



REGIONAL FOCUS

ON THE INTERGOVERNMENTAL AUTHORITY
ON DEVELOPMENT (IGAD) MEMBER STATES

2026 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

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Key

Acute food insecurity



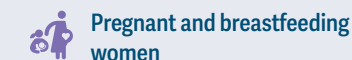
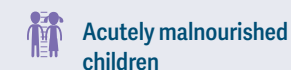
Drivers of food crises



Displacement



Acute malnutrition



Contributing factors to malnutrition



Acknowledgements

This eighth edition of the Regional Focus on IGAD Member States is a by-product of the 2026 *Global Report on Food Crises (GRFC 2026)*, which is the result of a complex, multi-partner, consensus-based process involving commitment and contributions from a multitude of agencies and individuals. It is indeed the dedication of these individuals and partner organizations who volunteered their data, analysis and expertise that made the report possible.

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We would like to further thank the IGAD member states – this regional report would not have been possible without their consent and support.



PEACE, PROSPERITY AND
REGIONAL INTEGRATION

Foreword

In 1986, recurrent drought and famine brought the countries of this region together in Djibouti to establish the Intergovernmental Authority on Drought and Development. Drought was in our very name. A decade later our mandate widened and we became the Intergovernmental Authority on Development (IGAD); in 2011, after another devastating drought, our Heads of State and Government met in Nairobi and resolved, through the IGAD Drought Disaster Resilience and Sustainability Initiative (IDDRSI), to end drought emergencies. In this, our fortieth anniversary year, as the *Global Report on Food Crises* reaches its tenth edition, the evidence in these pages is a sober measure of how far that resolve still has to travel.

In the Member States with comparable data since 2016, the number of people facing high levels of acute food insecurity has risen nearly threefold, from 14.1 million to 40.3 million. More than 2.3 million children suffer the most severe form of acute malnutrition. These are not the figures of a bad season. They describe a structural crisis, and a generation whose capacity to learn, work and lead is being eroded before it has begun.

Conflict remains the primary driver. The largest numbers and the highest prevalence of acute food insecurity are concentrated in two Member States affected by conflict. As I have said in presenting previous editions of this report, conflict and hunger are intertwined, each feeding the other. United Nations Security Council Resolution 2417 (2018) reminds the world that the starvation of civilians must never become a method of warfare, and the IGAD Council of Ministers, at its 74th Extraordinary Session on 15 September 2026, renewed its call for the protection of civilians and for safe, rapid and unimpeded humanitarian access. Our new Treaty affirms that peace and security are prerequisites to sustainable development. In our region, food security and peace are one agenda. Every ceasefire held is a harvest saved.

Climate extremes compound that fragility. Drought intensified across parts of Ethiopia, Kenya and Somalia from late 2025 into early 2026. Now the IGAD Climate Prediction and Applications Centre (ICPAC) forecasts wetter-than-normal conditions for the October to December season as El Niño strengthens, with flooding among the gravest hazards. The Council has directed Member States to activate national anticipatory action frameworks, and the High-Level Call to Action on El Niño Preparedness, Anticipatory Action and Resilience, agreed in Addis Ababa this month, sets out what must be done before the waters rise. At the same time, as the Council observed, conflicts beyond our region reach us through disrupted shipping in the Red Sea and the Gulf of Aden, higher fuel, fertiliser and food prices, and shrinking humanitarian financing: a heavy burden for a region that depends on imported fuel and fertiliser and, in several Member States, on imported food.

This report is therefore more than a record of need. It is a case for changing how we act, and three shifts are required: from response to anticipation, so that forecasts trigger finance and action before shocks become crises; from relief to investment, so that agri-food systems, livelihoods and markets are rebuilt to withstand the next shock; and from national to regional action, because hunger crosses borders with people, livestock, pests and prices, and our answers must do the same. As the Council affirmed, challenges that are regional in effect must be regional in response.

IGAD now has the legal and policy architecture to lead that transition, and our fortieth year has given it a new constitutional foundation. The IGAD Treaty of 2023, now in force in succession to the Agreement of 1996, commits Member States to coordinate, develop and harmonise policies to ensure food security across the region, and to build the institutions that promote drought resilience and food security. The IGAD Strategy 2026–2030 carries that mandate into our regional programme. Last week, Member States endorsed the IGAD Regional Agri-food Systems Investment Plan 2026–2035 and the IGAD Regional Seed Policy and Regulatory Framework, translating the continental commitments of the Kampala Declaration of the Comprehensive Africa Agriculture Development Programme (CAADP) into regional investment, in line with Agenda 2063, the African Continental Free Trade Area and the Sustainable Development Goals.

Evidence is the foundation of all of this, and it is a regional public good. Yet this year's Global Report records the smallest number of countries with data meeting its technical requirements in a decade. A gap in data is a gap in foresight. Member States, as owners of this evidence, and partners, as its long-standing supporters, share a responsibility to sustain the information systems on which timely decisions depend. In the same spirit, I join the Council in appealing to international partners to sustain and, where possible, restore humanitarian financing, even as we strengthen domestic and regional financing for preparedness.

IGAD was founded because this region refused to accept famine as its fate. Forty years on, that refusal must become a plan: owned by our Member States, financed with our partners and delivered together. Our new investment plan and our continental CAADP commitments both run to 2035, on the eve of IGAD's fiftieth anniversary. When that anniversary comes, let it be said that this was the decade in which our region turned from managing hunger to ending it. Let us act with urgency, solidarity and resolve, so that every person in the IGAD region has access to sufficient, safe and nutritious food at all times.

H.E. Workneh Gebeyehu, Ph.D

*Executive Secretary,
Intergovernmental Authority on Development (IGAD)*



Acronyms

ACAPS	Assessment Capacities Project	IOD	Indian Ocean Dipole
AfDB	African Development Bank	IOM	International Organization for Migration IMF International Monetary Fund
AFI	Acute food insecurity	IPC	Integrated Food Security Phase Classification
AMN	Acute malnutrition	IPC FRC	Integrated Food Security Phase Classification Famine Review Committee
ASAL	Arid and semi-arid lands	IYCF	Infant and Young Child Feeding
AU	African Union	JJAS	June–July–August–September
CARI	Consolidated Approach to Reporting Indicators of Food Security	KIPPRA	Kenya Institute for Public Policy Research and Analysis
COVID-19	Coronavirus disease 2019	KNBS	Kenya National Bureau of Statistics
CPI	Consumer Price Index	MAM	Moderate Acute Malnutrition
DTM	Displacement Tracking Matrix	MPI	Multidimensional Poverty Index
EC-JRC	European Commission – Joint Research Centre	MUAC	Mid-Upper Arm Circumference
FAO	Food and Agriculture Organization	NDMA	National Drought Management Authority
FAO-GIEWS	FAO Global Information and Early Warning System on Food and Agriculture	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
FEWS NET	Famine Early Warning Systems Network	ODA	Official Development Assistance
FFP	Fund for Peace	OND	October–November–December
FSC	Food Security Cluster	OPHI	Oxford Poverty and Human Development Initiative
FSNA	Food Security and Nutrition Assessment	PBW	Pregnant and breastfeeding women
FSNAU	Food Security and Nutrition Analysis Unit - Somalia	SAM	Severe Acute Malnutrition
FSNMS	Food Security and Nutrition Monitoring System	SDG	Sustainable Development Goal
FSNWG	Food Security and Nutrition Working Group	SENS	Standardised Expanded Nutrition Survey
GAM	Global Acute Malnutrition	SMART	Standardized Monitoring and Assessment of Relief and Transitions
GDP	Gross Domestic Product	TWG	Technical Working Group
GNAFC	Global Network Against Food Crises	UBOS	Uganda Bureau of Statistics
GOK	Government of Kenya	UN	United Nations
GRFC	Global Report on Food Crises	UNDP	United Nations Development Programme
HDI	Humanitarian Development Index	UNECA	United Nations Economic Commission for Africa
HNO	Humanitarian Needs Overview	UNHCR	United Nations High Commissioner for Refugees
HRP	Humanitarian Response Plan	UNICEF	United Nations Children's Fund
ICPAC	IGAD Climate Prediction and Applications Centre	USD	United States dollar
IDMC	Internal Displacement Monitoring Centre	WASH	Water, Sanitation and Hygiene
IDP	Internally displaced people	WB	World Bank
IFAD	International Fund for Agricultural Development	WFP	World Food Programme
IGAD	Intergovernmental Authority on Development (in Eastern Africa)	WHO	World Health Organization

In brief



More than 40.3 million people or 34 percent of the analysed population face high levels of acute food insecurity in 2026 in six IGAD member states with data meeting requirements. Although improvements in the Sudan and Uganda have contributed to a reduction in this number since 2025 (43.3 million), Djibouti, Kenya, Somalia and South Sudan have all experienced worsening food crises.



The Sudan remains the region's largest food crisis with 19.5 million people, or 41 percent of its population, facing high levels of acute food insecurity from February–May. The crisis was expected to deteriorate in the June–September lean season, although data gaps, including in some areas of greatest concern, constrain the scope of analysis. South Sudan has the region's greatest prevalence of high acute food insecurity (55 percent) from April–July 2026.



Over 208 000 people were experiencing Catastrophe (IPC Phase 5) – consisting of 134 800 in the Sudan from February–May (projected to increase to 200 000 during June–September) and 73 000 in South Sudan from April–July.



More than 10 million people were in Emergency (IPC Phase 4) across the six countries with data. The highest numbers were in the Sudan and South Sudan. While the Sudan had fewer people in this phase compared with 2025, Somalia and Kenya both had substantial increases.



Nutrition crises were identified in the six IGAD member states included in this report. Together they have more than 9 million children aged 6–59 months in need of treatment for acute malnutrition, including 2.3 million suffering from severe acute malnutrition, as conflict, climate extremes and collapsing services converge with intensity.



An estimated 19 million people are living in forced displacement across six IGAD member states, consisting of nearly 14.5 million internally displaced persons (IDPs) and 4.5 million refugees and asylum-seekers. This is 1.4 million fewer IDPs than in 2025, reflecting large-scale returns within the Sudan as pockets of relative safety emerged. Still, IDP numbers rose in South Sudan, due to armed fighting, and in Somalia, driven by both drought and conflict.

Drivers of the food crises in 2026

Deepening shocks are interconnected, mutually reinforcing and coincide with severe cuts to humanitarian funding. Structural vulnerabilities including weak institutions, chronic poverty and environmental fragility undermine member states' capacity to anticipate, absorb, adapt to and recover from shocks.



Largely failed October–December 2025 rains reduced food production in southeastern Ethiopia, eastern Kenya and much of Somalia. Below-average June–September 2026 rains, attributed to El Niño, threaten output in the region's western areas. The forecast intensification of El Niño along with a positive Indian Ocean Dipole are expected to bring above-average October–December rains to eastern areas – favouring crop and livestock production, but raising flood risk in eastern and southern Ethiopia, eastern Kenya, central to southern Somalia and Uganda.



Conflict in the Sudan, and parts of South Sudan and Somalia continues to disrupt livelihoods, displace populations and curtail humanitarian access. Conflict has eased in some Sudanese states, but parts of Greater Darfur and Greater Kordofan remain major hotspots, while Blue Nile and White Nile have emerged as new frontlines. In South Sudan, violence escalated in Jonglei, Unity and Upper Nile while in Somalia, conflict became the leading driver of displacement during the second quarter of the year.



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Risk of Famine in three countries



Eight localities and six IDP settlements in the **Sudan** (in North and South Darfur, and South Kordofan) were identified at risk of Famine (IPC Phase 5) from February–May and projected to remain at risk from June–September amid intensified conflict, restrictions on humanitarian access, and constrained movement of people and goods.

In **South Sudan**, a risk of Famine was identified in four counties in Upper Nile and Jonglei, amid escalating conflict, displacement and reduced humanitarian access.

In **Somalia**, a risk of Famine was identified in Burhakaba, Bay region, from April–June 2026.



Persistent economic crises, marked by high food and fuel prices, continue to constrain household access to food throughout the region. Disruptions affecting the Strait of Hormuz and instability along the Red Sea and Bab el-Mandeb corridor threaten maritime routes that the region depends on for fuel, food and humanitarian supplies, potentially amplifying its food security challenges.

Introduction

What constitutes a food crisis?



Food security exists 'when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life' (HLPE, 2020).

Acute food insecurity arises when one, some, or all dimensions of food security – food availability, access, utilisation and stability – is disrupted, whether by shocks or other factors. It can be persistent over time, largely due to structural causes, or occur at a specific point in time and of a severity that threatens lives or livelihoods, regardless of the causes, context or duration. Acute food insecurity can be temporary or persistent.

The *Global Report on Food Crises (GRFC)* defines a **food crisis** as a situation where acute food insecurity requires urgent action to

protect and save lives and livelihoods at local or national levels and exceeds the national resources and capacities to respond.

Food crises are more likely among populations already suffering from prolonged food insecurity and malnutrition, and in areas where structural factors increase households' vulnerability to shocks. Food crises can be localized, affect an entire country/territory and/or spread across borders to become regional. They can also affect only specific population groups, such as refugees or migrant populations.

Food crises can occur regardless of a country's wealth status and level of domestic food production, underscoring their complexity. However, more affluent nations are expected to have greater capacity to respond to shocks, and mitigate their impacts on food insecurity.

What constitutes a nutrition crisis?



THE GRFC defines as a **nutrition crisis** a situation characterized by a combination of factors, such as widespread lack of access to sufficient, safe and nutritious food, high

morbidity, environmental disasters, conflict, poor healthcare infrastructure and inadequate practices, resulting in high levels of acute malnutrition in children aged 6–59 months.

About this report

This regional report is a by-product of the *Global Report on Food Crises 2026 (GRFC 2026)* and is produced by the Intergovernmental Authority on Development (IGAD), a regional economic community that forms one of the building blocks of the African Union. IGAD seeks to complement the efforts of its seven member states – Djibouti, Ethiopia, Kenya, Somalia, South Sudan, the Sudan and Uganda – to achieve food security and environmental protection, peace and security, and economic cooperation and integration through increased cooperation.

This report provides a comprehensive assessment of acute food insecurity and malnutrition in IGAD member states as well as trends over time, key drivers and populations of highest concern based on a rigorous methodology. It also presents available data and information on forcibly displaced populations. It serves as a key reference for governments, policy makers, and development and humanitarian actors in their efforts to tackle the root causes of food crises in the region.

Global Report on Food Crises

The *GRFC* is based on partnership, collaboration and consensus among 17 partners consisting of regional intergovernmental bodies, donors, technical bodies, clusters and United Nations agencies. The result is an independent reference document presenting a consensus-driven analysis validated and endorsed by global and regional experts in food security, nutrition and forced displacement.

Data gaps and lack of consensus

Ethiopia is not included in the report due to the absence of consensus-based data.

Peak acute food insecurity estimates

This report provides the highest (or peak) estimates of people facing high levels of acute food insecurity (IPC Phase 3 or above) in 2025 and 2026. As acute food insecurity can be seasonal or the consequence of a shock, the reported peak figure may represent only a specific moment in time within the year and can be based on a projection.

Data sources

Data sources for acute food insecurity

The data source for acute food insecurity is the Integrated Food Security Phase Classification (IPC).

Data sources for acute malnutrition

Acute malnutrition burden estimates are obtained from IPC acute malnutrition analyses for five countries; and for the Sudan they are obtained from the Sudan Nutrition Cluster.

No acute malnutrition (AMN) analysis had been carried out for Djibouti in 2026 by the time of publication, so the 2025 data are included.

Data sources for displacement

Statistics on refugees and asylum-seekers primarily come from UNHCR through nowcasting figures for July 2026.

Data for internally displaced persons (IDPs) and returnees were collected through the International Organization for Migration (IOM-DTM).

Purpose of this report



Provide a consensus-based analysis of food and nutrition crises in IGAD member states for humanitarian and development stakeholders and policymakers.



Provide consensus-based analysis on acute food insecurity and acute malnutrition of forcibly displaced populations in IGAD member states.



Present underlying and immediate drivers of and trends in acute food insecurity and malnutrition.



Offer insights into immediate and medium-term risks to the food security and nutrition status of populations.



Contribute to maintaining food security and nutrition as priority sectors for policymakers and donors.

I | Regional overview



1 | Acute food insecurity, 2026

40.3M 

people or **34%** of the analysed population face high levels of acute food insecurity in 2026 in six countries with data meeting requirements.

9M 

children aged 6–59 months are acutely malnourished in six countries with 2.3 million of them suffering the most severe form.

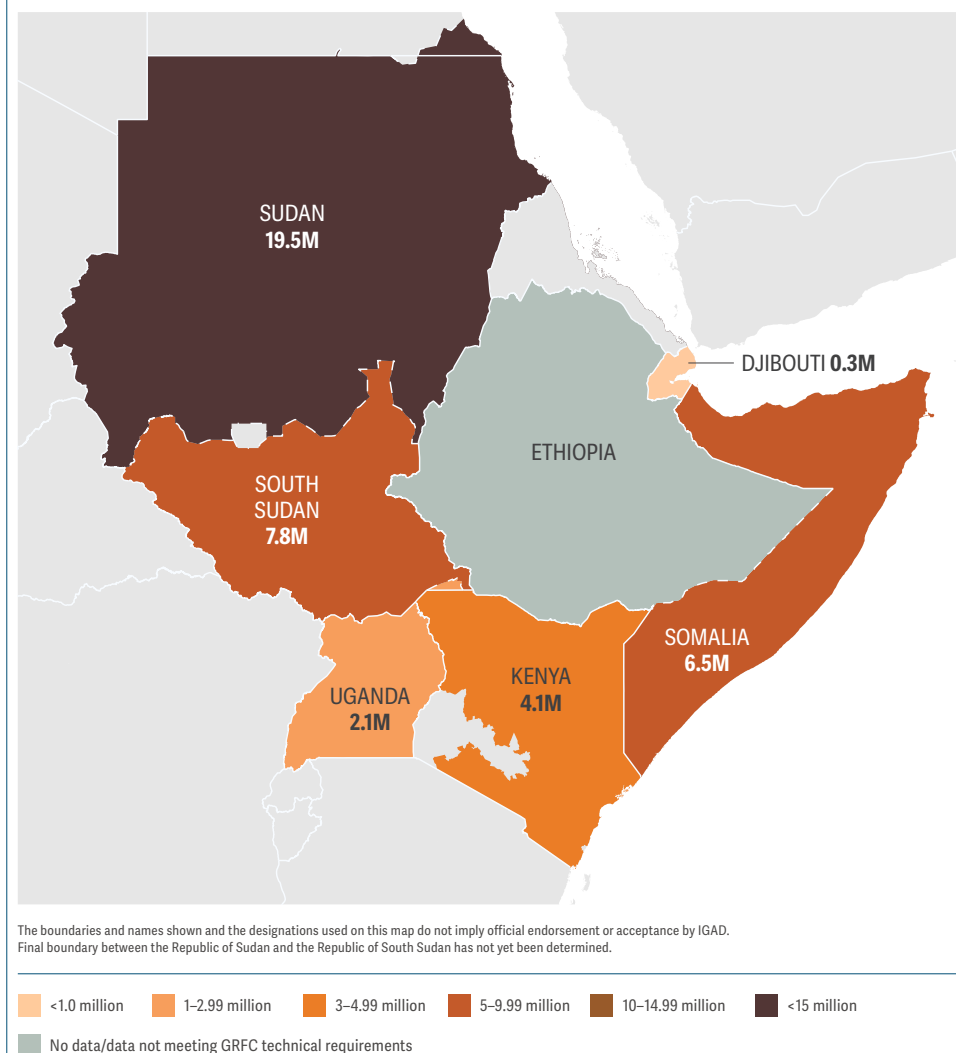
19M 

people were forcibly displaced by July 2026 – consisting of 14.5 million IDPs and 4.5 million refugees and asylum-seekers.

Across six IGAD member states more than 1 in 3 people need urgent food and livelihood assistance, with the risk of Famine persisting in parts of South Sudan and the Sudan.

This situation is driven by widespread conflict disrupting livelihoods, displacing populations and curtailing humanitarian access as well as the impact of failing food production due to drought in several areas, and repeated economic crises. Deepening shocks are coinciding with grave humanitarian funding cuts.

MAP 1.1 Numbers of people (in millions) facing high levels of acute food insecurity in six IGAD member states, 2026 peak



Although improvements in the Sudan and Uganda have contributed to a lower overall number of people facing high levels of acute food insecurity since 2025 (43.3 million), Djibouti, Kenya, Somalia and South Sudan have all experienced worsening food crises.

The **Sudan** remains the region's largest and most severe food crisis with a risk of Famine projected under a reasonable worst-case scenario in 14 areas across North Darfur, South Darfur and South Kordofan from February through September 2026. Between February and May, an estimated 19.5 million people, or 41 percent of the total population, were estimated to face high levels of acute food insecurity, including 5 million in Emergency (IPC Phase 4) and 0.1 million in Catastrophe (IPC Phase 5) - an improvement from 2025, when 24.6 million people were classified in Crisis or worse (IPC Phase 3 or above), largely reflecting improved security in eastern parts of the country (IPC, June 2026). However, Greater Darfur and Greater Kordofan remain hotspots, while Blue Nile and White Nile have emerged as new frontlines. A delayed onset of the 2025 main season in key producing states, combined with insecurity and high input costs, constrained food availability prospects for 2026 (FEWS NET, December 2025). Persistently high staple food prices continue to limit household purchasing power. Conditions are expected to deteriorate further during the June to September lean season, although data gaps, including in some areas of greatest concern, constrain the scope of analysis (IPC, June 2026).

South Sudan has the region's highest prevalence of acute food insecurity, with 55 percent of its population in IPC Phase 3 or above from April to July 2026. The population requiring urgent food and livelihood assistance increased by nearly 103 200, since the 2025 peak, reaching 7.8 million.

ACUTE FOOD INSECURITY 2026 | Overview

This increase is attributed to escalating conflict and insecurity, particularly in parts of Jonglei, Upper Nile and Unity states, resulting in large-scale displacement, loss of assets, markets and service disruption, and reduced humanitarian access. An estimated 2.5 million people were in IPC Phase 4 and 73 000 in Catastrophe (IPC Phase 5). A risk of Famine was identified in Luakpiny/Nasir and Ulang in Upper Nile, and Nyirol and Akobo in Jonglei under a worst-case scenario. High import dependence continues to expose households to external price pressures, with the Middle East crisis putting upward pressure on the cost of imported food and fuel (IPC, April 2026).

In **Somalia**, nearly 6.5 million people, or 33 percent of the population, faced high levels of acute food insecurity from February–March 2026, an increase of 1.9 million additional people since the 2025 peak. Over 2 million were in IPC Phase 4 – the highest in the country's GRFC history. The sharp deterioration stems from the failure of the October–December 2025 rains, resulting in the lowest cereal production on record and deteriorating livestock body conditions and production, prompting the government to declare a national drought emergency in November 2025 (IPC, February 2026; FAO, March 2026). Against this background, over 476 000 drought-related displacements were recorded during Q1 2026 (UNHCR, June 2026). A delayed and below-average April–June 2026 season prolonged drought conditions and further constrained food and livelihood prospects. In this period, Burhakaba in Bay region was identified as at risk of Famine under a plausible worst-case scenario (IPC, May 2026). The situation was compounded by reduced humanitarian assistance.

