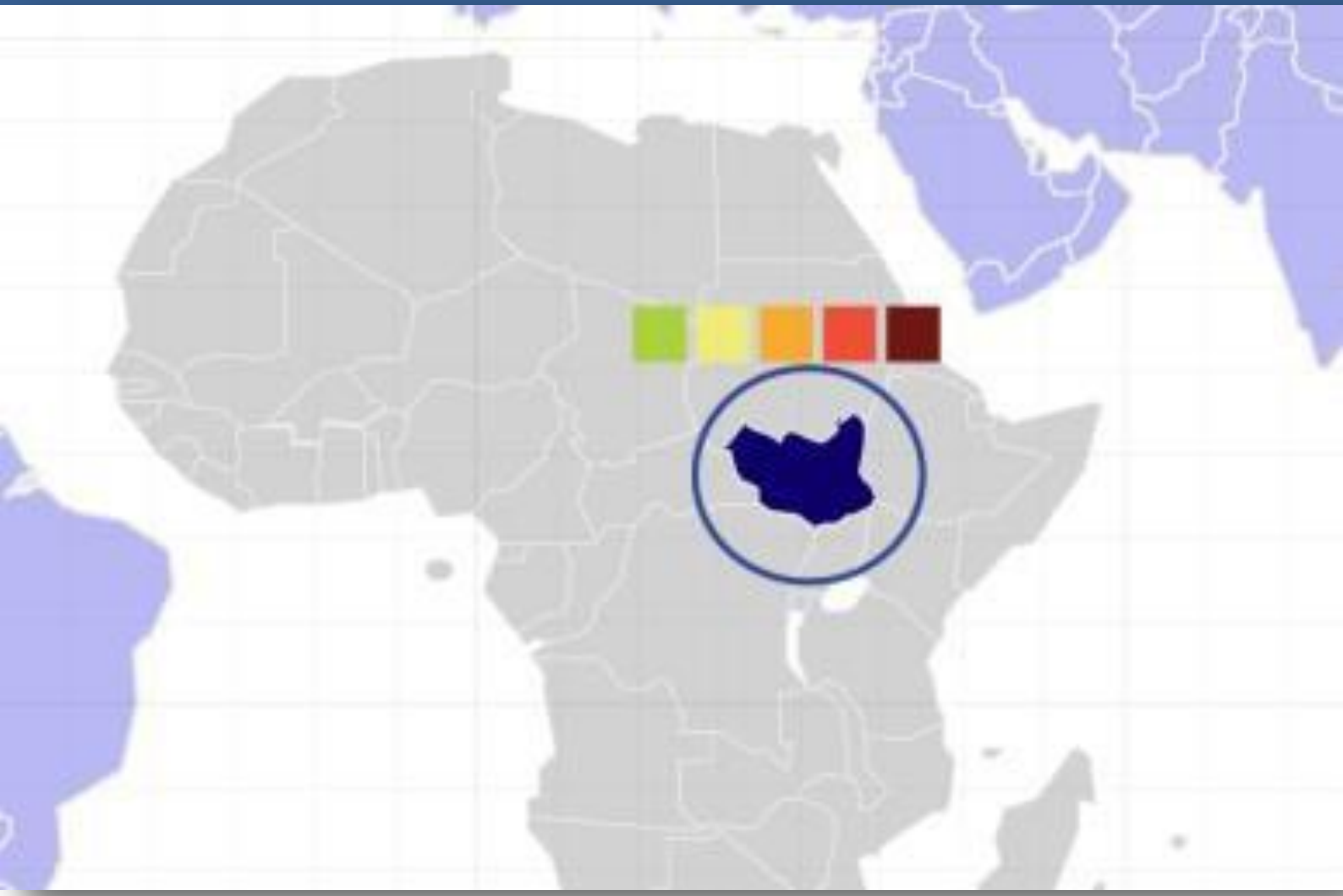
IPC Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security Decisions

IPC Global Emergency Review Committee (IPC ERC): Conclusions and Recommendations on the South Sudan Preliminary IPC country Results

17 October 2017



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The IPC Emergency Review Committee (ERC) acknowledges the notable efforts made by the members of the South Sudan IPC Technical Working Group (TWG), who continue producing regular IPC analysis and updates while facing a highly complex emergency and volatile situation. The South Sudan IPC TWG also demonstrated high levels of commitment in responding to the ERC's requests for additional information and clarification during the review, which was highly appreciated.

The IPC ERC acknowledges that the Government of the Republic of South Sudan, NGOs, United Nations Agencies and donors are well aware that the situation in some parts of South Sudan is catastrophic and can further deteriorate rapidly due to the existing vulnerabilities and unpredictability of the ongoing conflict. The South Sudan IPC TWG is thus encouraged to continue communicating about the precariousness of the situation along with the IPC results, as well as monitoring the evolving situation and update the IPC analysis in real time.

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The IPC Emergency Review Committee (IPC ERC) was activated upon request by the South Sudan IPC Technical Working Group (TWG) and was coordinated and supported by the IPC Global Support Unit (IPC GSU).

The IPC Development and implementation has been, and is, made possible by the support of:

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I. Key Conclusions from the ERC on the South Sudan IPC Classification (September 2017)

Conclusions on IPC classification according to the IPC Famine Guidance Note:

Overall, despite slight improvements mainly driven by partners' efforts to scale up Humanitarian Assistance, the situation remains critical in many counties, as depicted by data collection in August 2017 through the FSNMS and several nutrition assessments. Most of the outcome elements evidence are representative of the situation in July-August and show a very critical situation, with food consumption indicators pointing to very high IPC Phase 4 and even evidence indicating populations in IPC Phase 5 (Catastrophe). With the start of the green harvest in September (current period classification) and proceeding towards the main harvest throughout October to December (first projection period classification) the situation is expected to improve, especially for the households that can take advantage of the livelihood improvements. The classification conducted by the TWG reports very high level of severe food insecurity, with an Elevated Risk of Famine in Greater Baggari, Wau County, as well as population in IPC Phase 5 (catastrophe) in Kapoeta East, Yirol West, Nyrol. It is important to highlight that the FSNMS and other evidence exploited in the analysis indicates the **existence of very severe conditions in August that should serve as an alarm bell of unprecedented high and widespread levels of food insecurity which, if not addressed adequately might lead to a risk of famine in the next lean season.** The severe situation emerging from Food Security assessments conducted in August is unprecedented and despite the seasonal improvement foreseen with the upcoming harvest season, which will not equally benefit all severely affected population, there is a high risk that the next lean season will be even worse than the previous, where famine levels have been observed in Unity and Jonglei States.

The second projection conducted by the TWG show overall a minimal, seasonal, deterioration from the first to the second projected period. However, it has to be noted that while for the first projection (October-December) the data on the planned Food Assistance is available and show an overall significant level of Food Assistance planned, for the second projected period (January to March) these data are not available. In fact, October is the last period of the Humanitarian Programming Cycle and Food Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. It remains unclear whether the TWG has conducted the second projection according to the data available (absence of Food Assistance planned) or according to the most likely scenario (continuation of Food Assistance at similar level and depending on severity of the situation). **It seems unlikely that in absence of Food Assistance the situation in severely food insecure counties will only deteriorate at a "normal" (5-10%) seasonal path. In this sense, the TWG is requested to better specify in communication materials that the second projection is based on the most likely scenario of continuation of Food Assistance.** In addition, it can be specified in communication materials that in a worst case scenario in which current level of Food assistance cannot be scaled up or maintained and at least 20% of households may not benefit from improvement of seasonal factors, the situation in many areas might deteriorate and increase the risk of famine.

The SS TWG has requested the activation of the ERC process to check the plausibility of the estimation of the population in IPC Phase 5 (Catastrophe) in **Ayod, Kapoeta East, Nyrol, Leer and Wau** (Wau county and Greater Baggari Area). Additionally, given the high levels of food insecurity, the ERC preparation team has taken the liberty to review the county of **Yirol West**[1]. The ERC preparation team has reviewed all these areas and identified the need to submit to a Famine Review the area of Greater Baggari. The conclusions of the ERC on IPC classification of the areas reviewed are described below, following the two-step approach of the ERC review process.

1) ERC Conclusions based on "Step 1" of the ERC review process[2]: Based on the parameters described in the IPC Famine Guidance Note, including evidence requirements, as part of the first step of the ERC review process, the ERC

[1] As preliminary step of the ERC process the multi-partner (GSU, WFP, FEWS NET) ERC Preparation team has checked the plausibility of the estimation of the population in IPC Phase 5 (Catastrophe) in Ayod, Kapoeta East, Nyrol, Leer and Wau (Wau county and Greater Baggari Area). Additionally, given the high levels of food insecurity, the ERC preparation team has taken the liberty to review the county of Yirol West and considering previous famine classification (IPC Phase 4!), the county of Leer has also been assessed. The ERC preparation team has reviewed all these areas. Conclusions are presented in Annex 1.

[2] ERC Conclusions based on "Step 2" of the ERC review process: Minimum evidence requirements described in the IPC Famine Guidance Note for classification of areas in IPC Phase 5 Famine or IPC Phase 4! Are met with at least two pieces of direct somewhat reliable evidence informing two of the three outcomes (FC/LC, Nutrition, mortality) coming from at least two recent field assessments showing consistent findings, therefore the ERC did not recur to Step 2.

concluded the following on the classification of the areas reviewed:

- For the current period (September 2017) the ERC concurs with the classification made by the TWG for Wau County, Western Bahr El Ghazal State classification in IPC Phase 4 (Emergency) given the available body of evidence and following IPC protocols. For the Greater Baggari area of the Wau County, Western Bahr El Ghazal State the ERC concurs with the classification conducted by the TWG in IPC Phase 4 (Emergency) with 10% population in IPC Phase 5 (Catastrophe) in September.
- For the first and second projected period (October to December 2017 and January – March 2018) the ERC concurs with the classification in IPC Phase 4 (Emergency) for Wau County, Western Bahr El Ghazal State. For the Greater Baggari area of the Wau County, Western Bahr El Ghazal State the ERC concurs with the classification conducted by the TWG in IPC Phase 5 (Elevated Risk of Famine – Famine cannot be confirmed nor disproven due to limited available Evidence. Considering the minimum requirement in terms of evidence availability and reliability for this classification, this classification can only be confirmed employing step 2.

2) ERC Conclusions based on "Step 2" of the ERC review process: Although minimum evidence requirements described in the IPC Famine Guidance Note for classification of areas in IPC Phase 5 Famine or IPC Phase 4! cannot be met for some areas, due to lack of data, as part of the second step of the ERC review process, the ERC concluded the following (see below). These conclusions are based on the ERC's professional judgment considering the overall body of evidence available (details on the rationale for ERC conclusions under step 2 are provided in section IV).

- For the first and second projected period (October to December 2017 and January – March 2018) the ERC concurs with the classification conducted by the TWG in IPC Phase 5 (Elevated Risk of Famine – Famine cannot be confirmed nor disproven due to limited available Evidence) for the Greater Baggari area of the Wau County, Western Bahr El Ghazal State.

Table 1: Summary of ERC conclusions on classification, by area, period, step 1 and step 2

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Wau County, WBEG state	September 2017	IPC Phase 5 (Catastrophe): 7% **IPC Phase 4 (Emergency): 40%** IPC Phase 3 (Crisis): 33%	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence is insufficient to make a judgement about Famine classification (i.e. IPC Phase 5, 4!, ERoF)**	*Classification under step 2 not required*
	October-December 2017	IPC Phase 5 (Catastrophe): 5% **IPC Phase 4 (Emergency): 40%** IPC Phase 3 (Crisis): 30%		*Classification under step 2 not required*
	January – March 2018	IPC Phase 5 (Catastrophe): 0% **IPC Phase 4 (Emergency): 35%** IPC Phase 3 (Crisis): 35%		*Classification under step 2 not required*
Greater Baggari, Wau County, WBEG state	September 2017	IPC Phase 5 (Catastrophe): 10% **IPC Phase 4 (Emergency): 35%** IPC Phase 3 (Crisis): 45%	**The ERC concurs with the TWG classification**	*Classification under step 2 not required*
	October-December 2017	IPC Phase 5 (Catastrophe): 15% **IPC Phase 4 (Emergency): 35%** IPC Phase 3 (Crisis): 45%	**IPC Phase 4** *(Emergency)*	**Elevated Risk of Famine** *(Famine cannot be confirmed nor disproven due to limited available Evidence)*
	January – March 2018	IPC Phase 5 (Catastrophe[3]): 20% IPC Phase 4 (Emergency): 50% IPC Phase 3 (Crisis): 30%	**IPC Phase 4** *(Emergency)*	**Elevated Risk of Famine** *(Famine cannot be confirmed nor disproven due to limited available Evidence)*

[3] The TWG estimates that the correct classification would have been Elevated Risk of Famine, however this classification could not be done as the evidence available do not meet the minimum requirements for this classifications in term of reliability.

II. Recommendations from the ERC

The ERC acknowledges the efforts made by partners in South Sudan to deliver assistance and to collect data in insecure and volatile environments, using any logistics means possible to conduct assessments in hard-to-reach areas. Nonetheless, the lack of an agreed standardized system to monitor the coverage of the food aid severely affects the ability to assess the situation. While the ERC recognizes that some of these limitations are outside the control of humanitarian actors, given the high likelihood that this situation will persist, these issues need to be urgently addressed through alternative and joint approaches.

The ERC is also concerned that Food assistance is unable to reach all the intended beneficiaries due to severe access restrictions caused by the escalating conflict, which is likely to be compounded by physical access constraints due to the start of the rainy season. As a result, populations face extreme food and service gaps (health, nutrition, protection, WASH), which contribute to very high levels of acute malnutrition and probably high mortality. In the areas reviewed, the areas of Greater Baggari and Pagil seems to be the most affected by lack of / very limited access, which is expected to deteriorate with the dry season, when active ground fighting may also intensify. To be noticed that the severe situation emerging from Food Security assessments conducted in August is unprecedented. Despite the seasonal improvement foreseen with the upcoming harvest season, which will not benefit to all severely affected population, there is a high risk that the next lean season will be even worse than the previous, where famine levels have been observed in Unity and Jonglei States.

Based on the above, the ERC recommends:

To decision makers:

- Specifically, in the Greater Baggari Area (Wau County in WBEG state) where an estimated 20-38,000 people have sought refuge some of the evidence available points to a nutrition situation well above IPC Phase 5 thresholds. This calls for an humanitarian corridor between Wau and Greater Baggari to ensure access and adequate humanitarian response in these areas where people are facing more severe conditions.
- The possibility of a further deterioration to Famine levels can only be avoided if food aid, nutrition, WASH and health programmes are scaled up and reach those who are currently facing severe undernutrition, death and destitution. Granting humanitarian access and respect of humanitarian space is thus crucial for the humanitarian community to ensure that the basic rights of the people facing catastrophic conditions are fulfilled.
- Securing immediate access to basic health services, epidemic control (especially cholera and measles), adequate treatment and care for those suffering from trauma/injuries caused by conflict and for the acutely malnourished is also of upmost importance to try and contain mortality.

To humanitarian actors:

<u>Humanitarian Assistance</u>

- Humanitarian assistance (food assistance etc.) should be scaled up to address the alarming conditions detected by the IPC analysis in the areas of concerns, with a view to improve the situation or to prevent a deterioration of the current situation.
- The ERC is concerned by the uncertainty of the Food assistance planning for the first part of 2018. While understanding the particular moment within the Humanitarian Programming Cycle, it is important to stress that the IPC classification for the second projection seems to have taken into account Food Assistance in an inconsistent manner across the country, possibly conveying the wrong message that in absence of Food Assistance the deterioration faced in many areas will only be the seasonal one, therefore implying Food Assistance is not an element () that is preventing the situation to collapse.
- While food aid has been the main type of humanitarian assistance provided so far, the ERC renews its call for scale-up of other essential services to reduce morbidity and mortality and protect livelihoods, including primary health care, nutrition programmes and access to safe water.

- Improving the documentation and mapping of population estimates and Food Assistance coverage and implementing a standardized system to monitor the coverage of food assistance and population movements is of upmost importance.

Data collection

- Strengthen and systematically enforce quality assurance review process for food security evidence. The recent evidence of two wildly divergent estimates of the same indicators in the same population and the same time frame (generated by SMART and FSNMS surveys in Ayod country from August-September 2017) call for retrospective review of food security data to investigate the magnitude of discrepancies and take urgent corrective measures.
- Improve documentation of estimations of populations living in localized areas, especially when these populations are excluded from food security and/or nutrition surveys as well as food aid. This is particularly important in determining the size of the population facing IPC Phase 5 (Catastrophe) conditions, without which advocating for increased Food assistance to these populations is a challenge.
- Assess and document seasonal improvements linked to livelihood taking into account the different population status (IDP and Residents) and include a document analysis of how security affects the possibility of households to access their livelihood in a consistent manner.
- Improve conflict development scenarios and their documentation, by clearly discriminating among most likely scenario and worst case scenario. In case the most likely scenario is increase in conflict, lack of access for food assistance should be assumed as the most likely scenario rather than worst-case scenario.
- Conduct a food security assessment and a representative SMART survey in Greater Baggari ensuring proper U5DR collection.
- The counties highlighted in the ERC preparation team analysis and the FEWSNET analysis with % of populations in catastrophe should be treated as hot-spots and top priorities for future FS and SMART surveys in the next IPC analysis.

To the South Sudan IPC Technical Working Group

- The ERC recommends to update the IPC analysis for Greater Baggari as soon as the planned upcoming assessment results will be made available.
- The ERC recommends to the TWG to better justify the rational for the estimation of the population in IPC Phase 5 (Catastrophe) and their evolution over time.

Finalization of, and communication on, the September 2017 IPC analysis:

(i) Given the critical lack of data and evidence for Greater Baggari, the ERC engaged in a 'Step 2' analysis based on 'professional judgment' of the ERC members but not in accordance with the minimal evidence requirements of the IPC Protocols. In light of this, the South Sudan IPC TWG is encouraged to communicate the IPC analysis results as follows: (1) **Classify the area based on ERC conclusions under 'Step 1';** (2) **Communicate the IPC classification findings based on ERC 'Step 1' conclusions through the IPC map, population table** etc.; and (3) On their discretion, for areas where the ERC engaged in **'Step 2'**, **indicate in the narrative section of the IPC communication product/report, the ERC conclusions based on professional judgement** (ERC 'Step 2'). In this case, a clear explanation indicating that, although the minimal evidence requirements of the IPC protocols were not met, based on professional judgment and convergence of the overall body of evidence, ERC members concluded that this/these particular areas should be classified in IPC Phase 5 Famine/IPC Phase 4!. In addition, limitations related to the lack of specific data (mentioning for which outcome element data were missing) should be stated.

In addition two elements should be **addressed in the communication materials**:

(ii) the indication of the existence of very severe conditions in August that should serve as an alarm bell of unprecedented high and widespread levels of food insecurity which, if not addressed adequately might lead to a risk of famine in the next lean season.

(iii) the indication that the second projection is based on the most likely scenario of continuation of Food Assistance and that in a worst case scenario in which current level of Food assistance cannot be scaled up or maintained going towards the lean season the situation in many areas might deteriorate and increase the risk of famine.

Regarding the mapping protocols described above, if the IPC TWG decides not to follow the above-mentioned guidance and **to classify and map some areas** based on **ERC conclusions under 'Step 2', instead of 'Step 1',** the IPC TWG should following these below-mentioned communication protocols in their IPC communication products/reports: (1) **Add a footnote/disclaimer just below the map with the following statement:** "*This classification is based on professional judgment of the IPC ERC members but not in accordance with the minimal evidence requirements of the IPC Protocols*"; and (2) **Include in the IPC report/communication product a clear explanation** indicating that this classification is based on professional judgment of the ERC members but not in accordance with the minimal evidence requirements of the IPC Protocols. In addition, limitations related to the lack of specific data (mentioning for which outcome element data were missing) should be stated.

