



HUNGER, HARM, AND HARD CHOICES

The cost of the humanitarian
funding crisis for children

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Many thanks to World Vision colleagues for their guidance and contributions to the final report: Tamara Tutnjevic, Amanda Rives, Mary Njeri, Sarah Bauler, Phiona Koyiet, Joy Cheung, Verena Bloch, Paul Kinuthia, Charbel Chidiac, Elizabeth Margolis, Wan Suen SO, Yoe Harper, and Marieta Fitzcharles.

A special thanks to our colleagues at the World Food Programme for their invaluable support in facilitating access and data collection, as well as for their technical support: Veronique Sainte-Luce, Stefan Mayer, Friederike Greb, Hajra Hafeezurrehman, Jo Jacobsen, Mark Daku, Susanna Sandstorm, Michael Lumor, Gioacchino Gargano, Mariemesarra Ahmed, Roberto Borlini, Nagham Souki, Rosella Bottone, Erin Maureen Carey, Miguel Angel Pachon Valbuena, Rokibul Alam, Samuel Clendon.

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‘How should we overcome this difficult situation? What should we do to survive? How should we care for the children? Every night, I can’t sleep because I keep thinking about it. We’ve been in the camp for a long time, and the support has decreased a lot. Now, it’s only what WFP provides, and nothing else comes anymore. It’s frustrating. We are worried about our future. Some people have even gone mad because of the stress. This is what we are going through. We can no longer engage in social activities, and we are isolated from relatives. Right now, everyone is scared. It has become more difficult. The assistance has also decreased. Now, with the conflict starting again, we have to run away, which is why we are even more stressed. When I’m on my own, I tend to overthink. My mind isn’t at ease, and I can easily become frustrated or lose my temper. There are things that make me scared. I am constantly worried all the time.’

– Adult focus group participant, Myanmar

FOREWORD

In 2024, in the face of rising needs and crashing funding, World Vision conducted a study on ration cuts, speaking to 929 people in six countries¹ about how the sweeping reductions in food assistance impacted them and their families. The results were alarming. Children were being pulled out of school, sent to work, married early, and experiencing sexual violence. In several countries, almost every single parent we spoke to exhibited high risk of mental health disorders. On average, families were eating just one or two meals a day, and in the worst cases, in Somalia, the Democratic Republic of the Congo (DRC), and Uganda, one or less meals a day.

This report is a follow up to the 2024 report, [*Ration cuts: Taking from the hungry to feed the starving*](#), and focuses on levels of food insecurity, the drivers (including cuts), and how families are coping. Although in the current global food crisis, food insecurity is universal, it especially affects refugees and other forcibly displaced families. Torn from their normal support structures and living in places where it can be difficult or sometimes illegal to work to support themselves, their food security is often highly dependent on humanitarian aid. When we conducted this report's field research between January and April 2025, we found that, in some countries, the situation had actually improved since the year before. Families who were receiving just two-thirds of their rations in Cox's Bazar in Bangladesh in June 2023 had their rations restored after a marked increase in acute malnutrition.

In the months since we conducted our follow-up survey, however, the situation for many displaced families has certainly worsened. Many countries have announced drastic cuts in food and other forms of humanitarian assistance across the globe. The most vulnerable, as always, are the

first to suffer and the ones who suffer the most. The people we interviewed in Bangladesh in late 2024 and early 2025, who at the time were receiving full rations, are now only receiving a third of that. For some refugees in Northern Uganda, food assistance has now ended altogether. In Ethiopia, food warehouses are filled with supplies, unable to be distributed due to the ongoing chaos and changes.

Despite the ever-changing context, this report's findings – that food insecurity increases negative coping mechanisms – are still valid and are more relevant than ever. Food insecurity, even before the most recent reductions in assistance, was alarmingly high. Children in families experiencing hunger are more likely to marry early and withdraw from school. We also found that in places affected by ration cuts, increasing food insecurity heightened levels of anxiety, worry, or depression.

With escalating cuts and rising food insecurity expected to continue, these findings serve as a dire warning of the catastrophic consequences we may face in the coming months and years if these trends persist. Through no fault of their own, a generation of children are suffering. Forced to flee their homes due to the surging numbers of conflicts, climate-related events and economic crises, the children involved in this study emphasised the critical role that humanitarian food assistance plays in ensuring their wellbeing and developing their potential. As programmes close and families focus on survival, the world must act to ensure these children, and their families can look beyond the present need for food and invest in education, healthcare, and livelihoods to achieve the futures they dream of.

Amanda Rives, Senior Director of Disaster Management at World Vision International

¹ Afghanistan, Bangladesh, DRC, Lebanon, Somalia, and Uganda.

EXECUTIVE SUMMARY

Worldwide, vulnerable communities are experiencing elevated levels of food insecurity, triggered by economic shocks, climate change, and conflicts. **By the end of 2024, 295 million people in 53 countries/territories were experiencing high levels of food insecurity.**ⁱ

In many countries, families are struggling to obtain food due to inflated prices and reduced purchasing power. Climate, conflict and economic shocks are also forcing record breaking numbers of people to flee their homes and inducing hunger.ⁱⁱ Families fleeing conflict and natural disasters often struggle to find livelihood opportunities due to movement restrictions, security constraints, and local labour laws. With growing numbers of people displaced, humanitarian support remains a critical safety net for children and families in crisis.

One of the core components of International Humanitarian Law (IHL) is the right of civilians in States affected by conflict to receive humanitarian assistance. However, the reality is that the humanitarian funding landscape is undergoing drastic changes with direct impacts on humanitarian programming. **Out of**

the total US\$46 billion required to respond to humanitarian needs in 2025, just a tenth – only US\$4.6 billion – has been secured as of May 2025.ⁱⁱⁱ Due to consistent underfunding, humanitarian assistance continues to fall far short of the amount of support required to build resilience and prevent future crises and vulnerability. Increased investment and political will is required to address the underlying factors driving conflict, climate change and economic crises and to ensure that parties to conflict uphold their obligations under International Humanitarian Law (IHL).

In response to these challenges, World Vision, in partnership with the World Food Programme (WFP), studied the impact of reduced food assistance on vulnerable communities with a focus on food insecurity, education, child protection, and physical and mental health. This study collected data from 13 contexts where World Vision provides food or cash assistance to displaced populations. Between January 2025 and April 2025, we surveyed 5,178 households, facilitated 51 child and 32 adult focus group discussions, and interviewed 84 stakeholders and experts.



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Although the research was conducted during a period of higher food assistance funding compared to subsequent months, the findings revealed high levels of severe food insecurity across all 13 contexts. In five countries, more than 80% of families surveyed reported severe food insecurity – meaning they or their family members were routinely going hungry, skipping meals, and/or had no food to eat at home. **An estimated 30% to 33% of households surveyed are eating one or no meals a day, with 58% reporting at least one household member going to sleep hungry in the past four weeks.** Most families (85%) pointed to economic shocks as the main driver of their hunger.

This study found that **displaced families were three times more likely to experience moderate or severe food insecurity** than their host community neighbours. Families who experienced food assistance cuts were the most vulnerable of all; they were 5.4 times more likely to be moderately or severely food insecure and reported worse child-related education and protection outcomes. As for mental health, **families who had recently had their humanitarian assistance cut were almost twice as likely to report that their children experienced a range of behavioural issues or mental health symptoms.**

Children in families experiencing moderate or severe food insecurity were seven times more likely to irregularly attend school, five times more likely to experience increased violence at home, and six times more likely to be forced to marry. With more reductions of food assistance on the horizon, it is urgent to reconsider the costs of these cuts, not just for children's nutrition, but also for their mental health, education, safety, and ability to enjoy a childhood free from violence.

Faced with food insecurity exacerbated by reduced food assistance, many families reported employing coping mechanisms to deal with food shortages. Most commonly, families reduced the size (78%), number (71%), and quality of meals (66%), and borrowed money from family or friends (72%). More serious but less frequent coping mechanisms included selling household items (12%) and assets (9%), begging for food (7%), and stealing (2%). Additional analyses suggest that displaced families relied more on survival-oriented and community-dependent negative coping mechanisms, whereas non-

displaced families relied on asset-based negative coping mechanisms.

Families also commonly used positive coping mechanisms, including sharing food (36%), building stockpiles (30%), and engaging in income-generating activities (34%). Further analyses indicated that displaced families relied on community-oriented strategies such as sharing food, common concerns and building trust within the community, whereas non-displaced families focused more on household development strategies such as managing income and food purchases and learning new skills.

The findings from this study reveal the urgent need for increased investment in humanitarian assistance and restructuring programs to more holistically address food insecurity. This includes integrating livelihood interventions (e.g. income generation, food production, skill building) into food assistance programming with the aim of fostering self-reliance and resilience.

This moment demands more than compassion — it demands commitment to realising the right to food and humanitarian assistance, which people experiencing the devastating impacts of armed conflict, climate change, and economic instability hold. As humanitarian needs soar to record highs, humanitarian budgets are shrinking. Lack of will, coordination, and funding continue to translate into hunger and hard choices for children and families across the globe. This is a critical juncture. We must act to fulfil our obligations and ensure children and families have the resources they need to thrive.



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Governments, donors, and humanitarian actors must:



Protect and restore food assistance as a frontline intervention for child survival and well-being, especially for displaced people and host communities at the frontlines of humanitarian emergencies.



Ensure that obligations under International Humanitarian Law (IHL) and other binding legal frameworks are met and the rights of all people to food and humanitarian assistance are upheld.



Expand quality funding and sustainable investments in food security to address current needs and strengthen food systems for long-term prevention of hunger.



Listen to, and act on, the insights that community members voice. Prioritise interventions based on the stated priorities of the people impacted by crises and ration cuts and strengthen positive coping mechanisms already employed by families to promote their wellbeing amidst scarcity. People affected by crises are experts in navigating emergencies and prioritising needs in situations of scant resources. Their insights are crucial to ensuring humanitarian food assistance is effective, targeted, sustainable, and responsive.



Invest in resilience, not just relief — including regenerative agriculture, skills training, revenue-generating activities, and accessible cash transfer systems. In particular, multi-purpose cash assistance (MPCA) allows affected populations to prioritise their most pressing requirements - whether food, shelter, healthcare, or education - while preserving their dignity through choice. This approach is preferred by communities in the majority of contexts.



Foster innovation in food assistance interventions to effectively address the evolving needs of vulnerable communities. Global and local capacity to develop and implement innovative solutions

should include leveraging digital technologies, utilising mobile platforms to enhance community engagement and feedback, and adopting sustainable agricultural practices to promote long-term food security.



Integrate food assistance with longer-term programming: education, livelihoods, mental health and child protection must be addressed together. Food assistance should seamlessly integrate the humanitarian, development and peace nexus, emphasising sustainability, community engagement, localisation, conflict sensitivity, social cohesion, and resilience building.



Prioritise displaced and marginalised communities in food security programming, especially people with disabilities, the elderly, and households led by women and children.



Maintain and expand school meals, a proven safeguard for learning, nutrition, and protection. School meals, particularly across fragile and stable contexts can improve student attendance, concentration, and academic performance, helping to break the cycle of poverty by supporting children's nutrition, protection, and education simultaneously.



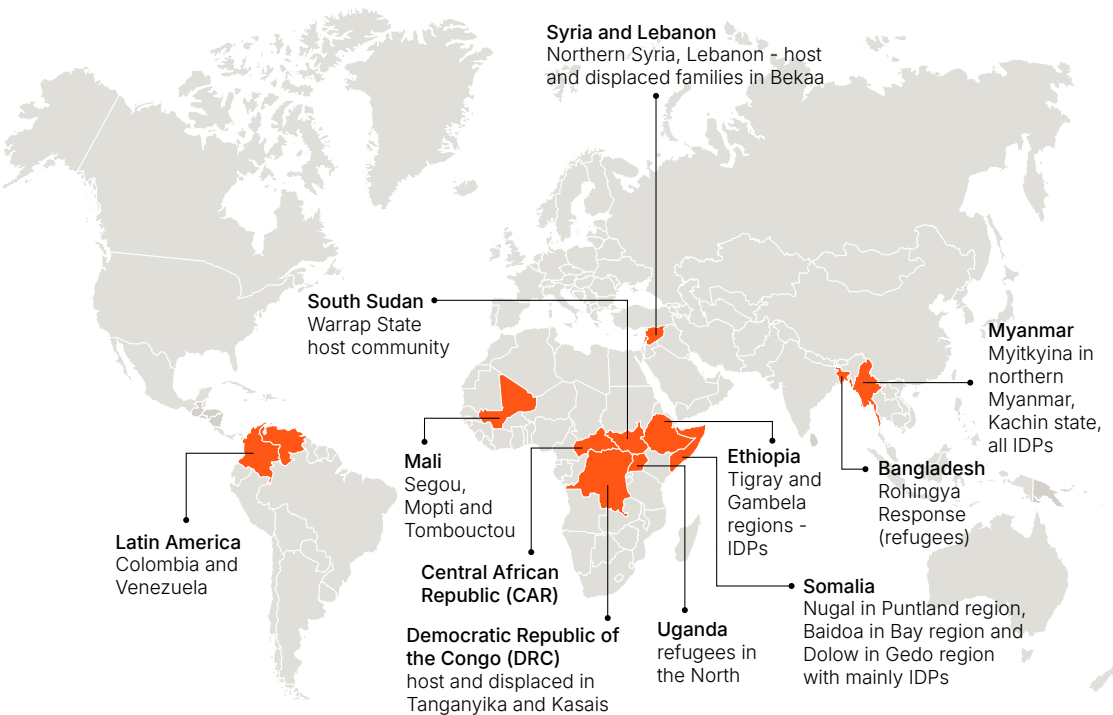
Continue to invest in strategic and operational partnerships and inter-agency collaboration to leverage the comparative advantage of a diverse range of actors involved in food assistance interventions.