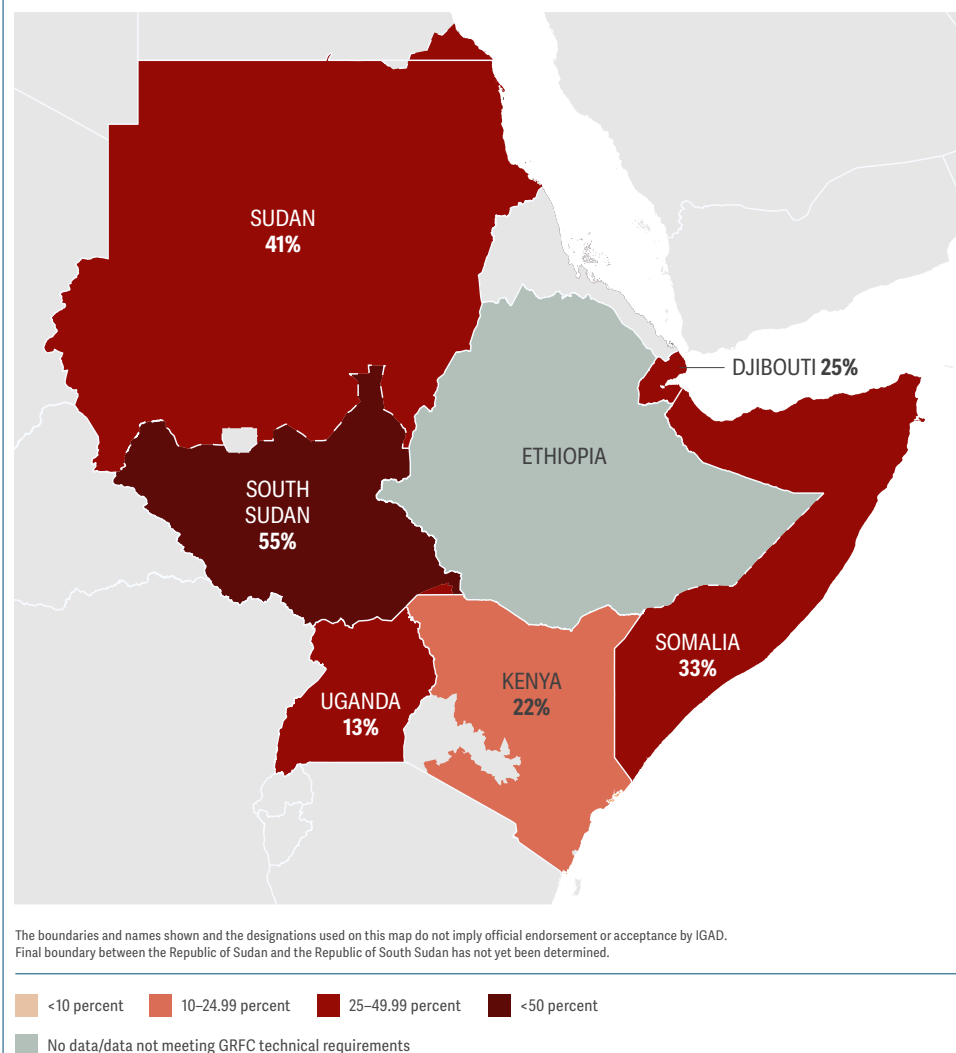
In **Kenya's** arid and semi-arid lands (ASALs), 4.1 million people, including nearly 429 500 refugees, faced high levels of acute food

between April and June 2026 – a 46 percent increase, or nearly 1.3 million more people from the 2025 peak. The deterioration was driven primarily by worsening drought following one of the driest October–December 2025 seasons on record across much of northern and eastern Kenya, which caused widespread crop failure, and severe pasture and water shortages. Mandera county, along with the Dadaab, Kakuma and Kalobeyei refugee camps, were projected to face IPC Phase 4. High staple food prices further constrained household purchasing power (IPC March 2026). The March–May (MAM) 2026 rains were average to above-average, driving much-needed, but limited recovery in affected areas (FEWS NET, June 2026).

In **Djibouti**, 0.3 million people, or 25 percent of the analysed population, were projected to face high levels of acute food insecurity between July and December 2026, an increase of 25 700 people from the 2025 peak. The deterioration was driven primarily by high food prices linked to import dependency with the Middle East conflict putting upward pressure on fuel and food prices. Rural Tadjourah, rural Obock, Ali Addeh camp and Holl-Holl camp were projected in IPC Phase 4 and all other areas in IPC Phase 3 (IPC, July 2026). In September 2026, more than 2 800 people fleeing conflict in Yemen arrived in the country (OCHA, September 2026).

In **Uganda**, the number of people facing high levels of acute food insecurity declined from 3.4 million in 2025 to 2.1 million in August 2025–February 2026, driven by favourable seasonal production. Communities in Karamoja and refugees, however, continue to grapple with high levels of acute food insecurity, with all 13 refugee settlements projected to face IPC Phase 3 (IPC, September 2025a; IPC, September 2025b). Between April and June 2026, all districts in Karamoja were projected in IPC Phase 3 (IPC, June 2026).

MAP 1.2 Share of analysed population facing high levels of acute food insecurity in six IGAD member states, 2026 peak



Source: IPC TWGs.

ACUTE FOOD INSECURITY 2026 | Severity

All six countries with data meeting requirements – **Djibouti, Kenya, Somalia, South Sudan, the Sudan and Uganda** – had IPC analyses with data disaggregated by phase of acute food insecurity.

Populations in Catastrophe (IPC Phase 5)

 **208 100 people in Catastrophe (IPC Phase 5) in the Sudan and South Sudan**

In the **Sudan**, an estimated 134 800 people were projected to face Catastrophe (IPC Phase 5) between February and May 2026, a substantial decline from the 637 200 people reported in 2025. During the June–September lean season, the population in this phase was projected to increase to 200 000 (IPC, June 2026).

In **South Sudan**, 73 000 people faced Catastrophe (IPC Phase 5) between April and July 2026, across Akobo, Fangak, Nyirol and Uror counties in Jonglei State, and Luakpiny/Nasir and Ulang counties in Upper Nile State (IPC, April 2026).

Populations in Emergency (IPC Phase 4)

 **10.3 million people in Emergency (IPC Phase 4) across the six countries with data**

The highest numbers were in the **Sudan** (5 million or 11 percent of the population) and **South Sudan** (2.5 million or 17 percent of the population). Between the 2025 and 2026 peak, the population in Emergency (IPC Phase 4) declined, by nearly 1.5 million, driven primarily by reductions in the **Sudan**. **Somalia** and **Kenya**, however, recorded increases, reflecting the intensification of drought conditions from late 2025 into early 2026. In

Somalia, the population in IPC Phase 4 increased by more than 1.2 million, while in **Kenya's** ASALs, it increased by close to 254 000.

Populations in Crisis (IPC Phase 3)

 **29.8 million people in Crisis (IPC Phase 3) across the six countries with data**

The **Sudan** had the highest numbers, despite a decline of about 1.6 million from the 2025 peak. Substantial increases were recorded in **Somalia** (+690 300), and in **Kenya's** ASALs (+611 700), where populations shifted from Stressed (IPC Phase 2). In **Djibouti**, although the total population analysed marginally declined, the number of people in IPC Phase 3 increased by nearly 51 000 or 29 percent – a significant increase given the country's small population.

Populations in Stressed (IPC Phase 2)

 **41.6 million people in Stressed (IPC Phase 2) across the six countries with data**

Compared with the 2025 peak, the largest increases were reported in **Somalia** (+759 600) – representing a deterioration as it occurred in parallel with a reduction in the number of people in Minimal (IPC Phase 1). While populations in this phase are not considered to need urgent assistance, they are vulnerable to shocks and require support to reduce risks related to disasters and to protect their livelihoods.



Risk of Famine

 An IPC analysis conducted in March–April 2026 identified 14 areas in the **Sudan** at risk of Famine (IPC Phase 5) between February and May, with the same areas projected to remain at risk between June and September under a reasonable worst-case scenario characterised by intensified conflict, restrictions on humanitarian access, and constrained movement of people and goods.

These included eight localities (At Tina, El Fasher, Kerno and Um Baru in North Darfur; Beliel in South Darfur and Al Buram, Dilling and Kadugli in South Kordofan) and six IDP settlements (At Tina, Tawila and Um Baru in North Darfur and Al Buram, Kadugli and Um Durein in South Kordofan).

Between October 2026 and January 2027, these areas were projected to remain at risk

of Famine under a reasonable worst-case scenario, except Beliel locality in South Darfur (IPC, June 2026).

Severe constraints on data collection in conflict-affected areas, where monitoring and surveillance systems have largely broken down, however, limit the scope and confidence of the analysis.

In **South Sudan**, a credible risk of Famine was identified in Luakpiny/Nasir and Ulang in Upper Nile, and Nyirol and Akobo in Jonglei, under a likely worst-case scenario characterised by escalating conflict, displacement and reduced humanitarian access (IPC, April 2026).

In **Somalia**, a risk of Famine was identified in Burhakaba, Bay region, from April–June 2026.

ACUTE FOOD INSECURITY 2026 | Drivers

The drivers of acute food insecurity – weather extremes, conflict and insecurity, and economic shocks – are deeply interconnected and mutually reinforcing, often compounding structural vulnerabilities.

Weather extremes

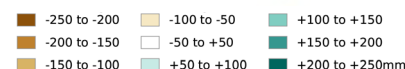
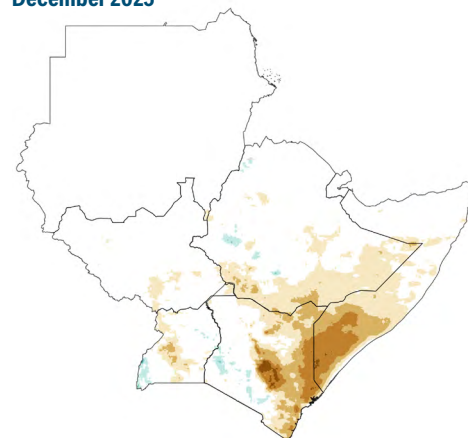


The largely failed October–December (OND) 2025 rains drove drought conditions across southeastern Ethiopia, eastern Kenya and much of Somalia. Below-average June–September (JJAS) 2026 rains threaten to undermine food production in western parts of the region.

In parts of southeastern Ethiopia, eastern Kenya and much of Somalia, the October–December (OND) 2025 rainfall season largely failed, marking the second or third consecutive poor season in several areas and intensifying drought impacts, with rainfall totals in many areas reaching only 30–60 percent of long-term average (FEWS NET, December 2025). Among cropping households, this resulted in crop failures and significantly below-average yields, reducing both food availability and income from crop sales. In Kenya's ASALs, maize production from the season was estimated at around 107 000 tonnes, about 32 percent of the long-term average. In southern Somalia, cereal production was estimated at 15 600 tonnes, including off-season harvests between February and March 2026 – the lowest output since 1995 and 83 percent below the long-term average (IPC, February 2026).

Among pastoral households, severe pasture and water shortages weakened livestock body conditions and productivity, undermining key

MAP 1.3 Rainfall anomalies for October–December 2025



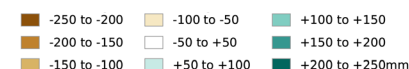
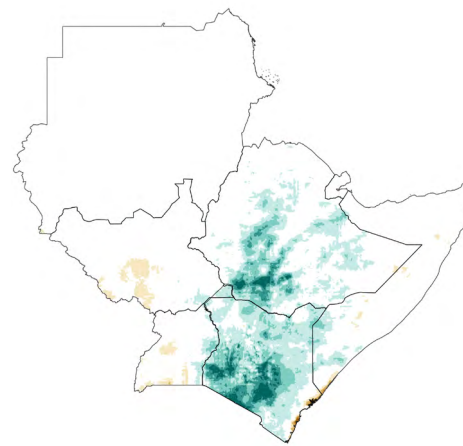
Country boundaries are not officially endorsed by ICPAC.
Source: Merged data (CHIRP and stations).

sources of food and income. In Kenya's Mandera County, among the areas worst affected by the drought, nearly 29 700 livestock deaths were reported across three sub-counties by the end of January 2026, while milk production was estimated at 87 percent below the long-term average (NDMA, February 2026). Distress livestock sales also increased among affected pastoral communities across the three countries.

Delayed and below-average April–June (Gu) 2026 rains prolonged drought conditions in Somalia, with Burhakaba, Bay region, assessed as at risk of Famine between April and June, under a plausible worst-case scenario of a failed Gu season and inadequate humanitarian assistance (IPC, May 2026).

Looking at the June–September 2026 season,

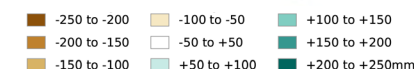
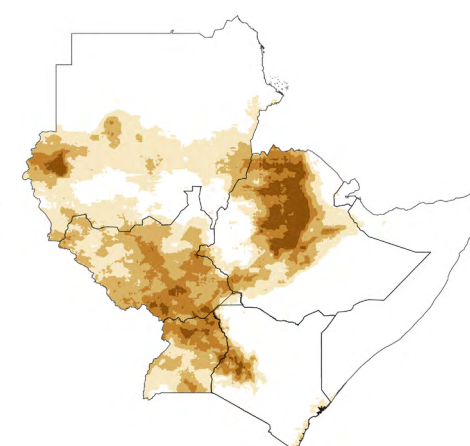
MAP 1.4 Rainfall anomalies for March–May 2026



Country boundaries are not officially endorsed by ICPAC.
Source: Merged data (CHIRP and stations).

western parts of the region have already had a very poor start, with prolonged dry spells observed since April. Rainfall anomalies from 1 June to 31 August show that widespread areas of central and northern Ethiopia, the pastoral belt of the Sudan, most of Djibouti, the Karamoja region of Uganda, and western and northwestern Kenya, along with other localized areas, have received less than 60 percent of normal rainfall. In the worst-affected areas, this is one of the driest seasons on record. ICPAC forecasts indicate that below-average rainfall and above-average temperatures are likely to persist due to the ongoing El Niño episode, raising concerns of below-average cereal production. While livestock and water impacts are already emerging, the consequences of poor crop production will become more pronounced post-harvest, particularly in the first half of 2027,

MAP 1.5 Rainfall anomalies for June–August 2026



Country boundaries are not officially endorsed by ICPAC.
Source: Merged data (CHIRP and stations).

as households face reduced food stocks, lower agricultural incomes, and greater reliance on markets (FSNWG, August 2026).

For the upcoming October–December (OND) 2026 season, forecast 'strong' to 'very strong' El Niño and positive Indian Ocean Dipole (IOD) are expected to lead to enhanced rainfall in eastern parts of the region. While this could favour crop and livestock production, excessive rainfall may also increase the risk of flooding, particularly in eastern and southern Ethiopia, eastern Kenya, central to southern Somalia, and Uganda, potentially leading to localised crop losses, and reduced livestock productivity through a higher incidence of vector-borne diseases (FSNWG, July 2026, August 2026). For more information, see *El Niño Focus* on page 11.

ACUTE FOOD INSECURITY 2026 | Drivers

Conflict and insecurity

 **For the past three years, conflict in the Sudan has been the leading driver of acute food insecurity in the region.**

Though conflict has subsided in some states, facilitating population returns and humanitarian access, parts of Greater Darfur and Greater Kordofan remain major hotspots, while Blue Nile and White Nile have emerged as new frontlines, with severe consequences for food security (IPC, June 2026; FEWS NET, June 2026). Insecurity restricted access to farmland in some areas, contributing to reduced agricultural production, despite above-average main season rains in many areas (FEWS NET, December 2025). As of August 2026, an estimated 8.6 million people remained internally displaced in the country – 6.4 million due to the ongoing conflict (IOM, August 2026).

In **South Sudan**, escalation of violence in Jonglei, Unity and Upper Nile has disrupted livelihoods, triggered displacement, constrained humanitarian operations, and cut off many from markets and other essential services (IPC, April 2026). Conflict in parts of Jonglei and Upper Nile in July 2026 displaced at least 7 000 people. Intercommunal conflict linked to cattle raiding also intensified. In Warrap, attacks in the first two weeks of July 2026 resulted in the loss of over 200 cattle and displaced an estimated 40 000 people (FEWS NET, July 2026).

In **Somalia**, conflict and insecurity continued to drive acute food insecurity through armed group insurgency and government-led counter-insurgency operations, inter- and intra-clan violence, and protracted political instability. Violence, extortion and movement restrictions disrupted livelihoods, livestock migration and trade flows. Conflict was the leading driver of

displacement during the second quarter of 2026, leaving those affected at heightened risk of acute food insecurity (FEWS NET, June 2026).

In **Uganda's** Karamoja subregion, cattle raids (though reduced following disarmament efforts since 2020) continued to threaten livestock ownership. Conflict in neighbouring countries sustained refugee inflows into the country.

In **Kenya's** ASALs, increased competition over scarce water and pasture in late 2025 contributed to localised insecurity and displacement, particularly along the Isiolo-Garissa corridor (NDMA, January 2026).

Economic shocks

 **Poor macroeconomic conditions, characterised by local currency depreciation and high inflation, continued to constrain food access, particularly in South Sudan and the Sudan. The Middle East conflict is exacerbating the situation.**

In **South Sudan**, high inflation continued local currency depreciation and conflict-related trade disruptions, combined with high fuel prices – more than 50 percent above the pre-Middle East crisis levels and up to 90 percent higher year-on-year – are putting pressure on food prices, limiting household purchasing power. For instance, red sorghum prices were up to 50 percent higher in May than in February 2026 (FSNWG, August 2026).

In the **Sudan**, food prices continued to rise amid reduced 2025 production, high input costs and trade disruptions. Prices were further underpinned by fuel inflation linked to the Middle East crisis, with national average petrol and diesel prices in May 2026 rising by 104 and 170 percent, respectively, year-on-year (FAO, July 2026). By June, the cost of the WFP local food basket was



Trade disruptions and reduced crop production contribute to high food prices across the region.

52 percent higher than in the previous June, while the Sudanese Pound (SDG) had depreciated by 79 percent year-on-year against the US dollar, further increasing import costs and sustaining inflationary pressures (FSNWG, August 2026).

Local cereal prices in **Somalia** remained at or near historic highs, driven by atypically high demand and low supply following a failed 2025 Deyr season. In Baidoa, the price of a kilogramme of red sorghum reached a record high in May 2026 – 86 percent above its year-earlier level and 119 percent above the recent five-year average. Rising fuel prices, linked to the crisis in the Middle East, are contributing to broader food price inflation (FEWS NET, June 2026).

In **Djibouti**, inflationary pressures from disruptions to global and regional trade continued to drive food price increases in 2026 – more so given the country's high reliance on food imports – with

prices of most WFP-monitored food commodities exceeding their five-year averages by June 2026 (IPC, July 2026). The Consumer Price Index (CPI) reached an all-time high of 106.9 points in June 2026 (Trading Economics). Intensifying disruptions from September 2026 in the Bab el-Mandeb Strait between Yemen and Djibouti could exacerbate supply chain delays, with potential implications for prices of food and other imported goods, as well as port revenues.

In **Kenya**, high fuel prices increased production and transportation costs, while reduced production in the OND 2025 season further constrained food supplies, contributing to higher food prices during the first half of 2026 (FEWS NET, July 2026). Below-average June–September rainfall in the Rift Valley and Western regions is likely to lead to reduced production and sustain upward pressure on food prices.

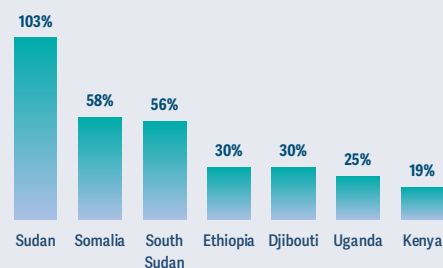


DRIVER FOCUS | The Middle East crisis could worsen food insecurity in the IGAD region for years to come

Disruptions affecting the Strait of Hormuz and instability along the Red Sea and Bab el-Mandeb corridor threaten maritime routes that the region depends on for fuel supplies, food imports, commercial trade and humanitarian logistics, exposing IGAD member states to external shocks that risk amplifying already severe food security challenges (AfDB et al., 2026; FAO, 2026).

Rising energy prices are the most immediate channel through which the crisis is affecting the region's food security. As net fuel-importing economies with heavy reliance on road transport, countries across the region are highly exposed to fuel cost increases, which raise food marketing costs, contribute to inflationary pressures and reduce food affordability, particularly for poor households. Fuel prices increased sharply across the region following the escalation of the conflict, with the steepest increases in countries already

FIG 1.1 Petrol price increases between February and June 2026



Data for Ethiopia refer to the petrol prices increases between February and May 2026.

Sources: WFP; Govt; INSD/INSTAD; UBOS; KNBS.

affected by conflict and macroeconomic instability, specifically the Sudan, Somalia and South Sudan. See figure 1.1 (FAO, 2026; WFP, 2026; FEWS NET, 2026; FSNWG, 2026).

A second major transmission channel is fertilizer availability and affordability. Although fertilizer application rates in the region remain among the lowest globally, agricultural production systems still depend on imported fertilizer to support productivity gains and narrow persistent yield gaps – a dependency that matters most for Kenya and Ethiopia, where fertilizer use is comparatively higher (IGAD, 2024; UNECA, 2026). As the IGAD Food and Nutrition Security Strategy 2025–2034 identifies enhanced agricultural productivity and soil fertility management as central pillars of regional food security, prolonged fertilizer shortages or elevated prices pose a direct threat to future food availability.

Reduced remittance flows from Gulf Cooperation Council (GCC) countries represent another channel through which the crisis may affect food security. Remittances constitute an important source of household income, foreign exchange earnings and shock absorption in several IGAD member states. Somalia, Ethiopia, the Sudan and South Sudan are the most exposed given their reliance on remittances for household livelihoods and their existing food-security fragility (IGAD, 2024; WFP, 2026; FEWS NET, 2026). A slowdown in GCC economic activity could reduce remittance inflows, weakening household purchasing power and constraining food access for populations who depend on transfers to meet basic needs (World Bank, 2024; World Bank, 2026).

The region's structural dependence on imported cereals and edible oils leaves several member states exposed to disruptions in global food supply chains. Somalia, Djibouti, South Sudan

FIG 1.2 Differential impacts across IGAD member states

The impacts of the crisis are likely to vary considerably across IGAD member states according to levels of import dependence, exposure to global markets and pre-existing vulnerabilities. Countries already affected by conflict, displacement and macroeconomic

deterioration face the greatest risks, as higher fuel and transport costs could further increase food prices, constrain market access and complicate humanitarian operations (FSIN, GNAFC and IGAD, 2025; FEWS NET, 2026).

Sudan, South Sudan and Somalia	These three countries face the greatest impacts because of their high import dependency (e.g. Somalia imports close to 90 percent of its cereal requirements (WFP, June 2026)) and reliance on remittances combined with their pre-existing vulnerabilities – conflict, mass displacement, economic instability and recurrent climate shocks already drive severe food insecurity. Higher fuel and transport costs could further increase food prices, constrain market access and complicate humanitarian access and delivery of assistance.
Djibouti	Djibouti is highly exposed to rising food and fuel prices because of its dependence on imports (it imports 100 percent of its cereal requirements).
Ethiopia and Kenya (particularly ASALs)	Since these countries have comparatively higher fertilizer use than others in the region, they could face rising agricultural production costs and reduced profitability in a context of pre-existing climate vulnerabilities.
Uganda	Uganda is also exposed to rising fuel and fertilizer costs as well as possible further humanitarian funding shortfalls for its large refugee population.

and the Sudan carry the greatest risk as domestic food production falls well short of demand and reliance on imported food is high. Higher shipping costs, rising insurance premiums and disruptions to key maritime routes could further erode the affordability and reliability of food imports, constraining household food access (FAO, 2026; IGAD, 2024; AfDB et al., 2026).

As of August 2026, strong global cereal supplies had offset the impacts on international food markets – the main effects have been higher fuel, fertiliser and transport costs rather than major disruptions to food production or exports. However, a prolonged or escalating conflict remains a key risk. This is as the World Bank

expects the Middle East crisis to worsen food insecurity for years to come, particularly in low-income and import-dependent countries (World Bank, 2026).

The crisis could also have significant implications through humanitarian financing and prioritization. This even as humanitarian agencies across the IGAD region are already operating in an environment of growing needs and constrained resources. As international attention and funding are redirected towards crises in the Middle East, competition for humanitarian assistance may intensify. This is particularly concerning given that 1 in 3 people across IGAD member states are already facing high levels of acute food insecurity.



El Niño conditions have been present since June 2026 and have continued to strengthen significantly since then, with a greater than 90 percent chance of intensifying into a very strong event during September–November through November–January 2026–2027 (NOAA, August 2026).

Current projections suggest that this could be one of the strongest El Niño events recorded since at least 1950, with potentially wide-ranging global impacts (OCHA, August 2026). Comparisons of the observed and predicted evolution of the El Niño to analogous historical periods suggest similarities with 1997 and 2023, which were very strong and strong events, respectively (ICPAC, August 2026).

In western and northern parts of the region – Djibouti, western and central Ethiopia, South Sudan, the Sudan and northern Uganda (Karamoja) – El Niño is typically associated with below-average rainfall during the June–September (JJAS) season. Cumulative rainfall through the end of August has been below average – historically low in some areas. The latest September forecast points to a high likelihood of continued below-average rainfall across much of these areas, suggesting substantial cumulative deficits by the season's end with some areas potentially experiencing their driest JJAS season on record.

These conditions are already causing crop stress and are likely to result in significantly below-average yields. Reduced water availability, compounded by above-average temperatures, is also contributing to pasture and water shortages, weakening livestock body conditions, and reducing livestock and milk production. Household incomes are likely to decline from limited crop sales, as well



In 2023, exceptionally heavy OND rains caused widespread flooding across Somalia, Kenya, Ethiopia, South Sudan and Uganda leading to population displacement, crop losses, livestock deaths and water-borne diseases.

as reduced milk availability and lower livestock prices, particularly among pastoral and agro-pastoral communities. Increased competition over water and pasture resources could also heighten localised resource-based conflict.

In the eastern and southern parts of the region – southern and southeastern Ethiopia, Kenya, Somalia and Uganda – El Niño is usually associated with above-average rainfall and an increased risk of flooding during the October–December (OND) season (FSN WG, August 2026). The magnitude of these impacts tends to increase with strong and very strong El Niño events.

The Indian Ocean Dipole (IOD) – another important climate driver for the region – is currently neutral, with forecasts indicating a likely transition to

a positive phase during October–December 2026 (ICPAC, August 2026). A positive IOD is also usually associated with above-average rainfall during the OND season in eastern and southern parts of the region, and would therefore reinforce El Niño's influence.

