

IN THE SHADOW OF HUNGER

The Power of Self-Reliance to
Protect Children and Restore Hope

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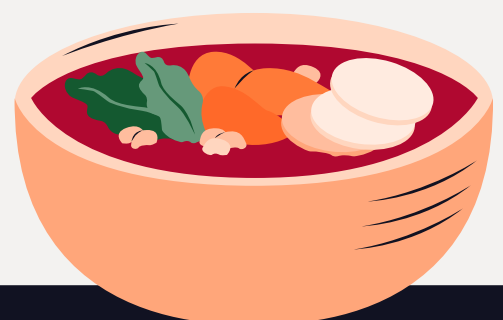
"We do what we can to survive. Everyone tries to make do with what they have. But it's very difficult because job opportunities are scarce here. **When there's no regular income, it becomes almost impossible to feed the whole family properly.**

I, for example, see that it's mainly mothers that are most affected; they have to take care of the children, find food, all while trying to manage the household with very limited resources. The children also suffer indirectly. They have less to eat and less to go to school with. And in the community we all feel this pressure; those without jobs or stable incomes are entirely dependent on food assistance and this creates a lot of stress and anxiety about the future. The first obstacle for self-reliance is lack of work. Without a job there is no regular income. Even if you want to do small income-generating activities, you lack capital support and opportunities. **We have basic needs that we cannot meet such as food, water, and healthcare.** As long as these things are lacking, it is difficult for us to talk about self-reliance. Working here is not easy. There are a few opportunities and sometimes we don't even know exactly what types of work are allowed for us as refugees. On top of that, there are also social difficulties. For example, some husbands refuse to let their wives work, even if it could help the family. This further limits our options, especially for women who could trade or do other jobs. So often the only option left is to work for assistance or take on small occasional jobs when possible."

—Woman, Chad

"When an adult is unemployed, there is too much suffering in the family. Sometimes the adult becomes ill due to stress and lack of resources. There is a lot of crying at home, because there is a shortage of food and money. The children have to take responsibility: some do odd jobs, others sell goods or look for anything to help the family. This often prevents us from going to school or studying properly ... **When an adult can work, the situation for children improves.** There's a little more food at home; they can buy notebooks or clothes. Children are less forced to work and can go to school more regularly. There is also less stress and fewer arguments in the family."

—Boy, Burundi





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GLOSSARY

Child well-being: Overall physical, emotional, social, and developmental status of children, including their safety, health, education, and protection.

Displaced people: Individuals forced to leave their homes due to shocks, including those related to conflict, climate change, and the economy. These may include internally displaced people or refugees.

Food assistance: Support by humanitarian actors to respond to the immediate food needs of vulnerable groups. This includes in-kind food distribution, cash transfers, or vouchers.

Food insecurity: A lasting condition in which individuals lack physical or economic access to the quantity and quality of food required for an active, functional, and healthy life.

Forced displacement: When individuals and communities are involuntarily forced to flee or leave their homes to avoid the effects of

situations such as armed conflict, violence, human rights abuses, natural or man-made disasters, and/or development projects.

Host communities: Individuals from local communities that host incoming displaced and refugee populations.

Humanitarian-development-peace (HDP) nexus: Aligning the actions of actors from the humanitarian, development, and peacebuilding sectors to address the root causes of crises and strengthen the resilience of vulnerable communities.

Humanitarian funding gap: The discrepancy between available funding and the actual financial requirements to meet humanitarian needs.

Hunger: The uncomfortable or painful physical sensation caused by insufficient consumption of food.

Internally displaced person (IDP): A person forced to flee their home to escape violence, human rights abuses, and other disasters but without crossing an international border.

Policy environment: The overall framework of supportive or restrictive policies (including laws, regulations, and frameworks) in a given context which dictates the rights, services, and opportunities available to populations in that context.

Protective factors: Factors that decrease the likelihood of a negative outcome occurring.

Refugee: A person forced to flee their country and cross international borders to escape persecution, war, or violence.

Returnee: A refugee or IDP who has returned to their place of origin and therefore lost their status as a refugee or IDP but is not yet fully integrated into their community.

Risk factors: Factors that increase the likelihood of a negative outcome occurring.

Self-reliance: The social and economic ability of an individual, a household, or a community to meet essential needs (including protection, food, water, shelter, personal safety, health, and education) in a sustainable manner and with dignity.

Stateless person: A person not considered a national by any State.



FOREWORD

As this report goes to publication, the world seems to be faltering under mounting pressure, while hunger tightens its grip across the globe. According to the *2026 Global Report on Food Crises*, a total of 266 million people in 47 countries faced acute levels of food insecurity in 2025; more than 80% of these people lived trapped in protracted crises contexts.¹ This stark outlook is compounded by funding cuts, entrenched conflict, trade interruptions, and the potential for large-scale cataclysmic combat operations with far-reaching and severe consequences. Fragile communities are overwhelmed, families are exposed, and futures are uncertain. For children, the cost is immediate and enduring, visible in empty plates, shuttered schools, and a daily struggle to survive.

World Vision has long documented and raised concern over the alarming realities facing children. In previous years, our research focused on how high levels of food insecurity, reduced food assistance, and a limited ability to address basic survival needs were leading to a range of negative coping mechanisms. Vulnerable communities resorted to those detrimental coping strategies to ensure survival, even when this meant risking their dignity, health, and assets. *Ration Cuts: Taking From the Hungry to Feed the Starving*² and *Hunger, Harm and Hard Choices*³ pointed to the direct consequences of a global system under strain, one in which food insecurity had deepened and assistance had diminished, leaving millions with impossible choices.

This year's study continues to investigate the deep shadows of hunger, where childhood is quieted and dreams grow thin. Children bear the heaviest burden in today's humanitarian crises: Currently, 1 in 5 children are living in or fleeing from conflict zones,⁴ and children account for 41% of all refugees.⁵ Yet child-focused interventions are chronically underfunded, and

recent contractions in aid have led to drastic cuts across education, protection, mental health, food security, and nutrition.

This year's study charts a way forward: From the shadows of hunger, a quiet force seems to be rising — shielding children, restoring agency, and turning survival into possibility. Self-reliance describes "the social and economic ability of an individual, a household, or a community to meet essential needs (including protection, food, water, shelter, personal safety, health and education) in a sustainable and dignified manner."⁶ To better examine self-reliance, this year's research integrates a measurement of self-reliance across 12 domains and draws on 3,494 household surveys, 32 focus group discussions, and 45 key informant interviews.

Self-reliance is a strong protective factor against almost all household- and child-related challenges and negative outcomes examined in the study. When households experience higher self-reliance, the well-being of children is enhanced across multiple dimensions, including food security, protection, and education. Participants also described a strong connection between self-reliance and mental health in children: When families are better able to meet their needs, children experience greater emotional stability and well-being.

Yet self-reliance remains an elusive goal for many households due to barriers at the policy, community, household, and individual levels. Risk factors include being a refugee, living in an urban setting, supporting a household member with a disability, and experiencing food insecurity. Households with these characteristics are likely to face restrictive policies, difficulty generating income, and additional responsibilities and expenses.

This year's study delivers a powerful message: Self-reliance has the power to shield children from harm, restore agency, and affirm the dignity that persists, even in fragile settings where stability is a daily struggle. Strengthening self-reliance — especially for refugee families — requires real partnership to remove barriers and drive lasting change. That means fixing systems and aligning policy and practice to expand agency beyond programmes.

As you read this report, I invite you to imagine a girl or boy living in a conflict-affected area who has been forced to flee multiple times, who feels pangs of hunger from days (not hours) of not eating. In this report, you will find this child speaking with a powerful voice, bringing life to

their hopes and dreams: playing with friends, reunited with brothers and sisters, eating Mom or Dad's best meal, feeling safe at school, and dreaming of their future self. What will you do to make this dream a reality?

Thank you for taking the time to read this report. We appreciate your feedback, support, partnership, and especially your prayer and action.

Amanda Rives

**Senior Director of Humanitarian Advocacy,
Policy, and Partnerships
World Vision International**





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EXECUTIVE SUMMARY

This research was conducted at a pivotal period between 2025 and 2026, defined by major shifts in the global humanitarian funding landscape where resources sharply declined and needs significantly increased, especially across contexts affected by displacement. Cuts in funding in late 2025 marked a stark 40% reduction compared to earlier years,⁷ which meant that **over 72% of humanitarian needs globally remained unmet in 2025.**⁸ The United Nations' 2026 Global Humanitarian Overview targets assistance for only 135 million people (out of 239 million officially identified people in need) with approximately US\$33 billion,⁹ underscoring the widening gap between existing resources and humanitarian needs.¹⁰ These funding cuts are particularly devastating for households experiencing forced displacement that often rely on humanitarian assistance for survival. In 2026, despite the dramatic increase in the number of forcibly displaced people worldwide, the United Nations Refugee Agency (UNHCR) appealed for US\$8.5 billion to address the growing needs of refugees, internally displaced persons (IDPs),

and other communities in need of international protection — a significant reduction from the previous year.¹¹

Globally, **children are paying the price of shrinking humanitarian financing.** As funding declines, emergency assistance also dwindles, and vulnerable children and households face growing challenges in meeting their basic survival needs. Projections for humanitarian needs suggest that over 200 million children will require humanitarian assistance in 2026.¹² This staggering number reflects a systemic failure to protect children in contexts of displacement, requiring urgent global policy shifts and renewed investment in self-reliance.

To better understand and respond to these challenges, World Vision International, in partnership with the World Food Programme (WFP), conducted a multi-country study across eight hunger hotspots globally — Bangladesh, Burundi, Chad, Colombia, Democratic Republic of the Congo (DRC), Myanmar, South Sudan, and

Uganda. A mixed-methods approach was used for data collection, including 3,494 household surveys, 32 focus group discussions (FGDs), and 45 key informant interviews (KIIs). Data collection tools focused on food assistance, food insecurity, household outcomes, child outcomes, self-reliance, coping mechanisms, and social cohesion, among others. The study examined the role of self-reliance — the ability of households to provide for their basic needs — in shaping household and child well-being outcomes in relation to food insecurity triggered by the impacts of cuts in funding and food assistance.

The study found alarming levels of food insecurity across all eight countries. **More than half (55%) of households reported experiencing severe food insecurity**, with rates exceeding 80% among households in the DRC and South Sudan. Practically, this means that in most households,

members regularly experience hunger and are often unable to eat due to food shortages. In fact, 40% of households surveyed reported eating one or no meals the day before the survey, and in over half (58%) of the total sample, at least one household member went to sleep hungry in the past four weeks.

In general, across the full sample, the study found concerning child education and protection outcomes, such as child labour (22%), irregular school attendance (21%), separation from parents due to food insecurity (11%), child marriage (8%), and exposure to violence, abuse, and neglect (8%) to be prevalent, and more so among refugee communities. Statistical models used in this research suggest that **cuts in food assistance, refugee status, and food insecurity are risk factors with strong associations to negative child outcomes**. Households experiencing cuts



in assistance are 64% more likely to withdraw children from school in order to work or beg and more than twice (2.1 times) as likely to experience family separation. Children belonging to refugee households are almost twice (1.9 times) as likely to be forced to beg for money or food and almost twice (1.8 times) as likely to be exposed to neglect, abuse, or violence. Food insecurity increases the odds of all of these detrimental outcomes to a significant degree.

However, across almost all areas, **self-reliance emerged as an important protective factor, associated with substantially lower risks of harm for children.** For example, higher household self-reliance is associated with a 56% reduction in children resorting to begging, a 33% reduction in child marriage, and a 38% reduction in children leaving school to work or beg. Among IDPs in the DRC and Myanmar, higher self-reliance is associated with 71% lower odds of children begging for food or money, 58% lower odds of children dropping out of school, and 44% lower odds of children managing domestic responsibilities. At the same time, IDPs and refugees reported significantly lower self-reliance than host communities.

Self-reliance appears to be a critical link explaining the relationship between cuts in assistance and children's well-being. **Strengthening the enabling factors that help households support themselves can cushion the impact of cuts in assistance on child outcomes.** This research also explored barriers to and enablers of self-reliance. According to the qualitative and quantitative data, access to income-generating opportunities, the right to work, freedom of movement, and knowledge and skill development emerged as the most decisive factors shaping households' abilities to sustain themselves.

The findings of this research highlight the urgent need to rethink current humanitarian approaches and to more intentionally place building self-reliance at the centre of humanitarian and development assistance, particularly for refugees, IDPs, host communities, and all those who are experiencing — or at risk of experiencing — cuts in food assistance. While emergency food assistance remains essential, it must also be complemented by measures to enable forcibly displaced households and host communities to withstand funding declines, protracted crises, and growing needs. Strengthening self-reliance must become a core pillar of humanitarian responses and a key priority of actors working across the humanitarian-development-peace (HDP) nexus. Achieving this requires policy-level reforms, investment in more resilient infrastructure and services, and addressing practical barriers that keep refugees from enjoying their rights to work, freedom of movement, and access to essential services. It also calls for more intentional efforts from humanitarian and development actors, donors, the private sector, local authorities, and host governments to invest in resilience and integrated interventions that improve access to services and combine food assistance with sustainable livelihoods, financial inclusion, and economic opportunities.

As the humanitarian system adapts to a new reality of deep funding declines, this study offers robust and comprehensive evidence for promoting self-reliance as a pathway to dignity and sustainability, which is especially vital for the protection of children and their well-being in precarious conditions. The following recommendations, drawn from the study findings, outline specific actions that key stakeholders can take to enhance self-reliance and improve child well-being, especially among forcibly displaced households and host communities.

Recommendations



For host governments: Prioritise the establishment of an inclusive policy environment and strong implementation measures to enable self-reliance among refugees, IDPs, host communities, and other vulnerable communities.



For donors and the international community: Foster donor coordination and incentivise integrated programming that addresses urgent needs and enhances self-reliance for long-term stability.



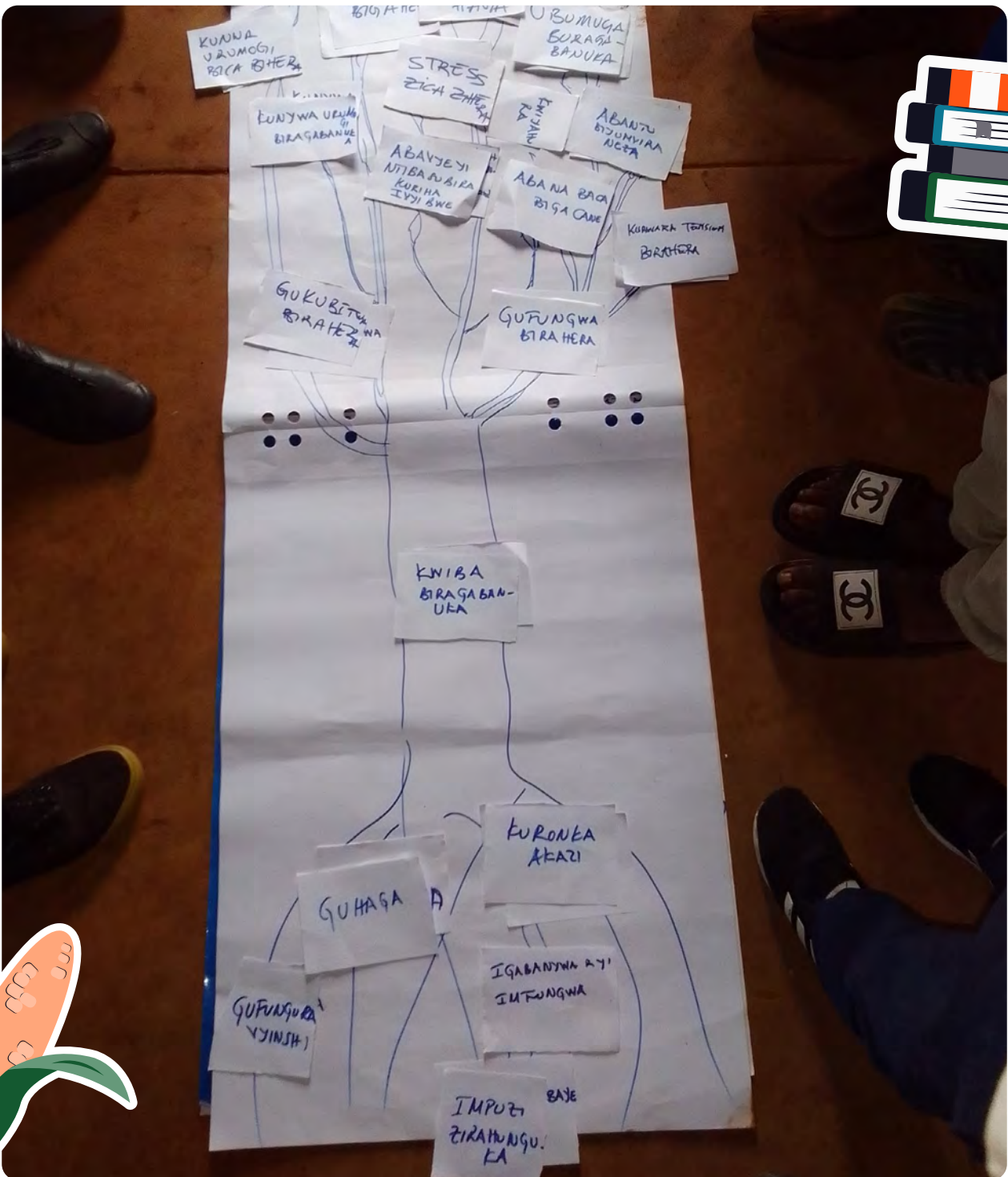
For United Nations (UN) agencies, funds, and programmes: Facilitate and provide technical leadership to sustainably integrate self-reliance at both the strategic and programmatic levels across the HDP nexus.



For non-governmental organisations (NGOs) and civil society: Deliver integrated programming across the HDP nexus, advocate for policy change, and enable participation of forcibly displaced people.



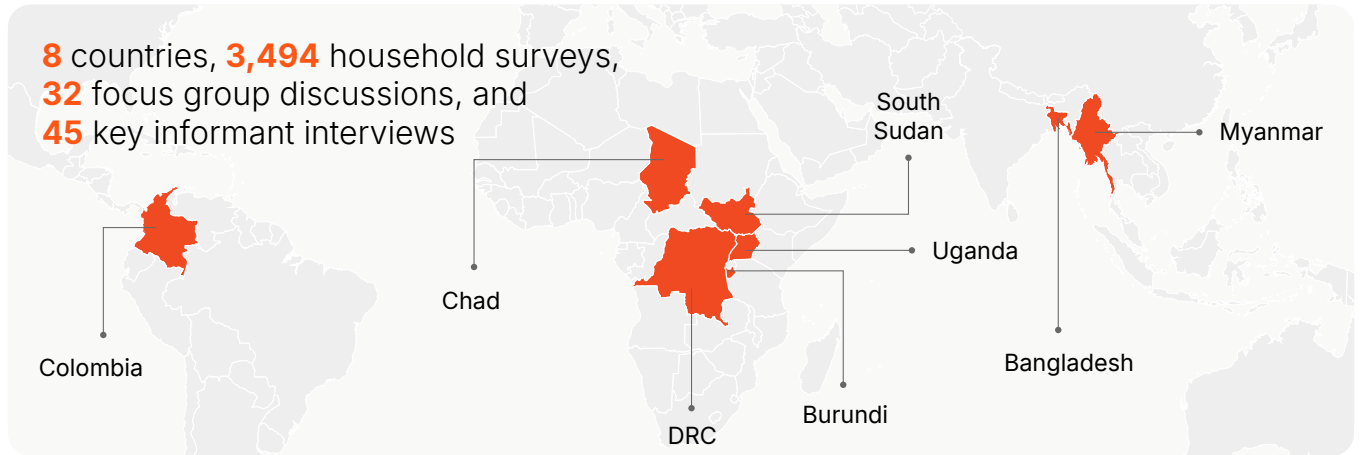
For the private sector: Enable the economic inclusion of forcibly displaced workers and support the translation of self-reliance interventions into practice in labour markets.



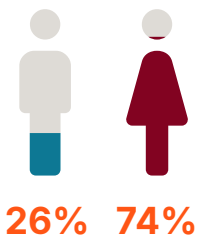
Through this drawing, Congolese children in a focus group discussion (FGD) in Burundi share their hopes for a community, where families can access food, there are fewer conflicts, and no one needs to be a refugee anymore. They wish for enough food for everyone, the return of refugees to their homes, improved school performance, good health, reduced illness, less stress, no drug use, and an end to violence against children.

SNAPSHOT

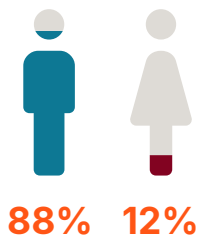
Who we spoke to



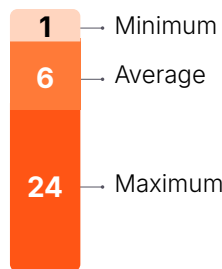
Gender of household survey respondents:



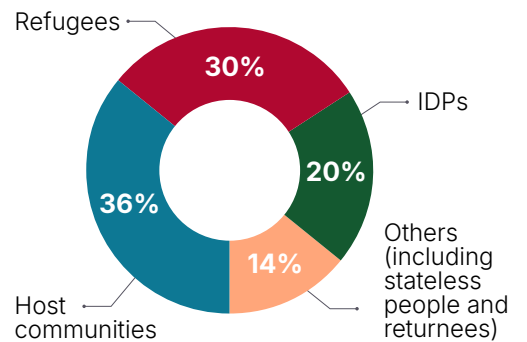
Gender of heads of households:



Number of household members:



Types of household:



Refugee households are 1.7 times more likely to be food insecure, but no one is escaping the hunger crisis

Figure 1. Per cent of households (refugees, IDPs, host communities, and others) experiencing moderate or severe food insecurity by country

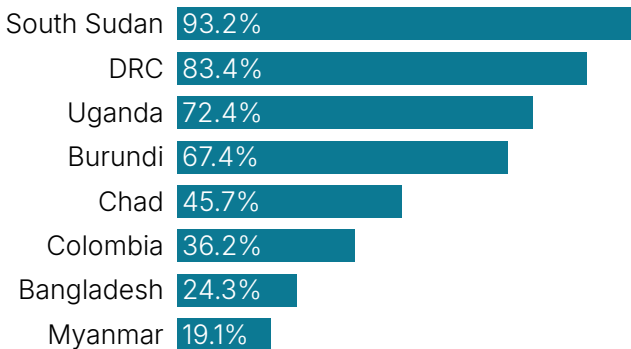
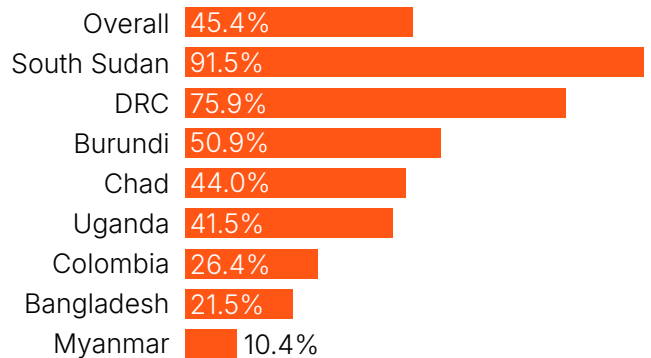


Figure 2. Per cent of households (refugees, IDPs, host communities, and others) in which a household member went a day and night without eating in the past four weeks because there was not enough food








In **57.6%** of refugee households, at least one household member went to sleep hungry in the past four weeks

40.2% of refugee households ate one or no meals in the 24 hours before the survey

Households ate fewer meals the day before the survey in 2026 compared to 2025

Table 1. Number of meals eaten by households (%) in the 24 hours before the survey*

	Meals eaten in the 24 hours before the survey	2025	2026	Change
 Bangladesh	✘	0%	5%	+5%
	🍲	0%	8%	+8%
	🍲 🍲	10%	23%	+13%
	🍲 🍲 🍲	90%	48%	-42%
	🍲 🍲 🍲 🍲 +	0%	17%	+17%
 DRC	✘	5%	8%	+3%
	🍲	55%	69%	+14%
	🍲 🍲	38%	22%	-16%
	🍲 🍲 🍲	3%	1%	-2%
	🍲 🍲 🍲 🍲 +	0%	0%	-
 Myanmar	✘	2%	0%	-2%
	🍲	4%	3%	-1%
	🍲 🍲	48%	72%	+24%
	🍲 🍲 🍲	46%	25%	-21%
	🍲 🍲 🍲 🍲 +	0%	0%	-
 South Sudan	✘	5%	16%	+11%
	🍲	60%	58%	-2%
	🍲 🍲	31%	24%	-7%
	🍲 🍲 🍲	4%	1%	-3%
	🍲 🍲 🍲 🍲 +	0%	0%	-
 Uganda	✘	1%	1%	-
	🍲	31%	55%	+24%
	🍲 🍲	64%	32%	-32%
	🍲 🍲 🍲	4%	12%	+8%
	🍲 🍲 🍲 🍲 +	0%	0%	-

*These countries were featured in both the 2025 and 2026 editions of World Vision's *Ration Cuts* report, and therefore comparable data is available.

Food insecurity is a risk factor for all negative child outcomes

- 7x** more likely to beg for food or money
- 7x** more likely to experience child marriage
- 4.7x** more likely to be separated from their families

- 4.4x** more likely to have domestic responsibilities
- 3.8x** more likely to not attend school
- 3.3x** more likely to leave school to work
- 3.3x** more likely to experience abuse, neglect, or violence in the household

Cuts in assistance heighten the risk of negative outcomes for children

Table 2. Per cent of households receiving food assistance decreased in 2026 compared to 2025*

	2025	2026	Change
Bangladesh	78%	57%	-21%
DRC	100%	62%	-38%
Myanmar	94%	54%	-40%
South Sudan	70%	59%	-11%
Uganda	93%	56%	-37%

Children belonging to households experiencing cuts in assistance are:

- 64%** more likely to leave school to work
- 2.3x** more likely to experience child marriage
- 2.1x** more likely to experience abuse, neglect, or violence in the household
- 2.1x** more likely to be separated from their families

Self-reliance is a protective factor against almost all negative outcomes

Figure 3. Children belonging to households with higher self-reliance are:

- 56%** less likely to beg for food or money
- 38%** less likely to withdraw from school to work
- 33%** less likely to be forced into child marriage
- 31%** less likely to be separated from their families
- 25%** less likely not to attend school regularly
- 25%** less likely to have domestic responsibilities

Factors associated with lower household self-reliance:

- Cuts in assistance
- Food insecurity
- Refugee status
- Internally displaced status
- Household member with a disability
- Single-headed household
- Urban residence

Almost half (49%) of the refugees, IDPs, host community, and other households surveyed reported trying to access work opportunities in the past three months. Among these, only **45%** of host community households and **37%** of refugee families succeeded.

