

RATION CUTS:

TAKING FROM THE HUNGRY
TO FEED THE STARVING

World Vision 

ENOUGH

END CHILD HUNGER NOW

ABOUT THIS REPORT

This report was commissioned by World Vision's Global Hunger Response to assess the impact of food ration cuts on children, families, and communities. The report combines desk research with quantitative and qualitative surveys conducted in early 2024 in six countries where World Vision works. Targeted communities were selected based on their exposure to food ration cuts: families in Badghis, Afghanistan; Rohingya refugees in Cox's Bazar in Bangladesh; a mix of displaced, host, and refugee families in Demba (Kasais) and Tanganyika in the Democratic Republic of the Congo (DRC); host communities and Syrian refugees in Lebanon; host and displaced families in Somalia; and refugees in Bidi Bidi refugee settlement in Uganda.

Understanding the effects of food ration cuts is crucial for informing humanitarian interventions and policies aimed at mitigating the adverse consequences experienced by vulnerable populations, particularly children and families already facing significant challenges.

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Cover photograph: Two-year-old Alireza recovered after a three-month follow-up and receiving nutritional services. ©World Vision/Azizullah Hayat

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ACRONYMS

| | |
|--------|--|
| DRC | Democratic Republic of the Congo |
| FGD | focus group discussion |
| HINGO | Humanitarian International Non-Governmental Organisation Forum |
| IDP | internally displaced person |
| IPC | Integrated Food Security Phase Classification |
| kcal | kilocalorie |
| kg | kilogramme |
| KII | key informant interview |
| L | litre |
| MHPSS | mental health and psychosocial support |
| NGO | non-governmental organisation |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| UNSC | United Nations Security Council |
| USAID | United States Agency for International Development |
| US\$ | United States dollar |
| WFP | World Food Programme |

EXECUTIVE SUMMARY

Climate change, conflict, and COVID-19 have spurred and accelerated the largest hunger crisis of our time.¹ Children in 39 countries² are facing famine-like conditions.³ As regional violence and extreme weather events push families to leave their homes, children become even more vulnerable to hunger, malnutrition, and violations of their rights, like child labour, sexual exploitation, and child marriage.⁴ Although international aid has increased in recent years, it has markedly failed to keep up with the ever growing numbers of people in desperate need of assistance.⁵

“**I feel I should go back to South Sudan because it’s better to die in my country than die in the settlement because of lack of food.**”
– **Male, focus group discussion (FGD), Uganda**

In 2023, World Vision provided over 20 million people in 46 countries with food and cash assistance.⁶ Of those, more than 16 million people in 29 countries were reached in partnership with the United Nations (UN) World Food Programme (WFP). However, faced with shrinking resources and rising needs, humanitarian actors are now being forced to make impossible decisions. For this report, World Vision’s Global Hunger Response spoke to communities in six countries that have been affected by recent shortfalls in emergency food and cash assistance. These are some of the most vulnerable people in the world, and yet, due to a lack of sufficient funding, humanitarian agencies have had to restrict their emergency aid by cutting food rations or removing their assistance altogether. Families facing severe restrictions of aid (like in Bidi Bidi refugee settlement in Uganda), living in difficult political contexts (like communities in Afghanistan), or recovering from the effects of climate-driven drought (like the one that brought

Somalia to the brink of famine) are especially vulnerable. In our survey, many parents and caregivers thought that the food ration cuts and persistent hunger had caused sharp increases in malnutrition, violence, child marriage, child labour, and sexual exploitation.

Our findings paint an alarming picture. While children on average consumed two meals per day before the cuts in food rations, when asked how many meals they were eating after the ration cuts (January 2024), **most families had eaten just one or zero meals the day before.** Many caregivers said there has been an increase in hunger and malnutrition as a result of the ration cuts. Refugee and displaced families had moved repeatedly and/or had to flee their homes due to violence or drought, often leaving behind livestock, jobs, and assets. The quest to buy enough food to feed their children often comes at the expense of other necessities like school and health care. A majority of caregivers also said there was an increase in illness because of a lack of money to take their children to health clinics or buy medicine, and more than half of refugee parents and caregivers said that their peers were no longer able to afford education expenses or were having their children drop out of school to beg or work. Others said they had cut back on spending on clean water or hygiene products to try to afford enough food for their family.

“**The first impact [of the ration cuts] is that we receive too much pressure from our families, especially at our age. Many of us are already taken as wives in our village. Sometimes we are even seen as an extra burden on the family.**” – **Girl (age 13-17), FGD, the Democratic Republic of the Congo (DRC)**



Beyond malnutrition, some of the most unsettling results of the survey were the high perception that the hunger and economic crisis has left children more at risk of child marriage, sexual violence, child labour, and child trafficking. In focus groups in Badghis, Afghanistan and Bidi Bidi refugee settlement in Uganda, girls said their peers were being forced to marry in the hopes that their new husbands would feed them, and in Bidi Bidi, girls, boys, women, and men all spoke about girls being forced into transactional relationships with older men. In general, many respondents spoke about increased levels of violence at home, including sexual violence affecting women and girls. Boys, too, were exposed to more violence; community members thought that boys were increasingly working and at risk of being trafficked or sent away.

With vulnerable communities left hungry, malnourished, out of school, and experiencing mounting forms of violence, it was not surprising to see that children and adults reported being

under increasingly high levels of stress and mental strain as they try to support their families. Both adults and children in Bidi Bidi spoke about increased suicidal thoughts and intentions. In Afghanistan, Lebanon, and Somalia, caregivers' responses to a series of questions about their mental health seem to indicate a risk of developing mental health disorders far above normal prevalence,⁷ even in other conflict-affected communities. Part of this may be due to the compounding impact of food insecurity, which previous research has shown has negative effects on parental stress, anxiety, depression, and children's fear.⁸

“Parents have committed suicide because of stress since they are not able to provide food for the children.” - Female caregiver, FGD, Uganda

All in all, the data in this survey paint a sobering picture that is especially worrying as cuts in food rations are expected to continue to increase in 2024. Our findings demonstrate that the impact of ration cuts in the midst of this global hunger crisis extends far beyond individuals to entire families and communities, with ripple effects reaching children's access to education, health care, protection, and beyond. It is essential that governments and humanitarian donors come together to provide lifesaving aid in the right proportions and with the right nutritional content that children and their families so desperately need to survive, as well as long-term support so children can go back to school and families can once again pursue sustainable livelihoods.

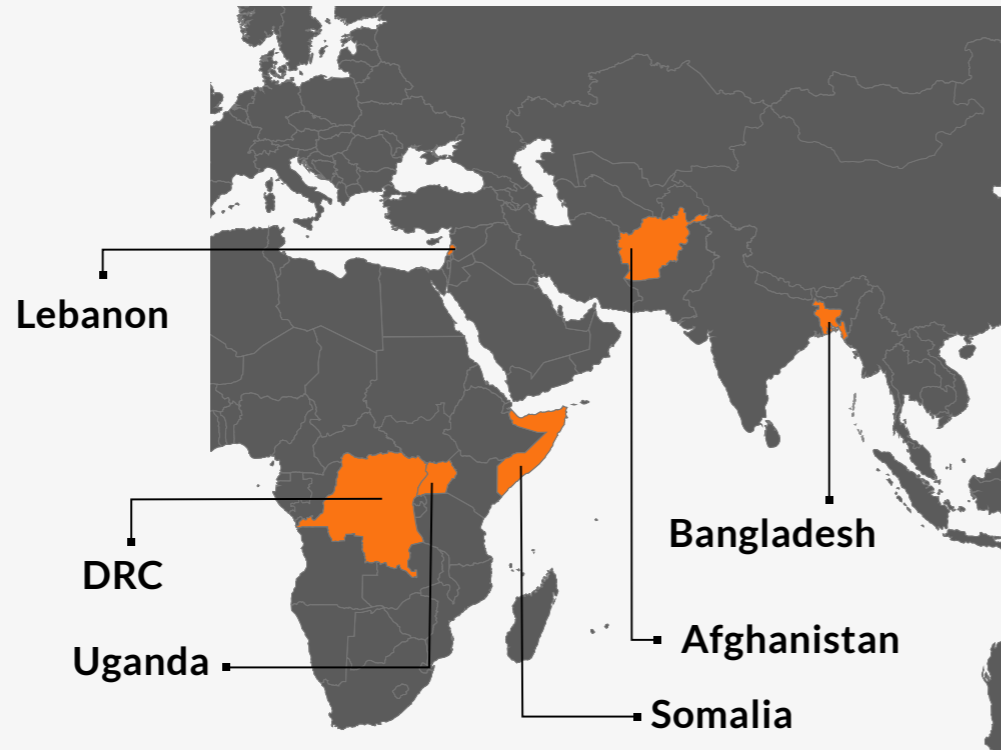
It's time for the world to say **ENOUGH**. Enough hunger. Enough malnutrition. Children are already dying of preventable causes related to hunger – the need is urgent. Aid that provides the right proportion and nutrition content for children, on time, must be part of every emergency response.



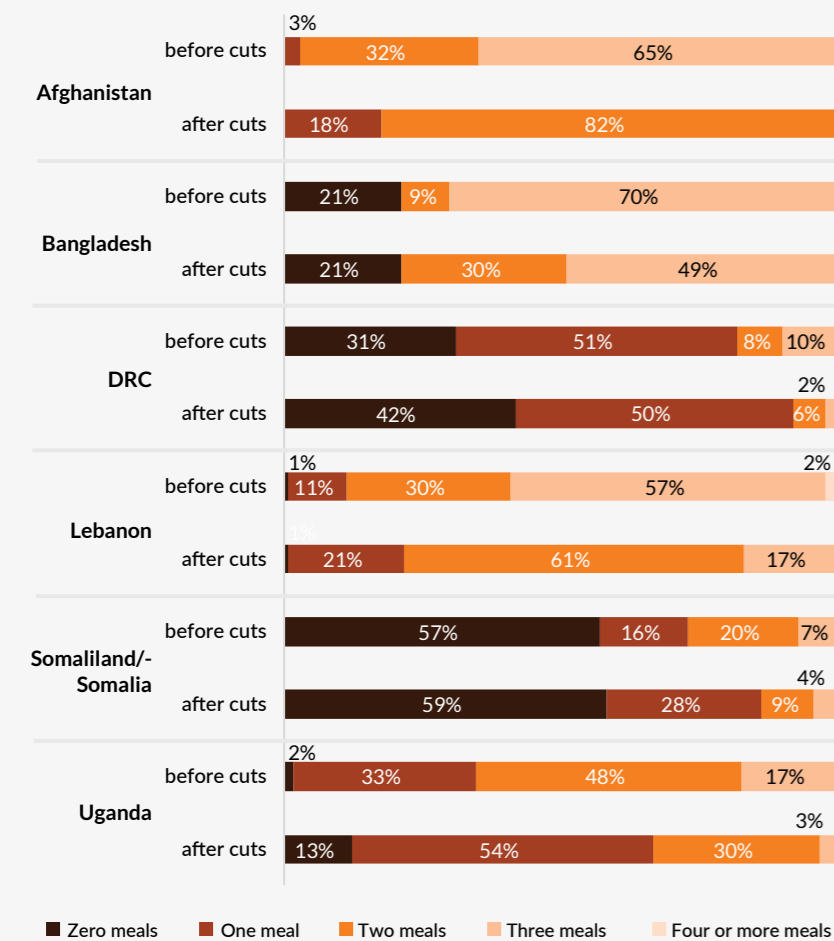
Hend, 14, is a Syrian refugee that lives in an informal tented settlement in Bekaa, Lebanon. She hopes to get an education and become a teacher to help other children like her. However, Hend works in the field with her sister to make money so her family can afford their tent. ©World Vision/Mark Abou Jaoude

Key findings

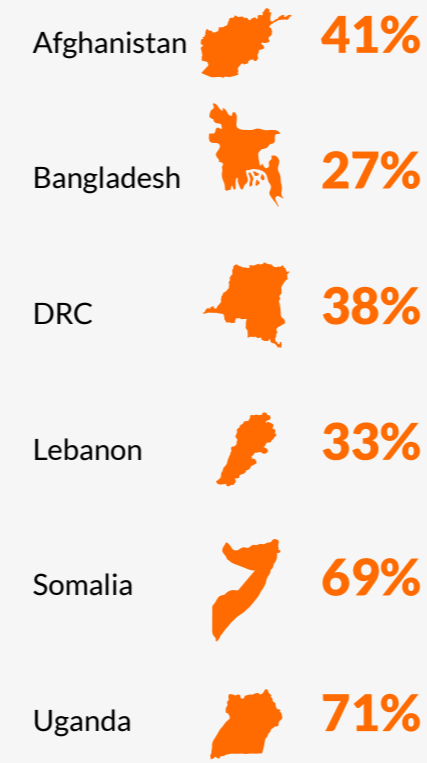
What people told us when asked how they had been affected by ration cuts in the past three months: families in Badghis, Afghanistan; forcibly displaced Burmese nationals in Cox's Bazar, Bangladesh; internally displaced, refugee, and host communities in Kasai Central and Tanganyika in the DRC; refugees and host communities in Lebanon; internally displaced and host community members in Somalia; refugees in Bidi Bidi refugee settlement in Uganda



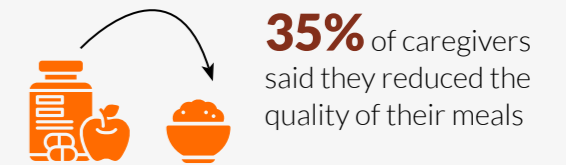
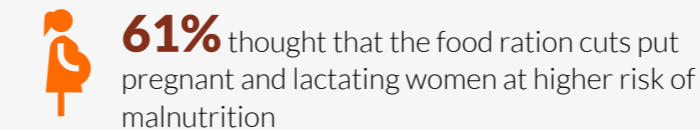
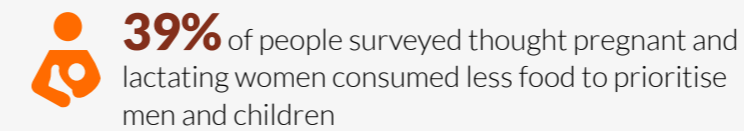
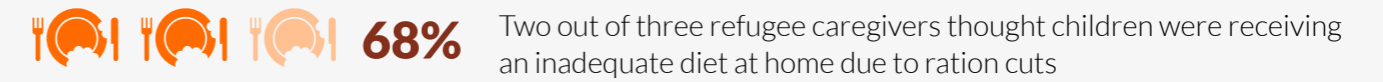
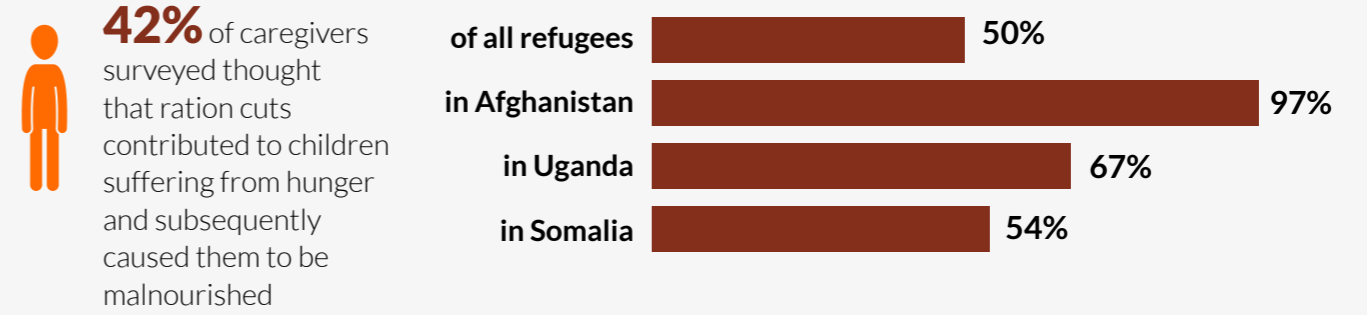
Meals eaten on average before cuts⁹ and within the past 24 hours prior to the survey



% of families who had a family member go a whole day and night without eating anything because there was not enough food in the past four weeks



Exacerbating a hunger crisis



Out of school

The rate of families coping with ration cuts who were unable to educate their children was highest in



In refugee communities:
62% of caregivers said that their peers were no longer able to afford education expenses for their children
54% reported that their children had to drop out of school to beg or work

Two out of three refugees said when their children are hungry, they do not want to attend school (**66%**) and were unable to concentrate at school (**71%**)

Children at risk

The global hunger and economic crises have left children more at risk of child marriage, sexual violence, child labour, and child trafficking.

One in three **(33%)** community members thought both girls and boys are now subject to more violence, neglect, or abuse at home after ration cuts

Almost a third **(30%)** of all caregivers thought that the ration cuts were pushing girls into early marriage



59% in Uganda
97% in Afghanistan

75% of families in Uganda reported that girls were getting pregnant early, leading them to drop out of school

63% of refugee families said there was an increase in child labour following the ration cuts

Almost half **(45%)** of caregivers surveyed said they believed there had been an increase in child labour, but communities thought boys were more likely to be affected by this in
Uganda **85%** Afghanistan **94%**

Two out of five caregivers **(39%)** in Afghanistan and Somalia thought that boys had been affected by increased rates of child trafficking

Mounting stress and violence at home

Children and adults are increasingly under high levels of stress and mental strain as they try to support their families.

Almost two out of three adults surveyed (63%) said they felt so hopeless that they no longer want to carry on living, some, most, or all of the time

13% of adults said they no longer wanted to carry on living all of the time
50% said they felt that way most or some of the time

22% of people exposed to long-term conflict and violence are at risk of suffering from mental health issues¹⁴⁴ but caregivers in

Afghanistan were nearly 4.5 times more likely to say they were suffering from mental health issues – almost all adults **(97%)** were at risk of mental health disorders
Lebanon were 4 times higher **(89%)** and Uganda were 3.5 times higher **(79%)**

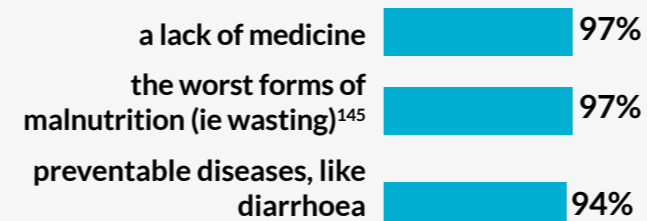
29% of respondents agreed that, during the past three months, parents and caregivers had experienced increased domestic violence

Health and sanitation deprioritised

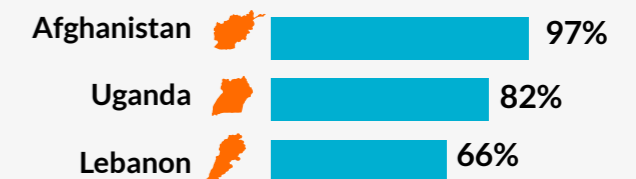
As families struggle to make ends meet after rations are cut, spending on health care, clean water and sanitation is falling by the wayside, while the impacts of hunger make children more susceptible to diseases.