Reconsider the costs of food assistance reductions, not just for children's nutrition, but also for their mental health, education, safety, and ability to enjoy a childhood free from violence. National development plans and poverty reduction strategies should be prioritised as important policy documents for improving food security and nutrition interventions, ensuring that these can be effectively implemented at scale.

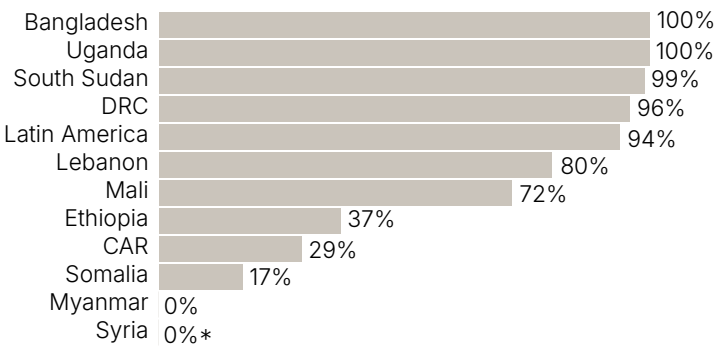
Who we spoke to:

6,424 people in household surveys, focus groups, and key informant interviews across **13** countries:



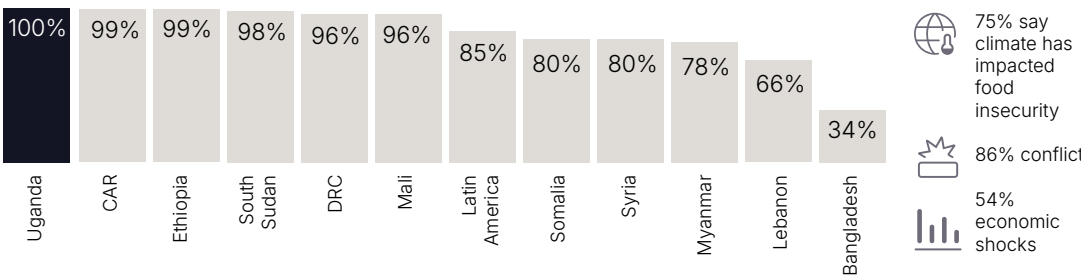
48% of the families surveyed had fled their homes and were displaced, either living as refugees in a neighbouring country or internally within their home country.

*100% of respondents in Syria were recent returnees

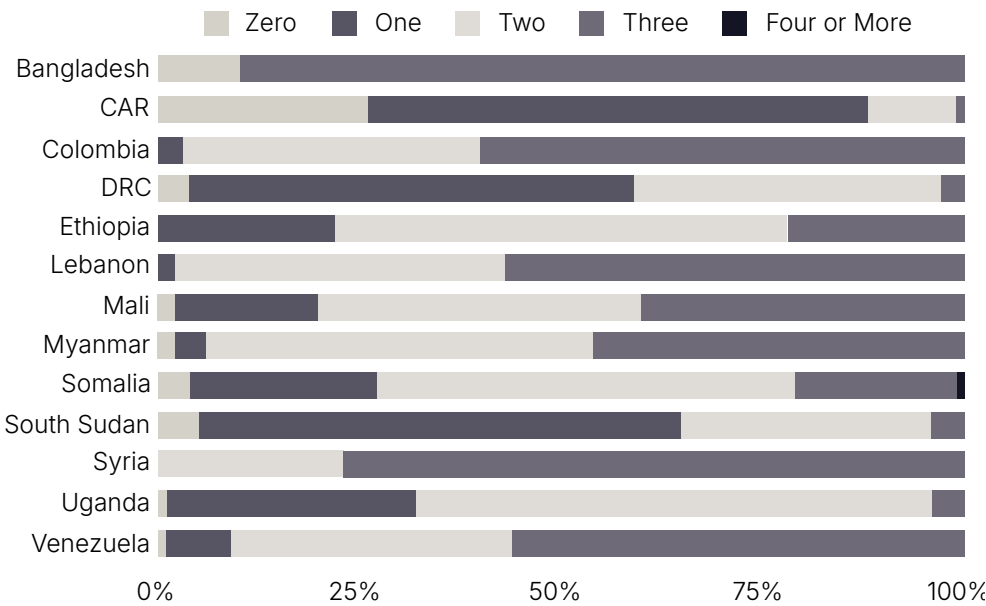


Displaced households are three times more likely to be food insecure – but no one is escaping the hunger crisis

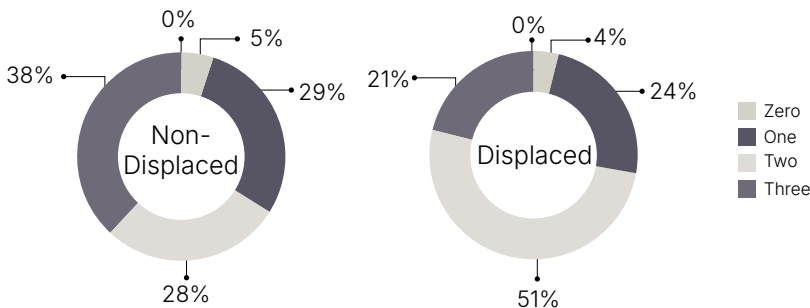
Moderate + severe food insecurity by country



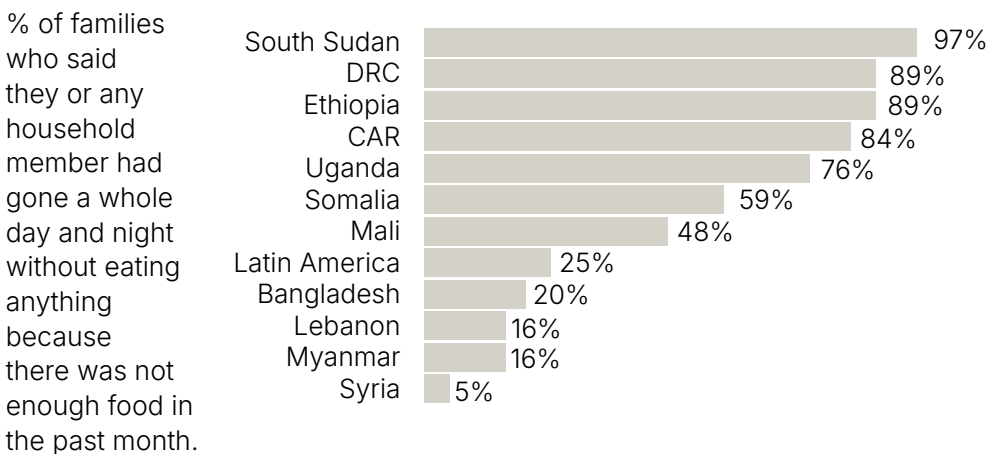
One-third of families ate one or no meals in the 24 hours before the survey



Displaced families ate significantly less meals yesterday



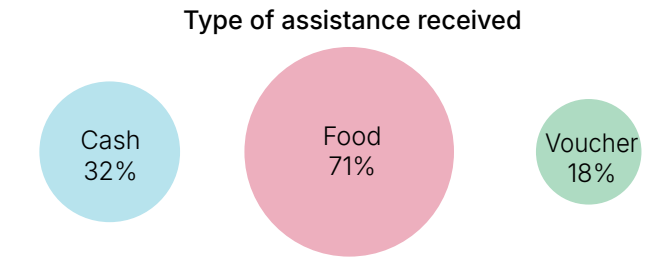
58% of families had at least one household member going to sleep hungry in the past four weeks



% of families who said they or any household member had gone a whole day and night without eating anything because there was not enough food in the past month.

Households experiencing cuts in assistance are 5.4 times more likely to have moderate to severe food insecurity when compared to households not experiencing cuts in assistance

45% of families surveyed had experienced cuts in food assistance prior to January 2025.



38% of families reported at least one member had experienced signs of mental distress in the previous two weeks.

More than 36% of families reported that at least one child in their household has been exhibiting symptoms of poor mental health, such as crying, bedwetting or the abuse of alcohol or drugs in the past two weeks.

15% of parents said girls in their household were getting pregnant early due to exploitation, transactional sex, or violence, and could not attend school.

This was especially high in CAR, Somalia, and South Sudan, where more than 40% of parents reported their daughters had been affected.

46% of parents said their children were engaged in casual labour due to insufficient food.

23% said their children were begging.

17% said at least one child in their home had been forced into early marriage.

In Somalia, 41% of parents said at least one child in their household had been exposed to trafficking. (Overall, more than 1 in 10 parents said their children had experienced trafficking threats).

37% of people surveyed thought that women in their household had experienced increased exposure to domestic violence as a result of insufficient food. 18% thought their vulnerability to sexual exploitation had increased.

INTRODUCTION

In recent years, the world has witnessed a surge of crises that have uprooted lives and strained global support systems. As of April 2024, over 120 million people were forcibly displaced due to conflict, persecution and/or human rights violations – a figure that has more than doubled over the past decade^{iv} and is projected to rise to 139.3 million by the end of 2025.^v This unprecedented level of displacement reflects the growing number of humanitarian emergencies worldwide; but despite the increasing needs, the amount of funding available to respond to emergencies is plummeting.

In addition, food insecurity has reached alarming levels. In 2023, nearly 282 million people across 59 countries faced acute food insecurity, requiring urgent assistance.^{vi} This crisis has been exacerbated by the lingering impacts of the COVID-19 pandemic and economic turmoil due to the conflict in Ukraine, which disrupted supply chains and livelihoods around the world, pushing millions of struggling families further into poverty and hunger.^{vii}

Climate change further compounds these challenges. Extreme weather events in 2024 alone displaced millions, with severe drought in Somalia and floods in Syria exacerbating the destruction of conflict.^{viii} In Bangladesh, rising sea levels threaten to submerge a third of the country, potentially displacing millions more.^{ix}

Amidst these escalating needs, humanitarian aid is dwindling. In 2024, global humanitarian funding fell by 11% compared to the previous year,^x and since then, many donors – including wealthy governments – have announced significant reductions in their humanitarian programming, leading to critical shortfalls in aid delivery.^{xi} United Nations Children's Fund (UNICEF), for instance, anticipates a 20% budget reduction in 2026 due to these cuts.^{xii} As of May 2025, less than a tenth of the estimated US\$12 billion needed to address food insecurity this year has been allocated.^{xiii} Such shortfalls are detrimental to vulnerable populations because it means that humanitarian aid, including life-saving support, becomes compromised or completely eradicated, leading to more hunger and poorer outcomes, especially for children.



