



# South Sudan

Food security situation continues to deteriorate due to conflict-driven displacement, low crop production, economic crisis, climatic shocks and humanitarian access challenges

## IPC ACUTE FOOD INSECURITY & ACUTE MALNUTRITION ANALYSIS

JANUARY 2019 – JULY 2019

Issued: February 2019

In the PRESENCE of Humanitarian Food Assistance (Unmet Needs)								
CURRENT (JANUARY 2019)			PROJECTED (FEBRUARY-APRIL 2019)			PROJECTED (MAY-JULY 2019)		
<b>6.17M</b> (54% of the population) People facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	30 000 People in Catastrophe	<b>6.45M</b> (57% of the population) People who will be facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	45 000 People in Catastrophe	<b>6.87M</b> (60% of the population) People who will be facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	50 000 People in Catastrophe
	Phase 4	1 360 000 People in Emergency		Phase 4	1 575 000 People in Emergency		Phase 4	1 910 000 People in Emergency
	Phase 3	4 780 000 People in Crisis		Phase 3	4 825 000 People in Crisis		Phase 3	4 915 000 People in Crisis
	Phase 2	3 420 000 People in Stress		Phase 2	3 450 000 People in Stress		Phase 2	3 300 000 People in Stress
	Phase 1	1 805 000 People minimally food insecure		Phase 1	1 490 000 People minimally food insecure		Phase 1	1 225 000 People minimally food insecure

**Note:** Population in need in the absence of humanitarian food assistance for the period February – July 2019 are provided in Table 3 (page 5) and Table 5 (page 6) within this report.

ACUTE MALNUTRITION		JANUARY – DECEMBER 2019
<p><b>860,000</b></p> <p>Number of 6-59 months children acutely malnourished IN NEED OF TREATMENT</p>	<p><b>260,000</b></p> <p>SAM* Number of cases</p>	<p><b>597,000</b></p> <p>Pregnant or lactating women acutely malnourished IN NEED OF TREATMENT</p>
	<p><b>600,000</b></p> <p>MAM* Number of cases</p>	

\* Severe and Moderate Acute Malnutrition

**How Severe, How Many and When** – In the **current analysis period of January 2019**, 6.17 million people (54% of the population) are estimated to have faced Crisis (IPC Phase 3) acute food insecurity or worse, out of which 1.36 million people faced Emergency (IPC Phase 4) acute food insecurity and 30,000 faced Catastrophe (IPC phase 5)<sup>1</sup>. The people in Catastrophe (IPC Phase 5) in January 2019 are found in four counties, namely: Canal/Pigi and Pibor (former Jonglei); Panyikang (former Upper Nile); and Cueibet (former Lakes). Large-scale humanitarian assistance is urgently needed to save lives and protect livelihoods in these counties. Compared with the same time last year, the January 2019 levels of food insecurity reflect a 13% increase in the population facing Crisis (IPC Phase 3) acute food insecurity or worse in the post-harvest season.

In the projection period of **February to April 2019**, and in the presence of Humanitarian Food Assistance (HFA)<sup>2</sup>, a total of **6.45 million people (57% of the population)** will face Crisis (IPC Phase 3) acute food insecurity or worse, with an estimated 45,000 people in Catastrophe (IPC Phase 5). In the projection period of May to July 2019, and **in the presence of**

<sup>1</sup> No counties were classified as in Famine (IPC phase 5) in January 2019; rather in some counties, fewer than 20% of the population were estimated to be in Catastrophe (IPC Phase 5).

<sup>2</sup> Humanitarian assistance is only considered if it is planned, funded and likely.



**Humanitarian Food Assistance**, a total **6.87 million people (60% of the population)** will face Crisis (IPC Phase 3) acute food insecurity or worse, with an estimated 50,000 people in Catastrophe (IPC Phase 5).

In the **total absence of Humanitarian Food Assistance**, an estimated **7.17 million people (63% of the population)** will face Crisis (IPC Phase 3) acute food insecurity or worse in the projection period of **February to April 2019**, an increase of 11% from the 6.33 million people (57% of the population) from the same period in 2018. Humanitarian Assistance, if well targeted and sustained is anticipated to substantially reduce the population in Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5), whilst increasing the population in Minimal and Stressed (IPC Phase 1 and 2 respectively) during the projection period of February to April 2019.

In the projection period of **May to July 2019**, and **in the total absence of Humanitarian Food Assistance**, an estimated **7.68 million people (67% of the population)** will face Crisis (IPC Phase 3) acute food insecurity or worse, an increase of 8% from the 7.08 million people (63% of the population) from the same period in 2018. In May to July 2019, an estimated 260,000 people will be in Catastrophe (IPC Phase 5). At the peak of the lean season, when the food gap increases from May to July, the planned humanitarian food assistance is anticipated to reduce the population in Emergency (IPC Phase 4), whilst also preventing a substantial proportion of the population from moving into Catastrophe (IPC Phase 5) and maintaining the larger part of the population in Crisis (IPC Phase 3).

**Where** – In January 2019, 16 former counties across the country were classified in Emergency (IPC Phase 4) acute food insecurity, with Greater Upper Nile region having seven (Panyijiar, Koch and Guit of former Unity State; Fashoda and Panyikang of former Upper Nile State; Canal/Pigi and Pibor of former Jonglei State); Greater Bahr el Ghazal region having six (Cueibet, Yirol West, Yirol East and Awerial of former Lakes State; Aweil East of former Northern Bahr el Ghazal State; and Wau of former Western Bahr el Ghazal); and Greater Equatoria region having three (Budi, Kapoeta East and Kapoeta North of former Eastern Equatoria State). Of the remaining counties, 59 are in Crisis (IPC Phase 3), out of which 10 counties are classified in IPC Phase 3! (Crisis – would likely have been at least one phase worse without the effects of Humanitarian Food Assistance (HFA)). Ibba and Tambura, in former Western Equatoria State, and Renk of former Upper Nile State, are facing Stressed (IPC Phase 2) acute food insecurity. Areas of concern from previous analyses, including Leer, Mayendit and Greater Baggari sub-area of Wau County are classified in Crisis (IPC Phase 3!) because of large-scale humanitarian food assistance.

