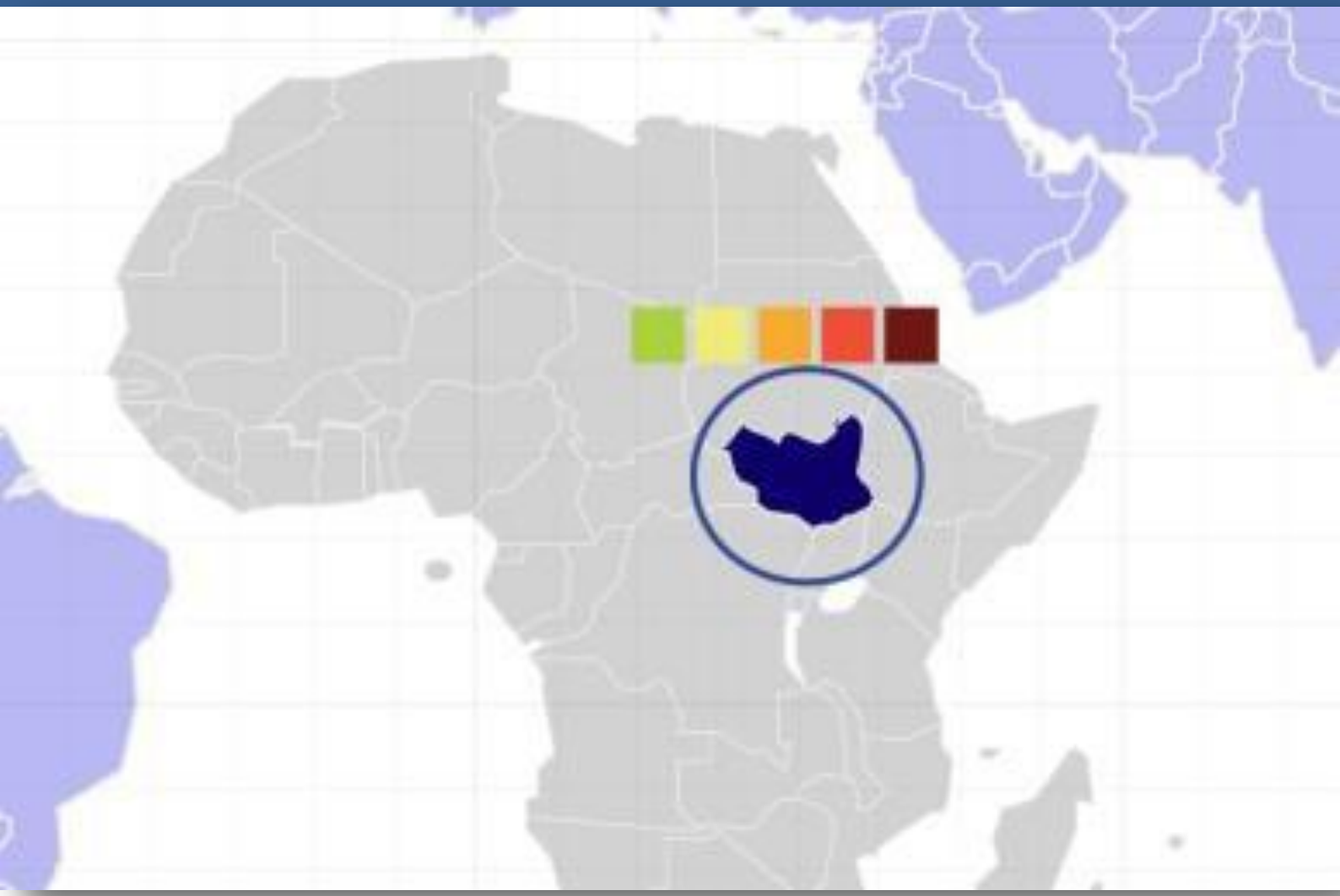
IPC Integrated Food Security Phase Classification

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

13 February 2017



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

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We acknowledge the dedication and professionalism of the teams in South Sudan who dedicated time and showed personal commitment to make this analysis happen while trying to respond to a highly complex and ever changing emergency. All involved have made special efforts to build a coherent picture of a complex situation and all have made compromises in the name of collaboration. The result of this work will be key to the lives of the people of South Sudan in their hour of need.