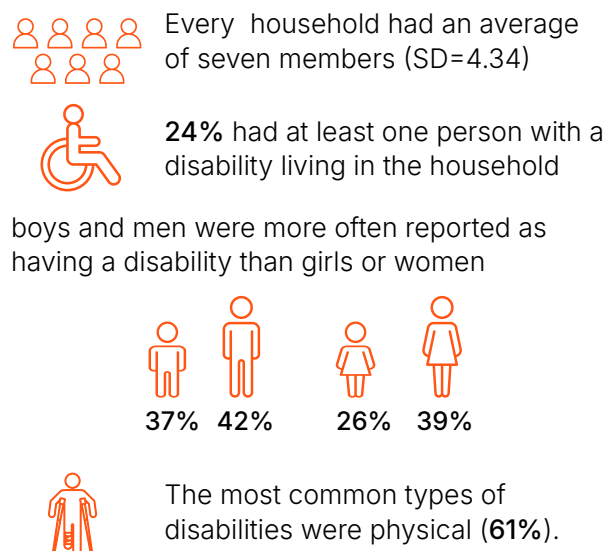
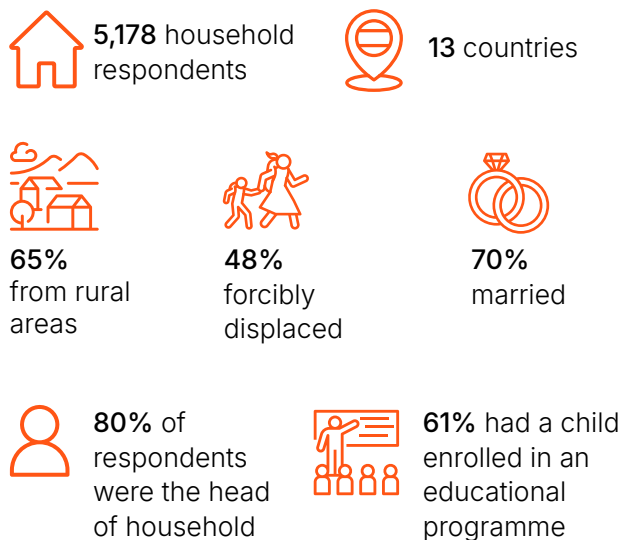
Forcibly displaced populations are often highly reliant on aid – in many host countries it may be illegal for refugees to work or difficult for them to move freely. For internally displaced families as well as refugees, language and access to land to grow their own crops present additional challenges. For example, even though Uganda is extremely welcoming to refugees, providing them free land and movement, many South Sudanese refugees struggle to grow enough to support themselves on the small parcels of land they are given. In Uganda's Bidi Bidi refugee settlement in May 2025, many refugee children are helping their parents work or mine in order to earn money to purchase additional land and grow enough to sustain their families. Child labour and other negative coping strategies are seen as their only choice; families often have to leave assets behind when they flee, meaning they have less resources to start a business, and may not know anyone in their new community from whom they could ask for help or a loan.

The findings from this research reveal what families do when they have fled their homes and are facing food insecurity and diminishing aid. How do they survive, and what toll does this take on their mental and physical health and on their children's futures? This report aims to shed light on the multifaceted nature of these crises and to underscore the urgent need for coordinated, sustainable responses to safeguard vulnerable children and families worldwide.

METHODOLOGY

Quantitative sample

The sample included:



This research employed a mixed-methods cross-sectional design. We collected qualitative and quantitative data from 13 humanitarian responses across Latin America, sub-Saharan Africa, the Middle East, and Asia where World Vision provides food assistance. A total of 5,178 households completed the household survey, and we conducted 84 key informant interviews (KIIs) and 51 children's and 32 adult focus group discussions (FGDs) with 1,246 participants across all countries.

Sampling strategy

In order to select countries for the research, all countries where World Vision operates were ranked by the proportion of their population living in acute food insecurity.² Additional criteria included the percentage gap in Humanitarian Response Plan funding, with countries ranked from highest to lowest gaps, and the percentage of the population that is forcibly displaced, either as internally displaced persons (IDPs) or refugees. Locations for the research were then

selected based on the presence of World Vision programming for forcibly displaced populations in top ranked countries and office capacity. Survey respondents are recipients of World Vision food and/or cash distributions, randomly selected from the participant list within the selected sites.

Every country had the same sample size, regardless of its population size. This ensures the study has good statistical power and robust analysis for each country. The study includes 385 respondents per country with the analysis assuming 95% confidence level and a 5% margin of error.

Data collection tools and processes

The household survey required a total of 30 minutes to be completed on average. It was translated to the local language of each community and administered by enumerators trained by local World Vision staff. The household survey was administered to the head of household (or to an adult representative when the head

² Using IPC (Integrated Food Security Phase Classification) figures where available, or WFP Hunger Map data when IPC data was not accessible. In the absence of either number, the number of people in need as reported in Humanitarian Response Plans was considered.

of household was not available) and included measures to assess the following categories:

- household characteristics and demographics
- food insecurity
- food assistance patterns
- drivers of food insecurity
- food and eating patterns
- meal and food selection
- negative coping mechanisms
- impacts on child education, child protection, child health and nutrition, child mental health, and women's health
- positive coping strategies.

In each country, key informant interviews were conducted with five stakeholder groups: (1) community leaders, (2) nutrition and health focal points, (3) child protection leads, (4) education officials, and (5) mental health and psychosocial support specialists. Interview guides were tailored to each stakeholder group to ensure relevance and contextual appropriateness of questions. KIIs were conducted by trained enumerators in the local language and typically lasted between 20 and 30 minutes. Interviews explored themes related to food insecurity, effects of food assistance, coping strategies, and recommendations for improving programmatic responses.

Five categories of focus group discussions were conducted in each context: (1) caregivers of children participating in World Vision programmes, (2) adolescent boys (aged 13–17), (3) adolescent girls (aged 13–17), (4) younger boys (aged 6–12), and (5) younger girls (aged 6–12). Tailored discussion guides were developed for each group to ensure relevance and age appropriateness. Focus groups with children incorporated participatory and creative methods such as drawing and storytelling to facilitate self-expression and enhance communication between participants and trained enumerators, while ensuring that the process was child-friendly, engaging, and ethically sound.

To ensure high standards of data quality, all data collection teams across participating country offices received comprehensive training led by the study team. The training covered best practices for working ethically with vulnerable populations, detailed guidance on study objectives, and hands-on instructions for using project-specific tools and

protocols. Kobo data collection platform, used throughout the study, incorporated automated quality assurance features such as skip logic and validation checks. In addition, backend monitoring was conducted during initial stages of data collection to identify and address data anomalies in real time, with feedback loops established to support enumerators in correcting and improving data accuracy as needed.



To assess household-level food insecurity across the 13 countries, we employed the Food Insecurity Experience Scale (FIES) developed by the Food and Agriculture Organization's (FAO) Voices of the Hungry Initiative. FIES is an experience-based metric that captures self-reported food-related behaviours and access constraints due to limited resources over the past 30 days. It includes eight questions that yield a score from 0 to 8, with each affirmative response coded as 1 (yes) and each negative response coded as 0 (no). Scores are categorised as 'no or mild food insecurity' (score of 0–3), 'moderate food insecurity' (score of 4–6), and 'severe food insecurity' (score of 7–8). These align with FAO guidance, and have been applied frequently in comparable humanitarian settings.

We also developed child outcome subscales for use in regression analysis. The scales are based on commonly examined indicators of child protection, education, health, mental health, and nutrition outcomes. Subscales underwent factor analysis and reliability testing to examine their suitability to generate scores and subsequently to be used in regression models. Details regarding the factor analyses and reliability analysis can be found in the annex.

Data analysis

The data analysis integrated and triangulated quantitative and qualitative findings to develop a comprehensive understanding of the impact of reduced food assistance on displaced³ and host community households. Quantitative data from household surveys were analysed using SPSS version 29, while qualitative data from focus groups and interviews were analysed using qualitative content analysis technique.

For quantitative analysis, descriptive statistics were computed to summarise household characteristics, levels of food insecurity, and prevalence of child education, protection, health, nutrition, and mental health outcomes across communities within the 13 participating countries. Cross-tabulations and chi-square tests were used to compare responses by country and displacement status, with significance set at $p < 0.05$. To explore drivers of food insecurity and child-related vulnerabilities, we employed a series of hierarchical and logistic multiple regression models. Outcomes explored in the models included food insecurity (model 1), child education (model 2), child protection (model 3), child health and nutrition (model 4), and child mental health (model 5). The same independent predictor variables were entered in all models including community type (urban/rural), cuts in assistance, household size, displacement status, disability in household, marital status (single/non-single headed), and whether or not the household was receiving assistance. For models 2, 3, 4, and 5, food insecurity was then main independent variable. Country of residence was included as a control variable in all models to account for contextual variation.

As for the qualitative analysis, data from a total of 83 focus groups and 84 key informants were analysed to complement and better contextualise quantitative findings. Trained analysts reviewed the transcripts and notes to identify patterns and themes related to drivers of food insecurity, perceived impacts on children and caregivers, and related coping mechanisms. Codes were organised into thematic categories aligned with core research domains. Data triangulation across focus groups, key informants, and surveys was used to strengthen interpretation and surfaced nuanced insights, particularly on gender-specific vulnerabilities, intrahousehold coping, and perceptions of fairness and transparency in assistance delivery. Findings were synthesised across countries while highlighting illustrative quotes and outliers where relevant.

More information regarding the methodological processes for statistical analysis can be found in the annexes at the end of the document.

Limitations

The study findings should be examined in light of several limitations. These may include recall bias and social desirability elements, especially since the targeted sample had received or were expecting to receive humanitarian support. That said, all participants were fully briefed about the study along with their roles and rights, with particular focus being given on the fact that their participation, or lack thereof, would not affect any humanitarian support they are entitled to. Also, the use of fixed sample sizes across countries could have led to overrepresentation from small populations and underrepresentation from larger scale crises, which means that comparative results should be cautiously interpreted.

Furthermore, an important limitation includes the use of self-developed scales to measure child outcomes. However, the selection of items within those scales was carefully guided by the most common indicators used in humanitarian studies, and these subscales underwent multiple rounds of reliability testing to ensure their adequacy for advanced statistical analyses.

³ Displaced households included internally displaced populations, refugees (registered and unregistered), and stateless individuals.

FINDINGS

A growing food crisis



- Respondents said they had to:
 - reduce the size of meals (78%)
 - borrow money from friends or family (72%), reducing the number of meals (71%)
 - reduce the quality of meals (66%).



- More than half of respondents (58%) reported that at least one person in their household had to go to sleep hungry in the past 30 days.
- Households experiencing cuts in assistance had 5.4 times higher odds of food insecurity.



‘Can’t sleep at night because I keep thinking about what will happen next, how difficult it will be, and how I have to survive. ... We are worried about what we have to eat for tomorrow. When cash support are in hand, we still think about how we should spend to cover stable food for my families. I can’t stop worrying about the distribution process – like what should we do if there is no cash distribution. We always pray not to stop cash supports programme.’ – Adult focus group participant, Myanmar

The clearest and most alarming finding from the study was the high level of food insecurity across all the different humanitarian responses. More than half – 58% – of families reported that over the past 30 days at least one household member went to sleep hungry and that there was no food at home. Almost half (44%) of families surveyed had spent a whole day and night without eating.

In CAR, Ethiopia, and Uganda, 99% of families we spoke to were moderately or severely food insecure. Even in Cox’s Bazar, where ‘just’ 34% of households were moderately and severely food insecure, the figure was considerably above the 29% of households experiencing food insecurity globally.^{xiv} (See table 1 for full details.)

Table 1: Levels of food insecurity using Food Insecurity Experience Scale

Country	No food insecurity	Moderate food insecurity	Severe food insecurity	Moderate + severe food insecurity
Bangladesh	66%	18%	16%	34%
CAR	1%	13%	86%	99%
DRC	4%	13%	83%	96%
Ethiopia	1%	6%	93%	99%
Latin America	15%	49%	36%	85%
Lebanon	34%	42%	24%	66%
Mali	4%	37%	59%	96%
Myanmar	22%	53%	25%	78%
Somalia	20%	19%	60%	80%
South Sudan	2%	3%	95%	98%
Uganda	0%	4%	96%	100%
Syria	20%	66%	14%	80%

The high levels of food insecurity are reflected in families' food consumption; overall across the total sample, **just one in five respondents met the FAO's recommended minimum dietary diversity**. Families' diets relied heavily on grains, white roots, tubers, and plantains for all

respondents, regardless of displacement status. However, non-displaced households had better access to diverse and protein-rich foods like milk, meat and eggs, while displaced households consumed more basic staples such as beans and vegetables. (See table 2 for more details.)

Table 2: Food and drinks consumed by respondent in prior 24 hours

*Figures for displaced and non-displaced populations are only reported where the difference is significant to 0.05

	Non-Displaced	Displaced
Grains, white roots and tubers, and plantains	83%	
Pulses (beans, peas, and lentils)	40%	59%
Nuts and seeds	14%	
Milk and milk products	34%	16%
Meat, poultry, and fish	45%	31%
Eggs	35%	30%
Dark green leafy vegetables	18%	
Other vitamin A-rich fruits and vegetables	33%	
Other vegetables	13%	18%
Other fruits	11%	

When participants were asked about common drivers of food insecurity, they were most likely to say that economic shocks were impacting their ability to access food and provide for their household (86%), followed by climate change (75%), and conflict (54%). The global economic shocks of inflation post COVID-19 and the war in Ukraine have made survival more difficult for families who were already vulnerable. Economic shocks result in reduced purchasing power and inflated prices, despite availability of food, creating barriers to accessing food.

'Currently, there is a steady supply of food materials in the market and there is no acute shortage of supplies. However, the weakened purchasing power of vulnerable populations prevents them from accessing these necessary food resources, making it harder for them to meet their daily nutritional needs.' – Nutrition officer, Syria

More than 90% of families interviewed in CAR, Mali, and South Sudan said climate change

was impacting their ability to access food. Respondents also discussed climate change in their focus groups – in Somalia and South Sudan, participants cited reduced access to food due to droughts and flooding.

