



© Peter Caton for Action Against Hunger

# ACTION AGAINST HUNGER'S 10 GLOBAL HUNGER HOT SPOTS 2026

With Data, Stories, and Humanitarian Responses from 2025

# TABLE OF CONTENTS

---



 The women of the PFP association prepare food for a cooking demonstration on the outskirts of Mbuji-Mayi, DRC ©Alexis Huguet for Action Against Hunger

<b>INTRO</b>	<b>3</b>
<b>1 NIGERIA</b>	<b>6</b>
<b>2 SUDAN</b>	<b>11</b>
<b>3 DEMOCRATIC REPUBLIC OF CONGO</b>	<b>16</b>
<b>4 BANGLADESH</b>	<b>21</b>
<b>5 ETHIOPIA</b>	<b>26</b>
<b>6 YEMEN</b>	<b>31</b>
<b>7 AFGHANISTAN</b>	<b>36</b>
<b>8 MYANMAR</b>	<b>41</b>
<b>9 PAKISTAN</b>	<b>45</b>
<b>10 SYRIA</b>	<b>50</b>
<b>THREE OTHER PARTICULARLY CRITICAL CONTEXTS</b>	<b>55</b>
<b>GAZA (OCCUPIED PALESTINIAN TERRITORIES)</b>	<b>56</b>
<b>SOUTH SUDAN</b>	<b>62</b>
<b>HAITI</b>	<b>67</b>
<b>SOURCES AND METHODOLOGY</b>	<b>72</b>
<b>HUNGER AND MALNUTRITION IN THE WORLD</b>	<b>74</b>
<b>ABOUT US</b>	<b>75</b>

# INTRO

This report was compiled by Action Against Hunger, integrating data from the State of Food Security and Nutrition in the World (SOFI 2025) hunger<sup>2</sup> and the Global Report on Food Crises (GRFC 2025) hunger<sup>3</sup>, to provide a broad view of the world's most significant crises and hunger hotspots to watch in 2026.

The situation is alarming: SOFI reported that approximately 673 million people suffered from chronic hunger<sup>2</sup>, and the GFRC documented 295 million people facing acute food insecurity across 59 countries and territories—the highest figure since GRFC was first published in 2016.

This document extends beyond statistics by incorporating first-hand testimonies, insights drawn from Action Against Hunger's programs in the countries reviewed, and practical recommendations to help improve crisis conditions. Our report focuses on the ten countries with the highest number of people in acute food insecurity (IPC Phase 3 or above), according to the GRFC 2025: Nigeria, Sudan, Democratic Republic of Congo, Bangladesh, Ethiopia, Yemen, Afghanistan, Pakistan, Myanmar, and Syria. We also include additional areas of concern, such as Haiti, the Gaza Strip, and South Sudan, which have smaller populations but extreme levels hunger, impacting 50% to 100% of the population. These areas combine a high incidence of hunger, a real risk of famine (IPC Phase 5), and the direct operational presence of Action Against Hunger, which allows for the collection of data and direct testimonies.

## KEY POINTS

This report reveals common themes that illuminate the nature of food crises around the world, including:

- 1. Concentration:** Acute food insecurity is concentrated in a few countries. Two out of three people suffering from acute food insecurity globally live in the ten countries analyzed, totaling over 196 million people in Crisis (IPC Phase 3), Emergency (Phase 4), or Catastrophe/Famine (IPC Phase 5) conditions.
- 2. Severity:** The number of people facing Catastrophe/Famine (IPC Phase 5) is increasing. In contexts such as Gaza, Haiti, Sudan, and South Sudan, hunger is a devastating reality that threatens entire populations.
- 3. Interconnected factors:** Armed conflict, extreme weather events, economic shocks, and structural inequalities are present in all the contexts analyzed, with varying degrees of intensity. These factors combine, reinforce each other, and repeat themselves with similar dynamics from one country to another.
- 4. Fragile institutions:** The most serious crises erupt in contexts where political and social institutions are most exposed. When infrastructure and services are not resilient, any shock—war, drought, economic crisis—can turn into a catastrophe.
- 5. Obstacles to humanitarian access:** Violence, bureaucratic restrictions, attacks on humanitarian workers, and political difficulties severely hamper access to aid. These impediments not only slow down interventions but also amplify the needs of populations already affected by food crises, further aggravating the emergency.

1. Chronic hunger/chronic food insecurity (chronic undernourishment): a persistent, long-term condition in which people are unable to consistently meet their minimum dietary energy requirements for an active and healthy life. It is closely linked to structural factors such as poverty, socioeconomic inequalities, environmental degradation, or the fragility of agricultural systems

2. Acute food insecurity: a temporary condition in which a person is unable to access sufficient and

nutritious food due to sudden shocks such as conflicts, economic crises, or climate disasters, with immediate consequences for life and livelihoods. The international reference tool is the Integrated Food Security Phase Classification (IPC), which distinguishes five levels of food insecurity—from Phase 1 (None/Minimal) to Phase 5 (Catastrophe/Famine)—based on food consumption, acute malnutrition, mortality, and livelihood capacity. Acute food insecurity is considered to be present when the situation

**6. Child malnutrition:** In the 13 contexts analyzed, nearly 30 million children suffer from acute malnutrition. Of these, about 8.5 million are severely malnourished and are at an elevated risk of mortality if they do not receive timely treatment. Malnutrition is also critical among mothers: at least 13 million pregnant or breastfeeding women are malnourished, with consequences that are likely to be passed on to their children.

**7. Resilience of the most vulnerable communities:** In all food crisis contexts, Action Against Hunger teams report extraordinary resilience among affected populations. Determination in emergency situations and the ability to adapt in autonomy-building programs are key elements that help nurture hope for a different future.

Humanitarian funding is a persistent challenge. In 2024, Action Against Hunger's ["Hunger Funding Gap"](#) report already had demonstrated a 65% shortfall in funding for hunger- and food-related humanitarian programs in countries in food crisis. Since then, international funding cuts have worsened the problem. For example, the United States announced an 83 percent cut to its support for humanitarian programs around the world. That was followed by significant cuts in Germany, France, Belgium, the United Kingdom, Sweden, and the Netherlands. Yet, a study published in *The Lancet* on July 1, 2025, showed that in the last 20 years, USAID-funded programs are estimated to have saved over 90 million lives, reducing overall mortality by 15% and child mortality by 32% in beneficiary countries. According to the authors, maintaining the cuts until 2030 could cause 14 million preventable deaths, including 4.5 million children under the age of five.

falls into Phase 3 (Crisis) or higher, where families begin to reduce meals or essential goods and require humanitarian assistance. The more severe phases, Phase 4 (Emergency) and Phase 5 (Catastrophe/Famine), indicate a worsening of the situation leading to the collapse of survival systems..

3. [Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis](#)



## RECOMMENDATIONS

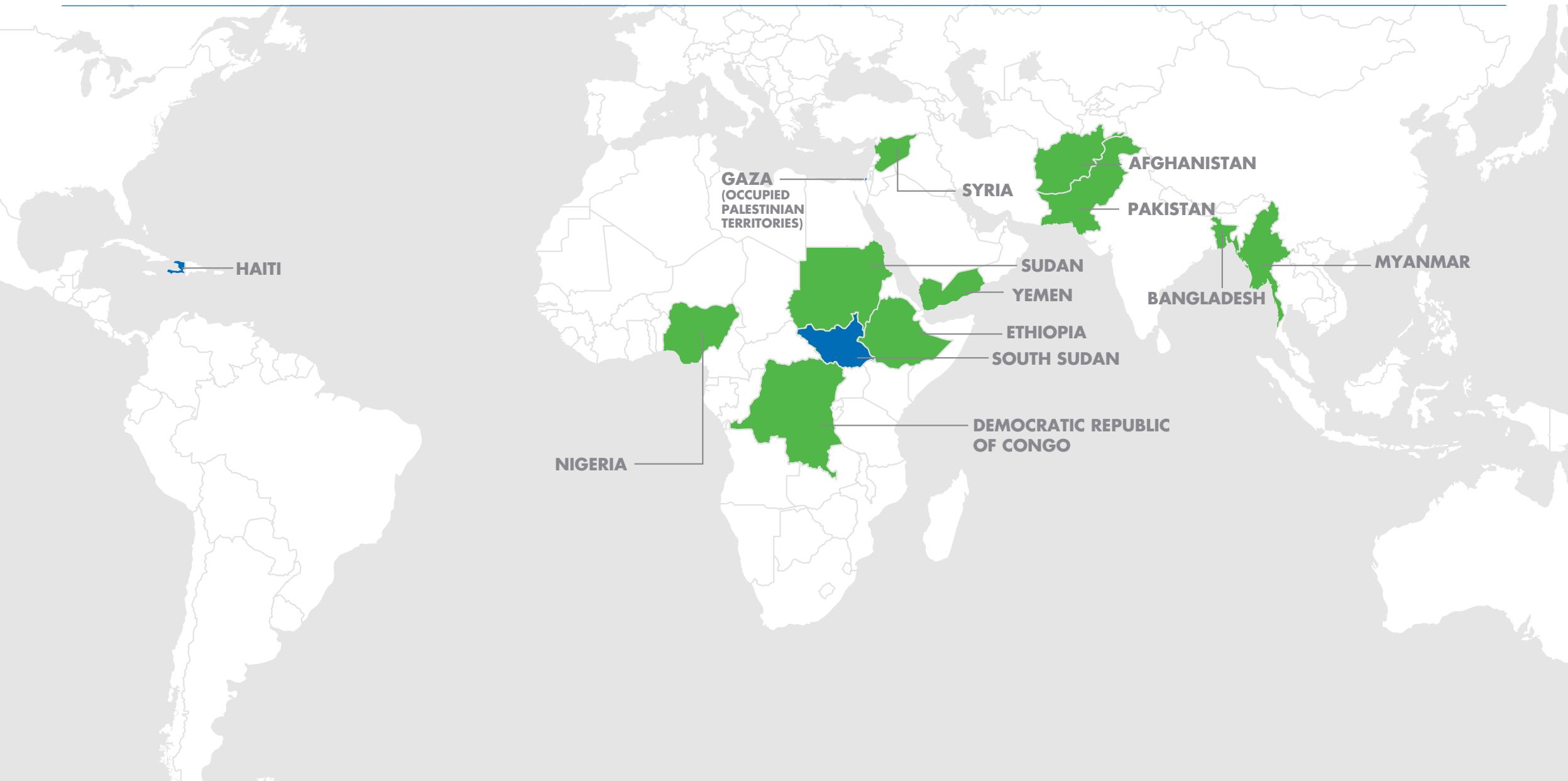
Action Against Hunger recommends an urgent focus to:

- 1. Ensure full and safe humanitarian access:** A renewed global commitment is essential to ensure civilian and humanitarian-worker protection and prevent the use of hunger as a weapon of war, an important part of international humanitarian law and recognized in 2018 by UN Security Council Resolution 2417.
- 2. Integrate climate and food security:** Agriculture- and water-related policies must be climate-adapted to protect livelihoods and prevent future crises. Climate resilience strategies must be integrated into every intervention, promoting sustainable agricultural practices such as agroecology to ensure long-term food security.
- 3. Focus on women and children:** Every response strategy must include women's empowerment, protection from gender-based violence, and maternal and child nutrition, with a particular focus on the first 1,000 days. It is essential to ensure prenatal care for mothers, especially in emergency contexts, and to ensure timely access to therapeutic nutritional treatment for malnourished children.
- 4. Adequate, flexible and multi-sectoral funding:** Funds for humanitarian response must be increased, ensuring that they are flexible and able to integrate various sectors: nutrition, health, WASH, protection, and livelihood mechanisms.
- 5. Support local and inclusive solutions:** The most effective solutions require the involvement of local communities and must be supported by long-term resources. Community knowledge and resilience promote sustainable and inclusive solutions that can better respond to local needs.
- 6. Strengthen prevention:** Every strategy should include nutrition, food security, and access to basic health services, aiming to prevent hunger rather than just manage it.
- 7. Uphold adequate nutrition as a fundamental human right:** Hunger is a violation of fundamental human rights. Every government and international actor must commit to ensuring that the right to food is respected and protected.

COUNTRY	POPULATION IN ACUTE FOOD INSECURITY
<b>1</b> 	<b>NIGERIA</b> 31.8 milion
<b>2</b> 	<b>SUDAN</b> 25.6 milion
<b>3</b> 	<b>DEMOCRATIC REPUBLIC OF CONGO</b> 25.6 milion
<b>4</b> 	<b>BANGLADESH</b> 23.6 milion
<b>5</b> 	<b>ETHIOPIA</b> 22 milion
<b>6</b> 	<b>YEMEN</b> 16.7 milion
<b>7</b> 	<b>AFGHANISTAN</b> 15.8 milion
<b>8</b> 	<b>MYANMAR</b> 14.4 milion
<b>9</b> 	<b>PAKISTAN</b> 11.8 milion
<b>10</b> 	<b>SYRIA</b> 9.2 milion



# 10 MAJOR GLOBAL FOOD EMERGENCIES AND THREE ADDITIONAL CRITICAL CONTEXTS



# NIGERIA



1

31.8 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE ≥ 3

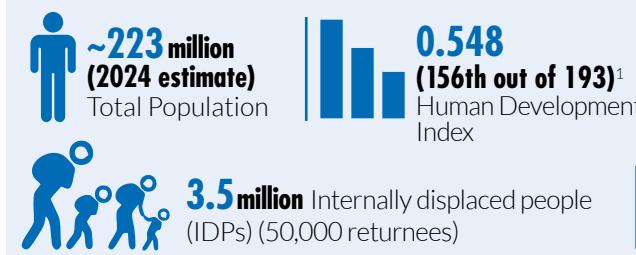


 Amina, a nutrition assistant at Action Against Hunger, helps women prepare "Tom Brown porridge," which improves children's health. Bagarawa, Sokoto State, Nigeria ©Maryna Chebat for Action Against Hunger

# COUNTRY PROFILE

## IN BRIEF

**Nigeria**, located in West Africa, borders Niger, Chad, Cameroon, and Benin, and faces the Gulf of Guinea. With an estimated population of approximately **223 million** in 2024, it is set to grow to **400 million by 2050**, the most populous country in Africa and among the top ten globally. Alongside large, densely populated urban centers concentrated in the south and center, there are vast rural areas characterized by high vulnerability, particularly in the northeast. Here, **agriculture is the main livelihood**, especially in the BAY states (Borno, Adamawa, and Yobe), while small businesses, manual labor, and informal economic activities supplement families' livelihoods. For over 15 years, Nigeria has been facing conflict fueled mainly by the **Boko Haram insurgency** and other forms of armed violence. Security challenges are intertwined with climate shocks, including **recurrent droughts and floods**, which further exacerbate the crisis.



Sources: OCHA, HRP, World Bank, UNDP, IDMC

## POLITICAL AND ENVIRONMENTAL CONTEXT

Nigeria faces one of West Africa's most severe humanitarian crises. In the northeast, in the states of Borno, Adamawa, and Yobe, violence is fueled by Boko Haram, an Islamist armed group founded in 2002 and its more organized offshoot, ISWAP (Islamic State West Africa Province), which is linked to ISIS and active mainly in the northeast.

In the northwest and central regions, armed crime and conflicts between herders and farmers further aggravated the situation: in 2023 alone, over 4,000 civilians were killed. A lack of security prevents many refugees and displaced people from returning home. Today, there are over 3.5 million internally displaced people, in addition to 127,000 refugees from neighboring countries and 50,000 returnees.

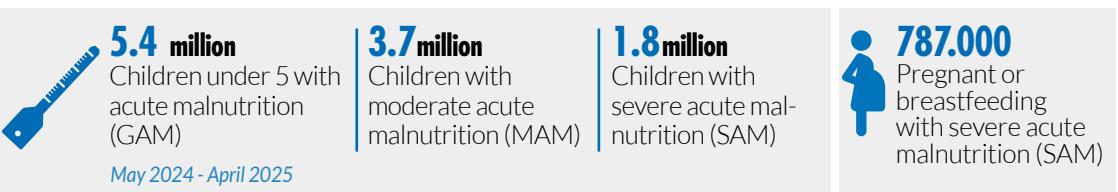
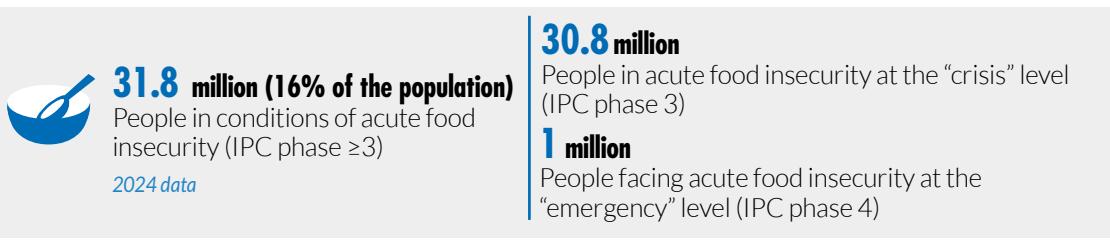
The country is also affected by climate shocks. In 2024, devastating floods hit 34 of Nigeria's 36 states, destroying houses, 1.1 million hectares of farmland, and forcing about 2 million people to leave their homes. Recurring droughts, heat waves, and extreme weather events, particularly in the states of Yobe, Adamawa, Sokoto, and Borno, have further compromised agricultural production and food security.

## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In 2024, Nigeria was the country with the highest number of people experiencing acute food insecurity (IPC  $\geq 3$ ), with approximately 31.8 million individuals (15% of the population analyzed) affected during the lean season. The nutritional crises are exacerbated by prolonged conflicts in the northeast of the country (Boko Haram and ISWAP), which make large areas virtually inaccessible to relief and food supplies, creating a vicious cycle of food insecurity and malnutrition. According to the latest assessments by the Cadre Harmonisé (CH) and the Integrated Food Security Phase Classification (IPC), food insecurity in 2025 remains particularly critical in the states of Borno, Yobe, and Adamawa, despite a slight decline: the number of people affected has fallen to around 30 million.

About half of the population of the most affected areas have limited access to food, drinking water, and sanitation. Damaged water systems and poor hygiene increase the risk of disease and impair the body's ability to absorb nutrients, making child and maternal malnutrition a central issue in Nigeria. Babies of pregnant women with inadequate diets or illness have an increased risk of malnutrition, low birth weight, stunting, and other long-term nutritional challenges.



Sources: IPC/CH; GRFC

1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower.

2. The Humanitarian Response Plan (HRP) is the strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, operational plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups.

3. According to OCHA terminology, 'people in need' are those whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Conflict and displacement:** Armed violence in the northeast (Borno, Yobe, Adamawa) and northwest (Sokoto, Zamfara, Katsina) is destroying agricultural livelihoods and forcing millions of people to flee their homes. Boko Haram, ISWAP, and bandit groups attack civilians and aid operations, hindering humanitarian access and isolating communities from food markets, health services, and essential services.
- Internal displacement:** More than 2.3 million people remain displaced within the country, while returnees face insecurity, destroyed infrastructure, and limited livelihood opportunities. Violence causes mass displacement and increases food insecurity among both host communities and displaced populations.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Recurring climate shocks:** droughts, floods, and heat waves regularly affect Nigeria, damaging crops, homes, and critical infrastructure. In 2024, floods affected 34 of the 36 states, impacting 3 million people, submerging 1.3 million hectares of agricultural land, and destroying homes and infrastructure. The loss of 1.1 million tons of crops—enough to feed 13 million people for a year—further exacerbated food insecurity.
- Floods and epidemics:** Flooding and violent storms in Niger, Yobe, Adamawa, Sokoto, and Borno caused thousands of displacements and contributed to cholera outbreaks. Recovery is slow, leaving affected families with depleted assets and increased vulnerability.



### INEQUALITY AND POVERTY

- Economic fragility:** Inflation reached 35% in 2024, while the naira (Nigeria's currency) lost 70% of its value against the dollar, drastically reducing purchasing power and access to food and essential goods. Food prices have reached record levels, while agricultural inputs such as seeds and fertilizers have become unaffordable, pushing many families below the poverty line..
- Inadequate healthcare system:** Over 30% of health facilities are non-functional. The 2024 floods triggered a cholera outbreak with 14,000 suspected cases and 378 deaths, mainly in Borno, Yobe, Jigawa, and Kano. Overcrowded camps for internally displaced people, poor access to water, sanitation, and hygiene, combined with limited healthcare, exacerbate malnutrition and disease.
- Limited humanitarian response capacity:** Food, nutrition, and infrastructure assistance programs face significant cuts. Although Nigeria has the highest number of people in IPC Phase  $\geq 3$  globally, shifting international priorities put millions of people at risk.

## INSIDE LOOK

### NIGERIA: THE COUNTRY WITH THE HIGHEST NUMBER OF PEOPLE FACING FOOD AND NUTRITION INSECURITY IN THE WORLD

*Thierno Samba Diallo, Country Director, Action Against Hunger Nigeria*

"Nigeria is the country with the highest number of people facing acute food insecurity (IPC Phase  $\geq 3$ ), with over 30 million individuals affected in 2025. The crisis is particularly severe in the northern states, where armed conflict, displacement, and recurrent flooding have left millions of people in need of urgent assistance.

Malnutrition rates are alarming: over 5.4 million children<sup>1</sup> suffer from acute malnutrition, of whom 3.6 million are severely malnourished and at immediate risk of death without access to therapeutic treatment.

The collapse of health systems, widespread food insecurity, and the lack of essential water, sanitation, and hygiene services further increase the vulnerability of populations. At the same time, insecurity and recurrent attacks by armed groups severely limit access to affected communities, hampering relief operations.

Drastic cuts in international funding, combined with customs and administrative delays, as well as insecurity, disrupt supply chains and slow down humanitarian operations, compromising the distribution of vital aid, such as food and ready-to-use therapeutic foods (RUTF).

Despite the severity of the food security crisis, there are concrete signs of improvement. One positive development is the advocacy efforts promoted by the Nigerian government, the European Union, and humanitarian actors. These initiatives have aimed at raising public awareness, exerting political pressure, and promoting policies in favor of the most vulnerable populations.

A second encouraging factor is the localization of aid and the government's coordination of humanitarian assistance. In this context, local authorities actively participate in intervention planning, management, and monitoring, thus helping to strengthen the response capacity in the area. This makes aid distribution more efficient and targeted."

1. Food Security Information Network



## STORIES FROM NIGERIA



 *Zuwaira and her daughter, finally healthy after receiving free treatment at a clinic supported by Action Against Hunger in Sokoto State © Maryna Chebat Action Against Hunger*



 *WASH (Water, Sanitation, and Hygiene) intervention in Borno State © Maryna Chebat for Action Against Hunger*

My name is Zuwaira Shehu and I live in a small village in Sokoto State. Life here is hard; there is not enough food, and the water is not clean, so children often get sick. I lost five children in the same month. Years later, I became a mother again, but my baby girl fell ill. She was weak and I feared the same fate.

At that time, Action Against Hunger was supporting the clinic. The staff took my daughter in and treated her free of charge. After two days, she opened her eyes. A few days later, we were able to return home. She was the first patient to be successfully cured at this facility," said Zuwaira.

In Sokoto State, 2.8 million children under the age of five (about 70% of this age group) suffer from acute malnutrition. Food insecurity and limited water access are among the causes. One of Action Against Hunger's main Health and Nutrition activities in Nigeria is managing local clinics that provide free malnutrition treatment and ensure that children like Zuwaira's daughter can survive and recover.

My name is Balu. I am a young mother, and I live in Borno State. In recent years, I have had to flee violence several times, leaving behind everything I had: my home, my loved ones, my life. During my last escape, I carried one child on my head and another on my back. They didn't make it; one died while we were on the move, the other a few days later. That pain never leaves me: I carry it with me every day," said Balu.

Over the past fifteen years, the population of Borno State has witnessed the arrival of numerous families displaced from areas such as Konduga and Bama, forced to leave everything behind after losing their loved ones, their means of livelihoods, and homes. These families have joined host communities already marked by poverty and a lack of job opportunities. Today, more than 1.7 million people live in camps, having fled attacks by armed groups.

To respond to urgent needs, the Action Against Hunger team has drilled new wells, built water collection points equipped with solar lighting, and installed irrigation systems for small vegetable gardens. At the same time, families receive support for income-generating activities, such as cultivating family gardens and raising poultry, which helps to ensure food and economic stability. These interventions have profoundly changed the lives of communities, offering them the opportunity to rebuild a dignified existence and to face the risks associated with malnutrition and insecurity with greater strength.



# THE RESPONSE OF ACTION AGAINST HUNGER

## PRESENT IN THE COUNTRY SINCE 2010

Action Against Hunger has been operating in Nigeria since 2010, focusing on the states most affected by conflict: Borno, Yobe, Adamawa, Sokoto, Jigawa, and Katsina. The organization intervenes in fundamental sectors such as nutrition and health, food security and livelihoods, water, sanitation and hygiene (WASH), as well as protection and psychosocial support.

## AREAS OF INTERVENTION: Borno, Yobe, Adamawa, Sokoto, Jigawa, and Katsina

Activities combine immediate life-saving interventions with long-term development programs, strengthening the resilience of communities. In 2024, Action Against Hunger reached over one million people in Nigeria, providing humanitarian assistance and support for the recovery and recovery of affected communities.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- Health and nutrition services were provided to over 1.7 million people in 2024.
- Treatment of severe acute malnutrition (SAM) in 94 health facilities.
- Specialized advice on feeding infants and young children.
- Support with emergency supplies to prevent interruptions in the availability of therapeutic products for the treatment of acute malnutrition
- Support for 62 outpatient facilities in Borno and Sokoto states.
- Distribution of therapeutic kits for severe acute malnutrition (SAM).
- 10 stabilization centers for severe cases with complications.
- Rehabilitation and reopening of the Damasak General Hospital, with support for the maternity, pediatrics, and malnutrition management units.
- Free services, including prenatal care, delivery assistance, and cesarean sections.
- Facilities equipped with medical teams and life-saving equipment.



### FOOD SECURITY AND LIVELIHOOD (FSL: Food Security and Livelihood)

- Distribution of food and multi-purpose cash assistance to vulnerable families.
- Income-generating activities: 33,078 people received support to start small businesses.
- Funding for communities affected by flooding.
- Training and skills development (egg incubation, poultry farming, climate-resilient agriculture).
- Access to agricultural inputs, supply chain linkages, and market access.