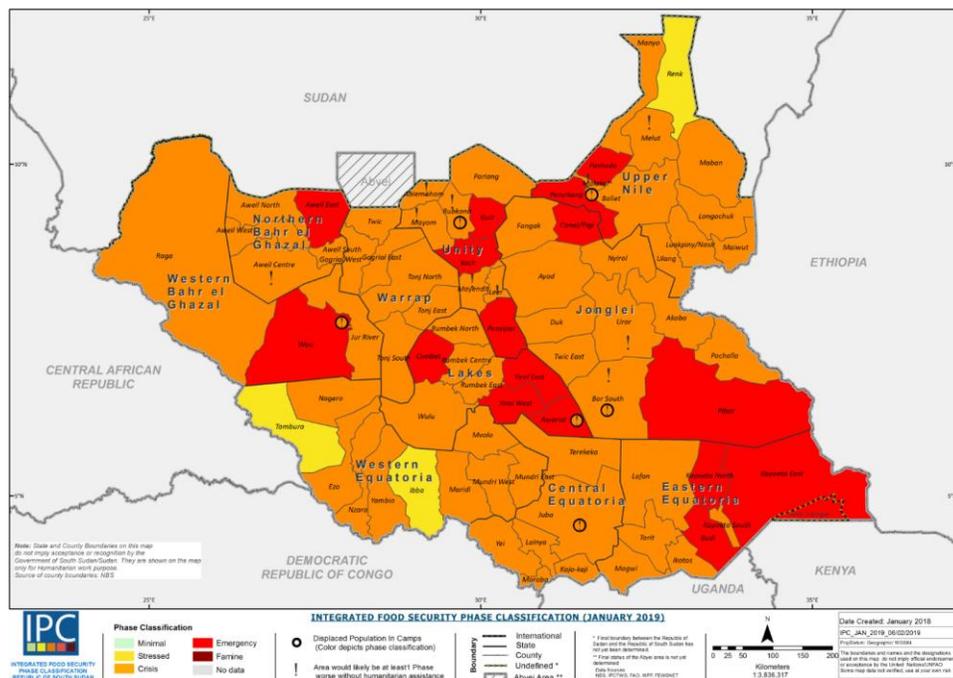
**Why** – The high levels of acute food insecurity continue to be driven by the cumulative effects of the national and localized conflicts, heavy reliance on unpredictable and poor rainfall performances, associated population displacements and prolonged years of asset depletion. These contributed to insufficient crop production, with only 52% of the 2019 national cereal needs<sup>3</sup> being met by harvests. Additionally, conflict has disrupted livelihoods and impacted on households' access to other food sources, such as wild foods, fish, and livestock products. Furthermore, the on-going economic crisis has significantly reduced households' purchasing power and vulnerable populations who are reliant on market purchases of highly priced foods. Other significant drivers include the prolonged dry spells at critical stages of crop growth, flooding, and crop pests and diseases.

<sup>3</sup> In 2018, even though the country still faced a cereal deficit, up to 61% of the national cereal needs were met by harvests.



### CURRENT IPC ACUTE FOOD INSECURITY SITUATION FOR JANUARY 2019

Figure 1: IPC Acute Food Insecurity Situation Map for January 2019



#### What is on the map?

A total of 16 counties are classified in Emergency (IPC Phase 4), 59 are classified in Crisis (IPC Phase 3), and 3 are classified in Stressed (IPC Phase 2). Of the 59 counties in Crisis, 10 are classified in IPC Phase 3! (Crisis and would likely be at least one phase worse without the effects of HFA).

#### What is in the table?

With the current levels of HFA, 0.3% of the population (about 30,000 people) are in IPC Phase 5 (Catastrophe); 12% of the population (about 1.36 million people) are in IPC Phase 4 (Emergency); and 42% of the population (about 4.78 million people) are in IPC Phase 3 (Crisis).

Four counties of Canal/Pigi and PiBOR (former Jonglei), Cueibet (former Lakes) and Panyikang (former Upper Nile) have populations in Catastrophe (IPC Phase 5).

*This map takes into account the effects of planned, funded and likely humanitarian food assistance.*

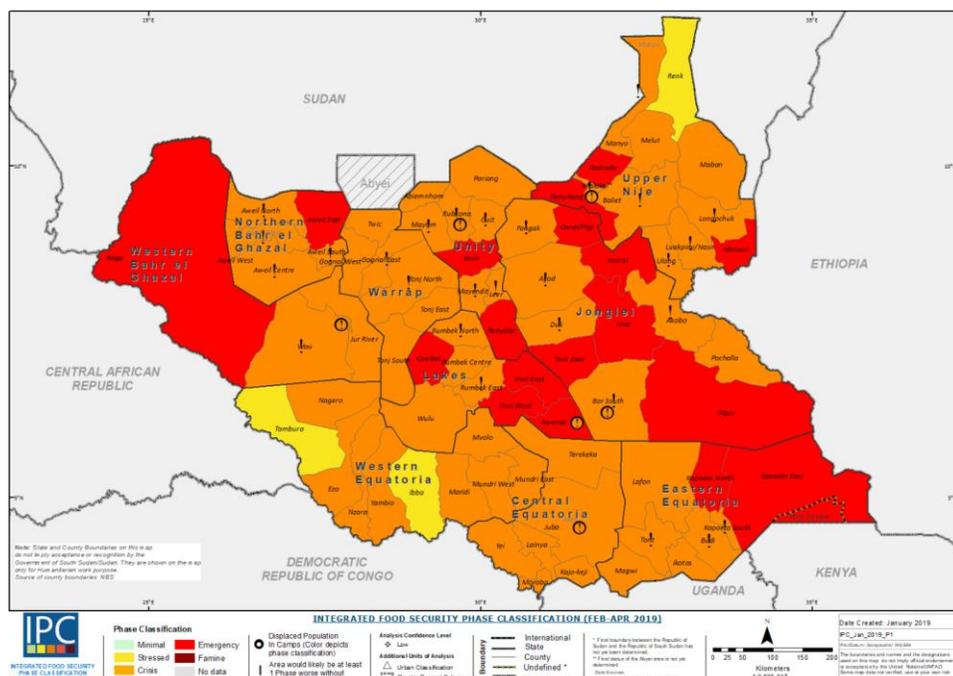
State	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,100,160	140,000	415,000	495,000	55,000	-	49.8%
Eastern Equatoria	1,031,669	245,000	205,000	445,000	135,000	-	56.3%
Jonglei	1,810,242	180,000	470,000	855,000	285,000	20,000	64.1%
Lakes	1,271,982	190,000	310,000	545,000	215,000	10,000	60.6%
Northern Bahr el Ghazal	1,454,815	175,000	460,000	600,000	225,000	-	56.5%
Unity	886,295	60,000	225,000	460,000	140,000	-	67.8%
Upper Nile	1,033,739	165,000	320,000	440,000	110,000	-	53.1%
Warrap	1,443,023	270,000	590,000	505,000	80,000	-	40.5%
Western Bahr el Ghazal	562,485	120,000	155,000	210,000	80,000	-	51.3%
Western Equatoria	790,729	260,000	270,000	225,000	35,000	-	32.9%
<b>Total</b>	<b>11,385,139</b>	<b>1,805,000</b>	<b>3,420,000</b>	<b>4,780,000</b>	<b>1,360,000</b>	<b>30,000</b>	<b>54.1%</b>