The other recommendations (ii and iii) remain valid regardless from the mapping protocols chosen.

Improvements for future IPC analyses (Prepared by the ERC Preparation Team)[4]:

- As only the HHS and the HDDS indicators present thresholds for IPC Phase 5, these two indicators are essential to estimate the population in this phase. Despite this, for the third time in three ERC reviews, it has been found that the HDDS has not been collected in the correct way and has, once again, merged tubers and cereals, de facto impeding all use of this indicator and making its collection useless. Considering the high risks faced by enumerators to collect data, this kind of mistakes are extremely pitiful.
- Concerning Food Assistance, the ERC preparation team did not find in different areas the same interpretation of data and its translation into rations and actual beneficiaries reached (headcount). It is crucial to sensitize of humanitarian actors to provide data in anticipation of the ERC and to convert / treat data into a common currency (e.g. Kcal) that allows common interpretation of Food Assistance data, as well as common understanding of scenario development regarding food assistance provided.
- Although the narrative conclusion for the area classification is very complete, a narrative conclusion for each outcome element and for the contributing factors was missing, thereby making difficult to understand how the data is interpreted to justify the final classification. Adding these conclusions will thus better support final classification in future IPC analyses.
- A stronger analysis of trends on contributing factors and triggers for changes rather than extending estimates of current indicators into the future is needed. The South Sudan IPC TWG should make clear statements on the assumptions on the unfolding situation of contributing factors, especially linked to humanitarian assistance (developing scenarios on access, security and conflict), markets in light of high inflation, inaccessibility and terms of trade. This would allow to make projections based on the most likely scenario but also to develop statements and thresholds for worst case scenarios. The insufficient explanations on the changes (or absence of changes) in classification and populations estimates between the different projection periods raises concerns regarding the validity of the estimates, especially those in IPC Phase 5 'Catastrophe'.
- Using standard IPC worksheets would also go a long way in addressing the above-mentioned issues and improving the overall quality of the analysis.

[4] Kindly note some of these recommendation are repetition from the previous ERC Preparation process as not yet addressed by the TWG

Detailed Technical recommendations on humanitarian assistance data consolidation and reporting:

- The information on food aid needs to be simplified in order to allow estimation of coverage of the people in need in the current period and the planned coverage. This is essential when estimating the likelihood of food aids ability to prevent (or not) a deterioration of the food security situation, and in critical cases, a Famine.
- Furthermore, whilst the ERC acknowledges that populations estimates are complicated and access and security conditions can change drastically, clear statements of assumptions and likely triggers to create a worst case scenario in terms of aid delivery should be made clearer.

III. ERC Review Process Overview

Given the highly concerning food and nutrition security situation in South Sudan, combined with the political sensitivity and complexity of the situation, the South Sudan IPC TWG requested the activation of the Global IPC ERC[5]. The committee consists of a 4-6 member team of leading international technical food security and nutrition experts, who are neutral to the IPC outcome and who have the relevant technical knowledge and experience in the specific crisis context.

The ERC activation represents an additional quality assurance and validation step for the IPC Country Team before they finalize and release IPC results. Other steps of the quality assurance process of the South Sudan IPC Analysis included support from the IPC Global Support Unit (IPC GSU), with one expert supporting the analysis in-country as well as ERC Preparation works, carried out by a team of eight food security and nutrition specialists, including one from FEWSNET, one from WFP, two from Action Against Hunger and four from IPC GSU.

The South Sudan IPC ERC was chaired by the IPC Global Support Unit and consisted of four international leading technical food security and nutrition experts. The IPC ERC reviewed the South Sudan IPC analysis findings and held consultations with core members of the South Sudan IPC TWG. This report presents the findings and conclusions of the review conducted by the IPC ERC.

As described in the interim IPC Famine Guidance Note, during their review, the ERC followed a two-step process:

- Step 1: **Adherence to the IPC Protocols for minimum required evidence.** The ERC will assess the validity of Famine classification (IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) strictly following the IPC Famine Parameters identified in this IPC Guidance Note v.1.1. The ERC review will include an assessment of the analysis's adherence to this guidance, including at least their assessment on: (i) use, critical evaluation, interpretation and documentation of evidence and analysis, (ii) phase classification, which is based on assessment of convergence of evidence; (iii) confidence level reached, which is based on the quantity and reliability of data used; and (iv) overall conclusion on Phase classification and population figures based on the parameters presented in this guidance note.
- Step 2: **Professional judgment of the ERC in lieu of minimal evidence requirements**. If the ERC assesses that, based on the overall body and convergence of evidence, Famine classification (IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) is justified, even though some of the criteria detailed in this Guidance Note are not met, then the ERC can make a recommendation for such classification. This primarily applies for countries where there is insufficient data due to humanitarian access constraints (e.g. conflict affected areas, isolated areas due to natural disasters etc.). In this case, the ERC review will, in addition to all aspects identified in Step 1 above, also include conclusions on the Phase classification and population figures based on ERC expert analysis, even if all parameters of this Guidance Note are not met. In this second step, the ERC will also make recommendations for communication.

[5] *For a complete description of ERC process, methodology and team composition, kindly refer to annex 3.*

IV. ERC Conclusions on the Areas Submitted by the IPC TWG for Review

1) Wau County, WBEG State

Table 2: Summary of ERC conclusions on classification, Wau county, period, step 1 and step 2

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Wau County, WBEG state	September 2017	IPC Phase 5 (Catastrophe): 7% **IPC Phase 4 (Emergency): 40%** IPC Phase 3 (Crisis): 33%	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence does not support Famine classification (i.e. IPC Phase 5, 4!, ERoF) for both current and first projected periods.**	*No need for step 2*
	October-December 2017	IPC Phase 5 (Catastrophe): 5% **IPC Phase 4 (Emergency): 40%** IPC Phase 3 (Crisis): 30%		*No need for step 2*
	January – March 2018	IPC Phase 5 (Catastrophe): 0% **IPC Phase 4 (Emergency): 35%** IPC Phase 3 (Crisis): 35%	**The assumption of continuation of Food Assistance at the same level should be specified to justify absence of deterioration heading to lean season[6].**	*No need for step 2*

At the time of data collection (August) based on FSNMS survey[7], the food consumption indicators pointed to an indicative phase 4 for about 55% to 65% of the population. HHS presents a worrying 4.3% in phase 5. Livelihood Change[8] evidence pointed to deep assets depletion due to insecurity, which severely affected access to food and livelihood activities and drove most about 80% of households to apply emergency livelihood coping strategies. Despite seasonality which may point to an improvement of availability heading towards the harvest season, it is unlikely that households will benefit in the same way from the improve food availability. Nutrition evidence[9] from a SMART conducted in September 2017 by UNICEF[10] indicates a GAM by WHZ of 13.2% in Wau town (Wau North and South payams) where IDP are concentrated in a POC and are regularly accessing Food and Nutrition Assistance. Mortality

6 This situation seems to replicate in all the areas analyzed by the South Sudan TWG which have significant Food Aid delivered in the current and first projection but not data is available or available and showing very poor levels but no deterioration of food insecurity is pictured as consequence of retiring/diminishing the Food Assistance. The TWG might want to either reconsider the classification in the second projection in all these areas highly dependent from Food Assistance or state in the communication material that the scenario built over the second period takes into account the assumption of HA continuing at the same levels.

7 Source FSNMS round 20, August 2017, R2 according to ERC Prep team: FCS: 2,1% acceptable, 21,3% borderline, 76,6% poor. HHS: 8,50% none, 14,9% slight (1), 42,6% moderate (2-3), 29.80% severe (4-5), 4.30% severe (6). Source FSNMS round 20, August 2017, R2: 91.5% of HH reported use of food coping strategies. Average number of meals/day: 1/day for adults. .9 - 1/day for children aged 2 to 12. (Source FSNMS round 20, August 2017, R1 according to ERC Prep team): HDDS: 55,3 % low, 31,9% medium, 12,8% high. According to the ERC Prep team, HDDS is indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers).

8 Source FSNMS round 20, August 2017, R2 according to ERC Prep team: Coping strategies: 2,1% stress, 4,3% crisis, 83% emergency, and 10.6% of households not adopting any livelihood coping strategies. (Emergency strategies in the past 30 days: 4.30% of HHs have entirely migrated, 51.10% have engaged in degrading jobs, 34% have begged). (Source FSL profile May-July 2017, R2) 22% of HH in assessed settlements rely on gathering food due to disruption of normal income and food sources (agriculture, markets).

9 The prevalence of Global Acute Malnutrition (GAM) for the payams was (n= 684) 13.2% (95%CI: 10.4-16.7), and the severe acute malnutrition (SAM) rate (WHZ<-3 or oedema) was 1.0% (95%CI: 0.5-2.3). No oedema case was observed. Boys and girls were equally malnourished. The results indicate acute malnutrition at Alert levels (GAM rate of 5.0-9.9%) according to WHO classification, and although reduction in GAM rates were not statistically significant, the levels indicate an improvement from the Serious nutrition situation in November 2016 when GAM and SAM rates of 15.7% (95%CI: 12.2-20.0) and 3.3% (95%CI: 1.7-6.4) were reported respectively.

10 The integrated SMART survey was conducted between august 30th and September 5th 2017 by the State ministry of health with support from the united nation children education fund (UNICEF) covering two payams of Wau north and south(three Payams- Bagari, Beselia and Kpaile are in secured and thus excluded from the sampling frame). The total population of the payams which formed the sampling frame was estimated at 134703 people. The survey training was conducted for 4 days and actual data collection for seven days. A two-stage cluster sampling methodology was used, and a total of 684 children aged 6-59 months from 545 households in 42 clusters were examined for anthropometry. The assessment was conducted at the mean household size of 8.2 persons. Household related data, such as food security and livelihoods, water, sanitation and hygiene as well as health access were also collected in the 545 households during the assessment.

evidence[11] from the same survey indicates a CMR of 1.15 and U5MR of 1.19.

In Wau county in July, 16% of the population have been targeted with half ration, in August 31% of the population have been targeted with half ration. For the planning, in September 40% of the population will be targeted with half ration. For October to December, 33% of the population have been targeted with full ration (or 66% with half ration). There are no data for HA in January-March. However, according to the FSNMNS survey, much of Wau did not receive assistance in the past 3 months. In addition, this plans will most likely address first the IDP in POC, representing 16% of the Wau county population, and only secondly the rest of the population.

To be noticed that neither the FSNMS nor the SMART survey were able to cover the area of Greater Baggari, East of Wau town. Other data are available for this zone which will be analyzed separately given the higher severity of the situation compared to the count level.

In the current period, September, as well as for the first projection (October to December 2017), it is expected a very minimal improvement of the situation given the start of the green harvest (September) and the main harvest (October to December) which however does not fully benefit IDP which did not have access to cultivation. In addition to this, the dry season is often associated with recrudescence of conflict given the climatic conditions more favorable to active ground fighting. The ERC therefore concurs with the classification done by the TWG in IPC Phase 4 with about 5% population in IPC Phase 5.

In the second projection period, January to March 2018, it is expected that the few seasonal gains coming from harvest period will progressively decline heading towards the lean season. Wild food might continue to be available and preventing widespread of famine as well as Food assistance is expected to continue to access the main POC in Wau town. However, it is unclear how the TWG have factored in the Food assistance in this projected period: in fact, no data on HA is available, which might lead to suppose the projected situation has been conducted in absence of Food Assistance. However the final classification for the second period seems not to take into account the fact that from the first projection, where 33% of the population have been targeted with full ration, to the second period this assistance will no longer be a mitigating factor. Although the absence of data on Food Assistance is mainly given by the end of the Humanitarian Programming Cycle (HCP) and the assistance will most likely continue in 2018, this assumption (whether continuation at same level or absence of Food Assistance) should have been clearly stated. If the absence of Food Assistance is the assumption produced by the TWG, then the plausibility of the second projection is quite weak as it does not reflect the expected deterioration of the situation given the combined effect of both exhaustion of food stock harvested AND absence of Food assistance, before covering one third population with a full ration.

Based on the above, the ERC concurs with the TWG analysis in the current and first projected period and no famine is occurring. However for the second projection period the assumptions specification should be improved to underline the scenario of continuation of Food Assistance at the same level to support the classification in IPC Phase 4 and the absence of population in IPC Phase 5 (Catastrophe).

[11] The crude mortality rate (CMR) and under five mortality rate (U5MR) of 1.15 (95% CI: 0.68-1.92) and 1.19 (95%CI; 0.61-2.29) were recorded respectively. CMR rate is above the WHO's alert thresholds of 1/10,000/day and 2/10,000/day respectively and no change from the CMR of 1.0 (95% CI: 0.67-1.51) and U5MR of and 1.60 (95%CI; 0.75-3.40) reported in the SMART survey in the same population in May 2016.

1) Greater Baggari[12], Wau County, WBEG State

Table 3: Summary of ERC conclusions on classification, Greater Baggari area, period, step 1 and step 2

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Greater Baggari, Wau County, WBEG state	September 2017	IPC Phase 5 (Catastrophe): 10% **IPC Phase 4 (Emergency): 35%** IPC Phase 3 (Crisis): 45%	**The ERC concurs with the TWG classification** **IPC Phase 4** *(Emergency)*	*Classification under step 2 not required*
	October-December 2017	IPC Phase 5 (Catastrophe): 15% **IPC Phase 4 (Emergency): 35%** IPC Phase 3 (Crisis): 45%		**Elevated Risk of Famine** *(Famine cannot be confirmed nor disproven due to limited available Evidence)*
	January – March 2018	IPC Phase 5 (Catastrophe[13]): 20% IPC Phase 4 (Emergency): 50% IPC Phase 3 (Crisis): 30%	**IPC Phase 4** *(Emergency)*	**Elevated Risk of Famine** *(Famine cannot be confirmed nor disproven due to limited available Evidence)*

The SSD IPC TWG proposed **Elevated Risk of Famine** for a sub-area of Wau county – Greater Baggari – in the second projection period covering January-March 2018. Available direct outcome evidence comes from two recent assessments which only apply to the sub-area and cannot be extrapolated to Wau county-level. One section of the sub-area, Mboro, shows a more severe situation in relation to other sections. The lag between the deterioration of Mboro and other sections of the sub-area in part explains the delay in 1/5 households moving into IPC Phase 5 within the sub-area from current to the second projection.

The Greater Baggari sub-area is primarily composed of Mboro, Faranjallah and Ngisa. As of September 2017, Greater Baggari is defined as having a population, combining host community and IDPs, of approximately 20,000 individuals. This includes an estimated 4,000 individuals in and around Mboro, 13,000 in and around Faranjallah, and 3,000 in and around Ngisa and the general bushland within the sub-area. The proportion of IDPs[14] is not currently known but may be as high as half. While there is some contestation regarding the total estimated population of the sub-area, the TWG has adopted the more conservative figure for this IPC round. Competing estimates range as high as 38,000 individuals for Greater Baggari, also inclusive of host community and IDPs and with a similar assumption of IDP proportion.

The only direct outcomes available for Greater Baggari are nutrition and mortality. Regarding nutrition status, two recent assessments have been conducted, in 23-26 August and 19-24 September 2017, both indicating acute malnutrition prevalence above IPC Phase 5 (Famine). The first assessment is considered to be only Somewhat Reliable as it cannot be considered Exhaustive Screening and reported a Proxy GAM (MUAC) of 38,1% in Mboro, 24.7% in Ngisa and 34,4% in Faranjallah[15], while the second assessment is considered Reliable and reported a Proxy GAM (MUAC) of 32,6% in Mboro and 17,2% in Faranjallah[16]. Regarding mortality, since there is no access to CMAM services (TSFP,OTP, SC) it is assumed that case fatality rates must be very high in this population, particularly amongst SAM cases, however only a less than somewhat reliable evidence is available and suggests excess mortality[17] in Mboro with U5DR at 1.3-

[12] While outcome indicators for food consumption and livelihoods change converge on an area classification of Phase 4 for Wau county overall, the FSNMS R20 assessment team was initially blocked from accessing what is mentioned in this document as Greater Baggari area. Following access negotiations, FSNMS representatives joined a WFP/FAO/UNICEF response mission to the area and conducted an assessment as best as possible given the circumstances.

[13] The TWG estimates that the correct classification would have been Elevated Risk of Famine, however this classification could not be done as the evidence available do not meet the minimum requirements for this classifications in term of reliability.

[14] IDP origin locations include: Wau town, Main road heading south: Gedi, Taban, Ghitan, Bazia, South-west of Wau town/eastern Baggari: Bringi, Koti Ugali, Ngodakala, Ngo-Alima, Baggari, Main road heading west: Besselia, Khorr Ganna)

[15] Source: Rapid Response Mission (23-26 August: Greater Baggari) Proxy GAM by MUAC. Mboro (n=436) GAM by MUAC (38,1%), SAM by MUAC (16.7%), Oedema (3.6% (16). Ngisa (n=510), GAM by MUAC (24,7%), SAM by MUAC (6,1%), Oedema (1,5% (9), Faranjallah (n=520), GAM by MUAC (34,4%), SAM by MUAC (8,3%), Oedema (0%).

[16] Source: Response Mission with GFD (19-24 September: Greater Baggari) Proxy GAM by MUAC. Mboro (n=889) GAM by MUAC (32,6%), SAM by MUAC (11,9%), edema (0.2% (2). Faranjallah (n=1480), GAM by MUAC (17,2%), SAM by MUAC (8,6%), Oedema (0,7% (11).

[17] During the September response mission indicated that they viewed the situation of young children as significantly worse than a normal year and continuing to

4/10,000/day indicative of IPC Phase 3 (Crisis).

Additional qualitative evidence for livelihood change and contributing factors was collected during these missions and through other data collection activities over the preceding three months, especially through Key Informant Interviews (KII) and Focus Group Discussions (FGD), including within all visited Greater Baggari locations and through remote assessment interviews within Wau town, and other activities with IDP's originating from within Greater Baggari now living within the Wau Protection of Civilians Adjacent Area (PoCAA) site. Over the period May-July 2017, REACH reported fewer than 12.5% of assessed settlements indicating adequate access to food as well as perceptions of declining meal frequency and dietary diversity and increasing reliance on wild foods and premature crop harvesting, most concentrated among settlements southwest of Wau town in close proximity to the most densely populated area of Greater Baggari. In fact, the only functioning market available to populations in Greater Baggari is Wau town, as local markets have collapsed, however due to escalating conflict the movement of population from Greater Baggari to Wau town market has become impossible and as such the access to General Food Distribution done at Wau town level.

At the time of outcome evidence collection (September) the situation resulted very critical, especially regarding nutrition and considering access restriction to both Wau market and general food distribution. However, somewhat reliable mortality data does not seem to align with the very high level of GAM and SAM by MUAC – which supposedly goes untreated. While the sub-area is not currently experiencing Famine, a portion of the population is experiencing Humanitarian Catastrophe and this proportion will most likely increase through the first projection, with IDPs worst-affected and IDPs with longer and more recent migrations, such as those from Khorr Ganna, the most at-risk within that vulnerable population. Mboro and the surrounding bush is the worst-affected area now and drives most of the Humanitarian Catastrophe caseload in the current and projected periods, with a smaller proportion taken from Ngisa, Faranjallah, and surrounding bush. Mboro will experience Famine conditions earlier and most likely for nearly all households, while Ngisa, Faranjallah, and surrounding bush populations will most likely experience Famine conditions beginning after Mboro and for potentially large proportions of their respective populations.

Based on the above, the ERC concurs with the TWG analysis in the current period and no famine is occurring. However for the first and second projected period (October to December 2017 and January – March 2018) the ERC concluded that the classification should be IPC Phase 5 (Elevated Risk of Famine – Famine cannot be confirmed nor disproven due to limited available Evidence). Considering the minimum requirement in terms of evidence availability and reliability for this classification, this classification can only be confirmed employing step 2.

deteriorate through the harvest period. 164 cumulative deaths over the period January-September 2017 due to hunger, acute malnutrition, and disease were reported among U5 children and the elderly. The under-five mortality rate is about 1.3/1.4 death per day per person.