### WATER, SANITATION, AND HYGIENE (WASH)

- Rehabilitation of water points with solar-powered systems in Yobe, Sokoto, and Borno states.
- Digging of new wells and installation of water collection points with solar lighting.
- Wastewater collection systems for safe reuse, including for home gardens.
- Awareness sessions on hygiene and cholera risk preparedness.
- Construction of latrines in communities and health facilities



### GENDER, PROTECTION, AND MHPSS

- Psychological first aid and mental health support.
- Assistance to caregivers and community volunteers.
- Community-based psychosocial support activities and awareness-raising initiatives.

SOURCES: OCHA - United Nations Office for the Coordination of Humanitarian Affairs; ACF (Action Against Hunger) Global Impact Report 2024 <https://www.actionagainsthunger.org/publications/annual-global-impact-report-2024/>  
UNDP - United Nations Development Program <https://hdr.undp.org/> GRFC 2025 - Global Report on Food Crises <https://www.fsinplatform.org/>; Annual Results Report <https://www.unhcr.org/sites/default/files/2025-06/Nigeria%20ARR%202024.pdf>.



# SUDAN



2

**25.6 million**

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE  $\geq 3^1$

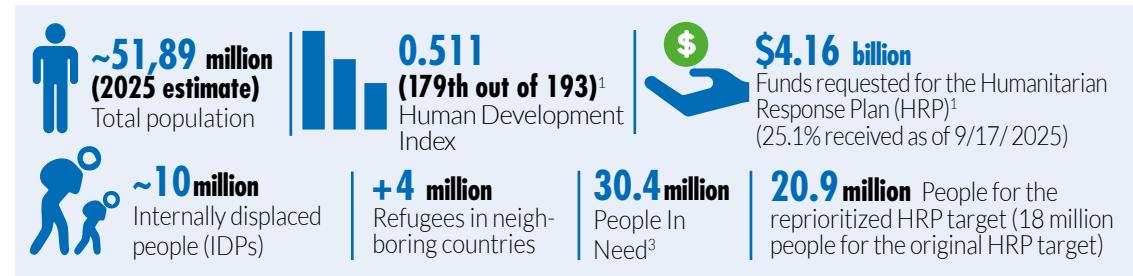


 Distribution and administration of essential medical supplies in one of the centers promoted by Action Against Hunger ©Action Against Hunger

## COUNTRY PROFILE

### IN BRIEF

Sudan, the **third largest country in Africa**, is located in the north-eastern part of the continent and borders with Chad, Egypt, Eritrea, Ethiopia, Libya, the Central African Republic, and South Sudan. In 2025, the population is estimated to be around **51.9 million**, with an **annual growth rate of over 2.5%**. According to the most recent data, relating to 2024, around 63% of Sudanese live in rural areas and depend mainly on subsistence agriculture, livestock farming and, increasingly, humanitarian aid. Decades of political instability, armed conflict, and economic collapse have severely compromised livelihoods and reduced access to essential services.



### POLITICAL AND ENVIRONMENTAL CONTEXT

Since April 2023, Sudan has been the scene of a civil war between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), with the regions of Darfur and Kordofan among the areas currently most affected.

The conflict has caused the displacement of over 14 million people, of whom over 4 million have fled to neighboring countries. Critical infrastructure has collapsed; it is estimated that 70-80% of hospitals and over 60% of water treatment plants are no longer functioning. Cholera has spread to all states, with 50,975 cases reported and 1,134 deaths nationwide by the end of August 2025. Seasonal flooding, exacerbated by drought and desertification, have further worsened living conditions and prevented the delivery of humanitarian aid by damaging roads and flooding wadis. An estimated 12.2 million people, or 25% of the population, predominantly women and girls, are at risk of sexual and gender-based violence.

Humanitarian operations remain severely constrained by insecurity, bureaucratic restrictions, and persistent funding shortages. As of mid-September 2025, the \$4.16 billion Humanitarian Response Plan (HRP) was only 25.1% funded, leaving necessary resources uncovered. Sudan's crisis threatens to destabilize the entire region, with increasing refugee flows and a real risk of further expansion of the conflict. Without urgent intervention by the international community, millions of Sudanese people will face a dramatic worsening of hunger, the spread of disease, displacement, and casualties.

## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In Sudan, 25.1 million people need food assistance. Projections for 2025 indicate that 3.2 million children under the age of five will suffer from acute malnutrition, with over 770,000 at risk of severe acute malnutrition. In December 2024, the IPC declared famine in five areas of Sudan, including North Darfur and the Western Nuba Mountains. Projections for the period December 2024 to May 2025 indicated an expansion of famine to five other locations in North Darfur and risk to a further 17 areas in Central Nuba Mountains, North Darfur, and South Darfur. IPC data from July 2025 confirmed that famine conditions persisted in areas already affected or at risk at the end of 2024, while malnutrition rates were also rising sharply in communities that were not previously considered among the most vulnerable due to access difficulties.

Many of these areas are among the hardest hit by violence and restrictions. In El Fasher, for example, the population has almost zero access to humanitarian aid, out-of-control prices, and severe shortages of food, water, and sanitation services. By August 2025, millet and sorghum (staple foods for the population) had disappeared from the markets, raising fears of famine for hundreds of thousands of people trapped in the besieged city.

#### 15.9 million (33% of the population)

People in acute food insecurity at the "crisis" level (IPC Phase 3)

#### 8.1 million (17% of the population)

People in acute food insecurity at the "emergency" level (IPC Phase 4)

#### 638,000 (1% of the population)

People experiencing acute food insecurity at the "catastrophe/famine" level (IPC Phase 5)

#### 770,000

Children under 5 with severe acute malnutrition (SAM)  
Expected in 2025

Source: IPC December 2024; Action Against Hunger

2. Il Piano di risposta umanitaria (HRP) è uno strumento di pianificazione strategica sviluppato dalle Nazioni Unite, in collaborazione con le principali organizzazioni umanitarie, per definire le priorità, gli obiettivi e le risorse necessarie per rispondere a una crisi complessa. Il processo, coordinato dall'Ufficio delle Nazioni Unite per il coordinamento degli affari umanitari (OCHA), si basa sulla Panoramica dei bisogni umanitari (HNO), che fornisce un'analisi dettagliata delle esigenze. L'HRP traduce queste valutazioni in strategie operative, piani settoriali e stime finanziarie, garantendo che la risposta sia coordinata, efficace e mirata ai gruppi più vulnerabili. 3. Secondo la terminologia dell'OCHA, per "People In Need" si intendono le popolazioni la cui sopravvivenza, dignità o mezzi di sussistenza sono compromessi e che, a causa dell'accesso insufficiente a beni e servizi essenziali, non sono in grado di ripristinare condizioni di vita adeguate senza assistenza esterna. 4. I wadi sono letti di fiumi stagionali, solitamente asciutti, che si riempiono d'acqua durante le piogge intense. In Sudan, quando i wadi si allagano, possono provocare inondazioni improvvise e gravi conseguenze per le comunità e le coltivazioni circostanti.

\* Il numero di Paesi/Territori inclusi nel calcolo dell'Indice di sviluppo umano (HDI) nelle edizioni recenti varia: nel complesso l'UNDP prevede fino a 193 Paesi/Territori, ma in alcune edizioni non sempre si dispone di dati completi per tutti gli Stati, per cui il numero effettivo di paesi con un HDI calcolato può essere leggermente inferiore.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Prolonged civil war:** the conflict between the SAF and RSF, ongoing since April 2023, has devastated Sudan, causing the displacement of over 14 million people, including nearly 10 million internally displaced persons—the highest number in the world.
- Destruction of civilian infrastructure:** Indiscriminate attacks have damaged or destroyed agricultural land, health facilities, markets, and water infrastructure, directly impacting food systems.
- Limited humanitarian access:** Relief efforts are hampered by insecurity and violence, bureaucratic restrictions, and physical barriers, such as roads damaged during the rainy season.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Extreme weather events:** Sudan faces increasingly severe climate shocks, including seasonal flooding, prolonged droughts, and record temperatures that are exacerbated by El Niño and climate change.
- Soil degradation:** Desertification and soil depletion reduce agricultural productivity, worsen food insecurity, and displace rural communities.
- Climate-induced displacement:** Floods and droughts destroy homes and livelihoods, forcing increasing numbers of people to seek refuge in overcrowded camps often lacking adequate services.



### INEQUALITY AND POVERTY

- Collapse of basic services:** Between 70% and 80% of health facilities are not functioning. One-third of the population does not have access to safe drinking water, and approximately 24 million people do not have access to adequate sanitation.
- Inflation and food prices are rising rapidly:** between July 2024 and July 2025, the national average price of 1 kg of sorghum<sup>1</sup> increased by 88% and the price of 1 kg of wheat flour by 135%. The Sudanese pound has depreciated by 31% on the parallel market and 30% in commercial banks compared to July 2024, drastically reducing purchasing power.
- Funding crisis:** Drastic cuts in global funding in early 2025 have already had severe consequences for vulnerable populations, particularly women and children, among whom acute malnutrition rates are rising rapidly and will continue to harm millions of Sudanese in need of assistance.

<sup>1</sup>. Sorghum is a cereal belonging to the grass family, similar to corn, widely grown in Africa and Asia as a staple food and also used for fodder and biofuels.

## INSIDE LOOK

### SUDAN: INCREASING HUNGER, DISPLACEMENT, AND ACCESS DIFFICULTIES

*Océane Vancolen, Deputy Director, Action Against Hunger Sudan*

Sudan is facing the world's most severe food and displacement crisis, but the scale of the suffering remains underestimated and underfunded.

The entire population is severely affected. Households struggle to access and afford food due to ongoing conflict, widespread displacement, destruction of livelihoods and markets, and the heavy burden on host communities. These challenges are compounded by a nationwide liquidity crisis, rapid currency depreciation, and rampant inflation. Famine continues in many areas, with over 25 million people – more than half of Sudan's population – facing severe food insecurity, including 8 million people in Emergency (IPC Phase 4) and at least 600,000 suffering from Catastrophic food insecurity (IPC Phase 5).

Health and nutrition services are under extreme pressure. Over 70 percent of facilities in conflict-affected areas are non-operational, having been destroyed or severely damaged, and over 60 percent of water treatment plants are out of service. Preventable diseases such as cholera and measles are on the rise. Humanitarian supplies are often delayed by bureaucracy and customs or lost to looting. Medical and nutritional supplies are also critically low, leaving communities without the essential care they urgently need.

Ongoing insecurity and sieges severely restrict humanitarian access. Kadugli in South Kordofan, where we operate, remains under siege, preventing aid from reaching displaced families, while El Fasher in North Darfur, has been isolated for over a year, leaving civilians trapped without vital assistance.

The consequences of war have also exacerbated protection needs, particularly for women and girls, who are at increased risk of gender-based violence. Lack of access and the collapse of social services make it even more difficult to provide essential protection and support.

Cuts to global aid have left humanitarian workers without the necessary resources as malnutrition and disease continue to ravage communities across Sudan. Without rapid and flexible funding, expanded humanitarian access, and stronger civil protection, the humanitarian response will remain insufficient and leave millions of people at risk of hunger, disease, and preventable death.



## STORIES FROM SUDAN

*When we arrived at the displacement camp, my family and I had nothing left. Our house had been burned down, our crops destroyed, and our neighbors had disappeared. We lost everything: our possessions, our dignity. In the first few weeks, 30 children and 8 elderly people died in the camp from hunger and disease" said Yasir (pseudonym), 30, a father and farmer.*

With the support of Action Against Hunger, Yasir received financial assistance, hygiene kits, and seeds to start farming again. Today, he is rebuilding his livelihood and ensuring a more secure future for his family.

*I am a health worker in a nutritional stabilization center where Action Against Hunger is involved. Working with severely malnourished children is very difficult. Many arrive too weak even to sit up, and too often, we do not have the medicines we need. Despite this, I continue to do my job. The families stay here with their children, and so we stay too, by their side every day" said Samira\*, a healthcare worker.*

At Action Against Hunger's nutritional stabilization centers, Samira and her colleagues receive training and supplies to treat children with severe malnutrition.

*In my community, I have seen many girls undergo genital mutilation. I decided that it would be different for my daughters. I will not allow it. I began attending community meetings and discussing possible alternatives with other mothers. Today, I play an active role in these discussions" said Amal\*, mother of three.*

Through community dialogues promoted by Action Against Hunger, Amal found the tools to protect her daughters. Today, she actively participates in meetings, helping to raise awareness and promote alternatives among other mothers in the community.

*I fled my city with my children after our house was destroyed during the fighting. Armed groups were entering the houses in our neighborhood. We moved from place to place, sleeping where we could, until we arrived at a refugee camp. Action Against Hunger gave us medicine when my children fell ill. They helped them recover, and we are grateful to them. But conditions are still very difficult. The water trucking has stopped. Many families have no shelter, and the rain has started. Our children are not going to school and are suffering after everything they have been through," said Fatima\*, displaced in a refugee camp.*

With care and medicine, Action Against Hunger has enabled Fatima's children to recover, but further support is needed. Displaced families urgently need safe shelter, drinking water, and access to education.

\*names changed for privacy



# THE RESPONSE OF ACTION AGAINST HUNGER

## PRESENT IN THE COUNTRY SINCE 2018

A coordination office in Port Sudan supports and facilitates activities in the different areas.

## AREAS OF INTERVENTION: Blue Nile, Central Darfur, Red Sea, Kordofan, and White Nile

With programs in 15 locations, the organization provides integrated and life-saving support in the areas of food security and livelihoods (FSL), health and nutrition (H&N), water, sanitation, and hygiene (WASH), and protection, all with a gender-sensitive approach.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- Provision of CMAM (community management of acute malnutrition) services in 54 health facilities, 7 mobile clinics, and 5 stabilization centers.
- Promotion of infant and young child feeding (IYCF) and maternal nutrition practices through maternal support groups and community health workers (CHWs).
- Coordination of emergency food supply chains with UNICEF and the World Food Programme, including the delivery of RUTF (ready-to-use therapeutic food) and RUSF (ready-to-use supplementary food), and responding to several supply chain disruptions that led to temporary stock-outs.
- Basic health services, routine vaccinations, and distribution of essential medicines.
- Training to strengthen the skills of community health workers in outbreak investigation, case management, vaccination campaigns, and infection prevention and control.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Distribution of agricultural inputs and agroecological training to strengthen local food production.
- Provision of multi-purpose cash assistance (MPCA).
- Provision of home garden kits.
- Training of community groups on disaster risk reduction (DRR), early warning systems (EWS), and sustainable natural resource management (NRM).
- Support for income-generating activities (IGAs) and community savings and loan groups (VSLAs).
- Upcoming socioeconomic assessment in all states where Action Against Hunger operates to understand the needs related to livestock and agricultural supply chains..



### WATER, SANITATION, AND HYGIENE (WASH)

- Rehabilitation of latrines, hand pumps, and solar-powered water pumping systems.
- Cholera response activities: identification and treatment of cases, surveillance of water and food sources, water purification and distribution of safe water, and community awareness-raising activities.
- Community-led hygiene awareness (CLTS).
- Promotion of hygiene through the Baby WASH/WASHEM program<sup>1</sup>.
- Training of WASH committees on water management, community leaders, young people, and women on water safety plans.
- Solid waste management.



### GENDER AND PROTECTION

- Campaigns and training to prevent sexual and gender-based violence, targeting health workers, community groups, and women's groups.
- Psychosocial support through qualified psychologists.
- Creation and strengthening of community-based protection structures.
- Distribution of hygiene and personal dignity kits.
- Improvement of referral pathways in coordination

Sources: OCHA – United Nations Office for the Coordination of Humanitarian Affairs; IPC – Integrated Food Security Phase Classification; ACF (Action Against Hunger) Global Impact Report 2024; UNDP – United Nations Development Program; GRFC 2025 – Global Report on Food Crises

<sup>1</sup> Wash'Em is a tool for developing handwashing interventions in humanitarian emergencies. The name combines WASH (Water, Sanitation, and Hygiene) with Em (emergencies). <sup>2</sup> United Nations Population Fund



# DEMOCRATIC REPUBLIC OF CONGO



3 25.6 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE  $\geq 3^1$



 Bahati, a nutritionist at the Muungano health center, supports malnourished displaced children in Goma  
© Moses Sawasawa for Action Against Hunger

# COUNTRY PROFILE

## IN BRIEF

The Democratic Republic of Congo (DRC), located in Central Africa, borders nine countries: Angola, the Republic of Congo, the Central African Republic, South Sudan, Uganda, Rwanda, Burundi, Tanzania, and Zambia. It also has a short outlet to the Atlantic Ocean via the Congo River.

In 2024, the population is estimated at around 102 million, over 60% of whom live in rural areas and depend on agriculture for their livelihoods. However, only 10% of arable land is used, limited by chronic instability, environmental degradation, and poor infrastructure.

Decades of armed conflict, political instability, and economic erosion have left 25.4 million people in need of humanitarian assistance (HRP 2025), while 7.8 million are internally displaced. Although the country possesses more than half of Africa's water resources, access to safe drinking water and sanitation remains severely inadequate for most of the population, exacerbating malnutrition and the spread of waterborne diseases. In the eastern provinces, cycles of violence, fragile governance, and competition for natural resources fuel forced displacement and undermine livelihoods, intensifying malnutrition rates and the incidence of water-related diseases. Recurring epidemics (cholera, malaria, measles, Ebola, mpox) and climate shocks (floods, droughts, soil erosion) put further pressure on already vulnerable systems, overburdening public health and hampering the country's recovery.

Widespread corruption, fragile institutions, and extreme poverty (73.5% of the population lives on less than \$2.15 per day) exacerbate vulnerabilities, while rapid population growth and urbanization place increasing strain on essential services that are already stretched to the limit.



Source: WB, UNDP, OCHA, IOM

## POLITICAL AND ENVIRONMENTAL CONTEXT

The Democratic Republic of Congo has been facing a complex crisis for decades, characterized by recurring conflicts, ethnic tensions, and disputes over control of natural resources. Since the mid-1990s, two major wars and numerous local clashes have had serious humanitarian consequences. Today, more than 7.8 million people are displaced, mainly in the eastern provinces of North Kivu, South Kivu, and Ituri, where more than 120 armed groups operate. In early 2025, the advance of the M23 (the March 23 Movement - a paramilitary organization) captured strategic cities such as Goma and Bukavu, exacerbating the crisis and isolating thousands of civilians from essential services. Weak institutions and corruption hamper the delivery of public services and fuel cycles of violence, poverty, and food insecurity. Despite enormous mineral resources, uncontrolled exploitation causes environmental degradation and increases social tensions. These problems are compounded by the effects of climate change (i.e., floods, droughts, soil erosion) and recurring epidemics, putting further pressure on already fragile systems. In this context, millions of Congolese continue to live in conditions of extreme vulnerability, with growing humanitarian needs and narrowing prospects for recovery.

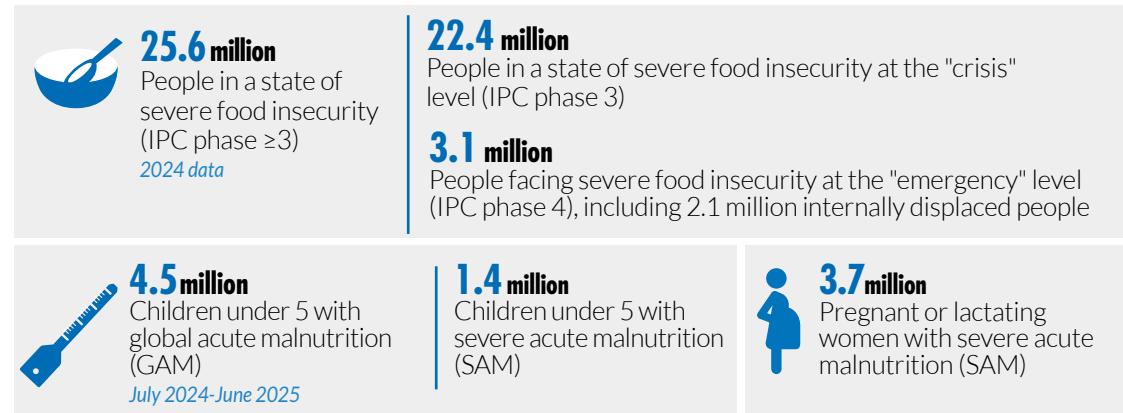


## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

Food insecurity in the Democratic Republic of Congo is rapidly worsening due to escalating conflict, entrenched poverty, recurring climate shocks, and extremely limited access to healthcare and basic services. At the same time, the humanitarian sector is facing an unprecedented funding crisis. According to the Global Report on Food Crises (GRFC 2025), an estimated 25.6 million people experienced acute food insecurity (IPC Phase 3 or above), including 3.1 million in Emergency (Phase 4). Projections indicate that between January and June 2025, the number of people in IPC Phase 3 or above would rise to 27.7 million. The provinces of North Kivu, South Kivu, Ituri, and Tanganyika remain the epicenter of the crisis, collectively hosting more than 10 million people in conditions of food insecurity.

Malnutrition is a critical issue. Between July 2024 and June 2025, nearly 4.5 million children aged 6 months to 5 years are expected to suffer from acute malnutrition, including 1.4 million from severe acute malnutrition (SAM). In addition, approximately 3.7 million pregnant or lactating women will be affected by acute malnutrition. Displaced populations are particularly vulnerable: between 70% and 82% are classified as IPC phase 3 or higher, often excluded from access to agricultural land, markets, and health services. As a result, millions of families are exhausting their resources and resorting to negative coping strategies, which compromise their ability to meet basic food needs, access medical care, or protect children from severe malnutrition..



Source: GRFC, ACF

1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data is not always available for all countries, so the actual number of countries with a calculated HDI may be slightly lower.

2. The Humanitarian Response Plan (HRP) is a strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations to define the priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups.

3. According to OCHA terminology, "People In Need" refers to those whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- **Armed conflicts:** ongoing violence is compromising agriculture, markets, and access to humanitarian aid, causing the displacement of millions of people and exacerbating food insecurity..
- **Displacement:** Persistent violence in the eastern provinces (North Kivu, South Kivu, Ituri, Tanganyika, among others) has forced millions of people to flee and abandon their farms and livelihoods.
- **Land ownership and access:** Land disputes, especially in conflict-affected or post-conflict areas, limit farmers' access to fertile land. Many displaced people, upon returning, find their land occupied or depleted, creating new tensions.
- **Markets under pressure:** Conflict and poor infrastructure destabilize local and regional markets, driving up food prices and reducing the availability of essential goods.
- **Limited humanitarian access:** Logistical restrictions and insecurity hamper relief operations, leaving many serious cases without assistance.
- **Lack of funds:** The lack of resources seriously compromises humanitarian interventions. Some organizations have had to suspend their activities, limiting access to vital care and aid for thousands of people. In March 2025, only 8.3% of the Humanitarian Response Plan for the country was funded, leaving many children and families without food and health support.



### CC+EME

- **Extreme weather events:** siccità, inondazioni e frane degradano i terreni, distruggono raccolti e bestiame, danneggiano abitazioni e infrastrutture critiche. Le alluvioni del marzo 2025 hanno avuto effetti particolarmente gravi sulle comunità locali, aggravando la crisi alimentare e riducendo la resilienza delle comunità.
- **Environmental degradation:** soil erosion, deforestation, and unsustainable agricultural practices amplify the impact of natural disasters and increase the vulnerability of communities.
- **Water scarcity and poor sanitation:** despite abundant freshwater resources, only 52% of the population has access to safe water sources and just 29% to sanitation facilities, increasing the risk of waterborne diseases.



### DISUGUAGLIANZA E POVERTÀ

- **Economic and infrastructural collapse:** hyperinflation, fragile governance, and the collapse of essential services (health, water, transport) undermine economic stability and access to basic goods.
- **Poverty and malnutrition:** over 73.5% of the population lives below the poverty line. Economic fragility increases the risks of malnutrition and disease, particularly among rural communities, including displaced persons.
- **Health crises:** epidemics of cholera, measles, malaria, Ebola, and mpox are putting pressure on an already weakened healthcare system. Mass displacement and poor sanitation facilitate the spread of disease and reduce the effectiveness of vaccinations and treatment.
- **Gender inequality and social exclusion:** Women and marginalized groups face greater barriers to accessing land, resources, education, and healthcare, limiting their resilience and ability to respond to food insecurity and malnutrition.
- **Rural vulnerability:** Farmers face challenges related to low agricultural productivity, limited infrastructure, and difficult access to markets.

## INSIDE LOOK

### DEMOCRATIC REPUBLIC OF CONGO: CONFLICT, HUNGER, AND DISPLACEMENT ON THE RISE

**Florian Monnerie, Country Director, Action Against Hunger Democratic Republic of Congo**

Nella Repubblica Democratica del Congo, conflitto, sfollamenti, povertà In the Democratic Republic of Congo, conflict, displacement, extreme poverty, and food insecurity are worsening by the day. Over 7.8 million people are displaced, and nearly 28 million people will face severe food insecurity. The crisis is especially severe in the war-torn eastern regions and vulnerable communities in the west where extreme poverty is widespread. Our teams are meeting families who have nothing.

In the eastern region, access to land, food, water, and healthcare is collapsing as violence intensifies. In North Kivu, 2.7 million people are living in conditions of severe food insecurity, and cases of acute malnutrition in children under age five are increasing. The most vulnerable populations are those affected by conflict and a lack of access to basic services.

The future of the humanitarian response in the Democratic Republic of Congo remains uncertain due to the global decline in humanitarian funding. The crisis is exacerbated by bureaucracy, insecurity, and fragile infrastructure, which make it increasingly difficult to reach communities in need. Many families receiving treatment have been displaced again, losing access to healthcare. This is not just a matter of a lack of funds: it is a matter of life and death.

Donors must urgently commit to providing predictable and sustainable funding and put pressure on armed groups to guarantee humanitarian access. In a chronic crisis such as that in the Democratic Republic of Congo, every delay costs lives, and today the lack of resources condemns the most vulnerable—children under five and pregnant or breastfeeding women—to avoidable suffering and death.

Despite everything, there are signs of hope. Local initiatives, such as women's agricultural cooperatives supported by Action Against Hunger, are helping families rebuild their livelihoods. Community health teams continue to treat children free of charge, providing medical and emotional care. In refugee camps, education and support continue to provide assistance to traumatized families. Our teams witness parents' daily concerns for their children's future, their desire to return to a normal life, and their need for peace.