Practical barriers to employment identified by refugees:

- 35%** Lack of information about procedures
- 15%** Language barriers
- 13%** Prioritisation of host community members by employers
- 9%** Safety concerns and discrimination
- 9%** Employers failing to recognise credentials
- 9%** Restricted freedom of movement

*These countries were featured in both the 2025 and 2026 editions of WV's *Ration Cuts* reports and therefore comparable data is available.



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INTRODUCTION

Summary

Amid increasingly severe and protracted humanitarian emergencies worldwide, the number of people forcibly displaced globally has reached record levels. Despite notable progress, refugees continue to face significant barriers to economic and social inclusion in their host countries. Meanwhile, over the past year, funding cuts threatened the programmes many refugees, IDPs, host communities, and others depend on for survival and quality of life. As crises continue to multiply and resources fall short, humanitarians, development actors, governments, donors, and other stakeholders must address barriers to self-reliance and support refugees, host communities, IDPs, and other vulnerable groups in accessing sustainable, dignified options for a better future.

Context

Escalating crises and record displacement

Over the past decade, the number of people forcibly displaced¹³ worldwide has doubled,¹⁴ driven largely by record levels of armed conflict¹⁵ and intensifying climate catastrophes.¹⁶ By the end of June 2025, 117.3 million people,¹⁷ including 49 million children,¹⁸ were forcibly displaced from their homes due to violence, human rights violations, natural hazards, or other emergencies. Of these, 67.8 million people stayed within their own countries as IDPs,^{19, 20} while 42.5 million²¹ crossed international borders as refugees.²²

Refugees and IDPs flee their homes in search of safety, holding on to the hope of returning when conditions improve. Yet the increasingly protracted nature of crises in the 21st century often makes this impossible, and many people experience multiple displacements or remain displaced for decades, with children spending their entire childhoods in situations of forced displacement. Under such circumstances, refugees and IDPs often remain dependent on humanitarian assistance and the generosity of host communities to survive.

Prolonged displacement poses significant challenges for both host communities and displaced people. Currently, only 10 countries host over half of the world's refugees,^{23, 24} and in 2025, low- and middle-income countries hosted 2.5 times more refugees than high-income countries.²⁵ Seventy-one per cent of refugees²⁶ find safety in countries where existing economic instability, climate risks, and other forms of fragility often complicate the integration of refugees into national systems and limit the availability or accessibility of services to support their well-being. Similarly, 80% of IDPs lived in low- and lower-middle-income countries at the end of 2024,²⁷ often facing severe resource shortages, instability, and recurring displacement. Nearly half (48%) of all refugees and asylum seekers live in countries with active food crises,²⁸ and an influx of refugees or IDPs can strain already stretched resources and spark tensions between newcomers and host communities. Despite these challenges, many host communities continue to provide protection and essential services to refugees and IDPs for extended periods, often with limited resources.





Reduced funding intensifying vulnerability

Humanitarian responses to forced displacement have never received sufficient resources to fully meet the scale of needs driven by today's crises. In 2025, a 23.1% reduction in Official Development Assistance (ODA) compared to 2024 exacerbated these shortfalls, resulting in ration cuts, programme closures, and reduced support for forcibly displaced communities.²⁹ Overall, the Regional Refugee Response Plans,³⁰ which guide humanitarian agencies in providing coordinated assistance for refugees, received only 17.6% of the funding they required in 2025.^{31, 32} These funding shortages not only limit assistance but contribute to increased risks for children, including school dropouts, child labour, and exposure to violence.

The 2025 funding cuts prompted a global reprioritisation of refugee response plans, reducing the number of people receiving support and shifting the focus to lifesaving assistance, protection, and time-sensitive needs, while deferring initiatives aimed at long-term integration, capacity building, and resilience.³³ The funding contractions also constrained the resources that host countries rely on to provide services to both refugees and host communities.

The result has been severe deterioration in the well-being of refugees, IDPs, and other vulnerable groups worldwide, especially in contexts with high levels of dependency on humanitarian assistance.^{34, 35} In 2025, UNHCR, the agency responsible for protecting the rights of refugees, IDPs, and other people in need of international protection as well as coordinating refugee responses, was forced to cut US\$1.4 billion in essential programmes, including child protection, financial assistance, healthcare, education, and shelter. As a result, a staggering 11.6 million people may lose access to critical assistance.³⁶

Forcibly displaced people generally face higher levels of acute food insecurity than host communities.³⁷ A 40% reduction in funding to WFP³⁸ is threatening food assistance for refugees in 40 out of 43 displacement contexts where the agency operates, forcing tighter targeting criteria and a reduction in rations for refugees.³⁹ The effects on refugees' food security are already evident. In Uganda, household food consumption scores for refugees fell by 20% in 2025, and in Afghanistan, the number of acutely malnourished children admitted for in-patient care rose by 16%.⁴⁰ As families struggle to secure their basic needs, negative coping strategies such as child labour and school dropouts are also becoming increasingly common.





Impacts for forcibly displaced children

Children bear the heaviest burden in today's humanitarian crises and face the most extreme consequences as conflicts multiply and resources dwindle. Currently, more than 1 in 5 children are living in or fleeing from conflict zones,⁴¹ and children account for 41% of all refugees worldwide.⁴² Every year, an average of 337,800 children are born as refugees to forcibly displaced parents, starting their lives in a state of uncertainty.

Refugee children face mounting attacks on their rights, including denial of humanitarian assistance, exposure to violence and abuse, exclusion from decisions that affect them, and lack of access to essential services such as documentation, healthcare, social protection, and education.⁴³

Despite the heightened risks that children face in crisis settings, humanitarian funding cuts have disproportionately reduced resources for child-focused programmes, further jeopardising child well-being by threatening access to basic needs and services.⁴⁴ Child-focused interventions are chronically underfunded, and recent aid contractions have made the shortage even more dire, with drastic cuts across education, protection, mental health, food security, and nutrition. In 2025, the child-focused humanitarian sectors — education and child protection — received only 6.6% of total humanitarian funding,⁴⁵ despite the fact that more than 200 million of the people in need of humanitarian assistance globally are children.⁴⁶ Forcibly displaced children suffer from the impacts of these cuts the most. In 2025, UNHCR reduced its budget for child protection by 35%,⁴⁷ along with a 34% cut in funding for education from 2024 to 2025.⁴⁸ Despite these challenges, children consistently express a desire to remain in school and contribute positively to their families' futures, highlighting the importance of investing in pathways that enable their agency and potential.⁴⁹



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Persistent barriers to refugee rights at the policy level

Under the 1951 Refugee Convention, which 149 countries worldwide are parties to, all refugees are entitled to decent work, education, freedom of movement, social protection, and identity documents, among other rights.⁵⁰ The Convention also protects refugees from refoulement, or forced return to a country where they face the risk of violence, persecution, or other human rights violations.⁵¹

While there has been notable progress since the 1951 Refugee Convention in ensuring regional and country-level policy frameworks protect refugee rights,⁵² significant barriers remain, often preventing refugees from accessing documentation, economic opportunities, healthcare, education, and other essential services in their host countries. Additionally, fewer than 3% of refugees worldwide are currently able to access a long-term solution to displacement, whether through voluntary repatriation, permanent resettlement, or legal integration into their host country.⁵³

Nearly half of all refugees continue to face significant barriers to work, freedom of movement, social protection, legal documentation, and public education in host countries.⁵⁴ In 2024, only 6 out of 10 refugees had legal access to work and freedom of movement, and just 5 out of 10 refugees were able to secure

formal employment.⁵⁵ Similarly, approximately half (49%) of refugee children were enrolled in national education systems in their host countries in 2024. Even in countries that have adopted inclusive education policy frameworks, practical barriers such as language, costs, and documentation requirements can still prevent children from enrolling in and attending school.⁵⁶ These gaps contribute to higher rates of poverty among refugees compared with host communities.⁵⁷

When systemic barriers continue to prevent refugee inclusion in national systems and humanitarian funding for the programmes refugees rely on is reduced, children and families caught in the middle are left with few, if any, options for securing their basic needs and protecting their futures.



The need for a new approach

The severe shortage of resources, combined with worsening crises and growing humanitarian needs, requires governments, humanitarian and development actors, donors, and other stakeholders to rethink conventional approaches to supporting refugees, IDPs, host communities, and other vulnerable groups. While lifesaving assistance remains critical, relevant stakeholders need to focus more intently on restoring agency, protecting dignity, fulfilling rights, and enabling long-term sustainable solutions to the challenges people in crisis face.





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Self-reliance

In displacement settings, building a life of stability and dignity is often a daily struggle. Promoting self-reliance can change this reality, as evidence increasingly shows that self-reliance provides a pathway to long-term independence, resilience, agency, and realisation of rights for refugees, IDPs, host communities, and others. Self-reliance is:

"The social and economic ability of an individual, a household, or a community to meet essential needs (including protection, food, water, shelter, personal safety, health and education) in a sustainable manner and with dignity."⁵⁸

such as inclusion in social protection systems, stable and dignified livelihoods, participation in civil society, strong social networks, and social cohesion with host communities.⁵⁹ How self-reliance takes shape is also context-specific, depending on the resources, economy, legal frameworks, and systems present in a given place as well as the circumstances and demographics of the population.⁶⁰ In the case of refugees, self-

reliance is based on realising their rights under the 1951 Refugee Convention, including freedom of movement, access to dignified work, and educational opportunities for children, regardless of status.

Evidence increasingly shows that integrated approaches combining food assistance with livelihoods, skills development, and financial inclusion are among the most effective ways to strengthen self-reliance. As the number of displaced people grows and resources to support humanitarian responses dwindle, promoting self-reliance through targeted investment, integrated programming and partnerships, enabling policy frameworks, and effective implementation is critical. Enabling refugees, IDPs, and other vulnerable households to participate in the local economy and build self-reliance generates significant economic and social benefits for both forcibly displaced people and host communities. Additionally, if refugees worldwide could access the workforce at the same rate as nationals, the annual cost of humanitarian assistance for refugees could decrease by an estimated US\$16 billion.⁶¹ In today's context of shrinking funding, rising needs, and limited solutions, self-reliance offers a sustainable and dignified focus for directing resources and technical capacity.



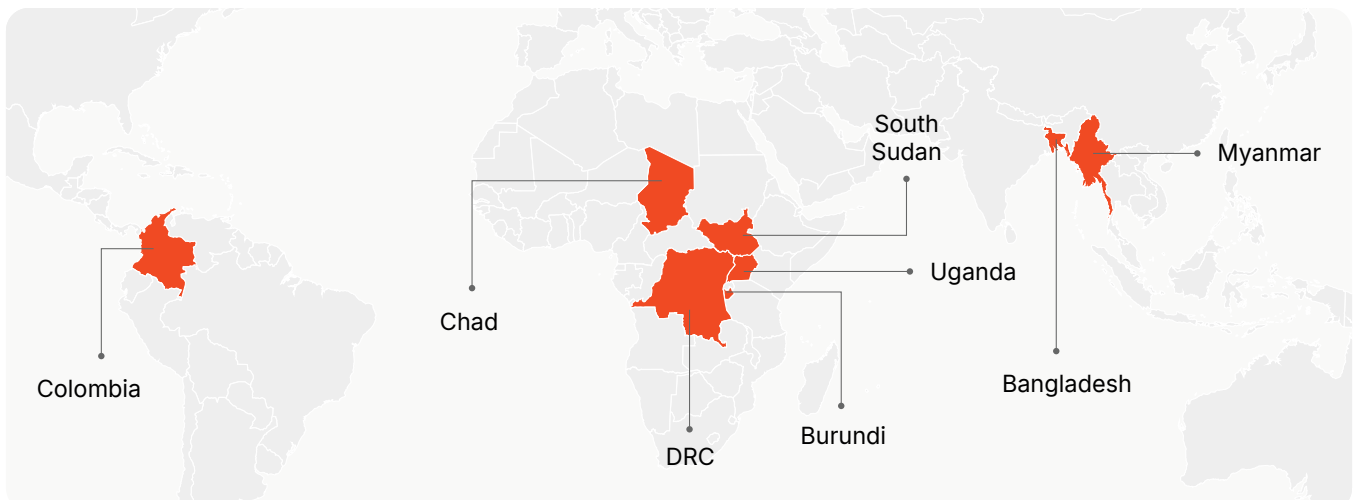
© Rodrigue Harakandi, World Vision

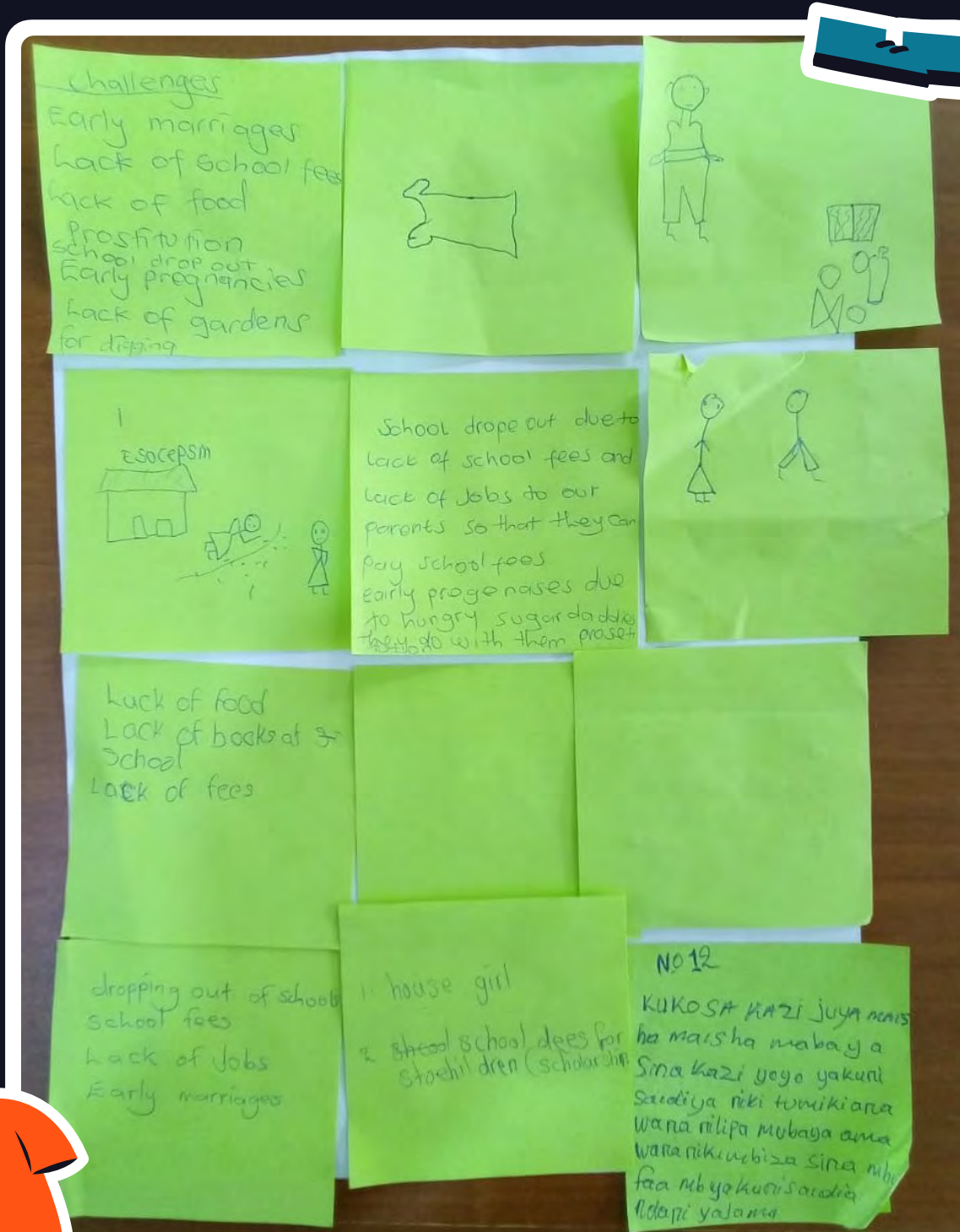
Overview of the study

This research focuses on the impact of funding cuts and food insecurity on child and household well-being among host communities, IDPs, refugees, and other vulnerable groups, such as returnees and stateless people, in eight countries (Bangladesh, Burundi, Chad, Colombia, DRC, Myanmar, South Sudan, and Uganda) and explores self-reliance as a means to address current needs and uphold refugee rights. Declining humanitarian funding, escalating crises, and restrictive policy frameworks are heightening

risks for children and households, especially those displaced from their homes. This study:

1. Analyses the impact of self-reliance on the well-being of children and households across multiple dimensions
2. Reveals underlying household-level and policy-related barriers, implementation challenges, and enablers of self-reliance
3. Presents recommendations to overcome these barriers and ensure refugees, IDPs, host communities, and others have access to sustainable options for a better future





Children in an FGD in Uganda describe the challenges they face. In the second sticky note in the first row, children show they lack clothes to wear. In the third note in the first row, they show a father going to drink in a bar, neglecting his family and living separately away from home. The first note in the second row shows girls with pregnancy complications at a young age. The child lying on the ground and the one standing depicts a situation, which could lead to death if the children are not provided with adequate support. The third note in the second row shows a young boy and girl engaged in a love relationship leading to dropping out of school.

METHODOLOGY

This research employed a cross-sectional mixed-method design. The researchers collected qualitative and quantitative data from eight humanitarian responses across Latin America, sub-Saharan Africa, and Asia, where World Vision provides food assistance.



3,494

households
completed the
household survey



45

key informant interviews
were conducted by the
researchers



32

focus group
discussions

Research questions

The study examined several primary questions:

1. How do cuts in humanitarian assistance impact the food security and well-being of IDPs, host communities, refugees, and other households and their children?
2. To what extent are households self-reliant? How is self-reliance associated with the well-being of households and their children?
3. What are the policy, community, household, and individual-level barriers and enablers of self-reliance in the targeted hunger hotspots?





Sampling strategy

This research used a criteria-based sampling strategy. In order to select countries for the research, all countries where World Vision operates were ranked by the severity of their exposure to recent cuts in humanitarian assistance, either based on internal World Vision data, the UN Office for the Coordination of Humanitarian Affairs' (OCHA) Financial Tracking Service, or WFP's published alerts. Additional criteria included the percentage of the population living in acute food insecurity⁶² and the percentage of the population that is forcibly displaced, either as IDPs or refugees. Locations for the research within each country were then selected based on the presence of World Vision programming for refugee populations, while maintaining representation across regions and ensuring as many year-on-year comparisons as possible.⁶³ Survey respondents were recipients of World Vision's food and/or cash distributions, randomly selected from the participant list within the selected sites. Every country targeted the same sample size, regardless of its population size. This ensures the study has good statistical power and robust analysis for each country. Following Cochran's rule for large populations, a sample of 384 is commonly considered sufficient to estimate population proportions at a 95% confidence level and a 5% margin of error. This figure was further increased by 10% to account for potential missing, incomplete, or unclear data, subsequently resulting in a target sample of approximately 422 respondents per country.



Data collection tools and processes

Data collection took place in January and February 2026 via household surveys, KIIs, and FGDs.

The household survey required a total of 30 minutes to complete on average. The survey was translated to the local language of each community and administered in-person 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 of household was not available. Overall, most respondents were female (74%). However, the household heads were primarily male (88%). The household survey included measures to assess the following categories:

- Demographic information (background, household composition, etc.)
- Self-Reliance Index⁶⁴
- Food Insecurity Experience Scale⁶⁵
- Household Hunger Scale⁶⁶
- Livelihood Coping Strategies Scale
- Social Cohesion Questionnaire⁶⁷
- World Vision-developed questionnaire for child outcomes (education and child protection)
- Humanitarian Mental Health and Psychosocial Support (MHPSS) Monitoring Tool – Child/Household Mental Health Section⁶⁸

For the full list of survey categories and questions, please see Annex 1.

In each country, KIIs were conducted with four stakeholder groups: (1) local leaders, (2) child protection leads, (3) education officials, and (4) 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, self-reliance, coping strategies, and impacts of aid cuts.

Four categories of FGDs were conducted in each context: adult caregivers (male and female) and children (male and female), separated by gender. 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 assess self-reliance, in this study the Self-Reliance Index (SRI) was used.⁶⁹ The SRI captures

self-reliance through 12 domains including housing, food, education, health status, access to healthcare, safety, employment, financial resources, assistance, debt, savings, and social capital. The SRI was developed as a universal tool, where each domain is purposely broad to allow it to be contextualised across various settings. Each domain is scored from 1 to 5 with the higher number indicating better self-reliance in that particular domain. The total composite score is obtained by calculating and compiling the scores in each domain.

To assess household-level food insecurity across the eight countries, the study 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.

The researchers also developed child outcome subscales for use in regression analysis. The scales are based on commonly examined indicators of child protection, education, and mental health 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 data analysis process, the factor analyses, and the reliability analyses can be found in the annexes.

Limitations

The study generated many useful findings, which can be examined in light of several limitations. These include recall bias and social desirability elements, especially since the targeted sample had received or were expecting to receive humanitarian support. To mitigate this, all participants were fully briefed about the study along with their roles and rights, with particular focus given to the fact that their participation, or lack thereof, would not affect their receipt of 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 some 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 reliability testing and factor analysis to ensure their adequacy for advanced statistical analyses. Since the household surveys were generally completed by adult representatives of the households, child outcomes were reported by adults and therefore may not reflect the full scope of children's experiences. Finally, another important limitation is that countries from the Middle East region were not widely represented in this study given complications with collecting data. This study was conducted during a period of active conflict and escalating humanitarian needs in that region, which required prioritising emergency responses over field research.



Ethical considerations

To ensure high standards of data quality and safeguarding of participants, 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, including detailed descriptions of processes to obtain informed consent, a clear understanding of participant roles and rights in the research, and comprehensive guidance on how to ensure privacy and confidentiality for participants. Specific attention was given to best practices for working with children, including how to communicate with them and ensure their safety, and how to ensure “do no harm” principles,

whereby harms related to participation in the research are minimised while benefits are maximised. In addition, detailed guidance on study objectives and hands-on instructions for using project-specific tools and protocols were explained to enumerators. The Kobo data collection platform, used throughout the study, incorporated automated quality assurance features such as skip logic and validation checks. In addition, back-end 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. Study participants were fully briefed on the objectives of the study as well as their rights as participants, and informed consent was provided before engaging in any research-related activities.



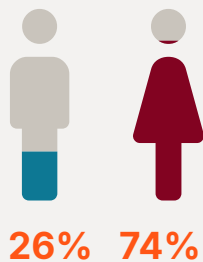
Final quantitative sample

The sample included 3,494 household respondents from eight countries. The largest group of households surveyed belonged to host communities (36%), with refugees (30%), internally displaced persons (20%), and others (14%), such as stateless people or returnees, comprising the remaining respondents.

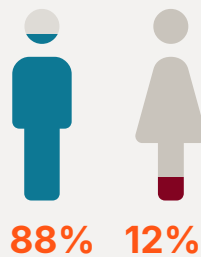


67% of the household survey respondents were the head of household.

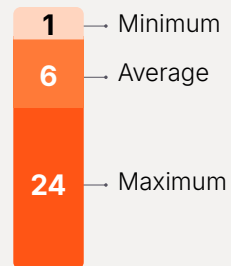
Gender of household survey respondents:



Gender of heads of households:

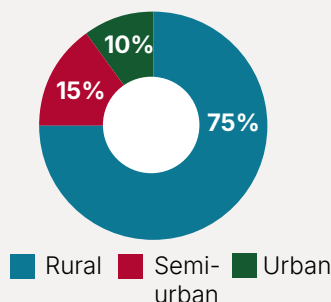


Number of household members:



68% of the heads of households were married.

Households communities



28% of respondents reported at least one person with a disability living in the household. Most common types of disability were physical (61%)



37% of households reported experiencing cuts in food assistance over the past 12 months.



When children draw pictures together, something remarkable happens. They lean over shared paper, trade pencils without being asked, and fill their drawings with the things they most want to see in their lives. A house with a proper roof. A family at a table. A child going to school.

The Rohingya children in this photo from an FGD in Bangladesh explained that colours give them a language their words sometimes cannot carry, a way to show the world what they are still waiting for and what they believe, despite everything, is still possible. In the act of drawing together, they are not just making pictures. They are practising hope.



FINDINGS





© Javan Niyakire, World Vision

THE IMPORTANCE OF SELF-RELIANCE IN A SHIFTING HUMANITARIAN LANDSCAPE

Self-reliance refers to an individual or household's ability to support their basic needs without relying on external assistance.

In general, whether a household experiences self-reliance, and to what degree, depends on a variety of factors, including access to employment opportunities, education, and legal protections, among others. This study examined self-reliance across multiple dimensions: housing, food, education, healthcare, employment, financial resources, assistance, debt, savings, social capital, safety, and health

status. (See the annexes for the full analysis and country-level data.)

The study findings clearly show that **self-reliance is associated with better child well-being outcomes** across education, food security, child protection, and mental health, and that self-reliance serves as a protective factor against household and child-related risks. Nevertheless, **self-reliance remains an elusive goal for many households**, due to barriers at the policy, community, household, and individual levels.

Self-reliance remains out of reach for many households



For me, a self-reliant household is one that doesn't depend on others or on [humanitarian] support to live. In Kerfi, it is difficult to talk about completely self-reliant households. The majority rely on food aid. Some households are partially self-reliant if they have small livestock, a vegetable garden, or a member with an income-generating activity ... I believe the primary resource needed is work that liberates people, meaning access to sustainable income-generative activities."

—KII, health centre manager, Chad

Key findings



More than **76%** of refugees reported having no shelter, living in emergency shelters, or living in inadequate shelter conditions.



Around **70%** of all households reported not having any savings or sellable assets, with only **7%** having enough savings or assets to cover one month of expenses.



More than **64%** of all households reported relying on assistance to access basic needs, particularly food (**53%**) and healthcare (**31%**).



Only **31%** of all households reported not having any debt, while more than half (**57%**) carry debt primarily to cover food and healthcare needs.



Only **9%** of households across all countries were able to access the healthcare they needed in the past three months.



Only **2%** reported full-time employment with legal documentation, almost none of whom are refugees.