The ERC appreciates the opportunity to review and comment on South Sudan IPC TWG analysis and compliments IPC TWG for the significant commitment and participation in the IPC process, what can be noted by the high quality of analysis, especially in the context of the challenging circumstances in South Sudan. The ERC also appreciated the South Sudan IPC TWG's efforts to respond to the ERC's requests for clarification and provide additional evidence during the course of this review.

The Government of South Sudan, Donors, and Humanitarian Agencies need to be aware that the situation in some parts of South Sudan is critical and can further deteriorate dramatically and rapidly due to the existing vulnerabilities and unpredictability of the current conflict. The precariousness of the situation should be communicated along with the IPC results, and the South Sudan IPC TWG should be highly vigilant in monitoring the evolving situation and be prepared to 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).

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I. ERC Process Overview

Due to the highly concerning food and nutrition security situation in South Sudan, combined with the political sensitivity of the situation, the South Sudan IPC Technical Working Group (IPC TWG) requested the activation of an IPC Global Emergency Review Committee (ERC)[1]. 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 three experts supporting the analysis in-country as well as ERC Preparation works, carried out by a team of five food security specialists, including one from FEWSNET 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 and findings and held consultations with key stakeholders, including the South Sudan IPC TWG and Humanitarian agencies working in South Sudan. This report presents the findings and conclusions of 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.

[1] *For a complete description of ERC process, methodology and team composition, kindly refer to annex 2.*

II. Key Conclusions from the ERC on the South Sudan IPC Analysis (conducted in January 2017):

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

The situation in Southern Unity is catastrophic and it is not expected to improve over the next six months, unless there is a significant improvement in terms of humanitarian access and security. The conclusions of the ERC on IPC classification of the areas reviewed are described below, following the two-step approach of the ERC process.

1) ERC Conclusions based on "Step 1" of the ERC process:

Based on the parameters described in the IPC Famine Guidance Note, including evidence requirements, as part of the first step of the ERC process, the ERC concluded the following on classification of the areas reviewed:

- **In the current period (January),**
  - Panyijiar County, Unity State: **IPC Phase 4** *(Emergency)*
  - Mayendit County, Unity State: **IPC Phase 4!** *(Famine has been avoided by Humanitarian Assistance)*
  - Leer and Koch Counties, Unity State**: Elevated Likelihood that Famine is happening** *(Famine cannot be confirmed nor disproven due to limited available Evidence)*
- **For the projected period (February to July),**
  - Koch, Panyijiar and Leer Counties, Unity State: **Elevated Risk of Famine** *(Famine cannot be confirmed nor disproven due to limited available Evidence)*
  - Mayendit County, Unity State: **IPC Phase 5** *(Famine is likely to happen)*
- One county of Northern Bahr El Ghazal State, Aweil East, was also reviewed by the ERC. The ERC does not feel that Aweil East is in famine situation at the moment and it is unlikely to deteriorate into famine. However humanitarian assistance needs to be scaled up as the planned food aid is insufficient to improve or to maintain the situation at current level.

2) ERC Conclusions based on "Step 2" of the ERC 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[2], as part of the second step of the ERC 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).

- **In the current period (January),**
  - Leer County, Unity State: **IPC Phase 5** *(Famine)*
- **For the projected period (February to July),**
  - Panyijiar County, Unity State: **IPC Phase 4!** *(Famine will likely be avoided by Humanitarian Assistance)*
  - Leer County, Unity State: **IPC Phase *5*** *(Famine is likely to happen)*

The conclusions of the ERC on area classification are summarised in table 1 below.

[2] *Lack of mortality data for Koch, Leer and Panyijiar and lack of nutrition data in Koch.*