Annex 1. CONCLUSIONS OF THE ERC PREPARATION TEAM

Table 4. Summary of the ERC Preparation Team conclusions on TWG analysis plausibility [18]

Area	Period	Classification by the IPC TWG	Plausibility of the TWG classification according to the ERC Preparation team
Yirol West	Current: September	IPC Phase 4 (Emergency) with 0% in catastrophe	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence does not support Famine classification (i.e. IPC Phase 5, 4!, ERoF) for both current and projected periods. The ERC preparation team however suggest to estimate population in IPC Phase 5 (catastrophe) in a less conservative manner, especially considering the particular situation of displaced populations.**
	Projections: Oct-Dec	IPC Phase 4 (Emergency) with 0% in catastrophe	
	Projections: Jan-March	IPC Phase 4 (Emergency) with 0% in catastrophe	
Kapoeta East	Current: September	IPC Phase 4 (Emergency) with 5% in catastrophe	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence does not support Famine classification (i.e. IPC Phase 5, 4!, ERoF) for both current and projected periods. The ERC preparation team however suggest to estimate population in IPC Phase 5 (catastrophe) in a less conservative manner, especially considering the particular situation of displaced populations.**
	Projections: Oct-Dec	IPC Phase 4 (Emergency) with 0% in catastrophe	
	Projections: Jan-March	IPC Phase 4 (Emergency) with 0% in catastrophe	
Nyrol	Current: September	IPC Phase 4 (Emergency) with 5% in catastrophe	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence does not support Famine classification (i.e. IPC Phase 5, 4!, ERoF) for both current and projected periods. The ERC preparation team however suggest to estimate population in IPC Phase 5 (catastrophe) in a less conservative manner, especially considering the particular situation of displaced populations.**
	Projections: Oct-Dec	IPC Phase 4 (Emergency) with 0% in catastrophe	
	Projections: Jan-March	IPC Phase 4 (Emergency) with 0% in catastrophe	
Leer	Current: September	IPC Phase 4 (Emergency) with 0% in catastrophe	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence does not support Famine classification (i.e. IPC Phase 5, 4!, ERoF) for both current and projected periods.**
	Projections: Oct-Dec	IPC Phase 4 (Emergency) with 0% in catastrophe	
	Projections: Jan-March	IPC Phase 4 (Emergency) with 0% in catastrophe	
Ayod	Current: September	IPC Phase 4 (Emergency) with 5% in catastrophe	**Although the situation is highly concerning and deserves strict monitoring to inform regular IPC updates, the available evidence does not support Famine classification (i.e. IPC Phase 5, 4!, ERoF) for both current and projected periods.**
	Projections: Oct-Dec	IPC Phase 4 (Emergency) with 5% in catastrophe	
	Projections: Jan-March	IPC Phase 4 (Emergency) with0% in catastrophe	

[18] To be noted that the ERC has not revised these areas and the estimations of plausibility done by the ERC Preparation team only represent the view of its members.

IPC Country TWG Findings WAU			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	Classification TWG	Evidence Provided & Reliability ATTRIBUTED by the TWG[1]
Wau (population 243,488 – 60,000 displaced of which 40,000 POC)	*Current: September 2017*	*Current: Phase 4 with 33% in phase 3, 40% in phase 4 and 7% in Phase 5* *Projection 1: Phase 4 with 30% in phase 3, 40% in phase 4 and 5% in Phase 5Projection2: Phase 4 with 35% in phase 3 and 35% in phase 4*	**FOOD CONSUMPTION:** ▪ *(Source FSNMS round 20, August 2017, R2 according to ERC Prep team)*: FCS: 2,1% acceptable, 21,3% borderline, 76,6% poor. HHS: 8,50% none, 14,9% slight (1), 42,6% moderate (2-3), 29.80% severe (4-5), 4.30% severe (6). ▪ *(Source FSNMS round 20, August 2017, R2)* 91.5% of HH reported use of food coping strategies. Average number of meals/day: 1/day for adults. .9 - 1/day for children aged 2 to 12. ▪ *(Source FSNMS round 20, August 2017, R1 according to ERC Prep team)*: HDDS: 55,3% low, 31,9% medium, 12,8% high. *According to the ERC Prep team, HDDS is indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers).* **LIVELIHOOD CHANGE:** ▪ *(Source FSNMS round 20, August 2017, R2 according to ERC Prep team)*: Coping strategies: 2,1% stress, 4,3% crisis, 83% emergency, and 10.6% of households not adopting any livelihood coping strategies. (Emergency strategies in the past 30 days: 4.30% of HHs have entirely migrated, 51.10% have engaged in degrading jobs, 34% have begged). ▪ *(Source FSL profile May-July 2017, R2)* 22% of HH in assessed settlements rely on gathering food due to disruption of normal income and food sources (agriculture, markets). **NUTRITIONAL STATUS:** *(source IHR 26/08/17, exhaustive screening R3)* GAM (MUAC) : 34,41% (34,41% in Mboro, 24,7% in Frajallah) *(source SMART Septembre, Wau town, R3)*: (n= 684) 13.2% (95%CI: 10.4-16.7), SAM (WHZ<-3 or oedema) 1.0% (95%CI: 0.5-2.3) *Novembre 2016 : GAM 15.7% (95%CI: 12.2-20.0), SAM 3.3% (95%CI: 1.7-6.4)* **MORTALITY:** *(source SMART Septembre, Wau town, R3) :* CDR 1.15 (95% CI: 0.68-1.92), U5DR 1.19 (95%CI; 0.61-2.29) *Trend data (Source SMART May 2016): CMR 1.0 (95% CI: 0.67-1.51), U5MR 1.60 (95%CI; 0.75-3.40)* **FOOD ASSISTANCE:** *(Source WFP actual)* July 2017: 39,376 BNF (16% of the population) 343 MT (half ration). August 76,639 BNF (31%), 653 MT (half ration). Sept planned: 98,095 benef (40%), 859 MT (half ration). Oct-Dec planned: 81,101 benef (33%), 1,110 MT (close to full ration). No FSNMS respondents in Wau had received aid in past 3 months. **CONTRIBUTING FACTORS** ▪ ***Hazards:*** *(Source IOM & UNOCHA– 11 July 2017, R3)* : 60,000 IDPs in protected area (25% of total population); 39,000 IDPs in protected area adjacent UNMISS base : 5,08m^2/pers (lowest space/pers. average in South Sudan settlements). (Source InterAgency report, Baggari Area, July 2017, DC4, R2): Insecurity and looting affecting access to infrastructure and assets. Non-functioning markets in 4 out of 5. *(Source CFSAM, July 2017, R3)* : High risk of army worm attack on crops. (Source IRNA report 08/17, DC7, R3) : 80% of equipment to access water sources in settlements out of order due to insecurity. ▪ **Availability:** *(Source IRNA report 16/08/2017, R2)*: Stock depletion and loss of assets due to insecurity. Market supply critically low due to increase of US$/SSP exchange rates and high food prices. *(Source FSL Profile May-July 2017, R2)*: Wild foods main food source, less nutritious than agricultural crops usually consumed. Hunting and gathering of wild foods is the main livelihood activity for 19% of the households, whereas agriculture is the main livelihood activity for 55% of households (FSNMS round 20) ▪ **Access:** *(Source NBS report July 2017, R2)*: 155% increase of consumer prices, mainly bread & cereals 8.5% of households spent <50% of their expenditure on food, 19% spent 50-65%, 17% spent 65-75% and 36% spent >75%. In addition 19% had no expenditure. **TWG OUTLOOK ASSUMPTIONS:** Current: September 2017 ▪ Below average crop production induced by conflict creating massive and continuous displacement of farming communities. ▪ Food is available in Wau market but difficult physical access for poorest households in affected Payams of Baggari, Bazia and Besselia due to insecurity (road blocks). ▪ High food prices and deteriorating purchasing power affected the food consumption of market dependent households both in Wau town and rural parts of the county. ▪ Insecurity is likely to continue to limit and impact access (free movements of goods and people and rising cost of living) ▪ Access for majority of poorest households remains critical, compelling more HH to adopt emergency coping strategies (IPC phase 4) Projection1: October –December 2017 ▪ Expected rainfall in Sept-November 2017. Given current situation, it is most likely that the food consumption status will improve slightly during the green harvest of early maturing crops. But there is still a high risk of food shortages should harvest activities be disrupted by persisting insecurity. Road blocks in most affected payam likely to affect access of poorest HH to humanitarian assistance. Remaining in Phase 4 with fewer HH in phase 5. According to FSNMS own harvest is not expected to last even one month. Projection 2: January-March 2018 ▪ Extreme loss of livelihood assets most likely to lead to large food consumption gap from Jan-March 2018 and result in very high acute malnutrition and excess mortality rate especially among children under five years. Persistence of insecurity and road blocks will contribute to further losses and deterioration of livelihood assets and most likely worsen the humanitarian situation for most households, maintaining the County in IPC emergency phase. Without humanitarian support during this period, the phase will most likely move to Catastrophe.

Assessment by the IPC QR Team - Wau				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[2]	Assessment of **Convergence of Evidence**[3]	Assessment **of Reliability of Evidences Provided**	Conclusion on **Confidence Level** reached based on evidence reliability [4]	Highlight of main issues for the ERC
The TWG has provided a clear set of evidence for each outcome element (except for Mortality) and has correctly documented the evidence used and the reliability of each one. Evidence allowing clear distinction among IPC Phase 4 and % have been disaggregated per IPC cut-off. However, TWG did not give an overall phase classification for the FS outcomes but for each indicator. For HHS indicator, phase 3 was given, which should be phase 4 as per IPC cutoffs. TWG provided a very detailed description of the vulnerability and hazards context in the Hazards sections, very useful in helping assess the impact on livelihoods assets, strategies and access of HHs. The IDPs data is weak as final number is still to be confirmed and reports give only estimations from monitoring and rapid assessment missions. Although the narrative conclusion for the area classification is complete, a narrative conclusion for each outcome element and for the contributing factors would have supported the final classification. The TWG first projection for next trimester makes reasonable use of contextual information from the current period and seasonal assumptions (rainfall) to make a most likely scenario.	FC: Extremely high rate of Poor FCS and HDDS pointing to an indicative phase 4 for 55% to 65% of the population. HHS confirms the convergence with 30% in phase 4 and a worrying 4,3% in phase 5. This situation cannot be corroborated by HDDS which is known to have been constructed using a different methodology than the standard one and therefore not comparable with IPC reference table cut-offs. However the high percentage of households in phase 4 (and 5) based on FCS and inference from contributing factors could also serve to justify the existence of households with IPC Phase 5 food consumption. LC: Deep assets depletion due to insecurity, severely affected access of HHs and led them to massively apply coping strategies, in particular emergency strategies. Despite seasonality which may point to an improvement of availability during upcoming rain season, insecurity still severely limits access, indicating phase 4. Nut: GAM by MUAC for localized areas of the county indicate IPC phase 5. Low diet diversity, very restricted access to usual food sources (market, own production) and important dependency on wild foods lead to high malnutrition. Majority of contributing factors converge for current emergency classification (IPC Phase 4 with 5-10% in IPC Phase 5) with a most likely slight improvement in next trimester (1st projection) which does not change the phase but reduces the HHs in phase 5. In Wau county in July, 16% of the population have been targeted with half ration, in August 31% of the population have been targeted with half ration. For the planning, in September 40% of the population will be targeted with half ration. For October to December, 33% of the population have been targeted with full ration (or 66% with half ration). **HOWEVER,** according to the FSNMNS survey, much of Wau did not received assistance in the past 3 months. In addition, this plans will most likely address first the IDP in POC, representing 16% of the Wau county population, and only secondly the rest of the population. To be noticed that Frajallah and Mboro (areas with extremely high level of GAM by MUAC) were not covered by the FSNMS survey. The population in these areas is not assessed with precision, however it is estimated to be between 20.000 and 28.000 persons (8-16% of the total population).	FC/LC: FSNMS evidence reliability are estimated R2 (survey representative at the area level with a sample of 84 HHs, carried out in the same season than the analysis). HDDS is R1. To be noticed that the FSNMS did not cover the areas covered by MUAC screening (Mboro, Farjallah). Nutrition: IHR (Aug. 2017): R3, SMART R3 Mortality: SMART R3 Contributing factors: IOM-UNOCHA report (11/07/17) R3 CFSAM July 2017: R3 IRNA report (Aug. 2017): R2 FSL profile (May-July): R2 NBS report (July 2017): R2 Interagency report for Baggari (July 2017), R2 score: formal interviews & discussions. Contributing factors informing Hazards deriving from REACH survey but not cited as evidence. Proposed R2 score for lack of methodological note. From a time relevance perspective data collected in July should be considered R 2	** As 3 reliable direct pieces of evidence for FC/LC and more than 4 reliable pieces of evidence for contributing factors are available, medium confidence level are met for IPC Phase 4 (Emergency). Minimum requirement for Famine classification (IPC Phase 5 and 4!) would not be met as there is no direct reliable evidence for mortality. ERoF classification for certain area(s) would be possible provided the existence of At least **two** pieces of direct somewhat reliable evidence informing two of the three outcomes (FC/LC, Nutrition, mortality) coming from at least two recent field assessments showing consistent findings. At the moment there is data for only one outcome (nutrition), so confidence for ERoF is not currently met following IPC protocols	The available evidence from Food Consumption outcomes (FC, LC and Nutrition) are alarming and points at a very high IPC Phase 4, with very restricted access to food sources (markets and own production) and depletion of assets (loss of lands/crops due to insecurity and displacement). Despite relative availability of food, the very high level of insecurity in the area will most likely continue to contribute to depletion of assets and deterioration of access for HHs, thus a worsening of the food security situation. HA will play a more important preventing role in Oct-Dec with 33% and close to full rations distributed, however this percentage masks a full coverage of POC against less coverage of remaining IDP and no coverage at all in the two localities showing IPC Phase 5 GAM (MUAC) rates. As such, the situation in Frajallah and Mboro is extremely severe and the ERC Preparation team estimated that it will be important that the ERC thoroughly assess the situation in this county, particularly in regard to Greater Baggari. The option would be either estimating an extremely sever situation in this area hosting about 6-15% of total population, considering that the whole county is at elevated risk of famine. Either way, the Communication products should stress the need for partners to engage in data collection in Wau (Mortality data would be the most important information needed) and highlight the urgent for HA in the area. The second projection seems to have been done by the TWG considering a most likely scenario of presence of HA for the period January-March 2018. The actual data on Humanitarian Assistance could not been fully exploited to project in the second period: October is the last period of the Humanitarian Programming Cycle and Humanitarian Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. As consequence the most likely scenario assumed by the TWG has been a linear continuation of Humanitarian Assistance, however it is estimated that in a worst case scenario in which current level of Humanitarian assistance cannot be scaled up or maintained the situation might deteriorate and take along a risk of famine

IPC Country TWG Findings AYOD			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	TWG Classification	Evidence Provided & Reliability ATTRIBUTED by the TWG[1]
Ayod County (Population: 166578/ IDP 49882, 30% population)	*Current: September 2017*	*Current: Phase 4 With 5% phase 5; 50% in phase 4 and 30% in Phase 3* *Projected October - December : Phase 4 with 5% phase 5; 45% phase 4; 30% phase 3* *Projected January- March : Phase 4: 0% phase 5; 40% phase 4, 45% phase 3*	**FOOD CONSUMPTION:** • *(Source SMART September 2017)*: FCS acceptable 62.4%, borderline 29.2%, poor 8.4%. HHS Little to none 8.4%, Moderate 82%, Severe (4-6) 9.6%. • *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: FCS: Acceptable: 9.4%, Borderline: 20.6%, Poor 70%. HHS (6) 2,8%, (5) 16,7%, (4) 44%. • *(Source FSNMS R20 2017 R3 – R1 according to ERC Prep team)*: HDDS: 74% Low, 9% Medium and 17% High *According to the ERC Prep team, HDDS is an indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers.* **LIVELIHOOD CHANGE:** • *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: Emergency Coping Strategy: 67.8% Crisis 11.1% Stress 7.2% (Emergency strategies, in the past 30 days: 42.20% of HHs have entirely migrated, 15.00% have engaged in degrading jobs, 45.60% have begged) **NUTRITIONAL STATUS**: • *(Source SMART September 2017, R3)*: GAM (WHZ) 16.2% (13.3-19.6 95% CI), SAM (WHZ) 3.6% (2.3-5.6 95%). GAM (MUAC) 13.4% (10.1 – 17.7 95% C.I.), SAM (MUAC) 4.5% (2.6 – 7.7 95% C.I.). • *(Source FSNMS round 20, August 2017, R2)*: GAM (WHZ): GAM 20.8% (16.2-26.3), SAM (WHZ) 6.6% (4.2-10.2); GAM (MUAC) 19.1% (14.2-25.1), SAM (MUAC) 7.0% (4.4-10.9) • (Previous data[i]: are two recent MUAC screenings representatives of two localities (Karmoun and Normanyang) , which show GAM by MUAC that abundantly surpassed IPC Phase 5 thresholds : In Karmoun (April 2017), GAM by MUAC is 48.1% and SAM 10.2%. In Normanyang (April 2017), GAM by MUAC is 34.2% and SAM by MUAC 8.17%. This evidence is in line with older screening in the area - Kandak (January 2017): GAM by MUAC 24.9% and SAM by MUAC 4.2; Kodalak (January 2017): GAM by MUAC 20.2% and SAM by MUAC 5.1%) **MORTALITY:** • *(Source SMART September 2017, R3)*: CDR 1.89 (1.26-2.84 95% CI)/10,000/day [non trauma CDR is still very high at 1.77/10,000/day]. U5DR 1.93 (0.79-4.63 95% CI)/10,000/day. Main causes of death among general population include illnesses (malaria, cholera and pneumonia), unknown causes and injury representing 78.8%, 14.1% and 5,9% respectively. • *(Source REACH, Ayod FSL and Nutrition Rapid Assessment, July 2017, R2)*: In Pagil and Gorwai reported children sent to cattle camps to access milk at 4-5 days distance with disease-related deaths on the way. Reported hunger-related deaths in Pagil and that the local administration has advised community members to conduct burials in a quiet manner away from the eyes of the public to avoid spreading panic related to the hunger. Assessment staff as well as newly arrived IDPs from Ayod interviewed in Nyal reported that a proportion of the population in Pagil may be physically too weak due to pro-longed food consumption gaps to move to other areas for better food access. • *(Source REACH, September 2017, Key informant interview on 22/09/2017 R2)*: Reports of hunger-related deaths in the Pagil area where also cited by newly arrived IDPs from Ayod interviewed in Nyal on 22/09. **FOOD ASSISTANCE:** • *(Source WFP actual)*: July: 21,603 BNF (13%) / 375 MT (full ration), August: 85,899 BNF (51%)/1,518 MT (full ration), *(Source WFP planned assistance)* September: 14,867 BNF (9%), 207.84 MT (full ration), Oct-Dec: 195,800 BNF (117%), 1,062 MT (one third ration). • *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: 50% of HH received GFD, 53% indicated sharing assistance with relatives/neighbors. *(Source REACH County Profile May- July 2017 R2)* 30% of assessed settlements reporting NGO assistance as main food source in August, with the same proportion indicating having received food distribution in previous 3 months. *(Source REACH, September 2017, Key informant interview on 22/09/2017 R2)*: It remains unclear to what extent food distribution sites have been accessed by populations, with KIs interviewed by REACH in June giving no indication that they had been able to access them and physical observations from REACH teams indicating no visible signs of WFP assistance in the area. Given the large distance to other distribution sites such as Jiech (4-day journey), only few individuals from Pagil were reported to have been able to make this journey. **CONTRIBUTING FACTORS** ○ **Hazards:** Insecurity/Violence: *(Source REACH County Profile May- July 2017 R2)* Fighting between armed groups restarted in March 2017. 13% of assessed settlements with inadequate access to food reported that this was due to fighting having destroyed crops. 28% of assessed settlements with insufficient food access reported that it was unsafe to cultivate. Only 4% of FSNMS respondents reported insecurity as a challenge for farming. 14% of assessed settlements reported destruction of shelter due to fighting in the last month. Flood: *(Source REACH County Profile May- July 2017 R2)* 36% of the assessed settlements with limited access to food reported flooding as main reason. Health: *(Source REACH County Profile May- July 2017 R2)* 29% of assessed settlements reported gastrointestinal diseases such as cholera as leading cause of death. (*Source WHO Cholera Cases June-August 2017; Medair Field Staff)* 144 reported cases of cholera between June-August 2017. As of September, no reported cholera cases. **Livestock Losses (***Source: Pagil, Gorwai and Haat Assessment REACH - FSNMS R2)* 50% of livestock were lost due to livestock diseases that spread following the flooding in October 2016 • **Availability**: *(Source FSNMS R20 2017 R3*) Expected median crop production: 50 kg with 96% of HHs reporting immediate consumption; stock expected to last 2 months *(Source CFSAM 2017 R2)* only 3% of estimated annual cereal requirements met by production, due to crop loss following 2016 floods, conflicts, isolated dry spells and heavy rains. Household Stocks*: (Source:Pagil, Gorwai and Haat Assessment REACH - FSNMS R2)* HH in Paqil reported to have consumed their seeds and were therefore expecting no harvest in 2017. Limited or no market access across much of the county as a result of conflict having disrupted trade routes since December 2013. Livestock: *(Source FSNMS R20 2017, R3)* 51.8% owning livestock, 40% saying livestock in poor body condition. 51% eating wild foods. Although wild fruits are often eaten during the lean season, HHs have also resorted to eating less nutritious wild foods such as lalop leaves. 29% of HH reported gathering wild foods as main livelihood activity in previous 3 months. (*Source:Pagil, Gorwai and Haat Assessment REACH - FSNMS R2)* In the assessed locations of Pagil, Gorwai and Haat 65% of assessed HHs reported gathering wild fruits as their main livelihood source. In the assessed locations, the majority of wild foods consumed were considered foods of last resort, such as leaves of lalop and bulps of water lilies.**Access:** Financial: *(Source FSNMS R20 2017 R3)* 71% of HH reporting income decrease over the previous year, 48% of these attributed this to the destruction of the income source, 21% to partial destruction of income source. 26% of HHs reported reduced income of a household member created a decrease or loss of income in cash or in-kind. 29% have a share of food expenditure of <50% of total expenditure, 16% a share of 50-65%, 7% a share of 65-76%, and 49% a share of >75%. In addition 19% of households have no food expenditure. **TWG Conclusions:** - Severe floods in Oct 2016 led to destruction of crops, resulting in extremely low harvests in the 2016 harvest season. This is likely to have forced HHs to adopt more severe coping strategies much earlier than normal to fill consumption gaps. The Oct 2016 floods have also led to considerable livestock disease outbreak and related loss of livestock. However, this was a year ago. Assumptions and classification justifications for the two projection periods not provided by the TWG.