Table 1: Estimation of populations for current period: January 2019 in the presence of Humanitarian Food Assistance



### PROJECTED IPC ACUTE FOOD INSECURITY SITUATION FOR FEBRUARY-APRIL 2019 AND MAY-JULY 2019

Figure 2: IPC Acute Food Insecurity Situation Map for February-April 2019



#### What is on the map?

A total of 18 counties are classified in Emergency (IPC Phase 4), 57 are classified in Crisis (IPC Phase 3), and 3 are classified in Stressed (IPC Phase 2). Of the 57 counties in Crisis (IPC Phase 3), 26 are classified in IPC Phase 3! (Crisis – would likely be at least one phase worse without the effects of HFA).

#### What is in the tables?

With the planned levels of HFA, 0.4% of the population (about 45,000 people) will be in Catastrophe (IPC Phase 5); 14% of the population (about 1.58 million people) will be in Emergency (IPC Phase 4); and 42% of the population (about 4.83 million people) will be in Crisis (IPC Phase 3).

In the absence of HFA, total population in need is 7.18 million people (63% of the population) requiring urgent action to save and protect livelihoods, reduce food consumption gaps and acute malnutrition, and prevent widespread mortality.

*This map considers the effects of planned, funded and likely humanitarian food assistance.*

State	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,100,160	95,000	420,000	470,000	110,000	-	53.0%
Eastern Equatoria	1,031,669	185,000	255,000	450,000	160,000	-	58.1%
Jonglei	1,810,242	150,000	460,000	865,000	295,000	20,000	65.9%
Lakes	1,271,982	160,000	325,000	535,000	235,000	20,000	62.0%
Northern Bahr el Ghazal	1,454,815	160,000	390,000	665,000	240,000	-	62.2%
Unity	886,295	60,000	195,000	485,000	140,000	5,000	71.2%
Upper Nile	1,033,739	145,000	305,000	465,000	120,000	-	56.5%
Warrap	1,443,023	220,000	590,000	480,000	150,000	-	43.8%
Western Bahr el Ghazal	562,485	90,000	215,000	185,000	75,000	-	46.0%
Western Equatoria	790,729	225,000	295,000	225,000	50,000	-	34.6%
<b>Total</b>	<b>11,385,139</b>	<b>1,490,000</b>	<b>3,450,000</b>	<b>4,825,000</b>	<b>1,575,000</b>	<b>45,000</b>	<b>56.6%</b>

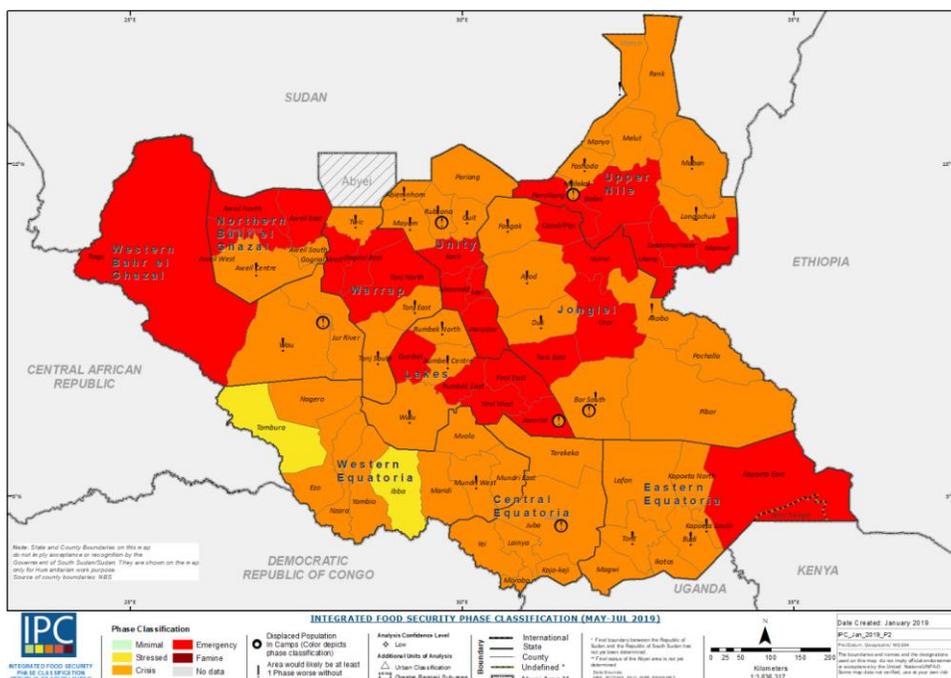
Table 2: Estimation of populations for projected period: February-April 2019 in the presence of Humanitarian Food Assistance



State	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,100,160	85,000	395,000	525,000	100,000	-	56.6%
Eastern Equatoria	1,031,669	200,000	205,000	445,000	185,000	-	60.9%
Jonglei	1,810,242	135,000	375,000	850,000	440,000	15,000	71.9%
Lakes	1,271,982	145,000	265,000	535,000	285,000	40,000	67.7%
Northern Bahr el Ghazal	1,454,815	160,000	320,000	545,000	430,000	-	67.0%
Unity	886,295	40,000	165,000	385,000	250,000	50,000	77.0%
Upper Nile	1,033,739	140,000	315,000	385,000	195,000	5,000	56.3%
Warrap	1,443,023	215,000	410,000	610,000	210,000	-	56.7%
Western Bahr el Ghazal	562,485	75,000	125,000	195,000	165,000	-	64.3%
Western Equatoria	790,729	210,000	245,000	255,000	75,000	-	42.0%
<b>Total</b>	<b>11,385,139</b>	<b>1,405,000</b>	<b>2,820,000</b>	<b>4,730,000</b>	<b>2,335,000</b>	<b>110,000</b>	<b>62.9%</b>