'Climate change issues such as flooding are prevalent and affect our crops.' – Adult focus group participant, South Sudan

Additionally, more than 90% of families in CAR and Mali also said conflict was impacting their access to food. In Lebanon, violence also came up in discussion groups, although only 50% of respondents cited it as a driver of food insecurity in the survey. A protection director at a humanitarian organisation in Lebanon explained, 'If this worker does not work on a daily basis, he is unable to feed his family ... especially if this work involved saving up a sum of money ... then during the war he was forced to spend it and there was no money left for him. Today there is no work; economic activity is completely paralysed.'



Humanitarian funding crisis exacerbating a hunger crisis

Our analysis found that **households experiencing cuts in assistance had 5.4 times higher odds of food insecurity**.⁴ The strongest predictor of food insecurity in our models was experiencing cuts in food assistance, a growing reality for many families. Although 86% reported receiving some form of assistance during the past 12 months, more than half (55%) also reported reductions, ranging from receiving smaller portions or lower quality support, to a complete stop of assistance.

‘Many of us used to receive food assistance regularly, but now it has been reduced or completely stopped for some families.’ – Adult focus group participant, Somalia

Alarming, despite refugee communities in Northern Uganda already having the highest rates of moderate and severe food insecurity compared to others in our study, their rations have been reduced even further since we collected our data. Categorisation, which had left many refugees with just half or a third of a full

ration last year, has now led to 65% of refugees being cut from lists altogether due to funding shortages. As of April 2025, the most vulnerable now receive just 40% of a monthly ration, every other month. Staff in the settlement are bracing themselves for a further increase in severe food insecurity and are already seeing increasing numbers of refugees returning to South Sudan, trading safety for food.

Overall, we found that families who were displaced or had a member with disabilities were also more likely to be food insecure. This is possibly due to intersecting vulnerabilities and increased challenges for families caring for individuals with disabilities. Other studies also support this: FAO projected in 2024 that additional cuts in assistance will result in increased food insecurity, especially amongst the most vulnerable families who may not be able to otherwise afford buying or producing food.^{xv} Adults and children alike corroborated this finding in multiple focus groups.

‘Everyone is affected, [but] there is a difference in the degree of impact between a person with a

⁴ Model 1, Annex Table 3

disability and [another] person. Also, the degree of impact differs between displaced people and locals due to availability of certain conditions for some and their lack for others.’ – Child focus group participant, Syria

This was also echoed by an adult in Somalia who said, ‘Certain groups, like newly displaced families, single mothers, and people with disabilities, seem to have been impacted the most.’

Only in Bangladesh did vulnerable communities not report prevalent food insecurity (as shown in the quantitative data), and participants largely attributed this to the fact that their food assistance had actually increased since the end of 2023. One community leader in Bangladesh remarked, ‘Currently there is no problem of food insecurity. Currently our rations are being increased compared to before. I hope that there will be no more ration cuts in the future.’ This statement, amongst others from Bangladesh, highlights the importance of food assistance for vulnerable communities, as it clearly reduces food insecurity.

Unfortunately, since this data was collected, WFP warned that rations will have to be halved to US\$6 per person for the Rohingya response in Cox’s Bazar if US\$81 million is not secured by the end of 2025.^{xvi} This means that although families in Cox’s Bazar were not experiencing elevated levels of food insecurity when the data was collected in early 2025, they risk plummeting into more severe food insecurity as food assistance is cut or eliminated.

Desperate measures

Food insecurity, reduced food assistance, and a limited ability to address basic survival needs are already leading to a range of negative coping mechanisms. The most common ones across the 13 contexts included reducing the size of meals (78%), borrowing money from friends or family (72%), and reducing the number of meals (71%), similar to findings in other similar studies.^{xvii} A health director in Somalia mentioned, ‘... [families] may reduce their meal sizes or skip meals altogether and this may impact their health.’

More severe coping mechanisms, although less frequently used, included adults selling household items (12%), selling assets such as

land or cattle (9%), begging for food (7%), and stealing (2%). For children, it led to a surge in school dropouts and violence against children, which we will cover in the following sections.

‘Most people were relying on food kits, and their security was stable. Today, after being deprived of them they can no longer secure their daily sustenance, and there is a possibility of theft and begging. People are forced to rummage through garbage containers in search of food. I saw people from the camp going through garbage looking for spoiled vegetables or a piece of fruit to feed their children. Begging has also increased with people stretching out their hands to feed their children. Often, items like power boards are stolen from the camp, and when we catch those responsible, they say, “I don’t have enough money for a loaf of bread, and I need to feed my children.”’ – Community leader, Syria

‘There have been increased reports of violence and child abuse. The main issue reported is stealing of properties. For example, last time children tried to break into the store to take food.’ – Child protection officer, Ethiopia



These findings suggest that due to food insecurity and the absence of consistent food support, vulnerable communities are resorting to detrimental coping mechanisms to ensure survival, even if it means risking their dignity, health, and assets.

The data also highlighted some interesting differences between displaced and host or returnee households, which reflect in part the fact that displaced families often don't have as many assets to sell when times are hard. Displaced households were significantly more likely to report borrowing money, taking loans, having

adults search for food, neglecting management of clean water, and reducing the size and number of meals at home. Non-displaced households, on the other hand, were significantly more likely to have adults engage in casual labour, neglect health needs, rely on savings, sell assets, sell household items, restrict consumption, buy less expensive food, and reduce the quality of meals. No significant differences were noted between both groups on other reported negative coping mechanisms, including theft, begging, transactional sex, and reducing sanitary expenses. (See table 3 for more details.)

Table 3: Prevalence of negative coping mechanisms among respondents

*Figures for displaced and non-displaced populations are only reported where the difference is significant to 0.05

	Overall	Non-displaced	Displaced
Borrow food or rely on financial help from a friend or relative or neighbour	72%	67%	77%
Purchase food on credit/take a loan (formal or informal) to buy food	47%	42%	52%
Spend savings to buy food	28%	29%	25%
Send adults elsewhere to search for food	16%	14%	18%
Send adult family members to beg (ask people that you don't know for money or food)	6%		
Rely on casual labour by adults to earn enough or in exchange for food	31%	33%	27%
Rely on theft to provide food for the household	2%		
Rely on less expensive or less preferred foods	27%	28%	25%
Neglect healthcare or other basic needs to buy food	12%	14%	7%
Neglect payment for treated water	3%	2%	3%
Sell productive/livelihood assets (e.g. land, shop, livestock, sewing machine) to buy food	9%	13%	3%
Sell household items to afford food	12%		
Reduce the usual purchasing of laundry and hand soap or menstrual hygiene management items (pads)	13%		
Engage in transactional sex	0.2%		
Reduce everyone's portion sizes at meal times	78%	75%	82%
Reduce the number of meals everyone eats per day	71%	69%	73%
Reduce the quality of meals	66%	68%	64%
Restrict consumption (portion sizes or meals) by male adults only	22%	24%	20%
Restrict consumption (portion sizes or meals) by female adults only	19%	20%	17%
Male parents/caregivers go without eating for entire days	8%	10%	6%
Male parents/caregivers with disabilities go without eating for entire days	3%	4%	2%
Female parents/caregivers go without eating for entire days	6%	6%	5%
Female parents/caregivers with disabilities go without eating for entire days	2%	2%	2%

These results indicate that displaced families are more likely to rely on borrowing or survival-oriented negative coping strategies and are at higher immediate risk of not eating at all compared to non-displaced households. The proclivity of non-displaced households to rely on asset-based negative coping mechanisms implies that they have greater access to financial capital; however, the use of these particular coping mechanisms may reduce their resilience over time once their resources are exhausted.

Building resilience

In general, both the qualitative and the quantitative data highlighted that food insecurity challenges are exacerbated by (1) reduced assistance, (2) conflict and climate change, (3) economic shocks, and (4) limited capacity for growing food and/or income-generating opportunities.

Many families are completely reliant on food assistance, as one adult from Somalia reported: 'We rely entirely on food aid, but sometimes the supplies do not come on time, leaving us without food for days.' These groups also have little capacity to secure food consistently on their own, as observed by a camp manager in Ethiopia who told us, 'The impact of reduced food assistance on vulnerable communities is serious because vulnerable communities always depend on food

aid – all vulnerable communities are unable to engage in different [positive] coping strategies when rations are cut.'

While food assistance provides critical support, its limited integration with resilience and livelihood strategies contribute to increased dependency over time. It is important that aid move across the humanitarian-development nexus, so that displaced families regain agency and are able to build a new life for themselves. These findings do not just underscore the need for holistic programming to address hunger, but also highlight the risk that funding cuts lead to further prioritisation at the cost of resilience and limit the scope of activities. Many participants noted that short-term relief, while beneficial, is not enough on its own, especially when it is provided independently of interventions aiming to build resilience, income-generating capacity, and farming.

'Due to recurring droughts that occurred in Somalia, many people lost their assets and were displaced in villages to survive. These people received assistance from NGOs [non-governmental organisations] and governments but were not provided with technical and knowledge support such as learning new skills to better hunt for jobs. This resulted in people becoming more vulnerable and dependent on aid.' – Community leader, Somalia



'I was scared she wouldn't survive' – A mother's struggle to save her baby from malnutrition in Syria

In a small, overcrowded corner of rural Damascus, Raya* holds her daughter, Sarah*, close. At just 1 year and 3 months old, Sarah has already survived more than most adults. Born underweight at just 2 kilogrammes, her tiny body was too fragile to fight off even common illnesses.

'[Sarah's] ability to gain weight was minimal. When she got sick, her appetite would decrease and [she would] lose even more weight,' Raya recalls. 'She was already so little. I was scared she wouldn't survive.'

Raya is a mother of seven. Her family was uprooted in 2017 by bombing and shelling that forced them to flee their village. After 20 harrowing days on the road, they ended up in a remote camp in eastern Syria, only to return months later to a shattered version of home. Years of displacement and deprivation left their mark: no income, little food, no medical care. During pregnancy and after Sarah was born, Raya herself suffered from hunger and illness. She knew her youngest daughter was in danger.

'I couldn't eat well during all these displacement journeys,' she says. 'At some point, I was infected with a stomach bug, leading Sarah to vomit almost everything she ate.'

It was during a routine visit from a World Vision–supported health team that Sarah's condition was identified. She was diagnosed with moderate acute malnutrition and admitted to a treatment programme run by World Vision's Syria Response and Action for Humanity, funded by World Vision supporters abroad.

Raya received weekly check-ups for Sarah, along with nutrition bars, calcium, and vitamins. The team showed her exactly how much to feed her daughter and when. Slowly, Sarah's health began to improve.

'Sarah recovered thanks to your team's follow-up and the peanut butter you gave her,' Raya says. 'We followed the medical instructions until she improved after a month. ... It has truly made

a difference. It's enough that I feel comforted and reassured that my child will recover and be healed thanks to you.'

But Raya's relief is bittersweet. Thousands of children across Syria are still going without the most basic nutrition. Funding cuts have left clinics overstretched, and food prices have soared beyond the reach of families like hers.

'I often hear from people here that you provide health services for children like Sarah, even caring for healthy children too, pregnant and lactating women,' Raya adds. '[In] the project and its services, my child and I found something we hoped for; my daughter loved the team.'

Since February 2025, World Vision and Action for Humanity have supported over 16,500 displaced Syrians, including infant feeding counselling, treatment for moderate and severe acute malnutrition, and integrated protection services for children and their caregivers.



Lost childhoods: Growing food insecurity limits education



- Food insecurity increases risk of irregular school attendance by 7.4 times.
- 43% of parents say their children are not attending school regularly.
- 40% of parents reported that their children were not going to school so that they could help provide food.



'I had to stop going to school because my parents couldn't afford my books and uniform. Now, I help my mother by collecting firewood to sell so we can buy food. I wish I could go back to school.' – Child focus group participant, Somalia



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When food insecurity becomes a daily reality, education is often the first to suffer as children are forced to abandon school to work, beg, or care for younger siblings in an attempt to secure basic sustenance. Our analysis⁵ shows that **food insecurity increases risk of irregular school attendance more than sevenfold**. Food insecurity was the strongest predictor of poorer child education outcomes, followed by larger household size, experiencing cuts in assistance, presence of disability in the household, being displaced, and living in rural areas.⁶ Food insecurity in emergency settings not only diminishes a child's ability to concentrate and participate in class but also exacerbates existing barriers to education.

More than half of parents surveyed were not able to afford education costs (55%) and almost half said their children were not attending school regularly (43%). (See table 4 for full breakdowns.) These rates were highest in South Sudan (90% and 73% respectively), Ethiopia (81%, 76%), and CAR (83%, 72%). These three countries also had the highest reports of children leaving school to live elsewhere, work, or beg (57% in South Sudan, 52% in Ethiopia, 51% in CAR). Lebanon, Bangladesh, and Myanmar had the lowest rates of child education-related concerns, possibly due to their relative vulnerabilities. At the time of data collection, refugees in Cox's Bazar were on full rations, the host community in Myanmar had not yet experienced a devastating earthquake, and in Lebanon, a fragile cessation of hostilities was in place.