Assessment by the IPC QR Team -AYOD				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[2]	Assessment of **Convergence of Evidence**[3]	**Reliability of Evidences Provided**	**Confidence Level** [4]	Highlight of main issues for the ERC
The TWG has managed to cover the impacts of the major shocks impacting the area. Nutrition data was received late and therefore it was not incorporated in original worksheet. The TWG also appears to have missed analysis for IDPs (estimated at ~50,000). It would be helpful to contextualize seeking wild foods and sending children to cattle camps for better access to milk and meat to understand how extreme of coping strategies these are. It is unclear to what extent HA has been considered in the conclusions on food consumption and classification. It will also be important to understand what level of assistance is foreseen for the coming months. A narrative conclusion on the food security context for households (overall conclusion on how food is available, accessed, and utilized) would be helpful to corroborate the food security outcome data. This would also lend to the TWGs ability to do the projection analysis. No projection analysis has been documented - only an indicative Phase 4 has been mentioned without any analysis. Use of HDDS should be reconsidered considering it was discovered that the module was not administered following standard guidance. The estimate of populations in Phase 5 uses non-standard indicator thresholds. The population estimates of Phase 4 and 5 appear to be based less on direct outcome evidence. The TWG does not document how they arrived at 55% in Phase 4 and 5. There are also plausibly households that could be in Phase 1 when looking at the food consumption outcome indicators alone, however there is no description of why zero households were classified in Phase 1. It would be good to have a better understanding of what areas were and were not covered by the survey designs to better capture how the data might be skewed (up or down) when used as being representative of the county.	FC: FSNMS evidence on food consumption converge over a high IPC Phase 4. The HHS (6) indicate that about 3% of the population could be in IPC Phase 5 (Catastrophe), and the evidence suggests that the percentage in IPC Phase 4 (Emergency) at the time of the survey (August) could converge over 60% to 70%. More recent evidence from the SMART survey conducted in September indicates a Phase 3 for the current classification. LC: the only evidence available of livelihood coping strategies indicates that In August about 68% of the HH employ emergency coping strategies, indicative of a high IPC Phase 4 and possibly population within this percentage in IPC Phase 5. (In South Sudan the category "Emergency" of the LC indicator includes those households that report having completely run out of possible coping strategies). NUT: the evidence on nutrition pictured a severe situation in August, with GAM (WHZ) indicative of IPC Phase 4 (Emergency) and GAM (MUAC) indicative of IPC Phase 5 (Catastrophe). Previous (March to July) reliable BUT LOCALIZED nutrition assessments surpassed IPC Phase 5 (Famine) thresholds. It is worth to notice the very high level of SAM detected both by WHZ and MUAC measurements. The September SMART survey shows a GAM (WHZ) indicative of a low phase 4. Mortality: the evidence on mortality (SMART, September) pictured an indicative Phase 4 for CDR and Phase 3 for U5DR, with 78.8% of death caused by illnesses (malaria, cholera and pneumonia), 14.1% unknown and 5.9% caused by injury. The Food Assistance provided corresponded full ration for about one third population from July to September and is planned for one third ration to the totality of the population (or two third ration to two third population) from October to December. From October to December the planned FA will be significantly **increased**. This increase, as well as the expected livelihoods improvement coming from the green harvest, is expected to improve the food security situation in the projected period. This Phase classification is backed by contributing factors: occurrence of severe shocks in the last 12 months, large proportion of households turning to wild foods a main source of food, severe depletion of food stocks and livelihood opportunities, poor animal body conditions reported by majority of households, disruption of markets, consumption of own seed stock, etc. Overall there are high levels of coping being used by a large proportion of the population. Additionally the impacts of the conflict which have restricted humanitarian assistance in some areas of the county need to be taken into account in estimating population in IPC Phases 4 and 5.	FC/LC: FSNMS evidence reliability are estimated to be rated R2 (survey representative at the area level with a sample of 96 HHs, carried out in the same season than the analysis). However the reliability of the HDDS evidence is R0 given cereals and tubers have been merged into one single food group. SMART R3. NUT: The IPC AMN WG has assigned R2 to FSNMS and R3 to SMART Mortality: R3. Contributing factors: REACH County profile May-July 2017 (R2), Pagil, Gorwai and Haat Assessment REACH - FSNMS R20 (R2), Rapid Needs Assessment Ayod, February 2017, CRS / WFP (R1), WHO Cholera Cases June-August 2017; Medair Field Staff (R1/R2), FSNMS (R2)	** As 4 reliable direct pieces of evidence for FC/LC and more than 4 reliable pieces of evidence for contributing factors are available, medium confidence level are met for IPC Phase 4 (Emergency).	The Quality Review team estimates that for the current situation the TWG area classification is plausible. However, despite the FSNMS showing very critical situation in August, the recent (September SMART) evidence suggests a Phase 3 or Phase 4 classification. The on-going green harvest and scale up of Food Assistance in August, which will continue in October – December, are elements that could support a better situation than the 60% to 70% Phase 4 indicative suggested by the FSNMS data in August. The area of Pagil is of particular concern (23,000 people, 9,000 IDPs - unverified), where the population does not access food assistance and hunger-related death are reported by several sources, however the area has been included in the SMART survey of September and data reanalyzed for nutrition in Pagil payams does not show significant changes as to compare with the area. For the first projection, the classification is also estimated plausible as it is estimated that FA could further increase as to cover with one third ration to the totality of the population as well as the harvest will continue throughout October to December. Depending on whether the TWG expect this Food Assistance to be able to reach Pagil, the population that have been estimated to be in IPC Phase 5 could be increased or decreased. The second projection seems to have been done by the TWG considering a most likely scenario of presence of HA for the period January-March 2018. The actual data on Humanitarian Assistance could not been fully exploited to project in the second period: October is the last period of the Humanitarian Programming Cycle and Humanitarian Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. As consequence the most likely scenario assumed by the TWG has been a linear continuation of Humanitarian Assistance, however it is estimated that in a worst case scenario in which current level of Humanitarian assistance cannot be scaled up or maintained the situation in many areas might deteriorate and take along a risk of famine **In conclusion, the ERC preparation team estimates that this area does not need to be revised by the ERC.**

IPC Country TWG Findings KAPOETA EAST			
Analysis Units		**National TWG Conclusions and key evidence Used**	
	Period	Area Classification.	Evidence Provided & Reliability ATTRIBUTED by the TWG[1]
Kapoeta East county (Eastern Equatoria State). Population 191,882	*Current: September 2017. First projection: October-December 2017. Second projection: January-March 2018*	*Current: Phase 4 with 45% in phase 3, 30% in phase 4 and 5% in phase 5* *Projected Oct-Dec: Phase 4 with 40% in phase 3, 25% in phase 4 and 0% in phase 5.* Projected Jan-Mar: Phase 4 with 50% in phase 3, 30% in phase 4 and 0% in phase 5	**FOOD CONSUMPTION:** • *(Source FSNMS round 20, August 2017, R2 according to ERC Prep team)*: FCS 63.80% poor, 26.60% borderline, 9.60% acceptable, HHS 14.70% 6, 9.50% 5, 7.40% 3, 64.20% 3, 3.20% slight, 1.10% none. • *(Source FSNMS round 20, August 2017, R1 according to ERC Prep team): HDDS 74.50% low, 17.00% medium, 8.5% high. . According to the ERC Prep team, HDDS is indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers).* **LIVELIHOOD CHANGE:** • *(Source FSNMS round 20, August 2017, R2 according to ERC Prep team)*: 70.2% emergency, 4.3% crisis, 8.5 % stress, 17.0% not adopting. 4.3% of all HHs migrated, 51% of HHs engaged in degrading jobs, and 34% of households begged in the past 30 days. **NUTRITIONAL STATUS:** • *(Source FSNMS round 20, August 2017, R1 according to the ERC Prep team)*: GAM (WHZ or MUAC??) 28.1% (13.8-48.9 95% CI), SAM (WHZ or MUAC??) 8.3% (2.6-23.8 95% CI) • *(Source SMART, December 2016, R3 – R1 according to the ERC Prep team): GAM 14%* (WHZ or MUAC??). This potential doubling of GAM in 8 months is noteworthy however the December data reflect the post harvest situation, while recent data reflects the lean season situation. **MORTALITY:** • *(Source SMART, December 2016, R3 – R1 according to the ERC Prep team)*: CDR 0.97%, U5DR 0.86%. **FOOD ASSISTANCE** • *(Source WFP actual)* July: 49,396 BNF (26%) 409 MT (half ration); August: 8,176 BNF (4%) 23.62MT (one fifth ration); *(Source WFP planned)* September: 112,636 /990MT = half ration for 58% population; October to December 9727/56 MT (one third ration for 5% population). January to March : unknown. TWG statement: HHA for all counties the situation is to some extent moderated by presence of significant food assistance • *(Source FSMNS, August 2017, R2)* 55.30% of HH had received some form of assistance in the past three months. *(Source: FEWSNET. Humanitarian Aid Distribution Report. July 2017 R2)*: WFP provided 100% of beneficiaries in need in May (covering 41% of total kcal needs), 38% of beneficiaries in need in June (covering 49% of total kcal needs) and 42% of beneficiaries in need in July (covering 51% of kcal needs). **CONTRIBUTING FACTORS** • **Hazards**: *(Source FSMNS, August 2017, R2):* High food prices decreased purchasing power for 60.3% HH. Livestock: 61.70% of HH owned livestock.. Foot and mouth disease reduces levels of milk production. The livestock market in Kapoeta has been closed due to continued looting of cattle which will affect 60% HH relying on livestock sale. *(Source WFP R1)* about 5, 000 to 6,000 cattle were raided from Mogos and Karkomuge by Jie, Buya and Didinga and from the Turkana of Kenya. Body condition score for cattle is recorded as CS 1-2 and shoat CS 3-4 showing an improvement from worse condition. It is expected to further improve as of September and October when water and water are abundantly found. Crops: 88.3% of HHs experienced long dry spell. The most hit areas will experience poor yield due to the dry spell combined with heavy rains in July. *(Source WFP food security update August 2017, R2)*: many farmers who planted their seeds early in the April 2017 did not see enough rain during the subsequent two months. Others waited too long for the rains to consistently show up, and planted too late, this will lead to failure of harvests and anticipated poor yield is expected. *(Source CFSAM August 2017, R2)* Showers of rains started in March, broke for two months and resumed in May and again broke for four weeks in June. A good amount of rain was received in July continuing up to mid-August. Most crops (40%) are unavailable for consumption because they are in the vegetative stage of growth, with another 30% in the emerging stage. Although the green harvest has begun, it is low. The body condition score for cattle was CS1-2 with expectations of improvement in September/October The body condition for shoats was CS3-4. However, due to the 2016 crop failure and economic crisis, livestock keepers are selling their livestock. *(Source: WFP. South Sudan Situation Report #179. 2 June 2017. R2):* An outbreak of cholera has been on ongoing in Greater Kapoeta since May 2017 . *(Source* AVSI. Education Rapid Assessment Report. 7 September 2017 R2*)* Kapoeta East was most affected, with 1,199 cases reported from 24 April to 27 June 2017. • **Availability:** *(Source FSMNS, August 2017, R2)* Livestock ownership: 61.7%. Actual or expected production this year: 225 kg per HH. Expected duration of stocks at HH level: 6 months. HHs that have planted crops or plan to crop in the current season: 66.70%. *(Source CFSAM August 2017, R2)* The crops that were planted in May and escaped dry spell in June are at flowering stage (20%), others at maturing stage (10%). Green harvest has started in Kapoeta East but very few cases. 40% of crops are under vegetative stage and 30% emerging stages. • **Access**: *(Source FSMNS, August 2017, R2)* Food expenditure: Low (20.4%), Medium (3.2%), High (7.5%), Very high (68.8%). *(Source CFSAM August 2017, R2).* Sale of livestock is very common this year due to economic crisis and crop failure last year. WFP KI in Kapoeta East reported that markets were largely inaccessible to populations outside of Narus County, which was reportedly the only functioning market although with limited supplies due to poor road infrastructure. *(Source REACH. Area of Knowledge Dataset, Jun-Aug 2017, R2*): only 22% of assessed settlements reporting access to markets. **TWG OUTLOOK ASSUMPTIONS (Oct-Dec 2017):** • Higher food prices due to road deterioration and banditry activities, reducing physical access to market and increasing cost transportation. Continued evaluation of SSP against USD will reduce HHs food access. • Livestock productivity impacted by increase of livestock diseases due to climatic conditions. Reluctance of livestock traders to buy due to recent cattle looting experienced by traders. • Livestock dependent HHs have a lower purchasing power due to ToT deterioration. Livestock will remain longer around homesteads due to availability of pasture and water, improved availability of livestock products and reduced conflict incidents over grazing and waer resources among pastoralist communities in greater Kapotea and neighboring communities. 70% of crops are most likely to be harvested during Oct-Dec. Expected improvement of cereal availability at HHs level. **TWG OUTLOOK ASSUMPTIONS (Jan-March 2018):** • Reduced pasture and water availability will oblige HHs to move livestock away to grazing areas. The few livestock left behind will provide low volume of milk and other products. Cattle raiding and road banditry will affect market supply • Continued devaluation of SSP against USD will reduce HHs food access • Malnutrition is expected to increase as milk volume decrease.

Assessment by the IPC QR Team – Kapoeta East				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[2]	Assessment of **Convergence of Evidence**[3]	Assessment **of Reliability of Evidences Provided**	Conclusion on **Confidence Level** reached based on evidence reliability [4]	Highlight of main issues for the ERC
The TWG has provided a clear set of evidence for most outcome elements and has correctly documented the evidence used and assigned reliability score for each, however the assignment of reliability scores for outdated source is overstated and should be revised. Neither the excel worksheet nor the Word document provide information on displaced populations – this should be reconsidered, or the TWG could identify if the displaced populations are being classified separately. The narrative conclusion for the area classification as well as for the contributing factor (Word document) are complete, however, a narrative conclusion and an indicative phase classification for each outcome element would have supported the final classification and estimation of population to understand how they were made. Additionally, a narrative conclusion on the food security context for households (overall conclusion on how food is available, accessed, and utilized) would be helpful to corroborate the food security outcome data. This would also strengthen the projection analysis.A trend analysis done by the TWG, is missing.. The description on how humanitarian assistance was considered in classification and how it contributes (or does not) to food access is very limited, and the statements made in the classification conclusion and in the word document are somehow contradictory. There is no evidence documented on the contributing factors cited as being used for the projection analysis: final expectation for harvest yield, food and livestock prices, physical access to markets, looting. These are only summarized as being below normal. Understanding the degree to which they are below normal and/or will be below normal will be helpful in understanding the severity of outcomes.. Additionally more information on hazards would help describe why contributing factors are worse and leading to worse outcomes in the county compared to the rest of the state. For the current situation, the word document narrative indicates the Phase 5 population is likely the population with livestock in poor body conditions that also have an HHs of 5-6. While this is certainly possible, more information is needed to understand if this population is really expected to face an extreme lack of food leading to starvation and do not have any other recourse, such as selling or consuming these animals. The last line of the Oct-Dec projection indicates, “It is most likely that there will be a slight improvement in population proportion by 14% in phase 3 and 4, but the phase remain 3”. This may be a typo but confuses the justification.	FC: the body of evidence on food consumption converge over a high IPC Phase 4. The HHS (6) indicate that about 15% of the population could be in IPC Phase 5 (Catastrophe), however this situation cannot be corroborated by other evidence considering the HDDS survey was structured in a way to merge the two principals food groups (cereal and tubers) therefore providing a not reliable figure of 74.50% consuming 1-2 groups, while this percentage might actually refer to 1-3 food groups, indicative of IPC Phase 4 and 5 altogether. The evidence suggests that the percentage in IPC Phase 4 (Emergency) at the time of the survey could converge over 60% to 70%. LC: the only evidence available of livelihood coping strategies indicates that about 70% of the HH employs emergency coping strategies, indicative of a high IPC Phase 4 and possibly population within this percentage in IPC Phase 5. NUT: the evidence on nutrition picture a severe situation, approaching IPC Phase 5 thresholds, with SAM level extremely high, however the only outcome indicators available do not reach a sufficient reliability as to be comfortably used to estimate to what extend the nutrition status is or will further approach IPC Phase 5 thresholds. Comparison with previous reliable evidence show a worrying trend with doubling GAM in the past 8 months. Mort: No reliable data available on mortality. The Food Assistance provided corresponded to half ration for 58% of population in the area for both August and September, supposedly an increase compared with July FA. The dates of distribution are not known, however it is possible to estimate that the situation captured by the survey might reflect this situation before the scale up of the FA. From October to December, however, the planned FA will be significantly reduced to coverage of only 5% of the population with one third ration. This reduction is expected to be compensated to some extent by livestock sales and crop production, however an overall deterioration in the projected periods might be expected. Cereal harvest are expected to support an improvement of the situation in Oct-Dec, however other negative factors will remain, such as the adverse climatic conditions during the cereal cycle that will affect yields, the continuation of livestock diseases and the continued loss of income opportunities from livestock due to traders reluctance to buy livestock. Overall, the food security situation is expected to improve seasonally. In Jan-March, malnutrition is expected to increase as milk production decreases. The security situation is not expected to improve, limiting food availability on the market and physical and financial access to food for HHs. The ERC Preparation Team estimates that the available evidence converges with a good degree of confidence over a high IPC Phase 4 (Emergency) and a reduced percentage of population would plausibly be in IPC Phase 5 (Catastrophe).	FC/LC: FSNMS evidence reliability are estimated to be rated R2 (survey representative at the area level with a sample of 96 HHs, carried out in the same season than the analysis). However the reliability of the HDDS evidence is R0. NUT: The IPC AMN WG has assigned R1 to FSNMS nutrition and Confidence interval for GAM is very wide at 35%. SMART December 2016 is estimated R1 by the IPC AMN WG. Mortality: SMART December 2016 is estimated R1 by the IPC AMN WG. Contributing factors: FSNMS: R2, CFSAM: R2, WFP Food security update 2 August (R1)	** As 4 reliable direct pieces of evidence for FC/LC and more than 4 reliable pieces of evidence for contributing factors are available, medium confidence level are met for IPC Phase 4 (Emergency). Minimum requirement for Famine classification (IPC Phase 5 and 4!) would not be met as there is no direct reliable evidence for mortality (Nut to be determined). Minimum requirement for ERoF classification would depend on the Reliability score of Nutrition part of the FSNMS. In case of R1, then ERoF would not meet minimum requirement for acceptable confidence level as all evidence come from the same source.	The Quality Review team estimates that for the current situation the TWG area classification is plausible. However, the FC/LC evidence suggests that the percentage in IPC Phase 4 (Emergency) at the time of the survey could converge over 60% to 70%. Although analysis of the reduction in outcomes is not documented, the change in this % could be justified either by the scale up of Food Assistance as well and more prominently by the seasonal improvements upcoming, with the starting of the green harvest and the following main harvest. It is considered plausible the estimation of 5% of the population in phase 5 (Catastrophe) despite HHS indicating about 15% passing the IPC Phase 5 cut-off, in line with the improving trend applied to the population in IPC Phase 4. For the projected period, the ERC preparation team estimates the additional explanation provided by the TWG in term of seasonal improvement makes the classification plausible. Despite the estimation by the ERC preparation team of the county not requiring a Famine classification therefore not needing an ERC revision, the ERC preparation team would like to stress the importance - at least in communication materials – to stress the extreme situation depicted by the food consumption indicators and the worrying insufficient levels of Food Assistance planned for the period October-November. The second projection seems to have been done by the TWG considering a most likely scenario of presence of HA for the period January-March 2018. The actual data on Humanitarian Assistance could not been fully exploited to project in the second period: October is the last period of the Humanitarian Programming Cycle and Humanitarian Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. As consequence the most likely scenario assumed by the TWG has been a linear continuation of Humanitarian Assistance, however it is estimated that in a worst case scenario in which current level of Humanitarian assistance cannot be scaled up or maintained the situation might deteriorate and take along a risk of famine