Table 3: Estimation of populations for projected period: February-April 2019 in the absence of Humanitarian Food Assistance

Figure 3: IPC Acute Food Insecurity Situation Map for May-July 2019



### What is on the map?

A total of 27 counties are classified in Emergency (IPC Phase 4), 49 are classified in Crisis (IPC Phase 3) and 2 are classified in Stressed (IPC Phase 2). Of the 49 counties in Crisis (IPC Phase 3), 26 are classified in IPC Phase 3! (Crisis and would likely be at least one phase worse without the effects of HFA.

### What is in the tables?

With the planned levels of HFA, 0.4% of the population (about 50,000 people) will be in Catastrophe (IPC Phase 5); 17% of the population (about 1.91 million people) will be in Emergency (IPC Phase 4); and 43% of the population (about 4.92 million people) will be in Crisis (IPC Phase 3).

In the absence of HFA, total population in need is 7.68 million people (67% of the population) requiring urgent action to save and protect livelihoods, reduce food consumption gaps and acute malnutrition, and prevent widespread mortality.

*This map considers the effects of planned, funded and likely humanitarian food assistance.*



State	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,100,160	70,000	395,000	505,000	130,000	-	57.7%
Eastern Equatoria	1,031,669	165,000	280,000	450,000	140,000	-	57.0%
Jonglei	1,810,242	105,000	475,000	880,000	340,000	10,000	68.0%
Lakes	1,271,982	145,000	305,000	535,000	270,000	20,000	64.7%
Northern Bahr el Ghazal	1,454,815	110,000	385,000	630,000	330,000	-	66.0%
Unity	886,295	55,000	165,000	490,000	165,000	15,000	75.3%
Upper Nile	1,033,739	110,000	300,000	455,000	170,000	5,000	60.6%
Warrap	1,443,023	185,000	510,000	520,000	225,000	-	51.7%
Western Bahr el Ghazal	562,485	80,000	200,000	200,000	80,000	-	50.0%
Western Equatoria	790,729	200,000	285,000	250,000	60,000	-	39.0%
<b>Total</b>	<b>11,385,139</b>	<b>1,225,000</b>	<b>3,300,000</b>	<b>4,915,000</b>	<b>1,910,000</b>	<b>50,000</b>	<b>60.3%</b>

Table 4: Estimation of populations for projected period: May-July 2019 in the presence of Humanitarian Food Assistance

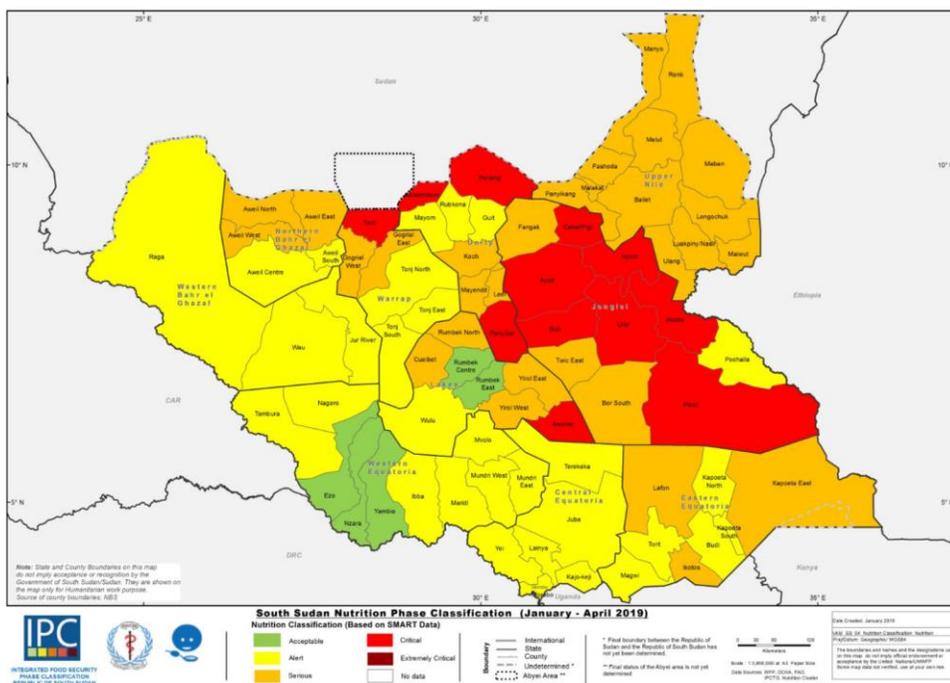
State	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,100,160	105,000	390,000	520,000	85,000	-	55.0%
Eastern Equatoria	1,031,669	205,000	210,000	450,000	170,000	-	59.9%
Jonglei	1,810,242	105,000	330,000	840,000	500,000	35,000	76.0%
Lakes	1,271,982	125,000	205,000	500,000	380,000	60,000	74.0%
Northern Bahr el Ghazal	1,454,815	110,000	275,000	475,000	565,000	30,000	73.5%
Unity	886,295	10,000	130,000	365,000	280,000	105,000	84.3%
Upper Nile	1,033,739	110,000	245,000	410,000	260,000	10,000	65.7%
Warrap	1,443,023	120,000	340,000	655,000	310,000	20,000	68.2%
Western Bahr el Ghazal	562,485	55,000	100,000	210,000	200,000	-	72.6%
Western Equatoria	790,729	260,000	290,000	205,000	35,000	-	30.4%
<b>Total</b>	<b>11,385,139</b>	<b>1,205,000</b>	<b>2,515,000</b>	<b>4,630,000</b>	<b>2,785,000</b>	<b>260,000</b>	<b>67.4%</b>

Table 5: Estimation of populations for projected period: May-July 2019 in the absence of Humanitarian Food Assistance

