Technical notes

GRFC PRODUCTION PROCESS

The GRFC process

The GRFC is a global public good that serves as the reference document for acute food insecurity, acute malnutrition and displacement in countries/territories with food and nutrition crises.

In order to provide independent and consensus-based evidence and analysis, it follows a systematic and transparent process that consolidates data from a range of sources that all use rigorous methodologies.

1. Preliminary work

Initial GRFC technical consultations lay the groundwork for the production process.

The GRFC production process is launched in September/October each year with a three-day in-person workshop held in Rome, Italy, attended by all GRFC partners. The agenda includes sessions with the food security, displacement, and nutrition technical working groups (TWGs), as well as the senior committee, to:

- reaffirm partner organizations' engagement and responsibilities;
- confirm the purpose and scope of the report;
- agree on key definitions, including for food crises and, new in 2024, nutrition crises;
- provide initial guidance on content and structure;
- agree and endorse country selection and data/analysis criteria; and
- agree on the report workplan and launch date.

2. Research, analysis and production

Through the fourth quarter of each year, the Food Security Information Network (FSIN) facilitates TWG discussions.

The food security TWG selects countries/territories with food crises as per the GRFC selection criteria on page 2, and identifies the period and figures corresponding to the peak number of people facing high levels of acute food insecurity. Acute food insecurity (AFI) figures are recorded in the GRFC master AFI data matrix. This matrix contains historical data, published in the GRFC, for AFI peaks since 2016.

The nutrition TWG identifies the nutrition crises in the countries/territories with food crises, and acute malnutrition (AMN) estimates are recorded in the GRFC master AMN matrix. This matrix contains data on outcome level and contributing factors since 2018.

The FSIN:

- compiles data on countries/territories that may be facing food crises, nutrition crises or have acute food insecurity data on displaced populations;
- drafts content and analysis;
- develops layout, maps and other infographics;
- manages the production schedule; and
- chairs TWG, and senior committee, meetings.

The food security TWG:

- selects countries/territories with food crises based on consensually established criteria;
- validates the reliability/ relevance of the data source and methodology;

- identifies and endorses peak acute food insecurity estimates;
- identifies and endorses peak acute food insecurity projections;
- endorses the main driver for each country/territory;
- defines key content for the acute food insecurity narrative and indicators to support analysis and findings; and
- discusses possible infographics to best communicate content.

The nutrition TWG:

- develops and endorses criteria to identify countries/territories with nutrition crises or nutrition concerns from the list of countries/territories with food crises;
- identifies and endorses acute malnutrition data;
- identifies and endorses key contributing factors to acute malnutrition in countries/territories identified as having nutrition crises and nutrition concerns;
- reviews and ensures consistency of nutrition content throughout the report and endorses nutrition indicators to be featured; and
- discusses possible infographics to best communicate content.

The displacement TWG:

- identifies countries/territories with acute food insecurity data on forcibly displaced persons and migrants from the countries/territories with food crises;

- identifies and endorses data on displacement, acute food insecurity and acute malnutrition related to these populations;
- defines key content and indicators; and
- discusses possible infographics to best communicate content.

The senior committee:

- endorses country/territory selection, data sources, methodologies and key content; and
- provides guidance and/or decisions where there is a lack of consensus or need for strategic orientation.

3. Review and finalization of the report

To ensure transparency, all closed and draft files are shared and accessible on SharePoint.

The TWGs:

- conduct a technical review the first draft, followed by discussion of the key issues arising and amendments required; and
- ensure technical accuracy and internal consistency of the drafts.

The senior committee:

- reviews the report in page layout to ensure consistency of the overall structure and messaging of the report; and
- adjudicates any technical issues that may have been raised by the TWGs. It may refer issues back to the TWGs for further analysis and consideration.

GRFC PRODUCTION PROCESS

4. Institutional clearance

Each member of the senior committee validates their endorsement of the findings of the report as per their institutional internal processes.

5. Release and dissemination

The dissemination plan and related communications and advocacy campaign for the GRFC is coordinated by FSIN in collaboration with the Global Network Against Food Crises (GNAFC). It is built on the communications network of the GRFC partnership, which includes focal points from partner organizations.

The outreach and dissemination strategy is structured in three phases:

Pre-launch

A social media campaign and stakeholder outreach create momentum ahead of the report's release.

Launch

A media and social media campaign, along with a launch event and direct outreach to stakeholders, maximizes the report's visibility and ensures that it reaches key stakeholders. GRFC partners play a key role in amplifying the findings. Each partner integrates relevant messages into their own communications, ensuring dissemination within their networks and alignment with their mandates. This collective effort broadens the reach and impact of the report.

Post-launch

The media and social media campaign continues beyond the launch, distilling the key findings and deep diving into specific thematic areas.

The GRFC findings are actively integrated into relevant global, regional and national fora. Advocacy opportunities – including events, seminars and presentations – are identified and pursued in coordination with partners, leveraging their networks to sustain engagement and drive action.

The interactive version of the GRFC serves as the primary landing page, with partners directing traffic there during dissemination efforts. This also plays a role in the monitoring campaign, as FSIN tracks visits and downloads, and conducts qualitative analysis on how the report is used.

The GRFC is launched in Q2, followed by a Mid-year Update in Q3, which provides insights into key developments and emerging trends.

FSIN produces a range of supporting materials in coordination with GNAFC and partners, including:

- briefs in English, French and Spanish;
- an interactive version of the report;
- key findings and key messages;
- social media assets, talking points, Q&As, presentations, multimedia content; and
- support for the press release.

These efforts ensure that the GRFC serves as a timely and accessible resource for decision-makers, analysts and stakeholders responding to food and nutrition crises worldwide.

FSIN collaborates with regional partners to develop regional overviews with new data, ensuring a twice-yearly update in those regions where the situation evolves quickly.

Decision-making processes

The GRFC production and decision-making processes are designed with the objective of transparently producing an independent, neutral, technically rigorous and consensus-based document.
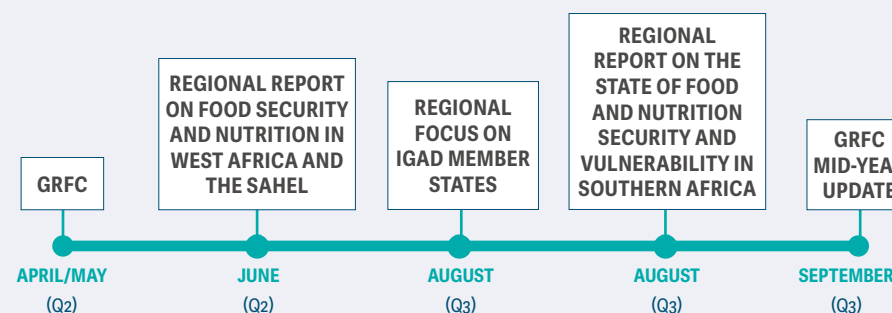
Consensus building is the primary objective.

The preferred modality of decision-making is consensus through dialogue, which is defined as 75 percent of partners in agreement with a decision. A quorum is considered to be at least 50 percent of partners. Agreement is established through a "round robin" with partners present declaring their positions and those who cannot attend providing written contributions in advance.

