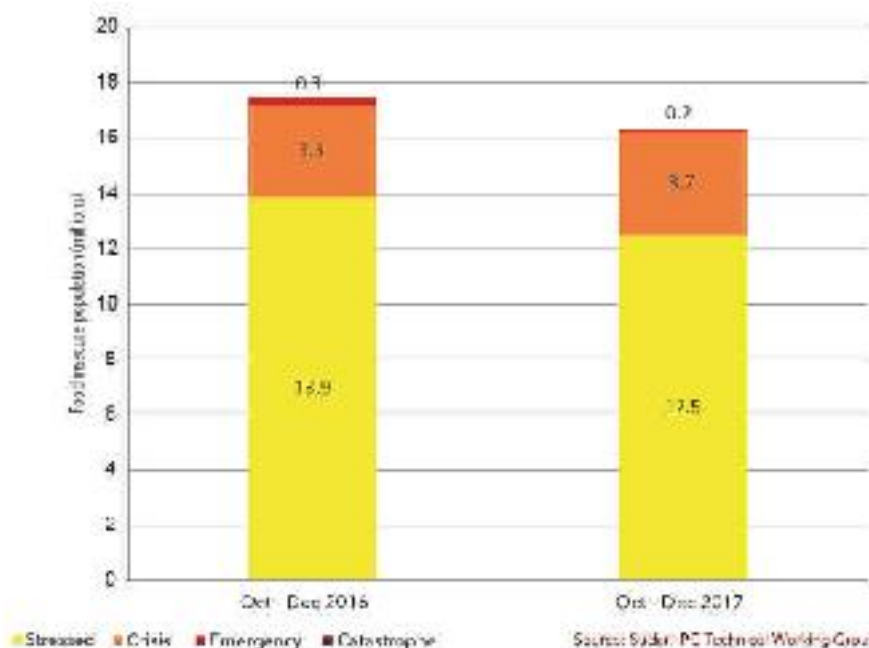
Map 43: Sudan, IPC Acute food insecurity situation, October - December 2017



Source: Sudan IPC Technical Working Group, October 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed
! Area would likely be at least 1 Phase worse without the effects of humanitarian assistance

Graph 9: Number of people in IPC Phase 2,3,4 and 5 in 2016 - 2017



Acute food insecurity snapshot

The latest IPC analysis for the post-harvest period from October to December 2017 estimated that over 3.8 million people (over 9 percent of the population) were in IPC Phases 3 or 4 (*Crisis* or *Emergency*) and needed urgent food security and livelihood assistance. This is a slight deterioration since the same period in 2016, when the IPC analysis found 3.5 million were in *Crisis* or *Emergency* conditions. However, the number classified in IPC Phase 4 fell from 293,000 to 151,000 people and the overall number of people facing IPC Phases 2, 3 or 4 conditions decreased by over 1 million (see Graph 9).

Between October and December, over 30 percent of acutely food-insecure people were concentrated in the Darfur states, where there are large numbers of displaced people with limited access to land and seasonal agricultural employment.

Blue Nile, North Kordofan, Kassala and Gadarif also have high levels of acute food insecurity, with between 13 and 19 percent of their populations in IPC Phase 3 or above. IDPs, host communities, households with vulnerable livelihoods in Central and East Darfur and South Kordofan states, South Sudanese refugees and those living in areas affected by conflict and insecurity are the most vulnerable.

Factors driving acute food insecurity

In Sudan, food insecurity is driven by multi-dimensional challenges, affecting the availability, accessibility and environmental sustainability of the country's food system.

Although a ceasefire by the Government of Sudan and most armed groups has resulted in significantly less conflict and related displacement in Darfur, Blue Nile and South Kordofan, conflict between pastoralists and settled farmers and inter-tribal conflicts persist in some areas. This has led to market disruption, loss of assets and reduced access to livelihood options. Those most severely affected are poor households and IDPs in conflict-affected areas of South Kordofan and Darfur. According to OCHA, 2.3 million IDPs were in need of humanitarian assistance as of September 2017, of whom the majority (2.1 million) were in Darfur and 240,000 were in Blue Nile and South Kordofan.¹⁷³

Food security in Sudan is also affected by the continual arrival of refugees from South Sudan, which is inevitably leading to increased competition for domestic food and a rise in food prices. According to UNHCR, as of January 2018 there were 770,110 South Sudanese refugees in Sudan, of whom 195,559 arrived in 2017. They are mainly residing in White Nile, East and South Darfur and South Kordofan.¹⁷⁴ In the first two weeks of January alone, over 3,000 more refugees arrived.

The performance of the June-September rainy season was mixed, with favourable rainfall in Sennar, South Darfur, South Kordofan, Red Sea and Northern states, while in Kassala, Gedaref and North Darfur prolonged dry spells damaged crop development too late in the season to allow for re-planting. Fall armyworm outbreaks in Blue Nile, Gedaref, Sennar, Kassala and River Nile also damaged crops. As a result, 2017 cereal production (including the small irrigated wheat crop to be harvested in March 2018) is likely to be 39 percent lower than the record 2016 output and 12 percent below the five-year average.

The prices of sorghum, millet and wheat were at record or near-record levels at the end of 2017, driven by the Sudanese pound plunging to an historic low against the US dollar in the black market in November as well as crop production shortfalls and delayed harvests. There were also sharp increases in the price of other food items, especially meat and sugar.

173 OCHA Sudan Humanitarian snapshot 31 December 2017.

174 UNHCR Sudan-South Sudan Refugee Response-Population & Operational Update, 2018.

Nutrition snapshot

The 2017 HNO¹⁷⁵ showed that 11 out of 18 states in Darfur had global acute malnutrition (GAM) rates above the 15 percent *Critical* threshold. In some states, rates were much higher, including in North Darfur where GAM prevalence reached 27.9 percent. According to the Sudan Ministry of Health, 2.2 million children were suffering from acute malnutrition, including 573,000 with severe acute malnutrition.

The main factors driving malnutrition are food insecurity, diseases, poor access to primary healthcare and safe water, inadequate sanitation facilities, and poor infant feeding practices. In 2014, the rate of exclusive breastfeeding for babies under 6 months was 55 percent, and only 15 percent of children aged 6-23 months received an adequate diet (MICS 2014).

In August 2016, an acute watery diarrhoea outbreak began in Blue Nile, and it spread rapidly during 2017.¹⁷⁶ More than 30,000 cases have been reported with around 800 attributable deaths, although numbers have been decreasing since September.¹⁷⁷ In 2017, Sudan also registered a substantial increase in suspected cases of dengue fever.¹⁷⁸



¹⁷⁵ The 2018 Humanitarian Needs Overview for Sudan has not yet been released.

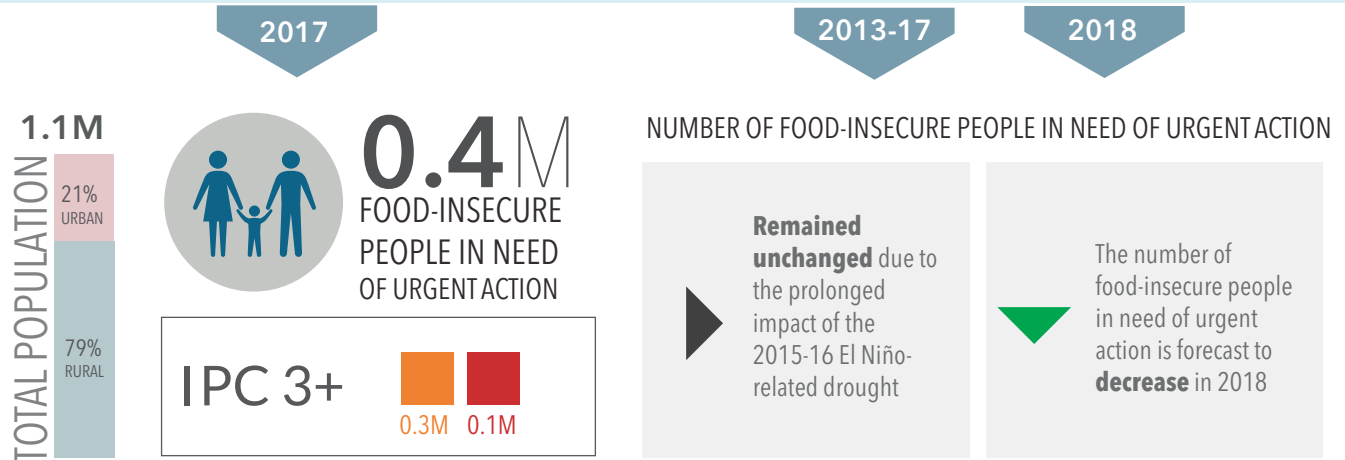
¹⁷⁶ OCHA. Sudan Humanitarian Bulletin. August 2017.

¹⁷⁷ Ibid.

¹⁷⁸ OCHA. Sudan Humanitarian Bulletin. December 2017.

SWAZILAND

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



DROUGHT



POVERTY



HIGH FOOD PRICES



In 2016 and early 2017, drought caused extensive crop losses and cattle deaths



63% of Swazis live below the national poverty line and have little resilience to climate shocks



Swaziland was exposed to fluctuating prices of imported food in 2017



Maize production in 2016 was well below average and still fell short of requirements in 2017



Lack of infrastructure and limited irrigation hamper productivity while poor roads hinder market access



Loss of employment, lack of job opportunities, and chronic illness/death breadwinners all undermine resilience

KEY MALNUTRITION FIGURES

8,500

Children aged 6-59 months affected by moderate and severe acute malnutrition



1,400

With severe acute malnutrition



13% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



68% Infants (up to 6 months old) exclusively breastfed



60% Households having access to safe drinking water

25%

Children aged 0-59 months stunted



≥40%
CRITICAL

30-39%
SERIOUS

20-29%
POOR

<20%
ACCEPTABLE



Background

The Kingdom of Swaziland faces numerous challenges, including poverty (63 percent of Swazis live below the national poverty line) and a very high HIV prevalence (26 percent of the population aged between 15 and 49 are affected).¹⁷⁹ Life expectancy is just 49 years, and 45 percent of children are orphaned or vulnerable. The south-east of the country is highly prone to drought. An estimated 77 percent of Swazis rely on subsistence farming for their livelihoods.

179 See <http://www1.wfp.org/countries/swaziland>

Map 44: Swaziland, IPC Acute food insecurity situation, October 2016 – February 2017



Source: Swaziland IPC Technical Working Group, June 2016

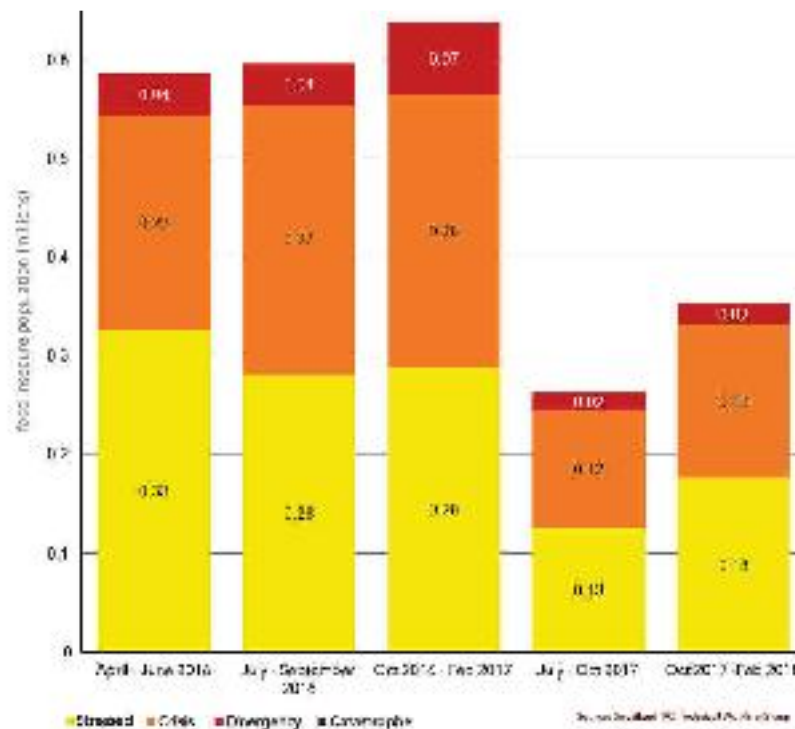
Map 45: Swaziland, IPC Acute food insecurity situation, October 2017 – March 2018



Source: Swaziland IPC Technical Working Group, July 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 10: Number of people in IPC Phase 2, 3, 4 and 5 in 2016-2017



Acute food insecurity snapshot

Food insecurity in all four regions of Swaziland was alarming in early 2017. The number of acutely food-insecure people in need of urgent assistance reached 350,100 (39 percent of the population analysed) between October 2016 and February 2017, according to the IPC June 2016 analysis. The majority of these people were in the low cereal-producing regions of Shiselweni (south) and Lubombo (east).

By July 2017 the number of people in *Crisis* (IPC Phases 3) or 4 (*Emergency*) had fallen to 137,380, or 16 percent of the population analysed, with the majority still in Lubombo and Shiselweni. From November 2017 to February 2018, food insecurity prevalence was expected to rise to 19 percent or 177,000 people.

Factors driving acute food insecurity

The drought that affected the 2015/16 cropping season was the primary driver of poor food security at the start of 2017. More generally, food security and agricultural productivity are undermined by heavy reliance on rain-fed maize production, very low income levels among rural smallholders, and high prices of food and agricultural inputs - such as seeds and fertilizers - together with high rates of HIV and AIDS among wage earners. The effects of the last El Niño-induced drought are still being felt.

In 2016 and early 2017, the drought caused by El Niño caused extensive crop losses and cattle deaths across the country. As a result, cereal production in 2016 - almost entirely maize - was estimated to be well below average and 64 percent down from the previous year because of lower yields and smaller harvested areas. Over 26 percent of households adopted livelihood coping strategies, and 46 percent of the population faced livelihood protection deficits. Food price rises were particularly concerning in Shiselweni and Manzini, where 26 percent of the population spend over 75 percent of their income on food.

Conditions improved significantly in the second half of 2017, mostly thanks to better agricultural output. Maize production in 2017 increased by 152 percent compared with the previous year, and was nearly twice as high as the five-year average. Food prices also fell compared with 2016, improving food access.

Swaziland faces chronic food insecurity issues. Lack of infrastructure and limited access to water sources and irrigation prevent poor subsistence farmers (who make up 77 percent of the population) from increasing their productivity, while poor roads hinder market access. Poor rural households have little resilience to climate shocks such as the frequent droughts, floods, hail and wind storms. Loss of employment and income, lack of job opportunities, and chronic illness or the death of breadwinners also undermine household resilience.

Nutrition snapshot

Acute child malnutrition rates fell from 3 percent (with 2.5 percent severely wasted) during the El Niño-induced drought to 2.5 percent in 2017, according to the recently completed Rapid Nutrition and Health Assessment (2017). Overall, chronic malnutrition rates have improved over the past three years, with the prevalence of stunting dropping from 25.5 percent (MICS 2014) to 23 percent (Swazi VAC 2017). The monthly number of cases of anaemia reported in health centres rose during the drought, and there was an increase in the proportion of households not consuming iron-rich or vitamin A-rich foods. Levels of overweight and obese women are ongoing serious concerns: more than 50 percent of women and 15 percent of children and adolescents are considered to be overweight or obese (WHO 2016).

A range of factors are associated with malnutrition in Swaziland, including poor dietary diversity, poor postnatal care, high prevalence of HIV/AIDS, and poor access to sanitation - 32 percent do not have improved toilet facilities¹⁸⁰. Dietary diversity has deteriorated significantly: in 2014, 97 percent of households had acceptable food consumption,¹⁸¹ falling to 56 percent in 2017.¹⁸² Just 38 percent of children aged 6-23 months receive the minimum acceptable diet.¹⁸³

180 Swaziland Vulnerability Assessment Committee. 2017.

181 Measured by Food Consumption Score.

182 WFP VAM. Food Security Analysis Bulletin, No. 5. June 2017.

183 MICS 2014.

Access to safe drinking water has improved: 60.5 percent of the population now has access,¹⁸⁴ mainly thanks to better rainfall.

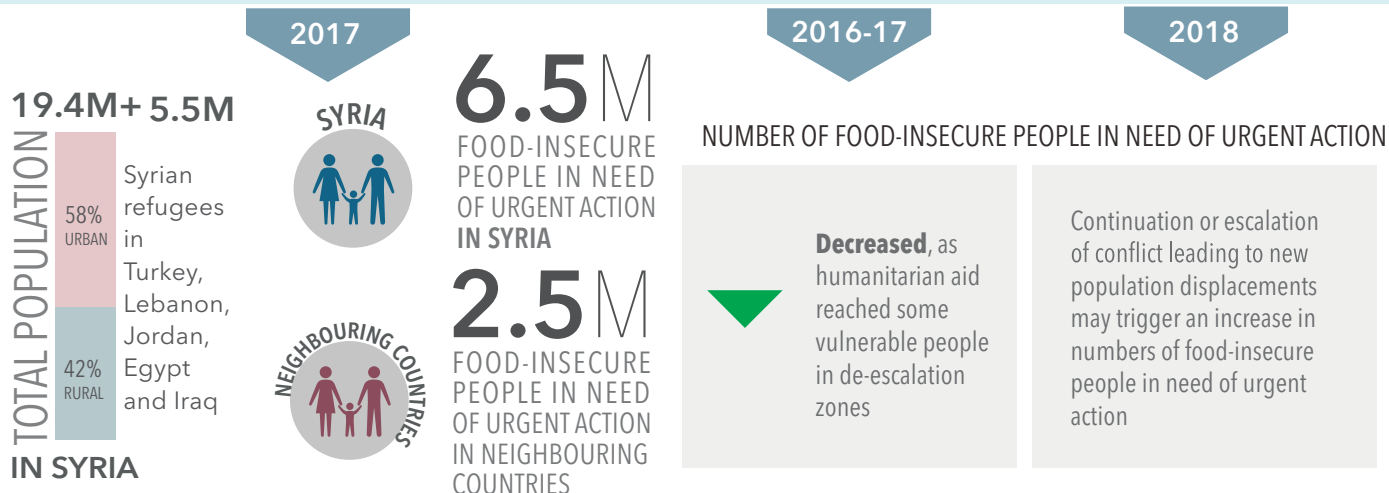
According to the latest assessments, nutrition levels are particularly worrying in the Lubombo region; heavily hit by the drought, this is the most food-insecure area in the country. Lubombo reportedly has the highest proportion of households with low and medium dietary diversity scores. It has the highest stunting prevalence at 27.3 percent¹⁸⁵ and a significant number of cases of severe acute malnutrition (including oedema).¹⁸⁶

184 Swaziland Vulnerability Assessment Committee. 2017
185 Swaziland Vulnerability Assessment Committee. 2016.
186 UNICEF 2017.



SYRIA AND SYRIAN REFUGEES

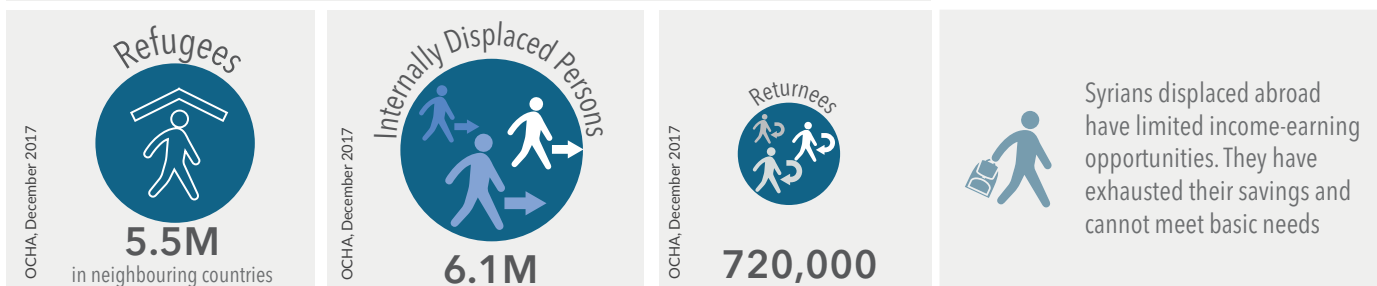
KEY FOOD INSECURITY FIGURES AND TRENDS



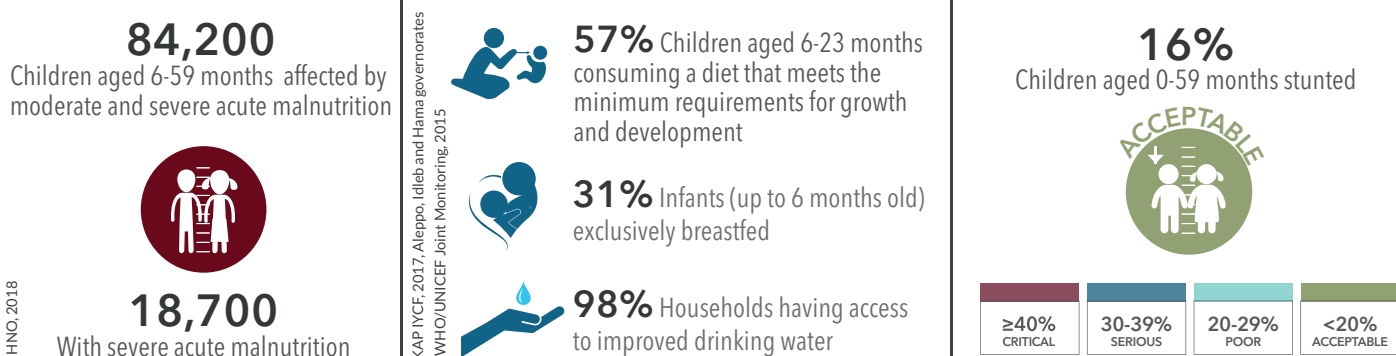
KEY FACTORS DRIVING FOOD INSECURITY



DISPLACEMENT



KEY MALNUTRITION FIGURES - Syria





Background

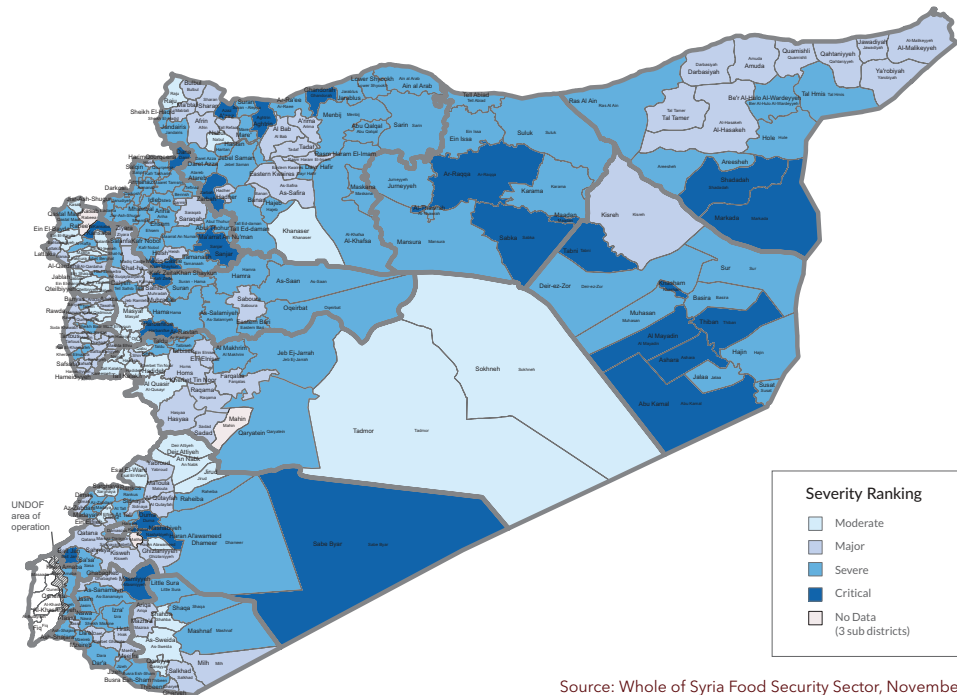
In Syria, the level of hostilities fell in certain areas in 2017, through de-escalation agreements and a reduction in the number of UN-declared locations under siege. However, as the conflict entered its seventh year, violence in other areas including eastern Ghouta, Ar Raqqa city, Deir-ez-Zor city and Idlib governorate intensified, with civilians bearing the brunt of the violence. Most of those who remain in the country are trapped in a vicious cycle of poverty and hunger, exacerbated by insecurity, displacement, unemployment, reductions in government subsidies, and the drastic devaluation of the Syrian pound (over 1,000 percent since 2011).

According to UNHCR, there were officially 5.3 million registered Syrian refugees in Turkey, Lebanon, Jordan, Egypt and Iraq as of December 2017. Turkey hosts the largest number of registered refugees in the world at 3.3 million, while Lebanon and Jordan host the largest proportion of refugees measured as a share of the host population.

Around 92 percent of Syrian families sheltering in neighbouring countries live in communities and 8 percent (459,000 people) live in camps.¹⁸⁷ Asylum space is shrinking as the neighbouring countries are managing their admission and employment policies more closely.

¹⁸⁷ See <http://data.unhcr.org/syrianrefugees/regional.php>

Map 46: Syria, Severity of Acute food insecurity, October 2017



Source: Whole of Syria Food Security Sector, November 2017

| | | | |
|---|--|--|--|
| <p>CRITICAL (28 SUB-DISTRICTS) Areas where large food consumption gaps were reported along with extreme loss of livelihoods assets. Action is required to save lives and livelihoods</p> | <p>SEVERE (107 SUB-DISTRICTS) Areas where food consumption gaps are high or able to marginally meet consumption only through severe livelihood assets depletion. Action is required to save lives and livelihoods</p> | <p>MAJOR (89 SUB-DISTRICTS) Areas where minimal adequate food consumption was assessed but people are unable to afford some essential non-food expenditures without engaging in negative and irreversible coping strategies. Action is required to protect livelihoods and provide food assistance in certain areas</p> | <p>MODERATE (43 SUB-DISTRICTS) Areas where the populations are able to meet their minimum food needs without engaging in extreme negative coping mechanisms. Action is required to protect livelihoods and provide food assistance in certain areas</p> |
|---|--|--|--|

Acute food insecurity snapshot

The food security analysis conducted by the Whole of Syria Food Security Sector in September 2017 estimated that 6.5 million Syrians were acutely food insecure and a further 4 million people were at risk of becoming acutely food insecure due to their rapidly depleting livelihoods. Together, this represented more than half (about 54 percent) of the Syrian population still in the country.

According to the analysis, the worst hit areas in terms of absolute numbers were rural Damascus (1.2 million) and Aleppo (0.9 million). The highest prevalence of food insecurity was in the governorates of Ar-Raqqa (49 percent) and Deir-Ez-Zor (48 percent). Critical conditions were reported in camps across Ar-Raqqa, with shortages of food, water and medicine.