### CURRENT IPC ACUTE MALNUTRITION SITUATION FOR JANUARY-APRIL 2019

- 🕒 How Severe, How Many and When** – A total of 860, 000 children are likely to suffer from acute malnutrition in 2019 based on the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS) and admission trends for 2018.
- 📍 Where** – 42 counties are classified as Serious (IPC Acute Malnutrition Phase 3) and above. The counties of Akobo, Ayod, Canal Pigi, Pibor, Duk, Uror (former Jonglei); Abiemnhom, Panyijar and Pariang (former Unity); Twic (former Warrap); and Awerial (former Lakes) are classified as Critical (IPC Acute Malnutrition Phase 4). No county was classified as Extremely Critical (IPC Acute Malnutrition Phase 5). However, further deterioration is expected in the projection period (lean season) of May-August 2019 with more than 55 counties classified as Serious <sup>4</sup>(IPC Acute Malnutrition Phase 3) and above, therefore requiring urgent and targeted response.
- ❓ Why** – The major factors contributing to acute malnutrition include insufficient availability of food, very poor quality and diversity of food<sup>5</sup>, relatively high prevalence of diseases<sup>6</sup> and poor child care practices. Elevated level of food insecurity (IPC AFI phase 3 and above) in some counties also contribute to acute malnutrition. Additionally, reduced access to food, nutrition and health services linked to conflict including inter communal conflict in some counties is also aggravating the levels of acute malnutrition.

### IPC ACUTE MALNUTRITION SITUATION MAP FOR JANUARY-APRIL 2019



**What is on the map?**

According to the IPC Acute Malnutrition (AMN) scale, 12 counties in South Sudan (namely Akobo, Ayod, Canal Pigi, Pibor, Duk, Uror (former Jonglei State), Abiemnhom, Panyijar and Pariang (former Unity State), Twic (former Warrap State) and Awerial (former Lakes State) are classified as in 'Critical' (IPC AMN Phase 4) while 30 other counties (mainly in the former States of Eastern Equatoria, Lakes, Jonglei, Unity, Upper Nile and Warrap) are in classified as in 'Serious' (IPC AMN Phase 3). Majority of the remaining counties mainly in Central Equatoria and Western Equatoria states are classified as in 'Alert' (IPC AMN Phase 2). Only five counties in Western Equatoria and Lakes states are classified as 'Acceptable' (IPC AMN Phase 1). According to the IPC AMN scale, Phase 4 and Phase 3 indicate 'Critical' and 'Serious' acute malnutrition situation, which require urgent action. IPC AMN Phase 2 indicates 'Alert' levels of acute malnutrition which require strengthening of existing response capacity and resilience.

<sup>4</sup> Acceptable GAM <5%, Alert GAM 5%-9.9%, Serious GAM 10.0%-14.9% , Critical GAM 15.0%- 29.9% and Extremely Critical GAM >=30%  
<sup>5</sup> Minimum Acceptable Diet of <5% and Minimum dietary diversity of <15%  
<sup>6</sup> Morbidity (prevalence of disease) is considered high if it has affected up to 30% of children under 5 years in the previous two weeks



## TOTAL NUMBER OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND ARE IN NEED OF TREATMENT

A mixed method of previous surveys and program data was used to estimate the total Population in Need (PIN) for 2019. The reason for using mixed methods were due to poor population estimates in some counties affected by frequent displacement and returnees leading to over or under estimation of caseload. The availability of robust program data supported in the estimation of caseload for acute malnutrition in 2019. In the estimation of SAM and MAM caseload among under-five for the year 2019, the January to August 2018 new admissions trends were used and the projected achievement for 2018 was determined using previous trends for the remaining four months. The nutrition situation for 2018 was assumed to be relatively like the 2019 situation. The achievement for 2018 was therefore assumed to represent 80% and 62% of the SAM and MAM cases respectively. This was then back calculated to achieve the caseload for SAM and MAM as per the table below. There is significant reduction in the number of children projected to be acutely malnourished between 2018 and 2019 with the later showing about 250,000 less children.

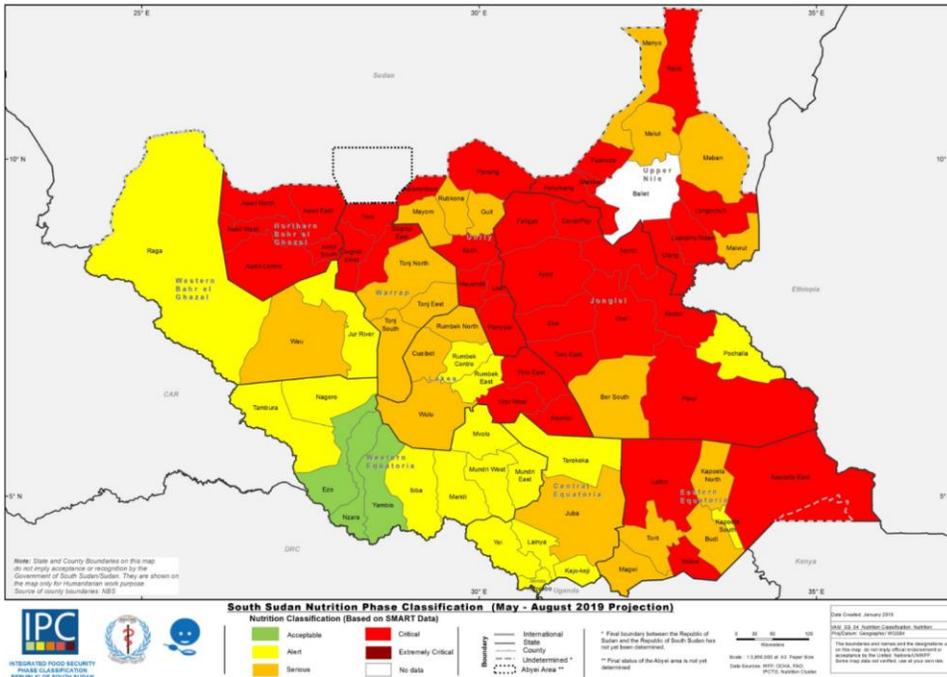
State	6 to 59 month	SAM Burden	MAM Burden	GAM burden
Central Equatoria	209,030	14,156	37,738	51,895
Eastern Equatoria	196,017	23,965	61,503	85,469
Jonglei	343,946	38,424	97,669	136,093
Lakes	241,677	28,772	60,363	89,135
Northern Bahr El Ghazel	276,415	39,586	87,919	127,505
Unity	168,396	36,034	75,308	111,341
Upper Nile	196,410	16,717	39,461	56,178
Warrap	288,851	32,924	74,902	107,826
Western Bahr El Ghazel	106,872	13,640	30,665	44,305
Western Equatoria	150,239	15,514	34,908	50,421
<b>Total</b>	<b>2,177,853</b>	<b>259,732</b>	<b>600,437</b>	<b>860,168</b>