Strong and very strong El Niño events have both positive and negative implications during the OND season. On the positive side, above-average rainfall is expected to recharge groundwater, rivers, and reservoirs, improve water availability for domestic and agricultural use, and support pasture regeneration and livestock productivity. On the negative side, excessive rainfall substantially increases flood risk, which can lead to loss of life, livelihoods and property, displacement, crop destruction, livestock losses, and damage to

roads and other critical infrastructure, disrupting transport, access to markets and other essential services, and humanitarian operations. It also raises the risk of water- and vector-borne disease outbreaks for both people and livestock, while disrupting access to safe water, health and nutrition services. In 2023, for instance, El Niño-induced heavy rains and flooding (riverine and flash floods) affected about 2.5 million people in Somalia, 1.5 million in Ethiopia and 546 000 in Kenya (OCHA, December 2023).

Flood risk in several countries is influenced not only by local rainfall but also by run-off from heavy rainfall upstream within shared water basins. For instance, above-average rainfall in Ethiopia's southern highlands can contribute to downstream flooding in Somalia, while excessive rainfall across the Lake Victoria Basin (Kenya, Uganda, Tanzania, Rwanda, and Burundi) can increase flows into the White Nile and elevate flood risk in South Sudan and the Sudan (FSN WG, August 2026).

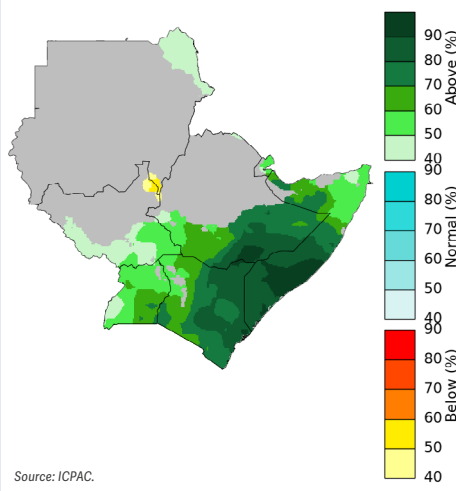
The OND 2026 seasonal forecast indicates increased likelihood of above-average rainfall over most parts of the region, with higher likelihood over southeastern Ethiopia, north-eastern Kenya, and central to southern Somalia, raising the potential for impacts similar to those observed during some previous El Niño events.

This is even as the region continues to grapple with multiple, overlapping pressures, including high levels of acute food insecurity and malnutrition, displacement, conflict and insecurity, and economic stress exacerbated by the impacts of the Middle East conflict, amid severe funding shortfalls.

In Somalia, for example, extreme and widespread flooding on a scale similar to that observed in 1997 could heighten the risk of Famine in agropastoral areas of Bay, Bakool, Gedo and



MAP 1.6 Rainfall probabilistic forecast for October–December 2026



Hiiraan, most riverine areas, and Baidoa, Jowhar, Beletweyne, and Dolow IDP settlements between October 2026 and January 2027 (FEWS NET, June 2026).

Given the multi-sectoral risks associated with the forecast El Niño, including worsening acute food insecurity and malnutrition, disease outbreaks and displacement, preparedness and anticipatory actions are critical. These include providing early warning to at-risk populations, and supporting them to take mitigation measures against expected negative impacts.

The recurrent nature of climate extremes in the region also underscores the importance of longer-term investments in resilience.

FIG 1.3 Historical El Niño events and their impacts

Year	Event	June–September (JJAS)	October–December (OND)
1982	Very strong El Niño, positive IOD. 	Widespread rainfall deficits affected much of the region. Ethiopia experienced poor Belg and Kiremt rains, with crop failures across north-central and eastern areas, and severe drought in pastoral regions.	Well above-average rains observed across the region. However, in Ethiopia, the impacts of the drought from the failed Meher main season persisted. Due to widespread crop failure, severe food insecurity and humanitarian needs were observed.
1991	Strong El Niño. 	Severe drought, alongside conflict, created a major regional food crisis, particularly in Ethiopia, the Sudan and Somalia.	Below-average rainfall persisted across much of the region. Crop conditions deteriorated further in southern Somalia, southern Ethiopia, western Kenya and bimodal Uganda. Food insecurity remained severe with drought impacts combined with conflict and limited humanitarian access.
1997	Very strong El Niño, positive IOD. 	Early El Niño conditions produced mixed impacts. In Ethiopia, rainfall deficits drove poor Belg production, moisture stress during the Meher season and increased food assistance needs. Southern Sudan (now South Sudan) experienced erratic rainfall and poor first-season harvests, while Uganda suffered delayed harvests, crop production declines in eastern areas and deteriorating pasture conditions in Karamoja. Kenya's bean harvest was poor, although maize prospects were favourable in major producing areas.	Strong El Niño rains produced widespread flooding across Somalia, Kenya, Ethiopia and Uganda, causing extensive displacement, infrastructure damage, disease outbreaks and crop losses. At the same time, the abundant rainfall substantially improved pasture and water availability in many areas following earlier drought conditions. According to EM-DAT, the floods caused 2 800 fatalities across the region – including 2 300 in Somalia – making this the deadliest El Niño flood event on record.
2015	Very strong El Niño, positive IOD. 	Below-average June–September rainfall in western parts of the region, contributed to drought conditions in the Sudan, Ethiopia and neighbouring areas.	Strong El Niño conditions brought above-average rainfall and flooding across parts of Somalia, Kenya and Ethiopia, while improved rainfall benefitted pasture and crop production in some drought-affected areas
2023	Strong El Niño, positive IOD 	El Niño contributed to below-average June–September rainfall across western areas of the region, particularly the Sudan, South Sudan, western Ethiopia and parts of Uganda. Combined with ongoing conflict, especially in the Sudan, this resulted in poor agricultural production, deteriorating food insecurity and greater humanitarian needs.	Exceptionally heavy rains caused widespread flooding across Somalia, Kenya, Ethiopia, South Sudan and Uganda leading to extensive population displacement, infrastructure damage, crop losses, livestock deaths and outbreaks of water-borne diseases, while also improving water resources and pasture conditions in many drought-affected areas. EM-DAT recorded 705 flood-related fatalities across the region, making 2023 one of the deadliest El Niño flood seasons since 1997.

Source: FSNWG.

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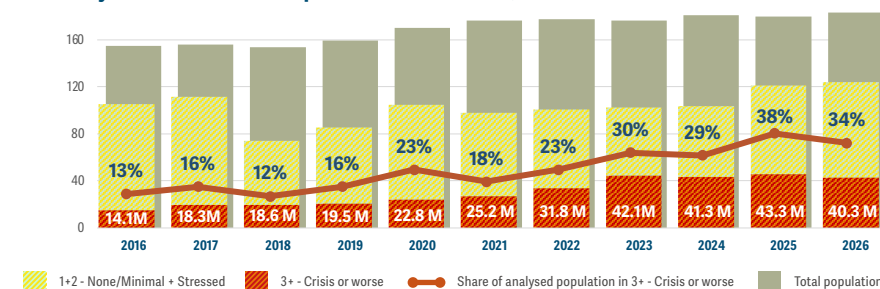
The number of people facing high levels of acute food insecurity in the six countries with data meeting requirements – Djibouti, Kenya, Somalia, South Sudan, the Sudan and Uganda – has increased by 190 percent between 2016 and 2026, reflecting both worsening acute food insecurity and increases in analysed population.

The share of the analysed population facing high levels of acute food insecurity has remained above 20 percent since 2020, except in 2021 when it fell to 18 percent. It rose to 30 percent in 2023 and in 2025 it reached 38 percent – both due to worsening acute food insecurity and a change in the data source for Uganda with a corresponding decrease in the total population analysed. In 2026, the prevalence of high levels of acute food insecurity declined to 34 percent along with an increase in the total population analysed (from 115.1 million to 117.6 million) and improvements in some countries, including the Sudan, where the situation nevertheless remains dire.

Acute food insecurity varied year to year, with periods of sharp increases. From 2016 to 2017, the number of people facing high levels of food insecurity rose by more than 30 percent, driven by increases in **Kenya, Somalia, Uganda and South Sudan** due to drought conditions in **Kenya and Somalia**, conflict in **South Sudan**, and drought conditions and refugee influxes in **Uganda**.

Multiple drivers contributed to the 85 percent regional increase in high levels of acute food insecurity between 2020 and 2023, including the socio-economic impacts of COVID-19; the devastating five-season drought in eastern parts of the region; widespread flooding in the **Sudan** and

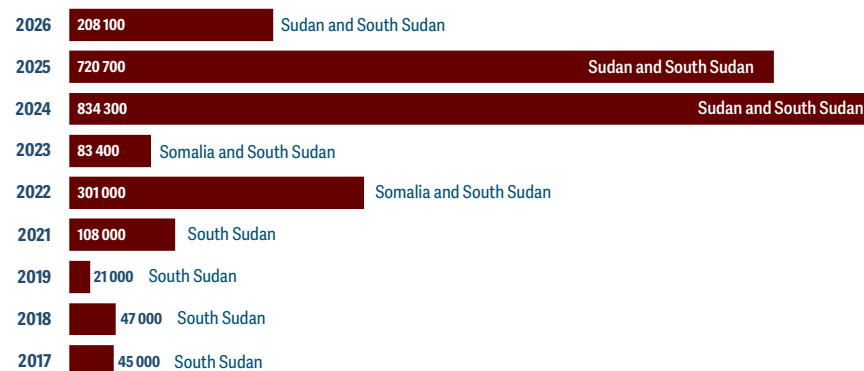
FIG 1.4 Numbers of people and share of analysed population facing high levels of acute food insecurity in six countries with protracted food crises, 2016–2025



No data were available for Djibouti in 2018 and 2019.

Source: IPC TWGs; IPC Global Initiative; FEWS NET.

FIG 1.5 Numbers of people in Catastrophe (IPC Phase 5), 2016–2025



This figure 1.5 only shows the number of people in Catastrophe (IPC Phase 5) during the peak period of acute food insecurity and so does not always capture the highest number of people in this phase for each year. For instance, in 2016 and 2020, there were people in this phase in South Sudan outside the peak period and in 2017, 2018 and 2019, the number of people in this phase in South Sudan was higher outside the peak period.

Source: IPC TWGs; IPC Global Initiative.

South Sudan; and conflict, particularly in **South Sudan** and **Somalia**.

In 2024, there was an alarming rise in high levels of acute food insecurity in the **Sudan**, with an additional 5.3 million people in IPC Phase 3 or

above since 2023 due to the impacts of the conflict that escalated sharply from April 2023. Other parts of the region, including **Kenya** and **Somalia**, saw improvements due to better rainfall, which aided a slow recovery from the regional 2020–23 drought.

The region has a history of catastrophic acute food insecurity

Over the past 15 years, five Famines have been confirmed globally, four of them in the IGAD region. Famine was detected in parts of southern **Somalia** in July 2011; Unity State, **South Sudan**, in February 2017; Pibor county, Jonglei state, **South Sudan**, in November 2020; and, from August 2024, in the **Sudan**, initially in parts of North Darfur and later in parts of South and West Kordofan* (IPC FRC, December 2024).

These extreme food crises have been characterized by severe food shortages, widespread acute malnutrition and tens of thousands of deaths, primarily driven by conflict, and in the case of **Somalia**, erratic weather patterns, and almost insurmountable operational challenges for humanitarians delivering aid (IPC, October 2024).

Since June 2024, several areas in **Sudan** have been assessed as at risk of Famine. In **South Sudan**, a risk of Famine was projected in Luakpiny/Nasir and Ulang in Upper Nile between April and July 2025, and again in Luakpiny/Nasir and Ulang in addition to Nyirol and Akobo in Jonglei between April and July 2026 under a worst-case scenario. In **Somalia**, Burhakaba, Bay region, was assessed as at risk of Famine between April and June 2026, under a plausible worst-case scenario.

Populations in Catastrophe (IPC Phase 5) have been recorded each year since 2016 in **South Sudan**. People have also faced Catastrophe (IPC Phase 5) in **Somalia** in 2022 and 2023, and in the **Sudan** since December 2024.

* The Government of Sudan did not endorse this analysis.

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In 2025 and 2026, increases in the number of people facing high levels of acute food insecurity were mostly in **Kenya** and **Somalia**, driven by drought that intensified from late 2025, and in **South Sudan**, due to escalating conflict. Meanwhile, in the **Sudan**, the number declined as conflict eased in several states.

When evaluating year-on-year regional trends, it should be taken into account that some countries, such as **Djibouti**, have not been included every year, while others like **Uganda** have seen changes in geographic coverage of analyses and data sources.

FIG 1.6 Variability in primary driver year by year

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Djibouti											
Ethiopia											
Kenya											
Somalia											
South Sudan											
Sudan											
Uganda											

Weather extremes
 Economic shocks
 Conflict/insecurity

Trends in drivers of acute food insecurity

Drivers are interlinked. Although one driver may be predominant, invariably others have a significant impact.

Figure 1.6 shows how the primary drivers of acute food insecurity vary year by year. No country has had the same primary driver identified each year, underscoring the changing succession of shocks that can be experienced by vulnerable households. Economic shocks, caused by the socioeconomic

impacts of COVID-19 and the war in Ukraine, became more dominant from 2020. It became the primary driver in conflict-affected South Sudan for three consecutive years and supplanted weather extremes as the primary driver in Ethiopia and Kenya.

The variability in primary driver underscores the challenges to respond to shocks and build resilience over time.

Structural vulnerabilities underlie persistently high food insecurity

Structural vulnerabilities refer to enduring economic, political, social and environmental conditions that determine a country's lack of capacity to anticipate, absorb, adapt to and recover from crises. Weak institutions, poverty, environmental fragility, social inequalities, limited infrastructure and dependence on food imports all undermine IGAD member states' ability to do so.

Risk and fragility rankings confirm systemic vulnerability

The INFORM Risk Index 2026 classifies Somalia, South Sudan and the Sudan as 'very high risk', while Djibouti, Kenya and Uganda are classified as 'high-risk', reflecting high levels of hazard exposure, vulnerability and limited coping capacity (EU JRC, March 2026). Somalia, Sudan and South Sudan ranked as the three most fragile states in the world in 2024, reflecting exposure to severe social, economic, and political pressures that exceed governments' capacity to manage them (FFP, February 2025).

Conflict and its cross-border reach

The region forms a contiguous bloc where fragility in one member state can transmit across borders through displacement, pastoral migration and competition over shared resources. Besides weak institutions, fragility in the region is characterized by protracted conflict and insecurity, particularly in parts of Somalia, South Sudan and the Sudan. Conflict and insecurity undermine food security by disrupting production and trade, displacing populations, destroying productive assets and critical infrastructure, restricting access to markets and basic services, and eroding already limited livelihoods.

Chronic economic vulnerability and high reliance on rain-fed agriculture

High poverty rates and economic vulnerability further constrain food access across the region, while high food expenditure shares leave poor households particularly vulnerable to food price and income shocks.

Agriculture remains the main livelihood across the region, supporting over 80 percent of the population and underpinning domestic food supplies and export earnings (GNAFC, May 2025). Its predominantly rainfed nature makes it particularly vulnerable to climate shocks. The consecutive below-average rainfall seasons between 2020 and 2023, demonstrate how repeated climate shocks can weaken household resilience and limit capacity to recover before the next shock.

Most agricultural households are not fully food self-sufficient and rely on markets to meet part of their food needs, particularly during lean seasons. This creates significant exposure to food-price volatility, limiting food access, especially where household purchasing power is low. Poor market infrastructure, currency depreciation and global supply disruptions often transmit external shocks into local food markets, especially in countries highly reliant on imports like Djibouti, Somalia and South Sudan (IGAD, March 2025). The impact of recent disruptions in global energy and trade markets has been evident in food and fuel price increases across the region.

Shrinking fiscal space and high aid dependence

Limited fiscal space limits governments' capacity to respond to crises effectively, making aid dependence structurally high in some contexts. The last available data indicate that in 2022,

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Agriculture is the main livelihood across the region, but its predominantly rainfed nature makes it particularly vulnerable to climate shocks.

official development assistance (ODA) accounted for an average of 6 percent of Gross National Income across the region, reaching 19 percent in Somalia (latest data 2022; World Bank, May 2022), pointing to high vulnerability to volatility in ODA. External debt burdens further constrain fiscal space – by 2022, the International Monetary Fund's recommended debt-to-GDP threshold for low-income countries had been exceeded in the Sudan (186 percent), Kenya (73 percent), Ethiopia (56 percent) and Uganda (50 percent) (Oxfam, September 2025).

This is even as ODA and humanitarian aid continue to decline – OECD's 2026 outlook projects a third consecutive year of falling ODA, with IGAD member states among those facing some of the steepest reductions. Humanitarian assistance is also expected to experience substantial cuts

(OECD, June 2026). The effects are already evident across the region. In Somalia, severe funding shortfalls have reduced the scale of humanitarian assistance amid a worsening drought, while the 2026 humanitarian plan remains substantially underfunded (UNOCHA).

Gender inequality

Gender inequality remains a cross-cutting structural vulnerability and both a cause and an outcome of unequal food systems in the region. Women are central to agrifood systems, yet they face systemic constraints, including unequal land rights and limited access to credit and inputs. These inequalities translate into higher food insecurity for female-headed households, with women's agricultural livelihoods declining more sharply during shocks (GNAFC, April 2026).

Humanitarian and development financing to food sectors

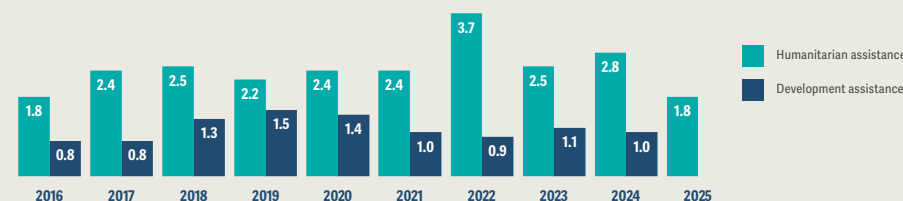
In 2025, humanitarian financing to food sectors in Djibouti, Kenya, Somalia, South Sudan, the Sudan and Uganda reached its lowest level since 2016, constraining the capacity of humanitarian actors to maintain the scale, coverage and continuity of assistance, and undermining the data and information systems that underpin early warning, response planning and targeting. Financing was highest in 2022 (USD 3.7 billion), in response to severe drought (Somalia and Kenya) and conflict in the Sudan and South Sudan, which heightened humanitarian needs. Although it declined thereafter, it remained above pre-2021 averages through 2024, underscoring the persistence of elevated needs and the continued requirement for life-saving interventions. See fig. 1.7.

Development assistance to food sectors has supported long-term investments in agriculture, nutrition and rural development over the years, but its scale has remained limited. It ranged from USD 0.8 billion in 2016 and 2017 to USD 1.5 billion in 2019, before declining to around USD 1 billion in subsequent years.

This persistent imbalance between humanitarian and development financing indicates that support to food sectors in the IGAD region remains predominantly oriented toward immediate crisis response for communities affected by recurrent shocks. While such prioritization of the most urgent needs is necessary amid a broader contraction in humanitarian financing, it also risks leaving transformative investments in the food sector underfunded unless development financing is scaled up.

With development assistance remaining broadly stagnant between 2022 and 2024, greater targeted investment is needed in agricultural productivity and food systems resilience to help lower the cost of healthy diets and reduce vulnerability to shocks (OECD, June 2026). For instance, investments in local food production, market and value-chain efficiency, storage, transport and rural infrastructure, and in producers of nutritious foods can make healthy diets more affordable and accessible while supporting resilient livelihoods and sustainable food security outcomes (FAO et al., July 2026).

FIG 1.7 Humanitarian and development financing to food sectors, 2016–2025 (USD billions)



Financing data were available and reported only for Djibouti, Kenya, Somalia, South Sudan, Sudan and Uganda within the scope of the 2026 funding flows analysis. Ethiopia and Eritrea were not covered.

Source: GNAFC.

2 | Acute malnutrition

Nutrition crises were identified in the six IGAD member states in this report. More than 9 million children aged 6–59 months are in need of treatment for acute malnutrition, including 2.3 million suffering from severe acute malnutrition (SAM), as conflict, climate extremes and collapsing services are converging with unusual intensity.

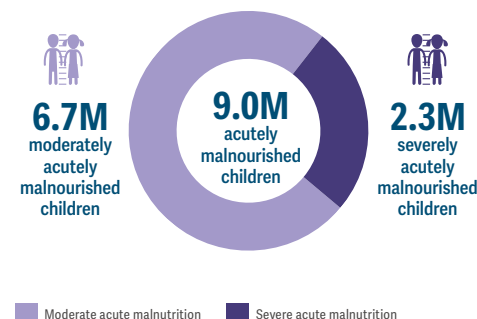
The situation has worsened markedly since 2025 in most contexts. **South Sudan's** IPC AMN Phase 5 classifications rose from four counties in 2025 to ten in 2026 (IPC, April 2026). The **Sudan's** child SAM caseload rose 7 percent year-on-year and 25 percent above pre-conflict levels (IPC, May 2026). **Kenya's** caseload rose from 760 500 to nearly 811 000 children (IPC, 2026). **Somalia's** 32 percent rise in SAM admissions in the first half of 2026 compared with 2025 was largely attributed to the closure of preventive and community-based nutrition services (UNICEF, August 2026).

The **Sudan**, **South Sudan** and **Somalia** have the most severe nutrition crises, with each having over a quarter of their children aged 6–59 months in need of treatment for acute malnutrition.

Across all six countries, children aged 6–59 months – and especially those under 2 years old – female-headed households, pastoralists and displaced people are disproportionately affected. Across the **Sudan**, **Somalia** and **South Sudan**, nearly 14 million IDPs face acute nutrition vulnerability from disrupted livelihoods and fragmented, disruption-prone assistance.

Data on the acute malnutrition status of pregnant and breastfeeding women (PBW) are lacking for **Somalia** and the **Sudan**.

FIG 2.1 Children aged 6–59 months with acute malnutrition in IGAD member states, 2026



2M pregnant and breastfeeding women with acute malnutrition in Kenya (0.1M), South Sudan (1.2M), the Sudan (0.6M) and Uganda (0.1M).

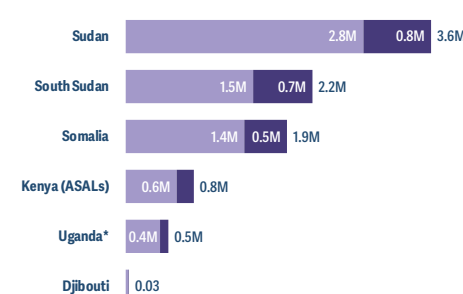
Source: IPC TWGs, Sudan Nutrition Cluster.

Four countries have very severe nutrition crises

Four out of the six IGAD member states with nutrition crises – **Kenya**, **Somalia**, **South Sudan** and the **Sudan** – have areas in Extremely Critical (IPC AMN Phase 5). This signals that food, disease and care conditions have broken down to the point that at least 30 percent of children are visibly failing to get enough nutrition to grow and fight off illness, and that without urgent, large-scale treatment and food assistance, a significant number of them face a risk of dying.

The **Sudan** faces the region's most dire crisis. Famine-threshold malnutrition has been recorded in North Darfur's Um Baru and Kernoï localities, where GAM reached 53 and 34 percent respectively according to the December 2025 SMART surveys,

FIG 2.2 Children aged 6–59 months with acute malnutrition by country, 2026



with At Tina and Kadugli (North Darfur), As Sunut (West Kordofan), and Al Buram (South Darfur) at risk of similar deterioration (IPC, June 2026). Across North Darfur, access to lifesaving health and nutrition services remains severely constrained, resulting in an extremely high risk of excess mortality. Among all displaced populations in the **Sudan**, prolonged displacement continues to erode household coping capacity, pushing families into remote areas far from food and water sources and basic services, while exposing them to serious sanitation, hygiene, and infectious disease risks, while the nutrition response is generally not sufficient to meet current needs (IPC, June 2026).

In **South Sudan**, ten counties in Jonglei, Unity and Upper Nile and the Abyei Administrative Area were in this phase between April and June (IPC, April 2026). **Somalia's** Burhakaba district (Bay) also

reached Extremely Critical (IPC AMN Phase 5), with GAM of 37 percent and SAM at 10 percent from April–June (IPC, May 2026). In **Kenya's** Arid and Semi Arid Lands (ASALs), Mandera, and parts of Marsabit and Turkana counties were in this phase (IPC, March 2026).

All six countries with data have areas classified in Critical (IPC AMN Phase 4)

Out of 28 SMART surveys conducted in the **Sudan** between September 2025 and February 2026, 11 recorded GAM rates exceeding the IPC AMN Phase 4 threshold of 15 percent amid continued displacement and constrained humanitarian access, reaching over 20 percent in Al Meiram and Nyala Janoub, and 16 percent in Gebrat Al Sheik, signalling a fragile situation highly vulnerable to further deterioration (IPC, June 2026).