The report found that Syrians were resorting to numerous coping strategies, with half cutting the number of meals they ate each day. Now in the seventh year of the crisis, the vast majority of households have depleted their assets and are no longer able to shoulder the burden of the lack of income and hyperinflation. They are adopting harmful coping strategies that disproportionately affect the most vulnerable, such as relying on child labour, withdrawing children from school and resorting to early marriage and engagement with armed groups.

People living in besieged areas such as Duma in eastern Ghouta¹⁸⁸ are facing extreme levels of hardship and food insecurity and are heavily dependent on food assistance. IDPs living in last-resort camps/sites/collective centres, newly displaced populations, spontaneous IDP returnees and over-burdened communities hosting IDPs are gravely affected by food insecurity. WFP's mVAM bulletin for October warned that food security indicators had particularly deteriorated over the previous six months in hard-to-reach areas of Homs and Hama.

Syrian refugees

By December 2017, food security agencies were reaching a record 2.5 million beneficiaries a month with food assistance in Syria's neighbouring countries, a 25 percent increase on the figure at the end of 2016.¹⁸⁹

The *Vulnerability Assessment of Syrian Refugees 2017* found that in **Lebanon**, 91 percent of Syrian households were food insecure to some degree. The majority of them were 'mildly' food insecure (53 percent), 36 percent were moderately food insecure and 2 percent were severely food insecure.¹⁹⁰ In Akkar, Jbeil and Jezzine districts more than 55 percent of households were severely or moderately food insecure. Three in four Syrian refugee households in Lebanon reported having experienced a lack of food or money to buy food during the 30 days prior to the survey. To deal with this, 96 percent had adopted food-related coping strategies in the week before the survey. Some households even went days without eating; in other households, female-members ate less in order to feed others.

In **Jordan**, 53 percent of Syrian refugees have poor or borderline food consumption, a dramatic increase from 19 percent in 2016.¹⁹¹ Since an attack on the Jordanian border post at Rukban in June 2016, the Government of Jordan has sealed the Jordanian side of the border preventing vulnerable people from entering the country, and severely limiting the delivery of humanitarian assistance from Jordan. An estimated 50,000 people¹⁹² - 80 percent of whom are thought to be women and children - are living in makeshift settlements in Rukban in the desert on Jordan's northeast border with Syria. They have limited access to critical food supplies and are living in dire conditions.

188 SYRIA - Duma Inter Agency Assessment, November 2017.

189 3RP Regional Refugee and Resilience Plan 2018-2019.

190 Figures based on WFP's CARI methodology.

191 3RP Regional Refugee and Resilience Plan 2018-2019.

192 UN estimate, September 2017.

The food security situation is better in **Turkey**. Around 24 percent of refugees were found to have borderline or poor food consumption, but the vast majority consume a diverse diet containing protein and vitamin A, according to a monitoring and evaluation assessment of beneficiary and non-beneficiary households for the Emergency Social Safety Net programme.¹⁹³

Factors driving acute food insecurity

Food insecurity across Syria continued to be driven by the conflict, which is causing major population displacements, disrupting of livelihoods and depletion of assets; reducing income and agricultural production; and pushing up food prices. Many Syrian refugees have now been in a host country for several years, and they lack the resources to meet their basic needs. They face limited income-earning opportunities and they are exhausting their savings. They have few options to work legally as they often lack valid residence status.

After the fall of Aleppo in late 2016, fighting was concentrated in the north-west (Idleb governorate) during most of 2017, and in the north-east (Ar-Raqqa and Deir-Ez-Zor governorates) since October. While de-escalation zones have allowed greater humanitarian access, some areas remain under siege and hard to reach, particularly in Idleb and in rural Damascus, although between April and September 2017, the number of people in need in these areas fell by 34 percent.

While the humanitarian situation in Deir-Ez-Zor city improved slightly thanks to air drops, the situation in Ar-Raqqa remained critical. Shops were destroyed and the cost of a standard food basket increased by 42 percent between May and June 2017.

By November, 6.1 million people were internally displaced – most of them multiple times – and 440,000 people had returned to their home areas thanks to improved security. However, in many cases, the damage and loss of their livelihood assets has prevented them from resuming their pre-crisis livelihood activities, leaving them mostly dependent on food assistance or the support of already overburdened communities. At the same time, the prolonged conflict prompted new displacements, with 7 out of 14 governorates facing an increased number of IDPs in mid-2017 compared with the beginning of the year.¹⁹⁴

Before 2011, agriculture provided employment to 47 percent of the population. Since the onset of the crisis, low productivity has reduced incomes in the agricultural sector and many rural Syrians have been deprived of their livelihoods. Fields are littered with explosive hazards, and extensive de-mining interventions are needed. Wheat and barley production improved slightly in 2017 compared with the previous year thanks to better rainfall and improved access to agricultural land. In 2017, total wheat production was estimated to be 12 percent above the record low harvest of 2016, but far below the pre-conflict average of 4.1 million tons (2002-2011). Production costs and lack of inputs, as well as damage to infrastructure and irrigation, continued to challenge agricultural production. Over the past two years, livestock herd sizes have stabilized, albeit at very low levels because of continued high fodder prices, insufficient coverage of veterinary services and poor access to grazing. Improved pasture conditions, thanks to higher rainfall, are expected to ease supply constraints and rein in fodder prices in 2018.

Household income has plummeted because of insecurity, displacement and the disruption of the public safety net systems that existed before the conflict. Some 69 percent of the population is living in extreme poverty. While the purchasing power of casual labourers and pastoralists improved slightly over the course of the year, it continued to be lower than in 2014 and 2015. IDPs often receive lower wages or have less capacity to work and resort to working longer hours and use child labour as a coping strategy. As many men have left or been drafted, women often bear the burden of supporting their families.

¹⁹³ *Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise (CVME) 2017*. The lack of neighbourhood-level data means the results are not representative of the refugee population beyond the sample.

¹⁹⁴ WFP. CFSAM, July 2017.

Food prices have been pushed up by the drop in food production, high fuel costs increasing the cost of food transport, insecurity and checkpoints fees, and damaged roads, forcing traders to take longer routes. However, the stabilisation of the security situation in areas under de-escalation agreements has opened up internal supply routes to Hama, Idleb and Aleppo as well as external routes via the western and northern corridors to Turkey. Consequently, trade has slowly recovered throughout the country and urban markets seem to function well. By August 2017, the national average cost of a standard food basket had fallen by 0.3 percent since the previous year, but average food prices were still 90 percent above August 2015 levels and 800 percent higher than pre-crisis levels. Falling income coupled with high market prices for staple foods has diminished households' capacity to buy food.

Syrian refugees

Syrian refugees endure extremely high rates of poverty. In Turkey, over 64 percent of refugee households living outside camps live below the poverty line; in Jordan, the proportion is 80 percent, and in Lebanon, it is more than 76 percent. In Egypt, 82 percent of registered Syrian refugees are either highly or severely vulnerable, meaning they are unable to afford the minimum requirements for a dignified life.¹⁹⁵

According to the *Vulnerability Assessment of Syrian Refugees 2017*, Syrian households' main sources of income in Lebanon are informal credit and debt (62 percent), followed by WFP assistance (40 percent). Some 87 percent of refugees reported having to borrow money to buy food, cover health expenses and pay for rent. Three quarters of Syrian refugee households had expenditures below the minimum expenditure basket, indicating they were unable to meet their basic needs for food, health, shelter and education. Even more worryingly, 58 percent of households had a per capita expenditure below the survival minimum expenditure basket, meaning they were living in extreme poverty and unable to meet survival needs. This is an increase of five percentage points over 2016 figures.

In Turkey, the blanket provision of food assistance to vulnerable refugees living in temporary accommodation centres has stabilised food security, with 96 percent of households in the centres now reporting acceptable food consumption scores. While legislation allows Syrians to apply for work permits in Turkey, it is hard for refugees to find formal employment. Most Syrian refugees (75 percent) rely on low-paid unskilled/unreliable sources of income, which is mainly spent on food, rent and utilities, leaving just 19 percent for all the other essentials – health, education, hygiene, transport, water, communications and debt repayments.¹⁹⁶ After borrowing money, buying food on credit and spending savings, refugees often resort to selling their assets, withdrawing their children from school and/or sending them to work in an attempt to make ends meet. A significant portion (11 percent) employ 'emergency' coping strategies such as sending a household member to live elsewhere for lack of money to support them. More than half (57 percent) are living below the minimum expenditure basket threshold of 324 TL per capita per month.

The situation for refugees in Iraq is somewhat better, but it is deteriorating – particularly for those who cannot earn an income – and 37 percent of refugees now live below the poverty line. Throughout 2017, the escalation of conflict in Iraq affected access to and the quality of essential services for refugees and their host communities.

The difficult situation for Syrian refugees across the region has been compounded by the broader challenges facing many host countries.

¹⁹⁵ Poverty figures from 3RP Regional Refugee and Resilience Plan 2018-2019.

¹⁹⁶ WFP. *Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise* (Round 1). The lack of neighbourhood level data means the results are not representative of the refugee population beyond the sample.

Despite slow but steady economic growth across the region in 2017, unemployment rates remain high at 12 percent in Egypt, 10 percent in Turkey, 14 percent in Jordan, 16 percent in Iraq and 7 percent in Lebanon.¹⁹⁷ These countries have been generous in hosting refugees since the crisis began, but there are signs of growing host community fatigue. Competition for jobs and the depletion of limited resources are the main sources of tension, as governments and the international community struggle to provide basic services to host and refugee populations.

Map 47: Lebanon, Percentage of households with moderate and severe food insecurity, 2017



Source: Vulnerability Assessment of Syrian Refugees (VASyr), 2017

197 For Egypt and Turkey, the unemployment rates are provided by 3RP country chapters. For Lebanon, Iraq and Jordan, see <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

Nutrition snapshot

It remains difficult to obtain data on the nutrition situation in Syria, especially regarding IDPs. Cases of acute or chronic malnutrition may often go undetected because of limited screening services. Yet nutrition surveys have been conducted in 2016 and 2017, as well as a CFSAM survey, and the Nutrition Cluster has been very active in terms of nutrition surveillance.

Recent national SMART Nutrition surveys show a prevalence of global acute malnutrition (GAM) of 7.8 percent, which is below the *Critical* threshold according to WHO standards and even lower than the pre-conflict rate (9.3 percent in 2009). These *Acceptable* levels of GAM could be attributed to the large-scale preventive and curative nutrition interventions implemented by nutrition sector partners. The fact that 98 percent of Syrians have good access to safe drinking water, good vaccination rates and good hygiene practices (90 percent of households have good handwashing practices) may also play a role.

Yet these encouraging findings should not obscure the fact that (i) an estimated 4.6 million boys and girls aged 6-59 months and pregnant and lactating women are at risk of undernutrition, and (ii) there are large local disparities in GAM rates.¹⁹⁸ For example, Latakia governorate recorded the highest GAM rate for children aged 6 to 59 months at 9.7 percent, with a severe malnutrition rate of 2.2 percent.¹⁹⁹ Among pregnant and lactating women in the Lajat area of Dar'a, the GAM rate was 11.5 percent.²⁰⁰ In addition, recent surveys have revealed concerning micronutrient deficiencies, with high levels of anaemia among children aged 6-59 months (26 percent), rising to 35.3 percent among children in Idleb.

The prevalence of chronic malnutrition is 16 percent, which is *Acceptable* according to WHO thresholds and lower than pre-conflict data (23 percent in 2009). However, a recent survey in rural Damascus (eastern Ghouta) reported a *Serious* stunting rate of 30.5 percent.²⁰¹ The emergence of pockets of acute and chronic malnutrition are a consequence of chronic nutritional deprivation, poor quality diets, inappropriate infant and young children feeding practices, and limited access to health services.

In March 2017, a *Knowledge, Attitudes and Practices* survey conducted in Idleb governorate and in some areas of Aleppo and Hama governorates found that infant and young child feeding was deteriorating, with only 30 percent of children under 6 months of age being exclusively breastfed, and 57 percent of children aged 6-23 months receiving a minimum acceptable diet.²⁰²

198 OCHA. Syria: Humanitarian Needs Overview 2018.

199 SMART Nutrition Assessment report 2016, confirmed by HNO 2018.

200 Ibid.

201 Whole of Syria Nutrition Sector Bulletin Jan-July 2017.

202 Humanitarian Needs Overview 2018.

Syrian refugees

The nutrition situation of the Syrian refugees in neighbouring countries appears considerably better than those who have been left behind. The most recent nutrition assessments carried out among Syrian refugees took place in 2013 in Lebanon and Iraq (UNICEF) and in 2016 in Jordan (Inter Agency). They found *Acceptable* GAM prevalence among children; however, levels were nearing the *Poor* threshold in Domiz refugee camp in Iraq, in Bekaa Valley and in northern Lebanon.

Similarly, stunting levels were within *Acceptable* limits except in northern and southern Lebanon and in the Bekaa Valley, where they were *Poor*.

Anaemia prevalence in Za'atri camp in Jordan exceeded 40 percent in both women and children. At 26 percent, the prevalence of total anaemia among children in the non-camp refugee populations in Jordan was comparable to the prevalence among children in Lebanon. At 31 percent, the prevalence of anaemia among women in the non-camp refugee populations in Jordan was comparable to the prevalence among women in Lebanon. These anaemia rates suggest a serious public health problem among women and children, especially in Za'atri camp.

While there are no up-to-date figures for child stunting and wasting among Syrian refugees living in Lebanon, the *Vulnerability Assessment of Syrian Refugees 2017* report found some worrying child feeding trends. In 2017, only 9.1 percent of young children achieved minimum diet diversity, a significant decline from 15 percent in 2016. Just 1.8 percent of children aged 6-23 months were fed a minimum acceptable diet, down from 3 percent in 2016.



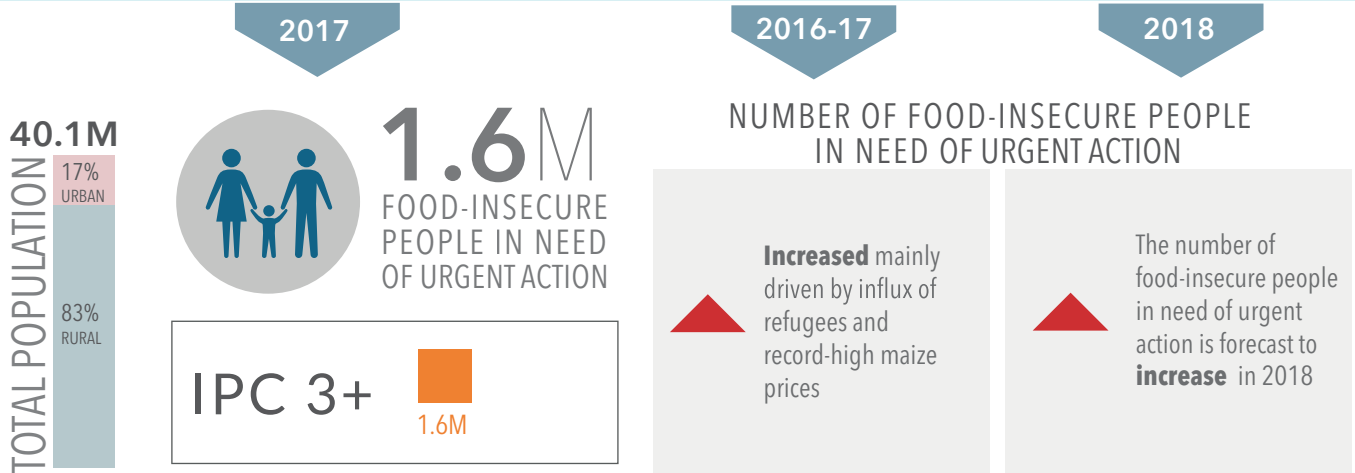


"The recurrent drought events, the ever reducing inter-drought event periods and the large number of pastoralists falling out of pastoralism dictates that we rethink our approaches while responding to drought events. Emphasis should shift from "getting back into production and increasing production" to enabling affected communities and individuals become food and nutrition secure by investing in resources available locally to create wealth and employment."

Ambassador (Eng) Mahboub Maalim, IGAD Executive Secretary

UGANDA

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



REFUGEE INFLOWS



POOR RAINFALL AND CROP PESTS



HIGH FOOD PRICES



An unprecedented mass influx of refugees has strained the limited public services and fragile resources of host communities



Below average and erratic rainfall and fall armyworm outbreak caused localized crop production shortfalls in the first season harvest



Tight supply caused maize prices to surge to record levels in the first half of 2017, when agricultural households were dependent on markets

DISPLACEMENT: 1.4M REFUGEES



1M



240,000



41,000



37,000

(source: UNHCR, December 2017)



Poor livestock body conditions caused livestock prices to fall and reduced the purchasing power of pastoralists

KEY MALNUTRITION FIGURES



21,900

With severe acute malnutrition



14% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



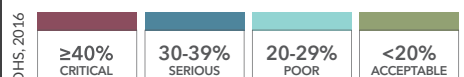
67% Infants (up to 6 months old) exclusively breastfed



33% Households having access to safe drinking water

26%

Children aged 0-59 months stunted



Background

Land-locked Uganda produces more food than it consumes. It has transformed itself from a country with a troubled past to one of relative stability and prosperity. However, poverty, particularly in the north and east of the country, high population growth (its population is expected to reach 100 million by 2050) and the presence of the world's third largest refugee population is challenging the country's ability to achieve Sustainable Development Goal 2 on Zero Hunger. The country has also had to contend with a 20-year insurgency in the north, led by the Lord's Resistance Army.

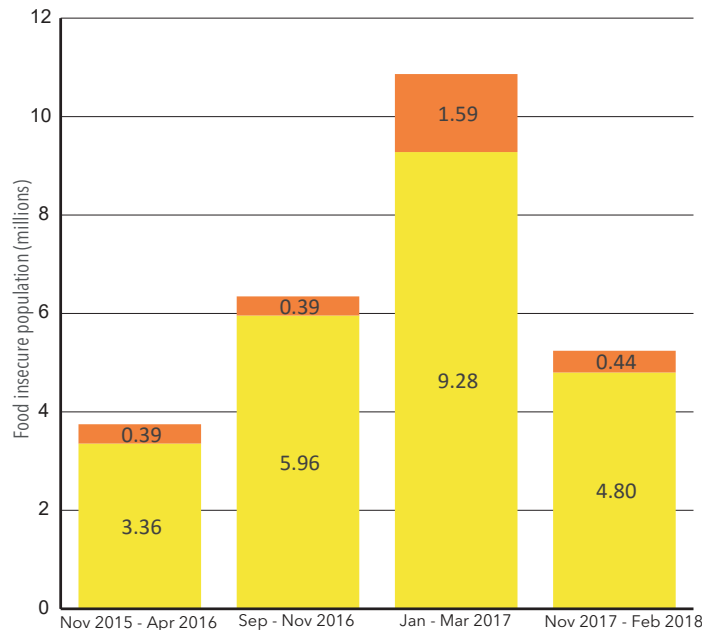
Map 48: Uganda, IPC Acute food insecurity situation, January - March 2017



Source: Uganda IPC Technical Working Group, January 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Graph 11: Number of people in IPC Phase 2, 3, 4 and 5 in 2015 - 2018



■ Stressed ■ Crisis ■ Emergency ■ Catastrophe/Famine

Source: Uganda IPC Technical Working Group

Acute food insecurity snapshot

According to the IPC analysis for January to May 2017, food security in Uganda deteriorated compared with 2015 and 2016, with 1.59 million people in *Crisis* (IPC Phase 3) and an additional 9.28 million people experiencing *Stressed* conditions (IPC Phase 2).²⁰³ Regions of particular concern with large populations in *Crisis* (IPC Phase 3) included Central (583,000 people), East Central (377,000 people), Karamoja (123,000 people), South Western (310,000 people) and Teso (194,000 people).

Later in the year, food security improved with the start of new harvests. This seasonally normal improvement was reflected in the November 2017 to February 2018 IPC analysis, which found that the number of people in *Crisis* (IPC Phase 3) had fallen by 72 percent to 441,000. There were still people in *Crisis* (IPC Phase 3) in Acholi (130,000), Karamoja (106,000), Teso (60,000) and West Nile (145,000).

Factors driving acute food insecurity

The deterioration in food security in Uganda in 2017 was mainly driven by below-average crop production and livestock conditions, caused by La Niña weather patterns and a resurgence of crop and livestock pests and diseases. Refugee inflows and high food prices that reduced household purchasing power also played a major role.

By the end of 2017, Uganda was hosting 1.39 million refugees and asylum seekers, primarily from South Sudan (70 percent), the Democratic Republic of Congo (17 percent)²⁰⁴ and Burundi. These populations are living in 30 refugee settlements, with the largest numbers in Yumbe, Adjumani, Arua and Moyo districts in the north-west.²⁰⁵ Although the government has provided refugees who arrived after July 2016 with a plot of land to cultivate, recent arrivals missed the planting season and remain heavily dependent on humanitarian assistance. As the number of refugees – especially from South Sudan – grows, these plots are gradually shrinking. This unprecedented mass influx is putting an enormous strain on Uganda's already limited public services and the fragile resources of host communities, increasing food insecurity for some local populations.

Ugandan smallholder farmers lack farming skills, handling techniques and access to services such as credit and insurance. Storage facilities are often inadequate to protect harvested crops from pests, moisture and mould. In northern and eastern regions, particularly in Karamoja, lack of rain can exacerbate food insecurity, forcing families to sell off their assets, take their children out of school or resort to environmentally harmful practices to secure food.

As a result of below-average 2016 cereal production and a poor second harvest (January 2017) in bimodal rainfall areas, many rural agricultural households started 2017 with low food stocks, which were depleted earlier than normal. Consequently, many households were market-dependent for a prolonged period of time. The tight supply situation sent food prices soaring, with maize prices reaching record levels between October 2016 and May 2017. These high prices and the earlier-than-usual market dependency caused an unusually long and intense lean season for agricultural households during the first half of 2017.

Poor 2016 rainfall also resulted in below-average pasture and water conditions in the cattle corridor, which triggered atypical movements of pastoralists and their herds and a deterioration in livestock body conditions. In Kaabong, Moroto, Kotido and Amudat districts, pastoral households faced increased competition for pasture from refugee and displaced populations from South Sudan and Kenya who brought their livestock herds with them. Poor livestock body conditions caused livestock prices to fall in local markets, which, along with high staple food prices, drove down purchasing power for pastoral households.²⁰⁶

²⁰³ Estimates cover local populations but do not include refugee populations due to a lack of recent data.

²⁰⁴ UNHCR. Uganda Refugee Response – Monthly Snapshot December 2017.

²⁰⁵ Ibid.

²⁰⁶ WFP. Monthly Market Monitor (Uganda): April 2017.

Food security outcomes improved following the start of the 2017 first season harvest in bimodal rainfall areas in June, and in unimodal rainfall areas of the Karamoja region in August. Increased supplies from newly harvested crops brought maize prices down by about 55 percent between May and December 2017. Rainfall was sufficient to normalize pastoral conditions, livestock body conditions and milk availability in pastoral areas, which supported better food security outcomes during the second half of the year. According to WFP's mVAM assessments in Karamoja, the proportion of households with acceptable food consumption scores rose to 49 percent in July 2017, compared with only 15 percent in May.²⁰⁷

Cereal production for 2017 increased by 5 percent compared with 2016 and was similar to the five-year average. The first season harvest was marked by localized production shortfalls due to erratic rainfall and fall armyworm infestations, but the deficits were offset by a good second season crop output, which benefited from abundant and well-distributed rains.

²⁰⁷ WFP Uganda, mVAM Karamoja Region Early Warning Bulletin, July 2017.

Nutrition snapshot

The results of the last DHS survey conducted from June to December 2016 showed that nationally, and in most regions of Uganda, global acute malnutrition (GAM) rates among children under 5 were *Acceptable*, i.e. below 5 percent. The only regions with GAM rates above 10 percent (*Serious*) were Karamoja (10 percent) in the north east and West Nile (10.4 percent) in the north-west.

National stunting prevalence was bordering *Serious* at 29 percent, with regional estimates ranging from 18 percent (*Acceptable*) in Kampala to 41 percent (*Critical*) in Tooro. The other regions most affected by chronic malnutrition (measured by stunting) were Bugisu, Karamoja and West Nile.²⁰⁸

According to a recent food security and nutrition assessment, the GAM prevalence in north-east Karamoja has remained *Serious* at between 10 and 15 percent in the May/June season over the last seven years, rising from 11 percent in 2016 to 13.8 percent in 2017.²⁰⁹

The factors contributing to the high rates of malnutrition in this pastoralist sub-region are complex. The area has received international support for years, and the coverage rates shown for immunisation and WASH services today are higher than the country's mean values (all age-appropriate vaccination reaching almost 100 percent). Nonetheless, child-care practices score much lower than in the rest of the country: just 5 percent of children receive a minimum acceptable diet compared with 14 percent nationwide. Diseases and malnutrition outcomes are worse than elsewhere. The study also identified social norms and taboos that negatively influence child feeding practices.²¹⁰

In the West Nile region, GAM prevalence rose from 6.2 percent in 2011 to 10.4 percent in 2016. This deterioration may be related to the increased influx of refugees and asylum seekers from neighbouring countries, as this region is the main entry point and settlement area for populations arriving from South Sudan and the Democratic Republic of Congo.²¹¹

Micronutrient deficiencies among children and women of child-bearing age are a concern. National iron-deficiency anaemia rates among children stand at 52.8 percent (DHS 2016), with much higher peaks - up to 70 percent - in the Acholi region.

²⁰⁸ DHS 2016.

²⁰⁹ FSNA 2017

²¹⁰ Ibid.

²¹¹ UNICEF. Uganda Humanitarian Situation Report, 1-30 November 2017.

UKRAINE (Donetsk and Luhansk oblasts)

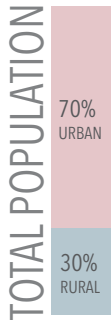
KEY FOOD INSECURITY FIGURES AND TRENDS

2017

2016-17

2018

45M



1.2M*
FOOD-INSECURE
PEOPLE IN NEED
OF URGENT ACTION

*in conflict-affected Donetsk and Luhansk Oblasts

NUMBER OF FOOD-INSECURE PEOPLE IN NEED OF URGENT ACTION



Increased, mainly driven by the intensification of conflict in 2017

The number of food-insecure people in need of urgent action is likely to remain unchanged

KEY FACTORS DRIVING FOOD INSECURITY



CONFLICT



POPULATION
DISPLACEMENT



HIGH FOOD PRICES



Unemployment is at its highest rate since 2008 because of a rail transport blockade, trade embargo, and the closure of mines and factories

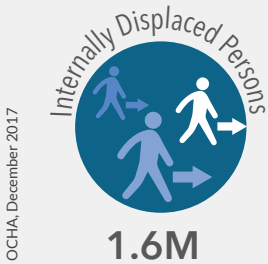


Food inflation is curtailing purchasing power and the ability to buy food



Many aid organisations have suspended operations

DISPLACEMENT



As of January 2017, 407,000 IDPs were estimated to have lost access to their social benefits and pensions



Since the beginning of 2017, 19% of households have experienced a fall in salaries and income



Agriculture has ground to a halt because of damage to irrigation, loss of labour, high cost of inputs, expense of transporting goods to market, explosive remnants of war in fields and shelling



Background

Despite many attempts at a ceasefire, the conflict in the Donetsk and Luhansk *oblasts* of eastern Ukraine²¹² escalated at the beginning of 2017. One in ten of Ukraine's 45 million people have been affected,²¹³ and the Ministry of Social Policies registered 1.6 million IDPs nationwide in 2017.