41% of households reported an increase in disease outbreaks in their children

In Afghanistan, the majority of households (90%) said their children are suffering from illnesses due to



Caregivers believed that their peers were spending less on children's health-care needs in:



Families report spending less on essential hygiene items and treated water

10% of households reduced their purchase of soaps and menstrual hygiene items
5% of households were unable to pay for clean water

The top concerns reported by community members about the impact of cuts on children:



56% children unable to concentrate in school due to hunger/lack of food



54% children received an inadequate diet at home



53% parents/caregivers cannot afford education expenses



52% children are disinterested in attending school when hungry



50% parents/caregivers spending less on children health-care needs



45% children started engaging in casual labour following ration cuts

INTRODUCTION

The world is experiencing a hunger and nutrition crisis of unprecedented scale. More than 38 million people – 19 million of them children – are one step away from starvation (Integrated Food Security Phase Classification [IPC] 4+).¹²

IPC acute food insecurity phase description¹³

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

The global burden of malnutrition is enormous. In 39 countries around the globe, a staggering 36.4 million children and adults are at ‘emergency’ levels of hunger (IPC 4), in addition to 705,200 people facing ‘catastrophic’ conditions (IPC 5).¹⁴ Over 36 million children suffered from acute malnutrition in 2023, many of them in communities affected by conflict and displacement.¹⁵ These numbers underscore the severity of the issue and highlight the urgent need for action. Violence and protracted armed conflicts remain the main drivers of global hunger and malnutrition worldwide,¹⁶ although hunger is also exacerbated by factors such as climate shocks, uneven economic recovery from the COVID-19 pandemic, endemic poverty, and systemic inequality.

These devastating situations leave children and their families struggling to find food, clean water, and fuel;¹⁷ forcibly displace entire communities; interrupt students’ education; expose children to illnesses and violence; and can harm their mental health.



“We are facing hunger on an unprecedented scale, food prices have never been higher, and millions of lives and livelihoods are hanging in the balance.”
– **António Guterres, Secretary-General of the United Nations**

Children and young people are bearing the brunt of today's mutually reinforcing food, nutrition, and displacement crises. Worldwide, the number of forcibly displaced people is now at a shocking 110 million.¹⁸ More than 80% of forcibly displaced persons – including internally displaced persons (IDPs), refugees, and asylum seekers – are living in countries or territories experiencing a food crisis.¹⁹ This is also true in

the inverse sense – many of the countries with the largest numbers of displaced families, such as Sudan, the DRC, Syria, Yemen, and Afghanistan – also face 'crisis' levels of food insecurity or higher (IPC 3+).²⁰ Unlike other vulnerable groups, displaced and conflict-affected communities have limited employment opportunities, relying almost entirely on humanitarian assistance to meet their food and other essential needs.²¹

A nutrition catastrophe

A multilayered issue, malnutrition manifests in many forms, including:²²



undernutrition, which includes wasting (low weight-for-height) and nutritional oedema, stunting (low height-for-age), and underweight (low weight-for-age)



micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess



overweight, obesity, and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes, and some cancers).

Childhood malnutrition negatively impacts neurodevelopment, academic achievement, cognition, and behavioural problems.²³ Hunger and food insecurity are crucial factors in causing malnutrition, resulting from a deficiency of essential vitamins, minerals, and nutrients necessary for proper growth and development. This deficiency arises from both inadequate quantity and quality of food, as well as insufficient access to essential nutrition care.²⁴ Although it is largely preventable, malnutrition is still the number one underlying cause of death for young children, with nearly half of all deaths of children under 5 linked to malnutrition.²⁵ Hundreds of millions of children are malnourished, leaving them more vulnerable to other preventable diseases, such as diarrhoea and respiratory infections. Approximately US\$39–50 billion is needed annually in order to achieve global nutrition goals²⁶ and avoid the deaths of 3.7 million children under 5 and to prevent stunting in 65 million children.²⁷

Malnutrition stops children from growing, learning, and working – from reaching their full potential. Without treatment and investment in proper nutritional care and access to adequate

food, acute malnutrition can take children's lives, compromise growth and development, or increase their risk of obesity and other non-communicable diseases later in life.²⁸ If they do survive, malnutrition can have devastating and lifelong impacts on their health, nutrition, and education.²⁹ The World Bank estimates the current cost of productivity lost to malnutrition at US\$3 trillion globally per year, yet less than 1% of all aid goes to supporting children's nutrition.³⁰ Hunger also has devastating consequences on children. Children living with prolonged food insecurity are often unable to focus in school, forced into early and exploitative labour, or married off.³¹

45 million children
under age of 5 are affected by wasting – the failure to prevent malnutrition amongst the most vulnerable children.³²

13.7 million children
under age 5 are affected by severe wasting – the most lethal form of undernutrition and one of the top threats to child survival.³³

Budget cuts accelerate a hunger crisis

Despite the current crisis, funding for lifesaving food and nutrition programmes is still not a global priority. Humanitarian appeals are drastically underfunded, with just 38% of the US\$56.7 billion needed in 2023 secured, the lowest percentage since 2019.³⁴ Nutrition and food security in humanitarian response plans in 2023 were only 36% and 39% funded, respectively.³⁵ Other humanitarian sectors are even more underfunded, creating a crisis for children's futures as they struggle not only to find enough to eat, but also to get back into school, stay safe, and build a future. For 2024, humanitarian funding recorded by the end of February was 35% less than what was recorded for the same time last year.³⁶

Humanitarian agencies are being forced to cut back and reduce their assistance to focus only on those most urgently in need, decreasing targets through prioritisation and cutting food rations. The United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) – the agency responsible for coordinating humanitarian assistance – has revised its target for humanitarian aid in 2024 to 181 million people,³⁷ far short of the 281 million³⁸ affected by acute food insecurity, let alone any other humanitarian need.

It is children in the most fragile contexts and difficult situations who suffer the most from the reduced assistance and failure to address the drivers of hunger. Although the context and causes of hunger may differ in each country, shortfalls in funding and support are forcing families and communities to make difficult and dangerous choices that have far-reaching consequences for children's well-being, now and in the future. According to the WFP, every percentage cut in assistance results in pushing more than 400,000 people from IPC 3 to IPC 4³⁹ – bringing them one step closer to starvation. Researchers simulating a 50% reduction in rations in 2022 for recipients in Afghanistan, Haiti, Iraq, and Yemen found that cuts would drive an additional 6.6 million people towards starvation.⁴⁰

In 2023, World Vision provided over 20 million people in 46 countries with food and cash assistance.⁴¹ Of those, more than 16 million people in 29 countries were reached in partnership with the WFP. However, faced with shrinking resources and rising needs, humanitarian actors are now being forced to make impossible decisions – to choose which groups of vulnerable children will receive and



A World Vision staff member looks over stacked sacks of yellow split peas at a food distribution site near Bulengo internally displaced persons camp outside Goma, DRC. ©World Vision/Rodrigue Harakandi

which groups will be excluded. Food assistance, in the form of cash, vouchers, or in-kind food distributions, aims to meet the basic food needs for the general population. In the DRC and Somalia, families were receiving just enough oil, beans, flour, and salt to make up the minimum calories needed per day – but some families are now, as a result of ration cuts, receiving only half or less of their daily requirement. In other crises, hungry girls, boys, women, and men have been excluded from food and cash and voucher distributions altogether as aid agencies focus on starving populations.

Initial assessments of the impact of ration cuts show they were already having a negative impact on children's health and well-being in 2023. Yearly nutrition assessments of Rohingya refugees in Cox's Bazar in Bangladesh show a sharp increase in acute malnutrition amongst children under 5,⁴² and in focus groups for a

WFP assessment, refugees mentioned that their children's physical health was declining due to the poor quantity and lack of diversity of the diet.⁴³

Both the WFP assessment, as well as a similar assessment of refugees in Bidi Bidi in Uganda,⁴⁴ found that families had responded to the cuts with a severe increase of consumption-based coping strategies. Households reduced spending on essential needs, such as on education, and reported increased cases of child labour. The assessment in Bidi Bidi also found an increase in theft, transactional sex, and domestic abuse. Additionally, the review in Cox's Bazar said children and women had become more susceptible to abductions, as well as other safety issues. The profound impact of ration cuts on livelihoods has led recipients, particularly adolescents and young adults, to increasingly consider migrating from the camps in search of viable livelihood opportunities.⁴⁵

Effects of ration cuts in six countries

Faced with these alarming reports, World Vision collaborated with the WFP in six countries to further examine the effects of the current funding crisis on the most vulnerable children and their families. In early 2024, World Vision spoke with over 900 people, including parents, caregivers, children, community members, and local experts, in a series of quantitative and qualitative surveys about what effects they thought the reduction in rations was having in their homes and communities. The six countries selected all have highly vulnerable refugee, displaced, and local communities with frightening numbers of people living in emergency levels of hunger.



Afghanistan

6.1 million people in IPC 4⁴⁶

In Nuristan and Ghor provinces, 20% of the population is currently experiencing emergency levels of hunger (IPC 4).⁴⁷ Although the economy and food prices have shown signs of stabilisation as of July 2023, an estimated two-thirds of families still struggle to support themselves, highlighting the critical need for emergency food assistance.⁴⁸ More than 4 million women and children required treatment for acute malnutrition in 2023.⁴⁹ Despite these alarming statistics, funding shortages resulted in the

removal of 10 million food-insecure people from emergency programmes in 2023 alone.⁵⁰ As of June 2023, food rations only met 50% of the minimum requirements in the country.⁵¹ Moreover, in Ghor, food distributions were suspended in July and August 2023, with limited amounts distributed in September.⁵² Families in rural Badghis province, where WFP food rations have been mitigating the effects of drought and economic crisis, were also reduced due to logistics challenges in early 2024.





















Bangladesh


785,409 people in IPC 4⁵³

Bangladesh is highly vulnerable to extreme weather and climate change,⁵⁴ and is host to 900,000 Rohingya refugees who were forced to flee Myanmar in 2017.⁵⁵ Crammed into squalid conditions in Cox's Bazar, facing rising food prices and the prolonged impact of floods,⁵⁶ and unable to return home to an increasingly restrictive context, many refugee families are dependent on the cash assistance provided by World Vision and WFP.⁵⁷ Families in Cox's Bazar originally received US\$12 per person per month. However, vouchers were reduced to US\$10 in March 2023 and to US\$8 in June 2023.⁵⁸ The impacts of these multiple ration cuts contributed to an increase in acute malnutrition amongst children under 5 from 12%⁵⁹ to 15%.⁶⁰ In January 2024, cash assistance was increased slightly back to US\$10 per person.



A fire burns over shelters in Cox's Bazar, Bangladesh.
©World Vision/Md Qazi Shamim Hasan

| Original rations | June 2023 rations - US\$8 per month |
|--|---|
|  1 L of oil |  1 L of oil |
|  13 kg of rice |  13 kg of rice |
|  1 kg onions |  |
|  1 kg potatoes |  |
|  6 eggs |  |
|  1 kg sugar |  |
|  2 kg wheat flour |  |
|  500 g salt |  500 g salt |
|  500 g dry chilli |  100 g dry chilli |

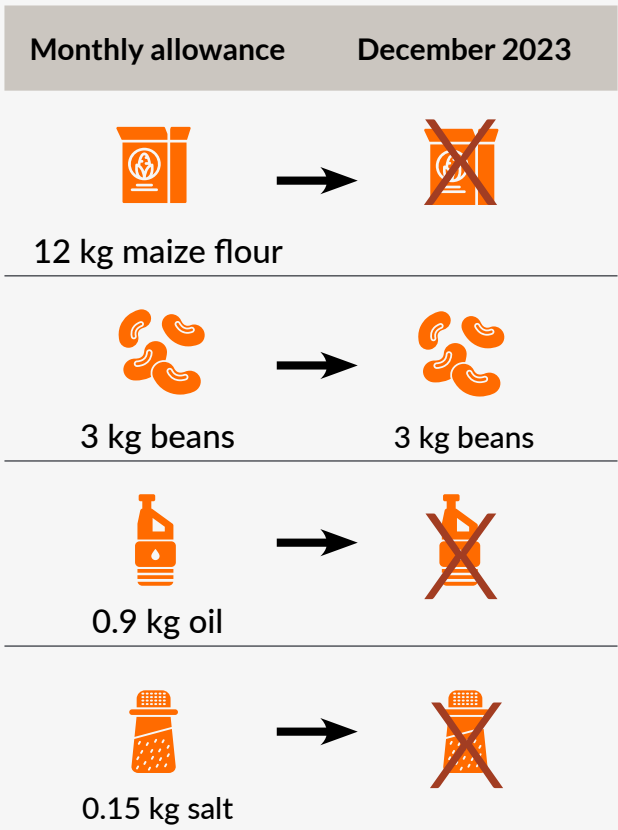
 **Democratic Republic of the Congo (DRC)**

3.4 million people in IPC 4⁶¹

In the DRC, more than 3 million people are living one step away from famine.⁶² Many of them are internally displaced, returnees, refugees, or living in conflict-affected areas of the country, making it difficult to persistently tend to any agriculture.⁶³ Fighters destroy homes and crops in order to make people flee and take control of the area. Those who stay in their towns experience extreme poverty and hunger, as armed conflicts interrupt the local economies and impede the production and distribution of adequate food.⁶⁴ Conflict also continues to cause further displacement – more than 6.7 million people in the country have fled their homes,⁶⁵ almost 700,000 of whom left last year.⁶⁶

In addition to conflict, many families are grappling with high food prices. A survey of the price of a food basket of 10 common food items conducted in the DRC by World Vision⁶⁷ found the DRC’s food costs were the third highest in terms of hours needed to be worked to afford a basic basket across the 70 countries surveyed.⁶⁸

Food security plans for the DRC are not quite 20% funded as of end of April 2024,⁶⁹ and the lack of funding combined with logistical struggles to



reach some of the most vulnerable communities has left many children and families with reduced or missing rations. In Demba in Kasai Central, where more than 36,000 people are experiencing emergency levels of food insecurity, families received just half of their monthly corn flour rations in November 2023, and in December received only 3 kg of beans.



Ornella, and her mother Furaha living in an internally displaced persons camp, located in North Kivu, DRC. ©World Vision/Rodrigue Harakandi



Lebanon

400,000 people in IPC 4⁷⁰

Lebanon is currently facing an unprecedented economic, financial, and social crisis, deeply affecting the livelihoods of children in Lebanon. In addition to the protracted Syrian crisis, combined with the aftermath of COVID-19 pandemic, the Beirut port blast, and escalating airstrikes and bombings in areas along its southern border and beyond, the country has been suffering from a financial crisis for the past four years. Inflation has reached triple digits, and the country is experiencing a continuous devaluation of the Lebanese pound (to 98% of its initial value).⁷¹ As a result of Syrian crisis spillover, forced displacement, and economic collapse, one in four children (more than 435,000 students) were out of school and faced access challenges related to internet connectivity (online learning) and transportation costs.⁷² The situation has been further exacerbated by the conflict in the South of Lebanon, which led to the closure of 50 public schools and eight technical education schools.⁷³ The latest IPC results show that 15%

of the Lebanese population and 27% of the Syrian refugee population are facing acute food insecurity and require urgent humanitarian action to reduce food gaps, diversify food intake, protect and restore livelihoods, and prevent acute malnutrition.⁷⁴

Within this environment, WFP has also been facing funding shortfalls and was forced to reduce cash assistance to Syrian refugees by 30% towards the end of 2023.⁷⁵ The frequency of food distributions also changed from a monthly to a bi-monthly basis. In January 2024, assistance to the local Lebanese population also decreased by 33% following a retargeting exercise and a reduction in the cash assistance is anticipated later this year.⁷⁶ In 2022, Lebanese host community members benefitting from food parcels used to receive 79% of their total individual energy requirement (1,665 kcal per day).⁷⁷ In 2023, this was reduced to just 60% of their average daily caloric intake (1,291 kcal per day).⁷⁸

In Baalbek, Lebanon, a father confronts the distressing reality of not being able to even afford milk for his two young daughters, Rahaf, 9, and Reemas, only 6. In July 2023, Lebanon was ranked second globally for food inflation, having faced a 280% rise year-on-year.⁷⁹

'At school, I struggle to concentrate. I keep asking my teacher to explain things again, but she gets frustrated and snaps at me,' admits Rahaf.

Her father, Fares, a physiotherapist, travels door-to-door, working tirelessly to earn a living and provide for his family. 'Rahaf appears smaller than most kids her age, leading to episodes of fainting at school and persistent knee pain that keeps her awake all night. On the other hand, Reemas faces a different challenge. She lost her baby teeth, and it has been a year without any sign of her adult ones emerging. I cannot afford to give them milk or the essential nutrients they need. We used to

provide them with iron supplements and milk, but now, even the cost of the iron supplement is beyond our means. We just can't manage it anymore,' says Fares.