## STORIES FROM THE DEMOCRATIC REPUBLIC OF CONGO

My name is Mado and I am a mother of five children from North Kivu. The armed conflict forced us to leave our village. In an instant, I lost my home, my fields, and the cassava I sold. We fled with nothing but the hope of keeping our children alive. In the refugee camp, we often survived with only one meal a day," said Mado.

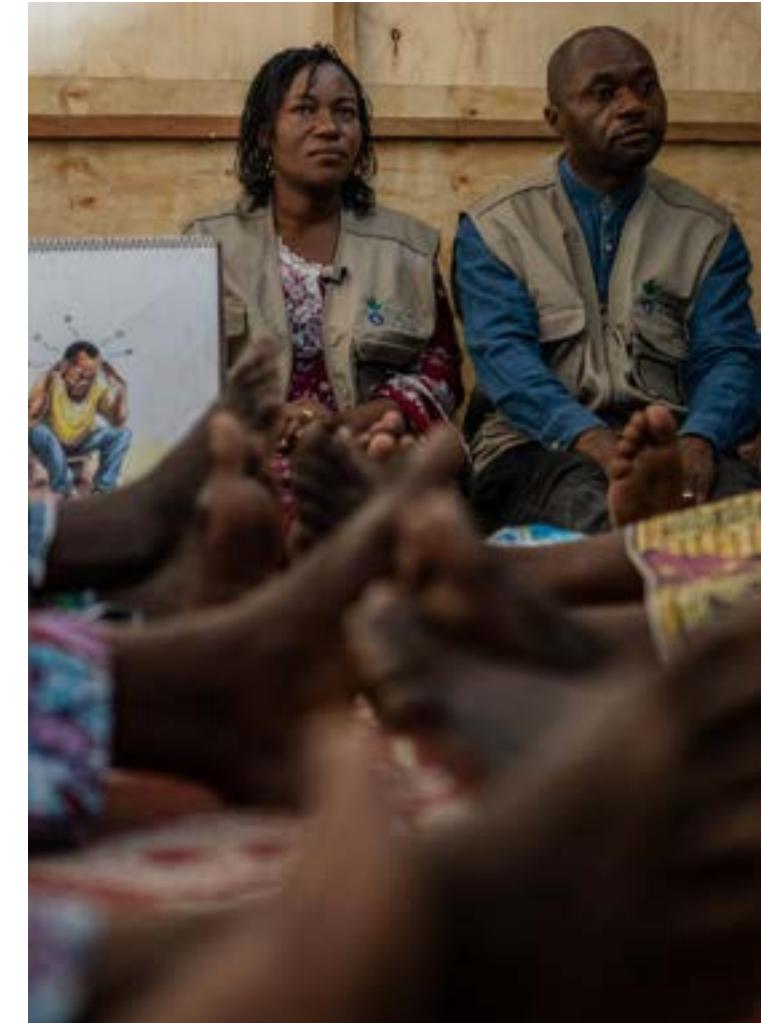
In North Kivu, millions of children suffer from malnutrition because their families have been uprooted by violence. Action Against Hunger works with displaced communities to provide food, water, and nutritional assistance so that children like Mado's daughter can recover and grow.

After two years of displacement, I returned to South Kivu with my three children. Our house was gone and my fields were overgrown with weeds. The land is our life, but starting over seemed impossible," said Amina, a farmer and mother of three children in South Kivu.

In South Kivu, women farmers are leading the recovery after displacement. Action Against Hunger supports their cooperatives, strengthens climate resilience, and helps families secure food and income for the future.

When the conflict reached Ituri, our schools closed. The classrooms where I taught became silent, and the children lost not only their lessons, but also the stability and hope that education brings with it. It broke my heart to see them in that state. I couldn't give up. Even without classrooms, I wanted to continue supporting my community. That's why I became a community facilitator with Action Against Hunger. Now I help create safe spaces where displaced children can learn, play, and feel protected. I also work with local mental health teams, identifying children in need and ensuring they receive the necessary support. Education is essential, even in crisis situations. Working with Action Against Hunger allows us to continue building the future," said Jean, a teacher in Ituri.

In Ituri, teachers, parents, and communities continue to defend children's right to education and well-being. Action Against Hunger works with them to strengthen opportunities for safe learning and provide mental health support.



© Moses Sawasawa for Action Against Hunger



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 1995

Since 1995, Action Against Hunger has been working in the country to address emergencies and promote long-term recovery, improving health, nutrition, drinking water, and food security, with a focus on resilience, gender equality, and protection.

## AREAS OF INTERVENTION:

North Kivu, Maniema, Ituri, Kasai, Central Kasai, East Kasai, and Maï-Ndombé

In North Kivu, it provides healthcare, psychosocial support, and sanitation services to communities affected by conflict. In Ituri, it combines malnutrition treatment, food aid, and agricultural recovery. In Maï-Ndombé, it provides emergency assistance to children under the age of five. In Central Kasai and Maniema, it strengthens health systems and community activities.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- 30,700 children under the age of 5 (14,376 boys and 16,348 girls) received treatment for severe acute malnutrition in health facilities, with a recovery rate of 93%.
- 195 infants under 6 months (44 males and 151 females) received specialist care.
- 10,500 women had at least four prenatal visits (55%).
- Basic health services reached 577,000 people, including 469,000 children under 5 and 39,639 pregnant or lactating women.
- Curative and preventive nutrition activities benefited 220,525 people, including 10,648 children under 5 and 27,355 pregnant or lactating women.
- Assistance for severe malnutrition involved 27,889 children, including 43 girls and 27 boys between the ages of 5 and 17.
- Health systems were strengthened with the training of 15,100 participants on nutrition and health.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Food security and livelihood support worth €750,860, reaching 162,523 people through various activities: agro-pastoral support (70,481), distribution of non-food items (50,546), cash food assistance (35,458), economic support (180), and livelihood training courses (5,858).
- 19,935 households (86%) improved their food consumption score (FCS), which rose from 23.5 to 43.8.
- 35,807 households increased their food diversity index (HDDS) from 4.38 to 5.7.
- 35,807 people reduced their use of negative survival strategies, with a 49% drop in rCSI scores (from 23.5 to 12.1).
- 31,816 women (89%) reported greater empowerment in decisions about household resources.



### WATER, SANITATION, AND HYGIENE (WASH)

- WASH services were improved in 85 health facilities, with water systems, sanitation, waste management, and environmental cleaning.
- Safe drinking water systems were built or restored for 118,589 people (94,196 in communities and 24,393 in health facilities).
- The expansion of sanitation facilities and the creation of handwashing stations have provided access to safe services for 147,327 people, while additional interventions benefited another 178,279 people.
- Hygiene promotion campaigns reached 182,278 people.
- WASH support had a total value of \$963,258, through cash, vouchers, goods, and services.



### GENDER AND PROTECTION

- 24,235 people received targeted mental health and psychosocial support (MHPSS), including 18,830 adults and 6,360 young people.
- 45 survivors of gender-based violence were referred to specialized services.
- Psychosocial well-being improved for 25,251 people (70%) out of 36,144 assessed.
- Care and crisis prevention practices reached 3,690 people.
- 1,942 participants received training on MHPSS, care, and protection practices.
- Community-based MHPSS services reached 36,390 people, strengthening resilience and community support systems.

Sources: GRFC 2025 – Global Report on Food Crises: IPC Analysis (October 2024); ACF DRC Humanitarian Updates (2024) – internal report and summary provided; UN OCHA/IOM/IDMC displacement data (cited in GRFC 2025) Food Security Portal, managed by the International Food Policy Research Institute OCHA DRC; OCHA DRC – Humanitarian Situation 2024; FAO / IPC; World Bank Overview of the Democratic Republic of Congo; IPCC and Climate in the Democratic Republic of Congo; UNDP, Report on the Democratic Republic of Congo 2023; WHO, UNICEF, Gavi – Reports on health and epidemics; Global Center for the Responsibility to Protect. (July 2025). Report on the Democratic Republic of Congo; International Crisis Group. (2025). Analysis on the Democratic Republic of Congo; International Foundation for Electoral Systems (IFES). (2024). Electoral assessment of the Democratic Republic of Congo; Transparency International. (2024). Corruption Perceptions Index 2024; Trade.gov. (2024). Democratic Republic of Congo – Agriculture Overview. U.S. Department of Commerce. ACF (Action Against Hunger) Global Impact Report 2024.



# BANGLADESH



4

23.6 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE  $\geq 3$

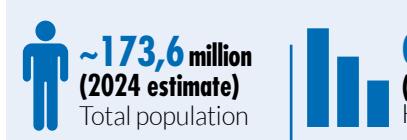


 Un operatore di Azione Contro la Fame affianca una donna nella gestione di un orto comunitario. Distretto di Khulna, Bangladesh © Azione Contro la Fame

# COUNTRY PROFILE

## IN BRIEF

Bangladesh is one of the most densely populated countries in the world, resting in the delta plain of the **Ganges** and **Brahmaputra** rivers and borders India and Myanmar. The country is mainly flat, shaped by rivers and canals, with hilly areas in the northeast and southeast, and **coasts subject to erosion**. It is exposed to annual monsoon floods and cyclones that increase the vulnerability of the population. In 2024, the population is estimated to be around **173 million inhabitants**, with about 68.5% living in rural areas and the remaining 31.5% in urban centers. Most Bangladeshis depend on agriculture, fishing, informal work, and small trade for their livelihood. Bangladesh faces recurring **extreme weather events, demographic pressures, economic instability, and vulnerability of urban and rural infrastructure**. These challenges contribute to the **vulnerability of the country's population and the sustainability of its development**. These difficulties contribute to millions of Bangladeshis living in conditions of food insecurity and malnutrition, compounded by limited access to essential services such as healthcare, education, and drinking water. These challenges increase their exposure to environmental and socioeconomic risks.



Fonti: FTS OCHA, UNHCR, IOM, FAO-IPC, UNDP, Banca Mondiale, ReliefWeb

## POLITICAL AND ENVIRONMENTAL CONTEXT

Nonostante alcuni progressi nello sviluppo economico e sociale, il Bangladesh resta in una situazione Despite some progress in economic and social development, Bangladesh remains a complex humanitarian context. Widespread poverty, chronic food insecurity, and structural inequalities continue to affect the lives of millions of people, while the pressure of hosting nearly 1 million Rohingya refugees<sup>4</sup> in the Cox's Bazar camps weighs heavily on local infrastructure and essential services. From an environmental perspective, Bangladesh is particularly vulnerable to cyclones, monsoon floods and coastal erosion, which mainly affect rural and agricultural communities. These factors, combined with demographic pressure, water scarcity, and institutional fragility, make it urgent to implement targeted and sustained humanitarian interventions, particularly in the areas of nutrition, health, social protection, and climate adaptation.

## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In 2024, about 23.6 million people (26% of the population analyzed) experienced high levels of acute food insecurity. Among these, 1.6 million were in Emergency (IPC Phase 4).

The analysis also included the Rohingya refugee population, among whom 300,000 people (30%) were affected by high levels of acute food insecurity. In the comparable districts of Barishal, Khulna, and Chattogram, the prevalence of acute food insecurity increased, with Barishal particularly affected by extreme weather events.

Meanwhile, the flood-affected districts of Kurigram and Sunamganj recorded the highest percentages of population in IPC Phase 4, each at 10 percent.



**\$934 million**  
Funds requested for the 2024 Joint Response Plan for Rohingya (36.7% funded)<sup>2</sup>

**\$35.6 million**  
for the Cyclone Remal and Monsoon Floods Response Plan (37.9% funded)<sup>3</sup>

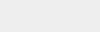


**23.6 million**  
of which **0.3 million**  
are Rohingya refugees (30%)  
People in acute food insecurity (IPC Phase ≥3)  
2024 data



**1.6 million**  
Children under 5 with global acute malnutrition (GAM)

January-December 2025



**1.4 million**  
Children under 5 with moderate acute malnutrition (MAM)

**143,850**  
Children under 5 with severe acute malnutrition (SAM)

**116,707**  
Pregnant or breast-feeding women with severe acute malnutrition (SAM)  
January-December 2025

Sources: GRFC, IPC, ACF

1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower.

2. FTS OCHA September 2025 <https://fts.unocha.org/countries/19/summary/2025>

3. FTS OCHA September 2025 <https://fts.unocha.org/countries/19/summary/2025>

4. The Rohingya are a Muslim ethnic group originating in Rakhine State, Myanmar. Denied citizenship since 1982 and persecuted for religious and political reasons, they are considered one of the most vulnerable populations in the world.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Refugee pressure:** Over 1 million Rohingya refugees live in Cox's Bazar, where aid cuts have exacerbated already precarious conditions. In 2025, the World Food Programme warned that rations could be reduced from \$12.50 to \$6, with a high risk of food insecurity. Women and children, who make up 78% of the refugee population, are most at risk of malnutrition and vulnerability.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Climate shocks:** Recurring droughts, floods, and cyclones compromise agricultural production and livelihoods. In 2024, over 1.1 million tons of rice were destroyed, mainly in the districts of Bagerhat and Barguna. This exacerbated food insecurity in rural areas and forced the country to resort to emergency imports.
- Lingering effects of disasters:** Cyclone Remal and the floods of 2024 hit local communities hard. Reconstruction is slow, and families are seeing their resources dwindle, leading to increased food insecurity..
- Environmental degradation:** Environmental degradation: Rising sea levels and cyclones are causing saltwater intrusion into arable land, especially in coastal areas. This is making the soil less fertile, reducing yields of rice and other staple crops and forcing many small farmers to accumulate debt in order to survive.



### INEQUALITY AND POVERTY

- Economic instability:** Food inflation at nearly 14% and aid cuts reduce households' purchasing power. Unemployment is rising, and social safety nets are failing to meet growing needs.
- Fragile safety nets:** the arrival of new Rohingya refugees is putting pressure on both refugees and host communities. This further exacerbates food insecurity.
- Child nutrition emergency:** Only 40% of children between 6 and 23 months of age receive a sufficiently diverse diet. Only 25% meet both the diversity and frequency criteria for meals, so nutritional deficiencies and high rates of malnutrition are present.
- Poor hygiene and health services:** poor hygiene and limited access to health services facilitate the transmission of enteric pathogens, which damage the intestine and reduce nutrient absorption.
- High incidence of childhood communicable diseases (acute respiratory infections, diarrhea, and fever):** in several districts of Bangladesh, more than half of children are affected, with effects that exacerbate malnutrition and vulnerability and negatively impact food and nutrition security.

## INSIDE LOOK

### BANGLADESH, CHALLENGES GROW WHILE RESOURCES DECLINE

*Mohammad Akmal Shareef, Country Director, Action Against Hunger Bangladesh*

In 2025, Bangladesh faced one of the most complex humanitarian crises in South Asia. The climate crisis is driving increasingly frequent and intense cyclones, floods, and river erosion – disasters that hit communities already affected by widespread poverty and limited access to basic services. These challenges are compounded by political instability and weak disaster-management systems (structures, policies, institutions, and processes that should prevent, prepare for, mitigate, and respond to natural hazards). The latter are often inadequate or non-existent, particularly at the regional level, further increasing the vulnerability of affected populations.

Operational challenges remain enormous: coordination appears fragmented and requires significant improvement among local, national, and international actors. The centralized structures leave little room for community-led responses. Added to this is the contraction of humanitarian funding and resources, which compromise both the quality and timeliness of disaster response.

Despite these challenges, progress has been made. Local actors are often the first to respond to small-scale disasters, and collaboration between the government and NGOs is gradually improving. To strengthen the impact of humanitarian action, innovative approaches are needed, such as more advanced forecasting technologies, inclusive strategies, and diversified sources of funding. External support remains crucial, not only in terms of resources, but also in terms of knowledge-sharing and capacity-building for risk reduction, climate adaptation, and community resilience of communities.



## STORIES FROM BANGLADESH



 Konika Sarkar, involved in the climate-resilient livelihoods project, while tending to her poultry farm  
© Action Against Hunger



 Noor Kolima with her daughter at the Balukhali Stabilization Center © Action Against Hunger

“My name is Konika Sarkar, I am 25 years old and I am the mother of three children. I live in Ahosandanga, a small village in the Satkhira district. For years, my husband's irregular income has put us in difficulty, often going to bed hungry and accumulating debts. The floods then destroyed everything,” said Konika.

Action Against Hunger, in partnership with the local NGO Shushilan, supports families in developing climate-adaptive livelihoods — including poultry and goat rearing, aquaculture, and the cultivation of vegetable gardens on saline soils. By acquiring these skills, households can produce food for daily consumption while generating stable income, strengthening both food security and economic autonomy. The project provides practical tools for building sustainable, resilient livelihoods and reinforces communities' capacity to withstand and adapt to environmental challenges.

“My name is Noor Kolima and I live in the refugee camps in Cox's Bazar. I was only 20 years old when my youngest daughter, Aklima, was born, weighing just 1.9 kg. At that time, I was very weak and depressed, and I struggled to feed myself and take” said Noor.

Action Against Hunger, with the support of UNICEF, runs the Balukhali Stabilization Center. Here, local teams diagnose and treat severe acute malnutrition (SAM) in children like Aklima and their mothers. When mothers are unable to produce enough milk, the Supplementary Suckling Technique (SST) is used. With this method, the baby suckles as usual, while a small tube administers supplementary milk, providing nutrients without interrupting the mother-child bond. SST stimulates breast milk production and promotes nutritional recovery in the newborn, ultimately supporting a return to exclusive breastfeeding — an important practice for reducing the risk of malnutrition in a baby's first months of life. Through this approach, mothers like Noor are able to care for their babies safely and build greater autonomy and confidence in maintaining their children's nutritional health.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 2007

Action Against Hunger began its activities in Bangladesh in 2007, responding to the damage caused by Cyclone Sidr and severe flooding. In 2009, the organization extended its interventions to the district of Cox's Bazar, an area affected by poverty, malnutrition, and frequent natural disasters, where the massive presence of Rohingya refugees has put further pressure on local resources and services.

## AREAS OF INTERVENTION: Cox's Bazar, Sunamganj, Kurigram, Satkhira, Bagerhat, Barguna, and Noakhali

The organization combines immediate humanitarian assistance with a strong focus on sustainable and long-term solutions. The approach promotes gender equality, youth empowerment, and community adaptation capacity of adaptation, ensuring that the most vulnerable people are not only protected, but also actively participate in their own recovery and in building a better future.

## ACTION AGAINST HUNGER INTERVENTIONS 2024

In 2024, nearly 224,000 people benefited from Action Against Hunger's emergency interventions and long-term development programs in the areas of Cox's Bazar, Sunamganj, Kurigram, Satkhira, Bagerhat, Barguna, and Noakhali, with a particular focus on vulnerable families and Rohingya refugees.



### NUTRITION AND HEALTH, INCLUDING MENTAL AND PSYCHOSOCIAL SUPPORT (MHPSS)

- In collaboration with local health facilities, 1,233 children with severe acute malnutrition (SAM) had access to life-saving treatment and nutritional food vouchers.
- 2,557 children with moderate acute malnutrition (MAM) received appropriate nutritional support.
- 9,918 children had access to essential micronutrient supplements. Among them, 25 children with SAM were transferred and treated at government health facilities.
- 1,515 people participated in capacity building courses, including 1,233 parents and caregivers of malnourished children, 250 community leaders, and 32 health workers.
- 3,988 people gained access to sexual and reproductive health (SRH) services
- Positive health promotion, antenatal (ANC) and postnatal (PNC) care, as well as psychosocial support and psychological first aid (PFA) sessions were provided



### FOOD SECURITY AND LIVELIHOODS (FSL)

- 6,950 families received unconditional cash transfers, strengthening their decision-making capacity over their own resources
- 6,817 families participated in technical training courses on domestic agriculture and income-generating strategies.
- 1,925 families diversified their productive assets and economic activities through livelihood grants, strengthening their resilience through multiple livelihood strategies (MLS).
- Local communities and institutions adopted sustainable and climate-adaptive technologies, professional training, and tools for early action based on weather forecasts.



### WATER, SANITATION, AND HYGIENE (WASH)

- 24,334 people participated in WASH interventions.
- Communities and local authorities have built and rehabilitated sustainable and gender-sensitive WASH infrastructure and services.
- Vending machines and menstrual hygiene kits were installed in schools.
- The promotion of hygiene practices was led by local volunteers, with continuous monitoring and adaptation.



### GENDER AND PROTECTION

- 6,377 people strengthened their skills in preparing for climate disasters.
- 6,425 families developed household emergency plans and took early action based on weather forecasts.
- Communities and local authorities collaborated to create the NEAP (National Early Action Protocol for Cyclones) and promote preventive actions at the local level.
- With the support of the Departments of Agricultural Extension (DAE), Fisheries (DoF), and Veterinary Services (DLS), preventive strategies were designed to protect livelihoods.
- The use of forecasting models based on artificial intelligence and machine learning has strengthened communities' ability to plan for and respond to storm surges and flooding.

SOURCES: ACF (Action Against Hunger) Global Impact Report 2024; UNHCR. (2024). Rohingya Refugee Response – Bangladesh Update; FAO, IPC Global Partners. (2024). Global Report on Food Crises 2025; UNDP. (2023). Human Development Report 2023/24: Human Development Index Rankings; OCHA. (2024). Bangladesh Humanitarian Needs Overview & Cyclone Remal Response; Financial Tracking Service (FTS) – UNOCHA, Bangladesh Country Summary 2025; Action Against Hunger. (2024). Annual Country Report – Bangladesh 2024.



# ETHIOPIA



5 22 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE ≥ 3

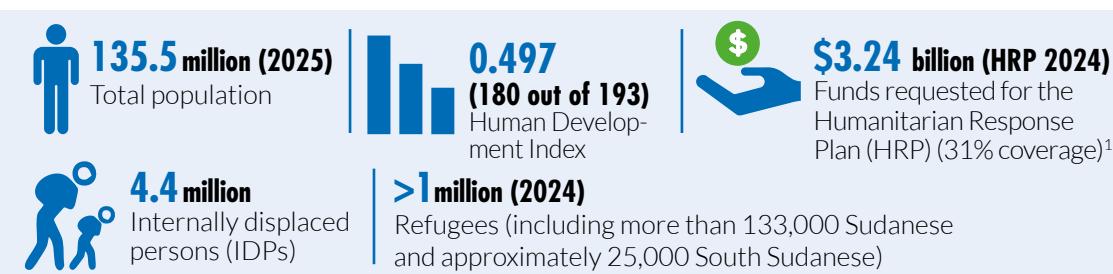


 Food distribution at the Guchi refugee camp, Ethiopia  
© Peter Caton for Action Against Hunger

# COUNTRY PROFILE

## IN BRIEF

Ethiopia is located in the Horn of Africa and has a population of 135.5 million. Approximately 75% of the population lives in rural areas, where rain-fed agriculture and pastoralism are the main sources of livelihood. The country is grappling with a protracted humanitarian crisis, fueled by armed conflict, recurrent droughts, floods, and severe economic collapse. Between 2024 and 2025, it was estimated that over 28.5 million people needed humanitarian assistance due to food insecurity, widespread malnutrition, and forced displacement affecting large areas of Ethiopia.



Font: OCHA, UNHCR, OIM, FAO-IPC, UNDP, Banca mondiale, ReliefWeb

## POLITICAL AND ENVIRONMENTAL CONTEXT

Ethiopia is facing a complex crisis caused by a combination of armed conflict, political and ethnic tensions, and climate shocks. Violence in the Tigray, Amhara, and Oromia regions has displaced more than 4.4 million people, severely compromising their access to markets, health services, and livelihoods. While recovery in Tigray is slow, persistent fighting in Amhara and Oromia continues to worsen the humanitarian situation.

Between 2020 and 2023, a severe drought devastated the country's pastoral areas. It was followed by extreme weather events such as erratic rainfall and flooding, which have damaged crops and hampered livestock recovery, especially in the Afar and southern regions. The agricultural sector is affected by a shortage of inputs and environmental stress, resulting in lower production and higher prices. Further reducing the purchasing power of the population, the birr (the local currency) depreciated, and food price inflation reached 15.8% in March 2025. To make matters worse, epidemics such as cholera and mpox (monkeypox) increase strain on an already overburdened healthcare system.

1. The Humanitarian Response Plan (HRP) is a planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to identify the most urgent needs of populations affected by crises and estimate the funds needed to address them. The process is coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and is based on detailed needs assessments (Humanitarian Needs Overview, HNO), defining strategies, objectives, and sectoral plans aimed at ensuring an effective and coordinated response

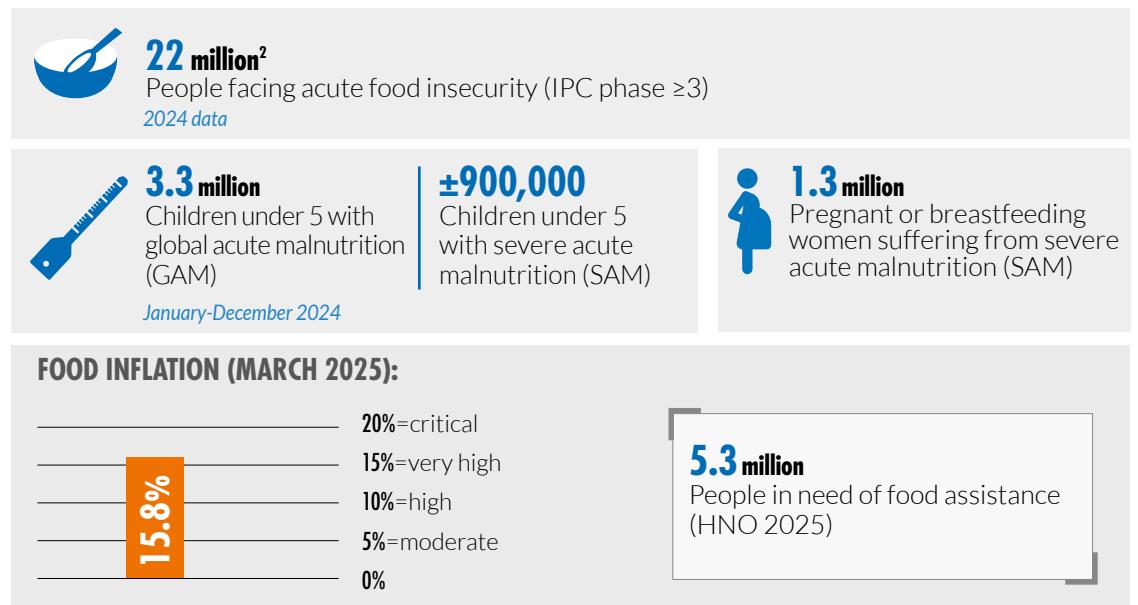
## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

The effects of conflict and extreme environmental conditions are directly reflected in food security and malnutrition. In 2024, over 22 million people are in a state of acute food insecurity level 3 (crisis) or higher according to the IPC classification. Many regions have high levels of child malnutrition and limited access to safe drinking water.