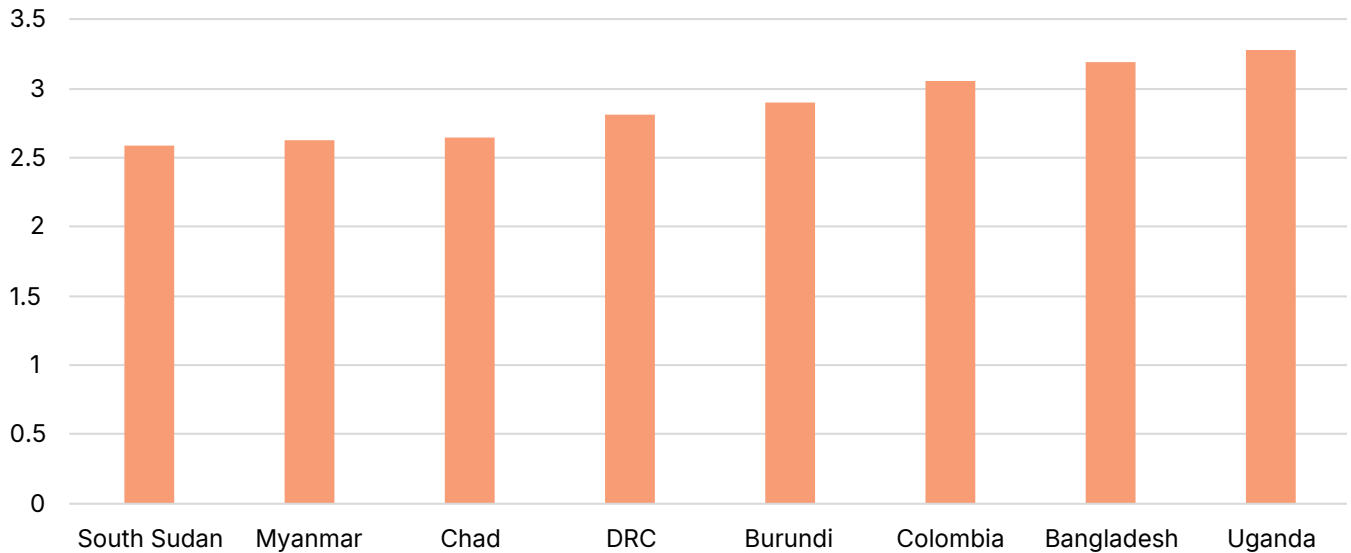
Compared to other factors, experiencing cuts in assistance, being a refugee, and experiencing food insecurity are the strongest risk predictors of poor self-reliance.



Female-headed households reported significantly lower self-reliance than male-headed households.

Self-reliance scores varied widely across the countries analysed, with Uganda, Bangladesh, and Colombia scoring the highest, and South Sudan, Myanmar, and Chad scoring lowest.

Figure 4. Average Self-Reliance Index (SRI) score by country*



* Scores range from 1 to 5 with higher scores reflecting better overall self-reliance

Based on this study's findings, the strongest risk factors undermining self-reliance were being a refugee, living in an urban setting, supporting a household member with a disability, and experiencing food insecurity. Households with these characteristics often experience stressors that prevent them from achieving self-reliance, such as encounters with restrictive policies, difficulty generating an income, and additional responsibilities and expenses. The analysis also showed that **female-headed households have significantly lower self-reliance than male-headed households**, highlighting the unique barriers women face in pursuing economic independence. Meanwhile, families whose heads of household are married and families experiencing better social cohesion scored higher in terms of self-reliance, potentially because these factors reflect stronger support systems and social ties.

Deeper examination of the individual dimensions of self-reliance revealed that across all countries, only 24% of households reported living in adequate apartments or houses,

Self-reliance among internally displaced communities

Based on analysis of the data from the DRC and Myanmar, where IDPs comprised a large portion of the sample:

- IDPs reported significantly lower self-reliance than host communities.
- Rural communities demonstrated significantly higher self-reliance than urban communities.
- Better social cohesion is associated with higher self-reliance.
- High food insecurity and the presence of a disability in the household are associated with lower self-reliance.

meaning 76% of households inhabit makeshift shelters, inadequate apartments, or no shelter at all. Refugees are significantly more likely to report living in makeshift shelters not fit for safe habitation (43%) compared to host communities, 80% of whom reported living in apartments or houses. Forcibly displaced households in Chad reported the highest rates of not having any shelter (20%), followed by Myanmar (8%) and South Sudan (8%), whereas most families in Colombia reported living in safe and adequate apartments or houses (52%).

Safety concerns also varied across contexts, with theft or robbery being a common concern across households in all countries. For instance, 31% of respondents in Bangladesh cited community- or country-level conflict as a significant worry, and 19% reported fear of kidnapping. In Burundi, concerns included harassment (12%) — including from authorities

— and arrest or deportation (21%), while 22% of households in the DRC expressed concerns over unsafe housing or eviction.

Across all countries, **54% of households surveyed reported receiving food assistance**, although this varied by context. In the DRC, 93% of households received some form of food assistance, and 67% of households reported relying on humanitarian assistance as a primary source of financial resources. On the other hand, only 23% of households in Uganda received food assistance — the lowest rate across all participating countries. These variations are also present for other forms of assistance, such as housing, education, and healthcare, with households in different contexts relying more on assistance in different areas. In general, across all countries, only 9% of households were able to access the healthcare they needed in the past three months.



The debt burden across countries also varied widely, with households in some countries showing a higher dependency on debt to access food. For instance, 73% of households in Myanmar and 72% of households in the DRC reported taking on debt to pay for food, while only 33% of households in Bangladesh rely on borrowing money to avoid hunger.

When comparing refugees and host communities, most of the refugee households surveyed rely on assistance primarily for food (63%) and healthcare (38%). These findings suggest that the largest vulnerabilities, especially for refugees, fall in these two areas.

The most commonly reported means of survival for refugees are borrowing money (57%) and seeking assistance (43%), while the majority of host communities rely on formal or informal work (54%). Almost half of all refugees in the sample reported not being employed or engaging in income-generating activities (42%), while others reported temporary, irregular, or seasonal work (38%). Only about 6% of refugees reported working full-time, and even fewer hold the necessary legal documentation. For the countries with overall higher self-reliance scores, numerous factors appear to have contributed to this outcome. For example, in Bangladesh, households reported high access to assistance and social capital, which could help in coping with shocks through external support from humanitarian organisations and other members of their community. Seventy-one per cent of households in Bangladesh reported knowing someone who could lend them money if needed, and 58% pointed to humanitarian assistance as a significant source of financial resources.

Furthermore, 66% of households from Bangladesh reported being engaged in either formal or informal employment, whether

temporary (33%), part-time (27%), or full-time (6.4%). Not surprisingly, given these factors, fewer households in Bangladesh (59%) reported using severe coping strategies — particularly emergency-level coping strategies (10%) — compared to households from the other countries covered in this study. Finally the percentage of households in Bangladesh, who reported eating three or more meals the day before the survey was highest among the countries examined (65%).

In South Sudan, low self-reliance appears alongside the highest household unemployment rates among the countries examined (59%). Across the individual dimensions of self-reliance, South Sudan also demonstrates the lowest percentage of households with children attending school (5%) when compared to other countries in this study, as well as the lowest percentage of households receiving sufficient healthcare to meet emerging needs (less than 1%). In addition, nearly 80% of households in South Sudan reported having no savings or sellable assets, and 93% of households are experiencing food insecurity. These examples highlight numerous factors that may affect a household's ability to achieve self-reliance, along with the significant contextual differences, which play a role in building resilience and meeting basic needs.

Self-reliance scores vary by country. However, across the board, refugees experience lower levels of self-reliance across multiple dimensions than host communities, are less likely to have stable and formal jobs, and are more likely to rely on assistance and carry debt related to food and healthcare challenges.

CASE STUDY | SYRIA

"We barely eat once a day," says 40-year-old Um Ahmad, a mother of four.

Displaced and uprooted multiple times by Syria's war, Um Ahmad and her family's journey eventually led them to Kalbeet camp, a crowded refugee camp in rural Idlib near the Turkish border. With her husband staying behind in rural Aleppo, her family struggles to survive on insufficient earnings.

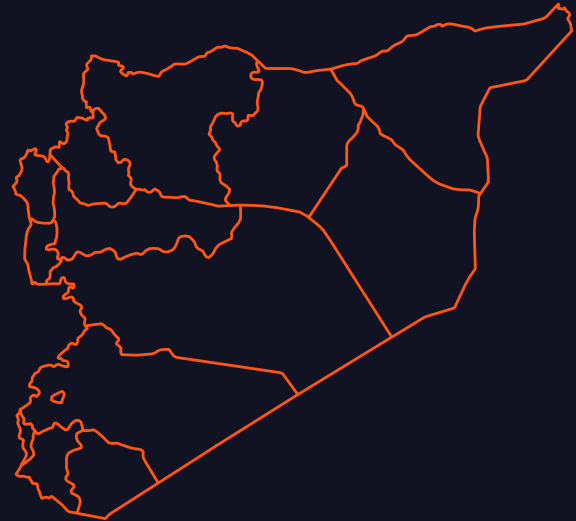
"The first time we left our home in rural Aleppo, we sought refuge in northern Aleppo. We thought we were safe in our own country," says Um Ahmad.

"But displacement is agony that many people ignore. Before the war, we moved from place to place for picnics, not to escape bullets."

For Um Ahmad and her family, humanitarian assistance is their lifeline. The family received food assistance delivered by humanitarian organisations like World Vision and funded by WFP, but once the rations are over, the rest of the month becomes a careful balance between hunger and debt for survival.

In Kalbeet camp, hunger has become a defining feature of childhood. Years of conflict, economic collapse, and shrinking humanitarian budgets have resulted in households surviving on one meal a day or less. Food assistance lasts around 10 days a month, after which parents ration what little remains or simply go hungry.

The situation in Kalbeet mirrors a broader humanitarian emergency across Syria: 14.5 million people face food insecurity, including 9.1 million who are severely food insecure.⁷⁰ In rain-fed regions such as Aleppo and Idlib, wheat and barley yields have collapsed by more than 95%, driving up food prices and deepening dependence on assistance.



"Bread has become our most urgent wish," says Um Ahmad.

"Vegetables, fruits, and proper nutrition are luxuries we cannot afford. To meet my children's needs, I try to work whenever I can, taking on any job just to provide the basics."

For children in Kalbeet, empty stomachs rarely exist in isolation. Over 600,000 children under 5 are acutely malnourished. Children lack essential nutrients, leaving them increasingly vulnerable to illness.

The consequences of cuts in assistance are devastating. Access to healthcare has declined after nearby services closed due to lack of funding, forcing families to travel more than 7 kilometres for care they often cannot afford. Funding shortages have already left 40,000 children and 18,000 pregnant and breastfeeding women without lifesaving care. Schooling remains out of reach.⁷¹ What began as an emergency response has hardened into a protracted crisis, with declining assistance reversing years of progress in child development.

"People think we have a normal life like others, but in reality, we are dead souls in weak bodies," says Ammar Al Hmoud, camp manager. "Families in the camp have been forced to cut meals, and some children have been seen scavenging from

garbage. Poverty has consumed the camp, rates exceed 91%, unemployment is rampant, and the rising cost of food makes humanitarian assistance not just helpful, but essential."

As assistance shrinks, households must make impossible choices: adults eating less so children can eat, pulling children into labour, or abandoning education entirely.

"Across Syria, millions of people remain uncertain about where their next meal will come from, and the crisis shows no signs of easing," says Ibrahim Al-Bakkour, World Vision International's Syria Response project team lead.

Beyond the upheaval of war, Um Ahmad's family faces a quieter but no less devastating loss. Uprooted once more as fighting closed in, she lost her identity papers while fleeing for safety.

"Each move stripped our family of what little stability remained, along with our identity documents, our security, and our access to basic services," says Um Ahmad. "My children don't have the documents needed to re-enrol them in school."

Um Ahmad's son, 10-year-old Omar, is unsure exactly how old he is. Like many children in northern Syria, his education has been suspended indefinitely.

"I haven't been to school in nearly two years," says Omar in a soft voice. "I want new books and school supplies."

For millions of people like Um Ahmad and her children, humanitarian assistance is not supplemental. It is the difference between coping and collapse, and a critical bridge towards recovery. Without sustained funding, children like Omar continue to grow up hungry, out of school, and searching for their most basic needs, while their hopes for the future wait to be prioritised.

For more than a decade of conflict in Syria, World Vision's Syria Response has stood with families who have lost almost everything. Since 2011, World Vision teams have delivered lifesaving humanitarian and recovery support across Syria, Jordan, and Türkiye, when needs were highest and hope was scarce. World Vision's integrated programmes, including health and nutrition, protection, clean water and sanitation, education, and livelihoods, are designed to help families survive today and rebuild for tomorrow. In Northern Idlib, World Vision staff work side by side with partners like WFP, ensuring food and other forms of assistance reach children and families every day. From managing food distributions and e-vouchers to listening carefully to community concerns, World Vision teams remain present to restore trust, uphold dignity, and build long-term resilience.



Um Ahmad and her child registering with World Vision staff in Syria to receive humanitarian assistance.

Self-reliance protects child well-being



Self-reliance has a big impact on child well-being. In those better-off families, the children's basic needs can be met. They can be fed nutritious food, given good education, and be properly protected.” — KII, health volunteer, Myanmar

*“Adults need more job opportunities in and around the [refugee] camp. If adults have stable and well-paid jobs, children will suffer less and have a better future.”
—FGD, girl, Chad*

Key findings

Self-reliance protects against almost all education- and child-protection-related concerns.

Children belonging to households with higher self-reliance experience:



56% lower odds of begging



38% lower odds of leaving school to work to find food or money



33% lower odds of being forced into child marriage



31% lower odds of being separated from their families



25% lower odds of having domestic responsibilities



25% lower odds of not regularly attending school

The findings show that self-reliance is a protective factor against almost all household and child-related challenges examined in this study. **When households experience higher self-reliance, the well-being of children is enhanced across multiple dimensions, including food security, protection, education, and mental health.**

"In our camp, few households have sufficient regular income. In most self-reliant households, risks of child labour, neglect, and violence are generally reduced. Self-reliance strengthens family stability and improves child protection. Conversely, lack of self-reliance exposes children to begging, child labour, exploitation, and risk of abduction."

—KII, head of camp, Chad

Higher self-reliance scores are associated with 56% lower odds of children begging, 38% lower odds of children leaving school to work to find food or money, 33% lower odds of children being forced into child marriage, 31% lower odds of family separation, 25% lower odds of not regularly attending school, and 25% lower odds of children maintaining domestic responsibilities such as household chores, carrying heavy items, caring for younger siblings, and managing the household in the absence of a parent. Among IDPs in the DRC and Myanmar, higher self-reliance is associated with 71% lower odds of children begging for food or money, 58% lower odds of children dropping out of school, and 44% lower odds of children managing domestic responsibilities. In the DRC and Myanmar, higher self-reliance also reduces the odds of households experiencing food insecurity by 62%.

These findings indicate that as self-reliance improves, child protection and child education risks decrease, a point which the qualitative data corroborates.

"A self-sufficient household leads to improved school attendance, fewer cases of dropout, and a reduction in child labour ... When food is available, dropout cases become minimal, children attend school regularly, and absenteeism becomes rare. It also helps children better understand and absorb lessons and encourages greater participation in class ... Household self-sufficiency has a significant impact on children's education, as children living in stable and supportive environments are better able to focus and improve their learning."

—KII, education staff, DRC

"Children of self-reliant households are motivated as they do not miss any school materials. Arriving at home, they revise their lessons well. However, for families with low income, they do not get time to revise lessons, and instead, they look for money."

—KII, child education specialist, Burundi

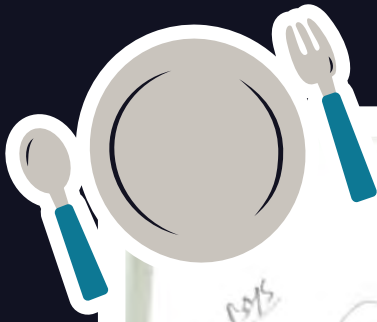
With that said, self-reliance is not only associated with household-level well-being but also with social cohesion and reduced tensions between forcibly displaced households and host communities. Participants reported that limited self-reliance often contributes to tensions at the community level, largely due to competition over scarce resources.

"Displaced people are more affected than the host community, because IDPs do not have land to cultivate. There is also an impact on stability and social cohesion: jealousy arising from perceived idleness among those who do not make efforts to overcome food insecurity, and resentment caused by the theft of host community harvests by displaced people."

—FGD, adult male, DRC

Findings also show that **self-reliance can buffer against negative outcomes for children, particularly among households experiencing cuts in humanitarian assistance.** Additional statistical analyses suggest that self-reliance is a key pathway linking these factors: When households experience assistance cuts, their self-reliance is weakened, which in turn increases the risks of poorer outcomes for children (see Tables 16 and 17 in Annex 2). Conversely, strengthening self-reliance, especially for households experiencing cuts in assistance, can protect children from negative impacts. These findings underscore that improving self-reliance is essential for protecting children and reducing long-term humanitarian dependency.

Self-reliance is critical for ensuring the holistic well-being of children, especially in environments of resource scarcity. Improving self-reliance is therefore a necessity, especially for refugee families experiencing cuts in food assistance.



In this diagram, Rohingya children in an FGD in Bangladesh placed food security and household income at the roots of their tree, showing that everything else — education, well-being, and mental health — depends on them. They spoke about the days when food at home runs short and how hunger drains their energy and makes learning harder. The children said clearly that they want to learn and look forward to attending school. The tree they drew shows their vision for what becomes possible once their roots are properly nourished. It reflects their belief in their own potential, if given the chance to grow.



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CONDITIONS NECESSARY FOR BUILDING SELF-RELIANCE

Several barriers and enablers of self-reliance emerged from the data. Above all, participants emphasised that **access to sustainable**

employment is the most important factor and highlighted the need for increased livelihood opportunities to improve household self-reliance.



Around 3 or 4 households out of 324 might meet the level of being self-reliant. The broader community faces significant constraints primarily due to the lack of accessible employment opportunities. Expanding livelihood options is essential to enable households to earn income, reduce dependency, and improve overall resilience."

—Kil, displacement camp leader, Myanmar

The vital role of the policy environment

“ We do not believe our families are self-reliant. We have no source of income and are entirely dependent on rations. Our main obstacles are that we cannot go out for work, we lack capital for business, and there are no local employment opportunities. Because we have no land, we cannot engage in farming. While we are capable of working formally, there are legal barriers.” —FGD, adult male, Bangladesh

Key findings



A policy environment that supports refugees’ right to work and freedom of movement is foundational to enabling self-reliance. Despite provisions in the 1951 Refugee Convention and ongoing progress at the national level, many countries’ legal frameworks still do not support unrestricted mobility and access to employment for refugees. This perpetuates existing challenges for achieving self-reliance.

The policy environment in a given context, particularly the legal frameworks related to employment, plays a critical role in shaping opportunities for building self-reliance.

Evidence shows that inclusive work policies can reduce poverty among refugees and other vulnerable groups and boost the economies of host communities.⁷² In contrast, lack of legal provisions for employment, freedom of movement, access to land, and education prevent households from being able to provide for their basic needs, trapping them in cycles of dependency.

The Dataset of World Refugee and Asylum Policies (DWRAP) provides a better understanding of the policy environments for refugees in each of the countries featured in this study.⁷³ The DWRAP Index scores each country based on the degree to which its policies enable access to the country, services, livelihoods, movement, and participation for refugees, with scores ranging from 0 (indicating minimal opportunities for refugees) to 1 (indicating an inclusive policy environment).⁷⁴

Table 3. Level of refugee inclusion in national policy frameworks (DWRAP Index)⁷⁵

Country name	Fields of analysis					Composite score
	Access	Services	Livelihoods	Movement	Participation	
Bangladesh	0.25	0	0.03	0.18	0	0.08
Myanmar	0.13	0.01	0.13	0.41	0.15	0.16
DRC	0.64	0.57	0.29	0.77	0.03	0.42
Colombia	0.47	0.37	0.4	0.83	0.17	0.43
Burundi	0.62	0.4	0.38	0.65	0.23	0.44
South Sudan	0.92	0.1	0.51	0.54	0.28	0.47
Chad	0.72	0.51	0.4	1	0.4	0.57
Uganda	0.95	0.6	0.52	0.71	0.27	0.59

According to this analysis, the most restrictive policy environments for refugees are found in Bangladesh and Myanmar, where low scores across all five dimensions highlight the significant obstacles refugees face in these contexts.⁷⁶ On the other hand, Uganda and Chad provide the most progressive approach, with particularly high scores in terms of access (ease of entry and security of status).⁷⁷ While the scores for each individual dimension vary significantly across countries, all eight score low on refugee participation. Overall, the scores indicate how much work is still required at the policy level to uphold refugee rights and ensure inclusion at the national level, as significant gaps remain prominent even in the most inclusive countries.

Findings from this study corroborate this analysis and provide tangible, evidence-based recommendations to build on the existing momentum. In most of the countries examined, **refugees reported legal restrictions on freedom of movement and access to the right to work as the primary barriers to self-reliance.** While refugees are entitled to these rights under the 1951 Refugee Convention, many countries restrict them at the national level. The findings further suggest that these provisions are closely linked to self-reliance and the well-being of families and children. This means that the right to work, freedom of movement — including safety in movement — and facilitated access to opportunities should be prioritised in policy dialogues with host countries.

In Bangladesh, where refugees face an extremely restrictive policy environment characterised by no legal options for work, severe movement constraints, and failure to acknowledge refugee status, participants articulated the challenges they face with securing economic stability. Despite the overall high self-reliance score when looking at both host communities and refugees together, refugees in Bangladesh face significant challenges with achieving self-reliance. On average, the study found that refugees in Bangladesh scored significantly lower in terms of self-reliance compared to host communities.

"Our families are not self-reliant. The main barrier to becoming self-reliant is that people in the camps cannot go outside to work for fear of the police and the army. While some formal work is possible at times, there are often legal barriers. Alternatively, one must hold a meeting with the Majhi [community leader] or [get] permission from the CiC [Camp in Charge]. It would be better to have our own income sources inside the camp to become self-reliant and manage our families."
—FGD, adult female, Bangladesh

In addition, one camp leader in Bangladesh described how lack of legal rights for refugees perpetuates dependency.

"Local policies and regulations ensure safety in many cases and provide access to various support. However, in some cases, due to regulations or restrictions, families are not getting full access to work or are facing various obstacles ... They survive with the help of a wide range of humanitarian aid agencies. They often seek help from relatives. However, due to their lack of legal rights, they face risks and uncertainty in obtaining permanent work services."
—KII, camp leader, Bangladesh

Similarly, in Burundi, participants reported restrictions on movement as a central barrier to accessing work and therefore improving their self-reliance.

"Refugees are allowed to work inside the camp but not outside. There is a common market where people meet and host-community traders bring goods into the camp for sale. When cash assistance runs out, people seek loans to survive."
—KII, mental health staff, Burundi

“Even when some have small income-generating activities, they are not allowed to move freely to access markets. Authorities tell us to seek opportunities, then again restrict movement under national and international laws. In short, refugees struggle to move because of regulations. Life is difficult. Even graduates cannot find jobs. Many job adverts require Burundian nationality. This affects us because we cannot leave the camp. Laws do not allow us to engage in diverse livelihoods since movement is restricted.”

—KII, local community leader, Burundi

Such policy-level barriers make it difficult for families to earn an income and ultimately move beyond dependence on humanitarian assistance. Further, when refugees attempt to abide by established regulations, they may still encounter obstacles.

“In the camp, we can do small jobs, but outside it is not possible without a movement pass. We do what is feasible and abandon what is not. There are activities we cannot do here such as trade that requires going to purchase stock. For farming, someone might ‘rent’ you land that is not theirs, later you are evicted and lose everything ... working outside the camp is difficult because passes are issued as ‘out and back’ the same day.”

—KII, education staff, Burundi

“For example, to leave the camp you must queue to request a permit. If you line up at 7:00am you might get the permit at midday. Even then, there are strict curfew hours for returning to the camp. The regulations help with security but there are no supportive policies for employment.”

—KII, community leader, Burundi

While legal impediments hinder self-reliance for refugees in most of the contexts included in this study, refugees in other settings, such as Uganda, enjoy the right to work and movement along with widespread community tolerance and acceptance.



“Community members are allowed to engage in income-generating activities in different locations, and any income earned remains their personal property with no mandatory deductions or claims imposed by authorities or other actors. This supports individual economic initiative while emphasising personal accountability and self-reliance.”

—FGD, adult male, Uganda

Not surprisingly, 65% of surveyed households in Uganda, including refugees, IDPs, and host communities, reported that work (formal or informal) is a significant source of obtaining financial resources for the household. Similarly, in Colombia, where providing temporary protection status to Venezuelan refugees has generated new opportunities, 68% of households pointed to employment as a source of household resources.⁷⁸ These rates are significantly higher than those reported in other countries.

Contextual differences in refugee policies carry significant implications for the capacity of refugee families to generate an income, since they determine which livelihood options refugees can legally pursue to support the well-being of their families. Across all countries featured in this study, families in

Uganda scored highest on self-reliance, further highlighting the important role of enabling policies for refugees in securing long-term resilience.

“If movements were allowed, many trained people (engineers, nurses, etc.) could seek opportunities, but currently there simply is no market access. We are not allowed to return to our country due to conflict, and we wish to be permitted to resettle or move to another country. We hear that refugees in Uganda have freedom of movement, we would too be trading if we had that freedom. We Congolese have solidarity. If movements were allowed, those who have already migrated could support us to invest, study, and improve food security. Our mindset would change, we would not remain dependent on the amount we currently receive.”

—KII, local camp leader, Burundi

An inclusive policy environment, which upholds refugee rights — especially the right to work and freedom of movement — is foundational to promoting self-reliance. Refugees who operate under more liberal policies are more likely to be able to ensure better livelihoods and living conditions for their children, ultimately reducing life-threatening challenges.



GLOBAL COMPACT ON REFUGEES

The Global Compact on Refugees (GCR) is the main global framework to improve the fulfilment of refugee rights and enhance self-reliance. Supported by World Vision, the GCR is an international agreement that encourages countries to share responsibility more fairly and predictably towards advancing refugee rights and improving global support to host countries.⁷⁹

The GCR is built on the acknowledgement that protecting and supporting refugees is a shared responsibility, which requires collective action and financial support from the international community. The GCR provides a structure for strengthening partnerships, expanding funding, and measuring progress towards concrete goals. Under the GCR, governments, international organisations, donors, and other stakeholders make pledges and report on progress towards achieving the framework's core objectives, namely easing the pressures on host countries, enhancing refugee self-reliance, expanding access to third-country solutions, and supporting conditions in countries of origin for return in safety and dignity.⁸⁰

Despite ongoing funding and political challenges, the GCR remains central to advancing the implementation of concrete measures to promote refugee self-reliance across two main outcomes:

1. Refugees are able to actively participate in the social and economic life of host countries.
2. Refugee and host community self-reliance is strengthened.⁸¹

Several of the countries included in this study are actively engaged in the GCR process and have made pledges to advance self-reliance for refugees within their borders:^{82, 83}

- Burundi's nine active GCR pledges are commitments to guarantee freedom of movement for refugees, to integrate

refugees into the national education system, and to advance durable solutions by securing refugees' right to land, housing, and property.

- Chad's 13 pledges include supporting refugees with access to employment and private-sector markets, enabling the creation of small businesses, providing identity cards to refugees, and integrating refugees into the national education system.
- Colombia, with 12 pledges, committed to grant Colombian citizenship to children born in Colombia after 2016, to adopt a comprehensive migration policy, and to provide residence permits to refugees with offers to work or study in Colombia.
- DRC's 12 pledges include simplifying the asylum process, providing long-term visas with freedom of movement to refugees who want to stay in the DRC, and realising refugee inclusion in national systems and services.