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

Area	Period	Classification by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Mayendit County, Unity State	Current: January	IPC Phase 4 (Emergency) with 5% in catastrophe	**IPC Phase 4!** *(Famine has been avoided by Humanitarian Assistance)*	*Classification under step 2 not required*
	Projections: February - July	IPC Phase 4 (Emergency) with 10% in catastrophe	**IPC Phase 5** *(Famine is likely to happen)*	*Classification under step 2 not required*
Leer County, Unity State	Current: January	IPC Phase 4 (Emergency) with 10% in catastrophe	**Elevated Likelihood that Famine is happening**	**IPC Phase 5** *(Famine)*
	Projections: February - July	IPC Phase 4 (Emergency) with 15% in catastrophe	**Elevated Risk of Famine**	**IPC Phase 5** *(Famine is likely to happen)*
Koch County, Unity State	Current: January	IPC Phase 4 (Emergency) with 10% in catastrophe	**Elevated Likelihood that Famine is happening**	*Classification under step 2 not required*
	Projections: February - July	IPC Phase 4 (Emergency) with 15% in catastrophe	**Elevated Risk of Famine**	*Classification under step 2 not required*
Panyijiar County, Unity State	Current: January	IPC Phase 4 (Emergency) with 0% in catastrophe	**IPC Phase 4** *(Emergency)*	*Classification under step 2 not required*
	Projections: February – July	IPC Phase 4 (Emergency) with 0% in catastrophe	**Elevated Risk of Famine**	**IPC Phase 4!** *(Famine will likely be avoided by Humanitarian Assistance)*
Aweil East, Northern Bahr El Ghazal State	Current: January	IPC Phase 3! (Crisis)	**ERC review not necessary (IPC Phase 4 or below)**	*Classification under step 2 not required*
	Projections: February - July	IPC Phase 3! (Crisis)	**ERC review not necessary (IPC Phase 4 or below)**	*Classification under step 2 not required*

III. Key Messages and Recommendations from the ERC

Overall, the food insecurity situation in southern-central Unity state of South Sudan is at life-threatening levels and urgent humanitarian action is required.

In **Mayendit** county, according to the ERC findings, based on the parameters described in the IPC Famine Guidance Note, for the **current** period (January), **'Famine has been avoided by Humanitarian assistance" (IPC Phase 4!)**. However **'Famine is likely to happen' (IPC Phase 5) in the projected period** (February to July).

In **Leer** county, based on IPC protocols for minimum evidence required (step 1), the ERC finds that there is an **'Elevated likelihood that a Famine is happening' in the current** period and an '**Elevated Risk of Famine' for the projected period**. However, based on the ERC's professional judgment (**'**step 2**'**), considering the overall body of evidence available and the planned humanitarian assistance, the ERC considers that the county is actually **currently in situation of Famine and also projects Famine (IPC Phase 5)** for the period February to July.

In **Koch** county, based on the parameters described in the IPC Famine Guidance Note, including evidence requirements ('step 1'), the ERC concluded that **Famine cannot be confirmed nor disproven** due to limited available Evidence, thereby recommending the IPC classification **'Elevated Likelihood that a Famine is Happening' for the current period (January)** and "**Elevated Risk of Famine" for the projected period (February to July)**. The ERC also felt that there is insufficient evidence to allow application of expert's professional judgement ('step 2') and go beyond the above-mentioned classification.

In these three countries (Mayendit, Koch and Leer), **Famine can only be prevented if humanitarian access significantly improves and humanitarian assistance is scaled up.**

In **Panyijiar,** based on the parameters described in the IPC Famine Guidance Note (**'**step 1**'**), the ERC concluded on **IPC Phase 4 'Emergency' for the current period**, and, for the **projected period**, the evidence shows that that there is an '**Elevated Risk of Famine'**. However, based on the ERC's professional judgment (**'**step 2**'**), considering the overall body of evidence available and the planned humanitarian assistance, the ERC concluded that **'Famine will likely be avoided by Humanitarian assistance' (IPC Phase 4!) in the projected period**.

In Aweil East of Northern Bahr El Ghazal State, the ERC concluded that, based on the most likely scenario, the county is not currently in Famine situation and it is unlikely to deteriorate into Famine. However, the ERC recommends humanitarian assistance to be scaled up, considering that the planned food aid seems to be insufficient to improve the situation or to prevent a deterioration of the current situation (i.e. IPC Phase 4 or below).

Humanitarian assistance has become the main source of food for the households in the Southern unity counties; however, current and planned food aid seems to be insufficient to meet all needs. Furthermore, the ERC is concerned that humanitarian assistance is unable to reach all the intended beneficiaries due to severe access restrictions in these areas caused by the escalating violence and conflict. As a result, populations face extreme food gaps, which results in very high levels of acute malnutrition. In Southern Unity, one out of three children is acutely malnourished, which represent an unprecedented situation requiring immediate action. Finally, while food aid has been the main type of humanitarian assistance provided so far, the ERC strongly calls for scale-up of other essential services to reduce morbidity and mortality, including primary health care, feeding programs and access to safe water.

In Panyijiar County, where the situation is more stable and better security conditions prevail, it is expected that IDPs will continue to inflow in large numbers. Therefore, should humanitarian assistance not reach the people in need and adequately support these news arrivals, this county is also expected to experience Famine like conditions.