Prolonged conflicts in Amhara, tensions in Tigray, and clashes with Eritrea have caused population displacement and disruptions to work and trade, making it more difficult for people to find food. These challenges are compounded by a poor Belg (the short rainy season in Ethiopia, between February and May) and drought that affected northern pastoral areas and some southern regions. This puts food availability at risk until the Meher harvest, the country's main agricultural season country, expected between September and December.

According to FEWS NET (Famine Early Warning Systems Network), food security remains severely compromised, underscoring the need for targeted interventions to prevent the crisis from worsening.



Source: HNO 2025

2. For 2025, the breakdown of IPC data by phase is not available. To access the map, click [here](https://fews.net/east-africa/ethiopia) (you can insert this hyperlink <https://fews.net/east-africa/ethiopia>).



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Internal conflicts and ethnic violence:** Clashes and ethnic tensions persist in the regions of Tigray, Amhara, and Oromia, compromising livelihoods and access to aid.
- Mass displacement and loss of livelihoods:** over 4.4 million internally displaced persons, including 3.5 million due to conflict and 0.9 million due to climate events, and more than 1 million refugees from Sudan, South Sudan, Somalia, and Eritrea, resulting in loss of livelihoods, increased dependence on humanitarian aid, and greater pressure on already scarce resources.
- Damage to essential services:** Hospitals, health centers, schools, and water infrastructure damaged by fighting, resulting in reduced access to healthcare, education, and safe water.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Climate shocks:** Multi-year drought (2020–2023), flooding, and erratic rainfall have disrupted the agricultural seasons (Belg and Meher), reducing production and water availability.
- Environmental degradation:** increased soil erosion and desertification, with serious impacts on pastoral areas (Afar, Somali, southern part of the country).
- Pressure on natural resources:** the reduction in water and pastureland is causing conflicts between pastoral communities and forced migration.



### INEQUALITY AND POVERTY

- Widespread rural poverty:** 75% of the population depends on subsistence agriculture, with very low productivity.
- Unequal access to services:** insufficient WASH (water, sanitation, hygiene) coverage, with significant disparities between urban and rural communities; Ethiopia ranks among the lowest countries for SDG indicators related to health and water services.
- Shortage of agricultural inputs:** seeds, fertilizers, and technical assistance are scarce; food inflation (15.8% in March 2025) and currency depreciation exacerbate the situation.

## INSIDE LOOK

### ETHIOPIA: A COUNTRY CAUGHT IN A MULTIPLE CRISIS AFFECTING OVER 28 MILLION PEOPLE (2024-2025)

**Charles Ossey, Country Director, Action Against Hunger Ethiopia**

Between 2024 and 2025, approximately 28 million people were in need of assistance. The crisis is the result of intertwined factors: unresolved conflicts, prolonged droughts, economic instability, and recurring epidemics. Adding to these difficulties are bureaucratic obstacles, security issues, and food price inflation (nearly 16%). According to FEWSNET (August 2025), demand for food aid has reached its peak for the year: household stocks are depleted and prices for essential goods remain high as the country is still trying to recover from the shocks of 2020–2023. One hope for relief is linked to the – Meher, Ethiopia's main agricultural season. This should improve access to food nationwide and temporarily reduce the need for assistance. However, in Tigray, eastern Amhara, eastern Oromia and the pastoral areas of Afar, Oromia, and Somali, acute food insecurity will continue into early 2026. In the southern pastoral areas, the outlook remains uncertain and depends on the outcome of the rainy season.

The food crisis is compounded by health emergencies. Since the beginning of 2025, over 2.4 million cases of malaria have been recorded, with more than 100 deaths (concentrated mainly in Oromia, Amhara, and the south of the country). Cholera remains widespread: 23 woredas (local districts) report active outbreaks, with over 4,300 cases and 42 deaths in the Amhara and Gambella regions. At the same time, around 3.3 million people are displaced within the country, mainly due to conflict (69%) and drought (17%). In this complex context, humanitarian organizations continue to operate even in the most remote and vulnerable areas.

However, their activities are hampered by conflicts, access restrictions, and a chronic shortage of resources. Irregular and short-term funding often forces them to prioritize emergency interventions, reducing the space for medium- and long-term strategies. Despite these difficulties, there are some positive developments. Community health and nutrition programs are showing encouraging results, collaboration with local actors is consolidating, and new investments in water systems, climate-resilient agricultural practices, and mobile services are helping to improve living conditions. Continued and predictable commitment from the international community is essential to addressing needs..



## STORIES FROM ETHIOPIA



 Abiyu Milashu, on his farm in the village of Hayelom, Samira Tabia.

© Tsegaye Asfaw Wereda (Samire Wereda) & Gebremedhin Gebrearegay (Abergelle Yechila) for Action Against Hunger



 Treatment of child malnutrition in Guchi, Ethiopia: the case of Munira © Action Against Hunger

**My teff is flowering, I expect a good harvest. I will be able to feed and maybe even sell some to support my family,"** said Abiyu Milashu, a farmer from Tigray

In 2024, Action Against Hunger supported farmers who had returned to affected areas by distributing teff seeds (a cereal that forms the basis of the Ethiopian diet) along with fertilizers and training courses. Thanks to this support, families like Abiyu's have been able to resume basic food production and rebuild sources of income, reducing their dependence on external aid..

**I went from hospital to hospital with Munira, who is only 18 months old, neglecting everything else. No one could tell me what was wrong with her, and every day I saw her getting worse. When she started receiving therapeutic food, I saw steady improvements. Now she is well and active again,"** said Medina, 21, from Guchi.

In Guchi, Action Against Hunger's health and nutrition teams diagnosed Munira's acute malnutrition through screening activities and enrolled her in a treatment program. The child received ready-to-use therapeutic food (RUTF) and was regularly monitored until she was fully recovered. Similar community programs promoted by Action Against Hunger and other organizations have reached over 665,000 children in Ethiopia with recovery rates close to 97%.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 1985

Action Against Hunger has been present in Ethiopia since 1985, providing life-saving interventions and resilience-building programs in six regions of the country. The organization focuses its activities in areas that are most difficult to reach or affected by natural disasters, ensuring humanitarian assistance is accessible to those most in need.

## AREAS OF INTERVENTION:

Amhara, Tigray, Oromia, Somali, Benishangul-Gumuz, Gambella (comunità ospitanti e rifugiate)

Our interventions cover several key sectors: nutrition, health, water and sanitation, food security, livelihoods, and protection. Through an integrated and multisectoral approach, Action Against Hunger responds to both immediate emergencies and long-term challenges, helping to build more resilient and sustainable communities. In 2024 alone, Action Against Hunger reached over 3 million people through its programs in various sectors.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- Treated 145,445 children suffering from acute malnutrition, including 28,947 with severe acute malnutrition (SAM), with a recovery rate of 96%.
- Provided supplementary nutritional assistance to 42,987 pregnant and lactating women.
- Therapeutic feeding programs supported 31,947 children with SAM, while the Targeted Supplementary Feeding Program (TSFP) reached 80,084 children and 71,150 pregnant and lactating women.
- Provided support to 600 health centers, 155 health posts, and 17 hospitals through the distribution of essential medicines and supplies.
- Guaranteed access to basic health services for 741,664 people...



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Distributed teff, maize, and vegetable seeds to 57,460 families, covering more than 8,000 hectares of cultivated land.
- Provided livestock inputs and conducted vaccination campaigns for 61,000 families.
- Trained 13,016 community members on climate-smart and nutrition-sensitive agricultural practices.
- Promoted sustainable agricultural techniques through programs such as RESET-II and other resilience-building initiatives.
- Provided \$4.1 million in cash assistance to 71,330 people in emergency situations.



### WATER, SANITATION, AND HYGIENE (WASH)

- Ensured sustainable access to drinking water for 125,000 people.
- Built or rehabilitated 63 water systems and 24 sanitation facilities, including 4 new systems.
- 52 water distribution points in health facilities, schools, and refugee camps restored.
- Emergency water transport and treatment services reached 85,524 internally displaced persons and host communities.



### PROTECTION

- 185,148 people were reached with targeted protection interventions.
- Implemented gender-based violence prevention activities, psychosocial support, awareness campaigns, and referral services, with the aim of improving safety, dignity, and mental health in areas affected by the crisis.

SOURCES: [Action Against Hunger – Ethiopia \(Where we work\)](#); [Action Against Hunger – Community-level nutritional screening](#); [ACF \(Action Against Hunger\) Global Impact Report 2024](#)



# YEMEN



6

16.7 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE  $\geq 3$

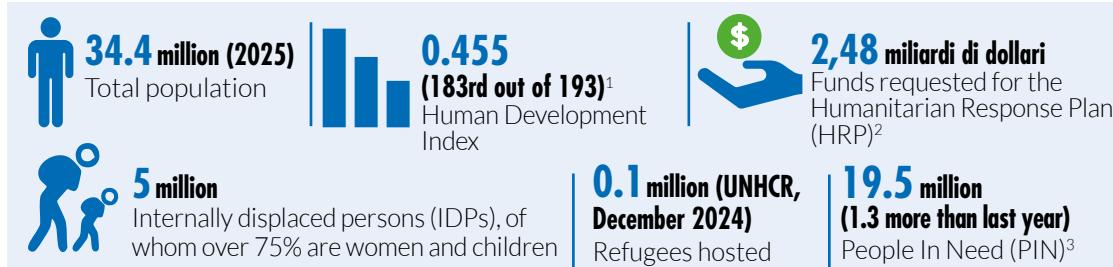


 Administration of Plumpy'Nut® to a child being treated for severe acute malnutrition at the Al-Makhzan health center, Abyan Governorate  
©Mohanad Waqas for Action Against Hunger

## COUNTRY PROFILE

### IN BRIEF

Yemen is a country in Western Asia, located in the south-west of the Arabian Peninsula. It borders Saudi Arabia and Oman and faces the Red Sea and the Gulf of Aden. The population is estimated to be around **34.4 million**, with most people living in rural areas and depending on agriculture, livestock farming, fishing, and remittances from migrants. The country is trapped in a spiral of interconnected crises: conflict, economic collapse, and institutional fragility are intertwined with the increasingly evident effects of **climate change**, which exacerbate the scarcity of food, drinking water, education, and health services. Rural communities already disadvantaged by limited infrastructure are among the most exposed to humanitarian emergencies. As of September 2025, the Humanitarian Response Plan is only 19% funded with insufficient overall support, exacerbated by recent cuts in US aid.



Sources: OCHA, GRFC 2025, Action Against Hunger, UNHCR, World Bank

## POLITICAL AND ENVIRONMENTAL CONTEXT

Since 2014, Yemen has been embroiled in a conflict that has fragmented the country and weakened the state. Despite the truce in 2022, the territory remains divided between competing authorities: Ansar Allah (a political-military movement born in the north of the country, often referred to as 'Houthi') controls Sana'a, the capital, and part of the northwest, while the internationally recognized government and the Southern Transitional Council (STC, a group supported by the Emirates that demands greater autonomy for the southern regions) are vying for influence in the eastern and southern areas. The fragile ceasefire is threatened by local clashes, widespread insecurity, and escalation in the Red Sea, hindering trade and livelihoods.

Yemen's economic crisis has worsened with the collapse of oil revenues (-30% in 2024) and the depreciation of the local currency, which have fueled inflation and food insecurity. Environmental challenges, such as prolonged droughts and floods, have compromised natural resources and reduced agricultural productivity, also worsening access to water and food. Widespread insecurity, collapse of infrastructure, and reduction in humanitarian aid continue to push the country toward a situation of extreme crisis.

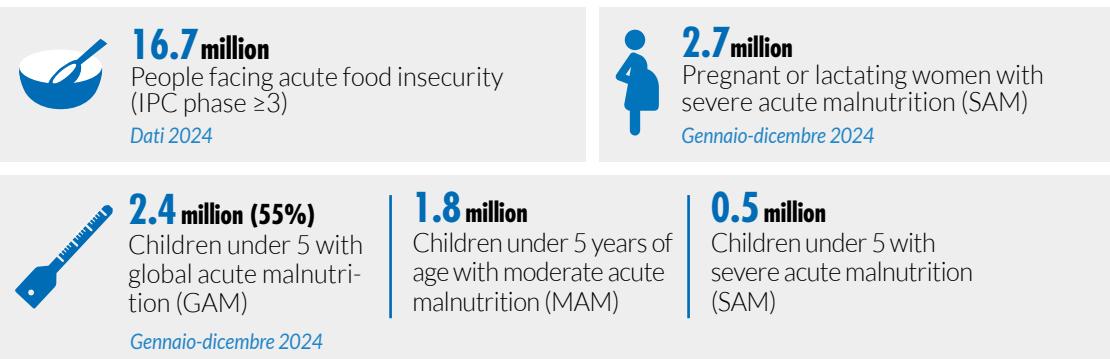
## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

Domestic agricultural production covers only 15-20% of domestic needs, increasing dependence on imports. The devaluation of the rial (local currency), and the increase in food prices further reduce economic access to food. Conflicts and adverse climatic conditions, such as droughts and floods, exacerbate the vulnerability of communities. The lack of water and sanitation services contributes to the spread of epidemics including acute diarrhea and cholera, which increase the risk of malnutrition, particularly among children.

In 2024, according to the GRFC 2025, approximately 16.7 million people were acutely food insecure (IPC 3+). For 2025, projections indicate that the number could rise to 17 million – almost half the population – while millions of children are at risk of suffering from acute malnutrition. Only 45% of health facilities are operational, reducing the capacity to respond to emergencies.

By February 2026, according to forecasts, half of the population could be in severe food insecurity, and around 41,000 people are at risk of 'catastrophic' levels, particularly in the governorates of Hajjah, Hodeidah, and Amran.



1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data for all countries is not always available, so the actual number of countries with a calculated HDI may be slightly lower.

2. The Humanitarian Response Plan (HRP) is a strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups.

3. According to OCHA terminology, "People In Need" refers to people whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- **Displacement and insecurity:**

Since 2014, Yemen has been engulfed in a war that has displaced more than 5 million people, mostly women and children. Violence and instability continue to undermine livelihoods, restrict freedom of movement, and disrupt access to markets, farms, and sources of income essential for survival.

- **Disruption of humanitarian aid:**

In areas controlled by de facto authorities, the suspension of assistance programs, including general food distribution and nutritional services, has left millions of people without vital safety nets, increasing the vulnerability of already struggling communities.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- **Climate shocks and agricultural losses:**

Flash floods and heavy rains have devastated farmland and livestock, compromising food availability and the incomes of the most vulnerable farming families.

- **Environmental degradation:**

Fragile ecosystems already weakened by war face soil erosion and water scarcity, reducing agricultural productivity in a country where about 70% of families depend on agriculture and livestock for their livelihoods.



### INEQUALITY AND POVERTY

- **Economic instability:**

A 30% drop in tax revenues in 2024, linked to declining oil exports and the devaluation of the Yemeni rial, has reduced the resources available for essential public services and support for vulnerable families.

- **Pressure on prices and access to food:**

Inflation, combined with disruptions in supply chains, has caused the cost of basic foodstuffs to rise rapidly, making it difficult for households to purchase items such as flour, rice, and cooking oil, particularly in major cities such as Sana'a and Aden.

- **Inadequate water and sanitation infrastructure:**

Limited access to safe drinking water and sanitation facilities contributes to the cycle of disease and malnutrition, further exacerbating the vulnerability of families. Currently, less than 50% of the population has access to adequate water services.

- **Health emergency:**

Recurring epidemics of cholera, E. coli, and measles increase mortality and malnutrition, especially among children under five. With less than 45% of health facilities functioning, the collapsed health system is unable to contain these emergencies.

## INSIDE LOOK

### YEMEN, A DECADE OF WAR AND A CRISIS THAT SHOWS NO SIGN OF ABATING

*Daniel Nyabera, Country Director, Action Against Hunger Yemen*

After more than a decade of war, Yemen remains trapped in an unprecedented humanitarian crisis. Infrastructure has been devastated, the economy has collapsed, and essential services are functioning at minimal levels, leaving millions – particularly women, children, and older adults – in conditions of extreme vulnerability. Political fragmentation and internally displaced populations are putting even more pressure on host communities.

Hunger is increasing at a dramatic rate: according to the latest IPC projections, more than half of the population will be facing serious food insecurity by February 2026. Around 41,000 people, concentrated mainly in the northern governorates of Hajjah, Hodeidah, and Amran, will be exposed to 'catastrophic' levels of hunger. Food shortages and rising prices of basic necessities make it almost impossible to meet basic daily needs.

The healthcare system is severely compromised: nearly half of all facilities are non-operational, a situation made even more alarming by the more than 42,000 cases of cholera and acute diarrhea reported between January and June 2025. Chronic and acute malnutrition, poverty, and climate instability (i.e. irregular rainfall and recurring droughts) threaten to further aggravate the crisis.

Funding for health programs, access to safe drinking water, and sanitation services remains severely inadequate. Access to humanitarian aid is increasingly hampered: attacks on Sana'a airport, the intermittent closure of the port, and cross-border restrictions have blocked vital supplies such as medicines, therapeutic foods, and fuel. Alternative routes via Oman have led to a 20% increase in costs by 20% and delays of up to two months, compromising the ability of humanitarian organizations to reach the most in need in time. The scale of needs far exceeds available resources. Political and financial support is urgently needed to reopen humanitarian corridors and ensure the continuity of relief operations.



## STORIES FROM YEMEN



Asmaa being screened for malnutrition ©Action Against Hunger



Roidaa being cared for by Action Against Hunger healthcare staff. ©Action Against Hunger

**“The war took everything from us: our jobs, our food, and even our daughter’s health . We were afraid of losing her. We could only afford to give her one meal a day, but it was never enough.”**

In Action Against Hunger's health centers, children suffering from severe acute malnutrition (SAM) are identified through screening with MUAC, a tool that measures the circumference of the upper arm to quickly assess nutritional status, and by checking their weight and height. The young patients receive a treatment protocol in accordance with World Health Organization guidelines, which includes ready-to-use therapeutic foods (RUTF), weekly clinical monitoring and, in the most serious cases, hospitalization with stabilization and supportive medical care. Through these interventions, most children achieve full nutritional recovery.

**“We lost our jobs, then our food and drinking water. Shortly after, our daughter Roidaa’s health began to deteriorate. Surrounded by hunger and disease, with no money for medicine, we were desperate.”**

At Action Against Hunger's health centers in Yemen, children like Roidaa receive nutritional screening, treatment for malnutrition, and targeted medical support. Alongside clinical treatment, families participate in education sessions on nutrition, hygiene, and health practices, strengthening their ability to prevent relapses. With integrated care, Roidaa was able to regain weight and vitality, restoring hope for her family.



## ACTION AGAINST HUNGER'S RESPONSE

### PRESENT IN THE COUNTRY SINCE 2013

Action Against Hunger has been active in Yemen since 2013, responding to one of the most serious and prolonged humanitarian crises in the world. Our teams carry out life-saving interventions and programs to strengthen community resilience, with integrated actions in the areas of nutrition and health, WASH (water, sanitation, and hygiene), mental health, and protection.

**AREAS OF INTERVENTION:** Abyan, Hodeida, Hays, Hajjah, and Lahj with operational bases in Aden and Al Khawkhah.

We work to rehabilitate water infrastructure, support health centers in areas most affected by malnutrition, strengthen livelihoods, and offer psychosocial support (MHPSS) to communities affected by violence, displacement and trauma. Our teams also respond quickly to emergencies, such as cholera epidemics.

## ACTION AGAINST HUNGER INTERVENTIONS 2024

In 2024, Action Against Hunger carried out multisectoral interventions in several regions of Yemen, with the aim of treating acute malnutrition, strengthening food security, and supporting the resilience of communities. Over 600,000 people gained access to care and resources that helped reduce the most serious effects of hunger and disease.



### NUTRITION AND HEALTH

- Integrated mental health, psychosocial support (MHPSS), and protection services were provided to 3,438 people, particularly women, adolescents, and children.
- Activated 22 Therapeutic Feeding Centers (TFCs) in collaboration with the Ministry of Health, along with 377 Outpatient Treatment Programs (OTPs) and 2,376 Targeted Supplementary Feeding Programs (TSFP), despite challenges due to funding shortfalls.
- 165,252 cases of high-risk malnutrition (HRM) were identified, equivalent to 8.9% of cases of moderate acute malnutrition (MAM), thanks to coordinated work with UNICEF, WFP, and the Ministry of Public Health.
- Request for Ready-to-Use Therapeutic Food (RUTF) stocks initiated to ensure continuity of supply and care.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Access to food was guaranteed for 7,000 people through unconditional cash assistance.
- Developed a resilience project that reached 33,402 people (including 16,367 women) with agricultural and livestock support activities.
- Targeted assistance provided to vulnerable families—including single women, people with disabilities, and marginalized communities such as the Muhamasheen—through cash transfers and vouchers, provision of goods, training, and grants.
- Supported farmers and herders with sustainable agricultural practices, climate-resilient techniques, and improved access to water for irrigation and livestock management.
- Strengthen agricultural supply chains through technical, organizational, and logistical support at the community, district, and local levels.



### WATER, SANITATION, AND HYGIENE (WASH)

- Improved access to drinking water and sanitation in drought-affected areas such as Tur Al Bahah and other priority districts, where up to 80% of the population has an urgent need for these essential services.



### PROTECTION

- Provided protection and mental health and psychosocial support (MHPSS) services to 3,438 people, with a focus on women, adolescents, and children, to strengthen their well-being and ability to cope with trauma, displacement, and violence.

SOURCES: Humanitarian Needs Response Plan (HNRP) 2025; Global Food Crisis Report 2025; ACF (Action Against Hunger) Global Impact Report 2024.



# AFGHANISTAN



7

16.7 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE  $\geq 3$



Agricultural aid for Mohamed Issa: a greenhouse and seeds for cultivation  
© Sandra Calligaro for Action Against Hunger

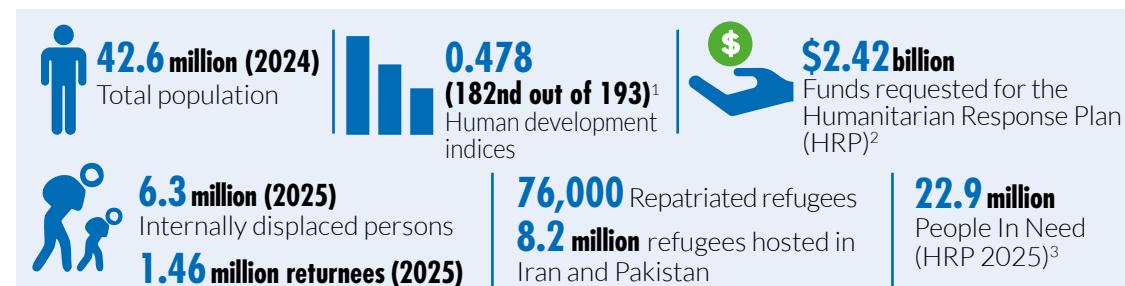
# COUNTRY PROFILE

## IN BRIEF

Afghanistan is a landlocked country in Central Asia with an estimated population of 42.6 million in 2024 and an annual growth rate of 2.88%. Approximately 74% of the population lives in rural areas and depends largely on subsistence agriculture and informal work.

By 2025, it is estimated that approximately **22.9 million people**—more than half the population—will need humanitarian aid due to increasing poverty, worsening food availability, and risks related to the protection of human rights. The delivery of aid is hampered by unstable conditions, restrictive government regulations, and a **persistent lack of funds**—all factors that affect the operational capacity of humanitarian organizations.

To date (September 2025), the Humanitarian Response Plan (HRP) for the country is 28.5% funded, with unmet needs in the areas of food security, health, protection services protection, and WASH (water, sanitation, and hygiene). The continuation of the humanitarian crisis will depend significantly on the availability of resources and the level of international support.



Sources: OCHA, UNHCR, IOM, FAO-FAO-IPC, UNDP, World Bank, ReliefWeb, UN DESA World Population Prospects 2024

## POLITICAL AND ENVIRONMENTAL CONTEXT

Decades of armed conflict, combined with economic collapse, climate shocks, and the deterioration of public services have left more than half of the population in urgent need. Since the return of the Taliban in 2021, Afghanistan has suffered institutional collapse, a drastic decline in aid flows, and an escalation of human rights violations, particularly against women and girls.

In 2024, more than 1.46 million Afghans were repatriated or expelled from Iran and Pakistan, creating a critical situation in border regions. This influx has put a strain on local services, especially since many of the returnees have not lived in Afghanistan for decades and have no home to return to.

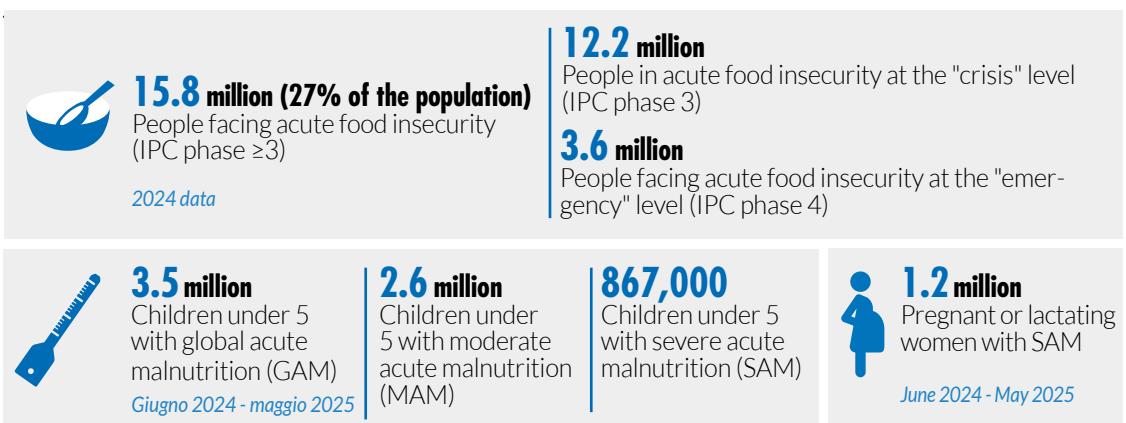
The number of returnees continues to increase. Meanwhile, climate-related disasters, including floods, droughts, and extreme weather conditions, are exacerbating an already fragile situation. Prolonged drought has devastated agricultural production, compromising the country's food security.

## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In 2024, according to the GRFC, approximately 15.8 million Afghans were facing acute food insecurity. Between March and April 2025, projections indicated that approximately 12.6 million people—more than one in four—were in a state of severe food insecurity, with nearly 2 million in an 'emergency' (IPC Phase 4). Between June 2024 and May 2025, an estimated 3.5 million children under the age of five suffered from acute malnutrition, including 867,000 in life-threatening conditions. This was a 20% increase in child malnutrition compared to 2024, underscoring the deepening food security crisis. An estimated 1.2 million pregnant or lactating women are also expected to be affected.

The most affected provinces include Kabul, Helmand, Kandahar, Hirat, and Nangarhar, where insufficient diets, disease outbreaks, limited access to safe drinking water, and inadequate health services are keeping the crisis severe, with no prospects for improvement until at least mid-2025. The situation is exacerbated by reduced international funding: over 300 nutrition centers have already closed due to aid cuts, drastically reducing the healthcare system's capacity to respond to the food insecurity crisis.



1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data is not always available for all countries, so the actual number of countries with a calculated HDI may be slightly lower. 2. The Humanitarian Response Plan (HRP) is the strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups. 3. According to OCHA terminology, People In Need refers to the population whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Political instability and institutional paralysis:** since 2021, the collapse of governance and lack of international legitimacy have drastically reduced aid flows and compromised basic services. In 2025, only 28.5% of the \$2.42 billion requested for the Humanitarian Response Plan has been funded.
- Internal displacement and destruction of livelihoods:** there are 6.3 million internally displaced persons and over 1.46 million forced returnees from Iran and Pakistan, placing further strain on already vulnerable communities. Violence and instability have destroyed crops, livestock, and agricultural infrastructure, depriving families of income and food.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Climate disasters:** Prolonged drought has devastated crops in agricultural provinces such as Helmand and Kandahar, leaving entire communities without grain and income. In 2024, flash floods hit Nangarhar and the north of the country, sweeping away cultivated fields and homes. Earthquakes that struck Herat between 2023 and 2024 destroyed thousands of rural homes, exacerbating the vulnerability of families.
- Damage to infrastructure:** landslides and floods in the mountainous provinces of Badakhshan and Daykundi disrupted transport routes for months, preventing the arrival of food and medicine.



### INEQUALITY AND POVERTY

- Economic collapse:** Widespread poverty and unemployment have exploded due to sanctions, aid suspensions, and inflation. In 2025, 22.9 million people (more than half the population) are in need of humanitarian assistance (HRP 2025).
- Limited access and gender exclusion:** Government restrictions prevent women from working with non-governmental organizations, drastically reducing the scope of lifesaving aid. Restrictions have a severe impact on women and girls, who are more vulnerable to malnutrition and rights violations.
- Aid dependency and funding shortfalls:** International funding has fallen by 45%, causing the closure of over 300 nutrition centers and 400 health centers.

## INSIDE LOOK

### HUMANITARIAN CHALLENGES, ACCESS BARRIERS, AND COMMUNITY RESILIENCE

*Cobi Rietveld, Country Director, Action Against Hunger Afghanistan*

Afghanistan continues to experience vast humanitarian needs, driven by chronic poverty, underdevelopment, and access to essential services. The return of many Afghans from Iran and Pakistan has further exacerbated pressure on host communities, which are already highly vulnerable and lacking resources. The decline in funding has led to the closure of vital health and nutritional facilities, leaving large segments of the population without life-saving support.

Humanitarian assistance remains necessary, but it is not enough: it must be integrated with sustainable and long-term development interventions aimed at strengthening the capacity of communities to cope with future crises and maintain stability. Operational access continues to be a significant challenge. Despite a general improvement in security, so-called "white areas" – remote, mountainous regions lacking infrastructure – are difficult to reach, particularly during the winter months. Bureaucratic procedures and restrictions further hamper the ability to intervene. To increase the impact of interventions, it is essential to have predictable and flexible funding; strong advocacy to ensure principled humanitarian access; and partnerships led by local actors with community-based approaches. Despite ongoing challenges, Afghan communities demonstrate strong capacity for adaptation and self-organization – critical strengths for the country's long-term recovery and development.



## STORIES FROM AFGHANISTAN



 Mother and child at ACF's Therapeutic Feeding Unit (TFU) in Kabul, where free treatment for malnutrition is provided  
© Action Against Hunger



 A healthcare worker screens a malnourished child by measuring his arm at Action Against Hunger's clinic in Kabul, April 2023. © Elise Blanchard for Action Against Hunger

“We couldn't afford medical care. At the clinic, my daughter received the treatment she needed and today she is much better,” said Fatima.

Fatima\* lives in Kabul with her family. Her youngest daughter, Sahar\*, just 10 months old, suffered from severe acute malnutrition with complications, a condition that seriously endangered her life. When Action Against Hunger's Therapeutic Feeding Unit reopened in May, Sahar was admitted and was able to receive therapeutic food and specialized care essential for her recovery. During her daughter's hospitalization, Fatima participated in psychosocial support sessions and nutritional counseling, acquiring valuable tools to continue to care for her daughter at home and ensure her long-term well-being.

\*Names changed for privacy.

“When, in December 2022, the government imposed a ban on women working with NGOs, our work was dealt a severe blow. Many of our colleagues were forced to stop, and our team faced an enormous challenge. In 2024, we had to reinvent ourselves, adapt, and find creative solutions so that no one was left behind,” said an Action Against Hunger staff member.

In March 2025, with the support of the European Union, Action Against Hunger reopened its Therapeutic Feeding Units (TFUs) in Kabul and Badakhshan, which had been closed after an interruption of funding. These clinics are essential for female employment in the health sector and provide care to over 1,000 severely malnourished children each year. However, more than 396 nutrition centers and 400 health centers remain closed. A shortage of medicine continues to worsen the situation. With 3.5 million children under the age of five in urgent need of treatment, sustained international commitment is vital.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 1994

Action Against Hunger has been present in Afghanistan since 1994, supporting families through decades of conflict, political instability, poverty, and recurring humanitarian crises. In 2024, the organization provided lifesaving assistance to nearly 587,000 people in the provinces of Kabul, Badakhshan, Daykundi, Ghor, Helmand, and Urozgan..

## AREAS OF INTERVENTION: Kabul, Badakhshan, Daykundi, Ghor, Helmand, and Urozgan.

The intervention integrated several sectors: nutrition and health, mental health and psychosocial support (MHPSS), food security and livelihoods, and water, sanitation and hygiene (WASH). With this multidimensional approach, Action Against Hunger has been able to respond to the urgent needs of vulnerable communities.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- Managing over 50 health and community facilities, including 7 therapeutic feeding units, 54 health and community centers, 5 safe spaces for psychosocial support for women, and a national toll-free mental health helpline.
- Using integrated approach combining basic healthcare, nutritional treatment, and psychosocial support (MHPSS).
- Focusing on children under five and pregnant or lactating women.
- Implementing programs that address both the immediate effects and structural causes of hunger and malnutrition.
- Results: lives saved, community capacities strengthened, and dignity protected.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Distributing cash, livestock, and poultry farming kits.
- Providing agricultural training to increase the productivity of small farmers.
- Improving household food security.
- Building sustainable livelihoods for the most vulnerable communities.



### WATER, SANITATION, AND HYGIENE (WASH)

- Holding hygiene awareness sessions for communities.
- Upgrading water networks.
- Constructing latrines and other sanitation infrastructure.
- Guaranteeing access to safe drinking water and adequate sanitation facilities.
- Reducing waterborne diseases.
- Decreasing risk of malnutrition..

SOURCES Humanitarian Needs Response Plan (HNRP) 2025; HNRP 2025 Response Dashboard (January 2025 overview);  
Afghanistan: Acute Malnutrition Situation for June-October 2024 and Projections for November 2024-May 2025;  
Global Report on the Food Crisis (GRFC) 2025; Action Against Hunger – Afghanistan; ACF (Action Against Hunger) Global Impact Report 2024.



# MYANMAR



8

14.4 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE ≥ 3



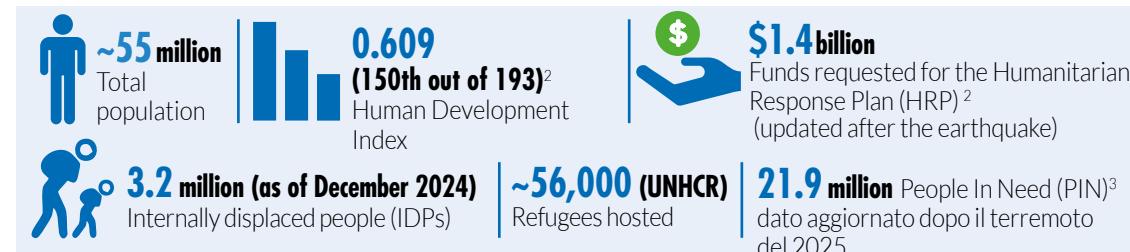
# COUNTRY PROFILE

## IN BRIEF

Myanmar is located in Southeast Asia and borders Thailand, Laos, China, India, and Bangladesh. The population is estimated at around 55 million. Seventy percent of the population lives in rural areas, where agriculture is the main source of livelihood. The country's economy is heavily dependent on the agricultural sector, which employs a significant portion of the workforce. The main crops include rice, legumes, and vegetables, while livestock and fishing play a complementary role.

Since the military coup in February 2021, Myanmar has been in the throes of a deep political and economic crisis. Millions of people have been internally displaced, while many others live in deepening poverty with limited access to essential services.

On March 28, 2025, a 7.7 magnitude earthquake struck the Sagaing region, causing casualties and severe damage to vital infrastructure such as bridges and hospitals. Relief operations are hampered by ongoing instability and scarce resources. Economic difficulties are exacerbated by international isolation and internal tensions, which continue to undermine the country's stability.



Fonte: UNHCR, UNDP, Banca Mondiale, [OCHA](#)

## POLITICAL AND ENVIRONMENTAL CONTEXT

Since 2021, Myanmar has been engulfed in widespread civil conflict, which has intensified further since 2023, compounding an already fragile humanitarian situation. Ceasefire violations, attacks on civilians, and successive natural disasters—including severe flooding in 2024 and a 7.7-magnitude earthquake in March 2025 in the Sagaing region—have caused extensive damage to infrastructure, disrupted basic services, and forced millions of people from their homes.

Political instability, economic decline, and mass displacement have left nearly one in four people food insecure. Rohingya communities in Rakhine State remain among the most vulnerable, while displaced populations in Kayah and Sagaing face acute risks to their safety, health, and survival. More than 5 million people lack access to safe drinking water and adequate sanitation, with serious consequences for both physical and mental health. Myanmar's overlapping crises have disrupted agricultural production, increased food prices, and strained humanitarian response capacity. Continued limitations on access to health services, safe water, and protection place millions more at risk.

Myanmar is also highly exposed to natural hazards. Past catastrophic events—including Cyclone Nargis (2008), Cyclone Mocha (2023), Typhoon Yagi (2024), and the March 2025 earthquake—highlight the country's chronic vulnerability to climate and geological shocks, which further amplify the impacts of conflict and humanitarian crises.



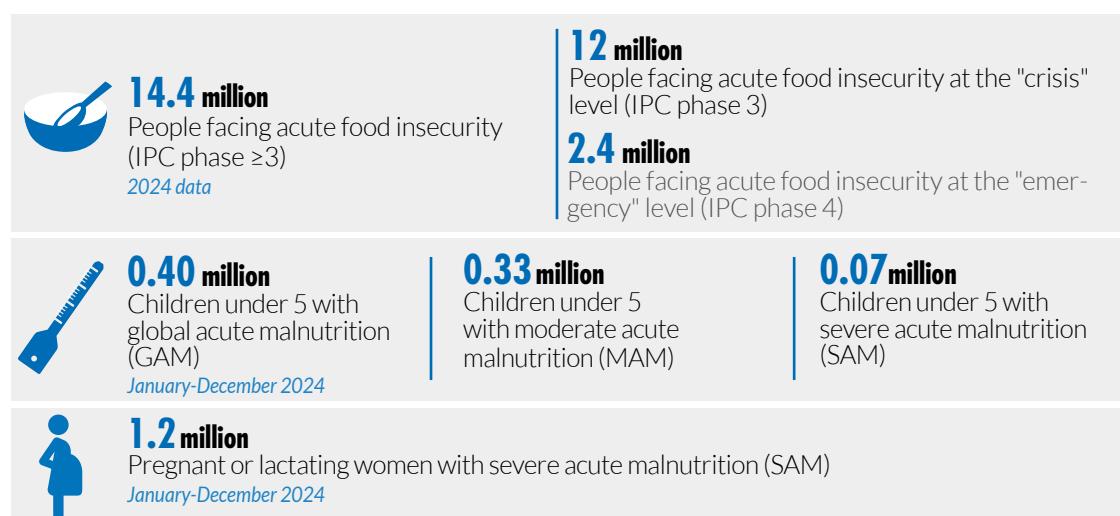
## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In Myanmar, many communities—particularly those affected by conflict and displacement—face high levels of food insecurity. Child and maternal malnutrition are significant challenges, exacerbated by limited access to essential health services, safe drinking water, and sufficient diets.

According to the GRFC 2025, approximately 14.4 million people were experiencing acute food insecurity (IPC phase 3 or higher) in 2024. Projections for 2025 indicate a further increase, with approximately 15.2 million people expected to face severe food insecurity. Analyses conducted in the second half of 2024 in four conflict-affected municipalities showed a deterioration in maternal and child nutrition, including episodes of acute malnutrition, difficulties in feeding children, and disruptions to essential services—impacts that fell heavily on displaced communities.

Conflicts and natural disasters such as earthquakes hinder the distribution and availability of food, compromise agricultural production, and reduce access to safe water resources.



Sources: GRFC 2025, Action Against Hunger

1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower.

2. The Humanitarian Response Plan (HRP) is a strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define the priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted to the most vulnerable groups.

3. According to OCHA terminology, 'People In Need' refers to those whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions adequate living conditions without external assistance.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- **Escalating conflicts and displacement:** Persistent violence in Chin, Kachin, Rakhine, and Sagaing regions has forced millions of people to flee their homes, disrupting livelihoods
- **Limited humanitarian access and aid cuts:** Logistical restrictions, local conflicts, and insufficient funding for humanitarian operations reduce the scope of food assistance, particularly in the most affected remote areas.
- **Market disruptions and loss of livelihoods:** Insecurity and displacement have destabilized local and national markets, forcing many families to abandon farms, small shops, and other sources of income.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- **Recurring environmental disasters:** Severe flooding, landslides, and the March 2025 earthquake destroyed crops, livestock, homes, and critical infrastructure, further exacerbating the food crisis and vulnerability of rural communities.
- **Environmental degradation and future risk:** Deforestation, soil erosion, and inefficient water management amplify the impact of natural disasters, making communities more susceptible to recurring climate shocks.



### INEQUALITY AND POVERTY

- **Economic collapse and inflation:** The sharp rise in food and fuel prices since 2021 has eroded households' purchasing power, limiting access to food and essential goods.
- **Fragile social protection systems:** Support programs do not cover all needs, leaving millions of vulnerable people without effective food security and basic assistance networks.
- **Health emergency:** Child malnutrition and the lack of essential health services in rural areas exacerbate vulnerability, generating long-term effects on the health and development of communities.

## INSIDE LOOK

### MYANMAR IN EMERGENCY: OBSTACLES, DANGERS, AND DAILY LIFE OF COMMUNITIES

*Ralf Thill, Country Director, Action Against Hunger Myanmar*

The operating context in Myanmar is characterized by multidimensional challenges that severely limit the effectiveness of the humanitarian response. In areas controlled by armed groups, the situation remains unpredictable, and staff and civilians are exposed to constant risks like the threat of landmines. Frequent disruptions to communication services such as the internet and telephone services further complicate coordination and exchange of information between humanitarian workers. Access to communities is limited by administrative constraints, infrastructure deficiencies, and logistical obstacles. Travel authorizations are often delayed or denied, reducing the possibility of intervening in the areas most affected by the conflict. The deteriorated road network, fuel shortages, and intermittent power supply increase operating costs and reduce the efficiency of activities. Combined with ongoing instability, these factors create a highly complex and risky operating environment.

To improve access and the impact of interventions, the international community and third countries play a crucial role in promoting unrestricted humanitarian corridors, ensuring predictable and flexible funding, and reducing administrative barriers through diplomatic mechanisms. The protection of humanitarian space, in accordance with international law, remains essential to protect operators and populations. Despite these difficulties, communities in Myanmar show a strong capacity to adapt. Humanitarian organizations, both national and international, continue to support populations displaced and affected by conflict. In some areas, cooperation between operators and local communities has enabled interventions even in hard-to-reach places. These interventions show how essential the direct involvement of local communities and continuous technical support are essential to ensuring more effective and lasting aid.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 1994

Action Against Hunger has responded to the escalation of conflict and crisis in Myanmar with an integrated approach that combines nutrition, health, and psychosocial support. Through therapeutic treatments, awareness campaigns, and community screening, cases of acute malnutrition have been addressed. At the same time, food aid and cash transfers have strengthened the resilience of families

## AREAS OF INTERVENTION: throughout the country.

in a context marked by severe economic hardship and displacement. Mental health support has strengthened people's ability to cope with difficulties and improved protection services in the most vulnerable communities. Action Against Hunger is continuing to intervene in Myanmar and is committed to responding to the growing needs of the population..

## ACTION AGAINST HUNGER INTERVENTIONS 2024

In 2024, Action Against Hunger provided assistance to 126,558 people in Myanmar, in a context marked by widespread conflict and internal displacement. Beneficiaries included 16,472 men, 36,457 women, 40,580 boys, 33,049 girls, and 5,000 people with disabilities, all involved in interventions aimed at responding to specific needs.



### NUTRITION AND HEALTH

- 42,561 people received nutritional services.
- 97% of children under five successfully completed the therapeutic course.
- Interventions combined therapeutic treatments, health screenings, and awareness campaigns on dietary practices. Priorities: malnourished children, pregnant women, and breastfeeding mothers.
- Additional strategies: in-kind distributions, cash transfers, and expanded community screenings.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- 28,179 people received food assistance.
- 1,865 people participated in livelihood and entrepreneurship training activities.
- Over 75% of participants successfully started small businesses.
- Interventions included food aid, cash transfers, home garden creation, and financial literacy.
- Focus on families with young children and the most vulnerable households to strengthen their ability to maintain their daily livelihoods.



### WATER, SANITATION, AND HYGIENE (WASH)

- 21,377 people gained access to WASH services.
- Interventions were integrated with nutrition programs to ensure safe hygiene practices.
- Community campaigns and targeted distributions helped improve hygiene conditions and reduce the spread of disease.



### PSYCHOSOCIAL PROTECTION AND SUPPORT (MHPSS)

- 13,431 people benefited from psychosocial services.
- 1,589 people received protection support.
- Interventions based on the WHO guidelines "Doing What Matters in Times of Stress," with awareness campaigns and support activities integrated into nutrition centers.
- Community volunteers facilitated access to services, particularly for displaced and mobile populations.



### 2025 EARTHQUAKE EMERGENCY

- After the violent earthquake that struck Myanmar, Action Against Hunger intervened to support the most affected communities in the Sagaing region. food parcels, sustainable hygiene kits, and healthcare through mobile teams were distributed to families. The organization launched activities to ensure access to adequate sanitation services promotes safe hygiene practices and strengthen local health services.

SOURCES: GRFC Report – Global Report on Food Crises; ACF (Action Against Hunger) Global Impact Report 2024; WFP – Myanmar Emergency; WFP/FAO – Hunger Outlook (June-October 2025)



# PAKISTAN



9

~11.8 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE ≥ 3



Needs assessment and response to flooding in Khyber Pakhtunkhwa, Pakistan, September 2025 © Action Against Hunger

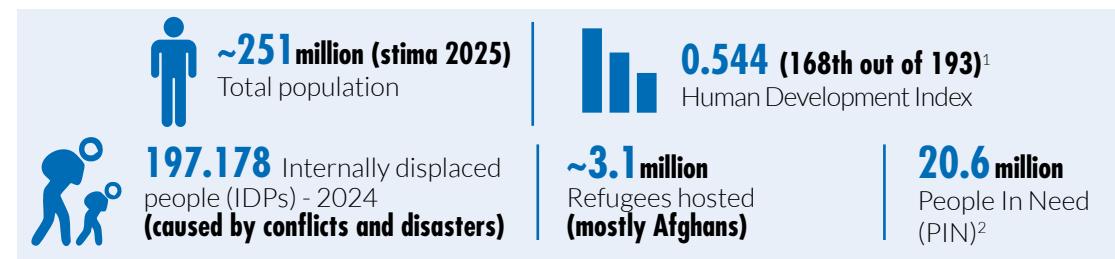
# COUNTRY PROFILE

## IN BRIEF

Pakistan, located in South Asia, borders India, Afghanistan, Iran, and China and faces the Arabian Sea. In 2025, the population is estimated at **251 million**, making it the fifth most populous country in the world. **Sixty-one percent of the population lives in rural areas**, where livelihoods depend mainly on agriculture, informal work, and remittances from abroad.

The country faces **persistent challenges**: recurring climate shocks (mainly floods and droughts), economic instability, internal conflicts, and cross-border tensions, particularly in the provinces of **Khyber Pakhtunkhwa and Balochistan**.

These overlapping crises force millions of Pakistanis to live with **severe food insecurity and malnutrition**, exacerbated by a lack of access to essential services such as healthcare, education, and drinking water, thus increasing their vulnerability.



Sources: Action Against Hunger Pakistan 2024 Report, UNICEF, UNHCR, World Bank

## POLITICAL AND ENVIRONMENTAL CONTEXT

La sicurezza rimane fragile nel nord-ovest del Khyber Pakhtunkhwa e nel sud-ovest del Balochistan. Security remains fragile in northwestern Khyber Pakhtunkhwa and southwestern Balochistan, where violence by armed groups continues to threaten the safety of civilians and restrict humanitarian access. Since 2023, cross-border tensions with Afghanistan have led to the return of refugees, stricter asylum policies, and periodic border closures, putting a strain on already overburdened local systems. Politically, 2024 was marked by post-election unrest, galloping inflation, and widespread economic hardship for large segments of the population.

Pakistan is also one of the countries most exposed to the effects of climate change. While still trying to recover from the devastating floods of 2022, Pakistan faced persistent droughts and erratic monsoons. According to the International Organization for Migration (IOM), these shocks caused the displacement of more than 197,000 people (27,332 families) in 2024 and significantly compromised agricultural production, especially in southern Sindh and southwestern Balochistan, where water scarcity and crop failures failed crops exacerbated food insecurity and drove up prices. In 2025, new monsoon floods of exceptional intensity hit Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan, submerging thousands of villages and cultivated fields. The flood caused hundreds of deaths, displaced millions of people, and a further worsening of the humanitarian and food crisis throughout the country.<sup>3</sup>

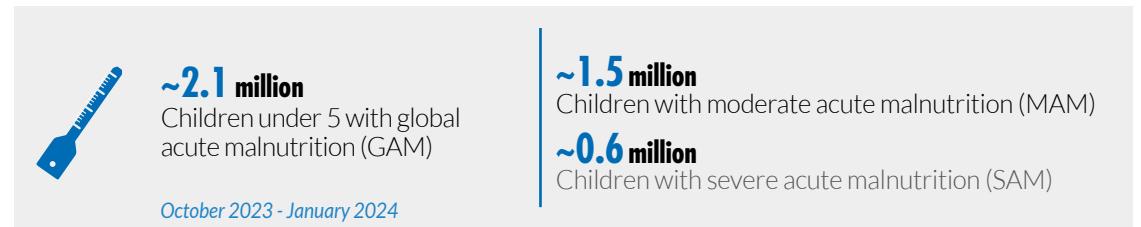
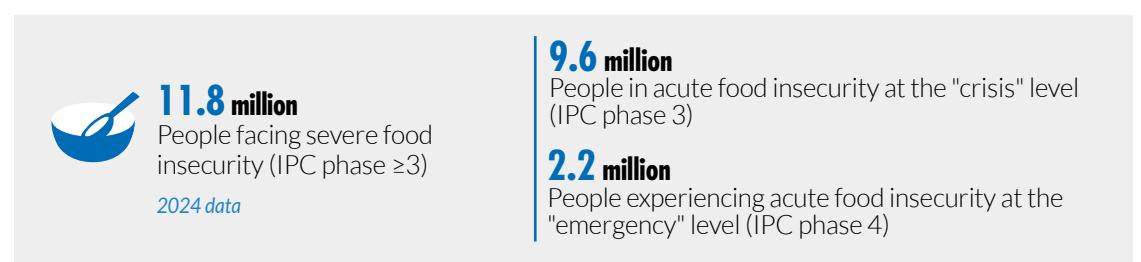
## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In 2024-2025, Pakistan faced a severe humanitarian crisis, with approximately 11 million people (22% of the population) in a state of severe food insecurity, according to the World Food Programme. The country ranks 109th out of 127 in the Global Hunger Index, highlighting serious deficiencies in terms of access, availability, and food affordability.

Child malnutrition remains a critical issue: approximately 2.1 million children aged 6 to 59 months are affected by global acute malnutrition (GAM), including approximately 600,000 cases of severe acute malnutrition (SAM).

These nutritional and food insecurity crises have been exacerbated by climate shocks and economic instability, particularly in flood-affected districts. Inflation continues to put a strain on livelihoods and access to food.



1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data is not always available for all states, so the actual number of countries with a calculated HDI may be slightly lower.

2. According to OCHA terminology, People In Need refers to the population whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance. Pakistan has not had a dedicated Humanitarian Response Plan (HRP) since 2023: humanitarian needs are included in the Global Humanitarian Overview and managed through contingency plans and flash updates.

3. Pakistan: Monsoon Floods 2025 Flash Update #6 (As of September 4, 2025)



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Lack of host community capacity:** Pakistan's already fragile public services are further straining to host over 3 million Afghan refugees amid food and employment scarcity.
- Insecurity and forced displacement:** Violence in conflict areas destroys livelihoods, hinders access to aid, and forces thousands of families to flee their homes.
- Disruption of services:** In many conflict-affected areas, it is difficult to provide healthcare, education, and agricultural support.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Climate shocks:** Recurring floods, droughts, and heat waves regularly affect Pakistan, damaging crops, homes, and critical infrastructure. These events compromise food systems and cause the forced displacement of vulnerable communities, especially in the provinces of Sindh and Balochistan.
- Environmental degradation:** Soil erosion, deforestation, melting Himalayan glaciers, and poor water management amplify the impact of natural disasters.
- Water and resource stress:** Changes in monsoon patterns reduce water availability, increasing competition for fertile land and already scarce agricultural resources.