©World Vision / Hicham Najem



Somalia

714,360 people in IPC 4⁸⁰

In Somalia, almost 4 million people have fled their homes, due to ongoing conflict and climatic shocks.⁸¹ Children continue to receive inadequate food, both in terms of the diversity of the diet as well as the frequency of the meals.⁸² The country saw the second-worst deterioration of hunger in 2023, with 1.5 million people facing ‘catastrophic’ levels of food insecurity (IPC 5).⁸³ Factors contributing to the crisis include the lingering impact of the recent severe drought, extreme weather due to El Niño, above-average prices, ongoing conflict and violence around Burhakaba and Baidoa, and the decline in humanitarian assistance due to funding constraints.⁸⁴

Despite the ongoing crisis in Somalia, in 2023, more than 2 million children and their families stopped receiving food assistance when the number of people receiving support was cut from 4.7 million people to 2.4 million.⁸⁵ This was on top of a previous cut due to funding shortages in 2022, when families were only receiving 67% of their minimum daily food intake.⁸⁶



Uganda

105,325 people in IPC 4⁸⁷

Uganda hosts one of the world’s largest refugee populations, with more than 1.5 million refugees, mainly from DRC and South Sudan, calling the country home.⁸⁸ The districts welcoming refugees, including where Bidi Bidi refugee settlement is located, have been experiencing pest infestations, rising food prices, flash flooding, and a poor harvest in 2023 – all leading to increasing food insecurity.⁸⁹

Compounding this situation has been the steady rise in food prices. A 2023 World Vision price survey showed an 8% increase in the price of a food basket of 10 common food items in Uganda between 2022 and 2023.⁹⁰

In response to significant funding shortfalls, WFP has been forced to introduce a new prioritisation system, which has worsened the situation for refugees in Uganda. Those refugees who are considered most vulnerable now receive just 60% of what WFP calls ‘basic survival rations’;⁹¹ the moderately vulnerable get 30%, and the least vulnerable get nothing.⁹²



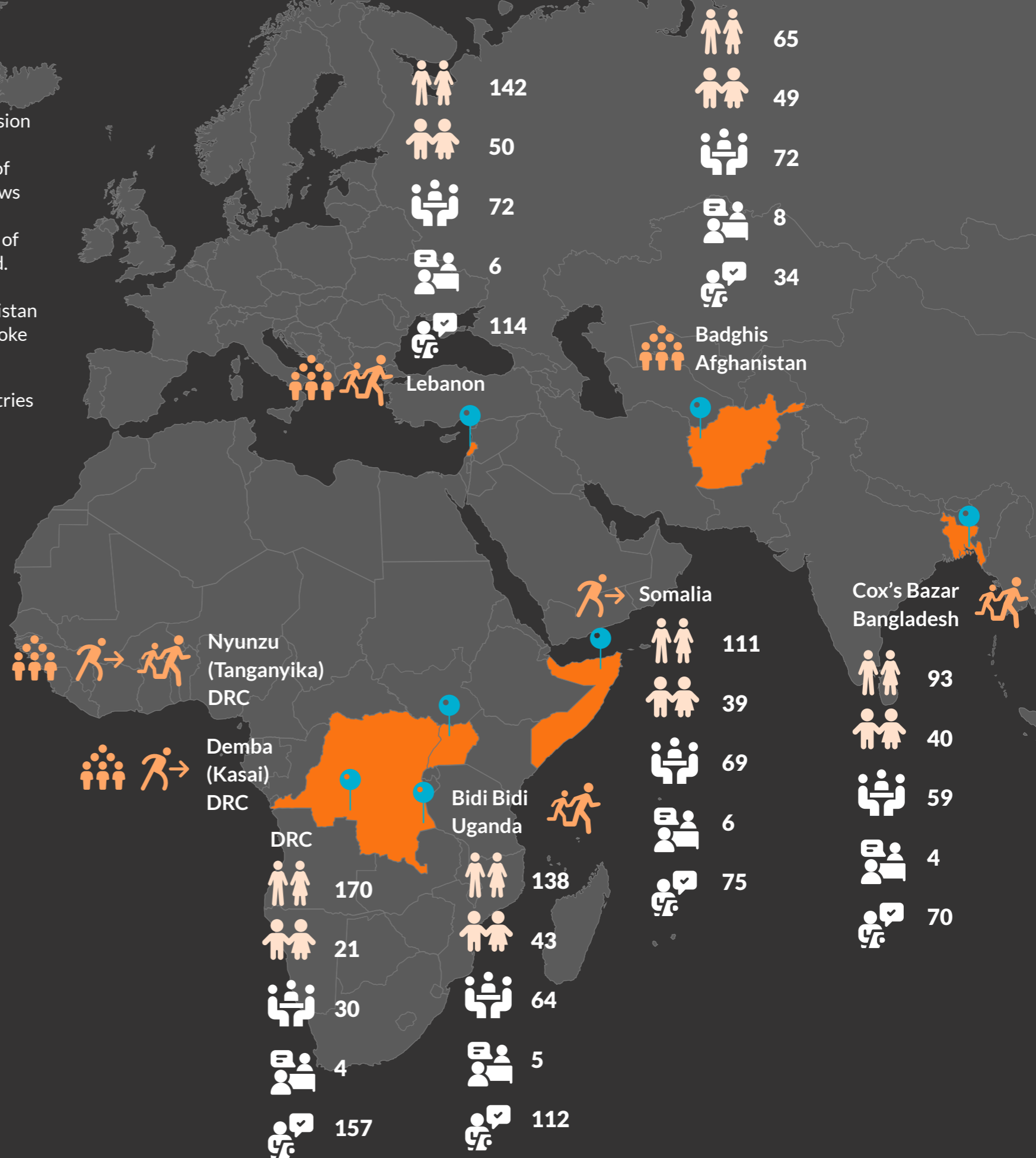
Fidow, 29, is a widow and mother of eight from Dinsoor, Somalia. Her family relocated to Doolow due to a severe drought, selling their land to afford the move. ©World Vision/Gwayi Patrick

METHODOLOGY

To better comprehend this alarming crisis of decreasing food rations, World Vision surveyed 562 families and conducted 36 focus group discussions (FGDs) with children and adults and 33 key informant interviews (KIIs), speaking to a total of 929 people in six countries that have been affected by ration cuts. The interviews took place in February 2024 across refugee and displacement camps, informal settlements, and host communities. All were rural contexts, with the exception of Lebanon and Somalia, where a mix of rural and urban communities were visited. Research conducted in Cox's Bazar, Bangladesh, and Bidi Bidi, Uganda, were entirely with refugee communities, and people interviewed in Badghis, Afghanistan only included the local population. In DRC, Lebanon, and Somalia, surveyors spoke with a mix of refugee families, IDPs, and members of the host communities.

It is important to note that the findings of this study do not represent the countries or global context as a whole, but present the experiences of specific families in communities affected by the ration cuts and share their views on the knock-on effects of these reductions.

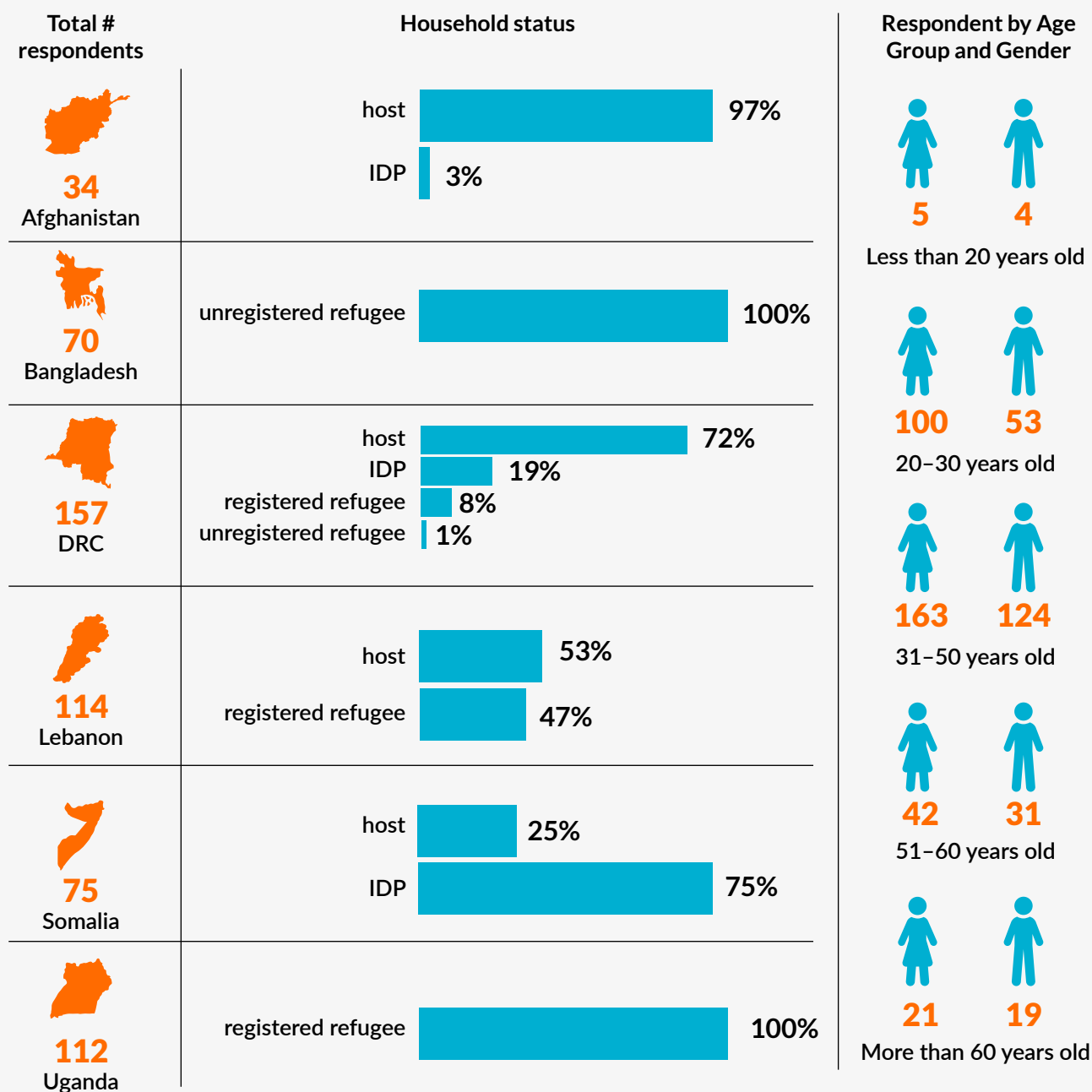
-  Refugees
-  Internally displaced
-  Vulnerable communities
-  Adult
-  Child
-  FGDs
-  KIIs
-  Surveys



Quantitative data: Survey demographics

Altogether, 562 respondents participated in the quantitative survey, with a fairly equal split between males and females across contexts and age groups. Sites encountering frequent ration cuts were purposely selected for the survey, and then respondents were randomly selected from lists of recipients from World Vision's WFP-funded food or cash distributions. The population was stratified by country, and the sample size is determined with a 5% margin of error and a 95% confidence level, recommending at least 385 samples for the study.

Figure 1. Survey respondents' demographics⁹³





Quantitative analysis examined differences in coping strategies and the effect of ration cuts on different segments, including children without disabilities vs children with disabilities; female- vs male-headed households; effects on men, women, girls and boys; country location; and displacement status. In general, any significant differences are called out in the text.

Qualitative data: Focus group participants and interviewees' demographics

To complement the analysis, we also conducted six focus group discussions (FGDs) in each country, with one group each for males and females amongst ages 8–12, 13–17, and adults. In addition, staff conducted a series of interviews with key informants at various administrative levels (district, province, national), as well as diverse groups such as children, men, women, community health workers, and faith leaders.

Table 1. FGDs and KIIs by country

| |  FGDs |  KIIs |
|--------------------|--|--|
| Afghanistan | 72 (48 children) | 8 |
| Bangladesh | 59 (40 children) | 4 |
| DRC | 30 (20 children) | 4 |
| Lebanon | 72 (49 children) | 6 |
| Somalia | 69 (39 children) | 6 |
| Uganda | 64 (43 children) | 5 |



Limitations

Quantitative findings were derived from respondents' recollections before and after the food ration cuts within a defined timeframe. The questionnaire was specifically designed to capture the impact by gender and age group (adults and children), to see the gendered lens of these impacts. Consequently, some overall figures or percentages were generalised to represent households reporting specific impacts experienced by either adult or child members.

Communities were selected for the research after discussion with World Vision and WFP field teams, and all had recently experienced interruptions to ration distributions. However, cuts varied widely in different locations, and respondents' responses were not matched with any programme data that would indicate the severity or duration of the cuts. In DRC, for instance, reductions in rations were due more to longstanding logistical challenges to delivering food in highly remote areas, which were then compounded by budgetary pressures. For children and families who were already experiencing the worst food scarcity prior to the ration cuts – like children with disabilities and families in countries like the DRC and Somalia – caregivers surprisingly do not perceive the reductions as significantly affecting children's education, protection, or health. This could be attributed to the fact that their food supplies were already minimal, leaving little room for further cuts in education or health-care spending.

We have highlighted throughout the report where caregivers thought ration cuts had had an especially large effect on specific communities or groups. However, it is important to keep in mind that in some contexts the cuts have been more dramatic, and thus respondents may be more likely to ascribe different effects to them. In other contexts, ration cuts have unfortunately been part of a more longstanding picture of underfunded humanitarian assistance in a forgotten crisis, which may also affect caregivers' perceptions.

FINDINGS

While all households interviewed in this survey are affected by food ration cuts and acute levels of food insecurity, the analysis found that ration cuts exacerbated existing vulnerabilities for certain groups – including children, women and girls, displaced communities, and people with disabilities – who faced greater barriers to accessing food than others.

People with disabilities experience a greater risk of malnutrition and food insecurity.⁹⁴ In all six countries sampled, children with disabilities were identified as particularly vulnerable and more disadvantaged, and thus are much more adversely affected by cuts to food rations. Survey results also indicate that forcibly displaced households are more affected compared to those in host communities.

Additionally, when food is scarce, girls and women are disproportionately affected. Gendered food distribution and consumption practices at the household level work to the detriment of girls and women, contributing to their increasing vulnerability, with a compounding impact on girls with disabilities.

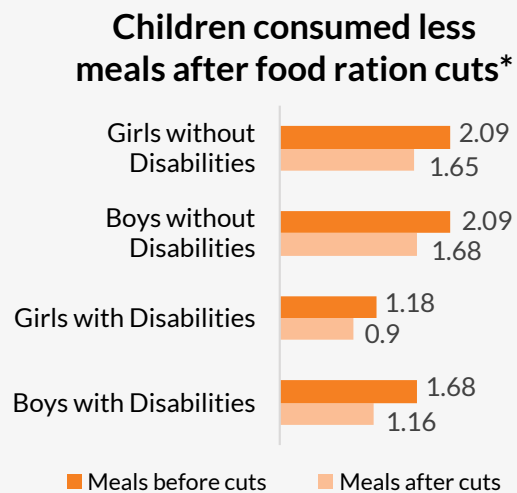
Before and after the cuts

38% of children without disabilities and **21%** of children with disabilities consumed less meals

Our findings indicate that ration cuts were associated with impacts on food consumption patterns, affecting households and specifically children. Results showed that 38% of children without disabilities and 21% of children with disabilities consumed less meals⁹⁵ in the 24 hours prior to the survey, compared to before ration cuts. While children on average consumed

two meals per day before the cuts, many had only consumed one meal on the day prior to the survey. This difference was statistically significant, highlighting the severity of the issue.

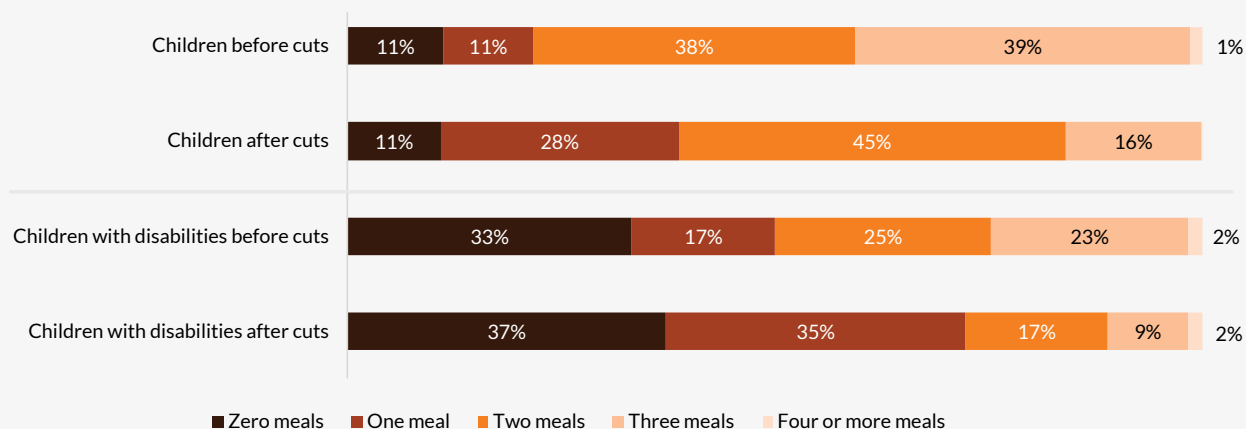
Figure 2. Meals consumed on average before cuts, and in the past 24 hours prior to the survey



Furthermore, results showed that after the ration cuts, in the 24 hours prior to the survey, 39% children without disabilities had had one or no meals, an increase of 17% in comparison to 22% prior to the cuts. It is worth mentioning that there were no major differences in the number of meals eaten between girls and boys who do not have disabilities.

Children with disabilities were already eating less compared to their peers before the ration cuts (see Figure 2), which further exacerbated the difference. Results highlight that an alarming 72% of children with disabilities had eaten one meal or less the day before the survey, compared to 50% before the ration cuts. This is in line with prior studies which show how gender and disability dynamics affect food consumption.⁹⁶

Figure 3. Meals on average eaten before cuts, and in the past 24 hours prior to the survey (children and children with disabilities)

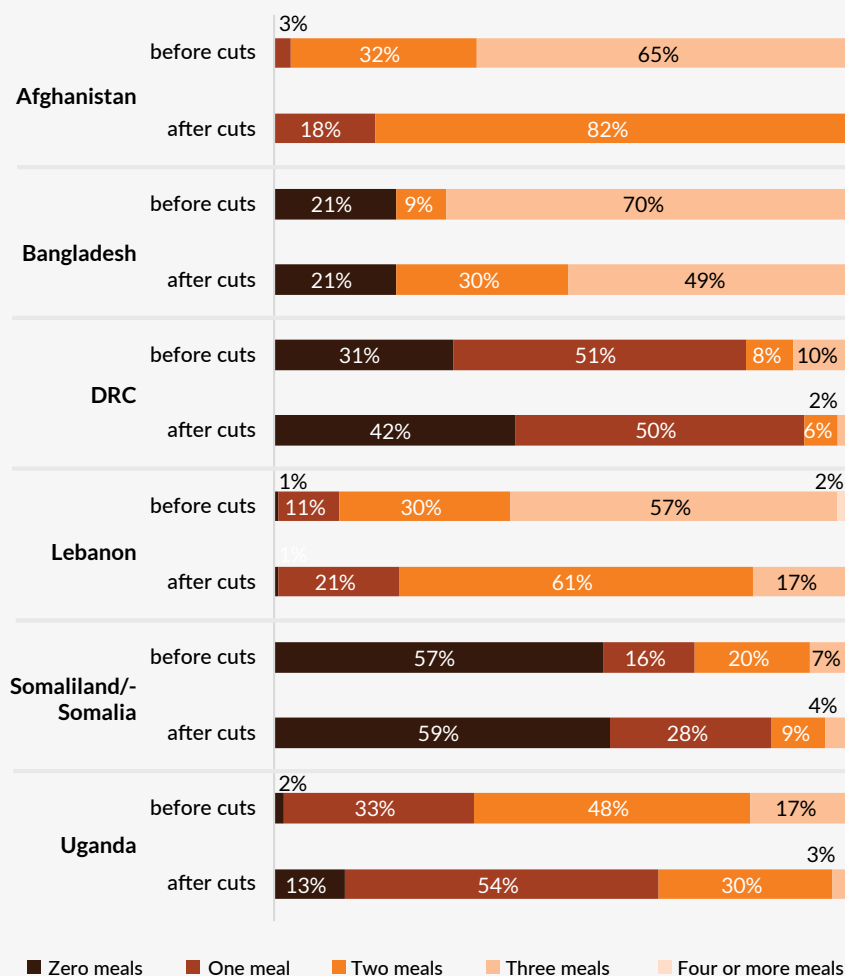


N.B. Percentages for children and children with disabilities are averages of boys and girls.

When looking at the different countries (see Figure 4), Uganda witnessed the highest increase (32%) in children eating one meal or less, followed by Somalia (11%), then Lebanon and DRC (10% each). It is worth mentioning that Somalia already

had the highest share of children not eating any meals (57%) even prior to the ration cuts. Alarming, the number of children not eating any meals has increased by 11% for both DRC and Uganda following the reduction in food rations.

Figure 4. Meals on average eaten before cuts, and in the past 24 hours prior to the survey (by country)





A family heads home from a food distribution in Bidi Bidi Refugee Settlement in Uganda. ©World Vision/Brian Jakisa Mungu

Our results also showed that 68% of households reported having at least one member going to sleep hungry. Additionally, 46% of households reported having at least one person going a whole day and night without eating in the past four weeks of the survey period – which is specifically striking in Uganda (71%) and Somalia (69%).