Furthermore, the ERC warns that, based on the review of the mortality data available for Mayendit only, there is an astonishingly high level of deaths caused by trauma, thereby pointing to a humanitarian catastrophe caused by the conflict, despite the food security situation having been prevented from collapse thanks to humanitarian assistance.

Even though numerous calls have been made to international agencies to strengthen food security and nutrition data collection in South Sudan, the ERC found that the quantity and/or quality of the evidence available for analysis was still insufficient to assess the severity of the situation and estimate populations affected with needed accuracy and precision. In several cases, while evidence has been collected, weaknesses in survey design combined with lack of documentation of the methods used have resulted in sub-optimal use of the evidence. The considerable risks, cost and time spent on getting even these limited pieces of data have thus been to some extent wasted by incomplete reporting and consideration of the methodology to be used. Given the extreme situations in these areas, these

oversights are a failure in terms of accountability to the people of Unity state. A major limitation has been the impossibility to estimate outflows and remaining population in the most affected counties, insufficient mortality data and lack of representative surveys at county level for food consumption indicators. While the ERC recognizes that some of these limitations are outside the control of humanitarian actors, wherever humanitarian access is possible, these issues need to be addressed.

Based on the above, the ERC recommends:

To decision makers:

- Granting access for humanitarian operators in all parts of Unity State is essential for the humanitarian community to ensure that the basic rights of the people facing catastrophic conditions are fulfilled.
- Famine in Leer, Koch and Mayendit can only be avoided if food aid is scaled up and reaches the intended beneficiaries who are currently facing severe undernutrition death and destitution. Therefore, it is crucial to ensure full humanitarian access and respect of humanitarian space in all areas of Central and Southern Unity, where people's rights have been continuously violated.
- It is also essential to allow data collection to provide information on the exact magnitude of this humanitarian catastrophe and to plan responses accordingly.
- Securing immediate access to basic health services, adequate treatment and care for those suffering from trauma/injuries caused by conflict and for the acutely malnourished is also of upmost important to try and contain mortality.

To humanitarian actors:

- Improve design and reporting of data collection and provide detailed documentation of methodologies, by aligning data collection with IPC requirements or guidance from the South Sudan Nutrition Working Group, IPC GSU or ERC in term of sampling, technical rigor and reporting.
- Improve consolidation of information among agencies on ongoing and planned humanitarian assistance of all forms.
- Consider conducting an emergency representative SMART survey in the areas with feasible access accepting large numbers of refugees (i.e. Panyijar) to better document the health and nutrition status of IDPs and resident population.

To the South Sudan IPC Technical Working Group

- Given the critical lack of data and evidence for some areas, the ERC engaged in a 'Step 2' analysis of those counties based on 'professional judgment' of the ERC members but not in accordance with the minimal evidence requirements of the IPC Protocols. The South Sudan IPC TWG is encouraged to communicate the official IPC classification findings, including through the IPC map, based on ERC recommendations under 'Step 1'; and, on their discretion, communicate to decision makers, through their communication products (key messages/narrative) the ERC's professional judgment (ERC 'Step 2') for counties lacking the minimal body of evidence for possible IPC Phase 5 classification.
- Improve the documentation of the assumptions in the projected period by conducting a stronger analysis of trends on contributing factors – considering trends for longer than two seasons - and triggers for changes rather than extending estimates of current indicators into the future.
- Improve the estimation of populations in each phase by (i) providing a rationale and evidence to support population estimates; and (ii) using convergence of evidence and trend analysis (for longer than two seasons), especially when classifying population in IPC Phase 5 (Catastrophe).

Detailed Technical Recommendations on Food Consumption and Livelihood change data collection and reporting:

- From a sampling perspective, the FSNMS should consider over sampling in those states where food security is likely to be very poor. This would allow for more disaggregation of results at the sub-state level, much improving the quality of evidence available for the IPC Analysis.
- Given the important information provided by the HHS and HDDS as the only indicators capable of differentiating between IPC Phase 4 and Phase 5, it is primordial to ensure sufficient sample size, good quality data and that the information provided corresponds to the standard collection/elaboration. For instance, on the HDDS, the current indicator, which is collected based on 9 key food groups (15 subgroups) - with cereals and tuber aggregated - cannot be exploited by the IPC. Similarly, for Meal frequency, if would be advisable to provide the percentage of households for each category of meal frequency instead of an average by area.
- In the livelihoods coping module one of the questions combines two strategies "Entire household migrated or withdrew children from school". These should be separated into two separate strategies, in part because these two strategies are sometimes assigned different severity levels.
- In reporting, a better trend analysis should be conducted by comparing inter-season variations over multiple years to allow identification of trends and improve projections.