Nevertheless, the 2025 GCR Indicator Report showed that while the proportion of refugees with legal access to work expanded in 2025 to 62% across 96 countries, 38% remained with either no access or partial access to employment in law, and only 47% of refugees were able to access employment in practice, with additional investment needed to unlock the full potential of inclusive policies.⁸⁴ Similarly, the Indicator Report revealed persistent challenges in integrating refugee children into national education systems, with close to 40% of primary school-aged children from refugee households barred from full inclusion.⁸⁵ The report identifies practical barriers to accessing education, such as documentation requirements, language obstacles, and indirect costs, highlighting the importance of both policy-level and practical interventions.

Practical barriers to self-reliance



The real difficulty is not knowing how to earn that money or where to find job opportunities. There are simply no ways to earn an income. The main challenges are that movement is restricted due to security issues. It would be better if organisations can help us find jobs and guide us. Right now, we honestly do not know how we are supposed to survive.” —Kll, health volunteer, Myanmar

Key findings



Lack of UNHCR identification documents in the case of refugees, language barriers, lack of understanding of procedures to access work, and limited freedom of movement are the biggest risk factors associated with self-reliance.



Experiencing cuts in humanitarian assistance is associated with lower self-reliance.

Self-reliance is a critical goal, but various practical barriers continue to limit its realisation, even in countries with conducive policy environments. **Where rights are upheld by legal frameworks, challenges such as missing documentation, language barriers, limited understanding of local procedures, and security risks can still prevent refugees and other forcibly displaced people from accessing their rights and available services.**

Understanding and addressing these practical barriers is therefore equally as important as policy-level change.

Access to employment is the most frequently cited contributor to self-reliance, and yet, across all countries, **only 1.5% of households surveyed reported working full-time with legal documentation.** Nearly all surveyed households — refugees, IDPs, host communities, and others — described how **limited opportunities to earn an income make it difficult to achieve self-reliance**, whether due to restrictive policies, community-related limitations, or individual capacities. Beyond policy-level constraints, respondents highlighted multiple obstacles

preventing them from earning a living, such as not knowing how to access work opportunities or what procedures to abide by, lack of familiarity with the local language, and restricted movement. Together, these risk factors make it harder for families to become self-reliant and suggest that beyond policy and community-level reforms, stronger advocacy and clearer communication mechanisms are important (see regression models 1 and 2 in Annex 2).

Almost half (49%) of the refugees, IDPs, host community, and other households surveyed reported trying to access work opportunities in the past three months. However, less than half (45%) of host community households and 37% of refugee households who tried to access work succeeded. Among those who attempted to work but did not succeed, refugees identified the following as the principle barriers: lack of information about procedures (35%), language barriers (15%), prioritisation of host community members by employers (13%), safety concerns and discrimination (9%), employers failing to recognise credentials (9%), and restricted freedom of movement (9%). The majority of

host community respondents, on the other hand, cited decreased job opportunities (62%) as the main barrier to accessing work.

Barriers to work also vary by context, with households in different countries reporting different obstacles to sustainable livelihoods.

Table 4. Barriers to work by country

Barrier	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Decreased job opportunities	60%	19%	73%	65%	43%	43%	18%	59%	50%
Lack of information/ understanding of procedures	60%	40%	29%	12%	28%	31%	48%	30%	32%
Non-recognition of qualifications	3%	25%	12%	20%	10%	13%	17%	10%	14%
Language barriers	26%	7%	1%	0%	20%	11%	16%	24%	12%
Prioritisation of host community first	2%	9%	24%	13%	4%	6%	3%	32%	11%
Lack of identification documents	17%	8%	7%	12%	19%	5%	10%	8%	10%
Had to take care of other household members	0%	6%	6%	15%	1%	16%	0%	0%	8%
Fear of safety, discrimination, etc.	2%	0%	7%	8%	3%	16%	4%	6%	7%
Non-recognition of credentials by employers	10%	7%	4%	5%	2%	6%	27%	3%	7%
Restricted freedom of movement	12%	13%	0%	3%	0%	12%	3%	0%	6%
Lack of access to bank accounts	5%	12%	0%	1%	0%	2%	34%	0%	5%
Lack of safe, affordable, accessible transport	2%	1%	6%	5%	0%	10%	6%	0%	5%
Barriers to accessing administrative permits	5%	2%	3%	6%	1%	4%	0%	4%	4%
Change in rules for refugees	8%	6%	2%	2%	3%	0%	3%	3%	3%

In Myanmar, participants spoke about employer preferences for formal qualifications limiting access to employment for individuals without credentials.

"In the current context, employment opportunities are primarily accessible to individuals who possess vocational skills or formal qualifications. Individuals without such competencies face significant barriers to entering the labour market, further limiting household income generation."

—KII, camp leader, Myanmar

Participants also highlighted significant barriers to agricultural livelihoods and setting up small businesses, including lack of access to land, capital, and credit. For example, a male refugee in Uganda specified that many households are unable to participate in agriculture due to limited access to productive lands. High unemployment and limited livelihood opportunities have also reduced access to sources of stable income, ultimately limiting self-reliance.

Beyond work-related challenges, many families experience difficulty moving, not only because of restrictive policies, but also due to tensions with the host communities surrounding refugee and IDP camps, fear of aggression from authorities, and the risk of violence. For example, a participant from Bangladesh noted safety risks and fear of the police as a primary barrier to movement.

"We cannot go outside the camp for work due to fear of kidnapping or the police."

—FGD, adult female, Bangladesh

Similarly, respondents in Myanmar emphasised deteriorating security and increased militarisation as an ongoing threat.



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“There are no rules of laws here at all. Even if there were, none of them can be applied now. At the moment, the biggest problem is the excessive number of checkpoints, which prevent us from moving anywhere. Even when sending children to school, we have to go through inspections by checkpoints. There are also frequent military recruitments forcefully. If these things did not exist, I think we might be able to manage the situation a little better” — KII, camp leader, Myanmar

“There are many interconnected challenges. The main issue is the difficulty of movement — people cannot travel freely and because they cannot work, their situation is worsened. For us, job opportunities are extremely limited, making it even harder to earn an income. Our men are particularly affected because they cannot move around or travel, which creates additional hardship for the whole family.”

— FGD, adult male, Myanmar

A woman in Myanmar further described the severe safety risks women face when attempting movement.

“Travel has become very difficult due to the large number of checkpoints. When we encounter these checkpoints, everything we carry is taken away from us, including money and belongings. We also experience invasive searches, where we are asked to remove even our bras during inspection. With certain groups, even saying we are married is not believed. We would be forced to expose our chests to prove marital status. Because of these experiences, many women no longer feel safe to go anywhere.”

— FGD, adult female, Myanmar

Participants across all countries also cited documentation requirements as a challenge, which often prevents refugees from accessing formal employment and therefore limits capacity

for self-reliance. In Colombia, 19% of households reported working without legal documentation — the highest percentage among the countries featured.

“The main obstacles [to self-reliance] are lack of formal employment, absence of valid documents to access programmes and jobs, and reductions in food assistance ... We cannot find formal employment because we are required to provide documents which we do not possess, such as temporary permits or valid identification cards. As alternatives, we work informally, such as through recycling, selling blankets, washing clothes, or doing domestic chores.”

— FGD, adult female, Colombia

“My dad missed an opportunity to work in the bank as they asked him for his legal documents.” — FGD, boy, Burundi

A final factor associated with lower self-reliance in the current context is reductions in humanitarian assistance. **Numerous participants, including refugees, IDPs, and host community representatives, pointed to cuts in humanitarian assistance as a key source of heightened vulnerability.** The main regression model shows that decreased humanitarian support is linked to lower levels of self-reliance, reflecting the importance of assistance in protecting households from ongoing shocks. Ensuring greater self-reliance requires sustained assistance driven by continuous funding to maintain access to essential services and preserve food security as families work towards independence.

Even in contexts with enabling policy environments, practical barriers to self-reliance, such as lack of information about how to access work, missing documentation, language barriers, and security risks, can restrict opportunities. Cuts in humanitarian assistance are also associated with lower self-reliance.

Enablers of self-reliance

“It is essential to develop employment opportunities for young people to provide support through access to improved seeds and appropriate techniques, and support livestock farming and market gardening. Technical assistance and training are also crucial for ensuring sustainability.” —KII, health centre manager, Chad

Key findings



Work opportunities, skill development and integrated livelihoods support, access to capital and materials for setting up small businesses, and holding UNHCR identification cards (in the case of refugees) are key enablers of self-reliance.

The clearest enabler of self-reliance across all types of data in this study is the opportunity for households to generate their own income independently, without depending on humanitarian assistance or support from others in their communities.

“To make it easier for people to become self-reliant, they should be able to create their own sources of income or to be employed.”

—KII, child protection specialist, Bangladesh

“Allowing families to work would increase their income and make it easier for them to meet their needs. Families would be less dependent on others for support.”

—KII, camp leader, Bangladesh

and freedom of movement are crucial, availability of work opportunities, provision of needed capital or tools for business, and the development of needed skills and credentials are also vital in the transition to self-reliance.

Key informants, such as in Chad and Myanmar, emphasised this point.

“I think that if families had more job opportunities or income-generating activities, they could better feed their children and reduce their dependence on humanitarian aid. The problem isn’t just the right to work, but lack of opportunities and resources.”

—KII, head of camp, Chad

“For now it would be good if we could receive food assistance. For the long term it would be good if we could receive start-up capital and materials we need for livelihoods.”

—KII, education specialist, Myanmar

The analysis also shows that refugees who hold UNHCR identification documents experience better self-reliance than those who do not, likely due to the importance of documentation in securing formal employment in many contexts.

Beyond inclusive policies and tolerant environments, access to work opportunities, skills, and materials for developing sustainable livelihoods were identified as the most important enablers of self-reliance.

CASE STUDY | COLOMBIA

In the morning light of a small kitchen, Miguel seals a bag of popcorn and places four colourful cupcakes into a plastic container. It is a quiet, disciplined routine, the kind that helps a displaced family turn uncertainty into stability.

Yesleidy and Miguel fled the humanitarian crisis in Venezuela as refugees two years ago, migrating to Colombia with their children. They rebuilt their lives from the ground up, turning a small family entrepreneurial idea into a pathway towards stability and a future they can plan for. Today, their days revolve around a modest food stall near a local school, where Miguel prepares and sells empanadas, popcorn, cotton candy, and cupcakes to students.

For families rebuilding after displacement, a small but steady source of income can mean the difference between getting by and moving forward with dignity. Across Colombia, food insecurity remains a pressing challenge, with 36% of households in Colombia being food insecure, according to the current World Vision study.

"We are a Venezuelan family. A humble, hardworking, resilient family that has launched businesses not only here, but also back in Venezuela," Yesleidy reflects. "Because even though at one point I had a very good job, the economic situation wasn't enough to support us. So, my partner here, who has always knocked on doors through commerce, decided once again to reinvent himself — because you always have to reinvent yourself."

When they first arrived, Miguel began with a fast-food cart, selling empanadas outside the school. Over time, the business grew into a food stall. Today, their ambitions go further.

"I want to expand, not just to a fancy bakery, but a bakery that can sell everything else: confectionaries, sweets — because from there you can also work with empanadas, and keep working with school cafeterias. That's very profitable," explains Miguel.



For refugee families, a stable livelihood helps keep their children in school and makes planning possible. In Colombia, almost 33% of households surveyed reported temporary, seasonal or irregular employment, while only 4.6% have full-time employment with legal documentation.

Through World Vision's Beyond Borders project and its seed capital, families like Yesleidy and Miguel's receive support to strengthen their businesses. This includes participation in the Canvas model, which is composed of nine steps and provides key tools for the creation and consolidation of businesses. Those who complete the process and present their initiatives to the seed capital committee can access resources to purchase supplies, enabling them to take their businesses to the next level. After consistent participation, Yesleidy and Miguel's business plan was approved — a milestone that marked both recognition and new opportunity.

"When he told me the business had been approved, I was happy, very happy. I wasn't surprised, but I was very happy," says Yesleidy. "It's been a long process. We've been very consistent and very disciplined with the meetings, the trainings. It's been a long process, but very rewarding."

"And when they told us our family business was approved, it was pure joy."

Despite this momentum, funding cuts put programmes like Beyond Borders at risk. Without continued support, families like Yesleidy and Miguel's lose access to the training, resources, and guidance that make it possible to sustain and grow their business. Opportunities to move into stable, formal employment become increasingly out of reach. For families already experiencing displacement, this can mean the difference between building a future or slipping back into uncertainty.

With sustained investment, families like Yesleidy and Miguel's can move beyond survival, building stable livelihoods and creating better futures for their children.



Yesleidy, Miguel and their children in their food stall, which helps them build stability, earn an income, and be self-reliant.

Summary

Self-reliance is a critical protective factor buffering against negative outcomes for households and children, including child marriage, child labour, and school dropouts, while also mitigating the impacts of funding cuts. Yet many refugees, IDPs, host communities, and other vulnerable groups face significant challenges in achieving self-reliance due to systemic and contextual barriers. In order for households to build self-reliance, several critical conditions must be in place, most notably, an

enabling policy environment that facilitates access to work, documentation, and freedom of movement. Practical barriers such as security risks, financial exclusion, documentation challenges, and lack of information about how to access work opportunities must also be addressed. Finally, key enablers of self-reliance, including registration, skill development, and access to financial services, must be strengthened to increase income-generating opportunities and improve child well-being.





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CHILD WELL-BEING AMID DWINDLING RESOURCES

In displacement settings, households often rely heavily on humanitarian assistance for survival and well-being, whether through food assistance, healthcare, education, or protection services. When this support is reduced, it can have severe consequences, especially on child well-being. As outlined in previous sections, many refugees, IDPs, and other crisis-affected people have limited alternatives for subsistence due to a range of barriers, leaving children particularly vulnerable to reductions in assistance. **Cuts in assistance undermine children's well-being across multiple dimensions, including increased hunger and food insecurity, protection risks, disrupted education, and declining mental health.**

The research also shows that refugee status, larger household size, and experiencing food insecurity further increase children's exposure to negative outcomes. (See Annex 1 for the full analysis and country-level data.)



We refugees are mostly dependent on aid. When it's reduced, we don't have many other means of survival."

—FGD, boy, Chad

Hunger and food security



In some cases, we get desperate because we don't have food. Sometimes our parents worry that we might get sick from not eating, or sometimes we only eat once a day, and they have to look for work, and if they don't find it, they get even more desperate. Sometimes the community helps us, but only when they can. And when they can't, in some cases, we get even more desperate because they can't help the other person since they themselves don't have money." —FGD, child, Colombia

Key findings



More than **57%** of all households reported that at least one household member went to sleep hungry in the past 24 hours.



More than **45%** of all households reported a household member not eating at all for the full day and night before the survey.



40% of all surveyed households reported eating zero to one meals the day before the survey, with less than **20%** eating three or more meals the day before.



Children belonging to food-insecure households are **7.8 times** more likely to be forced into child marriage, **4.7 times** more likely to endure family separation than their food-secure peers, **3.9 times** more likely to drop out of school, and **3.4 times** more likely to experience abuse and neglect.



The findings of this study revealed concerning levels of food insecurity among both forcibly displaced households and host communities. In general, **only 32% of all households managed to eat two to three full meals the day before completing the survey, with more than half of the sample either not eating at all or barely eating a full meal. Around 55% of the households surveyed reported levels of food shortages equivalent to severe food insecurity.** The countries with the highest levels of food insecurity reported in the study are South Sudan (93% of households food insecure), DRC (83%), Uganda (72%), and Burundi (67%), while a smaller proportion of households in Myanmar (19%) and Bangladesh (24%) qualified as food insecure.

In most countries, including Colombia, participants pointed to unstable livelihoods as an underlying cause of heightened food insecurity.

“Lack of stable employment is the main factor increasing food insecurity. Most families depend on informal and temporary jobs such as construction, car painting, recycling, or handicrafts, but these earnings are insufficient and inconsistent. When they manage to work for a few days, the money is used to pay off debts and to buy food, which reinforces a cycle of debt.”

—FGD, adult male, Colombia

As mentioned throughout this study, **the majority of households across contexts reported relying on food assistance to cover basic needs and provide staple foods each month.** Specifically, this was true for 68% of all IDPs, 59% of all refugees, and 41% of all host community households surveyed.

“When a family receives a full ration, it usually includes basic foods. Sometimes there’s also a little money or vouchers to buy what is missing. With that, we can cover our basic needs and buy a few things depending on what we really need.”

—FGD, adult female, Chad

However, **37% of the total households surveyed reported experiencing cuts to their food assistance rations over the past 12 months.**

Across countries featured in both the 2025 and 2026 editions of World Vision’s *Ration Cuts* report, the percentage of households receiving food assistance declined significantly from one year to the next.

Table 5. Per cent of households receiving humanitarian assistance by country

	2025	2026	Change
Bangladesh	78%	57%	-21%
DRC	100%	62%	-38%
Myanmar	94%	54%	-40%
South Sudan	70%	59%	-11%
Uganda	93%	56%	-37%

Further, the findings from the FGDs show that food insecurity is often an immediate and detrimental outcome of funding cuts and reductions in assistance, with far-reaching consequences for children and households — especially in countries with increased inflation, reduced purchasing power, and rising economic instability.

“Things have changed because global funding for assistance has decreased. Prices outside the camp have risen sharply. The 36,000 BIF we receive must cover everything. In 2023, we used to receive 6 kg of rice per person per month and 5 kg of pulses. Now, there has been a 75% reduction of what was provided ... The cash we receive cannot buy us what we need. We should be taught how best to use the cash. Devaluation makes things much worse.”

—FGD, adult male, Burundi

"By the end of 2023, cash voucher amounts for each family member were reduced; [this caused] children not to want to go to school because their families can no longer provide regular morning breakfast. Food insecurity has also impacted the safety and protection of children. Because of food insecurity, many children go outside the camp to work and face the risk of being abducted."

—FGD, adult male, Bangladesh

For instance, key informants and focus group participants reported severe food shortages and a range of household-level coping strategies to address ongoing hunger.

"Sometimes we can afford to eat just an egg, but most of the time my mother cooks only leafy vegetables. That's what we rely on now."

—FGD, girl, Myanmar

In the analysis, food insecurity appears as a risk factor for almost all of the negative outcomes examined, including all education and child protection concerns. **Children's odds of experiencing negative outcomes increase exponentially for households with higher food insecurity scores.** The findings reveal that children belonging to food-insecure households are:



13.8 times more likely to experience mental health challenges,



7.8 times more likely to be forced into child marriage



4.7 times more likely to be separated from their families,



4.4 times more likely to hold domestic responsibilities,



3.9 times more likely to drop out of school,



3.4 times more likely to work, beg, or live elsewhere, and



3.4 times more likely to endure abuse and neglect.

Households experiencing food insecurity often divert resources from other areas that are critical to children in order to secure food or reduce household expenses. These decisions include withdrawing children from school, forcing children into child marriage, and pushing children to work. Children from Chad reported engaging in child labour, begging, and undertaking other risky activities in order to procure food for their families.

"Some children are forced to work, beg or accept dangerous situations to get food or to help their families." —FGD, boy, Chad

Even in cases where children remain in school, hunger creates challenges with concentration and undermines children's ability to learn, contributing to poorer academic performance.

In the absence of food assistance and the tools for self-reliance, food insecurity becomes an all-encompassing challenge for households struggling to maintain stable employment and access sufficient resources to survive. Food insecurity in turn exacerbates children's exposure to negative outcomes across multiple dimensions.



In this drawing, Rohingya children in an FGD in Bangladesh show both their lived reality and their dreams for the future. The caption they wrote below the drawing — “This boy is crying for food” — reflects their experience with hunger and food insecurity in the camp, where families struggle to eat enough. The house with a blue roof and a red door symbolises the home they long for, beyond the temporary shelters they live in today. For these children, a real home means not just walls and a roof, but food on the table and family meals that bring comfort. By imagining that future in colour, they express a quiet but powerful hope that life can be different in the future.

CASE STUDY | SUDAN

Hawa Ishaq Boush never imagined she would one day be forced to beg to keep her children alive.

The mother of ten fled Al Fasher in Sudan's Darfur region after violence and conflict tore through her community. What should have been a journey to safety became a grueling escape, ending at a camp for internally displaced people in the mountains of Jabel Marra, South Darfur.

Now, Hawa and her children live among thousands of families uprooted by Sudan's escalating conflict. Since violence intensified in 2023, millions across Sudan have been forced from their homes. In such camps, families arrive with almost nothing, hoping to find safety but instead facing devastating living conditions and severe shortages of basic necessities.

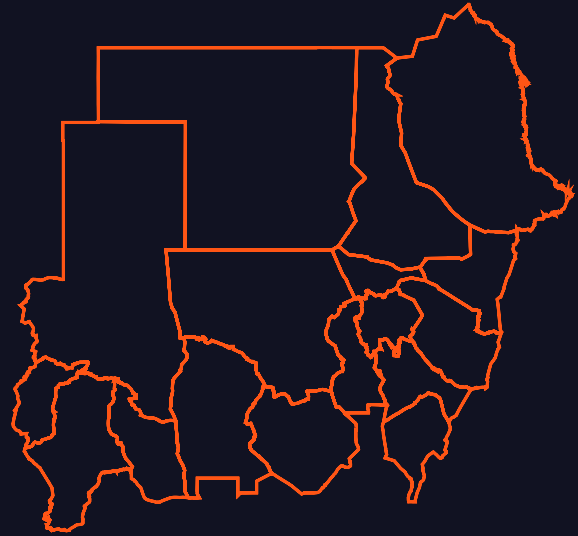
"Our situation here is bad. We depend on the host community. We have to leave our children at home, and we go out to beg,"

Hawa says. "We don't have blankets, we have nothing, just the support of relatives to feed our children. Every day we go out seeking food, and the children have no clothes now."

"We have at least 25,000 individuals already in the camp, and 15,000 of them are children," says Grace Mavhezha, Communication and Advocacy Manager for World Vision Sudan. "Of those children, we have 197 unaccompanied and separated children recorded so far."

For Hawa, survival has become a daily struggle. Each day without work or income forces impossible choices.

The crisis has hit children especially hard. Across Sudan, 4.2 million children are suffering from acute malnutrition, according to UNICEF, including 800,000 children experiencing severe wasting, a life-threatening condition that can become irreversible without urgent therapeutic treatment.⁸⁶



Women and girls are disproportionately affected by the Sudan crisis. Millions are at heightened risk of physical, emotional, and sexual violence as conflict and displacement continue to erode protection systems and essential services.

Hawa worries constantly about her children and about what tomorrow might bring.

"There is no medicine at the camp, and there is not enough water, and no money to buy it. My children have not eaten because today I did not go out to look for food. People are really suffering here; there is no food to eat, no clothes or even shoes.

"Some children die from hunger. We have nothing," - Hawa

In the camp, shortages extend far beyond food. Families struggle to access clean water, medicine, and safe shelter. As the rainy season approaches, families face increasing risks from disease, flooding, and worsening living conditions.

The camp is located in East Jabel Marra, in the hardest to reach areas. Only three humanitarian agencies are operating in the camp.

"There is no food, there is no water," Mavhezha explains. "The situation is that bad. The rain season is just around the corner, and with these shelters, it means that these people will be vulnerable to the rains and all."

Despite immense challenges, World Vision continues to respond and is providing vital assistance in the camp, including food aid, cash assistance, water, sanitation and hygiene services, health and nutrition support, and child protection programmes, including psychosocial support to the victims of sexual violence victims and to unaccompanied children.

"The people in the IDP camp are in need of support. World Vision is currently in the camp

supporting the unaccompanied and separated children and also giving awareness and support to women who suffered from sexual violence, but this support is not enough," Mavhezha says.

For women and children already pushed to the brink, continued funding for food assistance, nutrition services, clean water, healthcare, shelter, and child protection programmes is critical. Increased investment in protection services for women and girls, including survivors of violence, also remains urgently needed.

Families like Hawa's cannot rebuild their lives without sustained humanitarian access, protection for civilians, and stronger global support for the Sudan response.



After walking a long journey in search of safety and a better future, Hawa (pictured) found herself struggling to access food and other necessities for her children at an IDP camp.

Child protection



Socioeconomic hardships have led to increased domestic violence, family conflict, and family separation. Financial stress and limited social support have also contributed to rising cases of child labour and child trafficking.” —FGD, adult male, Uganda

Key findings



24.4% of refugee households reported their children working.



Children whose families experienced cuts in assistance are **2.3 times** more likely to be forced into child marriage, **2.1 times** more likely to experience child abuse and neglect, and **2 times** more likely to be separated from their families.

Children in resource-scarce environments often encounter risks of neglect, abuse, and exploitation. Across all countries, the most commonly reported child protection concerns are child labour (22%); domestic responsibilities for children, such as household chores and caring for younger siblings, among others (20%); and separation from parents (11%). While host communities, IDPs, refugees, and other households all reported child protection concerns, a larger proportion of refugees reported experiencing child protection risks across all categories when compared to host communities.



Table 6. Per cent of respondents reporting exposure to child protection risks*

	Host communities	Refugees
Children exposed to domestic responsibilities	13.3%	25.3%
Child labour	18.0%	24.4%
Children separated from parents	7.5%	13.6%
Children exposed to community tension	5.3%	12.6%
Children begging	5.3%	12.1%
Children exposed to violence neglect and abuse	4.4%	11.1%
Children forced into marriage	5.1%	10.4%
Children exposed to child trafficking	5.3%	9.7%

*All differences are statistically significant with $p < 0.05$

Among respondents in the DRC and Myanmar, single-headed households are 43% more likely to have children begging for food or money, 23% more likely to have children forced into marriage, and 60% more likely to have children engaged in domestic responsibilities. Children of IDPs are also 1.8 times more likely to maintain domestic responsibilities than children belonging to host communities.

Participants across all contexts described increasing risks of violence, family separation, and exploitation of children as families attempt to navigate severe resource shortages. In some contexts, these amounted to severe protection risks, such as in Burundi, where adolescent girls reported engaging in sex-work to secure basic needs.

"We young children often lack basic essentials. Thus, we do prostitution to get them."
—FGD, adolescent girl, Burundi

Over 6% of all households surveyed in Burundi reported their children engaging in high-risk sexual activity — the highest percentage among the countries examined.

Local communities in Uganda reported increased school dropouts due to food insecurity, rising violence, family separation as parents travel elsewhere for economic opportunities, child neglect, and child labour, among other risks, especially among refugee communities.

"There is increased child labour like carrying heavy jars of water, digging the whole day, doing house chores, grazing animals, and taking care of their own since their parents migrate to host communities."

—FGD, adult male, Uganda

Child protection is a key area where diminishing assistance and resulting increases in food insecurity intensify exposure to risks. Findings of this study reveal that children whose families experience cuts to humanitarian assistance are:

2.3 times more likely to be forced into child marriage,

2.1 times more likely to experience child abuse and neglect,

2 times more likely to be separated from their families,

1.6 times more likely to drop out of school to beg or work, and

1.3 times more likely to experience mental health challenges.