⁵ Model 2 in Annex Table 3

⁶ All $ps < 0.05$.

Table 4: Impact of hunger on children's education in past 12 months

	Parents could not afford education	Children not attending regularly	Leave school to work/beg/live elsewhere	Children disinterested in school when hungry	Inadequate diet at school	Children kept going to school to eat
At least 1 child in the household	56%	43%	27%	34%	22%	19%
Bangladesh	11%	7%	4%	7%	7%	9%
CAR	82%	72%	51%	59%	34%	32%
DRC	73%	67%	26%	48%	12%	13%
Ethiopia	82%	76%	52%	69%	52%	37%
Latin America	30%	28%	6%	16%	12%	28%
Lebanon	14%	10%	3%	2%	9%	1%
Mali	54%	48%	47%	38%	21%	13%
Myanmar	58%	23%	7%	15%	16%	2%
Somalia	64%	58%	52%	49%	45%	44%
South Sudan	91%	73%	57%	56%	43%	31%
Syria	55%	10%	5%	5%	1%	0%
Uganda	80%	70%	39%	59%	21%	12%

'When there is less food at home, or the food we get at school changes, it's really difficult for us as children. There is no food at home, we feel hungry and stressed, and sometimes it's hard to concentrate at school. It also stresses our parents because they feel helpless, trying to figure out how to provide for us. This makes us both feel anxious and upset, as we know they're struggling to make ends meet.' – Child focus group participant, Ethiopia

'We leave school because we don't have food. The money that was supposed to pay for our education is first used to buy food because eating comes before anything else.' – Child focus group participant, DRC

Even when children are able to continue to attend school, families reported that food insecurity amongst children led to more health issues, such as fainting at school, increased susceptibility to diseases, and weakened immunity. Although not possible to measure in this study, we know from other research that food insecurity and malnutrition have profound implications on cognitive development and learning outcomes. Chronic malnutrition affects concentration, memory retention, and overall academic performance.^{xviii}

'Yesterday I was in a meeting and one thing that the education sector group mentioned was that they have had to start registering cases of children fainting at school because of lack of food at home. In the meeting there was a call to action to seriously do something about the reduced food rations.' – Mental health and psychosocial support expert, Uganda

'When there is no food at home, I feel weak and cannot concentrate at school. Sometimes I go a whole day without eating and it makes me so tired that I don't even want to play with my friends.' – Child focus group participant, Somalia

If immediate action is not taken to address the educational disruptions caused by food insecurity, we risk creating a 'lost generation'. Many caregivers we spoke to had been forced to keep their children home from school so they can help find food or work to earn money. Based on our survey findings, 2 in every 5 respondents (close to 40%) reported that their children were not attending school so they could help provide food.

'I have noticed some children have dropped out of school and those who have stayed are absent a lot because of food insecurity. ... Parents do



not have enough means to take care of their children's school, healthcare, and especially to feed them. That is why sometimes they force their children to be absent to help them work to find money. Children sell nuts, go to cultivate and transport corn to the fields while their friends are at school. This is general, whether it is girls or boys, all are in the same situation.' – School director, DRC

One solution raised by many respondents was the importance of school meals. School feeding programmes not only act as crucial safety nets for children but also serve as incentives for families to keep their children enrolled. Nearly 1 in 5 respondents (19%) reported sending their children to school just so that they could eat. In Somalia (44%), Ethiopia (37%), and CAR (31%), parents said children kept going to school so that they could eat.

'Many children depend on school meals, especially since food at home is inadequate. Some students come to school specifically hoping to receive meals, even outside of designated feeding times because they know it might be their only meal for the day.' –Adult focus group participant, Ethiopia

In Bangladesh, where families were receiving full rations at the time of the survey and

school meals are consistently delivered, one adult said, 'We are very thankful to WFP that they are providing fortified biscuits in school. Our children want to go to school every day. When they attend school they get a pack of biscuits which is tasty to eat and is fulfilling the nutritional value for our children.'

Another solution is cash and voucher assistance. One recent study in the Middle East and Eastern Europe showed that cash and voucher assistance helped families cover school expenses, leading to significant improvement in regular attendance amongst 33% of recipients.^{xix}

In sum, food insecurity and reduced food assistance has led to widespread child education concerns, including children dropping out of school to work, not being able to concentrate in class, feeling tired and weak, and performing poorly. Cash and voucher assistance and school feeding, especially as shown in contexts where it is being consistently provided to children, may offer important protective features to keep children in school and improve their performance and engagement. However, it is also crucial that programmes focus on the most vulnerable children who are not in school – pregnant girls, children being forced to work, etc. – to keep them from being left behind.

'I just want to eat well and go to school again' – Tofura's story from Cox's Bazar

Tofura, a bright and soft-spoken 12-year-old girl, lives with her mother and siblings in the Rohingya refugee camps of Cox's Bazar, Bangladesh. Her family fled Myanmar in 2017, seeking safety across the border after her father was captured and killed. But life in exile has brought its own hardships –especially with growing cuts to food assistance and rising living costs.

'I liked living in Myanmar,' says Tofura. 'We could visit our relatives, play sports, and move freely. Now, we can't even leave the camp. I can't go to school because we can't afford it.'

Her mother, Noor, has fought to hold the family together in the years since arriving. With four children to care for, she's relied heavily on food rations and humanitarian aid. But even that has proven fragile.

'When the children were younger, one egg used to be enough for everyone. Now, I need more rice, oil, salt, eggs – everything,' Noor explains. 'I can't even save a single grain from the rations I receive.'

Food insecurity in the camps has worsened in 2025. Since we collected our survey data in January 2025, severe funding cuts have slashed monthly food rations from \$12.50 per person to just \$6 – barely enough to survive. Malnutrition is spiking, and more than 15% of children under

5 are now malnourished – the highest levels recorded since the peak of displacement in 2017.

Tofura's childhood has shrunk under the pressure. She stopped attending school after grade four when funding ran out and now helps her mother cook and fetch water. Her mother, concerned both about costs and safety, made the painful decision to keep her at home.

'I had no choice but to stop her schooling,' says Noor. 'If my husband were alive, he would have made sure she stayed in school.'

World Vision in Bangladesh is working to ease the burden through its food and protection programmes. They equip families with e-voucher food assistance, community nutrition education, and safe spaces for children. For the most vulnerable families, like Noor's, the response provides additional support including nutritional training, cash vouchers, and child protection services.

Still, the need outpaces the aid. The family receives just enough to scrape by but never enough to thrive. Noor worries about the future.

'I married my eldest daughter at 15. I didn't want to – but I had no money. I dream that Tofura could finish her education and live a better life. But for now, we just try to survive.'



Rising violence against children



- Food insecurity increases risk of child labour by 8 times, begging by 9.3 times, and child marriage by 5.8 times.
- Food insecurity increases the risk of child exposure to violence by 4.7 times.
- 90% parents in South Sudan say at least one child in their household is working; 49% parents in Somalia say one of their children has been forced into marriage



‘Reduced food assistance can increase children’s vulnerability to exploitation or abuse, as families may resort to desperate measures to secure food.’ – Adult FGD participant, Ethiopia

As families run out of food and pull their children out of school, children are forced into child labour, child marriage, and other forms of violence to help their families cope. We found that families who were food insecure were **eight times more likely to have a child in their household engaging in child labour, and more than nine times more likely to have a child begging.**⁷

The most common child protection risks parents reported in their household were child labour (46%), especially for boys, child marriage for girls (17%), and increased domestic

responsibilities for all children (30%). Child labour was most commonly reported in CAR (86%), Mali (80%), and South Sudan (90%). More than 40% of families in CAR, Somalia, and South Sudan said at least one of their children was forced into marriage due to food-related stress. These countries also had the highest reports of child protection concerns (more than three forms of violence on average), whereas Lebanon and Bangladesh had remarkably low reports of child protection concerns (less than one reported outcome on average).



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⁷ Please see Annex Table 3 for detailed regression analysis

Table 5: Impact of hunger on children's protection in past 12 months

	Children started engaging in casual labour due to insufficient food	Children begging strangers for money or food	Children were forced into marriage due to food-related stress	Children subjected to violence, neglect, or abuse at home	Children shared more domestic responsibilities	Children were separated from families	Children became exposed to child trafficking	Children became exposed to community tensions/ conflicts
At least 1 child in the household	46%	23%	17%	18%	30%	19%	12%	20%
Bangladesh	6%	4%	3%	2%	4%	4%	6%	2%
CAR	87%	48%	47%	41%	45%	34%	22%	32%
DRC	72%	37%	15%	16%	31%	27%	13%	12%
Ethiopia	67%	49%	33%	34%	55%	40%	25%	45%
Latin America	6%	3%	0%	2%	16%	2%	0%	1%
Lebanon	4%	0%	0%	0%	3%	0%	0%	2%
Mali	81%	41%	22%	21%	39%	20%	8%	20%
Myanmar	22%	6%	1%	2%	23%	6%	1%	2%
Somalia	59%	48%	49%	50%	47%	51%	41%	42%
South Sudan	90%	35%	41%	46%	70%	41%	27%	34%
Syria	51%	9%	5%	4%	7%	3%	1%	43%
Uganda	64%	23%	12%	26%	41%	21%	6%	24%

'Some children stop going to school because they are too hungry to concentrate, or they have to work or beg to help provide food for the family.' – Adult focus group participant, Somalia

'My son has been working since age 13 and suffers from back pain due to the heavy loads he carries. I have also heard of girls working in olive picking who have been harassed by their employers.' – Adult focus group participant, Syria

Overall, **food insecurity increases the risk of child exposure to violence by almost five times**, and single-headed households were more likely to report that children in their home were engaged in child labour, forced into marriage, or begging. In a composite scale, food insecurity was the strongest predictor of poorer child protection outcomes,⁸ followed by larger household size, experiencing cuts in assistance, being displaced, and having disability in the household.⁹ Unsurprisingly, children who weren't in school were more likely to be experiencing more child protection risks,¹⁰ but this does highlight the important roles schools serve in emergencies as critical spaces where

children can access not only education but also vital protective services and psychosocial support. However, when food security is compromised, schools may no longer be perceived as safe or viable learning environments.

Hunger-related stress was reported to be a reason for child marriage amongst nearly 1 in 5 of all respondents (17%). **Our analysis found that food insecurity increases the risk of child marriage by 5.8 times.**

'If food support stops, our daughters will suffer the most. I saw many girls in my community are already being married off too early because families cannot afford to feed them.' – Adult focus group participant, Bangladesh

Another important child protection risk echoed in many countries was the fact that due to limited capacity to obtain food, households tend to abuse and/or neglect their children and leave them unaccompanied without adequate supervision. Indeed, close to 19% parents said their children had been subjected to abuse and neglect, with

⁸ See Annex table 2.

⁹ All $p < 0.05$.

¹⁰ $p < 0.05$.

almost half of respondents saying a child in their household was experiencing abuse in Somalia (48%), South Sudan (45%), and CAR (40%). In extreme cases, child neglect may lead to more severe consequences, such as abandonment.

'My parents are leaving me home to take care of my siblings. As for them, they go out to look for food in Lukoba and other places.' – Girl focus group participant, Uganda

'In some heartbreaking cases, children are abandoned on the roadside with signs explaining that poverty forced their families to leave them. ... Just last week, a child was discovered in such circumstances.' – Child protection officer, Syria

'Sometimes the father or mother tells you that I was angry about the situation and lost my ability to control myself, so I hit my child. The parents tell me that I do not have the purchasing power to secure the minimum necessities of life, so I lose my temper and hit my son.' – Child protection director, Lebanon

'SGBV [Sexual and gender-based violence] programmes have increased because most girls and boys no longer go to school and are always in trading centres working in small business, which makes them easy targets for men. Girls are raped, boys are abducted. Recently we had a case in Bukere where a child was kidnapped and then killed.' – Mental health and psychosocial support expert, Uganda



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'They've already chosen a husband for me' – A 15-year-old girl's future traded for food in Somalia

Fifteen-year-old Muslimo* never imagined her childhood would end this way. Once a hopeful student in Ethiopia, she now spends her days cooking, cleaning, and caring for her younger siblings in a displacement camp in Doolow, Somalia. Hunger has taken the place of learning.

Muslimo's family is amongst the many in Somalia and Ethiopia who've lost humanitarian support in the past year. They'd originally fled drought in Somalia, going to Ethiopia where they spent seven difficult years living as refugees. When their humanitarian assistance was cut off, the family made the difficult decision to return to Somalia. They arrived in Ladan IDP camp to find hope – but no food rations. Muslimo's youngest sibling, born after the journey back, is visibly malnourished and has been diagnosed with moderate acute malnutrition, yet no treatment is available.

The family lives on occasional money from their father, who is still working across the border. What little they have is stretched thin. Fortunately,

her younger siblings are enrolled in school at their displacement camp, and a school feeding program has eased the lunch burden on her mother.

