ACTION AGAINST HUNGER

THE 10 LARGEST GLOBAL FOOD CRISES 2026

Data and evidence from the world's most severe food crises

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OVERVIEW

THE 10 LARGEST GLOBAL FOOD CRISES 2026

Data and evidence from the world's most severe food crises

Two-thirds of the people facing acute food insecurity are concentrated in ten countries.
This is where hunger is deepest, needs are greatest — and where action can make the greatest difference.

1. SUMMARY

Produced annually by Action Against Hunger Italy, *The World's Hunger Hotspots* analyses the countries with the highest numbers of people experiencing acute food insecurity, combining data from internationally recognized sources — primarily the Global Report on Food Crises (GRFC) and FAO-WFP Hunger Hotspots reports — with evidence and operational insights from the countries where Action Against Hunger teams work.

The starting point is clear: **hunger is not evenly distributed. It is increasingly concentrated in a relatively small number of contexts where conflict, displacement, climate shocks, disease, the breakdown of essential services and restricted humanitarian access converge**. In 2025, the ten countries with the highest absolute numbers of people experiencing acute food insecurity accounted for **177 million people — around two-thirds of the global total.** Three countries alone — Nigeria, the Democratic Republic of the Congo (DRC) and Sudan — accounted for **82.9 million people, nearly one-third of the global total[1].**

Yet the crisis is unfolding against a strikingly different trend in humanitarian financing. **As needs increase and become more concentrated, the resources available to respond are falling.** Humanitarian assistance to food sectors in crisis contexts declined by an estimated 59% between 2022 and 2025[2], while global official development assistance (ODA) fell by 23% in 2025[3]. The result is a widening gap between what the data identify as urgent needs and what humanitarian organizations are able to deliver.

The warning could hardly be clearer. **For the first time since the GRFC was launched in 2017, two famines were confirmed in the same year: in parts of Gaza and Sudan in 2025.** Both crises were driven primarily by conflict and compounded by restrictions on humanitarian access, displacement, destruction of livelihoods and essential services. Famine is therefore not simply the consequence of too little food. **It is often the outcome of human-made conditions — and can be prevented.**

Sources: [1] FSIN & GNAFC, Global Report on Food Crises 2026, 2026 - [2] FAO and WFP (2026), Hunger Hotspots: FAO–WFP early warnings on acute food insecurity – June to November 2026 outlook - [3] OECD, A historic decline in foreign aid: Preliminary 2025 ODA data, 2026

2. THE TOP 10 HUNGER HOTSPOTS

The 2026 GRFC estimates that **266 million people across 47 countries and territories experienced acute food insecurity in 2025.** Over the decade from 2016 to 2025, the number of people experiencing acute food insecurity doubled.

The Top 10 accounted for 177 million people. Although this is lower than the 196.5 million recorded across the Top 10 in the previous GRFC, the apparent improvement should be treated with caution. **It largely reflects gaps in data rather than a real reduction in hunger.** Some countries were not included in this year's count, including Ethiopia, which alone accounted for almost 22 million people facing acute food insecurity in 2024. The decline in humanitarian aid have also affected data collection. As discussed later in the present report, sustained investment in this sector is essential to ensure evidence-based decision-making.
The concentration of hunger is therefore becoming more pronounced. Nigeria, DRC and Sudan now represent **31.2% of the global total**, compared with 28.1% a year earlier.

TOP 10 COUNTRIES BY NUMBER OF PEOPLE EXPERIENCING ACUTE FOOD INSECURITY

	Country	2025	2024	Change
1	Nigeria	30.6M	31.8M	-1.2M
2	Democratic Republic of the Congo	27,7M	25.6M	+2.1M
3	Sudan	24.6M	25.6M	-1.0M
4	Yemen	18.1M	16.7M	+1.4M
5	Afghanistan	17.4M	15.8M	+1.6M
6	Myanmar	16.7M	14.4M	+2.3M
7	Bangladesh	16.0M	23.6M	-7.6M
8	Pakistan	11.0M	11.8M	-0.8M
9	South Sudan	7.8M	New in Top 10	New in Top 10
10	Syria	7.2M	9.2M	-2.0M

WHERE THE CRISIS IS WORSENING

The largest increases were recorded in Myanmar **(+2.3M), DRC (+2.1M), Afghanistan (+1.6M) and Yemen (+1.4M)**. In all four contexts, conflict, political instability and displacement are major drivers of food insecurity, disrupting livelihoods and access to basic services. Together, these four countries account for **17.97 million internally displaced people and 10.3 million returnees from neighboring countries**[4]. Displacement is not simply a consequence of food insecurity: losing homes, land, livestock, employment and access to markets can itself push households deeper into hunger.

DISPLACEMENT IN FOUR DETERIORATING CONTEXTS

Country	Internally displaced people	Returnees
Democratic Republic of the Congo	5.77M	4.26M
Yemen	5.2M	–
Afghanistan	3.5M	6.04M
Myanmar	3.5M	–
Total	**17.97M**	**10.3M**

A SNAPSHOT FROM | THE DEMOCRATIC REPUBLIC OF THE CONGO

The eastern provinces of the Democratic Republic of the Congo are among the most severely affected, with more than 10 million people severely food insecure. Armed conflict, repeated displacement and declining agricultural production continue to undermine food availability. Almost 60% of the population lives in rural areas and depends on agriculture for survival, yet families are increasingly forced to reduce meals and dietary diversity.

Sources: [4] UNHCR, Global Trends: Forced Displacement in 2025, June 2026

SOUTH SUDAN: A NEW ENTRY IN THE TOP 10

South Sudan entered the Top 10 for the first time, ranking ninth. More than **80% of its population — around 10 million people — is estimated to require humanitarian assistance in 2026[5].** This is not a sudden crisis. Conflict, displacement and restricted humanitarian access have compounded years of vulnerability, while the country's worst cholera outbreak in two decades has placed further pressure on an already fragile health system. South Sudan is one of the most dangerous places for aid workers, with 29 aid workers reported killed in 2026, including 5 Action Against Hunger partners.

FEWER PEOPLE DOES NOT ALWAYS MEAN LESS VULNERABILITY

Nigeria, Sudan, Pakistan and Syria recorded declines in the number of people facing acute food insecurity, while Bangladesh registered the largest decrease: **7.6 million fewer people than in 2024.**

Bangladesh's decline reflects sustained progress, including improvements in climate-resilient agriculture and reduced dependence on humanitarian assistance. But it remains highly exposed to climate-related disasters. **The data therefore shows progress, not the disappearance of vulnerability.** Looking at the share of the population affected tells another story.

ACUTE FOOD INSECURITY: SHARE OF POPULATION AFFECTED

Country	Population	People facing acute food insecurity	Share of population
South Sudan[6]	14.2M	7.8M	**54.9%**
Sudan	51.9M	24.6M	**47.4%**
Yemen	41.8M	18.1M	**43.3%**
Afghanistan	48.6M	17.4M	**35.8%**

A SNAPSHOT FROM | SUDAN

In Sudan, an estimated 33.7 million people are expected to require humanitarian assistance in 2026 — a record level of need, representing an increase of 3.3 million people compared to 2025[7]. Civilians face repeated displacement, violations of international humanitarian law and limited access to essential services. UN agencies have also warned that starvation may be used as a method of warfare in some areas.[8]

The Top 10 therefore reveal two dimensions of hunger: scale and intensity. Nigeria and DRC stand out because of the absolute number of people affected; South Sudan, Sudan, Yemen and Afghanistan because hunger affects an exceptionally large share of their populations.

But the scale of need is only half the picture. **The ability to respond is shrinking at precisely the moment when needs are greatest.**

Sources: [5] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), South Sudan Humanitarian Needs and Response Plan 2026 - [6] Updates from IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2026 - [7] United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2026), Sudan Humanitarian Needs and Response Plan 2026 - [8] United Nations Independent International Fact-Finding Mission for the Sudan, "A war of atrocities", 5 September 2025

3. A WIDENING FUNDING GAP

Humanitarian assistance to food sectors in crisis contexts declined by an estimated **59% between 2022 and 2025**, returning to levels last seen in 2016–2017[9]. At the same time, the share of the analyzed population facing high levels of acute food insecurity has doubled globally.

HUMANITARIAN RESPONSE PLANS REMAIN SEVERELY UNDERFUNDED

Context	2025 HRP funded
Syria	15.9%
Mali	21.0%
Niger	25.9%
Myanmar	26.0%
DRC	28.0%
Yemen	42.0%
Sudan	45.0%
Afghanistan	67.8%
South Sudan	45.0%

The funding crisis extends beyond humanitarian appeals. Global ODA fell by **23% in 2025**, an unprecedented annual reduction of approximately USD 52 billion[10]. For 2026, DAC countries' net ODA is projected to fall by a further 6.9%, to USD 152 billion[11]. Humanitarian funding for food security and nutrition declined by 39% in 2025[12].

SIMONE GARRONI — ACTION AGAINST HUNGER ITALY, DIRECTOR

"On the ground, a funding cut is not an abstract number. It quickly becomes a decision about where we can work, how many people we can reach and which activities we can continue. We are increasingly forced to prioritize immediate life-saving assistance while reducing or postponing programmes that would help communities recover and become more resilient. The risk is that we become trapped in a short-term cycle: responding to the same emergency again and again without having the resources to address the factors driving it. Our experience shows that prevention and integrated programmes make a difference. When nutrition, healthcare, WASH, mental health, food security and livelihoods are addressed together, communities are better able to withstand shocks and recover from them. Saving lives today is essential. But it is not enough. Investing in prevention costs less, reaches more people and can stop children from needing life-saving treatment tomorrow."

Sources: [9]FAO and WFP (2026), Hunger Hotspots: FAO–WFP early warnings on acute food insecurity – June to November 2026 outlook - [10]OECD (2026), A historic decline in foreign aid: Preliminary 2025 ODA data, OECD, April 2026 -[11]OECD (2026), ODA projections for 2026 and the near-term, June 2026 - [12]FSIN & GNAFC, Global Report on Food Crises 2026, 2026

4. BEYOND THE TOP 10 COUNTRIES

Absolute numbers alone cannot capture the severity of every crisis. **Mali, Niger and Gaza are therefore included as additional focus contexts because of the severity of their food and nutrition crises, high famine risk and, in Gaza, the extraordinary restrictions on humanitarian operations.**

Mali is highly exposed to climate change and among the world's poorest countries, with an estimated 40–45% of the population living below the poverty line[13]. Security and operational constraints remain major drivers of food insecurity, restricting access to remote communities and disrupting essential services. **1.54 million people are expected to face acute food insecurity in 2026[14].**

In Niger, **1 in 4 children suffers from acute malnutrition**, while 2.42 million people are expected to face severe acute food insecurity in 2026[15]. Only 49% of households have access to basic drinking water services[16].

Gaza represents the most extreme convergence of conflict, food insecurity, destruction of essential infrastructure and restricted humanitarian access. **87% of agricultural land has been damaged and 81% of greenhouse infrastructure destroyed[17]. Around 90% of water is unsafe[18], while 57% of the population lives in proximity to sewage[19]. An estimated 1.6 million people face acute food insecurity[20].** Thirty-six percent of households report going to bed hungry, 41% have completely run out of food at home[21] and 54% cannot afford basic food items because of extremely high prices[22].

At the same time, humanitarian access in the Gaza Strip remains profoundly insufficient: **aid inflows declined by 37%[23], and only around half of trucks entering Gaza manage to unload[24].**

A SNAPSHOT FROM | GAZA

Gaza's economy and food systems have not merely been damaged: they have been dismantled. The population depends almost entirely on humanitarian assistance and commercial imports – two channels that remain severely limited. The destruction here has pushed families into survival mode, while humanitarian workers race against time to deliver life-saving assistance. The aid is physically trapped. The nutritional status of Gaza Strip's population has collapsed to unprecedented levels.

Sources: [13] World Bank (2025), Mali Poverty and Equity Brief: October 2025; International Monetary Fund (2023), Climate Vulnerabilities and Food Insecurity in Mali - [14] World Food Programme (WFP), Draft Mali Country Strategic Plan (2027–2031), 2026 - [15] FAO (2026), GIEWS Country Brief – Niger, 30 January 2026; IPC (2026), Niger: Acute Malnutrition Situation for August–November 2025 and Projections for December 2025–April 2026 and May–July 2026, 8 January 2026 - [16] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene (2024), household drinking water estimates; UNICEF Data, Niger SDG Country Profile - [17] FAO and UNOSAT (2026), Agricultural damage assessment in the Gaza Strip, satellite-based assessment of cropland and greenhouse damage - [18] UNICEF State of Palestine (July 2026), Humanitarian Situation Update – Analysis of the Response to the Needs of Children at Mid-year 2026 - [19] United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2025), Humanitarian Situation Update #327 – Gaza Strip - [20] IPC (2025), Gaza Strip: Acute Food Insecurity Situation for 16 October–30 November 2025 and Projection for 1 December 2025–15 April 2026, published 19 December 2025 - [21] World Food Programme (WFP), Gaza Market Monitor – March 2026, Palestine Food Security Analysis - [22] World Food Programme (WFP), Gaza Market Monitor – May 2026, Palestine Food Security Analysis - [23] United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2026), Humanitarian Situation Report | 17 April 2026 - [24] https://www.actionagainsthunger.org.uk/our-impact/stories/whats-happening-in-gaza

5. THE MOST AFFECTED: CHILDREN AND WOMEN

A food crisis cannot be understood through food consumption alone. **Acute food insecurity is translating directly into malnutrition, disease and preventable deaths.**

30 million children in the analyzed countries were acutely malnourished in 2025, including just under 8 million suffering from severe acute malnutrition, while around **6.5 million** pregnant and breastfeeding women were acutely malnourished.

CHILDREN AND WOMEN FACING ACUTE MALNUTRITION

Country	Children under 5 with acute malnutrition	Children under 5 with severe acute malnutrition	Pregnant & breast-feeding women with acute malnutrition
Nigeria	6.4M	2.0M	786,000
Sudan	4.2M	825,000	-
DRC	4.18M	1.35M	1.54M
Afghanistan	3.7M	942,000	1.2M
Pakistan	2.71M	706,000	232,000
Yemen	2.2M	516,157	1.3M
South Sudan[25]	2.2M	697,000	1.2M
Niger	1.7M	412,400	96,000
Bangladesh	1.6M	143,850	117,000
Mali	1.2M	227,000	92,000
Total	**30M**	**7.82M**	**6.56M**

A SNAPSHOT FROM | AFGHANISTAN

"Afghanistan is facing one of its most severe nutrition crises in recent years. Across the country, more and more children are arriving at our health facilities suffering from severe acute malnutrition, while humanitarian resources continue to decline. During a recent visit to our Therapeutic Feeding Unit in Lashkar Gah, we saw children filling every available space. The centre had been expanded from 45 to 70 beds, yet 73 children were admitted that day, with siblings sometimes sharing beds because there was simply no more room. A few weeks later, capacity had to increase again to 118 beds. These children are fighting for their lives, but many of these cases could have been prevented if families had continued access to basic health, nutrition and water services. Funding cuts have become the main constraint affecting our operations". - ***Cobi Rietveld****, Country Director, Action against Hunger Afghanistan*

The experience from Afghanistan illustrates a wider pattern. **Malnutrition does not happen in isolation**. The relationship with WASH is particularly critical. In Sudan – where **60% of water treatment facilities are out of service**[26] – and in the DRC – where only **15% of the population has access to basic sanitation**[27] - malnutrition weakens children's immune systems and increases vulnerability to infectious disease. At the same time, repeated diarrhoeal disease accelerates nutritional deterioration. Food insecurity, malnutrition, unsafe water and disease therefore form a vicious reinforcing cycle. The implication is clear: the largest food crises cannot be addressed through food assistance alone. Integrated programmes combining nutrition, health, WASH, food security and livelihoods are essential both to save lives and to prevent future needs.

Sources: [25]Updates from IPC South Sudan: Acute Food Insecurity Projection Update for April - July 2026 - [26] https://actionagainsthunger.ca/press-releases/sudan-torrential-rains-hamper-humanitarian-aid-cholera-outbreaks/ - [27]UNICEF (2025), Democratic Republic of the Congo cholera outbreak is declared country's worst in 25 years, citing the 2024–2025 Demographic and Health Survey (DHS)

6. RECOMMENDATIONS

The evidence across the Top 10 and the three additional contexts converges on three priorities: protect access, close the funding gap and invest in prevention and resilience.

1. Protect humanitarian access and International Humanitarian Law

- **Guarantee safe, sustained and unimpeded humanitarian access** to all affected communities, removing bureaucratic and administrative barriers that delay life-saving assistance.
- **Protect civilians, humanitarian workers and critical infrastructure**, including markets, water systems and health facilities, in line with International Humanitarian Law.
- **Strengthen diplomatic pressure** for peace and respect for International Humanitarian Law and UN Security Council Resolution 2417, which prohibits the use of starvation as a weapon of war.

2. Close the funding gap

- **Fully fund Humanitarian Response Plans.** Funding levels remain critically low, from 12.8% in Yemen to 67.8% in Gaza, despite documented needs.
- **Make funding flexible, predictable, multi-year, multisectoral and nexus-oriented**, enabling organizations to combine emergency assistance with recovery, resilience and prevention.

The evidence shows why this matters: **short-term funding keeps emergency programmes running; predictable funding can prevent emergencies from becoming recurrent crises.**

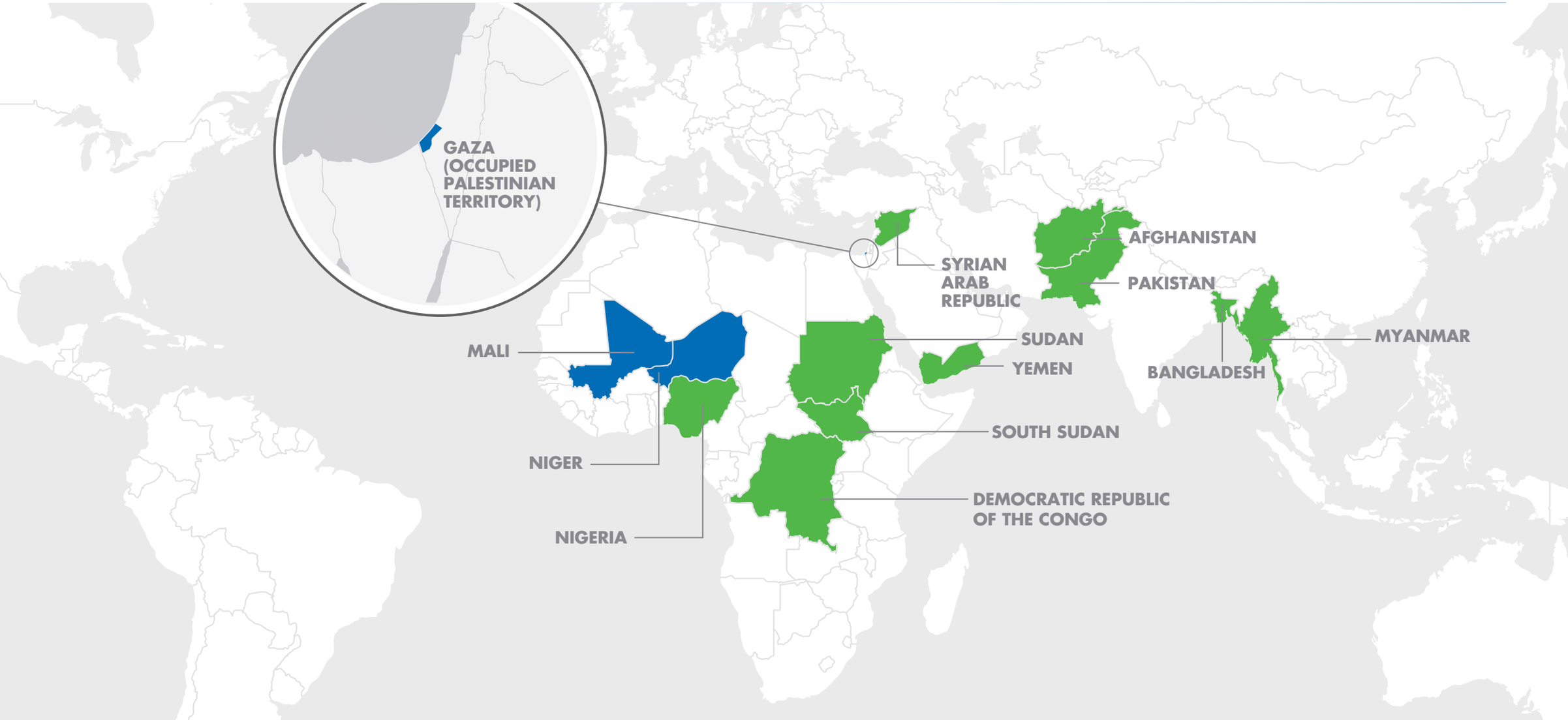
3. Translate evidence into action

- **Prioritize women, children and displaced people,** ensuring access to livelihoods, healthcare, WASH, education and protection, including protection from Sexual and Gender-Based Violence.
- **Invest in climate resilience and local food systems,** supporting climate adaptation, disaster-risk reduction, agricultural livelihoods and community-based solutions.
- **Protect food security information systems,** including IPC and CH analysis, early-warning systems and data collection, to ensure effective monitoring of evolving needs and a targeted humanitarian assistance adapted to the scale of needs.

CONCLUSION

The data tells a clear story: hunger is concentrated in a small number of contexts, driven by interconnected crises and increasingly confronted with shrinking resources. Ten countries account for two-thirds of the people facing acute food insecurity worldwide, while field evidence shows what this means in practice: restricted access leaves people unreached, funding cuts force impossible choices, and the collapse of basic services further fuels food insecurity, malnutrition, and disease. The response must therefore match the nature of the crisis — protecting humanitarian space, restoring adequate and predictable funding, and investing not only in saving lives today but in preventing the next emergency tomorrow.

THE 10 LARGEST GLOBAL FOOD CRISES AND THREE FOCUS CONTEXTS OF HIGH CONCERN



NIGERIA

1 GLOBAL RANK

30.6 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~242 million
Total population (2026)

5.9 million
People with severe to extreme needs projected to require humanitarian assistance in BAY states in 2026
HRP 2026

3.54 million
Internally displaced persons (IDPs)

-44.3%
ODA decrease

1.8 million
Expected people in CH Phase 4 - Emergency
Immediate life-saving needs
CH 2025

6.4 million
Expected children under 5 with acute malnutrition (GAM) in 2026

786,000
Expected Pregnant and lactating women (PLW) with acute malnutrition

1,900
Expected people in CH Phase 5 - Catastrophe
Immediate action to prevent starvation and death
CH 2025

2 million
Expected children under 5 with severe acute malnutrition (SAM) in 2026
High risk of mortality

Firdausi Sambo Balarabe, Food Security and Livelihoods Officer at Action Against Hunger, in Dabaga, Sokoto State, Nigeria. © Maryna Chebat for Action Against Hunger

COUNTRY PROFILE

With an estimated population of 242 million (the largest in Africa), **Nigeria** ranks first globally by absolute number of people facing food insecurity. That scale makes the crisis here structurally different from any other: whatever happens in Nigeria's north happens at a magnitude that few humanitarian systems in the world are equipped to absorb.

The crisis is unfolding against a backdrop of global economic instability. Persistent inflation, rising food and fuel prices, and broader economic pressures have significantly increased the cost of living and reduced households' purchasing power, making hunger more acute.

The crisis is not new, and it is not singular. More than sixteen years of conflict in the northeast, compounded by escalating violence and banditry across the northwest and north-central regions, have dismantled livelihoods, severed access to basic services, and deepened protection risks for millions. Agriculture and informal trade remain the primary income sources for most households — yet insecurity, recurrent flooding, soaring input costs, and inflation continue to erode whatever resilience families have managed to build. Nigeria hosts one of the world's largest internal displacement crises: 3.54 million internally displaced persons as of December 2025, many living in overcrowded camps or overstretched host communities with inadequate access to food, water, healthcare, shelter, and protection. Flooding alone displaced approximately 896,000 people in 2024; by mid-September 2025, a further 340,000 had been affected.

Humanitarian financing is moving in the wrong direction. As of June 2026, the Humanitarian Needs and Response Plan was only 45% funded — even as needs continue to grow. The loss of approximately US$600 million in health-related funding, equivalent to roughly one-fifth of Nigeria's entire health budget, has gutted nutrition, health, and resilience programmes across the north. At the same time, reductions in humanitarian food assistance have forced food aid programmes to scale back or suspend operations, leaving millions of vulnerable people with diminished access to life-saving assistance. Climate change, rapid population growth, and overburdened public systems point to further deterioration in 2026.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

In 2025, Nigeria's humanitarian and nutrition crisis continued to worsen, and 2026 projections offer no sign of relief. According to the Cadre Harmonisé (CH) analysis, an estimated 30.6 million people across 26 states and the Federal Capital Territory experienced Crisis or worse levels of acute food insecurity (CH Phase 3 or above) during the June–August 2025 lean season, a 16% increase compared with 2024. Projections for 2026 are starker: up to 34.7 million people are expected to face acute food insecurity during the lean season. Of these, 1.8 million are projected to reach Emergency levels (CH Phase 4), while around 1,900 could fall into Catastrophe (CH Phase 5) — the most severe classification, defined by an extreme lack of food, critical acute malnutrition, and imminent risk of starvation and death.

The malnutrition figures are equally alarming. The December 2025 IPC Acute Malnutrition (IPC AMN) analysis projects that nearly 6.4 million children under five will suffer from acute malnutrition through September 2026, including approximately 2 million cases of severe acute malnutrition (SAM) — a condition that carries a high risk of mortality without immediate treatment. Nearly 786,000 pregnant and lactating women (PLW) are also expected to require treatment for acute malnutrition.

Malnutrition in Nigeria is driven by overlapping factors: high disease prevalence, inadequate food consumption, limited access to healthcare, safe water and sanitation, recurrent flooding, and armed conflict, and gender inequalities, including early marriage, high fertility, and women's limited access to resources. The situation is most critical in the northeastern states of Borno and Yobe.

The 2026 Humanitarian Needs and Response Plan (HNRP), which covers only northeastern Nigeria, estimates that 5.9 million people across Borno, Adamawa, and Yobe (BAY) states face severe to extreme humanitarian needs, with 7.3 million requiring assistance overall.

Despite the scale of need, the humanitarian response remains critically underfunded: as of June 2026, the HNRP was only 45% funded. Reduced financing and gaps in food security assessment coverage are constraining relief efforts and obscuring the true extent of the crisis — underscoring the urgent need for sustained investment in humanitarian response, nutrition services, and food security information systems.

CONFLICT AND DISPLACEMENT

IMPACT ON WASH

Decades of conflict, displacement, and underinvestment have severely weakened water, sanitation, and hygiene (WASH) services in northeast Nigeria, particularly across the BAY states. Continued insecurity and attacks on infrastructure have disrupted water systems, damaged sanitation facilities, and restricted access to essential services in both displacement sites and host communities.

The scale of unmet need is significant. According to the 2025 Humanitarian Response Plan (HRP), 41% of households rely on unimproved water sources, 33% access less than 15 litres of water per person per day — well below the minimum emergency standard — and 37% spend more than 30 minutes collecting water. More than 22% of the population uses unimproved sanitation facilities or practices open defecation.

These conditions have direct consequences for public health and nutrition. Overcrowding, poor hygiene, and unsafe water increase the risk of cholera, measles, and other waterborne diseases — particularly among displaced populations and children — and compound the acute malnutrition crisis already documented across the region.

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **Protracted armed conflict and persistent armed violence, insurgency, and insecurity** across northern Nigeria continue to destroy livelihoods, agricultural production, markets, and critical infrastructure.
- **Attacks and abductions along major supply routes restrict humanitarian access**, disrupt food systems, and limit access to farmland and basic services.
- **More than 3.54 million people remain internally displaced**; returnees continue to face damaged infrastructure, repeated displacement, and limited livelihood opportunities.
- **Protracted conflict and the collapse of basic services** have created conditions in which cholera, measles, and other waterborne disease outbreaks continue to spread due to overcrowding, poor sanitation, and unsafe water.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Recurrent floods, droughts, and heatwaves** continue to destroy crops, homes, and livelihoods across northern Nigeria.
- **In 2025, floods affected at least 340,000 people by mid-September, adding to the impacts of the 2024 floods**, which affected nearly 896,000 people and damaged farmland during the harvest season. Recurrent flooding continues to undermine food security and erode household resilience.
- **Climate shocks are deepening vulnerabilities** among farming and pastoralist communities already affected by conflict and displacement.

INEQUALITY AND POVERTY

- **Widespread poverty, high inflation, and weak public systems** continue to erode household resilience and deepen humanitarian needs.
- **Rising food prices and declining purchasing power** push vulnerable households into negative coping mechanisms.
- **Gender inequalities** continue to undermine access to livelihoods, healthcare, education, and protection services, disproportionately affecting women and girls.
- **Despite growing needs, humanitarian funding continues to decline**, threatening the continuity of nutrition services and emergency assistance in northeast Nigeria.[1]

Source: [1] HRP 2025

OPERATIONAL CONTEXT AND CONSTRAINTS

Civilians across northern Nigeria continue to face violence, forced displacement, kidnappings, and targeted attacks by armed groups, particularly in the north-east, north-west, and north-central regions. Clashes involving bandit groups in the northwest and northcentral have resulted in widespread insecurity, destruction of livelihoods, and repeated displacement of vulnerable populations.

Humanitarian access remains severely constrained by insecurity, ambushes on major supply routes, and administrative impediments, limiting the delivery of food, health, and protection assistance. Attacks against civilians and humanitarian workers persist, undermining access to life-saving services and threatening the safety of aid personnel[2].

Attacks targeting health facilities and humanitarian infrastructure remain a major concern. On 7 May 2026, an attack in Magumeri town, Borno State, resulted in the deaths of ten security personnel and one civilian, injured eight others, and destroyed an ambulance.

Security incidents in the BAY states increased by 27% between January and March 2026 compared with the same period in 2025[3].

Women and children remain the most affected, facing heightened protection risks including gender-based violence (GBV), exploitation, child labour, early marriage, and trauma. During the 2025 lean season, GBV incidents and child marriage surged as families resorted to negative coping mechanisms amid deepening food insecurity[4].

Reduced humanitarian funding has sharply curtailed protection services, safe spaces, and psychosocial support, leaving many survivors without legal or medical assistance.

Continued violence also prevents displaced families from returning home safely, perpetuating dependency on humanitarian aid and leaving millions trapped in protracted displacement.

Sources: [2]United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Global Humanitarian Overview 2025: Nigeria, December 2024, available at: https://humanitarianaction.info/document/global-humanitarian-overview-2025/article/nigeria-2 (accessed 18 June 2026); ACAPS, Humanitarian Access Overview: December 2024, January 2025, available at: https://www.acaps.org/en/countries/archives/detail/humanitarian-access-overview-december-2024 - [3] https://reliefweb.int/node/4205851 - [4] https://reliefweb.int/node/4205851

KEY RECOMMENDATIONS

Without immediate and sustained action, the consequences of the crisis will worsen: more people will enter CH Phase 4, child mortality will rise, and health systems will collapse in the most fragile areas. Action Against Hunger urgently calls for:

1 FULL AND SAFE HUMANITARIAN ACCESS

Ensure safe, sustained, and unhindered access for humanitarian operations across all affected areas. All civilians, aid workers, and critical infrastructure must be protected, and bureaucratic and administrative barriers that delay or block life-saving assistance must be removed.

2 URGENT, FLEXIBLE, AND PREDICTABLE FUNDING

Scale up funding immediately to match the severity of needs. Donors and the government of Nigeria must provide flexible, multi-year, multisectoral, and conflict-sensitive financing, prioritise high-severity areas, and channel resources efficiently to both international and local responders.

3 PROTECT AND STRENGTHEN FOOD SECURITY INFORMATION SYSTEMS

Ensure sustained investment in Cadre Harmonisé assessments, early warning systems, and data collection to maintain reliable and comprehensive analysis of food and nutrition insecurity trends. Governments and donors must address funding gaps and operational constraints that reduce geographical coverage and risk leaving vulnerable populations invisible in humanitarian response planning.

4 PRIORITY FOR WOMEN, CHILDREN, AND DISPLACED PEOPLE

Deliver integrated, multisectoral assistance to those most at risk. Nutrition, health, WASH, food security, and protection services must be expanded to reach women, children, and displaced communities facing acute malnutrition, disease, and heightened protection risks.

5 CLIMATE RESILIENCE AND LOCAL SOLUTIONS

Strengthen resilience by embedding climate adaptation into humanitarian and development responses. Support local food systems, agricultural livelihoods, and community-based initiatives to reduce long-term vulnerability and dependency on aid.

6 DIPLOMATIC PRESSURE FOR RESPECT FOR INTERNATIONAL HUMANITARIAN LAW

The international community must intensify coordinated diplomatic efforts to ensure full respect for international humanitarian law, protection of civilians, prevention of violations, and accountability. multi-year funding to guarantee the continuity of essential services.

VOICES FROM THE FIELD

Thierno Samba Diallo, Country Director, Action Against Hunger Nigeria

In 2025, we continued to see Nigeria face the combined impacts of conflict, climate shocks, economic hardship, food insecurity and displacement. Persistent insecurity in the north-east and north-west, recurrent flooding, prolonged dry spells and rising inflation increased pressure on already vulnerable communities, weakening livelihoods, disrupting access to essential services and raising the risk of malnutrition among women and children. At the same time, humanitarian funding has failed to keep pace with growing needs, forcing aid organisations to make difficult choices about where support could be delivered.

The human impact of these crises is reflected in a recent visit to an Action Against Hunger stabilisation centre in Sokoto, where a nurse gently weighed a severely malnourished toddler while anxious families waited outside for care. Every bed was occupied, and the number of children arriving continued to grow. Behind every child we admit is a family carrying fear, uncertainty and the hope that help has arrived in time. When you walk through our stabilization centres, you see more than malnutrition statistics. You see parents who have exhausted every option before seeking help. What stays with you is the reality that needs are rising faster than the resources available to respond.

Despite significant challenges, we have seen our community-based approaches continue to deliver. Initiatives such as Tom Brown production groups enable women to produce nutritious blended flour using locally available ingredients, creating income opportunities while improving access to affordable, culturally accepted complementary foods for children. At the household level, the Porridge Mum and Dad approach is encouraging fathers to play a more active role in child feeding and care practices. Integrated programmes that combine nutrition, health, water and sanitation, food security and livelihoods support are helping communities address both immediate needs and underlying vulnerabilities.

Malnutrition does not happen in isolation. It is closely linked to conflict, poor access to healthcare, unsafe water, food insecurity, and the loss of livelihoods. The reality is that communities need both immediate humanitarian assistance and long-term investment in resilience.Sustained donor support remains essential to prevent crises from deepening and to help vulnerable communities recover and build resilience for the future.

Dr. Kanai NKeki Yahi, Principal Medical Officer at Damasak General Hospital with Ya Bintu Ali and her twins. Damasak, Borno State © Maryna Chebat for Action Against Hunger

"We were displaced from Gashar to Niger. From Diffa, we were not enjoying life, so we came back to Damasak. My children became very sick. At the hospital, the doctors hurried to help them because of their condition."

***Bintu Ali**, Damasak.*

Ya Bintu and her family endured years of displacement after fleeing violent clashes in their village. After seeking refuge in neighbouring Niger without being able to access healthcare services, the family returned to Damasak, where her twin children were admitted for emergency treatment for severe malnutrition and multiple infections. Action Against Hunger supports maternal and child healthcare services in Damasak General Hospital, helping vulnerable families access life-saving treatment closer to home.

Bulama Lawan, leader of Wulari community who lost access to clean water due to devastating floods in September 2024. Today, the community benefits from water trucking deployed by Action Against Hunger. Maiduguri, Borno State. © Maryna Chebat for Action Against Hunger

"I am the representative of the Wulari community head. We are excited about the water we are getting. When the flood happened, we stayed up to three weeks without water. To this day, the water is brought to us, and we are excited; it has helped us so much."

***Alhaji Ibrahim Ali**, community leader, Wulari community, Maiduguri.*

After devastating floods damaged local water systems in Maiduguri, families in Wulari community lost access to safe drinking water. Action Against Hunger responded with emergency water trucking and support to restore damaged water infrastructure, helping displaced and host families regain access to essential services.

Amina, Nutrition assistant at Action Against Hunger assist women in preparation of tombrown porridge that improves children's health. Bagarawa, Sokoto State, Nigeria © Maryna Chebat for Action Against Hunger

"We go house by house to speak with mothers about hygiene, nutrition, and how to protect their children from sickness."

***Amina Abdulrasheed**, Nutrition Assistant, Sokoto State.*

Across rural communities in Sokoto, nutrition assistants play a critical role in supporting families in their communities — identifying children at risk of malnutrition, promoting safe hygiene practices, and connecting mothers with life-saving treatment and community support services.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
2010	Borno, Yobe, Adamawa, Jigawa, and Sokoto States	254 staff members (246 national staff and 8 international staff) More than 500 Seconded/Daily Staff	1,973,036

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger Nigeria has been operational in Nigeria since 2010, delivering integrated and multisectoral programmes across north-east and north-west Nigeria.

In 2025, Action Against Hunger implemented emergency, recovery, and development programmes in BAY and Jigawa states, supported by its coordination office in Abuja.

NUTRITION AND HEALTH

- **1,155,197** People supported through health and nutrition services.
- **76,443** SAM cases treated through outpatient therapeutic programmes.
- **5,703** Complicated SAM cases treated in Stabilisation Centres.
- **431,345** People reached through preventive nutrition and MIYCN services.
- **195** Infants enrolled in the MAMI programme.
- **693,026** Curative consultations conducted.
- **19,977** Safe deliveries supported.
- **83** Health facilities supported.
- **174,211** Cartons of RUTF prepositioned
- **7** National buffer stock activations conducted.
- Primary healthcare, maternal and child health, and treatment of acute malnutrition delivered across intervention areas.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **217,269** People supported through food security and livelihood activities.
- **27,000+** Households reached through food and cash assistance modalities.
- **1,561** Households supported with off-season nutrition-sensitive cash transfers.
- **493** Small-scale farmers reached with agricultural training and support.
- **247** Women supported with business and financial literacy training and start-up grants.
- **197** Women, including persons with disabilities, reached with livestock and nutrition-sensitive livelihood support.
- Cash assistance and livelihood protection initiatives strengthened household resilience.

WATER, SANITATION AND HYGIENE (WASH)

- **567,446** People reached with WASH interventions, including hygiene promotion and Baby WASH.
- **30** Water points constructed or rehabilitated.
- **99** Sanitation facilities improved across communities and health facilities.
- **264** WASH committee members trained on facility maintenance and water quality monitoring.
- **192** Health workers trained on infection prevention and control.
- Improved access to safe water, sanitation, and hygiene services to reduce disease outbreaks.

GENDER, PROTECTION AND MHPSS

- **33,124** People reached through protection and MHPSS services.
- **43,831** Individuals reached through. psychoeducation and awareness activities.
- **19,645** Caregivers supported to improve infant and young childcare practices.
- **1,121** Individuals received counselling services.
- **1,370** Psychological first aid consultations delivered.
- **48** Staff and partners trained across MHPSS competencies and referral pathways.
- Support focused on reducing vulnerability and strengthening community-based protection mechanisms.

Sources: OCHA Nigeria — Humanitarian Needs and Response Plan (HNRP) 2025/2026 and BAY States Situation Reports; Cadre Harmonisé (CH) Nigeria 2025/2026; IPC Acute Malnutrition (IPC AMN) Nigeria 2025; WFP Nigeria External Situation Reports and Market Monitoring Reports 2025; IOM Displacement Tracking Matrix (DTM) Nigeria; UNHCR — Northern Nigeria Protection Impact During the Lean Season Report 2025; ACAPS — Nigeria crisis analysis and humanitarian access updates; Protection Sector/Protection Cluster Nigeria; Action Against Hunger Nigeria Content Report 2025; Action Against Hunger Nigeria Global Impact Report (GIR) 2025; Aid Worker Security Database (AWSD)

THE DEMOCRATIC REPUBLIC OF THE CONGO

2 GLOBAL RANK

27.7 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~112.8 million[1]
Total population (2025)

14.9 million
People in Need
HRP 2026

5.77 million
Internally displaced persons (IDPs)[2]

4.26 million
Returnees[3]

~1 million
Refugees in neighbouring countries

28%
2025 HRP funded

3.6 million
Expected people in CH Phase 4 - Emergency
Immediate life-saving needs

1.54 million
Pregnant and lactating women (PLWs) estimated to be suffering from acute malnutrition
IPC 2026

4.18 million
Children under 5 expected to be suffering from acute malnutrition (GAM)
IPC 2026

1.35 million
Children under 5 expected to be suffering from severe acute malnutrition (SAM)
High risk of mortality
IPC 2026

43%
Population with access to basic drinking water services

15%
Population with access to basic sanitation

A mother gives her daughter therapeutic milk at the Mungano Inpatient Therapeutic Feeding Unit in Goma, where the child is being treated for severe acute malnutrition with complications. © Inès Olhagaray for Action Against Hunger

Sources: [1]https://www.unfpa.org/data/world-population/CD?utm
[2]https://data.humdata.org/dataset/drc-displacement-deplace-site-assessment-ocha
[3] https://data.humdata.org/dataset/drc-displacement-deplace-site-assessment-ocha

COUNTRY PROFILE

The Democratic Republic of Congo (DRC), home to approximately 112.8 million people, faces one of the world's largest humanitarian crises, driven by protracted conflict, mass displacement, climate shocks, recurrent epidemics, and chronic poverty. The country hosts one of the largest displacement crises in the world, with 5.77 million internally displaced persons, 4.26 million returnees in a highly vulnerable position, and close to 1 million refugees in neighbouring countries. Around 60% of the population lives in rural areas and depends on agriculture for survival, yet insecurity, underinvestment, weak infrastructure, and limited access to land continue to undermine agricultural production and livelihoods. Conflict and insecurity continue to disrupt agricultural production, local trade routes, and access to markets across eastern DRC. Farmers face repeated displacement, looting of livestock, illegal taxation, and restrictions on access to agricultural land, contributing to declining food availability and rising food prices.