Regarding proper nutrition, 97% of parents and caregivers in Afghanistan and Uganda, and 68% in Lebanon report that children are receiving an inadequate diet at home. When it comes to differences across communities, refugees appeared to be the most affected, with 68% of refugee children receiving an inadequate diet at home, compared to 46% and 36% amongst host communities and internally displaced families, respectively.



“My community people including my family used to have three times full meal, but when ration cut impacted us we [barely] managed to have full meal for one to two times [per day].” – Block majhee, KII, Bangladesh

In addition to reductions in the average number of meals per day, from the total sample, 51% of parents and caregivers also reduced the portion of meals, and 35% reduced the quality of the meals after ration cuts. Across all countries, parents and caregivers in Afghanistan reported the highest percentage in reducing the portion of meals (94%) and the quality of meals (88%), followed by Lebanon with 71% and 62%, respectively.

Case study: Samira's story

As told to Tanjin Ifat Tanny Islam Sathi, World Vision Bangladesh

Twelve-year-old Samira lives with her parents and five siblings in a refugee camp in Cox's Bazar, Bangladesh. Six years into the refugee crisis that led many families to flee Myanmar, Samira and her family have survived multiple fires, cyclones, and other disasters. Last year they also survived a funding shortfall, which led to a sharp reduction in general food assistance in the camp and an increase in child malnutrition.⁹⁷

'We used to play a lot back in Myanmar,' Samira remembers. 'We would hang a cradle in the tree and swing. In Myanmar, we had plenty of trees that gave us fruits like mango, jackfruit, lemon, olives, etc. We could eat those fruits, fresh picked from the trees. It was fun back in Myanmar.'

That was half her lifetime ago, before Samira and her family fled the escalating violence at home for safety. 'We couldn't stay in Myanmar anymore. We had to leave. We came by boat [and] had to cross the river, forest, and hills.'

When the family arrived in Bangladesh, they had to move camps a few times, trying to rebuild a shelter, source clothes, and find some sense of normalcy each time. Learning and peace centres run by World Vision in the camps have helped give Samira and her siblings a new sense of normalcy. World Vision and the WFP also provided the family with an e-voucher to purchase rice, oil, and other food and spices.

However, ration cuts in 2023 made it clear just how precarious the family's new normal was. 'There was a ration cut last year on our food entitlement,' Samira remembers. 'With the impact of the ration cut, we struggled with rice and other commodities that we used to purchase from e-voucher.'

Shortfalls in funding led the WFP to reduce the value of food vouchers in Cox's Bazar from US\$12 to US\$10 per month in March 2023, and to decrease the value again to US\$8 in June.

'During the ration cut, we had to eat less. Often, we would run out of rice, oil, spices,' Samira explains. 'We would try to fill our stomach with water and go to sleep. Sometimes, I would wake up and feel hungry.'

WFP's own data showed a sharp decrease in food consumption and an increase in negative coping mechanisms among the population as a result of the cuts. By November 2023, 90% of people had inadequate food consumption, a more than 10% increase from a few months earlier.⁹⁸ 'Sometimes I ate half [a meal] and went to school. Luckily, we were given a biscuit from the school which met our hunger,' Samira remembers.

From November 2023, World Vision began working with UNICEF and WFP in the camps, providing essential nutrition supplements, like the nutritional biscuits Samira mentions, to more than 50,000 women and children. At the start of January 2024, the WFP also increased the value of the e-vouchers for the entire Rohingya population from US\$8 to US\$10 per person per month, with an extra US\$3 for children under 5, and gradually added locally fortified rice to its food assistance package.

'I wish to return to Myanmar. But with the ongoing war there, it's impossible,' Samira says. 'We had cows, buffalo, ducks, hens, and many trees that gave us fruits. But here, we can't tend or grow anything.'

Although the ration cuts in the camps have been at least partially restored, the future for Samira and her family is still uncertain. She dreams of becoming a teacher, but gender norms and the threat of violence risk cutting her education short. She also dreams of seeing the beach – though living in a camp named for the longest beach in the world, she's never been, and restrictions on movement make it uncertain. Samira and her family need food rations for their survival, for certain, but what they really need for a thriving future are safety and peace.



Samira lives at the Rohingya refugee camp in Cox's Bazar, Bangladesh along with her parents and five siblings.
©World Vision/Tanjin Ifat Tanny Islam Sathi

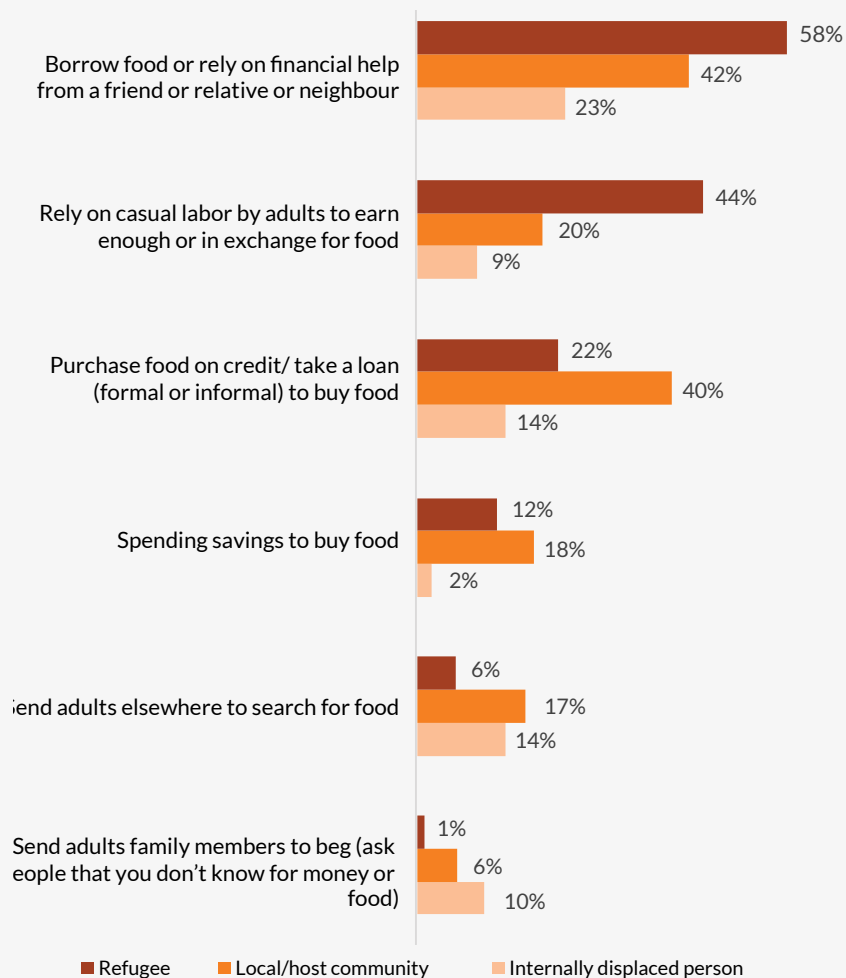
Coping strategies

53% of surveyed households perceived families in their communities had become increasingly burdened by debt due to ration cuts.

“The reduction of rations has affected everyone in general, with men having to increase their work efforts and women working hard in their homes and sometimes without eating to save the little food that had been distributed.” – External Stakeholder Kasai, KII, DRC

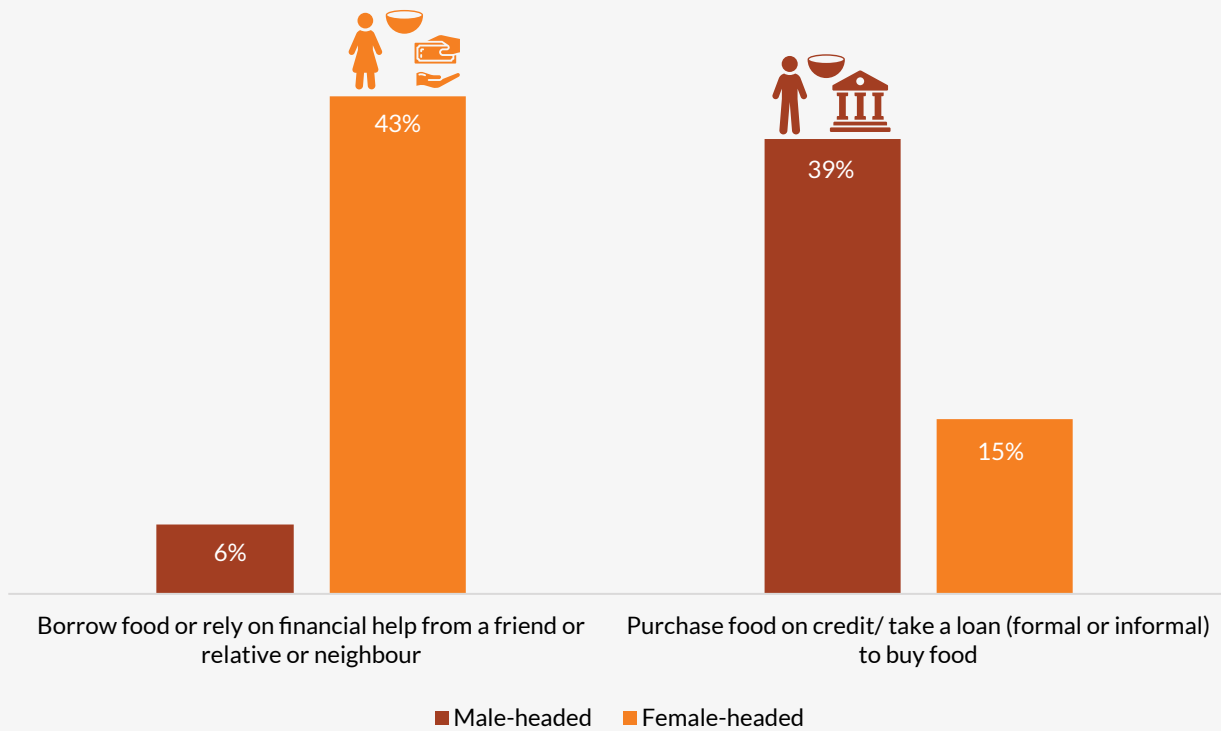
Ration cuts were associated with the use of negative coping mechanisms to manage this crisis in addition to the aforementioned reductions in the quality and quantity of food consumed. For example, 53% of surveyed households perceived families in their communities had become increasingly burdened by debt due to ration cuts. To cope with the scarcity of food, 46% of families reported resorting to borrowing money from a friend, relative, or neighbour to make ends meet. This was less common amongst internally displaced families, however, with 23% resorting to borrowing money from friends and neighbours. Twenty-eight per cent of families reported purchasing food on credit or through taking a loan, which is more common amongst host communities (40%) who may tend to have more options to secure money in their own countries or communities.

Figure 5. Coping mechanisms by type of household



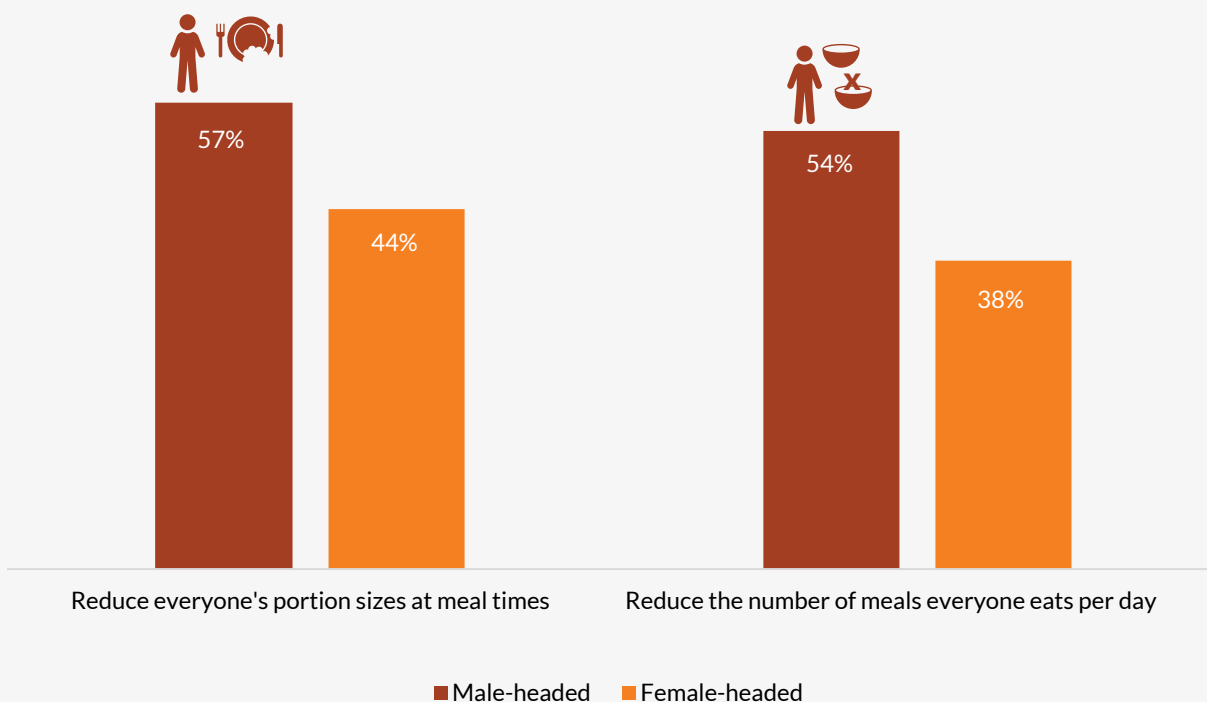
Our findings show that female-headed households are more inclined to borrow food or seek financial assistance, while male-headed households tend to purchase on credit or take out loans to access food.

Figure 6. Male-headed households vs female-headed household coping mechanisms



In terms of meal consumption, more male-headed households reduce the portion sizes and/or the number of meals of the household per day.

Figure 7. Reducing portion sizes or number of meals by male- or female-headed household

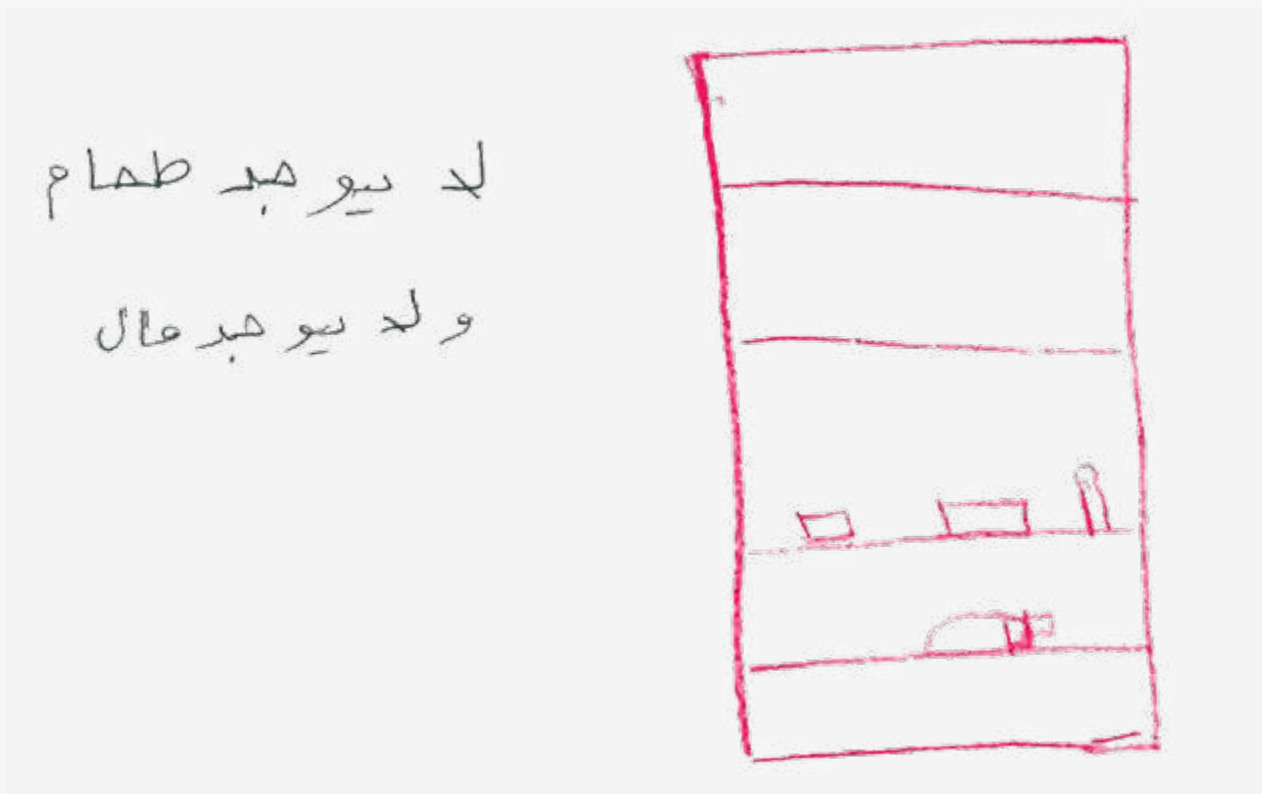


Children are once again disproportionately affected by the range of coping mechanisms employed, placing their health, protection, education, and mental health at greater risk. Caregivers find themselves making tough choices with the limited resources they have – prioritising the purchase of food over most other items or services. This includes spending less money on health services, sending their children to beg for money, keeping children home from school to take on more household responsibilities, sending children to work (more

common for boys), and pushing children to get married early for economic security (more common for girls). For more information on how children are being affected by negative coping mechanisms, please see the section, ‘Working, trafficked, and abused’.



“We are dropping out from schools to work and help our families.” – Girl (age 13–17), FGD, Lebanon



A drawing of empty shelves by a boy (age 13–17) saying, ‘There is no money and there is no food,’ from a FGD in Akkar.

Case study: Gul Ahmad in Afghanistan

As told to Azizullah Hayat, Media Producer, World Vision Afghanistan

‘I used to tell my kids that the meal was ready, on its way, and we’d get to it soon. Keep silent; we’ll get to it. I used to do [this] to make my children calm.’ These are the words of Amir, a father in Afghanistan.

Gul Ahmad, Amir’s 13-year-old son, has lived amidst the constant upheaval of war for most of his life, forced to flee from one place to another. Now, he is dealing with the aftermath.

‘Conflict is not a good thing,’ Gul Ahmad explains. ‘In conflicts, people lose all the good things they have. They experience displacement until they eat all they have. We lost our land, house, shop, and good life.’

For children living in Afghanistan today, conflict, violence, and displacement have become an inevitable feature of childhood. But even after the most intense phase ended in 2021, the family has grappled with soaring food scarcity and forced displacement, which is making it impossible for Gul Ahmad to go to school or have the opportunity to just be a kid.

‘In the past years, there were days when there was no other suitable food in our house apart from Qulorturosh [a kind of meal made of flour and yogurt],’ he remembers.

Gul Ahmad used to go to school, but being on the move meant he had to abandon his studies and focus on helping the family. Now he works as a shepherd tending the family’s goats and sheep.

‘There is nothing else I can do to get food, except shepherd until they give me 1000AFN [US\$14.50] a month so that we can buy something to eat. Right now, we don’t have enough flour and rice to eat, and we can’t afford to buy them.’