In **Somalia**, the Bay Agropastoral livelihood zone was classified in IPC AMN Phase 4 with a GAM rate of 25 percent, alongside IDPs in Baidoa, Belet Weyne, Gaalkacyo, Garoowe and Bosaso; of 35 hotspot areas assessed, 23 were projected to remain in or deteriorate within IPC AMN Phase 4 from April to June 2026 (IPC, May 2026).

South Sudan had the widest geographic spread of IPC AMN Phase 4 classifications, spanning 17 counties in Jonglei, Unity, Upper Nile, Warrap, Central Equatoria, Eastern Equatoria and Western Equatoria (IPC, April 2026).

In **Uganda**, Kaabong and Kotido districts in the Karamoja sub-region were classified in IPC AMN Phase 4 (IPC, June 2026).

In **Kenya's** ASALs, counties and sub-counties classified in IPC AMN Phase 4 include Garissa, Isiolo, Wajir, Laikipia/Loyangalani (Marsabit), Samburu, Turkana North/Kibish, Turkana West,

ACUTE MALNUTRITION 2026

Turkana Central/Loima, and East Pokot/Tiaty (IPC, March 2026).

No 2026 data are available for **Djibouti** where five areas were projected in IPC AMN Phase 4 from August to December 2025 (IPC, June 2025).

Underlying and immediate drivers

Beneath these nutrition crises lie protracted conflict, chronic poverty, climate volatility and weak health, water and sanitation systems, leaving households with little resilience (IPC, 2026; WHO, July 2026). Rather than single shocks, these crises reflect simultaneous deterioration in food access, service access, and disease exposure, with outbreaks and acute malnutrition reinforcing each other in a vicious cycle.

This year's reversal is driven by intensifying conflict in the **Sudan** and **South Sudan**, a strengthening El Niño bringing drought and likely flooding, and unprecedented funding cuts shutting facilities as needs peak – only 40 percent of the **Sudan's** 2026 Humanitarian Response Plan was funded by the end of July (OCHA, September 2026). In conflict and displacement settings, children face constrained diets, high disease prevalence and extremely limited access to safe water and health services, heightening risks of acute malnutrition and death.

Climate extremes compound this directly, destroying crops, pasture and harvests, contaminating water and displacing families from services, feeding into inadequate diets, disease exposure and collapsing health systems. **South Sudan** and the **Sudan** are among the five most climate-hazard-exposed contexts for children globally (UNICEF, June 2026).



In Karamoja, Uganda, fewer than 1 in 5 children aged 6–23 months receive a diet that meets their minimal nutritional and energy requirements for proper growth.

Diet



Poor dietary quality, inadequate intake, and food access constraints remain one of the most consistent risk factors for acute malnutrition across nutrition crises in IGAD member states. In **Somalia's** Bay Agropastoral livelihood zone, only 55 percent of children met minimum meal frequency and none achieved minimum dietary diversity (MDD), indicating a near-total absence of adequate complementary feeding among the

youngest and most vulnerable children (IPC, May 2026). In **Uganda's** Karamoja sub-region, only 18 percent of children aged 6–23 months met the minimum acceptable diet (MAD) and 27 percent MDD, falling to 19 percent in Napak District. Anaemia exceeded 20 percent in all districts and surpassed 50 percent among children in Kiryandongo and Kyangwali refugee settlements, reflecting compounded dietary and micronutrient

deficits (IPC, June 2026). In **Kenya's** ASALs, severe child food poverty remains widespread with many children aged 6–23 months consuming food from only one or two food groups – an estimated 45 percent in Wajir and 37 percent in Tana River. Few achieve MDD – as low as 14 percent in Wajir (IPC, March 2026). In **South Sudan**, only 2.1 percent of children aged 6–23 months receive a MAD (WFP et al., April 2025; IPC, April 2026).

ACUTE MALNUTRITION 2026

Health

 Disease outbreaks across the IGAD region in 2026 have compounded acute malnutrition by weakening children's ability to absorb nutrients, driving unnecessary care-seeking costs, and diverting stretched health resources from prevention to emergency response.

Cholera remains the most widespread threat. **South Sudan** recorded more than 107 000 cumulative cases and over 1 700 deaths between September 2024 and June 2026, with Uror County (Jonglei) recording an 18.9 percent case fatality rate (OCHA, July 2026; **South Sudan** Ministry of Health, August 2026). The **Sudan's** cholera outbreak was declared over in March 2026, after 48 days with no cases, but West Kordofan reported 734 suspected cases and 105 deaths from 15 May (WHO, June 2026). **Kenya's** Garissa County logged 39 cases from mid-May (WHO AFRO, June 2026). **Somalia** recorded 233 cases in the first three months of the year (WHO, April 2026).

Measles cases have surged across the IGAD region since 2024 amid falling vaccination coverage, funding cuts, misinformation and service disruptions. The **Sudan's** reported cases rose sharply, reaching 7 600 in 2025, with more added in early 2026 (Save the Children, April 2026). In the first half of 2026, **Somalia's** Federal Ministry of Health reported 11 600 suspected measles cases with 42 deaths (WHO, September 2026). **Kenya's** outbreak reached 480 cumulative cases by 12 July (WHO AFRO, Week 28, 2026).

Malaria and diarrhoeal disease remain endemic drivers of wasting. In Uganda's Karamoja, malaria prevalence among children under 5 years reached 24 percent in Nakapiripirit and 19 percent in Abim and Karenga, while diarrhoea prevalence averaged 23 percent regionally, peaking at 38 percent in Nakapiripirit (IPC, June 2026).

Care and services

 Structural deficits in water, sanitation and hygiene (WASH), health and education have long constrained care and service access across the IGAD region – 2025–2026 funding cuts have deepened these gaps. Nutrition services are particularly sensitive to humanitarian funding volatility, as programme disruptions affect both preventive and therapeutic interventions.

In the **Sudan**, chronic under-investment underlies 17 million people lacking safe water and 24 million lacking sanitation. Conflict has since destroyed facilities and water points in North Darfur's Um Baru, Kerno and At Tina, left 40 percent of health facilities non-functional, and isolated West Kordofan's Sunut locality (IPC, May 2026). Treatment access is collapsing. Between January and March 2026, only half of 36 highest-burden localities reported any coverage for complicated SAM, and half reported none at all, leaving most malnourished children without access to lifesaving care. This absence of care and support services risks excess deaths among children aged 6–59 months. Preventive interventions such as routine immunisation and vitamin A supplementation remain severely constrained (IPC, June 2026).

Somalia's structural deficits – 52 percent basic water access, 34 percent open defecation, fewer than one health worker per 1 000 people (WHO, March 2026) – are compounded by 205 health and nutrition facility closures due to aid cuts and 30 percent coverage drop (UNICEF; CARE, June 2026).

In **Uganda's** Karamoja, only 32 percent of households meet WHO water standards (15 percent in Kotido) and 84–88 percent of households practise open defecation. Declining funding has closed MAM treatment services in five districts (IPC, June 2026).



Urgent priorities

Agencies stress the need to urgently restore and protect funding for community-based screening, treatment and preventive nutrition services before further closures occur; ensure unimpeded humanitarian access in the **Sudan** and **South Sudan** to reach populations at risk of Famine; integrate refugees and host communities into national nutrition and WASH responses rather than treating them separately; and scale anticipatory action ahead

of El Niño-driven flooding and drought. Without a reversal in funding and improved access, agencies warn that child malnutrition across East Africa is likely to deepen further through the remainder of 2026, particularly among displaced, refugee and pastoralist communities living across the region's conflict-affected and drought-prone borderlands, where access to treatment remains most constrained (UNICEF, August 2026; WHO, July 2026).

South Sudan's chronic gaps in water and sanitation access – less than a quarter of households nationally have access to safe drinking water and latrines and most people practise open defecation – drive recurrent cholera. This is compounded by funding withdrawn from 101 of 1 662 health facilities, the closure of six nutrition sites and eight health facilities in Central Equatoria in January 2026, and the loss of supplementary feeding services in Eastern Equatoria, where only 12 of 24 health facilities remain functional (IPC, April 2026; November 2025).

In **Kenya's** ASALs, sanitation access is as low as 8.7 percent in Baringo-Tiati while 30 percent of Isiolo's population lack access to safe drinking water (IPC, September 2025).

Sustained funding volatility risks compounding these deficits into elevated child and maternal mortality region-wide (FAO, WFP & GNAFC, April 2026).

3 | Displacement

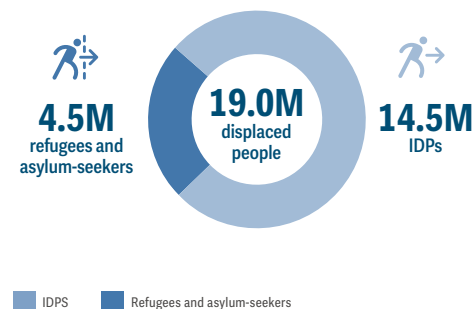
The region continued to have more forcibly displaced populations than any other region in the Global Report on Food Crises.

Conflict and insecurity, and weather extremes, remained the primary drivers of displacement in the region. As of the end of July 2026, an estimated 19 million people were living in forced displacement across six IGAD member states, consisting of nearly 14.5 million internally displaced persons (IDPs) and 4.5 million refugees and asylum-seekers. This is 1.4 million fewer IDPs than in 2025, reflecting large-scale returns within the **Sudan** as pockets of relative safety emerged. Still, IDP numbers rose in **South Sudan**, where conflict shifted from communal violence to organized armed fighting, tripling new displacements from 2024 levels, and in **Somalia**, driven by both drought and conflict.

The refugee population increased by nearly 0.4 million between January 2025 and July 2026. The most significant increase was in South Sudan, where it increased by 24 percent, followed by Uganda (10 percent), the Sudan (8 percent), Djibouti (6 percent), and Kenya (4 percent). In contrast, Somalia experienced a 21 percent decline in its refugee population over the same period (UNHCR, January 2025; July 2026).

The **Sudan** remained the world's largest internal displacement crisis and accounted for 59 percent of the region's IDPs, with nearly 8.6 million, of whom 2.2 million were displaced before April 2023 and 6.4 million after. This is a 26 percent decline from the 11.6 million high recorded in January 2025, largely reflecting increased return movements, especially to Khartoum, Al Jazirah and North Darfur (IOM, August 2026).

FIG 3.1 Number of forcibly displaced people in six countries in the region, 2026



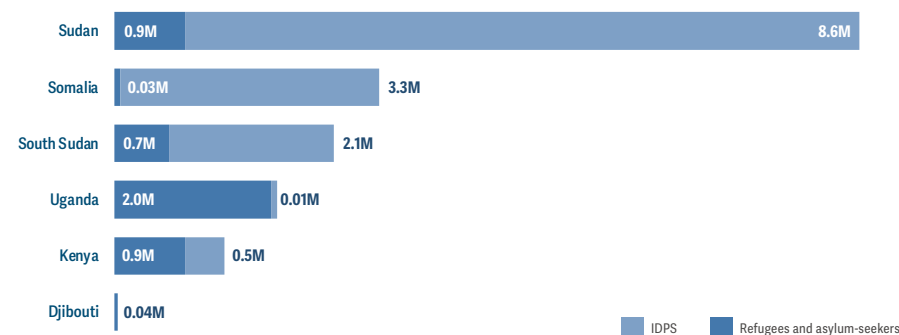
Source: UNHCR Nowcasted estimates, July 2026; IOM 2024, 2025, 2026.

In **Somalia**, nearly 511 800 internal displacements were recorded in the first quarter of 2026, 400 000 more than the same period in 2025, with drought accounting for 93 percent of these displacements. In the second quarter, about 217 000 internal displacements were recorded, nearly three times the number recorded in the same period of 2025, with conflict accounting for 53 percent (UNHCR, June 2026; UNHCR, July 2026).

Forced displacement in **South Sudan** is highly complex, with large numbers of IDPs, refugees and returnees living side by side with host communities (UNHCR, February 2026). Escalating conflict and localised violence displaced more than 428 000 people between January and June 2026, with Jonglei state accounting for 60 percent of the displacements (UNICEF, August 2026).

Of the 4.5 million refugees and asylum-seekers in the region, the majority – 2 million – were hosted in **Uganda**, making it the largest refugee-hosting

FIG 3.2 Number of forcibly displaced people by country, 2026



country on the continent. The majority (52 percent) were from **South Sudan**. Both the **Sudan** and **Kenya** hosted nearly 0.9 million refugees.

Since the start of the conflict in the **Sudan** in mid-April 2023, close to 4.7 million people are estimated to have crossed borders to neighbouring countries, the majority to Egypt, **South Sudan** and Chad. Of them, 68 percent were Sudanese nationals (IOM, August 2026).

Acute food insecurity and malnutrition among displaced populations

Displaced populations continued to experience disproportionately high levels of acute food insecurity and malnutrition, reflecting constrained access to livelihood opportunities and basic services, coupled with heavy reliance on increasingly limited humanitarian assistance.

For IDPs in the **Sudan**, repeated displacement,

including multiple cycles in Kadugli locality and toward El Obeid, has stripped households of assets and disrupted fragile livelihoods and agricultural activity. Roughly a fifth live in camps and over a quarter in informal sites, with severely constrained access to health, water and sanitation, heightening exposure to disease outbreaks in the rainy season. Concentrated displacement hubs such as Tawila in North Darfur host hundreds of thousands of IDPs who face soaring prices and critical nutrition service gaps. These conditions have pushed some settlements toward the extreme end of the scale, as a risk of Famine was projected in At Tina, Tawila, and Um Baru IDP settlements in North Darfur, and Kadugli, Al Buram and Um Durein settlements in South Kordofan between June and September 2026. This situation was expected to persist through October 2026 to January 2027 under a reasonable worst-case scenario (IPC, June 2026).

In **South Sudan**, intensified conflict in Jonglei, Unity and Upper Nile has cut IDPs off from livelihoods, markets, basic services

DISPLACEMENT 2026

and humanitarian assistance. The worst-hit counties are in Jonglei, that is Akobo, with over 130 000 displaced and a near-total breakdown of health, nutrition and humanitarian services, and Nyirol, with 60 000 displaced and assistance blocked since December 2025. In Upper Nile, riverine food distributions were suspended in Ulang and Nasir. The same conflict also drove secondary displacement into Lakes state. Households are increasingly relying on severe coping strategies, including surviving on one inadequate meal a day, widening food consumption gaps and heightening the risk of malnutrition among children (IPC, April 2026).

In **Somalia** too, IDPs have limited livelihood and income-earning opportunities and face widespread poverty, leaving them with little buffer against shocks such as drought, conflict or price spikes. In April–June 2026, five of 11 IDP settlements (Bossaso, Baidoa, Belet Weyne, Gaalkacyo and Garoowe) were projected in Emergency (IPC Phase 4), with the rest in Crisis (IPC Phase 3). High morbidity levels were recorded among IDPs in Beledweyne (25.5 percent) and Baidoa (23.4 percent) (IPC, May 2026).

In **Uganda**, all 13 refugee settlements were classified in IPC Phase 3 in June–July 2025, driven largely by cuts to food rations from 60 percent to 40 percent of the standard basket and limited access to land and livelihoods. Seven settlements, including Adjumani and Palabek, had pockets of Emergency (IPC Phase 4). Palabek and Palorinya had the largest shares of their population in IPC Phase 3 or above, at 65 percent. This was projected to persist through February 2026. More than 56 600 refugee children aged 6–59 months required treatment for acute malnutrition, including close to 10 000 for severe acute malnutrition, with Bidibidi recording the highest burden at 11.4 percent, compounded by malaria



Drought, conflict, lack of humanitarian services due to funding cuts, and high food prices have critically impacted this IDP site in Somalia's Burhakaba district, which was identified as at-risk of Famine in the May 2026 IPC analysis.

and diarrhoea (IPC, September 2025).

In **Kenya**, more than 429 000 refugees – 58 percent of the population across Dadaab, Kakuma and Kalobeyei – faced IPC Phase 3 or above in January–June 2026, with all three camps classified in IPC Phase 4. Kalobeyei recorded the highest severity, with 65 percent of its population in IPC Phase 3 or above, followed by Dadaab with 55 percent and Kakuma with 50 percent. This was largely driven by reduced humanitarian assistance, high food prices and constrained access to livelihoods (IPC, March 2026).

In **Djibouti**, the refugee camps of Ali Addeh and Holl-Holl were projected to remain in IPC Phase 4 between July and December 2026, with 75 percent and 70 percent of their analysed populations respectively expected to face IPC Phase 3 or above. Both camps receive only moderate humanitarian assistance, covering around 29 percent of caloric needs, and face further funding reductions, displacement risk towards urban centres, and the risk of disease outbreaks linked to disruption of WASH programmes (IPC, July 2026).

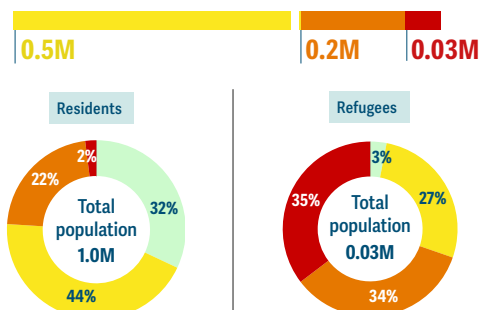
In response to funding constraints, WFP reduced refugee food assistance in **Uganda** from May 2025, with the most vulnerable refugees receiving 40 percent of the standard ration, the moderately vulnerable receiving 22 percent and the least vulnerable no longer receiving any general food assistance (UNHCR et. al, Feb 2026). From June 2025, WFP-supported refugees in Kenya were to receive an in-kind ration of just 28 percent of the standard ration and no cash assistance (WFP, May 2025). For the most vulnerable 240 000 refugees in South Sudan, food and nutrition assistance could stop in September 2026 (WFP, August 2026).

II | Country profiles

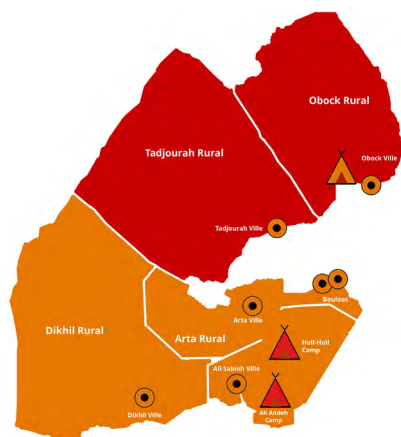


ACUTE FOOD INSECURITY | The food security situation is expected to be worse than in 2025 driven by high food prices and the impacts of El Niño.
PEAK 2026 (JULY–DECEMBER)

0.3M people or **25%** of the analysed population were projected to face high levels of acute food insecurity. Of them, nearly 30 000 were in Emergency (IPC Phase 4).



This is up from the 2025 peak, driven largely by high food prices linked to import dependency and the anticipated impacts of a strong El Niño. All analysed areas were projected in Crisis (IPC Phase 3), except rural Tadjourah and rural Obock, and Ali Addeh and Holl-Holl refugee camps, which were all projected in IPC Phase 4, with 50–75 percent of their populations in IPC Phase 3 or above (IPC, July 2026).



Source: Djibouti IPC TWG, July 2026.

HISTORY OF THE FOOD CRISIS 2016–2026

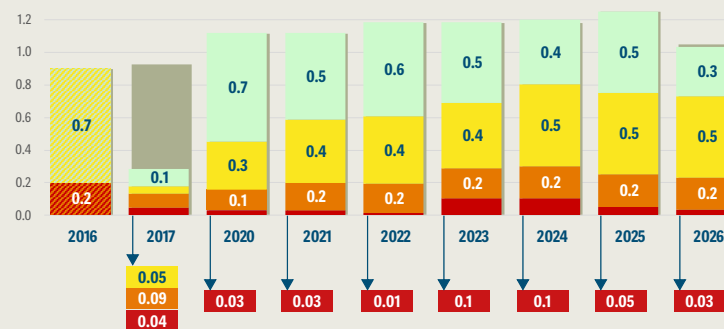
Djibouti has been selected for all editions of the GRFC but no data were available for 2018 and 2019. The relatively low numbers of people facing high levels of acute food insecurity in 2016 (0.2 million) and 2017 (0.1 million) likely reflect the limited geographical coverage of the analysis (31 percent of the population).

The number of people in IPC Phase 3 or above reached its highest level in 2023, with a 49 percent increase from the 2022 peak and the number of people in IPC Phase 4 nearly eight times higher. Global economic shocks, increasing food prices linked to the conflict in Ukraine and periods of drought in 2020–2023 contributed to the deterioration. Djibouti's predominantly arid and semi-arid climate is characterized by recurrent droughts, which have become more frequent and

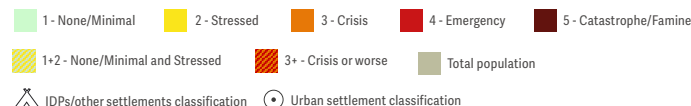
prolonged over the past decade, with cumulative impacts on ecosystems and livelihoods.

With less than 1 percent of its land arable, Djibouti relies almost entirely on food imports to meet its domestic demand, making it highly vulnerable to external shocks, including fluctuations in global food and fuel prices (IFAD).

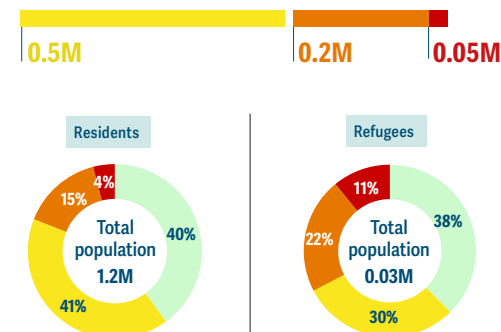
Its economy also depends heavily on port services, leaving it exposed to disruptions in global trade. Heightened security risks in the Red Sea and oil price shocks associated with the Middle East conflict could weigh on shipping demand and routing decisions, with potential implications for its economy (World Bank, April 2026). Djibouti's INFORM Risk Index score of 5.5 places it in the High category (EC-JRC, 2026).

Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2021, 2020–2026


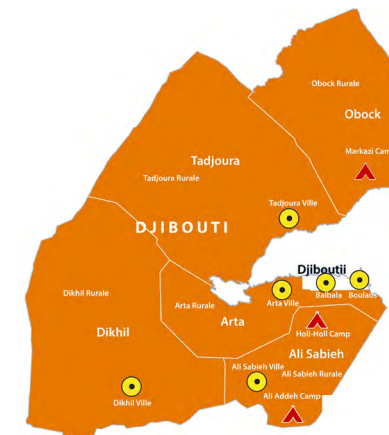
Source: Djibouti IPC TWG.


PEAK 2025 (JULY–DECEMBER)

0.2M people or **20%** of the total population faced high levels of acute food insecurity. Of them, nearly 55 000 were in IPC Phase 4.



Though the number of people facing high levels of acute food insecurity declined slightly compared with the 2024 peak, reduced humanitarian assistance contributed to the country's three refugee camps shifting to IPC Phase 4. Most rural areas, including in Ali Sabieh, Arta, Dikhil, Obock and Tadjourah were classified in IPC Phase 3, with up to 40 percent of their populations in IPC Phase 3 or above (IPC, June 2025).



Source: Djibouti IPC TWG, July 2025.

DRIVERS OF THE FOOD CRISIS IN 2026

Economic shocks In 2026, inflationary pressures linked to disruptions in regional trade continued to drive food prices up. By June, prices of most WFP-monitored food commodities exceeded their recent five-year averages, with the sharpest increases in Obock and Tadjourah, reflecting the remoteness of some markets (IPC, July 2026).

Reflecting these pressures, the Consumer Price Index (CPI) reached 106.9 points in June – an all-time high and the fifth consecutive monthly increase, driven largely by transport costs, whose CPI sub-index has remained above 21 percent since June 2025 (Trading Economics).

Tensions linked to the conflict in the Middle East including disruptions to shipping through the Strait of Hormuz, a key route for global fuel exports, and from September, intensifying disruptions in the Bab el-Mandeb Strait between Yemen and Djibouti, are pushing up the price of fuel and imported food. As a result, the cost of Djibouti's food basket has increased sharply, limiting household purchasing power (IPC, July 2026).

Given the country's high reliance on food imports and the continued volatility in international markets, food prices are expected to remain elevated, forcing low-income households to allocate an increasing share of their limited resources to basic food needs.

Weather extremes Forecast below-average rainfall during the July–September (JJAS) rainfall season, linked to El Niño conditions, combined with above-average temperatures, are expected to lead to significantly reduced availability of locally produced staple food. These conditions will also likely accelerate the depletion of water sources and pasture, undermining livestock productivity and pastoral livelihoods (FSNWWG, July 2026).

DISPLACEMENT

36 400 refugees and asylum-seekers hosted

Source: UNHCR, Government, 31 March 2026.