IPC Country TWG Findings NYIROL

Analysis Units		National TWG Conclusions and key evidence Used	
Area Name	Period	Area Classific TWG	Evidence Provided & Reliability ATTRIBUTED by the TWG[1]
Nyirol pop 169,687 (of which 49,335 IDP – 29% of total population)	*Current: September, Projected: October to December 2017 and January to March 2018*	***Current:*** *Phase 4 - with 35% in Phase 3, 30% in Phase 4. 5% in Phase 5* ***Projected October - December:*** *Phase 4 - with 40% in Phase 3 and 30% in Phase 4* ***Projected Jan-Mach:*** *Phase 4 – Phase 4 - with 40% in Phase 3 and 40% in Phase 4*	**FOOD CONSUMPTION:** ***Indicative Phase 4*** ▪ *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: FCS: 43.1% Poor, 18.5% Borderline, 38.5% acceptable, HHS: (0-1) 4.60%, (2-3) 73.80%, (4) 10.80%, (5) 0%, (6) 10.80%. rCSI: Mean 14.44 Median 13.0. ▪ (*Source: OXFAM GFD data July 2017):* HHS: (4-6) 62.4%, (6) 4.4%; HDDS: 18% (3- groups), 4.31% (1-2 groups) ▪ *(Source FSNMS round 20, August 2017, R1 according to ERC Prep team)*: 52.3% (1-2 groups), 4.6% (3 groups)) and 43.1% (4 and more groups) . *According to the ERC Prep team, HDDS is indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers.* **LIVELIHOOD CHANGE:** ***Indicative Phase 4*** ▪ *(Source FSNMS R20 August 2017 (R2 according to ERC Prep team)*: Emergency 49.2%, Crisis 12.3%, Stress 7.7%, None 30.8%. 29% of households migrated, 29% of household engaged in degrading jobs, and 32% of households begged over the past month. Ownership of animals: 58.50% HHs own animals: Cattle 55.40%, Sheep 27.70%, Goat 46.20% ▪ *(Source REACH July 2017 R2*): 76% of assessed settlements reported owning or having access to cattle. 40% of the assessed settlements have been reported selling their livestock. **NUTRITIONAL STATUS:** ***Indicative Phase 4*** ▪ *(Source SAVE SMART SURVEY August 2017 (R3*): GAM (WHZ) 25.7% (22.4-29.3 95% CI), GAM (MUAC) 11.4% (8.3-15.5). SAM (WHZ) 3.2% (2.1-4.8 95% CI). ▪ Trends compared to March 2017 SMART survey indicates deterioration with GAM of 15.9% and SAM 1.1%. **MORTALITY:** ***Indicative Phase 1/2*** ▪ *(Source SAVE SMART SURVEY August 2017 (R3):* CDR: 0.76/10,000/day (0.50-1.15 95% CI). 41.9% of deaths due to injury/trauma; non-trauma CDR=0.44 (**P1/2**) U5DR (**P1/2**): 0.46/10,000/day (0.18-1.1995% CI). *Trends compared to March 2017 SMART survey indicates deterioration with CDR of 0.17% and U5DR 0.21%.* **FOOD ASSISTANCE** *(Source WFP actual R3):* July: 64.209 BNF (38% of pop)/663 MT (two third ration). August: 20.190 BNF (12% of pop) with 180 MT (half ration), *(Source: WFP Distribution Plan R3)* September: 56,549 BNF (33% of pop) with 832 MT (almost full ration), October to December: 106,497 BNF (63% of pop) with 548 MT (one third ration). *(Source: Oxfam, GFD Data, July 2017, R2):* 21% of population has HA as main food source. 59% reported receiving agricultural or fishing support. *(REACH County profile May-July 2017, R2)* Settlements adequately accessing food 37% (May), 61% (July) however difficulties to access food reported more severe in more conflict affected areas in the South (around Waat) and in the North (Chuil), with settlements in proximity to FGD sites more often reporting adequate food access. **CONTRIBUTING FACTORS** • **Hazards:** (*Source: OCHA South Sudan: Humanitarian Bulletin, Issue 7, 9 May 2017*): In February and April 2017, conflict between armed actors in Uror that initially started in Yuai, led to an influx of new IDP arrivals in Nyirol. (*Source: REACH, Area of Knowledge Assessment, May 2017*): In April 2017, upsurge of conflict in Nyirol in and around Waat led to displacement of HHs out of and within the county, with HHs who remained in Nyirol seeking refuge in remote locations and in locations offering access to humanitarian assistance such as Lankien, (*Source: OCHA South Sudan, Humanitarian Dashboard, April 2017*): Across the Greater Akobo area (Nyirol, Uror and Akobo counties) at least 100,000 people were displaced due to the February/April clashes. *(Source: Oxfam South Sudan, Population Figures Greater Akobo, 19/09/2017):* as of mid-September 2017, 29,829 IDPs were included in food assistance caseload Nyirol (note, this only includes the following IDP locations: Lankien, Pading, Pultruk and Nyambor – actual IDP caseload may be higher). *(Source FSNMS R20 2017):* Reflective of high conflict levels in Nyirol in April and subsequent months, the proportion of assessed settlements reporting shelter damage due to fighting rose from 19% in March to 47% in April. Amongst FSNMS-assessed HHs, 43.10% cited insecurity/violence/theft as shock. (*REACH, Food Security and Livelihoods Profile, Nyirol County, May-July 2017*): In the 2017 planting season, late rains have resulted in planting delays. *(REACH County profile May-July 2017, R2)* In February and April 2017, conflict in neighboring Uror led to an influx of IDP into Nyirol. In April 2017, upsurge of this conflict in Nyirol led to displacement out of Nyirol as well as to remote locations within Nyirol. From May to July, assessed settlements reported that destruction of crops due to conflict (41%), and safety concerns (24%) were the primary reason for inadequate access to food and 17% declared abandonment and looting of agricultural tools. Ongoing inter communal conflict continued to be persistent as in previous years. *(DTM, August 2017, R2)* total of 8,076 individuals or 1,584 households displaced (total IDP 49,335, 29% of total population). Approximatively 120,000 individuals displaced due to conflict between armed grouos in April/May in the area. The IDPs are displaced across four areas including Pading in an area separate from the host community and three IDP sites, Chiljok, Wechleck and Wuruel *(Source: IDP Dsee Map of Settlements)*.These individuals intend to stay in their sites of displacement. • **Availability:** *(REACH County profile May-July 2017, R2)* 26% of assessed settlements are consuming seed stocks, likely reducing future crop yields. Insecurity has limited assessed settlements' ability to trade livestock and natural products for staple foods and NFIs at nearby markets. 7% of the population assessed reported wild foods as main food source. 100kg median expected harvest, expected to last 2 months. Livestock Production: 76% of assessed settlements reported owning or having access to cattle. • **Access:** *(REACH County profile May-July 2017, R2)* Settlements adequately accessing food 37% (May), 61% (July) *(Oxfam, GFD Data, July 2017, R2):* Lankien market is the only remaining within Nyirol with few commodities being on display on market and small shops. Regarding food expenditure, 43.1% of households spent <50% of their total expenditure on food, 13.8% spent 50-65%, 13.8% spent 65-75%, and 27.7% spent >75%. 1.5% of all households did not have any food expenditure. **TWG OUTLOOK ASSUMPTIONS October to December 2017** ▪ HA is mainly maintaining the population in phase 4 as majority of them depends on HA for food due to high displacement due to conflicts. ▪ Harvest likely to reduce as planting season was highly impacted by conflicts between armed groups and security remains tense hence farmers have little ability to access their lands and the fishing communities lost their tools. Due to recent conflict and related displacement yield assumed to be low and harvest is likely to be mainly concentrated on areas around Lankien, which has seen more stability than conflict-affected Southern Nyirol and Chuil (North). ▪ Only one functioning market in the area with little food stocks to meet the community requirements, major supply routes are affected by insecurity leaving the Akobo route as the only trade corridor between Lankien and Gambella border with south Sudan. **TWG OUTLOOK ASSUMPTIONS January to March 2018** ▪ Progressive stability, decrease in conflict ▪ Seasonal depletion of food stocks in early 2018

Assessment by the IPC QR Team - Nyrol				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[2]	Assessment of **Convergence of Evidence**[3]	**Reliability of Evidences Provided**[4]	Conclusion on **Confidence Level**[4]	Highlight of main issues for the TWG
The TWG has provided a clear set of evidence for each outcome element and has correctly documented the evidence used and the reliability score of each evidence. Data on contributing factors was available but not elaborative enough, notably missing of conclusion statements for each outcome & contributing factors. Comparison with previous analysis shows that there is a deterioration in both Nutrition and Mortality, however food security outcome trend analysis is missing in the data and narrative. Information provided on humanitarian assistance in unclear although it is mentioned that a high % of assessed population rely mainly on HA for food sources. The TWG should strengthen the analysis of the impact of HA, also in relation with the distribution points accessibility and the headcount at airdropping. Population estimation done by the TWG is not in line with the convergence approach. The indicators clearly show a large percentage of the population is likely to be in phase 4. The TWG should triangulate outcomes data with the analysis of the contributing factors.	FC: the body of evidence on food consumption converges over a high IPC Phase 4. HHS (6) indicates that between 10% of the population (FSNMS) and 4.4% of the population (Oxfam) could be in IPC Phase 5, corroborated by the levels of HDDS (1-2) indicating 4.31% of the population (Oxfam) could be in IPC Phase 5. The HDDS in the FSNMS provided a not reliable figure of 52,3% consuming 1-2 groups, while this percentage might actually refer to 1-3 food groups, indicative of IPC Phases 4 and 5 altogether. In conclusion, the food consumption evidence suggests that the percentage in IPC Phase 4 (Emergency) at the time of the survey could converge over 30% to 50%, while the percentage of Households in IPC Phase 5 (Catastrophe) could converge in a range from 5 to 10%. LC: FSNMS indicates that 49.2% were implementing emergency livelihood strategies at the moment of the survey, indicative of an IPC phase 4. NUT: Nutrition status evidence converge over IPC Phase 4 (Emergency), however trend analysis show deterioration of GAM from 15.9% to 24,1% from March to August. MORT: CDR and U5DR are not converging with the other outcome indicators pointing to Phase 1 or 2 respectively, however both have more than doubled since March 2017, without a clear interpretation of the causes of this evolution. Contributing factors indicate high levels of displacements in past 4 months. Food availability may slightly improve with the harvest, which should generate food stocks for 2 months (FSNMS). 82% of households have engaged in crops and should benefit from harvest, although limited by unfavorable rainfalls. Food access has improved since May, however, there is only one market functioning in the county with little supply and not all settlements are granted the same level of access in the South (around Waat) and in the North (Chuil). 76% of assessed settlements reported owning or having access to cattle. Only 3% of the population received Food Assistance in August equivalent to one third ration, while in September the coverage has scaled up to 33% population with full ration (or 66% with half ration) and in the first projected period it is estimated that Food Assistance will reach 63%of the population with one third ration. It is estimated that 21% of population has HA as main food source, but there is also a high percentage of beneficiaries of livelihood support (59%). *(REACH County profile May-July 2017, R2).* The available food security outcome and nutrition data points to IPC Phase 4 (Emergency). Overall the food security situation in Nyirol has deteriorated mainly due to insecurity which has caused population displacements (inflows from neighboring counties in February- March and internal displacements from April on). The conflict has affected the livelihoods and a significant number of HHs have engaged in asset depletion and other severe coping mechanisms such as foraging. The data available on FCS, LC and nutrition are consistent with this situation, showing an alarming situation and confirming the phase 4 classification made by the TWG for both current and projected analysis.	FC/LC: FC/LC: FSNMS evidence reliability are estimated to be rated R2 (survey representative at the area level with a sample of 84 HHs, carried out in the same season than the analysis). However the reliability of the HDDS evidence is R1 given cereals and tubers have been merged into one single food group. Nutrition: SMART Survey (SCI) is R3 given time relevance and space representativeness. Mortality: R3 because of time relevance, Sample and methodology (SMART) Contributing factors: REACH County profile May-July 2017: R2, DTM, August 2017: R2, Oxfam, GFD Data, July 2017: R2	Medium ** 5 pieces of direct reliable evidence are available for outcomes (FCS, LCS, HHS, GAM and mortality), indicating medium confidence levels. Other pieces of reliable evidence on contributing factors or outcome elements include: OXFAM GFD, REACH, DTM, and CLIMIS South Sudan.	Based on the available evidence the review team estimates that Famine (IPC Phase 5) is not occurring at area level as pictured at the time of data collection (August). However, considering three direct reliable evidence from two different sources converge over 5-10% of the households in IPC Phase 5 (Catastrophe) the ERC preparation team would suggest more plausible an estimation of 5 to 10 % population in IPC Phase 5 (Catastrophe). In the first projected period (October to December 2017) it is estimated that a combination of harvest, steadiness of conflict and planned humanitarian assistance will contribute to the stabilization of the situation. The second projection seems to have been done by the TWG considering a most likely scenario of presence of HA for the period January-March 2018. The actual data on Humanitarian Assistance could not been fully exploited to project in the second period: October is the last period of the Humanitarian Programming Cycle and Humanitarian Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. As consequence the most likely scenario assumed by the TWG has been a linear continuation of Humanitarian Assistance, however it is estimated that in a worst case scenario in which current level of Humanitarian assistance cannot be scaled up or maintained the situation in many areas might deteriorate and take along a risk of famine **In conclusion, the ERC preparation team estimates that this area does not need to be revised by the ERC.**

IPC Country TWG Findings LEER			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	Area Classification done by the Country TWG	Evidence Provided & Reliability ATTRIBUTED by the TWG[1]
LEER (population 130,319 – 67,945 IDPs)	*Current: September 2017, Projection 1: October – December 2017 and Projection 2: January to March 2018*	*Current: Phase 4 - With 60% in phase 3 and 25% in phase 4* *Projection 1: Phase 4 - With 55% in phase 3 and 20% in phase 4* *Projection 2: Phase 4 - With 60% in phase 3 and 20% in phase 4*	**FOOD CONSUMPTION:** *(FSNMS Round 20, R3)* • *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: FCS: 64.9% Poor; 20.8% Borderline; 14.3% Acceptable (Phase 4). HHS: 20.4% None/Slight; 60.6% Moderate; 19% Severe; 2.2% 6(Phase 4 and 2.2 % can be Phase 5). Meal Freq: 1.81 Adults; 1.83 children 5-12; 2.17 children 2-5 • *(Source FSNMS R20 2017 R3 – R1 according to ERC Prep team):* HDDS: 53.7% Low; 25.1% Medium; 21.2% High. *According to the ERC Prep team, HDDS is an indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers.* **LIVELIHOOD CHANGE:** • *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)* Livelihoods coping: 39.4% No Coping; 9.1% Stressed; 20.8% Crisis; 30.7% Emergency; Most recorded Not Applicable for Emergency strategies and Crisis productive asset sale 14.7% of HHs migrated in past 30 days, 16% engaged in degrading jobs, and 11% begged. • *(Source REACH, July R2)* 40% settlements cite insecurity, destruction of crops; 47% looting/abandonment/hiding of tools. Change in Herd Size Since December 2013: 88.6% Large Decrease; 8.6% Minor Decrease; 2.9% No Change; Few HH own cattle, with most thought to be located in Panyijiar. 85% HHs reported decreased income due to insecurity. **NUTRITIONAL STATUS:** • *(Source ACF, SMART, Apr 2017, R2)* GAM: 20.1 % (15.6 - 25.5 95% C.I.) SAM: 5.0 % (3.2 - 7.7 95% C.I.) (Phase 4) **MORTALITY:** No data. **FOOD ASSISTANCE** *(Source WFP Humanitarian Assistance Summary July to Dec R3):* July (actual) 889 BNF (0.7%)/? MT. August (planned) 85,400 BNF (65%)/1.327 MT (full ration). September (planned) 1,050 BNF (0.8%)/3.67 MT (one fifth ration). Oct-Dec (planned) 109,531 BNF (84%)/483 MT (quarter ration – or 42% with half ration). *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)* 71.4% receiving food assistance and 55.4% shared Food Ration; 53.3% Shared Less than Half; 37% Shared Half; 9.8% Shared More than Half; *(Source: WFP actuals R3)* GFD: 137% caseload in May to July with 53Kcal, but no distributions in July. People move to different locations because of aid. Also insecurity elsewhere may have driven people to Leer (if it has been calmer there in recent months) And finally population estimates are not very accurate due to fluidity of the situation – so I think it's ok to leave these. However, in this case it seems that they thought of distributing to 137% but in the end only reached 71% - and this is very typical, normally actual is short of planned. **CONTRIBUTING FACTORS** **Hazards:** *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: Ongoing armed conflict (85% reported), especially in NW, West and South with highest population density. *(Source IPC WG, R3)* 64% crisis months in Phase 4 I don't understand this – what crisis months etc.?; 18% Phase 5; previously classified/projected Famine Jan-April and avoidance of Famine May-July. *(Source REACH, R3)* Flooding 2016 rainy season. **Availability:** *(CFSAM 2017, R2)* In 2016, 358 MT cereals produced, a deficit of 9,669 MT (96% gap in annual cereal needs or 5 months in aggregate). *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)* Average Livestock Ownership is 2 sheep, 4 goats or 11% cattle, 9% sheep, 11% goats- 15% - HH own livestock and cattle owners thought to be keeping remaining herds outside of Leer; Livestock Body Condition: 37.1% Good; 40% Fair; 22.9% Poor; 57.1% Normal. 98% of the households planned to or have cultivated in 2017. Actual or expected cereal production would provide 2 moths average family consumption. **Access:** *(Source FSNMS R20 2017 R3 – R2 according to ERC Prep team)*: 37.1% have 1 lactating cow. Main Livelihood Activity: Food Assistance 41%; 23% agriculture; 17% gathering/hunting; 24% agriculture ; 38% had a very high food expenditure (>75%) and only 33% of HHs had low food expenditure (<50%). **Utilization:** **Stability:** Post-Harvest Stocks of 2 months expected. 99% of hh will consume own production; 98% planted crops this season with 82% getting seed from FAO/NGOs. Main challenges to agriculture include insecurity - 38% of hh and shortage of rain - 31% of hh. **TWG OUTLOOK ASSUMPTIONS:** Current: September 2017 • High levels of food assistance provided to the County population. • Households are purchasing food as FSNMS data on HH expenditure indicated no households with zero food expenditure • Insecurity is likely to continue to impact on access and livelihoods, probably explaining the high share of households not adopting livelihood coping and small proportion adopting gathering • Most households indicated they were not applying both consumption coping (rCSI) and emergency coping, an indication either that households have exhausted coping mechanisms or there is no need as food assistance is reaching those in need through distributions and high sharing, explain the poor food security indicators pointing to Phase 4 in FSNMS. • Given the high deficit from last year production, stocks will not be available and households could be dependent mostly on food assistance and limited green harvest. Projection 1: October to December 2017 • Whilst most households have intention to cultivate, the area cultivated per household is small and the access to cultivation could be further worsened by insecurity. In addition limited access to livestock and milk would mean that food availability from own production will be limited the harvest period. Food security is likely not to significantly improve. Projection 2: January to March 2018 Unless food assistance is sustained and meeting needs of those households depending on sharing, the food security situation could deteriorate given the limited livelihood options and the expected availability food from own production.