Some adult women in an FGD in Uganda reported that due to food insecurity, *"children are straying in the streets, which exposes them to high risk of community violence, theft, and other insecurities."*

Women from the DRC and Burundi also shared this concern.

"Our children's security is affected when they go to the streets looking for food."

—FGD, adult female, DRC

"There is a high rate of juvenile delinquency linked to reduced food. Sexual violence has increased. Theft has increased, and diseases related to prolonged food shortages."

—FGD, adult male, Burundi

Respondents from the DRC also described a connection between rising food insecurity and domestic violence.



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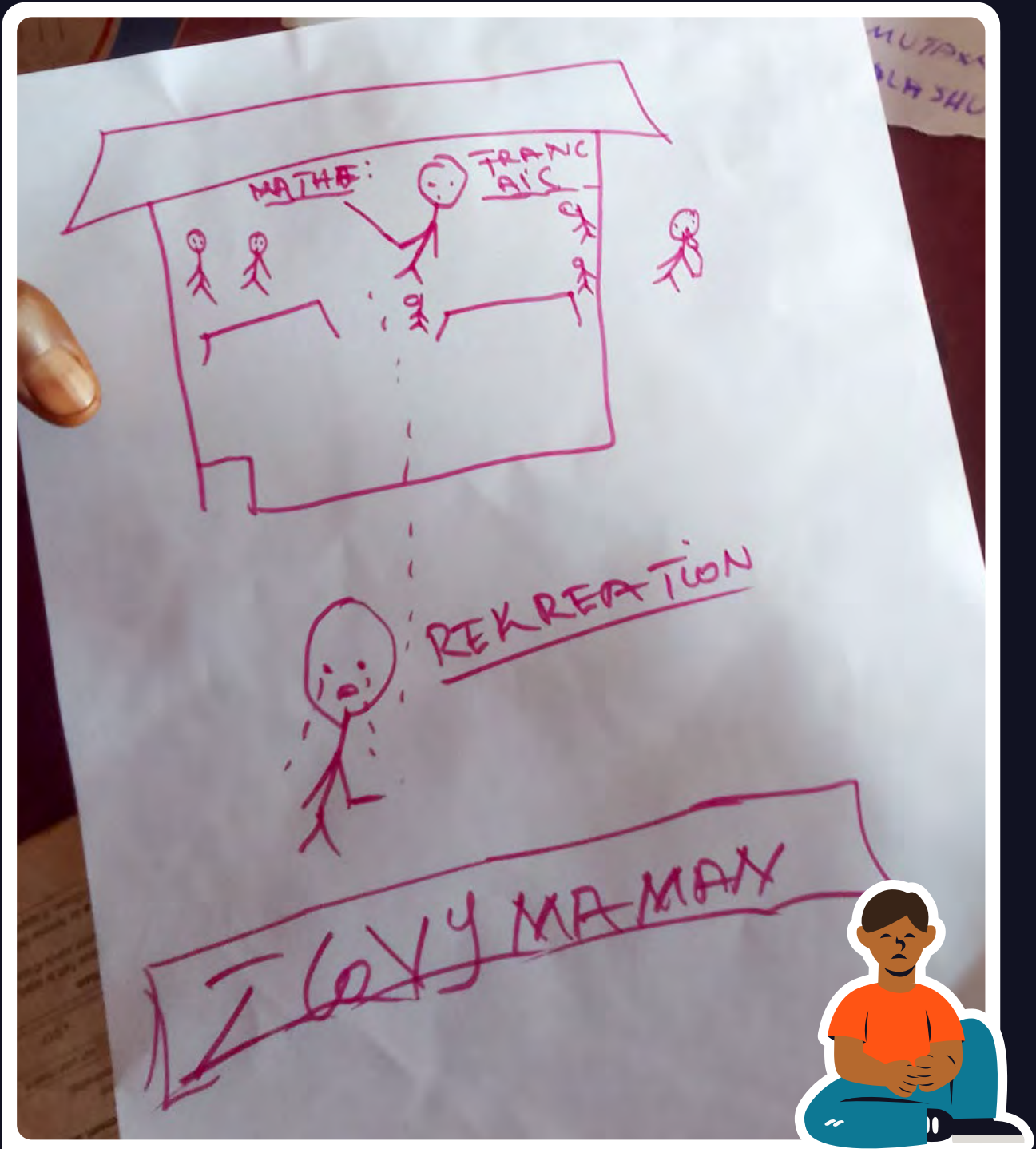
"Violent behaviours within the household have increased due to food insecurity and limited resources for good nutrition. We tend to prepare food in insufficient quantities and then we have to share them with our children, and then when the father comes home he gets violent with us."

—FGD, adult female, DRC

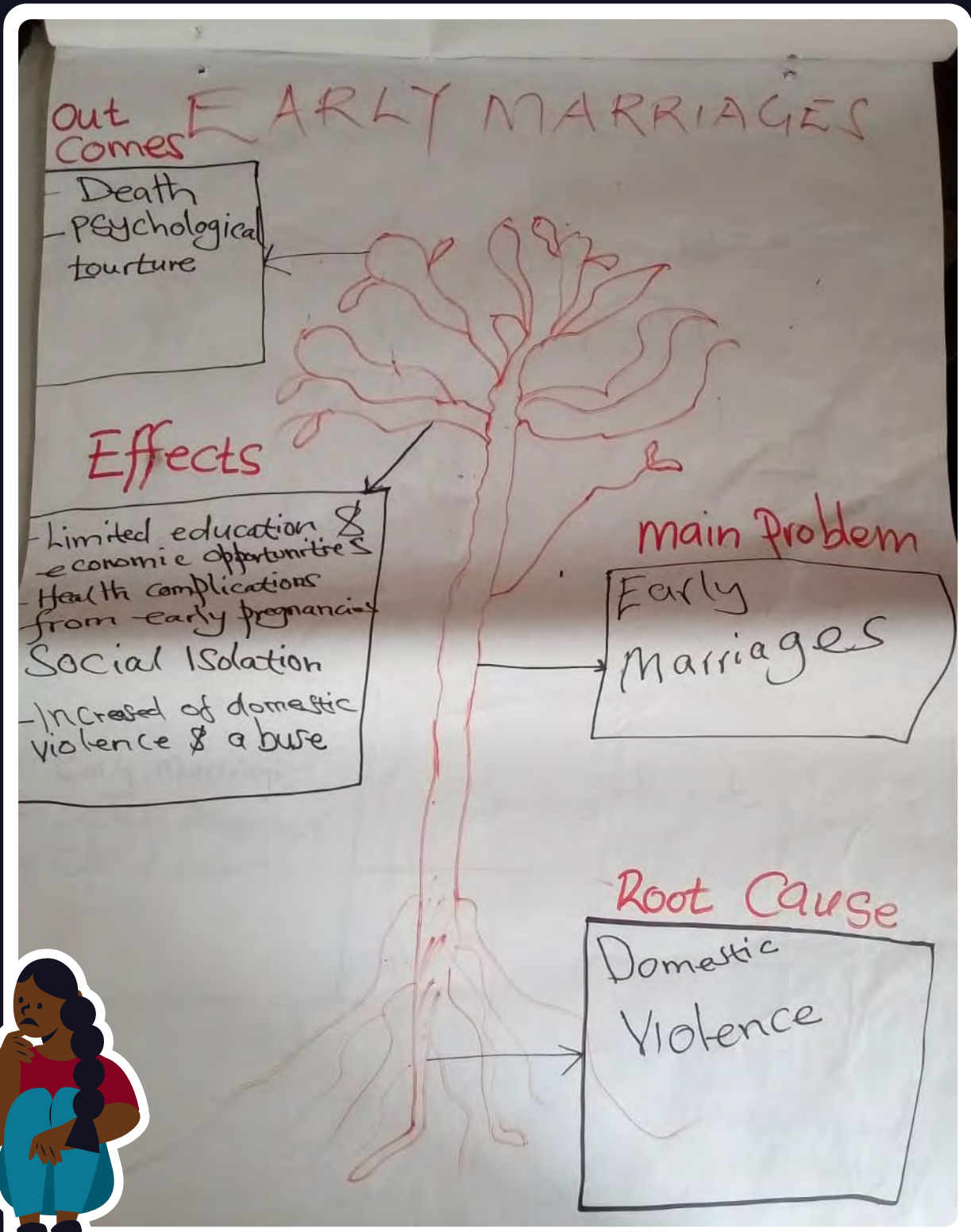
Resource scarcity heightens protection risks for children, increasing exposure to child labour, family separation, domestic violence, exploitation, and other protection concerns. Food insecurity further exacerbates these risks, as children and families employ harmful measures to obtain food.



© Linda Cruz, World Vision



In their drawing, Congolese children in an FGD in Burundi share the consequences of food assistance reduction: families unable to feed their children, children forced to drop out of school and engage in theft, drug intake, and helping parents earn money for survival.



In Uganda, children from an FGD attribute child marriage to root causes such as domestic violence at home and point to severe mental health risks such as phycological torture and even death as potential outcomes.

CASE STUDY | SOUTH SUDAN

Shufa* is 15 years old. After fleeing violence in Sudan, for the past three years, she has lived in a refugee camp in South Sudan with her mother, Amal,* and her siblings. For Shufa, each day begins not with lessons, but with work. Instead of books, she carries firewood, helping her mother sell it at the local market to feed the family.

"We came here and found no schools, no school supplies, no kindergartens for our children," says Amal.

"We mothers are exhausted. The money ran out, and we didn't know what to do. I became responsible for everything, so my eldest daughter started working with me."

After the family fled violence, survival came first, and education fell away. Across South Sudan, the situation is widespread: Nearly 40% of households surveyed report that none of their children are in school. For many families, education becomes a luxury they can no longer afford.

Shufa still remembers what school felt like.

"If I returned to school, I would be happy and would make friends," she says. "Going back would bring back my memories. But since I came here ... I have not held a book. I am almost forgetting how to read."

The crisis is not only about displacement, it is also about hunger. In South Sudan, 93% of households surveyed are either moderately or severely food insecure, and 91% report going a full day or night without food. For single mothers like Amal, this creates impossible choices: whether to send children to school or to work so the family can survive.

* Names changed to protect identity.



"With the wood that I gather, I give them a meal — lentils, boiled chickpeas, or sometimes fish," says Amal. "We didn't find anything here for the children to eat and benefit from, or for us adults to eat so we could work a job."

"No fruits — no mangoes, oranges, or grapes. No chicken, no meat," adds Shufa. "We only eat fish sometimes."

Food insecurity and lack of access to education are deeply connected. When families cannot meet their basic needs, children are pulled out of school, trapping them in a cycle of lost learning and limited opportunity.

Khon Khon Majok, Emergency Health Project Manager at World Vision, explains: "When they drop out of school, the future for them is not very bright, because we know that children who have not gone to school will be looking for ways to survive. Some of them will resort to stealing, others will resort to child labour, they'll be going to the markets, going to the community trying to look for jobs that are not equivalent to their age."

Through its programmes, World Vision supports families like Shufa's in camps and transit centres with essential health services and assistance aimed at protecting children's well-being. These interventions include the provision of emergency medical care for critical cases, outpatient consultation and treatment through the dispensary, timely referrals for specialised care, and antenatal services to expectant mothers. This

support helps ease some of the pressures that force children out of school, giving them a better chance to return and continue their education.

Shufa's story reflects the reality of millions of children across South Sudan. Without sustained support, more children risk leaving school, more families face deepening hunger, and more futures are put on hold.

But with the right support, this can change. Supporting families like Shufa's means more than meeting immediate needs — it means protecting childhood, restoring access to education, and creating the possibility of a different, more hopeful future.



Instead of going to school, Shufa helps her mother by selling firewood in the market. World Vision supports families like Shufa's with essential health services and assistance aimed at protecting children's well-being.

Education

“When there is no food, we feel hungry, have stomachaches, headaches, and dizziness. We feel that we are going to get sick or faint in class due to the heat and lack of food...and are unable to concentrate in class.” —FGD, child, Colombia

Key findings



30% of parents reported being unable to afford education-related expenses, with the rate higher among refugees (**35%**) than host communities (**24%**).



Children belonging to families with higher food insecurity are **3.8 times** more likely to drop out of school and **3.3 times** more likely to leave school to work or beg.



Children from families experiencing cuts in assistance are **1.6 times** more likely to leave school to work or beg.

Food insecurity, heightened by limited economic opportunities for households and cuts to assistance, significantly affects children’s enrolment in school, class attendance, and overall ability to learn. Data from household surveys among IDPs and host communities in the DRC and Myanmar revealed that children from households with higher levels of food insecurity are 7.7 times more likely to leave school to work or beg.



As a result of food insecurity, participants reported “increased begging rates among children, increased dropouts from school, and those who go to school tend to concentrate less because of their hunger” (FGD, adult female, Uganda).

“Absenteeism is frequent among children from households that have experienced reductions in rations. These children are obliged to accompany their parents in search of livelihood opportunities. Each time there is a break in assistance, children concentrate less in class, some become absent, and their academic results decline.”

—KII, education staff, DRC

Across all countries, the most commonly reported child education concerns include parents not being able to afford their children’s education expenses (30%) and children not attending school regularly (21%). **Refugees are also significantly more likely than host communities to report child education concerns.**

Table 7. Per cent of respondents reporting educational challenges*

	Host communities	Refugees
Parents cannot afford education	24.0%	34.6%
Children do not attend school regularly	15.7%	24.3%
Children are sent to beg, live, or work elsewhere	8.3%	16.1%
Children are disinterested in going to school	15.4%	24.4%

*All differences are statistically significant with $p < 0.05$

When employment opportunities are scarce or inaccessible, the resulting economic deprivation and challenges with securing essential needs directly impact children’s educational engagement. Participants in Burundi highlighted the economic barriers to prioritising education.

“There is an increasing number of dropout cases in schools. It is not easy to pay \$25.”

—FGD, adolescent girl, Burundi

Household size can further magnify the impacts of resource shortages. Among IDPs and host communities in the DRC and Myanmar, each additional household member increases the risk of children not attending school and leaving school to work or beg by 13%.

At the same time, **participants pointed to school meals as a critical motivator for school attendance and a valuable support for families struggling to obtain sufficient food in the face of reduced food assistance.**

“School meals have been suspended from school. But school attendance is high when children benefit from school meals.”

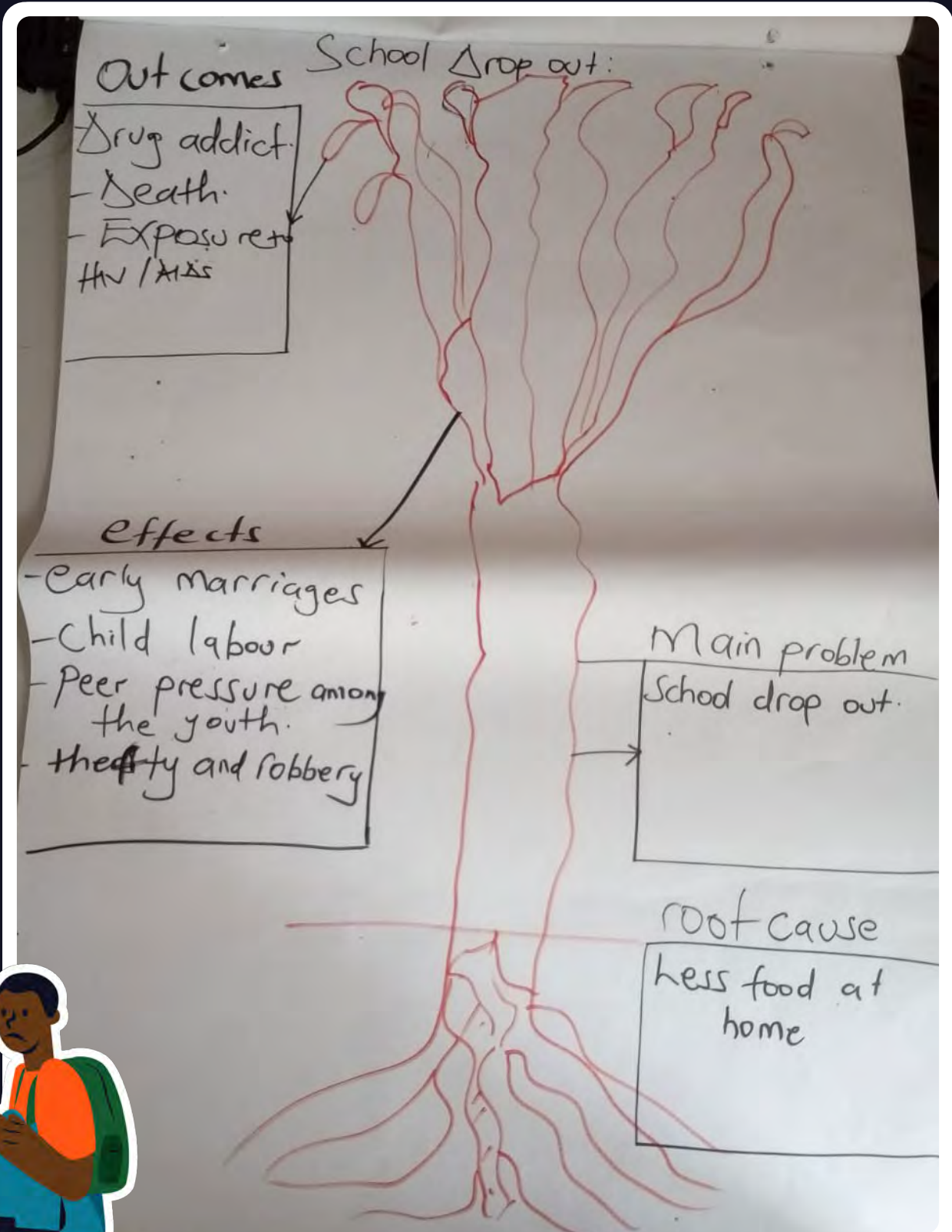
—FGD, adult female, DRC

“Even if community food assistance is reduced, maintaining school meals promotes school attendance and retention. Parents view school meals as an important support for both learning and for easing the burden of food in the home. When school meals are not reduced, children continue to attend, but when they are suspended, attendance drops immediately.”

—FGD, adult male, Colombia

The findings from the household survey show that 40% of households reported their children receiving school meals at some point, including 74% of respondents from the DRC and 62% from Bangladesh, with the lowest percentage in Uganda (9.1%).

In the face of financial shortfalls and food insecurity, children’s education often suffers due to challenges with concentrating, increased dropouts, and competing household responsibilities. School meals, on the other hand, motivate attendance and enable children to focus on learning.



In Uganda, children in an FGD attribute school dropouts to having less food at home and point to increased child protection risks as a potential outcome of not attending school.

CASE STUDY | BANGLADESH

Win is 12 years old and lives with her family in Cox's Bazar, Bangladesh, home to the world's largest refugee settlement. Eight years into displacement, life in the camp has become a long-term reality for families like Win's. Growing up in the camp means navigating not only displacement but also the risks that threaten her ability to stay in school.

According to UNHCR, over 1.1 million Rohingya refugees live in Bangladesh, and 77% are women and children. Education remains fragile and easily disrupted by insecurity, poverty, and growing pressure on overstretched services as humanitarian funding declines.

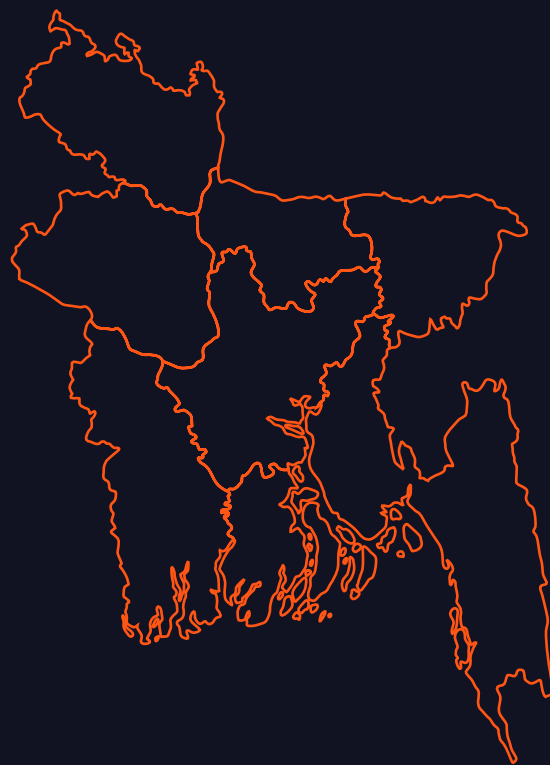
"I think about what will happen to my future if I don't study," says Win. "If I am not educated, how will I educate my children?"

Each morning, Win moves between madrasa (a school for Islamic education), school, then back to the madrasa. Later, she attends sessions under World Vision's PEACE project at a child-friendly space in the camp.

But for girls like Win, safety concerns are constant, and movement within the camp is limited.

"There can be kidnapping, and sometimes girls are taken and sold here," she explains. "That's why they don't allow us to go far alone."

Across the camps, fear is widespread. According to World Vision's study, 31% of respondents in Bangladesh cited community- or country-level conflict as a significant worry, while 19% report fear of kidnapping. For many families, these risks directly affect decisions about education, with fear and insecurity often forcing girls out of school altogether.



"In our camp, when girls grow older, families fear harassment and rumours, so they stop sending them to school," Win says.

"Adolescent girls do not go to school; they stay at home," says Win's mother, Sunzida. "I try to bring them in and educate them, so they do not get involved in harmful activities. This way, they can live properly and lead a good life."

Education in displacement is not only about access — it is shaped by the broader realities of camp life, where restrictions and declining humanitarian funding influence whether children can safely stay in school. In the Rohingya camps, nearly 1 in 4 households reports being unable to afford education for their children. At the same time, reductions in humanitarian assistance are pushing households to make difficult choices. Children in households facing cuts in assistance are 64% more likely to leave school to work, and more than twice as likely to be forced into child marriage, according to the World Vision study. For Win and other girls like her, this creates an uncertain path: one where education can be interrupted at any moment.

“The dropout and disappearance rate is about 20%, but it is mostly girls,” Md. Mofizur Rahman, Deputy Response Director for World Vision in Cox’s Bazar, explains.

“Last year, a number of schools were completely closed because of the funding cuts,” says Rahman. “At the same time, the children who were supposed to be in school are engaged in child labour, in armed conflict or armed engagement — this sort of unethical activity.”

Across Bangladesh, World Vision is supporting more than 241,700 Rohingya refugees, half of them children, through integrated programming that combines education, protection, and access to essential services such as WASH, helping to strengthen well-being and resilience in both camps and host communities. At the Tulip Centre, the PEACE project runs sessions on hygiene, nutrition, and sexual and reproductive health and rights.

Win brings this knowledge back to her family. She reminds her siblings to wash their hands before eating, encourages healthy habits after play, and shares what she has learned about nutrition and caring for the body. In small but meaningful ways,

she is not only receiving support through education but is also becoming a source of guidance and change within her household and community.

Women and girls’ safe spaces serve as a safe haven where girls can learn about their rights, build confidence, and better understand how to protect themselves. These spaces also help address some of the fears that prevent families from allowing girls to continue their education. But without sustained support, more girls risk dropping out of school and face exposure to child labour, child marriage, and exploitation. This means predictable funding and long-term commitments from the international community to ensure education and protection services in displacement settings should not falter.

Win dreams of becoming a doctor one day, to care for women and girls in a community where female practitioners are scarce.

For girls like Win across Cox’s Bazar, education is more than learning: It is a pathway to safety and a different future. With continued support, Win and other girls in her situation can stay in school, build their confidence, and keep their dreams alive.



Win, 12, attends classes at a women and girls safe space in Cox’s Bazar, where she learns about her rights, builds confidence, and better understands how to protect herself.

Mental health



The lack of right to work negatively impacts mental health - children are also affected when basic needs cannot be met. Poverty deepens, and people lose optimism about the future. For children, this is visible in declining school performance."

—Kil, mental health staff, Burundi

Key findings



Households experiencing food insecurity are **13.8 times** more likely to report mental health symptoms in their children.



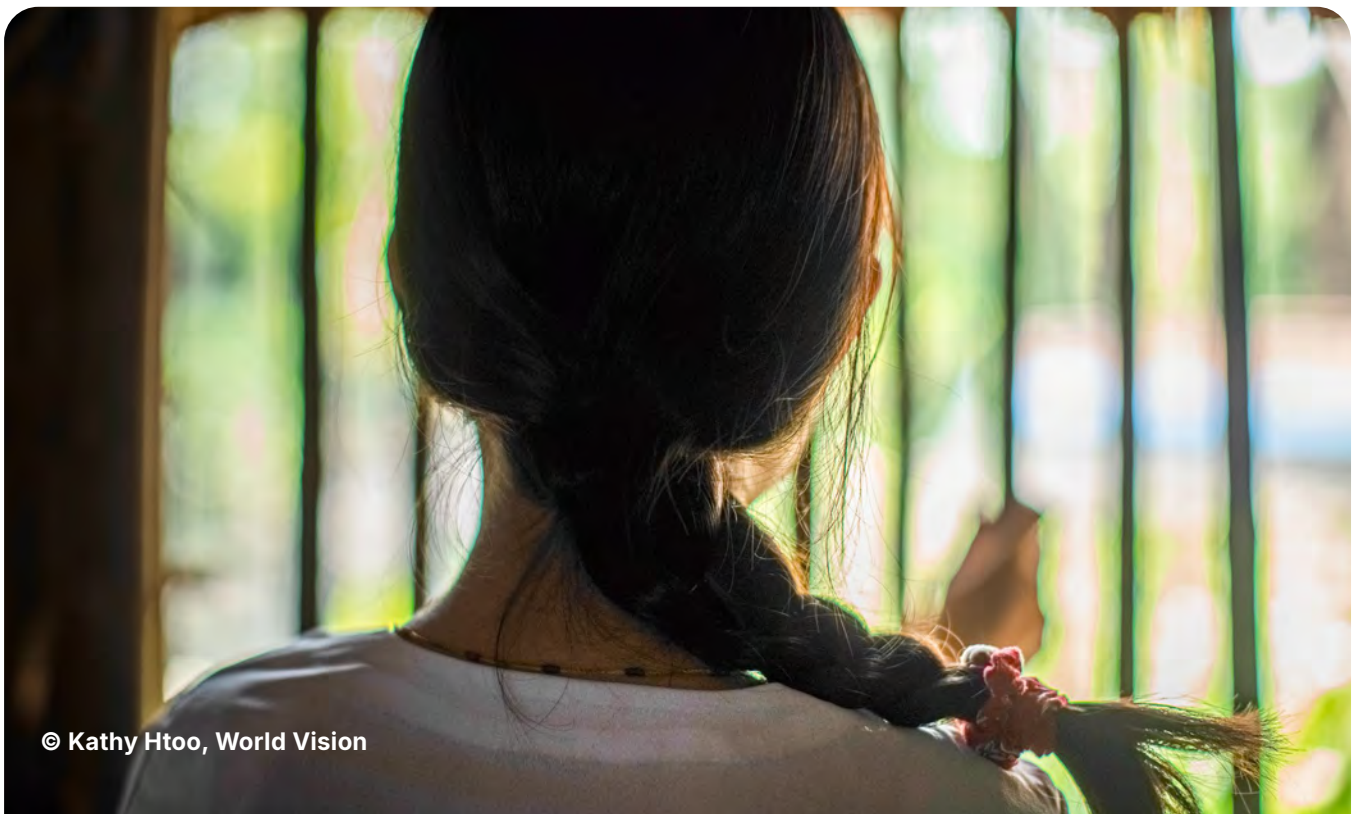
22% of all households reported concerning behavioural or emotional symptoms in their children.