Life is especially difficult for those living along the 5 km 'contact line' in the government-controlled area (GCA) and non-government-controlled area (NGCA), where people endure almost daily shelling, armed clashes, and the proliferation of mines and unexploded ordinances. There are just under a million crossings of the contact line each month, up from 700,000 in 2016, as people risk their lives to maintain family ties, access services and receive social benefits including pensions.²¹⁴

In GCAs, the ongoing displacement of people from areas near the front lines is putting increasing stress on host populations: they already faced social and economic difficulties before the crisis and local coping mechanisms are being exhausted. A lack of trust, the deepening political divide and the disruption of social networks are threatening social cohesion.

212 Although the region has never officially been demarcated, the GCAs and NGCAs of Donetsk and Luhansk *oblasts* are known as the "Donbas".

213 2017 Humanitarian Needs Overview.

214 Humanitarian Response Plan 2018.

Map 49: Ukraine, HNO Severity Map, November 2017



Severity map, 2018

*Food Security and Livelihood Cluster (FSLC) indicator for the severity map in Donbas: Food Security Index. For the rest of Ukraine, outside of Luhanska and Donetsk *oblasts*, the indication of severity refers only to IDPs, based on the Fragile States Index (FSI) for IDPs in Luhanska and Donetsk GCA.

Source: Ukraine HNO, November 2017

Acute food insecurity snapshot

The socio-economic situation has worsened and food insecurity has doubled in eastern Ukraine since 2016, with 1.2 million food-insecure people across the Donbas. Of these, more than 400,000 are in urgent need of food assistance – mainly the elderly living alone, households headed by women with children, and chronically ill or disabled people. In NGCAs, 800,000 people are food insecure (up from 401,000 in 2016), of whom 150,000 were severely food insecure. In GCAs, 410,000 people are food insecure (up from 220,000 in 2016). Of these, 26,000 are severely food insecure.

For the first time since the beginning of the conflict, the highest level of food insecurity was in Donetsk NGCA, where 28 percent of people were moderately or severely food insecure in June 2017 compared with 12 percent in the summer of 2016. In Luhansk NGCA, 23 percent were moderately or severely food insecure (up from 14 percent in 2016). In the NGCAs, the level of severe food insecurity almost trebled to 5 percent, reaching 6.4 percent in Donetsk NGCA. In some parts of Donetsk NGCA,²¹⁵ one in three people were affected by food insecurity, and 8 percent were severely food insecure.

Factors driving acute food insecurity

The economy in Donbas was in decline before the start of the conflict in 2014, and the area relied on significant government subsidies. Nearly four years of conflict have aggravated this harsh economic reality.

The blockade of rail transportation, a trade embargo and infrastructure damage from shells and mortars in the NGCAs have led to the closure of mines and factories, triggering large-scale job losses: unemployment is at its highest rate since 2008. A recent food security assessment revealed a direct link between food insecurity and unemployment. Since early 2017, 25 percent of households in NGCAs and 13 percent in GCAs have seen their salaries and income fall.²¹⁶ According to the Humanitarian Response Plan 2018, more than 360,000 unemployed people in Donbas and 40,000 IDPs outside Donbas are unable to cover their essential basic needs and are in need of livelihoods support.

Most conflict-affected people – particularly the elderly and vulnerable households and those along the contact line – rely on the government social protection scheme as their main source of income. As of January 2017, an estimated 407,000 IDPs lost access to their social benefits and pensions as a result of the suspension of IDP benefits and pensions, and the verification of IDP status.²¹⁷

Between 2013 and 2015, the percentage of the population living below the minimum subsistence level increased from around 20 percent to 74 percent in Luhanska *oblast*, 66 percent in Donetsk *oblast*, and 58 percent in GCAs.²¹⁸ Peoples' savings and reserves are exhausted, and those most in need are having to cut their expenditure on food and medicines to pay rising rents. Food inflation is among the highest in the world, gravely curtailing household purchasing power and the ability to buy food. In 2017, some 87 percent of households in NGCAs used negative coping strategies (up from 40 percent in 2016), such as spending savings, buying food on credit, going into debt, cutting healthcare expenditures, migrating elsewhere in search of work, removing children from school, and engaging in crime or transactional sex.

Life-saving water and electricity installations were continually interrupted in 2017, affecting more than 3 million people on both sides of the contact line. Disrupted heating systems and escalating heating bills put millions of people at risk in the winter months when temperatures routinely drop to -25 °C and households experience greater food shortages because of lower food availability in markets and higher prices.²¹⁹

215 Donetsk city council, Yasynuvata and Yasynuvatsky district, Maryinsky district, Dokuchaivsk city and Volnovakha district.

216 Food Security and Livelihoods Cluster, Socio-Economic Summary Report, 2017. Available at <http://fscluster.org/ukraine/document/analysis-impact-conflict-socio-economic>

217 Humanitarian Response Plan 2018. The figure of 407,000 is the number of persons from NGCA who were removed from pension rolls in 2016.

218 Ibid.

219 Joint Food Security Assessment September 2017.

Because supply chains have been disrupted – particularly for fresh products, local agriculture is becoming an increasingly important source of food for vulnerable households, whether it is produce to sell at markets or directly for household consumption. Land mines, explosive remnants of war and unexploded ordnances curb access to land and forests, where people traditionally gather mushrooms and fuel. Shelling is preventing people from farming close to the contact line, where many plots of land have been destroyed. The high cost of farming inputs, disruption of market links because of the ongoing conflict and broken value chains are preventing full utilisation of the potential that agriculture sector can offer.

According to the Humanitarian Response Plan 2018, 93,000 households in rural areas, especially on the contact line, are in need of agricultural support to produce food to reduce food insecurity.

The elderly make up almost 30 percent of the 3.4 million people in need of humanitarian assistance and protection, and half the registered IDPs.²²⁰ This is the largest percentage of elderly people affected by conflict in a single country. Some 35 percent of over 60s in the NGCAs and 21 percent in the GCAs are food insecure.⁹

Humanitarian access – particularly in the NGCAs – shrank further in 2017. Many aid organizations have suspended operations because the de facto authorities have imposed mandatory ‘registration’ processes for humanitarian cargo and programming, with no clarity on timelines and documents required.²²¹

²²⁰ Humanitarian Response Plan 2018.

²²¹ Ibid.

Nutrition snapshot

Before the crisis, stunting and acute malnutrition rates were low, and national anaemia prevalence was 24.1 percent,²²² although more recent nutrition studies have identified a rise in anaemia among pregnant women living in conflict-affected areas.²²³ A more recent 2015 survey did not find any cases of severe acute malnutrition²²⁴ and it recorded a moderate acute malnutrition prevalence of just 0.5 percent in children under 2.²²⁵

However, factors that underpin malnutrition such as child feeding practices, drinking water quality, sanitation and access to healthcare are worrying. The MICS 2012 found exclusive breastfeeding rates to be extremely low at just 19.7 percent of children under 6 months, with a median length of exclusive breastfeeding of just 1.2 months. The 2015 CDC survey found a slightly higher exclusive breastfeeding rate (25.5 percent), noting that 30 percent stopped breastfeeding because of conflict-related stress. The survey also highlighted poor infant and young child feeding practices such as the early introduction of non-milk fluids and widespread bottle-feeding by IDPs in eastern Ukraine.

Already fragile water and sanitation systems in the region have not been maintained adequately and have been damaged by conflict. The Humanitarian Needs Overview 2018 highlighted that 3.4 million of the 4.2 million people whose water supplies are affected by the conflict need water and sanitation assistance. Inadequate wastewater and waste management poses a serious risk to public health, particularly when health services are minimal or inaccessible. While almost all households understand good hygiene practices, in conflict-affected areas people lack sufficient access to hygiene materials and adequate water supplies and are dealing with the trauma of war.

Basic healthcare is severely lacking within 5 to 15 km of the contact line. Many hospitals in NGCAs are not functioning, while others have been shelled and damaged but continue to offer limited care. The conflict impedes access to pharmacies, the lack of electricity and water supply threatens hospitals, health staff have fled conflict-affected areas of Donetsk and Luhansk *oblasts*, and the drug and medical supply chain has collapsed. Low vaccination rates heighten the risk of outbreaks of vaccine-preventable diseases.

²²² Ministry of Health statistics, 2014.

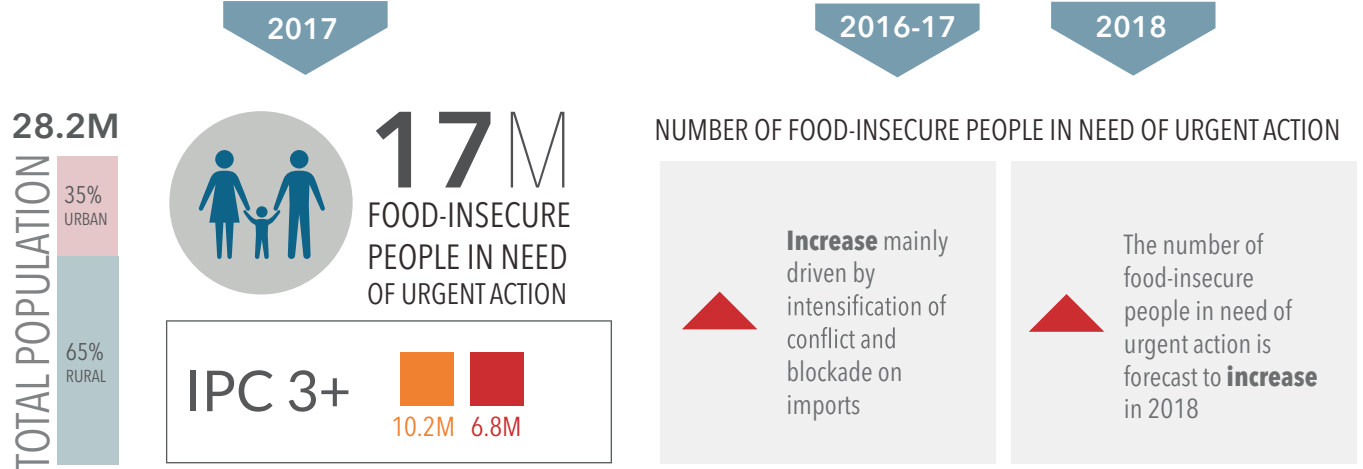
²²³ Humanitarian Needs Overview 2018.

²²⁴ As measured by mid-upper arm circumference.

²²⁵ IYCF-E (Infant and Young Child Feeding in Emergencies) survey conducted by the Centers for Disease Control (CDC) with support from UNICEF in June 2015.

YEMEN

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



Conflict continues to wreck livelihoods, disrupt trade, displace households and limit humanitarian access

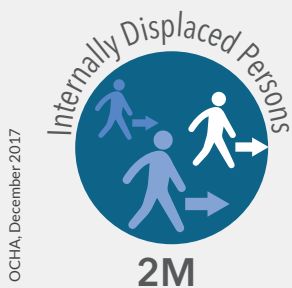


Almost 3 million IDPs and returnees have lost their homes and livelihoods and have exhausted their capacities to cope



The Yemeni economy has contracted sharply with the suspension of salaries and pensions for government employees and the collapse of the social protection system

DISPLACEMENT



Currency depreciation and increased fuel and security costs thwart private sector capacity to import enough food, keeping food prices very high



Nearly 1 million suspected cases of cholera in 2017



Domestic food production hit by shortages/high prices of agricultural inputs and fuel

KEY MALNUTRITION FIGURES

1.8M Children aged 6-59 months affected by moderate and severe acute malnutrition



400,000 With severe acute malnutrition



15% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development

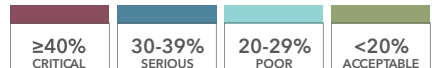


10% Infants (up to 6 months old) exclusively breastfed



59% Households having access to safe drinking water

50% Children aged 0-59 months stunted

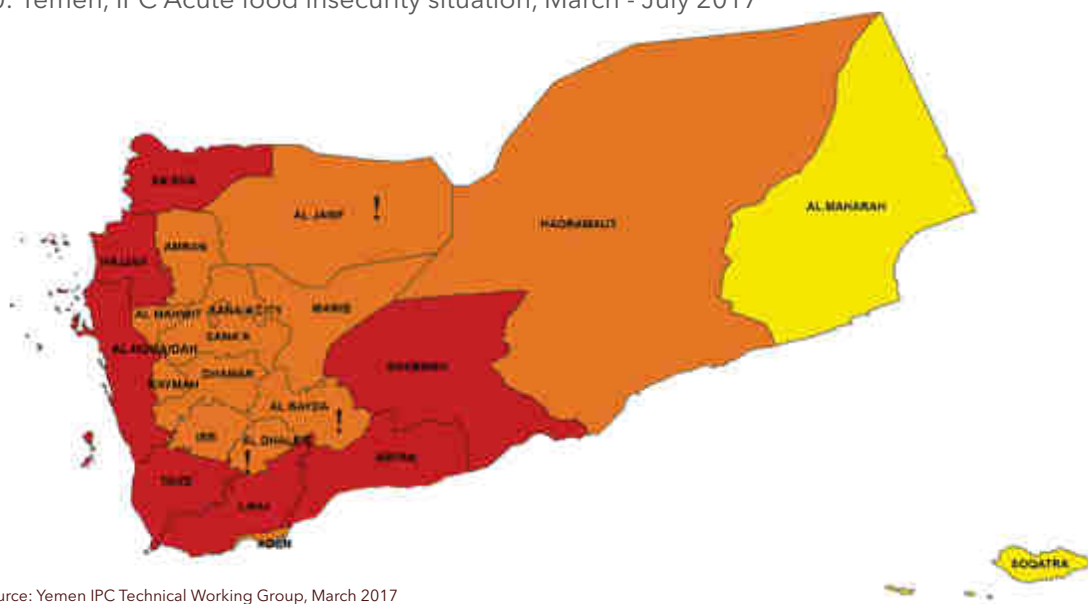




Background

The conflict in the Yemen is about to enter its third year. The country faces the world's largest food security crisis and the most severe human-made humanitarian crisis. The Protection Cluster and ECHO report that the number of airstrikes during the first half of 2017 exceeded the total number of airstrikes in 2016, with the monthly average almost three times higher in 2017. Reported armed clashes in 2017 were also 56 percent higher per month compared with 2016. As a result, the economy and public services including health and sanitation systems are on the brink of total collapse.

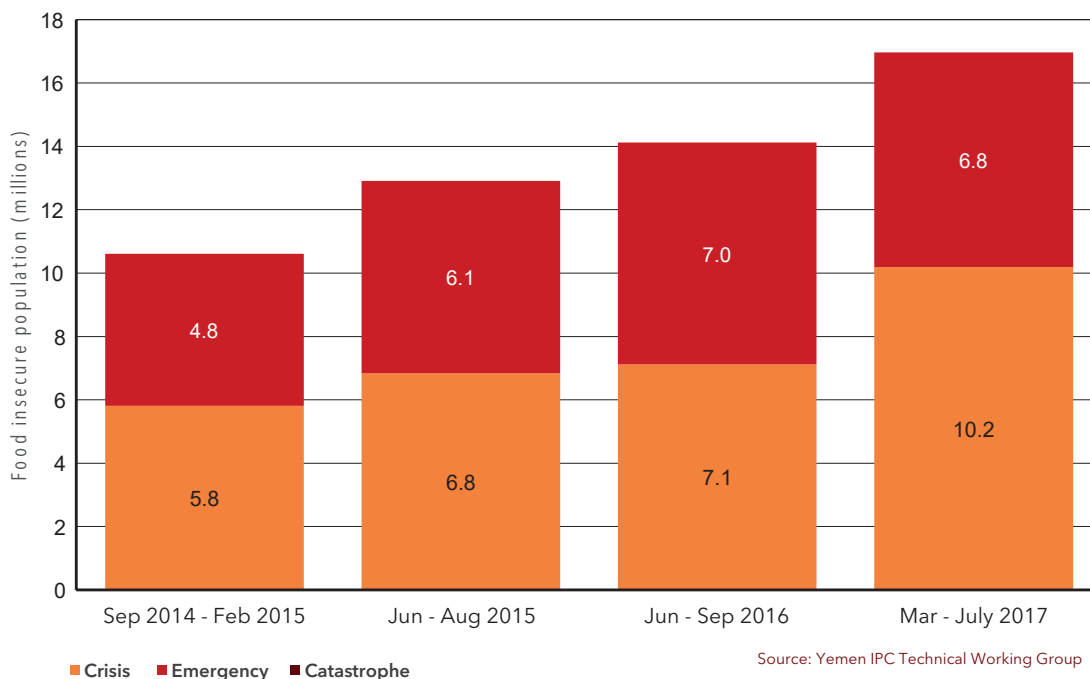
Map 50: Yemen, IPC Acute food insecurity situation, March - July 2017



Source: Yemen IPC Technical Working Group, March 2017

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed
 ! Area would likely be at least 1 Phase worse without the effects of humanitarian assistance

Graph 12: Number of people in IPC Phase 3, 4 and 5 in 2014 - 2017



Source: Yemen IPC Technical Working Group

Acute food insecurity snapshot

In mid-2017, the number of people needing emergency food assistance in Yemen hit the highest levels since the conflict began. Some 17 million people were in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) from March to July 2017, according to the most recent IPC exercise conducted in March 2017. This corresponds to 60 percent of the population and represents a 20 percent rise since the previous IPC analysis conducted in June 2016. During the same period, a further 6.14 million people were estimated to be facing *Stressed* conditions (IPC Phase 2).

The 2018 Humanitarian Needs Overview, released in December 2017, estimated that 17.8 million Yemenis were food insecure, based on district-level food consumption score data collected by partners from the Food Security and Agriculture Cluster (FSAC) as part of famine risk monitoring. Although the IPC and FSAC methodologies differ, both show worsening food insecurity. Large variations exist between governorates, with the highest levels of food insecurity reported in the governorates of Lahj, Ta'izz, Abyan, Sa'ada, Hajjah, Al Hudaydah, Shabwah, Sana'a, Hadhramaut, Ibb, Dhamar, Al Jawf, Amran and Al Bayda.

The food deprivation that Yemeni households face is mirrored in people's own perception of their situation, which is measured by the household hunger score. WFP's April 2017 *Emergency Food Security and Nutrition Assessment* found that half of households had had insufficient quantities of food to eat because of a lack of resources, over two fifths had gone to sleep hungry, and almost a quarter had gone one day and night without eating. This represents a dramatic deterioration since 2014.²²⁶

Factors driving acute food insecurity

Conflict continues to wreck livelihoods, disrupt trade, displace households and limit humanitarian access. Governorates where the conflict has been most severe include Ta'izz, Sa'dah, Hajjah, Marib, Sana'a, Al Jawf and Al Bayda. Across the country there are around 1 million returnees and 2 million IDPs, who are highly vulnerable, having lost their homes and livelihoods and having exhausted their capacities to cope with the daily challenges of trying to subsist in continual conflict. This amounts to 10 percent of the Yemeni population. More than 88 percent of IDPs have been displaced for more than a year.

Domestic food production has plummeted because of shortages and the high prices of agricultural inputs. High fuel prices, for instance, have compelled many farmers with irrigated crops to revert to relying on rainfed irrigation. This year's first rainy season (March to May) started on time, but rainfall was below average in March and April in the northern and central highlands, which are responsible for most of the cereal production. The collapse of disease control services and limited access to animal feed are among the major constraints facing livestock production in Yemen. Many livestock holders have been forced to sell more livestock than usual to cover basic needs. Fishing continues to be disrupted by increased conflict along the Red Sea coastal waters.

Even before the crisis, low domestic production made Yemen reliant on imports for up to 90 percent of its cereal supplies. But the country is now facing severe import restrictions. Difficulties accessing currency and credit, along with increased costs of fuel and security at ports, have made it increasingly difficult for the private sector to import enough food to meet the calorie requirements of Yemen's 29 million people. In addition to the closure of major roads and worsening road access, the closure of critical seaports and airports enforced throughout most of November 2017 by the Saudi-led coalition disrupted the humanitarian and commercial supply pipelines and prevented critical supplies, including medicines, from reaching the country. Any repeated closures of main ports and transportation pipelines threaten the delivery of the humanitarian aid on which many Yemenis depend.

²²⁶ *State of Food Insecurity in Yemen* based on the Emergency Food Security and Nutrition Assessment (EFSNA), WFP, April 2017.

The Yemeni economy has contracted sharply since the conflict erupted, with severe consequences for food availability and access. The public budget deficit has led to a reduction in government expenditures, suspension of salaries and pensions for government employees, and the collapse of the social protection system. Income from remittances is limited by the closure of some money transfer offices, the lack of foreign currency, and limitations placed by banks or offices on the amount of cash that can be transferred. Since January 2017, the Yemeni rial lost 28 percent of its value. This undermined the Yemeni economy, which relies heavily on imports paid for in US dollars.

Businesses have drastically reduced operating hours, which has led to an estimated 55 percent of the workforce being laid off. Daily labour rates are reported to have remained unchanged for the last two years. Agriculture and fishing employed more than 54 percent of the rural workforce and were the main source of income for 73 percent of the population before the conflict. These sectors have been badly hit by the crisis, undermining the livelihoods of 1.7 million rural households.

The economic status of 78 percent of households in Yemen is currently worse than before the conflict.²²⁷ Scarcity is driving up fuel prices, which in turn drives up transport costs and inflates the cost of food and trucked water (by as much as 133 percent in Sana'a). In November 2017, the average prices of locally produced food increased sharply in Abyan (by over 25 percent for sorghum) and Ta'izz (by 114 percent for maize).²²⁸ Large regional price differences persist, but generally prices across Yemen are well above their precrisis (February 2015) levels, in some cases they have doubled. Prices of imported commodities increased sharply following the blockade, adding between 30 and 70 percent to their September values. Wheat flour is between 5 percent (Addelea governorate) and 100 percent (Hajjah governorate) more expensive than before the crisis.

227 OCHA. Crisis Overview.

228 Food Security Technical Secretariat (FSTS) - Food Security Information System (FSIS.) Market Bulletin Update, November 2017.

Nutrition snapshot

Malnutrition – especially chronic malnutrition (measured by height for age or stunting) – has been a serious problem in Yemen for a long time, even before the conflict. According to the Demographic Health Survey 2013, nearly half of children under 5 (46.5 percent) are stunted across the country. The prevalence of acute malnutrition, measured by wasting, has reached alarming levels. An estimated 2 million children under 5 are acutely malnourished and are facing an increased risk of morbidity and death.²²⁹

Five governorates²³⁰ have acute malnutrition rates above 15 percent, and an additional seven report global acute malnutrition rates of between 10 and 15 percent, with aggravating factors. As a result, 12 of the 22 governorates are classified in *Emergency*.²³¹

According to the Yemen 2018 Humanitarian Needs Overview, 1.8 million children under 5 are acutely malnourished, 400,000 severely so, and 1.1 million pregnant and lactating women are acutely malnourished.

Conflict and socio-economic collapse compound the factors that underlie malnutrition: the breakdown of the health care system, preventable diseases such as diarrhoea and respiratory tract infections, distressed livelihood coping strategies, and reduced physical and economic access to food.

Throughout 2017, Yemen experienced the fastest spreading cholera outbreak ever recorded, with nearly 1 million suspected cases and 2,226 associated deaths between mid-April and mid-December. The ongoing conflict has damaged water, sanitation and health infrastructure, thereby contributing to the outbreak. Children suffering from acute malnutrition are especially susceptible to cholera and in turn, diarrheal diseases can worsen nutritional status.

By October, the cholera epidemic was starting to abate. Médecins Sans Frontières reported that weekly admissions at cholera treatment centres fell from 11,139 in the third week of June – at the peak of the outbreak – to 567 in the second week of October.

229 Yemen IPC Technical Working Group: IPC analysis – Summary of findings, March 2017. Results from nutrition surveys conducted between August and December 2016 by UNICEF, MOPHP, nutrition partners and multi-sectoral EFSNA.
230 Al Hudaydah, Lahj, Tai'zz, Abyan and Hadramaut.
231 Humanitarian Needs Overview 2018.

However, if much needed medical supplies are prevented from being delivered, there could be another spike in the epidemic.

According to data collected in October 2017 through WFP's mobile Vulnerability Analysis and Mapping, food consumption and dietary diversity deteriorated across Yemen after two months of stability. The Emergency Food Security and Nutrition Assessment found that more than 63 percent of Yemen's households have to cope with limited access to sufficient, nutritious food and are eating less than the minimum required to live a healthy life - compared with 41 percent in 2014.

More than half of surveyed households had inadequate food consumption, including lower consumption of animal proteins, fruit and vegetables. Fruit is consumed in households on average less than one day a week, and vegetables on average two days a week, despite the harvest season.



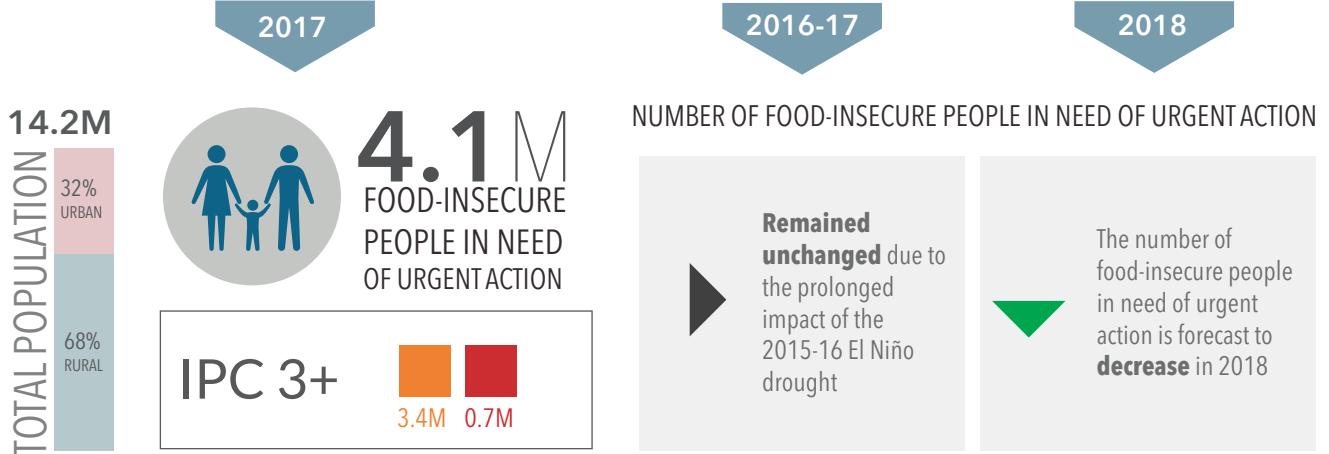


"We must recognize that food crises are likely to become more acute, persistent and complex given current trends and their root causes with devastating effects on the lives of millions of people. We succeeded in producing a joint analysis globally with the annual Global Report on Food Crises. I am fully committed to take this approach forward as I am convinced that increased global dialogue, joint planning and coordinated responses will enable the EU, its partner countries as well as international partners to address better the root causes of food crises."