Refugees As of March 2026, Djibouti hosted about 36 400 refugees and asylum-seekers, up from around 33 500 a year earlier, reflecting a deteriorating security situation in several neighbouring countries. Of these, 41 percent are from Ethiopia, 39 percent from Somalia, and 11 percent from Yemen. The majority (81 percent) live in the country's three refugee camps (Ali Addeh, Holl-Holl and Markazi), with Ali Addeh hosting the largest population, while the remaining 19 percent live in the city of Djibouti (UNHCR).

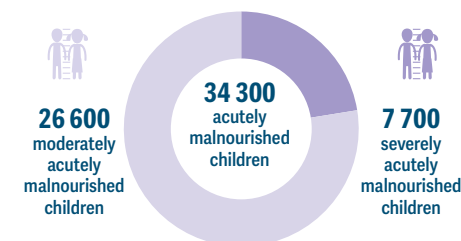
Food security in the camps remains a major concern. Between July and September 2026, Ali Addeh and Holl-Holl were projected to be in IPC Phase 4, with 75 percent of the analysed population of Ali Addeh and 70 percent of Holl-Holl projected to face IPC Phase 3 or above. Markazi was projected to be in IPC Phase 3. These outcomes are largely driven by high food prices and limited livelihood opportunities, compounded by significant funding shortfalls that have constrained humanitarian assistance. Since mid-2025, declining funding has led to food rations being cut to approximately 50 percent of daily caloric requirements (IPC, July 2026).

Given the worsening acute food insecurity situation in the camps, acute malnutrition among children aged 6–59 months remains a major concern, raising the risk of increased mortality.

In September 2026, escalating violence in Yemen was driving new displacement into the country. Nearly 3 000 people arrived in less than a week having made the dangerous sea crossing through the Bab el-Mandeb Strait. More than half of them are women and children (UNHCR, September 2026).

ACUTE MALNUTRITION

JANUARY–DECEMBER 2025



2 100 pregnant and breastfeeding women with acute malnutrition.

Source: Djibouti IPC TWG, June 2025.

No analysis is available for 2026 but in late 2025 acute malnutrition was deteriorating with five areas projected in Critical (IPC AMN Phase 4).

From August to December 2025, out of 15 areas analysed, five were projected in Critical (IPC AMN Phase 4) and seven in Serious (IPC AMN Phase 3). Compared with January–July 2025, six were projected to move to a higher severity – the cities of Tadjourah and Ali Sabieh, and Ali-Addeh refugee camp from IPC AMN Phase 2 to Phase 3, and the rural area of Dikhil, and Markazi and Holl-Holl refugee camps from IPC AMN Phase 3 to IPC AMN 4. Rural Obock and Tadjourah continued to face IPC AMN Phase 4 (IPC, June 2025).

CONTRIBUTING FACTORS

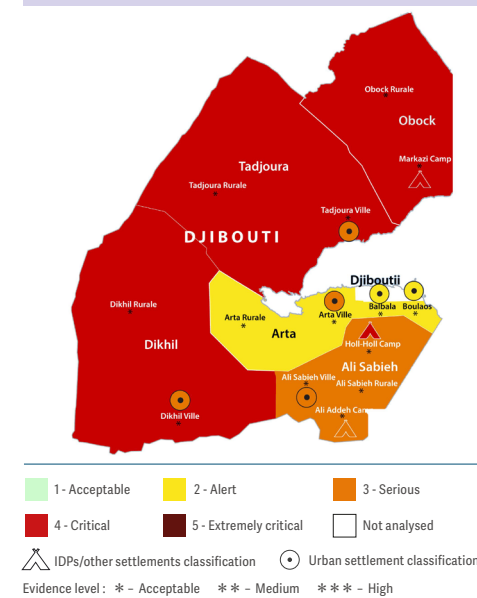
Lack of food/inadequate diets High and recurrent food insecurity continued to undermine food intake, with 36 percent of households estimated to have poor or borderline food consumption, reflecting significant food consumption gaps. Child-feeding practices were sub par, with exclusive breastfeeding rates estimated at 12.3 percent, considered Critical (UNICEF, 2024).

Disease burden Recurrent episodes of diarrhoeal diseases, acute respiratory infections, and other communicable illnesses, exacerbated by limited access to healthcare services continued to heighten the risk of acute malnutrition, especially among vulnerable populations in rural areas and refugee camps.

Inadequate practices Poor water, sanitation and hygiene conditions exacerbated child health risks. Access to safe water ranged from 10 percent to 90 percent depending on the area, while in some areas access to latrines was as low as 11 percent. This resulted in a high incidence of child illnesses, such as acute watery diarrhoea and malaria.

Inadequate services Limited reach of nutrition interventions (including in refugee camps), due to a reduction in funding, inadequate access to healthcare, and low coverage of measles vaccinations and vitamin A supplementation, compounded the situation (IPC, June 2025).

PEAK 2025 (AUGUST–DECEMBER)



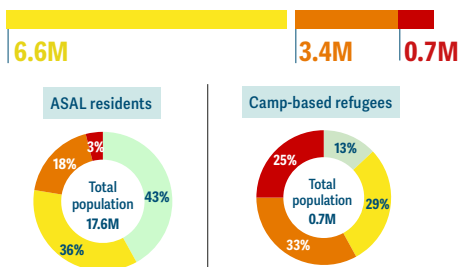
Kenya (Arid and Semi-Arid Lands and camp-based refugees in these areas)

[CONTENTS](#)

ACUTE FOOD INSECURITY | Sharp rise in magnitude of high acute food insecurity following poor seasonal rains in late 2025.

PEAK 2026 (APRIL–JUNE)

4.1M people or 22% of the ASAL and refugee population were projected to face high levels of acute food insecurity, including over 0.7M in Emergency (IPC Phase 4). Of the total, 0.4M were refugees.



This sharp deterioration since the 2025 peak is largely driven by worsening drought conditions following the poor October–December (OND) 2025 rainfall season, which led to widespread crop failure, poor yields, and severe pasture and water shortages. Mandera, alongside Dadaab, Kakuma and Kalobeyei refugee camps were expected to face IPC Phase 4 (IPC, March 2026). Average to above-average March–May (MAM) 2026 rains brought a notable improvement, although recovery remained limited (FEWS NET, June 2026).



Source: Kenya IPC TWG, March 2026.

HISTORY OF THE FOOD CRISIS 2016–2026

A protracted food crisis, Kenya's ASALs have been included in all nine editions of the GRFC. Since 2016, the number of people facing high levels of acute food insecurity (IPC Phase 3 or above) has fluctuated, with a sharp rise during the severe and widespread 2020–2023 drought emergency – reaching 4.4 million in 2022 and peaking at 5.4 million in 2023. Before 2023, the number of people in IPC Phase 3 or above ranged from 1.3 million to 3.4 million in 2017 during the peak of the preceding regional drought.

In 2023, the number of people in IPC Phase 4 reached 5.4 million due to the accumulated impacts of the consecutive failed growing seasons. Following the end of drought in 2023, food security outcomes improved, with the number of people in IPC Phase 3 or above returning to pre-drought levels in 2024 and 2025.

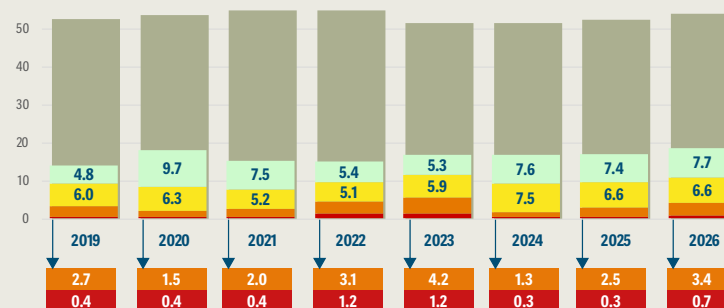
The sharp deterioration in 2026 is largely driven by persistent drought conditions resulting from the cumulative impact of consecutive poor seasons in several areas since the OND 2024 season.

Beyond drought, other key drivers of acute food insecurity have included flooding, localized conflict and insecurity, high food prices, and economic shocks linked to COVID-19 and the war in Ukraine.

Kenya's ASALs remain particularly susceptible to climate extremes, whose frequency and intensity are increasingly amplified by climate change. Compounding this, widespread deforestation and overgrazing have severely degraded large portions of these lands, undermining their productivity, and threatening food security, livelihoods and biodiversity.

Historically excluded from socio-economic development, households in the ASALs endure high rates of poverty. Estimates indicate that ASAL counties have an average multidimensional poverty rate of 63 percent and monetary poverty rate of 44 percent, compared with 52 percent and 35 percent, respectively, for non-ASAL counties (The Kenya Institute for Public Policy Research and Analysis, 2023).

Peak numbers of people (in millions) by phase of acute food insecurity, 2019–2026

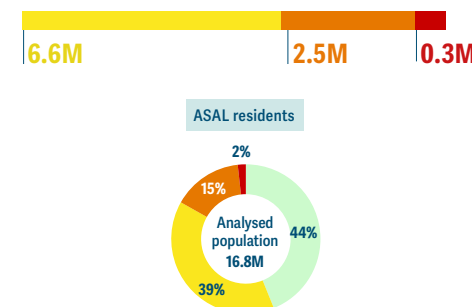


Source: Kenya IPC TWG.

Legend: 1 - None/Minimal, 2 - Stressed, 3 - Crisis, 4 - Emergency, 5 - Catastrophe/Famine, Total population. At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance. IDPs/other settlements classification. Evidence level: * - Acceptable, ** - Medium, *** - High.

PEAK 2025 (APRIL–JUNE)

2.8M people or 17% of the ASAL resident population faced high levels of acute food insecurity. Of them, 0.3M were in IPC Phase 4.



This represented a significant deterioration since the 2024 peak, with Baringo, Garissa, Isiolo, Mandera, Marsabit, Meru, Samburu, Tana River, Turkana and Wajir counties in IPC Phase 3 based on a forecast poor March–May 2025 rainy season. Though better-than-anticipated rains improved pasture and water availability in some areas, their erratic distribution and prolonged dry spells disrupted crop development, leading to 40–70 percent below-average production in agropastoral areas (IPC, September 2025).



Source: Kenya IPC TWG, March 2025.

DRIVERS OF THE FOOD CRISIS IN 2026

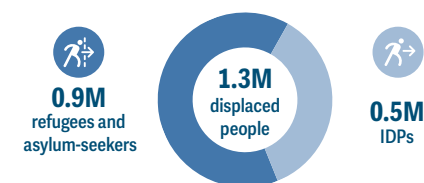
Weather extremes The OND 2025 season was among the driest on record in most parts of northern and eastern Kenya – in some, it was the second or third consecutive poor season (FEWS NET, June 2026). For cropping households, crop failures and below-average yields (maize was 32 percent of the long-term average) reduced food availability and income. For pastoral households, pasture and water shortages undermined livestock body conditions and production. Mandera reported nearly 30 000 livestock losses by end of January and milk production was 87 percent below the long-term average (NDMA, January 2026). Distress livestock sales increased and herd sizes fell to 50 percent below average by February (FAO, May 2026). Average to above-average MAM 2026 rains improved the situation, but milk production remained below average due to reduced herd sizes (FEWS NET, July 2026). Forecast above-average OND 2026 rains, linked to a strong El Niño, should support crop and livestock production, but could also raise flood and vector-borne disease risks.

Economic shocks High staple food prices constrained household purchasing power and food access. National average maize prices were 15 percent higher year-on-year in January due to high fuel and transport costs, and reduced OND harvest (FAO, February 2026). By June, maize prices had stabilised as supplies improved but largely remained above the long-term average in a number of counties (NDMA, June 2026).

In July, diesel and petrol prices were about 30 and 15 percent higher year-on-year amid Middle East disruptions, and inflation reached 6.5 percent, up from 4.4 percent in January (KNBS, July 2026).

Conflict and insecurity Human-wildlife conflict, particularly in Laikipia, Kajiado, Kitui and Taita Taveta led to extensive crop damage and livestock losses (IPC, March 2026). Declining rangeland resources through September risk heightening conflict over grazing in Baringo, Isiolo, Marsabit, Samburu and Turkana (FEWS NET, June 2026).

DISPLACEMENT



Source: UNHCR nowcasted estimate, July 2026; IOM DTM 2024, 2025.

Refugees Kenya's refugee population has grown from around 540 000 in 2021, driven largely by conflict, insecurity and humanitarian crises in Somalia and South Sudan (GOK and UNHCR, December 2025). More than half (55 percent) are Somali, followed by South Sudanese (24 percent), while women and children make up roughly 75 percent. About 86 percent live in Dadaab, Kakuma and Kalobeyei camps and settlements, with 14 percent in urban areas, mainly Nairobi (GOK and UNHCR, June 2026).

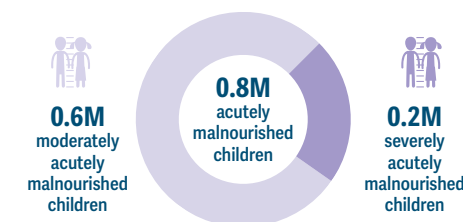
The food security and nutrition situation in the camps deteriorated amid declining humanitarian funding. In August 2025, WFP introduced differentiated assistance based on vulnerability, cutting general food assistance recipients from 720 000 to about 642 500 – prioritizing the most vulnerable. Some 67 percent of refugee households, however, could not meet basic food needs, and over 90 percent used negative coping strategies such as skipping meals, with women-headed households most affected (WFP, 2026).

Between April and June 2026, more than 429 000 refugees – about two-thirds of the population in Dadaab, Kakuma and Kalobeyei – faced high levels of acute food insecurity, with all three classified in IPC Phase 4 (IPC, March 2026). Nearly 45 000 refugee children aged 6–59 months needed treatment for acute malnutrition (FSNWG, February 2026).

IDPs Overlapping shocks – intercommunal conflict, recurrent drought, floods and economic hardship – drove displacement across Garissa, Mandera, Turkana and Wajir (IOM, December 2024; January 2025; February 2025).

ACUTE MALNUTRITION

JANUARY–DECEMBER 2026



0.1M pregnant and breastfeeding women with acute malnutrition.

Source: Kenya IPC TWG, March 2026.

The acute malnutrition situation deteriorated sharply with Mandera, Laikipia and North Horr/Chalbi in Marsabit, and Turkana East and South projected to be in Extremely Critical (IPC AMN Phase 5) from March–June.

The number of children aged 6–59 months with acute malnutrition increased by about 9 percent from nearly 742 000 during 2025 (IPC, March 2026). East Pokot/Tiaty in Baringo, Garissa, Isiolo, Samburu, Turkana West, Turkana Central/Loima, Turkana North/Kibish and Wajir were projected in a Critical situation (IPC AMN Phase 4).

CONTRIBUTING FACTORS

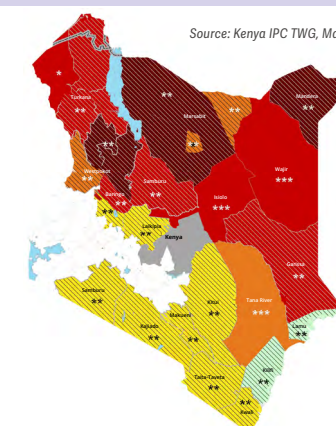
Lack of food/inadequate diets Severe child food poverty remains widespread with many children aged 6–59 months consuming food from only one or two food groups – an estimated 45 percent in Wajir and 37 percent in Tana River. Few achieve minimum dietary diversity (≥5 food groups) – as low as 14 percent in Wajir – raising the risk of micronutrient deficiencies and poor nutritional outcomes (IPC, March 2026).

Disease burden Upper respiratory tract infections (most notably in North Horr, Garissa, Wajir, Mandera and Laikipia), malaria and diarrhoea remain prevalent (IPC, March 2026).

Inadequate practices WASH conditions remain inadequate, with many households below minimum standards for water treatment, sanitation, and per capita water consumption. Between January and February 2026, only 15 percent of households in Wajir reported treating drinking water. Open defecation also remains prevalent, practised by nearly 37 percent of Tana River households (IPC, March 2026).

Inadequate services Inadequate coverage of essential health and nutrition services constrains prevention and treatment. Recurrent supply stock-outs limit screening and treatment capacity, contributing to declining admissions. Fully Immunised Child (FIC) coverage remains below national target, particularly in parts of Turkana, West Pokot, Isiolo and Laikipia (23–49 percent), as is Vitamin A supplementation (IPC, March 2026). Active outreach sites cover only 35 percent of hard-to-reach malnutrition hotspots mapped by UNICEF (FSNWG, June 2026).

PEAK 2026 (MARCH–JUNE)

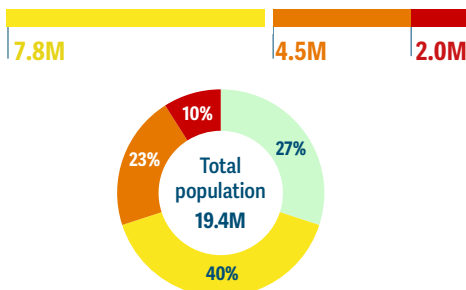


1 - Acceptable 2 - Alert 3 - Serious
4 - Critical 5 - Extremely critical MUAC
Not analysed Inadequate evidence
Evidence level: * - Acceptable ** - Medium *** - High

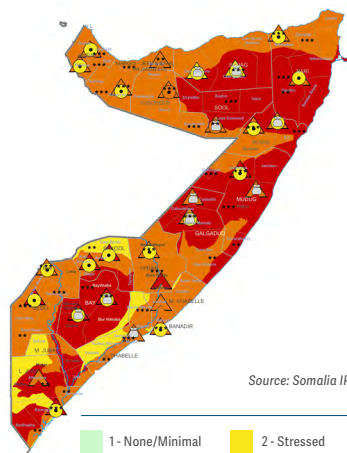
ACUTE FOOD INSECURITY | Worsening drought, rising food prices and insecurity – compounded by declining humanitarian assistance – are driving an alarming deterioration.

PEAK 2026 (FEBRUARY–MARCH)

6.5M people or 33% of the total population were projected to face high levels of acute food insecurity. Of them, over 2M were in Emergency (IPC Phase 4), the highest in Somalia's GRFC history.



This is a 41 percent increase since the 2025 peak with populations in agro-pastoral and pastoral livelihood zones and IDPs hardest hit by drought impacts. An improvement anticipated for April–June did not materialise due to poor Gu rainfall, sharp food price spikes and conflict-related displacement. Burhakaba District was at risk of Famine under a worst-case scenario of high food prices and limited humanitarian food assistance (IPC, February 2026; May 2026).



Source: Somalia IPC TWG, February 2026.

HISTORY OF THE FOOD CRISIS 2016–2026

A protracted food crisis driven by recurrent climate shocks, conflict and insecurity, fragile livelihoods and chronic socioeconomic vulnerability. Somalia has faced a recurring pattern of deterioration, temporary recovery and renewed shocks, limiting households' ability to rebuild between crises.

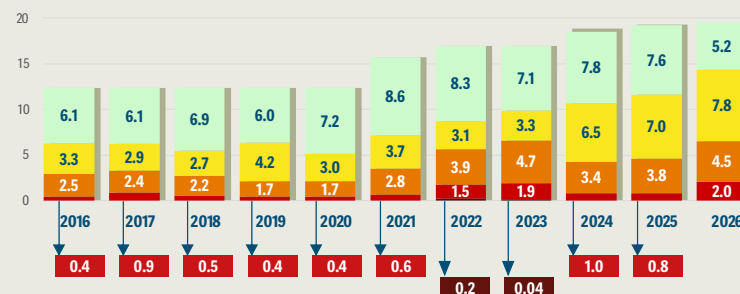
Conditions intensified in 2016–2017 after consecutive poor rains, drought, livestock losses and conflict drove livelihood disruption and displacement. Famine (IPC Phase 5) was projected under a worst-case scenario (FSNAU, October 2016; FSNAU and FEWS NET, February 2017) but did not materialise, given scaled-up assistance (FSNAU and FEWS NET, March 2018). From 2018, outcomes improved, with assistance limiting further deterioration, but underlying fragilities remained unresolved.

From 2020–2023 repeated failed rains drove prolonged drought and livestock and crop losses, compounded by El Niño flooding in late 2023. People facing high levels of acute food insecurity more than tripled, from 2.1 million in 2020 to 6.6 million in 2023 – the number of people facing

IPC Phase 4 rose 364 percent to 1.9 million, and populations in Catastrophe (IPC Phase 5) were recorded in 2022 and 2023. Famine (IPC Phase 5) was projected for Bay, Bakool and IDP camps in Baidoa and Mogadishu (IPC, September and December 2022), but averted through assistance and improved rains (IPC, April 2023). Conditions improved in 2024 but recovery proved short-lived with a grave deterioration in 2026 due to worsening drought conditions since late 2025, prompting the government to declare a national drought emergency in November 2025.

Somalia ranks 181 of 187 countries on the ND-GAIN climate vulnerability index (University of Notre Dame, 2025) and was ranked the world's most fragile state in 2024 (FFP, February 2025), with a Human Development Index (HDI) of 0.404 placing it 192nd of 193 countries (UNDP, 2025). Somalia's first official Multidimensional Poverty Index found 67 percent of the population multidimensionally poor, rising to 81.5 percent among nomadic populations (Somalia National Bureau of Statistics, Ministry of Labour and Social Affairs and OPHI, December 2024).

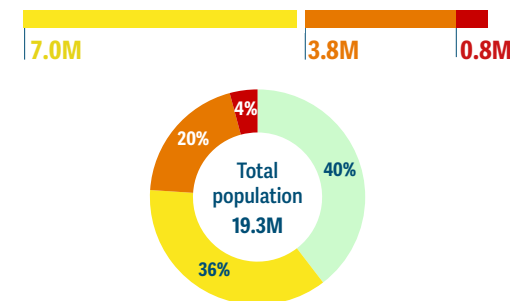
Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2026



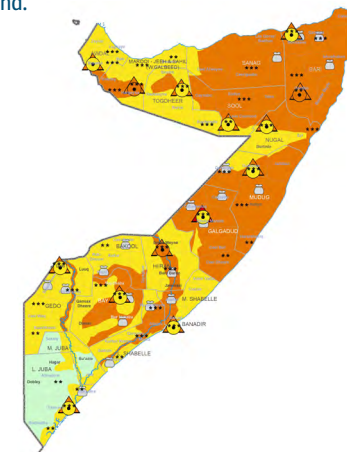
Source: Somalia IPC TWG.

PEAK 2025 (APRIL–JUNE)

4.6M people or 24% of the total population were projected to face high levels of acute food insecurity. Of them, 0.8M were in IPC Phase 4.



This marked a 4 percent increase since the 2024 peak (4.4 million people in October–December) driven by an anticipated rise in internal displacement, driven by conflict and drought, amid a decline in humanitarian assistance. The situation was worst in Galgaduud, Bay, Mudug and several parts of Puntland and Somaliland.



Source: Somalia IPC TWG, February 2025.

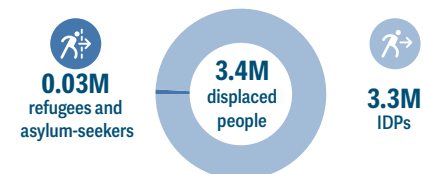
DRIVERS OF THE FOOD CRISIS IN 2026

Weather extremes The OND 2025 Deyr season failed almost entirely, with cereal production the lowest on record and roughly 75 percent below the recent five-year average (FAO-GIEWS, March 2026). Livestock body conditions deteriorated sharply, with rising deaths from starvation and diseases, and very low milk yields during the Jilaal dry season. Below-average and delayed 2026 Gu rains further constrained recovery, with off-season maize harvests 21 percent lower than earlier forecast and July harvests expected to be well below average despite improved rains in May (IPC, May 2026). From October–December, El Niño is likely to bring above-normal rainfall that could support crop production and pasture regeneration. However, the enhanced rainfall could heighten flood risks along the Juba and Shabelle systems, potentially triggering displacement, damaging infrastructure and disrupting livelihoods (OCHA, July 2026).

Conflict and insecurity Conflict disrupted livelihoods, livestock migration and trade flows, constraining market functioning and access, particularly in southern Somalia (IPC, February 2026). It became the dominant driver of displacement in Q2 2026, reflecting intensified armed conflict, localized clan violence, military operations against non-state armed groups, and insecurity along major transport corridors (UNHCR, July 2026). Humanitarian access constraints linked to conflict and violence against humanitarian personnel, assets and facilities disrupted operations and delayed the delivery of assistance, especially in Bay (OCHA, July 2026).

Economic shocks The failed 2025 Deyr harvest, limited carry-over stock, and rising fuel, and transport costs linked to the Middle East conflict drove sharper-than-anticipated food price increases, undermining poor households' purchasing power. Widespread rejection of local currency by traders in southern regions accelerated its depreciation, deepening households' inability to purchase food (IPC, May 2026). Somalia's extreme import dependence amplifies its exposure to the inflationary impacts of the Middle East crisis (WFP, June 2026).

DISPLACEMENT



Source: UNHCR July 2026.