Assessment by the IPC QR Team - Leer				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[2]	Assessment of **Convergence of Evidence**[3]	Assessment **of Reliability of Evidence Provided**	Conclusion on **Confidence Level** reached based on evidence reliability [4]	Highlight of main issues for the ERC
The TWG has provided a clear set of evidence for each outcome element (except Mortality) and has correctly documented the evidence used and the reliability score of each piece of evidence. The available food security outcome and nutrition data points to IPC Phase 4 (Emergency) for current September 2017. TWG did not effectively use data on food assistance to determine whether the Current classification could be deemed Phase 4! And If not, the distribution of the population in the Phases does not indicate any population in Phase 5, yet in the justification some 5% is allocated into Phase 5. TWG provided description of the hazards such as insecurity and their impact on crop production and access to food e.g.20% will not access green harvest. Although the population breakdown and phase classification was done for the 2 projection periods, the role of the contributing factors impacting on the population distribution across phases seem not to have been considered as maintaining the same proportion of population in Phase 3 or 4 for the current and the two Projection periods is not clear. Data on access was weak as whilst the analysis on expenditure shows households access food in markets, the impact of markets on food security was not considered. Good justification on the Projection period 1 and 2 was provided with much detail, but the justification seem not to have been used for the decision on proportion of population in different phases.	FC: the body of evidence on food consumption converges over an IPC Phase 4. The HHS (6) indicates that about 2% of the population could be in IPC Phase 5 (Catastrophe), however this situation cannot be corroborated by other evidence considering that the HDDS survey was structured so that the two important food groups (cereal and tubers) were merged, therefore providing a not reliable figure of 74% consuming 1-2 groups, while this percentage might actually refer to 1-3 food groups, indicative of IPC Phase 4 and 5 altogether. The evidence suggests that the percentage in IPC Phase 4 (Emergency) at the time of the survey could converge over 25%, while population in Phase 3 (crisis) would be around 50%. LC: the only evidence available of livelihood coping strategies indicates that about 31% of the HH employ emergency coping strategies, indicative of an IPC Phase 4 and possibly population within this percentage in IPC Phase 5. (In South Sudan the category "Emergency" of the LC indicator includes those households that report having completely run out of possible coping strategies). NUT: The only evidence available shows an IPC Phase 4 with about 20% GAM in April 2017. Food assistance has been irregular since July, almost inexistent in July, planned for 65% of households with full rations in August, again inexistent in September and planned to be scaled up in Oct-Dec (84% of households with quarter ration). For the 1st Projection, as green harvest and harvest come in it and together with the planned scale up of humanitarian assistance, it is expected that the population in Phase 4 will decrease to 20%, whilst the Phase 5 also decreases. Population in Phases 3 and 2 increases. For the 2nd projection, given the expected low area cultivated and below average harvests, the situation will again deteriorate. This could also be worsened by shocks such as insecurity, decrease in wild foods and fish availability, potentially resulting in some proportion of the population in Phase 5 (5 to 10%), depending on amount of humanitarian assistance delivered.	FC/LC: FSNMS evidence reliability are estimated to be rated R2 (survey representative at the area level with a sample of 84 HHs, carried out in the same season than the analysis). However the reliability of the HDDS evidence is R0 given cereals and tubers have been merged into one single food group. Nut: (ACF, SMART, Apr 2017, R1) Mortality N/A Contributing factors: Food gap CFSAM Feb 2017, R2, Hazards Previous famine from IPC– IPC, Feb 2017, R3; Insecurity reported - FSNMS, R2, Ongoing conflict and projected insecurity, likely reduced harvests e.g. raiding (TWG expertise, R1), REACH R2. WFP Food Assistance (R3).	**Medium **** Given the reliability of the food security outcome indicators (FCS, HHS) and R2 for GAM with contributing factors such as insecurity, food assistance reliable (R3) allows confidence in classification of Phase 4. However, data from FSMS Round 20 show a small percentage of population that could be facing a threat of catastrophe though mortality data is unavailable, the convergence of high proportion of population showing high food insecurity **may point** to this proportion with little confidence.	The Quality Review team estimates that for the current situation the TWG area classification in Phase 4 is plausible, based on the available evidence on outcome elements, contributing factors and humanitarian assistance. The situation in August showed about 25% of the population in Phase 4 and 2% in Phase 5 that are expected to decrease in the current classification thanks to the benefit of the harvest. For the period October to December 2017, it is estimated that the situation will improve seasonally and thanks to the planned scale up of food assistance. However the ERC preparation team estimates that even without humanitarian assistance a potential risk of famine would not be plausible. For the second projection, with high proportion of population showing poor food consumption, high GAM, and moderate positive contributing factors the likelihood of a deterioration over time is high. However, the second projection seems to have been done by the TWG considering a most likely scenario of presence of HA for the period January-March 2018. The actual data on Humanitarian Assistance could not been fully exploited to project in the second period: October is the last period of the Humanitarian Programming Cycle and Humanitarian Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. As consequence the most likely scenario assumed by the TWG has been a linear continuation of Humanitarian Assistance, however it is estimated that in a worst case scenario in which current level of Humanitarian assistance cannot be scaled up or maintained the situation in many areas might deteriorate and take along a risk of famine **In conclusion, the ERC Preparation team does not estimate necessary an ERC revision of the analysis in this county.**

IPC Country TWG Findings YIROL WEST			
Analysis Units		**National TWG Conclusions and key evidence Used**	
	Period	Area Classification.	Evidence Provided & Reliability ATTRIBUTED by the TWG[1]
Yirol West county (Lake State). Population 167,354	*Current: September 2017. First projection: October-December 2017. Second projection: January-March 2018*	*Current Sept 2017: Phase 4 (20% in Phase 4 and 25% in Phase 3)* *Projected Oct-Dec 2017*: Phase 3 (20% in Phase 3) Projected Jan-Mar 2018: Phase 3 (25% in Phase 3)	**FOOD CONSUMPTION:** • *(Source FSNMS round 20, August 2017, (R3) - R2 according to ERC Prep team)*: FCS 67.90% poor, 15.50% borderline, 16.70% acceptable; HHS: 8.30% - 6: 60.70% - 4&5; 28.60% - 2&3, 0.00% - 1; rCSI mean 13.18, median 12 *(Source FSNMS round 20, August 2017, (R3) - R1 according to ERC Prep team)*: *low is 54.8%, medium 17.9%, high is 27.4%. According to the ERC Prep team, HDDS is indirect evidence as it has been calculated on 11 food groups instead of 12, merging cereals and tubers).* **LIVELIHOOD CHANGE:** • *(Source FSNMS round 20, August 2017, (R3)- R2 according to ERC Prep team)*: 30% emergency, 15% crisis, 26.2% stress, 28.8% not adopted any livelihood coping strategies. **NUTRITIONAL STATUS:** • *(Source SMART, May 2017, (R3) - R1 according to the ERC Prep team)*: *GAM 17.7%* (WHZ). **MORTALITY:** • *(Source SMART, May 2017, (R3) - R1 according to the ERC Prep team)*: CDR 0.48/10,000/day; U5CDR 0.8/10,000/day **FOOD ASSISTANCE** • *(Source WFP planned R2):* July (actual) 24,075 BNF (14%) / MT no available. Aug (planned) 29,351 BNF (17%) / 241 MT (half ration). Sept (planned) 32,976 BNF (20%) / 304 MT (slightly more than half ration). Oct (planned) 9,387 BNF (6%) / 49 MT (one-third ration). Nov (planned) 8,923 BNF (5%) / 44 MT (one-third ration). Dec (planned) 8,782 BNF (5%) / 46 MT (one-third ration). • *(Source FSMNS, August 2017, R2-according to the ERC Prep team):* 6% of HH confirmed had received some form of assistance in the past three months. *(Source: FEWSNET. Humanitarian Aid Distribution Report. July 2017 R2)*: From 50% population in need of HA, in average 5.300 people (10.5%) reached through HA for past 3 months (June, July, Aug) with 136MT of food, covering nearly 135% of total kcal needs of the assisted population). **CONTRIBUTING FACTORS** • **Hazards**: *(Source: SMoAF/FAO/WFP,R2):* Human and Livestock Diseases; Inflation/High Prices; Cattle raiding and road banditry (over 2,000 cattle were taken by Nuers and dozens of people killed). • **Availability:** *(Source: SMoAAF /CCMC/FSNM. R1&2):* Production: Ground nuts, cow peas, sesame and green vegetables harvested. Livestock: meat and milk products. Wild foods: wild vegetables. *Source: FSMNS, August 2017, (R3) R2 according to ERC Prep team)*: 41.7% of HHs do not have livestock and farm animals; 58.3% of HHs reported having livestock or farm animal. • **Access**: *(Source FSMNS, August 2017, (R3) - R2 according to ERC Prep team)*: Market: 2 main markets are functional; High cereal prices; TOT: mid-size male goat equal to 25 kg of maize flour. Expenditure share category: 47.6% low, 10.7 medium, 3.6% high and 38.1% very high. **TWG OUTLOOK ASSUMPTIONS (Current: Sep 2017):** • Insecurity and long dry spell have affected livelihoods; cattle thefts; overall massive displacement and looting of livelihood assets in area. • Lack of milk products due to movement of cattle out of locations to access pasture and water. • Majority of people relying on only two food groups, groundnuts and vegetables **TWG OUTLOOK ASSUMPTIONS (Oct-Dec 2017):** • The situation with food security may improve due to better access to milk, fish, waterlilies and harvests. • Expected below average production and high food prices will most likely limit households access to food. • Increased rate of diseases (including cholera) • Nutritional status of children under five and lactating mothers remains poor particularly among nearly 42% of households who do not have livestock. Overall, the situation will remain in IPC Phase 3 but the number of population in lower phases increases. **TWG OUTLOOK ASSUMPTIONS (Jan-Mar 2018):** • Milk production will decrease and harvested crops will be exhausted; engagement in wild foods collection will increase. • Access to fishing areas will be difficult due to insecurity in dry season. Devaluation of local currency will further deteriorate affecting access to basic. • Insecurity due to cattle rustling to Toch for grazing will increase likeliness of inter clan fights and lootings.

Assessment by the IPC QR Team – Yirol West				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[2]	Assessment of **Convergence of Evidence**[3]	**Reliability of Evidences Provided**	Conclusion on **Confidence Level**[4]	Highlight of main issues for the ERC
The TWG has provided a set of evidence for outcome elements and has correctly documented the evidence however the assigned reliability scores for seems overstated and should be revised. There is no reliable information and supporting evidence on IDPs which constitute nearly 25% of total population. If the situation in IDP areas is different, the TWG could consider making separate classification of displaced populations. The narrative conclusion for the area classification required better elaboration as the final classification has not fully been based on outcome element conditions neither in best way were supported by proper inference. Evidence provided on food security contributing factors seems also insufficient in terms of quantitative data to support and to corroborate the food security outcome data for current and help in improved projection analyses. Limited information is provided on humanitarian assistance and its impact, including on proportion of households which requirements have been met (with kcal) from the aid. In TWG final classification conclusion also the issue has not been stressed. Special focus should have been made by TWG on providing additional relevant evidence on availability of food from the recent green harvest in terms of qualitative and quantitative data which has been contributing to current situation with food security. Except a generic summarized information, limited evidence is provided/documented on other contributing factors (expectation for harvest yield based on available evidence, possible projection on prices and households physical access to markets) which could be utilized for forecasting the situation in projection. No trend analysis provided by the TWG. The classification conclusion for the 1st projection (Oct-Dec 2017) stipulates that "*Given these factors, wider food gaps are expected in the county and food security situation will most likely be at emergency level, and the county will most likely remain in Phase 3".* Taking into consideration that situation for "current" period was classified in "Emergency" (Phase 4), the statement confuses the justification.	**FC:** Provided evidence on food consumption converge over a high IPC Phase 4. The HHS (6) indicate that about 8% of the households could be in IPC Phase 5 (Catastrophe) and close to 61% of households in Phase 4 (HHS 4&5). FCS indicates that nearly 68% of population have poor food consumption and are in emergency situation (possibly percentage includes some population in IPC Phase 5). Considering the HDDS survey was structured in a way to merge the two food groups (cereal and tubers) the result of 55% with low HDDS requires further analyses and elaboration. LC: the only evidence available of livelihood coping strategies indicates that about 30% of the HH employ emergency coping strategies, indicative of IPC Phase 4. NUT: the evidence on nutrition is deriving from SMART Survey in May 2017, indicating 17.7% of GAM-WHZ which indicates Phase 4. However, taking into consideration the timeliness of the data it may not reflect the current situation. Nonetheless, available information on other outcome elements support the worrying situation with nutrition. Mortality: Provided evidence (CDR 0.48. U5CDR 0.8) reflects Phase 2 however the main identified causes include injury/trauma (23.5%) and illness (76.5%). Elaboration on association with scarcity of food or other non-food related factors is absent. Humanitarian assistance has supported moderately food security in July, august and September (14%, 17% and 20% of the population covered with about half ration – planned for Aug and Sept). The planned reduction of assistance for Oct-Dec (around 5% of the population) with approximately one third rations might affect HHs with few livelihoods and highly dependent on HA. NO information is available on HA for the January to March 2018 period. Expected seasonal cereal harvest and better opportunities for fishing will support in improvement of the situation during Oct-Dec projection periods. In Jan-March, malnutrition rate may increase as milk production will decrease. There is no expectation on improvement of security situation which will limit food availability in markets and physical and financial access to food for part of the HHs. The ERC Preparation Team estimates that the available evidence for current situation in overall converges well with a good degree of confidence over a high IPC Phase 4 (Emergency). However, the available evidence on food consumption indicates more severity in the situation and the number of population under emergency situation could have been higher in comparison with 20% estimated by the TWG. The high number of IDPs in the analysis area also could put additional pressure to the existing situation and this factor should have been analyzed while making inference from existing food security outcome elements for the current as well as projections, which has to also include possible IDPs movements.	FC/LC: FSNMS evidence reliability are estimated to be rated R2 (survey representative at the area level with a sample of 84 HHs, carried out in the same season than the analysis). However the reliability of the HDDS evidence is R1. NUT: The TWG has assigned R3 to SMART nutrition indicating GAM=17.7%. However, the survey was conducted in May 2017 and, thus, the evidence cannot be considered representative for the analyses. Proposed RS for the evidence - R1. Mortality: R3 by TWG – R1 by ERC PT due to timeliness and representativeness of the situation. Contributing factors: FSNMS: R2, SmoAF/WFP Food security updates: R1	** As 3 reliable direct pieces of evidence for FC/LC and more than 5 reliable pieces of evidence for contributing factors are available, medium confidence level is met for IPC Phase 4 (Emergency) .	The Quality Review team estimates that for the current situation the TWG overall area classification is plausible. However, available and utilized evidence on FC (R2) suggests that the percentage of population under IPC Phase 4 (Emergency) should have been higher than those estimated by the TWG. In addition, a possibility of a minor proportion (5-10%) of population in Phase 5 for "current" situation should be explored. It's worth noting that if TWG's decision is based on additional evidence which supports estimated number of people in emergency, but have not been documented and fully elaborated (like for example on-going green harvest contributing to consumption and availability and improvement in food access, etc.), then the evidence with elaboration should be provided to justify the populations proportions. With expected main harvest (followed by on-going green harvest) contributing well to the situation for the first projected period compared to current situation, the ERC preparation team estimates that seasonal improvement makes the area classification plausible. Nonetheless, additional evidence/ explanations is required from the TWG to justify a complete shift of population in "emergency" state in current analyses to lower phases (Phase 3 & 2) during projection periods, especially with the planned reduction of HA. The second projection seems to have been done by the TWG considering a most likely scenario of presence of HA for the period January-March 2018. The actual data on Humanitarian Assistance could not been fully exploited to project in the second period: October is the last period of the Humanitarian Programming Cycle and Humanitarian Assistance for 2018 will be planned as a consequence of the level of food insecurity estimated by the IPC. As consequence the most likely scenario assumed by the TWG has been a linear continuation of Humanitarian Assistance, however it is estimated that in a worst case scenario in which current level of Humanitarian assistance cannot be scaled up or maintained the situation in many areas might deteriorate and take along a risk of famine **In conclusion, the ERC preparation team estimates that this area does not need to be revised by the ERC.** Despite the proposal of the ERC preparation team on the county not requiring a Famine like classification and therefore not needing an ERC revision, the ERC preparation team would like to stress the importance of worrying situation depicted by the food consumption indicators likely triggering additional people in emergency situation.

Annex 2. INTRODUCTION & BACKGROUND ON THE ERC REVIEW PROCESS

I. Introduction

The Integrated Food Security Phase Classification (IPC) is a global, multi-partner innovative initiative to facilitate decision-making with improved food security analysis.

The IPC global initiative is governed and strategically managed by the IPC Global Steering Committee which currently consists of 12 major partner members (ACF, CARE, CILSS, EC-JRC, FAO, FEWS NET, the Global Food Security Cluster, IGAD, Oxfam, Save the Children, SICA and WFP). The IPC is defined by its partnership and the multi-partner nature of the governing and implementing structures at the global, regional and national levels, and by the linkages and cooperation between these three levels.19

The IPC provides a set of protocols (tools and procedures) to classify the severity of food insecurity and provide evidence and standards for actionable knowledge for decision support. The IPC provides a standardized internationally referenced scale to categorize the severity of acute food insecurity into five distinct phases, that range from minimal or no food insecurity to the most severe category of Famine or Catastrophe. IPC incorporates a meta-analysis approach drawing on evidence-based analysis that includes a broad range of data sets and stakeholders. The IPC has core four functions and each with corresponding protocols and processes. These are: (1) Building Technical Consensus; (2) Classifying Severity and Causes; (3) Communicating for Action; and (4) Quality Assurance. Each function includes protocols and standards to guide food security analysts. By systemizing these core functions, the IPC contributes to developing standards and building capacity of food security professionals20. The IPC is developed around field realities and enables this plethora of diversity to be brought tougher in a systematic manner for decision-makers.