Neven Mimica, EU Commissioner for International Cooperation & Development

ZIMBABWE

KEY FOOD INSECURITY FIGURES AND TRENDS



KEY FACTORS DRIVING FOOD INSECURITY



DROUGHT



IMPACT OF CYCLONE



CASH SHORTAGES



The 2015-16 El Niño-induced drought damaged the agricultural sector, almost halving maize production compared with the previous year



Households were forced to engage in unsustainable and negative coping strategies



Reduced incomes from casual and agricultural labour barred poor households from buying enough food and of acceptable diversity



Despite food security improvements from April 2017, conditions remained stressed in several areas, reflecting localized production shortfalls due to dry spells and fall armyworm



Although 2017 harvest eased food access, the majority of poor households in southern provinces were unable to buy food due to persistent high prices

KEY MALNUTRITION FIGURES

234,000

Children aged 6-59 months affected by moderate and severe acute malnutrition



7,800

With severe acute malnutrition

DHS, 2015; WHO/UNICEF Joint Monitoring, 2015



8% Children aged 6-23 months consuming a diet that meets the minimum requirements for growth and development



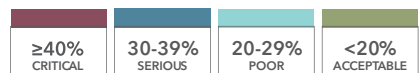
48% Infants (up to 6 months old) exclusively breastfed



67% Households having access to safe drinking water

27%

Children aged 0-59 months stunted





Background

Political and economic crises between 2000 and 2008 nearly halved Zimbabwe's GDP, causing poverty rates to rise more than 72 percent.²³² Health, education and other basic services suffered from underinvestment, and a lengthy isolation from the international community restricted aid flows. After adopting a multi-currency system (in which the US dollar became the prime currency), there was a period of positive economic growth before the country experienced a new downturn and the El Niño-induced drought in 2016. Unemployment and poverty are endemic: almost two in three Zimbabweans (62.6 percent) live below the poverty line.

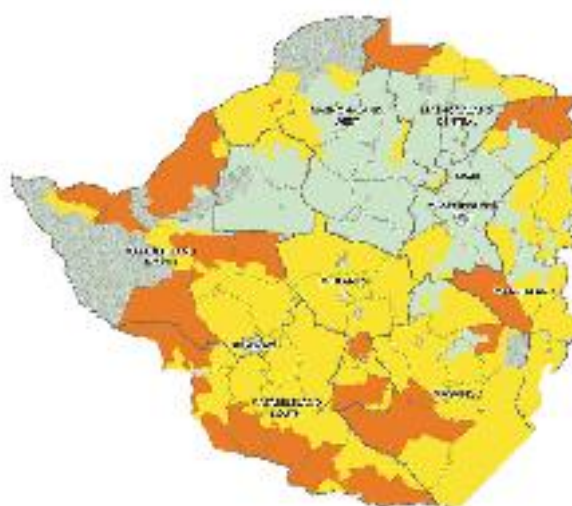
²³² World Bank, Zimbabwe Overview, 2017.

Map 51: Zimbabwe, IPC Acute food insecurity situation, July 2016 - March 2017



Source: Zimbabwe IPC Technical Working Group, June 2016

Map 52: Zimbabwe, IPC Acute food insecurity situation, October - January 2018



Source: FEWS NET (October 2016). Note: This is FEWS NET IPC compatible product, which is generated through the application of the full set of IPC tools and procedures, with the exception of technical consensus

IPC Acute food insecurity phase classification: 1 Minimal 2 Stressed 3 Crisis 4 Emergency 5 Famine Areas with inadequate evidence Not analysed

Acute food insecurity snapshot

Over 4 million people - 42 percent of the rural population - were estimated to be in *Crisis* (IPC Phase 3) or *Emergency* (IPC Phase 4) and in need of urgent action to protect their livelihoods and reduce their food gaps at the peak of the 2017 lean season.²³³ An estimated 7 percent (640,000 people) of this population faced *Emergency* conditions (IPC Phase 4) between July 2016 and March 2017, requiring urgent humanitarian assistance to save lives and protect livelihoods. During this period, provinces in the south and south-east were expected to host the highest number of people in need.

However, according to WFP monitoring, by March the food security situation was stable, thanks to food assistance and the early harvest of green vegetables. Between February and May 2017, FEWS NET reported that typical cereal-surplus areas and northern districts were experiencing *Stressed* (IPC Phase 2) food security, while typical cereal-deficit areas in the southern, western and extreme northern regions were facing *Crisis* (IPC Phase 3) with a few districts facing IPC Phase 2 (*Stressed*) as a result of humanitarian assistance.

Factors driving acute food insecurity

The severe El Niño-induced drought in 2015/16 caused a sharp drop in cereal production in 2016 and was the primary driver of the dire food security situation in Zimbabwe at the start of 2017 (the peak of the lean period). Around 80 percent of the population derive a significant proportion of their livelihoods from rain-fed agriculture and livestock production, and this was the second consecutive agricultural season characterized by below-normal rainfall.

In 2016 the production of maize, the country's main staple, fell to well below average levels, acutely reducing food availability until the 2017 harvest started in March/April. Households were consequently forced to engage in unsustainable and negative coping strategies, with incomes from casual and agricultural labour also substantially reduced. While food was generally available in markets, the purchasing power of poor households was severely constrained, diminishing their ability to access enough acceptably diverse food.

However, food security improved markedly from April 2017, mostly thanks to a significant rise in cereal production, reflecting both larger plantings and better seasonal rains, which boosted yields. Maize production in 2017 was more than four times that of 2016; it was estimated at a well above average level of 2.2 million metric tons. The larger harvest increased household food supplies, and average incomes in April 2017 were 20 percent higher than a year earlier, partly stemming from increased sales of agricultural produce. Maize meal prices were generally stable and lower than in 2016, mostly on account of larger domestic supplies and a stronger US dollar (the main currency used in the country) against the South African rand, which helped lower import costs from South Africa, the country's main source of grain. However, in the minor-cereal producing areas of the southern provinces, maize prices were the highest in the country and because of poor livelihoods and cash shortages, it remained unaffordable for the majority of poor households.

Despite the overall improvement in food security from the second quarter of 2017, conditions remained stressed in several areas, reflecting localized production shortfalls caused by dry spells and fall armyworm infestations, as well as liquidity constraints that limited household coping capacities and access to food. According to ZIMVAC 2017, 40 percent of sampled households reported experiencing shocks and hazards in the preceding 12 months, adding that they would be unable to cope with shocks and stressors if they recurred in the subsequent 12-month period.

233 Zimbabwe Vulnerability Assessment Committee (ZIMVAC) 2016 forecasts.

Nutrition snapshot

The national prevalence of global acute malnutrition (GAM) has remained fairly stable since 2009, with spikes following droughts and flooding. Prevalence was 3.2 percent in 2017,²³⁴ a significant improvement compared with January 2016 (5.7 percent), thanks to a good harvest and the multi-sectoral drought response implemented by the government, UN agencies, NGO partners and the private sector. The province of Matabeleland North had the highest GAM prevalence at 5.2 percent in 2017. There was a significant fall in GAM levels in Mashonaland West, down from 6.7 percent in 2016 to 2.1 percent in 2017.²³⁵

Stunting levels are classed as *Poor* among children under 5, with a rate of 27 percent.²³⁶ Micronutrient deficiencies are widespread. Around 37 percent of Zimbabwean children aged 6-59 months²³⁷ and 28 percent of women are anaemic.²³⁸

Zimbabwe is experiencing a double burden of malnutrition, especially among the urban population. Overweight and obesity have become major health concerns. Recent health surveys show a constant and drastic increase in levels of overweight and obesity, especially among women (53 percent in 2016).²³⁹

Food consumption patterns are steadily deteriorating in Zimbabwe, which may partially explain persistent malnutrition rates. ZIMVAC 2017 reported a drop in the proportion of households consuming an acceptable diet (from 63 percent in 2015 to 55 percent in 2017) and an increase in the share of households consuming a poor diet (from 8 percent in 2015 to 16 percent in 2017). In 2017, only 13 percent of children aged 6-23 months were reported to have minimum dietary diversity - a food group diversity indicator used to reflect micronutrient intake; this is a significant decline from 18 percent in 2015 and 26 percent in 2014. There has been a general decrease in the proportion of children consuming iron-rich foods across all provinces: 29 percent of children aged 6-59 months had consumed iron-rich foods 24 hours prior to the ZIMVAC 2017 survey, compared with 32 percent in 2016. Nationally, just 9 percent of children aged 6-23 months receive a minimum acceptable diet.

The minimum dietary diversity for women was 40 percent and even lower in Matabeleland South and North.²⁴⁰

Zimbabwe is still battling with high disease prevalence, which continues to underpin malnutrition in the country. Although declining, HIV prevalence remains the fifth highest in the world, at 13.7 percent of 15-49 year olds. While access to safe drinking water and sanitation is improving, open defecation is still prevalent at 30 percent.²⁴¹

234 ZIMVAC 2017.

235 UNICEF, Zimbabwe Situation Report September 2017.

236 DHS 2015.

237 Ibid.

238 WHO 2016.

239 Ibid.

240 ZIMVAC 2017.

241 Ibid.





CHAPTER

4

FOOD SECURITY
FORECASTS FOR 2018

This chapter sets out the expected trends in food insecurity for 2018 in the context of the peak number of acutely food-insecure people in 2017.²⁴²

Yemen will be the largest food crisis in 2018 by far. The situation is expected to deteriorate particularly because of restricted access, economic collapse and outbreaks of disease. Elsewhere in the Middle East and Asia, food security in Syria and Afghanistan will continue to be undermined by conflict and population displacement, along with the impact of dry weather on winter crops. Over the next six months, an estimated 100,000 additional Rohingya refugees²⁴³ are expected to cross the border into Bangladesh, fleeing continuing violence and poor food access.

Among the countries in Africa with available figures of food insecurity for 2018,²⁴⁴ seven are forecast to have more than 1 million people – local populations, IDPs and refugees – in *Crisis* (IPC Phase 3) or worse, and to be in need of emergency assistance through mid-2018. South Sudan, Democratic Republic of Congo and Ethiopia are projected to have between 5 and 7 million people in IPC Phase 3 or worse each. The caseloads for north Nigeria and Sudan range from 3 to 5 million. In Somalia and Uganda, between 1 and 3 million people are forecast to be in IPC Phase 3 or worse.

In southern African countries, food security is expected to remain stable in early 2018, with the numbers of food-insecure people well below those of early 2017 when El Niño had a devastating effect on agriculture. However, the numbers are expected to rise later in 2018, in line with forecast declines in crop production. In West African and Sahel countries, food security is expected to deteriorate in Liberia, Burkina Faso, Mali and Mauritania until the peak of the 2018 lean season in August.

In Haiti, the cumulative impact of recurrent droughts and hurricanes has eroded the resilience of the local population, and more than a million people are expected to remain acutely food insecure during the first part of 2018.

The main drivers and risks in 2018

1. Conflict and insecurity

Conflict and insecurity will be the primary drivers of food security crises during 2018, affecting Afghanistan, Central African Republic, Democratic Republic of Congo, north-eastern Nigeria and the Lake Chad region, South Sudan, Syria and Yemen as well as Libya and the central Sahel (Mali/Niger). In all these countries, in addition to causing direct loss of life, insecurity is expected to disrupt agricultural production, hamper trade and market functioning, displace households and hinder the delivery of humanitarian assistance. Disruption to markets and livelihoods will also drive up food prices and weaken household purchasing power. Vulnerable people will continue to be internally displaced and to seek refuge in neighbouring countries.

2. Climate shocks

The impact of severely dry weather on crop and livestock production will continue to drive acute food insecurity, particularly in pastoral areas in Somalia, south-eastern Ethiopia, and eastern and northern Kenya in the Horn of Africa, where weather forecasts point to average to below-average rainfall between March and May, partly due to La Niña.

In some pastoral areas of West Africa, rainfall has been poor for a third consecutive year, compounding the effects of past drought. About 2.5 million pastoralists and agro-pastoralists across the region are currently estimated to be at risk of a serious livelihood crisis, exacerbated by underlying structural fragility.²⁴⁵ In Asia, Afghanistan is forecast to be worst hit by below-average rainfall in the first quarter of 2018.

242 The projected nutrition situation have been highlighted in the nutrition snapshots in Chapter 3, where possible. However these remain limited because of a lack of adequate nutrition data.

243 IASC. Early Warning, Early Action and Readiness Report. 2018. under embargo.

244 IPC/CH or IPC-compatible projections and analyses.

245 FAO, UNICEF & WFP. Joint position paper. *Early action & scale up of emergency response in the Sahel in 2018*. February 2018

3. Economic and political instability

Political instability limits the capacity of governments to support people. Economic downturn in many countries - often as a result of conflict - drains foreign currency reserves, which can trigger local currency depreciations. This affects food availability by reducing import capacity, and hinders food access, as domestic food prices rise. The poorest households bear the brunt of inflation of food and other essential items. The lack of employment in a weak economic environment erodes household purchasing power, exacerbating food insecurity. Political instability in the Democratic Republic of Congo, South Sudan, Yemen and Venezuela is being compounded by economic crises. In the Sudan, the national currency depreciation and the lifting of government subsidies on the imports of wheat caused prices to almost double between October 2017 and January 2018. In Chad, the prevailing insecurity in the Lac region and below-average harvests caused the price of coarse grain to rise in most markets of the country.²⁴⁶



4. Fall armyworm risk

During 2017, fall armyworm invaded maize crops in 28 of Africa's 54 countries. This invasive insect pest was first detected in Central and West Africa in early 2016 and since then has been reported and confirmed in almost all of Sub-Saharan Africa except in Djibouti, Eritrea, Lesotho, Mauritius and Seychelles (Island State). Fall armyworm is a dangerous transboundary pest with a high potential to spread due to its natural distribution capacity and trade. Farmers will need significant support to sustainably manage fall armyworm in their cropping systems through integrated pest management, according to the first continent-wide study of the insect.²⁴⁷

²⁴⁶ FAO. GIEWS. Crop prospects. March 2018.

²⁴⁷ Evidence note: *Fall Armyworm: Impacts and Implications for Africa*, commissioned by DFID and conducted by CABI (August 2017).

Acute food insecurity forecast in 2018

Table 5: Population forecast to be in IPC/CH Phase 3 or above in 2018

| Forecast number of people in IPC/CH Phase 3 and above (in millions) | Country | Period covered | Drivers | IPC/CH category |
|---|--------------------------|-----------------|--|-------------------|
| ▲ 6.9 | Niger | Jan - Sep 2018 | Conflict (Boko Haram) | PHASE 4 emergency |
| ▲ 6.8 | Guatemala | Jan - Apr 2018 | Conflict, Pop. Displacement, economic problems, drought | |
| 6.6 | Yemen | | Conflict | |
| ▶ 5.0-6.1 | Dem. Rep. of Congo | Jan - Mar 2018 | Conflict, Population displacement | |
| ▲ 5.0-6.5 | South Sudan | May - Jul 2018 | Conflict, economic downturn | PHASE 4 emergency |
| ▼ 5.0-6.5 | Ethiopia | Feb - Sep 2018 | Drought | PHASE 4 emergency |
| ▼ 4.8 | Papua New Guinea | Jan-Aug 2018 | Conflict, Pop. Displacement, economic downturn | PHASE 4 emergency |
| ▶ 3.0-4.5 | Yemen | Jan - Sep 2018 | Conflict, drought | PHASE 3 Crisis |
| ▼ 3.7 | Senegal | Feb - Jun 2018 | Conflict, Drought | PHASE 4 emergency |
| ▶ 3.6 | Kenya | Jan - Mar 2018 | Drought | PHASE 3 Crisis |
| ▲ 3.4-5.5 | Lebanon | May - Jul 2018 | Drought, Political tensions | PHASE 3 Crisis |
| ▶ 3.3 | Burundi | Jan - May 2018 | Economic downturn, limited production, conflict, civil unrest | |
| ▶ 3.3 | Madagascar | Jan - Mar 2018 | Large scale forest fires | |
| ▼ 3.2 | Yemen | Oct 17 - Feb 18 | Protest, civil unrest | PHASE 3 Crisis |
| ▶ 3.0 | Central African Rep. | Jan - Sep 2018 | Conflict, Population displacement | PHASE 3 Crisis |
| ▼ 2.2 | Yemen | Oct 17 - Mar 18 | Large scale winter flooding | PHASE 3 Crisis |
| ▼ 1.5-6.5 | Tanzania | Oct - Dec 2018 | Drought, economic shock | PHASE 3 Crisis |
| ▼ 1.5-3.0 | Myanmar | Jul - Dec 2018 | Humanitarian needs | PHASE 3 Crisis |
| ▶ 1.1 | Chad | Jan-Aug 2018 | Conflict, Pop. Displacement, economic downturn | PHASE 3 Crisis |
| ▼ 1.1 | Niger | Jan-Aug 2018 | Population displacement, conflict with inter-ethnic tensions in parts of the country | PHASE 3 Crisis |
| ▶ 1.0 | DR Congo | Jan-Aug 2018 | Population displacement, conflict, inter-ethnic tensions | PHASE 3 Crisis |
| ▲ 1.0 | Yemen | Jan-Aug 2018 | Conflict, religious, civil unrest, spreading from Central and North West to the West for a total of 10.5 million and 10% of population | PHASE 3 Crisis |
| ▲ 1.0 | Yemen | Jan-Aug 2018 | Conflict, religious, civil unrest, spreading from Central and North West to the West for a total of 10.5 million and 10% of population | PHASE 3 Crisis |
| ▼ 1.0 | Yemen | Jan-Aug 2018 | Conflict | PHASE 3 Crisis |
| ▶ 1.0 | Yemen | Oct 17 - Mar 18 | Large scale winter flooding | PHASE 3 Crisis |
| ▼ 1.0 | Yemen | Jan-Aug 2018 | Large scale winter flooding | PHASE 3 Crisis |
| ▼ 1.0-0.4 | Guatemala | Jan-Aug 2018 | Protest, drought | PHASE 3 Crisis |
| ▶ 1.1-0.4 | Tanzania | Jan - Sep 2018 | Conflict, drought | PHASE 3 Crisis |
| ▶ 1.0 | Democratic Rep. of Congo | Jan-Aug 2018 | Conflict | PHASE 3 Crisis |
| ▼ 1.0 | Yemen | Jan-Aug 2018 | Large scale winter flooding | PHASE 3 Crisis |
| ▲ 1.0 | Yemen | Jan-Aug 2018 | Conflict, religious | PHASE 3 Crisis |
| ▼ 1.0 | Yemen | Jan-Aug 2018 | Conflict, religious | PHASE 3 Crisis |
| ▶ 1.0 | Yemen | Jan-Aug 2018 | Conflict, religious | PHASE 3 Crisis |
| ▶ 0-1.0 | Yemen | Jan - Sep 2018 | Large scale winter flooding | PHASE 3 Crisis |
| ▼ 0-1.0 | Yemen | Jan-Aug 2018 | Protest, drought | PHASE 3 Crisis |
| ▼ 0-1.0 | Yemen | Jan-Aug 2018 | Protest, drought | PHASE 3 Crisis |
| ▶ 0-1.0 | Yemen | Jan - Feb 2018 | Large scale winter flooding | PHASE 3 Crisis |
| ▶ 0 | Yemen | Mar - Nov 2018 | | PHASE 3 Minimal |

The arrow illustrates a change of 50 percent or of 250,000 people in IPC/CH Phase 3 or above when comparing the projected magnitude in 2018 to the 2017 peak number.

Due to insufficient data or lack of recent evidence, the following countries or territories of concern are not displayed in the table: **Angola, Bangladesh, Cameroon, Congo, Côte d'Ivoire, Cuba, Dominican Republic, Eritrea, Iraq, Korea DPR, Kyrgyzstan, Libya, Myanmar, Namibia, Nepal, Pakistan, Papua New Guinea, Palestine, Philippines, South Africa, Sri Lanka, Ukraine and Venezuela.**

Protracted conflict in the Middle East is likely to increase the number of people in need of food assistance

In **Yemen**, the humanitarian situation is set to deteriorate, as the size of the food-insecure population continues to grow, particularly in the southern, western and northern governorates. As the country relies on maritime imports for 80 percent of its food requirements, the closure of ports to commercial trade has a major impact on food security. In a worst-case scenario, if the flow of imports through the ports of Al Hudaydah and Salif and internal trade decline, or even in the absence of additional disruptions, populations may begin to move into *Catastrophe* (IPC Phase 5) conditions as the worst-affected households exhaust their coping capacities.

In **Syria**, stalemates in current politically negotiated solutions will likely exacerbate northern conflict and potentially reignite conflict in the east, leading to new displacements and increased health, and protection needs. The IASC early warning analysts estimate that there is a high likelihood that up to 250,000 additional people, including newly displaced, continuously displaced and returnees, will require humanitarian assistance.

In **Iraq**, violent clashes between Iraqi and Kurdish forces could escalate in the territories disputed between the Kurdistan Region of Iraq (KRI) and the Iraqi central government in Baghdad. The potential for localized violence will remain until Iraqi authorities and the Kurdistan Regional Government resolve the status of the contested territories and the disputes over oil revenues. It is highly likely that additional people will require humanitarian assistance during the first semester, primarily in northern and eastern KRI. The planned humanitarian response for 2018 includes assisting up to 400,000 newly or repeatedly displaced people fleeing asymmetric attacks and unstable areas.

In **Palestine**, many potential triggers for conflict could have significant humanitarian consequences. The long-standing Israeli closure continues to undermine the livelihoods of the Gazan population, persistently reducing access to clean water and electricity. Shrinking Palestinian Authority salaries and the threat of early retirement for thousands puts many of Gaza's residents at further risk of poverty. Health concerns are growing as WASH conditions deteriorate, while the capacity of health facilities in Gaza is compromised by power cuts and supply shortages. Newly displaced people and households whose livelihoods have been disrupted may require humanitarian assistance in the next six months.

Displacement and insecurity will undermine food security in southern and Central Asia

In **Afghanistan**, the escalation of the conflict since the Taliban consolidated their control over rural areas has triggered large-scale displacements and worsened the already dire food security situation. Access for humanitarian workers is becoming more difficult in rural and urban areas because of conflict and targeted attacks. The increasingly unstable political situation is reducing the government's capacity to support people. These challenges, coupled with drought, lack of employment and falling purchasing power, are expected to exacerbate food insecurity in 2018. *Crisis* (IPC Phase 3) outcomes are expected among newly displaced people, farming households adversely affected by dry spells and undocumented returnees from Pakistan. Worsening food insecurity is also expected for poor households in the central highlands and in north-eastern agro-pastoral areas, particularly during the peak of the lean season in April 2018.

In **Myanmar**, discrimination against the Rohingya is likely to continue, and the violence could spread to central Rakhine state. Any restriction on humanitarian access will severely affect the Rohingya, as their livelihoods are already damaged, making them highly dependent on aid. Food security is likely to worsen because farmland, standing crops and food stocks have been burned, and displacement, insecurity and movement restrictions are likely to disrupt agricultural activities in 2018. Continued segregation measures will hinder the ability of the Rohingya to engage in trade. Another wave of displacement is likely to occur in the coming six months as military operations continue or increase in Rakhine state.

In **Bangladesh**, significant gaps persist in the response – particularly in the WASH, health and nutrition sectors. Land shortages and the inability to plan a long-term response will continue to create challenges. The high numbers of newly arrived Rohingya, combined with protection risks arising from the overcrowded and underserved environment in Cox’s Bazar, will likely leave the refugee population entirely dependent on humanitarian aid throughout 2018. In this resource-scarce environment, tensions could increase with host communities, particularly in the event of outbreaks of diseases such as cholera and acute watery diarrhoea. The local population are already facing higher prices and transportation costs.

The Monsoon season in Bangladesh, specifically in Cox’s Bazar, typically begins in May, peaks in July and tapers off in September. It is, therefore, highly likely that during the month of July the district will receive 1200 – 1500 mm of rain causing a very high risk for flooding and landslides. According to several reports, further aggravating this factor is the terracing of camp hillsides and the vast amount of deforestation that was conducted to establish temporary camps, greatly increasing the risk for landslides and loss of access routes. At least 100,000 people within the Rohingya camps are at risk of being directly affected by mudslides and floods, as current shelters will not withstand floods and cyclones.

Unresolved conflict and insecurity will aggravate food insecurity in parts of central and eastern Africa

In **South Sudan**, large-scale displacement, humanitarian access constraints, climate shocks, macro-economic instability and hyper-inflation will exacerbate already extreme levels of food insecurity. South Sudan is expected to face rising acute food insecurity up to the peak of the lean season in July, with 7.1 million people in *Crisis* or worse (IPC Phase 3 or above), of which 155,000 people are likely to face *Catastrophe* (IPC Phase 5) conditions. Given the estimates of record-low cereal production from 2017, continued very poor macro-economic conditions, and low access to nutrition services, the prevalence of acute malnutrition is expected to remain *Critical* and to deteriorate in several areas.

In the **Democratic Republic of Congo**, food security is likely to worsen due to increasing insecurity and displacement. Widespread violence continues to escalate in several provinces, with South and North Kivus and Ituri being of particular concerns. Consequences of the fighting already spelt over to Burundi and Uganda, and are expected to continue at similar levels and to cause further displacement similar to early 2018. Civil insecurity will restrict access to land and will damage or destroy livelihoods. The economic situation is unlikely to improve and food prices will continue to rise. The refugee influx from Central African Republic and South Sudan is likely to accelerate. In the Kasai region, some areas are expected to be *Stressed* (IPC Phase 2) or *Crisis* (IPC Phase 3) through May. The return of 700,000 IDPs to Central Kasai in the last three months has exacerbated the already precarious situation of residents. Reduced harvests are likely to keep households across the province in *Crisis* (IPC Phase 3) food insecurity.

In the **Central African Republic**, food security is expected to be particularly under threat in 2018 in north-western, south-eastern and central parts as conflict continues and armed groups expand their operations. Insecurity is restricting access to land and curtailing crop production, and the lean season is expected to start in April 2018, two months earlier than normal. Most poor households in conflict-affected areas with poor crop and livestock production prospects and limited access to humanitarian assistance will remain in *Crisis* (IPC Phase 3) food insecurity at least through May 2018. Humanitarian operations outside Bangui are likely to be increasingly hampered by growing insecurity, which will also result in additional displacements.

In **Burundi**, the political crisis has had major macro-economic effects, shrinking foreign currency reserves and devaluing the national currency, with a consequent drop in food imports. The failure of peace talks in early December means the crisis is set to continue. Higher prices of essential imported agricultural inputs and fuel are likely to exert upward pressure on food prices at least until May. Despite the average 2018A season harvest, which has replenished household stocks, *Stressed* (IPC Phase 2) conditions are expected to persist until May for most poor households.