IDPs In Q1 2026, more than 500 000 internal displacements were recorded – over 400 000 more than the same period in 2025 – with drought accounting for 93 percent (UNHCR, June 2026). In Q2, over 200 000 were displaced, with conflict accounting for 53 percent and drought for 35 percent. The crisis has evolved into a conflict- and drought-driven emergency, reflecting growing interaction between insecurity and climatic shocks (UNHCR, July 2026).

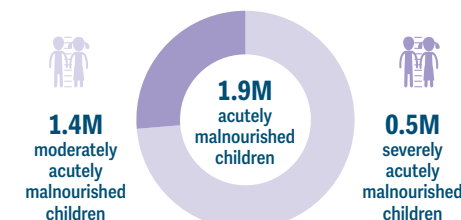
With limited livelihoods, widespread poverty, heavy reliance on humanitarian assistance and poor access to services, IDPs – mostly in settlements across urban areas – remain highly vulnerable to shocks. Outcomes worsened in 2026 due to high food prices, a projected influx of new IDPs, and inadequate humanitarian assistance (IPC, May 2026).

In April–June 2026, five of 11 IDP settlements – Bossaso, Baidoa, Belet Weyne, Gaalkacyo and Garoowe – were classified in IPC Phase 4, others in Phase 3. Acute malnutrition among IDPs was projected to worsen through the Gu season; childhood morbidity, a key driver, reached 25.5 percent among Beletweyne IDPs and 23.4 percent among Baidoa IDPs, reflecting disease exposure compounding poor food consumption and constrained health, nutrition and WASH access (IPC, May 2026).

Refugees and asylum-seekers in Somalia are mainly from Ethiopia (71 percent) and Yemen (23 percent). Children account for 47 percent, and women and children together for 70 percent. The refugee population lives predominantly in urban areas (UNHCR, June 2026).

ACUTE MALNUTRITION

JANUARY–DECEMBER 2026



Somalia IPC TWG, May 2026.

Worsening acute food insecurity, rising disease burden, and inadequate essential services, amid severe funding constraints, drove a deeply concerning nutrition crisis.

Bay Agropastoral livelihood zone recorded a GAM prevalence of 25 percent; within it, Burhakaba district was classified Extremely Critical (IPC AMN Phase 5), with GAM at 37 percent and SAM at 10 percent, and at risk of Famine. In IPC AMN Phase 5 areas, at least one in three children is acutely malnourished, with many expected to die from preventable disease. Of 35 areas analysed (26 livelihood zones, nine IDP settlements), 23 were classified Critical (IPC AMN Phase 4) and nine Serious (IPC AMN Phase 3) in April–June.

CONTRIBUTING FACTORS

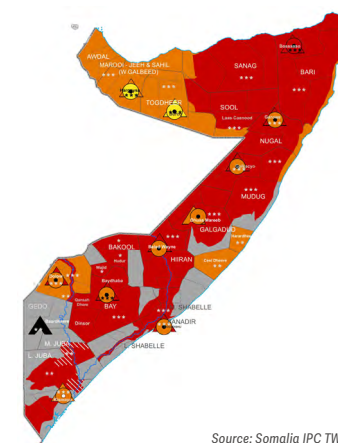
Lack of food/inadequate diets Low milk yields linked to drought and soaring food insecurity has worsened food consumption among children, and lowered their milk intake.

Disease burden In the first half of 2026, Somalia's Federal Ministry of Health reported 11 600 suspected measles cases with 42 deaths (WHO, September 2026). Acute respiratory infections rose 58 percent and diarrhoea 34 percent year-on-year. Child morbidity reached 37 percent in Burhakaba and 36 percent in Bay Agropastoral (IPC, May 2026).

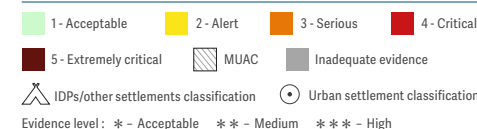
Inadequate practices Feeding practices remained below standards across five hotspot areas. Almost no children met minimum dietary diversity, reflecting overreliance on carbohydrates.

Inadequate services Poor WASH access, aggravated by riverine flooding, remained a major driver of diarrhoea and cholera. In Burhakaba Rural, only 13 percent of households accessed safe drinking water and 2 percent improved sanitation. These factors are compounded by funding shortfalls that led to the closure of 54 outpatient therapeutic programme sites in February–March 2026 and 155 nutrition sites in the first quarter, leaving Burhakaba with just three sites (IPC, May 2026). Funding cuts have contributed to a 30 percent reduction in health and nutrition service coverage nationwide. Under a severe funding scenario, more than 600 health facilities could close nationwide (UNICEF, August 2026).

PEAK 2026 (APRIL–JUNE)



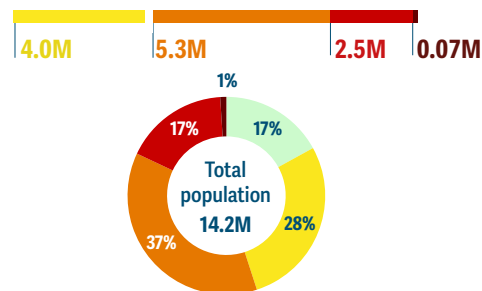
Source: Somalia IPC TWG, May 2026.



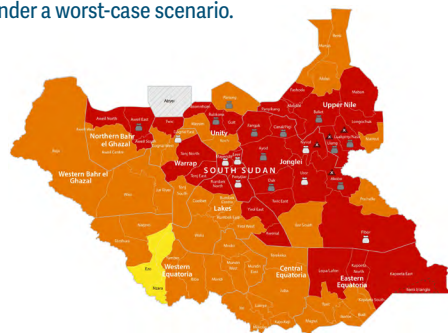
ACUTE FOOD INSECURITY | Conflict, displacement, restricted humanitarian access, market collapse and rising food prices are deepening extreme hunger.

PEAK 2026 (APRIL–JULY)

7.8M people or 55% of the total population faced high levels of acute food insecurity during the lean season. Of them, around 2.5M were in Emergency (IPC Phase 4) and 73 000 in Catastrophe (IPC Phase 5).



This marks a further worsening since the 2025 lean period, driven primarily by escalating conflict in parts of the country, severely disrupting livelihoods, markets and access to essential services with many communities cut off from humanitarian assistance. The populations in IPC Phase 5 were in Akobo, Fangak, Nyirol and Uror counties (Jonglei) and Luakpiny/Nasir and Ulang counties (Upper Nile). A risk of Famine was determined for Luakpiny/Nasir and Ulang (Upper Nile) and Nyirol and Akobo (Jonglei) under a worst-case scenario.



Source: South Sudan IPC TWG, April 2026.

HISTORY OF THE FOOD CRISIS 2016–2026



A protracted food crisis. South Sudan has consistently ranked among the worst food crises in all editions of the GRFC. Since gaining independence in 2011, the country has faced persistent economic challenges, political instability, and repeated cycles of conflict that have contributed to widespread poverty and vulnerability.

Since 2017, over half the population has faced acute food insecurity during the lean season, with pockets of people in Catastrophe (IPC Phase 5) each year. Unity and Jonglei states have consistently been among the most affected areas. Famine was detected in Unity state in February 2017, and again in Pibor county, Jonglei, in November 2020.

The highest number of people in Catastrophe (IPC Phase 5) was recorded in 2018 at approximately 155 000, driven by conflict, mass displacement and severely limited humanitarian access in areas such as Leer and Mayendit (IPC, February 2018).

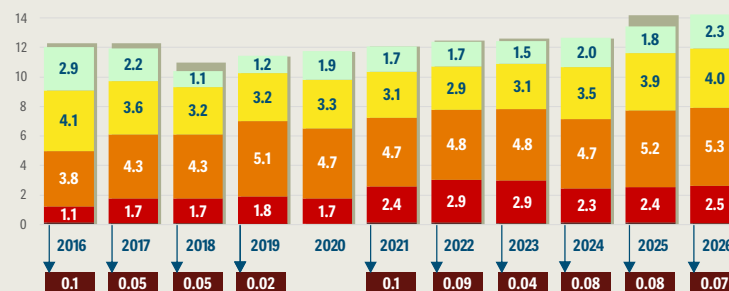
Since 2023, the escalating conflict in neighbouring Sudan has driven an influx of around 1.4 million returnees and refugees, overwhelming already

strained resources, disrupting markets and intensifying pressure on humanitarian services (UNHCR, August 2026; IPC, June 2025). The number of people in Catastrophe (IPC Phase 5) doubled between 2023 and 2025 partially driven by the arrival of these refugee returnees.

In addition to conflict-related shocks, South Sudan is highly vulnerable to climatic hazards, including recurrent floods and periodic droughts, which undermine agricultural production, destroy assets, and disrupt livelihoods. The country has experienced cyclical flooding for several consecutive years, with some of the worst flood events since independence affecting and displacing more than 1 million people.

These compounding shocks have entrenched poor socio-economic conditions, including limited income opportunities and access to healthcare as well as low levels of education. South Sudan ranked lowest globally on the 2023 Human Development Index (UNDP, May 2025) and as the world's third most fragile state in 2024 (FFP, February 2025).

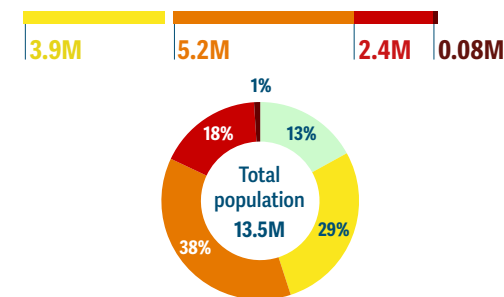
Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2026



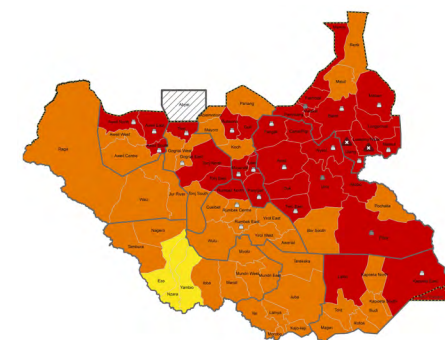
Source: South Sudan IPC TWG.

PEAK 2025 (APRIL–JULY)

7.7M people or 57% of the analysed population were projected to face high levels of acute food insecurity during the lean season. Of them, around 2.4M were in IPC Phase 4 and 83 000 in Catastrophe (IPC Phase 5). A risk of Famine was projected for Luakpiny/Nasir and Ulang counties.



This represented a deterioration since the 2024 peak, primarily due to conflict displacing households, disrupting humanitarian assistance, and limiting access to farms and markets. The populations in Catastrophe (IPC Phase 5) were in Pibor county and Luakpiny/Nasir, Ulang and Malakal counties (Upper Nile) as well as returnees from Sudan in Greater Upper Nile.



Source: South Sudan IPC TWG, April 2026.

■ 1 - None/Minimal
 ■ 2 - Stressed
 ■ 3 - Crisis
 ■ 4 - Emergency
 ■ 5 - Catastrophe/Famine
 ■ Total population
 At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance
 At least 25% of households meet >50% of caloric needs from humanitarian food assistance
 Risk of Famine
 Urban settlement classification
 Evidence level: * - Acceptable ** - Medium *** - High

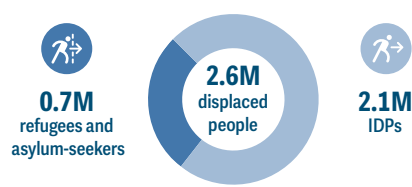
DRIVERS OF THE FOOD CRISIS IN 2026

Conflict and insecurity Conflict and displacement remained the primary driver of the worsening food crisis, disrupting people's production capacity and livelihoods, limiting access to food and income sources, and cutting populations off from markets and services. Violence escalated beyond intercommunal clashes, cattle raiding and road ambushes into large-scale bombardment, ground fighting, and displacement of entire villages across Jonglei, Unity and Upper Nile. It intensified sharply in January–February 2026, eased briefly in March, then resumed in Akobo in April. Communities hosting those displaced face overwhelming pressure on limited services, food stocks and WASH infrastructure (IPC, April 2026).

Economic shocks Exceptionally high cereal prices, driven by high inflation, currency weakness and import reliance, continued to erode household purchasing power. This was compounded by supply chain disruptions linked to the Middle East crisis raising import costs for fuel and food, and by changes to payment modalities and new border taxes in February 2026 (IPC, April 2026). In Juba, sorghum prices remained at record levels between March and June 2026, while maize prices rose 20 percent before easing 15 percent between June and August as the first-season harvest increased supplies. Diesel prices in the capital more than doubled between February and August 2026 (FAO-GIEWS, September 2026). Insecurity halted riverine transport to southern Unity, northern Jonglei and Upper Nile, prompting trader withdrawal and causing acute supply shortages and elevated prices (IPC, April 2026).

Weather extremes While flooding was foreseen in Unity and Jonglei states during the March–May rainy season, it was worse than expected, particularly in Leer, Mayendit and Panyijiar (IPC, April 2026). Drought conditions persisted in August due to El Niño, with severe rainfall deficits ranking among the driest on record, affecting crop production and pasture availability. The poor rainfall is likely to drive below to severely below-average harvests across the country (FEWS NET, August 2026).

DISPLACEMENT



Source: UNHCR July 2026; IOM June 2025.

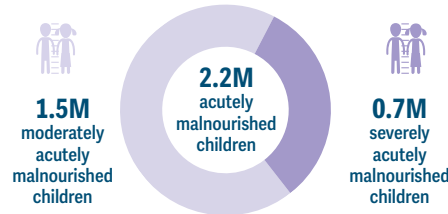
IDPs Since December 2013, conflict and recurrent flooding have driven mass displacement. Between January and March 2026, more than 276 500 people were displaced across Jonglei, Lakes, Upper Nile and Central Equatoria (IOM DTM, March 2026). In Akobo, around 140 000 people were displaced by June (UNHCR, June 2026). Affected populations are cut off from livelihoods, markets, basic services and humanitarian assistance, increasing reliance on severe coping strategies, including surviving on one inadequate meal a day, with children depending primarily on fluids (IPC, April 2026).

Returnees Since fighting erupted in the Sudan in April 2023, more than 1 million South Sudanese refugees have returned, 80 percent of them crossing at the Renk border. Most have settled in Upper Nile (UN South Sudan, 2026) and face a critical food and nutrition crisis (IPC, June 2025).

Refugees and asylum-seekers in South Sudan are mainly Sudanese (95 percent) and 75 percent are women and children. Over half (57 percent) live in camps (UNHCR, July 2026). Funding shortfalls in 2024 forced WFP to halve rations, even for new arrivals from Sudan, and deprioritize less vulnerable refugees. Without urgent funding, WFP food and nutrition assistance for the last 240 000 most vulnerable refugees supported will stop from September. WFP warns that interruption risks immediate, lasting harm, including malnutrition and exploitation and abuse of women and children amid further cross-border movement. Up to 3 000 refugees and returnees continue arriving from Sudan weekly (WFP/UNHCR, August 2026).

ACUTE MALNUTRITION

JULY 2025–JUNE 2026



1.2M pregnant and breastfeeding women with acute malnutrition.

Source: South Sudan IPC TWG, April 2026.

Conflict, displacement, flooding, disease outbreaks and inadequate diets continue driving a dire acute malnutrition crisis.

From April–June 2026, ten counties in Jonglei, Unity and Upper Nile, and the Abyei Administrative Area were classified in Extremely Critical (IPC AMN Phase 5), indicating at least 1 in 3 children was acutely malnourished, with a very high risk of death. This is worse than the same period in 2025, when four counties were in this phase. The six that were reclassified from IPC AMN Phase 4 to IPC AMN Phase 5 were Akobo, Fangak, Uror, Duk, Akoka and Abiemnom (IPC, April 2026).

CONTRIBUTING FACTORS

Lack of food/inadequate diets High levels of acute food insecurity limit household access to sufficient, nutritious food. In the ten counties and Abyei classified in both IPC AFI Phase 4 and IPC AMN Phase 5, food insecurity and malnutrition are reinforcing each other (IPC, April 2026).

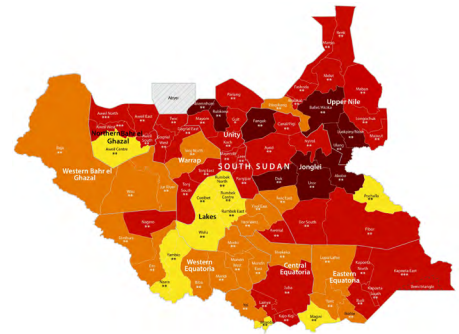
Disease burden Frequent outbreaks of malaria, cholera, acute watery diarrhoea, measles and respiratory infections continue to worsen nutrition outcomes. By 5 August 2026, South Sudan had recorded 110 600 cholera cases and 1 700 deaths since the outbreak began in September 2025. Uror

County alone reported a case fatality rate of 18.9 percent. In Abyei, measles cases exceeded 80 in early 2026 (WHO, August 2026; South Sudan Ministry of Health, August 2026; IPC, April 2026).

Inadequate practices Suboptimal infant and young child feeding practices, low dietary diversity, inadequate maternal nutrition and limited nutrition awareness contribute to acute malnutrition, compounded by displacement and economic hardship. Only 2.1 percent of children aged 6–23 months receive a minimum acceptable diet (WFP et al., April 2025; IPC, April 2026).

Inadequate services Poor access to health, nutrition, water, sanitation and social protection services heightens the risk of poor nutrition outcomes. In Kapoeta East, only 12 of 24 health facilities remain functional, Rubkona has lost seven facilities and Canal/Pigi at least 12, while funding cuts led to the closure of six nutrition sites and eight health facilities in Juba in January 2026. Blanket Supplementary Feeding reaches just 13–24 percent of the population in parts of Jonglei. Insecurity forced WFP to suspend food and nutrition interventions in parts of Upper Nile (IPC, April 2026).

PEAK 2026 (APRIL–JUNE)



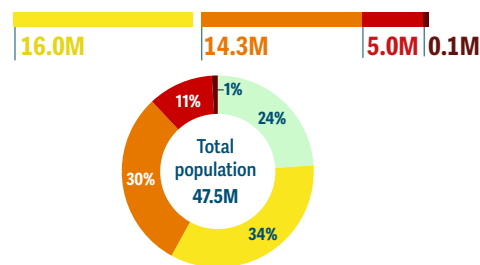
Source: South Sudan IPC TWG, April 2026.



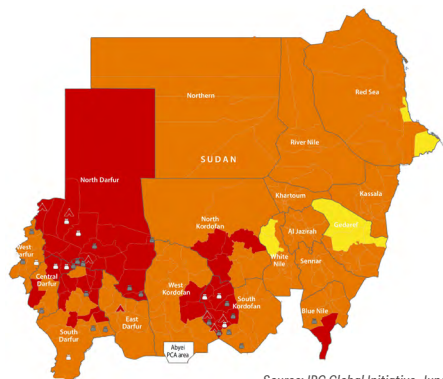
ACUTE FOOD INSECURITY | Severe food crisis persists amid a looming risk of Famine as conflict enters its fourth year.

PEAK 2026 (FEBRUARY–MAY)

19.5M people or **41%** of the total population were projected to face high levels of acute food insecurity in the post-harvest season. Of them, over 5.0M were in Emergency (IPC Phase 4) and over 0.1M in Catastrophe (IPC Phase 5).



A relative improvement since 2025 and no area classified in Famine (IPC Phase 5), but extreme acute food insecurity persisted, particularly across parts of Greater Darfur and Kordofan that had faced Famine or were at risk of Famine. A deterioration is expected in the June–September lean period, with the population in Catastrophe (IPC Phase 5) projected to rise to 0.2 million, amid humanitarian funding shortfalls. Data gaps, including in some areas of greatest concern, limit the scope of analysis (IPC, June 2026).



Source: IPC Global Initiative, June 2026.

RISK OF FAMINE

From June to September 2026, a risk of Famine was projected in eight localities (At Tina, El Fasher, Kerno and Um Baru in North Darfur; Beliel in South Darfur and Al Buram, Dilling and Kadugli in South Kordofan) and in six IDP settlements (At Tina, Tawila and Um Baru in North Darfur and Al Buram, Kadugli and Um Durein in South Kordofan) under a reasonable worst-case scenario characterised by intensified conflict, and further restrictions on humanitarian access and the

movement of people and goods. Between October 2026 and January 2027, all areas at risk of Famine during June–September are projected to remain at risk, except Beliel locality in South Darfur, where the main season harvest is expected to provide sufficient relief to avert Famine under a reasonable worst-case scenario (IPC, June 2026). However, this outlook remains uncertain given forecasts for a drier-than-usual season.

HISTORY OF THE FOOD CRISIS 2016–2026

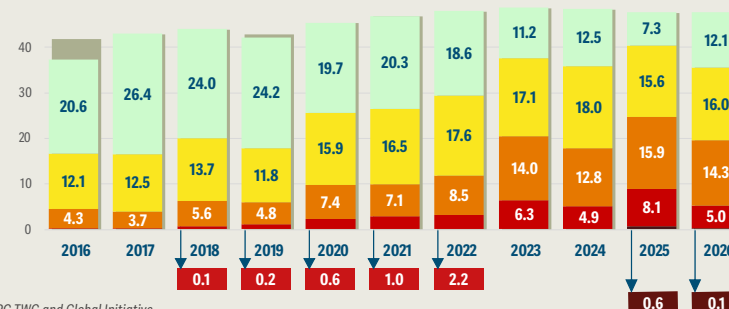
A protracted food crisis. The Sudan has been included in every edition of the GRFC, ranking among the ten largest crises in all but one. The number of people facing Crisis or worse (IPC Phase 3 or above) increased nearly fivefold from 4.4 million in 2016 to 20.3 million in 2023, following the escalation of conflict in April 2023, despite only a modest increase in the proportion of population analysed, from 89 to 100 percent. The situation further deteriorated in 2024, with the population in IPC Phase 3 or above reaching 25.6 million.

Since 2024, the country has had populations in

Catastrophe (IPC Phase 5).

From an economic standpoint, Sudan's GDP contracted by an estimated USD 6.4 billion in 2023 alone, while nearly 7 million additional people were pushed into extreme poverty, reversing prior gains in poverty reduction, resilience and inclusive growth. Average incomes have fallen to levels last seen in the early 1990s (UNDP and ISS, April 2026). The country is ranked as Very High in the INFORM Risk Index, reflecting its limited capacity to cope with hazards (EC-JRC, March 2026).

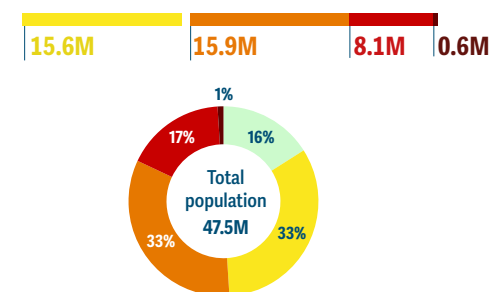
Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2026



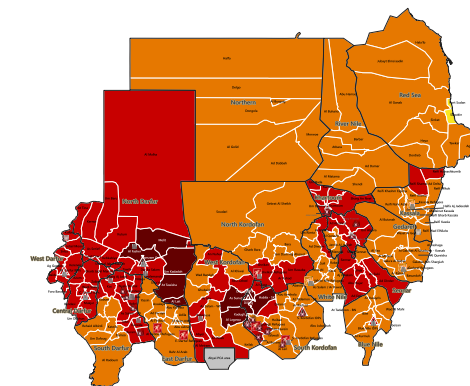
Source: Sudan IPC TWG and Global Initiative.

PEAK 2025 (DECEMBER 2024–MAY 2025)

24.6M people or **51%** of the total population were projected to face high levels of acute food insecurity in the post-harvest season. Of them, around 8.1M were in Emergency (IPC Phase 4) and 0.6M in Catastrophe (IPC Phase 5).



Though favourable rainfall supported agricultural activities in some areas, intense conflict disrupted production while supply and macroeconomic strains sustained high food prices, reducing households' food access. Al Jazirah, Greater Darfur, Khartoum, the Kordofans and Sennar, and displaced populations, were of particular concern (IPC, December 2024).



Source: Sudan IPC TWG and FRC, December 2024.

1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine

Total population

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

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

Risk of Famine

IDPs/other settlements classification

Refugee settlement (area receives significant humanitarian food assistance)

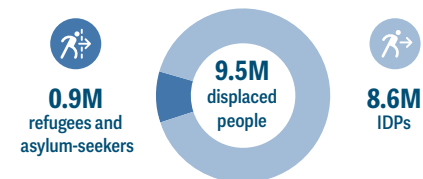
DRIVERS OF THE FOOD CRISIS IN 2026

Conflict and insecurity Though conflict declined in several states, enabling some population returns and delivery of assistance, parts of Greater Darfur and Greater Kordofan remained hotspots, while Blue Nile and White Nile emerged as new frontlines (IPC, June 2026; FEWS NET, June 2026). Intense ground fighting and aerial bombardment alongside sieges around key urban centres devastated livelihoods, including agriculture-based, while damage to critical infrastructure disrupted supply chains (FEWS NET, June 2026). In conflict areas, many seek refuge in remote locations with limited services and assistance (IPC, June 2026).