Her mother, Hawa*, does what she can – working farms, selling vegetables, and cleaning in town – but it's not enough. Sixty-four percent of parents we surveyed in Somalia say they can no longer afford education, and 78% said that their children are not enrolled in any programme. Not all of Muslimo's siblings attend school; the youngest stay home with her, skipping lunch to ensure everyone has food in the evening.

Her teacher, Fadumo, sees this play out every day. She shares, 'Parents usually withdraw their daughters from school first. Girls are either sent to work or tasked with household chores.'

For Muslimo, marriage, not education, lies ahead. Her parents plan to marry her off. They have already identified a man. Muslimo misses her school friends and wonders how they are faring, but for now she focuses on taking care of her siblings and doing what she can to help her mother. Since leaving school she's shouldered the burden of family responsibilities, looking after her young siblings, cooking, cleaning, and fetching water.

Fadumo warns this is a growing pattern: 'Young girls often see marriage as a path to a better life, driven by poverty and hardship.'

Meanwhile, the school feeding programme – the only reason some children still attend – is at risk. Fadumo is worried. 'Education is crucial, but it's the feeding program that keeps children in school. Families often have no choice but to move from place to place, country to country, in search of help due to conflicts and natural disasters like drought caused by climatic shocks.'

Somalia's food crisis is not just a hunger emergency, it's a child protection emergency. Girls like Muslimo are losing not just meals, but entire futures.



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Deteriorating health



‘Malnutrition has led to illnesses, especially among young children and pregnant women, making it harder for them to recover from common diseases.’ – Adult focus group participant, Somalia

Maternal and child health and disease

Not surprisingly, food insecurity was also the strongest predictor of poorer health and nutrition outcomes for children,¹¹ followed by experiencing cuts in assistance, children not being enrolled in educational programmes, larger household size, presence of disability, and living in urban areas.¹²

Survey respondents reported that children were receiving inadequate diets at home (59%), which may contribute to increased risk of stunting and wasting. In contexts like Ethiopia and CAR, up to 92% of children were reported to consume nutritionally inadequate meals – well below global minimum dietary standards. (See table 6 for details).

‘I have witnessed more than 10 households facing nutritional and health problems after they lost food aid from NGOs. Many people will suffer from [food] insecurity which causes malnutrition of children and reduced mother immunity.’ – Community leader, Somalia

In fact, 2 in every 5 respondents said children were suffering from preventable diseases or illnesses (38%), and concerningly, they reported having to deprioritise children’s health needs (38%) because of food insecurity.

Table 6: Impact of hunger on children’s health and food security in past 12 months

	Children received inadequate diet at home	Children received inadequate diet at school	Parents deprioritised children health needs	Children suffered preventable illness	Children suffered preventable diseases
At least 1 child in the household	60%	28%	38%	39%	37%
Bangladesh	12%	9%	9%	4%	9%
CAR	89%	54%	59%	65%	68%
DRC	80%	15%	42%	37%	60%
Ethiopia	92%	67%	79%	81%	81%
Latin America	39%	16%	16%	15%	14%
Lebanon	26%	15%	10%	6%	3%
Mali	68%	20%	57%	47%	50%
Myanmar	48%	20%	31%	13%	9%
Somalia	62%	48%	49 %	57%	52%
South Sudan	80%	53%	46%	81%	78%
Syria	64%	4%	61%	47%	8%
Uganda	86%	26%	27%	40%	43%

¹¹ See Annex table 4.

¹² All ps<0.05.

'Children with severe acute malnutrition are suffering from stunting, wasting, or micronutrient deficiencies with serious complications. Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed... postpartum women eat different [inadequate] types of food based on local availability and accessibility in unequal amounts to meet their impossible nutritional requirements.' – Nutrition director, South Sudan

Poor maternal health and nutrition have severe impacts, not just on the health of pregnant mothers, but on that of their children too. Malnourished mothers are more likely to give birth to babies with low birthweight, leaving them at higher risk of stunting and even death.^{xx} Survey results provide a stark warning; nearly two-thirds (63%) of respondents reported a high risk of malnutrition amongst women caused by food insecurity, and over 54% reported reduced birthweight of children, particularly in CAR (66%), DRC (76%), Mali (66%), and Uganda (64%).

Mental health and emotional well-being

'When there is less food at home, or when the meals we receive at school change, it becomes very challenging for us as children. If there's no food at home, we feel hungry and stressed, which can make it hard to concentrate in school. We often worry about whether there will be enough food for us. This situation also places stress on our parents, who feel helpless trying to provide for us. It creates anxiety and sadness for both us and our parents, knowing they are struggling to make ends meet.' – Child focus group participant, Ethiopia

Food insecurity was also the strongest predictor of poorer child mental health outcomes, followed by experiencing cuts in assistance, being a single-headed household, larger household size, presence of disability in the household, and living in rural settings.¹³ Interestingly, for all our other models, cuts in assistance only had an effect via their impact on food insecurity. However, for mental health outcomes, cuts in assistance had a direct impact, indicating that the uncertainty and stress caused by the changes themselves has a direct effect on children.

Almost 36% of respondents reported that children within their households were experiencing mental health symptoms, as shown in Table 7. The most commonly reported symptoms included crying (70%), not talking (46%), being less playful (39%), being unwilling to go to school (37%), and being withdrawn (32%). The highest percentages of children's mental health challenges were reported from CAR (70%) and South Sudan (74%). Of the more problematic symptoms, sexual behaviour was most reported in CAR (12%); alcohol and drug use were most reported in Uganda (14%), Somalia (15%), and Mali (16%); and Bangladesh (17%) reported the least concerning mental health symptoms.

Table 7: Children showing problems through feelings and behaviour (past two weeks)

Total	36%
Bangladesh	17%
CAR	71%
DRC	54%
Ethiopia	59%
Latin America	14%
Lebanon	32%
Mali	17%
Myanmar	23%
Somalia	15%
South Sudan	74%
Syria	16%
Uganda	38%

In general, children seemed to report more self-blame regarding the challenges of food insecurity, whereas adults seemed to report feelings of guilt for not being able to provide for their children.

'Food insecurity has had a profound impact on mental health. For adults, the stress of not being able to provide food has led to anxiety, depression, and emotional distress. For children, food insecurity has negatively impacted their emotional and cognitive development. Many children experience increased levels of anxiety, difficulty concentrating in school, and behavioural changes such as aggression and withdrawal.

¹³ Based on regression model 5 (all ps<0.05).



For individuals with disabilities, this group has been particularly vulnerable as food insecurity exacerbates existing mental health challenges. Food insecurity has created a widespread mental health crisis.’ – Mental health and psychosocial support expert, Lebanon

Sadly, suicides are reportedly on the rise in some contexts. According to a mental health and psychosocial support expert in Northern Uganda: ‘We have registered a number of suicide cases since 2023, six suicide attempts and two actual suicides that I know about. In 2024, 21 suicide cases were registered, and while talking to their families, it was registered that food reduction could have been one of the causes.’ This was also echoed by another adult in Syria who stated, ‘If not for our commitment to morals,

traditions, and social norms, we would witness cases of suicide, theft, and many others affecting us day and night far more than we imagine,’ indicating that individuals in their community are experiencing elevated levels of distress due to food insecurity that would have otherwise triggered more extreme reactions.

However, cash and voucher assistance has shown to play a critical role in enhancing mental health and emotional resilience as well as combating the negative impacts of food insecurity on health and nutrition.^{xxi} In a recent study, **94% of respondents reported that the cash and voucher assistance they received helped improve their well-being and mental health, and 93% reported improved feelings of safety and reduced stress.**^{xxii}

Limited food drives growing tensions



'There have been noticeable shifts in community dynamics, especially in terms of social tension. As resources become scarce, there is more competition for food, leading to occasional disputes, especially in public spaces like markets or food distribution centres. These sometimes escalate into violent altercations. Lack of food is contributing to a sense of desperation, which undermines community cohesion and stability.' – Health director, Somalia

In many countries, participants voiced confusion in relation to eligibility criteria to be selected for receiving food-related support, with many highlighting unfair and strict criteria.

'The last food kit we received in 2024 was in April before the cuts, and after that, the distribution stopped for about two months. Then they informed us that they would apply new criteria and later told us that a new organisation would take over the camp and apply the new criteria. However, the criteria were very harsh. Before ... 90% of families were benefitting, [but] after the new criteria, the number of participants dropped to 70 families [out of 550].'
– Community leader, Syria

Changes in criteria for selection have also led to conflicts between families.

'When food kits are distributed after the new criteria are applied, many problems arise, such as people asking "why didn't I get anything, why

did so-and-so get it?" This led to many disputes and conflicts between families.' – Community leader, Syria

Respondents told us that food insecurity, exacerbated by reduced food assistance, drove up the prevalence of interpersonal conflicts, especially in more fragile contexts. Community-level conflicts, for example, were commonly reported across all settings, between households receiving assistance and those not receiving assistance, between displaced and non-displaced households, and so on.

'As food resources have become more scarce, competition for limited supplies has intensified, leading to noticeable changes in community dynamics, increased social tensions, and in some cases outright conflicts. Securing food has created divisions within the community. Families are prioritising their own survival, which has weakened traditional support networks and reduced solidarity.' – Community leader, Lebanon



This was echoed in several contexts, including Syria, South Sudan, Ethiopia, and Somalia. To a large extent, food insecurity and the need to secure food has increased competition over limited resources and amplified survival challenges between those who do and do not receive aid. In some extreme cases, heavy protection risks may arise, especially for more vulnerable populations within the larger context.

‘Refugees are sometimes afraid to collect firewood due to competition with the host community over resources. Abductions mostly occur when refugees go out of the camp in search of food, particularly girls and women.’ – Camp manager, Ethiopia

Conflicts driven by food insecurity are not just community-level issues, but also trickle down to aggravate disputes between children at schools and cause difficulties at home.

‘There is also teasing between students, the children who are lucky enough to eat at home make fun of those who don’t have the means, who sleep at school because of hunger, sometimes they are shouted at and it really discourages them. It demotivates them from studying.’ – School director, DRC

‘There is increased fighting as a result of stealing each other’s food. You find [the students] fighting that so-and-so has stolen my food.’ – Teacher, Uganda

‘We face major problems, including conflicts with my wife and children, and a deep sense of helplessness and frustration from being unable to meet even the simplest needs of our children.’ – Adult male focus group participant, Syria

‘When there is no food to eat, problems start at home, the wife gets stressed, and so do the children.’ – Adult male focus group participant, Colombia

‘If families get enough food every month, there will be less tension and stress in the home and fewer problems between husbands and wives.’ – Adult focus group participant, Bangladesh

In 2023, WFP reported that hunger by itself is not a precondition for conflicts and violence.^{xxiii}

Rather, it is people’s perceived threat in relation to accessing and utilising food that breeds conflict. This is evident in our own data. Food insecurity, especially in vulnerable contexts where different ethnic groups and communities coexist, has led to conflicts triggered by competition over limited resources, which have been further exacerbated by reduced food assistance. This means that, in addition to survival challenges associated with hunger, vulnerable communities also have to manage interpersonal conflicts that can range from disputes all the way to more severe protection risks, including abductions and violence.

Our data indicates that over 19% of children were reportedly exposed to community tensions and conflicts as a result of food insecurity. In this regard, food assistance and improving communities’ capacity to produce food or engage in income-generating opportunities can protect against such conflicts and risks. Recent research conducted by World Vision also supports this, finding that cash and voucher assistance promoted inclusion, helped everyone feel welcome, and encouraged participation.^{xxiv} Pairing this assistance with job training and other livelihood opportunities was also shown to help people build better futures and strengthen community bonds.^{xxv}



A reason for hope: Positive coping mechanisms



'We need more opportunities to earn money inside the camp, like sewing, small businesses, or gardening, so we can buy fresh food for our children.' – Adult focus group participant, Bangladesh

Despite the profound hardships described in this report, communities are actively developing innovative and hopeful ways to cope with food insecurity and reduced assistance. Positive coping mechanisms not only address immediate food shortages but also help foster resilience and self-sufficiency within communities facing prolonged humanitarian crises.

Community solidarity was a crucial coping mechanism, particularly evident amongst displaced populations who relied heavily on mutual aid networks. Globally, sharing food was one of the most frequently reported positive coping strategies, cited by 36% of respondents. Communities also actively built stockpiles of food (30%) to safeguard against shortages. In displacement settings, participants highlighted the significance of openly sharing food-related concerns, pooling limited resources, and building trust and interdependence within their communities. An adult participant from Bangladesh explained this clearly: 'We support

each other as women by sharing food when one of us is struggling.' Similarly, a health director from Somalia said, 'Local groups have come together to set up food banks and community kitchens to help distribute food to the most vulnerable. There is a strong culture of sharing food, where families with more resources contribute to help their neighbours.'