If consensus cannot be reached, partners may request a more formal vote.

Where there is no consensus, or the workplan necessitates an immediate decision, a vote may be triggered, including to request additional information. To be endorsed, a vote needs a 75 percent majority based on a quorum of 50 percent or more GRFC partners. Where there is a lack of consensus or majority vote, the GRFC senior committee can request that the FSIN secretariat raise issues to the FSIN steering committee for guidance, or partners can request a disclaimer.

FIG. TN.1 **FSIN publications timeline, 2024**

GRFC	REGIONAL REPORT ON FOOD SECURITY AND NUTRITION IN WEST AFRICA AND THE SAHEL	REGIONAL FOCUS ON IGAD MEMBER STATES	REGIONAL REPORT ON THE STATE OF FOOD AND NUTRITION SECURITY AND VULNERABILITY IN SOUTHERN AFRICA	GRFC MID-YEAR UPDATE
APRIL/MAY (Q2)	JUNE (Q2)	AUGUST (Q3)	AUGUST (Q3)	SEPTEMBER (Q3)

GRFC METHODOLOGY

Definitions

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

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

Food crisis

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

Nutrition crisis

In the GRFC 2025, FSIN and the nutrition TWG developed a definition for countries/territories with 'nutrition crises' or 'nutrition concerns'.

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

High levels of acute malnutrition are defined as:

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

Nutrition concern

If a country/territory lacks data on acute malnutrition outcomes (GAM prevalence or IPC AMN), it can be classified as a nutrition concern.

A nutrition concern is defined as 'a situation in a country/territory with limited data on acute malnutrition outcomes where available data on contributing and contextual factors indicate high nutritional vulnerability and a risk of deterioration of the nutrition situation'.

High nutritional vulnerability is identified by the GRFC nutrition TWG considering all the following:

- Acute malnutrition risk factors: specifically, when one or more indicators across each pathway of acute malnutrition (food, health, care and services) are classified as 'high' or 'very high' according to defined thresholds;
- Contextual factors: presence of populations or areas facing Emergency or worse (IPC Phase 4 or above) levels of acute food insecurity alongside a 'high' or 'very high' INFORM Severity ranking; and
- INFORM Risk Index: 'high' and 'very high' risk scores signal severe humanitarian crisis in a country/territory.

Country selection process

The FSIN and food security TWG use the following selection criteria to identify countries/territories with a food crisis, which are then presented to the senior committee for endorsement.

The process is continuous during the year and finished on 31 December to ensure inclusiveness throughout the reporting year (in this edition 2024).

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

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

Countries/territories that required external assistance for food and/or faced shocks as assessed by FAO-GIEWS in 2024.

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

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

2. Humanitarian Needs and Response Plan (HNRP)

Countries/territories that had an HNRP in 2024.

3. Low-income and middle-income countries/territories that requested and received emergency assistance from FAO/UNHCR/WFP in 2024

Countries/territories that received assistance as follows:

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

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

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

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

GRFC METHODOLOGY

Data sources and assessment methodology

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

Methodology

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

Timeframe

The acute food insecurity assessment/analysis must cover at least one month of the year being analysed, in this edition 2024, and have a projection analysis for at least one month of the following year, in this edition 2025. If no data are available for the year being analysed, the TWG may recommend using data that refer to the second half of the previous year of analysis, in this edition 2023.

Coverage

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

Consensus and participation

The TWG evaluates the consensus-building process around the acute food insecurity estimates as well as the participation of and endorsement by national stakeholder(s). The acute food insecurity assessment/analysis should be based on a multi-stakeholder technical consensus, a convergence of evidence, data collection by a trusted actor and/or endorsed at country level by national stakeholders.
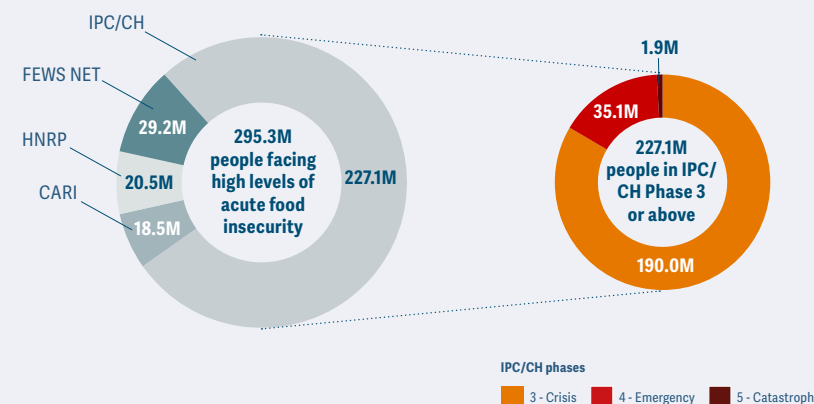
Data sources and their methodologies

The preferred source of data for estimates of acute food insecurity is the IPC/CH.

If these are unavailable, the TWGs evaluate the use of other sources of evidence as per the following (in order of priority):

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

These sources are not necessarily comparable with IPC/CH and usually do not provide disaggregation by Phase 2, 3, 4 and 5. The methodology used in the GRFC 2025 to estimate populations facing Crisis or worse (IPC/CH Phase 3 or above) is described for each source.

FIG. TN.2 **Populations facing high levels of acute food insecurity in 2023, by methodology**

IPC/CH

FEWS NET   29.2M

HNRP

CARI   20.5M

18.5M

295.3M people facing high levels of acute food insecurity

227.1M

1.9M

35.1M

227.1M people in IPC/CH Phase 3 or above

190.0M

IPC/CH phases
3 - Crisis   4 - Emergency   5 - Catastrophe

Source: FSIN, GRFC 2024.

Integrated Food Security Phase Classification (IPC)

The IPC results from a partnership of various organizations at the global, regional and country levels and is widely accepted by the international community as a global reference for the classification of acute food insecurity. There are around 30 countries currently implementing the IPC. It provides the 'big picture' evidence base of food crises by assessing the following: how severe, how many, when, where, why, who, as well as the key characteristics of the food crisis. It provides data for two time periods – the current situation and a projection. This information helps governments, humanitarian actors and other decision-makers quickly understand a crisis (or potential crisis) and informs appropriate action. The IPC makes the best use of the evidence available through a transparent, traceable and rigorous process. Evidence requirements to complete classification have been developed, considering the range of circumstances in which evidence quality and quantity may be limited,

while ensuring adherence to minimum standards. To ensure the application of the IPC in settings where access for collecting evidence is limited, specialized parameters have been developed. The IPC provides a structured process for making the best assessment of the situation based on what is known and shows the limitations of its classifications as part of the process. IPC analysis teams consolidate and analyse complex evidence from different methods and sources (e.g. food prices, seasonal calendars, rainfall, food security assessments, etc.), but the IPC allows them to describe their conclusions using consistent language and standards, and in a simple and accessible form. This harmonized approach is particularly useful in comparing situations across countries and regions, and over time. The IPC technical manual version 3.1 provides information to help people understand and use IPC products and protocols, including tools and procedures, to conduct the classifications.

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

FIG. TN.3 IPC 3.1 acute food insecurity reference table

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

Food security first-level outcomes

First-level outcomes refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase descriptions are included for each indicator. Although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.