### INEQUALITY AND POVERTY

- Economic instability:** High inflation, widespread unemployment, and the devaluation of the Pakistani rupee drastically reduce households' purchasing power and access to food and essential goods.
- Fragile safety nets:** Social protection and food assistance programs reach only a limited portion of the population, leaving millions of vulnerable families without effective support mechanisms.
- Nutritional and health emergency:** malnutrition is endemic, with high rates of stunting and wasting among children. The lack of maternal and child health services, especially in rural and peripheral areas, further exacerbates the crisis.

## INSIDE LOOK

### PAKISTAN: HUMANITARIAN RESPONSE TO FLOODS, DROUGHT AND DISPLACEMENT

*Muhammad Aamir, Country Director, Action Against Hunger Pakistan*

In 2025, Pakistan was hit with exceptional force by the effects of the climate crisis. Extreme weather events varied from region to region: prolonged droughts in Sindh and Balochistan – in the southwest of the country – saw a 60% decrease in rainfall compared to average; violent floods devastated vast areas of Punjab (the most populous and agricultural province) and the mountainous regions of the north. The impacts of these shocks have been immense: loss of life, destruction of homes and infrastructure, as well as serious damage to the agricultural sector. Crops such as wheat, corn, and cotton suffered significant declines, exacerbating the conditions of millions of people.

In addition to the climate crisis, Pakistan is experiencing a deterioration of internal security. In provinces such as Balochistan and Khyber Pakhtunkhwa (on the border with Afghanistan) political instability and the presence of armed groups limit the access of humanitarian organizations. Another challenge is related to the management of refugees: in 2023, the Pakistani government adopted the Illegal Foreigners Repatriation Plan (IFRP), a mandatory repatriation plan for those without legal documents. Its implementation led to the forced return of hundreds of thousands of Afghan refugees who had found refuge in Pakistan for decades. The communities that remain, both local and refugee, now live in conditions of extreme vulnerability: limited access to drinking water, health services, and livelihood opportunities. In this context, we are continuing our humanitarian operations.

In Balochistan, nine therapeutic feeding centers are operational. In Sindh, we carry out immediate interventions to supply drinking water and cash transfers to help families cover their basic needs. We support programs for livestock farming, a vital resource for many rural communities. At the same time, we are working on long-term, strengthening climate resilience through the creation of local and climate planning projects in high-risk areas high risk, such as Thatta (Sindh), which is frequently affected by both floods and droughts. Funding cuts and operational restrictions continue to pose significant challenges. However, cooperation with communities, local partners, and international actors allow our response to remain active. The objective is twofold: to meet immediate needs and to contribute to building communities that are more stable, sustainable, and climate-resilient communities.



## STORIES FROM PAKISTAN<sup>1</sup>



 Agricultural recovery in Sindh: support for families affected by the 2022 floods ©Action Against Hunger



 Agricultural recovery in Sindh: support for families affected by the 2022 floods ©Action Against Hunger

“I didn’t think the rain could take everything away from us. When the floods of 2022 struck Sindh, my family and I were forced to leave our home. For more than three months, we lived in makeshift shelters, without clean water and with little food. When we returned, there was nothing left: the house was destroyed, the children were often sick, and we went to bed hungry every night,” said Feroza, a young mother from a rural area

In 2023, Action Against Hunger worked with families like Feroza’s to help them get back on their feet: distributing seeds and fertilizers and providing training to strengthen the agricultural skills already present in the communities. Today, Feroza has started a vegetable garden that provides fresh vegetables for her family and offers her new possibilities for the future.

“My name is Sakhi Baksh, I am 48 years old and I am a farmer in Sindh. The floods wiped out everything: my home, my crops, my livestock. I sent my family to take refuge in a school, while I remained among the ruins, with nothing and debts. I didn’t know how to deal with,” said Sakhi.

In 2023, thanks to the collaboration with Action Against Hunger, Sakhi received wheat seeds and vegetable seeds, fertilizers, agricultural tools, and a solar water tank. This support has enabled him to resume farming, provide food for his family, and garner income for other necessities.

1. [Floods in Pakistan plunge millions into poverty and Lives shattered by series of climate disasters in Balochistan](#)



## ACTION AGAINST HUNGER'S RESPONSE

### PRESENT IN THE COUNTRY SINCE 2005

Action Against Hunger has been active in Pakistan since 2005, reaching even the most remote and difficult to access regions. Our teams operate with life-saving interventions and programs to strengthen community resilience in the areas of health, nutrition, food security, livelihoods, water and hygiene, as well as in natural disaster preparedness and response.

### AREAS OF INTERVENTION: Sindh, Balochistan.

To address the most urgent needs, a rapid response has also been launched to support Afghan refugees, who live in particularly vulnerable conditions, guaranteeing essential medical and essential nutritional services.

### ACTION AGAINST HUNGER INTERVENTIONS 2024

In 2024, over 391,000 people benefited from emergency interventions and long-term development programs, with a particular focus on communities affected by flooding and Afghan refugees.



#### NUTRITION AND HEALTH

- Integrated mental health, psychosocial support (MHPSS), and protection services were provided to 3,438 people, particularly women, adolescents, and children.
- Activated 22 Therapeutic Feeding Centers (TFCs) in collaboration with the Ministry of Health, along with 377 Outpatient Treatment Programs (OTPs) and 2,376 Targeted Supplementary Feeding Programs (TSFP), despite challenges due to funding shortfalls.
- 165,252 cases of high-risk malnutrition (HRM) were identified, equivalent to 8.9% of cases of moderate acute malnutrition (MAM), thanks to coordinated work with UNICEF, WFP, and the Ministry of Public Health.
- Request for Ready-to-Use Therapeutic Food (RUTF) stocks initiated to ensure continuity of supply and care.



#### FOOD SECURITY AND LIVELIHOODS (FSL)

- Access to food was guaranteed for 7,000 people through unconditional cash assistance.
- Developed a resilience project that reached 33,402 people (including 16,367 women) with agricultural and livestock support activities.
- Targeted assistance provided to vulnerable families—including single women, people with disabilities, and marginalized communities such as the Muhamasheen—through cash transfers and vouchers, provision of goods, training, and grants.
- Supported farmers and herders with sustainable agricultural practices, climate-resilient techniques, and improved access to water for irrigation and livestock management.
- Strengthen agricultural supply chains through technical, organizational, and logistical support at the community, district, and local levels.



#### WATER, SANITATION, AND HYGIENE (WASH)

- Improved access to drinking water and sanitation in drought-affected areas such as Tur Al Bahah and other priority districts, where up to 80% of the population has an urgent need for these essential services.



#### PROTECTION

- Provided protection and mental health and psychosocial support (MHPSS) services to 3,438 people, with a focus on women, adolescents, and children, to strengthen their well-being and ability to cope with trauma, displacement, and violence.

SOURCES: Humanitarian Needs Response Plan (HNRP) 2025; Global Food Crisis Report 2025; ACF (Action Against Hunger) Global Impact Report 2024.



# SYRIA



10 ~9.2 million

PEOPLE IN ACUTE FOOD  
INSECURITY IPC PHASE ≥ 3



Delivery of ready-to-eat food in Syria Delivery of ready-to-eat food in Syria ©Action Against Hunger

## COUNTRY PROFILE

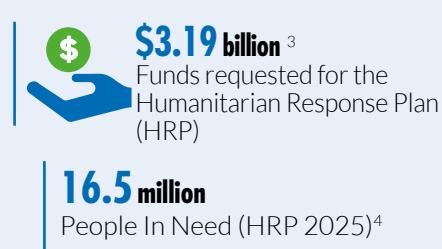
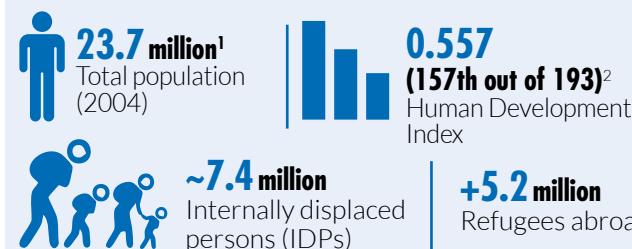
### IN BRIEF

Syria is located in Western Asia, bordering Turkey, Iraq, Jordan, Israel, and Lebanon. The population is estimated at around 24 million. The country has a varied geography, with mountains in the north and south, fertile plains along the Euphrates River, and vast desert areas in the east.

The conflict that began in 2011 has caused a high number of casualties and millions of displaced persons, with lasting effects on daily life, the economy, and social services.

Approximately 53% of the population lives in urban areas and 47% in rural areas. Agriculture remains an essential source of livelihood, but is frequently affected by drought, conflict, and other environmental shocks, resulting in reduced production of cereals and other crops.

The humanitarian crisis in Syria remains severe: millions of people need assistance to meet their basic needs, while a large part of the population lives in conditions of food insecurity and malnutrition.



Sources: UN OCHA, Action Against Hunger, World Bank

### POLITICAL AND ENVIRONMENTAL CONTEXT

The political situation in Syria remains unstable, especially after the change of authority in December 2024 and after almost years of conflict that began in 2011. The conflict has caused widespread devastation, widespread destruction, destruction of infrastructure, and the displacement of millions of people—approximately 7.4 million within the country and 5.2 million abroad. Local communities continue to face widespread violence, insecurity and difficulties in accessing humanitarian aid.

Political difficulties are intertwined with a severe economic crisis: high inflation, a sharp loss of currency and the collapse of infrastructure limit access to food, drinking water, energy, and health services, with over 90% of the population living below the poverty line.

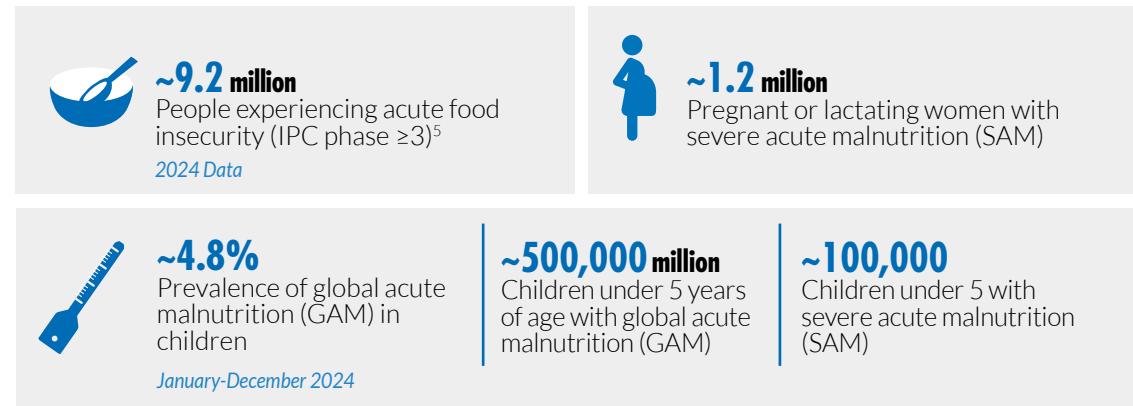
These fragilities are compounded by climate shocks. The most severe drought in decades, combined with rising temperatures, has damaged crops and water resources, threatening the survival of millions of farming families. The food crisis has been further exacerbated by the return of refugees and internally displaced people following the change of authority in December 2024.

## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

In 2024, approximately 9.2 million people were living in conditions of acute food insecurity (IPC Phase 3 or higher). The collapse of agricultural and health systems, coupled with sharp increases in the prices of basic necessities — such as the 900% increase in the price of bread in Aleppo and Idlib — limited access to food for millions of families.

Malnutrition is alarming: approximately 500,000 children under the age of five suffer from acute malnutrition, 100,000 of them severely, and around 1.2 million pregnant or breastfeeding women suffer from acute malnutrition. The most vulnerable areas include rural regions along the Euphrates and the northern and southern parts of the country, which have been affected by conflict, prolonged drought, and the mass return of displaced persons and refugees.



1. Humanitarian Action – Syrian Arab Republic

2. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP covers up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower.

3. The Humanitarian Response Plan (HRP) is the strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups.

4. According to OCHA terminology, People In Need refers to populations whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance.

5. No disaggregated data is available for IPC phases



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

- Prolonged conflict:** More than 13 years of conflict and ongoing violence have devastated agricultural production, social services, and access to humanitarian aid.
- Sfollamenti di massa:** Mass displacement: approximately 7.4 million people are displaced within the country and over 5.2 million have sought refuge abroad. Following the change of government in December 2024, approximately 1.1 million people were forced to flee, of whom 627,000 were still displaced in January 2025.
- Disruption of services:** Hostilities in the north-eastern and coastal regions have caused civilian casualties and disrupted essential services such as healthcare, drinking water and energy.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Drought and water scarcity:** Syria is facing its worst drought in decades, with the most severe water shortage since 1989. Reduced water resources and damage to irrigation infrastructure are compromising agricultural production and access to drinking water.



### INEQUALITY AND POVERTY

- Economic decline** Currency collapse, hyperinflation, and high unemployment have drastically reduced households' purchasing power, limiting access to food and essential goods.
- Pressure on resources:** Internal and cross-border displacement continues to put pressure on local resources and services.
- Collapse of services:** Health and sanitation systems are severely compromised; nearly 1 million people have no access to improved sanitation facilities and over 50% of health facilities.

## INSIDE LOOK

### INSIDE LOOK LONG YEARS OF CONFLICT: THE SYRIAN POPULATION BETWEEN EMERGENCY AND RECONSTRUCTION

**Natalia Anguera, Middle East Desk, Action Against Hunger**

Syria, marked by many years of conflict, is facing one of the world's most severe humanitarian crises, with over 16 million people in urgent need of assistance and 90% of the population living below the poverty line. The situation remains extremely challenging: new waves of displacement, local clashes, and political tensions continue to disrupt daily life.

Many families lack sufficient food, safe drinking water, adequate shelter, or medical care, while instability limits opportunities for work and livelihoods.

Severely damaged infrastructure and security risks hinder the delivery of humanitarian aid. Host communities are under significant pressure, with local resources depleted and essential services often interrupted. Without a coordinated and sustained international response, millions of people remain vulnerable and unprotected, with serious consequences for health, nutrition, and social stability.

Despite the difficulties, positive signs are emerging. Various health, nutrition, water, sanitation and hygiene (WASH), and food security programs are reaching hundreds of thousands of people, helping to strengthen community health systems and introduce safer and more sustainable agricultural practices. The commitment of local communities and humanitarian workers offers reasons for hope and supports Syria's gradual path toward recovery and improved living condition.



## STORIES FROM SYRIA



 Use of a forage chopper to convert plant biomass into silage and compost © Action Against Hunger



 Patients receiving medical services from mobile medical teams (MMTs) © May Mahmoud for Action Against Hunger

“We managed to produce over 4 tonnes of silage and 6 cubic metres of compost. My house has become an agricultural training centre and we have started a community project to sell the silage. What was once a problem has now become a resource” says Ibrahim

Ibrahim and his community participated in an Action Against Hunger program, with support from the Humanitarian Fund for Syria, aimed at restoring agricultural fields rendered unproductive by conflict and invasive Arundo plants. Local teams cleaned up irrigation channels and introduced techniques to transform plant biomass into silage, a preserved feed for livestock obtained from plants and fermented fodder, and into compost, a natural fertilizer that returns nutrients to the soil. This approach has enabled the community to increase agricultural productivity, create shared economic opportunities, and strengthen local food security. Farmers like Ibrahim have been able to regain autonomy and confidence in their abilities, managing resources and activities in a sustainable manner.

“Our mobile clinic brings medicine and care to villages that haven't seen a doctor in months. People wait for us as if we were hope on wheels,” says Abdullah, health worker, Hama.

Action Against Hunger runs mobile clinics in several isolated areas of Hama, bringing essential healthcare, medicines, and nutritional support to the most vulnerable communities. Local teams regularly visit villages without access to healthcare facilities on a regular basis, diagnosing and treating common conditions among children, pregnant women, and families. The mobile clinics ensure timely and continuous care, reducing the distance between communities and health services. Thanks to this approach, families can take care of their own health independently and strengthen local capacities to protect and care for the most vulnerable members.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 2008

Since 2008, Action Against Hunger has been working alongside Syrian communities throughout the country, from the coast to the far east, with multisectoral programs aimed at strengthening local capacities for emergency management emergencies and supporting daily life.

## AREAS OF INTERVENTION: Damascus, Aleppo, Hama, Hassakeh, Idlib, Homs.

After the 2023 earthquake, the organization responded to the immediate needs of the affected populations, contributing to the restoration of essential services and the implementation of safer agricultural and health practices. The commitment of local communities and humanitarian workers continues to offer hope, supporting the most vulnerable families and accompanying Syria on its path towards gradual recovery and improved living conditions

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- 12 mobile medical teams reached over 50 communities, providing basic healthcare, sexual and reproductive health, and psychosocial support.
- Healthcare facilities (1 center in Maskaneh, 6 primary healthcare centers (PHC), and 13 mental health and psychosocial support (MHPSS) clinics) were rehabilitated and equipped with solar panels, ensuring basic care, prevention, and psychological support even in the absence of a stable electricity grid.
- Mental health services have been strengthened with enhanced MHPSS points and advanced training for staff, in collaboration with the WHO.
- Access to maternal and neonatal care (BEMONC – Basic Emergency Obstetric and Neonatal Care) has been expanded through new equipment and renewable energy systems in hospitals and maternity centers.
- Strengthened health systems through training on early surveillance, child health, MHPSS, and family medicine, along with support for the national health information system.
- Improved community nutrition through screening, home visits, case mapping, and awareness campaigns on infant feeding.
- A 2024 survey of 900 households highlighted the correlation between inadequate storage practices, cultural norms, and malnutrition in children under two years of age.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Multi-purpose cash assistance (MPCA) strengthened food security, reducing negative coping mechanisms such as skipping meals, borrowing money, child labor, or early marriage.
- Training programs and field schools introduced climate-smart agriculture practices, composting, sustainable water management, hydroponic barley cultivation, and pasture management.
- Over 1,000 farmers adopted conservation agriculture practices with improved seeds, fertilizers, and equipment.
- Restoration of the pumping station in Aleppo has improved drainage, reduced salinity, and increased agricultural productivity.
- Restoration of the bakery in Al-Hasakeh has increased production capacity and improved access to affordable bread.
- Women's empowerment programs in Hama and Al-Hasakeh have strengthened skills in food processing and preservation, increasing knowledge, confidence, and income-generating capacity.



### WATER, SANITATION, AND HYGIENE (WASH)

- Daily distribution of drinking water to 72,000 residents of Al-Hasakeh reduced collection time from three hours to less than 40 minutes, saving 10–12% on.
- 37 boreholes and 6 solar-powered water pumps have provided water to 176,500 people.
- 40 rehabilitated water networks reached 417,700 people, with continuous chlorination and availability of more than 15 liters per person per day, reducing reports of contamination by 32%.
- Replacement of 6.3 km of sewer pipes and reconstruction of 42 manholes benefited 18,600 residents in Hama, reducing fecal coliforms by 70% and cases of acute diarrhea by 41%.
- Removal of 3,200 m<sup>3</sup> of waste improved sanitary conditions for 98,000 people.
- Training 169 technicians and members of WASH committees, 30% of whom were women, strengthened the management and maintenance of the systems

SOURCES: Food Security Information Network (FSIN), & Global Network Against Food Crises. (2024). Global report on food crises 2024 – Without country profiles; Global Nutrition Report. (2024). Nutrition profile: Syrian Arab Republic; UNICEF Syria. (2023). Overview of the humanitarian response in Syria: health and nutrition (January–September 2023); World Food Programme (WFP). (2024). Feeding Syria's future: how WFP is rethinking nutrition for a generation born in conflict; Food and Agriculture Organization of the United Nations (FAO), & World Food Programme (WFP). (2025). Hotspots of Hunger: FAO-WFP Early Warning on Acute Food Insecurity – Outlook for April to September 2025. United Nations; ACF (Action Against Hunger) Global Impact Report 2024.



# THREE ADDITIONAL PARTICULARLY CRITICAL CONTEXTS

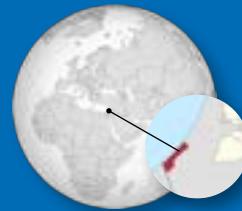
In some regions of the world, the food crisis is reaching extreme levels, affecting significant portions of the population. In some areas, there are already confirmed cases of famine (IPC Phase 5), while in others the risk of famine remains high. These cases require priority attention, as they combine a high incidence of hunger with immediate threats to survival. The direct presence of Action Against Hunger in these contexts allows for the collection of accurate data and first-hand testimonies, offering a clear and realistic view clear and realistic view of the emergencies and daily challenges faced by the affected communities.

**GAZA  
SOUTH SUDAN  
HAITI**



 A woman carries her child on her shoulders during flooding in South Sudan.© Peter Caton for Action Against Hunger

# GAZA (OCCUPIED PALESTINIAN TERRITORIES)



**94%** OF PEOPLE ARE IN ACUTE  
FOOD INSECURITY (IPC FASE  $\geq 3$ )



 Nutritional check-up of a child in a center supported by Action Against Hunger, Gaza Strip © Action Against Hunger

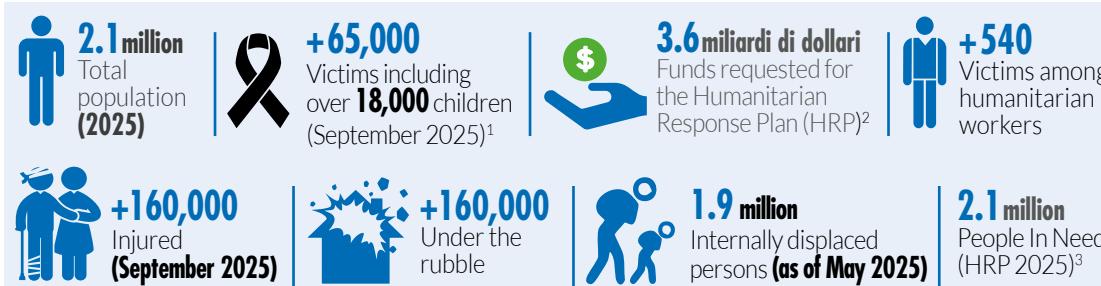
# COUNTRY PROFILE

## IN BRIEF

The Gaza Strip is a small coastal territory in the eastern Mediterranean, part of the Occupied Palestinian Territories. With a population of approximately **2.1 million** (2025), it is **one of the most densely populated areas in the world**. Since 2007, Gaza has been living under a blockade that has compromised the economy and essential services, worsening already fragile living conditions. Agriculture, trade, and local businesses have almost completely collapsed.

**Since October 2023, the humanitarian crisis has worsened:** tens of thousands of people have lost their lives and much of the population has been displaced several times, now living in informal camps or overcrowded neighborhoods. Civilian infrastructure—homes, hospitals, schools, water and energy networks—has been largely destroyed or severely damaged.

Palestinians in Gaza face a situation described as "catastrophic" by the United Nations: food, drinking water, medical care, shelter, and access to education are extremely scarce. Famine is already underway in the Gaza Governorate, and projections indicate that it could spread to Deir al-Balah and Khan Younis. The population's survival depends almost entirely on humanitarian aid. International organizations are urgently calling for a permanent and immediate ceasefire and safe corridors to ensure safe and unhindered humanitarian assistance, the protection of the civilian population and humanitarian personnel, and the immediate release of hostages.



Sources: OCHA, UNHCR, Action Against Hunger

## POLITICAL AND ENVIRONMENTAL CONTEXT

The territory has been in a complex situation for decades, made even more dramatic by military offensives and the tightening of the blockade since 2023. Over 1.9 million people have been forced to flee their homes and suffer repeated displacement within an already extremely small area with no safe spaces. Entire urban areas have been razed to the ground and vital civilian infrastructure—water, hospitals, schools, and electricity networks—is largely unusable.

The collapse of basic services has given rise to multiple intertwined emergencies: the risk of epidemics due to contaminated water, chronic shortages of medicines, and food scarcity. The possibility of widespread famine is an immediate threat, exacerbated by severe restrictions on the entry of aid and the inability to guarantee safe and regular supplies. In a territory of just 365 km<sup>2</sup>, where most of the inhabited areas have been declared evacuation zones, the population is crowded into tiny spaces without basic sanitation. This combination of factors makes daily survival extremely precarious and the future even more uncertain.



## FOOD INSECURITY AND MALNUTRITION

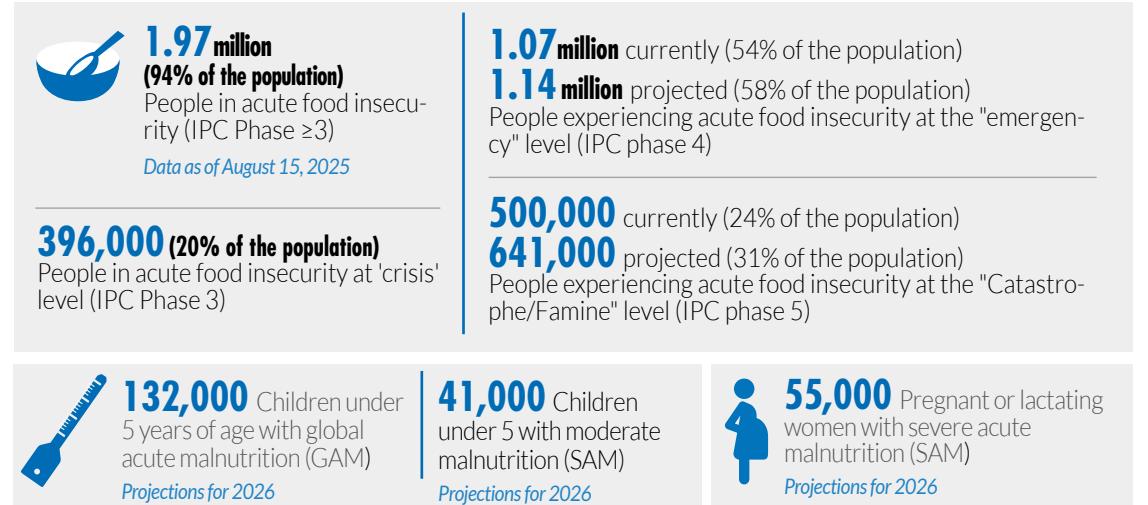
### THE SITUATION

Almost the entire population of the Gaza Strip is now affected by food insecurity. On August 15 2025, 'famine' (classified as IPC Phase 5) was officially declared in the Gaza Governorate.