Non-displaced households, who generally had better access to existing resources, often pursued longer-term coping strategies aimed at enhancing economic resilience. These included learning new skills, engaging in additional income-generating opportunities, and carefully managing income to ensure better food allocation. Yet even with the determination to improve their financial situations, these households sometimes faced harsh realities and resource constraints. An adult in Somalia described their efforts: 'I learn new skills, like tailoring or small-scale crafts to earn money and improve my financial resilience in times of food



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scarcity.' However, an adult participant from Syria underscored the limitations many faced despite strong motivation: 'I thought about learning English and looking for an online job to support my family, but the courses are very expensive. I also need a laptop for work, which is costly and beyond my means.'

Positive coping mechanisms also took practical forms, such as home gardening and community agriculture. An adult from Ethiopia noted, 'Families have started or expanded home gardens to grow their own vegetables and fruits, reducing their reliance on purchased food,' and added, 'Meal sharing has fostered a sense of community and ensured that families have enough to eat, especially during difficult times.' Similarly, a community leader in Uganda described how

refugees were actively forming community-based organisations, noting, 'Members of the group, after harvesting, they distribute their harvests to vulnerable households and individuals.'

The differences observed between displaced and non-displaced households further underline the critical role of context in shaping coping strategies. Displaced families, often lacking secure economic pathways or stable resources, relied significantly more on community-based networks and informal solidarity mechanisms for immediate survival. Conversely, non-displaced households, typically possessing greater resource access, concentrated more explicitly on skill development and strategies that strengthened their long-term resilience.

Table 8: Strategies by household in past year when not enough food

*Figures for displaced and non-displaced populations are only reported where the difference is significant to 0.05

Positive coping mechanisms	Overall	Non-displaced	Displaced
Building stockpiles of non-perishable foods for times of crisis	31%	36%	26%
Using climate change-resilient practices to safeguard food production	18%	16%	20%
Sharing food security-related concerns with humanitarian workers	26%	23%	29%
Sharing concerns and emotional difficulties with humanitarian workers or health workers in the community	20%	17%	22%
Sharing experiences and stress with other community members facing similar challenges	24%	18%	29%
Using stress-relief practices to maintain good mental health during times of crisis	9%	10%	8%
Learning new skills or participating in skill-building activities to improve farming practices	13%	14%	19%
Learning new skills or participating in skill-building activities to improve access to income-generating opportunities	11%	14%	7%
Working/engaging in income-generating opportunities (only for adults)	34%	37%	31%
Accessing small-scale loans (microloans to invest in tools or seeds for farming)	6%		
Allocating a portion of income specifically for essential food items	12%	16%	9%
Diversifying crops to reduce dependency on single food source	6%		
Changing meal plans to maximise food value and minimise waste and spending	13%	16%	10%
Engaging in gardening/farming activities to produce household vegetables and fruits	14%	16%	12%
Creating support systems with affected communities to access and manage food (pooling resources, collective cooking, collective crop growing, etc.)	4%	5%	2%
Sharing food and eating together	36%	32%	41%
Participating in community kitchens (or an alternative) or related community events/initiatives	4%		
Seeking support from child protection services or relevant support organisations	8%	9%	6%
Building trust and strengthening relationships with their children during difficult times	13%	11%	16%
Discussing and agreeing on strategies with other members of their household	16%	13%	18%



These findings suggest a clear opportunity for humanitarian organisations to support and expand on the positive coping strategies identified. Initiatives such as multisectoral cash and voucher assistance that integrate livelihood programmes, skill-building activities, and mental health support could empower communities significantly.^{xxvi} Community members have expressed readiness to work towards greater self-sufficiency and resilience, but they often require guidance, tools, and resources to effectively move beyond reliance on short-term humanitarian support.

A community leader from Uganda articulated the positive shift such opportunities could bring: 'We have been taught how to look for work and how to become resilient. When refugees got to know that the food assistance would be reduced and would not be enough for their families, they had to change their mindset from receiving, and started looking for work in order to survive.'

By building on existing strengths, fostering community solidarity, and investing strategically in skill development and livelihood opportunities, humanitarian responses can not only mitigate the immediate impacts of food insecurity but also lay a stronger foundation for long-term stability, dignity, and resilience.

Vital Food Aid Alleviates the Urgent Needs of Earthquake-Affected Families

Home is a place enveloping a struggling family with its warm embrace. But for Sandar, a mother of three from Mandalay in Myanmar, her home is no longer a warm embrace after the devastating earthquake.

"My house was badly tilted from the earthquake. It's badly damaged," says Sandar in tears. "The roof leaks during rain. We can't sleep when it rains; we just sit together, feeling helpless." Since the earthquake, Sandar's family has been sleeping in their precarious, poorly constructed home, hoping any collapse wouldn't be fatal. Sandar's seven-year-old son, Thet, adds: "I couldn't go to school because the school's walls collapsed during the earthquake."

Even before the earthquake, life was a constant struggle for Sandar's family. Inflation and soaring commodity prices made it hard to provide for their basic needs. Sandar and her husband, Zin, juggle various odd jobs to support their family. Their youngest son, Thet, is in grade two, while his older brother, Than, works as a mason to help make ends meet.

"All three of us worked, yet it was still difficult to get by," Sandar says. "I crafted bamboo wall panels and washed laundry for others to earn income. From laundry alone, I earned only two to three thousand kyats (less than one US dollar) a day. We barely managed three meals a day, and meat and fish were rare treats. The worry about income and meeting the family's needs often left me exhausted. Sometimes, I would just sleep to escape the stress of the day."

For Sandar's family, the recent earthquake has only deepened their hardship, making it even harder to put food on the table.

"Since the earthquake, earning a steady income has become a real struggle, making it impossible to afford nutritious meals for my son. Main dishes have become a rarity for us," says Sandar. "Let alone meat. We are struggling to even have meals with fried eggs."

Unfortunately, Sandar's situation is far from unique. Among respondents in Myanmar for this research, coping mechanisms such as skipping meals (39%), eating less (67%), and running out

of food (62%) were common even before the earthquake. Nearly half (49%) of households experienced hunger without being able to eat, and 16% went an entire day without food.

Even before the earthquake, a large portion of the population in Myanmar faced food insecurity, especially in conflict affected areas, with [15.2 million people](#) estimated to be acutely food insecure. Ongoing conflict, displacement, high food prices, and climate shocks like Typhoon Yagi in 2024 all played a role in the pre-existing food insecurity. The devastating earthquake has worsened an already dire food insecurity situation in the country by damaging agriculture, destroying livelihoods, and displacing population. Damaged infrastructure, including roads and markets, made it difficult to deliver food assistance and access reliable food sources.^{xxvii}

The 7.7 earthquake, caused widespread damage to homes, schools, health centres and public infrastructure in Mandalay and Sagaing. The earthquake compounds an already dire humanitarian situation where nearly 20 million people were in need of humanitarian assistance due to prolonged conflict, recurring natural disasters and economic collapse. [Over 6.3 million people including nearly 2 million children](#) in the 58 hardest-hit townships are in urgent need of humanitarian assistance.

World Vision, in partnership with the World Food Programme, has been delivering emergency relief such as drinking water, ready-to-eat food, blended food, high energy biscuits, and rice to the earthquake-affected families in Mandalay and Sagaing. As of 14 May 2025, we have reached 321,349 people affected by the earthquake, including 101,950 children. Of those, World Vision has provided 115,522 people with emergency food assistance in partnership with WFP.

World Vision's food assistance aims to meet the urgent needs of these families and alleviate their food insecurity. "During this difficult time, the rice provided by World Vision is a vital support for us," Sandar continues. "We've also received essential items such as soap and toothpaste, which have been a tremendous help."

CONCLUSION: A CRISIS WE CANNOT IGNORE

The stories told in this report are harrowing but all too familiar. From Warrap State to Northern Syria, Puntland to Cox's Bazar, families are trapped in a cycle of hunger, fear, and sacrifice. Children – who should be protected, nourished, and educated – are instead going to bed hungry, dropping out of school, forced into marriage or labour, and suffering both physically and mentally. These are not isolated tragedies. They are the direct consequences of a global system under strain – one in which food insecurity has deepened, assistance has diminished, and millions are left with impossible choices.

Our findings present clear and consistent evidence: Food assistance cuts are fuelling a cascade of harm that stretches far beyond empty plates. They are linked to higher levels of child labour, school dropout, child marriage, trafficking, and mental distress. In some cases, maternal malnutrition is even jeopardising children's first days and futures. In many countries, children are not just losing their meals — they are losing their futures.

When families' rations are cut, they are 5.4 times more likely to experience moderate or severe food insecurity. When children are hungry, they are more than seven times more likely to skip school. When a girl's family cannot feed her, she may be forced into marriage. When a boy cannot concentrate because he hasn't eaten, he is more likely to drop out. These outcomes are not accidental. They are predictable, measurable, and preventable.

We also found that families displaced by conflict or disaster face the sharpest edge of this crisis. They are significantly more likely to experience food insecurity, yet they often have the fewest resources or legal protections to support themselves. In some contexts, such as Northern Uganda and Cox's Bazar, assistance has already been slashed for refugees, and more cuts are imminent. Without urgent investment, we will see a worsening of conditions for those already in the most desperate situations.

Despite the bleak outlook, this research also uncovered glimmers of resilience and hope. From community gardens in Ethiopia to food-sharing groups in Bangladesh and self-organised refugee cooperatives in Uganda, families are doing what they can to survive and support each other. But without stable, sufficient support – including cash and voucher assistance, school feeding programmes, and access to livelihoods opportunities – families cannot rebuild.

A call to action

This study reveals the urgent need for increased investment in humanitarian assistance and restructuring programs to more holistically address food insecurity. This includes integrating livelihood interventions (e.g. income generation, food production, skill building) into food assistance programming with the aim of fostering self-reliance and resilience.

This moment demands more than compassion – it demands commitment to realising the right to food and humanitarian assistance, which people experiencing the devastating impacts of armed conflict, climate change, and economic instability hold. As humanitarian needs soar to record highs, humanitarian budgets are shrinking. Lack of will, coordination, and funding continue to translate into hunger and hard choices for children and families across the globe. This is a critical juncture. We must act to fulfil our obligations and ensure children and families have the resources they need to thrive.

Humanitarian assistance is protection. It is prevention. It is dignity. And, as our data shows, it is the thread that holds together the fragile futures of millions of children.

If we act now – boldly, generously, and wisely – we can prevent this crisis from becoming a catastrophe. If we do not, we will bear witness to the avoidable loss of a generation's potential. If we can give enough humanitarian assistance to address the desperate needs in many of the countries, we will be giving hope and saving thousands, if not millions of lives.

ANNEX

1. Methodology for extended statistical analysis

Findings are presented as frequencies and percentages, with dichotomous variables cross-tabulated mainly per country and per displacement status. Statistical tests for cross-tabulations were conducted using chi-square tests with significance set at 0.05.

A total of five hierarchical multiple regression models were conducted as detailed below:

Model 1 with (1) Outcome: Food Insecurity (mean scores on FIES), (2) Predictors: Community Type (Rural vs Urban/Peri-Urban), Cuts in Assistance (No vs Yes), Child Enrolment in Educational Programs (No vs Yes), Disability in Household (No vs Yes), Household Size (Number of Individuals), Receiving Assistance (No vs Yes), Marital Status (Single Headed vs Non-Single Headed), and Displacement Status (Non-displaced vs Displaced), and (3) participating countries as control variables.

Model 2, 3, 4, and 5, with (1) one for each child outcome, namely child education, protection, health and nutrition, and mental health, (2) Predictors: Food Insecurity (mean scores on FIES), Community Type (Rural vs Urban/Peri-Urban), Cuts in Assistance (No vs Yes), Child Enrolment in Educational Programmes (No vs Yes), Disability in Household (No vs Yes), Household Size (Number of Individuals), Receiving Assistance (No vs Yes), Marital Status (Single Headed vs Non-Single Headed), and Displacement Status (Non-displaced vs Displaced), and (3) participating countries as control variables.

In addition, exploratory factor analyses were conducted for each subscale measuring child protection, child education, and child health and nutrition outcomes along with internal consistency tests. Factor loadings and item values were reported for the factor analyses, and Cronbach alpha coefficient was reported for internal consistency tests.

Finally, additional mediation and moderation tests were conducted using the PROCESS plugin on SPSS for needed post-hoc analyses in which cuts in assistance was entered as the independent variable, food insecurity was entered as the mediating variable, displacement status was entered as the moderating variable, and community type, enrolment in educational programmes, disability in household, household size, receiving assistance, and marital status were entered as covariates.

1.1 Food assistance and food insecurity

We conducted a multiple linear regression with FIES as outcome and eight predictors being community type, receiving cuts in assistance, enrolment of children in educational programmes, presence of disability within the household, size of the household, receiving assistance in the past 12 months, marital status, and displacement status. The overall model showed a small effect size $r^2=0.187$ explaining that these factors explain 18% of the variance in food insecurity.