	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Food consumption (focus on energy intake)	**Quantity: Adequate energy intake** **Dietary energy intake:** Adequate (avg. 2 350 kcal pp/day) and stable **Household Dietary Diversity Score:** 5–12 food groups and stable **Food Consumption Score:** Acceptable and stable **Household Hunger Scale:** 0 (none) **Reduced Coping Strategies Index:** 0–3 **Household Economy Analysis:** No livelihood protection deficit **Food Insecurity Experience Scale:** (FIES 30 days recall):<-0.58	**Quantity: Minimally Adequate** **Dietary energy intake:** Minimally adequate (avg. 2 100 kcal pp/day) **Household Dietary Diversity Score:** 5-FG but deterioration ≥1 FG from typical **Food Consumption Score:** Acceptable but deterioration from typical **Household Hunger Scale:** 1 (slight) **Reduced Coping Strategies Index:** 4–18 **Household Economy Analysis:** Small or moderate livelihood protection deficit <80% **FIES:** Between -0.58 and 0.36	**Quantity: Moderately Inadequate** – Moderate deficits **Dietary energy intake:** Food gap (below avg. 2 100 kcal pp/day) **Household Dietary Diversity Score:** 3–4 FG **Food Consumption Score:** Borderline **Household Hunger Scale:** 2–3 (moderate) **Reduced Coping Strategies Index:** ≥19 (non-defining characteristics (NDC) to differentiate P3, 4 and 5) **Household Economy Analysis:** Livelihood protection deficit ≥80%; or survival deficit <20% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	**Quantity: Very Inadequate** – Large deficits **Dietary energy intake:** Large food gap; well below 2 100 kcal pp/day **Household Dietary Diversity Score:** 0–2 FG (NDC to differentiate P4 and 5) **Food Consumption Score:** Poor (NDC to differentiate P4 and 5) **Household Hunger Scale:** 4 (severe) **Reduced Coping Strategies Index:** ≥19 (NDC to differentiate P3, 4 and 5) **Household Economy Analysis:** Survival deficit ≥20% but <50% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	**Quantity: Extremely Inadequate** – Very large deficits **Dietary energy intake:** Extreme food gap **Household Dietary Diversity Score:** 0–2 FG **Food Consumption Score:** Poor (NDC to differentiate P4 and 5) **Household Hunger Scale:** 5–6 (severe) **Reduced Coping Strategies Index:** ≥19 (NDC to differentiate P3, 4 and 5) **Household Economy Analysis:** Survival deficit ≥50% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)
Livelihood change (assets and strategies)	**Livelihood change:** Sustainable livelihood strategies and assets **Livelihood coping strategies:** No stress, crisis or emergency coping observed	**Livelihood change:** Stressed strategies and/or assets; reduced ability to invest in livelihoods **Livelihood coping strategies:** Stress strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Accelerated depletion/ erosion of strategies and/or assets **Livelihood coping strategies:** Crisis strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Extreme depletion/ liquidation of strategies and assets **Livelihood coping strategies:** Emergency strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Near complete collapse of strategies and assets **Livelihood coping strategies:** Near exhaustion of coping capacity

Food security second-level outcomes

Second-level outcomes refer to area-level estimations of nutritional status and mortality that are especially useful for identification of more severe phases when food gaps are expected to impact malnutrition and mortality. For both nutrition and mortality area outcomes, household food consumption deficits should be an explanatory factor in order for that evidence to be used in support of the classification.

Nutritional status

	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Global Acute Malnutrition based on Weight-for-Height Z-score	Acceptable <5%	Alert 5–9.9%	Serious 10–14.9% or > than usual	Critical 15–29.9% or > much greater than average	Extremely Critical ≥30%
Global Acute Malnutrition based on Mid-Upper Arm Circumference	<5%	<5% / 5–9.9%	5–9.9% / 10–14.9%	10–14.9% / ≥15%	≥15%
Body Mass Index <18.5	<5%	5–9.9%	10–19.9%, 1.5 x greater than baseline	20–39.9%	≥40%
Mortality*	**Crude Death Rate** <0.5/10,000/day **Under-five Death Rate** <1/10,000/day	**Crude Death Rate** <0.5/10,000/day **Under-five Death Rate** <1/10,000/day	**Crude Death Rate** 0.5–0.99/10,000/day **Under-five Death Rate** 1–2/10 000/day	**Crude Death Rate** 1–1.99/10,000/day or <2x reference **Under-five Death Rate** 2–3.99/10,000/day	**Crude Death Rate** ≥2/10,000/day **Under-five Death Rate** ≥4/10,000/day

Food security contributing factors

For contributing factors, specific indicators and thresholds for different phases need to be determined and analysed according to the livelihood context; nevertheless, general descriptions for contributing factors are provided below.

	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Food availability, access, utilization, and stability	Adequate to meet short-term food consumption requirements **Safe water** ≥15 litres pp/day	Borderline adequate to meet food consumption requirements **Safe water** marginally ≥15 litres pp/day	Inadequate to meet food consumption requirements **Safe water** >7.5 to 15 litres pp/day	Very inadequate to meet food consumption requirements **Safe water** >3 to <7.5 litres pp/day	Extremely inadequate to meet food consumption requirements **Safe water** ≤3 litres pp/day
Hazards and vulnerability	None or minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/or extreme food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/or near complete food consumption deficits

GRFC METHODOLOGY

Cadre Harmonisé (CH)

Since 1999, the Permanent Interstate Committee for Drought Control in the Sahel (Comité permanent Inter-Etats de Lutte contre la Sécheresse au Sahel (CILSS)), along with the Economic Community of West African States (ECOWAS), Union Economique et Monétaire Ouest Africaine (UEMOA), United Nations agencies (FAO, WFP and UNICEF), non-governmental organizations (Action contre la Faim (ACF), Save the Children, Oxfam), and other international organizations, such as FEWS NET, have been engaged in the development and implementation of the CH for the analysis and identification of areas at risk and populations affected by food and nutrition insecurity in West Africa and the Sahel.

The CH is the multidimensional analytical framework led by CILSS to provide rigorous, evidence and consensus-based analyses of current and projected food and nutrition situations in, currently, 18 countries[1] in West Africa and the Sahel. It classifies the severity of food and nutrition insecurity based on the international classification scale through an approach that refers to well-defined functions and protocols. It is used to inform national and regional food-crisis prevention and management systems.

The CH relies on existing food security and nutrition information systems that have been in place in most Sahelian countries since 1985, and more recently in coastal countries of West Africa.

The Cadre Harmonisé Manual v3.0 describes the specific functions and protocols for carrying out an integrated and consensual analysis of acute food and nutrition insecurity.

See https://agrhymet.cilss.int/manuel-cadre-harmonise-version2-0/

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1 Benin, Burkina Faso, Cabo Verde, Cameroon, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

IPC/CH five-phase classification

IPC and CH have closely collaborated to harmonize their tools and processes to ensure comparable figures of acute food insecurity.