Maize production is forecast to be below average in the low altitude north-western Imbo plains mainly because of a severe dry spell, which could also exacerbate the yield impact of the fall armyworm infestations. Two consecutive below-average harvests will lead some poor households to face *Crisis* (IPC Phase 3) conditions during the peak of the lean season in April 2018.

In the **Sudan**, the security situation is unlikely to improve in conflict-affected areas of the Darfur region and in South Kordofan and Blue Nile states, and displacement continues to hinder access to normal livelihood activities. Between February and May 2018, households who were severely affected by the poor performance of the 2017 rainy season in Kassala, North Kordofan and North Darfur will be in *Crisis* (IPC Phase 3). The same level of food insecurity is expected for IDPs and poor households in areas of Jebel Marra and South Kordofan that are inaccessible to humanitarian agencies. Food security will be further undermined by currency depreciation and the lifting of government subsidies on wheat imports, which led wheat prices to almost double between October 2017 and January 2018. Prices of millet and sorghum also surged as their demand as substitutes for wheat increased.²⁴⁸

Conflict, insecurity and drought will maintain or raise food insecurity levels in West Africa and the Sahel

In **north-eastern Nigeria**, many poor and/or displaced households will remain heavily dependent on humanitarian assistance up to May 2018 because of severe insecurity, resulting in lower staple crop production, high food prices and scarce employment opportunities. Around 3.7 million people are projected to face *Crisis* (CH Phase 3) food insecurity or worse during the lean season from June to August 2018. This caseload is 44 percent higher than the October–December 2017 estimate. However, the projected food insecurity estimate for the 2018 lean season is substantially lower than during the same period in 2017, when the caseload peaked at 5.2 million. The population in *Catastrophe* (CH Phase 5) is also expected to decrease to 12,500 people from the 2017 peak of over 50,000.

In the Sahel, pastoral areas of north-eastern Chad, Niger (Tahoua, Maradi, Diffa and the north of Dosso) and northern Senegal are expected to face a heightened risk of drought, potentially affecting fodder production, which has declined in these areas for two consecutive years. The fodder deficit is therefore expected to persist through March 2018 in agro-pastoral areas. Northern Senegal is also expected to face severe water shortages. As such, the drought threatens to modify herd migration patterns, with the risk of sparking conflicts between sedentary farmers and pastoral communities. In Niger, food security is expected to deteriorate with the spread of violence and population displacement from Mali, where insecurity still prevails in northern areas. Food insecurity in West Africa is already critical in the Lake Chad Basin, and it is expected to remain poor until June–August 2018 as a consequence of conflict and insecurity – despite significant improvements compared to June–August 2017. As a result, *Crisis* (CH Phase 3) conditions or worse are forecast for 0.9 million people in Chad and 0.8 million in Niger, who will require urgent action during the pre-harvest period. In Senegal, 548,000 people are expected to face *Crisis* (CH Phase 3) levels of food insecurity or worse between June and August 2018.

More than five years after the eruption of conflict in northern **Mali**, intercommunal violence and clashes between armed groups continue to trigger displacements and disrupt the livelihoods of thousands of households, whose capacity to withstand shocks has been progressively eroded by consecutive droughts, floods, epidemics and chronic poverty. The highly volatile security context is likely to result in a deteriorating humanitarian situation and to increase protection, food, health and education needs. Continuing insecurity in 2018 will inflict further damage on the agricultural sector and intensify food insecurity in affected areas. According to the CH analysis, during the lean season July–October, 795,000 people are forecast to face *Crisis* (CH Phase 3) and 20,000 people to face *Emergency* (CH Phase 4) food insecurity. In addition, the poor 2017 rainy season in Sahelian areas has damaged pastoral zones. The important herd concentration zone of Asongo is experiencing production deficits, as are the Timbuktu region and parts of Mopti and Segou.

²⁴⁸ GIEWS country brief.

The low availability of fodder is highly concerning since it might lead to irregular transhumance movements, which exacerbate tensions and could trigger intercommunal conflicts.

In southwest **Mauritania**, the 2017 rainfed crops failed, the prospects for the recession crop are poor, and pastoral production is largely below average. Insufficient and erratic rainfall in 2017 has severely affected crop and livestock production with consequent declines in income-earning opportunities in the western reaches of the agro-pastoral zone. Livestock prices are falling in most markets, further damaging local livelihood systems which have already been strained by four years of unfavourable weather conditions. Large pastoral reserves, where there is still a good supply of pasture, are increasingly under pressure from the high concentration of animals, and pasture conditions are expected to deteriorate until the start of next rainy season in July. The price of wheat - the main staple of poor households - is beginning to rise, pushed up by increasing demand from pastoralists who are facing crop and livestock production shortfalls. Around 600,000 people are expected to face *Crisis* (CH Phase 3) food insecurity or worse through August 2018, with 34,000 in *Emergency* (CH Phase 4) conditions.

Insecurity in Mali is also affecting northern **Burkina Faso**, which is hosting refugees from Mali as well as IDPs. Deteriorating terms of trade and growing competition for available pasture at the subregional level are putting additional strain on pastoral livelihoods. As a consequence, 600,000 people are expected to be in *Crisis* (CH Phase 3) or *Emergency* (CH Phase 4) - more than double the number during the pre-harvest season of 2017.

In **Liberia**, the latest CH analysis forecasts an increase in the food-insecure population during the lean season, with more than 43,000 people expected to face *Crisis* (CH Phase 3) conditions or worse by June–August 2018, compared with 15,000 people in the corresponding period of 2017.

Improved conditions in southern African countries in early 2018, but food insecurity likely to intensify due to erratic weather

In southern Africa, the current number of food insecure in need of urgent action is significantly below the elevated levels of 2016 and early 2017. The only areas experiencing *Crisis* food security (IPC Phase 3) at the end of 2017 were **Zimbabwe**, central **Mozambique** and southern **Madagascar**. The upturn mainly stemmed from the bumper cereal outputs in 2017, which boosted domestic availability and resulted in lower food prices, improving household food access.

With the 2018 cereal harvest set to begin in March/April, production prospects indicate a year-on-year reduction. However, the 2018 aggregate cereal output is expected to remain close to the five-year average. The current outlook reflects well below-average rainfall and above-average temperatures in January 2018, preceded by erratic rainfall since the start of the season, dampening yield expectations. The impact of the invasive fall armyworm, which is present in all countries except Lesotho and Mauritius, poses a further risk to yields as dry weather exacerbates the damage inflicted by the pest. Following abundant rain since the end of January and with favourable weather forecasts until the harvest period from late March/April, crop conditions are expected to partially recover. Some parts of the sub-region also received excessive rainfall in February, which triggered flooding and will likely result in localized crop losses and additional stress on food security.

The anticipated drop in agricultural output in 2018 is expected to worsen food security from the second half of 2018 compared with the same period in 2017, notably in areas suffering intense dryness. However, the situation is still expected to be better than in 2016 when the El Niño-induced drought pushed nearly 20 million people into severe food insecurity.

During the February to May 2018 lean season, parts of southern **Malawi**, **Zimbabwe** and **Mozambique** are expected to face *Stressed* (IPC Phase 2) levels of food insecurity. In **Madagascar**, an increase in the caseload in *Crisis* (IPC Phases 3) and *Emergency* (IPC Phases 4) is estimated for the period November 2017 to March 2018, if additional assistance is not provided.

The analysis indicates that more than 1.5 million people – about half of the population in southern and south-eastern regions²⁴⁹ – will require urgent action to protect livelihoods, reduce food deficits and prevent a rise in acute malnutrition.

High levels of acute food insecurity will persist in drought-affected East African countries

In **Somalia**, humanitarian assistance will be vital because of the large losses of livestock sustained in 2017 and the unfavourable weather forecasts for the 2018 *Gu* rains (April–June), which will potentially affect crop and livestock production, agricultural employment opportunities and food prices. Over 2.7 million people are expected to face *Crisis* or *Emergency* (IPC Phases 3 or 4) food insecurity up to June 2018, with almost half a million in *Emergency*. This is an improvement compared with the 3.2 million people estimated to be in *Crisis* (IPC Phase 3) or worse between April and December 2017. However, humanitarian assistance must be sustained to prevent food security and nutrition from deteriorating.

In **Ethiopia**, near-average October to December rains over south-eastern pastoral and agro-pastoral areas of SNNPR, southern Oromia and the southern Somali Region eased drought conditions, improving pasture and water availability and livestock body conditions. These areas have been ravaged by drought since late 2016, leading to extremely poor livestock body conditions, high animal mortality rates and record-low milk production. Recent rains have been insufficient to fully offset moisture deficits and current vegetation conditions are still below average. Massive livestock losses have led to poor availability of livestock products and low rates of animal reproduction. Between 5 and 7 million people are forecast to be acutely food insecure and requiring urgent assistance in the first half of 2018. Dollo, Korahe and Jarar – along with parts of Afder and Liben in south-eastern Ethiopia – will be in *Emergency* (IPC Phase 4), while some households will be in *Catastrophe* (IPC Phase 5) through May 2018 if no assistance²⁵⁰.

In **Kenya**, the ‘short rains’ harvest, gathered in February and March in south-eastern and coastal areas, is estimated to be well below average. As a result, the improvement in household food availability and access will be limited and short-lived, as stocks will not be adequately replenished. The 2018 March to May ‘long rains’ are forecast to be average over major western cereal-growing areas of Central, Rift Valley and Western provinces and at below-average levels over eastern pastoral and agro-pastoral areas, which have already suffered the cumulative impact of consecutive poor rainy seasons on crop and livestock production. As a result, *Crisis* (IPC Phase 3) conditions are expected to persist through May in parts of eastern Isiolo, Tana River, Mandera, Wajir and Garissa counties.

In **Uganda**, food security improved in 2017 thanks to more favourable weather than in 2016, which benefitted crop and livestock production. However, the situation could deteriorate for refugees from South Sudan and the Democratic Republic of Congo in 2018 if adequate levels of humanitarian assistance are not provided.

Hurricanes and abnormal dryness forecast in parts of Latin America and the Caribbean

Early 2018 forecasts for Guatemala show average to slightly above-average rainfall until May. This period is expected to be followed by drier-than-average conditions in July during the second half of the main (*primera*) season, potentially affecting maize production, particularly if dry spells occur when crops are flowering.

According to latest forecasts for Central America, the other countries in the region will receive average rainfall in 2018, and a neutral El Niño Southern Oscillation is expected.²⁵¹ High levels of violence in Guatemala, Honduras and El Salvador could affect migration and food security crises in the sub-region. The most vulnerable groups are the indigenous communities, which have the highest prevalence of malnutrition.

The situation in the region during the hurricane/cyclone season – from June to December – will require a close monitoring, particularly in Haiti, as the livelihoods of the poorest households living in rural areas are particularly vulnerable to weather shocks.

249 The areas included in the IPC analysis.

250 FEWSNET. key message update. October 2017.

251 See http://www.cpc.ncep.noaa.gov/products/analysis_monitoring/ens0_advisory/ensodisc_Sp.shtml

Additional countries to be monitored in 2018

Republic of Congo

Over half of the population in the department of Pool in Congo need food and livelihood assistance. The situation could deteriorate in 2018 as insecurity is likely to intensify, hindering humanitarian access. Agricultural activities have been disrupted, affecting food availability, food access and the livelihoods of the majority of households in Pool.²⁵²

Cameroon

Violence is likely to escalate in the north-west and south-west Anglophone regions of Cameroon, following the symbolic declaration of the independence of Ambazonia on 1 October 2017. Protests and strikes are likely to increase in the region until the presidential elections, slated for October 2018. In the Far-North region, food security is expected to remain poor mainly due to the impact of prevailing insecurity and population displacements in the Lake Chad Basin on the poorest households' livelihoods.²⁵³

Libya

According to the ACAPS humanitarian review, livelihoods in Libya are being undermined by protracted conflict and disruptions to procurement and distribution systems. The situation is likely to deteriorate in 2018 because of a lack of liquidity, high food prices and the depreciation of the local currency on the parallel market. Movement restrictions are affecting livelihoods in besieged Derna, home to over 100,000 people. The situation is exacerbated by the risk of renewed conflict between General Khalifa Haftar's Libya National Army, which is seeking to regain control over Tripoli, and armed groups including the Zintan and Mistratan forces. Violence has begun to escalate in central Libya and around Sirte and could result in further armed conflict between existing armed groups and a resurgent Islamic State.

Venezuela

The economic and political situation in Venezuela deteriorated in 2017, hindering the provision of basic services and severely affecting food security and healthcare. The high risk of default on foreign debt, the political deadlock and insecurity are likely to continue to drive displacement and increase food and health needs in 2018. The current difficulties in repaying the debt may prompt tighter economic sanctions and lead to a full default, which would cause the economy to collapse. Economic challenges are likely to continue to limit the government's capacity to provide basic services.

The food security of Venezuelans who have migrated to Colombia, Aruba and Curacao should be monitored. The situation in La Guajira in Colombia is becoming more complex due to the arrival of Venezuelans over the past two years, which is putting increasing pressure on food availability and access.

This report identified the critical need for agencies to work together to improve the reliability of data, which need to be readily available to all parties. It is vital to invest in food security and nutrition information systems, especially in countries where the lack of data or poor data quality prevented a proper analysis and forecast.

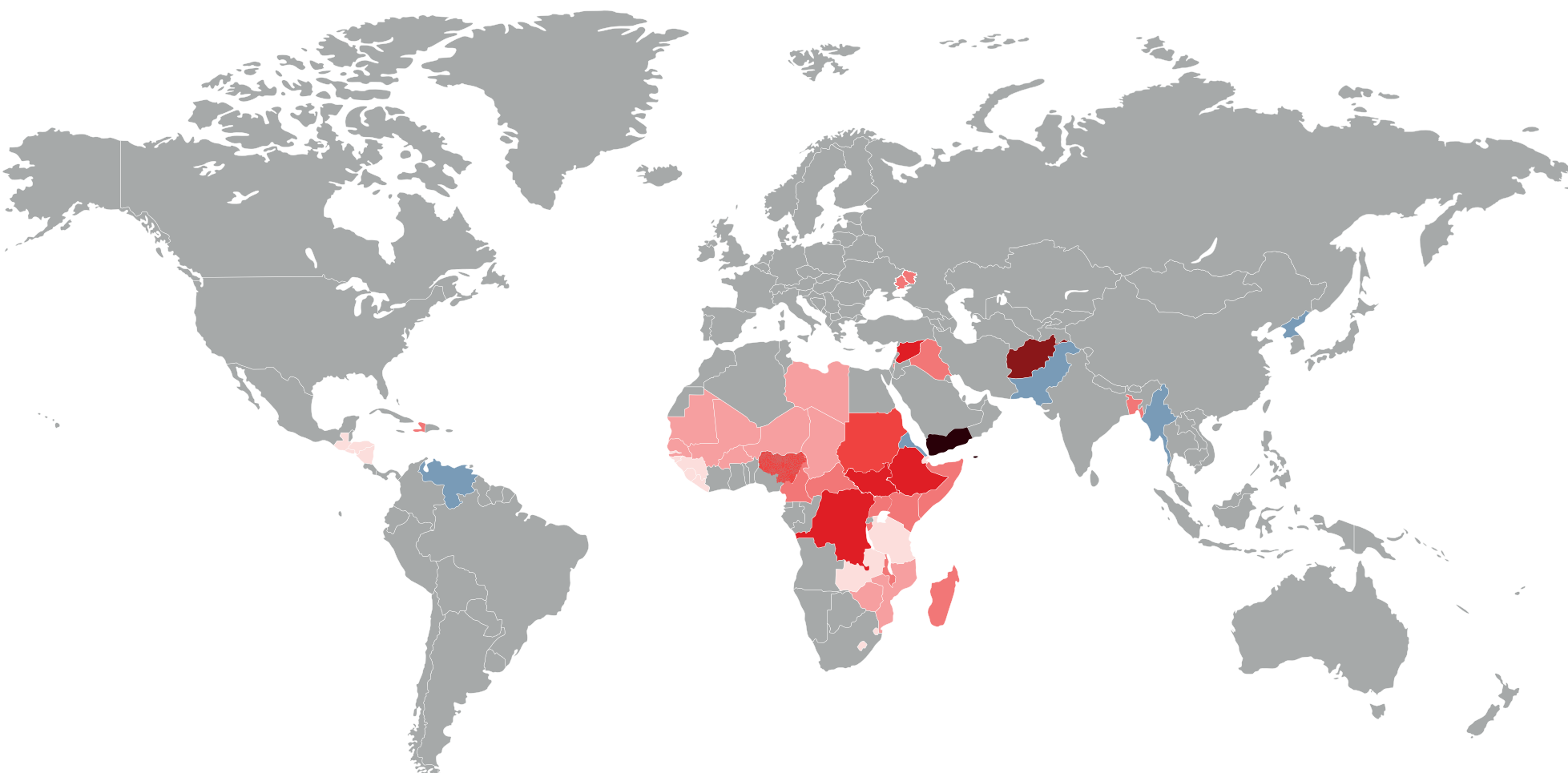
While the report focuses on countries and territories in food crises, countries having large populations in *Stressed* (IPC/CH Phase 2) and/or countries prone to disasters will also require support in disaster risk reduction, protection of livelihoods and resilience building to prevent further crises.

²⁵² OCHA. Humanitarian Response Plan. 2017.

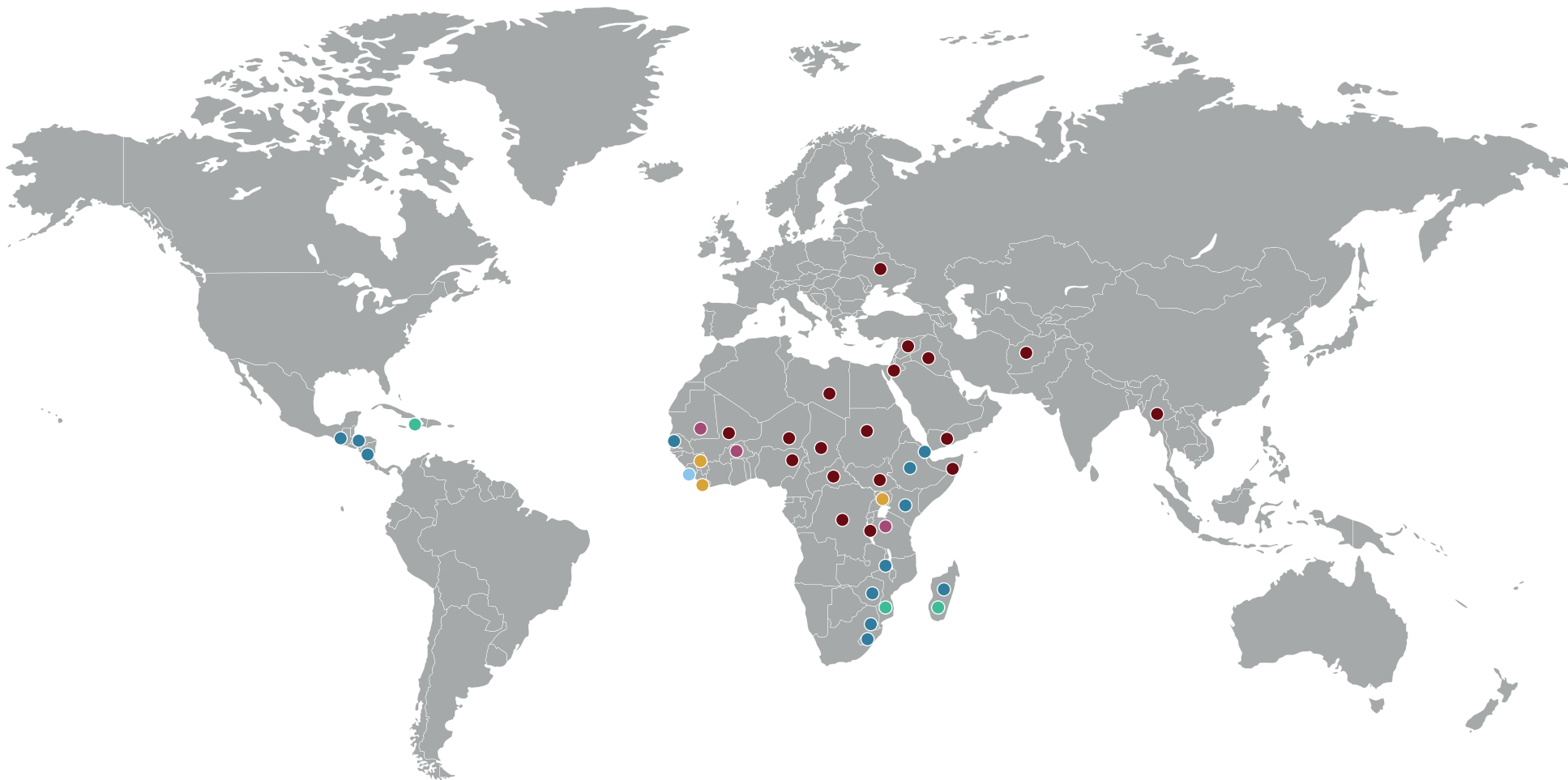
²⁵³ FEWSNET. RMO. February 2018.

These Maps summarise the forecast and primary drivers of food insecurity in 2018.





Map 53: Forecast of food insecurity in 2018 (Number of food-insecure people in need of urgent assistance)



| | | |
|--|--|--|
|  | Above 10 million people | Yemen |
|  | Between 7 and 9.99 million people | Afghanistan |
|  | Between 5 and 6.99 million people | Democratic Republic of Congo, South Sudan, Ethiopia, Syria |
|  | Between 3 and 4.99 million people | North Nigeria, Sudan |
|  | Between 1 and 2.99 million people | Somalia, Kenya, Uganda, Burundi, Madagascar, Haiti, Central African Republic, Malawi, Iraq, Palestine, Cameroon, Ukraine (Donetsk and Luhansk oblasts), Bangladesh |
|  | Between 0.5 and 0.99 million people | Zimbabwe, Mozambique, Chad, Niger, Mali, Burkina Faso, Mauritania, Senegal, Libya |
|  | Below 0.5 million people | Lesotho, Swaziland, Guatemala, Tanzania, Sierra Leone, Guinea, Liberia, Gambia, Guinea-Bissau, Djibouti, Honduras, Nicaragua, Zambia, El Salvador |
|  | Countries of concern for which no forecast estimates were produced | Democratic People's Republic of Korea, Myanmar, Pakistan |



Map 54: Forecast of primary drivers of food insecurity in 2018.

| | | | |
|-----------------|---|---|--|
| PRIMARY DRIVERS | CONFLICT AND INSECURITY  | | Yemen, Afghanistan, Syria, Democratic Republic of Congo, South Sudan, North Nigeria, Sudan, Somalia, Burundi, Central African Republic, Iraq, Palestine, Ukraine (Donetsk and Luhansk oblasts), Chad, Niger, Mali, Libya and Myanmar |
| | CLIMATE SHOCKS | Drought  | Ethiopia, Kenya, Madagascar, Malawi, Zimbabwe, Senegal, Lesotho, Swaziland, Guatemala, Djibouti, Honduras and Nicaragua |
| | | Floods  | Sierra Leone |
| | | Hurricane  | Haiti and Mozambique |
| | POPULATION DISPLACEMENT  | Burkina Faso, Mauritania and Tanzania | |
| | PRODUCTION SHORTFALLS  | Uganda, Guinea and Liberia | |
| | No deterioration projected and low numbers of food-insecure people | | |

“The consequences of conflict and climate change are stark: millions of more people severely, even desperately, hungry. The fighting must stop now and the world must come together to avert these crises often happening right in front of our eyes. This Global Report on Food Crises shows the magnitude of today’s crises but also shows us that if we bring together political will and today’s technology, we can have a world that’s more peaceful, more stable and where hunger becomes a thing of the past.” David Beasley, WFP Executive Director



Photo credits

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Acronyms

| | |
|-----------------|---|
| AWD | Acute watery diarrhoea |
| CARI | Consolidated Approach for Reporting Indicators of Food Security |
| CDC | Center for Disease Control |
| CFSAM | Crop and Food Security Assessment Mission |
| CH | Cadre Harmonisé - Harmonized framework |
| CILSS | Committee for Drought Control in the Sahel |
| CNSA | Haitian National Coordination for Food Security Office |
| DHS | Demographic Health Survey |
| DPRK | Democratic People's Republic of Korea |
| DRC | Democratic Republic of Congo |
| EC | European Commission |
| ECOSOC | Economic and Social Council |
| EMMUS | Enquête Mortalité, Morbidité et Utilisation des Services |
| EFSNA | Emergency Food Security and Nutrition Assessment |
| FARDC | Armed Forces of the Democratic Republic of the Congo |
| FAO | Food and Agriculture Organization |
| FCS | Food Consumption Score |
| FEWS NET | Famine Early Warning Systems Network |
| FSC | Food Security Cluster |
| FSIN | Food Security Information Network |
| FSMS | Food Security Monitoring System |
| GAM | Global acute malnutrition |
| GDP | Gross Domestic Product |
| GIEWS | Global Information and Early Warning System |
| HIV/AIDS | Human immunodeficiency virus / acquired immunodeficiency syndrome |
| IASC | Inter-Agency Standing Committee |
| IDP | Internally displaced person |
| IFPRI | International Food Policy Research Institute |
| IYCF-E | Infant and Young Child Feeding in Emergencies |
| HNO | Humanitarian Needs Overview |
| HRP | Humanitarian Response Plan |
| IGAD | Intergovernmental Authority on Development |
| IOM | International Organization for Migration |
| IPC | Integrated Food Security Phase Classification |
| ISIL | Islamic State of Iraq and the Levant |
| JRC | European Commission - Joint Research Centre |
| LGA | Local Government Areas (Nigeria) |
| LIFDC | Low-income food-deficit countries |
| LVAC | Lesotho Vulnerability Assessment Committee |
| MICS | Multiple Indicator Cluster Survey |
| MVAC | Malawi Vulnerability Assessment Committee |
| NGCA | Non-Government Controlled Area (Ukraine) |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| REVA | Rohingya Emergency Vulnerability Assessment |
| SADC | Southern Africa Development Community |
| SAM | Severe acute malnutrition |
| SICA | Central American Integration System |
| SMART | Standardized Monitoring and Assessment of Relief and Transitions |
| SNNPR | Southern Nations, Nationalities and Peoples' Region (Ethiopia) |
| UNHCR | High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| VAC | Vulnerability Assessment Committee |
| VAM | Vulnerability Analysis and Mapping |
| WHO | World Health Organization |
| WHZ | Weight for Height Z-score |
| WFP | World Food Programme |
| ZimVAC | Zimbabwe Vulnerability Assessment Committee |

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Annex 1: Differences and Complementarities between the Global Report on Food Crises and the State of Food Security and Nutrition in the World (ex-SOFI)

Both reports represent multi-partnership efforts aiming to complement each other in providing a comprehensive picture of food security/insecurity around the world. Yet, they have well distinguished objectives and rely on different data and methodologies. The most important differences between the two global reports presented in the following table.