The family goats and sheep used to generate a little income for purchasing food, but now that drought has caused livestock prices to plummet,



‘We can buy anything with two sheep if the prices are high, but now if we sell three or four sheep, we can’t buy enough,’ Gul Ahmad says. ‘These years are not good. Our animals go to the mountains to eat, but there is not sufficient food for them, so we also feed them twice per night. If we don’t have livestock, we will face hunger, and we won’t have anything to eat.’

It’s an unsustainable cycle that the family cannot maintain. Right now, more than half of Afghanistan’s population relies on humanitarian aid – higher than ever before – and almost 40% of the country lives with acute food insecurity.⁹⁹ The fallout from years of conflict has led to an escalating hunger crisis, surpassing the available funding and assistance.

‘I want those who provide aid to know about our lives – that we don’t have enough food to eat,’ Gul Ahmad says.

More than just hunger: Impacts on health and nutrition

Table 2. Perception of caregivers on the impact of ration cuts on children’s health and nutrition

| Statement | IDP | Host community | Refugee |
|---|-----|----------------|---------|
| Perception of caregivers that children received an inadequate diet at home | 36% | 46% | 68% |
| Perception of caregivers that they are spending less on children’s health-care needs | 36% | 49% | 57% |
| Perception of caregivers that children suffered from preventable illnesses because they could not afford to take them to health centre and/or buy medicine | 36% | 38% | 55% |
| Perception of caregivers that children suffered from the worst forms of malnutrition (wasting) because they received even less nourishment and vital micronutrients | 36% | 35% | 50% |
| Perception of caregivers that children suffered from preventable diseases, like diarrhoea, because of pre-existing ill health due to hunger | 36% | 37% | 51% |

Prolonged and acute food insecurity negatively affects children’s and carers’ physical health in many ways. In addition to pre-existing health needs, caregivers thought the ration cuts were exacerbating already dire health problems, including malnutrition and waterborne diseases.

“**Malnutrition conditions have gone worse because of the ration cuts, and the reduction in rations has worsened malnutrition conditions within refugee communities.**” – Nutrition coordinator, KII, Uganda

68% of children surveyed say they are receiving inadequate food at home due to ration cuts.

More than half of parents and caregivers in Afghanistan (97%), Lebanon (66%) and Uganda (82%) say they are spending less on children’s health-care needs as a result of the ration cuts. The data show that a significantly higher proportion of refugee parents and caregivers

(68%) say children are receiving inadequate food at home due to ration cuts compared to host community parents and caregivers’ (46%).

Our results show that 42% of caregivers surveyed perceive that food ration cuts contributed to children suffering from malnutrition because they received even less nourishment and micronutrients. There is a stark difference in the perception of the impact of ration cuts on malnutrition amongst caregivers in refugee communities (50%) compared with host communities (35%), with most caregivers in Afghanistan (97%), Uganda (67%), and Somalia (54%) perceiving the ration cuts as contributing to child malnutrition. This makes sense, given the most significant ration cuts have been in Afghanistan and Uganda, and that parts of Somalia have recently come out of catastrophe levels of hunger in 2023,¹⁰⁰ leaving them more vulnerable to severe food insecurity. In Bangladesh, 33% of caregivers also thought ration cuts were contributing to child malnutrition, a finding which is in line with an assessment conducted by the nutrition cluster in Cox’s Bazar in September 2023. The assessment found that the number of children with moderate acute malnutrition deteriorating to severe acute malnutrition was higher by 21% in 2023 while experiencing ration cuts, compared to 2022.¹⁰¹

Table 3. Perception of caregivers that children suffered from preventable illnesses

| Statement | IDP | Host community | Refugee |
|--|-----|----------------|---------|
| Perception of caregivers that children suffered from preventable illnesses because they could not afford to take them to health centre and/or buy medicine | 36% | 38% | 55% |

The situation is made worse for families with limited or reduced access to health-care facilities. Our qualitative data shows that the majority of caregivers state that restrictive transportation and medical care costs prevent access to health services. Access to therapeutic foods is further compounded by other factors such as geographic location, economic challenges, and availability of health services. The men and women in the Somalia FGD reported that the influence of cultural beliefs and social practices also dissuades many families from seeking available health services.

“**Interruptions in the provision of health services, especially in remote areas, hinder access to nutritional support and medical treatment for malnutrition.**” – Nutrition department, KII, Somalia

In the FGDs, men and women reported that economic difficulties, compounded with the ration cuts, prevent some families from providing nutritional supplements and accessing medical treatments for their children. The data show a significant difference amongst refugee communities (55%) and their counterparts in host communities (38%) and IDP communities (36%).

The health situation in Afghanistan appears to be especially bad, where more than 90% of caregivers said children are suffering from preventable illnesses due to lack of medicine (97%), wasting (97%), and preventable diseases like diarrhoea because of ill health due to hunger (94%). In Uganda, more than two-thirds of caregivers also said children there were suffering from preventable diseases. In Somalia, almost half of caregivers thought girls were increasingly

affected by preventable diseases, although numbers for boys were slightly lower.

“**Malnutrition can result in a variety of health issues, including stunted growth, weakened immune systems, increased susceptibility to infections, and deficiencies in essential nutrients.**” – Male, FGD, Somalia

Being exposed to prolonged periods of food insecurity and poor diet contributes to malnutrition, including micronutrient deficiencies. This is harmful to women, adolescent girls, and children, especially. When a malnourished girl or woman gets pregnant, there is a risk that her child will be born malnourished, repeating the cycle for the next generation. The findings also point to the evidence that girls and women, especially girls with disabilities, are disproportionately impacted by ration cuts.



Impact on pregnant and lactating women

Severe hunger and malnutrition also weaken women and girls' immune systems, leading to more illness and increasing their risk of life-threatening issues during pregnancy and childbirth.¹⁰² Poor maternal nutrition has debilitating and even deadly consequences for infants and young children. Maternal undernutrition, including micronutrient deficiencies, increases the risk of stillbirth, newborn death, and preterm delivery, as well as impaired foetal development, which has lifelong consequences for children's nutrition, growth, learning, and future earning capacity.¹⁰³

“Women often bear a disproportionate burden during ration cuts, experiencing challenges related to maternal and infant health, as well as potential impacts on their own nutritional intake.” - Camp leader, KII, Somalia

Table 4: Perception of household on the impact on pregnant and lactating women

| | |
|---|-----|
| Reduced food consumption to prioritise men and children | 38% |
| Higher risk of malnutrition/micronutrient deficiencies | 61% |
| Reduction in birth weight of children | 45% |
| Defaulting/lacking motivation to attend maternal and child health clinics | 29% |

One qualitative finding from the research was the perceived risk of worsening nutritional conditions, especially in children, pregnant women, lactating women, and refugee communities, due to the continued insufficiency in food rations. Our survey shows an alarming 38% of community members thought pregnant and lactating women consume less food

to prioritise men and children, and 61% of surveyed caregivers thought that food ration cuts are putting pregnant and lactating women at higher risk of malnutrition and micronutrient deficiencies.

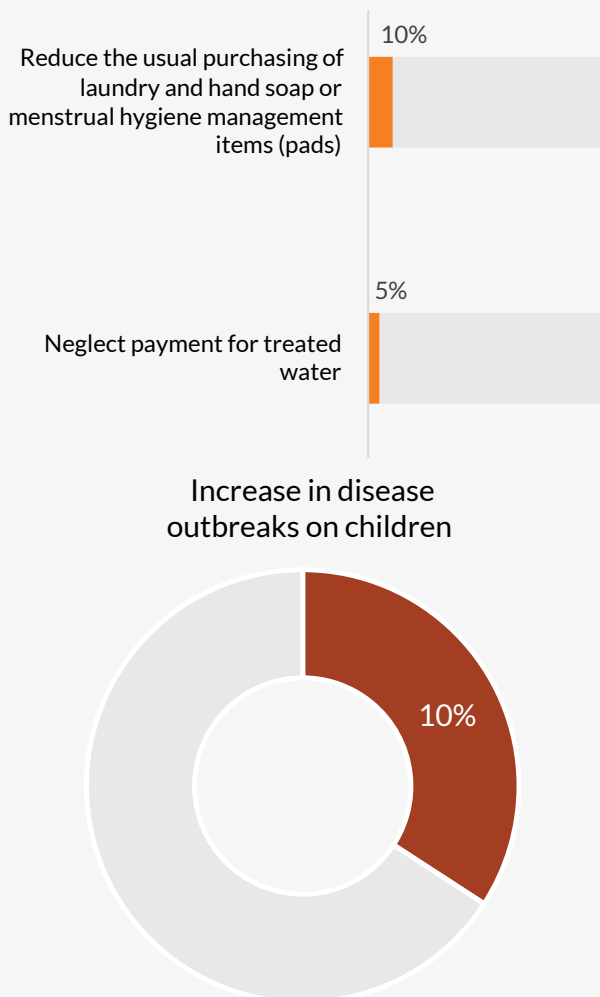
The majority of the FGDs in Somalia, Bangladesh, Lebanon, Afghanistan, and Uganda reported a perceived negative impact on the quantity and quality of breast milk due to food ration cuts, leading to cessation or reduction of breastfeeding, with direct impacts on child nutrition. Breastfeeding is an important source of nutrition at all times, but it is a lifeline in times of food scarcity. The majority of malnourished mothers are able to continue to breastfeed and to produce breast milk that meets the nutritional needs of their infants, but this happens at the expense of their own nutritional status.¹⁰⁴ Only in the most severe cases of undernutrition will milk production be impacted. The common misconception that mothers will not be able to produce milk can also lead to the early cessation of breastfeeding, with negative effects on child growth and development.¹⁰⁵ To avoid detrimental impacts to the mother or baby, breastfeeding mothers who are malnourished need supplementary feeding and support.

“Food rations cuts can exacerbate the incidence and severity of acute malnutrition practically among vulnerable populations who rely on food assistance programs, and when food ration is reduced or becomes inconsistent, it directly affects the nutrition intake of individuals and families, especially children and pregnant or lactating women.” - Nutrition Department, KII, Somalia

Hygiene and disease outbreak

Our survey results show that 10% of the surveyed households reduced the usual purchase of detergents and menstrual hygiene items, while 5% of the households neglected payments for treated water. More than a third of households (34%) in our survey reported an increase in disease outbreak in their children. Since 2022, Somalia has faced uninterrupted cholera transmission due to poor access to water and sanitation services in 29 drought-affected districts (four of which are now experiencing flooding as the parched land struggles to absorb water).¹⁰⁶

Figure 8. Sanitation and health effects from ration cuts



Case study: Abdifatah and his grandmother in Somalia

Abdifatah, 13, has spent most of his life in Somalia in a camp for displaced families.

‘We used to have livestock that we milked, and we had a productive farm,’ Abdifatah’s grandma remembers. ‘An eight-year drought happened, and we depleted all of our savings. All of our livestock died. We abandoned our homes and came to Dollow. It took us two nights to reach here. Four nights later, the village administration and NGOs [non-governmental organisations] came to us. They began providing us with financial assistance.’

‘After receiving the aid money, both we and the children were able to eat,’ Abdifatah’s grandma explains. ‘We regained our energy, and the feeling of hunger lifted. We used the money to purchase rice, flour, pasta, and oil. The children would have anjero (Somali bread) with sauce for breakfast. They ate lunch at school and I prepared dinner for them at home. We lived a good life. [But then] the aid money stopped. Since then, we have been merely surviving.’

‘When we had money, we would eat three meals a day: breakfast, lunch, and dinner,’ Abdifatah remembers. ‘Now there’s not enough food in the house and we only ate one meal a day.’

Abdifatah’s grandmother explains, ‘When the aid money stopped, hunger set in, and the children fell ill. They couldn’t endure the hunger and began vomiting. We began gathering wood to sell in order to support the children. Despite our efforts, it wasn’t sufficient, and the hunger intensified.’

‘Abdifatah and the other children continue to attend school and haven’t stopped going. However, their memory has declined and the hunger has affected them. They aren’t studying as diligently as they used to,’ his grandmother shares.

‘I didn’t have much energy to go to school and play football. Even concentration in the class is a problem because of hunger,’ Abdifatah explains. ‘All the other kids felt hungry too. There’s a big difference with some of my friends who are in

school and those that are not, those in school have discipline and hope for the future. That’s why my grandmother encourages us to go.’

His grandma adds, ‘The hunger is not only affecting my family but also all the IDP camp. Children no longer eat a nutritious breakfast in the morning. No one is receiving any aid money. All the camp residents are suffering from hunger, fatigue ... everyone in the camp is struggling to survive.’

‘There is a type of hunger that can drive the person to madness,’ she finishes, worriedly.

In Somalia in 2022, World Vision and WFP worked together to avert famine, providing 100,000 families with urgently needed food and cash assistance at the height of the drought. Today donor fatigue has meant the numbers of people receiving aid has been reduced by 40%.¹⁰⁷ World Vision staff are continuing to provide a small amount of food to families on a rotational basis, with 30,000 families receiving food for six months at a time. World Vision is also working with the United States Agency for International Development’s (USAID) Bureau for Humanitarian Assistance to equip everyone at the camp with clean water and latrines to limit the spread of diseases that could prove deadly for malnourished children.



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Accelerating a mental health crisis

70% of adults surveyed expressed feelings at least some of the time in the past two weeks, including high levels of fear (75%), anger (71%) and hopelessness (63%).

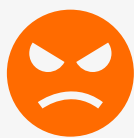


“Children experiencing food insecurity feel anxious, stressed, ashamed, or worried about where their next meal will come from, leading to emotional distress and low self-esteem.” – Boy, FGD, Somalia

Figure 9. Impact of food ration cuts or prioritisation on caregivers’ mental health



Feeling afraid
13% all of the time and 62% some or most of the time



Feeling angry
12% all; 59% some or most of the time



Feeling so hopeless that you did not want to carry on living
13% all of the time; 50% some or most of the time



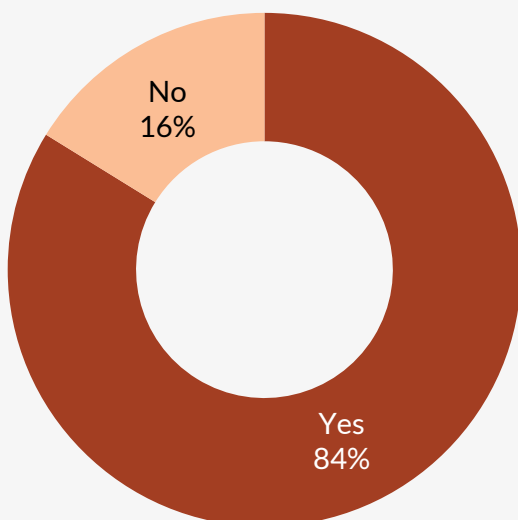
Feeling so uninterested that you did not want to do anything at all
13% all of the time; 50% some or most of the time



Combination of these four feelings that make it hard to carry out daily tasks
13% all of the time; 56% some or most of the time

Answering some, most or all of the time indicates risk of common mental health disorders such as anxiety, depression, post-traumatic stress disorder, bipolar, and schizophrenia.

Figure 10. Percentage saying feelings due to food ration cuts



Fear, sadness, and risks to children and caregivers

There is a complex relationship between food security and mental health.¹⁰⁸ The stress of experiencing rations cuts may compound past traumatic experiences, such as bombings, escapes, or conflict events. Children who have previously experienced traumatic events, such as forcibly displaced children, are more vulnerable to new stressors.¹⁰⁹ Fear of death, destruction, injury, and loss of loved ones may resurface together with overarching fear and sadness. In our series of five questions examining how families are feeling, parents and caregivers participating in this study reported significant levels of fear, anger, hopelessness, disinterest,

and inability to carry out daily activities. Almost 70% of adults surveyed expressed feelings at least some of the time in the past two weeks, including high levels of fear (75%), anger (71%), hopelessness (63%), and disinterest (63%), putting them at risk of developing long-term anxiety, depression, and other common mental health disorders. This is more than three times previous prevalence estimates, which found more than 22% of conflict-affected people may end up with some form of mental health disorder.¹¹⁰

“Almost three-fourths of the patients I see have psychological problems because of not having the ability to purchase food for their families.” – Psychologist, KII, Lebanon

The stress of a hunger crisis and ration cuts – on top of the conflict and displacement that families have already experienced – is having an incredibly harmful impact on their mental health. Adult and child food insecurity negatively impacts parental stress, anxiety, depression, and children’s fear.¹¹¹ Research during the COVID-19 pandemic quantified the impact, finding that people affected by food insecurity in stable contexts had a more than 250% higher risk of anxiety and depression.¹¹² Compounding the 22% of conflict affected people with the effect of food insecurity on conflict-affected populations would lead us to expect a 57% incidence of long-term mental health disorders, although this is probably an overestimate.¹¹³ However, in Afghanistan, caregivers’ answers seem to indicate that almost all adults are at risk of mental health disorders (97%) with significantly higher figures in Lebanon (89%) and Uganda (79%) as well.

“My parents quarrel with each other, sometimes my father becomes very angry with my mother because she cooks less food for all of us.” – Boy (age 13-17), FGD, Bangladesh

In focus groups, children reported that ration cuts made them more fearful as they do not know when they will eat their next meal. In Kaharey, Somalia, at a camp for IDPs, the FGD with boys (aged 8–12) reported feeling ‘anxious, stressed, ashamed, or worried about where their next meal will come from, leading to emotional distress and low self-esteem.’

In Baidoa, Somalia, men reported excessive worrying, restlessness, and irritability in the FGD when asked how the food ration cuts affect their emotional well-being. They mentioned that anxiety manifested in physical symptoms such as rapid heartbeat, shortness of breath, or sweating.



A young mother and child inside the internally displaced persons camp in Baidoa, Somalia.
©World Vision/Jon Warren



“Yes, community members often express concerns and feedback regarding ration cuts. One common worry is the fear of not having enough food to adequately feed themselves and their families.” - Camp leader, KII, Somalia

More than 63% of caregivers surveyed in this study reported feeling so hopeless that they no longer want to carry on living at least some of the time. There was overwhelming feedback from both adult and child FGDs in the Bidi Bidi

settlement in Uganda on increased suicidal thoughts and intentions, and participants also reported increased suicide deaths due to food insecurity and ration cuts. This perception was expressed in the women’s FGD in Uganda: ‘The food cut has led to the increased death cases through suicide.’



“There is [an] increase in the cases of suicide and when you go to the community and try to probe, they say it’s due to the [lack of] food; they say things are hard.” - Camp leader, KII, Uganda



Caption: Drawing that reads, ‘The girl is crying because she is hungry,’ by a girl (age 8–12), from a FGD in Akkar, Lebanon.

Working, trafficked, and abused: A child protection crisis

Displaced children are especially vulnerable to child protection risks, including abuse, neglect, violence, and exploitation. This is due to several factors, including economic insecurity, food shortages, overcrowded housing, lack of protection mechanisms and reporting pathways, and underlying restrictive and inequitable gender norms.