The five-phase classification is the same, though there are a few differences in the use of certain indicators and in how humanitarian assistance is factored in the analysis:

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

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

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

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

Classifying Famine (IPC/CH Phase 5)

Famine is an area classification based on internationally accepted criteria:

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

Given the severity and implications of this classification, special Famine protocols must be met before an area is classified in Famine (IPC/CH Phase 5). *See TN.3 IPC 3.1 acute food insecurity reference table, page 167.*

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

The IPC/CH supports Famine prevention by highlighting the following:

- Emergency (IPC/CH Phase 4) is an extremely severe situation where urgent action is needed to save lives and livelihoods.

- Households can be in Catastrophe (IPC/CH Phase 5) even if areas are not classified in Famine (IPC/CH Phase 5). This is the case when less than 20 percent of the population is experiencing Catastrophe (IPC/CH Phase 5) conditions and/or when malnutrition and/or mortality levels have not (or not yet) reached Famine thresholds. These households experience the same severity of conditions even if the area is not yet classified in Famine (IPC/CH Phase 5). This can occur due to the time lag between food insecurity, malnutrition and mortality, or in the case of a localized situation.

- Projections of Famine (IPC/CH Phase 5) can be made even if the areas are not currently classified in Famine, thus allowing early warning.

Risk of Famine

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

GRFC METHODOLOGY

FEWS NET

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

Funded and managed by USAID's Bureau for Humanitarian Assistance (BHA), FEWS NET provided early warning and evidence-based analysis of acute food insecurity to inform humanitarian and development response. FEWS NET monitored 30 countries/territories in 2024, 22 in presence and 8 remotely, where it analysed the dynamics of food, nutrition and livelihood security so policymakers can design programmes that address the root causes of persistent or recurrent acute food insecurity, undernutrition and vulnerability.

WFP CARI

The WFP Consolidated Approach for Reporting Indicators of Food Security (CARI) methodology is commonly used by WFP and other food security actors, including Multi-Sector Needs Assessments and are used to calculate the People in Need (PiN) for Food Security in the OCHA HNRPs in countries/territories not covered by IPC/CH analysis.

The CARI addresses the multiple dimensions of food security through five indicators:

- Food Consumption Score (FCS)
- Reduced Coping Strategies Index (rCSI)
- Economic Capacity to Meet Essential Needs (ECMEN)
- Food Expenditure Share (FES)
- Livelihood Coping Strategies (LCS)

Each surveyed household is classified into one of four food security categories:

1. Food secure
2. Marginally food secure
3. Moderately acutely food insecure
4. Severely acutely food insecure

The results are presented within the CARI food security console, which provides the prevalence of each available CARI food security indicator.

Populations that are classified as 'moderately acutely food insecure' and 'severely acutely food insecure', as per WFP's CARI methodology, are reported as an approximation for populations facing Crisis or worse (IPC/CH Phase 3 or above).

A key difference between the IPC/CH and CARI analyses is that CARI analyses primary data from a single household survey, while the IPC/CH uses a convergence-of-evidence approach, incorporating and analysing a variety of secondary information. While the CARI assesses the situation at a fixed point in time with no projection, the IPC/CH provides the current snapshot and a projection based on the most likely scenario for any period in the future. The indicators included in the CARI approach can be used in the IPC/CH analyses.

See CARI methodology: https://docs.wfp.org/api/documents/WFP-0000134704/download/

Acute food insecurity peak

Among data available for a given country/territory that have been endorsed for 2024 and validated by the TWG according to the criteria listed above, the analysis/assessment reporting the highest number of acutely food-insecure people is selected as the peak.

It does not necessarily reflect the latest analysis available. The **peak** can be either an analysis made for the current period in 2024 or a projection made in 2023 or 2024 and referring to a period of the year 2024. If none of the above are available, an analysis covering Q3/Q4 of 2023 can be used as peak, if considered still relevant by the food security TWG.

The **peak projection** is based on the highest number of people facing high levels of acute food insecurity in 2024, as reported by endorsed data sources available as of April 2025. For this GRFC 2025 report, the cut-off date for data inclusion was 25 February 2025 so the projection estimates only partially cover 2025. Where the 2025 projection does not cover the same period as the 2024 peak, this is indicated. Comparison in this case can be biased and lead to underestimations.

Analyses that straddle 2024 and 2025 are considered for both years and, if reporting the highest number of people compared with other available analyses in the two years, the same analysis is used as the peak for both 2024 and 2025. A projection update or a new analysis covering at least part of the previous projection period overrides the original projection findings since it is based on more up-to-date information, hence providing more accurate findings.

Data from non-IPC/CH (FEWS NET, CARI and HNO analyses) sources are presented in the country narratives according to their specific terminology and categorization. For communication purposes, the wording 'high levels of acute food insecurity' or 'IPC/CH Phase 3 or above, or equivalent' are used to include both IPC/CH estimates and any food security estimates that are based on non-IPC/CH data sources reflecting an approximation of IPC Phase 3 and above. Information is presented in summary tables as IPC/CH Phase 3 or above or equivalent without further breakdown to more specific IPC/CH phases.

Humanitarian Needs and Response Plan (HNRP) and other estimates of people in need in the food security sector.

OCHA HNRPs provide the People in Need (PiN) figure for the Food Security and Livelihoods cluster, based on data collected during the year, and it is endorsed by the Humanitarian Country Team in each country/territory.

Similarly, food insecurity estimates are provided by OCHA in the Humanitarian Response Plan (HRP) and Flash Appeal. When no other sources for acute food insecurity estimates are available, the GRFC food security TWG assesses the methodology behind the PiN number to determine if it is based on acute food insecurity indicators and can be used as an equivalent, comparable estimate of, or as an approximation for, Crisis or worse (IPC/CH Phase 3 or above). The data are used where there is agreement that it reflects a particular country's food security situation. If there is no consensus within the food security TWG, the decision is referred to the GRFC senior committee.

👓 GRFC METHODOLOGY

Data not meeting GRFC technical requirements and data gaps

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

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

Such countries are listed in the GRFC as 'data gap/data not meeting GRFC technical requirements' and reported at the end of each regional section as countries 'of concern'.

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

Categories and qualifiers

The GRFC 2025 aims to classify food crises to provide a contextualized description of the overall situation in the country/territory and to inform a tailored response. Among categories already used in previous editions, including protracted food crises or the ten countries with the highest magnitude and prevalence of high levels of acute food insecurity, this year it also utilizes the INFORM Risk Index's vulnerability and lack of coping capacity dimensions, along with reliance on external assistance and income levels, to assess vulnerabilities and the capacity to address food insecurity and malnutrition.

Protracted food crises

A country/territory is defined as a protracted food crisis when it is included in all editions of the GRFC. In GRFC 2025, there are 35 countries that are considered 'protracted' food crises.

Vulnerability

The INFORM Risk Index vulnerability dimension assesses the predispositions of an exposed population to be affected by a shock, including economic, political and social characteristics of the community that can be destabilized in case of a hazardous event (JRC, 2017). All countries/territories included in the GRFC 2025 were classified as 'highly vulnerable'.

This dimension examines two categories:

1. **Socioeconomic vulnerability**
   This evaluates factors that increase a population's vulnerability to a hazardous event, such as the ability of individuals and households' ability to afford safe and resilient livelihood conditions and well-being.