Currently, over 1.07 million people (54% of the population) are in a food 'emergency' (IPC Phase 4), while another 396,000 (20%) are living in a "crisis" (IPC Phase 3). The projections are alarming: within the next few months, nearly 641,000 people, one-third of the population—will fall into Catastrophe/Famine (IPC Phase 5), while the number of those living in emergency conditions will rise to 1.14 million (58%).

The most serious consequences affect children and women. By June 2026, at least 132,000 children under the age of five will suffer from acute malnutrition, including more than 41,000 in severe form, with a high risk of mortality. In addition, 55,500 pregnant or lactating women are malnourished and will need urgent nutritional support.

Food systems and local markets have now completely collapsed. According to humanitarian organizations, 93% of families have already exhausted their food supplies due to the siege and severe restrictions on the entry of aid. Children remain the most affected: over half show signs of malnutrition. Without immediate, safe, and unhindered humanitarian access, widespread famine appears now virtually inevitable..



Fonte: IPC Gaza Agosto 2025

1. OCHA Snapshot September 2025;

2. The Humanitarian Response Plan (HRP) is the strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups.

3. According to OCHA terminology, People in Need refers to the population whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance



## FOOD INSECURITY AND MALNUTRITION

### FATTORI CHIAVE DELLA CRISI ALIMENTARE E NUTRIZIONALE A GAZA



#### WARS AND CONFLICTS

- **Total siege (since March 2025):** almost total restrictions on the movement of people and goods to and from Gaza, as well as within the territory itself, are drastically limiting access to essential goods such as food, fuel, drinking water, and medical supplies.
- **Destruction of civilian infrastructure:** military operations have damaged and rendered unusable vital facilities, including hospitals, roads, markets, water and electricity networks.
- **Obstacles to humanitarian aid:** corridors and supply lines have been bombed or blocked, paralyzing logistics and preventing the timely delivery of life-saving assistance.
- **Mass forced displacement:** Over 1.9 million people have been forced to leave their homes, often more than once.
- **Displacement orders:** Areas declared inaccessible now cover about 88% of the Strip, leaving just 12% of the territory available to over 2 million inhabitants, with severe limitations on space, housing, and security.
- **Blackouts and fuel shortages:** frequent power cuts and fuel shortages have compromised communication systems, the functioning of medical facilities, and the distribution of aid.
- **Collapse of sanitation conditions:** the lack of water purification and distribution systems has worsened the quality of available water and waste management.
- **Spread of disease:** overcrowded shelters without adequate sanitation facilities are conducive to epidemics and infections.
- **Risk of epidemics:** Overcrowded shelters and inadequate sanitation increase the likelihood of disease spreading.



#### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

Although not the main cause of the crisis, climate change further exacerbates the humanitarian situation. Among the most significant impacts are:

- **Heat waves and waste accumulation:** Heat stress and inadequate waste management increase public health risks, particularly for children and the elderly.



#### INEQUALITY AND POVERTY

- **Extreme unemployment:** over 80% of the population is unemployed. The local economy, once based on agriculture, trade, and services, now depends almost entirely on humanitarian aid.
- **Depletion of family resources:** households have already used up all their savings and sold their remaining assets, leaving them with no means of survival.
- **Collapse of purchasing power:** even when some goods are available on the market, prices are prohibitive. Banks charge very high fees on withdrawals (up to 50%), making deposited funds inaccessible.
- **Collapse of local markets:** markets are no longer operational. The almost total siege has had devastating consequences: 93% of humanitarian organizations have exhausted their food supplies, leaving the population without access to either aid or commercial goods.
- **Widespread hunger and malnutrition:** the entire population of the Gaza Strip is now at risk of famine. More than half of children show signs of malnutrition.



## FOOD INSECURITY AND MALNUTRITION



 Distribution of clean water by tanker truck in Mwassi, Khan Younis, May 13-22, 2024. ©Action Against Hunger

### INSIDE LOOK

#### ANALYSIS OF HUMANITARIAN CHALLENGES, BARRIERS TO ACCESS AND THE RESILIENCE OF THE GAZA POPULATION

*Natalia Anguera, Middle East Desk, Action Against Hunger*

In Gaza, the population lives in survival mode. Over two million people face extreme deprivations: famine has been declared, and aid continues to barely reach those in need, due to the ongoing siege since March 2025. Action Against Hunger's teams operate under constant threat, amid ever-changing frontlines and severe resource shortages. Community kitchens – once a lifeline – can no longer operate due to fuel and ingredient shortages. Every day is a race against time to provide essential assistance with dignity, despite logistical obstacles and security risks.

Humanitarian aid remains blocked: supplies capable of feeding thousands cannot enter due to political and bureaucratic barriers. The lack of fuel has crippled water and sanitation systems, while the economic collapse has made families entirely dependent on aid, which too often can't arrive.

The international community must act urgently: open all land crossings, ensure safe access, guarantee impartial and independent aid distribution, and impose an immediate and permanent ceasefire. Every day of delay means more hunger and more suffering.

Yet, even in this crisis, the work has never stopped. Community kitchens have fed thousands, nutritional programmes have saved lives, and during the brief ceasefire, our teams were able to restore vital infrastructure. Most importantly, the unwavering commitment of humanitarian workers shows that dignity and humanity can still prevail.



## STORIES FROM GAZA



 Attività di screening della malnutrizione infantile a Gaza, giugno 2025. © Azione Contro la Fame



 Distruzione a Gaza City dopo l'accordo di cessate il fuoco temporaneo a gennaio 2025. © Azione Contro la Fame

As a breastfeeding counsellor with Action Against Hunger, every meeting with mothers confirms my worst fears: this crisis seems to have no end. The situation is getting worse by the day and the lack of aid and assistance is growing at an alarming rate" says a member of Action Against Hunger's staff in Gaza

I'm searching for other words, but I don't think they can truly express what we have experienced. We have lost family members, cousins, friends, and the places we loved now exist only in our memories. Our lives before the war seem forgotten forever" says a displaced resident in northern Gaza.

Action Against Hunger is working in Gaza in response to the humanitarian emergency, providing essential interventions in the areas of nutrition, maternal and child health, access to drinking water, basic healthcare and the distribution of basic necessities. Local teams diagnose and treat severe acute malnutrition in children, offer breastfeeding advice and, in critical cases, apply the Supplementary Suckling Technique (SST). Although many hospitals and health centers are damaged, work is ongoing to keep them operational. At the same time, access to clean water is ensured through tankers and distribution points, and hygiene kits are provided to reduce the risk of diseases linked to contaminated water.

In addition to nutritional and health assistance, Action Against Hunger distributes dry food, hot meals, hygiene kits, and emergency shelters. Our teams organize community kitchens where possible, provide cash assistance in areas where markets have collapsed, and ensure essential supplies such as drinking water via tankers. These actions are carried out despite logistical and access restrictions that severely limit the scope of interventions



## ACTION AGAINST HUNGER'S RESPONSE

### PRESENT IN THE COUNTRY SINCE 2002 in the West Bank, 2005 in the Gaza Strip

Action Against Hunger has been operating in the Occupied Palestinian Territory for over twenty years, providing life-saving assistance in the West Bank and Gaza Strip. With the escalation of the crisis, the organization has intensified its interventions by distributing hot meals, fresh and dry food, hygiene kits, connecting families to emergency shelters and ensuring the supply of safe drinking water. Since October 2023, despite access restrictions, blackouts, and extremely precarious operating conditions, teams have maintained a constant presence in most of the Gaza Strip. Operating under bombardment, displacement, and increasing humanitarian restrictions, Action Against Hunger has implemented 18 projects that have reached approximately 1.2 million people with food, water, shelter, and essential nutritional services.

### AREAS OF INTERVENTION: West Bank and Gaza Strip.

Three staff members lost their lives (data as of September 2025) and several offices and warehouses were hit during the hostilities. Despite the losses and risks, over 100 workers continue to work daily to provide assistance to the most vulnerable communities. However, displacement orders, widespread violence, and the progressive reduction of humanitarian space have often forced the organization to relocate activities or postpone distributions, slowing down its response capacity.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- Community-based management of acute malnutrition (CMAM) services launched in 6 health facilities and 3 refugee camps.
- Managed 9 nutrition centers in Gaza to support internally displaced persons (IDPs).
- Mother and baby-friendly spaces (MBFS) and infant and young child feeding (IYCF) programs activated where access is possible.
- Nutrition activities for the prevention and treatment of malnutrition were carried out.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Supported community kitchens with local ingredients where available, in a context where 93% of organizations have exhausted essential supplies (flour, food parcels, hygiene kits, fuel).
- Distributed cash contributions to 1,920 families through the Multi-Purpose Cash Assistance (MPCA) program, with a transfer of 1,000 Israeli shekels per household.
- Offered financial and material contributions to small farmers with access to plots or greenhouses, supporting them despite challenges related to seeds, tools, land, and energy.
- Provided support to small local businesses, including bakeries that produce one of the few gluten-free breads available in Gaza..



### WATER, SANITATION, AND HYGIENE (WASH)

- Distributed drinking water via tankers to over 100 sites in Gaza City, Deir el Balah, and the southern Gaza Strip.
- Guaranteed daily delivery of over 200 m<sup>3</sup> of water through distribution points in the buffer zone near Jabalia.
- Latrines and essential sanitation infrastructure rehabilitated.
- Solid waste collection managed and monitoring of hazardous burning practices caused by fuel shortages initiated.
- Organized hygiene promotion sessions and distributed essential items, including soap and sanitary pads.
- Provided safe spaces for breastfeeding and sessions dedicated to women and girls on hygiene and menstrual health, which are particularly crucial in contexts where products and private spaces are scarce.

SOURCES: ACF (Action Against Hunger) Global Impact Report 2024; OCHA – Reported Impact Snapshot | Gaza Strip OCHA Occupied Palestinian Territories; IPC – Integrated Food Security Phase Classification (Gaza, August 2025) ipcinfo.org  
UNHCR – United Nations High Commissioner for Refugees; Humanitarian Response Plan (HRP 2025)



# SOUTH SUDAN



**56%** OF PEOPLE ARE IN ACUTE  
FOOD INSECURITY (IPC FASE  $\geq 3$ )



 Accoglienza e supporto nutrizionale per le famiglie in arrivo al confine  
del Sud Sudan ©Peter Caton per Azione Contro la Fame

# COUNTRY PROFILE

## IN BRIEF

**South Sudan, the world's youngest country, is a landlocked country in Central-Eastern Africa, bordering Sudan, Ethiopia, Kenya, Uganda, the Democratic Republic of Congo, and the Central African Republic. The territory is characterized by vast plains crossed by the White Nile, swamps, and wooded areas, with a tropical climate subject to recurring rainy and dry seasons. In 2024, the population is estimated at around 13 million, with over 80% living in rural areas. Most depend on subsistence agriculture, pastoralism, and humanitarian aid for their livelihood.**

South Sudan remains extremely fragile due to years of **internal conflict**, a **weak economy**, and **institutions unable to provide essential services** such as healthcare, education, and drinking water. According to the latest **Human Development Report** (UNDP), the country ranks last in the world, confirming the profound socioeconomic challenges it faces. The crisis is further exacerbated by the effects of the conflict in Sudan, which has driven hundreds of thousands of **refugees and returnees** to pour into the country, increasing pressure on already scarce resources and increasing the **vulnerability of local communities**.



Sources: UN OCHA, UNHCR, FAO-WFP

## POLITICAL AND ENVIRONMENTAL CONTEXT

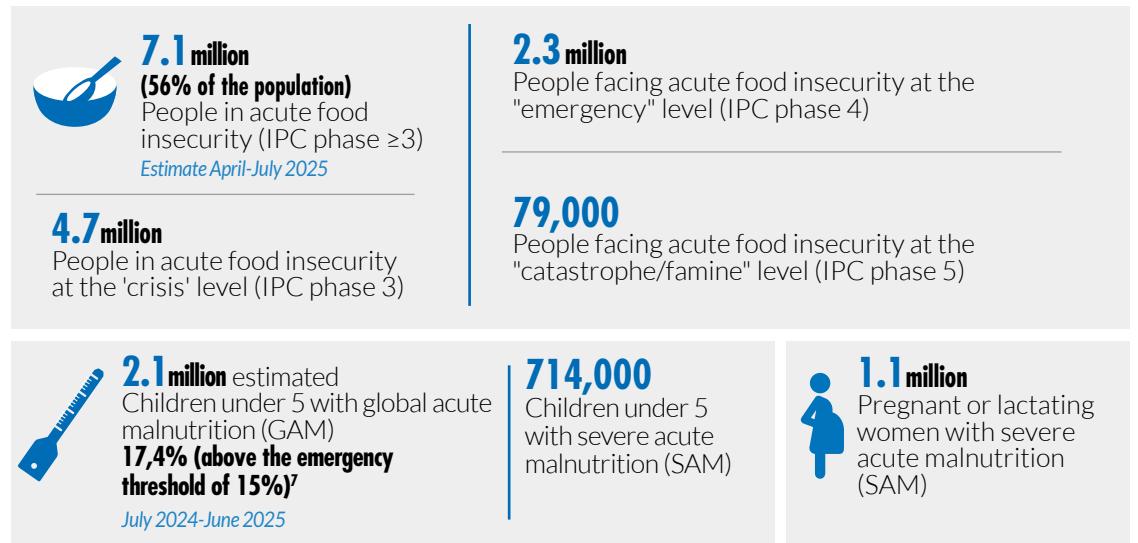
Since independence in 2011, South Sudan has been marked by repeated waves of violence, particularly the civil war of 2013 and the new clashes that broke out in 2025 in Malakal and Nasir, which have caused further displacement and a progressive weakening of institutions. Climate shocks—particularly unprecedented floods and droughts—are exacerbating the crisis, destroying crops and livestock, compromising livelihoods, and generating mass displacement.

In 2024 alone, approximately 735,000 people were affected by floods, and 65,000 of them were forced to leave their homes, mainly in the wetlands of the Sudd and the Abyei region. By early 2025, the combination of conflict, extreme weather events, and displacement had led to an unprecedented humanitarian crisis: over 1.8 million internally displaced persons, more than 500,000 returnees from the conflict in Sudan, and around 450,000 refugees and asylum seekers, mostly from Sudan. These factors have crippled agriculture and supply systems, exacerbating food insecurity and putting the survival of millions of people at risk.

## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

L'insicurezza alimentare e la malnutrizione in Sud Sudan restano a livelli critici, aggravate da conflitti, food insecurity and malnutrition in South Sudan remain at critical levels, exacerbated by conflict, economic shocks, and extreme weather events. Between April and July 2024, an estimated 7.1 million people (56% of the population) faced severe levels of acute food insecurity: 2.3 million in emergency conditions (IPC phase 4) and 79,000 in Catastrophe/Famine (IPC Phase 5). Projections for 2025 indicate a further deterioration, with 7.7 million people (57%) in crisis or in worse conditions (GRFC). Malnutrition levels are equally critical. Between July 2024 and June 2025, approximately 2.1 million children under five will be severely malnourished, including 714,000 with severe acute malnutrition. In addition, approximately 1.1 million pregnant or lactating women face acute malnutrition. Nearly half of the areas assessed are already classified as critical, with some at risk of reaching extremely critical thresholds.



Fonte: GRFC, FAO-WFP Hunger Hotspots 2025, Missione ACF in Sud Sudan

1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP includes up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower

2. ReliefWeb - South Sudan refugee, returnee and IDP population map, March 31, 2025

3. ReliefWeb - South Sudan Humanitarian Needs and Response Plan 2025

4. According to OCHA terminology, the term "People In Need" refers to populations whose survival, dignity, or livelihoods are compromised and who, due to insufficient access to essential goods and services, are unable to restore adequate living conditions without external assistance

5. ReliefWeb - South Sudan Humanitarian Needs and Response Plan 2025

6. The Humanitarian Response Plan (HRP) is a strategic planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to define the priorities, objectives, and resources needed to respond to a complex crisis. The process, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is based on the Humanitarian Needs Overview (HNO), which provides a detailed analysis of needs. The HRP translates these assessments into operational strategies, sectoral plans, and financial estimates, ensuring that the response is coordinated, effective, and targeted at the most vulnerable groups.

7. According to the WHO, a prevalence of GAM  $\geq 15\%$  indicates an emergency nutritional situation emergency situation requiring urgent intervention. \*The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP includes up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower.



# FOOD INSECURITY AND MALNUTRITION

## FACTORS UNDERLYING THE CRISIS



### WARS AND CONFLICTS

#### • Conflict and insecurity:

Persistent political instability and intercommunal violence, particularly in Jonglei, Upper Nile, and Unity states ( ), continue to undermine agriculture, market functioning, and humanitarian operations. The destruction of hospitals, markets, and essential infrastructure has deprived entire communities of basic services, further reducing the prospects for lasting peace.

#### • Displaced persons, refugees, and returnees:

approximately 1.8 million internally displaced persons, more than 500,000 returnees since the start of the crisis in Sudan in 2023, and approximately 450,000 refugees. This massive influx puts enormous pressure on the country's already scarce resources, particularly in the areas of health, food security, and water supply, with a particular impact on rural host communities.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

#### • Extreme weather conditions:

Recurring floods and droughts have severely damaged livelihoods and agricultural production. The floods of 2024-2025 alone affected over 735,000 people, displacing at least 65,000 and destroying crops, livestock, and vital infrastructure. Irregular rainfall and prolonged drought have further reduced agricultural yields, exacerbating widespread food insecurity.



### INEQUALITY AND POVERTY

#### • Macroeconomic collapse:

South Sudan faces serious economic challenges, including currency depreciation and high inflation, which have caused food prices to rise several times over compared to the previous year. Limited access to markets and reduced household purchasing power have left millions of people unable to meet their basic food needs.

#### • Aid reduction and service gaps:

Funding shortages, access restrictions, and logistical challenges have forced humanitarian workers to scale back essential nutrition, food, and health programs. Many stabilization centers and health clinics have closed, leaving vulnerable populations with limited or no access to life-saving services, while malnutrition rates continue to rise.

## INSIDE LOOK

### SOUTH SUDAN: CONFLICT, CLIMATE CRISIS, AND DAILY HUMANITARIAN CHALLENGES

**Clement Nkubizi, Director of Action Against Hunger South Sudan**

South Sudan continues to experience levels of malnutrition that reach emergency thresholds, with a steady downward trend each year. Local communities face multiple and interconnected crises, including the collapse of basic services, recurrent displacement due to conflict and flooding, and widespread food insecurity caused by climate shocks and economic instability. In this context, the difficulties for humanitarian organizations are multiplying, with persistent challenges in reaching vulnerable populations, ensuring the effectiveness of relief programs and protecting the safety of staff and local communities.

The delivery of humanitarian aid is hampered by several factors. Conflicts and community tensions have had a devastating impact on essential infrastructure, such as health facilities, markets, and logistics networks, depriving the most vulnerable populations of essential services. Recurring floods have submerged large areas of the country, causing mass displacement, destroying livelihoods and property, and damaging schools, water supply points, and markets. In addition, the reduction in humanitarian funding has led to staff cuts, the closure of stabilization centers, and serious difficulties in addressing other health emergencies, such as cholera epidemics.

Despite the difficulties, progress is being made. Action Against Hunger, together with its partners, is working with government institutions and international donors to strengthen long-term response systems. Among the results achieved, it is worth highlighting the development of the first national nutrition policy and the creation of the first pre-service training program in South Sudan. In addition, the adoption of new partnerships with donors and the intensification of advocacy at the have helped to keep the nutrition crisis high on the international agenda. a priority on the international agenda.

Despite enormous difficulties, communities continue to find practical solutions and adapting to circumstances, demonstrating resilience and innovation. In this context, the combination of local determination, progress at the national level, and international support are helping to building a more sustainable and effective response to malnutrition, promoting a gradual and structural recovery of the situation.



## STORIE DAL SUD SUDAN



 Aling, together with other women from the community, shows the fruits of the agricultural work supported by the project.   
translate ©Action Against Hunger



 Floods in Old Fangak, Jonglei State ©Action Against Hunger

“I am a widow and I have five children. For a long time, I was alone, without any support. Every day I just tried to find enough food. The vegetable garden has changed everything: my children are now better off and we no longer depend solely on food distribution. We have a secure base to rely on in difficult times. We can buy seeds, invest in tools, and support each other in emergencies. I no longer see myself only as a widow in difficulty, but as a woman capable of leading my community,” says Aling.

Aling has transformed a small vegetable garden into a source of food, income, and shared knowledge for her community. With seeds, tools, and training provided by Action Against Hunger, she has been able to develop new skills, start selling products in local markets, and contribute to the creation of a women-run savings and loan association. Today, she not only supports her family, but also strengthens the solidarity and resilience of the village, showing how communities are the protagonists of their own recovery paths, while external organizations offer support when needed.

“My name is Nyayiech and I have six children. The floods washed away my house and my crops. I didn't know how I was going to feed my children and I thought we would never be able to farm the land again. Today, however, thanks to my vegetable garden, I can feed my children with healthy food and share what I have learned with other women, so that we can protect our families and support each other,” says Nyayiech

After the floods that hit Old Fangak, in Jonglei State, Nyayiech began her journey to rebuild her life. Through access to essential services—drinking water, sanitation facilities, and training in agricultural practices suitable for flood-prone areas—she was able to develop a vegetable garden that now provides food for her family and represents a space for sharing knowledge with other women in the community. Her experience highlights how, even in the face of the effects of the climate crisis, it is communities that must define and implement recovery strategies, while external support focuses on ensuring adequate resources and tools.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 1985

Since 1985, Action Against Hunger has been active in South Sudan, providing support to local communities affected by the devastating effects of conflict and climate change. The organization's interventions cover key areas such as nutrition and health, food security, access to water and sanitation services, as well as the protection of the most vulnerable sections of the population.

## AREAS OF INTERVENTION: Paguir, Old Fangak, and New Fangak.

With an integrated approach, the organization is committed to strengthening the autonomy of families supporting local systems and promoting sustainable solutions. Actions are carried out in direct collaboration with communities, with full respect for fundamental rights and with particular attention to gender issues. The goal is to promote a lasting recovery, focused on people and their basic needs.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- 160,636 children treated for acute malnutrition through the Community Management of Acute Malnutrition (CMAM) program, with a positive impact on reducing child mortality.
- Immunization services provided to 5,382 people to prevent preventable childhood diseases.
- Timely care provided for major community diseases to 18,879 people through the Integrated Community Case Management (iCCM) program.
- Vitamin supplements distributed to 4,820 children and women to prevent micronutrient deficiencies.
- Provided prenatal care to 2,593 women to improve maternal and newborn health.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- Support for 12,513 families with seeds and agricultural kits to boost local food production.
- Provided multi-purpose cash assistance (MPCA) to 31,639 families to respond to urgent needs in a dignified manner.
- Involvement of 432 people in cash-for-work activities, contributing to income generation and improvement of community infrastructure.
- Promotion of climate-shock-adaptive agricultural practices through climate-smart agriculture.
- Support for income-generating activities (IGAs) to enable families to diversify their sources of income and strengthen their livelihoods.
- Support for repatriated families with agricultural interventions to rebuild their livelihoods after displacement..



### WATER, SANITATION, AND HYGIENE (WASH)

- Guaranteed access to drinking water, sanitation, and hygiene promotion for 72,163 people, helping to prevent disease and improve community health.



### PSYCHOSOCIAL PROTECTION AND SUPPORT (MHPSS)

- Women, men, and young people participated in gender-sensitive programs, promoting inclusion and equity in the humanitarian response.
- Provided mental health and psychosocial support (MHPSS) to 2,139 people, helping them to manage trauma and stress.
- Implemented targeted protection interventions for displaced populations, including returnees and refugees.
- Integrated psychosocial support into health and nutrition services, ensuring comprehensive care that includes physical and psychological aspects..

SOURCES: ACF (Action Against Hunger) Global Impact Report 2024; Global Report on Food Crises (GRFC) 2025 – FSIN; Hunger Hotspots 2025 (FAO/WFP) – Early warnings on acute food insecurity; South Sudan Humanitarian Situation Report July 31, 2025 – UNICEF PDF; Climate, Peace and Security Fact Sheet: South Sudan 2025 – SIPRI..



# HAITI



**56%** OF PEOPLE ARE IN ACUTE  
FOOD INSECURITY (IPC FASE  $\geq 3$ )



Community agricultural training in Haiti ©Action Against Hunger

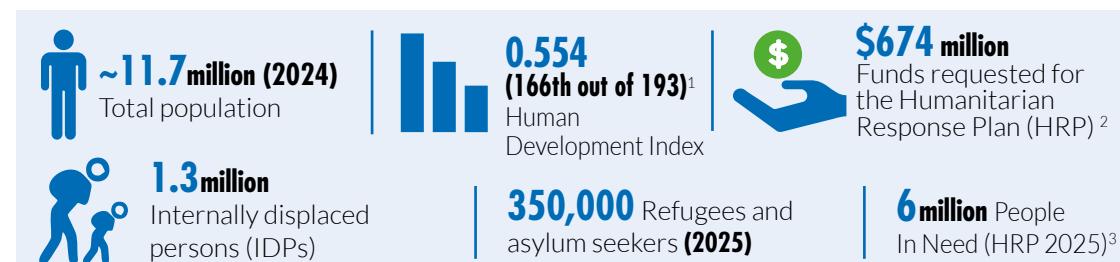
# COUNTRY PROFILE

## IN BRIEF

Haiti, with a population of approximately 11.7 million (2024 data), is the poorest country in Latin America and the Caribbean, with about 60% of the population living below the poverty line. Almost 40% of Haitians live in rural areas and depend on agriculture, which contributes one-fifth to the Gross Domestic Product (GDP), but remains unproductive, forcing the country to import up to 85% of its food needs.

The economy has been in recession for six consecutive years and Haiti faces a prolonged humanitarian crisis, exacerbated by political instability, armed gang violence, economic collapse, and climate shocks.

In 2024, the situation worsened further: forced displacement increased, cholera has reemerged, and food insecurity has intensified. In 2025, according to the Human Response Plan, nearly 6 million people urgently need humanitarian aid.