Refugees are **1.7 times** more likely to report mental health symptoms in their children than host communities.



Households experiencing cuts in assistance are **1.3 times** more likely to report mental health symptoms in their children.



Based on findings from the household surveys, **children belonging to households with higher levels of food insecurity are 14 times more likely to experience mental health challenges than children from food-secure households.**

Mental health concerns are often compounded as household size increases. As revealed by data from IDPs and host communities in the DRC and Myanmar, each additional household member increases the odds of children experiencing mental health symptoms by 13%. Cuts to food assistance also increase the likelihood of mental health challenges by 1.3 times.

While children across both forcibly displaced households and host communities exhibit mental health challenges, **refugee status increases the likelihood of reporting mental health concerns by 1.7 times**, and based on data from the DRC and Myanmar, children of internally displaced families are more than twice (2.1 times) as likely to experience mental health concerns compared to host communities.

Mental health concerns also varied across countries.

Table 8. Child mental health concerns by country

Symptom	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Crying/screaming	7%	65%	43%	43%	59%	30%	92%	50%	53%
Not talking/being less talkative	28%	47%	9%	17%	47%	33%	60%	40%	39%
Being less playful/ no playing	17%	27%	12%	17%	47%	18%	45%	17%	26%
Unwillingness to go to school	76%	33%	22%	17%	22%	15%	11%	23%	25%
Becoming withdrawn	14%	37%	3%	4%	29%	30%	25%	22%	22%
Complaining about physical aches with no cause	7%	0%	5%	6%	11%	10%	32%	19%	15%
Acting younger than their age	1%	11%	6%	6%	2%	5%	39%	6%	13%
Isolating themselves	4%	3%	3%	17%	22%	15%	3%	35%	13%
Aggressive behaviour	0%	0%	2%	13%	4%	3%	25%	26%	13%
Uncooperative behaviour	3%	3%	2%	15%	2%	12%	15%	27%	12%
Clinginess	0%	11%	5%	9%	7%	6%	27%	7%	11%
Nightmares and sleep disturbances	6%	6%	5%	11%	0%	12%	12%	6%	8%
Bed wetting	6%	15%	0%	2%	4%	0%	13%	8%	7%
High-risk sexual behaviour	0%	6%	0%	0%	4%	0%	1%	6%	2%
Problems due to alcohol or drugs	0%	3%	0%	2%	2%	0%	0%	4%	1%

The most common mental health symptoms parents across all countries reported their children experiencing are crying/screaming (53%), being less talkative (39%), being less playful or not playing (26%), refusing to go to school (25%), and becoming more withdrawn (22%). Across individual symptoms, no major differences between refugee and host community households appear.

Although the household survey examined mental health concerns among children, FGDs revealed the stress of food insecurity often extends to other members of the family as well, especially when parents are unable to adequately feed their children and are overburdened with responsibilities, which can lead to suicide.

"We are constantly sad, frustrated, and concerned about not being able to feed our children." —FGD, adult male, Chad

"When our families receive less food or money, there are arguments at home. We also see that our parents are suffering because they are stressed and worried since they don't know how to feed us. This makes us sad and insecure." —FGD, boy, Chad



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A mental health specialist in Uganda described the potential catastrophic impacts of these stressors.

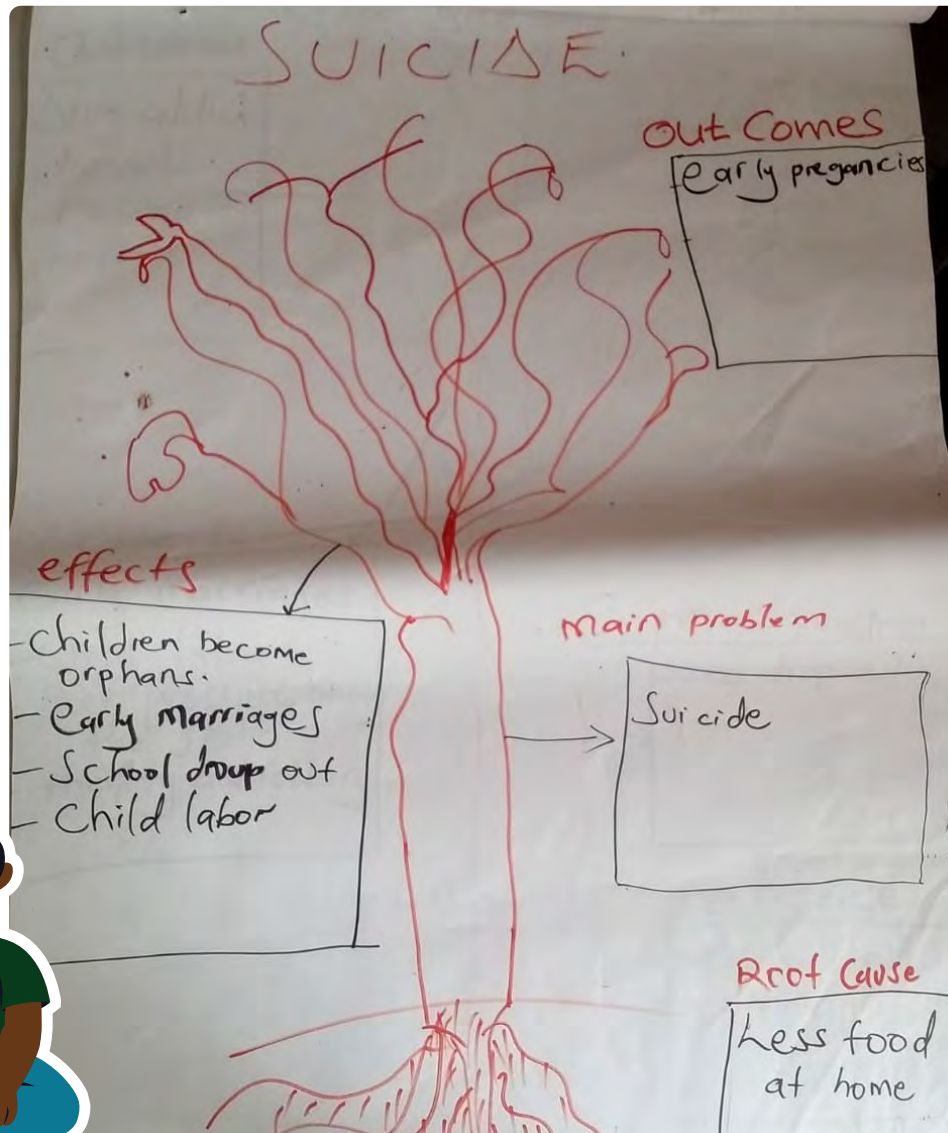
"Just last week, we received a case of attempted suicide of a 16-year-old girl in our area of operation. Upon interacting with her, she said that one of her sisters is experiencing pelvic ulcers, and they don't have food, since their assistance was cut. This is what had triggered her suicide."

—KII, MHPSS specialist, Uganda

Households navigating food insecurity and cuts to assistance are much more likely to report mental health challenges among their children and other household members than their food-secure peers.



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Children in an FGD in Uganda connect food insecurity with severe mental health challenges and child protection risks. According to the children, the roots in this drawing represent the frustration parents experience when unable to provide basic needs like clothing, school fees, and scholastic materials for their children. From the children's perspective, ration cuts have made many parents give up on themselves. The ration was their prior source of food, and they could also sell part of it if needed to take care of other needs like medical treatment. Many mothers are now overburdened with responsibilities, as the fathers have abandoned them by leaving. They lack an income source and cannot afford to rent land for farming. This leads in some cases to alcohol abuse and suicide. Many children have become orphans in child-headed families. When parents end their lives, daughters often drop out of school and get married so that their husband can provide for needs such as clothing and food. Other children end up engaged in labour such as mining gold in order to buy food. The leaves on the tree in the drawing show the outcomes of suicide. Parental suicide overwhelms children with responsibilities and makes children feel unwanted by their parents, as if they are a burden. Suicide traumatises children, who cannot forget what happened to their parents. These memories disrupt their lives, and they lose concentration in school, leading to poor performance and dropouts.

Coping mechanisms



In most cases, households reduce the number of meals per day when faced with hardship. They use savings intended for other things such as children's school to buy food. Some even sell their belongings. These practices primarily affect children as their education and health are jeopardised.” —KII, president of a youth group, Chad

Key findings



72% of refugees reported borrowing money to buy food.



26% of households reported using emergency-level coping mechanisms.



Only **12%** of refugee and host community respondents reported not employing any negative coping mechanisms.

As food insecurity worsens and resources grow more limited, households reported resorting to multiple harmful coping mechanisms to obtain food. These strategies are categorised across various levels of severity, based on the level of risk and subsequent consequences. **Half (50%) of the study participants reported relying on crisis- or emergency-level coping strategies. Refugees were more likely than host community households to adopt more severe forms of coping.**



Table 9. Food insecurity coping mechanisms*

	Coping mechanisms	Host communities	Refugees	Total
None	No reported negative coping mechanisms	13%	11%	12%
Stress	Spending savings, borrowing money, selling non-productive assets, and relying on help from relatives and friends	37%	40%	39%
Crisis	Selling productive assets, withdrawing children from school, reducing essential expenditures, selling livestock, and reducing agricultural inputs	27%	21%	24%
Emergency	Selling house or land, selling last female livestock, begging, and engaging in high-risk activities	23%	28%	26%

*Households who reported using any emergency-level coping mechanism are categorised in the emergency bracket regardless of whether or not they reported using crisis- or stress-level coping mechanisms. Those who used any crisis-level coping mechanism are categorised in the crisis bracket regardless of whether or not they report using stress-level coping mechanisms. Households who reported using stress-level coping mechanisms are categorised in the stress bracket unless they also reported using crisis- or emergency-level coping mechanisms, in which case they would be categorised accordingly.

The coping mechanisms most commonly used by refugees are borrowing money to buy food (72%), reducing non-food expenditures (48%), selling goods or household assets to buy food (37%), selling productive assets (24%), begging for money (18%), and engaging in illegal or high-risk activities (3%). Many of these coping mechanisms, however, come with added risks and negatively impact refugees' long-term resilience by undermining their future income-generating capacity and financial security.

"A child can steal things, and when he is caught, his parents ask for a loan to pay for him." —FGD, adolescent girl, Burundi

Host communities, on the other hand, more often rely on reducing expenditure for agricultural inputs (27%) and selling houses or land to buy food (8%), with a smaller proportion resorting to coping mechanisms overall compared to refugees. Unlike refugees, host communities may be able to leverage existing high-value assets as

an emergency measure to meet urgent needs. This gives them a financial safety net during periods of volatility, although the long-term repercussions of selling assets can be significant.

In the FGDs, refugees and IDPs described a wide range of strategies for dealing with hunger, including borrowing money, reducing daily meals, and relying on neighbours for support.

"To cope with reduced assistance and increased hunger, we go to distant places to search for work and leave the family behind. We take out loans, sell household goods, and send children to live with other families."

—FGD, adult male, DRC

"We have to rely on neighbours or relatives for food for our children, and this creates situations of dependence."

—FGD, adult female, Colombia

The type and severity of coping mechanisms households employed also varied significantly across countries, with households in Chad reporting the highest prevalence of emergency-level coping mechanisms (36%) compared to

Burundi with the lowest prevalence (10%). Also, while the majority of households in Chad (85%) reported relying on borrowing money to buy food, households in Myanmar were more likely to reduce non-food expenditures to avoid hunger (72%).

Table 10. Livelihood coping strategies by country

Coping strategy	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Average
Borrowed money to buy food	38%	83%	85%	77%	74%	81%	51%	67%	70%
Spent savings to buy food	43%	59%	70%	42%	44%	49%	23%	68%	50%
Reduced essential non-food expenditure	36%	37%	56%	41%	58%	72%	28%	41%	46%
Relied on help from relatives or friends (not borrowing)	36%	19%	56%	44%	21%	40%	46%	27%	36%
Sold household assets or goods (non-productive assets) to buy food	17%	25%	53%	29%	57%	29%	33%	34%	35%
Reduced expenditures on agricultural inputs	15%	23%	44%	15%	33%	13%	24%	25%	24%
Sold productive assets	10%	5%	43%	22%	35%	20%	18%	19%	22%
Withdrew children from school	11%	7%	33%	15%	22%	12%	30%	29%	20%
Begged for money	3%	22%	22%	17%	20%	12%	15%	20%	17%
Sold more livestock than usual	8%	7%	29%	13%	16%	10%	12%	20%	15%
Sold last female animal	6%	8%	22%	12%	9%	10%	10%	11%	11%
Sold house or land to buy food	6%	4%	12%	11%	5%	6%	1%	1%	6%
Engaged in illegal or high-risk activities to secure food or income	1%	1%	6%	1%	1%	2%	3%	2%	2%

To cope with hunger, households often employ negative coping mechanisms such as selling assets, reducing the number of meals consumed, reducing non-food expenditures, and engaging in high-risk activities. The coping mechanisms used vary depending on the context and displacement status of the household. In general, refugees reported using more severe coping mechanisms than host communities.



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CONCLUSION

This study highlights the severity of hunger and food insecurity in some of the world's most fragile contexts and underscores the toll of reduced funding, programme closures, cuts in assistance, and worsening outcomes on households relying on humanitarian support for survival. Even before the 2025 funding cuts, many households struggled to meet their basic needs and secure stable futures for their families. Following the recent widespread reductions in humanitarian funding, these challenges intensified, with far-reaching consequences across food security, child protection, education, and mental health.

Amid these challenges, the findings of this study highlight the potential of self-reliance to protect against household and child risks, expand opportunities for independence, and sustainably support the well-being of refugee households, IDPs, host communities, and other vulnerable groups.

This calls for a shift in how actors across the HDP nexus support people in crisis and respond

to hunger, accounting for changes in the humanitarian landscape and the clear priority of households dependent on humanitarian assistance to achieve self-reliance. **Self-reliance offers a pathway to a dignified future, protects children from harm, and upholds fundamental rights to employment, education, freedom of movement, and access to services. It means being able to pursue economic opportunities, independently secure basic needs, and contribute to the economic, social, and cultural landscape of the host community. The findings of this study affirm that strengthening households' resilience and independence through self-reliance improves the well-being of children and households, especially among forcibly displaced people, while protecting against negative outcomes.**

The study suggests that the main barriers preventing households from accessing sustainable livelihoods and achieving self-reliance exist at four levels: policy, community, household, and individual (see Figure 5).



At the policy level: Restrictive legal frameworks often prevent employment, constrain freedom of movement, and bar refugees from accessing essential services and opportunities.



At the community level: Forcibly displaced households often face scarce work opportunities, tensions with host communities, security risks, language barriers and limited access to information, lack of market access, and discrimination, which prevent self-reliance even in contexts with enabling policy environments.



At the household and individual levels: Financial constraints, skill deficits, lack of documentation, and unfamiliarity with local processes can further prevent households from taking advantage of available opportunities.

Figure 5. Multi-layered barriers and enablers for self-reliance based on the socioecological framework*



*This figure is populated with data retrieved from this year's study, including from household surveys, key informant interviews, and focus group discussions. Each of these levels presents intervention entry points to expand opportunities and facilitate access to self-reliance.

As funding gaps widen and humanitarian programmes close, the research findings emphasise that integrating forcibly displaced people into local economies, including them in national systems, addressing practical barriers to self-reliance, and upholding their rights

through supportive policies will be critical. Doing so can create meaningful, lasting impact, giving children, families, and communities facing the world's most devastating crises the opportunity to live with dignity and hope for the future.



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RECOMMENDATIONS

Addressing urgent humanitarian needs, protecting the rights of forcibly displaced people and host communities, and promoting self-reliance will require diverse stakeholders to act in partnership to address challenges and enable the conditions for sustainable progress.

The analysis presented in this report demonstrates that:

1. Humanitarian assistance remains essential to save lives and alleviate suffering but needs to be complemented by medium- and long-term approaches to protect communities from shocks and prevent adverse impacts on forcibly displaced children.
2. Self-reliance is a well-defined and measurable protective factor against nearly all negative household and child outcomes examined and warrants more intentional financial investment and prioritisation by decision makers.

3. Improving self-reliance, especially for refugee families, requires systemic changes rooted in both strong policy frameworks and effective implementation in order to remove barriers and enable agency beyond programmatic operations.

The following recommendations, drawn from the study findings and study participants' direct requests, outline specific actions that key stakeholders can take to enhance self-reliance, while addressing the most acute needs related to food insecurity and ultimately improving child well-being outcomes. Participatory approaches to programming, policy development, and advocacy that meaningfully include forcibly displaced people and other vulnerable households in decision-making must be at the heart of all of these actions.

Host governments

Prioritise the establishment of an inclusive policy environment and strong implementation measures to enable self-reliance among refugees, IDPs, host communities, and other vulnerable households

- Promote inclusive policy environments that enable refugees to meaningfully participate in host countries, including enabling decent work and legal documentation, freedom of movement, and the right to education.
- Identify and address systemic, administrative, and practical barriers that diminish the impact of inclusive policies and limit participation of forcibly displaced people in the social and economic life of the host community. This includes access to credit and financial services, language-related challenges, documentation barriers, indirect costs to access education, mobility-related infrastructure and services, recognition of credentials, access to social protection schemes, inclusion in national statistics, training for civil servants and law enforcement actors, and awareness-raising initiatives, among others.
- Strengthen partnerships with organisations led by forcibly displaced and stateless people and relevant actors — including national statistical authorities, the private sector, development actors, local stakeholders, and faith communities — to expand economic opportunities for refugees, IDPs, host communities, and other vulnerable groups; foster participation; promote inclusivity; and strengthen social cohesion.
- Continue pledging and advancing the implementation of child-centred policy commitments through the GCR in preparation for the 2027 Global Refugee Forum.



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Donors and the international community

Foster donor coordination and incentivise integrated programming that addresses urgent needs and enhances self-reliance

- Allocate sufficient quality funding for refugee responses and humanitarian action, enabling governments and humanitarian actors to maintain crucial lifesaving support for vulnerable households and reduce risks of adverse impacts of funding cuts on children.
- Support the integration of food assistance programming with interventions aimed at enabling sustained and dignified work, including building capacities, knowledge and skills; financial inclusion; access to information; and addressing overarching barriers to meaningful work through context-sensitive approaches.
- Foster donor coordination to harmonise strategies, reduce gaps in service provision, and support meaningful investment in self-reliance, including through the GCR framework.
- Create financial and diplomatic incentives for host governments and partners to prioritise self-reliance, inclusive policies, and integration of refugees and stateless people in national systems.



UN agencies, funds, and programmes

Facilitate and provide technical leadership to sustainably integrate self-reliance at both the strategic and programmatic levels across the HDP nexus

- Engage diverse stakeholders across the HDP nexus to foster integrated programming that includes short-term emergency food and cash assistance while building self-reliance.
- Facilitate access to registration and documentation for refugees in coordination with host governments and relevant partners.
- Strengthen technical capacity for building self-reliance, including providing the necessary monitoring and implementation frameworks, tools, best practices, research, and technical guidance.
- Advocate with host governments for reforms to legal frameworks to ensure the rights of forcibly displaced people are protected. In cases where refugees are currently not permitted to work by law, advocate for policy reforms in the short-term, such as the development of alternative permit types, to allow refugees to work and access other opportunities.



NGOs and civil society

Deliver integrated programming across the HDP nexus, advocate for policy change, and enable participation of forcibly displaced people

- Adopt an integrated approach to programming across the HDP nexus, which addresses both short-term and long-term needs. This involves maintaining food and cash assistance to meet urgent lifesaving needs while strengthening sustainable livelihoods (e.g., skill development, job placements, linkages to markets, access to tools and materials, start-up funds, etc.), financial inclusion, and social cohesion to reduce dependence on external assistance and support refugees, IDPs, host communities, and other vulnerable groups in achieving self-reliance.
- Advocate with host governments and donors to protect the rights of forcibly displaced people, particularly around access to work, documentation, and freedom of movement, and invest in partnering with the private sector and financial institutions to promote financial and digital inclusion.
- Act as enablers, facilitators, and conveners to support the participation of forcibly displaced people in civil society initiatives at the local, national, regional, and global levels.



Private sector

Enable the economic inclusion of forcibly displaced workers and support the translation of self-reliance interventions into practice in labour markets

- Support the creation of decent employment opportunities for forcibly displaced people and host communities and establish training and other programmes in collaboration with UN agencies, governments, and civil society to support skills development and access to available opportunities.
- Ensure hiring processes include fair assessments of refugees' qualifications given the challenges that displacement generates and develop alternative verification processes in cases where documentation is missing. This could include pre-set agreements with UN agencies and host governments regarding the validity of unfamiliar credentials and alternative forms of documentation for refugees.
- Invest in financial inclusion, including expanding access to financial services such as credit and banking and establishing alternative documentation requirements as needed.





Rohingya children in an FGD in Bangladesh draw a meeting about food assistance rations — from their perspective, one of the most important meetings adults can engage in. They depict people sitting in a circle, in active discussion, reaching fair solutions together. Children participate in the discussion, too, because food-related decisions shape the whole family. For these children, the meeting in their drawing shows their belief that when people come together and plan carefully, things can get better.



ANNEX 1: DATA ANALYSIS

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 forcibly displaced and host community households; differences in self-reliance between IDPs, refugees, and host communities; and the impacts on child well-being and food security. Quantitative data from household surveys were analysed using the Statistical Package for Social Sciences (SPSS) Version 29, while qualitative data from focus groups and interviews were analysed using qualitative content analysis techniques.

For quantitative analysis, descriptive statistics were computed to summarise household characteristics, levels of food insecurity, and prevalence of child education, protection, and

mental health outcomes across communities within the eight 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 self-reliance, food insecurity, and child-related vulnerabilities, a series of hierarchical and logistic multiple regression models were employed. Outcomes explored in the models included self-reliance, food insecurity, and individual child education and protection concerns. The same independent predictor variables were entered in all models including community type (urban/rural), cuts in assistance, household size, refugee/displacement status, disability in household, and marital status (single/non-single headed). Country of residence was included as a control variable in all models to account for contextual variation across the studied countries.

As for the qualitative analysis, data from focus group discussions and key informant interviews 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. Findings were synthesised across countries while highlighting illustrative quotes where relevant.