Specifically, the model showed that cuts in assistance, enrolment in education programmes, disability in household, higher household size, receiving assistance, single-headed households, and non-displaced individuals had more risk for food insecurity (all $ps<0.05$). Particularly, cuts in assistance was the strongest predictor of food insecurity ($b=0.315$) followed by household size ($b=0.120$) and single-headed households ($b=-0.116$).

However, when we accounted for country differences for the same model, most associations showed similar results except for two predictors, namely enrolment in educational programmes ($p>0.05$) and marital status of the head of household ($p>0.05$). The effect of countries in explaining variance in the model was quite large, as their addition alone explained 26% of the variance in food insecurity.

1.2 Exploratory factor analyses for child outcomes

To examine the impact of food insecurity on child-related outcomes, we conducted three exploratory factor analyses, one for each of the three child-related sectors of education, protection, and health. All three EFAs showed good results and suggested that the questions grouped under each sector measure one factor. For child education, the six questions together accounted for 54% of variance with items loading on one factor with values ranging from 0.6 to 0.7. For child protection, the seven questions together accounted for 56% of total variance with items loading on one factor with values ranging from

0.6 to 0.8. For child health and nutrition, the five questions together accounted for 55% of total variance with items loading on one factor with values ranging from 0.6 to 0.7. Furthermore, all three sections showed high internal consistency with Cronbach alpha coefficients ranging from 0.79 to 0.86.

Next, we conducted three hierarchical multiple regression models to examine the impact of food insecurity on each of the three child outcomes while accounting for eight factors, namely type of community, displacement status, cuts in assistance, child enrolment in education programmes, disability in the household, household size, receiving assistance, and marital status.

Annex table 1. Factor analysis table by model

	Factor loadings	Variance	Cronbach Alpha
Child Education Model	6 items loading on 1 factor with ranges from 0.6 - 0.7	Items account for 47% of total variance	0.841
Child Protection Model	8 items loading on 1 factor with ranges from 0.5 to 0.8	Items account for 52% of total variance	0.892
Child Health/Nutrition Model	5 items loading on 1 factor with ranges from 0.6 to 0.7	Items account for 46% of total variance	0.811

1.2.1 Child education

The child education model showed that food insecurity alone explained 12% of variance, and collectively the model explained 25% of variance in child education outcomes, suggesting a moderate effect size. In specific, the model suggests that urban communities, displaced populations, cuts in assistance, disability in the household, higher household size, and food insecurity significantly predict worse child education outcomes (all $ps < 0.05$). Food insecurity was the strongest predictor ($b = 0.397$) followed by higher household size ($b = 0.188$). Child enrolment in educational programmes, receiving assistance, and marital status did not show any significant associations with child education outcomes (all $ps > 0.05$).

When accounting for country effects, many associations seemed to vary. For instance, displacement status and having experienced cuts in assistance showed no statistically

significant associations with education outcomes (all $ps > 0.05$), whereas enrolment in educational programmes and receiving assistance showed statistical significance (all $ps < 0.05$). Further analysis showed that cuts in assistance did not reach significance potentially because its relationship with child education is mediated by food insecurity and moderated by displacement status.

For instance, an additional moderated mediation analysis was conducted to examine whether food insecurity mediates the relationship between cuts in assistance and child education, and whether this mediation effect varies by displacement status. Results indicated that food insecurity mediates the relationship for displaced ($\beta = 0.0985$, 95% CI [0.0877, 0.1100]) and non-displaced ($\beta = 0.0793$, 95% CI [0.0661, 0.0936]), with a stronger effect being shown amongst displaced households. The overall index of this model was significant (CI [0.0062, 0.0322]) indicating that displacement status moderates

the mediating effect of food insecurity. These findings suggest that cuts in assistance significantly impact child education outcomes for both displaced and non-displaced individuals while having a stronger effect on displaced individuals, and this relationship is mediated by food insecurity.

1.2.2 Child protection

The child protection model showed that food insecurity alone explained 6% of variance, and collectively the model explained 22% of variance in child protection outcomes, suggesting a moderate effect size. In specific, the model suggests that displaced individuals, cuts in assistance, no enrolment of children in educational programmes, presence of disability in the household, higher household size, and food insecurity predict worse child protection outcomes (all $p < 0.05$). Food insecurity ($b = 0.292$), higher household size ($b = 0.213$), and no enrolment in education programmes ($b = -0.161$) were the strongest predictors. Community type, receiving assistance, and marital status did not show any significant associations with child protection outcomes (all $p > 0.05$).

When accounting for country effects, most predictors showed different associations with child protection. Specifically, rural communities, those receiving assistance, and single-headed households, appeared to be at higher risk of child protection concerns (all $p < 0.05$), however displacement status, cuts in assistance, and disability in the household appeared not to be significantly associated with child protection outcomes (all $p > 0.05$). Further analysis showed that cuts in assistance did not reach significance because its relationship with child protection is mediated by food insecurity, indicating that cuts in assistance lead to worse child protection outcomes through increased food insecurity (indirect effect $\beta = 0.18$, 95% CI [0.15, 0.20]). Further analysis showed that cuts in assistance did not reach significance potentially because its relationship with child protection is mediated by food insecurity and moderated by displacement status.

For instance, an additional moderated mediation analysis was conducted to examine whether food insecurity mediates the relationship between cuts in assistance and child protection, and whether

this mediation effect varies by displacement status. Results indicated that food insecurity mediates the relationship for displaced ($\beta = 0.0689$, 95% CI [0.0603, 0.0782]) and non-displaced ($\beta = 0.0548$, 95% CI [0.0432, 0.0674]), with a stronger effect being shown amongst displaced households. The overall index of this model was significant (CI [0.0016, 0.0266]) indicating that displacement status moderates the mediating effect of food insecurity. These findings suggest that cuts in assistance significantly impact child protection outcomes for both displaced and non-displaced individuals while having a stronger effect on displaced individuals, and this relationship is mediated by food insecurity.

1.2.3 Child health and nutrition

The child health and nutrition model showed that food insecurity alone explained 13% of variance, and collectively the model explained 30% of variance in child health and nutrition outcomes, suggesting a strong effect size. In specific, the model suggests that urban communities, receiving cuts in assistance, no enrolment in child education programmes, disability in household, higher household size, receiving assistance, and food insecurity predict worse child health and nutrition outcomes. Food insecurity ($b = 0.404$), household size ($b = 0.169$), and cuts in assistance ($b = 0.119$) were the strongest predictors, whereas displacement status and marital status did not show any significant associations (all $p > 0.05$).

When controlling for country effects, three predictors showed differing relationships to child health and nutrition. Specifically, cuts in assistance, disability in household, and marital status did not appear to be associated with child health and nutrition (all $p > 0.05$). Further analysis showed that cuts in assistance did not reach significance potentially because its relationship with child protection is mediated by food insecurity and displacement status.

For instance, an additional moderated mediation analysis was conducted to examine whether food insecurity mediates the relationship between cuts in assistance and child health and nutrition, and whether this mediation effect varies by displacement status. Results indicated that food insecurity mediates the relationship for displaced ($\beta = 0.1004$, 95% CI [0.0890, 0.1120])

and non-displaced ($\beta = 0.0921$, 95% CI [0.0778, 0.1079]), with a stronger effect being shown amongst displaced households. The overall index of this model was not significant (CI [-0.0069, 0.0220]) indicating that displacement status does not moderate the mediating effect of food insecurity. These findings suggest that cuts in assistance significantly impact child health and nutrition outcomes through food insecurity, however this is not different for displaced and non-displaced individuals.

1.2.4 Child mental health

The child mental health model showed food insecurity alone explained 2% of variance, and collectively the model explains 13% of variance in child mental health outcomes, suggesting a weak effect size. In specific, the model suggests that rural communities, non-displaced individuals, those experiencing cuts in assistance, those

whose children are enrolled education programmes, those who have disabilities within the household, households of larger size, single-headed households, and those with higher food insecurity scores had worse child mental health outcomes (all $p < 0.05$). Also, those who reported receiving assistance showed better mental health outcomes ($p < 0.05$). The strongest predictors of worse child mental health outcomes were food insecurity ($b = 154$), experiencing cuts in assistance ($b = 0.149$), and disability within the household ($b = 114$).

When accounting for country effects, only three predictors showed differences in their associations with child mental health outcomes. Specifically, displacement status, household size, and receiving assistance did not appear to be associated with child mental health outcomes (all $p > 0.05$).

Annex table 2. Multiple linear regression models

		Model 1	Model 2	Model 3	Model 4	Model 5
		FIES	Education	Protection	Health & nutrition	Mental health
Predictor	Definition	Beta (Bolded numbers = $p < 0.05$ – Statistically significant)				
Community	0= Rural 1= Urban / Peri-Urban	0.018	0.033	-0.009	0.02	-0.089
Cuts in assistance	0= No 1= Yes	0.378	0.13	0.141	0.148	0.24
Child enrolment in education programmes	0= No 1= Yes	0.023	-0.015	-0.148	-0.082	0.07
Disability in household	0= No 1= Yes	0.087	0.035	0.33	0.062	0.086
Household size	Number of Individuals	0.059	0.165	0.207	0.172	0.059
Receiving assistance	0= No 1= Yes	0.001	-0.035	-0.009	0.01	-0.053
Marital status	0= Single-Headed 1= Non-Single Headed	-0.13	-0.024	0.005	-0.004	-0.08
Displacement status	0= Non-Displaced 1= Displaced	-0.035	0.073	0.051	-0.019	-0.04
Food insecurity	Mean Score (higher = more severe)	-	0.398	0.3	0.402	0.178

Annex table 3. Binary logistic regression models while controlling for country effects (6 outcomes)

		Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
		FIES (No food insecurity vs. moderate-severe food insecurity)	Not attending school regularly	Child engaged in casual labour	Child begging for money	Child subjected to violence	Child forced to marry
Predictor	Definition	Odds ratios (Bolded numbers = $p < 0.05$ – Statistically significant)					
Community	0= Rural 1= Urban / Peri-Urban	1.62	0.54	0.58	0.531	0.601	0.571
Cuts in assistance	0= No 1= Yes	5.401	0.93	1.1	0.893	1.112	0.931
Child enrolment in education programmes	0= No 1= Yes	1.216	1.329	0.948	0.78	0.692	0.724
Disability in household	0= No 1= Yes	1.682	1.149	1.177	1.184	1.005	1.154
Household size	Number of Individuals	1.054	1.09	1.08	0.97	1.074	1.066
Receiving assistance	0= No 1= Yes	0.732	1.04	0.981	1.408	1.462	1.212
Marital status	0= Single-Headed 1= Non-Single Headed	0.765	1.005	0.781	0.73	0.814	0.677
Displacement status	0= Non-Displaced 1= Displaced	3.079	0.96	0.815	1.332	1.117	1.109
Food insecurity	Mean score (higher = more severe)	-	7.409	8.019	9.324	4.748	5.817

Endnotes

- ⁱ International Food Security Network (FSIN) and Global Network Against Food Crises (GNAFC) (2025). [Global Report of Food Crisis 2025](#)
- ⁱⁱ [Ibid.](#), p12.
- ⁱⁱⁱ Financial Tracking Service (2025). '[Humanitarian Aid Contributions](#)'. Accessed 10 May 2025.
- ^{iv} UNHCR (April 2025). [Security Council Report](#).
- ^v UNHCR (2025). [Global Appeal 2025](#), p3.
- ^{vi} International Food Security Network (FSIN) and Global Network Against Food Crises (GNAFC) (2025). [Global Report of Food Crisis 2025](#)
- ^{vii} United Nations (2020). [Policy Brief: The Impact of COVID-19 on Food Security and Nutrition](#).
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- ^{ix} The Daily Star (7 April 2025). ["Imagine a third of Bangladesh underwater," warns Rizwana'](#).
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- ^{xii} Michelle Nichols (15 April 2025). '[UNICEF projects 20% drop in 2026 funding after US cuts](#)', Reuters.
- ^{xiii} [Financial Tracking Service](#) (2025).
- ^{xiv} WHO (24 July 2024). '[Hunger numbers stubbornly high for three consecutive years as global crises deepen: UN report](#)'.
- ^{xv} FAO, IFAD, UNICEF, WFP and WHO (2024). [The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms](#).
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- ^{xvii} WFP (2023). Household Food Security Overview 2023.
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- ^{xx} World Vision International (2024). [Breaking the Cycle](#).
- ^{xxi} World Vision International (2024). [Cash Waves](#).
- ^{xxii} [Ibid.](#)
- ^{xxiii} Sova, C., Fountain, G., Zembilci, E., Carr, T. (2023). [Dangerously Hungry: The Link Between Food Insecurity and Conflict](#). World Food Program USA.
- ^{xxiv} World Vision International (2024). [Cash Waves](#).
- ^{xxv} [Ibid.](#)
- ^{xxvi} [Ibid.](#)
- ^{xxvii} Humanitarian Action (2025). [Myanmar Humanitarian Response Plan 2025 Flash Appeal](#)