Weather extremes Though 2025 main season rains were above-average in many areas, delayed onset in key producing states – Gedaref, Sennar and White Nile – affected crop establishment. Exceptionally heavy rains from July triggered flooding in Darfur, areas near Port Sudan and parts of Blue Nile, and flash floods in Al Jazirah, Khartoum, River Nile and Gedaref, causing crop losses. Combined with insecurity and high input prices, this limited agricultural production (FEWS NET, December 2025). National cereal production from the 2025/26 season is estimated at 22 percent below 2024, according to the Crop and Food Security Assessment Mission (FAO, April 2026). Delayed onset of the 2026/27 season and below-average cumulative rainfall, linked to a strengthening El Niño, are reducing production potential. By mid-August, rainfall in North Darfur and parts of Kordofan ranked among the lowest in the 40-year record (FEWS NET, July 2026).

Economic shocks The continued depreciation of the local currency against the USD, insecurity, disruptions to some markets and supply routes, high input costs and increased transportation costs, contributed to continually rising staple food prices, limiting household purchasing power. In June, national average prices of wheat flour and sorghum were 47 percent and 32 percent higher than a year earlier (WFP, July 2026). Soaring fuel prices – exacerbated by the Middle East conflict – were also a factor (FAO, July 2026).

DISPLACEMENT



Source: UNHCR nowcasted estimate, July 2026; IOM DTM, August 2026.

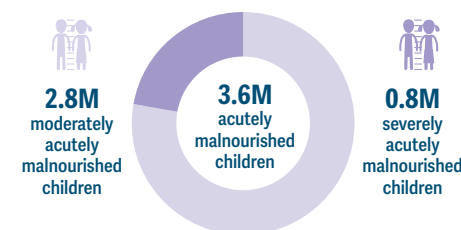
IDPs The Sudan still has the world's highest number of IDPs, with 6.4 million displaced since April 2023. The total number has decreased by 26 percent since January 2025 (11.6 million), largely due to return movements (IOM, August 2026). Over half of IDPs are children. Many are trapped or displaced to remote areas with little or no access to services and assistance. Living with host communities (39 percent), in informal sites (28 percent) or camps (20 percent), they have lost their livelihoods and their ability to meet their basic needs, forcing reliance on host communities and fragile, disruption-prone assistance, which continues to fall well below needs. A risk of Famine was projected in At Tina, Tawila, and Um Baru IDP settlements in North Darfur, and Kadugli, Al Buram and Um Durein settlements in South Kordofan between June and September 2026, and was expected to persist through October 2026 to January 2027 under a reasonable worst-case scenario. (IPC, June 2026).

Refugees are primarily concentrated in White Nile, Kassala and Gedaref states, with 67 percent living in camps. Most are from South Sudan (75 percent), followed by Eritrea (16 percent) and Ethiopia (7 percent). Despite the volatile situation, the Sudan recorded over 18 000 new arrivals between January and end of June 2026, mainly from South Sudan (UNHCR, June 2026).

Returnees Since 2014, returns to the Sudan from neighbouring countries have reached 1.12 million, mostly from Egypt. Food ranks as the second-highest assistance priority among returnees, after financial aid (UNHCR, June 2026).

ACUTE MALNUTRITION

JANUARY–DECEMBER 2026



0.6M pregnant and breastfeeding women with acute malnutrition.

Source: Sudan Nutrition Cluster and UNICEF, August 2026.

A dire nutrition crisis, with Famine thresholds for acute malnutrition surpassed in Um Baru and Kerno.

The number of children with severe acute malnutrition increased by 7 percent since 2025 and was 25 percent above pre-conflict levels (IPC, May 2026). North Darfur was of greatest concern – December 2025 SMART surveys found GAM above the 30 percent Famine threshold in Um Baru (53 percent; SAM 18 percent) and Kerno (34 percent; SAM 8 percent), while At Tina recorded 20 percent GAM in November 2025. Of 28 SMART surveys conducted from September 2025–February 2026, 11 showed GAM prevalence above 15 percent, indicative of Critical (IPC AMN Phase 4).

From June–September 2026, a sharp rise in acute malnutrition is expected. Um Baru and Kerno are projected to remain in Extremely Critical (IPC AMN Phase 5). At Tina and Kadugli in North Darfur, As Sunut in West Kordofan, and Al Buram in South Darfur risk deteriorating to similar levels, particularly among IDPs (IPC, June 2026).

CONTRIBUTING FACTORS

Lack of food/inadequate diets Inadequate food intake and poor dietary diversity are increasing children's malnutrition risk, as conflict and displacement limit access to nutritious food, with reduced meal frequency particularly concerning in the worst-affected areas (IPC, June 2026).

Disease burden Disease outbreaks are accelerating nutritional decline. A cholera outbreak contained in March 2026 re-emerged in West Kordofan in May. Hepatitis E, dengue and malaria remain concerns, and measles persists in Darfur and Kordofan despite vaccination efforts, with the June–September rains expected to heighten waterborne disease risk (UNICEF, June 2026).

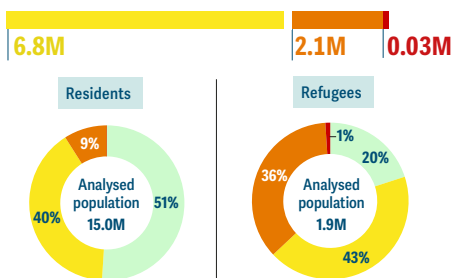
Inadequate practices Around 17 million people lack safe drinking water and 24 million adequate sanitation, with displaced populations disproportionately affected (IPC, June 2026). Latrine use in some camps exceeds 100 people, double the emergency standard of 50 (UNICEF, June 2026).

Inadequate services Conflict has severely disrupted nutrition screening and treatment. In Um Baru, children with SAM and medical complications have extremely limited treatment access, and in Kerno just 25 percent of identified SAM cases were enrolled in treatment (IPC, May 2026). With around 40 percent of health facilities non-functional, staff and supply shortages, compounded by insecurity, continue to constrain services (IPC, June 2026). The almost two-year blockade of Dilling has created significant difficulties in accessing food, medicines and essential services.

ACUTE FOOD INSECURITY | Populations in Karamoja and refugee settlements continue to grapple with high levels of acute food insecurity amid persistent vulnerabilities.

PEAK 2026 (AUGUST 2025–FEBRUARY 2026)

2.1M people or **13%** of the analysed population were projected to face high levels of acute food insecurity (IPC Phase 3 or above), including 0.03M in Emergency (IPC Phase 4). Of the total, 0.7M were refugees.



Favourable seasonal production supported an improvement. Still, five of the 43 analysed districts – Kotido, Kaabong, Moroto, Koboko and Napak – were projected to face Crisis (IPC Phase 3), alongside all 13 refugee settlements, with Nakivale, Bidibidi and Adjumani having the largest populations in IPC Phase 3 or above (IPC, September 2025a; IPC, September 2025b). In Karamoja, the number of people facing high levels of acute food insecurity rose from 0.3 million to nearly 0.5 million between April and July 2026, with all nine districts classified in IPC Phase 3, driven by prolonged dry spells (IPC, June 2026).



Source: IPC, September 2025.

HISTORY OF THE FOOD CRISIS 2016–2026

A protracted food crisis. Uganda has been in all editions of the GRFC, with over 1 million people estimated to face high levels of acute food insecurity each year.

Differences in data sources and geographic coverage, however, challenge year-on-year comparisons. Prior to 2025, the highest number of people in IPC Phase 3 or above (2.6 million) was recorded in 2020, largely reflecting the socio-economic impacts of the COVID-19 pandemic. This was despite that year's analysis focusing only on food insecurity hotspots (Karamoja, urban areas, refugee populations and their host communities) and, hence, covering just 25 percent of the population, compared with at least 87 percent coverage in the previous years.

In 2025, the IPC analysis expanded to include additional hotspot districts affected by recurrent weather extremes, increasing the share of the population analysed to 36 percent, compared with 25 percent in 2020, the most recent year

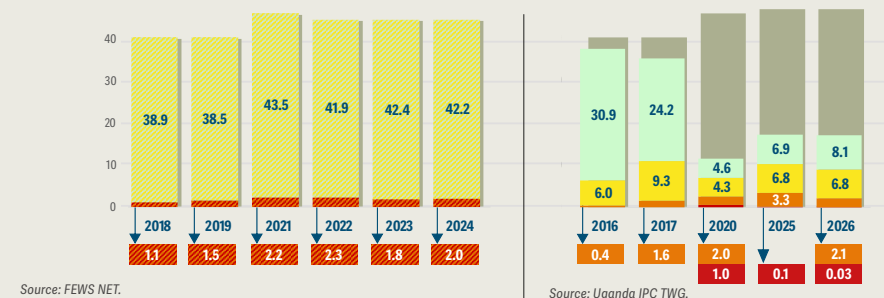
using a comparable data source. Subsequently, the population identified in IPC Phase 3 or above reached a record high of 3.4 million.

Between 2021 and 2024, FEWS NET estimated that between 1.8 and 2.3 million people faced high levels of acute food insecurity. Due to methodological distinctions, these estimates are not directly comparable with IPC estimates.

Beyond climate extremes, insecurity (in Karamoja) and refugee inflows from neighbouring countries, Uganda's food security challenges are underpinned by structural vulnerabilities.

In 2024, the incidence of multidimensional poverty in Uganda was estimated at 53 percent, rising to 91 percent in Karamoja (UBOS, March 2026). The country is also ranked High in the INFORM Risk Index, indicative of exposure to hazards that could overwhelm national response capacity (EC-JRC, March 2026).

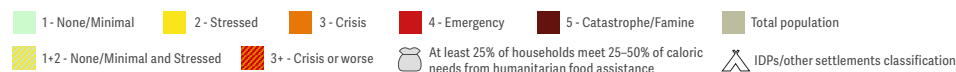
Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2026*



Source: FEWS NET.

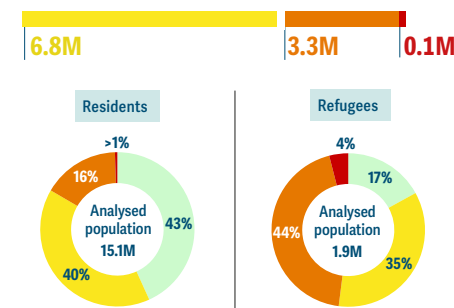
Source: Uganda IPC TWG.

* Data provided by FEWS NET for 2018, 2019, 2021–2024, data provided by IPC for other years.

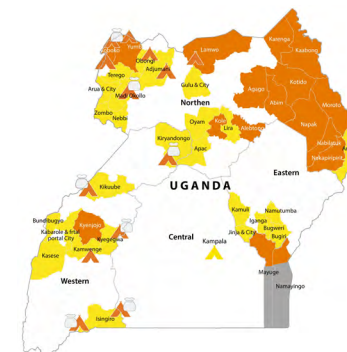


PEAK 2025 (APRIL–JULY 2025)

3.4M people or **20%** of the analysed population faced high levels of acute food insecurity. Of them, 0.1M were in Emergency (IPC Phase 4). Of the total, 0.9M were refugees.



Karamoja remained the most affected region, with eight of its nine districts in IPC Phase 3. Kotido (40 percent) had the highest proportion of its population in IPC Phase 3 or above, followed by Kaabong, Napak and Moroto (30 percent each) (IPC, September 2025c). Across refugee settlements – all classified in IPC Phase 3 – widening food consumption gaps reflected limited agricultural production and livelihood opportunities, compounded by reduced food assistance amid continued influxes of arrivals (IPC, September 2025b).



Source: IPC, September 2025.

DRIVERS OF THE FOOD CRISIS IN 2026

Weather extremes In bimodal areas, delayed, below-average OND 2025 rains linked to La Niña disrupted crop establishment, including in Teso and Acholi districts, resulting in below-normal harvests (FEWS NET, December 2025). Despite abundant March–June 2026 rains, erratic distribution around Lake Victoria hindered crop development, causing localised shortfalls (FAO, May 2026). In unimodal Karamoja, erratic distribution of the April–August 2025 rains compromised crop production, leaving affected households with critically low food stocks (IPC, June 2026). Poorly distributed, below-average rainfall from April to July 2026 caused estimated crop losses of 50–70 percent. Forecast below-average rainfall for the rest of the season, due to a strengthening El Niño, is expected to further delay and reduce harvests (FEWS NET, July 2026).

Economic shocks Though retail prices of staple cereals remained relatively stable and below the recent five-year average during Q1 2026, rising fuel prices linked to the Middle East conflict are increasing production and transportation costs, placing upward pressure on food prices. For low-income households, including refugees, the higher costs are constraining their purchasing power and food access (IPC, June 2026). Border controls, following the recent Ebola outbreak, slowed cross-border trade, undermining the livelihoods and incomes of households reliant on informal trade (Monitor, June 2026).

Conflict and insecurity In Karamoja, despite disarmament efforts since 2020–2021, persistent insecurity and recurrent cattle raiding continue to undermine pastoral livelihoods, especially in remote and insecure areas. Though armed attacks have declined in recent years, insecurity still restricts access to grazing areas, agricultural land, and other livelihood resources.

Conflict in neighbouring countries continues to drive refugees into Uganda, placing pressure on already limited resources, public services, and humanitarian assistance in hosting districts (IPC, June 2026).

DISPLACEMENT

2.0M refugees hosted

Source: UNHCR nowcasted estimate, July 2026.

Refugees Uganda is the largest refugee-hosting country in Africa. The population increased by 10 percent between the end of 2024 and 2025, with an average of 422 new arrivals per day, mainly from eastern Democratic Republic of Congo, South Sudan and Sudan (UNHCR, May 2026). Since the start of 2026, about 51 000 individuals have sought asylum in the country, the majority (32 percent) South Sudanese (UNHCR, July 2026).

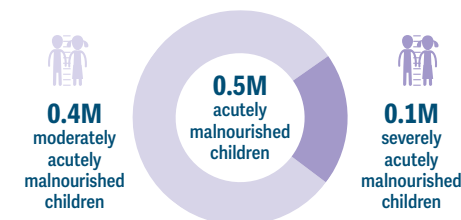
While most refugees reside in settlements, urban refugee populations are expanding, placing additional pressure on housing, basic services and livelihood opportunities (UNHCR, 2026).

Despite some improvements in agricultural engagement, limited livelihood opportunities and continued dependence on humanitarian assistance amid declining funding have constrained refugee households' resilience (UNHCR et. al, February 2026). While refugees received full food rations before 2022, most have received only 30 percent of their minimum monthly caloric requirements since July 2023, increasing their vulnerability to acute food insecurity and malnutrition (FEWS NET, October 2024).

The 2025 Food Security and Nutrition Assessment (FSNA) showed a deterioration in key food security and nutrition outcomes compared with 2024. Poor food consumption increased more than threefold, from 5 percent to 15 percent, and food insecurity rose from 62 to 65 percent, including 7 percent experiencing severe food insecurity (UNHCR et. al, February 2026). All 13 refugee settlements were projected to remain in IPC Phase 3 through February 2026 (IPC, September 2025b). Anaemia among children increased sharply from 31 to 43 percent, exceeding emergency thresholds in several locations. Dietary quality remained poor, with only 14 percent of children meeting minimum dietary diversity (UNHCR et. al, February 2026).

ACUTE MALNUTRITION | 43 DISTRICTS PLUS REFUGEE SETTLEMENTS AND KAMPALA URBAN REFUGEES

OCTOBER 2025–MARCH 2026



0.1M pregnant and breastfeeding women with acute malnutrition.

Source: Uganda IPC, September 2025.

Acute malnutrition remains high, especially in Karamoja, driven by poor diets, disease, limited water and sanitation access, and reduced nutrition services.

Approximately 428 000 children aged 6–59 months in 43 districts, plus 57 000 refugee children in settlements and Kampala, were expected to suffer acute malnutrition, including nearly 10 000 refugee children with severe acute malnutrition.

The situation was worst in Karamoja, where three districts were in Critical (IPC AMN Phase 4) in March 2025–February 2026. From March 2026, Karamoja's GAM prevalence eased from 13.5 to 11.4 percent, though Kaabong and Kotido remained in IPC AMN Phase 4 through August 2026.

CONTRIBUTING FACTORS

Lack of food/inadequate diets Limited availability, access and use of nutritious food at household level in Karamoja, Busoga, West Nile, Tooro and Lango drove rising malnutrition. In Kaabong, Kotido and Karenga in Karamoja, in over half of households, adults restricted their food consumption for children (IPC, June 2026).

For refugees, funding cuts left only 32 percent of refugee households across settlements receiving food assistance (IPC, September 2025).

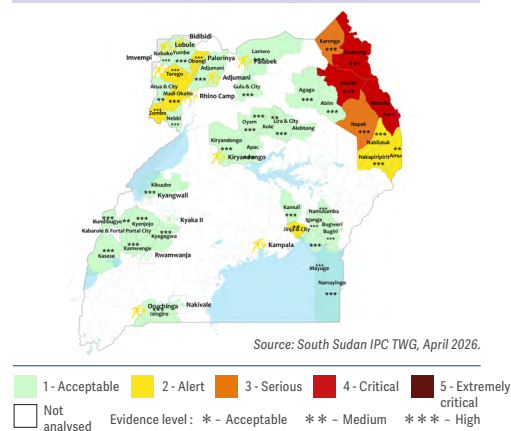
Disease burden High malaria, diarrhoea, measles and cholera prevalence heightened malnutrition risk among children aged 6–59 months. In Karamoja, malaria reached 24 percent in Nakapiripirit and diarrhoea 38 percent. Measles hit all districts between January–April 2026, with Karenga recording 208 cases. Anaemia among children and PBW remains a major concern (IPC, June 2026).

Inadequate practices Only 18 percent of children in Karamoja met the minimum acceptable diet, and 27 percent achieved minimum dietary diversity (IPC, June 2026).

Inadequate services New refugee arrivals strained social services, including sanitation, water and health, raising malnutrition risk in settlements. Water quantity was a very high-risk factor in Nakivale and Oruchinga settlements, and high risk in eight others (IPC, September 2025).

Reduced humanitarian funding also limited health, nutrition and community health worker services in Karamoja, with closures of MAM treatment centres in Abim, Karenga, Amudat, Nabilatuk and Napak. Only 32 percent of households access safe water in Karamoja, 47 percent in Nabilatuk, and just 12 percent have latrine access in Amudat (IPC, June 2026).

PEAK 2026 (OCTOBER 2025–MARCH 2026)



III | Appendix, technical notes and bibliography



Appendix

TABLE A.1 Acute food insecurity estimates, 2024–2026

COUNTRIES/TERRITORIES		2024 HIGHEST NUMBERS of acutely food-insecure people								2025 HIGHEST NUMBERS of acutely food-insecure people								2026 HIGHEST NUMBERS (as of July 31, 2026) of acutely food-insecure people							
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SELECTION CRITERIA IN 2024	SOURCE/ METHOD- OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT				SOURCE/ METHOD- OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT				SOURCE/ METHOD- OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
				M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)			M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)			M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
Djibouti	GIEWS	IPC*	Jul–Dec 2024	1.2	100%	0.5	40%	0.3	24%	IPC*	Jul–Dec 2025	1.2	100%	0.5	40%	0.2	20%	IPC*	Jul–Dec 2026	1.1	100%	0.5	44%	0.3	25%
Ethiopia	GIEWS	FEWS NET ¹	Mar–May 2024	114.2	100%	N/A	N/A	22.0	19%	No estimates available								No estimates available							
Kenya	GIEWS	IPC	Feb–Mar 2024	52.4	32%	5.5	33%	1.9	12%	IPC	Apr–Jun 2025	52.4	32%	6.6	40%	2.8	17%	IPC	Apr–Jun 2026	53.3	33%	6.3	36%	3.7	17%
Kenya refugees	GIEWS	No estimates available								No estimates available								IPC	Apr–Jun 2026	0.7	0.01%	0.2	29%	0.4	58%
Somalia	GIEWS	IPC*	Oct–Dec 2024	18.7	100%	6.5	35%	4.4	23%	IPC*	Apr–Jun 2025	19.3	100%	7.0	36%	4.6	24%	IPC*	Feb–Mar 2026	19.4	100%	7.8	40%	6.5	33%
South Sudan	GIEWS	IPC*	Apr–Jul 2024	12.6	100%	3.5	28%	7.1 ²	56%	IPC*	Apr–Jul 2025	13.4	99%	3.9	29%	7.7 ²	57%	IPC*	Apr–Jul 2026	14.2	100%	4.0	28%	7.8 ²	55%
Sudan	GIEWS	IPC*	Jun–Sep 2024	47.2	100%	15.2	32%	25.6 ²	54%	IPC*	Dec 2024– May 2025**	47.5	100%	15.6	33%	24.6 ²	51%	IPC*	Feb–May 2026**	47.5	100%	15.9	34%	19.5 ²	41%

* Figures cover displaced populations.

¹ Disaggregation as per IPC five phases is not available for this methodology.

² Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).

Technical notes

ACUTE FOOD INSECURITY | Technical notes

Definitions

The following definitions were developed by the GRFC TWGs and endorsed by the GRFC senior committee.

These definitions provide a clear framework for identifying countries with food crises and with nutrition crises or concerns.

Food crisis

A food crisis is defined as ‘a situation where acute food insecurity requires urgent action to protect and save lives and livelihoods at local or national levels and exceeds the national resources and capacities to respond’.

Nutrition crisis

A nutrition crisis is ‘a situation characterized by a combination of factors such as widespread lack of access to sufficient, safe and nutritious food, high morbidity, environmental disasters, conflict, poor healthcare infrastructure and inadequate practices, resulting in high levels of acute malnutrition’.

High levels of acute malnutrition are defined as:

- classification in Serious or worse (IPC AMN Phase 3 or above); or
- Global Acute Malnutrition (GAM) prevalence by weight-for-height z-score (WHZ) greater than or equal to 10 percent.

Protracted food crises

A food crisis is defined as protracted if included as a food crisis in all editions of the GRFC. All IGAD member states have been selected for inclusion in

each edition of the GRFC. However, Ethiopia did not qualify as a food crisis in 2025 and 2026 due to lack of consensus-based data.

Data not meeting GRFC technical requirements and data gaps

Each year there are countries that are identified as having food crises but food security information, even if available, does not meet the GRFC partnership technical requirements outlined above. As such, the GRFC aggregate figures underestimate the magnitude and severity of acute food insecurity, and additional investment in rationalizing methodologies and data collection is necessary.

There are ongoing efforts to analyse accuracy and equivalence of methodologies currently not considered in the GRFC.

Such countries are considered as ‘data not meeting GRFC technical requirements’.

‘Data gaps’ are countries for which there is no publicly available analysis for the year in question.

Country selection process

The following selection criteria is used to identify countries/territories with a food crisis.

A country is selected if at least one of the following criteria is met:

1 Global Information and Early Warning System (FAO-GIEWS) list

Countries that required external assistance for food and/or faced shocks as assessed by FAO-GIEWS in 2025 and 2026.

FAO-GIEWS classifies and regularly updates the list of countries requiring external assistance for food, dividing them into three categories according to the predominant driver:

- countries with an exceptional shortfall in aggregate food production and supplies;
- countries with a widespread lack of access to food; and
- countries with severe localized food insecurity.

2 Humanitarian Needs and Response Plan (HNRP)

Countries that had an HNRP in 2026.

3 Low-income and middle-income countries/territories that requested and received emergency assistance from FAO/UNHCR/WFP in 2025 and 2026

Countries that received assistance as follows:

- from UNHCR/WFP, to at least 5 000 refugees¹;
- from FAO/WFP, in the context of a shock, to at least 0.5 percent of the country population, or 50 000 people in cases where the country population is less than 10 million; or
- in situations where over 1 million people, or 20 percent of its population, were forcibly displaced.

High-income countries – even if acute food insecurity data were available – are not included.

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

¹ If this criterion is met, only the refugee populations in that country are included, while the host country is only selected if its resident population needed external food assistance.