2. **Vulnerable groups**
   This identifies populations within a country that have specific characteristics placing them at higher risk of needing humanitarian assistance or being excluded from financial and social services.

Coping capacity

The INFORM Risk Index lack of coping capacity dimension assesses a country's ability to manage disasters through formal, organized efforts, including government actions and existing infrastructure contributing to risk reduction (JRC, 2017). All countries/territories included in the GRFC 2025 had a value categorized as 'high' within this dimension.

This dimension is divided into two categories:

1. **Institutional capacity**
   This evaluates government priorities and institutional basis for implementing disaster risk reduction activities.

2. **Infrastructure**
   This examines communication networks, physical infrastructure and accessible health systems, which are needed during emergency response.

World Bank country classifications by income level

The GRFC utilizes income levels based on the World Bank's definitions (low, lower-middle, upper-middle and high income). These thresholds are updated annually and are based on Gross National Income (GNI) per capita, converted to US dollars using the World Bank's Atlas method. This method applies a three-year moving average with a price-adjusted conversion factor, to reduce short-term exchange rate fluctuations due to inflation (WB, July 2024). High-income countries are excluded from the GRFC analysis, even if acute food insecurity data are available, as they are considered to have capacities to cope.

ODA/GNI

The indicator of net Official Development Assistance (ODA) received as a percentage of GNI provides a measure of a recipient country's dependency on aid. A degree of dependency on external assistance often reflects a country/territory's economic and institutional capacity to address food crises. In the GRFC, this indicator is used as a proxy measure for a country's capacity to respond to shocks and assist their population.

ANALYSING ACUTE FOOD INSECURITY

Drivers of acute food insecurity

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

FSIN and the food security TWG identify the primary driver of acute food insecurity for each country/territory based on events during the year and information on the number of people affected by each of the shocks. For countries/territories with two or more drivers affecting different parts of the country or different population groups, the primary driver is chosen by estimating which driver affected the largest number of people. While acknowledging that other drivers underlie the acute food insecurity numbers in each country in addition to the primary driver, the GRFC aggregates the number of countries/territories by primary driver at the global level.

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

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

The GRFC estimates which is the most salient driver for each country/territory from the following main drivers.

Conflict/insecurity

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

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

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

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

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

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

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

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

Weather extremes

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

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

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

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

Economic shocks

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

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

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

Crop pests, livestock disease, and natural disasters

These could include crop pests such as locust invasion and fall armyworm; livestock diseases, such as foot and mouth disease; and natural disasters, such as earthquakes and tsunamis. As relevant, these may be indicated as primary/ secondary/ tertiary drivers.

211

NUTRITION DATA AND ANALYSIS

Identification of crises and concerns

In 2025, FSIN and the nutrition TWG strengthened the integration of nutrition in the GRFC by providing a holistic analysis of acute malnutrition in countries/territories with food crises.

The interplay between acute food insecurity, acute malnutrition and their contributing factors are the main focus, with more data and analysis, and new conceptual and analytical frameworks.

Definitions of nutrition crises and nutrition concerns are provided to better anchor countries/territories with critical nutritional vulnerabilities within the analysis of countries/territories with food crises.

The nutrition decision tree

The nutrition decision tree, *see figure TN.4*, ensures a consistent, evidence-based identification/selection of countries/territories as nutrition crises based on two main criteria and the availability of malnutrition data as follows:
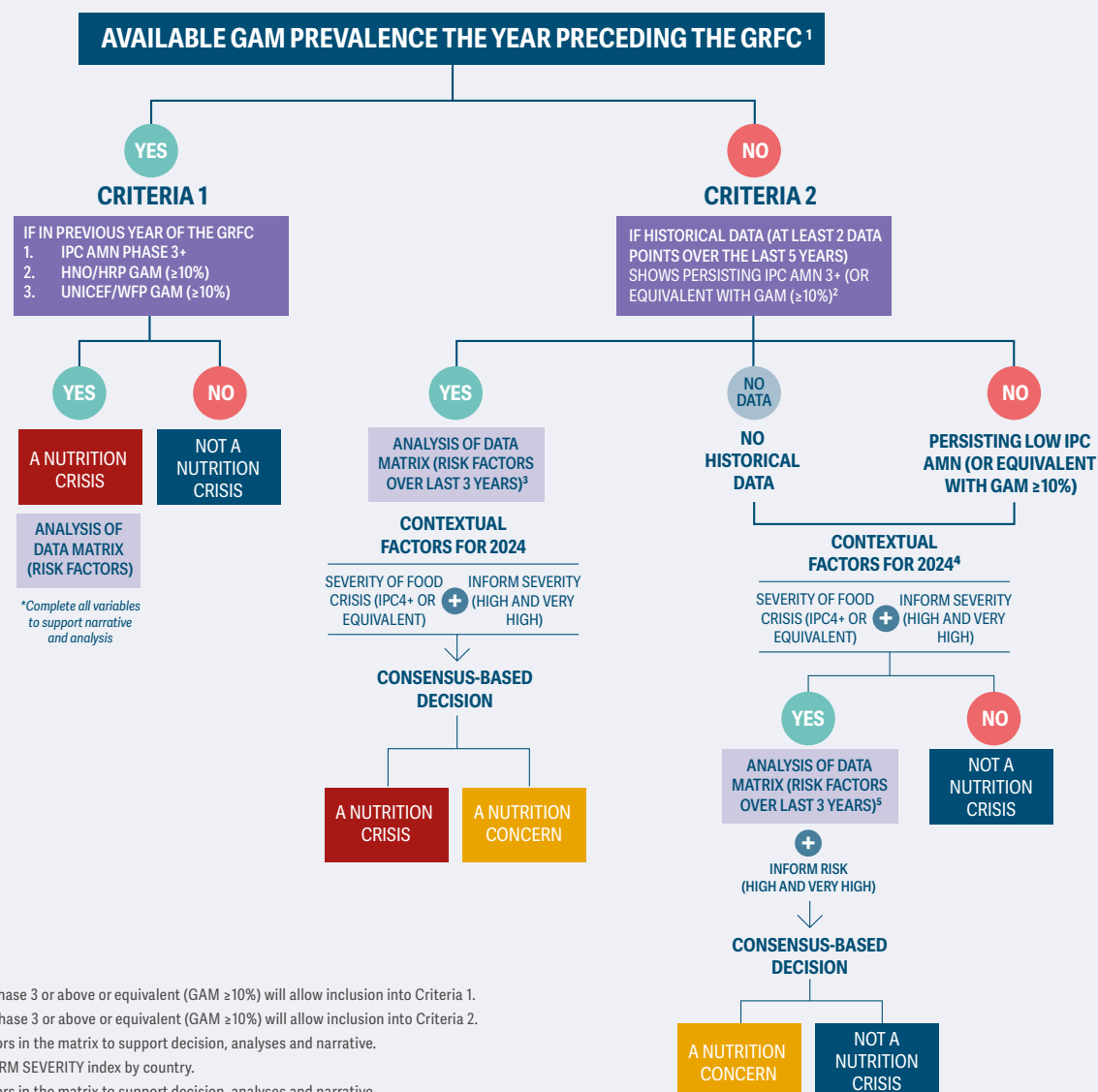
Criteria 1
A country/territory with areas classified in IPC AMN Phase 3 or above, or with Global Acute Malnutrition (GAM) prevalence by weight-for-height z-score (WHZ) ≥10 percent in the reporting year (in this edition 2024) is identified as experiencing a nutrition crisis.