The only **difference between IPC Products and IPC Compatible Analysis** is Function 1 (Consensus Building), which is not mandatory for IPC Compatible products.

The **IPC Global Emergency Review Committee (IPC ERC)** is an important global mechanism of the global, regional and national partnership and governance structures. The committee is formed on demand and its activation represents an additional validation step before IPC results are released. The committee is activated as needed to support quality assurance and technical consensus building. It is especially useful in situations of extreme food insecurity where there is the potential outcome of an IPC declaration of Famine (Phase 5); but can also be a useful mechanism in severe emergency situations where there is a break-down in the technical consensus process that is negatively impacting on the ability of decision makers to respond to a crisis.

The committee can be convened by request to the IPC Global Support Unit (IPC GSU)21. The IPC GSU forms and activates this committee in support to IPC Country teams to review their IPC results as soon as they are ready and before their release. The committee consists of a 4-6 member team of leading international technical food security and nutrition experts, who are perceived as neutral to the IPC outcome and who have the relevant technical knowledge and experience in the specific crisis context. The committee reviews and debates the IPC evidence and results and then provides guidance and recommendations to the IPC Country Technical Working Group (IPC Country TWG) on this review. The ownership of the IPC results and responsibility of the release of the results remains with the IPC Country TWG and the Country Team.

The **IPC Global Emergency Review Committee** is a very important validation mechanism for the IPC outputs. Its role in the Horn of Africa famine in 2011 and South Sudan potential Famine of 2014 was critical in providing confidence in the declaration of famine, in ensuring partners adhesion to the protocols, and enhancing the credibility of the process

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[19] The Global Partners currently members of the IPC Global Steering Committee are: Action Contre la Faim (ACF) CARE International, CILSS, the Joint Research Centre of the European Commission, FAO, FEWSNET, Global Food Security Cluster, Oxfam GB, Save the Children (UK&US), SICA/PRESANCA and WFP.

[20] See Section 1: Introduction, and Sections 4-7, IPC Technical Manual Version 2.0, pages 3-5 and 23-63, 2012.

[21] The Global Support Unit (GSU), headed by the IPC Global Programme Manager, is responsible for the implementation of the IPC Global Strategic Programme (2014-2016), and reports to the IPC Global Steering Committee. See IPC Governance and Partnership, in IPC Global Brief 2013, September 2013.

and outcomes.

II. Rationale & Purpose

The purpose of the IPC ERC is to support IPC quality assurance and help ensure technical rigor and neutrality of the analysis. The activation of the IPC ERC provides an additional validation step for the Country IPC Technical Working Groups (IPC TWG), before the release IPC results22. The activation of this committee is recommended, especially when there is:

- **The potential outcome of an IPC declaration of Famine (Phase 5),**
- **A break-down in the technical consensus process.**

With the purpose to:

- **Provide independent and neutral expert technical guidance to the Country IPC TWG on their IPC analysis results**
- **Serves as an additional and optional quality assurance step to help ensure technical rigor and neutrality of the analysis**
- **Supports technical consensus building process on the IPC analysis results, and**
- **Enhances the credibility of the IPC Country process and outcomes.**

The review by the IPC Emergency Review Committee together with the preparation work undertaken by the IPC GSU-led multi-partner team is a neutral and independent process aiming at supporting IPC quality assurance and helping to ensure technical rigor and neutrality of the analysis. The activation of the IPC ERC provides an additional validation step before the release of Country IPC results23. The ERC Reviews activation is a mandatory step triggered for IPC analyses (including IPC Compatible Product Analysis) when the evidence points to a possibility of Famine classification (IPC Phase 5 (Famine is being declared/or is likely to happen), IPC Phase 4! (Famine has been/will likely be avoided by Food Assistance) or Elevated Risk of Famine (Famine cannot be confirmed nor disproven due to limited available evidence)24.

Due to the severity of the food security situation emerging from the IPC analysis or from the evidence available, and concerns with a possible risk of famine, a process of Review by the ERC is set up according to the IPC Famine Guidance Note. The process is composed of two phases: Phase 1 - Preparation of the ERC review by the multi-partner team and Phase 2 - ERC Review.

The ERC review and consultations are to remain confidential and internal to the members of the IPC ERC, and are not to be publically released, by the IPC ERC nor the IPC GSU. The IPC ERC report will also remain confidential and IPC ERC members are not allowed to publicly release the findings, nor any information obtained through the review process. The ownership, final decision and the public release of the IPC analysis remains the responsibility of the country's IPC Technical Working Group (TWG). However, if the country's IPC TWG decides not to take into consideration the recommendations nor address problems flagged in the IPC ERC Review, the IPC GSU and Partners involved in the Review may be obliged to be transparent on their assessment with external stakeholders.

Phase 1 - The purpose of the **preparation of the IPC ERC Review by the IPC GSU-led multi-partner team** is to support IPC quality assurance and help ensure technical rigor and neutrality of the analysis. This exercise is done prior to ERC and provides technical inputs, structuring the information needed by the ERC to assess the validity of the analysis results in relation to Famine classification.

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[22] Section 4: Building Technical Consensus, IPC Technical Manual Version 2.0, page 23-24, 2012.

[23] Section 4: Building Technical Consensus, IPC Technical Manual Version 2.0, page 23-24, 2012.

[24] IPC Famine Guidance Note v. 1.1, Endorsed by the Steering Committee on 25 November 2016 with additional section on Use of Note and ERC Steps added on 11 January 2017.

Phase 2 - The **IPC ERC review** is an important global mechanism of the global, regional and national partnership and governance structures. The committee is formed as needed and on demand and its activation represents an additional validation step before IPC results are released to clear the IPC Phase 5 classification (i.e. IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) estimated to support quality assurance and technical consensus building. The committee is to be convened by the request of the IPC Global Support Unit (IPC GSU).

The preparation of the ERC Review will take place between January 31, 2017 and February 10th, 2017 and the ERC Review Results will be available by February 13th, 2017.

III. Composition of the Teams, Tools and Tasks

A. Composition

Phase 1 - Composition of the ERC Preparation Team.

The ERC Preparation Team is composed by Senior officers from the IPC GSU and IPC global partners who, to the extent possible, are not involved in the analysis process. Under the leadership of the IPC Global Programme Manager, the team will be composed as follows:

- ✓ 2 Food Security Officers from IPC Global Partners and 4 Food Security Officers from IPC GSU who are responsible for the review of analysis worksheets and completion of the Matrix for the Preparation of the ERC: Kaija Korpi-Salmela (GSU) – also in charge of technical oversight, Duaa Sayed (GSU), Tarwa Amze (GSU), Rashid Mohamed (GSU), Elliot Vhurumuku (WFP) and Peter Thomas (FEWS NET)
- ✓ One Food Security Officer from IPC GSU who will coordinate the tasks, provide technical oversight, link with the ERC, and ensure secretariat of ERC Review and report preparation: Barbara Frattaruolo (IPC GSU)
- ✓ A member of the IPC GSU Technical Development Team will provide advisory support to the process of ERC preparation (Leila Oliveira)

Phase 2 - Composition of the IPC Global Emergency Review Committee (IPC ERC)

The IPC Global Emergency Review Committee (IPC ERC) will be composed by four to six independent technical experts. Members are identified at the activation of IPC ERC and selected based on the following criteria:

- **Globally recognized as leading technical food security and nutrition experts**
- **Specific technical knowledge and experience in the country or region of crisis**
- **Neutral to the IPC outcome, who have not participated in the analysis under review, nor have produced any related analysis or reports**

The review process may include additional consultations with resource individuals to increase technical understanding and background context of the crisis. This can be organized by the IPC GSU and should ensure a diversity of stakeholder organization representation (National Government, Country Technical Experts, and Partner Agencies) and consist of at least 2 country level professionals who participated in the analysis. Resource people consulted are documented within the IPC ERC Composition Matrix tool.

IPC GSU serves as the chair, secretariat and coordination support to the IPC ERC.

Table 2: IPC Emergency Review Committee Composition Matrix

Chair Person: **José Lopez, OIC IPC Global Programme Manager** Analysis: **IPC Analysis South Sudan, September 2017**				
IPC ERC – Members, Independent & External, Leading Experts				
Name	Affiliation	Job Title	Sectors of Expertise	Professional Experience
Nick Haan	Singularity University	Vice President & Faculty Chair, Global Grand Challenges	Food Security and Livelihoods	20 +
Daniel Maxwell	Feinstein Int'l Center Tufts University	Professor and Acting Director	Food Security and Livelihoods	20+
Oleg Bilukha	Center for Global Health/CDC	Associate Director of Science Emergency Response and Recovery Branch	Health & Nutrition	20+
Peter Hailey	Centre for Humanitarian Change	Director	Health & Nutrition	20+

B. Tools

Phase 1 – Tools for the Technical Support in preparation of the ERC Review.

The preparation of the ERC Review of the IPC Acute analysis to be conducted in South Sudan in September 2017, will be conducted by applying the IPC ERC Matrix Tool, which can be found in Annex 1, the IPC Famine Guidance Note (see Annex 2) and IPC Guidance Note on Plausibility of Classification (see Annex 3)).

Phase 2 - Tools for the IPC Global Emergency Review Committee (IPC ERC)

The IPC Global Emergency Review Committee will use the ERC Matrix Tool, which will have been partly filled by the ERC Preparation Team as a basis for the required Review, but will nonetheless have access to all IPC Analysis packages including the analysis worksheets and row data available. The IPC ERC will be asked to summarize their feedback within the Matrix for the preparation of the ERC Review and a short report will be produced with support from the IPC GSU secretariat to summarize conclusions and recommendations.

C. Tasks

Phase 1 – Task of the ERC Preparation Team.

This exercise consists in a technical desk review of the IPC Acute analysis to be conducted in South Sudan from January 24th to January 30th 2017in preparation of the ERC with the purpose of assessing the plausibility, the confidence level and the final classification of areas at risk of Famine according to the IPC V.2.0 protocols and the IPC Famine Guidance Note. The tasks to be fulfilled by the ERC Preparation Team for the selected areas (Name of the areas) consist in the review the following:

- **Use of evidence**
- **Convergence of evidence**
- **Confidence Level of the analysis based on Evidence reliability**
- **Highlight of main issues for the ERC to review**

Phase 2 – Tasks of the IPC Global Emergency Review Committee (IPC ERC) – (extracted from the draft IPC Famine Guidance Note, which is currently being discussed among IPC Steering Committee members)

Any IPC analysis resulting in classification of one or more areas in Famine (i.e. IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) **should follow all parameters identified in this Guidance Note. However, the ERC may recommend that exceptions be made** to allow classification of Famine (i.e. IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) even when some parameters detailed in this note are not met. Country IPC TWGs are thus encouraged to carry out analysis and classification of Famine (IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) even when they are aware that not all parameters identified in this Guidance Note are being adhered to.

During their review, the ERC will use and document the two-step process described below:

- Step 1: The ERC will assess the validity of Famine classification **(IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine)** strictly following the IPC Famine Parameters identified in this IPC Guidance Note v.1.1. **The ERC review will include an assessment of the analysis's adherence to this guidance, including at least their assessment on: (i) use, critical evaluation, interpretation and documentation of evidence and analysis, (ii) phase classification, which is based on assessment of convergence of evidence; (iii) confidence level reached, which is based on the quantity and reliability of data used; and (iv) overall conclusion on Phase classification and population figures based on the parameters presented in this guidance note.**
- Step 2: If the ERC assesses that, based on the overall body and convergence of evidence, Famine classification **(IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine)** is justified, even though some of the criteria detailed in this Guidance Note are not met, then the ERC can make a recommendation for such classification. **This primarily applies for countries where there is insufficient data due to humanitarian access constraints (e.g. conflict-affected areas, isolated areas due to natural disasters etc.). In this case, the ERC review will, in addition to all aspects identified in Step 1 above, also include conclusions on the Phase classification and population figures based on ERC expert analysis, even if all parameters of this Guidance Note are not met. In this second step, the ERC will also make recommendations for communication.**

After reviewing the ERC conclusions and recommendations, the IPC Global Steering Committee will provide their recommendations on the application of the Second Step by the Country IPC TWG, which will be communicated by the IPC GSU to the country.

Annex. 3 IPC FAMINE GUIDANCE NOTE

IPC Integrated Food Security Classification
Evidence and Standards for Better Food Security Decisions

GLOBAL STRATEGIC PROGRAMME IPC 2014-2018

IPC Food Security Working Group & IPC Nutrition Working Groups

IPC Famine Guidance Note v1.1

Note including Key Parameters to be included in IPC Harmonized Technical Manual

Information in this note overrides any reference to Famine included in IPC Technical Manual v2.0 or accompanying notes when these are contradictory to the criteria included in this note

(Endorsed by the Steering Committee on 25 November 2016 with additional section on Use of Note and ERC Steps added on 17 January 2017)

*The EC in the global partnership is represented by the Joint Research Centre of the European Commission

BACKGROUND & OBJECTIVE

From the IPC perspective, Famine is a **classification based on evidence that has been collected and analyzed according to minimum standards and technical consensus**. This note addresses:

1. **The definition of Famine**;
2. Use of evidence on **death rates** when deaths are also caused by trauma;
3. **Minimum evidence and parameters needed** to declare and project a Famine, to classify areas as Phase 4! and to highlight an Elevated Risk of Famine that cannot be confirmed nor disproven;
4. **Communication of Famine**, including:
   4.1. Declaration of Famine;
   4.2. Projection of Famine;
   4.3. Elevated Risk of Famine that cannot be confirmed nor disproven due to limited evidence; and
   4.4. Likelihood of Famine in a projected worse-case scenario.
5. **Use of the IPC Famine Guidance Note by the IPC Emergency Review Committee and IPC Technical Working Groups**

I. DEFINITION OF FAMINE

For IPC, Famine exists in areas where, even with the benefit of any delivered humanitarian assistance, at least one in five households has an extreme lack of food and other basic needs. Extreme hunger and destitution is evident. Significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease is occurring[25].

As such, according to the IPC definition, areas are declared to be in Famine only when substantial deaths have

[25] *IPC acknowledges that other definitions of Famine have been discussed elsewhere with sometimes different views on what defines a Famine. For example, Devereux (Famine in the Twentieth Century - IDS Working Paper 105) has highlighted that mass starvation and deaths is only one possible outcome of the famine process and that other outcomes include fertility decline, economic destitution, community breakdown, distress migration and exposure to new disease vectors. Devereux also highlighted that deaths during famine are more related to epidemic diseases than starvation and thus Famines that are declared depending on deaths will more often than not highlight mainly situations where epidemic diseases are playing a significant role. As such, in accordance with other authors, Famines could be declared even without widespread deaths, thus allowing situations where extreme food gaps, displacement, and total collapse of livelihoods and high acute malnutrition be classified as Famine. Although IPC acknowledges these views, the view endorsed by IPC where deaths are already occurring has been done to significantly differentiate Phase 4 and Phase 5 and call to the catastrophic situation of Famines, ensuring that classification of Phase 5 Famine carries on being a rare and extreme situation.*

occurred due to lack of food consumption on its own or by its interaction with disease. Although further deaths can and should be prevented by urgent action, these actions will be, de-facto, a late response as many would have died by this point. By classifying Famine as situations where mass deaths have already taken place due to starvation, the IPC Famine area classification is only applied to a situation that is the outcome of a sequential and causal series of events between severe food deficits, acute malnutrition and the final expression of deaths.

Although **IPC Phase 5 Famine reflects a failed situation** where widespread deaths and malnutrition have been observed, it should be noted that **IPC Phase 4 Emergency is an extremely severe situation** where urgent assistance is needed in order to save lives and livelihoods. Furthermore, IPC allows households to be classified in Phase 5 Catastrophe even if areas are not classified as Phase 5 Famine.

Furthermore, **IPC allows classification of households into Phase 5 Catastrophe is** done independently of prevalence of acute malnutrition and death rates and is solely based on analysis of food consumption, livelihood change, and contributing factors to food insecurity. In IPC Phase 5 Catastrophe households are expected to have extreme lack of food and/or other basic needs even with full employment of coping strategies where starvation and destitution are evident. Households may be in Phase 5 Catastrophe but the area may not be classified as Phase 5 Famine if widespread deaths and acute malnutrition have not yet been expressed at the area level, either because the population facing Catastrophe is smaller than 20% of population, because of a relatively limited geographical coverage of the dire situation, or because of the natural time delay expected between food deprivation, and collapse of livelihoods and the consequential increase in acute malnutrition levels and death rates. By highlighting the existence of households in IPC Catastrophe, the IPC intends to guide the Humanitarian community in preventing widespread Famine by identifying the need for prompt action.

II. USE OF EVIDENCE ON DEATH RATES WHEN DEATHS ARE ALSO CAUSED BY TRAUMA

For IPC Famine Classification, Crude Death Rate (CDR) needs to be directly attributable to outright starvation or to the interaction of food consumption deficits and disease. The following guidance is provided on the use of death rates in the classification of Famines:

- **Deaths due to trauma should not be included** in the calculation of either Crude Death Rates (CDR) (and also Under 5 Death Rates - U5DR when this evidence will be used to support classification of Famine). All other causes of deaths should be included in the calculation of CDR and U5DR.
- **A mathematical subtraction of deaths caused by trauma from total deaths** should be done whenever information on number of deaths caused by trauma is available.
- **If information on number of deaths caused by trauma is not available, analysist should carefully review the mortality data to determine to what extent the CDR and U5DR are likely to have been impacted by traumatic causes.** One helpful analysis may be a comparison between the ratio of U5DR and CDR to see whether or not the deaths among children under 5 are disproportionately higher which can indicate that the potential causes are non-trauma related. This analysis is based on the widely agreed assumption that, in normal circumstances U5DR is expected to be roughly twice that of CDR. When comparing U5DR and CDR based on general assumption under normal circumstances, analysts should exert caution as the actual ratio may depend on the severity and the stage of the famine as well as the disease epidemiology, social factors and micronutrient deficiencies. Furthermore, contributing factors, such as extent of conflict and natural disasters should also be taken into account when assessing impact of traumatic deaths in total CDR and U5DR.
- **It is essential that the in-country IPC Technical Working Group (TWG) have real-time advise from experts professionally trained in the analysis of mortality data during any IPC activity that assess the likelihood of Famine** so as to ensure methodological rigor on analysis and interpretation of CDR and U5DR. Although best practice would be to include mortality experts in the country TWG, whenever this is not possible, the country team should seek external support from mortality experts through the IPC Global Support Unit and/or IPC Global partnership.

III. Minimum Evidence and Parameters Needed to Declare, Project a Famine and Classify Areas as Phase 4!

For declaration of Famine, at least three pieces of direct[26] and reliable[27] evidence is needed, one evidence for each for acute malnutrition, mortality, and for food consumption or livelihood change, with all of those being above Famine threshold levels. However, if reliable direct evidence is only available for mortality and acute malnutrition but not for food consumption or livelihood change (FC&LC) outcomes, a declaration of Famine can still be done provided that analysts document the analytical process of inference from at least 4 pieces of somewhat reliable[28] evidence on Food Consumption & Livelihood Change either from direct or indirect[29] evidence on contributing factors, such as food availability, access and utilization or outcomes for FC&LC indicating that at least 20% of households are in IPC Household Phase 5 Catastrophe[30] . In these cases, especially, it is crucial to ensure that the analyst team includes experts with excellent understanding of the local food security context, and highly capable experts in analysis of food consumption and livelihood change.