Table 6: Summary of SAM, MAM and GAM caseloads in January 2019



### PROJECTED IPC ACUTE MALNUTRITION SITUATION FOR MAY-AUGUST 2019

#### IPC ACUTE MALNUTRITION SITUATION MAP FOR MAY-AUGUST 2019



#### What is on the map?

According to the IPC Acute Malnutrition projection analysis, the acute malnutrition situation is likely to deteriorate during the lean season in most counties in the country. A total of 57 counties are projected to be in phase 3 and 4. Most counties classified as Serious (IPC Acute Malnutrition Phase 3) currently will deteriorate further to Critical (IPC Acute Malnutrition Phase 4) during the projection period of May – August 2019. A total of 35 counties are projected to be Critical (IPC Acute Malnutrition Phase 4).

It should be noted that, typically, the prevalence of acute malnutrition peaks during the lean season (May – August) and decreases after the lean season in South Sudan. High morbidity, limited access to basic services, food insecurity as well as child care and feeding practices contribute negatively to the prevalence of acute malnutrition during the lean season.

IPC Acute Malnutrition analysis shows that the acute malnutrition levels in most counties will deteriorate due to high food insecurity, increased morbidity/outbreaks, poor child care practices, limited access to basic services and poor infrastructure.

## ACUTE FOOD INSECURITY SITUATION OVERVIEW AND KEY DRIVERS

## Current Situation Overview

In **Greater Upper Nile** region, all counties were classified as Crisis (IPC Phase 3) or Emergency (IPC Phase 4) except Renk, which was in Stressed (IPC Phase 2) in January 2019. In Panyikang (former Upper Nile), and Pibor and Canal/Pigi (former Jonglei), some households are facing Catastrophe (IPC Phase 5) outcomes due to conflict-related disruptions to cultivation, fishing, market functioning, and delivery of assistance. However, large-scale humanitarian food assistance has prevented deterioration to Emergency (IPC Phase 4) and maintained Crisis (IPC Phase 3!) levels of food insecurity in 9 counties, namely: Leer, Mayendit, Abiemnhom, Mayom and Rubkona of former Unity; Uror and Bor South of former Jonglei; and Melut and Malakal of former Upper Nile.

In **Greater Bahr el Ghazal** region, Crisis (IPC Phase 3) and Emergency (IPC phase 4) persist in all counties, with Cueibet of former Lakes having populations in Catastrophe (IPC Phase 5). Aweil Centre of Northern Bahr el Ghazal is classified in IPC Phase 3! depicting that the area would be at least one Phase worse without HFA. The situation is driven by the cumulative negative effects of conflict on livelihoods, and displacement of households; high market prices; prolonged dry spells; floods; pest and diseases and the ongoing economic crisis.

In **Greater Equatoria** region, the current situation is largely classified as Crisis (IPC Phase 3), with the worst affected households experiencing food consumption gaps that are being addressed by depleting essential livelihood assets or through crisis-coping strategies. Three pastoral counties of Budi, Kapoeta East and Kapoeta North of Eastern Equatoria are classified in Emergency (IPC Phase 4) whereas in Western Equatoria, the counties of Tambura and Ibba which are primarily agricultural livelihoods, are classified in Stressed (IPC Phase 2). There are no households in Catastrophe (IPC Phase 5).

## Projected Situation Overview

In **Greater Upper Nile** region, **in the presence of Humanitarian Food Assistance**, from February-April 2019, 11 counties are projected to be in Emergency (IPC Phase 4), 20 in Crisis (IPC Phase 3) and 1 in Stressed (IPC Phase 2). However, it is projected that humanitarian food assistance will prevent further phase deterioration and maintain Crisis (IPC Phase 3!) levels of acute food insecurity in 14 counties. From May-July 2019, 14 counties are projected to face Emergency (IPC Phase 4) acute food insecurity, with the rest projected to be in Crisis (IPC Phase 3). It is also projected that as the peak of the lean season approaches, humanitarian food assistance will prevent further phase deterioration and maintain Crisis (IPC Phase 3!) levels of acute food insecurity in 15 counties. In both projection periods, acute food insecurity will be driven by conflict, low crop production, cattle raiding, presence of IDPs, high food prices, restricted market access, poor market functionality and poor road conditions.

In **Greater Bahr el Ghazal, in the presence of Humanitarian Food Assistance**, Crisis (IPC Phase 3) and Emergency (IPC Phase 4) are projected to persist during both projection periods. During the February - April period, 6 counties are expected to be in Emergency (IPC phase 4) and in two of these counties (Cueibet and Yirol West) there are households projected to be in Catastrophe (IPC Phase 5); and nine counties in Crisis (IPC phase 3!) meaning that they would each be at least one phase worse in the absence of HFA. Between May – July in the presence of HFA, Cueibet and Yirol West will continue having households experiencing Catastrophe (IPC phase 5). It is also projected that as the peak of the lean season approaches, humanitarian food assistance will prevent further phase deterioration and maintain Crisis (IPC Phase 3!) levels of acute food insecurity in 8 counties. It is projected that acute food insecurity will be driven by the protracted effects of the conflict and displacement of households, high food prices, floods, human and animal diseases, cattle raiding, and the ongoing high levels of inflation.