In our survey, 33% of community members thought both girls and boys are subject to more violence, neglect or abuse at home since the ration cuts, with numbers rising to 41% amongst refugees. And in a pattern that holds for all our questions regarding child protection, in Badghis and Bidi Bidi, caregivers were 10% more likely to say girls are subjected to more violence, neglect, or abuse at home over the past three months than boys.¹¹⁴

Key informants and focus group members in every context spoke about an increase in violence against children, including physical abuse at home.

“There have been reports of increased violence and abuse of children following ration cuts. Some of the main issues being reported include early marriage, physical violence, financial violence, and harassment. These issues are often related to the heightened economic and social pressures that families face during periods of ration cuts. When families struggle to meet their basic needs, it can lead to increased stress and tensions within households.” – Child protection expert, KII, Somalia

“Many people are complaining of the violence or abuse they are in because of the food ration cuts. Because of the food rations cut, the anxiety and depression have increased on people which lead to abuse of their children. Even though they don't want to treat their children this way, but they have no ability to control themselves.” – Social worker, KII, Lebanon

“Nowadays my mind triggers with anger frequently. Sometime I have to speak loudly with my children; also I quarrel with my wife out of anger.” – Male, FGD, Bangladesh



Ushindi, 12, receives food at a distribution near an internally displaced persons camp outside of Goma, DRC. ©World Vision/Rodrigue Harakandi

Table 5. % caregivers agreeing that during the last three months, when there was not enough food to eat, how were children’s protection affected?

| Statement | IDP | Local/host community | Refugee community |
|--|-----|----------------------|-------------------|
| Children started engaging in casual labour following ration cuts | 29% | 33% | 63% |
| Children begging for money or food | 29% | 26% | 33% |
| Children are forced to marry as a coping mechanism to the ration cuts | 29% | 26% | 37% |
| Children are subjected to more violence, neglect, or abuse at home | 29% | 26% | 41% |
| Children shared more domestic responsibilities in the household so adults could spend more time going out for food/work | 33% | 33% | 57% |
| Children are separated from families to receive better services elsewhere | 30% | 26% | 42% |
| Increased cases of child trafficking | 29% | 14% | 15% |

Sexual exploitation and child marriage

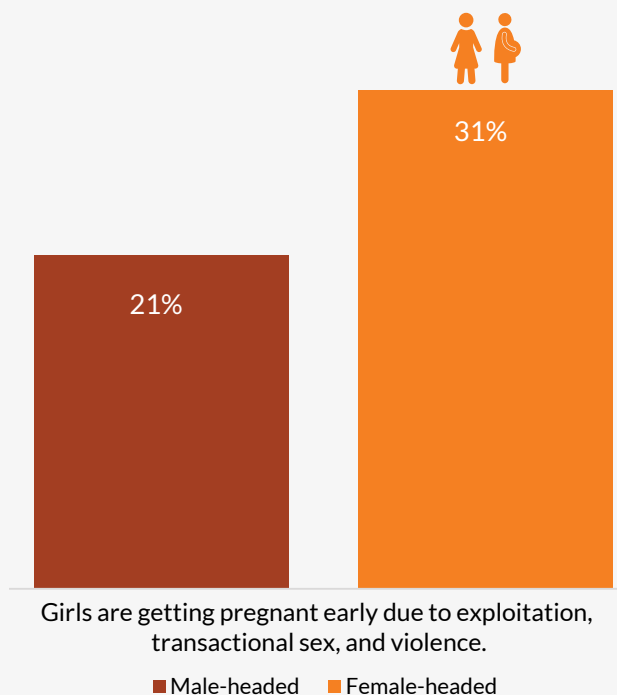
Food insecurity, undernutrition, and micronutrient deficiencies place girls at risk not only of hunger, but also further discrimination and violence, as hunger amplifies existing gender inequalities. Girls living in emergencies are especially vulnerable to early marriage and sexual abuse; prior studies during conflicts in Sudan and Yemen have seen a 20% rise in child marriage rates.¹¹⁵

With each ration cut, malnutrition rises and families increasingly resort to dangerous strategies to cope. Families struggling to make ends meet may hope that their daughters will be safer and better cared for living with a husband, and that with fewer mouths at home they will be better able to feed their remaining children. In cultures with harmful gender norms, if girls have had to stop education because they’re displaced or the family can no longer afford for them to attend school, child marriage may be considered a traditional next step.¹¹⁶ However, child marriage is a grave violation to girls’ rights, leaving them more likely to experience sexual violence and less likely to complete their

education or find a well-paying job in the future. Overall, almost a third (31%) of caregivers in our sample thought that the ration cuts were pushing girls¹¹⁷ into early marriage. This was especially high in Badghis and Bidi Bidi in Uganda, where 97% and 59% of caregivers agreed, respectively. In focus groups in Badghis and Bidi Bidi, girls reinforced this, saying their peers were being forced to marry in the hopes that their new husbands would feed them. This is consistent with prior surveys; in a study in 2023, 12% of caregivers in Afghanistan reported using child marriage as a coping mechanism for decreased income,¹¹⁸ so it is unfortunately unsurprising that when faced with continued crisis and the sudden arrest of rations, families would again turn to marrying off their daughters.

“I’m 14 years old, and when we don’t have food, my mother tells me that when she was of my age, she was already married and could make a large field to feed her whole family.” – Girl (age 13–17), FGD, DRC

Figure 11. Male-headed vs female-headed households and early pregnancy



Our survey results showed that female-headed households are disproportionately more vulnerable. Over 30% of female-headed households reported their girls are getting pregnant due to transactional sex and exploitation, in comparison to 21% of male-headed households. In Bidi Bidi, in addition to child marriage, girls, boys, women, and men all spoke about girls being forced into transactional relationships with older men, as they struggled to find enough food to survive. This may be contributing to high levels of teen pregnancy: In the quantitative findings, 75% of households in Bidi Bidi reported that girls are getting pregnant early, leading them to drop out of school. This is in line with prior assessments of the impact of the cuts in the settlement – for example, in 2023, the Humanitarian International NGO (HINGO) Forum found that ‘parents are withdrawing children from school, marry them early, or have them engage in risky behaviour to supplement household income.’¹¹⁹ There are also wider regional trends around teen pregnancy

and poverty-driven relationships. In a survey of children in seven countries in sub-Saharan Africa published in 2019, girls, including in Uganda, spoke about teen pregnancy as one of the worst forms of violence against children in their community.¹²⁰ In Somalia, 40% of caregivers we spoke to also thought teen pregnancy was affecting girls as a result of the ration cuts, although in all other countries less than 10% agreed.

“They say as for you, you are now big. Go and marry that sugar daddy so that you give us money to earn a living.” – Girl (age 13–17), FGD, Uganda

“My heart is not well, my daughter at P5 [Year 5 of primary school] got pregnant while at school. This has caused me stress and unrest. I felt like committing suicide and the girl is too young to conceive.” – Female caregiver, FGD, Uganda

Analysis of our data further illustrates the complicated links between poverty, sexual exploitation, and teen pregnancy. As families struggle to find alternative sources of food in the face of ration cuts, many are turning to borrowing money from family and friends. Alarming, however, the 46% of caregivers who did so were 1.7 times more likely to say there had been an increase in sexual exploitation in their community.¹²¹ Caregivers who thought there had been an increase in sexual exploitation as a result of the ration cuts were also 2.6 times more likely to think there had been an increase in teen pregnancy amongst girls in their community.¹²²

Case study: Audré's story

As told to Jacques Bouda, Communications Specialist, World Vision DRC

Audré*, 17, lives in a displacement camp in eastern DRC. 'When we were in Saké, we had a good life,' she explains. 'I didn't finish school because my parents couldn't afford it. But I found my friends [and] we formed a group to learn tailoring. My parents were happy.'

However, the past two years has seen a resurgence in violence in eastern DRC.¹²³

'We had stayed there and life was so good. Then we heard that the rebels were arriving and killing people with bullets,' says Audré.

'We didn't have enough money, so we took a small sum and negotiated with a motorcyclist to bring us here to the camp. We built our shelter, and we stayed here and we noticed that life was so difficult.'

Audré hated their new life in the displacement camp, but her father said they needed to make do and find a way to survive where they were safe. As the oldest of her five siblings, she took it upon herself to find a way to work and help the family.

'We decided to stay in the camp and share what little we had. Even if it was only sweet potato, we'll make do with that. I suggested to Mum that I join the others to go into the bush to get wood and sell it. When the members of the community saw us leaving, they advised us against going,' she recalls.

'One day, we were surprised by the arrival of assistance, and shortly afterwards, we received the ration token and then the help.' Audré says. 'We received 25 kg of rice and 10 kg of flour, oil and salt, with the hope that it would cover our food needs.'

'When the food ran out, I told my mum that I was going to go back into the bush with the other girls to look for wood to sell so that we could find even 100 Congolese francs to buy food. We started selling the wood and paying for the sweet potatoes. My parents encouraged me because I was the only help in the family.'

Audré and her family were surviving in their new life, but one day, it all changed again. 'We



©World Vision/ Jacques Bouda

went back into the bush to collect wood, but when we were making our bundle to go home, the assailants suddenly came towards us, and we started to flee, each going our own way. I was wearing a very long dress. It caught on a stone and I fell. The assailants grabbed me and I started to struggle, begging them to let me go.'

'They told me that if I refused to sleep with them, they would kill me on the spot. They pulled me and did whatever they wanted, and then they let me go and I went home crying.'

'I didn't know where my bundle of wood had gone until I met a woman weeding her field who asked me why I was crying. I didn't know how to explain what had happened to me, or where my friends had gone. So my mum offered to take me to a health centre.'

Today it is hard for Auré to find hope. Fighting persists around Saké, forcing people to flee due to clashes between armed groups. Thousands of people are arriving in the camps around Goma, the regional capital, every day – fleeing the escalating violence in North Kivu. Neither Auré nor any of her other siblings will go to the bush anymore, and with no one working, they

often go a whole day without eating. There is no school in the camp, and all of the children there are now out of school, with rising cases of sexual exploitation, child marriage, and child labour.

Funding for rations is only enough to provide three months of support for families living in the camp, but many have now been there for eight or nine months. Cases of malnutrition in the camps are rising, and girls and women are being sent into the bush to search for wood or food to eat. Unfortunately, Auré is not the only one to have been violated by the rebels who roam North Kivu.

World Vision is working with WFP and USAID's Bureau for Humanitarian Assistance in the camp to support Auré and other girls and families with food and cash assistance; water, sanitation and hygiene; and attempts to raise awareness and prevent further cases of gender-based violence. World Vision protection experts have been working in Auré's camp and others in the area to strengthen reporting mechanisms and support for survivors of gender-based violence, including through focus groups, psychological support, and referrals to escalate care where necessary.

*Auré's name has been changed to protect her identity and keep her safe.



Child trafficking and family separation

Although perceived rates of child trafficking¹²⁴ were relatively low overall, 39% of caregivers in Badghis and Somalia thought that boys had been affected by increased rates of child trafficking in the past three months when there was not enough food to eat. In general, in all but one community there was a perception that boys were at greater risk than girls, although amongst Rohingya refugees in Cox’s Bazar, 33% of caregivers thought girls were at risk and only 26% thought the same for boys.

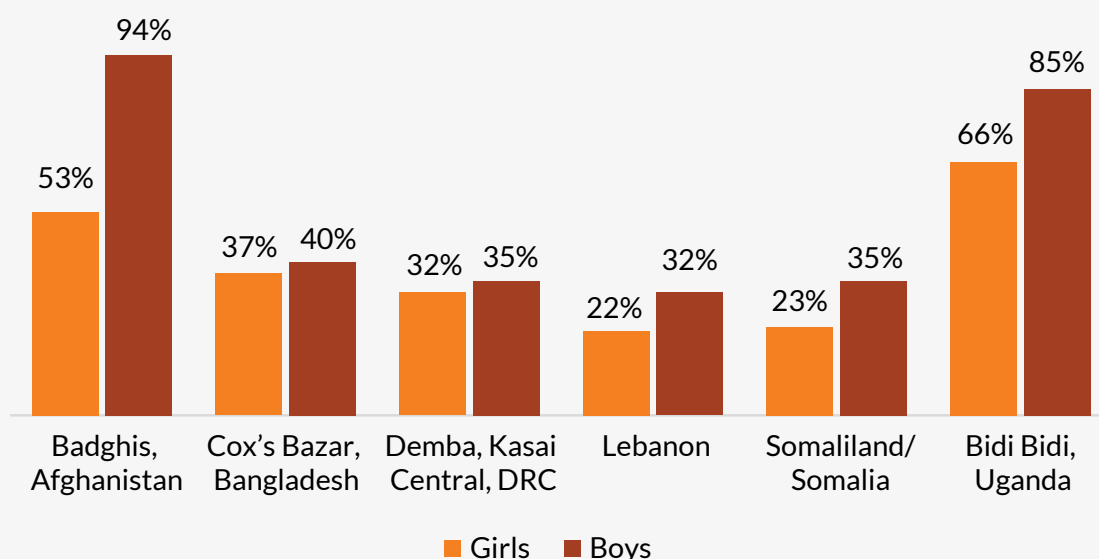
Part of the perceived risk may have been due to the likelihood of sending children away to work or stay with other family members. More than 42% of refugee families said children were being sent away. In times of crisis, parents and caregivers will often send their children to live with a relative or friend who is better able to afford their child, but being sent away can leave children vulnerable to exploitation and abuse.¹²⁵ Of caregivers in

Badghis, 94% thought that boys were being sent away, but only 37% thought the same for girls, perhaps because of the high perception of child marriage instead. More than half of caregivers in Bidi Bidi thought that boys and girls (51% and 63% respectively) were being sent away.

“My father forces me to go to work outside the camp, but I fear to go there.”
– Boy (age 13–17), FGD, Bangladesh

“We realise that some of the boys return to their country of origin risking their lives just to survive, that’s why some boys are now returning to South Sudan.” – Head teacher, KII, Uganda

Figure 12. Percentage of caregivers agreeing children started engaging in casual labour following ration cuts



Child labour

In our sample, 45% caregivers said there had been an increase in child labour as children began working following the ration cuts. This rose to 63% in refugee communities. A previous survey conducted ahead of World Refugee Day in 2023 found that children living in displacement camps (such as those living in Bidi Bidi and Cox's Bazar in this study) were 2.2 times more likely to be working than children in the host community.¹²⁶ In the HINGO assessment of the impact of ration cuts in Bidi Bidi, 88% of caregivers said there had been large increases in children under 15 working.¹²⁷

The perception of child labour was sharply gendered: 43% of caregivers (thought boys were engaging in child labour, and the situation was particularly bad in the countries that had seen the sharpest ration cuts – in Badghis (94% of caregivers) and Bidi Bidi (85% of caregivers). In contrast, 53% of caregivers in Badghis and 66% of caregivers in Bidi Bidi thought girls were engaging in child labour. A third or more of caregivers thought boys had started engaging in casual labour following ration cuts everywhere besides Tanganyika in DRC.

In focus groups, both boys and girls spoke about pressures to find jobs to help support their families. However, the pressure seemed to be greater for boys, who worked hard physical jobs (Uganda, Somalia, Lebanon) while girls took on more chores at home or found work as a housemaid (Somalia).

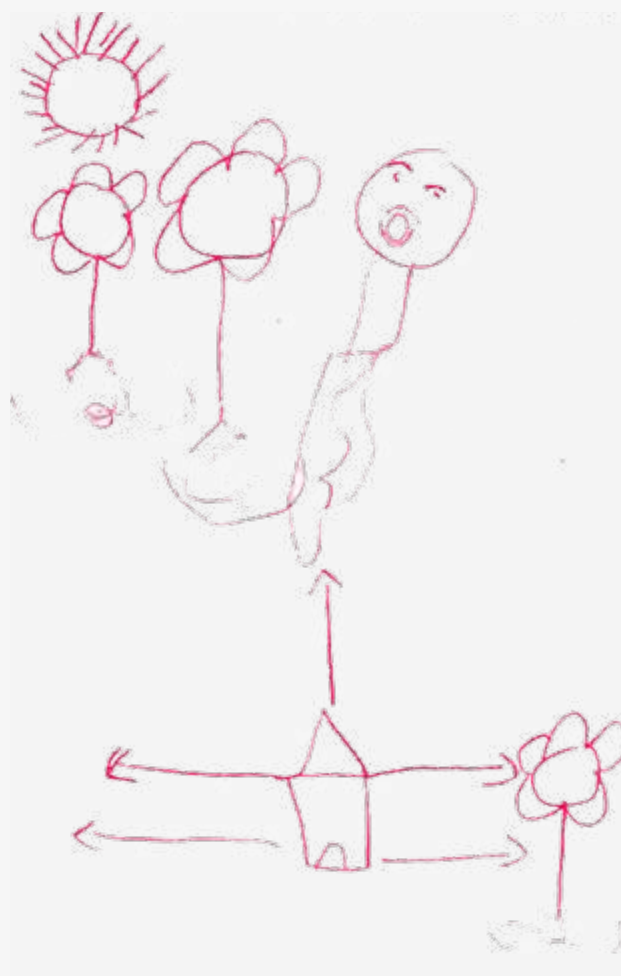


“We noticed that starting from 6 years old, parents are pulling their children from school to work and help them purchase food. For example, they are selling tissues on the street to be able to support their parents financially. Food ration cuts increased the amount of child labour in society.” – Social worker, KII, Lebanon



“I send my boy to a shop near the host community; he works there and gets some monthly wages. So when the rations finish, we have to purchase some extra food with his income.” – Male caregiver, FGD, Bangladesh

A significant number of caregivers in Badghis, Somalia, and Bidi Bidi also thought that children were begging for money or food as a result of the ration cuts. Unlike with child labour, there was no significant difference between genders, with 97% of caregivers in Badghis, 45% in Bidi Bidi, and 43% in Somalia agreeing children had been affected.



Caption: Drawing by a boy (age 8–12) from a FGD in Akkar, Lebanon.