In eastern DRC — particularly North Kivu, South Kivu, and Ituri — the 2025 M23 offensive and the capture of Goma and Bukavu triggered mass displacement, civilian casualties, and widespread disruption of basic services, compounding a crisis already driven by more than 120 armed groups active across the region. At the same time, recurrent outbreaks of cholera, measles, malaria, mpox, and Ebola further strain an already fragile health system. Health, WASH, and education systems in conflict-affected areas are increasingly unable to meet basic needs due to insecurity, underfunding, attacks on infrastructure, shortages of personnel and supplies. Health facilities are regularly looted, damaged, or closed, affected by stock shortages, staff displacement, and insecurity that prevent both patients and health workers from reaching them. Similarly, WASH and education systems are increasingly non-functional in conflict-affected zones. This is because infrastructure is damaged or not maintained, staff are displaced, and access is constrained by insecurity. Limited funding and shrinking humanitarian access reduce the ability of actors to sustain even minimum service provision. The consequences of underfunding were already evident in 2025. More than 1,000 nutrition centres closed, depriving over 390,000 children with severe acute malnutrition of treatment. Approximately 1.5 million people lost access to primary healthcare, and food assistance targets were reduced by up to 73 per cent. In 2026, funding constraints mean that humanitarian assistance will reach only 7.3 million of nearly 15 million people in need[4], as the Humanitarian Response Plan remains only 47.6% funded. Repeated displacement, insecurity, and underinvestment continue to undermine household resilience and limit communities' ability to recover from recurrent shocks.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

In 2025, the Democratic Republic of the Congo (DRC) experienced one of the world's most severe food crises. Around 27.7 million people — around one in four Congolese — faced acute food insecurity (IPC Phase 3 or above), including 3.6 million in Emergency conditions (IPC Phase 4). Alongside Nigeria and Sudan, the DRC ranked among the three countries with the highest number of people affected by crisis-level hunger globally.

The eastern provinces — particularly North Kivu, South Kivu, Ituri, and Tanganyika — remain the hardest hit, with more than 10 million people experiencing severe food insecurity. Armed conflict, repeated displacement, disrupted trade routes, and declining agricultural production continue to undermine food availability and household purchasing power, forcing many families to adopt harmful coping strategies. Recent assessments confirm widespread reliance on negative coping mechanisms, including meal reduction, reduced dietary diversity, borrowing food or money, sale of productive assets, and increased reliance on child labour or sending household members elsewhere to cope with shortages.

The nutrition crisis is equally alarming: around 4.18 million children under five suffer from acute malnutrition, including 1.35 million with severe acute malnutrition (SAM), while nearly 1.54 million pregnant and breastfeeding women are affected. Limited access to safe water, sanitation, and healthcare, combined with recurrent cholera outbreaks, continues to worsen the situation, particularly among displaced populations.

According to IPC projections for 2026, around 26.5 million people are expected to remain in acute food insecurity — a slight decrease from the 2025 peak of 27.7 million, though risk levels remain critical in eastern provinces, where several territories could continue facing Emergency levels of hunger (IPC Phase 4)[5].

Sources: [4] https://www.unocha.org/publications/report/democratic-republic-congo/facing-critical-funding-gap-humanitarian-community-drc-forced-strictly-prioritize-its-response-2026 - [5] https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1163307/?iso3=COD

CONFLICT, DISPLACEMENT AND CLIMATE SHOCKS

IMPACT ON WASH

Decades of conflict and chronic underinvestment have severely weakened water, sanitation, and hygiene (WASH) systems across the DRC, particularly in eastern provinces where infrastructure coverage has long been limited and poorly maintained. Only 43% of the population uses at least basic water services and just 15% have access to basic sanitation. Rural access to safe water remains critically low, and existing systems are often non-functional due to lack of maintenance, damage, or insecurity. Renewed violence and large-scale displacement since 2024–2025 have further degraded WASH conditions: water points are destroyed or abandoned, sanitation facilities are insufficient or damaged, and overcrowded displacement settings lack basic hygiene services. Recurrent flooding compounds this deterioration: severe floods in 2025 damaged water infrastructure across Kinshasa, Tanganyika, South Kivu, and Maniema, increasing the risk of waterborne disease outbreaks including cholera.

The most affected areas include North Kivu, South Kivu, and Ituri, where millions of displaced people and host communities face acute constraints. Many households must travel long distances to access water or rely on unsafe sources, while sanitation coverage is extremely limited in displacement sites. These conditions have contributed to major public health crises. As of December 2025, the DRC had recorded 64,427 cholera cases and 1,888 deaths — its worst cholera outbreak in 25 years. Children accounted for 14,818 cases and 340 deaths, while the outbreak spread across 17 of the country's 26 provinces, including Kinshasa[6].

Poor WASH conditions are a major driver of increased health risks and malnutrition. Frequent diarrheal diseases reduce nutrient absorption, contributing to high rates of acute malnutrition among children, while limited access to safe water and healthcare exacerbates morbidity and mortality. Displaced populations, especially children and pregnant women, are disproportionately affected due to their heightened vulnerability and reduced access to essential services. The cholera crisis has been exacerbated by conflict, displacement, flooding, and rapid urbanization, underscoring the urgent need for greater investment in water, sanitation, hygiene, and health services.

THE 2026 EBOLA OUTBREAK

A COMPOUNDING SHOCK TO FOOD SECURITY AND HUMANITARIAN RESPONSE

On 5 May 2026, the World Health Organization (WHO) was alerted to a high-mortality outbreak of an unknown illness in Mongbwalu Health Zone, Ituri Province, including deaths among health workers. Laboratory analysis confirmed Bundibugyo virus disease (BVD), a species of Ebola virus disease, in eight samples on 15 May. The same day, the Ministry of Public Health, Hygiene and Social Welfare officially declared the DRC's 17th Ebola outbreak.

Unlike the Zaire species of Ebola virus, there is currently no licensed vaccine or specific therapeutic treatment available for Bundibugyo virus disease. In addition, diagnostic capacity remains limited, as samples must be transported to specialized laboratories for confirmation, delaying case detection and response.

The outbreak is unfolding in a context already characterised by conflict, mass displacement, severe food insecurity, and limited access to essential services. Beyond its direct health impacts, Ebola further increases pressure on overstretched health and WASH systems, disrupts livelihoods and local markets, and risks diverting scarce resources away from nutrition and food security interventions. Fear of infection and reduced access to healthcare may also limit the utilisation of essential nutrition services, increasing risks for vulnerable populations, particularly children under five and pregnant and breastfeeding women.

Action Against Hunger has been operating in Mongbwalu Health Zone, the epicentre of the outbreak, since January 2026. By supporting infection prevention and control measures, strengthening community awareness, and rehabilitating WASH infrastructure, Action Against Hunger contributes to maintaining access to essential health and nutrition services while reducing the risk of further disruptions to livelihoods and local food systems. Action Against Hunger has adapted its operations to respond to the outbreak by:

- Supporting 12 health facilities with personal protective equipment and infection prevention and control supplies.
- Training community health workers and supporting community-based surveillance.
- Conducting community sensitisation activities on Ebola transmission and prevention.
- Establishing triage areas in health facilities.
- Rehabilitating water, sanitation, and hygiene (WASH) infrastructure in affected communities.

Source: [6] https://www.unicef.org/drcongo/en/press-releases/drc-cholera-outbreak-declared-countrys-worst-25-years

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **More than 120-armed groups remain active across eastern DRC;** approximately 5.77 million people are internally displaced.
- **Civil insecurity and repeated displacement continue to severely restrict access** to healthcare, nutrition services, safe water, sanitation, and livelihoods, for displaced, returnees and host communities.
- **Health systems in conflict-affected areas are severely disrupted:** health facilities are frequently looted, damaged or forced to close during fighting, while insecurity, staff displacement, and supply shortages limit service continuity.
- **Humanitarian access is severely constrained by insecurity**, bureaucratic impediments, active frontlines, and poor infrastructure.
- **Key transport routes and supply chains are highly disrupted**: insecurity along major road axes, the closure of transport hubs, and increased reliance on longer routes significantly delay and increase the cost of humanitarian operations.
- **Humanitarian personnel and operations face elevated risks,** including attacks, stray bullets, kidnappings, looting, and intimidation, contributing to suspension or reduction of activities in high-risk areas.
- **Attacks against civilians, health facilities, markets, and humanitarian infrastructure** continue to violate international humanitarian law and further restrict access to life-saving services.
- **Repeated displacement, overcrowding, and poor living conditions** in displacement sites increase exposure to disease outbreaks, including cholera, and exacerbate malnutrition risks.
- **Shrinking humanitarian funding** — driven by a severely underfunded 2025 Humanitarian Response Plan and a hyper-prioritized, reduced-scope 2026 appeal — has forced humanitarian organizations to suspend or scale back life-saving activities, further compounding the impact of conflict on essential services.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Floods, droughts, soil erosion, and landslides continue to destroy crops**, infrastructure, and livelihoods across the DRC.
- **Severe flooding in 2025 affected hundreds of thousands of people**, particularly in Kinshasa, Tanganyika, South Kivu, and Maniema, damaging water infrastructure and increasing the risk of waterborne diseases such as cholera.
- **Climate shocks disproportionately affect communities** already displaced by conflict, worsening food insecurity, malnutrition, and public health risks.
- **Environmental degradation, deforestation, and unplanned urbanization** further increase vulnerability to climate-related disasters.

INEQUALITY AND POVERTY

- **Around 73.5% of the population lives below the poverty line**, limiting households' ability to cope with repeated shocks.
- **Weak governance, underinvestment and fragile institutions** constrain access to essential services and humanitarian response.
- **Recurrent disease outbreaks** continue to strain the health system.
- **Only 43% of the population has access to at least basic drinking water services and just 15% to basic sanitation.** Poor WASH conditions, low vaccination coverage and limited healthcare access continue to worsen malnutrition and public health risks particularly in displacement sites and conflict-affected areas.
- **Gender inequalities, displacement and protection risk** significantly reduce the resilience of women and vulnerable communities.

OPERATIONAL CONTEXT AND CONSTRAINTS

In 2026, humanitarian access in the Democratic Republic of the Congo (DRC) continues to be constrained by a combination of insecurity, operational challenges and protection risks. Escalating conflict in the eastern provinces, repeated displacement and attacks against civilians and humanitarian personnel have significantly reduced the ability of humanitarian actors to deliver assistance to populations in need.

Security Constraints: The security environment remains highly volatile, particularly in North Kivu, South Kivu, Ituri and Mai-Ndombe, where fighting between armed groups and government forces continues to shift frontlines and restrict movement. Attacks against civilians, humanitarian workers and civilian infrastructure, together with the presence of armed groups and explosive hazards, expose both affected populations and aid workers to significant risks. More than 600 security incidents affecting humanitarian workers were recorded in 2025, making the DRC one of the world's most dangerous operating environments for humanitarian action.

Administrative and Access Constraints: Humanitarian operations continue to face bureaucratic impediments, including administrative procedures, movement restrictions and access negotiations with multiple authorities and armed actors. Combined with insecurity and rapidly changing frontlines, these constraints delay the delivery of assistance and limit humanitarian presence in some of the most severely affected areas.

Operational Constraints: Damaged infrastructure, poor road conditions, logistical bottlenecks and insecurity continue to hamper the transport of humanitarian supplies and personnel, particularly during the rainy season. These challenges increase operational costs, reduce the frequency of humanitarian missions, delay supplies transport to those who most need it, and limit sustained access to remote and conflict-affected communities.

Protection Constraints: Repeated displacement exposes affected populations to heightened protection risks. Many displaced families experience multiple displacements, overcrowded living conditions and limited access to food, healthcare, water, sanitation, and protection services. Serious violations against children, including forced recruitment, abductions and sexual violence—increased sharply during 2025. Women and girls remain disproportionately exposed to gender-based violence, particularly in displacement sites and conflict-affected areas.

These interconnected constraints reinforce one another. Insecurity, bureaucratic barriers, operational disruptions and severe protection risk collectively reduce humanitarian access, increase the cost and complexity of humanitarian operations, and leave millions of vulnerable people with inadequate access to life-saving assistance and essential services.

KEY RECOMMENDATIONS

Without immediate and sustained financial and political action, the consequences of the crisis will worsen: more people will enter IPC Phase 4, child mortality will rise, and health systems in the most fragile areas risk severe degradation or interruption. Action Against Hunger urgently calls for:

1 FULL AND SAFE HUMANITARIAN ACCESS

Parties to the conflict must take all the necessary measures to guarantee unimpeded access to hard-to-reach populations by removing bureaucratic and logistical impediments in accordance with International Humanitarian Law. Parties to the conflict must facilitate rapid, safe, and unimpeded humanitarian access. Without access, every other measure remains insufficient.

2 ADDRESS THE VICIOUS CYCLE BETWEEN CONFLICT AND HUNGER

Parties to the conflict must take concrete measures to protect civilians and critical civilian infrastructure, including markets, food supply chains, agricultural assets, and productive resources, in line with UN Security Council Resolution 2417. Safeguarding livelihoods and ensuring the continuity of food systems are essential to preventing further deterioration of food insecurity and malnutrition.

3 URGENT, FLEXIBLE, PREDICTABLE, AND NEXUS-ORIENTED FUNDING

Current funding levels remain critically insufficient to meet rising humanitarian needs, with humanitarian funding decreasing by 43% between 2024 and 2025[7]. Reduced funding has already led to the closure of nutrition centres, disruptions in healthcare services, and cuts in food assistance across the country. International donors and partner countries must urgently provide immediate, flexible, and multi-year humanitarian and development funding to sustain essential services, strengthen resilience, and support longer-term recovery through a humanitarian-development nexus approach in a rapidly evolving context. Even critical responses such as the current Ebola outbreak are struggling to secure sufficient funding, highlighting the urgent need for flexible and predictable humanitarian financing capable of responding to both chronic crises and sudden shocks.

4 PRIORITY FOR WOMEN, CHILDREN, AND DISPLACED PEOPLE

More than 4.1 million children under five are suffering from acute malnutrition, including approximately 1.4 million with severe acute malnutrition (SAM). Integrated nutrition, health, WASH, food security, protection and MHPSS services must prioritize displaced communities, women-headed households, survivors of violence and children. Efforts should strengthen survivor-centred GBV services, child protection, psychosocial support, and safe referral mechanisms, while parties to the conflict must end grave violations against children, including recruitment and use by armed groups, and protect civilians in accordance with international humanitarian law.

5 CLIMATE RESILIENCE AND LOCAL SOLUTIONS

Humanitarian interventions must systematically integrate climate adaptation and disaster-risk reduction measures. Support to local agricultural cooperatives, sustainable agroecological practices, flood prevention and community resilience mechanisms is essential to reduce long-term vulnerability.

6 STRENGTHENING DIPLOMATIC EFFORTS FOR PEACE

Without meaningful progress toward peace and civilian protection in eastern DRC, humanitarian needs will continue to rise, and humanitarian gains will remain fragile. Regional and international actors must intensify diplomatic engagement, support inclusive political dialogue, and ensure accountability for violations of international humanitarian law.

VOICES FROM THE FIELD

Julie Drouet, Country Director
Action Against Hunger DRC

The Democratic Republic of Congo (DRC) continues to face a severe humanitarian crisis driven by conflict, displacement, food insecurity, disease outbreaks, and chronic underinvestment in essential services. Needs are increasing while humanitarian funding continues to decline. At the same time, we are confronting a major Ebola outbreak. As of 21 July 2026, the outbreak had resulted in 2,536 confirmed cases, 1,033 deaths, and 506 recoveries. Eighty-nine per cent of confirmed cases have been reported in Ituri Province, although the epidemic has affected five provinces overall: Ituri, North Kivu, South Kivu, Haut-Uélé, and Tshopo. The outbreak is disrupting livelihoods, restricting movement, and adding further trauma to communities already struggling to cope with multiple shocks.

Our response is challenged by delayed case detection, slow laboratory confirmation, mistrust, and occasional hostility towards humanitarian workers. Despite these constraints, we have adapted rapidly thanks to our long-standing presence in the country, including in Mongbwalu, the epicenter of the outbreak. Our teams continue to support frontline health facilities, strengthen infection prevention and control measures, maintain water, sanitation and hygiene (WASH) services, and ensure children suffering from acute malnutrition receive life-saving treatment.

Our teams are responding to a deadly epidemic while continuing to provide life-saving nutrition services. Every day, they face fear, uncertainty, and rapidly evolving challenges, yet they remain committed to supporting the communities that depend on them. What stays with me is the determination of our staff and the resilience of the people we serve, despite the immense difficulties they face.

We are operating in an increasingly difficult environment. Funding shortages mean our assistance can only reach the most critical areas, leaving many vulnerable communities without support. Beyond insecurity, organisations face growing administrative and financial barriers, including high visa costs, additional taxes, movement restrictions, difficult access procedures, and complex administrative requirements. These constraints consume valuable time and resources that could otherwise be dedicated to delivering aid. Insecurity also remains a constant challenge, with humanitarian workers exposed to risks from armed groups, criminality, and active conflict.

Reduced humanitarian funding has significantly weakened our response capacity. We have had to suspend or scale back our programmes, reducing flexibility and limiting our ability to respond quickly to new emergencies. As a result, fewer people receive assistance; support is provided for shorter periods, and our interventions are often less comprehensive. Even our current Ebola response is struggling to secure sufficient and durable funding for a multisectoral approach.

Despite these challenges, local resilience and innovation continue to offer hope. In partnership with government authorities, we are implementing integrated approaches that combine nutrition, health, WASH, mental health, and food security support. Humanitarian assistance saves lives, supports recovery, and contributes to stability. Sustained international support is critical if we are to prevent further deterioration and help communities build a more resilient future.

VOICES FROM THE FIELD

Blandine Mambiko, ACF Nutrition Programme Manager, inspects latrines and a raised handwashing station built by Action Against Hunger at CECA 20 to improve hygiene standards and help prevent Ebola transmission, Mongbwalu, DRC, 24 June 2026. © Patient Kabukulu for Action Against Hunger

"It is important to note that the Ebola outbreak occurred in a context that was already fragile, with significant humanitarian needs in Ituri Province. In the region, access to basic services such as drinking water and sanitation is very limited.

In the Mongbwalu health zone, Action Against Hunger has implemented multisectoral emergency interventions. Action Against Hunger supports health authorities in infection control and prevention, particularly by promoting good hygiene practices, distributing hygiene kits, and installing handwashing stations in health facilities. Action Against Hunger is also working to increase knowledge and understanding of the disease, which helps limit rumors and misinformation within the community.

The challenges are enormous. The Mongbwalu health zone is located in a mining region with high population mobility, which makes it even more difficult to control the spread of viruses, compounded by insecurity that limits access to certain localities."

***Mambiko Blandine**, Nutrition program manager, Action Against Hunger DRC*

As Nutrition Programme Manager, Mambiko Blandine leads Action Against Hunger's emergency response in Mongbwalu, the epicentre of the 2026 Ebola outbreak, where the organisation supports 12 health facilities with infection prevention and control measures alongside community sensitisation to limit rumours and misinformation.

Sister Charlotte Vive, Head of the Notre Dame de la Charité Maternal Health Centre. Mongbwalu, DRC, 25 June 2026. © Patient Kabukulu for Action Against Hunger

"There was a mother who arrived at our health centre showing all the signs of Ebola. We started by having her wash her hands, then took her temperature at the triage point. We told her: 'You're showing all the signs — can you go to hospital?'

She started crying and said: 'No, I don't like hospitals. People go to die in hospital.'

We advised her: 'No, as you've arrived in time, you'll recover.' And we called an ambulance. But there are other people who flatly refuse.

What worries us is that we're afraid of the disease too — we've had all sorts of epidemics here recently, but before that, there were none. We were afraid because nurses died from it, lots of them, and even doctors died."

***Sister Charlotte Vive**, Nurse in Notre Dame de la Charité Maternelle Health Centre*

At Notre Dame de la Charité Maternelle Health Centre, Sister Charlotte is often the first point of contact for patients showing signs of Ebola — navigating both the urgency of early detection and a deep-rooted fear of hospitals shaped by previous epidemics in the region.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
1995	North Kivu, Ituri, Kasai Oriental	300	583,754

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

In the Democratic Republic of Congo, Action Against Hunger delivers integrated health, nutrition, WASH, food security, protection, and mental health interventions in some of the country's most crisis-affected and hard-to-reach areas.

Programmes combine emergency response with resilience-building activities to address immediate humanitarian needs while strengthening communities' capacity to withstand recurrent shocks.

Action Against Hunger provides integrated support for conflict- and displacement-affected populations in North Kivu, Ituri, and Kasaï Oriental, with a particular focus on pregnant and breastfeeding women and children under five.

Interventions include emergency nutrition and healthcare, sanitation facilities, hygiene kit distribution, psychosocial support, sexual and reproductive health services, and support to agricultural recovery and livelihoods to strengthen food security and resilience.

NUTRITION AND HEALTH

- **279,579** people reached by health and nutrition services, of whom 264,806 were children under 5.
- **13,698** children treated for severe acute malnutrition (SAM) - with a recovery rate of 95%.
- **5,983** women who received at least 4 antenatal visits (44% of those assisted).
- **113,094** people benefiting from curative and preventive nutritional programmes.
- **55,107** health and nutrition workers trained.

WATER, SANITATION AND HYGIENE (WASH)

- **266,615** people reached through WASH activities including by hygiene promotion campaigns.
- **63** health facilities with improved WASH services.
- **23,100** people with improved access to safe drinking water.
- **26,863** people with access to safe sanitation facilities.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **5,070** people reached through FSL food security and livelihood interventions (agro-pastoral, NFI distribution, cash assistance).
- **29%** of households recorded an improvement in their Food Consumption Score (FCS — a WFP indicator measuring dietary diversity and frequency), rising from an average of 30.8 to 39.9.
- **-44%** reduction in the use of negative coping strategies, measured by the reduced Coping Strategies Index (rCSI — a WFP indicator tracking reliance on food-based coping mechanisms such as skipping meals), falling from 23 to 13).

GENDER, PROTECTION AND MHPSS

- **33,124** People reached through protection and MHPSS services.
- **43,831** Individuals reached through. psychoeducation and awareness activities.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger actively participates in key coordination platforms at national and sub-national levels, including the Humanitarian Country Team (HCT), the INGO Forum (as advocacy co-lead), and inter-cluster and cluster coordination mechanisms. The organization also worked closely with national partners to strengthen alignment between international and local actors.

In 2025, Action Against Hunger reinforced its advocacy efforts on humanitarian access, civilian protection, and preservation of humanitarian space. Through joint advocacy within the INGO Forum, Action Against Hunger contributed to regular analysis and messaging on access constraints, helping to highlight both challenges faced by humanitarian actors and barriers faced by affected populations in accessing essential services. Action Against Hunger also engaged in high-level advocacy at national and international levels to promote coordinated, evidence-based messaging. Action Against Hunger's programming is grounded in strong technical expertise and evidence, including SMART surveys and regular needs assessments, and contributions to IPC analysis. By prioritizing support to existing health systems and working in partnership with national institutions and local actors, Action Against Hunger contributes to strengthening the effectiveness and sustainability of the humanitarian response. This engagement has contributed to improved coordination, stronger collective advocacy, and incremental progress on humanitarian access in highly constrained environments, while helping maintain focus on the needs of the most vulnerable populations.

Sources: OCHA DRC – Humanitarian Needs and Response Plan (HNRP) 2026 and humanitarian situation updates; Global Report on Food Crises (GRFC) 2026 – food security and nutrition analysis; FAO / IPC – Integrated Food Security Phase Classification (IPC) data for DRC; IOM Displacement Tracking Matrix (DTM) – internal displacement data; ACAPS – Democratic Republic of the Congo crisis analysis; Protection Cluster DRC – Protection risk analysis 2025; Action Against Hunger Global Impact Report (GIR) 2026; Aid Worker Security Database – AWSD: https://aidworkersecurity.org

SUDAN

3 GLOBAL RANK

24.6 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~51.9 million
Total population (2025)

33.7 million
People in Need
Almost two third of the population

HRP 2026

~8.9 million
Internally displaced persons (IDPs)

4.5 million
Refugees in neighbouring countries

39.8%[1]
2025 HRP funded

6.3 million
Expected people in CH Phase 4- Emergency

Immediate life-saving needs

4.2 million
Children under 5 and pregnant and lactating women (PLW) expected to suffer from acute malnutrition (GAM) in 2026

+825,000
Children under 5 expected to suffer from severe acute malnutrition (SAM)

High risk of mortality

60%
of water treatment facilities out of service

1/3
of the population without access to safe drinking water

A family arrives from war-torn Sudan with the few belongings they managed to save. Action Against Hunger offers them a malnutrition screening and high-energy biscuits.
© Peter Caton for Action Against Hunger

Source: [1]https://fts.unocha.org/countries/212/summary/2025

COUNTRY PROFILE

Sudan, with an estimated population of 51.9 million people, is facing one of the world's most severe humanitarian crises. The crisis reflects decades of political and economic instability, compounded by the recent armed conflict that erupted in April 2023 between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF).
A large share of the population depends on agriculture, livestock, and the informal economy for survival. Persistent conflict, mass displacement, and the destruction of infrastructure have severely disrupted livelihoods and productive capacity. Beyond the immediate emergency, the crisis is eroding the wider economy: markets are destabilised, local food systems are weakened, and communities have fewer resources to withstand recurring shocks.

Sudan is facing the world's largest displacement crisis, with around 13 million people displaced when combining approximately 8.9 million internally displaced people and around 4.5 million people who have crossed into neighbouring countries. In the most affected regions, particularly Darfur and Kordofan, protracted violence, repeated displacement and institutional collapse have severely disrupted access to livelihoods and essential services, including WASH, limiting access to safe water, sanitation, and hygiene in many conflict-affected and return areas. This deterioration contributed to a major 2024–2025 cholera outbreak, with more than 72,000 suspected cases and over 2,100 deaths reported in 2025; transmission was interrupted in early 2026, but the risk of renewed outbreaks remains high given continued displacement, damaged infrastructure and fragile water and health systems. At the same time, conflict, collapsing livelihoods, disrupted agriculture and constrained humanitarian access are deepening acute food insecurity and malnutrition, with 19.5 million people facing acute hunger and 825,000 children expected to suffer severe acute malnutrition in 2026. Seasonal flooding and heavy rains further compound these dynamics by disrupting access, increasing the risk of waterborne and vector-borne diseases, and placing additional pressure on already fragile WASH and health systems. In 2026, an estimated 33.7 million people are expected to require humanitarian assistance — a record level of need, representing an increase of 3.3 million people compared with 2025 — while the 2026 Humanitarian Needs and Response Plan only targets 20.4 million people as response capacity remains critically insufficient. Humanitarian financing continues to deteriorate: the 2026 Humanitarian Needs and Response Plan (HRP) is only 28%[2] funded as of June 2026, amid a broader decline in Official Development Assistance (ODA) and significant reductions in donor contributions, further constraining the scale and continuity of lifesaving operations.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Sudan remains one of the world's most acute food crises. The emergency is driven not only by conflict and displacement, but also by the collapse of food systems and markets. Hyperinflation, cash shortages, disrupted supply chains, and loss of livelihoods have devastated household purchasing power. Agricultural production has sharply declined because of insecurity, looting, and the contamination of farmland by explosive remnants of war. Markets and trade routes are heavily disrupted, making it increasingly difficult to maintain food supplies across the country. To survive, many families are reducing the number of daily meals or relying on unsafe food substitutes.

According to the Integrated Food Security Phase Classification (IPC), 24.6 million people — more than half of the population — were facing Crisis or worse levels of acute food insecurity (IPC Phase 3+) in May 2025. Although slight improvements were observed in some eastern areas, conditions across much of the country remain catastrophic. Projections for 2026 point to a similarly severe caseload, with 19.5 million people expected to face acute hunger during the year.

In September 2025, IPC analyses identified famine conditions (IPC Phase 5) in the besieged towns of El Fasher and Kadugli, while 20 additional areas across Greater Darfur and Greater Kordofan remained at risk of famine.

The nutrition situation is equally alarming. The 2026 Global Report on Food Crises (GRFC) classifies Sudan among the countries facing a very severe nutrition crisis, driven by inadequate diets, recurrent disease outbreaks, and limited access to safe water and healthcare. An estimated 8.4 million people will require nutrition assistance in 2026, including 5 million children under five and 3.4 million pregnant and breastfeeding women. Of these, an estimated 4.2 million children and pregnant and lactating women (PLW) are projected to be acutely malnourished across Sudan in 2026 — 12.4% higher than the 3.7 million estimated in 2025— including approximately 825,000 children under five expected to suffer severe acute malnutrition (SAM), a condition that carries a high risk of mortality without immediate treatment.

Nutrition surveys continue to reveal critical levels of malnutrition, particularly in Darfur. Despite the scale of need, the humanitarian response remains critically underfunded. Reduced financing and gaps in food security assessment coverage are constraining relief efforts and obscuring the true extent of the crisis — underscoring the urgent need for sustained investment in humanitarian response, nutrition services, and food security information systems.

Source: [2]https://fts.unocha.org/countries/212/summary/2026

IMPACT ON WASH

Even before the outbreak of conflict in 2023, Sudan had one of the most fragile WASH profiles in the region. Access to safe water was already deeply unequal, sanitation coverage remained critically low, and the institutions responsible for water service delivery — state-level Water Corporations, the National Water Corporation, and municipal authorities — were chronically underfunded and operating with limited technical capacity. The war did not create a WASH crisis from scratch. It collapsed a system that was barely functional.

Since April 2023, the destruction of physical infrastructure has been accompanied by an equally severe collapse in service delivery capacity. Water Corporations in conflict-affected states — particularly in Khartoum, North Darfur, South Kordofan, and Blue Nile — have lost technical staff through displacement, death, and insecurity. Fuel shortages have rendered pumping stations inoperable even where physical infrastructure remains intact. Chlorine and water treatment chemicals face acute supply chain disruptions, leaving treatment facilities unable to maintain minimum disinfection standards. Spare parts for pumps, generators, and desalination units are unavailable across most of the conflict-affected geography.

The result is a dual failure: infrastructure damaged or destroyed, and the human and institutional capacity to operate, maintain, and restore services fractured beyond short-term repair. Over 60% of water treatment facilities are currently out of service. In areas where systems nominally function, water quality standards cannot be guaranteed. WHO/UNICEF JMP data confirm that more than one-third of the population no longer has access to safe drinking water — a figure that masks significant variation between states and between urban centres and displacement sites.

Sanitation conditions represent one of the most under documented dimensions of Sudan's WASH crisis. Pre-conflict baselines were already alarming: 16.4% of the population practiced open defecation in 2024, and urban faecal sludge management infrastructure was largely non-functional even before the war.

In displacement sites across Darfur, Kordofan, and White Nile, latrine coverage is well below Sphere minimum standards, with acute overcrowding compounding exposure risks. Collective centres and spontaneous settlements hosting IDPs face critical gaps in both construction and emptying of faecal

The interaction between WASH system collapse, acute food insecurity, and mass displacement has created conditions for sustained epidemic transmission. Since July 2024, Sudan has recorded over 123,000 cholera cases and more than 3,500 deaths — one of the highest caseloads globally. These are not isolated outbreaks: they reflect endemic transmission driven by the sustained absence of safe water and functional sanitation in displacement settings and conflict-affected communities.

The epidemiological profile of cholera in Sudan is increasingly linked to acute malnutrition. Malnourished individuals — particularly children under five — face significantly higher case fatality rates from cholera and acute watery diarrhoea (AWD). Conversely, repeated episodes of diarrhoeal disease accelerate nutritional deterioration, compounding the impact of food insecurity on child wasting and stunting rates. This bidirectional relationship between WASH failure and malnutrition is central to understanding excess mortality in Sudan: contaminated water and insufficient food are not two parallel crises but a single, compounding emergency.

Addressing Sudan's WASH crisis requires moving beyond an infrastructure repair lens. Restoring water access is inseparable from rebuilding service delivery capacity: supporting Water Corporations to retain and deploy technical staff, securing supply chains for treatment chemicals and spare parts, and maintaining operational continuity in a conflict environment that systematically targets water systems. At the same time, the humanitarian response must urgently scale up sanitation and hygiene programming in displacement settings — not as a secondary priority, but as a direct intervention in epidemic prevention and nutritional protection.

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **Conflict remains the primary driver of hunger in Sudan**, destroying key civilian infrastructure, including farms, markets, health facilities, water infrastructure, and sanitation systems.
- **Sudan is experiencing the world's largest displacement crisis**, with millions internally displaced and more than 4.5 million people having fled across borders; repeated displacement has stripped families of assets and income, while siege conditions and frontline insecurity trap entire communities without access to food, safe water, sanitation, or humanitarian assistance.
- **Displacement increases dependence on aid, overwhelms host communities, and intensifies pressure on food, water, shelter, and health services;** overcrowded displacement sites often lack basic WASH services, while cyclical displacement patterns increase exposure to disease outbreaks and gender-based violence and undermine communities' recovery capacity, perpetuating food insecurity.
- **Conflict, displacement, infrastructure damage, fuel shortages, and disrupted public services** have led to the near collapse of health, water, and sanitation systems, driving recurrent cholera, hepatitis E, and other waterborne disease outbreaks and accelerating mortality and malnutrition. Since July 2024, Sudan has recorded over 123,000 cholera cases and more than 3,500 deaths — one of the highest caseloads globally, reflecting endemic transmission rather than isolated outbreaks. These are preventable deaths resulting from insufficient response financing and restricted humanitarian access.
- **Armed violence is breaking down entire food systems**: insecurity is disrupting farming, transport, and markets, damaging agricultural assets, and restricting movement, making it increasingly difficult and dangerous for people to access food and earn a living. Households are resorting to severe coping strategies, reducing meal frequency, skipping food altogether, or relying on inadequate substitutes as insecurity and displacement intensify. Insecurity, checkpoints, and taxation along supply routes are driving up food prices and restricting the movement of goods, compounding an economic crisis in which severe inflation makes food increasingly inaccessible even where markets remain functional.
- **Humanitarian operations face severe and sustained access constraints**, including insecurity, shifting front lines, and administrative barriers, limiting the delivery of lifesaving assistance across the country's most affected regions.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Flooding, droughts, and land degradation** are reducing agricultural production and disrupting movement and market access.
- **Climate shocks are compounding vulnerability**, particularly for rural households dependent on farming and livestock.
- **Seasonal floods and droughts further damage fragile water infrastructure**, contaminate water sources, and increase the spread of waterborne diseases.

INEQUALITY AND POVERTY

- **An estimated 73.5% of the population lives below the poverty line**, reducing households' ability to absorb shocks and increasing dependence on humanitarian assistance.
- **Structural poverty, fragile institutions, and weak governance** constrain the state's capacity to respond effectively to crises and provide essential services.
- **Severe inflation and a persistent liquidity crisis have sharply increased food prices**, making food economically inaccessible even where it is physically available.
- **Recurring epidemics continue to overwhelm a healthcare system already on the brink of collapse**, reinforcing cycles of vulnerability, poor health outcomes, and food insecurity.

OPERATIONAL CONTEXT AND CONSTRAINTS

The conflict is characterized by widespread attacks on civilians, aid workers, and essential civilian infrastructure. Sudan's hunger crisis is driven by the collapse of the entire food system—from production to consumption. Conflict has decimated agriculture, with farmers killed or displaced, land abandoned, and agricultural inputs looted or unaffordable, forcing women to sustain food production under extreme risk. Trade routes and markets are breaking down as insecurity, checkpoints, and taxation prevent food from moving safely, driving up prices[3].

In several areas, particularly in Darfur and Kordofan, water infrastructure has been deliberately targeted or controlled, effectively weaponizing access to water and increasing coercive control over affected populations — compounding the WASH system collapse documented above.

Humanitarian operations continue to face severe access constraints due to insecurity, shifting front lines, administrative barriers, and seasonal flooding. These constraints limit the delivery of lifesaving assistance and prevent the repair and maintenance of damaged water infrastructure. Active hostilities, drone strikes, blockages of key supply routes, and restrictions on movement continue to disrupt humanitarian operations, commercial supply chains, and access to essential services.

Civilians face repeated displacement, violations of international humanitarian law, and limited access to essential services. UN agencies and other international monitoring bodies have warned that starvation may be used as a method of warfare in some areas.

Overcrowded displacement sites with inadequate water, sanitation, and hygiene services are accelerating cholera, diarrheal disease, and acute malnutrition, particularly among children and vulnerable groups. More than 13 million people have been displaced (internally and neighbouring countries), placing immense pressure on already overstretched services, host communities, and humanitarian systems.

Serious protection concerns persist, including widespread sexual and gender-based violence, forced displacement, family separation, and grave violations against children, particularly in conflict-affected areas such as Darfur and Kordofan. The lack of safe, gender-segregated, and well-lit sanitation facilities further increases protection risks for women and girls, especially in displacement settings where open defecation remains widespread. Women and girls also face heightened risks when travelling to water points, markets, and aid distribution sites, with many reporting harassment, exploitation, and violence while attempting to access basic services and food.

Source: [3]What it Takes to Eat https://www.actionagainsthunger.org/app/uploads/2026/04/What-it-Takes-to-Eat.-Digital.-Final-1.pdf

KEY RECOMMENDATIONS

Without immediate and sustained action, the consequences of the crisis will worsen: more people will enter IPC Phase 4, child mortality will rise, and health systems will collapse in the most fragile areas. Action Against Hunger urgently calls for:

1 ENSURE FULL AND SAFE HUMANITARIAN ACCESS

Guarantee safe, sustained, and unhindered humanitarian access across all affected areas, including crossline and cross-border routes. All parties to the conflict must protect civilians, aid workers and critical civilian infrastructure — including markets, farms, water systems, treatment plants, and health facilities — while removing bureaucratic and administrative barriers that delay lifesaving assistance. Safe and sustained access to essential public services, including access for the repair, operation, and maintenance of water and sanitation infrastructure must be ensured at all times.

2 INCREASE URGENT, FLEXIBLE, PREDICTABLE, AND NEXUS-ORIENTED FUNDING

The scale of humanitarian needs in Sudan demands predictable long-term financing. Donors should provide flexible, multi-year, predictable and conflict-sensitive financing that sustains lifesaving assistance at scale while enabling recovery, resilience and development-oriented interventions where feasible. In a context of protracted crisis, support should help bridge humanitarian response with longer-term investments in livelihoods, basic services, local systems and community resilience, without compromising the ability to respond to urgent needs. to preventing further deterioration of food insecurity and malnutrition.

3 PRIORITIZE WOMEN, CHILDREN, AND DISPLACED COMMUNITIES

Women, children, and displaced populations face the highest risks from hunger, disease, violence, and protection threats. Humanitarian assistance must expand integrated multi-sectoral services across nutrition, health, WASH, food security, and protection to reach the most vulnerable communities. Safe water, gender-sensitive sanitation facilities, and hygiene services are especially critical in displacement settings to reduce disease transmission and strengthen protection for women and girls.

4 INVEST IN CLIMATE RESILIENCE AND LOCALLY LED SOLUTIONS

Humanitarian and development responses must strengthen long-term resilience by integrating climate adaptation and supporting local solutions. Investments in climate-resilient water infrastructure, sustainable groundwater management, agricultural livelihoods, local markets and food systems, and community-based WASH services are essential to reduce vulnerability, mitigate the impacts of droughts and floods, and lessen dependency on aid.

5 ADDRESS THE VICIOUS CYCLE BETWEEN CONFLICT AND HUNGER

Parties to the conflict must take concrete measures to protect civilians and critical civilian infrastructure, including markets, food supply chains, transport routes, agricultural assets, and productive resources, in line with UN Security Council Resolution 2417. Safeguarding livelihoods and ensuring the continuity of food systems are essential to preventing further deterioration of food insecurity and malnutrition. Increased diplomatic engagement is urgently needed to reduce violence, facilitate humanitarian access, and support conditions for recovery and long-term food security.

6 ADDRESS CRITICAL DATA GAPS

By enabling independent assessments and investing in robust, context-sensitive food security, nutrition, market and mortality monitoring systems in conflict-affected and hard-to-reach areas; combining qualitative and quantitative data collection, increased role of local actors and community networks, supported by flexible funding that enables continuous monitoring, adaptive response planning and timely humanitarian action commensurate with the scale of needs.

VOICES FROM THE FIELD

Qasir Rafiq
Food Security Livelihood Coordinator ACF Sudan

The crisis in Sudan is no longer defined only by conflict. Continued violence, climate shocks, displacement, deteriorating infrastructure and declining humanitarian funding are combining, deepening needs and making recovery increasingly difficult. As access becomes more constrained and resources more limited, we are forced to make difficult decisions about where and how we can respond.