For a projection of Famine, at least three piece of direct and reliable evidence is needed, one each for acute malnutrition, mortality, and food consumption or livelihood change for the current period, though they may not be above Famine threshold levels. However, if reliable direct evidence is only available for mortality and acute malnutrition but not for food consumption or livelihood change (FC&LC) outcomes, a projection of Famine can still be done provided that analysts document the analytical process of inference from at least 4 pieces of somewhat reliable evidence on FC&LC either from direct or indirect evidence on contributing factors, such as food availability and access, or outcomes. Famine can be projected even if the current evidence is below the Famine thresholds for any or all of the outcomes as long as it is justified that the current levels will exceed Famine thresholds during the projection period in the most likely scenario. To inform projection of Famine analysists need, it is crucial to ensure that indicators that provide warning signals, such as those that show extreme gaps in food consumption, livelihood collapse, child malnutrition and deaths among children are well analysed to support an assessment of the likely levels of GAM, CDR and FC& LC in the future period, thus ensuring that a potential Famine projection is not missed

For classification of Phase 4![31], at least three pieces of direct and reliable evidence is needed, one evidence each for acute malnutrition, mortality, and food consumption or livelihood change, though they may not be above Famine threshold levels. Evidence and analysis on the likely impact of humanitarian assistance is also required, as per guidelines to be described in the forthcoming guidance on Assessing Likely Impact of Humanitarian Assistance in IPC to be developed by the IPC FSWG and NWG in early 2017. Classification of IPC Phase 4! can be done for current or projected periods[32]. As with other classifications, if reliable direct evidence is available for mortality and acute malnutrition but not for food consumption or livelihood change (FC&LC) outcomes, a classification of Phase 4! can still be done provided that analysts document the analytical process of inference from at least 4 pieces of somewhat reliable evidence on FC&LC either from direct or indirect evidence on contributing factors or outcomes for FC&LC. To classify an area where Famine has been or will likely be avoided by Humanitarian Assistance (IPC Phase 4!), the indicators do not need to be above Famine Levels for current classification but should be close to these thresholds and analysis needs to also document how humanitarian assistance has either avoided or will avoid those indicators passing the Famine thresholds.

An elevated risk of Famine can be highlighted if minimum parameters for evidence needed are not met for

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[26] *Direct evidence means evidence informing the indicators in the reference table. For Famine classification, specific direct evidence as detailed in table 1 are necessary.*

[27] *Reliable evidence means evidence "from a reliable source, using scientific methods and data reflecting the current or projected period". Table 1 in Annex 1 details minimum parameters for evidence to be assessed as reliable for Famine Classification.*

[28] *Somewhat reliable evidence means evidence "Reasonable but questionable source, method or time relevance of data"*

[29] *Indirect evidence refers to evidence that inform any outcome or contributing factors but that are not included in the IPC Acute Food Insecurity Reference Table. A list of potential indirect evidence is included in the IPC Technical Manual v2.0 pages 34 to 36.*

[30] *For IPC Acute Food Insecurity Classification, Phase 5 Famine is used for area classification. However, households can be classified in Phase 5 Catastrophe based on analysis of food consumption and livelihood change even if the area is not classified in Famine.*

[31] *IPC Acute Food Insecurity Phase 4! refers to areas that would be classified in Famine in the absence of delivered or planned Humanitarian.*

[32] *Reference to assessing impact of Humanitarian Assistance (HA) will be updated once the work from the IPC FSWG and NWG on HA is completed as the key elements agreed should be included in the present guidance document for better clarity on when 'IPC Phase 4!' is applicable.*

classification of Famine but either two pieces of direct reliable evidence from at least two out of the following three outcomes are available: (i) Food Consumption & Livelihood Change, (ii) Acute Malnutrition and (iii) Mortality. If this is not available, an area can still be classified in elevated risk of Famine if there are at least two pieces of direct somewhat reliable evidence informing two of the three outcomes coming from at least two different recent[33] field assessments showing consistent findings. Available evidence should indicate that outcomes are above Famine thresholds for current classification or close to those thresholds for projected classifications as per the details outlined in table 1. The communication of Elevated Risk of Famine should be done as per the communication protocols outlined in section IV below

Sub-groups or sub-areas that total more than 10,000 people can be classified in Famine (IPC Phase 5 or IPC Phase 4!) or at an elevated risk of Famine for current or projected if the minimum parameters specified in Table 1 are met for the specific sub-groups or sub-areas. Examples of sub-groups or sub-areas include Internally Displaced Populations (IDP), IDP Camps, affected areas and so on. The classification of sub-groups or sub-areas may be especially important if populations have been identified in IPC Phase 5 Catastrophe.

The Real Time Quality Review (RTQR)[34] and the **Emergency Review Committee (ERC)**[35] will be called when the IPC country TWG foresees classifications of Famine based on preliminary or initial analysis. While the ERC will be called to review classifications of Famine, either as Phase 5 or Phase 4!, the RTQR will be called in all instances where Famine is mentioned either through classification of IPC Phase 5 or IPC Phase 4!. When areas or sub-groups are classified as having '*Elevated Risk of Famine*', ERC is optional depending on recommendation from the RTQR.

IPC Analyses that do not meet minimum parameters specified in Table 1 cannot be used to declare or project a Famine at area level.[36] Nevertheless, populations of households can still be classified as IPC Household Phase 5 Catastrophe following existing guidance on IPC Confidence Levels[37].

Table 1 summarizes minimum evidence required, thresholds and quality assurance processes for IPC Famine Classifications in Current or Projected periods while **Table 2** summarizes the minimum parameters for evidence to be classified as reliable for classification of Famine.

[33] *Until specific guidance is provided on assessment of evidence reliability to be developed by the FSWG and NWG for early 2017, recent evidence will refer to evidence collected in the previous 3-6 months.*

[34] *The IPC Real Time Quality Review (RTQR) is a process where IPC partners represented by experts that have not been directly involved in the analysis are tasked to review the IPC analysis and conclude on adherence to IPC protocols and plausibility of the findings before the IPC analysis is validated and made publicly available. IPC RTQR are conducted under the coordination of a Global Neutral IPC Body and occur between preliminary finalization of IPC analysis and validation of findings, thus giving an opportunity for countries to revise analysis based on feedbacks.*

[35] *The ERC is activated in support to IPC country TWG to review their preliminary IPC results as soon as they are finalized but before their release. The committee consists of a 4-6 member team of leading international technical food security and nutrition experts, who are perceived as neutral to the IPC outcome and who have the relevant technical knowledge and experience in the specific crisis context. The committee reviews and debates the IPC evidence and results and then provides guidance and recommendations to the IPC Country TWG on this review. The ownership of the IPC results and responsibility of the release of the results remains with the IPC Country TWG. Refer to ERC ToRs in http://www.ipcinfo.org/quality-compliance/ipc-quality-review/en/ for further details on the process to be followed.*

[36] *Although this guidance note should be used as the definitive protocols for IPC Famine Classifications, until this guidance has undergone a lessons learning process based on its use during 2016 and early 2017, the ERC may recommend exceptions to some parameters in circumstances where substantial evidence and analysis supports Famine or Phase 4! Classifications, but one of the minimum parameters is not met. In these cases, the ERC review may provide concurrence for classification of Famine or IPC Phase 4! Even when minimal parameters are not met while simultaneously asking for exceptions to the IPC Steering Committee on the minimum parameters laid out in the guidance note.*

[37] *Based on current guidance, it is necessary to have at least one piece of evidence (direct or indirect) for any of the food security outcomes plus at least 4 pieces of reliable evidence from different contributing factors or outcomes elements for classification of current conditions. For projections, it is necessary to have at least 4 pieces of reliable evidence from different contributing factors or outcome elements (refer to IPC Technical Manual, Table 5, page 46)*

Table 1: Minimum Evidence Required Thresholds and Quality Assurance Processes for IPC Famine Classifications in Current or Projected Periods

Area Classification (Meaning for current /projected periods)		**IPC Phase 5** (Famine is being declared/or is likely to happen)	**IPC Phase 4!** (Famine has been/will likely be avoided by Humanitarian Assistance)	**Elevated Risk of Famine** (Famine cannot be confirmed nor disproven due to limited available Evidence)
Minimum Evidence Needed to classify at current or projected periods		1) At least one piece of direct reliable evidence on Mortality [A] + 2) At least one piece of direct reliable evidence on the prevalence of Global Acute Malnutrition [B] + 3) At least one piece of direct reliable evidence on Food Consumption or Livelihood Change[C] OR Documented inference analysis based on at least 4 pieces of somewhat reliable evidence (direct or indirect) on food security contributing factors or outcomes[D]	1) At least one piece of direct reliable evidence on Mortality [A] + 2) At least one piece of direct reliable evidence on the prevalence of Global Acute Malnutrition [B] + 3) At least one piece of direct reliable evidence on Food Consumption or Livelihood Change[C] OR Documented inference analysis based on at least 4 pieces of somewhat reliable evidence (direct or indirect) on contributing factors or outcomes[D] + 4) Documented analysis of how humanitarian assistance has avoided/will avoid indicators passing the Famine thresholds	1. At least two pieces of direct reliable evidence from two of the three outcomes[F] OR 2. At least two pieces of direct somewhat reliable evidence informing two of the three outcomes[F] coming from at least two recent field assessments showing consistent findings
Minimum Evidence Thresholds	**Current**	At or above Phase 5 thresholds		
	Projected	Close to, at, or above Phase 5 threshold + Documented analysis justifying that in the most likely scenario these indicators are likely to be above Phase 5 thresholds levels during the projection period[E]		
External Review Requirements	**ERC**	Mandatory	Mandatory	Optional
	RTQR	Mandatory (as preparatory review for the ERC)	Mandatory (as preparatory review for the ERC)	Mandatory

[A] **Mortality rates** should be calculated for non-trauma deaths for CDR. Famine thresholds for CDR are more than 2 deaths per 10,000 people per day. The recall period for CDR should optimally be for a maximum of 90 days during the recent past, however, in the event that recall periods are longer, evidence can be still used but analysts should assess trends in deaths and provide explanation on how death rates reflect recent conditions. Deaths rates should reflect deaths in area being classified. While the IPC NWG is working on alternative cut-offs for CDR for cases when CDR is just below the Famine threshold of 2 deaths per 10,000 people per day but U5DR is above the Famine thresholds of 4 deaths per 10,000 people per day this study will only be finalized by early 2017 and, until then, if CDR is below Famine thresholds but U5DR is above Famine thresholds, decision will be taken in consultation with the ERC on the use of CDR to support declaration of Famine.

[B] **The prevalence of Global Acute Malnutrition** (GAM) should be calculated using by weight for height z-score and/or oedema data. Famine thresholds for GAM by W/Z and/or oedema is 30%. The prevalence of GAM calculated using MUAC and/or oedema measurements can only be used if approved by the IPC Quality Review Team as well as the ERC. This is also true for analyses which rely on data from mass screenings, rather than representative surveys.

[C] **Direct evidence on Food Consumption and Livelihood Changes** (FC&LC) should ideally be available for indicators that have thresholds assigned for IPC Phase 5 in the IPC Acute Food Insecurity Household Reference Table, such as the Household Hunger Score and Household Dietary Diversity Score (refer to page 33 of IPC Manual v2.0). Indicators that do not have thresholds for Phase 5, can still be used as direct evidence after discussions with IPC Quality Review Team and ERC.

[D] **Documented inference on FC&LC** can replace direct reliable evidence on food consumption and livelihood outcomes if analysts use at least 4 pieces of somewhat reliable direct or indirect evidence on contributing factors or outcomes through an analytical process of inference of food consumption and livelihood change.

[E] **For projections** evidence on GAM, CDR and FC&LC needs to be relatively close to the thresholds for Famine. Nevertheless, given the usual consequential relationship between food consumption gaps and/or loss/adaptation of livelihoods with acute malnutrition and later to non-trauma deaths, it is likely that at least indicators on food consumption, livelihood change, and in some instances also acute malnutrition, be already above the Famine threshold at current levels before a Famine can be projected in the most likely scenario. In these cases, analysis of contributing factors needs to show how it is expected that the situation will deteriorate from current time to projected period highlighting the impact that these changes are likely to have on GAM, CDR and FC&LC.

[F] Three ouctomes refer to: (i) Food Consumption & Livelihood Change; (ii) Global Acute Malnutrition; (iii) Mortality

Table 2: Minimum Parameters for Evidence to be classified as Reliable for Classification of Famine

Outcome 1: Food Consumption and Livelihood Change[1]	Outcome 2: Acute malnutrition[2]	Outcome 3: Mortality[3]
- Evidence from representative survey from the current season - Evidence from a representative survey from the same season inferred to lower administrative areas for which the survey design is not valid, respecting minimal statistical parameters - Formal qualitative methods for HEA	- A Representative Survey from the current season following minimal parameters - Screening data from current season following minimal parameters - Sentinel Site Data following minimal parameters	- A representative Survey from the current season - Evidence from a non-representative survey or from sentinel sites or screening as per evaluation of the ERC

1) For food security indicators, surveys from a different season cannot be assigned a Reliability Score of 2 for Famine classification. The IPC Technical Manual v2.0 summarizes guidance on assessment of reliability for FC&LC indicators in page 45. Minimum parameters for evidence to be used when the sample is only representative at a larger administrative level but IPC analyses are needed at a lower level is only available for IPC Chronic Analysis. Analysts should refer to Annex 8 of IPC Chronic Addendum for guidance on these minimal parameters until specific guidance is developed for IPC Acute Food Insecurity Classification, expected in early 2017.

2) For Acute Malnutrition Indicators, the IPC Acute Malnutrition Addendum identifies the parameters for assessment of evidence reliability from surveys, sentinel sites and screening (IPC Acute Malnutrition Addendum, page 15). The guidance included in the IPC Acute Malnutrition Addendum should be applied for GAM for W/H and/or oedema for Famine Classification. The assessment of reliability of evidence from MUAC will be done by the ERC for Famine classifications until specific guidance is developed by the IPC Working Groups (expected early 2017).

3) For Mortality Indicators, the IPC NWG is working on specific guidelines for minimum reliability for mortality data due to be finalized by early 2017. Until then, CDR evidence will be classified as reliable if the survey was designed to be statistically valid at the level of unit of analysis. If CDR comes from other methods or non-statistically valid surveys the reliability of this evidence will be assessed by the ERC.

IV. KEY PARAMETERS FOR COMMUNICATION OF FAMINE

Phase 5 Famine should highlight either a Famine is declared or projected to happen in most likely scenario for areas, sub-areas or sub-groups that add to more than 10,000 people. When IPC Phase 5 is declared, areas can be colored using the color for Phase 5 in the Map and narrative text should clearly highlight the occurrence of Famine. . In **projection of IPC Phase 5** a map representing Famine should only be done when it is the results under the most likely scenario.

In cases analysts do a second projection focusing on a less likely and worst case scenario, analysts should not produce a second map, instead they should highlight this fact in the title or headline of the communication brief. The assumptions and risks should also be included in the highlights. For example, the headlines could be "*Famine has not been yet projected but can occur in the next 3 months in case of increased conflict, limited humanitarian access and budget needs coverage and increased displacement*". No additional mapping protocol should be included in these cases.

For classifications of Elevated Risk of Famine, the following communication procedures should be adhered:

- **A mapping color scheme mixing Phases 4 and 5** is to be applied to the area as shown here:
- **A legend** should be added to the map that specifies: "At least Phase 4 confirmed - Phase 5 cannot be confirmed nor disproven with available evidence". 
- **Text should clearly highlight** that at least Phase 4 Emergency is happening and there might be a Famine occurring or likely to occur but the limited available evidence does not allow it to be confirmed nor disproven.

The existence of households in IPC Phase 5 Catastrophe especially when areas have not been classified as IPC Phase 5 Famine, should be highlighted as immediate response is crucial. By highlighting the existence of households in Catastrophe, the Humanitarian community may be able to prevent an increased risk of Famine

of happening if prompt action is delivered. Communication should highlight that these households have extreme lack of food and/or other basic needs even with full employment of coping strategies. Furthermore, areas classified in IPC Phase 4 Emergency should be highlighted as areas with critical need for humanitarian actions to save lives and livelihoods.

V. USE OF THE IPC FAMINE GUIDANCE NOTE BY IPC ERC AND IPC TECHNICAL WORKING GROUPS

The parameters presented in this note represent a consensus among members of the IPC Global Steering Committee and should be used to guide analysis, communication and quality review of IPC Acute Food Insecurity Classifications that identify either Famine (IPC Phase 5), Famine likely avoided by Humanitarian Assistance (IPC Phase 4!) or Elevated Risk of Famine. This note should be used until parameters are included in the forthcoming IPC Technical Manual v3.0, which is expected to be finalised by the end of 2017. This note may be updated in the course of 2017 as needed based on field application and latest technical developments.

Any IPC analysis resulting in classification of one or more areas in Famine (i.e. IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) **should follow all parameters identified in this Guidance Note. However, the ERC may recommend that exceptions are made** to allow classification of Famine (i.e. IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) even when some parameters detailed in this note are not met. Country IPC TWGs are thus encouraged to carry out analysis and classification of Famine (IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) even when they are aware that not all parameters identified in this Guidance Note are being adhered to.

During their review, the ERC will use and document a two-step process as described below:

- **Step 1: The ERC will assess the validity of Famine classification** (IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) **strictly following the IPC Famine Parameters identified in this IPC Guidance Note v.1.1.** The ERC review will include an assessment of the analysis's adherence to this guidance, including at least their assessment on: (i) use, critical evaluation, interpretation and documentation of evidence and analysis, (ii) phase classification, which is based on assessment of convergence of evidence; (iii) confidence level reached, which is based on the quantity and reliability of data used; and (iv) overall conclusion on Phase classification and population figures based on the parameters presented in this guidance note.
- **Step 2: If the ERC assesses that, based on the overall body and convergence of evidence, Famine classification** (IPC Phase 5 Famine, IPC Phase 4! or Elevated Risk of Famine) **is justified, even though some of the criteria detailed in this Guidance Note are not met, then the ERC can make a recommendation for such classification.** This primarily applies for countries where there is insufficient data due to humanitarian access constraints (e.g. conflict affected areas, isolated areas due to natural disasters etc.). In this case, the ERC review will, in addition to all aspects identified in Step 1 above, also include conclusions on the Phase classification and population figures based on ERC expert analysis, even if all parameters of this Guidance Note are not met. In this second step, the ERC will also make recommendations for communication.

The ERC conclusions and recommendations will be communicated by the IPC GSU to the country. The IPC Global Steering Committee will be made aware of the recommendations of the ERC.

[i] **Source UNICEF/WFP /RRM Nutrition Dataset**, Kandak, January 2017: GAM by MUAC 24.9% and SAM by MUAC 4.2% (n=1,200, over total population headcount of 18.688, **This evidence has been considered as reliable but no longer recent (R1 AFI scale).** Kodalak, January 2017: GAM by MUAC 20.2% and SAM by MUAC 5.1% (n=1,067 , over total population headcount of 7.997, **This evidence has been considered as reliable but no longer recent (R1 AFI scale)**; Normanyang, April 2017: GAM by MUAC 34.2% and SAM by MUAC 8.17% (n=1,713 , over total population headcount of 10.712**. This evidence has been considered as reliable (R2 AFI scale)**; **Source Flash Report on Health and Nutrition Situation of Karmoun County, NRC RRM Report, April 2017)** Karmoun, April 2017, GAM by MUAC 48.1% and SAM 10.2 (n=5,153, over total population headcount of 29.850. **This evidence has been considered as reliable (R2 AFI scale).**

The level of maternal undernutrition which is 65.1% in Karmoun: pregnant and/or lactating mothers (n=3,124) MUAC 516 were found as severely malnourished (i.e. 16,52% MUAC<210.0 mm) while 1,518 of the mothers were classified as moderately malnourished (i.e. 48,60% MUAC>=210.0 – 230.0mm).