In **Greater Equatoria, in the presence of Humanitarian Food Assistance**, food consumption gaps will remain throughout the two projection periods with reliance on crisis coping strategies for most of the counties in Crisis (IPC Phase 3). During the February to April period, there will be 2 counties in Emergency (IPC Phase 4); HFA in sufficient quantities will result in a phase classification of Crisis (IPC 3!) for 3 counties that in the absence of HFA would all be Emergency (IPC phase 4). Two counties (Ibba and Tambura) will be in Stressed (IPC Phase 2). Between May and July, 1 county (Kapoeta East) will be in Emergency (IPC Phase 4) while the rest will be in Crisis (IPC Phase 3) with the exception of Tambura that will be in Stressed



(IPC Phase 2). In May-July 2019, more food insecure pastoral livelihoods will improve with the return of the livestock to the homesteads thus increasing availability of milk; and early harvests are also expected in the green belt locations. In the presence of sufficient HFA, three counties (Torit, Kapoeta South and Mundri East) are expected to be in Crisis (IPC phase 3!) meaning that they would each be one phase worse in the absence of HFA. It is projected that acute food insecurity will be driven by the ongoing macro-economic crisis, high food prices, conflict, cattle raiding, wild fires and livestock and human diseases.

## ? Key Drivers

**Food availability:** There is reduced availability of food due to an increased cereal deficit because of poor harvests that were largely driven by dry spells, reduced number of farming households and reduced planted area. Consequently, for majority of households, their cereal stocks will last for not more than 4 months. Availability of other sources of food, such as wild foods and fish has also been negatively affected by the dry spells.

**Access to food:** The ongoing economic crisis continues to make it difficult for majority of households to access food from markets because of their diminished purchasing power and high food prices. Reduced demand for commodities doesn't provide much incentive for traders and this has led to poorly functioning markets that get worse during the rainy season when road conditions deteriorate and cut off supplies to the markets. The effects of the conflict have also led to depletion of assets and disruption of livelihoods, further contributing to reduced income for purchasing food.

**Food utilization:** This is a significant problem over most of the country because of the chronic nature of waterborne diseases, low use of latrines, poor personal hygiene and living environments, and limited access to soap for hand washing. Access to health services is also poor and this leads to high incidences of diseases that not only affect the health of the population, but also negatively affects availability of labour and leads to reduced income at household level. WASH needs for the country are high and require significant investment to address them.



### ACUTE MALNUTRITION SITUATION OVERVIEW AND KEY DRIVERS

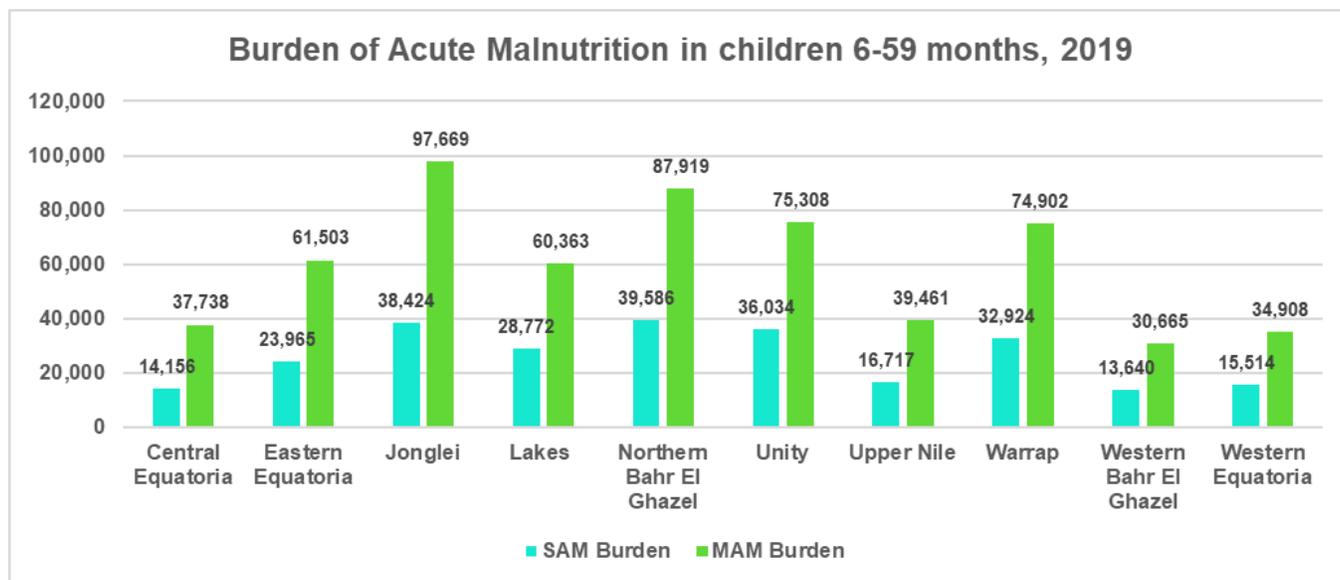
#### Situation Overview

Based on the IPC Acute Malnutrition, all 78 counties were included in the analysis, 42 of which are classified as Serious (Acute Malnutrition Phase 3) and above. Counties of Akobo, Ayod, Canal Pigi, Pibor, Duk, Uror (Jonglei), Abiemnhom, Panyijiar and Pariang (Unity), Twic (Warrap) and Awerial (Lakes) are classified as Critical (IPC Acute Malnutrition Phase 4). No county was classified as Extremely Critical (IPC Acute Malnutrition Phase 5). A total of 860,168 children aged 6-59 months (under-five) are expected to suffer from acute malnutrition in 2019 based on the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS), and admission trends from 2018. A 250,000 drop in the burden of acute malnutrition was observed in 2019 as compared to 2018. High burden of acute malnutrition is observed in the Greater Upper Nile, Northern Bahr El Ghazal and Warrap states and therefore warrant particular focus.

IPC Acute Malnutrition current analysis based on county based SMART surveys of September to December 2018 and re-analysis of FSNMS data of November-December 2018, shows that several counties within these states have Critical levels of acute malnutrition and therefore should be of focus during response – see the chart below for details of the states.

Poor quality and dietary diversity contributed to the high level of acute malnutrition in South Sudan (Minimum Acceptable Diet: <5%, Minimum dietary diversity: <15%). Caring and feeding practices of children directly affect the nutritional status of children under two years of age and, ultimately, impact child survival. Additionally, high prevalence of diseases (up to 30%), food insecurity and conflict including inter communal conflict in some counties contribute to high level of acute malnutrition.