During my recent visit to Blue Nile and White Nile States, I was struck by the contrast between people's resilience and the immense challenges they continue to face. In Blue Nile, I met families who had spent years as refugees in neighbouring countries and had finally returned home, only to find themselves living in temporary shelters with limited access to services, livelihoods, safe water, and protection. Despite the uncertainty, they spoke about rebuilding their lives with remarkable determination. Later in Damazine, I visited a small cotton processing unit established by entrepreneurs displaced from South Kordofan. Working in very basic conditions, they were producing mattresses and pillows, creating jobs, and contributing to the local economy. In White Nile, farmers shared their concerns about increasingly unpredictable rainfall and what it could mean for their next harvest. These encounters reminded me that behind every crisis are people striving not only to survive, but to rebuild. They are ready to move forward, but they cannot do it alone.

At the same time, my teams face mounting operational obstacles. Active conflict, damaged infrastructure, administrative delays and severe logistical constraints continue to limit our access to communities, while reduced funding is forcing us to scale back programmes despite rapidly increasing needs. The main challenge is that the situation on the ground is constantly shifting because of the conflict, because of access constraints and all of this together makes it very hard to consistently reach people who need support. And beyond the emergency response, we also need more flexibility in funding, because needs change quickly. We also need to start thinking more about recovery at the same time - helping people restart basic services and rebuild a bit of stability, not only focusing on the immediate emergency.

Despite these challenges, we continue to see communities demonstrate remarkable resilience. Local volunteers, community health workers, Emergency Response Teams (ERR) and Mutual Aid Groups (MAG) remain at the heart of the response, helping identify vulnerable families, maintain essential services, and ensure assistance reaches those most in need, even under extremely difficult conditions.

Looking ahead, I believe Sudan's crisis requires sustained international engagement that goes beyond short-term emergency assistance. Do not treat this crisis as temporary or purely humanitarian anymore — people in Sudan need sustained, flexible support that matches the reality on the ground, so we can stay present, adapt quickly, and support both immediate survival and early recovery at the same time.

© Ahmed Issack for Action Against Hunger. A MUAC measurement of 11 cm indicates severe acute malnutrition in the child.

"It is hard to have a livelihood here. My husband is not working, so earning a livelihood is difficult. The MUAC score for my child was 11 when we first came here, but last week it was 12. The child is healthy and doing well now. I wish to complete my education."

***Layla (Sumayah Adam)**, displaced mother and student from Khartoum, June 2025*

After leaving her home due to the conflict, Layla struggled to support her family while caring for her young child. With limited work opportunities and rising hardship, accessing healthcare and nutrition support became essential for her family's survival. At an Action Against Hunger-supported mobile clinic, Layla's child received Ready-to-Use Therapeutic Food (RUTF) and medical care.

Layla also took part in a gender awareness session, which she said helped her share important information with her family and community. Like many displaced women across Sudan, she hopes for peace, education, and the chance to rebuild her future.

© Carlos Perea Milla for Action Against Hunger

"We are starving. We really need food. We just want food. My child before was malnourished, but now he is becoming healthier and his MUAC has increased. We need food and soap for all the people. We also need drugs for our children."

***Salma (Kubra Mohammed Ibrahim)**, mother of six children, Koutiry area, June 2025*

Before the war, Salma and her family relied on farming, livestock, and local markets to meet their needs. Conflict and rising hardship have since left the family struggling to survive and providing enough food and milk for her six children has become almost impossible. Through an Action Against Hunger-supported health facility, Salma received Ready-to-Use Therapeutic Food (RUTF), soap, jerrycans, and dignity kits for her family. Despite the support, she says families continue to face severe shortages of food, healthcare, and basic supplies.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
2018	Blue Nile, White Nile, South Kordofan, Central Darfur, North Darfur, and Red Sea, with expansion underway in Khartoum	Currently 150	647,228

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has been operational in Sudan since 2018, delivering integrated and multisectoral programmes across Blue Nile, White Nile, South Kordofan, Central Darfur, North Darfur, and Red Sea, with expansion currently underway in Khartoum. In 2025, Action

Against Hunger reached 647,228 people with integrated, lifesaving assistance across these areas of intervention.

NUTRITION AND HEALTH

Integrated Health and Nutrition services were delivered through 28 health facilities, 8 mobile clinics, and 4 Stabilization Centers, providing primary healthcare, Community-based Management of Acute Malnutrition (CMAM), maternal and child health, and disease prevention services. Community-based structures support early detection, referrals, and nutrition awareness, while health system strengthening includes staff training, rehabilitation of facilities, and provision of essential medicines.

- **394,546** People supported through health and nutrition services.
- **370,657** People received essential primary healthcare services through health facilities and mobile clinics
- **218,397** People supported through health and nutrition services.
- **50,485** People treated for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) through CMAM approaches.
- **5,849** People received Infant and Young Child Feeding (IYCF) training/intervention.

Primary healthcare, maternal and child health, disease prevention, and treatment of acute malnutrition were delivered through both facility-based and community-based services across all intervention areas.

FOOD SECURITY AND LIVELIHOODS (FSL)

Food security and livelihoods programming supported vulnerable and displaced households through multipurpose cash assistance, agricultural inputs, kitchen gardening, and livelihood recovery activities aimed at strengthening food security and resilience. The programme also promoted women's economic empowerment, financial inclusion, disaster risk reduction, and market-oriented recovery initiatives to support long-term self-reliance.

- **22,294** People supported through food security and livelihood activities. Cash assistance, livelihood recovery, and resilience-building initiatives strengthened household food security and economic recovery.
- **21,762** People received MPCA support.
- **5,767** People supported with homestead food production through kitchen gardening, agroecological training, and agricultural inputs.
- **4,224** People supported through livelihood protection activities, including IGAs and VSLAs.
- **345** People supported through community preparedness programming, including DRR, natural resource management, and early warning systems.

WATER, SANITATION AND HYGIENE (WASH)

WASH programming focuses on improving access to safe water, sanitation, and hygiene services through water point rehabilitation, emergency water supply, hygiene promotion, and cholera response activities. The approach also emphasizes local partnerships and community-based systems to reduce waterborne diseases and address underlying causes of malnutrition.

- **221,251** People reached with WASH interventions. Improved access to safe water, sanitation, hygiene promotion, and cholera preparedness services to reduce water-borne diseases and underlying causes of malnutrition.
- **15,658** People supported through water and sanitation services strengthening activities.
- **8,974** People received Baby WASH services.
- **1,743** People received emergency water supply support.

Improved access to safe water, sanitation, and hygiene helped reduce the risk of waterborne diseases and addressed underlying causes of malnutrition across intervention areas.

GENDER, PROTECTION AND MHPSS

Activities relating to gender, protection and psychosocial support have promoted safer and more inclusive access to services for women, men, girls and boys affected by displacement, insecurity and humanitarian crises.

- **71,162** People reached by gender and protection programmes.
- **36,293** Women reached by programme activities.
- **270** People who took part in training and capacity-building activities.

Community-based protection approaches, awareness-raising activities and the strengthening of referral mechanisms have helped to reduce protection risks and support vulnerable populations.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger actively participates in UN-led and inter-agency humanitarian coordination at national and sub-national levels in Sudan, ensuring its programmes are aligned with collective priorities, informed by shared evidence, and complementary to the wider humanitarian response.

- Engages consistently with cluster coordination structures (nutrition, WASH, health, protection, and food security), inter-agency forums, donors, UN agencies, and local partners, ensuring joint planning, gap analysis, information sharing, and coordinated geographic and sectoral coverage.
- Participates in the Humanitarian Country Team (HCT) — the senior forum led by the UN Resident/Humanitarian Coordinator that oversees strategic humanitarian decision-making in-country; chairs the International Non-Governmental Organisation (INGO) Forum Steering Committee; co-chairs the INGO Forum Advocacy Working Group; and sits on the HCT Advocacy Working Group and the Humanitarian Access Working Group, enabling direct engagement with UN leadership, INGOs, and donor representatives on policy, access, and response priorities.
- Actively engaged in cash coordination mechanisms, including the Cash Working Group, the Cash Consortium of Sudan, and the Collaborative Cash Delivery network, contributing to harmonisation of transfer values, targeting criteria, monitoring approaches, and alignment with emerging social protection systems where feasible.
- Contributes to joint analytical processes including the Integrated Food Security Phase Classification (IPC), the Humanitarian Needs Overview (HNO), and the Humanitarian Response Plan (HRP)/Humanitarian Needs and Response Plan (HNRP), as well as inter-agency assessments and the Multi-Sector Needs Assessment (MSNA), ensuring findings inform prioritisation, targeting, and response design.
- Engages both collectively and bilaterally with UN agencies, INGOs, donors, and authorities at national and state levels to negotiate access, secure programme approvals, and maintain continuity of operations, particularly for cash-based and life-saving interventions; contributes to joint advocacy products, briefings, and analysis to strengthen a coordinated humanitarian voice.
- Works closely with community leaders, religious leaders, civil society organisations, and community-based committees to support beneficiary validation, mobilisation, feedback mechanisms, grievance resolution, and protection referrals, ensuring community priorities inform higher-level coordination and planning.

These efforts have helped to strengthen coordination, support humanitarian access and promote responses that are better aligned with the priorities and needs identified by affected communities.

Sources: GRFC 2026 (Global Report on Food Crises 2026); ACF GIR 2026 (Action Against Hunger – Global Impact Report 2026); ACF Sudan Talking Lines / Mission Document (updated 5 May 2026); ACF Sudan April 2026 Monthly Report; What it Takes to Eat: Conflict and Sudan's Fragile Food System (April 2026); IPC Special Snapshot – Sudan: IPC Acute Food Insecurity (September 2025 – May 2026); WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene; ACAPS – Analysis of Humanitarian Access in the Darfur and Kordofan Regions (22 March 2026). GRFC 2026 (Global Report on Food Crises 2026).

YEMEN

4 GLOBAL RANK

18.1 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~41.8 million
Total population
HNRP 2026

22.3 million
People in Need
HNRP 2026

5.2 million
Internally displaced persons (IDPs)

29.1%
2025 HRP funded[1]

5.2 million
People projected to face IPC Phase 4 - Emergency
Urgent action required to save lives and livelihoods

41,000
People to face IPC Phase 5 - Catastrophe/Famine
Immediate life-saving assistance required

2.2 million
Children under 5 with acute malnutrition (GAM)

516,157
Expected children under 5 with severe malnutrition (SAM)
High risk of mortality

1.3 million
Pregnant and lactating women expected to require treatment for acute malnutrition

14.4 million
People requiring WASH assistance
HNRP 2026

~8.39 million
People without access to essential health services

World Bank (WDI/OECD-DAC)

Arwa examines a young patient at the health center, ensuring proper growth and monitoring for malnutrition and carefully feeds the child with the nutrition supplement, ensuring proper intake to support recovery and healthy growth © Gabreez Production for Action Against Hunger

Sources: [1] https://fts.unocha.org/countries/248/summary/2025

COUNTRY PROFILE

Yemen, with an estimated population of approximately 41.8 million people in 2026, remains one of the world's largest and most protracted humanitarian crises. More than a decade of conflict, political fragmentation, economic collapse, and recurrent climate shocks have devastated livelihoods, weakened public institutions, and severely disrupted essential services. In 2026, an estimated 22.3 million people, more than half the population—require humanitarian assistance and protection, including approximately 5.2 million internally displaced people (IDPs).

The crisis is driven by the cumulative impact of conflict, economic decline, and climate-related shocks. The country remains divided, while continuing insecurity, movement restrictions and administrative barriers constrain humanitarian access, disrupt markets and hinder the recovery of basic services. Although the 2022 UN-mediated truce significantly reduced large-scale hostilities, localised violence, regional tensions and attacks on critical infrastructure continue to undermine livelihoods, displace communities, and restrict humanitarian operations.

Economic collapse has become one of the principal drivers of humanitarian need. Years of conflict have fragmented state institutions, reduced public revenues and fueled inflation, currency depreciation, and unemployment. In April 2025, the Yemeni rial depreciated to a record low of YER 2,473 per US dollar in government-controlled areas, while rising food and fuel prices further eroded household purchasing power. At the same time, reductions in humanitarian funding during 2025 forced humanitarian organizations to scale back life-saving food, nutrition and health programs despite persistently high levels of need. The regional escalation is adding additional strain on Yemen's already vulnerable population, deepening existing needs. For months, the regional conflict has been driving up fuel and food prices, reducing purchasing power and increasing pressure on vulnerable households.

Climate change compounds existing vulnerabilities in an already fragile context. Recurrent droughts, floods, water scarcity and accelerating groundwater depletion continue to undermine agricultural production, damage infrastructure and limit access to safe drinking water, particularly in rural and coastal communities. These overlapping shocks deepen food insecurity, increase the risk of malnutrition, and further erode household resilience.

Despite the scale of the crisis, humanitarian resources continue to decline while needs remain among the highest globally. Without sustained international support and meaningful progress towards a durable political solution, Yemen is likely to face further deterioration in food security, nutrition and livelihoods, leaving millions of people dependent on humanitarian assistance.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Yemen is facing a rapid deterioration of hunger. More than a decade of conflict, displacement, economic decline, and recurrent shocks have severely eroded household resilience, leaving millions of people increasingly unable to access adequate food, healthcare, and other basic services.

Over 18 million people - more than half of the total population – are estimated to be acutely food insecure[2]. Malnutrition levels are equally alarming, with over 2.2 million children under five expected to be acutely malnourished, including 516,157 cases of severe acute malnutrition (SAM), alongside 1.3 million malnourished pregnant and breastfeeding women. Despite growing needs, the humanitarian response remains critically underfunded. As of July 2026, the 2026 Humanitarian Response Plan (HRP) was only 19.1% funded, leaving millions without access to life-saving food assistance.

Recent Integrated Food Security Phase Classification (IPC) data for Internationally Recognized Government (IRG) areas indicates that nearly 5 million people experienced high levels of acute food insecurity between March and May 2026, including 1.4 million in Emergency (IPC Phase 4)[3]. While no recent comprehensive analysis was carried out for Northern Yemen[4] humanitarian organizations maintaining operational presence warn about deteriorating needs.

CONFLICT, ECONOMIC COLLAPSE AND CLIMATE SHOCKS

IMPACT ON WASH

Access to water, sanitation and hygiene (WASH) services remains critically limited across Yemen and continues to worsen food insecurity, malnutrition and public health risks. Years of conflict, economic collapse and underinvestment have severely damaged water infrastructure and disrupted essential public services, leaving millions without reliable access to safe drinking water (Yemen HNRP 2026).

In 2026, an estimated 14.4 million people are expected to require WASH assistance, while only 59.3 per cent of health facilities remain fully functional nationwide. Water scarcity, groundwater depletion, and damaged sanitation systems continue to affect both rural and urban communities, particularly conflict-affected and displacement areas.

The deterioration of WASH conditions is closely linked to worsening nutrition outcomes. Lack of access to clean water contributes directly to diarrhea diseases and waterborne illnesses, which are among the leading causes of death among malnourished children. Most districts facing IPC Phase 4 food insecurity also report critical levels of acute malnutrition, highlighting the interconnected nature of the crisis[5].

Climate shocks further intensify vulnerabilities. Flooding and heavy rains in 2025 continued to damage homes, farmland, water systems and sanitation infrastructure, increasing displacement, water contamination and disease outbreaks in already vulnerable communities, particularly in governorates such as Al Hodeidah, Marib and Hajjah (IPC Yemen 2025).

Sources: [2]https://docs.wfp.org/api/documents/WFP-0000174714/download/ -[3] These IRG-area figures are part of the national totals presented in Key Figures, which also include projections for northern Yemen. - [4]For the North of the country, the last IPC analysis projected 12.8 million people – 52 percent of the population in the northern area – facing IPC 3 or above by February 2026 - [5] IPC. Yemen (GoY): Acute Food Insecurity Situation for May–August 2025 and Projection for September 2025–February 2026 (June 2025) https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159646/?iso3=YEM&utm

DRIVERS OF THE CRISIS

The humanitarian crisis in Yemen is driven by the combined impacts of prolonged conflict, climate shocks, displacement, and the deterioration of basic services and living conditions.

ARMED CONFLICTS AND INSECURITY

- **Conflict and insecurity remain the primary drivers of Yemen's food and nutrition crisis.** Since 2014, Yemen has been engulfed in a protracted conflict that has displaced 5.2 million people, the majority of whom are women and children. Continued violence, insecurity and movement restrictions continue to undermine livelihoods, disrupt access to markets and agricultural land, and limit income opportunities essential for survival (Yemen HNRP 2026);
- **The crisis is further aggravated by disruptions to humanitarian assistance.** The sharp decline in humanitarian funding in 2025 substantially reduced response capacity in Yemen. In 2024 the HRP in Yemen was just below 56% funded, this dropped to 29.1% in 2025 and as per July 2026 the HRP in 2026 is only 19.1% funded. Nutrition interventions were particularly affected: by mid-2025, the Nutrition Cluster reported the suspension of more than 2,000 nutrition-related activities across the country. In Northern Yemen, the situation has been further exacerbated by the severe reduction and suspension of humanitarian operations over the past year. These dramatic changes have left millions of people without essential safety nets, increasing the vulnerability of already crisis-affected communities.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Climate shocks continue to exacerbate food insecurity and malnutrition across Yemen.** In 2025 heavy rains and flooding damaged homes, farmland, livestock, water systems and displacement sites, particularly in Al Hodeidah, Marib and Hajjah, compromising food availability and reducing incomes for vulnerable farming households.
- **These impacts are compounded by long-term environmental degradation.** Fragile ecosystems, already weakened by years of conflict, face increasing soil erosion, water scarcity and groundwater depletion, undermining agricultural productivity in a country where around 70 per cent of households depend on agriculture and livestock for their livelihoods.

INEQUALITY AND POVERTY

- **Economic collapse continues to drive food insecurity across the country.** A sharp decline in oil exports, depreciation of the Yemeni rial, and reduced public revenues have weakened the government's ability to maintain essential services and support vulnerable populations. Inflation and supply chain disruptions continue to increase the cost of basic food commodities particularly flour, rice and cooking oil, in urban areas including Sana'a and Aden (GRFC 2026; Yemen Joint Monitoring Report 2025).
- **Limited access to clean water and sanitation further exacerbates malnutrition and disease risks.** Recurrent outbreaks of acute watery diarrhea, Escherichia coli infections and measles continue to increase mortality and malnutrition, particularly among children under five. Yemen's healthcare system remains severely overstretched, with limited functional health facilities and insufficient capacity to respond to recurring health emergencies.

OPERATIONAL CONTEXT AND CONSTRAINTS

Humanitarian actors in Yemen continue to operate within a highly complex environment, characterised by ongoing insecurity, regional conflict and access constraints.

The withdrawal of many aid agencies from the North, including UN suspension of operations due to the arbitrary detention of staff, has left very few organisations to respond in the areas hosting most people in need.

Operational challenges include movement restrictions, administrative requirement, fluctuating access conditions and concerns about the protection of humanitarian personnel.

The regional escalation in the Middle East has been having significant repercussions on humanitarian supply chain across the region, including Yemen: rising transportation costs, disrupted shipping routes, and longer delivery timelines are delaying the timely critical humanitarian supplies, particularly for health and nutrition programs that depend heavily on imported commodities.

KEY RECOMMENDATIONS

Without immediate and sustained action, Yemen's food and nutrition crisis will continue to deteriorate, exposing millions of people to hunger, disease, displacement and heightened protection risks. Action Against Hunger urgently calls for:

1 PRESERVE HUMANITARIAN SUPPLY CHAINS AND ACCESS

International community and regional actors support sustained diplomatic efforts to promote regional stability and reduce disruptions to the humanitarian supply chain. Parties to the conflict must refrain from attacks affecting civilian infrastructure and alleviate bureaucratic and administrative impediments on imports of critical humanitarian supplies. It is crucial to bridge the gap in supplies to treat Severe Acute Malnutrition, and to work towards the diversification of nutrition supply chain and procurement pipeline. It will be also critical to invest in research on alternative treatment options for MAM and SAM children in order to promote a more context-adapted response centred on local food solutions.

2 PRIORITIZE LIFESAVING NUTRITION NEEDS

Donors should prioritize funding for the most urgent nutrition needs in Yemen, where vulnerabilities remain acute. The continued engagement and presence of the United Nations across the whole country are essential to preserve humanitarian space and maintain critical coordination and enabling functions, including the procurement of nutrition supplies. United Nations agencies must retain sufficient operational capacity to ensure minimum life-saving nutrition services, particularly for children with Severe Acute Malnutrition (SAM) and those at highest risk of Moderate Acute Malnutrition (MAM).

3 ADDRESS THE HUMANITARIAN FUNDING GAP

The scale and severity of needs in Yemen require an urgent scale-up of humanitarian funding for Yemen, with a focus on predictable, flexible and timely funding. Greater flexibility in funding would allow humanitarian actors to adapt to rising transportation costs and operational constraints.

4 BRIDGE THE GAP IN NUTRITION DATA AND RESEARCH

Bridge the gap in nutrition data and research: In a context where response capacities have sharply diminished and major data gaps limit accurate needs analysis; it is crucial to increase visibility of humanitarian and nutrition needs. Donors should increase investment in nutrition assessments, especially in qualitative assessments on Social and Behavior Change Communication, and advocate for renewed SMART surveys to inform humanitarian programs. All parties must alleviate bureaucratic and administrative impediments preventing humanitarian actors from conducting nutrition surveys and improving data analysis.

5 STRENGTHEN PREVENTION OF MALNUTRITION IN YEMEN

Invest on prevention of malnutrition, and overall step-up resilience building effort to ensure the sustainability of interventions and break the aid-dependency cycle. This should include the prioritisation of integrated responses, combining nutrition and health care interventions with MHPSS, WASH, and FSL, to maximise impact, reduce costs, and maintain nutrition gains. Examples of activities donors should invest in: Social and Behavior Change Communication (SBCC); improved infant and young child feeding practices at household-level; cash-based interventions to support diet diversity.

VOICES FROM THE FIELD

Daniel Nyabera
Country Director, Action Against Hunger Yemen

"Yemen remains one of the world's largest humanitarian crises, yet it is increasingly becoming a forgotten one. Every day our teams face the painful reality that we know how to save lives, but we no longer have the resources to reach everyone who needs assistance. As humanitarian funding declines, organisations are being forced to prioritise only the most severe cases of malnutrition and food insecurity, leaving millions of vulnerable people without the support that could prevent their situation from deteriorating further. Years of progress in reducing acute malnutrition are now at risk of being reversed."

As humanitarian actors, we face a very challenging operational environment due to insecurity and access constraints. The regional escalation has placed additional strain on the response in Yemen, deeply impacting humanitarian supply chains and the timely delivery of critical assistance. Despite these challenges, we continue to adapt. In northern Yemen, local and international NGOs have maintained life-saving nutrition, health, and WASH services through strong collaboration with local partners and authorities, even after the withdrawal and suspension of operations of many aid actors. Innovative approaches, including nutrition-sensitive cash assistance, are helping communities cope with interruptions to food assistance and disruptions in our supply chains.

The international community has invested heavily in Yemen over the past decade, and those investments have saved countless. Now is not the time to step back. Greater, more flexible and predictable funding is essential to protect these gains, address the most urgent needs, and prevent millions more people from falling deeper into hunger and malnutrition."

Ali's family: one of his children, treated for severe malnutrition at the Marashida centre, is now recovering thanks to nutritional supplements and regular follow-ups. © Gabreez Production for Action Against Hunger

"The war forced us to flee our home and left us with nothing. Some days we find work, some days we don't, and often we cannot afford enough food for our children. When my son became severely malnourished, we were afraid of losing him. At the Marashida health center, he received treatment, therapeutic food, and regular follow-up care. Slowly, he regained his strength and began to recover."

Ali Ahmed, *displaced father in Al-Saad Camp*

Today, Ali's family continues to face displacement, unemployment, and rising food prices, while two of his children still require nutritional follow-up. Through Action Against Hunger's integrated nutrition programme, families like Ali's receive malnutrition treatment, health support and community outreach services that help prevent children from slipping further into crisis.

Nadia taking the mid-upper arm circumference (MUAC) on one of Ali's children © Gabreez Production for Action Against Hunger

"Many children recover from malnutrition at the center, but once they return home, families often cannot afford enough food to keep them healthy. Without continued support, children become weak again and return to treatment. It is a continuous cycle caused by hunger, displacement and poverty."

Nadia Ali Suleiman, *volunteer at Al-Saad Camp*

As a volunteer in Al-Saad camp, Nadia supports more than 50 children and their caregivers through awareness sessions, nutritional screening and referrals for treatment. In a camp hosting more than 400 displaced families, her work helps communities identify malnutrition early and connect vulnerable children to lifesaving care.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
2012	Abyan, Al Hodeida, Hajjah and Lahj with operational bases in Aden, Al Khawkhah, Hudaydah and a coordination office in Sana'a	75	843,821

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has been working in Yemen since 2012, implementing integrated programs in nutrition and health, food security and livelihoods, WASH and mental health and psychosocial support.

In 2025, Action Against Hunger supported health facilities and mobile teams across Al Hudaydah, Hajjah, Lahj and Abyan governorates, delivering integrated nutrition and health services, including treatment of acute malnutrition, primary healthcare, maternal and child health, disease prevention, and community-based outreach. The organization also rehabilitated water systems, improved sanitation infrastructure, distributed hygiene kits, and integrated psychosocial support into health and community services.

Food security and livelihoods activities combined emergency assistance with longer-term resilience efforts through cash transfers, support to farmers, livestock keepers and beekeepers, the promotion of agroecological practices, and groundwater monitoring. Altogether, these interventions reached 843,821 people across Yemen in 2025.

NUTRITION AND HEALTH

Integrated nutrition and health services were delivered through 37 health facilities and one Stabilization Centre, with two additional health facilities planned for the second half of 2026. Services included primary healthcare, Community-based Management of Acute Malnutrition (CMAM), maternal and child health, disease prevention, immunization, reproductive health, Integrated Management of Childhood Illness (IMCI), community screening and referral, outreach activities, health facility rehabilitation, and provision of essential medicines and nutrition supplies. Nutrition interventions included Outpatient Therapeutic Programmes (OTP), Targeted Supplementary Feeding Programmes (TSFP), High-Risk MAM treatment for children under five and pregnant and lactating women, and contingency provision of Ready-to-Use Therapeutic Food (RUTF) during stock-outs.

- **591,474** People reached through nutrition and health interventions.
- **1** Therapeutic Feeding Units (TFUs) providing inpatient care for severely malnourished children with complications.
- **25,159** People treated for acute malnutrition at the HFs and TFCs.
- **574,884** People received primary health care consultations. .
- **21,164** People reached with IYCF messaging.
- **93,844** People reached for health and nutrition education.

FOOD SECURITY AND LIVELIHOODS (FSL)

Food security and livelihoods programming supported vulnerable households through cash assistance, support to farmers, livestock keepers and beekeepers, agroecological practices, and groundwater monitoring initiatives aimed at strengthening food security and resilience.

- **400** Farmers benefited from livelihood activities.
- **200** Beekeepers benefited from livelihood activities.

WATER, SANITATION AND HYGIENE (WASH)

WASH programming improved access to safe water, sanitation and hygiene services through infrastructure development and rehabilitation, hygiene promotion, emergency response, and sustainable water resource management in Hajjah, Al Hudaydah, Abyan and Lahj Governorates.

- **259,086** People reached through WASH interventions.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Mental Health and Psychosocial Support programming provided mental health consultations, community awareness sessions, parenting and maternal and childcare support, while strengthening the capacity of Ministry of Public Health and Population psychosocial workers through training, clinical supervision, provision of essential MHPSS supplies, and incentives to ensure continuity of quality services.

- **4,790** People reached through MHPSS support activities.
- **730** Mental health consultations were provided.
- **13** MoPHP psychosocial workers were supported.

DISASTER RISK REDUCTION (DRR)

Disaster Risk Reduction (DRR) programming strengthened preparedness and resilience by enhancing Yemen's Early Warning System, improving risk analysis, and supporting community-based preparedness and response to floods, droughts, and disease outbreaks in high-risk areas of Al Hudaydah and Taiz Governorates.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger supports humanitarian coordination and advocacy efforts to improve access, strengthen response quality, and promote the protection of civilians and essential services.

ACF contributes is actively engaged across relevant clusters, reflective of ACF footprint – including Nutrtion cluster; Health cluster; WASH cluster; FSL cluster, LOG cluster. To note since funding cuts, reduced capacity across clusters and, since UN suspension of operations in the North of the country, very limited coordination on the response across DFA-authorities held-territories. ACF Yemen Mission is also a member of the INGO Forum and actively contribute to joint initiatives and engagements.

Sources: Yemen Humanitarian Needs and Response Plan (HNRP) 2026; Global Report on Food Crises (GRFC) 2026; IPC Yemen Acute Food Insecurity Analysis 2025–2026; Yemen Joint Monitoring Report 2025; Yemen Content Report 2025; Action Against Hunger Yemen Mission Updates 2025–2026.

AFGHANISTAN

5 GLOBAL RANK

17.4 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)[1]

~48.6 million
Total population (2026)
HNRP 2026

21.9 million
People in Need
OCHA 2026
Around 45% of the population
HNRP 2026

3.5 million
Internally displaced persons (IDPs)
UNCHR, 2026

6.04 million
Returnees from Iran and Pakistan (from September 2023 to May 2026)
IOM Returnee Resilience Overview, June 2026

42%
2025 HRP funded
OCHA FTS, 2025

4.7 million
People projected to face IPC Phase 4 - Emergency
Immediate life-saving needs
IPC Acute Food Insecurity Analysis 2025-2026

3.7 million
Children under 5 with acute malnutrition (GAM)

942,00
Expected children under 5 with severe malnutrition (SAM)
High risk of mortality
IPC Acute Food Insecurity Analysis 2025-2026

1.2 million
Pregnant and lactating women expected to require treatment for acute malnutrition
Nutrition Cluster // IPC Acute Malnutrition Analysis 2025-2026

15.9 million
People requiring WASH assistance
HNRP 2026

Hakima, from Badakhshan Province, received support to set up her own fruit and vegetable farm, with the aim of feeding her family and selling her produce to earn a little money. © Action Against Hunger

COUNTRY PROFILE

Afghanistan continues to face one of the world's largest and most complex humanitarian crises. In 2026, an estimated 21.9 million people—45% of the population—are projected to require humanitarian assistance, out of a total population of 48.6 million (HNRP 2026). The crisis is driven by a combination of chronic poverty, economic stagnation, climate shocks, large-scale population movements, weakened public services, and declining humanitarian funding. Nearly two-thirds of Afghans are estimated to live below the poverty line, while many households depend on agriculture, livestock, daily wage labour, and remittances for survival.[1]

Large-scale return movements continue to intensify humanitarian needs across the country. Since January 2025, more than 3.6 million Afghans have returned from neighbouring countries, while UN agencies project an additional 2.7 million returns between April and December 2026.[2] In total, 6.04 million Afghans have returned from Pakistan and Iran since mid-2023.[3] Many returnees arrive with limited assets and settle in communities already struggling with poverty, environmental degradation, limited employment opportunities, and overstretched basic services. While national figures indicate significant settlement in Kabul and other urban centres, community-level evidence demonstrates that returnees are placing considerable pressure on local health services, water resources, labour markets, and social support systems in provinces such as Helmand, Ghor, Daykundi, and Badakhshan. Climate change continues to amplify existing vulnerabilities.

Afghanistan is experiencing successive years of drought, declining groundwater levels, land degradation, and increasing exposure to floods, earthquakes, and other natural hazards. These shocks have damaged agricultural production systems, livestock assets, water infrastructure, and livelihoods, reduced household resilience, and increased dependence on humanitarian assistance. Climate-related displacement and migration further compound humanitarian needs, particularly in rural and hard-to-reach areas. The cumulative effects of poverty, displacement, climate stress, reduced assistance, and limited access to essential services are contributing to widespread psychosocial distress. Mental health challenges are estimated to affect more than half of the population, while women, children, persons with disabilities, returnees, and other vulnerable groups face heightened protection risks and barriers to accessing services and livelihood opportunities.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Food insecurity remains one of the most severe humanitarian concerns in Afghanistan. IPC projections for November 2025 to March 2026 estimate that 17.4 million people will face Crisis or worse levels of acute food insecurity (IPC Phase 3+), including 4.7 million people experiencing Emergency conditions (IPC Phase 4)[4]. Drought, economic decline, rising food prices, reduced humanitarian assistance, weak labour markets, and large-scale returns continue to erode household purchasing power and food access across the country. These national trends are strongly reflected in Action Against Hunger Afghanistan's 2026 Multi-Sectoral Needs Assessment (MSNA) and community consultations conducted across multiple provinces. Communities consistently identified food, water, and health as their most urgent priorities. Households reported worsening living conditions driven by poverty, unemployment, rising food prices, reduced assistance, climate shocks, and increasing pressure from returnee populations. Food insecurity is closely linked to fragile livelihood systems. Many households depend on agriculture, livestock, and casual labour, yet recurring drought, water scarcity, reduced agricultural productivity, environmental degradation, and limited market access continue to undermine these sources of income. Communities increasingly rely on harmful coping mechanisms including reduced meal frequency, asset sales, distress migration, and, in some areas, early and child marriage - linked to economic hardship. These practices further deepen vulnerability and contribute to intergenerational cycles of poverty and malnutrition. Among the most affected are children under five, with an estimated 942,000 expected to suffer from severe acute malnutrition (SAM) in 2026 — a condition that carries a high risk of mortality without immediate treatment.

The nutrition situation remains critical. In 2026, an estimated 3.7 million children under five and 1.2 million pregnant and lactating women are expected to suffer from acute malnutrition[5]. Malnutrition is driven not only by inadequate food access but also by poor dietary diversity, recurrent disease outbreaks, limited healthcare access, poor WASH conditions, and inadequate maternal and child health services. Community-level assessments continue to demonstrate alarming levels of malnutrition among both children and pregnant and lactating women, particularly in remote and underserved rural areas. The health system remains under severe strain. Funding reductions have contributed to the closure or suspension of hundreds of health facilities and nutrition sites, limiting access to essential healthcare and life-saving nutrition treatment. Geographic isolation, transport costs, shortages of female healthcare workers, medication stockouts, and weak community health outreach further restrict access to services. These constraints disproportionately affect women, children, persons with disabilities, returnees, and populations living in remote areas. Food insecurity and malnutrition are also closely linked to psychosocial distress described above, which further undermines caregiving practices and treatment adherence - reinforcing the need for integrated, cross-sectoral responses. Despite the scale of need, the humanitarian response remains critically underfunded: the 2025 Humanitarian Response Plan was only 42% funded, constraining the continuity of nutrition, health, and food security programmes at a time when needs continue to rise.

Sources: [1] https://www.unicef.org/afghanistan/documents/afghanistan-mpi-report - [2] https://afghanistan.un.org/en/315840-un-and-ngos-launch-us-529-million-response-plan-27-million-afghan-returnees-iran-and - [3] https://dtm.iom.int/reports/afghanistan-returnee-resilience-overview-june-2026 - [4] https://reliefweb.int/report/afghanistan/afghanistan-ipc-acute-food-insecurity-analysis-september-2025-september-2026-issued-16-december-2025 - [5] https://www.unocha.org/publications/report/afghanistan/afghanistan-humanitarian-needs-and-response-plan-2026-december-2025

DROUGHT AND DISPLACEMENT

IMPACT ON WASH

Water, sanitation, and hygiene needs remain critical across Afghanistan, with an estimated 15.9 million people requiring WASH assistance in 2026 (HNRP 2026). Prolonged drought, declining groundwater levels, environmental degradation, inadequate infrastructure investment, and population displacement continue to limit access to safe and reliable water sources, particularly in rural and drought-affected areas. Now in its fourth consecutive year, the drought has left an estimated 21 million people without access to safe water — a leading contributor to malnutrition alongside its impact on livestock and crops. Action Against Hunger's December 2025 Multi-Sectoral Needs Assessment (MSNA), covering over 1,000 households across its five provinces of intervention, confirms this picture: drought was the most commonly reported shock, and communities identified safe drinking water as one of their most urgent needs alongside food and healthcare. Many households rely on seasonal, distant, or unsafe water sources and experience long collection times, particularly during dry periods. Water scarcity is increasingly exacerbated by recurrent droughts, reduced groundwater recharge, difficult terrain, and growing demand linked to large-scale return movements from Iran and Pakistan. Returnees frequently settle in communities already facing resource shortages, placing additional pressure on overstretched water systems and public services. Poor WASH conditions contribute directly to worsening nutrition and health outcomes. Inadequate access to safe water, poor sanitation coverage, and weak hygiene practices increase the incidence of diarrhoeal diseases and other infections, reducing nutrient absorption and increasing the risk of acute malnutrition among children. Frequent outbreaks of acute watery diarrhoea continue to place additional strain on vulnerable households and health services. Women and girls bear a disproportionate burden of water insecurity: long distances to water points increase time spent collecting water, reduce opportunities for education and livelihoods, and heighten protection and safety risks, while limited access to safe, gender-sensitive sanitation facilities further affects dignity, privacy, and health outcomes in displacement and returnee settings. Floods, landslides, and soil erosion compound the damage to water systems, particularly in remote and mountainous areas. Strengthening climate-resilient water infrastructure, supporting community-based water management, improving sanitation coverage, and promoting hygiene practices are therefore essential to reducing disease burden, improving nutrition outcomes, and building resilience among vulnerable communities affected by drought, displacement, and recurring humanitarian shocks.

DRIVERS OF THE CRISIS

The humanitarian crisis in Afghanistan is driven by the combined impacts of prolonged economic fragility, climate shocks, displacement, and the deterioration of basic services and living conditions. Recurrent droughts, large-scale return movements, declining humanitarian funding, and limited access to essential services continue to increase humanitarian needs and vulnerability across the country.

ARMED CONFLICTS AND INSECURITY

- **Political instability and institutional paralysis:** since the return of the De facto Authorities (DfA) in August 2021, the collapse of the Islamic republic governance system and the lack of international legitimacy have drastically reduced aid flows and compromised basic services.
- **Only 18% of the USD 1.71 billion requested for the 2026 Humanitarian Response Plan has been funded.** This adds to an already drastic reduction in the humanitarian envelope.
- **Internal displacement and destruction of livelihoods**: there are 3.5 million internally displaced persons and over 6 million returnees from Iran and Pakistan since mid-2023, placing further strain on already vulnerable communities.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Afghanistan continues to face severe climate shocks that are intensifying food insecurity and humanitarian needs.** The country is experiencing its fifth consecutive year of drought, with below-average rainfall, rising temperatures, water scarcity, and declining agricultural production affecting rural livelihoods across the country.
- **Severe flooding between March and April 2026** affected more than 73,300 people across 31 provinces, damaging homes, farmland, irrigation systems, and food stocks.
- **In November 2025, a magnitude-6.3 earthquake struck northern Afghanistan** between Balkh and Samangan provinces, killing 26 people, injuring more than 1,100, and destroying or damaging nearly 3,000 homes. Repeated earthquakes and climate-related disasters continue to increase displacement, infrastructure damage, and humanitarian vulnerability, particularly among already food-insecure communities.

INEQUALITY AND POVERTY

- **Afghanistan's economy remains heavily constrained by prolonged economic decline,** reduced international assistance, and structural poverty. In 2026, around 21.9 million people — 45 per cent of the population — are projected to require humanitarian assistance.
- **Restrictions on women's education, employment, and movement continue to limit access to livelihoods and humanitarian assistance.** These measures increase protection risks, gender-based violence, and negative coping strategies such as child labour and early marriage.
- **Declining humanitarian financing and operational constraints** continue to weaken healthcare, nutrition, WASH, and livelihood services nationwide.

OPERATIONAL CONTEXT AND CONSTRAINTS

Humanitarian access in Afghanistan remains possible across most of the country but is increasingly constrained by administrative requirements, funding reductions, geographic isolation, climate-related disruptions, and restrictions affecting the participation of female humanitarian workers. These challenges are particularly acute in rural and hard-to-reach areas, where communities face significant barriers to accessing health, nutrition, WASH and protection services.

In March 2025, thanks to the support of the European Union, Action Against Hunger reopened its therapeutic feeding units (TFUs) in Kabul and Badakhshan, which had been closed for a short period following the interruption of US funding. These clinics, essential for severely malnourished children and for female employment in the health sector, provide care for over 1,000 children every year. However, more than 396 nutrition centres and 400 health centres remain closed nationwide, while drug shortages continue to worsen the situation, leaving 3.7 million children under five in urgent need of care.

Funding shortfalls have contributed to the closure and suspension of hundreds of health and nutrition facilities, reducing access to essential services for millions of vulnerable people.

Protection risks remain severe and are closely linked to worsening humanitarian conditions. Women and girls continue to face restrictions affecting mobility, education, employment and access to services, while poverty, food insecurity and displacement contribute to harmful coping mechanisms including child labour, early marriage, distress migration and asset depletion.

Returnees and internally displaced persons often settle in communities already facing pressure on water resources, livelihoods and basic services, increasing risks of social tension, exclusion and exploitation. [unicef.org, worldbank.org]

Although active conflict has decreased compared with previous years, explosive ordnance contamination continues to cause civilian casualties and restrict safe access to agricultural land, water points, grazing areas and infrastructure.