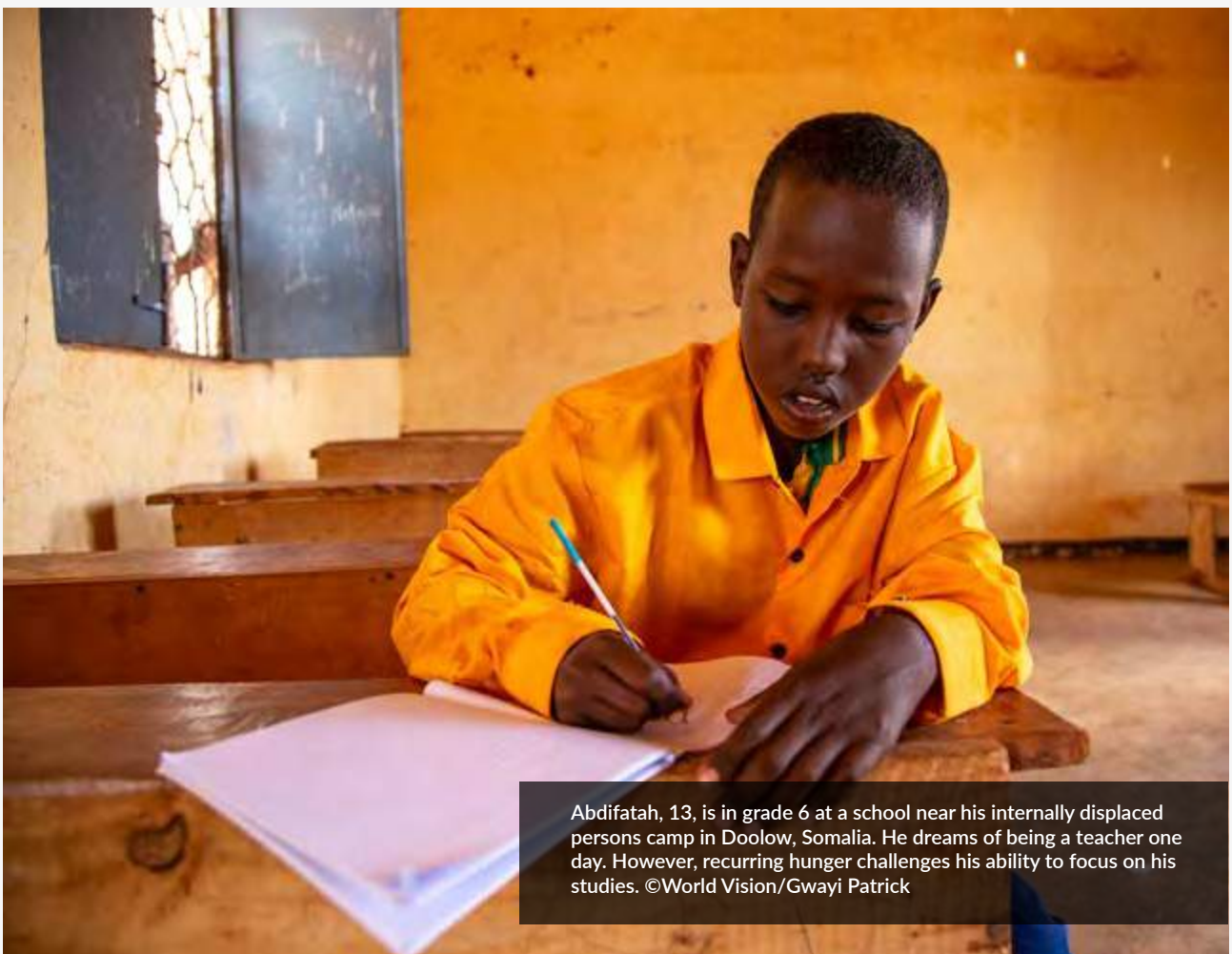
A lost generation: Impacts on education

Although education is a human right, in times of crisis it can quickly be abandoned as families flee, parents and caregivers struggle to make ends meet, and refugee and displacement camps take time to develop infrastructure. Even prior to the COVID-19 pandemic, almost one-third of primary and secondary school students in crisis-affected countries were out of school.¹²⁸

Getting children back into school and keeping them there after humanitarian emergencies is a key part of restoring normalcy, keeping them safe from risks like child marriage or labour, and providing hope for the future.¹²⁹ For crisis-affected families, the cuts to rations or removal of support

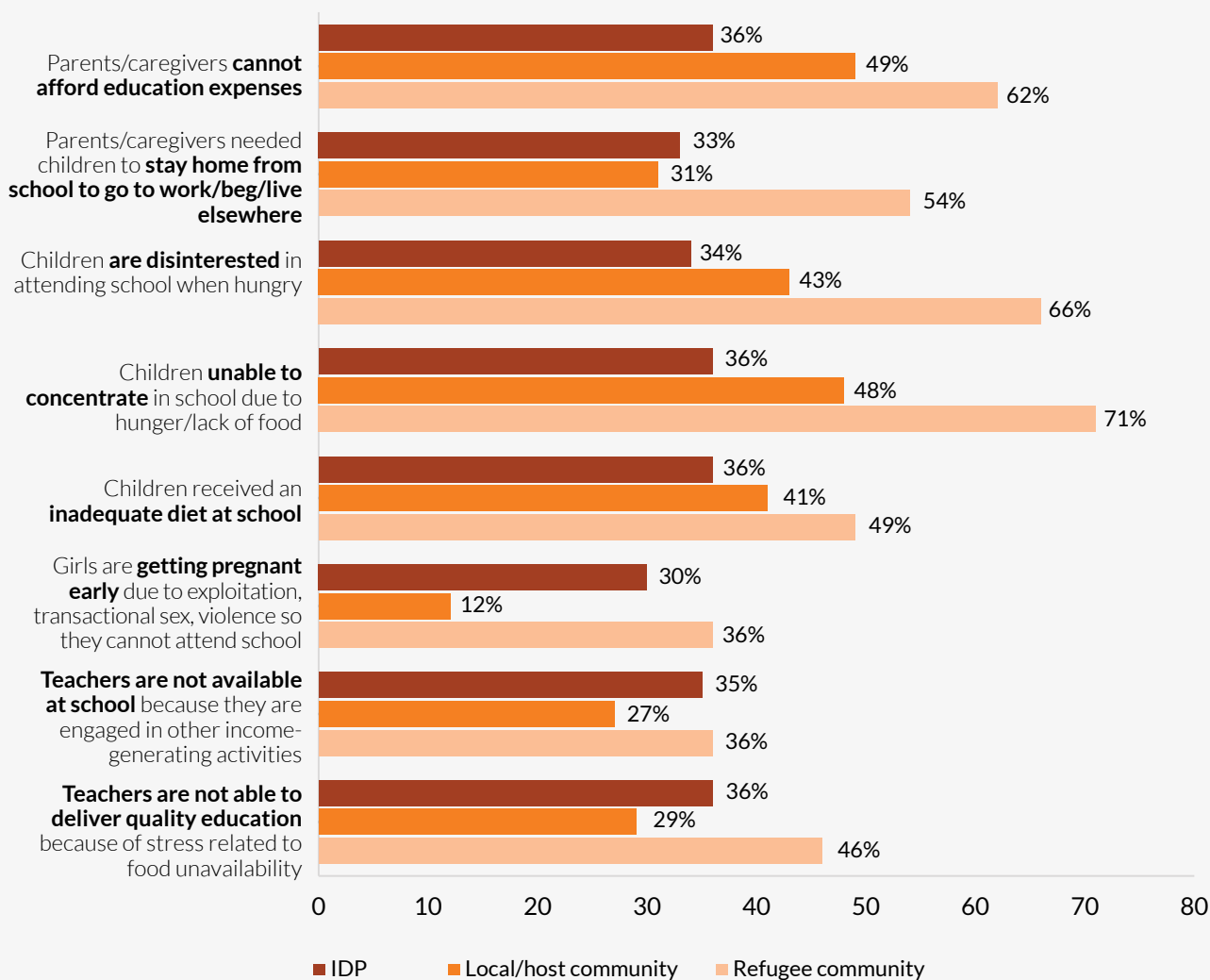
altogether makes it even harder for children to devote time to their futures – especially when their present has become so difficult. For those who do stay at school, hunger and malnutrition significantly reduce their learning potential and therefore impact their future wages, and economic and life opportunities.¹³⁰

“As a young boy we always dream of a good life where I will get education, good health, good food, and a good life, but these challenges make me worried about what should I do, how would I help my family in this crisis.” – Boy (age 13-17), FGD, Bangladesh



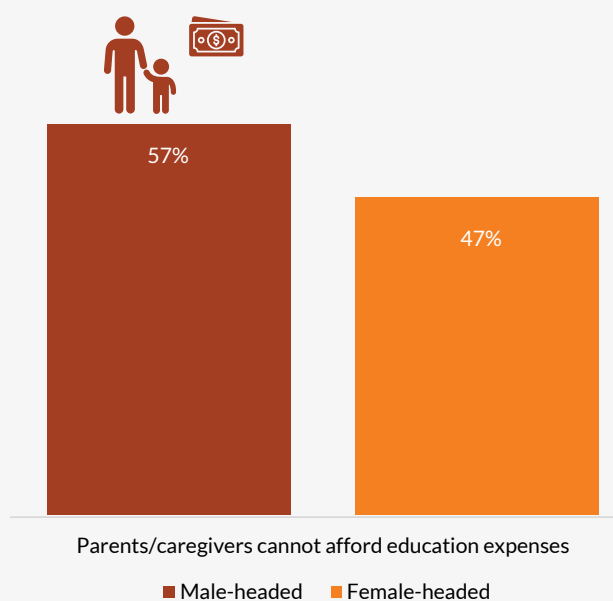
Abdifatah, 13, is in grade 6 at a school near his internally displaced persons camp in Doolow, Somalia. He dreams of being a teacher one day. However, recurring hunger challenges his ability to focus on his studies. ©World Vision/Gwayi Patrick

Figure 13. % caregivers agreeing that during the last three months, when there was not enough food to eat, how was children’s education affected?



Unsurprisingly, our survey results indicate that refugee children’s education has been the most affected by the ration cuts. More than half of refugee parents and caregivers say that their peers are no longer able to afford education expenses or are having their children drop out to beg or work. Our analysis shows that children living in male-headed households are impacted more adversely than those living in female-headed households; 57% of male-headed households reported they can no longer afford their children’s educational expenses, as opposed to 47% of female-headed households.

Figure 14. Male-headed vs female-headed households and education expenses



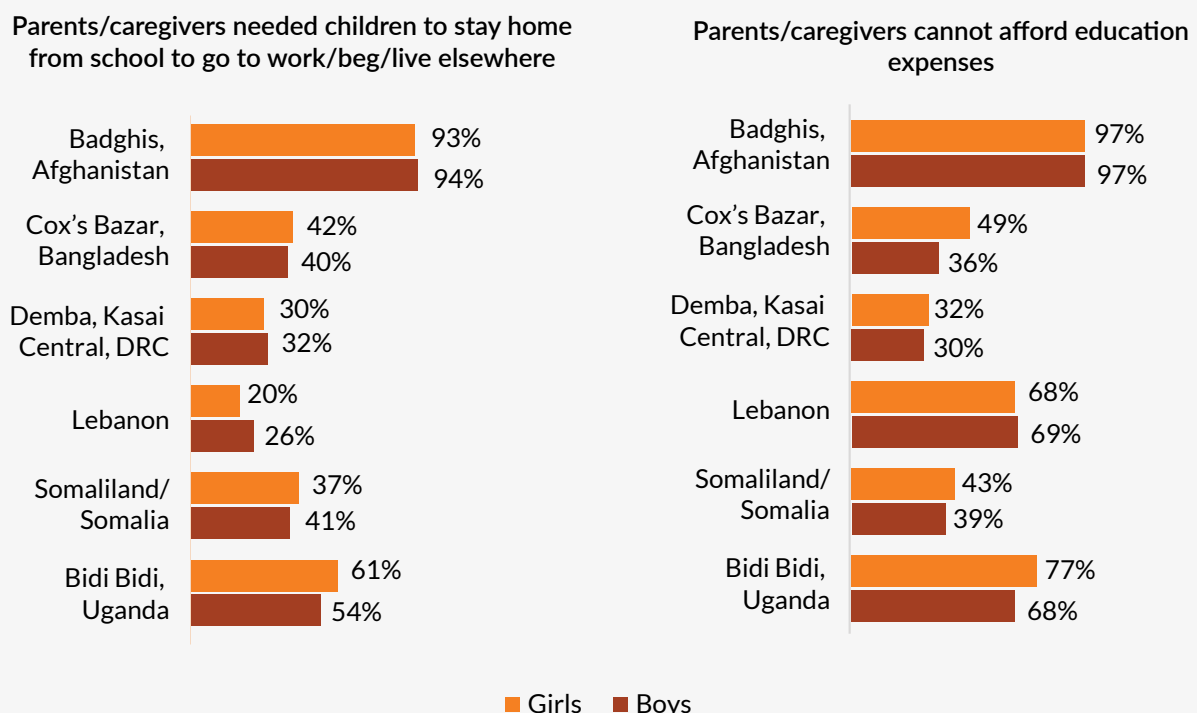
Almost all (97%) caregivers in Badghis said parents were struggling to pay for their children’s education; 69% of caregivers in Lebanon and 81% of caregivers in Bidi Bidi said the same. However, it was only in Badghis, Somalia, and Bidi Bidi that a majority of caregivers thought their peers were keeping their children home from school (94%, 50%, and 70% respectively). This was also supported by the HINGO assessment in Bidi Bidi in 2023, in which 75% of key informants said it had become very common for parents and caregivers to pull their children out of school in order to help support the family.¹³¹ In focus groups, respondents repeatedly mentioned children dropping out of school due to the ration cuts and stigma from hunger.

Aside from the financial implications of the reduced rations, hunger itself makes it difficult for children to go to school or concentrate on lessons. Almost 66% of refugee households reported that their children are disinterested in attending school when hungry, and 71% report

that they are unable to concentrate in school due to hunger. More than 89% of community members in Badghis and refugees in Bidi Bidi in Uganda say there has been an increase in irregular attendance at school.¹³² This is on top of findings in 2023 from Bidi Bidi when ration cuts first began, which found that four in five caregivers were worried their children weren’t going to school.¹³³

“There is absenteeism, lateness, and also dropping out of school for other children; the reasons are always that they accompanied their parents or guardians to the fields or to town for the sale of certain things because there is no food at home. They are also forced to help their parents in the fields.”
- Teacher, KII, DRC

Figure 15. % caregivers agreeing that during the last three months, when there was not enough food to eat



“We have noticed, especially children with disabilities when they return from lunch for afternoon lessons, you realise that they don’t concentrate in class because they did not eat at lunch time.” – Head teacher, KII, Uganda

There is also a gender element, as evidence has shown that girls are more likely than boys to be forced to drop out of school when facing financial pressures.¹³⁴ Caregivers in Cox’s Bazar and Bidi Bidi were about 10% more likely to say that girls’ education had been affected by the cuts and families could no longer afford expenses. In Bidi Bidi, caregivers were also more likely to say girls were having to drop out to live or work elsewhere.

“Mostly girls are affected; right now when you look at the enrolment of the grade 6 class, we have registered 156 boys and only 54 girls.” – Head teacher, KII, Uganda



Jacquie, 4, holds a high energy biscuit at a food distribution site outside of Goma, DRC. ©World Vision/Rodrigue Harakandi

The importance of school meals

One qualitative finding from the research was the perceived shift in importance to school meals and nutritional biscuits, as families tried to find alternative programmes to help feed their children in light of the ration cuts. In Somalia, Cox’s Bazar, and Badghis, caregivers and children mentioned the allure of high energy biscuits provided by WFP as a reason children kept attending school.

“If I attend class daily in our school, I get WFP high energy biscuits.” – Girl (age 8-12), FGD, Bangladesh

However, this was in sharp contrast to Bidi Bidi in Uganda, where children are required to bring a share of their rations for lunch every term.

“10 cups of maize, 4 cups of beans, and 2 cups of cooking oil are contributed by each student to school per term per student. When you bring the 10 cups of food to school, there can be no food left at home.” – Girl (age 13-17), FGD, Uganda

The findings highlight the importance of school meals and school feeding programmes. As a proud partner of the School Meals Coalition, World Vision believes that school meals are a lifeline for children. In many parts of the world, school meals may be the only food children will receive in a day, serving as a catalyst to attend school and achieve their right to an education. When children go hungry and don’t attend school, education systems fail. However, research has shown that school meal programmes can increase school enrolment by almost 10%¹³⁵ and transform that system – and its impact on students.

Social Cohesion and Increased Community Tension

“Food ration cuts can strain social relationships and dynamics within families and communities, leading to conflicts, tension, and social unrest.” – Male, FGD, Somalia

In many of the communities, ration cuts impacted social cohesion at the family level, inter-community level, and at the intra-community level between host and refugee communities.

At the household level

In addition to the aforementioned impacts on child protection such as children being separated from their families, qualitative findings show that in some cases, ration cuts led to the displacement of families altogether to search for better resources elsewhere, leaving their livelihoods behind.

Ration cuts have reportedly also increased fights and quarrels in the family, which subsequently lead to higher cases of domestic violence.¹³⁶ Twenty-nine per cent of respondents thought that parents and caregivers were experiencing increased intimate partner/domestic violence, rising to 46% amongst refugee households. Afghanistan had the highest share of respondents reporting an increase in domestic violence (88%), followed by Uganda (74%), then Bangladesh (25%) and Lebanon (18%).

There is a clear correlation between substance abuse and violent behaviour.¹³⁷ When asked about substance abuse, 23% of survey respondents reported that parents and caregivers are abusing drugs or alcohol following the ration cuts, which is highest amongst the refugee community (43%). Alarming, almost three out of four people in Uganda (74%) reported an increase in substance abuse amongst the community after the ration cuts. Twenty-four per cent of respondents in Afghanistan and 17%

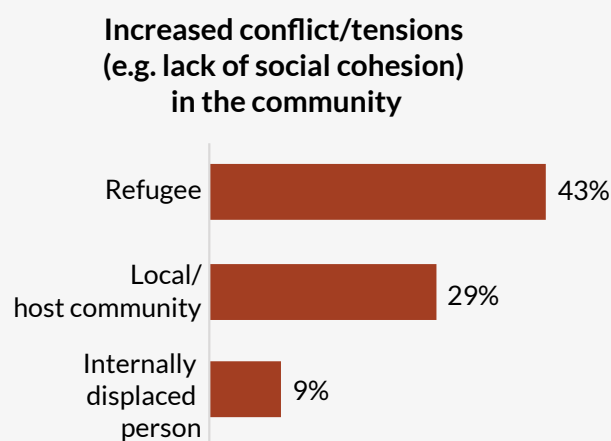
in Lebanon said the same. Children participating in the focus group discussions in Uganda also reported that their parents or caregivers are drinking alcohol because of the cuts.

“When families struggle to meet their basic needs, it can lead to increased stress and tensions within households. This can exacerbate pre-existing vulnerabilities and inequalities, making children more susceptible to various forms of violence and abuse.” – Child protection focal person, KII, Somalia

At the community level

At the community level, theft and quarrels with neighbours and different members of the same community has increased due to ration cuts. A third (32%) of respondents reported increased conflict and tension in the community, with higher levels amongst refugees (43%) as well as respondents in Afghanistan (79%), Lebanon (55%), and Uganda (55%).

Figure 16. Perception of social cohesion by household status



Twenty-six per cent of households also reported an increase in theft cases. As for findings generated from the qualitative data, many refugee households in Uganda believed that ration cuts have affected their relationships with neighbours whereby they no longer share food and are experiencing increased quarrels as different refugees receive differing amounts of aid due to the new prioritisation categories.¹³⁸

“**Every month, we need to borrow rations from relatives and neighbours. I have seen some resorting to illegal activities like theft, looting, extortion, arbitrary detention, and physical torture to obtain money.**” – Woman, FGD, Bangladesh

In light of the ration cuts, 44% of community members find themselves competing for livelihood opportunities or other resources to compensate for the reduced amount of food. Given that 62% of refugees globally are not allowed to work in formal employment,¹³⁹ access to job opportunities is even more limited, which makes the competition amongst members even higher. This is clearly highlighted in the results wherein 57% of refugees reported increased competition over job opportunities. Competition over resources also impacts the relationship between host and refugee communities: 43% of

refugees reported increased tension with the host community.

Specifically in Lebanon, which has the highest number refugees per capita (one in four) and per square kilometres in the world,¹⁴⁰ 36% of refugee men reported having increased tension with the host community. This percentage is expected to increase in light of continuously growing socio-political tensions, which are increasing controversy amongst the host community about the presence of refugees.