| Differences | The Global Report on Food Crises | The State of Food Security and Nutrition in the World |
|-----------------------|--|---|
| Main Objectives | Assesses acute food insecurity originating from the major crises | Assesses the achievement of SDGs by monitoring long terms trends in chronic food insecurity and malnutrition regardless of the driving causes |
| Geographical Coverage | Focuses on the countries affected by food crises. Coverage may vary every year | Coverage is global. All countries where data are available are included |
| Information sources | Secondary information mainly based on available Integrated Food Security Phase Classification (IPC) and Cadre Harmonisé (CH) reports | Official statistics from countries are used to inform compilation of SDG indicators endorsed by the UN Statistical Commission for global monitoring of Targets 2.1 and 2.2 of the 2030 Agenda for Sustainable Development |
| Analytical purposes | National and sub-national focus on the cause of food insecurity in hot-spots | Assesses the achievement of SDGs at global, regional and national level, by monitoring the medium and long-time trends in the state of food security and nutrition |
| Reference periods | Short-term food insecurity estimates refer to the 'peak' of the situation during the year | Estimates refer to the average situation over a period that vary from 1 to 3 years, depending on the indicator and the timeliness of data reporting |
| Timeliness | Time is vital for this report. Provides the most recent and up-to-date information to inform decision-making and resource allocation in emergency contexts | Statistical rigor and reliability of the information are key for this report. To reduce the impact of year-to-year variability due to data quality issues, some structural indicators are expressed as 3-year moving averages and/or may be reported with a delay and/or provisionally "nowcasted" to the latest reporting period |
| Main users | Donors and policy makers operating on humanitarian and resilience contexts | Governments, international agencies, academia, media and anyone interested in the long-term evolution of food security and nutrition |

Annex 2: Acute Food Insecurity Reference Table for Area Classification

Purpose: To guide short-term strategic objectives linked to medium- and long- term objectives that address underlying causes and chronic food insecurity

Usage: Classification is based on convergence of evidence of current or projected most likely conditions, including effects of humanitarian assistance

| Phase Name and Description | | Phase 1 Minimal | Phase 2 Stressed | Phase 3 Crisis | Phase 4 Emergency | Phase 5 Famine |
|--|--------------------------------------|---|--|--|---|---|
| | | <p>More than four in five HHs are able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance.</p> | <p>Even with any humanitarian assistance at least one in five HHs in the area have the following or worse:</p> <p>Minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in irreversible coping strategies</p> | <p>Even with any humanitarian assistance at least one in five HHs in the area have the following or worse:</p> <p>Food consumption gaps with high or above usual acute malnutrition; OR Are marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.</p> | <p>Even with any humanitarian assistance at least one in five HHs in the area have the following or worse:</p> <p>Large food consumption gaps resulting in very high acute malnutrition and excess mortality; OR Extreme loss of livelihood assets that will lead to food consumption gaps in the short term.</p> | <p>Even with any humanitarian assistance at least one in five HHs in the area have an extreme lack of food and other basic needs where starvation, death, and destitution are evident.</p> <p>(Evidence for all three criteria of food consumption, wasting, and CDR is required to classify Famine.)</p> |
| 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:  | | |
| Area Outcomes (directly measured or inferred) | Food Consumption & Livelihood Change | More than 80% of households in the area are able to meet basic food needs without engaging in atypical strategies to access food and income & livelihoods are sustainable | Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 2 or worse | Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 3 or worse | Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 4 or worse | Based on the IPC Household Group Reference Table, at least 20% of the households in the area are in Phase 5 |
| | Nutritional Status* | Acute Malnutrition: <5% BMI <18.5 Prevalence: <10% | Acute Malnutrition: 5-10% BMI <18.5 Prevalence: 10-20% | Acute Malnutrition: 10 - 15% OR > usual & increasing BMI <18.5 Prevalence: 20-40% , 1.5 x greater than reference | Acute Malnutrition: 15 - 30% OR > usual & increasing BMI <18.5 Prevalence: >40% | Acute Malnutrition: >30% BMI <18.5 Prevalence: far > 40% |
| | Mortality* | CDR: <0.5/10,000/day U5DR: ≤1/10,000/day | CDR: <0.5/10,000/day U5DR: ≤1/10,000/day | CDR: 0.5-1/10,000/day U5DR: 1-2/10,000/day | CDR: 1-2/10,000/day OR >2x reference U5DR: 2-4/10,000/day | CDR: >2/10,000/day U5DR: >4/10,000/day |

*For both nutrition and mortality area outcomes, household food consumption deficits must be an explanatory factor in order for that evidence to be used in support of a Phase classification. For example, elevated malnutrition due to disease outbreak or lack of health access—if it is determined to not be related to food consumption deficits—should not be used as evidence for an IPC classification. Similarly, excess mortality rates due to, murder or conflict—if they are not related to food consumption deficits—should not be used as evidence for a Phase classification. For Acute Malnutrition, the IPC thresholds are based on % of children under 5 years that are below 2 standard deviations of weight for height or presence of oedema. BMI is an acronym for Body Mass Index. CDR is Crude Death Rate. U5DR is Under 5 Death Rate.

Annex 3: Acute Food Insecurity Reference Table for Household Group Classification

Purpose: To guide short term strategic objectives tailored to the needs of household groups with relatively similar Phase classifications, which should compliment medium and long term objectives that address underlying causes and chronic food insecurity.


Usage: Classification is based on convergence of evidence of current or projected most likely conditions, including effects humanitarian assistance.

| Phase Name and Description | | Phase 1 None | Phase 2 Stressed | Phase 3 Crisis | Phase 4 Emergency | Phase 5 Catastrophe |
|--|---|---|--|---|--|---|
| | | HH group is able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance | Even with any humanitarian assistance: • HH group has minimally adequate food consumption but is unable to afford some essential non-food expenditures without engaging in irreversible coping strategies | Even with any humanitarian assistance: • HH group has food consumption gaps with high or above usual acute malnutrition; OR • HH group is marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps. | Even with any humanitarian assistance: • HH group has large food consumption gaps resulting in very high acute malnutrition and excess mortality OR • HH group has extreme loss of livelihood assets that will lead to large food consumption gaps in the short term | Even with any humanitarian assistance: • HH group has an extreme lack of food and/or other basic needs even with full employment of coping strategies. Starvation, death, and destitution are evident |
| 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, reduce food consumption gaps, and reduce acute malnutrition | Save lives & livelihoods | Prevent widespread death and total collapse of livelihoods |
| Household Outcomes (directly measure or inferred) | Food Consumption* (quantity & nutritional quality) | Quantity: adequate (2,100kcal pp/day); stable HDDS: no recent deterioration and >=4 food groups (based on 12 food groups) FCS: "acceptable consumption"; stable HHS: "none" (0) CSI: = reference, stable HEA: No "Livelihood Protection Deficit" | Quantity: minimally adequate (2,100kcal pp/day) HDDS: recent deterioration of HDDS (loss of 1 food group from typical, based on 12 food groups) FCS: "acceptable" consumption (but deteriorating) HHS: "slight" (1) CSI: = reference, but unstable HEA: "Small or moderate Livelihood Protection Deficit" | Quantity: food gap; below 2,100 kcal pp/day OR 2,100 kcal pp/day via asset stripping HDDS: severe recent deterioration of HDDS (loss of 2 food groups from typical based on 12 food groups) FCS: "borderline" consumption HHS: "moderate" (2-3) CSI: > reference and increasing HEA: Substantial "Livelihood Protection Deficit" OR small "Survival Deficit" of <20% | Quantity: large food gap; much below 2,100kcal pp/day HDDS: <4 out of 12 food groups FCS: "poor" consumption HHS: "severe" (4-6) CSI: Significantly > reference HEA: "Survival Deficit" >20% but <50% with reversible coping considered | Quantity: extreme food gap HDDS: 1-2 out of 12 food groups FCS: [below] "poor" consumption HHS: "severe" (6) CSI: far > reference HEA: "Survival Deficit" >50% with reversible coping considered |
| | Livelihood Change (assets & strategies) | Sustainable livelihood strategies and assets | Livelihood: Stressed strategies and assets; reduced ability to invest in livelihoods Coping: "Insurance Strategies"; | Livelihood: Accelerated depletion/erosion of strategies and assets that will lead to high food consumption gaps Coping: "Crisis Strategies" | Livelihood: Extreme depletion/liquidation of strategies and assets that will lead to very high food consumption gaps Coping: "Distress Strategies" | Livelihood: Near complete collapse of strategies and assets Coping: effectively no ability to cope |
| For Contributing Factors, specific indicators and thresholds for inferring Phase need to be determined and analysed according to the unique causes and livelihood context of household groups. General descriptions are provided below. See IPC Analytical Framework for further guidance on key aspects of availability, access, utilization, and stability | | | | | | |
| Contributing Factors | Food Availability, Access, Utilization, and Stability | Adequate to meet food consumption requirements and short-term stable Safe Water ≥15 litres pppd | Borderline adequate to meet food consumption requirements Safe Water marginally ≥15 litres pppd | Highly inadequate to meet food consumption requirements Safe Water 7.5 to 15 litres pppd | Very highly inadequate to meet food consumption requirements Safe Water 4 to 7.5 litres pppd | Extremely inadequate to meet food consumption requirements Safe Water <4 litres pppd |
| | Hazards & 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 food consumption deficits | Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/or near complete food consumption deficits |

Annex 4: IPC for Acute Malnutrition Reference Table

USAGE: Classification of areas based on the prevalence of Global Acute Malnutrition (GAM) measured either by Weight for Height Z-score and/or oedema (WHZ) or Mid-Upper Arm Circumference and/or oedema (MUAC).

PURPOSE: To guide decision-making on addressing acute malnutrition in the short and long term.

| Phase Name and Description | PHASE 1 Acceptable | PHASE 2 Alert | PHASE 3 Serious | PHASE 4 Critical | PHASE 5 Extreme critical |
|--|---|--|---|---|---|
| | Less than 5% of children are acutely malnourished by GAM by WHZ measure or Less than 6% of children are acutely malnourished by GAM by MUAC measure | Even with any humanitarian assistance, about 5-10% of children are acutely malnourished by GAM by WHZ measure or about 6-11% of children are acutely malnourished by GAM by MUAC measure | Even with any humanitarian assistance, about 10-15% of children are acutely malnourished by GAM by WHZ measure or about 6-11% of children are acutely malnourished by GAM by MUAC measure | Even with any humanitarian assistance, 15-30% of children are acutely malnourished by GAM by WHZ measure or 11-17% of children are acutely malnourished by GAM by MUAC measure, showing conditions for excess mortality | Even with any humanitarian assistance, >17% of children are acutely malnourished by GAM by WHZ measure or >17% of children are acutely malnourished by GAM by MUAC measure, showing conditions for widespread death |
| Priority Response Objective to decrease Acute Malnutrition ² | Maintain the low prevalence of acute malnutrition | Strengthen existing response capacity and resilience. Address contributing factors to malnutrition. Monitor conditions and plan response as required. | Urgently reduce acute malnutrition levels through:  | | |
| | | | Scaling up of existing capacity and response as well as addressing contributing factors to malnutrition | Significant scale up with external help, if needed, of nutrition response and addressing of contributing factors to malnutrition in close co-ordination with other sectors | Addressing widespread acute malnutrition and death by all means. Also address all causes of malnutrition through greater scaling up of all public health programme interventions in close co-ordination with all other sectors. |
| GAM by WHZ <-2 standard deviation and/or Oedema | < 5% | 5.0 to 9.9% | 10.0 to 14.9% | 15.0 to 29.9% | ≥30% |
| GAM by MUAC < 125 mm and/or Oedema | <6% | 6.0 to 10.9% | | 11.0 to 16.9% | ≥17% |
| Notes: | | | | | |
| <p>1) The use of MUAC as an alternative for classification and the cut-offs are provisional and pending validation. The GAM by MUAC cut-offs are based on CDC analysis of survey data (unpublished) that best correlate with the WHZ thresholds. Further analyses are also currently underway to determine the need for regional thresholds and potential use of convergence of evidence for classification of severity of acute malnutrition. The application of these thresholds will be evaluated through IPC for Acute Malnutrition Lessons Learning Process in 2016/17. IPC for Acute Malnutrition done by MUAC will have a lower confidence level, which will be indicated by hash lines on the IPC maps.</p> <p>2) GAM by WHZ may come from representative surveys or sentinel sites and GAM by MUAC may come from representative surveys, sentinel sites, or screening (either exhaustive or sample screening). See box 2 below for details on reliability score, preference ranking as well as minimum criteria to be considered when conducting IPC for Acute Malnutrition.</p> <p>3) GAM by WHZ is preferred over GAM by MUAC. If GAM by WHZ and GAM by MUAC are both available, GAM by WHZ should be used in the classification. If information is available on multiple indicators preference ranking should be used to determine the final Phase.</p> | | | | | |

¹ Refers to the increased risk of mortality with the increased levels of acute malnutrition.

² Priority response objectives recommended by the IPC for Acute Malnutrition focus on decreasing acute malnutrition levels; specific actions should be informed through a response analysis based on the information provided by analyses of contributing factors to acute malnutrition as well as delivery related issues, such as government and agencies' capacity, funding, insecurity in the area, etc.

Annex 5: Summary table of highest and latest numbers of food insecure in 2017 and forecast in 2018

| # | Countries | Peak number 2017 | | | | | | |
|----|--|-------------------------------------|--|---|--|--------------------------------|---|--------------------------------|
| | | Country total population (millions) | Source | % of population analysed on total country population ¹ (%) | Population in Crisis, Emergency and Catastrophe/Famine (IPC/CH Phase 3 and higher) | | Population in Stressed (IPC/CH Phase 2) | |
| | | | | | Number (millions) | % of total population analyzed | Number (millions) | % of total population analyzed |
| 1 | Afghanistan | 34.7 | IPC analysis October 2017, covering Aug - Nov 2017 | 84% | 7.6 | 26% | 9.9 | 34% |
| 2 | Angola | 21.5 | Humanitarian Appeal, covering June 2016 - Mar 2017 | 60% | 0.1 | 1% | 0.7 | 5% |
| 3 | Bangladesh (South Central & Cox Bazaar) ² | 160.2 | IPC analysis November 2016, covering Jan-Apr 2017; WFP/ FSS Rohingya Emergency Vulnerability Assessment released in Dec 2017 | 6% | 3.4 | 31% | 3.1 | 28% |
| 4 | Burkina Faso | 19.5 | Cadre Harmonisé March 2017 analysis, covering Jun-Aug 2017 | 100% | 0.3 | 1.3% | 1.8 | 9% |
| 5 | Burundi | 10.4 | IPC Analysis April 2017, covering Apr-May 2017 | 94% | 2.6 | 26% | 4.0 | 41% |
| 6 | Cameroon | 24.3 | WFP Comprehensive Food Security and Vulnerability Analysis released in Dec 2017 | 100% | 3.9 | 16% | 11.9 | 49% |
| 7 | Central African Republic | 5.7 | IPC analysis February 2017, covering Feb-May 2017 | 64% | 1.1 | 30% | 1.5 | 41% |
| 8 | Chad | 14.0 | Cadre Harmonisé March 2017, analysis, covering Jun-Aug 2017 | 93% | 0.9 | 7% | 2.6 | 20% |
| 9 | Democratic Republic of the Congo | 78.4 | IPC analysis June 2017, covering Jun-Dec 2017 | 92% | 7.7 | 11% | N/A | N/A |
| 10 | Djibouti (Rural areas) | 0.9 | IPC analysis October 2016, covering Nov 2016-May 2017 | 31% | 0.1 | 46% | 0.0 | 16% |
| 11 | El Salvador | 6.5 | IPC analysis October 2016, covering Nov 2016-Mar 2017 | 35% | 0.0 | 0% | 0.3 | 12% |
| 12 | Ethiopia | 94.3 | Humanitarian Requirements Document Mid-year review July 2017, covering Aug-Dec 2017 | 91% | 8.5 | 10% | N/A | N/A |
| 13 | Gambia ² | 19.8 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 85% | 0.1 | 7% | 0.4 | 23% |
| 14 | Guatemala | 16.7 | IPC analysis July 2017, covering Jul 2017 | 28% | 0.5 | 10% | 1.3 | 28% |
| 15 | Guinea | 12.1 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 77% | 0.3 | 3% | 2.0 | 22% |
| 16 | Guinea-Bissau | 1.8 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 68% | 0.033 | 3% | 0.3 | 24% |
| 17 | Haiti | 10.9 | IPC analysis January 2017, covering Feb-May 2017 | 69% | 2.3 | 31% | 3.5 | 46% |
| 18 | Honduras | 9.2 | IPC analysis October 2016, covering Nov 2016-Mar 2017 | 48% | 0.4 | 10% | 0.6 | 13% |
| 19 | Iraq | 37.0 | Humanitarian Response Plan 2018, released in Feb 2018 | 100% | 2.0 | 5% | N/A | N/A |
| 20 | Kenya | 47.2 | IPC analysis July 2017, covering Aug-Oct 2017 | 29% | 3.4 | 25% | N/A | N/A |
| 21 | Lesotho | 1.9 | IPC analysis May 2016, covering Nov 2016-Mar 2017 | 73% | 0.3 | 24% | 0.4 | 30% |
| 22 | Liberia | 4.7 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 89% | 0.015 | 0% | 0.4 | 9% |
| 23 | Libya | 6.5 | Humanitarian Response Plan 2018, released in Jan 2018 | 100% | 0.6 | 10% | N/A | N/A |
| 24 | Madagascar (southern and southeastern) | 24.3 | IPC analysis October 2017, covering Nov 2017-Mar 2018 | 12% | 1.5 | 51% | 0.7 | 22% |
| 25 | Malawi ² | 18.8 | FEWSNET 2016 VAC estimates covering Jan-Mar 2017 | 100% | 5.1 | 27% | 2.2 | 12% |

¹ For most countries, the population analysed is significantly below the total population because of the focus of IPC/CH analysis on rural population.

² Countries where the difference between the percentage of total population analyzed of the peak estimates and that of the updated estimates since the peak exceed 10 percentage points

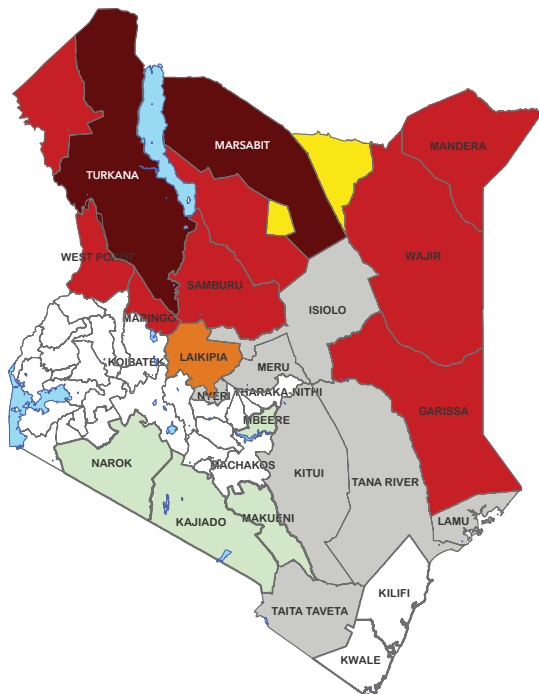
| # | Countries | Updated estimates since the peak | | | | | | Forecast 2018 | | |
|----|--|--|---|--|--------------------------------|---|--------------------------------|--|--|------------|
| | | Source | % of population analysed on total country population ¹ (%) | Population in Crisis, Emergency and Catastrophe/Famine (IPC/CH Phase 3 and higher) | | Population in Stressed (IPC/CH Phase 2) | | Source | Population forecast to be in Crisis, Emergency and Catastrophe/Famine (IPC/CH Phase 3 and higher) (millions) | |
| | | | | Number (millions) | % of total population analyzed | Number (millions) | % of total population analyzed | | | |
| 1 | Afghanistan | N/A | No further update | | | | | | IPC-compatible outlook covering Jan-Apr 2018 | |
| 2 | Angola | N/A | No further update | | | | | | | |
| 3 | Bangladesh (South Central & Cox Bazaar) ² | N/A | No further update | | | | | | | |
| 4 | Burkina Faso | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 100% | 0.1 | 1% | 1.9 | 9% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.6 | |
| 5 | Burundi | IPC analysis July 2017, covering Oct-Dec 2017 | 94% | 2.6 | 27% | N/A | N/A | IPC-compatible outlook covering Apr-May 2018 | | |
| 6 | Cameroon | N/A | No further update | | | | | | IPC-compatible outlook covering Jun-Sep 2018 | |
| 7 | Central African Republic | N/A | No further update | | | | | | IPC-compatible outlook covering Jul-Sep 2018 | |
| 8 | Chad | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 99% | 0.3 | 2% | 2.0 | 14% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.9 | |
| 9 | Democratic Republic of the Congo | N/A | No further update | | | | | | IPC-compatible outlook covering Jan-Mar 2018 | 5.0 - 6.99 |
| 10 | Djibouti (Rural areas) | N/A | No further update | | | | | | IPC-compatible outlook covering Jun-Sep 2018 | 0 - 0.09 |
| 11 | El Salvador | IPC analysis November 2017, covering Nov 2017-Feb 2018 | 39% | 0.0 | 0% | 0.2 | 9% | IPC analysis November 2017, covering Mar-May 2018 | 0 | |
| 12 | Ethiopia | N/A | No further update | | | | | | IPC-compatible outlook covering Feb - Mar 2018 | 5.0 - 6.99 |
| 13 | Gambia ² | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 73% | 0.02 | 1% | 0.2 | 23% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.04 | |
| 14 | Guatemala | N/A | No further update | | | | | | IPC-compatible outlook covering Jun - Jul 2018 | 0.1 - 0.49 |
| 15 | Guinea | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 80% | 0.03 | 0% | 0.7 | 22% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.05 | |
| 16 | Guinea-Bissau | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 67% | 0.04 | 4% | 0.2 | 24% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.02 | |
| 17 | Haiti | IPC analysis October 2017, covering Oct 2017-Dec 2018 | 68% | 1.3 | 18% | 3.1 | 46% | IPC analysis October 2017, covering Oct. 2017- Feb 2018 | 1.3 | |
| 18 | Honduras | N/A | No further update | | | | | | IPC-compatible outlook covering Jun-Jul 2018 | 0 - 0.09 |
| 19 | Iraq | N/A | No further update | | | | | | | |
| 20 | Kenya | N/A | No further update | | | | | | IPC-compatible outlook covering Jan-Mar 2018 | |
| 21 | Lesotho | IPC analysis July 2017, covering Oct 2017-Mar 2018 | 72% | 0.2 | 16% | 0.3 | 23% | IPC analysis July 2017, covering Oct 17-Mar 18 | 0.2 | |
| 22 | Liberia | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 90% | 0.03 | 1% | 0.5 | 12% | Cadre Harmonisé October 2017, analysis covering Jun-Aug 2018 | 0.04 | |
| 23 | Libya | N/A | No further update | | | | | | | |
| 24 | Madagascar (southern and southeastern) | N/A | No further update | | | | | | IPC-compatible outlook covering Jan-Mar 2018 | |
| 25 | Malawi ² | IPC analysis July 2017, covering Oct 2017-Mar 2018 | 75% | 1.0 | 7% | 3.1 | 22% | IPC analysis July 2017, covering Oct 2017-Mar 2018 | 1.0 | |

| | | | | | | | | |
|----|--|-------|--|------|-------|-----|------|-----|
| 26 | Mali | 18.9 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 100% | 0.6 | 3% | 3.2 | 17% |
| 27 | Mauritania | 4.2 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 93% | 0.3 | 7% | 0.9 | 23% |
| 28 | Mozambique | 26.4 | IPC analysis August 2016, covering Oct 2016-Feb 2017 | 47% | 3.1 | 25% | 3.6 | 29% |
| 29 | Myanmar (selected areas) | 53.8 | Humanitarian Needs Overview 2018, released in Nov 2017 | 15% | 0.8 | 9% | N/A | N/A |
| 30 | Namibia | 2.1 | SADC Regional Humanitarian Appeal, covering Jun 2016-Mar 2017 | 62% | 0.6 | 46% | 0.1 | 10% |
| 31 | Nepal (selected areas - Terai) | 29.3 | Nepal food security report on the impact of the 2017 flood in the Terai in 15 districts, released in Aug 2017 | 6% | 0.8 | 41% | N/A | N/A |
| 32 | Nicaragua | 6.2 | FEWSNET estimates | 100% | 0.025 | 0% | N/A | N/A |
| 33 | Niger | 19.9 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 91% | 1.3 | 7% | 4.4 | 24% |
| 34 | Nigeria (Northern) | 181.2 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 52% | 8.9 | 9% | 20.4 | 22% |
| 35 | Pakistan (4 districts in Sindh province) | 197.5 | IPC analysis May 2017, covering Feb-Aug 2017 | 3% | 2.7 | 50% | 1.2 | 23% |
| 36 | Palestine | 5.0 | Humanitarian Needs Overview 2018, released in Nov 2017 | 100% | 1.6 | 32% | N/A | N/A |
| 37 | Senegal | 15.0 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 83% | 0.8 | 7% | 3.6 | 29% |
| 38 | Sierra Leone | 7.2 | Cadre Harmonisé March 2017, covering Jun-Aug 2017 | 89% | 0.1 | 1% | 1.1 | 18% |
| 39 | Somalia | 13.9 | IPC analysis August 2017, covering Jul 2017 | 89% | 3.3 | 27% | 2.9 | 23% |
| 40 | South Africa | 55.0 | SADC Regional Humanitarian Appeal, covering Jun 2016 - Mar 2017 | 100% | 3.9 | 7% | 10.4 | 19% |
| 41 | South Sudan | 12.3 | IPC analysis May 2017, covering Jun-Jul 2017 | 99% | 6.1 | 50% | 3.6 | 30% |
| 42 | Sri Lanka (ten affected districts) | 20.9 | Joint Assessment of Drought Impact on Food Security and Livelihoods, released in Mar 2017 | 27% | 0.9 | 16% | N/A | N/A |
| 43 | Sudan | 42.8 | IPC analysis October 2017, covering Oct-Dec 2017 | 100% | 3.8 | 9% | 12.5 | 29% |
| 44 | Swaziland | 1.1 | IPC analysis June 2016, covering Oct 2016-Feb 2017 | 81% | 0.4 | 39% | 0.3 | 32% |
| 45 | Syrian Arab Republic | 19.4 | Humanitarian Needs Overview 2018, released in Nov 2017 | 100% | 6.5 | 33% | 4.0 | 21% |
| 46 | United Republic of Tanzania ² | 58.0 | IPC analysis February 2017, covering Feb-Mar 2017 (mainland); IPC analysis July 2017, covering Jul-Sep 2017 (Zanzibar) | 100% | 0.3 | 0% | N/A | N/A |
| 47 | Uganda | 40.1 | IPC analysis January 2017, covering Jan-Mar 2017 | 87% | 1.6 | 5% | 9.3 | 26% |
| 48 | Ukraine (Donetsk & Luhansk) | 45.0 | Humanitarian Needs Overview 2018, released in Nov 2017 | 13% | 1.2 | 20% | N/A | N/A |
| 49 | Yemen | 28.2 | IPC analysis March 2017, covering Mar-July 2017 | 100% | 17.0 | 60% | 6.1 | 22% |
| 50 | Zambia | 14.5 | FEWSNET 2016 VAC estimates covering Jan-Mar 2017 | 100% | 0.0 | 0% | 1.0 | 7% |
| 51 | Zimbabwe | 14.2 | IPC analysis June 2016, covering Jul 2016-Mar 2017 | 68% | 4.1 | 42% | 1.4 | 15% |