Fonti: OCHA, UNHCR, IOM, FAO-FAO-IPC, UNDP, Banca Mondiale, Relief Web, rapporti umanitari 2024

## POLITICAL AND ENVIRONMENTAL CONTEXT

Haiti is experiencing a complex crisis marked by widespread insecurity, climate shocks, and economic instability. Years of violence in the regions of Port-au-Prince, Artibonite, and Kenscoff have caused the forced displacement of approximately 1.3 million people and continue to hinder access to markets, health services, and livelihoods.

Armed gang violence remains particularly intense in Port-au-Prince and Kenscoff, while in Artibonite, groups continue to expand, exacerbating humanitarian needs. At the same time, irregular rainfall and drought have compromised crops and reduced livestock production in the rural areas of the country.

Agriculture is among the sectors most affected: interruptions in activities and difficulties in accessing markets have driven up food prices. Added to this are high inflation (with food prices up 19% in food prices in March 2025), the depreciation of the gourde, and widespread poverty, which have further reduced the purchasing power of households. On the health front, cholera epidemics and a high number of injuries from violence are putting a strain on an already fragile and underfunded system.

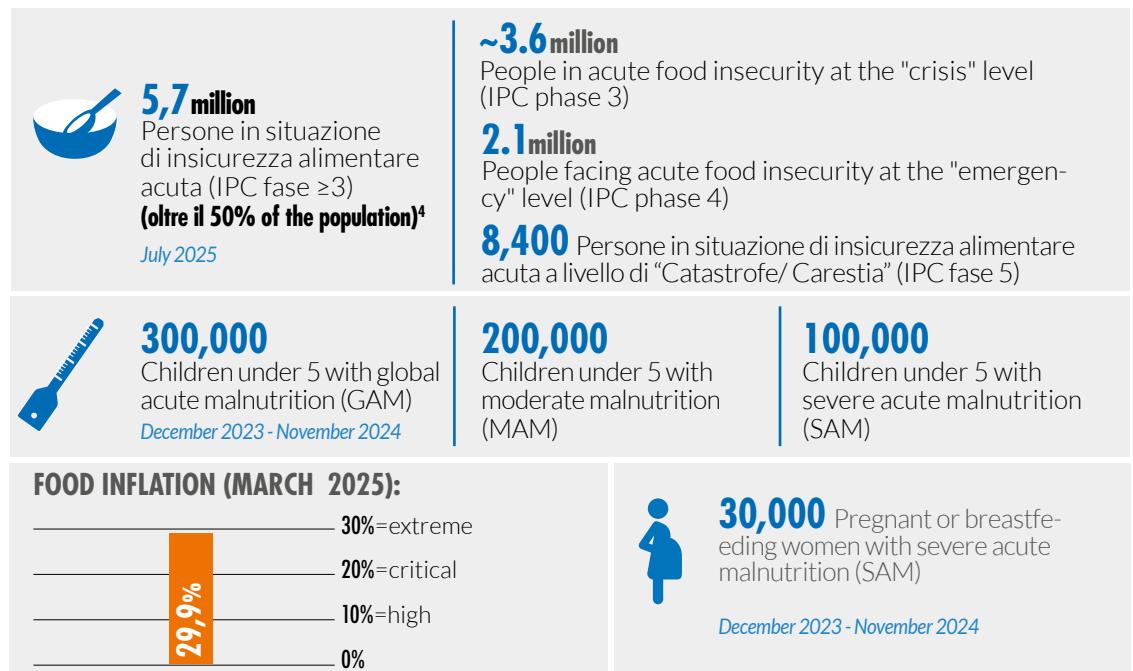
## FOOD INSECURITY AND MALNUTRITION

### THE SITUATION

According to the latest IPC analysis (July 2025), more than half of the population – approximately 5.7 million people – suffers from acute food insecurity. Escalating violence and economic instability have compromised food systems, particularly in Port-au-Prince, Artibonite, Kenscoff, and Plateau Central.

Approximately 3.6 million people are experiencing acute food insecurity at crisis level (IPC phase 3), 2.1 million in emergency-level food insecurity (IPC phase 4), while over 8,400 internally displaced persons face catastrophic hunger (IPC phase 5), with an extremely high risk of death from starvation. The crisis is also hitting children hard: in 2024, approximately 1 in 6 children under the age of five ( $\approx 300,000$ ) suffered from acute malnutrition, including 100,000 in severe and potentially lethal forms.

Poor rainfall and drought in Grand'Anse, Artibonite, and parts of the South have reduced agricultural production. At the same time, roadblocks and insecurity are limiting access to markets and humanitarian aid. Humanitarian organizations are calling for increased funding and a coordinated response combining emergency food assistance and urgent security measures.



Sources: IPC July 2025, GRFC, Action Against Hunger

1. The number of countries/territories included in the calculation of the Human Development Index (HDI) in recent editions varies: overall, the UNDP includes up to 193 countries/territories, but in some editions complete data for all states is not always available, so the actual number of countries with a calculated HDI may be slightly lower. 2. The Humanitarian Response Plan (HRP) is a planning tool developed by the United Nations, in collaboration with leading humanitarian organizations, to identify the most urgent needs of populations affected by crises and estimate the funding required to address them. The process is coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and is based on detailed needs assessments (Humanitarian Needs Overview, HNO), which outline strategies, objectives, and sectoral plans to ensure an effective and coordinated response. 3. According to OCHA terminology, People In Need refers to populations whose basic needs are not being met and who require humanitarian assistance to ensure their survival, safety, and dignity. 4. Haiti: Acute Food Security Situation Projection Update for March - June 2025



# FOOD INSECURITY AND MALNUTRITION

## FATTORI CHIAVE DELLA CRISI ALIMENTARE E NUTRIZIONALE AD HAITI



### WARS AND CONFLICTS

- Control by armed gangs:** the expansion of armed groups, especially in Port-au-Prince, severely limits access to food, health services, and humanitarian aid, causing massive displacement and fueling instability.
- Perdita dei mezzi di sussistenza:** widespread violence limits local economic activities and access to markets, especially in the Port-au-Prince and Artibonite areas, where armed groups block roads and trade routes. Many families have lost their main sources of income, particularly those linked to agriculture and small trade, and now depend largely on food aid to survive.



### CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- Recurring climate shocks:** Haiti is one of the countries most exposed to hurricanes, floods, and earthquakes in the world (over 96% of the population lives in areas at risk) – which particularly affect the agricultural sector.
- Environmental degradation:** widespread deforestation and soil erosion, particularly visible in the country's mountainous areas, increase the vulnerability of rural communities to climate shocks and reduce their ability to recover after emergencies.
- Pressure on natural resources:** the limited availability of fertile land and water, especially in agricultural departments such as Artibonite and Plateau Central, fuels tensions between communities and increases food insecurity in rural areas.



### INEQUALITY AND POVERTY

- Structural rural poverty:** The population depends on subsistence agriculture, but without adequate resources, infrastructure, or institutional support.
- Low agricultural productivity:** Lack of seeds, fertilizers, and technical assistance limits productive capacity and exacerbates food insecurity.
- Inadequate essential services:** healthcare, education, and drinking water remain inaccessible, while public systems are overburdened and underfunded, especially in areas most affected by displacement.

### INSIDE LOOK

#### ADDRESSING VIOLENCE, HUNGER, AND FRAGILITY. AN INSIDE LOOK AT HUMANITARIAN CHALLENGES AND COMMUNITY RESILIENCE

Maxime Malembe, Coordinator of Action Against Hunger – Grand Nord, Haiti

In 2025, Haiti faces one of the most serious and complex humanitarian crises in the world. Armed gangs control much of Port-au-Prince and the Artibonite region, disrupting major communication routes and forcing more than a million people to flee their homes and drastically limiting humanitarian access. Action Against Hunger teams are often forced to change itineraries or divert from planned routes, slowing down operations and reducing the ability to respond even to the most critical emergencies, such as the fight against cholera.

Since 2021, the limited functioning of national institutions has made coordination complex and fragmented. The international security mission continues to worsen the crisis. Meanwhile, the country remains exposed to natural disasters and cholera epidemics that put pressure on an already weak health system.

Food insecurity has reached unprecedented levels: over 5.7 million people do not have sufficient access to food, including 2.1 million in emergency conditions (IPC Phase 4). Child malnutrition is rapidly worsening: more than 125,000 children suffer from and nearly 3 million are living in conditions of food insecurity.

Yet, in the midst of the crisis, resilience persists. Haitian communities and local organizations are leading vital responses: small-scale agriculture programs, support from remittances from the diaspora, and the growing commitment demonstrate a concrete determination to recover and rebuild. Despite enormous obstacles, humanitarian actors continue to provide assistance where it is most urgently needed. With sustained international commitment, more effective coordination and truly community-led solutions, Haiti can not only overcome this crisis, but also begin to build a more stable and dignified future.



## STORIES FROM HAITI



 Bonhomme Larrieux and Miline Pierre, in their home in Campêche village of Roche-à-Bateau March 2024  
©Action Against Hunger



 The VSLA Avansman Belvi group, Mare Rouge, Municipality of Mole Saint-Nicolas  
©Action Against Hunger

At first, we were very worried about the school year: we didn't know if we would be able to send our children to school," say Miline and her husband

In 2023, Action Against Hunger supported families in Haiti through Family Dialogue programs Dialogue courses, where participants learned to make decisions together on issues such as health, nutrition, and money management. During one of the sessions dedicated to family planning, Miline and her husband decided to use their small savings to pay the first school fees and buy the necessary supplies for their children. Thanks to this support, the couple also found the strength to begin repairing their home, which had been severely damaged by the 2021 earthquake.

"With my loan, I started raising pigs. Now I can send my children to school," says one mother proudly.

In northwestern Haiti, where many families live on less than \$12 a month and have no access to credit, community savings groups (VSLA) offer new hope. With the support of Action Against Hunger, more than 80 savings and loan associations have been created and strengthened involving more than 1,400 people—77% of whom are women—and have already accumulated over \$91,000 in savings. Thanks to small loans (averaging \$121), families start income-generating activities, raise animals, pay school fees, and improve their homes. All loans have been repaid on time, a sign of commitment and mutual trust. VSLA not only strengthen the resilience of families, but also offer a concrete opportunity to build a more stable and dignified future.



# ACTION AGAINST HUNGER'S RESPONSE

## PRESENT IN THE COUNTRY SINCE 1985

Action Against Hunger provides essential humanitarian assistance in Haiti, supporting people affected by violence, hunger, and disease. In 2024, we reached thousands of families with food distributions, drinking water, cash transfers, healthcare, and nutritional services.

## AREAS OF INTERVENTION: Port-au-Prince metropolitan area and Grand Nord, with a focus on the Artibonite department.

We responded to a severe cholera epidemic and accompanied communities on their path to recovery with vocational training, microfinance, and support for small businesses. In an increasingly complex crisis context, we remain at the side of the most vulnerable people, ensuring life-saving interventions even in the most affected and hard-to-reach areas.

## ACTION AGAINST HUNGER INTERVENTIONS 2024



### NUTRITION AND HEALTH

- 680 children received treatment for acute malnutrition, including 134 cases of SAM, with a recovery rate of 90%.
- 6,246 pregnant and lactating women benefited from targeted nutritional support to protect maternal and child health.
- 33,470 people had access to essential basic health services in the most affected areas.
- 28 health facilities received technical and material support to strengthen local systems and improve service quality.



### FOOD SECURITY AND LIVELIHOODS (FSL)

- 16,815 families received life-saving food assistance.
- 3,865 families benefited from cash transfers to cover immediate and priority needs.
- 1,500 community members gained access to credit through savings and loan associations (VSLA), strengthening economic resilience and starting small businesses.
- 500 people received support for income-generating activities (IGAs), improving their families' livelihoods.
- 400 people completed vocational training courses, expanding their job and income opportunities.
- \$462,885 in cash assistance was distributed, directly benefiting 3,865 people.



### WATER, SANITATION, AND HYGIENE (WASH)

- 11,300 people gained safe and sustainable access to drinking water, reducing the risk of waterborne diseases.
- 2,260 families received kits of essential items (NFIs), including hygiene products and basic necessities.
- Ten water systems and 20 sanitation facilities were built and/or rehabilitated in schools, health centers, and camps for displaced persons, improving access to clean water and safe sanitation.



### PSYCHOSOCIAL PROTECTION AND SUPPORT (MHPSS)

Our protection programs have included:

- Gender-based violence (GBV) prevention and psychosocial support.
- Awareness campaigns to promote safety and dignity.
- Referral services to ensure timely assistance.

Our goal: to help strengthen the safety, dignity, and mental health of the most vulnerable people affected by the crisis.

SOURCES: UNICEF. Humanitarian Action for Children: Haiti. 2025; Action Against Hunger – Haiti (Where we work) ; Action Against Hunger – Community-level nutritional screening; Global Report on Food Crises (GRFC) 2025 – Overview of Haiti; IPC – Haiti: Acute Food Security Situation Analysis; ACF (Action Against Hunger) Global Impact Report 2024



# SOURCES AND METHODOLOGY

The **Map of the 10 Main Food Emergencies** is an original creation by Action Against Hunger, based on publicly available, verifiable, and internationally recognized data. This document aims to provide a clear and up-to-date reference point on the **10 most serious food crises in the world**, explaining their causes, the scale of the problem, and the interventions currently underway.

## MAIN SOURCES

### GLOBAL REPORT ON FOOD CRISES (GRFC) 2025

- Prepared by the Food Security Information Network (FSIN) with the support of the Global Network Against Food Crises (GNAFC) and in collaboration with UN agencies (FAO, WFP, UNICEF, etc.), regional bodies, and technical partners.
- It is based on IPC/CH (Integrated Food Security Phase Classification/Cadre Harmonisé) data.
- It provides harmonized estimates of people experiencing acute food insecurity in crisis-affected countries

### SOFI – THE STATE OF FOOD SECURITY AND NUTRITION IN THE WORLD 2025

- Published jointly by FAO, IFAD, UNICEF, WFP, and WHO.
- It frames hunger and chronic malnutrition within global structural trends.

### ALTRÉ FONTI TECNICHE E ISTITUZIONALI

- FAO, WFP, World Bank, FEWS NET: data on food prices, climate impacts, and agricultural production.
- UNHCR, IOM, OCHA (FTS), ReliefWeb, UNDP: data on displaced persons, refugees, humanitarian needs, and vulnerability.
- Action Against Hunger's Global Impact Report 2025: operational results and impact analysis.
- Action Against Hunger documentation: testimonials, contextual analysis, and qualitative data from the field

## FOCUS: IPC/CH THE STAGES OF FOOD INSECURITY

The **IPC** (Integrated Food Security Phase Classification) and **CH** (Cadre Harmonisé) are tools used to **assess the severity of food crises**. They classify **acute food insecurity** into **5 phases**, using common indicators such as malnutrition, food consumption, and access to income. They help governments and humanitarian organizations **decide where and how to intervene**.

The **IPC** is used in over **30 countries**, while the **CH** is used in **West Africa and the Sahel**.

### ACUTE FOOD INSECURITY: WHAT IT MEANS

**Acute food insecurity** occurs when a person, due to temporary causes (conflict, economic crisis, climate disasters), **is unable to access sufficient and nutritious food**, putting their life or livelihood at risk. It differs from chronic food insecurity, which is linked to **structural and long-term problems**.

PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5
Minimal	Stress	Crisis	Emergency	Catastrophe/ Famine
Normal situation, adequate access to food.	Reduced access, possible deterioration	Meals or income begin to be lost. Help is needed.	Severe malnutrition and risk of death.	Extreme hunger and widespread deaths

### Key indicators used by IPC/CH

- Quantity and quality of **food consumed**
- Acute malnutrition** rates
- Hunger-related **mortality**
- Use of **survival strategies** and ability to obtain food or income



## COUNTRY SELECTION CRITERIA

For the 2025 edition of the **Map of the 10 Main Food Emergencies**, Action Against Hunger selected ten countries based on data contained in the Global Report on Food Crises 2025 (GRFC), produced by the Global Network Against Food Crises (composed of FAO, WFP, EU, USAID, and other partners). The selection focused on contexts with the **highest absolute number of people classified as Phase 3 or higher** on the IPC (Integrated Food Security Phase Classification), i.e., in conditions of acute food insecurity requiring urgent intervention.

The ten countries identified are: **Nigeria, Sudan, Democratic Republic of Congo, Bangladesh, Ethiopia, Yemen, Afghanistan, Pakistan, Myanmar, and Syria**.

To supplement the analysis, **three particularly critical contexts** were included, selected during the internal review process based on the **relative severity** of acute food insecurity, expressed as a percentage of the total population:

- **Gaza Strip (Palestine):** 100% of the population in IPC Phase 3 or above; 88% in Phase 4 or 5, indicating extreme levels of emergency and imminent famine.
- **South Sudan:** 56% of the population in IPC Phase 3 or above.
- **Haiti:** 50% of the population in IPC Phase 3 or above.

These cases were included due to:

- **Absolute and relative severity** of the food crisis, both in absolute terms and in terms of its impact on the population;
- **Concrete risk of famine**, with critical indicators in Phase 5 (Catastrophe);
- **Direct operational presence of Action Against Hunger**, which allows for an in-depth understanding of the context thanks to evidence gathered in the field.

## CRITERIA UNDERLYING THE SELECTION

The choice of priority countries was based on three guiding principles:

- **Solidità scientifica:** utilizzo esclusivo di dati e classificazioni validate nell'ambito dell'IPC o del Cadre Harmonisé (CH), applicati da team tecnici multilaterali secondo standard internazionali condivisi.
- **Rilevanza operativa:** attenzione alle crisi alimentari con il più alto impatto umanitario, sia in termini numerici che di vulnerabilità delle popolazioni colpite.
- **Persistenza e complessità delle crisi:** focalizzazione su contesti caratterizzati da cause profonde e strutturali (conflitti armati, shock climatici, fragilità istituzionali, diseguaglianze sistemiche) che rendono l'insicurezza alimentare cronica o ciclica.



 Distribution of clean water by tanker truck in Mwassi, Khan Younis, May 13-22, 2024.. © Action Against Hunger



# IN-DEPTH ANALYSIS: HUNGER AND MALNUTRITION IN THE WORLD

## SOFI: SMALL GLOBAL PROGRESS, BUT SERIOUS INEQUALITIES PERSIST

The **SOFI 2025 report** (The State of Food Security and Nutrition in the World) is the leading international document monitoring hunger, food insecurity, and nutrition quality globally. Published jointly by five United Nations agencies – FAO, IFAD, UNICEF, WFP, and WHO – the report provides a detailed snapshot of the global situation in 2024 and the trends expected for the coming years.

In 2024, approximately **673 million people** – 8.2% of the world's population – suffered from hunger. This figure is an improvement from the previous year (733 million) but remains higher than pre-pandemic levels and shows that the food crisis is far from over. Furthermore, it should be noted that **2.3 billion people** live in conditions of **moderate or severe food insecurity** (28% of the world's population) and **150.2 million children under the age of 5** suffer from **chronic malnutrition**.

Added to these figures are **significant regional disparities and serious local humanitarian crises**: in Africa, over **306.5 million people** suffer from hunger (about one in five), and in Gaza, the entire population is on the brink of famine.

The report describes the situation up to 2024 but does not include the effects of cuts in humanitarian aid by USAID <https://azionecontrolafame.it/news/taglio-fondi-usaid-gravi-conseguenze-per-la-risposta-umanitaria-globale/e> and other **European governments**. The consequences of these decisions could compromise the progress made, slowing down—if not reversing—the path towards the **Sustainable Development Goals of 2030**<sup>1</sup>.

Regione	People suffering from hunger (millions)	Percentage of regional population
Africa	<b>306.5</b>	<b>20.2%</b> (1 in 5 people)
Asia	<b>323.4</b>	<b>6.7%</b>
Latin America and the Caribbean	<b>33.6</b>	<b>5.1%</b>
Oceania	<b>3.5</b>	<b>7.6%</b>

## GRFC: FOOD EMERGENCIES AND CRISES

The GRFC 2025 (Global Report on Food Crises), published by the Global Network Against Food Crises (FAO, WFP, EU, USAID, and others), is the annual reference report on acute food insecurity in the world. It analyzes where and how many people are living in severe food crises (IPC Phase 3+) and what factors (i.e. conflict or economic or environmental crises) are causing them. It provides comparable data between countries and guides international humanitarian action.

In 2024, approximately 281.6 million people in 59 countries experienced acute food crises or worse, a sharp deterioration from the previous year. The most critical contexts include:

- **Democratic Republic of Congo**: 25.8 million in crisis.
- **Nigeria**: over 26 million, with peaks in the northeast.
- **Sudan**: dramatic escalation with areas in IPC Phases 4 and 5.
- **South Sudan, Ethiopia, Yemen, Haiti, and Myanmar**: significant deterioration linked to conflict, displacement, and humanitarian barriers.

In particular, over **705,000 people in 7 countries** (including **Gaza, Sudan, South Sudan, Burkina Faso, Mali, Nigeria, and Somalia**) are in **catastrophic conditions (Phase 5)**, at imminent risk of famine.

1. Sustainable Development Goal 2 (SDG 2) – one of the 17 goals of the Agenda – aims to "end hunger, achieve food security, improve nutrition, and promote sustainable agriculture." In particular, sub-goal SDG 2.1 aims to ensure that all people have access to safe, nutritious, and sufficient food throughout the year.



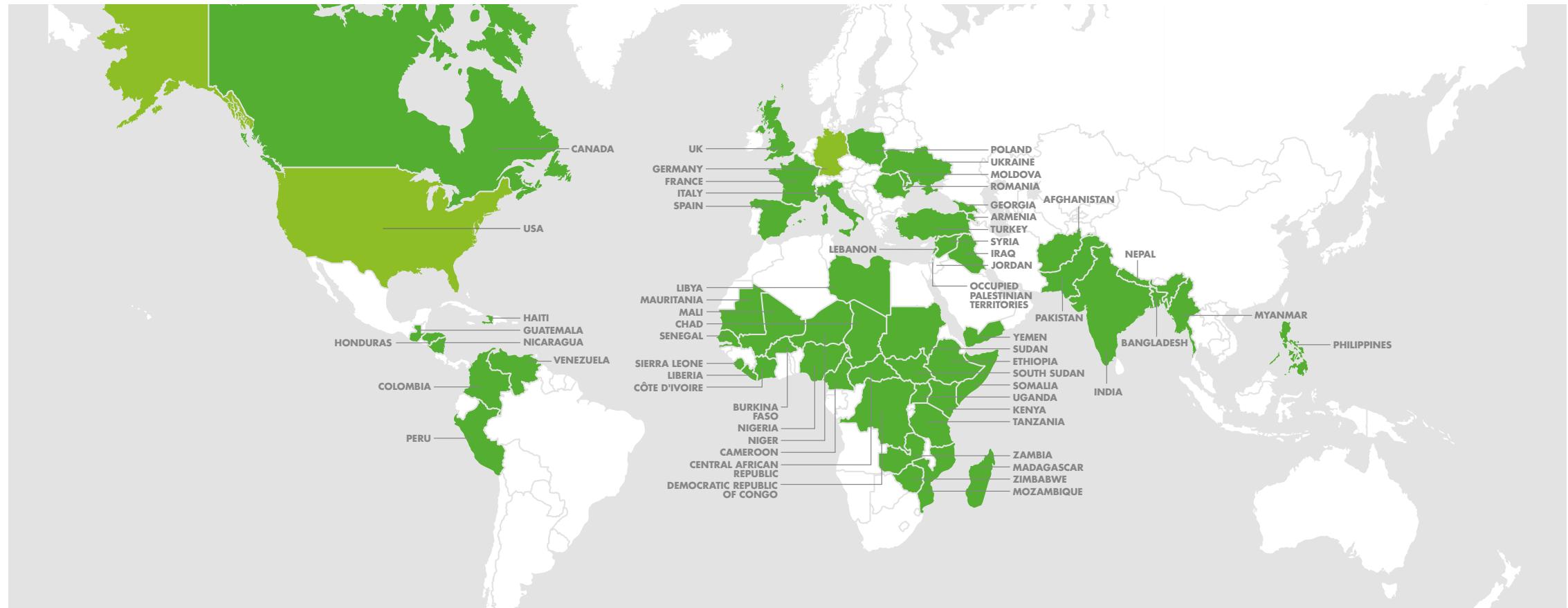
# ABOUT ACTION AGAINST HUNGER

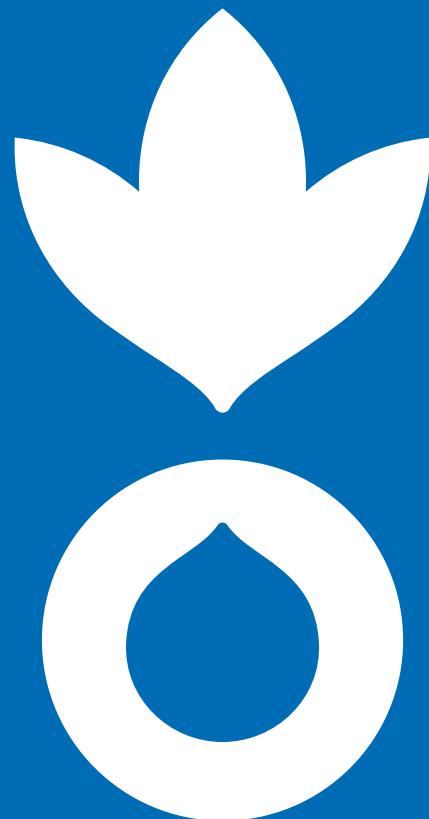
Action Against Hunger is an international humanitarian organization that has been providing food, water, health, and education for over 45 years. We develop innovative solutions to save the lives of malnourished children and ensure that everyone can live free from hunger.

With the goal of reaching every malnourished child, we intervene in war zones, natural disasters, and remote, hard-to-reach places, to ensure the most vulnerable communities are supported.

Our team of 8,769 people (1,295 at headquarters and 7,474 in the countries where we operate) carry out programs across 57 countries, about 90% of whom come from the communities they serve. Globally, our network has reached a total of **26.5 million** and responded effectively to **43 humanitarian emergencies in 2025**.

We believe that hunger is solvable. It is not a natural tragedy or result of scarcity, but a direct consequence of political choices. That is why we engage in advocacy to support institutional change that addresses the root causes of hunger, such as inequality, conflict, and climate change, and why **we engage with the media to shine a light on humanitarian crises that are too often forgotten**.





[actionagainsthunger.ca](http://actionagainsthunger.ca)