Combined with drought, recurrent disasters and large-scale return movements, these constraints undermine food production, limit access to safe water and healthcare, and contribute to worsening food insecurity, malnutrition and public health outcomes across Afghanistan. [worldbank.org]

KEY RECOMMENDATIONS

Without immediate and sustained action, Afghanistan's humanitarian crisis will continue to deepen, leaving millions of people facing severe food insecurity, acute malnutrition, inadequate access to safe water and healthcare, heightened protection risks, and increasingly limited livelihood opportunities as climate shocks, mass returns and funding gaps place further pressure on vulnerable households and essential services. Action Against Hunger urgently calls for:

1 PROTECT AND SUSTAIN ESSENTIAL HEALTH, NUTRITION AND WASH SERVICES

Ensure safe, sustained, and unhindered access for humanitarian operations across all affected areas. All civilians, aid workers, and critical infrastructure must be protected, and bureaucratic and administrative barriers that delay or block life-saving assistance must be removed.

2 RESPOND TO THE RETURNEE CRISIS THROUGH AREA-BASED SUPPORT

The scale of returns from Iran and Pakistan is placing unprecedented pressure on host communities, labour markets, water resources and basic services. Humanitarian and development actors should invest in integrated support for both returnees and host communities, combining immediate assistance with access to livelihoods, housing, health, WASH and social services in priority districts.

3 REMOVE BARRIERS TO WOMEN'S ACCESS TO ASSISTANCE AND SERVICES

Women and girls face disproportionate barriers to accessing healthcare, nutrition services, livelihoods, education and humanitarian assistance. Humanitarian responses should ensure the meaningful participation of female staff and community workers while expanding safe, accessible and gender-responsive services. Addressing these barriers is essential to improving household food security, maternal nutrition and child wellbeing.

4 INVEST IN RESILIENCE TO CLIMATE SHOCKS AND WATER SCARCITY

Afghanistan's recurrent droughts, water shortages, floods and environmental degradation continue to drive food insecurity, displacement and humanitarian needs. Greater investment is needed in climate-resilient water systems, sustainable groundwater management, climate-smart agriculture, watershed rehabilitation and community disaster preparedness to reduce future vulnerability.

5 SHIFT FROM REPEATED EMERGENCY RESPONSE TO INTEGRATED SOLUTIONS

Afghanistan's crisis is increasingly driven by structural factors including poverty, weak livelihoods, underinvestment in services, climate vulnerability and repeated shocks. Multi-year, flexible and nexus-oriented funding should support integrated programmes linking food security, nutrition, health, WASH, livelihoods and MHPSS. Without addressing the underlying drivers of vulnerability, humanitarian needs are likely to remain persistently high despite continued emergency assistance.

VOICES FROM THE FIELD

Cobi Rietveld, Country Director, Action Against Hunger Afghanistan

"Afghanistan is facing one of its most severe nutrition crises in recent years. Across the country, more and more children are arriving at our health facilities suffering from severe acute malnutrition, while humanitarian resources continue to decline. During a recent visit to our Therapeutic Feeding Unit in Lashkar Gah, I saw children filling every available space. The centre had been expanded from 45 to 70 beds, yet 73 children were admitted that day, with siblings sometimes sharing beds because there was simply no more room. A few weeks later, capacity had to increase again to 118 beds. These children are fighting for their lives, but many of these cases could have been prevented if families had continued access to basic health, nutrition and water services. Funding cuts have become the main constraint affecting our operations. We recently supported a woman with tailoring training and a sewing machine — she now earns enough income to support her family. Stories like hers show that investing in livelihoods and prevention not only improves lives but also reduces the need for emergency assistance. Saving lives today is not enough: investing in prevention costs less, reaches more people, and stops children from needing life-saving treatment tomorrow. Without sustained and predictable funding, we will continue treating children whose suffering could have been prevented."

In 2025, Action Against Hunger's funding declined by around 30 per cent following reductions in US humanitarian assistance, forcing programmes to be scaled back and leaving nearly 120,000 people without planned support across food security and livelihoods, nutrition, health, and WASH activities. Although alternative donor funding allowed two Therapeutic Feeding Units to remain operational, this required diverting resources away from longer-term recovery and resilience programmes. At the same time, shortages of nutritional supplies and the closure of health and nutrition facilities are reducing access to essential services, increasing the risk that children suffering from moderate malnutrition will deteriorate into life-threatening conditions. Despite these challenges, integrated programming continues to demonstrate its value: by combining health and nutrition services with safe water, sanitation, agriculture and livelihood support, Action Against Hunger helps communities address both immediate needs and the underlying causes of malnutrition."

Nutrition and health activities at one of the clinics supported by Action Against Hunger in Badakhshan © Sayed Rahman for Action Against Hunger

"I lost my first daughter, who was 20, due to kidney problems. I couldn't afford to rent a car or pay for doctor's fees or check-ups, and as a result, she passed away. Afterward, my second daughter fell ill and spent ten years living in isolation. Thanks to the care provided by this clinic and its doctors, she is now doing well. We are truly grateful to have a clinic nearby, and we are satisfied with the services they offer. Travelling to distant clinics in Kunduz, Takhar, or Faizabad by donkey or car is a great challenge for us. The clinic's counselling sessions and the medication they provide for my daughter mean a lot to us."

Nafas Gul, *resident of Robat Gelak village, Badakhshan*

Nafas Gul lives in the remote village of Robat Gelak, in Badakhshan, with her extended family of 13 members. She sought help at the Family Health House after her second daughter fell seriously ill, and today, thanks to the clinic's continued care, her daughter is doing well. For families like hers, reaching distant clinics in Kunduz, Takhar, or Faizabad remains a major challenge — making the nearby clinic's counselling and medication essential to her daughter's recovery.

Nurses interact with acutely malnourished infants and their mothers in an inpatient ward at Action Against Hunger's therapeutic feeding unit in Kabul (c) 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."

Fatima *(not her real name), mother, Kabul*

Fatima lives in Kabul with her family. Her youngest daughter, Sahar (not her real name), aged just 10 months, was suffering from severe acute malnutrition with complications, a condition that seriously endangered her life. Thanks to the reopening of Action Against Hunger's Therapeutic Feeding Unit, Sahar was admitted and received therapeutic food and specialised care, which were essential for her recovery. During her hospitalisation, Fatima also participated in psychosocial support sessions and nutritional counselling, acquiring valuable tools to continue caring for her daughter at home and ensure her long-term well-being.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
1995	Kabul, Helmand, Ghor, Daykundi, Badakhshan, Kunar and Uruzgan (the latter two via local partners)	680	1,025,873 people reached in 2025

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has worked in Afghanistan since 1995 and now operates across seven provinces—Kabul, Helmand, Ghor, Daykundi, Badakhshan, Kunar and Uruzgan (the latter two via local partners), with more than 680 staff members delivering multisectoral humanitarian assistance. Our core focus is the integrated treatment and prevention of malnutrition, primary health-care, MHPSS, WASH, food security and livelihoods, and emergency response, embedded within strong partnerships with local organisations and communities.

NUTRITION AND HEALTH

- **903,908** People reached through Nutrition and Health interventions.
- Management of acute malnutrition through community- and facility-based services.
- **7** Therapeutic Feeding Units (TFUs) provide inpatient care for children with severe acute malnutrition and medical complications.
- **60** health facilities delivering primary healthcare, immunization, and sexual and reproductive health services through BHCs, HSCs and FHHs.
- Community-based nutrition screening, referral and health promotion.

WATER, SANITATION AND HYGIENE (WASH)

- **49,233** People reached through WASH interventions.
- Construction and rehabilitation of water systems.
- Hygiene promotion through awareness campaigns and hygiene kit distribution.
- Sanitation improvements, including household latrines and WASH-in-Health interventions.
- Community capacity strengthening to improve resilience to drought, disease outbreaks and other humanitarian shocks.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **21,567** People reached through Food Security and Livelihoods interventions.
- Climate-resilient agricultural support, including wheat and vegetable seeds and greenhouse installation.
- Livestock support through the provision of small ruminants and poultry.
- Technical training on climate-smart agriculture and livestock management.
- Home-based vocational training and MSME support to strengthen household livelihoods and resilience.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- **51,165** People reached through MHPSS interventions.
- Community-based MHPSS services through health facilities, mobile teams, outreach services and a national hotline.
- Psychological first aid, counselling, group support sessions and referral services.
- Integration of MHPSS into health and nutrition programmes.
- Family-friendly spaces, capacity strengthening for frontline workers, and community awareness and stigma reduction activities.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger is a well-established humanitarian organization in Afghanistan, particularly recognized for its expertise in nutrition. In addition to implementing programs, we provide technical support and contribute to coordination efforts across the humanitarian sector. Action Against Hunger serves as the co-lead of the Nutrition Cluster and leads the Mental Health and Psychosocial Support (MHPSS) Technical Working Group. We also contribute to Integrated Food Security Phase Classification (IPC) analyses, joint assessments, and humanitarian planning processes. Through these roles, Action Against Hunger helps strengthen coordination among humanitarian actors, support evidence-based decision-making and targeting, promote the integration of nutrition and MHPSS services, and ensure that responses are adapted to local needs and contexts. We also actively contribute to collective advocacy efforts, working with partners to raise awareness of humanitarian needs and promote effective, context-sensitive responses across Afghanistan.

Sources: OCHA Afghanistan Humanitarian Needs and Response Plan (HNRP) 2026; OCHA Financial Tracking Service (FTS); IPC Acute Food Insecurity Analysis (Nov 2025–Mar 2026); IPC Acute Malnutrition Analysis 2025–2026; Afghanistan Nutrition Cluster; IOM Returnee Resilience Overview (June 2026); UNHCR/UN returnee reports; UNICEF; FAO; Action Against Hunger Afghanistan MSNA 2026.

MYANMAR

6 GLOBAL RANK

16.7 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~54.9 million
Total population

21.9 million
People in Need
HRP 2026

26%
2025 HRP funded

-47%
ODA decrease[1] between 2020 and 2024

960,000
People projected to face IPC Phase 4 - Emergency
Immediate life-saving needs
HNRP 2026

36,000
Children under 5 with acute malnutrition (GAM)

Over 72,000
Expected children under 5 with severe malnutrition (SAM)
High risk of mortality
HNRP 2026

380,000
Pregnant and lactating women expected to require treatment for acute malnutrition
HNRP 2026

8.9 million
People lacking access to safe water
HNRP 2026

Meeting with the leaders from Mosque where all 60 men died from the collapse while praying inside. Myanmar, emergency, earthquake. 2025. © Action Against Hunger

Sources: [1] https://data.worldbank.org/indicator/SP.POP.TOTL?locations=MM

COUNTRY PROFILE

Myanmar remains one of the world's most severe and protracted humanitarian crises. Since the military coup of February 2021, the country has experienced an escalation of armed conflict, mass population displacement, economic deterioration, and recurrent natural hazards that have severely undermined livelihoods and access to basic services.

The crisis is further compounded by the near collapse of public systems, leaving vulnerable populations with extremely limited access to essential care. In 2026, 21.9 million people, around 40 per cent of the total population, are in need of humanitarian assistance, of whom 16.2 million are targeted under the 2026 Humanitarian Needs and Response Plan (HNRP). Humanitarian needs have continued to grow as the conflict has expanded geographically, disrupting agricultural production, markets, public services, supply chains, and access to services. Areas particularly affected include Sagaing, Rakhine, Kayah and Bago, which now account for some of the highest concentrations of people in severe humanitarian need, especially children under five, pregnant and lactating women, and internally displaced persons. Conflict has forcibly displaced more than 3.5 million people internally, disrupting livelihoods and agricultural production across affected regions.

Myanmar also remains highly exposed to natural disasters: the 7.7-magnitude earthquake that struck in March 2025 affected over 9 million people and combined with recurrent typhoons, continues to damage infrastructure and increase injuries, trauma, and protection risks — pushing an additional two million people into acute humanitarian need. The compounding effects of conflict, displacement, economic crisis, and natural disaster continue to have far-reaching consequences for food security. Despite the scale of needs, only 26 per cent of the 2025 HNRP funding requirements had been received as of 1 December 2025, leaving millions of people without assistance.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Myanmar continues to face a worsening food security crisis driven by conflict, displacement, economic decline, and recurrent natural hazards. These interconnected shocks have disrupted livelihoods, agricultural production, markets, and essential services, leaving millions unable to meet their basic needs.

According to the 2026 Global Report on Food Crises, Myanmar experienced one of the largest deteriorations in food security globally during 2025: the number of people facing high levels of acute food insecurity increased by approximately 2.3 million compared with 2024, reaching 16.7 million people at the 2025 peak. The Food Security Cluster (FSC) Myanmar Response Monitoring Dashboard 2026 projects that 12.4 million people will face acute food insecurity (IPC Phase 3+) by mid-2026. These figures reflect different reference periods and sources — the 2025 recorded peak and a 2026 mid-year projection — rather than a genuine decline in severity. Conflict, displacement, economic instability, and natural disasters remain the main underlying drivers.

Nutrition remains a major concern, especially among children, women, and displaced populations. Acute malnutrition is intensifying due to the combined effects of food insecurity, disrupted health and WASH services, disease outbreaks, displacement, and inadequate infant and young child feeding (IYCF) practices. While nationally comparable data on acute malnutrition remains limited, available evidence indicates substantial nutrition needs in several conflict- and disaster-affected areas, highlighting the need for continued monitoring and targeted interventions.
Conditions are particularly severe in conflict- and displacement-affected areas, where insecurity, population movements, and restricted access continue to undermine livelihoods and local economies. Many households have lost access to agricultural land, livestock, employment opportunities, and productive assets, while humanitarian actors face significant funding shortfalls and operational constraints that limit the reach of assistance.

The trend of reduced funding coverage for food security and malnutrition is of significant concern. According to the Myanmar Humanitarian Needs and Response Plan dashboard, only 29% of the 2025 funding requirements had been secured by the end of the year, despite the expansion of humanitarian funding requirements following the devastating earthquake in March 2025. The funding outlook in 2026 remains equally concerning. Although the 2026 Humanitarian Needs and Response Plan targets a reduced funding envelope (US$889.6 million), this reflects a re-prioritized response that targets 4.9 million people, down from 6.7 million in 2025, due to reduced operational capacity and anticipated funding constraints rather than any improvement in humanitarian conditions. OCHA explicitly notes that humanitarian needs remain severe and that the reduced target is a consequence of narrower prioritization under the humanitarian reset approach. Within the 2026 funding target, food security funding shows an even sharper gap. According to the latest data from the Myanmar Food Security Cluster, only 28% of the $184 million funding target has been secured. This shortfall has constrained the scale of the response, with only a small portion of targeted people reached despite growing food insecurity across Myanmar.

CONFLICT, DISPLACEMENT AND NATURAL HAZARDS

IMPACT ON WASH

Conflict, displacement, and recurrent natural hazards have severely undermined access to safe Water, Sanitation and Hygiene (WASH) services across the country. The March 2025 earthquake compounded an already fragile situation, damaging more than 10,000 water systems and destroying sanitation infrastructure across central Myanmar, disrupting essential services for millions of people.

WASH needs are particularly acute among internally displaced people and conflict-affected communities, where overcrowded conditions, inadequate sanitation and limited access to safe water heighten the risk of disease outbreaks. In 2026, an estimated 8.9 million people require WASH assistance — a figure that continues to rise as new displacement, infrastructure deterioration and sustained funding gaps deepen existing vulnerabilities. Seasonal flooding further strains fragile systems and accelerates the spread of waterborne diseases, including acute watery diarrhea and cholera outbreaks recorded across multiple states and regions.

The consequences for health and nutrition are severe, particularly for children and women, for whom unsafe water and poor sanitation directly worsen acute malnutrition outcomes. Continued conflict, access constraints and significant funding shortfalls remain the principal obstacles to restoring safe, equitable WASH services — leaving the most vulnerable populations exposed to compounding cycles of disease and deteriorating humanitarian conditions.

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **Conflict remains the primary driver of food insecurity in Myanmar.** Since 2021, fighting between the Myanmar Armed Forces and multiple armed groups has disrupted agricultural production, damaged infrastructure, restricted population movements and reduced access to markets and services.
- **Conflict has forcibly displaced more than 3.5 million people internally,** stripping families of assets and livelihoods and deepening long-term vulnerability among displaced populations.
- **The expansion of conflict into traditionally productive** agricultural areas has affected planting and harvesting activities, reduced market functionality, and constrained trade flows.
- **Continued insecurity and humanitarian access constraints** have limited livelihood opportunities and increased reliance on humanitarian assistance among vulnerable populations.
- **Conflict has significantly disrupted access to essential health and nutrition services with insecurity**, damaged infrastructure, supply constraints, and humanitarian access constraints, limiting the availability and continuity of care, particularly for conflict-affected and hard-to-reach communities.

CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- **Myanmar is highly exposed to floods, cyclones, landslides and earthquakes,** which continue to affect livelihoods and food production.
- **The March 2025 earthquake significantly worsened humanitarian needs by damaging homes,** markets, health facilities, water systems and transport infrastructure across central Myanmar.
- **These recurrent shocks continue to undermine agricultural production,** erode household assets, and reduce community resilience.

INEQUALITY AND POVERTY

- **Inflation, currency depreciation, and market disruptions have reduced household** purchasing power and access to food, particularly among poor and vulnerable populations.
- **Rising food prices and increasing production costs** continue to affect both urban and rural households, limiting livelihood opportunities and food access.
- **Economic deterioration, combined with conflict and displacement,** has increased food insecurity and heightened vulnerability among affected communities.

OPERATIONAL CONTEXT AND CONSTRAINTS

Access constraints remain the primary determinant of humanitarian reach in Myanmar. Under the 2026 HNRP, 66 hyper-prioritized townships host 2.5 million people living in intersectoral severity levels 4 and 5. An estimated 2.1 million of these individuals reside in Access Severity Level 3 areas, where armed conflict, insecurity, and administrative impediments block operations. Over half of this targeted population is concentrated in high-conflict zones like Sagaing and Rakhine, populations facing the most severe multi-sector needs while remaining among the hardest to reach.

Deteriorating security conditions, particularly in Rakhine, Kayah, and Sagaing, required continuous operational adaptation. Delays in Travel Authorizations (TAs), restricted transport routes, and insecurity limited access to target populations and disrupted planned activities.

Frequent displacement has further affected service continuity, particularly in urban IDP settings within conflict-affected communities.

Restrictions on the movement of goods have caused food prices to skyrocket, trapping over 12.4 million people in acute food insecurity, while damaged water systems and overcrowding in informal camps continue to drive outbreaks of acute watery diarrhea and cholera.

The routine targeting of health facilities and restrictions on medical supplies have triggered an unprecedented decline in healthcare access, multiplying preventable illnesses and civilian casualties.

Persistent shortages of specialized nutrition supply due to logistical challenges have sharply increased rates of acute malnutrition, particularly among children under five and pregnant and lactating women.

These severe access constraints compound grave violations of International Humanitarian Law and acute protection risks, including targeted violence and landmine contamination. Restrictions on movement and access have isolated entire communities, intensifying multi-sector humanitarian needs.

KEY RECOMMENDATIONS

Without immediate and sustained action, Myanmar's food and nutrition crisis will continue to deteriorate, exposing millions of people to hunger, malnutrition, disease, displacement and heightened protection risks. Action Against Hunger urgently calls for:

1 IMPROVE HUMANITARIAN ACCESS AND PROTECTION OF CIVILIANS

Humanitarian actors continue to face significant access constraints due to insecurity, administrative barriers and damaged infrastructure. All parties should facilitate safe, sustained and principled humanitarian access to populations in need and ensure the protection of civilians and civilian infrastructure. Improving access is critical to delivering food assistance, nutrition services, healthcare, WASH interventions and livelihood support in conflict-affected and hard-to-reach areas.

2 PRIORITIZE WOMEN, CHILDREN AND DISPLACED COMMUNITIES

Women, children, displaced populations and conflict-affected communities remain disproportionately affected by food insecurity, malnutrition, and gender-based violence and other protection risks. Humanitarian responses should prioritize integrated services combining nutrition, health, WASH, food security and protection interventions. Expanding access to safe drinking water, maternal and child healthcare, nutrition treatment and essential services is critical to reducing vulnerability and preventing further deterioration.

3 INCREASE FLEXIBLE AND PREDICTABLE HUMANITARIAN FUNDING

Myanmar faces rapidly growing humanitarian needs driven by conflict, displacement, economic deterioration and recurrent natural hazards. Donors should provide flexible, multi-year funding that supports both life-saving assistance and longer-term recovery. Sustained funding is essential to maintain food assistance, nutrition services, healthcare, WASH interventions and livelihood support, particularly in conflict-affected and earthquake-affected areas. Continued funding shortfalls risk leaving millions of vulnerable people without adequate assistance.

4 INVEST IN LIVELIHOOD RECOVERY AND AGRICULTURAL PRODUCTION

Support for agricultural recovery, livestock production, local markets and income-generating activities is essential to help households restore livelihoods, strengthen resilience and reduce dependence on humanitarian assistance. Increased investment in productive assets and local food systems can contribute to longer-term food security and recovery.

5 SUPPORT LOCALLY LED AND INTEGRATED RESPONSES:

Humanitarian and development partners should increase investment in locally led approaches that strengthen the capacity of communities and national organizations to anticipate, respond to and recover from shocks. Integrated programming across nutrition, health, WASH, food security, livelihoods and mental health support should be prioritized to address the interconnected drivers of hunger, malnutrition and vulnerability while building sustainable resilience.

VOICES FROM THE FIELD

Ralf Thill,
Country Director, Action Against Hunger Myanmar

"In Myanmar, humanitarian needs continue to grow as conflict, displacement, economic hardship and repeated shocks deepen vulnerabilities across the country. The reduction in funding to Myanmar has reshaped the landscape of delivering humanitarian aid at a time when the needs continue to grow exponentially. As resources decline, we are forced to reprioritize assistance, often concentrating on areas where data is more readily available while some of the hardest-to-reach communities receive less attention. Even where we remain operational, funding constraints mean difficult decisions about where assistance can be delivered and at what scale, leaving many vulnerable families without access to life-saving services.

Across ACF project areas, hard-to-reach communities are able to access malnutrition treatment services at ACF's Integrated Nutrition Centres despite immense challenges. An Integrated Nutrition Centre in a remote community may appear ordinary from the outside, but inside, parents wait anxiously while their children receive treatment for severe acute malnutrition, healthcare and mental health support. You wouldn't realize from a distance that this building is a lifeline for surrounding communities. In 2025 alone, one such centre treated 1,015 children with Severe Acute Malnutrition in an area where no alternative treatment services were available. The commitment of ACF staff, community volunteers and families themselves is what keeps these services functioning despite insecurity, logistical challenges and supply disruptions.

Communities have shown remarkable resilience in the face of years of conflict and instability, while local organisations and frontline health workers continue adapting to rapidly changing conditions. We have expanded malnutrition treatment in underserved areas, strengthened partnerships with local organisations, and responded quickly to operational disruptions such as shortages of ready-to-use therapeutic food. In Rakhine State, this adaptive approach achieved an 85 per cent recovery rate. Timely, coordinated, and context-responsive programming can continue to deliver results even in highly constrained environments.

Investment in programmes that address the compounding drivers of malnutrition is essential to achieving strong results and ultimately saving lives. These interventions are often among the few services available to vulnerable communities and continue to deliver meaningful impact. Increased flexibility, predictability, and longer-term funding would enable us to sustain these gains, expand coverage, and reach more people with life-saving support.

This combination of quality investment and operational flexibility is essential to sustaining effective, life-saving programming in the communities most in need".

VOICES FROM THE FIELD

Strengthening Livelihoods Through Home Gardening

"I will always strive to cultivate home gardens that provide nutritious foods, especially vegetables, for my family. Previously, I farmed without systematic knowledge. Through this project, I have gained agricultural techniques that are immensely beneficial not only for my home garden but also for larger farm fields."

U Maung *(pseudonym), farmer and FSL village representative volunteer, Myanmar.*

U Maung, a 50-year-old peasant farmer, has long been passionate about agriculture. Political instability in 2021 forced him and his family to flee their home for safety; they moved first to a border IDP camp and later relocated across three additional temporary sites. With nine family members, including seven children, repeated displacement severely challenged the household's stability and access to livelihoods. Due to his strong interest in agriculture and commitment to his community, U Maung was selected as the village representative volunteer for the Food Security and Livelihood (FSL) component of the ACTION AGAINST HUNGER project, where he has proven highly motivated and active. Through Home Gardening Training, he learned systematic home gardening methods, with a strong focus on natural fertilizers and organic pest repellents and now applies precise techniques that have resulted in healthier and more productive home-grown vegetables. This has enabled his family to access fresh, nutritious food, reducing market dependence and saving money, while his children now enjoy more diverse diets and a more stable food supply. Serving as a village representative has also helped him reconnect with agricultural activities and regain a sense of purpose after losing his primary livelihood due to displacement, strengthening both his personal resilience and community well-being.

Supporting a Six-Month-Old Child Through Integrated Nutrition and Mental Health and Psychosocial Support (MHPSS) Care

I am truly happy for my nephew. Thanks to Action Against Hunger, he finally gained weight like a healthy child. It was very painful to see him suffering from malnutrition and becoming so thin, especially without his mother. As his primary caregiver, I am deeply grateful for all the support provided, including medical referral support and the services of the nutrition centre. During the treatment period, another relative also passed away, which caused me a lot of distress. However, through the counselling sessions, relaxation exercises, and emotional support I received, I learned how to manage my stress and provide better care for Mufa."

Caregiver (paternal aunt) of "Mufa"*(pseudonym), six-month-old child, Rakhine State, April 2026*

Mufa lives with his family in Rakhine State, where years of conflict have severely disrupted daily life, limiting access to livelihoods, healthcare and sanitation services, and leaving vulnerable children at high risk of malnutrition and illness. On 2 December 2025, he was admitted to the Action Against Hunger Nutrition Programme with Severe Acute Malnutrition complicated by skin lesions, shortly after his mother had passed away, leaving him in the care of his paternal aunt. Overwhelmed by grief and responsibility, his caregiver showed signs of significant emotional distress. Action Against Hunger provided integrated support to both child and caregiver: Mufa received medical treatment and routine care, while his aunt attended infant and young child feeding counselling, mental health counselling sessions, and parenting sessions focused on stress management, and the family received a mother-and-child kit to help meet basic needs during the cold season. Before her death, Mufa's mother had left his aunt with one request — "Please take care of my child" — which became a source of strength throughout the child's recovery. After ten weeks of treatment, Mufa met the discharge criteria on 7 April 2026, with his weight, height and MUAC improving within the acceptable range, while his caregiver's psychological wellbeing and caregiving capacity showed marked improvement over the same period. Mufa's story reflects not only the life-saving impact of integrated nutrition services, but also the importance of combining medical care with mental health and psychosocial support to help children and caregivers recover together.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
1994	Rakhine, Bago	308	222,293 (2025)

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger maintains a strong operational presence in Rakhine and Bago, delivering integrated humanitarian assistance through direct implementation as well as with local partners. Current interventions include nutrition services for children under five and pregnant and lactating women, Mental Health and Psychosocial Support (MHPSS), Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods (FSL) programming, and emergency assistance for vulnerable households. Following the March 2025 earthquake, Action Against Hunger provided life-saving support, including food distributions, hygiene kits, essential medicines and health supplies, where health facilities sustained significant damage.

Action Against Hunger 's approach combines emergency response with longer-term resilience-building. Key interventions include conflict-adapted and climate-resilient agricultural activities, short-cycle crop production, home gardening, mobile health services, and community-based rehabilitation of local markets and basic infrastructure. In parallel, Action Against Hunger supports local health systems, strengthens MHPSS services, and promotes community resilience to help crisis-affected populations recover from the impacts of conflict, displacement, and natural disasters.

NUTRITION AND HEALTH

Nutrition and health services combined treatment of acute malnutrition with preventive care and referral support for children under five and pregnant and lactating women across Rakhine and Bago.

- **172,948** People reached with integrated life-saving health and nutrition services.
- **93%** Cure rate for Severe Acute Malnutrition (SAM) achieved in Rakhine State.
- **85%** Cure rate for Severe Acute Malnutrition (SAM) achieved in hard-to-reach areas.
- **98%** Recovery rate for Moderate Acute Malnutrition (MAM) cases.

A care pathway for the Management of Acute Malnutrition in Infants under six months (MAMI) was launched in January for early detection of nutritionally at-risk infants, while integration with health services improved access to Integrated Management of Childhood Illness (IMCI), antenatal care (ANC), and postnatal care (PNC).

FOOD SECURITY AND LIVELIHOODS (FSL)

Food security and livelihoods programming strengthened household food production and resilience through climate-sensitive agriculture, livestock support, and life-saving food assistance.

- **28,197** People reached through food and livelihoods interventions.
- **17,687** People reached through Emergency Life Saving Food Distribution.
- **7,619** homestead vegetable production.
- **2,900** People reached through Multi-purpose Cash Assistance.

Nutrition- and climate-sensitive agricultural support — including inputs, tools, training, and integrated rice-fish farming — helped smallholder farmers and displaced households rebuild productive assets, while livestock training and distribution further diversified household livelihood.

WATER, SANITATION AND HYGIENE (WASH)

WASH programming combined infrastructure rehabilitation with hygiene promotion to improve access to safe water and sanitation for vulnerable households.

- **24,670** People reached with WASH interventions.
- **52** Number of new/rehab construction WASH infrastructure (water points, latrine and handwashing facilities).
- **3,745** People reached safe water with water filters and household water storage tanks.
- **15,735** People reached with hygiene kits and admission kits.
- **19,547** People reached through hygiene promotion sessions.

Improvements to water and sanitation systems, installation of handwashing facilities, and hygiene behavior-change promotion helped reduce the risk of waterborne disease among conflict- and disaster-affected communities.

GENDER, PROTECTION AND MHPSS

Mental health, psychosocial support and protection programming reached crisis-affected individuals through community, facility, and specialised levels of care, while strengthening safe and inclusive access to services for vulnerable women, men, girls and boys.

- **32,452** People reached through Mental Health and Psychosocial Support (MHPSS) services.
- **2,290** People — including survivors of gender-based violence (GBV), children at risk, and persons with disabilities — referred to specialised protection services.

As co-chair of the MHPSS Working Group, Action Against Hunger contributed to joint assessments, including the Rapid Needs Assessment (RNA) and Multi-Sector Needs Assessment (MSNA), and to the Humanitarian Needs and Response Plan (HNRP) Addendum. Protection capacity was reinforced through training on GBV risk mitigation, disability inclusion, and safeguarding, using the Washington Group Questions and accessible infrastructure standards. Community-based feedback mechanisms — the Complaint and Feedback Response Mechanism (CFRM) and Protection from Sexual Exploitation and Abuse (PSEA) safeguards — further supported accountability, while mine risk education, gender-responsive programming, and multi-purpose cash assistance helped reduce protection risks and support basic needs.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger maintains strong engagement with national and sub-national coordination platforms, working closely with the Nutrition, Health, Food Security, and Protection Clusters, as well as with international NGOs, local NGOs, and civil society organizations. Action Against Hunger also collaborates closely with the Ministry of Health, Township Health Departments, UN agencies (including UNICEF and WFP), and donors. This coordination is reinforced through a network of local implementing partners which enables sustained access to hard-to-reach areas. Action Against Hunger actively participates in regular cluster and inter-cluster coordination mechanisms, including monthly meetings and the Inter-Cluster Coordination Group.

Action Against Hunger has strengthened coordination with both local and international NGOs to improve humanitarian access and continuity of care, particularly in hard-to-reach areas. Several organizations conduct community-based screening and refer cases of Severe Acute Malnutrition (SAM) to Action Against Hunger facilities, as Action Against Hunger remains one of the few functioning providers able to deliver this specialized, life-saving service in these locations. In parallel, Action Against Hunger actively coordinates through consortia with multiple partners, enabling complementary coverage, shared operational responsibilities, and more balanced responses. This collaborative approach has also supported joint resource mobilization, allowing partners to secure funding and sustain operations in an increasingly constrained humanitarian funding environment.

Sources: FAO/WFP/GNAFC, Global Report on Food Crises 2026 (GRFC 2026); FAO-WFP, Hunger Hotspots: FAO-WFP Early Warnings on Acute Food Insecurity (2025–2026); Myanmar Humanitarian Needs and Response Plan (HNRP) 2026; OCHA Myanmar Humanitarian Updates (2025–2026); Food Security Cluster Myanmar Response Monitoring Dashboard (2026); Myanmar Earthquake Flash Appeal and Situation Reports (2025); UNICEF Humanitarian Action for Children: Myanmar 2026; WHO Myanmar Health Cluster Updates; Relief Web; Action Against Hunger Myanmar.

BANGLADESH

7 GLOBAL RANK

16 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~177.8 million
Total population

4.4 million
People in Need
HRP 2026

1.2 million
Rohingya refugees

20.3%
Joint Response Plan (JRP) for the Rohingya Refugee Response (July 2026) funded

-23.1%
ODA decrease

483,000
(May–August 2026)

787,000
(Projected 2026)
People projected to face IPC Phase 4 - Emergency
Immediate life-saving needs

1.6 million
Children under 5 expected to be suffering from acute malnutrition

143,850
Children under 5 expected to be suffering from severe malnutrition (SAM)
High risk of mortality

117,000
Pregnant and lactating women (PLWs) estimated to be suffering from acute malnutrition

~64 million
People lacking access to safe water

Sumon Homaun Kabir, ACF Program Manager FSL DRR is in the field, interacting with female farmers of Simul Baria community, Satkhira, Bangladesh. © Fabeha Monir for Action Against Hunger

COUNTRY PROFILE

Bangladesh remains one of the world's most densely populated and climate-vulnerable countries. Situated in the delta of the Ganges, Brahmaputra and Meghna river systems, the country is highly exposed to recurrent floods, cyclones, storm surges, riverbank erosion, droughts, heatwaves and landslides. Climate change is increasing the frequency, intensity, and unpredictability of these hazards, causing widespread damage to livelihoods, infrastructure, agricultural production, and essential services. As a result, millions of people face growing risks related to displacement, food insecurity, water scarcity, and loss of income. Despite sustained progress in economic growth and human development, Bangladesh continues to face significant humanitarian challenges. Rising inflation, high food and fuel prices, limited livelihood opportunities and repeated climate shocks have weakened household purchasing power and increased vulnerability, particularly among poor rural populations dependent on agriculture, fisheries and informal labour. Recent economic pressures have also contributed to rising poverty levels, reducing the resilience of vulnerable households and increasing reliance on humanitarian assistance and social protection systems.

Bangladesh hosts approximately 1.2 million Rohingya refugees in Cox's Bazar and Bhasan Char, making it home to one of the largest refugee populations in the world. Refugees remain heavily dependent on humanitarian assistance and continue to face protection risks, disease outbreaks, cyclones, flooding, landslides, and increasing funding shortfalls. Host communities, many of which were already vulnerable before the refugee influx, are also under growing socioeconomic and environmental pressure. According to the INFORM Risk Index[1] 2026, Bangladesh remains among the countries facing very high humanitarian and disaster risk due to the combined impacts of climate change, environmental degradation, displacement and socioeconomic vulnerability.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Bangladesh continues to face significant food security and nutrition challenges in 2026. According to the Global Report on Food Crises (GRFC) 2026, Bangladesh remains one of the world's major food crisis contexts, with around 16 million people facing high levels of acute food insecurity in 2025, driven by the combined effects of climate shocks, economic pressures and the protracted Rohingya refugee crisis. The latest IPC Acute Food Insecurity Analysis projects that approximately 15.3 million people will experience Crisis or worse levels of acute food insecurity (IPC Phase 3+) between May and August 2026, rising to 18.1 million people between September and December 2026, including around 787,000 people in IPC Phase 4 (Emergency). Persistent inflation, livelihood losses, recurrent natural hazards, and the continued impacts of displacement remain the principal drivers of deteriorating food security outcomes.

Bangladesh remains highly vulnerable to climate-related hazards and ranks among the countries facing the highest climate and disaster risks globally. Recurrent floods, cyclones, riverbank erosion, heatwaves and salinity intrusion continue to undermine agricultural production, damage infrastructure and erode household resilience, particularly among poor rural communities dependent on agriculture, fisheries and informal labour. These shocks increasingly interact with economic pressures to deepen food insecurity and humanitarian needs. The most affected areas include the Chittagong Hill Tracts (Bandarban, Rangamati and Khagrachhari), the flood-prone Haor region, particularly Sunamganj, vulnerable coastal districts, and the Rohingya refugee settlements in Cox's Bazar and Bhasan Char. The Global Hunger Index classifies Bangladesh as experiencing a moderate level of hunger, reflecting sustained progress over recent decades while highlighting persistent challenges related to undernutrition, child wasting and equitable access to food.

The nutrition situation remains alarming. Bangladesh's first IPC Acute Malnutrition Analysis estimates that approximately 1.6 million children aged 6–59 months are suffering or are expected to suffer from acute malnutrition, including around 143,850 children with severe acute malnutrition (SAM) and nearly 1.4 million children with moderate acute malnutrition (MAM). In addition, approximately 117,000 pregnant and lactating women are expected to require treatment for acute malnutrition. Poor dietary diversity, inadequate infant and young child feeding practices, recurrent disease outbreaks, food insecurity, and limited access to health and WASH services continue to drive malnutrition. In Cox's Bazar, overcrowding, exposure to climate hazards and chronic funding shortfalls further exacerbate the risks of malnutrition and disease among Rohingya refugees and vulnerable host communities.

Sources: [1]INFORM Risk Index: a global risk assessment tool for humanitarian crises and disasters, developed by the European Commission and partners, measuring hazard exposure, vulnerability and lack of coping capacity

CLIMATE SHOCKS AND DISPLACEMENT

IMPACT ON WASH

Bangladesh continues to experience water, sanitation and hygiene (WASH) challenges linked to its high exposure to floods, cyclones, river erosion, drought and salinity intrusion. Climate-related hazards regularly damage water supply systems, contaminate drinking water sources and disrupt sanitation infrastructure, particularly in coastal districts, flood-prone river basins and char areas. Rising sea levels and saline intrusion are further reducing access to safe freshwater sources in coastal regions, increasing reliance on unsafe or costly alternatives. Despite significant progress in expanding WASH coverage nationally, access to safely managed drinking water and sanitation services remains uneven, particularly among populations affected by poverty, displacement, and recurrent disasters. An estimated 64 million people — around 36% of the population — still lack access to safely managed drinking water services, while seasonal flooding and waterlogging frequently contaminate water sources and increase the risk of waterborne diseases. Poor WASH conditions remain a major underlying driver of malnutrition, especially among children under five and pregnant and lactating women (PLW).

In Cox's Bazar and Bhasan Char, approximately 1.2 million Rohingya refugees continue to depend heavily on humanitarian WASH services. Overcrowded living conditions, inadequate drainage systems, recurrent flooding, landslides and pressure on natural resources heighten public health risks and increase the likelihood of disease outbreaks during the monsoon season. Funding shortfalls affecting the Rohingya response are placing additional strain on the maintenance of water systems, sanitation facilities, and hygiene promotion activities. Strengthening climate-resilient WASH infrastructure, improving water quality monitoring and ensuring sustained humanitarian support remain critical to protecting public health and addressing the underlying causes of malnutrition and vulnerability across Bangladesh.

DRIVERS OF THE CRISIS

CLIMATE CHANGE AND NATURAL HAZARDS

- **Recurrent floods, cyclones, storm surges, riverbank erosion, droughts, heatwaves and landslides** continue to undermine agricultural production, livelihoods and food availability across Bangladesh. Climate-related hazards remain among the principal drivers of food insecurity, particularly in coastal districts, the Haor basin and the Chittagong Hill Tracts.
- **Bangladesh remains among the countries most at risk from climate-related disasters globally.** Rising sea levels, salinity intrusion and changing rainfall patterns are reducing agricultural productivity, degrading natural resources and threatening the livelihoods of millions of smallholder farmers and fishing communities.
- **Areas facing the highest levels of acute food insecurity in 2026,** including Bandarban, Rangamati, Khagrachhari, Sunamganj and several coastal districts, are also among the most climate-vulnerable regions of the country.

ARMED CONFLICT AND VIOLENCE

- **Bangladesh continues to host approximately 1.2 million Rohingya refugees** in Cox's Bazar and Bhasan Char, who fled large-scale violence in Myanmar's Rakhine State starting in 2017 — a protracted crisis extensively documented by international human rights bodies, with no safe or voluntary return currently in sight. Refugees remain highly dependent on humanitarian assistance and face significant protection risks.
- **The 2026 Joint Response Plan remains severely underfunded,** with only about 20.3% funded by mid-2026. Funding shortfalls affect food assistance, nutrition services, healthcare, WASH infrastructure and protection programming, increasing vulnerabilities among refugees and host communities.

INEQUALITY AND POVERTY

- **High food prices, inflation, rising fuel and transportation costs and limited income opportunities** continue to reduce household purchasing power, particularly among poor rural households dependent on agriculture, fisheries, day labour and informal employment.
- **Economic pressures and repeated climate shocks have forced many households** to adopt negative coping strategies, including reducing food consumption, purchasing less nutritious food, selling productive assets, and accumulating debt.
- **The latest IPC analysis projects that approximately 18.1 million people will face Crisis or worse levels of acute food insecurity** between September and December 2026, including around 787,000 people in Emergency conditions (IPC Phase 4), highlighting the growing severity of economic vulnerabilities.
- **The protracted Rohingya refugee crisis continues to place pressure on local resources, public services, natural resources and labour markets** in Cox's Bazar, affecting both refugee and host communities. Rohingya settlements were also identified among the areas facing the highest levels of acute food insecurity in the latest IPC analysis, reflecting how displacement and restricted livelihoods compound existing vulnerabilities.