Criteria 2
A country/territory with areas with data indicating IPC AMN Phase 3 or above classifications or GAM prevalence by WHZ ≥10 percent, with at least two data points in the past five years.

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

FIG. TN.4 The GRFC nutrition TWG decision tree: countries with a nutrition crisis or a nutrition concern

[1] Any areas with IPC Phase 3 or above or equivalent (GAM ≥10%) will allow inclusion into Criteria 1.
[2] Any areas with IPC Phase 3 or above or equivalent (GAM ≥10%) will allow inclusion into Criteria 2.
[3] Complete all indicators in the matrix to support decision, analyses and narrative.
[4] Use the overall INFORM SEVERITY index by country.
[5] Complete all indicators in the matrix to support decision, analyses and narrative.

NUTRITION DATA AND ANALYSIS

FIG. TN.5 **The IPC acute malnutrition scale**

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

*GAM based on MUAC must only be used in the absence of GAM based on WHZ; the final IPC Acute Malnutrition phase with GAM based on MUAC should be supported by an analysis of the relationship between WHZ and MUAC in the area of analysis and also by using convergence of evidence with contributing factors. In exceptional conditions where GAM based on MUAC is significantly higher than GAM based on WHZ (i.e. two or more phases), both GAM based on WHZ, and GAM based on MUAC should be considered, and the final phase should be determined with convergence of evidence.

Data sources

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

Data are also disaggregated by population groups:

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

- pregnant and breastfeeding women (PBW); and

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

GAM prevalence

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

- Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys;

- Multiple Indicator Cluster Surveys (MICS);

- Demographic and Health Surveys (DHS) for national surveys; and

- Standardized Expanded Nutrition Surveys (SENS), for refugee populations.

GAM burden

Burden estimates refer to the number of children under 5 years of age and PBW who are acutely malnourished, as per the following sources in order of priority:

- IPC Acute Malnutrition analyses;

NUTRITION DATA AND ANALYSIS

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

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

Data methodologies

IPC Acute Malnutrition Scale

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

Nutrition analysis in Humanitarian Needs and Response Plans (HNRPs)

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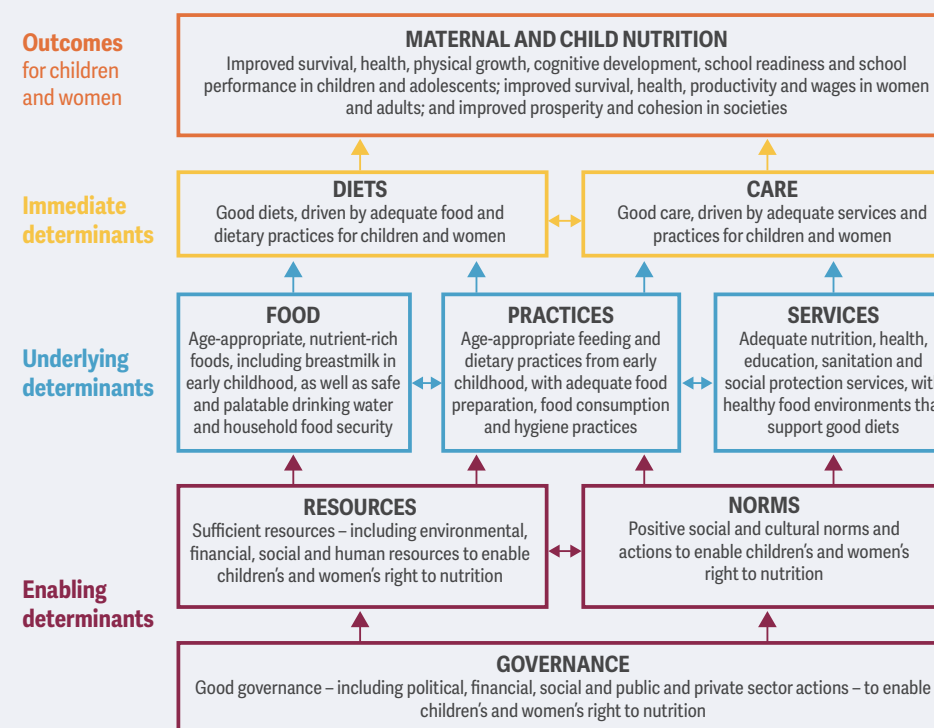
Nutrition and health surveys

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

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

UNICEF's conceptual framework

The UNICEF Conceptual Framework on Maternal and Child Nutrition serves as a complementary tool to the IPC Acute Malnutrition Analytical Framework in identifying the contributing factors of acute malnutrition and their respective pathways. This framework offers clear insights into the factors influencing children's and women's nutrition, focusing on the interplay between enabling, underlying and immediate nutrition determinants. It highlights the role of diets and care as immediate determinants of maternal and child nutrition, and articulates a positive narrative about what contributes to good nutrition in children and women. It underscores the beneficial impacts of enhanced maternal and child nutrition, including better survival rates, health, development, education outcomes, economic growth and social unity. S*ee figure TN.6*.

FIG. TN.6 **The UNICEF conceptual framework**

Outcomes for children and women
- **MATERNAL AND CHILD NUTRITION** — Improved survival, health, physical growth, cognitive development, school readiness and school performance in children and adolescents; improved survival, health, productivity and wages in women and adults; and improved prosperity and cohesion in societies

Immediate determinants
- **DIETS** — Good diets, driven by adequate food and dietary practices for children and women
- **CARE** — Good care, driven by adequate services and practices for children and women

Underlying determinants
- **FOOD** — Age-appropriate, nutrient-rich foods, including breastmilk in early childhood, as well as safe and palatable drinking water and household food security
- **PRACTICES** — Age-appropriate feeding and dietary practices from early childhood, with adequate food preparation, food consumption and hygiene practices
- **SERVICES** — Adequate nutrition, health, education, sanitation and social protection services, with healthy food environments that support good diets

Enabling determinants
- **RESOURCES** — Sufficient resources – including environmental, financial, social and human resources to enable children's and women's right to nutrition
- **NORMS** — Positive social and cultural norms and actions to enable children's and women's right to nutrition
- **GOVERNANCE** — Good governance – including political, financial, social and public and private sector actions – to enable children's and women's right to nutrition

NUTRITION DATA AND ANALYSIS

Contributing factors

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

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

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

Food pathway

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

Health pathway

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

Care and services pathway

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

For a country to be identified as facing a nutrition crisis or nutrition concern under Criteria 2, at least one indicator per pathway (food, health, care and services) must be classified as 'high' or 'very high', based on thresholds established by the nutrition TWG partners. A detailed breakdown of each indicator and its respective thresholds can be found in Appendix 6: Indicators. S*ee page 216.*

Contextual and risk factors

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

Contextual factors

- Populations in Emergency or worse (IPC Phase 4 or above): The presence of populations in areas classified as IPC Phase 4 or above was considered a key contextual factor by the nutrition TWG.