Detailed Technical Recommendations on nutrition and mortality data collection and reporting:

- Prior to conducting MUAC screenings, partners should discuss with the South Sudan Nutrition Working Group their assessment proposal (methods etc.) to ensure that the best feasible methodology in a given restricted access situation is applied with best possible efficiency (e.g., sometimes representative surveys with smaller samples provide more reliable data than mass measurements of non-representative samples) and that data collection results in evidence that can be considered at least reliable (Reliability Score 2). The IPC TWG should further promote the use of the tally sheet proposed by IPC GSU, including disaggregation of data by age (0-23/24-59 months).
- All screening reports should include a methodological note of at least one page providing information on the context, the methodology chosen and the reason, the sites selection procedures and a map allowing sites localization.
- When concluding on the nutrition status in the IPC analysis, it is important to provide more information on epidemics and access to health care to complement the analysis.

Detailed Technical recommendations on humanitarian assistance data consolidation and reporting:

- The information on humanitarian assistance 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 humanitarian assistance's 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.

Detailed Technical Recommendations to the IPC TWG to improve IPC Analysis plausibility:

- The South Sudan IPC TWG needs to better document assumptions and undergo stronger analyses to estimate populations in the different Phases, especially when classifying population in IPC Phase 5 (Catastrophe). In order to strengthen estimation of populations in Phase 5 Catastrophe, especially for projected periods, the TWG may need to look at the distribution of the data for FCS, HHS, CSI and asset related coping strategies, GAM as well as crucial evidence on contributing factors, such as access to markets, price trends, reliance on food purchases and closely examine how these indicators behave for the most vulnerable groups. In the IPC Analysis preparatory stage it is important that the IPC TWG run raw data of the households' survey in a way to fit within the IPC methodology and thresholds. This is particularly important for indicators sensitive to high levels of food insecurity such as HDDS and HHS. Given the situation in certain areas of South Sudan, it is advisable that the TWG prepares the evidence for the next IPC round in a way to provide information with the IPC cut offs, especially differentiating the percentage of households showing values in IPC Phase 4 and in Phase 5. The South Sudan IPC TWG should look at

further analyzing the HHS as per the FANTA/FEWSNET guidance of scores 5 and 6 to indicate IPC Phase 5 and score of 4 to indicate IPC Phase 4 as this is the only indicator that can distinguish most severe levels of acute food insecurity. This will be especially important for counties that have high levels of severe HHS. This is very important to identify a famine-like situation and distinguish them from emergency situation.

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 scenario of access, security and conflict), markets in light of high inflation, inaccessibility and terms of trade. This would allow to project over most likely scenario but also to develop statements and thresholds for worst case scenarios. The insufficient explanation on the changes (or no changes) of classification and populations estimates done between the last analysis and the current, as well as between the current analysis and the projected period and the weak link to indicators trends over several seasons raise concerns on the validity of the estimates, especially those in IPC Phase 5 ‘Catastrophe’.

IV. ERC Conclusions on the areas submitted by the IPC TWG for Review in Unity State

1) Mayendit County, Unity State

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Mayendit County, Unity State	Current: January	IPC Phase 4 (Emergency) with 5% in catastrophe	**IPC Phase 4!** *(Famine has been avoided by Humanitarian Assistance)*	*Classification under step 2 not required*
	Projections: February to July	IPC Phase 4 (Emergency) with 10% in catastrophe	**IPC Phase 5** *(Famine is likely to happen)*	*Classification under step 2 not required*