OPERATIONAL CONTEXT AND CONSTRAINTS

Bangladesh's humanitarian operating environment is primarily shaped by recurrent climate shocks, the protracted Rohingya refugee crisis, and growing resource constraints rather than by active armed conflict. Humanitarian access remains generally feasible across most of the country; however, seasonal floods, cyclones, landslides, river erosion and infrastructure damage regularly disrupt access to vulnerable communities, particularly in coastal districts, char areas, the Haor basin and the Chittagong Hill Tracts. These recurrent shocks delay the delivery of food, nutrition, health, and WASH services while increasing humanitarian needs. Overcrowding, movement restrictions, limited livelihood opportunities, exposure to cyclones, floods, landslides and fires, as well as increasing insecurity within and around camps, continue to affect access to basic services and heighten protection risks. Women, children, older persons and persons with disabilities face heightened risks of gender-based violence, child protection concerns, trafficking and negative coping mechanisms. Severe funding shortfalls constitute one of the most significant operational constraints in 2026. With the Rohingya Joint Response Plan only around 20.3% funded by mid-year, humanitarian actors have been forced to scale back food assistance, nutrition programmes, health services and WASH interventions. Reduced funding threatens lifesaving services for refugees and vulnerable host communities, increasing the risk of malnutrition, disease outbreaks and protection concerns while undermining resilience and recovery efforts.

KEY RECOMMENDATIONS

Without urgent and sustained action, Bangladesh's food security and nutrition situation is expected to deteriorate further, particularly in climate-vulnerable districts and among Rohingya refugees and host communities. Action Against Hunger calls for the following priorities:

1 CLOSE THE HUMANITARIAN FUNDING GAP

Provide flexible, predictable and multi-year funding to address rising humanitarian needs driven by food insecurity, climate shocks and displacement. Immediate support is required to sustain food assistance, nutrition treatment, healthcare, WASH services and protection programming, particularly as the Rohingya Joint Response Plan remains critically underfunded.

2 SCALE UP LIFE-SAVING NUTRITION AND FOOD SECURITY INTERVENTIONS

Prioritize populations facing IPC Phase 3 and Phase 4 conditions through integrated food security and nutrition programmes. Expand prevention and treatment services for acute malnutrition, targeting the estimated 1.6 million children affected by acute malnutrition and 117,000 pregnant and lactating women requiring treatment.

3 PROTECT ROHINGYA REFUGEES AND VULNERABLE HOST COMMUNITIES

Maintain adequate humanitarian assistance for Rohingya refugees and surrounding host populations by ensuring continued access to food assistance, nutrition services, healthcare, WASH infrastructure, mental health support and protection services, including services addressing gender-based violence and trafficking risks. Funding reductions should not compromise basic rights and essential services.

4 INVEST IN CLIMATE RESILIENCE AND ANTICIPATORY ACTION

Strengthen forecast-based financing, early warning systems, climate-smart agriculture, resilient water systems and community-based disaster preparedness. Increased investment in anticipatory action can reduce humanitarian impacts, protect livelihoods and lower future response costs.

5 STRENGTHEN LOCALLY LED AND INTEGRATED RESPONSES

Support local organizations, government institutions and communities to lead preparedness, response and recovery efforts. Integrated programming across food security, nutrition, health, WASH, livelihoods, protection and mental health should be prioritized to address the interconnected drivers of hunger, malnutrition and vulnerability while building long-term resilience.

VOICES FROM THE FIELD

Climate change is no longer a distant threat for families in coastal Bangladesh. In districts such as Satkhira, recurrent flooding, waterlogging, cyclones and salinity intrusion are making it increasingly difficult for households to secure food, protect livelihoodslivelihoods, and recover from repeated shocks. For vulnerable families, each disaster can mean the loss of crops, assets, incomeincome, and months of hard-earned progress.

Jesmin Nahar, a mother of two from Matiadanga village in Satkhira, knows these challenges well. For years, her family struggled to cope with waterlogging and seasonal floods that repeatedly damaged their home and disrupted their livelihoods. With her husband relying on irregular daily labour and limited opportunities during the lean season, providing sufficient and nutritious food for the family was a constant concern.

Through Action Against Hunger's climate resilience programme, Jesmin received training and support to adapt her homestead to changing environmental conditions. She learned climate-smart farming techniques, improved homestead gardening practices, and methods to protect her home from flooding. By raising part of her home stead and introducing resilient vegetable production methods, she transformed previously underutilized land into a productive source of food and income.

Today, her family is better protected from waterlogging and has improved access to nutritious foods produced at home. Jesmin has also begun preparing for additional income-generating activities, including aquaculture and goat rearing, helping to diversify household livelihoods and strengthen resilience to future shocks.

Her experience demonstrates how locally led adaptation, climate-resilient agriculture and targeted livelihood support can help vulnerable communities build resilience, improve food security and reduce dependence on humanitarian assistance in one of the world's most climate-vulnerable countries.

Rekha grows vegetables in her yard and using various methods of climate resilient cultivation methods which she learned from Soneva FSL project. Satkhira, Bangladesh. © Fabeha Monir for Action Against Hunger

"Before, every rainy season brought fear. Waterlogging damaged our home, ruined our crops and made it difficult to feed our family. The variedly elevated homestead approach has been a gamechanger. This year, our household remained unaffected by waterlogging, and I have learned how to use every corner of my land to support my family's future. Climate change used to take away what little we had. Now I feel more confident that I can protect my family and build a better future. My dream is to become financially independent and improve my family's condition through the skills and opportunities I gained from the project."

Jesmin Nahar, *Matiadanga village, Satkhira District.*

Jesmin Nahar turned her homestead into a source of resilience and income: raising her house above flood levels with a variedly elevated design, building a pond for rainwater storage, and adopting climate-smart techniques including raised beds, sack gardening, improved pits and pond-dyke vegetable cultivation, through Action Against Hunger's climate resilience programme. Before these changes, her family's income depended on irregular daily labour, scarce during the lean season, and recurring climate shocks left the land they owned largely unproductive. Today, the elevated homestead has kept her household safe from waterlogging, home-grown vegetables have improved her family's diet and income, and Jesmin is expanding into fish farming and goat rearing — now a model for other women facing similar climate challenges in her community.

Sumon Homaun Kabir, ACF Program Manager FSL DRR is showing a cyclone center which preserves emergecy items for the inhabitants. Satkhira, Bangladesh. © Fabeha Monir for Action Against Hunger

"I have learned to transform every part of my homestead into a source of food and income, and I now feel hopeful about building a secure future. By adopting climate resilient practices, my family has turned challenges into opportunities. My homestead now provides vegetables, meat, eggs, and fish that sustain my family and generate income. The training and support I received from the project helped me realize that resilience is possible. Today, my homestead is productive, my family is healthier, and we are confident about achieving financial independence. Our life has changed, and we are grateful to Soneva, Action Against Hunger and Shushilan."

Shyamoli Roy.

Shyamoli turned a once-vulnerable homestead into a productive, resilient source of food and income, through a project delivered in partnership with Soneva, Action Against Hunger and Shushilan.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
2007	Cox's Bazar, Sunamganj, Kurigram, Satkhira, Bagerhat, Barguna, Noakhali	80+ humanitarian professionals	211,232 in 2025 9+ million people reached since 2007

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has been working in Bangladesh since 2007, initially responding to floods in Shariatpur and Cyclone Sidr before expanding its operations to address recurring climate-related disasters and the Rohingya refugee crisis. Today, Action Against Hunger implements integrated humanitarian and resilience-building programmes in nutrition, health, WASH, food security and livelihoods, climate adaptation, disaster risk management, anticipatory action, mental health and psychosocial support (MHPSS), and protection.

In 2026, Action Against Hunger continues to provide lifesaving assistance to Rohingya refugees and vulnerable host communities while supporting climate-vulnerable populations across coastal, flood-prone and disaster-affected districts. Through partnerships with local organizations, government institutions and technical agencies, Action Against Hunger combines emergency response with longer-term resilience and systems strengthening approaches.

NUTRITION AND HEALTH

- **69,868** People reached through Nutrition and Health interventions

Strengthening nutrition and health systems

- Prevention, detection and treatment of acute malnutrition among children under five and pregnant and lactating women.
- Support to government health and nutrition systems through capacity building, surveillance, assessments and evidence generation.
- Integration of maternal, adolescent, and sexual and reproductive health services.
- Community-based nutrition promotion and behaviour change interventions.
- Emergency health and nutrition response for Rohingya refugees and disaster-affected populations.

FOOD SECURITY AND LIVELIHOODS (FSL) AND DISASTER RISK REDUCTION (DRR)

- **52,317** People reached through Food Security and Livelihoods (FSL) and DRR interventions.

Building resilient livelihoods and food systems

- Climate-smart agriculture, homestead gardening, fisheries, and livestock development.
- Diversification of livelihoods through Multiple Livelihood Strategies (MLS).
- Cash assistance and livelihood recovery support for crisis-affected households.
- Strengthening market systems and improving market access for smallholder farmers.
- Promotion of nutrition-sensitive agriculture and resilient food production systems.
- Integration of forecast based anticipatory action and impact-based forecasting to strengthen climate resilience from community to policy level.

WATER, SANITATION AND HYGIENE (WASH)

- **60,769** People reached through WASH interventions

Ensuring access to safe water and sanitation

- Installation and rehabilitation of water supply systems in vulnerable communities and refugee camps.
- Construction and maintenance of sanitation facilities.
- Hygiene promotion and behaviour change activities.
- Climate-resilient WASH infrastructure adapted to floods, cyclones, and salinity intrusion.
- Support to government and local stakeholders for sustainable WASH service delivery.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- **12,119** People reached through MHPSS and protection interventions.

Enhancing community wellbeing and protection
- Provision of mental health and psychosocial support services for vulnerable populations.
- Integration of MHPSS into nutrition, health, and emergency programmes.
- Community-based protection, mainstreaming, and safeguarding approaches.
- Capacity strengthening for government and partners to deliver MHPSS during emergencies and public health crises.
- Promotion of positive childcare practices and support for caregivers and families.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger actively supports humanitarian coordination, evidence generation and advocacy efforts at both national and sub-national levels to improve the effectiveness of humanitarian responses and strengthen resilience to food insecurity, malnutrition and climate-related shocks.

Engagement and coordination
- Works closely with government ministries, district authorities, Refugee Relief and Repatriation Commissioner (RRRC), UN agencies, donors, local NGOs and civil society organizations.
- Maintains partnerships with organizations including Shushilan, Friendship, FIVDB, SHED, Jago Nari, Nazrul Smriti Sangsad and Uttaran.
- Collaborates with technical institutions including North South University, RIMES, NIRAPAD and FOREWARN.

Main coordination mechanisms
- Food Security Sector.
- Nutrition Sector.
- Health Sector.
- WASH Sector.
- Disaster Risk Reduction and Anticipatory Action platforms.
- Rohingya refugee response coordination mechanisms.
- National and sub-national humanitarian planning processes.

Advocacy and technical contributions
- All technical working groups (TWGs) are related to different sectors.
- Contributed to IPC Acute Food Insecurity and Acute Malnutrition analyses.
- Supports evidence-based policy dialogue on food security, nutrition, climate resilience and anticipatory action.
- Advocates for increased humanitarian financing and climate adaptation investments.

Promotes localization, community engagement, and accountable humanitarian action.

Access and operational outcomes
- Sustained humanitarian access to refugee camps and climate-vulnerable districts.
- Strengthened early warning, anticipatory action, and disaster preparedness mechanisms.
- Improved coordination between humanitarian, development and government stakeholders.
- Enhanced community resilience through locally led and partnership-based approaches.

Sources: FAO/WFP/GNAFC (Global Report on Food Crises 2026); IPC Bangladesh Acute Food Insecurity and Acute Malnutrition Analysis 2026; OCHA/INFORM Bangladesh Country Profile (March 2026); Bangladesh Food Crisis Map 2026; Humanitarian Response in Cox's Bazar Updates (2026); UNHCR; WFP; ReliefWeb; Action Against Hunger Bangladesh.

PAKISTAN

8 GLOBAL RANK

~11 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

241.5 million
Total population[1]

10.6 million
People in Need[2]

799,332
Registered Afghan Refugees in Pakistan[3]

Last updated 31 May 2026

-23.1%[4]
ODA decrease[5]

10.6 million
People projected to face IPC Phase 3 and above - Crises/Emergency[6]

2.71 million
Children under 5 expected to suffer acute malnutrition (GAM)

706,000
Children under 5 expected to suffer severe malnutrition (SAM)[7]

232,000
Pregnant and lactating women expected to require treatment for acute malnutrition[8]

53%
of population lack access to safe water[9]

Rukhsana Aamir, a community member and active member of ACF's Disaster Response Team, collects clean drinking water under Action Against Hunger's Water Tanker Initiative, ensuring drought-affected families in her village have access to safe water.
© Zaynab Anees for Action Against Hunger

Sources: [1] https://www.pbs.gov.pk/
[2] https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1161574/ [3] https://data.unhcr.org/en/country/pak
[4] https://tabadlab.com/beyond-dependence-understanding-the-impact-of-oda-cuts-on-pakistans-health-system/
[5] Pakistan to face growing health risk as international funding to health sector continues to decline: report - Pakistan - DAWN.COM
[6] https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1161574/
[7] https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1161574/
[8] https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1161574/
[9] https://tribune.com.pk/story/2582528/half-of-pakistan-lacks-safe-drinking-water

COUNTRY PROFILE

Pakistan is home to an estimated 241.5 million people, with nearly 60 percent of the population living in rural areas and relying on agriculture, livestock, informal labour, and remittances for their livelihoods. Despite ongoing recovery efforts, an estimated 10.6 million people are in need of humanitarian assistance in 2026. Humanitarian needs are driven by the combined impacts of climate-related disasters, economic pressures, displacement, and protection concerns. As needs continue to outpace available resources, vulnerable families are increasingly forced to adopt negative coping strategies, including reducing food consumption, selling productive assets, and withdrawing children from school.

The crisis is not new, and it is not singular. Recurrent climate shocks (floods, droughts, and heatwaves) have compounded economic pressures and displacement, most visibly since the devastating 2022 floods, which affected 33 million people and continue to shape humanitarian needs across the country today. Pakistan remains is highly vulnerable to these hazards, with approximately 90 per-cent of agricultural production exposed to climate variability. The impacts of the devastating 2022 floods, which affected 33 million people, continue to shape humanitarian needs across the country. Recovery efforts have been further challenged by the severe 2025 monsoon season, which affected more than 6.9 million people, including at least 4.7 million in Punjab and 1.6 million in Khyber Pakhtunkhwa, while over 3 million people were displaced, exacerbating existing vulnerabilities and undermining community resilience.

As per UNHCR at the beginning of 2025, Pakistan was hosting approximately 799,332 Afghan refugees and asylum seekers, alongside more than 1.5 million Afghan of different legal statues. Ongoing returns and displacement have increased protection risks and placed additional pressure on host communities and public services. Localized insecurity in parts of Khyber Pakhtunkhwa and Balochistan, combined with recurrent climate shocks and economic instability, continues to erode livelihoods, damage infrastructure, disrupt markets and limit access to essential services. These overlapping shocks disproportionately affect vulnerable populations, including women, children, persons with disabilities, displaced populations, and marginalized rural communities.

Sustained and flexible financing will be critical to address immediate needs while strengthening resilience. Looking ahead, continued investment in climate resilience, preparedness, and inclusive recovery will be essential to reduce vulnerabilities and support durable outcomes.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Pakistan remains one of the countries of concern for food insecurity in South Asia. According to Pakistan Integrated Food Security Phase Classification (IPC) 2026 analysis an estimated 10.6 million people in 51 rural districts of Pakistan are experiencing high levels of acute food insecurity—IPC Phase 3 or above (Crisis or worse)—between December 2025 and March 2026.

Food insecurity is concentrated in vulnerable districts of Balochistan, Sindh, and Khyber Pakhtunkhwa, where recurrent climate shocks, limited livelihood opportunities, and high market dependence constrain households' ability to meet basic food needs. The statistics confirm the persistence of severe humanitarian needs in vulnerable districts of Balochistan (1.5M people in IPC Phase 3&4), Punjab (2.5M people), Sindh (2.7M people), Khyber Pakhtunkhwa (2.45M people).

Malnutrition remains a critical public health concern in Pakistan. An estimated 2.71 million children are affected by acute malnutrition, including nearly 706,000 suffering from severe acute malnutrition (SAM)[10]. Inadequate infant and young child feeding practices, poor dietary diversity, recurrent disease outbreaks, and limited access to health, nutrition, and WASH services continue to undermine nutrition outcomes and increase the risk of illness and mortality among vulnerable children. Despite these challenges, community-based health and nutrition programmes remain a vital lifeline, expanding access to lifesaving services, enabling the early detection and treatment of acute malnutrition, and strengthening the resilience of vulnerable families and communities.

WASH, HEALTH AND NUTRITION RISKS

IMPACT ON WASH

Pakistan faces persistent WASH challenges driven by recurrent climate shocks, environmental degradation, and inadequate access to basic services. Floods and droughts regularly damage water and sanitation infrastructure, disrupt access to safe drinking water, and increase reliance on unsafe water sources, particularly in remote and disaster-prone areas. The 2022 floods severely affected WASH systems across the country, with many communities continuing to experience limited access to safe water, sanitation facilities, and hygiene services.

Recurrent outbreaks of waterborne diseases, including cholera and acute diarrheal diseases, highlight the ongoing public health consequences of inadequate WASH conditions. Poor sanitation coverage, insufficient wastewater management, and limited hygiene practices continue to increase health risks, particularly among vulnerable populations. Unsafe water and inadequate sanitation also exacerbate acute malnutrition by increasing disease exposure, reducing nutrient absorption, and heightening the risk of illness among vulnerable children, reinforcing the need for integrated WASH and nutrition interventions. The 2025 Floods further strained already fragile WASH services, reinforcing the need for resilient infrastructure, improved service delivery, and sustained investment in climate-adaptive WASH interventions.

53% of the population lack access to potable water and 32% lacks access to basic sanitation services. This demands a holistic and integrated approach to mitigate health and nutrition risks.

Sources: [10]https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Pakistan_Acute_Malnutrition_Oct2025_Sept2026_Report.pdf

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **Localized insecurity in Khyber Pakhtunkhwa and Balochistan** continues to disrupt livelihoods, restrict market access, and constrain humanitarian operations.
- **Border closures and movement restrictions along the Afghanistan and Iran** borders further reduce income-generating opportunities for communities dependent on cross-border trade.
- **Displacement has disrupted livelihoods and forced families into temporary shelters** and informal settlements with limited access to food, health, and WASH services, increasing protection risks.
- **High child stunting, maternal malnutrition, crop losses, and reduced livelihood opportunities** have deepened vulnerabilities, particularly among displaced households.
- **Damaged WASH systems** expose women, girls, older persons, and persons with disabilities to greater health and protection risks.
- **Displacement and food insecurity** have increased mental health and psychosocial support (MHPSS) needs.
- **Cross-cutting protection concerns**—including exclusion of vulnerable groups, unsafe aid distribution, and gender inequalities—continue to undermine equitable access to essential services.
- **Continued hosting of Afghan refugees and asylum seekers** (see Country Profile) sustains pressure on host communities and local resources: limited access to services and livelihood opportunities heightens protection risks for both refugee and host populations: a strain that reduced humanitarian funding makes harder to absorb.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Pakistan remains highly vulnerable to climate-related disasters,** including floods, droughts, heatwaves, glacial lake outburst floods (GLOFs), and erratic monsoon rainfall.
- **The 2025 monsoon floods affected approximately 6.9 million people, displaced over 3 million at the peak of the crisis**, and damaged more than 229,000 homes. Recurrent flooding, drought, and dry spells have reduced agricultural production, weakened livestock-based livelihoods, damaged infrastructure, and increased reliance on markets for food.
- **Several districts are experiencing prolonged drought conditions** (100-300 consecutive dry days).
- **The lean season (December 2025-March 2026), marked by extended winter and heavy snowfall in certain areas**, is expected to worsen food insecurity by limiting access to markets and essential resources, further intensifying existing vulnerabilities.

INEQUALITY AND POVERTY

- **Despite improving macroeconomic conditions**, many households continue to face high food inflation, rising living costs, limited employment opportunities, declining household incomes, and reduced purchasing power.
- **The unfavourable agricultural prices and effects of broader economic instability** continue to challenge livelihoods.
- **Poor access to health, nutrition, WASH, and social protection services** deepens vulnerability, especially in rural and disaster-affected areas.
- **Persistent poverty and acute malnutrition continue to drive humanitarian needs**, while cuts to support services and livelihood programs weaken resilience and increase the risk of crisis.
- **Border closures and movement restrictions along the Afghanistan and Iran borders reduce income-generating opportunitie**s for communities dependent on cross-border trade and further constrain economic activity and market access. Tensions between Pakistan and Afghanistan, and ongoing conflicts in the Middle East, are also cited as compounding pressures on the economy. Ongoing conflicts in the Middle East and tensions between Pakistan and Afghanistan also weaken the economy. The border closures and restrictions on cross-border trade have further constrained economic activity and market access.

OPERATIONAL CONTEXT AND CONSTRAINTS

Humanitarian access in Pakistan remains constrained by a combination of insecurity, geographic isolation, climate-related disasters, and limited resources.

In parts of Balochistan and Khyber Pakhtunkhwa, localized insecurity, movement restrictions, and administrative requirements can delay humanitarian operations and reduce the regularity of assistance. Poor infrastructure and the remoteness of affected communities, increasing operational costs, and limiting service coverage.

Humanitarian needs continue to rise due to recurrent floods, droughts, displacement, and economic pressures, while funding shortfalls have reduced the capacity – delaying access to food assistance, nutrition treatment, healthcare, and WASH services.

Women, children, displaced populations, refugees, returnees, and persons with disabilities face heightened protection risks when access to essential services is disrupted. Climate-related disasters further exacerbate these risks by displacing households, weakening livelihoods, and placing additional pressure on already overstretched public services and host communities.

Despite these constraints, community-based approaches and local partnerships continue to reach vulnerable populations. Safe humanitarian access and predictable, flexible funding remain critical to preventing further deterioration in food security, nutrition, health, and WASH outcomes.

Reduced humanitarian funding has sharply curtailed protection services, safe spaces, and psychosocial support, leaving many survivors without legal or medical assistance.

Continued violence also prevents displaced families from returning home safely, perpetuating dependency on humanitarian aid and leaving millions trapped in protracted displacement.

KEY RECOMMENDATIONS

Communities across Pakistan need both immediate humanitarian assistance and long-term investment in resilience. Without immediate and sustained support, crises deepen; recovery takes longer, and vulnerable families remain trapped in cycles of poverty, food insecurity and malnutrition. Action Against Hunger urgently calls for:

1 ENSURE FULL AND SAFE HUMANITARIAN ACCESS

Ensure principled, inclusive, and protection-sensitive humanitarian access in insecure, remote, and flood-affected areas, while supporting refugees, returnees and host communities with services that reduce social tension and protect dignity.

2 INCREASE FLEXIBLE AND PREDICTABLE HUMANITARIAN FUNDING

The scale and severity of needs in Pakistan require urgent, predictable and multi-year funding. Donors should provide flexible and conflict-sensitive financing that supports lifesaving assistance while strengthening resilience and locally led responses. Sustained funding is essential to maintain lifesaving assistance and strengthen resilience, particularly in high-severity and displacement-affected areas.

3 PRIORITIZE WOMEN, CHILDREN AND DISPLACED COMMUNITIES

Scale up lifesaving food, nutrition, health and WASH assistance in IPC Phase 3 and Phase 4 districts, with priority for children under five, pregnant and breastfeeding women, displaced families, refugees, minority communities and households affected by floods, drought, and insecurity.

4 STRENGTHEN CLIMATE RESILIENCE AND SUSTAINABLE LIVELIHOODS

Invest in climate resilience and anticipatory action, including impact-based forecasting, flood preparedness, drought monitoring, resilient water systems, elevated livestock platforms, community contingency planning and locally led early response mechanisms.

5 PROTECT LIVELIHOODS AND ESSENTIAL CIVILIAN INFRASTRUCTURE

Protect and restore livelihoods by providing quality seeds, fodder, agricultural tools, livestock vaccination and deworming, livelihoods diversification, skills development, climate-smart farming support, market access and cash or voucher assistance that reduces food gaps without undermining local markets.

6 STRENGTHEN FOOD SECURITY INFORMATION SYSTEMS

Sustain investment in IPC assessments, early warning systems, and data collection to maintain reliable analysis of food and nutrition insecurity trends.

VOICES FROM THE FIELD

Muhammad Amir,
Country Director, Action Against Hunger Pakistan

In 2026, Pakistan continued to face the combined impacts of climate shocks, economic hardship, food insecurity and displacement. Recurrent floods, prolonged droughts, heatwaves, and rising inflation have increased pressure on already vulnerable communities, particularly in Balochistan and Sindh. These overlapping crises have weakened livelihoods, reduced access to essential services and increased the risk of malnutrition among women and children. At the same time, humanitarian funding has failed to keep pace with growing needs, forcing aid organizations to prioritize assistance and make difficult choices about where support can be delivered.

The human impact of these crises is reflected in the story of a young mother from Labour Colony in Quetta who gave birth to quadruplets. Two of the newborns died shortly after birth due to severe malnutrition and complications associated with prematurity. During a routine visit, an Action Against Hunger Community Health Worker identified signs of severe acute malnutrition in the surviving twins and referred them for treatment. Reflecting on this case, he notes: "Behind every child we screen is a parent carrying fear, uncertainty, and the daily struggle to keep their children alive." He adds: "What made the difference was that someone reached her in time."

Despite significant challenges, community-based approaches continue to deliver results. Community Health Workers play a vital role in identifying malnutrition early, connecting families to care and promoting health and nutrition practices. Integrated programmes that combine nutrition, health, water and sanitation, food security and livelihoods support are helping communities address both immediate needs and underlying vulnerabilities.

As the community health worker emphasizes, "The reality is that communities need both immediate humanitarian assistance and long-term investment in resilience." Sustained donor support remains essential to prevent crises from deepening and to help vulnerable communities recover and build resilience for the future.

Kaz Bano outside her home setting in Ramzan Babar Village.
© Zaynab Anees for Action Against Hunger

"I was worried every day. My animals were becoming weaker, and their milk production was decreasing. Without them, I had no way to feed my children or earn an income."

Kaz Bano, *Thatta, Sindh.*

In the drought-stricken plains of Thatta, Sindh, where parched land stretched across the horizon and water sources continue to disappear, families were struggling to survive the devastating impacts of climate-induced shocks. Among them was Kaz Bano, a widow and mother of four children, including three daughters and a son living with paralysis.

With no regular source of income, Kaz Bano's family relied entirely on a small number of goats and a buffalo for food and livelihood.

As drought conditions worsened, grazing lands dried up, crop production declined, and access to water became increasingly scarce. The shortage of fodder and drinking water placed immense pressure on already vulnerable households. For Kaz Bano, each day became a desperate search for feed and water to keep her animals alive.

Action Against Hunger responded through its drought emergency response in the affected villages of Thatta, providing vulnerable households with emergency livestock fodder and access to safe drinking water through Water Tankering initiative. This timely support helped families protect their remaining assets and prevent further losses during a period of severe hardship.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
2005	Sindh, Balochistan and Khyber Pakhtunkhwa	37 staff members	325,288 in 2025

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has been active in Pakistan since 2005 and works across Balochistan, Sindh and Khyber Pakhtunkhwa with local partners. Programming focuses on nutrition and primary healthcare, WASH, mental health and psychosocial support, food security and livelihoods, disaster risk reduction, and emergency response.

In 2025, Action Against Hunger's Pakistan response included support to flood-affected communities in KP and drought-affected communities in Thatta, Sindh, providing livestock fodder, hygiene kits, menstrual hygiene materials and other emergency assistance to more than 3,300 people. In Balochistan, refugee response activities included free medical care, hygiene and menstrual hygiene kits, rehabilitation of health facilities and livelihood recovery support through vocational training in solar installation, motorbike repair, digital skills and poultry rearing.

In flood response operations, Action Against Hunger supported affected households with tents, medical kits, therapeutic food, mobile clinic assistance, drinking water restoration and strengthened health services, thorough integrated approach prioritises immediate lifesaving assistance while building resilience to climate shocks, economic pressures and displacement-related vulnerabilities.

NUTRITION AND HEALTH

- **Health 62,251** Men: 3,251 | Boys: 7,100 | Women: 39,567 | Girls: 12,333

ACF responded to the critical health and nutrition needs of vulnerable populations by strengthening healthcare service delivery through health facilities and mobile health camps implemented in partnership with local organizations. The intervention improved access to essential primary healthcare services, particularly for underserved and hard-to-reach communities, including Afghan refugees and host populations across Pakistan. Health facilities were supported with medical supplies, equipment, and trained personnel to ensure the continued provision of quality care. Mobile health camps complemented these efforts by delivering life-saving services directly to communities with limited access to healthcare. The programme placed a strong emphasis on Maternal, Newborn, and Child Health (MNCH), providing antenatal and postnatal care, child health consultations, nutrition screening, immunization support, and health education. Through these integrated interventions, ACF enhanced access to timely and quality healthcare, strengthened community health outcomes, and contributed to reducing health risks among women, children, and other vulnerable groups affected by displacement, poverty, and emergencies.

- **Nutrition 61,597** Boys:18,276 | Women:22,675 | Girls:20,646

ACF improved nutritional outcomes for children under five and pregnant and lactating women in Balochistan and Khyber Pakhtunkhwa by expanding access to quality treatment services and strengthening community-based malnutrition detection. In Balochistan, Outpatient Therapeutic Programme (OTP) sites were established in collaboration with the Department of Health and the Balochistan Nutrition Directorate, providing timely treatment for children with Severe Acute Malnutrition (SAM). These sites were equipped with trained staff, essential medicines, ready-to-use therapeutic food (RUTF), and anthropometric equipment to ensure quality care. In Khyber Pakhtunkhwa, treatment capacity was enhanced through support to eight OTP sites in Buner district. Community health workers conducted door-to-door screening and awareness activities, improving the early identification and referral of malnourished children. ACF also introduced the Management of At-Risk Mothers and Infants under Six Months (MAMI) approach in Balochistan, addressing critical service gaps and providing tailored support to vulnerable mothers and infants, contributing to improved nutrition and health outcomes.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **20,453** Men: 5,580 | Boys:4,851 | Women:5,362 | Girls:4,660

ACF supported vulnerable communities through multipurpose cash assistance (MPCA), livestock protection, and vocational training to strengthen resilience and diversify livelihoods. In drought-affected districts of, Sindh, families received MPCA 15000 (pkr) per household, enabling them to meet urgent needs such as food and health expenses and reduce negative coping strategies. Livestock support enhanced households' resilience and protected essential livelihood assets by providing fodder and vaccination services, helping to prevent losses and sustain income sources. In Balochistan, skills development initiatives improved livelihood opportunities and income-generation through training in five market-relevant trades, including solar technology, mobile repair, digital skills, motorbike repair, and poultry rearing. Poultry rearing specifically enabled women to engage in home-based income activities. Trade selection was based on localized market demand.

WATER, SANITATION AND HYGIENE (WASH)

- **162,335**

Men: 43,361 | Boys: 35,334 | Women:46,903 | Girls: 36,737

ACF responded to critical WASH needs in disaster-affected communities across Balochistan, Sindh, and Khyber Pakhtunkhwa, improving access to safe water, sanitation, and hygiene services for vulnerable populations. In Sindh, drought-affected communities received clean drinking water through water trucking and the distribution of hippo water rollers, which reduced the burden of water collection for women and girls and improved household well-being. In Khyber Pakhtunkhwa, access to safe water was restored through the rehabilitation of a flood-damaged water supply scheme in Buner and the repair of WASH infrastructure in affected facilities. In Balochistan, healthcare facilities were rehabilitated and equipped with PPE and gender-segregated WASH facilities to strengthen infection prevention and ensure privacy for women and girls. Community hygiene and sanitation practices were promoted through WASH committees, awareness campaigns, girls' WASH clubs, and the distribution of 1,300 menstrual hygiene management kits, contributing to improved health, dignity, and resilience.

GENDER, PROTECTION AND MHPSS

- **22,220**

Men: 5,001 | Boys: 1,198 | Women: 15,095| Girls: 926

ACF responded the growing needs of mental health through awareness and sensitization sessions on Mental Health and Psychosocial Support (MHPSS), protection, and Gender-Based Violence (GBV). These sessions, delivered by community health workers and social organizers, strengthened community awareness, improved early identification of risks, and increased access to support services.
This was reinforced by the deployment of psychologists across all targeted health facilities and the establishment of safe, confidential spaces in targeted population for counselling on MHPSS, protection, and GBV issues. Capacity building of healthcare staff on GBV case management, along with the development of referral pathways, further enhanced service delivery, enabling survivors to safely access comprehensive and continuous care.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger actively participated in UN-led humanitarian coordination mechanisms at national and provincial levels, which ensured alignment with the Refugee Response Plan and contributed to joint response planning. Action Against Hunger Pakistan engaged in Health, Nutrition, WASH, and DRR clusters, as well as technical working groups under the Humanitarian Transition Framework (HTF), coordinated by UNOCHA. As a member of the Pakistan Humanitarian Forum (PHF), ACF collaborated with UN agencies such as UNICEF, UNHCR, WHO, and WFP, and international organizations to complement efforts, create synergies, and avoid duplication, prioritizing underserved and vulnerable populations.

Action Against Hunger Pakistan also participated in FSL, WASH, Health, and START Network technical working groups on floods, droughts, and heatwaves, contributing expertise to enhance coordinated humanitarian responses. At the federal level, we worked closely with the Ministry of Interior for project approvals and compliance, and with the Ministry of National Health Services Regulation & Coordination (MoNHSR&C) and Nutrition Development Partner (NDP) forum for health and nutrition initiatives.

At the provincial level, Action Against Hunger Pakistan liaised with PDMA, the Balochistan Charity Registration Authority (BCRA), SAFRON, and the Commissionerate of Afghan Refugees, while at the district level, coordinating with Deputy Commissioners to align interventions with local governance frameworks. Furthermore, ACF established the MAMI technical working group in Balochistan and assisted the Department of Health (DoH) with the establishment of a provincial MHPSS Technical Working Group (TWG) to facilitate coordinated planning, information sharing, service integration, and multi-stakeholder collaboration on MHPSS interventions.

This multi-tiered coordination approach ensured cohesive, complementary, and accountable responses, while supporting collective risk assessments, operational cash models, and links to social protection systems where feasible.

Note: At the time of publication, disaggregated data were not available. This section will be updated as soon as the information becomes available.

Sources: IPC Acute Food Insecurity Analysis (Dec 2025–Sept 2026); FEWS NET Pakistan Special Report (May 2026); WFP Pakistan Weekly Market Monitor Report (21 May 2026); IFRC Pakistan Monsoon Floods 2025 DREF Final Report (2026); Action Against Hunger Pakistan Country Profile (2026); Action Against Hunger Pakistan Content Collection – Buner, Khyber Pakhtunkhwa (2025).

SOUTH SUDAN

9 GLOBAL RANK

~7.8 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

14.2 million
Total population (2025)

10 million
People projected to require humanitarian assistance in 2026

1.9 million
Internally displaced persons (IDPs)[1]

1.3 million
Refugees and returnees (since 2023)[2]

45%
2025 HRP funded[3]
OCHA

~2.5 million
People expected to face Emergency levels of food insecurity (IPC Phase 4)[4]

~73,000
People projected to experience Catastrophic conditions (IPC Phase 5)[4]

~2.2 million
Children under 5 projected to suffer from acute malnutrition (GAM) in 2026[4]

~697,000
Children under 5 projected to suffer from severe acute malnutrition (SAM), placing them at high risk of mortality[4]

1.2 million
Pregnant and lactating women (PLW) with acute malnutrition (2026)[4]

5 million
People need safe water; only 519,000 have been reached

66%
of the population lacks access to at least a basic drinking water source[5]

©Peter Caton for Action Against Hunger
Onions saved her family from hunger. Now Chan is passing her knowledge on to her daughter

Sources: [1] International Organization for Migration (IOM). (2026). South Sudan: Displacement Tracking Matrix (DTM) Dashboard. https://dtm.iom.int/south-sudan - [2] United Nations High Commissioner for Refugees (UNHCR). (2026). South Sudan Annual Results Report 2025 https://www.unhcr.org/sites/default/files/2026-06/unhcr-annual-results-report-2025-south-sudan.pdf?utm - [3] OCHA FTS South Sudan 2025 Financial Tracking System https://fts.unocha.org/countries/211/summary/2025 - [4] IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2026 https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1163302/?iso3=SSD - [5] www.washcluster.net/sites/gwc.com/files/2026-03/WIA-South-Sudan-Snapshot-2025-FINAL-DRAFT3_0.pdf

COUNTRY PROFILE

South Sudan, the world's youngest country, continues to face one of the most severe and protracted humanitarian crises globally. Since gaining independence in 2011, the country has endured cycles of conflict, political instability, intercommunal violence, economic decline, climate shocks, and displacement, leaving millions in urgent need of assistance.

The crisis is not new, and it is not singular. With an estimated population of 12 million people, nearly 10 million—more than 80 per cent of the population—are projected to require humanitarian assistance in 2026 (HNRP 2026). Most households rely on agriculture, livestock, and fishing for survival, but years of insecurity and recurrent disasters have weakened livelihoods and limited access to healthcare, education, and protection services.

Conflict remains a major driver of humanitarian need. Renewed fighting in Upper Nile, Jonglei, Unity, and the Equatoria region has caused widespread displacement, civilian casualties, and disruptions to essential services. Since April 2023, nearly 1.3 million people — including over 911,000 South Sudanese returnees and approximately 436,000 Sudanese refugees and asylum seekers fleeing the conflict in Sudan — have arrived in South Sudan, placing additional pressure on already fragile infrastructure, basic services, and social systems[6].

Climate shocks continue to intensify the crisis. Recurrent flooding and prolonged droughts have destroyed crops, livestock, homes, and infrastructure. Flooding has affected more than 961,000 people and displaced at least 335,000 since 2024[7], and severe flooding continues to make large parts of the country inaccessible. Disease outbreaks, including cholera, malaria, and hepatitis E, further strain the country's fragile health system. South Sudan is currently experiencing its worst cholera outbreak in 20 years, with 104,813 reported cases and 1,680 deaths.

Humanitarian financing is moving in the wrong direction. The 2025 South Sudan Humanitarian Needs and Response Plan was only 45% funded (OCHA)[7] and in 2026[8] that funding fell to less than 36%, leaving nutrition, health, and food security programmes critically underfunded at a time when needs continue to grow. Climate shocks, displacement, and disease outbreaks point to further deterioration in 2026 without sustained and flexible international support.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Food insecurity and malnutrition in South Sudan remain severe, with millions of people facing Crisis or worse levels of food insecurity due to conflict, displacement, economic pressures, climate shocks, and disrupted livelihoods.

According to the Global Report on Food Crises (GRFC) 2026[9], approximately 7.7 million people were projected to experience acute food insecurity (IPC Phase 3+) during the 2025 lean season. Of these, around 2.3 million people were expected to face Emergency levels of food insecurity (IPC Phase 4), while approximately 83,000 people were projected to experience Catastrophic conditions (IPC Phase 5).

South Sudan remains among the countries with the largest and most severe food crises globally: the GRFC 2026 identified South Sudan among the world's largest food crises in both absolute and relative terms, warning that risks of famine conditions remain in parts of the country into 2026. Compounding this, South Sudan continues to be one of the most dangerous places for aid workers, with 29 aid worker fatalities in 2026, including five Action Against Hunger partners.

Malnutrition levels remain equally alarming. Between April and July 2026, an estimated 2.2 million children under five suffered acute malnutrition, including approximately 697,000 children affected by severe acute malnutrition (SAM), and around 1.2 million pregnant or lactating women were expected to need malnutrition treatment, underscoring the urgent need for sustained humanitarian action in the face of conflict, displacement, flooding, economic decline, and rising food prices.[10]

Nutrition outcomes continue to worsen due to poor dietary diversity, disease outbreaks, unsafe water, disrupted health systems, and recurrent flooding. Several counties across Jonglei, Upper Nile, Unity, and Northern Bahr el Ghazal continue to report critical or extremely critical levels of acute malnutrition.

The humanitarian crisis further escalated in early 2026 as violence intensified in parts of Jonglei State. Humanitarian operations faced severe access constraints due to insecurity, looting of aid facilities, displacement, and operational disruptions. Cholera outbreaks in Duk County reached nearly 1,000 reported cases by late January 2026, overwhelming already fragile health services.

Despite the scale of needs, the humanitarian response remains critically underfunded: as of 2025, the Humanitarian Response Plan[11] was only 45% funded (OCHA), constraining nutrition, health, and food security programmes at a time when needs continue to grow. According to the 2026 HNRP, over 10 million people are projected to require humanitarian assistance — underscoring the urgent need for sustained investment in humanitarian response, nutrition services, and food security information systems.