The FSNMS managed to provide both improved data quality and access to most counties in round 23. This provided the possibility of re-analysis of data at county and livelihood levels. However, there are still concerns on the quality of data in some counties that need to be prioritized in the subsequent assessment.



#### Key Drivers

Major contributing factors to acute malnutrition identified during the analysis are extremely poor quality and diversity of food intake by children and relatively high prevalence of diseases- see below for details on major contributing factors to acute malnutrition by region. It is noted that the quality of food intake is poor across the country and even in states where acute food insecurity is low (based on IPC analysis). This suggests that it may be related to behaviour and/or lack of awareness of child feeding practices among caregivers.

## RECOMMENDATIONS FOR ACTION

**Food Security**

In all regions, the necessary conditions for addressing the food security crisis are: (1) the cessation of all hostilities and the implementation of the peace agreement; (2) scale-up provision of humanitarian assistance (in kind and cash transfers) to counties in Crisis (IPC Phase 3) and above; to cover at a minimum the six most food insecure months of the year; (3) provide livelihood support through improved market access (feeder roads), provision of seeds & tools (farm inputs) to stimulate production back to former surplus levels in the more productive and stable counties; (4) in less agricultural productive locations maintain support to small scale subsistence producers (often the pastoral/ agro-pastoral areas) and include veterinary support (animal health); and (6) scale up and improve access to basic services: WASH and health service delivery year round; plus emergency nutrition, especially during the lean season.

**Nutrition**

Continued scale up of treatment of acute malnutrition targeting the current and future caseload is a high priority. Further expansion of services to previously insecure areas for both treatment of severe acute malnutrition is also important to reach the less accessible areas. The parallel expansion of nutrition services for both severe and moderate acute malnutrition will ensure continuity of care through seamless referral mechanisms across the different treatment programmes for children with moderate acute malnutrition (MAM) and Severe Acute Malnutrition (SAM).

While ensuring universal treatment for acute malnutrition is a priority, attention must also be given to addressing other factors identified as major contributing factors to acute malnutrition to prevent acute malnutrition in the future. The prevention efforts should focus on child care practices including improving quality of food consumed by children and treatment and prevention of childhood illness. Support access to fresh food to vulnerable households, including children and pregnant and lactating mothers. It is recommended that a response analysis involving all nutrition, health, food security, as well as WASH stakeholders in the country be carried out to identify appropriate interventions to address acute malnutrition. This response analysis may initially focus on the Greater Upper Nile and Warrap and Northern Bahr El Ghazel which have relatively elevated levels of acute malnutrition but ideally should be done for all regions. It is also recommended that resource mobilization efforts be scaled up to address treatment and prevention of malnutrition as well as sustaining the gains already made in combating malnutrition.

**What is the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?**

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, **Acute Food Insecurity** and **Acute Malnutrition** are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The **IPC Acute Malnutrition Classification** is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity.

The **IPC Acute Malnutrition Classification's** focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC)



## PROCESS, METHODOLOGY AND LIMITATIONS

### Process and Methodology

**Food Security Analysis:** The January IPC acute analysis was attended a multi-agency and multi-sectoral group of about 120 analysts who underwent IPC Manual Version 3.0 certification training from 14 to 18 January – prior to the actual IPC analysis that took place from January 21 to February 1, 2019. A parallel IPC acute malnutrition analysis was also conducted during the same period as the IPC analysis. State analysis teams conducted separate state level analysis, and was vetted by the South Sudan IPC Technical Working Group, and technical consensus reached on each area outcomes, and results reported. The primary source of data was from the 23<sup>rd</sup> round of the Food Security and Nutrition Monitoring System (FSNMS) survey, and additional data from preliminary CSFAM results, SMART surveys, field assessment reports from the FSL Cluster partners, market analysis and projections, rainfall estimates and forecasts, population movement data, humanitarian assistance data and Emergency Operational plans.

The State analysis teams provided population numbers for the current analysis period with the effects of HFA considered. However, population numbers for the two projection periods of February-April and May-July were provided in the absence of HFA (referred to as total Population in Need - PIN). Later, a smaller team composed of TWG members, with support from the IPC Global Support Unit, was tasked to generate the projection population numbers while factoring in the effects of HFA in order to quantify the unmet needs (GAP).

**Nutrition Analysis:** A team of experts and analysts on nutrition, health and statistics from South Sudan, with the support from the IPC Global Support Unit, carried out the analysis using the standard IPC Acute Malnutrition (AMN) methodology. A 4-day training of 34 members, comprising NGO and Government staff, was conducted on the IPC AMN version 3 from 15-18 January 2019. The IPC AMN analysis was conducted from 21-31 January 2019.

The data on the outcome indicator GAM came from the SMART Nutrition Surveys and FSNMS survey conducted in November/December 2018. For information on other indicators and contributing factors a range of documents and reports were used – e.g. food security assessment reports, admission trends, FSNMS-based reports and SMART surveys. State teams conducted analysis of their respective counties and a two-day vetting was held thereafter.

### Limitations of the Analysis

**Food Security Analysis:** Insecurity resulted in challenges collecting data across the country, in particular Yei and Morobo where insufficient data, to meet IPC requirements, was collected.

**Nutrition Analysis:** Lack of trend data in some counties was an impediment to trend analysis and generation of contributing factors for some of the counties. SMART survey data provided good information on the country analysis; however, the number of surveys were limited in number to cover all the counties for the analysis period. To cover for this gap, FSNMS data was used even though it didn't meet the nutrition data requirements.

**Estimating effect of HFA:** There being no standard methodology for the calculation of the effects of Humanitarian Food Assistance (HFA), the South Sudan IPC Technical Working Group used the Food Security Cluster (FSC) food assistance data which provides the total number of beneficiaries and the quantity (tonnes) delivered. With this and information from FSC partners that a full ration provided is 17.55kg of mixed commodities per person per month, the TWG first estimated the percentage ration size provided through HFA for the period of analysis, then using this information, areas where 25% kilocalorie needs for every beneficiary were met, and the beneficiaries composed of at least 25% of the total population were flagged to indicate that the amount of HFA was substantial enough to have an impact. In determining the unmet needs i.e. population in need of action after considering HFA, perfect targeting was assumed thus meaning that the people in the worst-off phases benefit first from the HFA distribution before the remainder of the HFA, if any, is assigned to better off phases.