Breakdown of data by country

Table 11. Findings from the household survey by country

		SELF-RELIANCE INDEX (SRI)								
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
SRI composite score		3.19	2.90	2.65	3.05	2.81	2.63	2.59	3.28	-
1a. Housing How would you describe your current housing situation?	1. No shelter	0.7%	0.2%	20.3%	3.1%	0.5%	7.8%	7.8%	0.4%	5.2%
	2. Makeshift shelter (shack, kiosk, vehicle)/shelter not fit for safe habitation	53.9%	3.3%	27.1%	12.1%	47.1%	50.4%	15.8%	16.1%	28.1%
	3. Temporarily hosted by friends, family, community/faith group, or emergency shelter	0.0%	2.6%	8.4%	8.2%	0.7%	40.2%	14.8%	3.3%	9.6%
	4. Apartment or house, not adequate	25.3%	57.4%	25.8%	24.4%	43.4%	0.9%	29.2%	56.5%	33.3%
	5. Apartment or house, adequate	20.1%	36.4%	18.4%	52.2%	8.3%	0.7%	32.5%	23.8%	23.8%
1b. Housing How many months in the last 3 months have you not been able to pay rent?	1. 2–3 times	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.1%
	2. 1 time	10.2%	0.5%	36.4%	49.5%	0.7%	1.2%	0.9%	5.7%	13.1%
	3. None	6.1%	14.8%	25.1%	32.9%	11.3%	18.0%	23.1%	13.4%	18.0%
	4. Not applicable	83.7%	84.8%	38.5%	17.6%	88.0%	80.9%	74.8%	80.9%	68.7%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
2. Food How would you describe your household's food intake yesterday?	1. Household did not eat yesterday	11.6%	3.3%	13.6%	9.2%	8.0%	0.2%	14.4%	2.8%	7.9%
	2. Household was able to eat, but not even a full meal	8.3%	66.9%	71.4%	11.1%	83.7%	4.0%	68.9%	32.9%	43.7%
	3. Household was able to eat 1 full meal	20.6%	16.7%	12.6%	11.4%	6.2%	9.2%	14.1%	35.0%	16.0%
	4. Household was able to eat 2–3 full meals	59.6%	13.1%	2.4%	68.4%	2.1%	86.5%	2.6%	29.3%	32.4%

		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
3. Education In the last 3 months, have the school-aged children in your household been attending school?	0. No school-aged children in household	16.5%	12.6%	10.4%	28.5%	9.9%	10.9%	17.2%	7.5%	14.0%
	1. None are in school	6.9%	6.2%	37.4%	6.3%	8.5%	3.1%	39.8%	8.9%	14.8%
	2. Some are in school	64.1%	52.1%	43.7%	14.3%	27.8%	32.2%	38.4%	50.6%	40.6%
	3. All are in school	12.5%	29.0%	8.4%	51.0%	53.8%	53.9%	4.7%	32.9%	30.6%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
4. Healthcare In the last 3 months, has your household been able to get the healthcare needed?	0. Have not needed healthcare in the last 3 months	22.2%	23.6%	18.4%	27.8%	31.5%	11.1%	5.6%	7.7%	18.3%
	1. Did not receive the needed healthcare	23.9%	46.2%	36.4%	17.9%	37.5%	40.4%	46.1%	25.2%	34.1%
	2. Received some of the needed healthcare	41.1%	21.7%	42.2%	33.8%	28.0%	38.5%	47.3%	55.3%	38.9%
	3. Received all of the needed healthcare	12.8%	8.6%	3.0%	20.5%	3.0%	9.9%	0.9%	11.8%	8.8%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
5. Health status Does anyone in your household currently have a physical or psychological health condition that interferes with income-generating activities?	1. Adult in household has health condition that interferes with adult employment	7.6%	15.7%	21.6%	14.3%	11.3%	42.1%	35.8%	20.5%	21.1%
	2. Dependent in household has health condition that interferes with adult employment	6.1%	4.8%	23.4%	17.1%	9.9%	20.1%	8.9%	10.0%	12.6%
	3. None of the above	86.3%	79.5%	55.0%	68.6%	78.9%	37.8%	55.3%	69.5%	66.3%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
6. Exposure to safety risks Has your household experienced or been fearful of any of these things in the last 3 months?	1. Community- or country-level conflict	31.4%	19.5%	28.1%	30.0%	21.8%	28.8%	14.6%	23.6%	24.7%
	2. Discrimination	1.7%	5.5%	19.0%	14.5%	10.6%	11.8%	9.4%	5.9%	9.8%
	3. Harassment or threats from individuals, groups, or authorities	5.0%	12.1%	11.3%	11.6%	0.9%	1.9%	5.6%	11.6%	7.6%
	4. Arrest or deportation (due to lack of legal status or documentation, etc.)	0.2%	20.7%	5.6%	4.3%	0.0%	4.5%	0.7%	0.8%	4.5%
	5. Kidnapping	19.1%	4.5%	3.5%	4.3%	4.6%	2.4%	7.5%	0.8%	5.7%
	6. Theft or robbery	32.2%	42.4%	23.6%	26.3%	31.3%	11.6%	43.5%	55.7%	33.7%
	7. Unsafe housing or eviction	13.2%	5.2%	10.2%	8.2%	21.6%	5.7%	9.2%	12.2%	10.8%
	8. Other	0.2%	10.5%	0.9%	3.6%	0.7%	2.6%	2.8%	0.8%	2.7%
	9. None	44.0%	37.6%	39.0%	44.4%	48.0%	62.2%	47.5%	31.7%	44.0%

		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
7. Employment	1. No employment	33.6%	49.8%	42.6%	18.1%	12.4%	32.6%	59.1%	42.3%	36.5%
	2. Temporary, irregular, seasonal	32.6%	18.8%	37.2%	32.9%	49.4%	62.2%	8.7%	41.5%	35.6%
	3. Regular part time	27.4%	24.5%	13.4%	25.4%	20.5%	3.5%	23.1%	11.8%	18.5%
	4. Full time without necessary legal documentation	3.3%	5.7%	5.6%	19.1%	17.5%	1.2%	8.0%	4.1%	8.0%
	5. Full time with legal documentation	3.1%	1.2%	1.1%	4.6%	0.2%	0.5%	1.2%	0.4%	1.5%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
8. Sources of financial resources	1. Assistance	57.7%	15.5%	28.6%	36.7%	66.7%	23.4%	37.9%	15.9%	34.9%
	2. Borrowing money	33.3%	72.6%	62.1%	40.3%	59.5%	69.7%	49.2%	39.8%	53.2%
	3. Selling assets	14.7%	11.0%	16.7%	17.1%	45.5%	17.5%	35.3%	10.6%	20.9%
	4. Previous savings	27.0%	16.9%	29.4%	12.1%	10.6%	15.8%	3.8%	40.2%	20.0%
	5. Remittances/money/in-kind contributions given by friends or relatives	13.2%	2.6%	7.8%	12.1%	3.7%	6.6%	13.9%	16.3%	9.6%
	6. Work (including formal and informal work, petty trade, handicrafts, services)	36.6%	15.0%	32.5%	68.4%	48.0%	22.9%	39.8%	64.6%	41.3%
	7. Government support	0.0%	6.2%	1.7%	4.3%	0.0%	1.9%	0.5%	4.3%	2.4%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
9. Assistance	0. No assistance	43.3%	51.2%	38.3%	12.8%	4.1%	53.0%	28.0%	56.1%	36.1%
	1. Food	55.6%	24.5%	57.8%	77.5%	93.3%	37.8%	63.3%	22.8%	53.6%
	2. Utilities/housing	51.1%	4.5%	7.8%	60.1%	3.4%	13.9%	23.1%	3.7%	20.3%
	3. Healthcare	58.4%	5.7%	42.2%	32.1%	9.9%	18.4%	45.4%	32.3%	30.7%
	4. Education (primary and/or secondary)	48.7%	15.0%	24.9%	19.3%	13.1%	9.2%	19.3%	18.7%	21.0%
	5. Other	0.2%	17.1%	2.4%	1.4%	6.4%	2.8%	11.5%	3.3%	5.6%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
10. Debt	0. No debt	67.8%	21.7%	29.9%	29.5%	14.3%	15.6%	39.3%	33.5%	31.4%
	1. Food	32.6%	63.6%	64.7%	54.3%	72.4%	72.6%	54.8%	44.7%	57.4%
	2. Utilities/housing	25.8%	4.3%	6.5%	47.8%	4.8%	22.2%	15.1%	8.9%	16.5%
	3. Healthcare	33.8%	11.7%	43.1%	18.4%	51.0%	49.4%	40.7%	36.4%	35.8%
	4. Education	10.9%	3.6%	25.5%	13.3%	29.2%	38.3%	18.8%	27.0%	21.1%
	5. Transport	10.6%	0.2%	15.8%	7.2%	0.7%	1.2%	3.8%	3.0%	5.4%
	6. Investment	3.8%	15.2%	1.1%	3.4%	1.1%	0.2%	3.1%	9.3%	4.7%

		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
11. Savings Do you currently have any money you have saved or put aside, or assets you could sell if needed?	1. No, no savings or sellable assets	72.3%	53.6%	68.4%	77.3%	78.4%	88.9%	79.8%	47.0%	70.2%
	2. Yes, but not enough to cover 1 month's expenses (basic needs)	12.1%	43.3%	21.9%	16.2%	20.2%	5.9%	17.2%	40.2%	22.5%
	3. Yes, enough to cover 1 month's expenses	10.6%	2.4%	8.0%	5.6%	0.9%	5.0%	1.6%	11.6%	5.8%
	4. Yes, enough to cover 1 month's expenses plus enough to purchase an asset/reinvest	5.0%	0.7%	1.7%	1.0%	0.5%	0.2%	1.4%	1.2%	1.5%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
12a. Social capital If someone in your household were to have an emergency, do you know people that would be able to lend you money to cover the associated costs?	1. Knows no one who could lend money	28.6%	82.4%	40.5%	40.1%	58.4%	73.3%	66.4%	33.7%	52.4%
	2. Knows someone/has community support that could lend money	71.4%	17.6%	59.5%	59.9%	41.6%	26.7%	33.6%	66.3%	47.6%
12b. Social capital Are there people that you or your household members ask for advice and/or information? Are there people that ask you or your household members for advice and/or information?	0. Neither	19.6%	14.0%	27.1%	50.7%	8.0%	26.7%	30.4%	8.3%	22.8%
	1. Household member ask others for advice/information only	1.4%	16.0%	29.2%	24.4%	7.8%	33.1%	37.6%	12.8%	20.2%
	2. People ask household members for advice/information only	2.4%	11.0%	17.7%	10.1%	3.2%	5.2%	5.9%	7.3%	7.9%
	3. Both 1 and 2	76.6%	59.0%	26.0%	14.7%	80.9%	35.0%	26.1%	71.5%	49.1%

LIVELIHOOD COPING STRATEGIES SCALE (LCSS)									
	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Borrowed money to buy food	37.8%	83.3%	85.1%	77.1%	73.6%	80.9%	50.8%	67.3%	69.6%
Spent savings to buy food	42.8%	59.3%	69.7%	41.8%	43.7%	48.9%	22.6%	67.5%	50.1%
Sold household assets or goods (non-productive assets) to buy food	17.0%	24.5%	52.8%	29.0%	57.0%	28.6%	32.9%	33.9%	34.8%
Reduced essential non-food expenditure	36.2%	36.9%	56.1%	41.1%	57.9%	72.1%	27.5%	40.9%	46.1%
Sold productive assets	9.7%	5.2%	42.9%	22.2%	35.4%	20.3%	17.9%	19.1%	21.8%
Sold more livestock than usual	8.3%	6.9%	29.2%	13.3%	16.1%	9.5%	12.2%	20.1%	14.7%
Reduced expenditures on agricultural inputs	14.7%	22.6%	44.2%	15.2%	33.3%	13.0%	24.0%	24.6%	24.2%
Withdrew children from school	11.1%	7.4%	32.5%	15.0%	21.6%	12.1%	29.6%	28.5%	20.1%
Relied on help from relatives or friends (not borrowing)	35.5%	19.0%	55.8%	44.4%	21.4%	39.7%	46.4%	27.2%	36.2%
Sold last female animal	6.4%	7.6%	22.3%	11.8%	8.5%	9.7%	10.4%	11.0%	11.1%
Begged for money	3.1%	21.9%	22.3%	17.1%	20.0%	12.3%	14.6%	20.1%	16.6%
Engaged in illegal or high-risk activities to secure food or income	0.5%	1.0%	6.3%	1.2%	0.9%	2.4%	3.1%	2.2%	2.2%
Sold house or land to buy food	5.9%	3.8%	12.1%	10.6%	4.6%	5.9%	1.4%	1.2%	5.7%
LCSS CATEGORIES SCORE									
	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
None	41.1%	3.8%	3.9%	13.8%	4.6%	2.6%	15.1%	12.6%	12.1%
Stress	34.3%	48.3%	25.8%	57.7%	27.6%	48.0%	32.2%	36.8%	38.6%
Crisis	14.4%	17.6%	34.6%	9.2%	39.5%	23.4%	27.8%	23.0%	23.9%
Emergency	10.2%	30.2%	35.7%	19.3%	28.3%	26.0%	24.9%	27.6%	25.5%

WORK									
	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Has anyone in your household wanted to or attempted to access work in the past 3 months?	45.9%	42.1%	47.2%	68.6%	57.2%	67.6%	39.8%	29.9%	49.3%
If yes, did they succeed?	42.8%	51.4%	47.7%	25.4%	60.2%	19.9%	58.0%	26.5%	40.3%
If not, why?									
Lack of information/ understanding of procedures	60.2%	40.0%	28.9%	12.3%	27.8%	30.6%	47.9%	29.9%	31.6%
Language barriers	25.9%	7.1%	1.0%	0.0%	19.6%	10.5%	15.5%	24.3%	11.5%
Lack of identification documents	16.7%	8.2%	7.2%	11.8%	18.6%	4.8%	9.9%	7.5%	10%
Non-recognised credentials by employers	10.2%	7.1%	4.1%	4.9%	2.1%	5.7%	26.8%	2.8%	6.8%
Lack of access to bank accounts	4.6%	11.8%	0.0%	0.5%	0.0%	2.2%	33.8%	0.0%	4.5%
Had to take care of other household members	0.0%	5.9%	6.2%	14.8%	1.0%	15.7%	0.0%	0.0%	7.8%
Barriers to access administrative permits	4.6%	2.4%	3.1%	6.4%	1.0%	3.9%	0.0%	3.7%	3.7%
Non-recognition of qualifications	2.8%	24.7%	12.4%	20.2%	10.3%	12.7%	16.9%	10.3%	13.9%
Fear of safety, discrimination, etc.	1.9%	0.0%	7.2%	7.9%	3.1%	15.7%	4.2%	5.6%	7.3%
Restricted freedom of movement	12.0%	12.9%	0.0%	2.5%	0.0%	12.2%	2.8%	0.0%	5.9%
Lack of safe, affordable, accessible transport	1.9%	1.2%	6.2%	4.9%	0.0%	10.0%	5.6%	0.0%	4.6%
Change in rules for refugees	8.3%	5.9%	2.1%	1.5%	3.1%	0.4%	2.8%	2.8%	2.8%
Decreased job opportunities	60.2%	18.8%	72.2%	64.5%	43.3%	43.2%	18.3%	58.9%	50.1%
Prioritisation of host community first	1.9%	9.4%	23.7%	12.8%	4.1%	5.7%	2.8%	31.8%	11.2%
FOOD INSECURITY EXPERIENCE SCALE (FIES)									
	Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
None/moderate	75.7%	32.6%	54.3%	63.8%	16.6%	80.9%	6.8%	27.6%	44.4%
Severe	24.3%	67.4%	45.7%	36.2%	83.4%	19.1%	93.2%	72.4%	55.6%

HOUSEHOLD HUNGER SCALE										
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Meals eaten yesterday	0	5.4%	4.3%	6.5%	0.2%	7.6%	0.2%	16.2%	1.2%	5.2%
	1	7.6%	56.7%	24.2%	4.3%	69.4%	2.6%	58.4%	54.5%	35.2%
	2	22.5%	38.3%	55.6%	49%	22.3%	72.1%	24.2%	32.1%	39.5%
	3	48%	0.7%	11.5%	45.7%	0.7%	25.1%	1.2%	11.8%	17.7%
	4 or more	16.5%	0.0%	2.2%	0.7%	0.0%	0.0%	0.0%	0.4%	2.4%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
At least one household member went to sleep hungry in past 4 weeks		28.8%	76.0%	43.3%	41.8%	88.0%	34.5%	92.9%	64.4%	57.6%
At least one household member went a whole day and night without eating		21.5%	50.9%	44.0%	26.4%	75.9%	10.4%	91.5%	41.5%	45.3%
School meals	Children ever received school meals	61.9%	22.9%	42.2%	54.8%	74.3%	22.0%	36.2%	9.1%	39.5%

CHILD OUTCOMES										
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Child education	Parents could not afford education	22.7%	9.0%	53.5%	11.1%	20.7%	45.2%	31.8%	41.3%	29.6%
	Children did not attend school regularly	7.1%	8.6%	42.6%	5.8%	15.2%	13.5%	26.8%	39%	20.5%
	Children were sent to beg/live/work elsewhere	0.7%	1.9%	39.4%	2.9%	5.3%	4.7%	16%	25.6%	12.7%
	Children were disinterested in going to school	16.8%	3.1%	46.5%	2.9%	15.9%	12.5%	23.3%	37%	20.4%
		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Child protection	Child labour	3.1%	6.7%	56.5%	3.1%	16.6%	12.3%	28.5%	39.4%	21.6%
	Children begging	0.5%	2.9%	36.6%	2.2%	6.2%	1.4%	4.2%	15.4%	9.1%
	Children forced marriage	0.7%	1.2%	38.7%	1.2%	2.8%	0.9%	6.4%	9.6%	8.1%
	Children exposed to violence, neglect, and abuse	0.9%	1.2%	35.9%	1.2%	1.8%	0.7%	4.5%	15.4%	8.2%
	Children exposed to domestic responsibilities	4.0%	2.1%	50.4%	5.1%	11.5%	18.4%	28.0%	35.4%	20.1%
	Children separated from parents	1.4%	1.4%	36.1%	2.2%	3.7%	8.3%	15.3%	15.7%	10.9%
	Children exposed to child trafficking	1.2%	0.0%	36.8%	1.4%	3.0%	0.7%	8.7%	3.7%	7.2%
	Children exposed to community tension	0.2%	0.2%	34.4%	1.7%	1.4%	3.1%	9.6%	20.5%	9.4%

		Bangladesh	Burundi	Chad	Colombia	DRC	Myanmar	South Sudan	Uganda	Total
Mental health	Households reporting any child mental health concerns	18.8%	19.5%	44.3%	13.3%	12.4%	28.7%	40.8%	31.7%	26%
	Crying/screaming	6.9%	64.6%	43.1%	42.6%	48.9%	29.5%	92.0%	49.7%	52.9%
	Clinginess	0.0%	11.4%	4.6%	8.5%	6.7%	6.3%	27.0%	6.9%	11.1%
	Acting younger than their age	1.4%	11.4%	6.2%	6.4%	2.2%	5.3%	38.7%	5.5%	13.2%
	Not talking/being less talkative	27.8%	46.8%	9.2%	17.0%	46.7%	32.6%	59.5%	40.0%	39.1%
	Becoming withdrawn	13.9%	36.7%	3.1%	4.3%	28.9%	29.5%	25.2%	22.1%	22.1%
	Being less playful/no playing	16.7%	26.6%	12.3%	17.0%	46.7%	17.9%	44.8%	17.2%	26.0%
	Nightmares and sleep disturbances	5.6%	6.3%	4.6%	10.6%	0.0%	11.6%	11.7%	6.2%	7.9%
	Complaining about physical aches with no cause	6.9%	0.0%	4.6%	6.4%	11.1%	9.5%	31.9%	18.6%	14.6%
	Bed wetting	5.6%	15.2%	0.0%	2.1%	4.4%	0.0%	12.9%	8.3%	7.3%
	Unwillingness to go to school	76.4%	32.9%	21.5%	17.0%	22.2%	14.7%	11.0%	22.8%	25.0%
	Uncooperative behaviour	2.8%	2.5%	1.5%	14.9%	2.2%	11.6%	15.3%	26.9%	12.4%
	Problems due to alcohol or drugs	0.0%	2.5%	0.0%	2.1%	2.2%	0.0%	0.0%	4.1%	1.4%
	Isolating themselves	4.2%	2.5%	3.1%	17.0%	22.2%	14.7%	2.5%	34.5%	13.1%
	High-risk sexual behaviour	0.0%	6.3%	0.0%	0.0%	4.4%	0.0%	1.2%	5.5%	2.4%
Aggressive behaviour	0.0%	0.0%	1.5%	12.8%	4.4%	3.2%	24.5%	25.5%	12.5%	

Breakdown of data by displacement status

Table 12. Findings from the household survey comparing refugees and host communities

SELF-RELIANCE INDEX					
		Host communities	Refugees	Total	Significance
SRI composite score		3.10	2.73	-	sig
1a. Housing	1. No shelter	4.2%	6.0%	5.2%	sig
How would you describe your current housing situation?	2. Makeshift shelter (shack, kiosk, vehicle)/ shelter not fit for safe habitation	9.4%	42.7%	28.1%	
	3. Temporarily hosted by friends, family, community/faith group, or emergency shelter	6.3%	12.2%	9.6%	
	4. Apartment or house, not adequate	48.6%	21.2%	33.3%	
	5. Apartment or house, adequate	31.5%	17.8%	23.8%	
1b. Housing	1. 2–3 times	0.1%	0.1%	0.1%	sig
How many months in the last 3 months have you not been able to pay rent?	2. 1 time	15.6%	11.2%	13.1%	
	3. None	16.2%	19.4%	18.0%	
	4. Not applicable	68.0%	69.4%	68.7%	
		Host communities	Refugees	Total	Significance
2. Food	1. Household did not eat yesterday	8.4%	7.5%	7.9%	sig
How would you describe your household's food intake yesterday?	2. Household was able to eat, but not even a full meal	45.2%	42.5%	43.7%	
	3. Household was able to eat 1 full meal	17.4%	14.9%	16.0%	
	4. Household was able to eat 2–3 full meals	28.9%	35.1%	32.4%	
		Host communities	Refugees	Total	Significance
3. Education	0. No school-aged children in household	14.8%	13.3%	14.0%	sig
In the last 3 months, have the school-aged children in your household been attending school?	1. None are in school	17.8%	12.5%	14.8%	
	2. Some are in school	36.5%	43.9%	40.6%	
	3. All are in school	30.9%	30.4%	30.6%	
		Host communities	Refugees	Total	Significance
4. Healthcare	0. Have not needed healthcare in the last 3 months	20.2%	16.8%	18.3%	sig
In the last 3 months, has your household been able to get the healthcare needed?	1. Did not receive the needed healthcare	31.3%	36.3%	34.1%	
	2. Received some of the needed healthcare	38.2%	39.4%	38.9%	
	3. Received all of the needed healthcare	10.3%	7.6%	8.8%	
		Host communities	Refugees	Total	Significance
5. Health status	1. Adult in household has health condition that interferes with adult employment	15.7%	25.3%	21.1%	sig
Does anyone in your household currently have a physical or psychological health condition that interferes with income-generating activities?	2. Dependent in household has health condition that interferes with adult employment	11.1%	13.7%	12.6%	
	3. None of the above	73.2%	60.9%	66.3%	

		Host communities	Refugees	Total	Significance
6. Exposure to safety risks Has your household experienced or been fearful of any of these things in the last 3 months?	1. Community- or country-level conflict	24.5%	24.9%	24.7%	non-sig
	2. Discrimination	8.4%	10.9%	9.8%	sig
	3. Harassment or threats from individuals, groups, or authorities	8.7%	6.7%	7.6%	sig
	4. Arrest or deportation (due to lack of legal status or documentation, etc.)	4.8%	4.3%	4.5%	non-sig
	5. Kidnapping	8.8%	3.3%	5.7%	sig
	6. Theft or robbery	33.8%	33.6%	33.7%	non-sig
	7. Unsafe housing or eviction	8.9%	12.3%	10.8%	sig
	8. Other	2.8%	2.6%	2.7%	non-sig
	9. None	46.6%	42.0%	44.0%	sig
		Host communities	Refugees	Total	Significance
7. Employment How would you describe the income-generating activities that household members are engaged in in the last 3 months?	1. No employment	30.0%	41.5%	36.5%	sig
	2. Temporary, irregular, seasonal	32.6%	38.0%	35.6%	
	3. Regular part time	23.8%	14.4%	18.5%	
	4. Full time without necessary legal documentation	11.4%	5.3%	8.0%	
	5. Full time with legal documentation	2.3%	0.9%	1.5%	
		Host communities	Refugees	Total	Significance
8. Sources of financial resources In the last 3 months, how is your household supporting itself to meet its basic needs?	1. Assistance	25.2%	42.6%	34.9%	sig
	2. Borrowing money	48.1%	57.2%	53.2%	
	3. Selling assets	18.8%	22.6%	20.9%	
	4. Previous savings	19.5%	20.3%	20.0%	non-sig
	5. Remittances/money/in-kind contributions given by friends or relatives	10.1%	9.2%	9.6%	sig
	6. Work (including formal and informal work, petty trade, handicrafts, services)	53.8%	31.6%	41.3%	
	7. Government support	3.1%	1.8%	2.4%	
		Host communities	Refugees	Total	Significance
9. Assistance Have you relied on assistance for any of the following in the last 3 months?	0. No assistance	48.9%	26.0%	36.1%	sig
	1. Food	41.2%	63.3%	53.6%	
	2. Utilities/housing	15.8%	23.9%	20.3%	
	3. Healthcare	20.7%	38.5%	30.7%	
	4. Education (primary and/or secondary)	16.7%	24.4%	21.0%	
	5. Other	4.8%	6.2%	5.6%	

		Host communities	Refugees	Total	Significance
10. Debt Do you currently have any debt for any of the following?	0. No debt	34.6%	29.0%	31.4%	sig
	1. Food	49.5%	63.5%	57.4%	
	2. Utilities/housing	19.5%	14.2%	16.5%	
	3. Healthcare	32.4%	38.4%	35.8%	non-sig
	4. Education	20.4%	21.6%	21.1%	
	5. Transport	5.5%	5.3%	5.4%	
	6. Investment	6.9%	3.0%	4.7%	sig
		Host communities	Refugees	Total	Significance
11. Savings Do you currently have any money you have saved or put aside, or assets you could sell if needed?	1. No, no savings or sellable assets	67.3%	72.5%	70.2%	sig
	2. Yes, but not enough to cover 1 month's expenses (basic needs)	24.4%	20.9%	22.5%	
	3. Yes, enough to cover 1 month's expenses	6.7%	5.2%	5.8%	
	4. Yes, enough to cover 1 month's expenses plus enough to purchase an asset/reinvest	1.6%	1.4%	1.5%	
		Host Communities	Refugees	Total	Significance
12a. Social capital If someone in your household were to have an emergency, do you know people that would be able to lend you money to cover the associated costs?	1. Knows no one who could lend money	49.9%	54.4%	52.4%	sig
	2. Knows someone/has community support that could lend money	50.1%	45.6%	47.6%	
12b. Social capital Are there people that you or your household members ask for advice and/or information? Are there people that ask you or your household members for advice and/or information?	0. Neither	21.4%	23.9%	22.8%	sig
	1. Household members ask others for advice/information only	16.8%	22.9%	20.2%	
	2. People ask household members for advice/information only	7.0%	8.6%	7.9%	
	3. Both 1 and 2	54.8%	44.6%	49.1%	

LIVELIHOODS COPING STRATEGIES SCALE (LCSS)				
	Host communities	Refugees	Total	Significance
Borrowed money to buy food	66.3%	72.1%	69.6%	sig
Spent savings to buy food	50.7%	49.6%	50.1%	non-sig
Sold household assets or goods (non-productive assets) to buy food	31.5%	37.3%	34.8%	sig
Reduced essential non-food expenditure	43.9%	47.9%	46.1%	
Sold productive assets	19.7%	23.5%	21.8%	
Sold more livestock than usual	15.4%	14.2%	14.7%	non-sig
Reduced expenditures on agricultural inputs	26.5%	22.5%	24.2%	sig
Withdrew children from school	19.5%	20.5%	20.1%	non-sig
Relied on help from relatives or friends (not borrowing)	35.4%	36.8%	36.2%	sig
Sold last female animal	10.5%	11.5%	11.1%	
Begged for money	14.3%	18.3%	16.6%	
Engaged in illegal or high-risk activities to secure food or income	1.2%	3.0%	2.2%	sig
Sold house or land to buy food	7.4%	4.3%	5.7%	
LCSS CATEGORY SCORES				
	Host communities	Refugees	Total	Significance
None	13.3%	11.1%	12.1%	sig
Stress	36.8%	39.9%	38.6%	
Crisis	27.2%	21.3%	23.9%	
Emergency	22.7%	27.7%	25.5%	
WORK				
	Host communities	Refugees	Total	Significance
Has anyone in your household wanted to or attempted to access work in the past 3 months?	48.3%	50.2%	49.3%	non-sig
If yes, did they succeed?	45.0%	36.7%	40.3%	sig
If not, why?				
Lack of information/understanding of procedures	25.6%	35.4%	31.6%	sig
Language barriers	5.7%	15.2%	11.5%	
Lack of identification documents	9.3%	10.5%	10.0%	non-sig
Non-recognised credentials by employers	3.1%	9.2%	6.8%	sig
Lack of access to bank accounts	1.6%	6.4%	4.5%	
Had to take care of other household members	7.5%	8.0%	7.8%	non-sig
Barriers to access administrative permits	4.4%	3.3%	3.7%	
Non-recognition of qualifications	14.5%	13.6%	13.9%	
Fear of safety, discrimination, etc.	4.1%	9.3%	7.3%	sig
Restricted freedom of movement	1.3%	8.8%	5.9%	
Lack of safe, affordable, accessible transport	1.8%	6.4%	4.6%	
Change in rules for refugees	0.5%	4.3%	2.8%	
Decreased job opportunities	62.4%	42.2%	50.1%	
Prioritisation of host community first	8.0%	13.3%	11.2%	

FOOD INSECURITY EXPERIENCE SCALE (FIES)					
		Host communities	Refugees	Total	Significance
Mild/moderate		43.0%	45.5%	44.4%	sig
Severe		57.0%	54.5%	55.6%	
HOUSEHOLD HUNGER SCALE					
		Host communities	Refugees	Total	Significance
Meals eaten yesterday	0	4.2%	7.6%	5.6%	sig
	1	28.3%	44.7%	34.7%	
	2	34.2%	41.4%	37.1%	
	3	28.2%	5.7%	19.4%	
	4 or more	4.9%	0.6%	3.2%	
No food to eat of any kind in household because of lack of resources in the past 4 weeks		44.7%	23.4%	36.3%	sig
At least one household member went to sleep hungry in past 4 weeks		50.9%	32.6%	43.7%	sig
At least one household member went a whole day and night without eating in past 4 weeks		61.1%	43.2%	54.1%	sig
School meals	Children ever received school meals	36.7%	37.6%	37.1%	non-sig
CHILD OUTCOMES					
		Host communities	Refugees	Total	Significance
Child education	Parents could not afford education	24.0%	34.6%	29.9%	sig
	Children did not attend school regularly	15.7%	24.3%	20.5%	
	Children were sent to beg/live/work elsewhere	8.3%	16.1%	12.7%	
	Children were disinterested in going to school	15.4%	24.4%	20.4%	
		Host communities	Refugees	Total	Significance
Child protection	Child labour	18.0%	24.4%	21.6%	sig
	Children begging	5.3%	12.1%	9.1%	
	Children forced marriage	5.1%	10.4%	8.1%	
	Children exposed to violence, neglect, and abuse	4.4%	11.1%	8.2%	
	Children exposed to domestic responsibilities	13.3%	25.3%	20.1%	
	Children separated from parents	7.5%	13.6%	10.9%	
	Children exposed to child trafficking	5.3%	9.7%	7.2%	
	Children exposed to community tension	5.3%	12.6%	9.4%	

		Host communities	Refugees	Total	Significance
Mental health	Households reporting any child mental health concerns	20.3%	30.7%	26.0%	sig
	Crying/screaming	48.6%	55.2%	51.9%	non-sig
	Clinginess	14.1%	9.5%	11.8%	
	Acting younger than their age	19.3%	10.0%	14.65%	sig
	Not talking/being less talkative	37.8%	39.8%	38.8%	
	Becoming withdrawn	19.7%	23.4%	21.5%	non-sig
	Being less playful/no playing	27.3%	25.3%	26.3%	
	Nightmares and sleep disturbances	9.2%	7.1%	8.15%	
	Complaining about physical aches with no cause	17.7%	13.0%	15.3%	
	Bed wetting	10.8%	5.4%	8.1%	sig
	Unwillingness to go to school	27.7%	23.6%	25.5%	non-sig
	Uncooperative behaviour	13.3%	11.9%	12.6%	
	Problems due to alcohol or drugs	1.2%	1.5%	1.35%	
	Isolating themselves	7.2%	16.2%	11.7%	sig
	High-risk sexual behaviour	2.0%	2.6%	2.3%	non-sig
Aggressive behaviour	8.8%	14.5%	11.6%		





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ANNEX 2: STATISTICAL MODELS

A total of three hierarchical multiple regression models were conducted as detailed below.