Sources: [6]United Nations High Commissioner for Refugees (UNHCR). (2026). South Sudan Annual Results Report 2025 https://www.unhcr.org/sites/default/files/2026-06/unhcr-annual-results-report-2025-south-sudan.pdf?utm - [7]UN Office for the Coordination of Humanitarian Affairs (OCHA). South Sudan: Flooding Situation Flash Update No. 8 (As of 24 October 2025). ReliefWeb, 24 October 2025. - [8] OCHA FTS South Sudan 2025 Financial Tracking System -[9]FAO, WFP, & Global Network Against Food Crises (GNAFC). (2026). Global Report on Food Crises 2026 – Joint Analysis for Better Decisions. Rome: FAO & WFP. https://doi.org/10.71958/wfp131041 - [10]IPC South Sudan: Acute Food Insecurity Projection Update for April - July 2026 - [11] OCHA FTS South Sudan 2025 Financial Tracking System

CONFLICT AND DISPLACEMENT

IMPACT ON WASH

Water, sanitation, and hygiene (WASH) conditions in South Sudan remain critically inadequate, particularly in conflict-affected and displacement-affected areas where recurrent insecurity, flooding, and weak infrastructure continue to undermine service delivery. An estimated 5 million people require humanitarian WASH assistance, yet only 519,000 people have gained access to safe water, reflecting significant gaps in response coverage. According to the WASH Cluster South Sudan Snapshot 2025[12], Nationally, 66% of the population lacks access to a basic drinking water source, 86% lacks access to basic sanitation facilities, and 72% lacks basic handwashing facilities, while over 60% of the population practices open defecation, increasing the risk of waterborne diseases.

Flooding, prolonged droughts, and conflict have damaged water infrastructure, contaminated water sources, and displaced communities, forcing many households to rely on unsafe surface water. More than 1.9 million internally displaced persons (IDPs)[12] and returnees live in areas where insecurity, damaged roads, and poor access constrain the delivery and maintenance of WASH services. These conditions directly compound the acute malnutrition crisis already documented among children under five and pregnant and lactating women. Inadequate, unsafe, and inaccessible sanitation facilities also expose women and girls to heightened protection risks.

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **Persistent political instability, armed conflict, and intercommunal violence** continue to disrupt livelihoods, markets, agriculture, and humanitarian operations.
- **Renewed violence in Upper Nile and Jonglei States in 2025 and 2026 has caused displacement,** destruction of infrastructure, and increased insecurity for civilians and aid workers.
- **Looting of humanitarian facilities, attacks on aid workers,** and insecurity along supply routes continue to restrict humanitarian access.
- **Armed confrontations and political tensions** have increased risks of further national instability and displacement.
- **More than 1.9 million[14] people remain internally displaced** due to conflict, flooding, and insecurity.
- **Over 911,000 returnees fleeing the conflict in Sudan have crossed into South Sudan since 2023,** placing additional strain on food systems, health services, water resources, and host communities.
- **Approximately 647,300 continue to require humanitarian support (HNRP 2026)[14].**
- **Displaced populations face severe protection risks,** overcrowded living conditions, food shortages, and limited access to healthcare and sanitation.
- **Humanitarian health facilities and nutrition sites have been damaged,** looted, or forced to suspend operations due to insecurity.

CLIMATE CHANGE AND EXTREME WEATHER EVENTS

- **Recurrent flooding and prolonged drought continue to destroy** crops, livestock, homes, roads, and critical infrastructure.
- **Since 2019, recurrent flash and riverine floods have affected more than one million people each year**. In 2025, flooding affected over 1.3 million people and displaced more than 375,000, while prolonged dry spells in other regions further undermined agricultural production and livelihoods[16].
- **Irregular rainfall patterns and environmental degradation** continue to reduce agricultural production and undermine household resilience.
- **South Sudan is experiencing its worst cholera outbreak in two decades, with cholera continuing to spread across the country** and placing additional pressure on an already fragile health system. (WHO, 2026)[17]; disease transmission and malnutrition continue to spread in areas with limited healthcare capacity and poor sanitation.
- **Climate shocks are increasing competition over land, water, and grazing areas;** further fueling intercommunal tensions.

Sources: [12] Global WASH Cluster. (2025). WASH in Action (WIA) South Sudan Snapshot 2025 (Final draft). Global WASH Cluster. https://www.washcluster.net/sites/gwc.com/files/2025-11/WIA%20South%20Sudan%20Snapshot%202025%20FINAL%20DRAFT.pdf - [13] International Organization for Migration (IOM). (2026). South Sudan: Displacement Tracking Matrix (DTM) Dashboard. https://dtm.iom.int/south-sudan - [14] International Organization for Migration (IOM). (2026). South Sudan: Displacement Tracking Matrix (DTM) Dashboard. https://dtm.iom.int/south-sudan - [15] https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-and-response-plan-2026-january-2026 - [16] https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-and-response-plan-2026-january-2026 - [17] https://cdn.who.int/media/docs/default-source/documents/emergencies/situation-reports/20260630_multi-country_outbreak-of-cholera_epidemiological_update_38.pdf

DRIVERS OF THE CRISIS

INEQUALITY AND POVERTY

- **South Sudan continues to face severe macroeconomic deterioration characterized by extremely high inflation** (around 97.6% by the end of 2025), sharp currency depreciation — the South Sudanese Pound lost more than 1,000% of its value against the US dollar between 2022 and early 2026 — and declining purchasing power[18].
- **Rising food and fuel prices have significantly reduced** household access to food and essential services.
- **Fiscal pressures and liquidity shortages** have increased operational challenges for humanitarian organisations and public institutions.
- **Informal taxation, reduced state capacity, and limited market** access continue to undermine economic recovery and resilience.
- **Education systems remain disrupted by conflict, food shortages, extreme heat, inflation, and displacement**, increasing risks of school dropout, child labour, and early marriage.
- **Conflict, underinvestment, economic collapse, and climate shocks** have severely weakened health, nutrition, education, and WASH systems.

Sources: [18] International Monetary Fund. African Department. (2024). Republic of South Sudan: 2023 Article IV Consultation, and First and Second Reviews under the Staff-Monitored Program with Board Involvement—Press Release; Staff Report; and Statement by the Executive Director for Republic of South Sudan (IMF Staff Country Reports, Vol. 2024, Issue 160). International Monetary Fund. https://doi.org/10.5089/9798400279096.002

OPERATIONAL CONTEXT AND CONSTRAINTS

South Sudan's humanitarian context continues to be shaped by the combined effects of armed conflict, intercommunal violence, climate shocks, disease outbreaks and economic deterioration, all of which severely constrain humanitarian access and increase protection risks.

Between 2024 and 2026, recurrent flooding affected more than one million people, destroying homes, agricultural land, roads, health facilities and water infrastructure, while renewed conflict and insecurity displaced hundreds of thousands of people and restricted access to hard-to-reach communities.

Humanitarian actors continue to face movement restrictions, bureaucratic impediments, attacks on aid workers, looting of relief supplies and damaged transport corridors, particularly in Upper Nile, Jonglei, Unity and parts of Greater Equatoria, delaying the delivery of life-saving assistance.

Funding shortages have further constrained humanitarian operations, forcing Action Against Hunger to reduce its workforce by more than 60%, scale back supported health facilities, and limit outreach activities. As a result, many women and children now travel between four and eight hours to reach essential health and nutrition services.

Hyperinflation, rising fuel and transport costs, and reduced public investment continue to increase operational costs and further restrict humanitarian access, particularly in flood-affected and remote areas.

Access constraints have exacerbated violations of international humanitarian law (IHL), including attacks affecting civilians and civilian infrastructure, forced displacement, occupation of schools and health facilities, and restrictions on humanitarian operations, leaving vulnerable populations with limited access to essential services.

The resulting disruption of markets, livelihoods and agricultural production, compounded by inflation exceeding 90 percent in 2024–2025 and significant depreciation of the South Sudanese Pound[19], has sharply reduced household purchasing power and food availability. Consequently, an estimated 7.8 million people are projected to face IPC Phase 3 or worse acute food insecurity during the 2026 lean season projection (April–July 2026), with over 2.2 million children expected to suffer acute malnutrition in the same period[20].

Simultaneously, the country's largest recorded cholera outbreak, driven by inadequate WASH services, population displacement and flooding, has further strained an already fragile health system.

These overlapping shocks underscore the need for integrated food security, WASH, health, and nutrition interventions that prioritize hard-to-reach, conflict- and flood-affected communities while strengthening local resilience and humanitarian access.

Sources: [19] World Bank. (2025). South Sudan Economic Monitor (or South Sudan Overview). The World Bank documents the macroeconomic crisis, including inflation above 90% during 2024–2025 and the depreciation of the South Sudanese Pound. - [20] Integrated Food Security Phase Classification (IPC). (2026). South Sudan: Acute Food Insecurity Projection Update for April–July 2026. https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1163302/

KEY RECOMMENDATIONS

Without immediate and sustained action, the consequences of the crisis will worsen: more people will enter IPC Phase 4, child mortality will rise, and health systems will collapse in the most fragile areas. Action Against Hunger urgently calls for:

1 FULL AND SAFE HUMANITARIAN ACCESS

Support safe, sustained, and timely humanitarian access to all affected communities by fostering an enabling operational environment. Strengthen efforts to protect civilians, humanitarian personnel, and essential infrastructure, and hold perpetrators accountable. Work with relevant authorities to minimize bureaucratic and administrative barriers that can delay the delivery of life-saving assistance.

2 URGENT, FLEXIBLE, AND PREDICTABLE FUNDING

Increase flexible and timely funding to respond to the growing humanitarian needs in South Sudan. Prioritize multi-year, conflict-sensitive financing that supports high-severity areas and enables both international and national humanitarian partners to deliver effective, coordinated, and sustainable humanitarian assistance, along with longer term development assistance where possible to strengthen systems and reduce humanitarian need.

3 PROTECT AND STRENGTHEN FOOD SECURITY INFORMATION SYSTEMS

Strengthen investment in IPC/CH analyses, early warning systems, and data collection to ensure timely and reliable evidence for humanitarian decision-making. Continued support for these systems will help maintain comprehensive coverage, improve targeting of assistance, and ensure that vulnerable populations are adequately reflected in response planning despite funding and operational challenges.

4 PRIORITY FOR WOMEN, CHILDREN, AND DISPLACED PEOPLE

Deliver integrated, multi-sectoral assistance to those most at risk. Nutrition, health, WASH, food security, and protection services must be expanded to reach women, children, and displaced communities facing acute malnutrition, disease, and heightened protection risks.

5 CLIMATE RESILIENCE AND LOCAL SOLUTIONS

Strengthen resilience by embedding climate adaptation into humanitarian and development responses. Support local food systems, agricultural livelihoods, and community-based resilience initiatives to reduce long-term vulnerability and dependency on aid. Complement these efforts by strengthening national and local policies, institutional systems, and governance capacities to improve disaster risk management, climate resilience, and the sustainable delivery of essential services.

6 ADVOCATE FOR PEACE

Intensify coordinated diplomatic engagement to reduce violence and promote respect for international humanitarian law. Strengthen collaboration among the Government of South Sudan, regional organizations including the Intergovernmental Authority on Development (IGAD), the East African Community (EAC), and the African Union (AU), together with the United Nations and international partners, to protect civilians, facilitate humanitarian access, support implementation of the peace process, and advance durable political and security solutions that address the root causes of conflict.

VOICES FROM THE FIELD

From our field staff

The humanitarian situation in South Sudan continues to be shaped by the combined impacts of funding cuts, displacement and chronic vulnerability. As humanitarian needs grow, reduced resources are forcing organisations to scale back services, leaving many communities with fewer places to access life-saving assistance. At the same time, the arrival of refugees and returnees fleeing the conflict in neighbouring Sudan is placing additional pressure on already overstretched services.

Recent visits to our operations in Warrap and Aweil brought these challenges into sharp focus for me.

"The past few months have left a lasting impression on me. I watched our staff go above and beyond to serve program participants despite significant funding cuts that forced us to reduce both facilities and personnel. One scene that stayed with me was seeing mothers, elderly people, and other vulnerable participants arrive exhausted after walking long distances to access services that were once closer to their communities. Their fatigue reflected the growing challenges they face every day. I was deeply moved by the resilience of refugees and returnees who have fled the conflict in Sudan and are trying to rebuild their lives in South Sudan. Their determination, despite immense hardship, reinforced the urgent need to bring greater visibility to this often-forgotten crisis and advocate for continued support."

Despite these challenges, we continue to work alongside communities to deliver life-saving assistance while supporting longer-term recovery. Our local staff and community members remain committed to ensuring that the most vulnerable people can access essential services, even as operational constraints continue to grow.

Looking ahead, I believe sustained international support will be essential to ensure that humanitarian organisations we can continue responding to immediate needs while helping communities strengthen their resilience and rebuild their futures.

Community gardening ©Abuk Garang

"Everything changed when I lost my husband. He was taking care of all of us. When he died, I did not know how I would feed my children or support my family. I was worried every day. My children were becoming weak, and I had no way to earn enough money to care for them.

My garden has changed our lives. My children are healthy, we eat better, and I can earn money to support the family. I feel stronger because I can take care of my children. When I lost my husband, I thought I had lost everything. Today, my children are healthy, my garden provides food and income, and I have hope again."

Abak Deng, *38, Akoon Community.*

Abak's story reflects the transformation many families have experienced through community-based livelihood support. The loss of her husband left her struggling to provide even the basics for her children. Today, her circumstances have improved through her vegetable garden, which has become both a source of food and income for her family.

Midwife services ©Kuach Kuach

"I did not know where I would go or how I would survive. My priority was to keep my children safe. Giving birth alone was one of the hardest moments of my life because my husband was not there. But the health workers of Action Against Hunger supported me and cared for me. They made me feel safe. I am grateful that my children are healthy and that I can grow food for my family. Life is still difficult, and I miss my husband every day, but now I have hope for the future."

Ayak.

After fleeing the conflict, Ayak faced one of the most difficult moments of her life when she gave birth without her husband by her side. Despite the hardship and uncertainty that followed, she remains resilient and focused on her family's future.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
1985	Northern Bahr el Ghazal, Warrap, Jonglei, Pibor Administrative area, and Central Equatoria region	96	596,084

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)[21]

Present in South Sudan since 1985, Action Against Hunger operates in Northern Bahr el Ghazal, Warrap, Jonglei, and Central Equatoria region, supporting communities affected by conflict, displacement, and climate-related disasters. Our integrated programmes cover nutrition and health, food security, water and sanitation, and protection, with a strong focus on strengthening resilience and supporting vulnerable populations, including returnees and refugees arriving from neighbouring countries. In 2025 Action Against Hunger reached more than 596,084 people with lifesaving assistance, including clean water, nutrition treatment, health care, food security support, and targeted assistance for displaced families and host communities.

NUTRITION AND HEALTH

- **607,555** People supported with malnutrition treatment, primary health care consultations, immunisation, antenatal care, and mental health support.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **44,864** People supported people with agricultural production kits.
- **65,924** People received multipurpose cash assistance.
- **44,864** People participated in cash-for-work activities.

WATER, SANITATION AND HYGIENE (WASH)

- **118,995** People reached with WASH interventions (building or rehabilitating water points).

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- **4,185** People Reached Through Mental Health and Psychosocial Support (MHPSS).

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger continued to play a strategic role in humanitarian coordination and advocacy in South Sudan through active engagement with the Ministry of Health, United Nations agencies, donors, the NGO Forum, and national and international partners. The organization contributed to strengthening nutrition governance, promoting evidence-based decision-making, and enhancing the coordination, quality, and effectiveness of humanitarian responses across the country.

As an active member of the National Nutrition Technical Working Group (NTWG), Action Against Hunger contributed to the development and operationalization of South Sudan's First National Nutrition Policy, supporting stronger government leadership, harmonized nutrition programming, and improved alignment of partner interventions with national priorities. The organization also participated in the Nutrition Pre-service Curriculum Development Platform, led by the Ministry of Health and the Nutrition Cluster, advocating for the integration of updated nutrition competencies into pre-service education to strengthen the capacity of the national health workforce.

Sources: [21]Action Against Hunger DHIS2

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger is currently contributing to the development and strengthening of key national nutrition and health frameworks, including the Universal Salt Iodization framework, the Breast Milk Substitute (BMS) Code, the Baby-Friendly Hospital Initiative Strategy, the Gender-Based Violence (GBV) Risk Response Strategy, the Social and Behaviour Change Strategy, and the National Anaemia Prevention Strategy. Through these processes, the organization continues to support the establishment of stronger policy environments and sustainable systems for improving nutrition outcomes in South Sudan.

Action Against Hunger is an active member of key national coordination platforms, including the Nutrition Cluster, Food Security and Nutrition Monitoring System (FSNMS), IPC Acute Food Insecurity Technical Working Group, Humanitarian Country Team (HCT), NGO Forum, and Early Warning and Anticipatory Action platforms supported by OCHA, FAO, and WFP. Through these mechanisms, the organization contributes technical expertise to IPC analyses, FSNMS seasonal assessments, multi-sector needs assessments, and the development of the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), ensuring that nutrition evidence informs humanitarian planning, prioritization, and resource allocation.

At the civil society level, Action Against Hunger leads the Scaling Up Nutrition (SUN) Civil Society Alliance in South Sudan, strengthening civil society engagement and accountability for nutrition commitments. The organization is also an active member of the Budget Monitoring and Expenditure Tracking (BMET) Technical Working Group, contributing to efforts to improve transparency, accountability, and public investment in nutrition and social services.

Action Against Hunger has also led strategic advocacy efforts to safeguard the Ready-to-Use Therapeutic Food (RUTF) supply pipeline, helping prevent treatment interruptions for children suffering from severe acute malnutrition. In addition, the organization supported humanitarian access negotiations in Jonglei State to facilitate the delivery of life-saving assistance in hard-to-reach and flood-affected areas. Through coordinated advocacy within national platforms, Action Against Hunger promoted improved humanitarian access, protection of operational space for humanitarian actors, and the integration of anticipatory action into emergency preparedness and response mechanisms, contributing to more timely, evidence-driven, and effective humanitarian action across South Sudan.

Sources: Global Report on Food Crises 2026 (GRFC 2026); IPC South Sudan Acute Food Insecurity and Acute Malnutrition Analyses (2025–2026); South Sudan Humanitarian Needs and Response Plan (HNRP) 2026; OCHA South Sudan Situation Reports, Flooding Flash Updates and Financial Tracking Service (2025–2026); Food Security and Nutrition Monitoring System (FSNMS); IOM South Sudan Displacement Tracking Matrix (DTM) Dashboard (2026); UNHCR South Sudan Annual Results Report 2025; Global WASH Cluster, WASH in Action: South Sudan Snapshot 2025; WHO Public Health Situation Analysis – South Sudan (2025–2026); World Bank South Sudan Economic Monitor (2025); IMF Republic of South Sudan: 2024 Article IV Consultation; Aid Worker Security Database (AWSD); Action Against Hunger South Sudan operational data and DHIS2 (2025).

SYRIA

10 GLOBAL RANK

7.2 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~25.6 million
Total population (2025)

15.6 million
People in Need in 2026

6 million
Internally displaced persons (IDPs)[1] in 2025

5.2 million
Refugees abroad

15.9%
2025 HRP funded

500,000
Expected children under 5 with acute malnutrition (GAM) in 2026

100,000
Expected children under 5 with severe acute malnutrition (SAM)
High risk of mortality

1.2 million
Expected Pregnant and lactating women (PLW) with acute malnutrition

10 million
People affected by water access disruptions during the 2025 drought

0-5 L/person/day
Water supply, far below the Sphere standard of 15 litres/person/day

Abduljawad, aged 49 and father of six children, is being examined by a doctor at the temporary outpatient clinics at his village's clinic in Syria. © May Mahmoud for Action Against Hunger

Source: [1]https://www.internal-displacement.org/countries/syria/

COUNTRY PROFILE

Syria remains one of the most severe and protracted humanitarian crises in the world. Although the overall intensity of conflict has declined since late 2024 and the country has entered a period of political transition, humanitarian needs remain immense after more than fourteen years of conflict, economic collapse, displacement, and climate shocks.

In 2026, 15.6 million people require humanitarian assistance across all 14 governorates. While progress towards economic recovery, easing sanctions, and increased return movements offer cautious signs of improvement, millions continue to face severe protection risks, limited access to essential services, and deteriorating living conditions. The crisis is increasingly driven by the cumulative effects of protracted displacement, collapsing public services, climate-related shocks, and socio-economic decline. Syria experienced its worst drought in over 36 years in 2025, devastating agricultural production and water availability, while 13.3 million people are food insecure, 12 million have limited access to safe water and sanitation, and 67 per cent of the population lives below the lower-middle-income poverty line. Despite approximately 1.5 million internally displaced persons (IDPs) and 1.4 million refugees returning during 2025, Syria continues to host over 6 million IDPs[2], many of whom, alongside returnees, face damaged housing, explosive ordnance contamination, limited livelihoods, and inadequate public services that continue to undermine safe, dignified and sustainable recovery.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Despite some reported localized improvements, Syria's food security and nutrition crisis remains one of the world's most critical humanitarian crises. The combined effects of prolonged conflict, economic collapse, drought, and displacement continue to push millions of people beyond the threshold of what households can absorb on their own.

According to the 2025 Food Security Assessment, 13.3 million people are food insecure, including 7.2 million facing acute food insecurity and approximately 700,000 experiencing severe food insecurity. Projections for 2026 offer no sign of relief: 15.6 million people are expected to require humanitarian assistance, reflecting the scale of overlapping crises that no single intervention can fully address. Rising food and fuel prices, subsidy reductions, and the near-total collapse of household purchasing power continue to drive food insecurity across all regions of the country.

The malnutrition figures are equally alarming. An estimated 500,000 children under five are affected by acute malnutrition, including approximately 100,000 cases of severe acute malnutrition (SAM) — a condition that carries a high risk of mortality without immediate treatment. Around 1.2 million pregnant and lactating women are also affected by acute malnutrition. More than 650,000 children under five suffer from chronic malnutrition (stunting), reflecting the long-term nutritional consequences of a crisis now in its fifteenth year. Malnutrition in Syria is driven by overlapping factors: poor dietary diversity, limited access to healthcare, disease outbreaks, unsafe water, and the progressive deterioration of WASH infrastructure.

Despite the scale of need, the humanitarian response remains critically underfunded. Chronic funding shortfalls have further reduced food assistance, nutrition services, and agricultural support despite the growing scale of humanitarian needs. Gaps in food security assessment coverage further limit visibility on the true extent of the crisis — underscoring the urgent need for sustained investment in humanitarian response, nutrition services, and food security information systems.

CONFLICT AND DISPLACEMENT AND CLIMATE SHOCKS

IMPACT ON WASH

More than fourteen years of conflict, mass displacement, and chronic underinvestment have severely weakened Syria's water, sanitation, and hygiene infrastructure. Destruction of water networks, pumping stations, and sewage systems — combined with damaged electricity supply — have disrupted access to safe water across conflict-affected areas and displacement sites. According to the 2026 Humanitarian Needs Overview, nearly 10 million people were affected by water access disruptions during the 2025 drought alone, the worst in over 36 years. Many families receive as little as 0–5 litres per person per day from public water systems, far below the Sphere standard of 15 liters, and are forced to rely on costly water trucking. In northern Hama and Aleppo, households spend approximately USD 50 per month on water purchases (USD 7/m^3), equivalent to 24% of the Minimum Expenditure Basket nearly five times the humanitarian benchmark of 5% of household income allocated to WASH. In Al-Hassakeh, the continued shutdown of the Alouk Water Station has left 610,000 people entirely dependent on water trucking. On sanitation, 22% of Syrian households are not connected to sewage collection networks, with open canals and poorly maintained septic tanks creating direct contact with fecal material; in Al-Hassakeh Governorate, 80% of communities have no sanitation system whatsoever. Overcrowding in displacement sites and the collapse of sanitation infrastructure have created conditions in which cholera, acute watery diarrhea, and other waterborne diseases continue to spread particularly among children and displaced populations. These conditions have contributed to recurrent outbreaks of acute watery diarrhea and cholera, with more than 1,500 alerts reported in 2025, while inadequate WASH services continue to exacerbate malnutrition by increasing disease transmission and reducing nutrient absorption among children. Climate change is further intensifying humanitarian needs by reducing water availability, damaging agricultural livelihoods and increasing pressure on already overstretched public services, highlighting the urgent need for sustained investment in resilient water infrastructure and integrated WASH programming.

Source: [2]https://www.internal-displacement.org/countries/syria/

DRIVERS OF THE CRISIS[3]

ARMED CONFLICTS AND INSECURITY

- **More than fourteen years of conflict and persistent insecurity have destroyed livelihoods,** agricultural production, markets, and critical infrastructure across Syria.
- **Destructions of civilian infrastructure, including health facilities, water systems, markets, and energy networks,** have left only 57% of hospitals fully operational, with over 360 health facilities reducing services due to funding shortfalls, directly undermining access to nutrition, healthcare, and WASH services.
- **The fall of the Al-Assad regime in December 2024 and the formation of a transitional government** have ushered in a period of political transition marked by governance consolidation efforts, despite localized violence and continued population movement.
- **Humanitarian access remains constrained in several areas due to insecurity,** military operations, administrative challenges, and presence of unexploded ordnances, limiting the delivery of life-saving assistance.
- **More than 7.4 million people remain internally displaced;** as of January 2026, over 1.36 million refugees had returned to Syria since December 2024, yet returns are not equating to durable solutions with 73% of returnees and IDPs citing lack of basic services as their most pressing concern, and 76% of those unwilling to return citing damaged or inadequate housing as a primary barrier.

CLIMATE CHANGE AND NATURAL HAZARDS

- **In 2025, Syria experienced its worst drought in over 36 years in 2025** (FAO Drought Alert, June 2025), with rainfall estimated at 54% below long-term averages, severely affecting agricultural production, rural livelihoods, and water availability. The drought affected over 75% of cultivated crops and grazing areas, causing losses of over 95% of rainfed wheat and barley, a 40% drop in livestock numbers, and a 100–300% rise in animal feed prices. In Al-Hassakeh, historically Syria's principal grain-producing governorate, only 40% of planned agricultural land was cultivated during the 2024–2025 season.
- **Rising temperatures, degraded irrigation systems, and damaged water infrastructure** continue to reduce crop yields and livestock productivity, deepening food insecurity among farming and pastoralist communities already affected by conflict and displacement.
- **Syria is highly vulnerable to the impacts of climate change**, with increasingly frequent and severe droughts, floods, heatwaves, wildfires and extreme weather events compounding the effects of conflict, displacement and economic collapse. In 2025 alone, floods, harsh winter conditions and wildfires triggered new displacement, damaged homes, public infrastructure and agricultural assets, and further strained already overstretched humanitarian services.
- **Water scarcity and environmental degradation** continue to intensify food insecurity and public health risks.

INEQUALITY AND POVERTY

- **Economic collapse, inflation, and mass unemployment** continue to erode household purchasing power and deepen humanitarian needs across the country.
- **More than 67% of the population lives below the poverty line**, with rising food and fuel prices pushing vulnerable households into negative coping mechanisms. The Minimum Expenditure Basket (MEB) rose by 6–7% in 2025, while wages cover only a fraction of basic household needs; fuel shortages further undermine service delivery.
- **Limited livelihood opportunities, widespread destruction of productive assets, and a severe shortage of safe and affordable shelter** continue to constrain recovery for displaced people, returnees, and vulnerable communities.
- **Gender inequalities, disrupted education, and limited livelihood opportunities** continue to undermine resilience and recovery, disproportionately affecting women and girls with female-headed households facing acute food insecurity at a rate of 37.9%, and households with persons with disabilities at 41.4%.
- **The lack of income-generating opportunities and adequate housing** further increases dependence on humanitarian assistance and delays durable solutions.
- **Despite growing needs, humanitarian funding continues to decline**, threatening the continuity of nutrition, health, protection, and basic assistance services while forcing cuts to life-saving programmes across the country.

Source: [3]ACH Syria Programmatic Approach Narrative 2026–2028; ACH Syria ToC Needs Overview 2026–2028 (citing REACH and UNHCR intention surveys 2025; FAO, Drought Alert June 2025; FSAL 2025 FSA; 2025 Food Security Assessment)

OPERATIONAL CONTEXT AND CONSTRAINTS

Humanitarian access remains uneven across the country due to insecurity, military operations, administrative requirements, damaged infrastructure, explosive ordnance contamination, and other operational constraints that continue to affect timely and sustained assistance.

Funding shortfalls have significantly reduced the availability of protection services, psychosocial support, legal assistance, and community-based support mechanisms, while limiting the overall scale of humanitarian response despite sustained humanitarian needs.

Persistent liquidity shortages, limited banking services, and restrictions on the use of US dollars (USD) continue to complicate humanitarian operations, affecting cash programming, procurement, supplier payments, and the timely delivery of assistance. These financial constraints increase operational costs and reduce humanitarian partners' flexibility to respond rapidly to evolving needs.

Women and children remain disproportionately affected, facing heightened risks of gender-based violence, child labour, exploitation, early marriage, and psychosocial distress.

KEY RECOMMENDATIONS

Without immediate and sustained action, the consequences of the crisis will worsen: more people will enter into emergency levels of food insecurity (IPC Phase 4), child mortality will rise, and health systems will collapse in the most fragile areas. Action Against Hunger urgently calls for:

1. **SCALE UP SUPPORT TO MOST VULNERABLE POPULATIONS**
Ensure that assistance reaches the most vulnerable households regardless of displacement status, prioritizing women, children, older persons, persons with disabilities, and other groups with specific needs. Support should address immediate essential needs while promoting dignity, protection, and resilience.

2. **RECOVER ESSENTIAL SERVICES**
Increase investment in the rehabilitation and sustainable functioning of critical infrastructure, particularly water, sanitation and hygiene (WASH), health, and nutrition services, to enable safe returns, improve public health outcomes, and strengthen community resilience.

3. **ENSURE FULL, SAFE AND SUSTAINED HUMANITARIAN ACCESS:**
Guarantee safe, rapid, and unimpeded humanitarian access across all affected areas. Including the expansion of mine action and explosive ordnance risk reduction, including survey, clearance, risk education, and access for specialized decontamination actors, to enable safe humanitarian operations and civilian movement.

4. **PROMOTE PEACEFUL CONFLICT MANAGEMENT AND SOCIAL COHESION**
Support inclusive dialogue, community-based conflict resolution mechanisms, and local governance initiatives that reduce tensions, strengthen social cohesion, and contribute to a sustainable and peaceful recovery.

5. **INVEST IN LIVELIHOOD SOLUTIONS AND AGRICULTURAL RECOVERY**
Support early livelihood recovery through agriculture, livestock, and income-generating opportunities to restore food production, strengthen household self-reliance, reduce aid dependency, and contribute to long-term food security.

6. **STRENGTHEN CLIMATE RESILIENCE AND PREPAREDNESS FOR FUTURE SHOCKS**
Prioritize climate-adaptive interventions that improve water resource management, climate-smart agriculture, drought preparedness, and disaster risk reduction to reduce vulnerability to increasingly frequent climate-related shocks.

7. **PROVIDE URGENT, FLEXIBLE, AND PREDICTABLE FUNDING**
Donors should increase multi-year, flexible, and predictable funding that bridges humanitarian assistance, early recovery, and resilience programming, enabling humanitarian actors to adapt to evolving needs while supporting sustainable recovery and locally led responses.

VOICES FROM THE FIELD

Natalia Anguera, Desk Middle East for Action Against Hunger

The humanitarian crisis in Syria continues to be defined by the cumulative impact of years of conflict, economic collapse and underfunding.

The human impact of this crisis is visible across the country: walking through Syria today is seeing families with a profound sense of exhaustion; with 90% of the population living below the poverty line, the scale of the need is simply staggering.

Reaching vulnerable communities remains one of the greatest operational challenges, as humanitarian teams navigate the legacy of more than a decade of conflict.

Our teams are blocked by a combination of shattered infrastructure. Reaching those in need is a constant negotiation through a landscape where 14 years of war have left roads and services in ruins.

Despite these constraints, local initiatives continue to demonstrate that recovery is possible. Community health systems are being revived, climate-resilient agriculture is helping families adapt, and nutrition and WASH programmes continue to reach hundreds of thousands of people, providing both immediate assistance and opportunities to rebuild livelihoods.

The lack of sustained, multi-year funding keeps our response trapped in a "short-term" cycle. Without the resources to rebuild water systems or agriculture permanently, millions of Syrians remain at constant risk, dependent on emergency aid that cannot address the underlying devastation of their country. Resilience shines through in our local initiatives. We have successfully helped revive community health systems and introduced climate-resilient agriculture. Despite the odds, we continue to reach hundreds of thousands of people with nutrition and WASH programs that offer a rare path toward recovery and dignity.

Looking ahead, sustained international commitment will be critical to support Syria's recovery. Syria needs sustained funding and support; without coordinated global action, that includes the institutions in the country, and the civil society, the road to recovery remains blocked for millions."

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"I lost my second daughter when she was just three months old," Rima shared, her eyes welling up with tears. "Her body was failing to grow. Even her skin began to deteriorate. We spent a month in the hospital, but her condition was so critical when we arrived that there was no chance for any medical intervention to save her."

Before being referred to the health center, my girls were extremely lethargic. Thurayya, especially, couldn't even stand on her own. She didn't play or smile… she was just fading away."

After Action Against Hunger health professionals' interventions, the change is incredible," Rima says, a clear spark of hope now shining in her eyes. "My daughters are so much more active, particularly Thurayya. She can now take steps, she tries to dance, and her energy has returned in a way I never thought possible. I want to thank your organization for this life-changing intervention. You saved my family from losing another child, I was watching Thurayya follow the same tragic path as her late sister."

Samaher is a 43-year-old mother of seven who has been the sole breadwinner for her family. Her eldest son, 22, has quadriplegic cerebral palsy with an intellectual disability and requires constant care. Her 18-year-old daughter, Hala, also has an intellectual disability and finds comfort and purpose in lovingly caring for her tedddy bears and toys. The youngest of her seven children is 10 years old.

She worked long, back-breaking hours harvesting other people's crops to earn as much as possible. The constant physical work eventually damaged her health.

Securing regular diapers for my son and medicines for my daughter is an extra burden for me, especially when I stopped working after the surgery," Samaher explained.

The cash assistance that you provided helped me in securing my children's essentials, from diapers and medicines to various other things, as well as securing sewing supplies for my work," she said.

"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.

***Alhaji Ibrahim Ali**, community leader, Wulari community, Maiduguri.*

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PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
2008	Damascus, Aleppo, Idlib, Hama, Al-Hasakeh, and Homs	110	939,522

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger (ACF) has maintained a sustained operational presence in Syria since 2008, with activities across Damascus, Aleppo, Idlib, Hama, Al-Hasakeh, and Homs. In 2025, the mission further strengthened its integrated multisectoral response to address the impacts of a protracted crisis characterized by deteriorating basic services, large-scale displacement, economic decline, and fluctuating humanitarian access constraints.

Despite operational and access challenges, ACF maintained life-saving interventions in highly vulnerable areas through flexible implementation modalities and strengthened technical coordination with local authorities and partners to ensure continuity of essential services and improve the resilience of affected populations.

NUTRITION AND HEALTH

- **352,106** People reached through primary healthcare services—delivered through both static facilities and mobile medical teams.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **3,749** People supported through food security and livelihood activities.

WATER, SANITATION AND HYGIENE (WASH)

- **549,686** People reached with WASH interventions including emergency water supply support and rehabilitation and strengthening of municipal water systems.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- **35,970** People benefited from protection and MHPSS services.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger continued its engagement in humanitarian coordination mechanisms at national and sub-national levels across Syria, in collaboration with UN agencies, humanitarian partners, national and local authorities, donors, and civil society organizations, to strengthen the effectiveness, complementarity, and quality of the humanitarian response. Through regular coordination meetings, technical working groups, bilateral engagements, joint assessments, field-level coordination, and strategic dialogue with key donors—including ECHO, AICS, BHA, FCDO, GAC, AECID, GFFO, SDC, and the European Union—the organization supported coordinated humanitarian action and evidence-based decision-making.

Action Against Hunger actively participates in the Humanitarian Country Team through NGO representation, OCHA-led coordination structures, the Inter-Sector Coordination Group (ISCG), national and sub-national area-based coordination mechanisms, and the Syria NGO Forum. The organization is an active member of the Food Security and Agriculture, Nutrition, WASH, Health, Protection, and Cash and Markets sectors and their technical working groups, contributing to humanitarian coordination, assessments, information management, emergency preparedness, and access coordination.

As part of its advocacy and coordination role, Action Against Hunger promotes humanitarian access, the protection of civilians, respect for International Humanitarian Law, and sustained assistance to conflict-affected populations. The organization contributes to collective advocacy on access constraints, displacement, food insecurity, nutrition, public health, WASH, and early recovery through regular engagement with donors, UN agencies, diplomatic missions, humanitarian partners, and local authorities. These efforts support the resolution of administrative and operational barriers affecting humanitarian assistance and facilitate access to vulnerable and hard-to-reach communities.

Action Against Hunger also contributes actively to humanitarian analysis and planning processes, including the Humanitarian Needs and Response Plan (HNRP), Integrated Food Security Phase Classification (IPC) analyses where applicable, inter-agency assessments, SMART surveys, nutrition surveillance, market assessments, and sentinel site monitoring systems. Operational data and technical analysis are regularly shared with humanitarian coordination bodies to inform needs prioritization, response planning, and evidence-based decision-making. Through sustained engagement in coordination mechanisms and operational partnerships, Action Against Hunger has strengthened collective humanitarian action by improving coordination, reducing duplication, reinforcing evidence-based planning, and supporting the timely delivery of integrated life-saving assistance across Syria.

Sources: OCHA Syria Humanitarian Needs and Response Plan (HNRP) 2026; Global Report on Food Crises (GRFC) 2026; WFP Syria operational updates 2025–2026; Reuters (May 2026); ReliefWeb Syria Context Report 2025/2026; UN Syria Humanitarian Action platform.

THREE FOCUS CONTEXTS OF HIGH CONCERN

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.

MALI
NIGER
GAZA

MALI

~1.6 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

25 million
Total population (2025)

5.1 million
People in need in 2026
OCHA Mali HNRP 2026

415,000
Internally displaced people
DTM September 2025 Mali

180,000
Refugees and asylum seekers
DTM September 2025 Mali

21%
2025 HRP funded
OCHA Mali HNRP 2026

–23.1%
ODA decrease
World Bank, 2025

1.2 million
Children under 5 expected to be suffering from acute malnutrition (GAM)
IPC Malnutrition Communication Sheet 2025

227,000
Children under 5 expected to be suffering from severe acute malnutrition (SAM)
IPC Malnutrition Communication Sheet 2025

92,000
Pregnant and lactating women (PLWs) estimated to be suffering from acute malnutrition
IPC Malnutrition Communication Sheet, 2025

72.1%
Access rate to drinking water services
DNH Report 2024

Kadaya Walet Anaygi, 60, receives a 50 kg bag of rice during a food distribution in Em-naguil — two months of food for her family, hit hard by drought and water shortages.
©Tiécoura N'Daou for Action Against Hunger

COUNTRY PROFILE

Mali, with an estimated population of 25 million in 2025, is experiencing rapid population growth, which is placing increased pressure on its already fragile food, health, education and social protection systems. According to the African Development Bank (AfDB, 2024), between 40 and 45 per cent of the population lives below the national monetary poverty line — a context characterised by structural challenges that amplify the impact of each shock on the most vulnerable households.

This crisis is neither new nor unique. For more than fifteen years, persistent insecurity and recurring economic and climate shocks have contributed to the deterioration of livelihoods, reduced access to essential services and exacerbated protection risks for millions of people, particularly in the northern and central regions of the country. Agriculture and pastoralism remain the main sources of income for most households, but insecurity, recurring climate shocks and rising costs continue to erode the little resilience these families have managed to build, placing Mali on the FAO and WFP's updated list of Hunger Hotspots.[1]

Mali is facing one of the most significant displacement crises in the Sahel. In September 2025, the country had at least 415,000 internally displaced persons and 180,000 refugees and asylum seekers (DTM). A large proportion of these people live in overcrowded camps or within host communities whose reception capacities and resources are already under severe strain. The regions of Mopti, Gao, Ménaka and Timbuktu are among the hardest hit, where people are facing a combination of conflict, climate shocks, repeated displacement and growing pressure on natural resources. This accumulation of crises is causing lasting damage to food systems, livelihoods and social cohesion.

Today, nearly 5.1 million people are in need of humanitarian assistance in Mali. Although the figures for 2026 show an apparent decrease in the number of people targeted compared with 2025, this trend does not reflect a real improvement in the situation: it stems mainly from a revision of estimation methods and constraints linked to the chronic underfunding of the humanitarian response.

Funding is moving in the wrong direction. In 2025, the Humanitarian Response Plan was funded at only 21 per cent of the US$771 million requested — one of the lowest levels recorded over the past ten years. The paradox is therefore clear: humanitarian needs remain extremely high, while available resources continue to decline. Without rapid and sustained mobilisation by the international community, this gap between needs and response capacity risks leading to increased vulnerabilities, a deterioration in nutritional indicators and a rise in forced displacement in 2026.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

According to the latest analyses from the Cadre Harmonisé (CH), more than 1.54 million people – 6.1 per cent of the population – are expected to face severe acute food insecurity (Phase 3 and above) during the lean season from June to August 2026 – compared with around 855,000 people in the post-harvest period. The number of people affected is therefore expected to almost double in the space of a few months, highlighting the severity of the seasonal cycle in an already severely deteriorated context. According to the Global Report on Food Crises 2026, the number of people facing high levels of acute food insecurity rose by 11 per cent between 2024 and 2025.