| | | | | | | | | | |
|----|--|--|-------------------|-------|-----|------|-----|---|------------|
| 26 | Mali | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 100% | 0.3 | 2% | 2.5 | 13% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.8 |
| 27 | Mauritania | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 93% | 0.4 | 10% | 0.9 | 22% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.6 |
| 28 | Mozambique | IPC analysis November 2017, covering Nov 2017-Feb 2018 | 53% | 0.025 | 0% | 0.6 | 4% | IPC-compatible outlook covering Oct-Dec 2018 | 0.5 - 0.99 |
| 29 | Myanmar (selected areas) | N/A | No further update | | | | | | |
| 30 | Namibia | SADC Regional Vulnerability Assessment Synthesis Report 2017, covering Jul 2017-Mar 2018 | 62% | 0.214 | 16% | 0.6 | 45% | | |
| 31 | Nepal selected areas - Terai) | N/A | No further update | | | | | | |
| 32 | Nicaragua | N/A | No further update | | | | | IPC-compatible outlook covering Jun-Jul 2018 | 0 - 0.09 |
| 33 | Niger | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 100% | 0.3 | 1% | 3.2 | 15% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.8 |
| 34 | Nigeria (Northern) | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 55% | 3.2 | 3% | 14.3 | 14% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.5 |
| 35 | Pakistan (4 districts in Sindh province) | N/A | No further update | | | | | | |
| 36 | Palestine | N/A | No further update | | | | | | |
| 37 | Senegal | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 85% | 0.3 | 2% | 2.5 | 20% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.5 |
| 38 | Sierra Leone | Cadre Harmonisé October 2017, covering Oct-Dec 2017 | 88% | 0.01 | 0% | 0.9 | 15% | Cadre Harmonisé October 2017, covering Jun-Aug 2018 | 0.1 |
| 39 | Somalia | IPC analysis August 2017, covering Aug-Dec 2017 | 89% | 3.1 | 25% | 3.1 | 25% | IPC analysis January 2018, covering Feb - Jun 2018 | 2.7 |
| 40 | South Africa | SADC Regional Vulnerability Assessment Synthesis Report 2017, covering Jul 2017-Mar 2018 | 100% | 3.7 | 7% | 10.0 | 18% | | |
| 41 | South Sudan | IPC analysis September 2017, covering Oct-Dec 2017 | 100% | 4.8 | 44% | 3.8 | 35% | IPC analysis January 2018, covering May - Jul 2018 | 5.0 - 6.99 |
| 42 | Sri Lanka (ten affected districts) | N/A | No further update | | | | | | |
| 43 | Sudan | N/A | No further update | | | | | IPC-compatible outlook covering Jun-Sep 2018 | 3.0 - 4.99 |
| 44 | Swaziland | IPC analysis July 2017, covering Oct 2017-Feb 2018 | 79% | 0.2 | 17% | 0.2 | 19% | IPC analysis July 2017, covering Oct 2017-Feb 2018 | 0.2 |
| 45 | Syrian Arab Republic | N/A | No further update | | | | | | |
| 46 | United Republic of Tanzania ² | N/A | No further update | | | | | IPC-compatible outlook covering Jul-Sep 2018 | 0.1 - 0.49 |
| 47 | Uganda | IPC analysis November 2017, covering Nov 2017-Feb 2018 | 90% | 0.4 | 1% | 4.8 | 13% | IPC-compatible outlook covering May-Jul 2018 | 1.0 - 2.99 |
| 48 | Ukraine (Donetsk & Luhansk) | N/A | No further update | | | | | | |
| 49 | Yemen | N/A | No further update | | | | | IPC-compatible outlook covering Jul-Sep 2018 | |
| 50 | Zambia | SADC Regional Vulnerability Assessment Synthesis Report 2017, covering Jul 2017-Mar 2018 | 48% | 0.0 | 0% | 0.1 | 1% | IPC-compatible outlook covering Jan-Feb 2018 | 0 - 0.09 |
| 51 | Zimbabwe | SADC Regional Vulnerability Assessment Synthesis Report 2017, covering Jul 2017 - Mar 2018 | 78% | 1.1 | 11% | N/A | N/A | IPC-compatible outlook covering Oct-Dec 2018 | 0.5 - 0.99 |

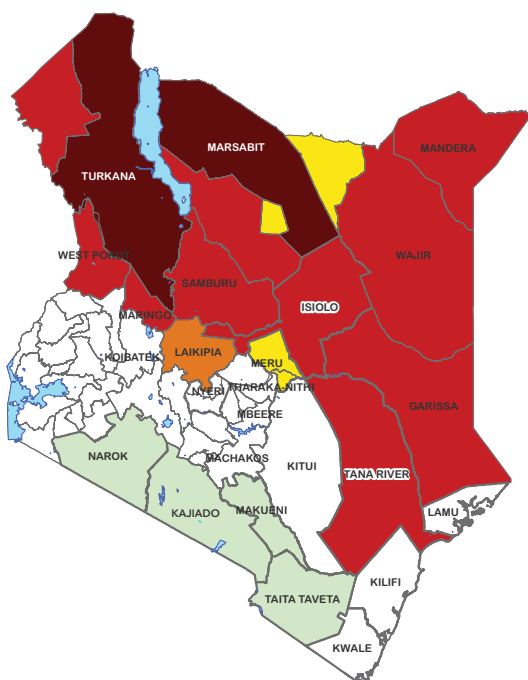
Annex 6: IPC Acute Malnutrition maps

Kenya, IPC for Acute Malnutrition Phase classification, May - July 2017



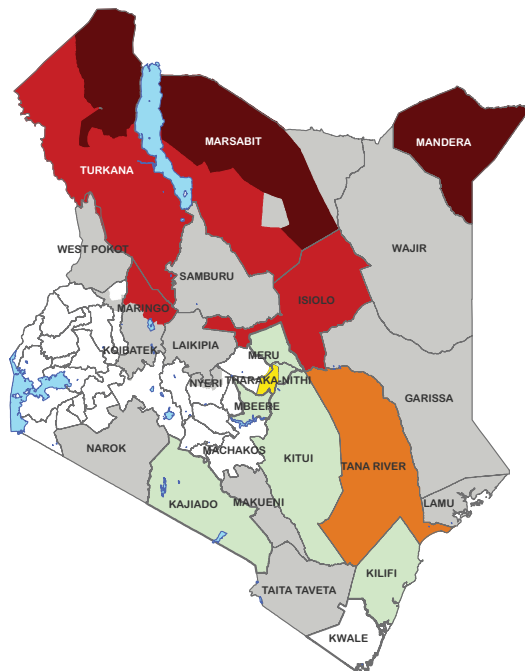
Source: Kenya, IPC Technical Working Group,

Kenya, IPC for Acute Malnutrition Phase classification, August - October 2017



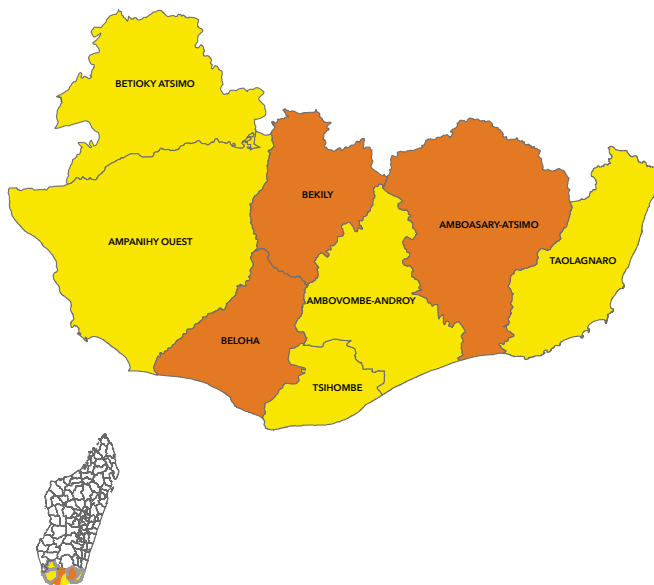
Source: Kenya, IPC Technical Working Group,

Kenya, IPC for Acute Malnutrition Phase classification, October 2016 - January 2017



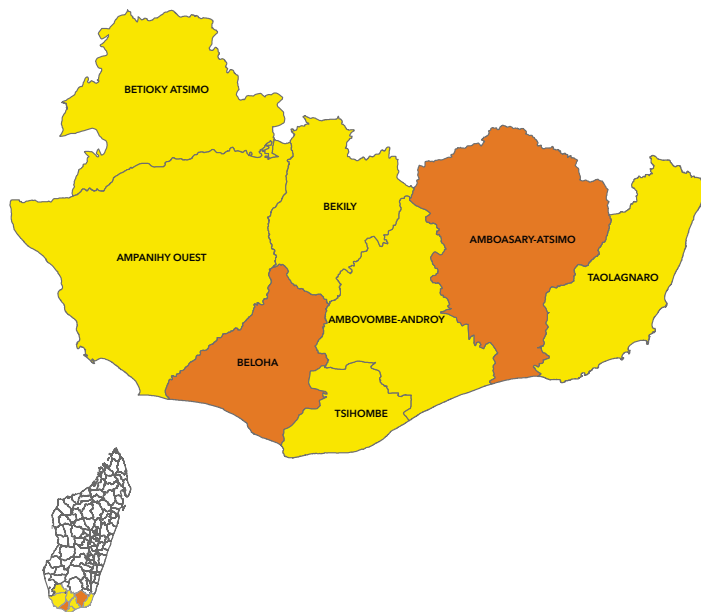
Source: Kenya, IPC Technical Working Group,

Madagascar (Southern and Southern East), IPC for Acute Malnutrition Phase classification, March - May 2017



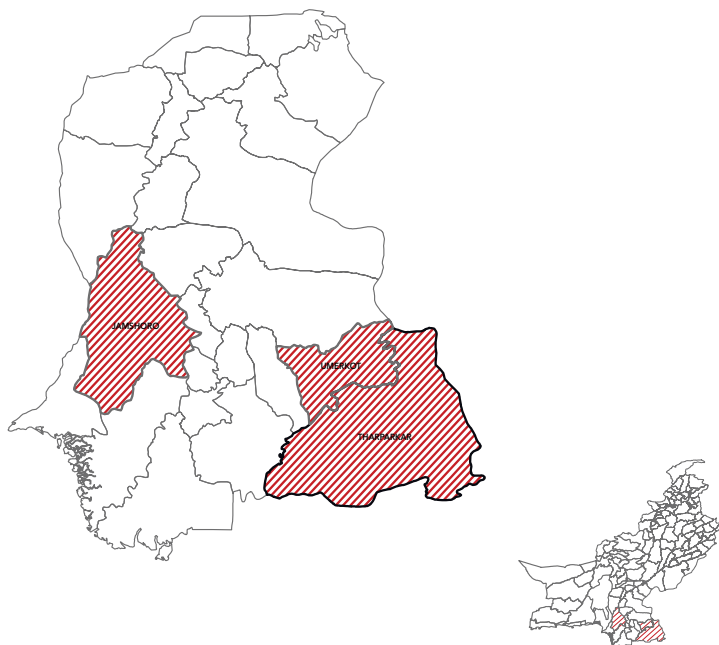
Source: Madagascar, IPC Technical Working Group,

Madagascar (Southern and Southern East), IPC for Acute Malnutrition Phase classification, June - September 2017



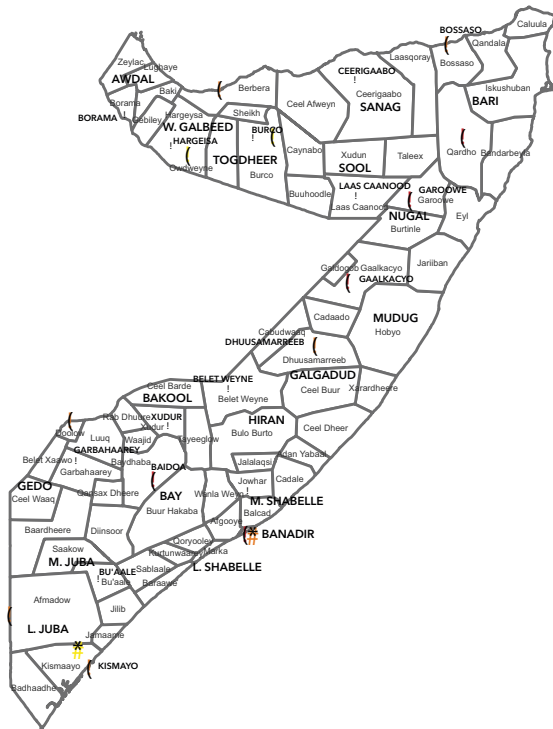
Source: Madagascar, IPC Technical Working Group,

Pakistan, selected Districts of Sindh Province, IPC for Acute Malnutrition Classification, July - September 2017



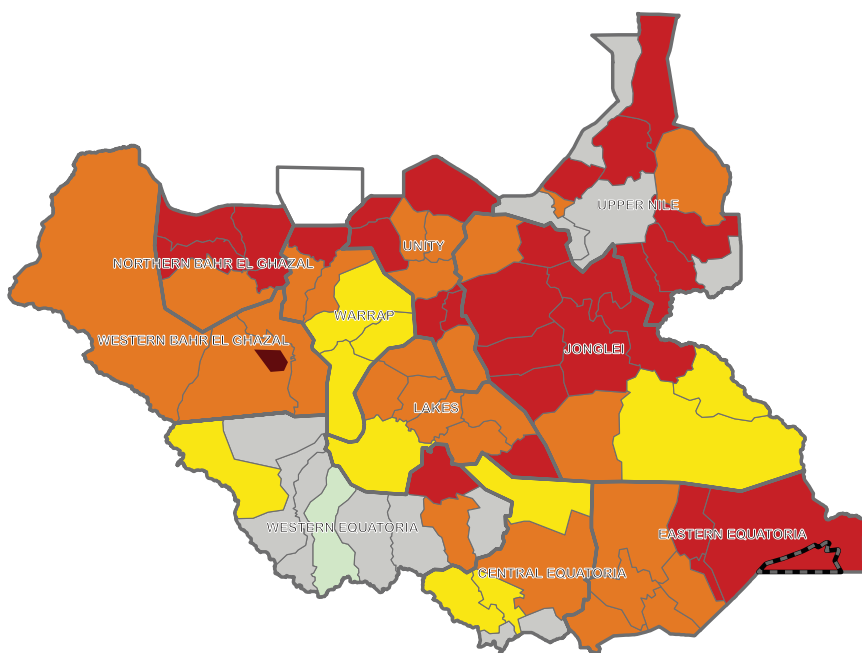
Source: Pakistan, IPC Technical Working Group,

Somalia, IPC for Acute Malnutrition Classification, 2017



Source: Somalia, IPC Technical Working Group,

South Sudan, IPC for Acute Malnutrition, September - December 2017



Source: South Sudan, IPC Technical Working Group,

References

Chapter 1: Introduction and methodology

CILSS. 2014. *Identification et analyse des zones à risque et des populations en insécurité alimentaire et nutritionnelle au Sahel et en Afrique de l'Ouest*. Available at: http://www.agrhyment.net/PDF/Manuel%20CH_version%20finale.pdf

FAO. Global Information and Early Warning System (GIEWS): Countries requiring external assistance for food. Available at: <http://www.fao.org/giews/country-analysis/external-assistance/en/>

FAO, IFAD, UNICEF, WFP & WHO. 2017. *The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security*. Rome, FAO. Available at: <http://www.fao.org/state-of-food-security-nutrition/en/>

FSIN. 2017. *Global Report on Food Crises 2017*. Available at: www.fsincop.net/global-network/global-report/en/

IPC. *Technical Manual Version 2.0*. Available at: http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Manual-2-Interactive.pdf

United Nations Department of Economic and Social Affairs. 2016. High level Political Forum on Sustainable Development, 2016. Available at: <https://sustainabledevelopment.un.org/hlpf/2016>

WFP. 2009. *Comprehensive Food Security & Vulnerability Analysis: Guidelines*. First edition. Available at: http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp203207.pdf

Chapter 2: Global overview of food crises in 2017

Asaf, Y. 2017. "Syrian Women and the Refugee Crisis: Surviving the Conflict, Building Peace, and Taking New Gender Roles" in *Social Sciences*, 6, 110.

Domínguez-Mujica, Josefina. 2016. *Global Change and Human Mobility*. New York: Springer, p. 58.

FAO. Food price monitoring and analysis bulletins. Available at: <http://www.fao.org/giews/food-prices/home/en/>

FAO. Low-Income Food-Deficit Countries – List for 2016. Available at: <http://www.fao.org/countryprofiles/lifdc/en/>

FAO. 2017. *Food Outlook: Biannual Report on Global Food Markets, November 2017*. Available at: <http://www.fao.org/3/a-i8080e.pdf>

FAO. 2017 (under embargo). *The Impact of Disasters and Crises on Agriculture and Food Security*.

FAO, IFAD, UNICEF, WFP & WHO. 2017. *The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security*. Rome, FAO.

FAO & IFPRI. 2017. *Conflict, Migration and Food Insecurity: The role of agriculture and rural development*.

IFPRI. 2017. *Global Nutrition Report 2017*. Available at: www.globalnutritionreport.org/

IOM. 2017. *World Migration Report 2018*. Available at:

<https://www.iom.int/wmr/world-migration-report-2018>

Emily Mates, Jeremy Shoham, Tanya Khara and Carmel Dolan. 2017. *Stunting in protracted crises: discussion paper*. Available at www.ennonline.net/stuntingprotract-edemergencies

OCHA. 2017. "CAR: The true face of displacement", article published on 26 October 2017. Available at: <http://www.unocha.org/story/car-true-face-displacement>

OCHA. 2017. *Syrian Arab Republic: 2018 Humanitarian Needs Overview*.

OCHA. 2017. *Yemen Humanitarian Response Plan January-December 2018* https://www.humanitarianresponse.info/system/files/documents/files/20180120_hrp_yemen_final_0.pdf

OXFAM. 2017. *Consolidated Gender Analysis for Disaster Response in Pakistan*. Available at: <https://policy-practice.oxfam.org.uk/publications/consolidated-gender-analysis-for-disaster-response-in-pakistan-620211>

OXFAM. 2017. *South Sudan Gender Analysis*. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/rr-south-sudan-gender-analysis-060317-en.pdf>

Stockholm Environment Institute. 2017. Understanding social equity and sustainability interactions in the Sustainable Development Goals: Gender differences in food security. Discussion brief.

UNDP. 2012. *Gender, Climate Change and Food Security*. Available at: http://www.undp.org/content/dam/undp/library/gender/Gender%20and%20Environment/PB4_Africa_Gender-ClimateChange-Food-Security.pdf

United Nations Population Fund (UNFPA). 2017. *Humanitarian emergencies*. In: *Emergencies* [online]. New York, USA. [Cited 29 June 2017]. Available at: <http://www.unfpa.org/emergencies>

UNICEF. 2017. *Eritrea Humanitarian Situation Report*. Available at: https://www.unicef.org/appeals/files/UNICEF_Eritrea_Humanitarian_Situation_Report_31_December_2017.pdf

UNICEF. 2013. *Improving Child Nutrition: the achievable imperative for global progress*. Available at: https://www.unicef.org/publications/index_68661.html

UNICEF, WHO & World Bank Group. *Levels and trends of child malnutrition. Joint child malnutrition estimates*. 2017

UNHCR. South Sudan Situation. Information-sharing portal. Available at: <http://data.unhcr.org/SouthSudan/country.php?id=229>

UNHCR. Syria Regional Refugee Response. Inter-agency information-sharing portal. Available at: <http://data.unhcr.org/syrianrefugees/regional.php>

UNHCR. Nigeria situation. Operations portal: Refugee situations. Available at: <http://data2.unhcr.org/en/situations/nigeriasituation>

U.S. Civil Society Working Group on Women, Peace and Security. "Bringing Peace to Yemen by Having Women at the Table: What the U.S. Must Do and Why It Matters". A Policy Brief in the series by Sanam Naraghi Anderlini, Rasha Jarhum, Rana Allam, and Devin Cowick.

Chapter 3: Major food crises in 2017

Afghanistan

ACF. 2015–2017. SMART nutrition survey carried out in 2015, 2016 & 2017.

FAO. 2017. *GIEWS country brief: Afghanistan*. 25 September 2017.

FEWS NET. 2017. *Afghanistan Food Security Outlook Update*, August 2017.

Food Security Cluster. 2017. *Seasonal Food Security Assessment (SFSA): Afghanistan 2017*.

IOM. 2017. Weekly Situation Report, 5-11 November 2017.

IPC Afghanistan Technical Working Group. 2014. *Current (Sept-Oct 2014) and Projected (Nov 2014- March 2015) Acute Food Insecurity Situation*, September 2014.

IPC Afghanistan Technical Working Group. 2015. *Indicative Current (Sept.-Nov.2015) and Projected (Nov.2015-March 2016) Acute Food Insecurity Situation*, August 2015.

IPC Afghanistan Technical Working Group. 2016. *Current (Apr.-Jun.2016) and Projected (Jul-Dec.2016) Acute Food Insecurity Situation*, July 2016.

IPC Afghanistan Technical Working Group. 2017. *Acute Food Insecurity Situation August-November 2017*, October 2017.

Ministry of Public Health, Afghanistan. 2013. *Afghanistan National Nutrition Survey, 2013*

OCHA. 2017. *Afghanistan: 2018 Humanitarian Needs Overview*.

OCHA. 2017. *Humanitarian Response Plan*. Third-quarter report, January to September 2017.

UN Security Council & UN General Assembly. 2017. Special report on the strategic review of the United Nations Assistance Mission in Afghanistan - Report of the Secretary-General.

WFP. 2017. *Afghanistan Country Brief*, October 2017.

Bangladesh

ACAPS. 2018. *Rohingya Crisis: Host Communities Review*. Thematic report, January 2018.

Bangladesh Bureau of Statistics & World Bank. 2017. *Household Income and Expenditure Survey (HIES 2016)*.

Food Security Cluster. 2018. *Refugee influx Emergency Vulnerability Assessment (REVA)*, December 2017.

IPC Bangladesh Technical Working Group. 2017. *Acute Malnutrition Analysis*, September 2017.

IPC Bangladesh Technical Working Group. 2016. *Current (June- November 2016) and Projected (January-April 2017) Acute Food Insecurity*, November 2016.

ISCG. 2017. *Situation Report: Rohingya Refugee Crisis*. Issued on 5 November 2017.

Ministry of Health and Family Welfare. 2016. *Bangladesh Demographic and Health Survey 2014*. Available at:

<https://dhsprogram.com/pubs/pdf/FR311/FR311.pdf>

OCHA. 2017. *Rohingya Refugee Crisis Humanitarian Response Plan*. September 2017 - February 2018.

UNDP & UNWOMEN. 2017. *Social Impact Assessment of the Rohingya Refugee Crisis into Bangladesh*. Key findings and recommendations, 6 December 2017.

UNICEF. 2017. *Bangladesh Humanitarian Situation Report*. 30 August 2017 Available at: https://www.unicef.org/appeals/files/UNICEF_Bangladesh_Humanitarian_Situation_Report_Influx_of_Rohingya.pdf

Burundi

ACAPS. 2017. *Humanitarian Overview: An analysis of key crises into 2018*. Available at: <https://www.acaps.org/special-report/humanitarian-overview-analysis-key-crises-2018>

IPC Burundi Technical Working Group. 2017. *Acute food insecurity analysis*, April 2017.

IPC Burundi Technical Working Group. 2017 *Acute food insecurity analysis*, July 2017.

IPC Burundi IPC Technical Working Group. 2017. *Acute malnutrition analysis*, October 2017.

UNHCR. Burundi. Operations portal: Refugee situations. Available at: <http://data2.unhcr.org/en/situations/burundi>

UNHCR. 2017. *Regional Situation Update: Burundi*. Available at: <https://data2.unhcr.org/en/documents/download/60449>

FAO. 2017. *GIEWS country brief - Burundi*, 24 November 2017.

FAO & WFP. 2017. *Crop and Food Security Assessment Mission (CFSAM)*, September 2017.

FEWS NET. 2017. *Burundi Remote Monitoring Update*, April 2017.

OCHA. 2017. *Burundi Plan de Réponse Humanitaire*, January to December 2017.

OCHA. 2017. *Burundi: 2018 Humanitarian Needs Overview*.

Ministère de l'Agriculture et de l'Élevage & WFP Burundi. 2017. *Food Security Monitoring System*, August 2017. Available at: http://fscluster.org/sites/default/files/documents/burundi_fsms_rapport_august_2017.pdf

WHO. 2017. *Weekly Outbreaks and Emergencies Bulletin*, Week 48, 2017.

Central African Republic

ACAPS. 2017. *Humanitarian Overview: An analysis of key crises into 2018*. Available at: <https://www.acaps.org/special-report/humanitarian-overview-analysis-key-crises-2018>

FAO. 2017. *GIEWS country brief - Central African Republic*, November 2017.

FAO & WFP. 2017. *Mission d'évaluation des récoltes et de la sécurité alimentaire en République Centrafricaine*

(CFSAM), 14 September 2017.

FEWS NET. 2017. *Central African Republic Remote Monitoring Update*, April 2017

FEWS NET. 2017. *Central African Republic Remote Monitoring Update*, August 2017

IPC Central African Republic Technical Working Group. 2017. *Overview*.

STEVENS ET AL. 2015. *Trends and mortality effects of vitamin A deficiency in children in 138 low-income and middle-income countries between 1991 and 2013: a pooled analysis of population-based surveys*

WHO. 2015. *The Global Prevalence of Anaemia in 2011*

WFP. 2017. *République Centrafricaine*. mVAM Bulletin #6, August 2017.

Democratic Republic of Congo

FEWS NET. 2017. *Food Security Outlook Democratic: Republic of the Congo*, February to September 2017.

FEWS NET. 2017. *Food Security Outlook Democratic: Republic of the Congo*, June 2017 to January 2018.

IPC Democratic Republic of the Congo Technical Working Group. 2017. *Current Acute Food Insecurity Overview June 2017 December 2017*, June 2017.

Ministry of Monitoring, Planning and Implementation of the Modern Revolution & Ministry of Public Health, 2014. *Demographic and Health Survey II 2013-2014*.

OCHA. 2017. *Democratic Republic of Congo Overview*, November 2017.

Solidarités Internationales. 2017. *Manifest to Eliminate Cholera in DRC*. 5 December 2017.