Model 1 had self-reliance (mean score) as an outcome and community type (urban vs rural), refugee status (refugee vs non-refugee), marital status (married vs single-headed household), disability in the household (yes vs no), experience of cuts in assistance (yes vs no), number of individuals in the household (mean score), food insecurity (mean score), and social cohesion (mean score) as predictors.

The model showed that self-reliance was significantly associated with all predictors except for the number of individuals in the household. Specifically, higher food insecurity ($b = -0.288$), experiencing cuts in assistance ($b = -0.233$), and having at least one person with a disability in the household were all associated with lower self-reliance ($b = -0.161$). On the other hand, living in rural communities ($b = 0.166$), being married ($b =$

0.058), and experiencing higher social cohesion ($b = 0.072$) were all associated with better self-reliance.

Model 2 also had self-reliance (mean score) as an outcome and barriers to accessing work as predictors, including lack of information and understanding about procedures (yes vs no), language barriers (yes vs no), non-recognition of credentials by employers (yes vs no), fear for safety (yes vs no), freedom of movement (yes vs no), and prioritisation of host community for work (yes vs no).

The model showed that self-reliance was significantly associated with lack of information about how to access work and understanding of procedures ($b = -0.062$), language barriers ($b = -0.104$), and limited freedom of movement ($b = -0.049$). All respondents who reported these as barriers scored lower in terms of self-reliance than those who did not.

One additional t-test was conducted only for refugees within countries that only host refugees, and it examined the differences in SRI scores between refugees who reported having UNHCR identification versus those who did not. Results suggest that those who have UNHCR identification documents score higher on self-reliance ($p < 0.05$).

Model 3 had food insecurity as an outcome and self-reliance, refugee status, marital status, disability in household, cuts in food assistance, number of individuals in household, and community type as predictors.

The model showed that only three predictors were significantly associated with food insecurity. Specifically, higher self-reliance was associated with 59% lower odds of experiencing food insecurity, being a refugee was associated with 1.7 times higher odds of experiencing food insecurity, and being a single-headed household was associated with 60% higher odds of experiencing food insecurity.

All three models only included countries that host refugees, meaning that in this analysis, the DRC and Myanmar were excluded.

Table 13. Regression models for self-reliance and food insecurity

Note: - Bolded items refer to results that are statistically significant ($p < 0.05$) - All models account for country effects		Model 1 Self-reliance (household predictors)	Model 2 Self-reliance (policy predictors)	Model 3 FIES
	Effect size	0.35 (strong effect size)	0.20 (medium effect size)	0.40 (strong effect size)
Predictors	Definition	Bolded betas = $p < 0.05$ - statistically significant		Bolded odds ratios = $p < 0.05$ - statistically significant
Community type	0=Urban 1=Rural	0.166	-	1.203
Refugee status	0=Non-refugee 1=Refugee	-0.109	-	1.767
Marital status	0=Single-headed 1=Married	0.058	-	0.601
Disability in household	0=No 1=Yes	-0.161	-	1.203
Cuts in assistance	0=No 1=Yes	-0.233	-	0.974
Household size	Number of individuals	-0.012	-	1.014
FIES	Mean score (higher = more severe)	-0.288	-	-
Social cohesion	Mean score (higher = better)	0.072	-	-
Gender of head of household	0=Female 1=Male	0.060	-	0.917
Self-reliance	Mean score (higher = better)	-	-	0.416
Lack of information/understanding of procedures	0=No 1=Yes	-	-0.062	-

Note: - Bolded items refer to results that are statistically significant (p<0.05) - All models account for country effects		Model 1 Self-reliance (household predictors)	Model 2 Self-reliance (policy predictors)	Model 3 FIES
Language barriers	0=No 1=Yes	-	-0.104	-
Non-recognition of credentials	0=No 1=Yes	-	-0.022	-
Fear for safety	0=No 1=Yes	-	0.000	-
Freedom of movement	0=No 1=Yes	-	-0.049	-
Prioritisation of host community	0=No 1=Yes	-	0.028	-

Additional logistic regressions were conducted to explore the impact of key predictors on individual child education outcomes (i.e., not regularly attending school, leaving school to work or beg), child protection outcomes (i.e., forced child marriage, child abuse/neglect, child domestic responsibilities, being separated from family), and child mental health symptoms. For each of these models, the predictors were self-reliance, refugee status, marital status, cuts in food assistance, number of individuals in household, and food insecurity.

Table 14. Logistic regressions for individual child outcomes

Note: - Bolded items refer to results that are statistically significant (p<0.05) - All models account for country effects		Not attend- ing school	Leave school to work/ beg	Child beg- ging	Child forced marriage	Child abuse/ neglect	Child domestic respon- sibility	Child sepa- rated from family	Child mental health symp- toms
	Effect size	0.256	0.301	0.225	0.183	0.238	0.321	0.217	0.218
Self-reliance	Mean score (higher = better)	0.751	0.62	0.446	0.673	0.774	0.75	0.606	1.154
Refugee status	0=Non-refugee 1=Refugee	0.931	1.272	1.963	1.379	1.858	1.313	0.638	1.1791
Marital status	0=Single- headed 1=Married	0.79	0.86	0.779	1.287	1.217	0.851	0.89	0.797
Cuts in assistance	0=No 1=Yes	0.95	1.641	0.872	2.308	2.198	1.065	2.015	1.308
Household size	Number of individuals	1.188	1.113	1.046	1.054	1.061	1.153	1.091	1.143
Food insecurity	Mean score (higher = more severe)	3.877	3.371	7.787	7.716	3.352	4.401	4.715	13.751

In addition to the above, exploratory factor analyses were conducted for each subscale measuring child protection and child education along with internal consistency tests. Factor loadings and item values were reported for factor analyses, and Cronbach alpha coefficients were reported for internal consistency tests. Both factor analyses showed good results and suggested that the questions grouped under each subscale measure one factor. For the child education subscale, all four items loaded on one factor and accounted for 69% of total variance. An internal consistency test showed an alpha coefficient of 0.84. Similarly, for the child protection subscale, all eight items loaded on one factor and accounted for 61% of total variance, with internal consistency showing an alpha coefficient of 0.90.

Finally, two additional mediation tests were conducted using the PROCESS plugin on SPSS as post-hoc analyses, in which the cuts in assistance

variable was entered as the independent variable, child education/protection as the outcome, and self-reliance as the mediating variable. Refugee status and country effects were entered as covariates to account for their effects.

Both mediation analyses examined whether household self-reliance mediated the relationship between reductions in assistance and child protection outcomes for education and protection while controlling for country effects and refugee status. Total indirect effects of assistance cuts on child protection through self-reliance were statistically significant ($b=0.0110$, 95% CI=0.0073, 0.0152) and similarly for child education ($b=0.0154$, 95% CI=0.0106, 0.0211). These results indicate that even after accounting for country effects, cuts in assistance are associated with poorer child protection and child education outcomes, primarily through their impact on self-reliance.

Table 15. Mediation Model 1

Mediation Model 1	Pathway: Cuts in assistance → self-reliance → child education	
	Coefficient (β)	p-value
Pathway		
Cuts in assistance → self-reliance	-0.207	<0.001
Self-reliance → child education	-0.0759	<0.001
Refugee status → self-reliance	-0.267	<0.001
Refugee status → child education	0.0425	<0.001
Direct effect (cuts → child education)	-	not significant
Indirect effects (cuts → SRI → child education)	0.0154	CI (0.0106 ; 0.0211)

Table 16. Mediation Model 2

Mediation Model 2	Pathway: Cuts in assistance → self-reliance → child protection	
	Coefficient (β)	p-value
Pathway		
Cuts in assistance → self-reliance	-0.207	<0.001
Self-reliance → child protection	-0.0543	<0.001
Refugee status → self-reliance	-0.267	<0.001
Refugee status → child protection	0.0423	<0.001
Direct effect (cuts → child protection)	-	not significant
Indirect effects (cuts → SRI → child protection)	0.011	CI (0.0073;0.0152)

NOTES

1. Global Network Against Food Crises. (2026). [Global Report on Food Crises 2026](#). GNAFC Website.
2. World Vision International. (2024). [Ration Cuts: Taking from the hungry to feed the starving](#).
3. World Vision International. (2025). [Ration Cuts: Hunger, Harm, and Hard Choices](#).
4. Østby, G. & Rustad, S. (2025). [Record high: One in five children in conflict zones](#). PRIO.
5. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
6. UNHCR. (2005). [Handbook for Self-Reliance](#). UNHCR.
7. Refugees International. (2026). [A Generational Collapse: Tracking the Toll of Trump's Humanitarian Aid Cuts](#). Refugees International.
8. Vigersky, S. (2025). [The Great Aid Recession: 2025's Humanitarian Crash in Nine Charts](#). Council on Foreign Relations.
9. OCHA. (2025). [Global Humanitarian Overview 2026](#). OCHA.
10. Browne, B. (2026). [Global humanitarian need deepens as funding falls](#). The Medical Independent.
11. UNHCR. (2025). [Global Appeal 2026](#). UNHCR.
12. UNICEF. (2026). [UNICEF launches 2026 humanitarian appeal](#). UNICEF.
13. Forced displacement "occurs when individuals and communities have been forced or obliged to flee or to leave their homes or places of habitual residence as a result of or in order to avoid the effects of events or situations such as armed conflict, generalized violence, human rights abuses, natural or man-made disasters, and/or development projects. It includes situations where people have fled as well as situations where people have been forcibly removed from their homes, evicted, or relocated to another place not of their choosing, whether by state or non-state actors. The defining factor is the absence of will or consent" (Inter-agency Network for Education in Emergencies [INEE], n.d.).
14. UNHCR. (2025). [Global Trends](#). UNHCR.
15. Uppsala University. (2025). UCDP: [Sharp increase in conflicts and wars](#). UU.se.
16. Germanwatch. (2026). [Climate Risk Index 2026](#). Germanwatch.
17. UNHCR. (2025). [Figures at a glance](#). UNHCR.
18. UNHCR. (2025). [Refugee Data Finder](#). UNHCR.
19. UNHCR. (2025). [Figures at a glance](#). UNHCR.
20. According to UNHCR, "An internally displaced person, or IDP, is someone who has been forced to flee their home but never cross an international border. These individuals seek safety anywhere they can find it—in nearby towns, schools, settlements, internal camps, even forests and fields ... Unlike refugees, IDPs are not protected by international law or eligible to receive many types of aid because they are legally under the protection of their own government" (UNHCR, n.d., What is a Refugee?).
21. UNHCR. (2025). [Figures at a glance](#). UNHCR.
22. According to UNHCR, "A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so" (UNHCR, What is a Refugee?).
23. These countries are Chad, Colombia, Ethiopia, Germany, the Islamic Republic of Iran, Pakistan, Peru, Poland, Türkiye, and Uganda.
24. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
25. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
26. UNHCR. (2025). [Figures at a glance](#). UNHCR.
27. Internal Displacement Monitoring Centre (IDMC). (2025). [Global Report on Internal Displacement](#). IDMC.
28. Global Network Against Food Crises. (2025). [Global Report on Food Crises 2025](#). GNAFC Website.

29. Organisation for Economic Co-operation and Development (OECD). (2026). [A historic decline in foreign aid: Preliminary 2025 ODA data](#). OECD.
30. OCHA. (2025). [Global Humanitarian Overview 2026: Regional Refugee Response Plans](#). HumanitarianAction.info.
31. OCHA. (2026). [Coordinated Plans 2025](#). Financial Tracking Service.
32. According to OCHA's Financial Tracking Service, the Regional Refugee Response Plans (RRRPs) received only 17.6% of required funding in 2025 — US\$1.8497 billion out of US\$10.5066 billion. The percentage of funding received for each individual appeal is as follows:
 - Afghanistan RRP – 18.4%
 - DRC RRP – 29.4%
 - Horn of Africa MRP – 25.7%
 - Rohingya JRP – 52.6%
 - South Sudan RRP – 18.3%
 - Sudan RRP – 18.0%
 - Syria 3RP – 11.1%
 - Ukraine RRP – 14.1%
 - Venezuela RMRP – 9.9%
33. UNHCR. (2025). [Prioritizing Urgent Needs Across Regional Plans in 2025](#). Refugee Coordination Model.
34. UNHCR. (2025). [UNHCR: As funding cuts bite, some 11m people are losing aid](#). UNHCR.
35. Refugees International. (2026). [A Generational Collapse: Tracking the Toll of Trump's Humanitarian Aid Cuts](#). Refugees International.
36. UNHCR. (2025). [On the Brink: The devastating toll of aid cuts on people forced to flee](#). UNHCR.
37. Global Network Against Food Crises. (2025). [Global Report on Food Crises 2025](#). GNAFC Website.
38. WFP. (2025). [A lifeline at risk: food assistance at a breaking point](#). WFP.
39. FAO, WFP. (2025). [Hunger Hotspots: FAO–WFP early warnings on acute food insecurity: November 2025 to May 2026 outlook](#). FightFoodCrises.net.
40. WFP. (2025). [A lifeline at risk: food assistance at a breaking point](#). WFP.
41. Østby, G. & Rustad, S. (2025). [Record high: One in five children in conflict zones](#). PRIO.
42. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
43. UNHCR. (2025). [UNHCR: Funding crunch increases risks of violence, danger and death for refugees](#). UNHCR.
44. The Alliance for Child Protection in Humanitarian Action. (2026). [The Impact of Funding Cuts on Children and their Protection in Humanitarian Contexts: An Analysis One Year On](#). Alliance CPHA.
45. OCHA. (2026). [Humanitarian Aid Contributions 2025](#). Financial Tracking Service.
46. UNICEF. (2026). [UNICEF launches 2026 humanitarian appeal](#). UNICEF.
47. UNHCR. (2025). [On the Brink: The devastating toll of aid cuts on people forced to flee](#). UNHCR.
48. UNHCR. (2025). [On the Brink: The devastating toll of aid cuts on people forced to flee](#). UNHCR.
49. Norwegian Refugee Council, Save the Children, & Plan International. (2026). ["Put Us at the Centre" – What Children and Young People in Humanitarian Crises Asked For – and the Decisions that Followed](#). Save the Children Child Rights Resource Centre.
50. UNHCR. (n.d.). [About UNHCR: The 1951 Refugee Convention](#). UNHCR.
51. UNHCR. (n.d.). [About UNHCR: The 1951 Refugee Convention](#). UNHCR.
52. The World Bank. (2024). [Dataset of World Refugee and Asylum Policies](#). The World Bank.
53. Refugee Self-Reliance Initiative. (2025). [About Self-Reliance](#). RSRI.
54. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
55. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
56. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
57. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
58. UNHCR. (2005). [Handbook for Self-Reliance](#). UNHCR.
59. Refugee Self-Reliance Initiative, Danish Refugee Council, & Refuge Point. (2022). [Self-Reliance Evidence Review](#). RSRI.
60. Refugee Self-Reliance Initiative, Danish Refugee Council, & Refuge Point. (2022). [Self-Reliance Evidence Review](#). RSRI.

61. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
62. This percentage was taken from the IPC (Integrated Food Security Phase Classification) where available or the WFP Hunger Map LIVE 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.
63. World Vision staff in Lebanon were planning to collect data in February 2026. However, due to the sudden escalation of conflict in the country and widespread movements of Syrian refugees, internally displaced individuals, and host communities, the response team's attention needed to be redirected towards responding to the sudden emergency. As a result, Lebanon was not included in the study.
64. Refugee Self-Reliance Initiative. (2025). [Self-Reliance Index Version 3.0: Indicators to Measure Progress Towards Self-Reliance](#). RSRI.
65. FAO. (n.d.). [About the Food Insecurity Experience Scale \(FIES\)](#). FAO.
66. Kolog, J. D., Asem, F. E., & Mensah-Bonsu, A. (2023). [The state of food security and its determinants in Ghana: an ordered probit analysis of the household hunger scale and household food insecurity access scale](#). *Scientific African*, 19, e01579.
67. White, J., Greene, G., Dunstan, F., Rodgers, S., Lyons, R. A., Humphreys, I., et al. (2014). [The Communities First \(ComFi\) study: protocol for a prospective controlled quasi-experimental study to evaluate the impact of area-wide regeneration on mental health and social cohesion in deprived communities](#). *BMJ open*, 4(10), e006530.
68. World Health Organization. (2024). [Multi-sectoral mental health and psychosocial support assessment toolkit](#). MHPSS MSP.
69. Seff, I., Leeson, K., & Stark, L. (2021). [Measuring self-reliance among refugee and internally displaced households: the development of an index in humanitarian settings](#). *Conflict and Health*, 15(1), 56.
70. FAO. (2025). [Syrian Arab Republic: Emergency and Resilience Plan 2026–2028](#). FAO Knowledge Repository.
71. UNICEF. (2025). [Delivering impactful results for every child and young person in Syria 2025-2026: Advocacy briefs](#). UNICEF Syrian Arab Republic.
72. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
73. The DWRAP is a comprehensive database of all policies and legal frameworks related to forced displacement from 1951 to 2022 across 193 countries. No significant changes to the refugee-related de jure legal frameworks in the countries included in this report have occurred since 2022.
74. For more information on the DWRAP's methodology, please see here: The World Bank. (2024). [Dataset of World Refugee and Asylum Policies](#). The World Bank.
75. The World Bank. (2024). [Dataset of World Refugee and Asylum Policies](#). The World Bank.
76. Neither Bangladesh nor Myanmar are parties to the 1951 Refugee Convention and 1967 Additional Protocol.
77. World Bank Group. (2024). [Dataset of World Refugee and Asylum Policies \(DWRAP\)](#). Data Catalog.
78. Gobierno de Colombia. (n.d.) [ABC Temporary Protection Status for Venezuelan Migrants](#). [Cancilleria.gov.co](#).
79. UNHCR. (n.d.). [The Global Compact on Refugees](#). UNHCR.
80. UNHCR. (n.d.). [The Global Compact on Refugees](#). UNHCR.
81. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
82. More information on the in-progress and fulfilled pledges made through the GCR framework is available here: Global Compact on Refugees. (2026). [Pledges and Contributions](#). GCR.
83. Bangladesh and Myanmar are not engaged in the GCR process, and South Sudan and Uganda, while engaged, do not have any active pledges currently according to the GCR Pledges and Contributions Dashboard.
84. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
85. UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.
86. UNICEF. (2026). ["The reality for children in Sudan is growing darker hour by hour."](#) UNICEF Press Center.

REFERENCES

- Browne, B. (2026). [Global humanitarian need deepens as funding falls](#). The Medical Independent.
- FAO. (n.d.). [About the Food Insecurity Experience Scale \(FIES\)](#). FAO.
- FAO. (2025). [Syrian Arab Republic: Emergency and Resilience Plan 2026–2028](#). FAO Knowledge Repository.
- FAO, WFP. (2025). [Hunger Hotspots: FAO–WFP early warnings on acute food insecurity: November 2025 to May 2026 outlook](#). FightFoodCrises.net.
- Germanwatch. (2026). [Climate Risk Index 2026](#). Germanwatch.
- Global Compact on Refugees. (2026). [Pledges and Contributions](#). GCR.
- Global Network Against Food Crises. (2025). [Global Report on Food Crises 2025](#). GNAFC Website.
- Global Network Against Food Crises. (2026). [Global Report on Food Crises 2026](#). GNAFC Website
- Gobierno de Colombia. (n.d.) [ABC Temporary Protection Status for Venezuelan Migrants](#). Cancilleria.gov.co.
- IDMC. (2025). [Global Report on Internal Displacement](#). IDMC.
- INEE. (n.d.). [Glossary Term: Forced Displacement](#). INEE.
- Kolog, J. D., Asem, F. E., & Mensah-Bonsu, A. (2023). [The state of food security and its determinants in Ghana: an ordered probit analysis of the household hunger scale and household food insecurity access scale](#). Scientific African, 19, e01579.
- Norwegian Refugee Council, Save the Children, & Plan International. (2026). [“Put Us at the Centre” – What Children and Young People in Humanitarian Crises Asked For – and the Decisions that Followed](#). Save the Children Child Rights Resource Centre.
- OCHA. (2025). [Global Humanitarian Overview 2026](#). OCHA.
- OCHA. (2025). [Global Humanitarian Overview 2026: Regional Refugee Response Plans](#). HumanitarianAction.info.
- OCHA. (2026). [Coordinated Plans 2025](#). Financial Tracking Service.
- OCHA. (2026). [Humanitarian Aid Contributions 2025](#). Financial Tracking Service.
- OECD. (2026). [A historic decline in foreign aid: Preliminary 2025 ODA data](#). OECD.
- Østby, G. & Rustad, S. (2025). [Record high: One in five children in conflict zones](#). PRIO.
- Refugee Self-Reliance Initiative. (2025). [About Self-Reliance](#). RSRI.
- Refugee Self-Reliance Initiative. (2025). [Self-Reliance Index Version 3.0: Indicators to Measure Progress Towards Self-Reliance](#). RSRI.
- Refugee Self-Reliance Initiative, DRC, & Refuge Point. (2022). [Self-Reliance Evidence Review](#). RSRI.
- Refugees International. (2026). [A Generational Collapse: Tracking the Toll of Trump’s Humanitarian Aid Cuts](#). Refugees International.
- Seff, I., Leeson, K., & Stark, L. (2021). [Measuring self-reliance among refugee and internally displaced households: the development of an index in humanitarian settings](#). Conflict and Health, 15(1), 56.
- The Alliance for Child Protection in Humanitarian Action. (2026). [The Impact of Funding Cuts on Children and their Protection in Humanitarian Contexts: An Analysis One Year On](#). Alliance CPHA.
- The World Bank. (2024). [Dataset of World Refugee and Asylum Policies](#). The World Bank.
- UNHCR. (2005). [Handbook for Self-Reliance](#). UNHCR.
- UNHCR. (2025). [Figures at a glance](#). UNHCR.
- UNHCR. (2025). [Global Appeal 2026](#). UNHCR.
- UNHCR. (2025). [Global Compact on Refugees Indicator Report](#). Operational Data Portal.

- UNHCR. (2025). [Global Trends](#). UNHCR.
- UNHCR. (2025). [On the Brink: The devastating toll of aid cuts on people forced to flee](#). UNHCR.
- UNHCR. (2025). [Prioritizing Urgent Needs Across Regional Plans in 2025](#). Refugee Coordination Model.
- UNHCR. (2025). [Refugee Data Finder](#). UNHCR.
- UNHCR. (2025). [UNHCR: As funding cuts bite, some 11m people are losing aid](#). UNHCR.
- UNHCR. (2025). [UNHCR: Funding crunch increases risks of violence, danger and death for refugees](#). UNHCR.
- UNHCR. (n.d.). [About UNHCR: The 1951 Refugee Convention](#). UNHCR.
- UNHCR. (n.d.). [The Global Compact on Refugees](#). UNHCR.
- UNHCR. (n.d.). [What is a Refugee?](#) USA for UNHCR.
- UNICEF. (2025). [Delivering impactful results for every child and young person in Syria 2025-2026: Advocacy briefs](#). UNICEF Syrian Arab Republic.
- UNICEF. (2026). ["The reality for children in Sudan is growing darker hour by hour."](#) UNICEF Press Center.
- UNICEF. (2026). [UNICEF launches 2026 humanitarian appeal](#). UNICEF.
- Uppsala University. (2025). UCDP: [Sharp increase in conflicts and wars](#). UU.se.
- Vigersky, S. (2025). [The Great Aid Recession: 2025's Humanitarian Crash in Nine Charts](#). Council on Foreign Relations.
- WFP. (2025). [A lifeline at risk: food assistance at a breaking point](#). WFP.
- WFP. (2026). [Hunger Map LIVE: Global Acute Food Insecurity](#). HungerMap.WFP.org
- White, J., Greene, G., Dunstan, F., Rodgers, S., Lyons, R. A., Humphreys, I., et al. (2014). [The Communities First \(ComFi\) study: protocol for a prospective controlled quasi-experimental study to evaluate the impact of area-wide regeneration on mental health and social cohesion in deprived communities](#). BMJ open, 4(10), e006530.
- World Health Organization. (2024). [Multi-sectoral mental health and psychosocial support assessment toolkit](#). MHPSS MSP.
- World Bank Group. (2024). [Dataset of World Refugee and Asylum Policies \(DWRAP\)](#). Data Catalog.
- World Vision International. (2024). [Ration Cuts: Taking from the hungry to feed the starving](#).
- World Vision International. (2025). [Hunger, Harm and Hard Choices](#).





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