The regions of Mopti, Gao and Ménaka remain among the worst affected. In Ménaka, where a combination of insecurity, forced displacement and the collapse of economic opportunities continues to leave households highly vulnerable, the number of people facing acute food insecurity could more than double during the lean season. Although some areas are expected to experience an improvement due to relatively favourable production conditions between February 2025 and May 2026, these gains remain fragile and could easily be reversed by renewed insecurity or climate-related shocks.

The nutritional situation is equally alarming. In 2026, nearly 1.2 million children under five are expected to suffer from acute global malnutrition (GAM), including more than 227,000 severe cases (SAM) requiring urgent care (IPC AMN 2025). In addition to these figures, an estimated 92,000 pregnant and lactating women (PLWs) are believed to be acutely malnourished. Malnutrition in Mali is fuelled by mutually reinforcing factors: persistent insecurity, limited access to health services, unsafe water, repeated displacement and the erosion of household incomes.

Despite the scale of the needs, the humanitarian response remains severely underfunded: in 2025, the Humanitarian Response Plan was funded to only 21 per cent, jeopardising the continuity of essential nutrition, health and food security programmes at a time when needs are reaching their seasonal peak. Gaps in the coverage of food security assessments also limit visibility into the true extent of the crisis, reinforcing the urgency of sustained investment in humanitarian information systems.

Source: [1] https://docs.wfp.org/api/documents/WFP-0000174369/download/

CONFLICT, DISPLACEMENT AND CLIMATE SHOCKS

IMPACT ON WASH

An analysis of the situation using the IPC/WASH 2026 framework reveals a widespread deterioration. The majority of affected areas are classified as Phase 3 (Crisis), characterised by insufficient and unstable access to WASH services, while pockets of Phase 4 (Emergency) persist in areas affected by high levels of insecurity and in certain overcrowded sites hosting displaced people. Areas in the south and some urban centres remain largely in Phase 2 (Stress) but are experiencing increasing pressure on their infrastructure.

Conflict continues to cause the destruction and abandonment of WASH infrastructure — boreholes, water networks and latrines — whilst severely restricting access for humanitarian and technical actors. This situation leads to prolonged interruptions to water services and a gradual deterioration of existing systems. Population displacement is placing significant pressure on already inadequate infrastructure: in displacement sites and host communities, the low ratio of people to water points leads to long queues and tensions between users and increased reliance on unprotected water sources. The shortage of functional latrines encourages open defecation and increases health risks.

Data from the multisectoral needs assessment (MSNA, October 2025) show that water, hygiene and sanitation (WASH) need account for a significant proportion of household needs (31 per cent), a figure that rises to 43 per cent when assessed using the HESTER scale. Internally displaced persons (IDPs) are particularly affected, with a prevalence of WASH needs of 35 per cent, compared with 30 per cent for refugees and non-displaced populations. They also constitute the group with the highest levels of severity, with 14 per cent of households facing extreme WASH needs.

WASH needs vary significantly across regions, ranging from 1 per cent to 64 per cent, with an estimated national average of 26.3 per cent. The regions of Gao (42 per cent), Ménaka (41 per cent) and Ségou (33 per cent) have above-average levels of need, highlighting the extent of vulnerabilities in the areas most affected by insecurity, displacement and climate-related shocks.

Droughts and floods further exacerbate the situation by reducing water availability, contaminating existing water sources, and damaging sanitation infrastructure. The cumulative effect of these factors contributes to deteriorating sanitary conditions, an increase in water-related diseases, and worsening malnutrition, whilst increasing people's dependence on humanitarian assistance.

DRIVERS OF THE CRISIS

WAR AND CONFLICT

- **For more than fifteen years, Mali has been facing a multidimensional political and security crisis that continues to deteriorate.** Clashes between the Malian Armed Forces and non-state armed groups, inter-communal violence and the fragmentation of the areas of influence of the various armed actors are fuelling chronic instability. Initially concentrated in the north and centre of the country, this situation is gradually spreading to the southern regions, affecting a growing number of people.
- **The regions of Timbuktu, Gao, Mopti, Ségou, Koulikoro, Kayes and, more recently, Sikasso are facing a rise in security incidents, including acts of intimidation, abductions, targeted attacks, restrictions on movement and disruptions to economic activities**. These constraints are having a lasting impact on the livelihoods of both host communities and displaced populations.
- **Changes in the modus operandi of armed groups are further exacerbating the situation.** The increased use of drones and improvised explosive devices (IEDs), as well as restrictions imposed on certain strategic supply routes for fuel and essential goods is deepening the isolation of many localities and heightening the vulnerability of civilian populations.
- **Against this backdrop, humanitarian access remains severely restricted.** Restrictions on movement, insecurity along transport routes, frequent changes in territorial control and the ongoing deterioration of public services are disrupting markets, limiting access to essential goods and reducing the availability of health, nutrition, water and protection services in the most affected areas.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Mali is one of the countries most exposed to the effects of climate change in the Sahel.** A succession of prolonged droughts, increasingly frequent and intense floods, erratic rainfall and rising temperatures is causing lasting disruption to agricultural and pastoral production systems, on which most households depend.
- **These climate-related shocks are accelerating the deterioration of livelihoods**, reducing agricultural yields, weakening livestock herds and jeopardising the incomes of rural populations, thereby directly contributing to worsening food insecurity and malnutrition.
- **The increasing scarcity of natural resources**, particularly water and pastureland, is intensifying pressure on the land and exacerbating tensions between different resource users, particularly between farmers and herders, in a context already marked by insecurity.
- **Finally, extreme weather events regularly destroy essential infrastructure** — roads, water points, irrigation systems, health centres and homes — limiting access to basic services, disrupting markets and causing further population displacement.

INEQUALITY AND POVERTY

- **Mali remains one of the poorest countries in the world.** Between 40 per cent and 45 per cent of the population lives below the national poverty line, with significant regional disparities: more than one in two people in rural areas are poor, compared with less than a third in urban areas. Extreme poverty still affects between 15 per cent and 20 per cent of the population (World Bank).
- **Conflicts, climate shocks and the rising cost of living are exacerbating these inequalities**, reducing households' purchasing power and limiting their access to food, healthcare, education and other essential services.
- **At the same time, declining public and humanitarian funding is further weakening health**, nutrition, water, sanitation and protection systems, jeopardising the continuity of services for the most vulnerable populations.

OPERATIONAL CONTEXT AND CONSTRAINTS

In 2026, humanitarian access in Mali is no longer constrained solely by insecurity. Humanitarian actors are increasingly operating in an environment shaped by four interconnected dimensions that collectively reduce operational space, delay assistance and increase the cost of responding to humanitarian needs.

Security Constraints: The security environment continues to deteriorate, with intensified fighting between the Malian Armed Forces and non-state armed groups, the growing use of drones and improvised explosive devices (IEDs), and frequent changes in territorial control. These dynamics, combined with restrictions on movement along strategic supply routes, expose civilians and humanitarian workers to increasing risks, whilst limiting access to vulnerable populations.

Administrative Constraints: Administrative procedures have become an additional barrier to humanitarian action. Delays in the issuance of Administrative No Objections (ANOs) continue to postpone the implementation of life-saving activities. At the same time, the proposed introduction of a 10 per cent contribution on externally funded projects, together with increasing administrative requirements relating to work permits for expatriate staff — despite existing protections under framework agreements — creates uncertainty, increases transaction costs and delays humanitarian operations.

Operational Constraints: Operational capacity is further affected by irregular humanitarian air services (UNHAS), fuel shortages, disruptions to supply chains and rising logistics costs. These constraints reduce the ability of humanitarian organisations to reach remote or insecure areas, limit their field presence and affect the continuity of essential services.

Political and Funding Constraints: The humanitarian response is increasingly influenced by political and financial considerations. Shifting donor priorities, reductions in humanitarian and development funding, growing compliance requirements and broader geopolitical dynamics are reducing the predictability and flexibility of humanitarian financing. These trends directly affect programme continuity, partnership models and the overall capacity to respond to growing humanitarian needs. These four dimensions reinforce one another. Delays in administrative approvals, insecurity, operational disruptions and declining funding collectively reduce humanitarian access, increase operational costs and leave millions of vulnerable people with reduced access to food, healthcare, nutrition, water, protection and other essential services.

Climatic and environmental constraints. At the same time, recurring climate shocks — including droughts, floods and environmental degradation —continue to erode livelihoods and exacerbate food insecurity, making integrated and flexible humanitarian responses more critical than ever.

KEY RECOMMENDATIONS

Mali is facing a convergence of crises — conflict, climate change, forced displacement, poverty and chronic underfunding — which continues to increase humanitarian needs whilst reducing the collective capacity to respond to them. Without a rapid and sustained response, millions of people risk seeing their access to food, healthcare, safe drinking water, nutrition and protection deteriorate further. To prevent the crisis from worsening, Action Against Hunger is calling for:

1 SAFEGUARD HUMANITARIAN ACCESS

Strengthen dialogue with national and local authorities, as well as all parties to the conflict, to ensure safe, timely and predictable humanitarian access. Administrative and operational constraints that delay or impede life-saving assistance should be minimised, whilst civilians, humanitarian workers and critical infrastructure must be protected in accordance with international humanitarian law.

2 INVEST IN COMMUNITY-BASED AND LOCALISED RESPONSES

Expand community-based approaches and strengthen partnerships with local organisations to ensure assistance reaches the most vulnerable populations, including in hard-to-reach areas. Greater investment in localisation should go beyond capacity-building by promoting shared leadership, direct access to funding and equitable partnerships.

3 PROTECTION AT THE CENTRE OF THE HUMANITARIAN RESPONSE

Ensure that protection is systematically integrated across all sectors of intervention. Scale up services addressing gender-based violence, child protection, mental health and psychosocial support, whilst strengthening accountability to affected populations and community participation to reduce protection risks.

4 PROTECT ESSENTIAL SERVICES FOR THE MOST VULNERABLE

Prioritise integrated nutrition, health, WASH and food security services for women, children, internally displaced people and other vulnerable groups. Declining humanitarian funding should not result in the interruption of life-saving services for those with the greatest needs.

5 STRENGTHEN COLLECTIVE LOGISTICS AND HUMANITARIAN ENABLERS

Invest in shared humanitarian logistics, including transport, warehousing and supply systems, to improve operational efficiency and optimise limited resources. Sustained funding for common humanitarian services, including UNHAS, remains essential to maintain humanitarian access to insecure and remote areas.

6 SECURE FLEXIBLE, PREDICTABLE AND MULTI-YEAR FINANCING

Increase humanitarian funding in line with growing needs, whilst promoting flexible, multi-year and multi-sector financing. Donors should support approaches that bridge humanitarian action, recovery and resilience, whilst enabling local actors to access resources directly and sustainably.

7 INVEST IN RESILIENCE AND CLIMATE ADAPTATION

Address the structural drivers of vulnerability by investing in proactive measures, climate-resilient livelihoods, sustainable natural resource management and territorial approaches that strengthen communities' ability to anticipate, absorb and recover from recurring shocks.

8 REDUCE ADMINISTRATIVE CONSTRAINTS ON HUMANITARIAN ACTION

Promote simplified and predictable administrative procedures that facilitate humanitarian operations whilst ensuring appropriate government oversight. Efficient administrative processes are essential to deliver timely assistance and maximise the impact of available resources.

VOICES FROM THE FIELD

Mamadou Diop,
Country Director, Action Against Hunger Mali

"In 2025, the people of Mali continued to suffer the combined effects of persistent insecurity, forced displacement, climate shocks and the deterioration of livelihoods. In several regions of the country, escalating violence and restrictions on movement limited access to essential services, further weakening communities already exposed to repeated crises. Against this backdrop, cuts to humanitarian funding have exacerbated an already critical situation: in 2025, the Humanitarian Response Plan was funded to just 21 per cent of its target, forcing organisations to make difficult choices about which areas and populations to prioritise.

In Gao, following the attacks on 25 April 2026, which disrupted the drinking water supply, displaced and host communities organised themselves to deal with the emergency. Despite the security situation and whilst many organisations were seeking to evacuate their teams, local solidarity mechanisms helped to support the most vulnerable people. Thanks to the rapid mobilisation of our teams and community actors, water distribution operations helped reduce reliance on river water and prevent the spread of waterborne diseases. Even when our teams are present on the ground, their ability to act is severely limited by the deterioration in humanitarian access. Restrictions on movement and access, along with security risks, make it considerably more difficult to deliver aid.

Despite these constraints, integrated approaches continue to deliver results. Local initiatives, the strengthening of community organisations and coordination with local authorities make it possible to maintain essential assistance, even in the most hard-to-reach areas. The TERRA approach, developed by Action Against Hunger, demonstrates that it is possible to meet immediate needs whilst strengthening communities' long-term resilience. Malian communities are showing remarkable resilience, but their ability to absorb shocks cannot indefinitely compensate for the shortage of available resources.

Today, the main challenge is not knowing what works. We know that. The challenge is to mobilise the resources needed to support and scale up these solutions before the crises worsen further. Without greater, more flexible, more predictable, and multi-year funding, the progress made risks being undermined, whilst millions of people will remain deprived of the assistance and investment, they need to build a more resilient future".

Testimony from Mr Mohamed Ag Assalate, a beneficiary of the Territorial Emergency and Resilience Response Approach (TERRA) project in the Gangabera region of Gao, Mali,

"We are even sometimes reluctant to go to our fields for fear of being attacked. (...) This aid comes at a crucial time for my family. (...) I can already see an improvement in our living conditions, and I have regained hope for the future."

Mohamed Ag Assalate, *farmer, Gangabera, Gao region.*

Like many farmers in northern Mali, Mohamed Ag Assalate is facing the combined effects of insecurity and climate shocks, which are undermining his livelihoods. As part of the TERRA project, implemented by Action Against Hunger in collaboration with local communities and its partners, he takes part in cash-for-work activities, receives food support and has access to training that has enabled him to strengthen his livelihoods and contribute to initiatives led by his community.

Two goats sold, a life saved: the story of Assitan Ouattara, Kita District (F2AI project)

"When my child fell seriously ill, I immediately thought of my goats. Thanks to the herd I had built up, I was able to sell two animals to cover the medical costs without getting into debt or asking for help. (...) Today, I see my livestock as a real safety net for my family."

Assitan Ouattara, *livestock farmer, Nazanadougou, Dandéresso commune, Sikasso region.*

Like many rural women in Mali, Assitan Ouattara had few resources with which to meet her family's needs and deal with unforeseen circumstances. As part of the 'Integrated Fight against Chronic Malnutrition in Mali' project, she received support for her livestock farming, including a starter herd of goats, training and regular technical guidance. In two years, her herd grew from four to more than eleven goats. When her child contracted severe malaria in 2025, the sale of two goats enabled her to quickly pay for the necessary treatment. Today, goat farming is sustainably strengthening her household's economic resilience and helping to ensure a more secure future for her family.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
1996	Kayes, Gao, Ménaka, Timbuktu, Ségou, Sikasso, San	125 people	1,121,479

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

In 2025, Action Against Hunger in Mali maintained an integrated, multi-sectoral response in a particularly complex operational environment, ensuring the continuity of essential services despite access constraints, restrictions on movement and reduced funding.

NUTRITION AND HEALTH

- **805,556** People who benefited from primary healthcare and nutritional care, both in fixed facilities and through mobile medical teams.
- **1,001** Health facilities supported.
- **4,260** Health workers were trained to improve the quality of healthcare services.
- **7** Mobile clinics deployed to improve access to care in hard-to-reach areas.
- **79** Community health centres supported.
- **78,570** Pregnant and breastfeeding women screened as part of nutrition activities.
- **727,743** Children screened for malnutrition.
- **77,813** Children with acute malnutrition receiving appropriate treatment.

Primary healthcare, maternal and child health and treatment for acute malnutrition were provided through both facility-based and community-based services in all intervention areas.

FOOD SECURITY AND LIVELIHOODS (FSL)

- **240,923** People benefiting from food security and livelihood interventions integrating pastoralism information and early warning services.
- **223,727** People who have received food assistance.
- **2,567** People supported with livestock restocking, animal health services and strategic supplementary feeding.
- **19,000** Households that received agricultural kits to support their production activities.
- **1,140** People supported through income-generating activities (IGAs).
- **23,324** People supported through village savings and loan associations (AVEC/VSLA).

Food assistance, livelihood recovery and resilience-building approaches have helped to protect vulnerable households from repeated crises.

WATER, SANITATION AND HYGIENE (WASH)

- **75,000** People reached through WASH interventions, including emergency water supply, as well as the rehabilitation and strengthening of municipal water supply systems.
- **8,967** People trained/made aware of WASH (Water, Sanitation and Hygiene) practices.
- **36,910** People who have received WASH non-food items (NFIs).
- **44,640** People received water through water tanker distribution.
- **16,400** People benefited from installed or rehabilitated safely managed community-based sanitation and handwashing facilities with soap and water.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger continued its involvement in humanitarian coordination mechanisms at national and sub-national levels, in collaboration with the authorities, United Nations agencies, donors and national and international partners, in order to strengthen the effectiveness and complementarity of humanitarian responses.

- As part of its involvement in the Forum of International NGOs in Mali (FONGIM), Action Against Hunger Mali chaired the platform and helped to strengthen dialogue between humanitarian actors and national authorities. This consultative process has helped to facilitate several developments that have enhanced the effectiveness of humanitarian action, notably the clarification and harmonisation of the procedures for applying the 10 per cent levy on certain humanitarian and development project funding, enabling a better understanding and more consistent application of the provisions in force by all stakeholders. Discussions have also helped to improve the mechanisms for issuing Notices of No Objection in collaboration with the Ministry of Territorial Administration, as well as strengthening the consultation framework relating to administrative procedures concerning expatriate staff of humanitarian organisations.

- Action Against Hunger is a co-lead or member of the strategic steering committee for the WASH, food security and nutrition clusters, and actively contributes to analyses under the Cadre Harmonisé as well as to the SMART, MSNA and ENSAN evaluations.

- Action Against Hunger Mali is an active member of the civil-military coordination body (CIMCORRD), contributing to advocacy for humanitarian access in hard-to-reach areas and to the regularisation of UNHAS flights at Ménaka airfield.

Sources: Cadre Harmonisé 2025, IPC on malnutrition, MSNA 2025, SMART 2025, HNRP 2025, PREGEC 2026, MEHA (Ministry of Water, Hygiene and Sanitation) Report 2026, EDSN 2012, OCHA Report 2025, Action Against Hunger Mali operational data 2025 and DTM (Displacement Tracking Matrix) 2025.

NIGER

~2.42 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~28.9 million
Total population (2025 estimate)
CH 2025

548,000
Internally displaced persons (IDPs)
HRNP 2026

435,000
Refugees in neighbouring countries
HRNP 2026

3 million
People In Need (2026 HRP)
Almost two-thirds of the population
HRNP 2026

25.9%
2025 HRP funded
OCHA FTS

-29%
ODA decrease since 2021[1]
World Bank (WDI/OECD-DAC)

2.42 million
People in CH Phase 3+ (Crisis and above) requiring immediate humanitarian assistance
CH 2025

1.7 million
Children under 5 with acute malnutrition (GAM) in 2026
SMART 2025

412,400
Estimated number of children under 5 with severe acute malnutrition (SAM)
High risk of mortality
SMART 2025

96,000
Estimated number of pregnant and lactating women (PLW) with acute malnutrition

49.1%
of the population has access to basic water services

An IDP beneficiary selling cereals in Gotheye, Tillabéri Region
©Action Against Hunger

Sources: [1]https://data.worldbank.org/indicator/DT.ODA.ODAT.PC.ZS?locations=NE

COUNTRY PROFILE

With an estimated population of 28.9 million in 2025, **Niger** is one of the world's fastest-growing countries in terms of population. This trend is placing considerable pressure on already fragile food, health, education and social protection systems, against a backdrop of high levels of poverty, heavy reliance on rain-fed agriculture and growing vulnerability to climate-related shocks.

Niger continues to face one of the most severe – and least publicised – food crises in the Sahel. Nearly one in three children suffers from acute malnutrition. Despite some improvements observed in 2025, the food and nutrition situation remains a cause for concern. The *Global Report on Food Crises 2026* highlights that Niger is one of the few countries to have recorded a reduction in acute food insecurity at a global level. However, this progress remains fragile given persistent structural vulnerabilities and the scale of humanitarian needs. Furthermore, the benefits of this improvement remain unevenly distributed, with some areas continuing to face high levels of food insecurity.

The crisis stems from the interplay of security, climatic, economic and demographic factors. Persistent insecurity in the regions of Diffa, Tillabéri, Tahoua, Maradi and Dosso, as well as in the Lake Chad basin and the 'three-border' area, continues to cause forced displacement, disrupt markets and limit access to essential services and humanitarian assistance. Niger is home to one of the largest displaced populations in the Sahel, with approximately 548,000 internally displaced persons and more than 435,000 refugees and asylum-seekers in 2026. Persistent insecurity, forced displacement, floods affecting nearly 586,000 people and the ongoing deterioration of livelihoods are placing increasing pressure on food systems, basic social services and community resilience.

The reduction in humanitarian funding is a major aggravating factor. By the end of June 2026, the Humanitarian Response Plan (HRP) was only 14% funded[2], jeopardising the continuity of essential nutrition, health and food security programmes at a time when needs are reaching their seasonal peak.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

Despite some improvements noted in recent assessments, the food crisis in Niger remains one of the most severe in the Sahel. The combined effects of insecurity, forced displacement, climate shocks and reduced funding continue to leave households vulnerable and threaten the progress made in food and nutritional security.

According to the latest analyses of the Cadre Harmonisé (CH), approximately 2.42 million people are expected to face severe acute food insecurity (Phase 3 and above) during the 2026 lean season, compared with 1.85 million in the post-harvest period. Among them, those in Phase 4, facing an immediate food emergency represent the most critical group and require life-saving assistance without delay. Furthermore, nearly 6.9 million people remain in a situation of food stress (Phase 2), indicating widespread vulnerability and a high risk of slipping into more severe levels of food insecurity in the event of further shocks.

This situation is set against a backdrop of weakened agro-pastoral production, characterised by a decline in cereal production of around 6 per cent compared with the previous year and an estimated 7 per cent shortfall in fodder, reducing food availability and the incomes of pastoralist households. The most vulnerable populations are also facing increased dependence on markets, the functioning of which is often disrupted in areas affected by food insecurity.

The nutritional situation remains a cause for particular concern. The national prevalence of global acute malnutrition (GAM) is estimated at 11.1 per cent, exceeding the World Health Organisation's (WHO) emergency threshold, with rates reaching 17.1 per cent in the Diffa region and 12.7 per cent in Maradi. In total, nearly 1.7 million children are suffering from acute malnutrition, including more than 412,000 severe cases, in addition to nearly 96,000 pregnant and breastfeeding women.

Persistent insecurity, forced displacement, floods affecting nearly 586,000 people and the ongoing deterioration of livelihoods are placing increasing pressure on food systems, basic social services and community resilience.

The reduction in humanitarian funding is a major aggravating factor. In April 2026, the Humanitarian Response Plan (HRP) was only 56 per cent funded, jeopardising the continuity of essential nutrition, healthand food security programmes at a time when needs are reaching their seasonal peak.

In 2025, the Humanitarian Response Plan (HRP) was funded at only 25 % by the end of the year[3], jeopardising the continuity of essential nutrition, health and food security programmes at a time when needs are reaching their seasonal peak.

Sources: [2]https://fts.unocha.org/countries/162/summary/2026 - [3]https://fts.unocha.org/countries/162/summary/2025

CONFLICT AND DISPLACEMENT

IMPACT ON WASH

Access to safe drinking water and sanitation services remains severely inadequate in Niger. According to the report by the Ministry of the Environment, Water Resources and Sanitation (MEHA, June 2025), only 49.1 per cent of households have access to basic drinking water supply services, whilst 34.1 per cent consume water from unimproved sources. Beyond water quality, the inadequacy and irregularity of access to water are also major factors contributing to vulnerability. In several areas affected by population displacement, recurrent droughts and climate shocks, access to sufficient quantities of water remains limited, with repercussions for households' health, livelihoods and food security. The sanitation situation is equally worrying: 74 per cent of the population practise open defecation and 66.6 per cent use in adequate handwashing facilities. Displaced populations and host communities are the hardest hit. According to the 2025 HNRP, 47 per cent of internally displaced persons, 37 per cent of refugees and 52 per cent of host communities face difficulties in accessing sanitation facilities. In total, 1,083,602 people are in need of WASH assistance, of whom 39 per cent are in Tillabéri and 27 per cent in Diffa. Children (55 per cent) and women and girls (50 per cent) are the most vulnerable groups. These shortfalls in water, sanitation and hygiene directly contribute to the spread of diarrhoeal diseases and other infections, which affect nutrient absorption and exacerbate malnutrition, particularly among children under five and pregnant or breastfeeding women.

The situation in health titions further exacerbates the risks. 57.2 per cent of health facilities have limited sanitation services, with no gender segregation or provision for menstrual hygiene needs. Only 24.7 per cent have basic handwashing facilities (MEHA, June 2025). Beyond access to water, sanitation and handwashing, shortcomings in infection prevention and control (IPC) and healthcare waste management continue to limit the quality and safety of healthcare services, increasing the risk of disease transmission in healthcare facilities. This lack of minimum WASH services in healthcare facilities directly increases the risk of disease transmission and contributes to worsening malnutrition.

DRIVERS OF THE CRISIS

ARMED CONFLICTS AND INSECURITY

- **Persistent insecurity** in the tri-border areas and the Lake Chad basin.
- **Forced displacement** of populations.
- **Restrictions on humanitarian access** (security, administrative and political).
- **Limited access** to markets, services and certain affected areas.
- **Competition for natural resources**, tensions between communities and growing pressure on resources and services due to population growth and displacement.

CLIMATE CHANGE AND NATURAL HAZARDS

- **Increased frequency** of floods, droughts, and other climate-related hazards.
- **Loss of crops**, livestock and productive infrastructure.

INEQUALITY AND POVERTY

- **Gradual deterioration** of livelihoods and households' ability to adapt.
- **Disruption to markets** and rising food prices.
- **Erosion of purchasing power** and reduced economic opportunities.
- **Continuing reduction in humanitarian and development funding**, leading to the suspension, or scaling back of essential programmes and limiting the capacity to respond to increasing needs.

OPERATIONAL CONTEXT AND CONSTRAINTS

The humanitarian situation in Niger in 2026 is characterised by severely restricted access, resulting from persistent insecurity linked to violence between defence and security forces and non-state armed groups in the regions of Diffa, Maradi, Dosso, Tahoua and Tillabéry, as well as administrative restrictions and operational limitations that make interventions sporadic, costly and geographically uneven. funded[2], jeopardising the continuity of essential nutrition, health and food security programmes at a time when needs are reaching their seasonal peak.

Administrative procedures, travel authorisations and certain regulatory requirements slow down the implementation of interventions.

During the rainy season, flooding and the deterioration of road infrastructure temporarily cut off certain localities, delaying the delivery of essential health, nutrition and WASH supplies.

The protection situation is deteriorating mass displacement and violence against civilians are having a particularly severe impact on women, children and displaced populations. Protection risks are intensifying and becoming more widespread at an alarming rate, whilst repeated and systemic violations of international humanitarian law (IHL) are directly contributing to the worsening of the humanitarian crisis.

Despite the worsening humanitarian, protection and recovery needs, the regions of Diffa, Maradi and Tahoua are facing a decline in attention and funding from humanitarian and development donors, exposing them to a growing risk of marginalisation.

The combination of access constraints, high protection risks and reduced funding limits the most vulnerable populations' access to assistance and contributes to the structural worsening of the crisis.

KEY RECOMMENDATIONS

Without immediate and sustained action, the crises in Diffa, Maradi, Tillabéry and Tahoua risk being forgotten at a time when needs are at their most critical: more people will slip into Phase 4, child mortality will rise and essential programmes will be suspended due to a lack of funding. Action Against Hunger urges:

1 STRENGTHEN HUMANITARIAN ACCESS

Step up dialogue with civil and military authorities to ensure safer, more regular and predictable access to the most vulnerable areas. Focus efforts on areas where access is most restricted and needs are most critical.

2 DEVELOP ALTERNATIVE ACCESS MECHANISMS

Promote access arrangements based on enhanced collaboration with local organisations and community networks, drawing on their knowledge of the context and their local presence, whilst working to reduce the administrative constraints affecting the speed of the humanitarian response.

3 ADAPT RESPONSE APPROACHES TO ACCESS CONSTRAINTS

- Implement flexible response mechanisms tailored to security contexts (combination of approaches, pre-positioning of aid in areas at risk of isolation.
- Use a flexible combination of approaches (cash transfers, in-kind aid, vouchers) depending on access possibilities.
- Strengthen the capacity of national NGOs and local actors to ensure the continuity of services.

4 REINFORCE THE CENTRALITY OF PROTECTION

- Systematically integrate protection as a cross-cutting pillar in all humanitarian interventions.
- Develop services to address gender-based violence, child protection and psychosocial support, particularly in hard-to-reach areas.
- Ensure community participation and accountability to reduce protection risks.

5 TO PROMOTE RESPECT FOR INTERNATIONAL HUMANITARIAN LAW

- Strengthen advocacy for compliance with international humanitarian law, in particular the protection of civilians, and facilitate safe, rapid and unimpeded humanitarian access to people in need.
- Strengthen systems for monitoring and analysing food security and livelihoods in order to anticipate risks, protect the most vulnerable populations and preserve their resilience in the face of shocks.
- Raise awareness amongst all stakeholders (authorities, security forces, communities) of the need to respect humanitarian principles and fundamental rights.

6 STRENGTHEN HUMANITARIAN FUNDING AND NEXUS APPROACHES

- Ensure more flexible, predictable, and multi-year funding to guarantee the continuity of essential services.
- Provide greater support for nexus approaches, which aim to better link emergency humanitarian action with long-term resilience and development efforts.
- Maintain investment in health systems, access to water and livelihoods in order to sustainably reduce humanitarian needs. Ensure more flexible, predictable, and multi-year funding to guarantee the continuity of essential services.

VOICES FROM THE FIELD

Djaffra Traoré,
Country Director, Action Against Hunger Niger

In 2025, the people of Niger continued to face a combination of crises linked to insecurity, forced displacement, climate shocks and the deterioration of livelihoods. But beyond these challenges, another factor is increasingly undermining the response to their needs: a lack of funding. Whilst humanitarian needs remain considerable, the resources available are no longer sufficient to maintain the scale of the necessary interventions. Programmes are being scaled back, certain activities are being suspended, and particularly vulnerable communities are left without support – not for lack of solutions, but for lack of resources. Even when teams are present and operational on the ground, they no longer have sufficient resources to meet all the identified needs. This situation forces humanitarian organisations to make difficult choices between areas of intervention and categories of beneficiaries, leaving many vulnerable families without assistance despite the technical capacity to intervene.

This reality contrasts with what we see every day on the ground: the strength and resilience of communities. In Diffa, a mother travelled for several hours to reach a mobile clinic with her seriously ill child. In other regions, families continue to organise themselves, share available resources and develop their own solidarity mechanisms to cope with repeated crises. In several affected areas, community liaisons, local organisations and mobile response mechanisms also continue to play a vital role in maintaining access to health, nutrition, and protection services, despite access constraints and a lack of resources.

Nigerien communities are demonstrating remarkable resilience. Every day, they find ways to cope with the challenges they face, but their ability to adapt cannot indefinitely compensate for the shortage of available resources.

Despite the constraints, local initiatives, the commitment of community leaders and integrated approaches to health, nutrition, water, sanitation and food security continue to deliver results. They demonstrate that solutions exist and that they can be sustainable when they build on the capacities of the communities themselves.

Today, the main challenge is not knowing what works. We already know that. The challenge is to mobilise the resources needed to support these efforts before the crises worsen further. Without greater, more flexible and more predictable funding, the progress made risks being undermined and millions of people will remain deprived of the assistance and investment they need to build a more resilient future.

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"Before we were introduced to growing moringa, apart from household chores, we had no regular occupation. Idleness weighed heavily on us. The introduction of moringa cultivation by Action Against Hunger has changed our lives. We use moringa in various ways: fresh, dried, or pre-cooked; we sell it, consume it directly or after processing the leaves, flowers, bark and roots. We have realised that moringa leaves are rich in nutrients."
***Tsayaba Abou**, chair of the Tanadi group.*

Tsayaba Abou is the chair of the Tanadi group, a women's group from the village of Farou Bakoye, in the commune of Mayahi, which took part in an Action Against Hunger project dedicated to moringa cultivation. With support from the organisation and local agricultural services, these women were trained in techniques for growing, processing, and promoting moringa, a plant with high nutritional value. Beyond its nutritional benefits, moringa cultivation has become an important source of income and empowerment for these women. This activity enables them to meet their families' basic needs, such as food, healthcare, and their children's education, whilst boosting their self-confidence, their collective organisation and their role in local development.

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	STAFF IN THE COUNTRY	NUMBER OF BENEFICIARIES
1997	Regions of: Maradi, Diffa, Tahoua, Tillabéry and Dosso	128 staff members (96 national staff and 8 international staff)	367,235

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has been working in Niger since 1997, implementing integrated, multi-sectoral programmes in areas affected by food insecurity, displacement, climate shocks and limited access to basic services.

In 2025, programmes covering nutrition and health, food security and livelihoods, water, sanitation and hygiene, protection and community resilience reached 367,235 people in the areas of intervention.

NUTRITION AND HEALTH

Access to primary healthcare, maternal and child health services and treatment for acute malnutrition was strengthened through health centres, mobile clinics, stabilisation centres and community-based approaches.

- **293,037** People who have benefited from health and nutrition services.
- **215,913** People who received essential primary healthcare through health centres and mobile clinics.
- **15,133** People reached by health promotion activities.
- **11,170** People treated for moderate and severe acute malnutrition using PCIMA approaches.
- **57,406** People who have received support and training on infant and young child feeding (IYCF).
- **141** Health centres supported.
- **7** Mobile clinics supported.
- **4** Supported stabilisation centres.

Primary healthcare, maternal and child health, disease prevention and the treatment of acute malnutrition were provided through both facility-based and community-based services in the intervention areas.

FOOD SECURITY AND LIVELIHOODS (FSL)

Food security and livelihoods programmes supported vulnerable households through agricultural assistance, livelihood recovery activities, community preparedness initiatives and resilience-building approaches tailored to local contexts.

- **31,176** People who benefited from food security and livelihood activities.
- **3,618** People supported through household food production, including vegetable gardening, agroecological training and agricultural inputs.
- **1,320** People supported through livelihood protection activities, including income-generating activities and village savings and credit groups.
- **150,062** People who have benefited from community preparedness activities, including disaster risk reduction, natural resource management and early warning systems.

Initiatives on food security, livelihood recovery and resilience-building have helped to strengthen households' ability to cope with shocks and protect their livelihoods.

WATER, SANITATION AND HYGIENE (WASH)

WASH programmes have improved access to safe drinking water, sanitation and hygiene, whilst supporting cholera preparedness and community-led prevention efforts in areas affected by recurring crises.

- **39.5 K** People have improved their access to water and sanitation services.
- **26 K** People supported through emergency sanitation activities.
- **22.4 K** People benefiting from Baby WASH activities.
- **13.6 K** People benefiting from emergency water supply initiatives.

Improved access to safe drinking water, sanitation and hygiene has helped to reduce the risk of waterborne diseases and tackle the underlying causes of malnutrition.

GENDER, PROTECTION AND MHPSS

Activities relating to gender, protection and psychosocial support have promoted safer and more inclusive access to services for women, men, girls and boys affected by displacement, insecurity and humanitarian crises.

- **71,162** People reached by gender and protection programmes.
- **36,293** Women reached by programme activities.
- **270** People who took part in training and capacity-building activities.

Community-based protection approaches, awareness-raising activities and the strengthening of referral mechanisms have helped to reduce protection risks and support vulnerable populations.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger continued to engage with national and regional humanitarian coordination mechanisms, working alongside the authorities, UN agencies, donors, national organisations and international partners to enhance the effectiveness and complementarity of humanitarian responses.

- Active participation in sectoral clusters, inter-agency working groups and humanitarian coordination platforms at national and regional levels.
- Collaboration with national and local authorities, UN agencies, donors and partner organisations to improve coordination and operational coherence.
- Contribution to humanitarian planning processes, joint needs assessments and contextual analyses to support evidence-based responses.
- Leading the Forum of International NGOs Represented in Niger (OIREN), promoting collective representation and dialogue on humanitarian issues.
- Advocacy efforts aimed at promoting an enabling environment for humanitarian action and strengthening dialogue between humanitarian, development and public sector actors.
- Commitment to issues relating to humanitarian access, the protection of affected populations and the continuity of essential services.

Support for information-sharing and coordination mechanisms that facilitate operational decision-making and improve the quality of the response.

These efforts have helped to strengthen coordination, support humanitarian access and promote responses that are better aligned with the priorities and needs identified by affected communities.

Sources: Cadre Harmonisé 2025, SMART 2025, HNRP 2025, PREGEC 2026, MEHA (Ministry of Water, Hygiene and Sanitation) Report 2026, EDSN 2012, OCHA Report 2025.

GAZA
OCCUPIED PALESTINIAN TERRITORY

~1.6 million PEOPLE IN ACUTE FOOD INSECURITY (IPC PHASE ≥ 3)

~2.3 million
Total population (2025)

2.1 million
Estimated Internally displaced persons (IDPs)

2.1 million
Estimated People in Need
HRP 2026

67.8%[1]
2025 Flash Appeal funded

Integrated Food Security Phase Classification (IPC) details[2]

36%
of Household (HH) reported going to bed Hungry

41%
of HH reported having completely run out of food at home

93%
of HH have financial struggles to access to the markets due to lack of cash

54%
of HH could not afford basic food items due to their extremely high prices

50.3%
infants receiving continued breastfeeding

30.3%
children meeting minimum dietary diversity

22.4%
children meeting minimum acceptable diet

3-5 L/person/day
(Water availability)

~80%
Population depends on water trucking

60%
Households report difficulties accessing clean water

An Action Against Hunger worker walks among the ruins in Gaza, January 2025.
© Action Against Hunger

Sources: [1] https://fts.unocha.org/countries/171/summary/2025 - [2] All references to Gaza reflect the evidence available at the time of drafting this report. Given the rapidly evolving humanitarian situation, subsequent IPC analyses, Famine Review Committee assessments, and FAO–WFP updates may result in revised classifications and population estimates.

COUNTRY PROFILE

Since October 2023, Gaza has become the site of a humanitarian catastrophe with few parallels in recent history. Escalating hostilities, the near-total destruction of civilian infrastructure, repeated forced displacement, and severe restrictions on movement and humanitarian access have pushed the entire population into life-threatening conditions — with no indication that the trajectory is reversing.

The scale of physical destruction defies normal humanitarian benchmarks. Approximately 81% of structures across Gaza — homes, hospitals, schools, markets, and water systems — have been damaged or destroyed. More than 2.1 million people have been displaced, the vast majority repeatedly, and continue to live in overcrowded shelters or informal displacement sites with critically limited access to water, sanitation, healthcare, and livelihoods. The expansion of restricted military zones has further confined the civilian population to less than half of the territory — not as a temporary measure, but as a sustained condition of daily life.

Gaza's economy and food systems have not merely been damaged — they have been dismantled. Agricultural land, fisheries, and markets have been extensively destroyed, while fuel shortages and severe restrictions on the entry of goods continue to sever basic services and humanitarian operations. Despite a ceasefire announced in October 2025, humanitarian access has continued to deteriorate: aid inflows declined by 37%[3] between the first and second post-ceasefire quarters, and only around half of trucks entering Gaza manage to unload.

FOOD SECURITY AND MALNUTRITION

THE SITUATION

In Gaza, the collapse of local food production, severe restrictions on aid entry, and the near-total absence of livelihoods have left the entire population dependent on humanitarian assistance. The increase in commercial and humanitarian food imports appears highly insufficient to cover the dietary requirements for the population of Gaza, particularly in terms of protein sources (meat and eggs) and fruits and vegetables. Local food production capacity has been devastated. Approximately 87% of agricultural land has been damaged, greenhouse infrastructure destroyed at 81%, and poultry and livestock numbers have fallen by up to 86% compared to pre-conflict levels (FAO, May 2026). Fishing remains paralysed by restrictions on access to coastal waters. With local production effectively destroyed, Gaza's population depends almost entirely on humanitarian assistance and commercial imports — two channels that remain severely constrained.

Market conditions remain extreme. According to WFP market monitoring data, 68% of surveyed retailers report below-normal stock levels and 89% reported significant price volatility. Household purchasing power has collapsed: in Khan Younis, around 87% of households report no source of income; in Gaza City, 91% are in debt. With markets effectively inaccessible to most families, diets have narrowed almost entirely to rice, lentils, and flour.