WFP. 2017. *Democratic Republic of the Congo Country Brief*, July 2017.

WFP & CAID. 2017. *République Démocratique du Congo m-Kengela no. 12*, March 2017.

WFP & CAID. 2017. *République Démocratique du Congo m-Kengela no. 18*, September 2017.

WHO. 2017. *Weekly Outbreaks and Emergencies Bulletin*. Week 51, 2017.

Djibouti

FEWS NET. 2017. *Djibouti Remote Monitoring Report*, July 2017

IPC Djibouti IPC Technical Working Group. 2016. *Current Acute Food Insecurity November 2016 - May 2017*, November 2016.

UNICEF. 2017. *Djibouti Humanitarian Situation Report*, June 2017.

UNICEF & the Ministry of Health (MoH). 2013. *Standardized Monitoring and Assessment of Relief and Transition (SMART) Survey*

World Bank. 2017. *Country Overview*, April 2017

World Bank. 2017. *Djibouti's Economic Outlook*, October 2017

key crises into 2018. Available at: <https://www.acaps.org/special-report/humanitarian-overview-analysis-key-crises-2018>

Central Statistical Agency (CSA) & ICF. 2016. *Ethiopia Demographic and Health Survey (DHS) 2016*.

FAO. 2017. *Ethiopia Drought Response Plan and Priorities in 2017*.

FAO. 2017. *GIEWS country brief - Ethiopia*, November 2017.

FEWS NET. 2017. *Ethiopia Food Security Alert*, 19 July 2017.

FEWS NET. 2017. *Ethiopia Food Security Alert*, 2 August 2017.

FEWS NET. 2017. *Ethiopia Food Security Outlook*, February to September 2017.

FEWS NET. 2017. *Ethiopia Food Security Outlook*, June to January 2017.

FEWS NET. 2017. *Ethiopia Food Security Outlook Update*, April 2017.

FEWS NET. 2017. *Ethiopia Food Security Outlook Update*, August 2017.

Government of Ethiopia & OCHA. 2017. *Ethiopia Humanitarian Requirements*, May 2017.

International Federation of Red Cross (IFRC) and Red Crescent Societies. 2017

OCHA. 2017. *Ethiopia Humanitarian Bulletin*, June 2017.

Haiti

FAO. 2017. *GIEWS country brief - Haiti*, November 2017.

FAO. 2017. *GIEWS Food Price Monitoring and Analysis Bulletin*.

FAO & WFP. 2017. *Crop and Food Security Assessment Mission*, December 2017. Available at <http://www.fao.org/3/a-i8279e.pdf>

FEWS NET. 2017. *Haiti Price Bulletin*.

FEWS NET. 2017. *Haiti Food Security Outlook Update*, August 2017.

FEWS NET. Haiti June 2017 - January 2018.

FSC. 2017. *Food Basket Bulletin*, April 2017.

FSC. 2017. *Haiti Situation Report*, September 2017.

FSC. 2017. *Food Basket Analysis*, July 2017.

IOM. 2017. *Border Monitoring Situation Report*, September 2017.

IPC Haiti Technical Working Group. 2017. *Current (Feb.-May 2017) and Projected (June-Sept.2017) Acute Food Insecurity Situation*, February 2017.

IPC Haiti Technical Working Group. 2017. *Acute Food Insecurity Situation October 2017 - February 2018*, October 2017.

OCHA. 2017. *Humanitarian Response Plan, January 2017 to December 2018*.

Ethiopia

ACAPS. 2017. *Humanitarian Overview: An analysis of*

OCHA. 2017. *Humanitarian Bulletin*, September to October 2017.

OCHA. 2017. *Humanitarian Snapshot*, October 2017.

OCHA. 2017. *The Caribbean Hurricane Irma Situation Report*, September 2017.

UNICEF. 2017. *Humanitarian Situation Report - Haiti*, October 2017.

WFP. 2017. *Post-Matthew Emergency Food Security Assessment*, January 2017.

WFP. 2017. *Integrated Context Analysis*, April 2017.

Ministère de la Santé Publique et de la Population (MSPP). 2017. *Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI) 2016-2017*, September 2017

WFP & National Coordination for Food Security (CNSA). 2015. *Haiti Emergency Food Security Assessment*, December 2015

Iraq

FAO. 2017. *Agriculture Damage and Loss Needs Assessment*

FAO. 2017. *Situation Report*, July

Iraq Assessment Working Group. 2017 *Multi-Cluster Needs Assessment*, October 2017

Iraq Assessment Working Group. 2017 *Multi-Cluster Needs Assessment Mosul*, April 2017

OCHA. Country page: Iraq. Available at: <http://www.unocha.org/iraq>

OCHA. 2016. *Iraq: 2017 Humanitarian Needs Overview*. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/irq_2017_hno.pdf

OCHA. 2017. *Iraq: 2018 Humanitarian Needs Overview*

OCHA. 2018. *Humanitarian Response Plan*. Available at: <https://reliefweb.int/report/iraq/iraq-2018-humanitarian-response-plan-overview-february-2018-enar>

WFP. 2016. *Comprehensive Food Security and Vulnerability Analysis 2016*. Available at: https://docs.wfp.org/api/documents/WFP-0000023781/download/?_ga=2.2751282.349961902.1520266724-1043343672.1507806993

WFP mVAM. 2017 *Mosul emergency update*, August 2017

WFP mVAM. 2017 *Affected Groups of Ninewa and IDPs in KRI camps*, September 2017

WFP. 2017. *Market Monitor*, August 2017

Kenya

FAO. 2017. *GIEWS Country Brief - Kenya*, April 2017.

FAO. 2017. *GIEWS Crop Prospects and Food Situation*, December 2017.

FEWS NET. 2017. *Kenya Food Security Outlook*, February 2017 to September 2017.

FEWS NET. 2017. *Kenya Food Security Outlook*, June 2017 to January 2018.

FEWS NET. 2017. *Kenya Food Security Outlook*, October 2017 to May 2018.

IGAD & FAO. 2017. *Rapid Drought Assessment in Cross-Border Areas*. 7th IDDRSI Steering Committee, 20 January 2017.

IPC Kenya Technical Working Group. 2017. *Current (Jan.2017) and Projected (Feb.-July 2017) Acute Food Insecurity and Malnutrition Situation*, February 2017.

IPC Kenya Technical Working Group. 2017. *Acute Food Insecurity and Acute Malnutrition Situation in July 2017 and Projection for August - October 2017*, July 2017.

Kenya Ministry of Health. 2017. *Nutrition Situation Report for Arid and Semi-Arid Areas*, August 2017.

KNBS, Kenya Ministry of Health, NACC, KEMRI & NCPD. 2015. *Kenya Demographic and Health Survey 2014: Key indicators*. (Pending reanalysis).

UNHCR. 2017. Kenya factsheet 1-30 November, 2017 <http://www.unhcr.org/ke/wp-content/uploads/sites/2/2017/12/Kenya-Operation-Factsheet-November-2017.pdf>

UNICEF. 2017. *Kenya Nutrition Situation Report*, August 2017.

Lake Chad Basin

Cadre Harmonisé. 2017. *Chad Cadre Harmonisé*, March 2017.

Cadre Harmonisé. 2017. *Nigeria Cadre Harmonisé*, March 2017.

Cadre Harmonisé. 2017. *Niger Cadre Harmonisé*, March 2017.

Cadre Harmonisé. 2017. *Emergency Food Security Assessment in Three North East States (Adamawa, Borno & Yobe) of Nigeria*, April 2017.

Cadre Harmonisé. 2017. *Chad Cadre Harmonisé*, November 2017.

Cadre Harmonisé. 2017. *Nigeria Cadre Harmonisé*, November 2017.

Cadre Harmonisé. 2017. *Niger Cadre Harmonisé*, November 2017.

Chad Ministry of Health. 2017. *SMART CHAD September 2017*. "Note de présentation synthétique des résultats anthropométriques et de mortalité rétrospective de l'enquête nationale de nutrition chez les enfants de 0 à 59 mois". July to August 2017.

FAO. 2017. *GIEWS country brief - Nigeria*, March 2017.

FAO. 2017. *GIEWS country brief - Chad*, November 2017.

FAO. 2017. *GIEWS country brief - Niger*, November 2017.

FEWS NET. 2017. *Chad Food Security Outlook*, February 2017.

FEWS NET. 2017. *Chad Food Security Outlook*, June 2017.

FEWS NET. 2017. *Niger Food Security Outlook*, February 2017.

FEWS NET. *Niger Food Security Outlook*, June 2017.

FEWS NET. *Niger Key Message Update*, November 2017.

FEWS NET. 2017. *Nigeria Food Security Outlook*, February

2017.

FEWS NET. 2017. *Nigeria Food Security Outlook*, June 2017.

FEWS NET. 2017. *Nigeria Food Security Outlook*, October 2017.

INS & ICF International. 2013. *Enquête Démographique et de Santé et Indicateurs Multiples du Niger 2012*. Demographic and Health Surveys and MICS. Plus additional analysis.

INSEED, MSP & ICF International. 2016. *Enquête Démographique et de Santé et à Indicateurs Multiples du Tchad 2014-2015*.

IOM. 2017. *Nigeria Displacement Tracking Matrix - Round XIX Report*, October 2017.

OCHA. 2017. *Chad Humanitarian Bulletin*, October to November 2017.

OCHA. 2017. *Chad: Situation in the Lac region and impact of the Nigerian crisis*. Situation Report no 27, 16 November 2017.

OCHA. 2017. *Niger: 2018 Humanitarian Needs Overview*, November 2017.

UNICEF. 2016. *Niger Humanitarian Report*, September 2016.

UNICEF. 2017. *Multiple Indicator Cluster Survey, 2016-17*.

UNICEF & Government of Nigeria. 2017. *Nigeria Nutrition and Food Security Surveillance*. Round 3, July to August 2017.

WFP. 2017. *Cameroon Comprehensive Food Security and Vulnerability Analysis (CFSVA)*, December 2017.

WHO. 2017. *Weekly Outbreaks and Emergencies Bulletin*, Week 51, 2017.

UNICEF and the Government of Republic of Chad. 2017. *National SMART Survey*, October 2017.

Lesotho

The UN Economic Commission for Latin America and the Caribbean (ECLAC) & the World Food Programme (WFP). *The Social and Economic Impact of Child Undernutrition on Lesotho*. Vision 2020.

FEWS NET. 2017. *Remote Monitoring Update*, April 2017.

FEWS NET. 2017. *Remote Monitoring Update*, June 2017.

FEWS NET. 2017. *Remote Monitoring Update*, October 2017.

FEWS NET. 2017. *Remote Monitoring Update*, December 2017.

IPC Lesotho Technical Working Group. 2016. *Current (May-Jun. 16) and Projected (Jul-Sept. 16/Nov. 16-Mar. 17) Acute Food Insecurity Situation*, May 2016.

IPC Lesotho Technical Working Group. 2017. *Current (July-Sept. 2017) and Projected (Oct. 2017-March 2018) Acute Food Insecurity*, July 2017.

SADC. 2016 & 2017. *Lesotho Vulnerability Assessment Committee Results*, 2016 and 2017.

Madagascar

FAO. 2017. *GIEWS country brief - Madagascar*.

FAO & WFP. 2017. *Madagascar Crop and Food Security Assessment Mission (CFSAM)*. December 2017. Available at: <http://www.wfp.org/content/madagascar-fao-wfp-crop-food-security-assessment-mission-december-2017>

IFPRI. 2017. *Food Security Portal*. <http://www.foodsecurityportal.org/madagascar>

IPC Madagascar Technical Working Group. 2017. *Analysis of acute malnutrition in the Grand Sud*, July 2017 and August to October 2017.

IPC Madagascar Technical Working Group. 2017. *Acute Food Insecurity Situation March - May 2017 and Projection for June - September 2017*, June 2017.

IPC Madagascar Technical Working Group. 2017. *Acute Food Insecurity Situation August-October 2017 and Projection for November 2017 - March 2018*, October 2017. **Madagascar National Statistics Institute.** 2013. *Madagascar Millennium Development Goals National Monitoring Survey (ENSOMD)*, 2011 to 2013.

USAID. 2017. *Food Assistance Factsheet - Madagascar*.

WHO. 2017. *Weekly Outbreaks and Emergencies Bulletin*, Week 51, 2017.

Malawi

FEWS NET. 2017. *Malawi Food Security Outlook*, June 2017 to January 2018.

FEWS NET. 2017. *Malawi Food Security Outlook*, August 2017.

IPC Malawi Technical Working Group. 2017. *Acute Food Insecurity Situation July-September 2017 and October 2017 - March 2018*, July 2017.

Malawi National Statistical Office. 2017. *Malawi Demographic and Health Survey 2015-16*

Republic of Malawi, Department of Disaster Management Affairs. 2016. *Food Insecurity Response Plan, 2016/2017*.

SADC. 2016. *Malawi Vulnerability Assessment Committee Results*, July 2016.

WFP. Country page - Malawi. Available at: <http://www1.wfp.org/countries/malawi>

World Bank. 2012. *Third Integrated Household Survey, 2010 to 2011*.

Malawi National Statistical Office. 2017. *Malawi Demographic and Health Survey, 2015-2016*.

World Bank. 2015.

Mozambique

IPC Mozambique Technical Working Group. 2017. *Acute Food Insecurity Situation June - September 2017 and Projection for October 2017 - March 2018*, August 2017.

WHO. 2017. *Weekly Outbreaks and Emergencies Bulletin*, Week 51, 2017.

INDEPENDENT EXPERT GROUP (IEG) & GLOBAL

NUTRITION REPORT STAKEHOLDER GROUP. 2016.

From Promise to Impact, Ending Malnutrition by 2030
Available at: <https://data.unicef.org/wp-content/uploads/2016/06/130565-1.pdf>

Ministerio da Saude Moçambique, Instituto Nacional de Estatística and ICF International. 2011. *Mozambique DHS, 2011*

WFP. 2017. Country overview. <http://www1.wfp.org/countries/mozambique>

The State of Acute Malnutrition 2016.

Pakistan

ACAPS. 2017. *Drought in Sindh Province*, August 2017.

FSC. 2017. *Livelihood and Food Security Assessment (LFSA): Jamshoro, Shangar, Umerkot and Tharparkar (Sindh-Pakistan)*, November 2017.

IPC Pakistan Technical Working Group. 2017. *Current Acute Food Insecurity in selected Districts of Sindh February - August 2017*, May 2017.

IPC Pakistan Technical Working Group. 2017. *IPC Acute Malnutrition Analysis*. 23 July 2017.

Pakistan National Institute of Population Studies & ICF International. 2013. *Pakistan Demographic and Health Survey 2012-2013*.

Sindh Bureau of Statistics & UNICEF. 2015. *Sind Multiple Indicator Cluster Survey 2014*. Final report.

UN Country Team, Pakistan. 2017. *Pakistan: Joint UN Observation Mission Report - Tharparkar, Umerkot and Sanghar*, 13 to 17 February 2017.

WFP, FAO & FSC. 2016. *Household Economy Analysis 2015, Drought Impact Assessment*.

Palestine

Palestinian Economic Policy Research Institute (MAS). *Strategic Review of Food and Nutrition Security in Palestine*. 2017.

OCHA. 2017. *Palestine 2018 Humanitarian Needs Overview*. Available at https://www.ochaopt.org/sites/default/files/hno_20_12_2017_final.pdf

UN Relief and Works Agency for Palestinian Refugees in Near East. Situation report 30 May - 5 June 2017.

The Applied Research Institute - Jerusalem. 2010 (p.36). Available at <http://www.arij.org/publications/2010/Chapter%202.pdf>

UNCTAD. 2015. Available http://unctad.org/en/PublicationsLibrary/gdsapp2015d1_en.pdf

Somalia

FAO. 2017. *GIEWS Country Brief - Somalia*, June 2017.

FEWS NET. 2017. *Global Price Watch*, November 2017.

FEWS NET. 2017. *Somalia Food Security Outlook*, June 2017 to January 2018.

FEWS NET. 2017. *Somalia Food Security Outlook*, October 2017 to May 2018.

FEWS NET. 2017. *Somalia Price Bulletin*, November 2017.

FSNAU. 2017. *Nutrition Update for Somalia* (summary and full report), November 2017.

FSNAU. 2017. *Update for Somalia*, November 2017.

FSNAU & FEWS NET. 2017. *Technical Release Somalia*, August 2017.

FSNAU & FEWS NET. 2017. *Presentation on Somalia Post-Gu Seasonal Food Security and Nutrition Assessment*, September 2017.

OCHA. 2017. *Somalia Humanitarian Response Plan*, May 2017.

OCHA. 2017. *Somalia: 2018 Humanitarian Needs Overview*, November 2017.

South Sudan

ACF & Danish Refugee Council. 2017. *Hunger and Displacement: Views and solutions from the field*.

FAO. 2017. *GIEWS country brief - South Sudan*, September 2017

FEWS NET. 2017. *South Sudan Food Security Outlook*, October 2017 to May 2018.

IPC South Sudan Technical Working Group. 2017. *Current and Projected (January-July 2017) Acute Food Insecurity and Acute Malnutrition Situation*, January 2017.

IPC South Sudan Technical Working Group. 2017. *Current (May 2017) and Projected (June-July 2017) Acute Food Insecurity and Acute Malnutrition Situation*, May 2017.

IPC South Sudan Technical Working Group. 2017. *Current (Sept. 2017) and Projected (Oct.-Dec.2017; Jan.-March 2018) Acute Food Insecurity and Acute Malnutrition Situation*, September 2017.

WHO. 2017. *Weekly Outbreaks and Emergencies Bulletin*, Week 51, 2017.

Independent expert group (IEG) & Global Nutrition Report Stakeholder Group. 2016. *From Promise to Impact, Ending Malnutrition by 2030* Available at: <https://data.unicef.org/wp-content/uploads/2016/06/130565-1.pdf>

Sudan

FEWS NET. 2017. *Food Security Outlook: Sudan*, June 2017 to January 2018.

FEWS NET. 2017. *Food Security Outlook: Sudan*, October 2017 to May 2018.

FAO. 2017. *GIEWS country brief - The Sudan*, October 2017.

IPC Sudan Technical Working Group. 2017. *Acute Food Insecurity Overview Sudan*, June 2017 to September 2017.

IPC Sudan Technical Working Group. 2017. *Acute Food Insecurity Overview Sudan*, October 2017 to December 2017.

IPC Sudan Technical Working Group. 2017. *Current (April-June 2017) and Projected (June-Sept. 2017) Acute Food Insecurity*, March 2017. **OCHA.** 2017. *Humanitarian Response Plan*, January 2017.

OCHA. 2017. *Sudan Humanitarian Bulletin*, August 2017.

OCHA. 2017. *Sudan Humanitarian Bulletin*, December 2017.

OCHA. 2017. *Sudan Humanitarian Bulletin*, October 2017.

OCHA. 2016. *Sudan: 2017 Humanitarian Needs Overview*.

OCHA. Forthcoming. *Sudan: 2018 Humanitarian Needs Overview*.

Sudan Central Bureau of Statistics, WFP, UNICEF, UNFPA & WHO. 2015. *Sudan Multiple Indicators Survey 2014*, April 2015.

UNHCR. 2017. Sudan, Inter-agency operational update, South Sudanese refugee response, 31 December 2017 <http://data.unhcr.org/SouthSudan/regional.php>

Swaziland

IPC Swaziland Technical Working Group. 2017. *Acute Food Insecurity Situation from July to October 2017 and Projection for February 2018*, July 2017.

IPC Swaziland Technical Working Group. 2016. *Current (Apr.-Jun. 16) and Projected (Jul.-Feb. 17) Acute Food Insecurity Situation*, June 2016.

OCHA. 2016 & 2017. *Swaziland Vulnerability Assessment Committee Results*, 2016 and 2017.

Swaziland Central Statistical Office with UNICEF, UNFPA & UNESCO. 2015. *Swaziland Multiple Indicator Cluster Survey, 2014*.

WFP. 2017. *VAM Food Security Analysis Bulletin*, no. 5, June 2017.

WFP. *Country page: Swaziland*. Available at <http://www1.wfp.org/countries/swaziland>

UN DESA. 2017. *Population Division World Population Prospects, 2017*

UNICEF 2017 https://www.unicef.org/esaro/5482_HIV_AIDS.html and <https://reliefweb.int/report/swaziland/unicef-swaziland-humanitarian-situation-report-4-september-2017>

UNICEF. 2017. *Rapid Nutrition and Health Assessment (2017)*, July-September

Syrian Arab Republic and Syrian refugees in Jordan, Lebanon and Turkey

ACAPS. 2017. *Humanitarian Overview - An analysis of key crises into 2018*, November 2017.

FAO. 2017. *GIEWS country brief - Syrian Arab Republic*. Available at: <http://www.fao.org/giews/countrybrief/country.jsp?code=SYR>

FAO & WFP. 2017. *Special Report: FAO/WFP Crop and Food Security Assessment Mission to the Syrian Arab Republic*, 2017. Available at: <http://www.fao.org/3/a-i7578e.pdf>

FSC. 2017. *Food Security Situation in Syria*, November 2017.

FSC. 2017. *Whole of Syria Food Security Sector*, November 2017.

FSC. 2017. *Whole of Syria Nutrition Sector Bulletin*,

January to July 2017.

OCHA. 2017. *Syrian Arab Republic: 2018 Humanitarian Needs Overview*. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2018_summary_171120_0.pdf

UNDP & UNHCR. 2017. *3RP Regional Refugee and Resilience Plan 2018-2019*.

UNHCR. Syria Regional Refugee Response. Inter-agency information sharing portal. Available at : <http://data.unhcr.org/syrianrefugees/regional.php>

UNHCR, UNICEF, WFP & Save the Children. 2016. *Inter-agency Nutrition Surveys amongst Syrian Refugees in Jordan*, 2016.

UNICEF. 2013. *Joint Nutrition Assessment Syrian Refugees in Lebanon*, 2013.

WFP. 2017. *Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise (CVME) 2017*

WFP. 2017. *Syria - Duma Inter-Agency Assessment*, November 2017.

WFP, UNICEF & UNHCR. 2017. *VASyR 2017: Vulnerability Assessment of Syrian Refugees in Lebanon*.

World Bank. Graphic: Unemployment (percentage total of labour force). From data retrieved on March 2017. Available at: <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

UNICEF AND PARTNERS. 2016. *SMART Nutrition Survey*, 2016.

Uganda

FAO. 2017. *GIEWS country brief - Uganda*, August 2017.

FAO. 2016. *GIEWS country brief - Uganda*, November 2016.

FEWS NET. 2017. *Food Security Outlook: Uganda*, February 2017.

FEWS NET. 2017. *Food Security Outlook: Uganda*, June 2017.

FEWS NET. 2017. *Food Security Outlook: Uganda*, November 2017.

IPC. 2017. *Uganda IPC Technical Working Group*, January 2017.

IPC. 2017. *Uganda IPC Technical Working Group*, November 2017.

WFP. 2017. *Monthly Market Monitor*: April 2017.

WFP. 2017. *mVAM Karamoja Region Early Warning Bulletin*, July 2017.

Uganda Bureau of Statistics. 2017. *Demographic and Health Survey 2016*.

UNHCR. 2017. *Uganda Refugee Response - Monthly Snapshot*, December 2017.

UNICEF. 2017. *Uganda Humanitarian Situation Report*, 1 to 30 November 2017.

Ukraine

CDC & UNICEF. 2015. *Infant and Young Child Feeding in Emergencies Survey*, June 2015.

Food Security and Livelihoods Cluster. 2017. *Socio-Economic Summary Report, 2017*. Available at: <http://fscluster.org/ukraine/document/analysis-impact-conflict-socio-economic>

FSC. 2017. *Joint Food Security Assessment*, September 2017.

OCHA. 2017. *Ukraine Humanitarian Response Plan 2018*.

OCHA. 2016. *Ukraine: 2017 Humanitarian Needs Overview*.

OCHA. 2017. *Ukraine: 2018 Humanitarian Needs Overview*.

Ukraine Ministry of Health. Statistics from 2014.

UN country team. 2016. *Inter-Agency Vulnerability Assessment in Luhansk and Donetsk Oblasts*, November 2016

Ziolkovska, A. 2016. "Nutrition coordination in Ukraine: Experiences as a sub-cluster of health" in *Field Exchange* 52, June 2016. p76.

Yemen

FAO. 2017. *GIEWS country brief - Yemen*, April 2017.

FEWS NET. 2017. *Food Security Outlook*, June 2017 to January 2018, and October 2017 to May 2018.

Food Security Technical Secretariat (FSTS). 2017. *FSIS Market Bulletin Update*, October 2017.

FSTS. 2017. *FSIS Market Bulletin Update*, November 2017.

IOM, UNHCR & Protection Cluster. 2017. *Yemen: Taskforce on Population Movement*. 16th report. October 2017.

IPC Yemen IPC Technical Working Group. 2016 & 2017. June 2016 and March 2017.

OCHA. Crisis Overview - Yemen. Available at: <http://www.unocha.org/yemen/about-ocha-yemen>

OCHA. 2017. *Yemen: 2018 Humanitarian Needs Overview*.

UNHCR. 2017. *UNHCR Operational Update for Yemen*, November 2017.

WFP. 2017. *State of Food Insecurity in Yemen*. Based on the Emergency Food Security and Nutrition Assessment, April 2017.

Yemen IPC Technical Working Group. 2017. *IPC analysis - Summary of findings*, March 2017. Results from nutrition surveys conducted between August and December 2016 by UNICEF, MOPHP, nutrition partners and multi-sectoral EFSNA.

Independent Expert Group (IEG) & Global Nutrition Report Stakeholder Group. 2016. *From Promise to Impact: Ending Malnutrition by 2030* Available at: <https://data.unicef.org/wp-content/uploads/2016/06/130565-1.pdf>

Zimbabwe

FEWS NET. 2017. *Zimbabwe Food Security Outlook Update*, December 2017.

IPC Zimbabwe Technical Working Group. 2016. *Current (Apr-Jun.16) and Projected (Jul.16-Mar.17) Acute Food*

Insecurity Situation, June 2016.

OCHA. 2017. *Zimbabwe Vulnerability Assessment Committee (ZimVAC) Results*, 2017.

UNICEF. 2017. *Zimbabwe Situation Report*, September 2017.

WFP. 2017. *Monthly Regional Food Price Update*, May 2017.

Zimbabwe National Statistics Agency. 2016. *Demographic and Health Survey 2015*

World Bank. 2017. *Country Overview*, October 2017. Available at: <http://www.worldbank.org/en/country/zimbabwe/overview>

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CABI. 2017. Evidence note: *Fall Armyworm: Impacts and Implications for Africa*. Commissioned by DFID.

Cadre Harmonisé. 2017. *Situation projetée (juin-août 2018) de la sécurité alimentaire et nutritionnelle dans 17 pays du Sahel et de l'Afrique de l'Ouest*. November 2017.

FAO. GIEWS. 2018. *Crop prospects*, March 2018.

FEWS NET. 2018. *Food Assistance Outlook Brief*. January 2018.

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