Community members in all of the six countries also highlighted that ration cuts sparked social unrest and tension in the community, mainly because scarcity of food created competition amongst community members.

“**Ration cuts place a significant socioeconomic strain on households, forcing them to allocate a larger portion of their limited income towards purchasing food and compromising their ability to meet other essential needs. The resulting social tensions and potential for unrest further exacerbate the challenges faced by community members.**” – Camp leader, KII, Somalia



Gaspard, 28, was forced to flee the violence in his village with his wife, Marie, and two children. He now lives in an internally displaced persons camp outside Goma, DRC. ©World Vision/Rodrigue Harakandi

CONCLUSION

The forces driving food insecurity and malnutrition across multiple countries show little sign of abating. The number of people affected is increasing, and the scale of funding provided does not match the scale of the needs. If the world does not take action, millions of people, including children, will slide into famine. In the short term, children will suffer from weaker immune systems and greater susceptibility to disease, such as diarrhoea and pneumonia. Those who survive will suffer long-term consequences from chronic hunger and malnutrition. Chronically malnourished children are susceptible to a lifelong physical and/or cognitive impairment, impacting their education achievement, and in 10 to 15 years, their economic productivity.

The consequences of not ending the hunger and malnutrition crisis will go far beyond the individual or the community. If not addressed, the impact of this level of global hunger could result in increased migration, destabilisation, and conflict.

Based on the analysis of this report, below is a summary of findings:



Humanitarian food aid is lifesaving for many vulnerable and food-insecure communities. In the current donor landscape it is an unfortunate reality that the food rations are reduced due to constrained budgets in a number of contexts. In such cases, insufficient food aid may force communities into negative coping mechanisms, amplifying existing vulnerabilities. Insufficient funding and resulting **ration cuts can create a vicious cycle** that needs global collective action to break.



While food ration cuts may be unavoidable in some circumstances, it is recommended that **clear guidelines on maximum cutting thresholds** are set by donors and/or humanitarian actors to ensure sufficient caloric intake for each assisted person, with extra care paid to children, who are disproportionately affected by ration cuts.



Food security is a complex issue and must consider gender, political, social, and cultural contexts. **Women and children, particularly girls, are disproportionately affected** by the vulnerabilities and protection risks that arise from hunger, food insecurity, and prolonged deprivations. Girls face many disadvantages that reinforce and reflect gender-based discrimination as a result.



Chronic food insecurity – coupled with lack of access to nutritious food, inequality, and displacement – is **impacting children and their families' mental health**, influencing stress levels, emotional stability, cognitive function, and general psychological well-being. Previous research has found that food insecurity was associated with increased suicidal ideation and suicide attempts. If not addressed, the current food crisis could put many vulnerable children and their caregivers at alarmingly increased rates of developing mental health disorders, such as anxiety and depression.¹⁴¹



Children's education has been severely undermined not only by the hunger crisis, but also by the food ration cuts. The impact differs by gender, disability, and displacement status. School enrolment and/or attendance has reduced since the food ration cuts were imposed, and the evidence points to girls being disproportionately deprioritised. For those children who remained at school, hunger has impacted their ability to concentrate while learning, directly affecting their educational outcomes, and highlighting the need for school feeding programmes. Hungry students have a harder time paying attention, retaining information,

and engaging in school, which ends up undermining their future productivity. According to WFP, every \$1 invested in school meals has \$9 return on investment.¹⁴²



Malnutrition is a growing gender inequality issue which may be amplified through ration cuts. Pregnant and lactating women and young children are more disproportionately impacted. Maternal and child nutrition during the first 1,000 days – from conception to age 2 years – must be prioritised in all humanitarian actions and national health systems. Particular attention must be paid to ensure support for breastfeeding mothers, along with ensuring children from age 6 to 23 months receive the necessary complementary foods to protect against lifelong consequences from malnutrition.



Child marriage, child labour, sexual violence, and exploitation risks arising from the unthinkable choices many vulnerable families are making due to hunger are interwoven with gender, disability, and displacement status. Strategies to cope with reduced food intake are spurring boys' to drop out from school and work as casual labour.



Women and girls' exposure to violence and abuse within the home and the community has also increased. Child, early, and forced marriage, which was already common in the participating countries, has increased as a coping strategy. In addition to being a child protection issue, this also creates risks for future generations – including dangerous pregnancies, poor birth outcomes, and malnutrition. And in Bidi Bidi in Uganda, many families report using transactional sex as a mechanism to mitigate effects of ration cuts and food insecurity.

Ending hunger and nutrition crises once and for all is possible. Bringing people back from the edge of starvation requires political will, accountability, going further to build resilience, and funding humanitarian response plans and humanitarian–development–peacebuilding nexus approaches to address the underlying causes and drivers of these crises.



Case study: Reasons for hope in Uganda

Story and photos by: Brian Mungu Jakisa, Monitoring, Evaluation, Accountability, and Learning Assistant, World Vision Uganda

‘Fresh cassava leaves are all I had. I cooked and served it to my children as the meal,’ says Joyce, a 31-year-old refugee mother of five. ‘I vividly recall when my children spent days without food. The teary eyes, weary faces and fading voices ... I could not bear the sight.’

Joyce is amongst a quarter million refugees living in Bidi Bidi refugee settlement, many of them from South Sudan.¹⁴³ Before the global hunger crisis – driven by conflict, climate change, the economic impacts of COVID-19, and rising food and fuel prices – every refugee household in the settlement received 4.2 kg of beans and 12 kg of maize per person as food rations for 30 days. The quotas have since been reduced to 2.1 kgs of beans and 8.82 kg of maize for the most vulnerable families, with others receiving even less. It’s barely enough to keep a family of six like Joyce’s afloat.

‘When I received my family food rations from WFP and World Vision, I had to calculate for every gramme, ensuring it [lasted] us at least 30 days, lest we would starve to death,’ she says. Despite meticulous calculations, Joyce could not make the food last, and was desperately worried about her children’s future.

Faced with growing budget cuts and dwindling food rations to distribute, World Vision, in collaboration with the WFP and the Office of the Prime Minister, developed a new programme to ensure that every family had affordable, healthy, and nutritious food throughout the year. Together, the organisations developed a block farming programme, distributing 398 acres of land acquired from the host communities to more than 10,000 refugee families in Bidi Bidi and Lobule refugee settlements. Each family was allocated 30 by 30 metres of land to settle on and grow food.

‘We continue raising concern on the urgent hunger crisis and working together to create a more sustainable future for all,’ says Cyril Acema, World Vision’s Livelihoods Officer in Bidi Bidi.



A group of South Sudanese refugee women till a field as part of their block farming efforts. ©World Vision/Brian Jakisa Mungu

‘Now refugee families can grow their food to complement the food rations.’

So far, there are four block farms totalling 483 acres of land. On average, there are 100 families on a single-block farm, with each household allocated about an acre of land for farming. As a refugee, Joyce never dreamed of owning land or renting a garden at US\$40 per annum. But with the adoption of block farming, she has transformed into a successful farmer.

Now Joyce tends her garden on the land WFP and World Vision helped her secure. She’s built a house and grows vegetables that are keeping her children healthy. ‘My food [rations] gets done within 15 days, and I have to turn to my kitchen garden. Before I resorted to begging my neighbours until the next distribution cycle.’

Joyce adds, ‘I always wished to grow my food and take charge of how and when my family eats. This piece of land is exactly doing that. I am confident my family can’t go hungry.’

With refugee families working closely with the host community to produce more food, block farming could be the missing piece to help secure bright futures for many vulnerable families in fragile contexts.

‘Already, many families are contacting us that they want to be part of the block farms, and we’re working with partners to secure more farmland,’ says Acema.

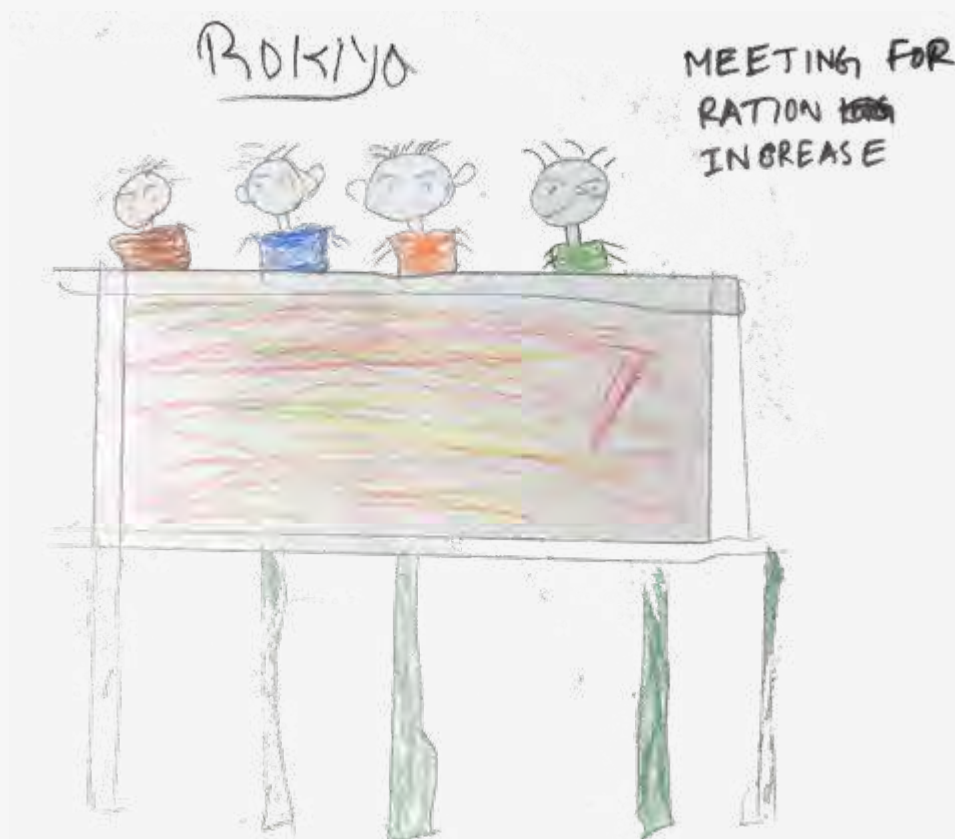
FORGING A WAY FORWARD: CALLS TO ACTION

Tens of millions of vulnerable girls, boys, and their families are just a step away from famine. Action is needed more urgently than ever before to prevent deaths and the life-altering immediate and long-term consequences of this growing hunger and nutrition crisis for children in the hardest-hit communities.

Perhaps most importantly, the funding gap must be closed. To achieve that, more players need to say ENOUGH and join the movement to end hunger, especially in regions and countries impacted by conflict and displacement. We need to see individuals, philanthropic foundations, and the private sector to step up as well. An urgent, holistic, and united approach is imperative to break the cycle of food crises, transform food systems, and put the world back on track to end hunger and all forms of malnutrition. Immediate

humanitarian action must be balanced with reliable funds for longer-term system change and development to strengthen health, food, and social protection systems to save lives, build resilience and change the future.

Children's voices also must be heard to shape decisions and policies that affect them. Children are powerful agents of change who have the right to food and safety, and the right to participate. All governments and service providers must be open to children's influence and include opportunities for consulting them as policies and services are developed, changed, and implemented. Governments, non-governmental organisations, faith and community leaders, and parents and caregivers must stand with children and amplify their ideas for change.



Caption: Drawing of children attending a meeting for ration increases by Rohingya refugee children, from a FGD in Cox's Bazar, Bangladesh.

As a matter of urgency, World Vision calls on:



Donors:

- to urgently provide:
 - front-loaded, flexible, and unearmarked funding to prevent millions of people from starving
 - funding for gender-responsive nutrition, education, child protection, mental health, livelihood support, and school feeding programmes
- to invest in anticipatory action and humanitarian, development, and peacebuilding approaches to address the root causes of the hunger and nutrition crisis.



National governments:

- to ensure enough nutritious food for every child no matter where they live or their situation and to prioritise the implementation of actions to prevent wasting by:
 - allocating adequate budget so affected communities, particularly forcibly displaced families, receive sufficient support to meet children's food and nutrition needs
 - scaling up access to school meals to ensure the most vulnerable are reached and prioritising ethical, local, sustainable, and quality nutritional food sources to ensure children stay in school, decreasing their protection risks and enhancing their mental health and educational outcomes
 - providing integrated school health and nutrition services for all learners
 - leveraging civil society, development and humanitarian agencies, and the private sector to deliver comprehensive and quality essential nutrition services and care practices for women and children – particularly girls due to their disproportionate vulnerability
 - urgently scaling up the national coverage of community health workers, especially in high-need locations and remote areas, so nutrition services like growth monitoring, counselling, and vitamin supplements are widely available

- to ensure national health and social protection systems, policies, programmes, and resources:
 - are child- and gender-sensitive
 - define and enforce clear guidelines on maximum cuts to food rations to ensure that sufficient caloric intake of good quality food is allotted for affected community members, targeting children, women, and people with disabilities, who are all disproportionately affected by ration cuts
- to ensure forcibly displaced children are able to access quality, protective, and inclusive early childhood, primary, secondary, and tertiary education and learning systems, in line with the Global Compact for Refugees
- to strengthen child protection systems and community-based child protection mechanisms to prevent and respond to violence and exploitation of girls and boys.
- to prioritise food security and nutrition in their policy agendas, aligning their national strategies and frameworks with international commitments such as:
 - the Sustainable Development Goal 2 which aims to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.
 - United Nations Security Council (UNSC) resolution 2417 which recognizes the linkages between conflict and food insecurity, calls for increased humanitarian access to populations facing food crises, and to address the root causes of conflict-related food insecurity.
- to work through and leverage existing regional bodies such as the African Union and the Economic Community of West African States to advance policies and resolutions on food security and fighting conflict-induced hunger,



Humanitarian actors and frontline responders:

- to ensure food and nutrition programming reaches the most vulnerable, in particular children, women, and people with disabilities
- to prioritise the protection of children in all

humanitarian responses by:

- collecting and analysing age-specific and gender-sensitive data when conducting humanitarian and refugee needs overviews and assessments to inform response planning
- ensuring that children and young people, caregivers, families, and communities play a role in determining and designing the services needed to support their individual and collective well-being
- integrating child protection and protection from gender-based violence into food security programming to strengthen protection outcomes and avoid doing harm by designing, implementing, and monitoring programmes that prevent and respond to risks that commonly arise from food insecurity – such as child labour; child, early, and forced marriage; family separation; and psychosocial distress
- scaling up community-based, multi-disciplinary, multi-sectoral teams and services to promote the early detection of, response to, and prevention of mental health and psychosocial support (MHPSS) concerns amongst children and their caregivers
- incorporating a dedicated child protection

appeal, in addition to child protection- and MHPSS-specific sub-cluster/ sector plans (e.g. protection, education, livelihoods, and nutrition), actions, targets, and accountability mechanisms, into all humanitarian and refugee response plans

- providing ongoing capacity building to frontline humanitarian workers and local partners, including faith leaders, on child protection programming, mainstreaming, and advocacy.



All parties to conflict:

- to abide by their obligations under international humanitarian, human rights, and refugee law to protect children from grave violations and ensure their rights are secured.
- to prioritise their commitments to UNSC resolutions for the protection of civilians in armed conflict which would hold both state and non-state actors accountable for violations such as using starvation as a weapon of war and blocking humanitarian assistance and food aid to vulnerable groups.
- to engage in dialogue and negotiations to find peaceful and sustainable solutions to address the causes of food insecurity, hunger, and malnutrition.



Caption: Drawing of a kitchen garden by Rohingya refugee children from a FGD in Cox's Bazar, Bangladesh.

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- ¹¹⁴ 93% vs 85% in Afghanistan; 65% vs 52% in Uganda.
- ¹¹⁵ Girls Not Brides. 'Child marriage in humanitarian contexts.'
- ¹¹⁶ Girls Not Brides. 'Why it happens.'
- ¹¹⁷ Girls with disabilities (8%), boys (11%), and boys with disabilities (2%) were perceived as being much less likely to experience child marriage as a result of ration cuts.
- ¹¹⁸ World Vision International (2023). Invisible and forgotten: displaced families hungrier and more at risk than ever.
- ¹¹⁹ HINGO (2023).
- ¹²⁰ World Vision International (2019). The violent truth: what children say about teen pregnancy.
- ¹²¹ Based on odds ratio, exponentiating 0.52 coefficient to approximate 1.68. P-value .0480.
- ¹²² P-value 4.40 e-06.
- ¹²³ Centre for Preventative Action (25 April 2024). 'Conflict in the Democratic Republic of Congo.'
- ¹²⁴ This question was not asked in Lebanon due to perceived sensitivities there.
- ¹²⁵ UNHCR (2001). Critical issues: abuse and exploitation.
- ¹²⁶ World Vision International (June 2023).
- ¹²⁷ HINGO (2023).
- ¹²⁸ INEE. 'Education in Emergencies.'
- ¹²⁹ Ibid.
- ¹³⁰ World Vision International (2023), p5.
- ¹³¹ HINGO (2023).
- ¹³² 91% Afghanistan, 89% Uganda. It's important to note that access to education is already constrained in Afghanistan, and although these are community members' perceptions of the impact of ration cuts, it's likely that the wider political climate in the country is also contributing to this effect.
- ¹³³ World Vision International (2023).
- ¹³⁴ Batha, E. (6 April 2022). 'Ugandan children drop out of school as fees soar post-COVID'. Thomson Reuters Foundation.
- ¹³⁵ WFP (21 March 2023). 'Almost half of school children get free meals, report shows, but most vulnerable still miss out amid global food crisis'.
- ¹³⁶ The question was not asked in DRC due to ethical concerns.
- ¹³⁷ Beck, A. & Heinz, A. (2013). 'Alcohol-Related Aggression'. *Dtsch Arztebl Int.* 110(42): 711-5.
- ¹³⁸ Category 1 are the most vulnerable and receive food or cash assistance at 60%, then category 2 are the moderately vulnerable and receive food or cash at 30%. Category 3 are self-reliant and do not receive cash or food assistance from WFP but are entitled to all services given to refugees.
- ¹³⁹ UNHCR (2023). REFUGEES' ACCESS TO JOBS AND FINANCIAL SERVICE. p1.
- ¹⁴⁰ UNHCR (2024). 'UNHCR Lebanon at a Glance.'
- ¹⁴¹ Smith, L., Shin, J. I., Carmichael, C., Jacob, L., Kostev, K., Grabovac, I., Barnett, Y., Butler, L., Lindsay, R. K., Pizzol, D., Veronese, N., Soysal, P., & Koyanagi, A. (2022). 'Association of food insecurity with suicidal ideation and suicide attempts in adults aged ≥50 years from low- and middle-income countries'. *Journal of affective disorders*, 309, p446–452.
- ¹⁴² WFP. 'School meals'.
- ¹⁴³ UNHCR. (2022). Uganda - Refugee Statistics January 2022 - Bidibidi
- ¹⁴⁴ Specifically: depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, and schizophrenia. From Charlson et al. (2019).
- ¹⁴⁵ Question was worded as 'worst forms of malnutrition, i.e. wasting' for community comprehension.



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