Over the course of the war, the nutritional status of Gaza's population has collapsed to a degree that is unprecedented in modern humanitarian crises. The impact of this period on the health of generations of Gazans cannot yet fully be determined, but irreversible impacts on growth and development are likely to have already taken place. During 2025, 91,000 children under 5 were admitted for treatment for acute malnutrition, of whom 700 children required inpatient treatment at stabilisation centres. An additional 37,000 Pregnant and Breastfeeding Women (PBW) were admitted for treatment of acute malnutrition, a condition which increases the risks of diverse and long-term adverse outcomes for both the mother and the child. While recent estimates show that the prevalence of acute malnutrition has stabilised to pre-war levels, the overall nutrition context remains highly fragile and therefore vulnerable to any further shocks. Recent improvements to the nutrition surveillance in Gaza (both for nutritional outcomes and contributing factors) by Action Against Hunger through the sentinel site survey, and the SMART survey have particularly highlighted the diverse range of needs. Stunting has nearly doubled compared to pre-war levels, reaching 18.8% in some areas. Infant and young child feeding practices are critically inadequate — Almost 1 out of 4 infants are exclusively breastfed; bottle feeding exceeds 46%, and fewer than one in three children meet the minimum recommended dietary diversity.

Growing reliance on infant formula and ultra-processed foods, amid the collapse of access to nutritious complementary foods, is compounding malnutrition risk during the critical first 1,000 days of life. The stabilisation of the nutrition context in Gaza, particularly for children under five, is likely attributable to the significant expansion of services by nutrition actors across all thematic areas (i.e., prevention, treatment, IYCF, etc.) in the past period. Despite the scale of need, the humanitarian response remains critically constrained — not only by funding shortfalls, but by systematic restrictions on access that no level of financing alone can resolve.

Source: [3]https://www.ochaopt.org/content/humanitarian-situation-report-17-april-2026

THE WAR

IMPACT ON WASH

More than 90% of water in Gaza is unsafe for consumption, water availability has fallen to between 3 and 15 litres per person per day — far below the SPHERE emergency minimum of 15 litres — and approximately 89% of pre-existing WASH infrastructure has been damaged or destroyed. The collapse of water, sanitation, and hygiene systems is not a consequence of the crisis: it is one of its engines.

Water access across Gaza has reached critical levels. Around 80% of the population depends on water trucking, and nearly 60% of households report difficulties accessing clean water. The fragility of the system was exposed in April 2026, when damage to a single electricity line serving southern desalination facilities reduced safe drinking water access for an estimated 500,000 people overnight. With desalination infrastructure dependent on a single controlled power supply, water access can be severed instantly and without warning, leaving entire communities without safe water for prolonged periods.

Sanitation conditions are equally catastrophic. Widespread sewage overflow, damaged wastewater infrastructure, and the near-total absence of solid waste management have created severe environmental health risks across displacement sites. Approximately 57 percent of the population lives within proximity to sewage or fecal contamination. Overcrowded sites face growing accumulation of solid waste, stagnant water, and rodent infestations — a public health emergency compounded by the fact that pest control materials, waste collection equipment, and spare parts for sanitation infrastructure are systematically classified as dual-use items, blocking their entry into Gaza, and leaving humanitarian actors unable to respond even where they have operational presence.

The consequences are direct and measurable. Rising cases of diarrhoeal disease, skin infections, scabies, and other communicable illnesses — particularly among children — reduce nutrient absorption, increase disease burden, and accelerate acute malnutrition. Hygiene items have become economically inaccessible to most families: a single bottle of shampoo now costs the equivalent of 10 USD, placing basic hygiene out of reach for households with no income. The persistence of unsafe water, failed sanitation, and deteriorating hygiene conditions continues to drive a parallel public health emergency that deepens malnutrition and elevates mortality risk across the population.

DRIVERS OF THE CRISIS

WAR AND CONFLICT

- **Since October 2023, hostilities have killed tens of thousands of civilians, displaced more than 2.1 million people** — the vast majority repeatedly — and damaged or destroyed 81% of Gaza's structures: homes, hospitals, schools, markets, and water systems (UNOSAT).
- **The entire civilian population has been confined to less than half of the territory**. The Yellow and Orange Lines and the Salah al-Din corridor have compressed millions of people into an ever-shrinking space, with no safe area to return to.
- **Destruction does not end when the strikes stop**. Water networks, agricultural land, and health infrastructure remain unusable — and the goods needed to repair them are persistently blocked under dual-use classification, ensuring the collapse of essential systems long outlasts active hostilities.
- **Humanitarian teams operate under extreme constraints**. Insecurity, access restrictions, fuel shortages, and damaged roads have forced aid workers and communities to rely on carts, bicycles, and animal-drawn transport to reach people in need.

POVERTY AND ECONOMIC COLLAPSE

- **Gaza's economy has not contracted — it has been eliminated.** Agricultural land, fisheries, markets, and the entire private sector have been damaged or destroyed, leaving households with no income, no assets, and no prospect of recovery.
- **Almost 65% of the population now depends entirely on humanitarian assistance for food, water, and basic services** — rising to over 70% in Khan Younis and Deir al Balah. Debt has become a survival mechanism for most families.
- **Agricultural land east of the Yellow Line — once the foundation of Gaza's food production — is now inaccessible to the farmers** who depended on it, closing off any pathway out of structural dependency on aid.
- **Inflation, fuel shortages, and supply disruptions continue to erode what little purchasing power remains.** For most families, the market is not a resource — it is an unaffordable abstraction.

CLIMATE CHANGE AND ENVIRONMENTAL DEGRADATION

- **Gaza's water system was already one of the most stressed in the world before October 2023**. The destruction of desalination plants, pumping stations, and distribution networks has accelerated an environmental crisis that climate change alone would have taken decades to produce.
- **Pre-existing vulnerabilities — chronic water scarcity, land degradation, and exposure to extreme heat** — have been compounded by the wholesale destruction of the infrastructure that once managed them.
- **Sewage overflow, stagnant water, solid waste accumulation, and rodent infestations across overcrowded displacement sites** have created a secondary public health emergency running in parallel to the hunger crisis.
- **Overcrowding and the collapse of sanitation systems are accelerating the spread of communicable diseases** — diarrhoea, skin infections, scabies — reducing nutrient absorption and driving acute malnutrition, particularly among children.

OPERATIONAL CONTEXT AND CONSTRAINTS

Aid inflows into Gaza declined by 37% between the first and second post-ceasefire quarters — despite the October 2025 ceasefire. Crossing operations have been reduced, cargo returns have increased, and scanning malfunctions continue to cause systematic delays. Only around half of trucks entering Gaza manage to unload their cargo.

The Yellow Line now effectively cuts off approximately 54% of Gaza, confining the civilian population and humanitarian operations to less than half of the territory. More than ten active humanitarian sites are located inside or adjacent to coordination zones, including six densely populated displacement areas classified as high risk.

At least 593 aid workers have been killed in Gaza since October 2023 (OCHA/HRW). Between early and mid-April 2026, security incidents involving gunfire, shelling, and airstrikes increased by 46% — the highest weekly total since the October 2025 ceasefire — with the steepest increases recorded in North Gaza, Gaza City, and Deir al Balah.

Aid organisations continue to face movement restrictions, bureaucratic delays, telecommunications disruptions, fuel shortages, and severe limitations on the importation of critical humanitarian supplies — including items classified as dual-use. The fragmented governance environment requires humanitarian actors to navigate multiple approval systems and overlapping administrative frameworks. Many INGOs remain in pending registration status, further constraining operational capacity.

Women and children remain disproportionately affected, with the population increasingly confined to ever-smaller areas not designated as military zones. Heightened risks of gender-based violence, child labour, exploitation, and psychosocial distress persist, while safe spaces are virtually non-existent.

Over 18,000 patients require urgent medical evacuation for treatment unavailable inside the Strip. Medical evacuations remain highly fragile — suspended and resumed repeatedly due to security incidents and administrative delays — leaving critical cases untreated in a health system that has effectively ceased to function.

Repeated violations of international humanitarian law — including attacks on civilian infrastructure, health facilities, water systems, and markets, and the use of restrictions on essential goods as an instrument of pressure on the civilian population — continue to drive humanitarian needs and constrain the ability of organisations to respond.

Funding shortfalls have significantly reduced the availability of protection services, psychosocial support, legal assistance, and community-based support mechanisms, leaving many affected people without access to essential support.

KEY RECOMMENDATIONS

Without immediate and sustained action, the consequences will be irreversible: more people will face food insecurity, children already stunted will not recover, and the destruction of civilian infrastructure will leave an entire generation without access to food, water, and healthcare. Action Against Hunger urgently calls for:

1 ENSURE FULL AND SAFE HUMANITARIAN ACCESS

Guarantee safe, sustained, and unhindered humanitarian access across all affected areas, including crossline and cross-border routes. All parties to the conflict must protect civilians, aid workers, and critical civilian infrastructure — including markets, farms, water systems, treatment plants, and health facilities — while removing bureaucratic and administrative barriers, including dual-use restrictions on essential humanitarian supplies, that delay or block lifesaving assistance.

2 PROVIDE URGENT, FLEXIBLE, AND PREDICTABLE FUNDING

The scale of humanitarian needs in Gaza demands immediate and predictable long-term financing. Donors must provide flexible, multi-year, conflict-sensitive, and nexus-oriented funding that links emergency response with recovery, resilience, and development. Funding must prioritise high-severity areas, strengthen locally led responses, and enable rapid and efficient support for both international and local responders.

3 PRIORITIZE ESSENTIAL SERVICES FOR THE MOST VULNERABLE

Women, children, and displaced populations face the highest risks from hunger, disease, violence, and protection threats. Humanitarian assistance must expand integrated multisectoral services across nutrition, health, WASH, food security, and protection. Safe water, gender-sensitive sanitation facilities, and hygiene services are especially critical in displacement settings to reduce disease transmission and strengthen protection for women and girls.

4 PROTECT FOOD SECURITY INFORMATION SYSTEMS

Sustained investment in food security assessments, early warning systems, and data collection is essential — including in areas where access constraints prevent comprehensive monitoring. Funding gaps and operational restrictions that reduce geographical coverage risk leaving the most vulnerable populations invisible in humanitarian response planning.

5 INVEST IN RECOVERY, RESILIENCE, AND LOCAL SOLUTIONS

Humanitarian and development responses must begin laying the foundations for long-term recovery. Investments in the rehabilitation of water infrastructure, agricultural livelihoods, local markets and food systems, and community-based WASH services are essential to reduce structural dependency on aid. All recovery and reconstruction efforts must be Palestinian-owned and led, with humanitarian organisations supporting and filling gaps.

6 UPHOLD INTERNATIONAL HUMANITARIAN LAW AND ENSURE ACCOUNTABILITY

All parties must take immediate and concrete measures to protect civilians and civilian infrastructure — including markets, food supply chains, water systems, health facilities, and transport routes — in full compliance with international humanitarian law and UN Security Council Resolution 2417. The use of restrictions on essential goods as an instrument of pressure on the civilian population must end. The international community must intensify coordinated diplomatic efforts to ensure full respect for IHL, prevent further violations, and pursue accountability.

VOICES FROM THE FIELD

Natalia Anguera,
Desk Eurasia, Action Against Hunger

"The humanitarian crisis in the occupied Palestinian territory has become a relentless struggle to respond to growing needs in an environment where access is increasingly constrained. Repeated displacement, the destruction of essential infrastructure, severe restrictions on humanitarian access and the collapse of basic services have pushed families into survival mode, while humanitarian teams race against time to deliver life-saving assistance.

Behind every distribution are families trying to regain a sense of normality after losing their homes, livelihoods, and communities.

Operations are a desperate race against a clock. It is about trying to return a sense of control and warmth to mothers who feel they have lost everything to a long-lasting displacement that has put people in survival mode.

At the same time, humanitarian access remains one of the greatest obstacles to the response. Even when aid enters Gaza, logistical and bureaucratic restrictions, insecurity, and damaged infrastructure continue to prevent essential supplies from reaching people in need.

In early May, only about half of the aid trucks entering Gaza were able to offload at crossings due to logistical and bureaucratic barriers. The aid is physically trapped. Without access, our water trucks cannot move, and therapeutic food stays in warehouses. This is all happening in a context where our teams must operate under constant threat, navigating shifting frontlines and the systematic destruction of key infrastructures people need to survive.

The collapse of the economy and the uncertainty surrounding humanitarian operations are also forcing organisations to prioritise immediate emergency responses over longer-term recovery, leaving families increasingly dependent on assistance to meet even their most basic needs.

The total economic collapse means families are trapped in a cycle of extreme deprivation. We see the standard of living falling far below human dignity: people are surviving on just one meal a day and as little as six litres of water, when the bare minimum for health is fifteen. Because we cannot maintain long-term programs due to the uncertain situation, we are forced into short-term emergency responses where even basic items like soap or safe latrine become unreachable luxuries.

Despite these challenges, humanitarian assistance continues to restore dignity and save lives. Since the beginning of the year, Action Against Hunger has reached more than 485,000 people with water, sanitation, and hygiene services, providing vital support to families facing impossible circumstances.

As one person supported by Action Against Hunger recalled:

The conditions of our displacement were very difficult. We were displaced to more than one place, and every time we moved, the place we went to was even harder. We manage our situation with food and water through soup kitchens and aid. The situation is very hard, and the conditions are harsh. I am a cancer patient, and I have high blood pressure and heart problems. Suddenly, the colour of my leg changed — it got infected, burst, and I stayed in the hospital for a few months.'

Looking ahead, we call for urgent international action to ensure humanitarian access and protect civilians.

Ensure the full reopening of all land crossings and reject any measure that normalizes the forced displacement of millions of civilians."

VOICES FROM THE FIELD

A mother holds a sign reading "Is crying always a sign of hunger?" while receiving support from Action Against Hunger's nutrition teams in Gaza, in June 2025. © Action Against Hunger

My delivery and labour were extremely difficult – there was no food, water, or even the most basic supplies to prepare for the baby. We had no money, nothing to help us out. When I gave birth and returned to the camp, the tent was cold and so was my child. He was shaking, no matter what I tried – until I received support from Action Against Hunger.

During my pregnancy, Action Against Hunger provided us with nutritional supplements substitutions for food and health check-ups for my baby's nutrition and health. I continued to follow-up with them and benefited greatly, and my baby finally began to gain weight. I also had malnutrition, but the team stood by me and helped me to improve as well. I was taught how to breastfeed my baby, how to care for him, and how to take care of myself, too."

***Action Against Hunger Beneficiary**, June 10.*

Action Against Hunger operates 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 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 centres 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.

Living conditions, May 2026 © Action Against Hunger

"The conditions in the camps are horrific. All of our homes were destroyed since the beginning, and we are struggling daily to get water, food, anything. Some of us had to go on debt because no one could stay without water, and we would need to buy it wherever we could."

***Action Against Hunger Beneficiary,** Fuel allocation for private well operation, 12/02*

PRESENCE IN THE COUNTRY

START OF OPERATIONS	AREAS OF INTERVENTION	NUMBER OF BENEFICIARIES
2002	Gaza Strip: Gaza City, Deir el Balah (Middle Area) West Bank	oPt: 1,039,243 West Bank: 109,195 Gaza Strip: 930,048

ACTION AGAINST HUNGER'S RESPONSE: KEY RESULTS (2025)

Action Against Hunger has been present in the occupied Palestinian territory since 2002. Since October 2023, teams have maintained an emergency response across Gaza and the West Bank, delivering integrated interventions in nutrition and health, food security and livelihoods, water, sanitation and hygiene, and shelter. In 2025, Action Against Hunger reached over 1 million people across the oPt despite severe insecurity, access restrictions, and operational constraints.

NUTRITION AND HEALTH

Access to primary healthcare, maternal and child health services and treatment for acute malnutrition was strengthened through health centres, mobile clinics, stabilisation centres and community-based approaches.

- **10** Mother-Baby Friendly Spaces (MBFS) active sites.
- **14** Infant and Young Child Feeding (IYCF) active sites.
- **3** Targeted Supplementary Feeding Program (TSFP) active sites.
- **3** Community-based Management of Acute Malnutrition (CMAM) active sites.
- **60+** Mid-Upper Arm Circumference Screening (MUAC) sites.
- **60+** Blanket Supplementary Feeding Programme (BSFP) sites across Gaza.

Nutrition screening, treatment of acute malnutrition, breastfeeding counselling, and maternal and child health services delivered across Gaza through static facilities, mobile teams, and community-based approaches.

FOOD SECURITY AND LIVELIHOODS (FSL)

Food security and livelihoods programmes supported vulnerable households through agricultural assistance, livelihood recovery activities, community preparedness initiatives and resilience-building approaches tailored to local contexts.

- **~1450** Households reached through multipurpose cash assistance (MPCA)
- **65** Farmers received MPCA assistance.
- **110** Small-scale farmers supported through agricultural as discussed cash assistance (verify overlap with MPCA households).
- **4** Agricultural nurseries supported.
- **64** Income generating activities.
- **25,107 NIS** Average support received by farmers (NIS — New Israeli Shekel, the currency in use in the occupied Palestinian territory).
- **122,048 NIS** Total support provided to four agricultural nurseries.

Cash assistance and agricultural support-maintained household food access and protected productive assets in the context of near-total livelihood collapse. with shocks and protect their livelihoods.

WATER, SANITATION AND HYGIENE (WASH)

- **485,539+** People reached with WASH interventions.
- **77+** Water trucking sites active across Gaza (Gaza City, Middle Area, Khan Younis).
- **400m³** Safe drinking water provided daily.
- **68,000** People reached through desalination plants (Jabalia and Gaza City).
- **400** Latrines constructed.
- **1000+** Family-cluster latrine rehabilitations.
- **14,300+ m³** Solid waste managed.
- **330+** Hygiene promotion sessions conducted.
- **330,000** People reached through winterisation and sanitation services.

Emergency water supply, sanitation services, hygiene promotion, and desalination operations maintained across Gaza despite severe infrastructure destruction, fuel shortages, and dual-use restrictions on essential equipment.

COORDINATION, ADVOCACY AND ACCESS

Action Against Hunger continued its engagement in humanitarian coordination mechanisms at national and sub-national levels across the oPt, in collaboration with UN agencies, donors, national authorities, and local and international partners, to strengthen the effectiveness, complementarity, and quality of the humanitarian response. Through regular briefings, reports, field visits, and bilateral meetings, Action Against Hunger maintained close dialogue with key donors, including ECHO, GAC, AECID, GFFO, FCDO, and the EU, as well as with policymakers both in the oPt and at capital level.

Action Against Hunger is an active member of inter-agency coordination platforms, including AIDA, the AIDA Advocacy Working Group (AWG), the OCHA-HCT Advocacy Working Group, and the UN-led WASH, Food Security and Livelihoods, and Nutrition clusters and technical working groups. Through these mechanisms, the organisation contributes to collective advocacy on humanitarian access, INGO registration, protection concerns, and humanitarian principles, while supporting operational coordination and evidence-based analysis. Action Against Hunger also participates in broader coordination platforms, including CeasefireNOW, ICVA, BOND IoPT, and donor coordination forums, providing regular operational updates, briefing notes, and humanitarian analysis.

As a trusted operational partner with a long-standing presence across the oPt, Action Against Hunger actively contributes to joint missions and humanitarian coordination efforts in both Gaza and the West Bank to improve access to vulnerable communities and strengthen collective response. Action Against Hunger was among the first humanitarian organisations to resume operations in northern Gaza following the escalation of the conflict, allowing it to support the delivery of assistance in an area with extremely limited humanitarian presence and to contribute operational insights to coordination efforts.

As part of its advocacy and coordination role, Action Against Hunger played a key role in collective advocacy on humanitarian access restrictions, INGO registration, protection concerns, and respect for international humanitarian law. During 2025, the organisation contributed to AIDA-led advocacy initiatives, developed briefing notes and policy papers for EU donors, UN agencies, and Member States, and supported negotiations to improve humanitarian access, including for WASH activities such as waste removal in northern Gaza. In the West Bank, Action Against Hunger continued to support advocacy efforts on settler violence, forced displacement, and coercive environments through regular briefings, field visits, and engagement with diplomats and policymakers.

Action Against Hunger also contributed actively to humanitarian analysis and planning processes, including the IPC, humanitarian needs assessments, sentinel site monitoring, and SMART surveys, providing operational data and technical analysis on food security, nutrition, and famine risks to inform the collective humanitarian response.

Sources: ACAPS Humanitarian Access Overview (December 2025); IPC Gaza Strip Acute Food Insecurity Special Brief (October 2025–April 2026) ; WFP Gaza Market Monitor (March 2026) ; WASH Cluster Light Touch Monitoring Survey (March 2026) ; UNICEF/WASH Cluster Desalinated Drinking Water Production Snapshot (April 2026) ; Action Against Hunger oPt Emergency Situation Reports #86 and #88 (2026).

METHODOLOGICAL NOTE

This note explains how the Action Against Hunger - The 10 Largest Global Food Insecurity Crises (2026) report was developed. It outlines the data sources used and the criteria for selecting the countries included in the analysis. Its purpose is to provide readers with a clear understanding of the report's development and the analytical approach.
The report is based on three guiding principles:

- **Reliable evidence:** the analysis relies on internationally recognised sources, including the Integrated Food Security Phase Classification (IPC), Cadre Harmonisé (CH), the Global Report on Food Crises (GRFC), FAO–WFP (Food and Agriculture Organization of the United Nations – World Food Programme) Hunger Hotspots reports, and data from UN OCHA (United Nations Office for the Coordination of Humanitarian Affairs), WFP, UNICEF (United Nations International Children's Emergency Fund), and FAO.
- **Operational relevance:** priority is given to contexts with the highest humanitarian impact, measured by the scale of the crisis (number of people affected), the severity of acute food insecurity (IPC/CH Phase reached), and humanitarian response capacity.
- **Transparency:** where data is incomplete or affected by operational constraints, these limitations are clearly acknowledged.

1. CONCEPTUAL FRAMEWORK

1.1 KEY DEFINITIONS

The report uses internationally recognised definitions and classifications to ensure consistency with global humanitarian standards, focusing on indicators related to the most acute levels of food insecurity.

ACUTE FOOD INSECURITY	A condition in which disruptions to one or more dimensions of food security—food availability, access, utilisation, and stability—lead to a severe lack of access to sufficient, safe, and nutritious food, threatening lives or livelihoods. It may result from temporary shocks, such as conflict, economic crises, or climate-related disasters, or from persistent structural factors.
FOOD CRISIS	A situation in which disruptions to one or more dimensions of food security—food availability, access, utilisation, and stability—lead to acute food insecurity that threatens lives and livelihoods, requiring urgent action beyond national response capacities. (Source: GRFC 2026, Box 2)
FAMINE (IPC Phase 5)	An area classified as IPC Phase 5 (Famine) when at least 20% of households experience an extreme lack of food, the prevalence of Global Acute Malnutrition (GAM) at least 30%, and the Crude Death Rate (CDR) is at least 2 deaths per 10,000 people per day. A famine classification is subject to an independent review and validation by the Famine Review Committee (FRC). (Adapted from IPC Technical Manual v3.1, 2021.)

1.2 THE IPC/CH SYSTEM: A REFERENCE TOOL FOR FOOD SECURITY CLASSIFICATION

The Integrated Food Security Phase Classification (IPC) and the Cadre Harmonisé (CH) are internationally recognised reference systems for assessing the severity of acute food insecurity and food crises. The IPC is applied in more than 30 countries worldwide, while the CH is the regional food security analysis framework developed and coordinated by the Permanent Inter-State Committee for Drought Control in the Sahel (CILSS)[1] and its partners for **West Africa and the Sahel**. Both systems classify acute food insecurity into five comparable phases based on a common analytical framework and standardised indicators.

Phase	Denomination	Food Condition	Acute Malnutrition (GAM)	Mortality	Population share classified
1	Minimal / None	Adequate food access	< 5%	< 0.2 per 10,000/day	Not applicable
2	Stress	Minimum adequate consumption, livelihood stress	5–9.9% GAM	0.2–0.49	Not included
3	Crisis	Food deficits, loss of productive assets	10–14.9%	0.5–0.99	Included (≥ 20% pop.)
4	Emergency	Severe deficits, liquidation of survival assets	15–29.9%	1.0–1.99	Included (≥ 20% pop.)
5	Catastrophe (household) / Famine	Extreme food deprivation, starvation, destitution and death	≥ 30%	≥ 2.0	Famine: ≥ 20% of the population; Catastrophe: any household

IPC classifications are based on the convergence of evidence across three outcome indicators—food consumption, acute malnutrition, and mortality. No single indicator is sufficient to determine a phase.

In this report, the IPC levels taken into consideration are from level 3 to 5, focusing on the highest levels of food insecurity.

GAM (Global Acute Malnutrition): Prevalence of global acute malnutrition among children aged 6–59 months, measured by weight-for-height z-score (WHZ) < –2 and/or mid-upper arm circumference (MUAC) < 125 mm, with or without nutritional oedema.

SAM (Severe Acute Malnutrition): Prevalence of severe acute malnutrition among children aged 6–59 months, measured by WHZ < –3 and/or MUAC < 115 mm, with or without nutritional oedema.

IPC and CH data presented in this report refer to the 2025 peak projection period, corresponding to the period during which the highest prevalence of acute food insecurity is expected. In the case of Mali and Niger, however, the reference period is the projected 2026 soudure (lean season), from June to August 2026 for Mali, when acute food insecurity is expected to reach its highest levels.

1.3 SOURCES AND APPROACH

The Action Against Hunger - The 10 Largest Global Food Insecurity Crises (2026) report does not generate new primary data. Instead, it brings together data from internationally recognised humanitarian sources and complements them with operational insights from Action Against Hunger country teams.

- **GRFC (Global Report on Food Crises):** annual reference report on acute world hunger. Produced by the Global Network Against Food Crises (FAO, WFP, EU). Primary source for IPC/CH data and country-level classification.
- **FAO–WFP Hunger Hotspots:** quarterly early warning system to identify contexts at risk of acute deterioration. Reference for focus country classification (Section 2.2).
- **OCHA FTS (Financial Tracking Service):** humanitarian financial flow monitoring system. Source for calculating the Response Gap.

The added value of the report lies in combining these global datasets with Action Against Hunger's field experience to provide a clear, evidence-based overview of humanitarian needs and funding gaps in a format that is accessible to decision-makers, partners, and the wider public.

Sources: [1] CILSS is a regional organization that supports food security, climate resilience, and natural resource management across the Sahel and West Africa. It is also one of the institutions responsible for implementing the Cadre Harmonisé (CH) food security analysis framework in the region.

2. COUNTRY SELECTION CRITERIA

2.1 REPORT STRUCTURE AND COUNTRY SELECTION APPROACH

The report is organised into two distinct sections, each based on a different set of country selection criteria.

Section 1: the 10 largest acute food insecurity crises — countries with the largest number of people experiencing acute food insecurity (IPC/CH Phase 3 or above)

Section 2: three additional contexts selected from 2025 FAO–WFP Hunger Hotspots based on the severity of food insecurity, humanitarian response constraints, and Action Against Hunger's operational presence.

This approach combines two complementary perspectives: the scale of food crises and the severity of humanitarian needs coupled with constrained humanitarian response.

2.2 OPERATIONAL SELECTION CRITERIA

The following operational criteria were applied to select the countries included in each section.

Section 1 — Top 10 by Volume

The first section includes the ten countries with the highest absolute number of people classified in IPC/CH Phase 3 or above during the 2025 peak analysis period.

The following criteria are applied:

- **Primary source:** GRFC 2026, Figure 2.2 (Top ten countries by absolute number of people in IPC/CH Phase 3+, peak 2025).
- **Ranking metric:** absolute number of people in IPC/CH Phase 3 or above during the 2025 peak period, according to analyses validated by IPC Technical Working Groups or the Cadre Harmonisé (CH).
- **Exclusion criterion:** countries for which data do not meet GRFC technical requirements (expert consensus, methodology or minimum geographic coverage).
- **Comparability note:** variations in the geographic coverage of IPC/CH analysis across different years may affect the comparability of trends.

Section 2 — Focus Countries: High-Severity Emergencies with Critical Response Gaps

The second section highlights a limited number of humanitarian contexts selected through three cumulative operational criteria:

- **Criterion 1 (Severity):** the country/territory must be classified as a Hunger Hotspot of Highest Concern in the FAO–WFP Hunger Hotspots: Early Warnings on Acute Food Insecurity (November 2025[2]), with confirmed or imminent risk of famine (IPC Phase 5 certified by Famine Review Committee or IPC Phase 5 projections under validation).
- **Criterion 2 (Response Gap):** the humanitarian response plan (HRP) must be funded at a level significantly below the regional average, and/or humanitarian access must be classified as 'Severely Constrained' or 'Impeded' by OCHA, documented with OCHA FTS data and ACAPS classification.When multiple countries satisfy all operational criteria, priority is given to contexts not already included in Section 1 in order to maximise geographical and analytical coverage.

Methodological note: *for the 2025 edition, the FAO–WFP Hunger Hotspots of Highest Concern comprise Gaza (oPt), Sudan, South Sudan, Haiti, Mali and Yemen, while Niger is classified as a Very High Concern hotspot. All references to Gaza reflect the evidence available at the time of drafting this report. Given the rapidly evolving humanitarian situation, subsequent IPC analyses, Famine Review Committee assessments, and FAO–WFP updates may result in revised classifications and population estimates. Sudan and South Sudan are already included among the ten largest acute food insecurity crises (Section 1), while Haiti was the focus of the 2025 edition of the current report. Accordingly, Section 2 focuses on Gaza, Mali and Niger, as these contexts best illustrate the intersection of extreme food insecurity and critically constrained humanitarian response capacity.*

Sources: [2] June 2026 https://www.wfp.org/publications/hunger-hotspots-fao-wfp-early-warnings-acute-food-insecurity-june-november-2026

Criterion	Operational Description	Primary Source	Threshold
Absolute IPC/CH 3+ Number	Countries with the highest absolute number of people in IPC/CH Phase ≥ 3 during the annual peak period	GRFC 2026 (FAO–WFP–GNAFC)	Top 10 by volume
IPC/CH Severity (Phase 5)	Presence of populations classified in IPC/CH Phase 5 (Catastrophe) or famine conditions/risk validated or under review by the Famine Review Committee	IPC FRC Reports 2025–2026	Any verified Phase 5 population, regardless of % of area population
Humanitarian Response Gap	Contexts with HRP funded below regional average and with humanitarian access classified 'Severely Constrained or Impeded' by OCHA	OCHA FTS, ACAPS, ReliefWeb	HRP < 40% funded or critical access constraints
Action Against Hunger Operational Presence	The country must have active Action Against Hunger programmes with field access to enable qualitative data triangulation	Action Against Hunger, Global Impact Report 2025	Active programme

2.3 KNOWN LIMITATIONS OF THE SELECTION

- The absolute volume of people in IPC 3+ also reflects variations in the geographic coverage of the analysis, not just actual deterioration in food security. In 2025, the GRFC records the lowest number of countries with valid technical data in the past decade (47 out of 65 selected), reflecting reduced analytical coverage, partly associated with constraints affecting food security information systems, including funding limitations and access limitations.
- The absence of IPC/CH data for some countries (e.g., Burkina Faso and Ethiopia, both in 2025) does not imply the absence of a crisis but reflects a data drought that may introduce spatial coverage bias in the rankings.
- Peak data may refer to different periods of the year (lean season, post-harvest) across different countries, limiting direct comparability.

3. SOURCES AND DATA QUALITY

3.1 SOURCE MATRIX BY DATA CATEGORY

The table below summarises the primary data sources used in the report, their data type, and their analytical purpose.

Category	Source	Data Type	Use in Report
Acute Food Insecurity	GRFC 2026 / IPC / CH	Quantitative-classificatory	Country selection, ranking by volume (IPC 3+) and severity (IPC 5)
Risk Hunger Hotspots	FAO–WFP Hunger Hotspots November 2025	Classificatory-prospective	Identification of maximum-alert contexts (confirmed or imminent famine)
Humanitarian Financing	OCHA FTS 2025	Quantitative-financial	Response Gap calculation; response capacity indicator
Humanitarian Access	OCHA INFORM Risk / ReliefWeb	Classificatory-operational	Access filter for focus country selection (section 2)
Acute Malnutrition	IPC AMN / SMART	Quantitative-nutritional	Nutritional crisis severity classification (country profile section)
Forced Displacement	UNHCR / IOM / IDMC	Quantitative-demographic	Vulnerability triangulation; food insecurity drivers
ACTION AGAINST HUNGER Field Data	Global Impact Report 2025; field teams	Qualitative-operational evidence	'Voices from the Field' section; contextualization qualitative data triangulation

3.2 SOURCE HIERARCHY

When multiple sources provide information for the same country, the following hierarchy is applied:

- Priority 1: IPC or CH analysis validated and published in 2025 or the first three months of 2026, with consensus from the Technical Working Group.
- Priority 2: in the absence of IPC/CH, FEWS NET (Famine Early Warning Systems Network), WFP CARI (Consolidated Approach for Reporting Indicators of Food Security) or HNRP (Humanitarian Needs and Response Plan) food sector PiN (People in Need) data according to the GRFC hierarchy (Box 3, GRFC 2026).
- Priority 3: Action Against Hunger field data and qualitative testimonies for triangulation purposes only, never as a primary quantitative source.

3.3 DATA COVERAGE AND TRANSPARENCY

For each country included in the report, key figures are accompanied by the date of the most recent available analysis and, where relevant, the share of the population covered by that analysis, so that readers can assess how current and complete the underlying data are for each context.

4. ANALYTICAL STRUCTURE OF THE COUNTRY PROFILE

Each country included in the Action Against Hunger - The 10 Largest Global Food Insecurity Crises (2026) report is analysed through eight integrated and coherent sections. The structure reflects the GRFC approach and adapts it to the communication needs of Action Against Hunger, with the addition of an operational advocacy section (Section 6) and a field team testimony section (Section 7).

Section	Content	Primary Sources
Key Figures	Dashboard of key humanitarian indicators: total population, People in Need (PiN), IDPs, refugees/returnees, IPC/CH Phase 3+, Phase 4 and Phase 5 populations (2025 data), U5Y GAM, SAM, PLW GAM, key WASH indicators (water availability, access to safe water, sanitation), HRP funding status, ODA.	GRFC 2026; IPC/CH; OCHA; UNICEF; WHO; FAO; WASH & Nutrition Clusters
Context	Humanitarian overview, recent developments, political and socioeconomic context, displacement dynamics, structural vulnerabilities, and crisis outlook.	Action Against Hunger Field Teams GRFC; OCHA; ACLED; World Bank; FAO; UNICEF
The Situation: Food Insecurity and Malnutrition	Overview of the food security and nutrition situation, highlighting the scale of acute food insecurity, livelihoods, market conditions, nutrition outcomes, the most affected population groups, and seasonal patterns.	IPC/CH; GRFC; FAO; WFP; Nutrition Cluster; UNICEF
Water, Sanitation and Hygiene (WASH)	Impact of the crisis on water, sanitation and hygiene services; access to safe drinking water; sanitation conditions; disease risks; and the links between WASH, nutrition and food insecurity.	Action Against Hunger Field Teams WASH Cluster; UNICEF; WHO; OCHA
The Drivers of the Crisis	Analysis of the underlying causes of the crisis, including the three driver categories (Armed Conflict and Violence, Climate Change and Natural Hazards, Inequality and Poverty) together with governance and structural vulnerabilities.	Action Against Hunger Field Teams GRFC; ACLED; FAO; World Bank; INFORM
Operational Context and Constraints ***(including Key Recommendations)***	Humanitarian access, security, administrative and logistical constraints, funding shortfalls, operational implications, followed by evidence-based advocacy recommendations.	Action Against Hunger Field Teams OCHA; ACAPS; OCHA FTS; ReliefWeb; ACTION AGAINST HUNGER Analysis
Voices from the Field	Testimonies from the Country Director, programme staff and/or beneficiaries illustrating humanitarian needs, operational realities, access constraints and the impact of funding cuts.	Action Against Hunger Field Teams
Action Against Hunger's Response	Overview of Action Against Hunger's operational presence and geographical coverage, key activities and achievements by sector (Health & Nutrition, Food Security & Livelihoods, WASH, MHPSS (Mental Health and Psychosocial Support), etc.), number of people reached by sector, and contributions to humanitarian coordination, assessments and advocacy.	Global Impact Report 2025; Country Annual Reports; Action Against Hunger Country Offices

5. DRIVER ANALYSIS AND EXPLANATORY FRAMEWORK

The analysis of food crisis drivers in each country profile follows the standard GRFC taxonomy, which groups primary causal factors into three categories: Armed Conflict and Violence, Climate Change and Natural Hazards, and Inequality and Poverty. This classification is applied at country level, with the understanding that in operational reality drivers are always interconnected and mutually reinforcing. The classification by primary driver reflects the factor judged most influential during the reference period for that country, based on GRFC data, Action Against Hunger field analysis, and complementary sources (ACLED, FAO, World Bank), not causal exclusivity.

6. HUMANITARIAN ACCESS AND FINANCING

The Response Gap is defined as the gap between the funds required for humanitarian response (as estimated by the HRP) and the resources actually available (as recorded by OCHA FTS), expressed as a percentage of plan funding (HRP funded %). It is used descriptively to contextualise the scale of underfunding in each country profile and as one of the criteria for selecting the Section 2 focus countries (see 2.2).

Humanitarian access is described using the ACAPS/OCHA classification (Open, Partially Impeded, Severely Constrained, Impeded). In the Section 2 focus countries, access is classified as 'Severely Constrained' or 'Impeded'.

7. BIBLIOGRAPHIC AND TECHNICAL REFERENCES

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USAGE NOTE

This methodological note is updated annually in parallel with the publication of the Report. Any use of the data and analyses contained in the report must cite the original primary sources (GRFC, IPC, OCHA FTS) in addition to Action Against Hunger.

For comments, error reports or methodological enquiries, contact: comunicazione@azionecontrolafame.it

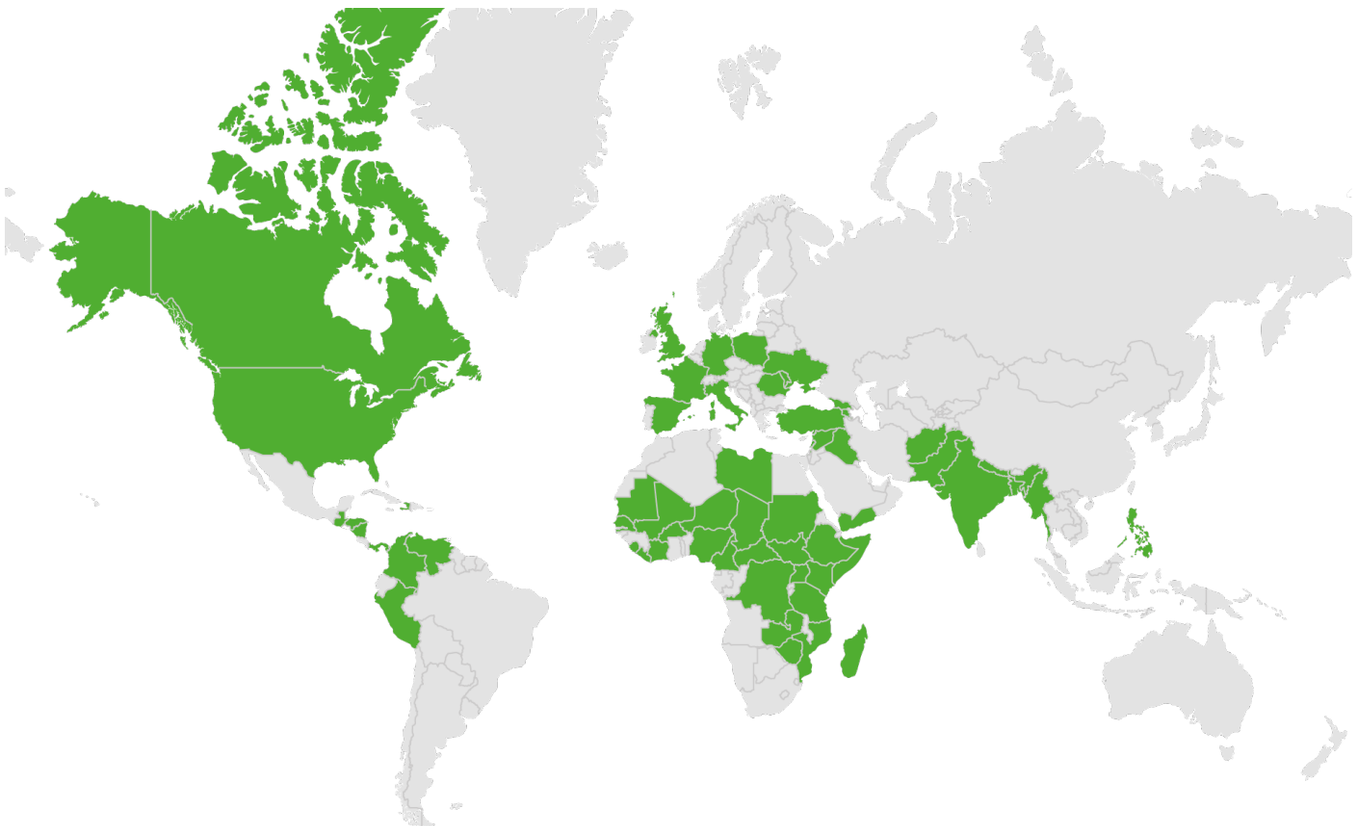
ABOUT ACTION AGAINST HUNGER

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.**



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