- INFORM Severity Index: A composite indicator that assesses the severity of humanitarian crises on a standardized global scale. It helps inform response planning by measuring crisis severity and was used by the nutrition TWG as an additional contextual factor.

Risk factor

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

Malnutrition peak

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

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

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

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

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

In countries where an IPC AMN analysis is available, the peak corresponds to the specific period identified following the criteria indicated above. However, in countries without IPC AMN analysis, the entire reporting year (2024) is considered the peak period by default.

The peak data may originate from an analysis conducted in 2024 or from projections made in 2023 or 2024, pertaining to any period within 2024. For a period to be considered the peak of 2024, it needs to cover at least one month of 2024. If such data are unavailable, most recent analyses from 2022 or 2023 may serve as the peak for those years, provided the nutrition TWG deems it still relevant.

For countries with an IPC AMN analysis, prevalence estimates should be compared only for the same season across two years. Year-on-year changes were assessed by comparing the proportion of areas classified in IPC AMN Phase 3 or above out of the total areas analysed in both years. A reduction in this proportion was interpreted as an overall improvement, while an increase indicated deterioration.

To allow for more granular interpretation, a more focused analysis was conducted on areas classified in IPC AMN Phases 4 and 5. This helped identify situations where, despite an overall improvement, certain areas experienced worsening conditions – and vice versa.

For countries without an IPC AMN analysis, year-on-year comparability is based on prevalence data. If prevalence data are unavailable, malnutrition burden should be used as the comparative metric.

DISPLACEMENT DATA AND ANALYSIS

Data gathering criteria

FSIN and the displacement TWG identify and endorse data on displacement and acute food insecurity and nutrition among forcibly displaced populations, returnees and vulnerable migrant populations in Latin America and the Caribbean in countries/territories with food crises, including key content, indicators and infographics.

To be included in the report, data must follow the GRFC criteria and requirements. The displacement TWG evaluate data available for the reporting year (in this edition 2024). If no data were available, the displacement TWG may consider using data from the prior year (in this edition 2023). Data covering the whole country/territory are generally preferred, however, for certain countries/territories, only specific areas are analysed.

Data on displacement were gathered for all 65 countries with food crises but, for internal consistency, aggregated figures at the global and regional level comprise data for the 53 countries that have acute food insecurity data meeting GRFC requirements.

Out of the 53 countries/territories with food crises and acute food insecurity data meeting the GRFC technical requirements, 52 had displacement data for forcibly displaced persons and returnees. Of those, 15 had acute food insecurity data and 19 had nutrition data on displaced populations and returnees.

Data sources and methodologies

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

Data on Palestine refugees and asylum-seekers are based on UNRWA. All other data on refugees and asylum-seekers are based on UNHCR nowcasting data.

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

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

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

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

Data validity

The timeframe of data validity varies for different categories of displaced people. For refugees and asylum-seekers, the GRFC uses UNHCR nowcasting data from December 2024. For global aggregates, UNHCR data are from mid-2024. UNRWA data on Palestine refugees and asylum-seekers are from September 2024.

For IDPs, IOM data are the most recent available and vary depending upon when the analysis was conducted at country level. When IOM data are not available, the most recent data from IDMC from end-2023 are used.

THE GRFC 2025

Structure of the GRFC 2025

In the GRFC 2025, 65 countries/territories were selected as per the following::

- 45 countries/territories that required external assistance for food and/or faced shocks as assessed by FAO-GIEWS in 2024;

- 4 additional countries that had a Humanitarian Response Plan (HRP); and

- 16 additional low or middle-income countries that request external assistance to FAO/UNHCR/WFP for their resident population (5 countries) or refugees (11 countries).

Selected countries are grouped regionally as follows:

- Africa, Central and Southern

- Africa, East

- Africa, West and the Sahel

- Asia

- Europe

- Latin America and the Caribbean

- Middle East and North Africa

Regional crises have been featured in the GRFC due to their cross-border impacts and have sometimes included coverage of countries that otherwise did not qualify for inclusion. The Lake Chad Basin region, encompassing the Far North (Extrême Nord) region of Cameroon, western Chad, northeastern Nigeria and eastern Niger, was included in the 2017, 2018 and 2019 editions. The Central Sahel region, covering Burkina Faso, Mali and western Tillabéri and Tahoua regions in the Niger, was in the GRFC 2020. The Central American Dry Corridor region (El Salvador, Guatemala, Honduras) was in the 2018–2020 editions.

FIG. TN.7 Countries/territories included in the GRFC 2025 by selection criteria and source/methodology

SELECTION CRITERIA	COUNTRIES/TERRITORIES
GIEWS list	Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Eritrea, Eswatini, Ethiopia, Guinea, Haiti, Kenya, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Namibia, Niger, Nigeria, Pakistan, Palestine, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Uganda, Ukraine, United Republic of Tanzania, Venezuela (Bolivarian Republic of), Yemen, Zambia, Zimbabwe
Humanitarian Response Plan (HRP)	Colombia, El Salvador, Guatemala, Honduras
Emergency external assistance to resident populations in response to a shock	Cuba, Guinea-Bissau, Moldova, Timor-Leste, Togo
Emergency external assistance to countries hosting refugee and migrant populations	Algeria, Armenia, Benin, Côte d'Ivoire, Ecuador, Egypt, Iran, Iraq, Jordan, Moldova, Peru, Rwanda, Togo

FIG. TN.8 Number of countries/territories by data source for 2024 peak and 2025 projection acute food insecurity estimates

DATA SOURCES	METHODOLOGY	2024 * (PEAK)	2025 (PROJECTION)
IPC	IPC five-phase classification	26	20
CH	CH five-phase classification	13	11
FEWS NET	In-country presence	3	3
	Remote monitoring	1	1
WFP	CARI	8	
HNRP	CARI	2	
HNRP/FA	Other accepted country-level assessments of food security	4	2

* There are 53 countries/territories with data available and endorsed in 2024, but Colombia (residents and migrants), Palestine (Gaza Strip and West Bank) and Yemen (Government of Yemen-controlled areas and De Facto Authorities-controlled areas) consisted of different assessments, each following a different methodology, so the numbers in this column add up to 57.

** While there were 30 countries categorized as nutrition crises by the nutrition TWG, Rohingya refugees in Bangladesh did not have GAM burden data for 2024 and data from UNICEF's Humanitarian Action for Children appeal for 2023 was reported on while GAM burden data were not available for Sahrawi refugees in Algeria.

Acute malnutrition data were screened for all 65 countries/territories selected in the GRFC, but they were aggregated and reported at global and regional level for only the 26 countries/territories and additional two refugee populations facing a nutrition crisis, based on the established criteria. Burden data are also aggregated for three countries with a nutrition concern.

FIG. TN.9 Number of countries by data source for 2024 GAM burden estimates

DATA SOURCES	2024**
IPC AMN	20
WFP/UNICEF	3
HNRP	2
Global Nutrition Cluster	1

Data for refugee populations in the selected countries were sourced exclusively from UNHCR Data Finder.