FIG. TN.1 IPC 3.1 Acute food insecurity reference table

Phase name and description		Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine	
		Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.)	
Priority response objectives		Action required to build resilience and for disaster risk reduction	Action required for disaster risk reduction and to protect livelihoods	Urgent action required to 			
				Protect livelihoods and reduce food consumption gaps	Save lives and livelihoods	Revert/prevent widespread death and total collapse of livelihoods	
Food security first-level outcomes	First-level outcomes refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase descriptions are included for each indicator. Although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.						
	Food consumption (focus on energy intake)	Quantity: Adequate energy intake Dietary energy intake: Adequate (avg. 2 350 kcal pp/day) and stable Household Dietary Diversity Score: 5–12 food groups and stable Food Consumption Score: Acceptable and stable Household Hunger Scale: 0 (none) Reduced Coping Strategies Index: 0–3 Household Economy Analysis: No livelihood protection deficit Food Insecurity Experience Scale: (FIES 30 days recall): <0.58	Quantity: Minimally Adequate Dietary energy intake: Minimally adequate (avg. 2 100 kcal pp/day) Household Dietary Diversity Score: 5-FG but deterioration ≥1 FG from typical Food Consumption Score: Acceptable but deterioration from typical Household Hunger Scale: 1 (slight) Reduced Coping Strategies Index: 4–18 Household Economy Analysis: Small or moderate livelihood protection deficit <80% FIES: Between -0.58 and 0.36	Quantity: Moderately Inadequate – Moderate deficits Dietary energy intake: Food gap (below avg. 2 100 kcal pp/day) Household Dietary Diversity Score: 3–4 FG Food Consumption Score: Borderline Household Hunger Scale: 2–3 (moderate) Reduced Coping Strategies Index: ≥19 (non-defining characteristics (NDC) to differentiate P3, 4 and 5) Household Economy Analysis: Livelihood protection deficit ≥80%; or survival deficit <20% FIES: > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	Quantity: Very Inadequate – Large deficits Dietary energy intake: Large food gap; well below 2 100 kcal pp/day Household Dietary Diversity Score: 0–2 FG (NDC to differentiate P4 and 5) Food Consumption Score: Poor (NDC to differentiate P4 and 5) Household Hunger Scale: 4 (severe) Reduced Coping Strategies Index: ≥19 (NDC to differentiate P3, 4 and 5) Household Economy Analysis: Survival deficit ≥20% but <50% FIES: > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	Quantity: Extremely Inadequate – Very large deficits Dietary energy intake: Extreme food gap Household Dietary Diversity Score: 0–2 FG Food Consumption Score: Poor (NDC to differentiate P4 and 5) Household Hunger Scale: 5–6 (severe) Reduced Coping Strategies Index: ≥19 (NDC to differentiate P3, 4 and 5) Household Economy Analysis: Survival deficit ≥50% FIES: > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	
	Livelihood change (assets and strategies)	Livelihood change: Sustainable livelihood strategies and assets Livelihood coping strategies: No stress, crisis or emergency coping observed	Livelihood change: Stressed strategies and/or assets; reduced ability to invest in livelihoods Livelihood coping strategies: Stress strategies are the most severe strategies used by the household in the past 30 days	Livelihood change: Accelerated depletion/erosion of strategies and/or assets Livelihood coping strategies: Crisis strategies are the most severe strategies used by the household in the past 30 days	Livelihood change: Extreme depletion/liquidation of strategies and assets Livelihood coping strategies: Emergency strategies are the most severe strategies used by the household in the past 30 days	Livelihood change: Near complete collapse of strategies and assets Livelihood coping strategies: Near exhaustion of coping capacity	
Food security second-level outcomes	Second-level outcomes refer to area-level estimations of nutritional status and mortality that are especially useful for identification of more severe phases when food gaps are expected to impact malnutrition and mortality. For both nutrition and mortality area outcomes, household food consumption deficits should be an explanatory factor in order for that evidence to be used in support of the classification.						
	Nutritional status*	Global Acute Malnutrition based on Weight-for-Height Z-score	Acceptable <5%	Alert 5–9.9%	Serious 10–14.9% or > than usual	Critical 15–29.9% or > much greater than average	Extremely Critical ≥30%
		Global Acute Malnutrition based on Mid-Upper Arm Circumference	<5%		5–9.9%		10–14.9%
		Body Mass Index <18.5	<5%		5–9.9%		10–14.9%
	Mortality*	Crude Death Rate <0.5/10,000/day Under-five Death Rate <1/10,000/day	Crude Death Rate <0.5/10,000/day Under-five Death Rate <1/10,000/day	Crude Death Rate 0.5–0.99/10,000/day Under-five Death Rate 1–2/10 000/day	Crude Death Rate 1–1.99/10,000/day or <2x reference Under-five Death Rate 2–3.99/10,000/day	Crude Death Rate ≥2/10,000/day Under-five Death Rate ≥4/10,000/day	
Food security contributing factors	For contributing factors, specific indicators and thresholds for different phases need to be determined and analysed according to the livelihood context; nevertheless, general descriptions for contributing factors are provided below.						
	Food availability, access, utilization, and stability	Adequate to meet short-term food consumption requirements Safe water ≥15 litres pp/day	Borderline adequate to meet food consumption requirements Safe water marginally ≥15 litres pp/day	Inadequate to meet food consumption requirements Safe water >7.5 to 15 litres pp/day	Very inadequate to meet food consumption requirements Safe water >3 to <7.5 litres pp/day	Extremely inadequate to meet food consumption requirements Safe water ≤3 litres pp/day	
	Hazards and vulnerability	None or minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/or extreme food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/or near complete food consumption deficits	

ACUTE FOOD INSECURITY | Technical notes

Data sources and assessment methodology

The following elements are evaluated for acute food insecurity data to meet the GRFC technical requirements.

Methodology

The construct of the methodology used to produce acute food insecurity estimates is evaluated to determine whether the assessment/ analysis provides an estimate or a projection of acute food insecurity that considers all its dimensions. Reference is mainly made to the Integrated Food Security Phase Classification (IPC) methodology and classification, and other methodologies providing a quantification of acute food insecurity levels equivalent to or an approximation of IPC Phase 3 or above. For country data to be included in the GRFC, all partners agree with the degree of magnitude and severity of acute food insecurity indicated by the endorsed assessment.

Timeframe

The acute food insecurity assessment/analysis must cover at least one month of the year being analysed, in this edition 2026.

Coverage

Where the acute food insecurity assessment/ analysis does not cover the entire country, it is determined whether the partial analysis is appropriate and acceptable, and ensured that such situations are clearly highlighted in the report.

Consensus and participation

The consensus-building process around the acute food insecurity estimates as well as the participation of and endorsement by national stakeholder(s) is evaluated. The acute food insecurity assessment/analysis should be based

on a multi-stakeholder technical consensus, a convergence of evidence, data collection by a trusted actor and/or endorsed at country level by national stakeholders.

Data sources and their methodologies

The preferred source of data for estimates of acute food insecurity is the IPC. If these are unavailable, the use of other sources of evidence as per the following (in order of priority) is evaluated:

- The Famine Early Warning Systems Network (FEWS NET) analyses;
- WFP Consolidated Approach for Reporting Indicators of Food Security (CARI); and
- Humanitarian Needs and Response Plan (HNRP) estimates of people in need in the food security sector.

These sources are not necessarily comparable with IPC and usually do not provide disaggregation by Phase 2, 3, 4 and 5.

Integrated Food Security Phase Classification (IPC)

The IPC results from a partnership of various organizations at the global, regional and country levels and is widely accepted by the international community as a global reference for the classification of acute food insecurity.

It provides the 'big picture' evidence base of food crises by assessing the following: how severe, how many, when, where, why, who, as well as the key characteristics of the food crisis.

It provides data for two time periods – the current situation and a projection. This information helps governments, humanitarian actors and other decision-makers quickly understand a crisis (or potential crisis) and informs appropriate action.

The IPC makes the best use of the evidence available through a transparent, traceable and rigorous process. Evidence requirements to complete classification have been developed, considering the range of circumstances in which evidence quality and quantity may be limited, while ensuring adherence to minimum standards.

To ensure the application of the IPC in settings where access for collecting evidence is limited, specialized parameters have been developed. The IPC provides a structured process for making the best assessment of the situation based on what is known and shows the limitations of its classifications as part of the process.

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

The IPC technical manual version 3.1 provides information to help people understand and use IPC products and protocols, including tools and procedures to conduct the classifications.

See <https://www.ipcinfo.org/ipcinfo-website/resources/ipc-manual/en/>

IPC five-phase classification

1. None/Minimal
2. Stressed
3. Crisis
4. Emergency
5. Catastrophe/Famine

These are determined based on a convergence of available evidence, including indicators related to food consumption, livelihoods, malnutrition and mortality. Each phase has important and distinct implications for where and how best to intervene and thus influences priority response objectives.

Populations in Crisis (IPC Phase 3), Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) are deemed to be those in need of urgent assistance.

Populations in Stressed (IPC Phase 2) are considered acutely food insecure due to their extreme vulnerability to shocks, but rather than urgent assistance they require livelihood protection and disaster risk reduction interventions.

Classifying Famine (IPC Phase 5)

Famine is an area classification based on internationally accepted criteria:

- at least 1 in 5 households face an extreme lack of food;
- at least 30 percent of children suffer from acute malnutrition; or
- at least 2 people for every 10 000, or 4 children under 5 years old for every 10 000, are dying each day due to outright starvation or the interaction of malnutrition and disease.

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

An area is classified in Famine with solid evidence if there is clear and compelling evidence of food insecurity (food deprivation and livelihood collapse), acute malnutrition and mortality to

ACUTE FOOD INSECURITY | Technical notes

support the classification. An area is classified in Famine with reasonable evidence if minimally adequate evidence is available on two out of the three outcomes – food insecurity, malnutrition or mortality – to support the classification. Famine with solid evidence and Famine with reasonable evidence are equally severe – the only difference is the amount of reliable evidence available to support the statement.

The IPC supports Famine prevention by highlighting the following:

- Emergency (IPC Phase 4) is an extremely severe situation where urgent action is needed to save lives and livelihoods.
- Households can be in Catastrophe (IPC Phase 5) even if areas are not classified in Famine (IPC Phase 5). This is the case when less than 20 percent of the population is experiencing Catastrophe (IPC Phase 5) conditions and/or when malnutrition and/or mortality levels have not (or not yet) reached Famine thresholds. These households experience the same severity of conditions even if the area is not yet classified in Famine (IPC Phase 5). This can occur due to the time lag between food insecurity, malnutrition and mortality, or in the case of a localized situation.
- Projections of Famine (IPC Phase 5) can be made even if the areas are not currently classified in Famine, thus allowing early warning.

Risk of Famine

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

FEWS NET

The Famine Early Warning Systems Network (FEWS NET) classification is IPC-compatible, meaning that it follows key IPC protocols but is not built on multi-partner technical consensus, so it does not necessarily reflect the consensus of country-level stakeholders. The analysis is not disaggregated by severity.

Funded through the U.S. Department of State, FEWS NET provides early warning and evidence-based analysis of acute food insecurity to inform humanitarian and development response.

Acute food insecurity peak

Among data available for a given country that have been endorsed for 2026 and validated, the analysis/assessment reporting the highest number of acutely food-insecure people is selected as the peak.

It does not necessarily reflect the latest analysis available. The peak can be either an analysis made for the current period in 2026 or a

projection made in 2025 and referring to a period in 2026.

For this regional focus on IGAD member states of the GRFC, the cut-off date for data inclusion was 31 July 2026, so the estimates only partially cover 2026.

Where the 2026 projection does not cover the same period as the 2025 peak, this is indicated. Comparison in this case can be biased.

Drivers of acute food insecurity

The drivers of food crises are often interlinked, mutually reinforcing and superimposed on structural vulnerabilities, making it difficult to pinpoint one main driver for each food crisis.

The TWG identifies the primary driver of acute food insecurity for each country based on events during the year and information on the number of people affected by each of the shocks. For countries with two or more drivers affecting different parts of the country or different population groups, the primary driver is chosen by estimating which driver affected the largest number of people.

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

It is also acknowledged that food insecurity is not driven solely by the occurrence of a shock, but rather by the interaction between shocks and structural vulnerabilities. Some of the main indicators of vulnerability for each country are discussed in chapter 1.

The most salient driver for each country is estimated from the following main drivers.

Conflict/insecurity

This includes interstate and intra-state conflicts, internal violence, banditry and criminality, civil unrest or political crises often leading to population displacements and/or disruption of livelihoods and food systems.

Conflict/insecurity is a key driver of acute food insecurity. During conflict people may be deprived of their income sources, lose assets and/or have difficulties in accessing food, as food systems and markets are disrupted, in turn pushing up food prices and sometimes leading to scarcities of food,

water, fuel and other basic needs.

Conflict/insecurity can undermine household and community coping capacities, break down social support systems and lead to displacement.

As well as the direct destructive effects that conflict/insecurity can have on agricultural infrastructure, such as mills, irrigation systems, storage facilities and machinery, landmines, explosive remnants of war and improvised explosive devices often make agricultural land unusable for many years, as they require complex and expensive clearance operations to be made safe for use.

Conflict prevents businesses from operating and weakens the national economy, reducing employment opportunities, increasing poverty levels and diverting government spending towards the war effort. Health systems can be damaged or destroyed, leaving people reliant on humanitarian support.

Increasingly, however, insecurity, as well as physical and administrative barriers, prevent humanitarian access to the most vulnerable, or aid agencies face lengthy delays, restrictions on personnel or the type or quantity of aid supplies, or insufficient security guarantees. Parties to conflict can deny people access to food as a weapon of war, especially in areas under blockade/embargo.

Food insecurity itself can become a trigger for violence and instability, particularly in contexts marked by pervasive inequalities and fragile institutions. Sudden spikes in food prices tend to exacerbate the risk of political unrest and conflict (FAO et al., 2017).

For countries/territories with conflict/insecurity as the primary driver during the previous edition, change to another primary driver needs serious

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

Weather extremes

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

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

Adverse weather events are particularly grave for smallholder farmers and pastoralists who rely on agriculture and livestock-rearing to access food and often lack the resilience to withstand and recover from the impacts of such shocks. People's vulnerability to weather shock events rests on their capacity to adapt and bounce back after their livelihood has been affected, as well as the timing, scale and frequency of shocks. Repeated events further erode capacity to withstand future shocks.

Weather events and climate changes can lead to an intensification of conflict, such as between pastoralist herders and farmers over access to water and grazing. There is ample evidence suggesting that natural disasters – particularly droughts – can aggravate existing civil conflicts as well as strain traditional conflict resolution mechanisms.

Economic shocks

At country level, this can affect the food insecurity of households or individuals through various channels. Macroeconomic shocks may lead to increases in acute food insecurity through for instance, a contraction in GDP leading to high unemployment rates and consequent loss of income for those affected households, or a significant contraction in exports and/or a critical decrease in investments and other capital inflows, bringing currency depreciation and inflation, increasing production costs and food prices, and worsening terms of trade, which may in turn lead to increases in acute food insecurity.

High debt and limited fiscal space constrain economic growth, increase vulnerability to economic shocks and detract from development spending.

Increases in world market prices of staple grains, oil and agricultural inputs can affect food availability and access, pushing up domestic food prices for consumers and reducing their purchasing power. Economic shocks can also occur at a more localized level or hit only a particular socioeconomic category of households. For instance, pastoralists facing lack of animal feed and veterinary services may lead to deteriorating livestock body conditions and depressed livestock prices, which in turn may reduce pastoralists' purchasing power and thus constrain access to food.

Crop pests, livestock disease, and natural disasters

These could include crop pests such as locust invasion and fall armyworm; livestock diseases, such as foot and mouth disease; and natural disasters, such as earthquakes and tsunamis.

The nutrition decision tree

Criteria 1

Criteria 2

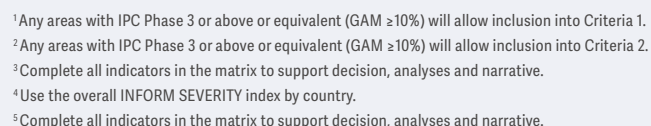
Identification of a country with a nutrition concern is determined through consensus by the GRFC nutrition TWG based on GAM, data thresholds, and contextual and risk factors.

Data sources

Outcome-level data for acute malnutrition include both prevalence and burden estimates of GAM, disaggregating the proportion of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).

Data are also disaggregated by population groups:

- children under 5 years of age (aged 6–59 months in most sources, except for Demographic and Health Surveys (DHS), which reports on all children under 5 years of age);
- pregnant and breastfeeding women (PBW); and



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FIG. TN.3 The IPC acute malnutrition scale

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

- forcibly displaced populations, mainly refugees and returnees but also internally displaced persons (IDPs).

GAM prevalence

The use of GAM prevalence by WHZ (including MAM and SAM) adheres to a prioritized list of data sources:

- Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys;
- Multiple Indicator Cluster Surveys (MICS);
- Demographic and Health Surveys (DHS) for national surveys; and
- Standardized Expanded Nutrition Surveys (SENS), for refugee populations.

GAM burden

Burden estimates refer to the number of children aged 6–59 months and PBW who are acutely malnourished, as per the following sources in order of priority:

- IPC Acute Malnutrition analyses;
- Humanitarian Needs and Response Plans (HNRP); and
- burden estimates from UNICEF and WFP.

The nutrition TWG identifies the data that best reflects a country nutrition situation. Alternative data sources may be chosen based on analysis coverage or period(s) of analysis.

Data methodologies

IPC acute malnutrition scale

The IPC acute malnutrition scale classifies the severity of acute malnutrition in the analysed population based on the GAM prevalence. See figure tn.5. The IPC analysis process also reviews and ranks contributing factors that affect acute malnutrition as per the IPC Acute Malnutrition Analytical Framework, including indicators (also referred to as risk factors) such as dietary intake, disease, feeding and care practices, health and WASH environment, and contextual information such as access to services.

Nutrition analysis in Humanitarian Needs and Response Plans (HNRPs)

The HNRPs estimate the People in Need (PiN) figure for nutrition services, including burden estimates of acute malnutrition for children and PBW. The HNRP assesses the scale and severity of needs based on data collected throughout the year, endorsed by the Humanitarian Country Team.

Nutrition and health surveys

Several standardized surveys are used to assess nutrition, health, and population indicators in humanitarian and development settings:

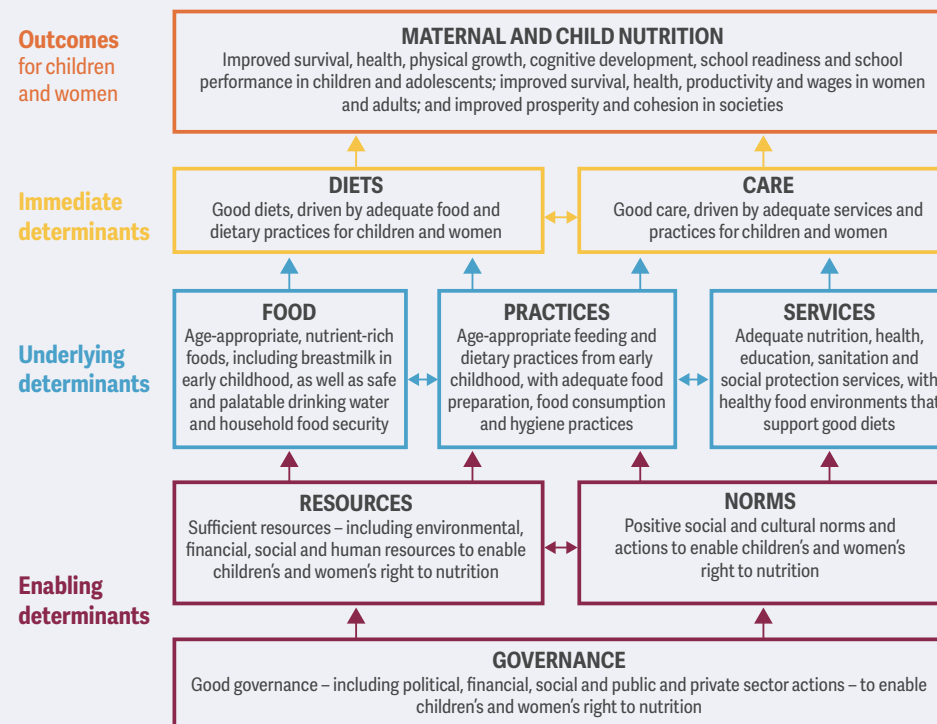
- SMART Surveys: Developed in 2002, SMART Surveys provide rapid and technically sound assessments of acute malnutrition and mortality in crises.
- MICS & DHS: UNICEF-led and nationally representative survey initiatives that collect data on population, health, nutrition and child well-being through household interviews, including the assessment of GAM.
- SENS: A UNHCR adaptation of SMART methodology designed for refugee

populations, covering malnutrition, feeding practices of infants and young children, anaemia, and key health indicators.

UNICEF's conceptual framework

The UNICEF Conceptual Framework on Maternal and Child Nutrition serves as a complementary tool to the IPC Acute Malnutrition Analytical Framework in identifying the contributing factors of acute malnutrition and their respective pathways. This framework offers clear insights into the factors influencing children's and women's nutrition, focusing on the interplay between enabling, underlying and immediate nutrition determinants. It highlights the role of diets and care as immediate determinants of maternal and child nutrition, and articulates a positive narrative about what contributes to good nutrition in children and women. It underscores the beneficial impacts of enhanced maternal and child nutrition, including better survival rates, health, development, education outcomes, economic growth and social unity. See figure TN.4.

FIG. TN.4 The UNICEF conceptual framework



ACUTE MALNUTRITION | Technical notes

Contributing factors

The GRFC nutrition TWG has grouped the contributing factors of acute malnutrition across three pathways – food, health, and care and services.

This ensures alignment with the underlying and immediate causes of the IPC Acute Malnutrition Analytical Framework and the underlying determinants of UNICEF's Conceptual Framework.

The key indicators for each pathway, referred to as risk factors in IPC AMN analyses, are as follows:

Food pathway

Indicators are minimum dietary diversity among children under 5 years of age and among women of reproductive age (15–49 years); minimum acceptable diet among children aged 6–23 months; and the prevalence of anaemia in children under 5 years and women of reproductive age (15–49 years) or pregnant and breastfeeding women.

Health pathway

Indicators are the prevalence and incidence for acute respiratory infections (ARIs), cholera, acute watery diarrhoea (AWD), malaria and fever.

Care and services pathway

Indicators are vitamin A supplementation coverage, measles vaccination (second dose), exclusive breastfeeding rates and access to improved water supplies (safely managed).

For a country to be identified as facing a nutrition crisis or nutrition concern under Criteria 2, at least one indicator per pathway (food, health, care and services) must be classified as 'high' or 'very high', based on thresholds established by the nutrition TWG partners.

Contextual and risk factors

To increase the robustness of the identification of nutrition crisis or nutrition concern under Criteria 2, the GRFC nutrition TWG incorporated additional contextual and risk factors into the analysis.

Contextual factors

- Populations in Emergency or worse (IPC Phase 4 or above): The presence of populations in areas classified as IPC Phase 4 or above was considered a key contextual factor by the nutrition TWG.
- INFORM Severity Index: A composite indicator that assesses the severity of humanitarian crises on a standardized global scale. It helps inform response planning by measuring crisis severity and was used by the nutrition TWG as an additional contextual factor.

Risk factor

INFORM Risk Index: A comprehensive risk assessment tool that consolidates 54 indicators into three dimensions: hazards, vulnerability, and lack of coping capacity. This index provides an overall measure of risk for humanitarian crises and disasters and was used by the nutrition TWG as a risk factor in the identification process.

Malnutrition peak

The malnutrition peak is determined as the period with the most severe acute malnutrition situation based on IPC AMN analyses that provide area classifications and burden estimates for specific timeframes.

The selected peak does not necessarily coincide with the most recent IPC AMN analysis available for the reporting year.

Severity is measured by the percentage of areas classified as Serious or worse (IPC AMN Phase 3 or above) relative to the total areas analysed. Therefore, the malnutrition peak is the period with the highest percentage of areas in IPC AMN Phase 3 or above. When possible, this percentage is compared with the corresponding

peak period from the previous year to assess annual changes in severity.

The burden of children aged 6–59 months and PBW suffering from acute malnutrition is drawn from the same analysis where the peak was identified.

The identified malnutrition peaks are confirmed by the nutrition TWG to ensure that they reflect the actual periods of worse severity of acute malnutrition in the country for the reporting year.

The peak data may originate from an analysis conducted in 2025 or from projections made in 2025.

Data gathering criteria

To be included in the report, data must follow the GRFC criteria and requirements. The displacement data available for the reporting year (in this edition 2026) is evaluated. If no data were available, data from the prior year may be considered. Data covering the whole country are generally preferred, however, for certain countries only specific areas are analysed.

Data on displacement were gathered for the six IGAD member states with acute food insecurity data meeting GRFC requirements.

Data sources and methodologies

The displacement data sources depend on the category of the displaced person.

Data for internally displaced persons (IDPs) are based on the following priority ranking:

- International Organization for Migration (IOM); then
- Internal Displacement Monitoring Centre (IDMC).

Exceptions can be made by consensus to use data that appear to best reflect a particular country's displacement situation. When a country has information from several sources, the choice of a data source is driven by the size of the analysis coverage and the reporting period.

Figures for displaced populations aim to be countrywide but depend on the assessment and can cover only specific areas where displaced persons are concentrated.

Data validity

The timeframe of data validity varies for different categories of displaced people. For refugees and asylum-seekers, UNHCR nowcasted estimates for July 2026 have been used. For Djibouti March 2026 data has been used.

For IDPs, IOM data are the most recent available and vary depending upon when the analysis was conducted at country level.

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PEACE, PROSPERITY AND
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