FIG. TN.10 Number of countries by data source for internally displaced populations

DATA SOURCES	2024
IOM-DTM	22
UNHCR	4
OCHA	2
IDMC	3
Other country estimates	2

217

THE GRFC 2025

Limitations and data challenges

Comparability of acute food insecurity assessments

Acute food insecurity figures are only considered comparable across two years if the population coverage of the analysis changed by less than 10 percent, and if carried out using the same methodology and covering the same geographical areas. If the change in population coverage exceeds 10 percent due to population growth, the analyses are still considered comparable, as was the case for Mauritania, Namibia and Somalia in this edition of the GRFC.

For Guinea-Bissau and Timor-Leste, the assessments are not comparable as these two countries were not included in the previous edition of the report. Angola, Bolivia, Dominican Republic, Ecuador, Ghana, Kyrgyzstan, Lao People's Democratic Republic, Nicaragua, Peru (residents), Sri Lanka, Tajikistan, Türkiye and Vanuatu were selected for GRFC 2024 but not for GRFC 2025.

Projection figures are only included in the report if the same methodology has been used for peak and projection analyses.

Algeria (refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population increased by 26 percent between the two years, expanding to cover the total Sahrawi refugee population.

Bangladesh While both 2023 and 2024 analyses are based on IPC methodology, the geographic coverage increased from 15 analysed districts to 40 analysed areas, increasing the analysed population from 38.2 million to 90.9 million.

Chad (residents) There was a decline in the analysed population as the analysis covering June–August 2024 did not include the N'Djamena capital.

Colombia (migrants and refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population decreased by 48 percent covering only migrants with the intention to stay.

Congo (refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population increased by 113 percent.

Democratic Republic of the Congo While both 2023 and 2024 analyses are based on IPC methodology, the population analysed increased by 13 percent, from 103 million to 116 million. The 2024 analysis also included expanded analysis of IDPs in North Kivu, South Kivu and Ituri provinces.

Ecuador (migrants and refugees) While 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population decreased by 19 percent from 505 000 to 417 000.

Egypt (refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population increased by 93 percent as a result of the increased refugee and asylum-seeking population from Sudan.

El Salvador The methodology and data source changed. In 2023, the peak was derived through an HRP analysis, whereas the 2024 estimate is derived from FEWS NET (remote monitoring) analysis. While both analyses covered 100 percent of the population, the change in methodology makes the two periods not comparable.

Guinea While both 2023 and 2024 analyses are based on CH methodology, the analysed population increased by 19 percent to cover 100 percent of the population in 2024.

Haiti While both 2023 and 2024 analyses are based on IPC methodology, the analysis coverage has expanded since 2023 to include the entire country, increasing the population analysed by 13 percent.

Madagascar The peak estimates for 2023 and 2024 are not comparable due to an expansion in the geographic coverage of the IPC analysis. In 2023, the analysis covered 21 districts in Grand Sud, which increased to 25 in 2024, corresponding to a 22 percent increase in the population analysed. The 2025 projection features a further expanded coverage to 36 districts including areas in the Nord and Est regions of the country.

Mozambique While both the 2023 and 2024 analyses are based on IPC methodology, the geographic coverage expanded from 72 to 116 out of the 156 districts of Mozambique. The expanded coverage increased the population analysed from 49 percent to 61 percent of Mozambique's population.

United Republic of Tanzania The geographic coverage of the IPC analyses decreased between 2023 and 2024. In 2023, the analysis covered 28 district councils of Mainland Tanzania and all five regions of Zanzibar, whereas the 2024 analysis covered only 21 district councils of Mainland Tanzania. The geographic change corresponded to a decrease of 39 percent in the total population analysed.

Yemen The methodology and data source changed. The 2023 peak was derived from a FEWS NET analysis which covered the entire country. The 2024 peak was derived from an aggregation of two analyses. In Government of Yemen-controlled areas, analysis was conducted by the IPC TWG, whereas in the De Facto Authorities-controlled areas, analysis was conducted by the Food Security Cluster.

Zambia While both 2023 and 2024 analyses are based on IPC methodology, the geographic coverage increased, from 76 districts in 2023 to 94 districts in 2024.

Data gaps – data not meeting GRFC technical requirements

In total, 12 countries selected for the GRFC 2025 did not have data or had data which did not meet the GRFC technical requirements. Available information on the acute food insecurity situation in those countries is included in the regional section. Eritrea has been selected for inclusion in every edition of the GRFC but has never had acute food insecurity data. Two countries selected for analysis in all GRFC analyses, Democratic People's Republic of Korea and the Bolivarian Republic of Venezuela, have only had data meeting GRFC technical requirements in the GRFC 2017 and the GRFC 2020, respectively.

Limited availability and frequency of IPC AMN analyses

Out of the identified 26 countries with nutrition crises, 20 countries/territories conducted an IPC AMN analysis covering 2024: Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Djibouti, Haiti, Kenya, Madagascar, Mali, Mozambique, Niger, Nigeria (Northeast and Northwest), Pakistan, Palestine (Gaza Strip), Somalia, South Sudan, Uganda and Yemen. In two of these countries/territories, specific IPC AMN analyses were conducted among displaced populations and host communities, particularly in Chad and Uganda. In 11 of the countries, the analysis coverage was partial, reflecting localized nutrition crises or limited data availability.

Limited availability of updated information and frequency of national nutrition surveys

In total, 17 countries/territories, including two refugee population groups, out of the 65 countries/territories selected for analysis in the GRFC do not have national updated/recent acute malnutrition outcome data at the subnational or national level.

THE GRFC 2025

Non-comparability of data for PBW

Methodological differences in estimating acute malnutrition burden among PBW, including variability in sampling approaches, anthropometric indicators and data sources, affects consistency across years, making comparisons and trend analysis between annual estimates not feasible.

HISTORICAL INCLUSION OF COUNTRIES/TERRITORIES IN THE GRFC, 2016–24

Over the last nine years of publication, 47 countries/territories have been selected each year and 35 have had data in all GRFC editions.

FIG. TN.11 Number of food crises, GRFC 2017–2025

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Countries/territories with food crises	65	61	66	71	79	77	73	73	65
Countries/territories with food crises with data	48	51	53	55	55	53	58	59	53
Major food crises	23	29	32	35	34	35	42	44	40

FIG. TN.12 Frequency of inclusion of food crises countries/territories with data meeting GRFC requirements, 2017–2025

9 YEARS	**35 countries/territories** Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Ethiopia, Guatemala, Guinea, Haiti, Honduras, Iraq, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Uganda, Yemen, Zambia, Zimbabwe	
8 YEARS	**Eight countries/territories** Djibouti, El Salvador, Namibia, Nicaragua, Pakistan, Palestine, Ukraine, United Republic of Tanzania	
7 YEARS	**Six countries** Angola, Gambia, Guinea-Bissau, Lebanon, Libya, Myanmar	
6 YEARS	**Two countries** Côte d'Ivoire, Jordan	
5 YEARS	**Two countries** Colombia, Ecuador	
4 YEARS	**Five countries** Cabo Verde, Congo, Egypt, Togo, Türkiye	
3 YEARS	**Two countries** Algeria, Sri Lanka	
2 YEARS	**Six countries** Benin, Dominican Republic, Nepal, Peru, Rwanda, South Africa	
ONCE	**Four countries** Democratic People's Republic of Korea, Ghana, Timor-Leste, Venezuela (Bolivarian Republic of)	