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

- **Step 1:**
  - **In the current period, there are pockets of famine detected through the available evidence on nutrition.** Prevalence of GAM by MUAC is 23.2%, which already surpassed IPC Phase 5 thresholds, was collected by an exhaustive screening conducted in January 2017. A most recent survey conducted by UNIDO shows GAM by WHZ of 27.3% and GAM by MUAC 25.8%[3]. These levels of Acute Malnutrition indicate the likelihood of the **existence of localized pockets of Famine.** Although Food Consumption and Livelihood Change evidence[4] referring to the current period point to IPC Phase 4, with extremely worrying levels of Severe HHS (above 50% of households), it is possible that the humanitarian assistance delivered in October and November 2016 helped mitigate food insecurity, avoiding extreme poor access to food characteristic of 'Famine' for the population most in need. However, given the evidence on Acute Malnutrition, the ERC acknowledges the **likelihood of a percentage of most vulnerable households in IPC Phase 5 'Catastrophe'** for this same period – that the IPC TWG should ascertain using convergence of evidence. As parts of Mayendit are still relatively accessible to humanitarian actors and food assistance has been delivered in October and November with a significant coverage in term of beneficiaries, it is estimated that **Famine has been avoided by humanitarian assistance, i.e. IPC Phase 4!.**
  - **For the projected period,** considering that the **level of Acute Malnutrition in the area is unprecedented** and above IPC Phase 5 thresholds for MUAC, an increase in mortality up to famine levels is foreseen. The extreme depletion of livelihood strategies and assets will likely lead to very high food consumption gaps in absence of adequate food aid. Considering the insecurity context, and to a lesser extent logistics constraints for aid delivery, the most likely scenario of planned humanitarian assistance foresees that 2,029 Mt of food aid will be delivered in the next six months, corresponding to half ration for about 30,000 beneficiaries. This will not be sufficient to avoid a situation in which at least one in five households in the area will have an extreme lack of food and basic needs. The ERC consider that unless security is improved and humanitarian assistance is scaled up, Famine is likely to occur in the projected period corresponding to **IPC Phase 5 'Famine' classification.**

In addition, it is worth noticing that the nutrition survey recently conducted shows an extremely high level of deaths due to trauma/injuries5 (CMR is 4.1, however 72% of deaths from injury; non-injury CMR 1.2; CMR in men/women is 7/1.5. U5MR is 0.8.), thereby pointing to an unprecedented humanitarian catastrophe caused by the conflict despite the food security situation having been prevented from collapse in the current period of analysis thanks to food aid.

[3] *Reliability of Nutrition evidence: Nutrition evidence from exhaustive screening performed in 12 "randomly selected" bomas conducted by Samaritan Purse in January 2017 (N=4,259 children). Screening have been conducted in North and South Mayendit, given the number of children screened for boma is different it would point to an exhaustive (not mass) screening. (R2 - Reliable). A most recent evidence was shared after the analysis with a very high design effect suggesting clustering of cases in certain "pockets". (R3 – Very Reliable)*

[4] *Reliability of Food Consumption/Livelihood change evidence: FSNMS Survey being designed to be representative at Livelihood Zone and State level, provides an overall picture of the situation in the area but does not allow differentiation among counties, as for this the sample size is insufficient. At Livelihood Zone level the survey is reliable (R2) but cannot be considered representative at county level (R1). As the IPC TWG provided more than 4 pieces of somewhat reliable evidence (direct or indirect) on contributing factors or outcome and produced an inferenced analysis, this element can be considered as meeting criteria for sufficient reliability to count for minimum confidence level*

[5] *Reliability of Mortality evidence: The survey (UNIDO) present very high design effect suggesting clustering of cases in certain "pockets". (R3 – Very Reliable)*

The ERC urges the responsible stakeholders to ensure humanitarian access and respect of humanitarian space in Mayendit County, as Famine can only be prevented if humanitarian assistance is scaled up and reaches the intended beneficiaries.

Although the priority for humanitarian actors should be response, improved humanitarian access may also allow data collection in order to better understand the magnitude of the phenomena.

2) Leer County, Unity State

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Leer County, Unity State	Current: January	IPC Phase 4 (Emergency) with 10% in catastrophe	*Elevated Likelihood that a Famine is happening*	**IPC Phase 5** *(Famine)*
	Projection: February to July	IPC Phase 4 (Emergency) with 15% in catastrophe	*Elevated Risk of Famine*	**IPC Phase 5** *(Famine is likely to happen)*

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

- **Step 1:**
  - **In the current period,** due to limitations in term of availability of direct reliable evidence, **Famine cannot be confirmed nor disproven due to limited available Evidence**. The ERC therefore concluded that there is an **Elevated Likelihood that Famine is happening.**
  - **In the projected period,** due to the same limitations, **Famine cannot be confirmed nor disproven due to limited available Evidence.** The ERC therefore concluded that there is an **Elevated Risk of Famine.**
- **Step 2:**
  - In the current period, the prevalence of Acute Malnutrition is surpassing IPC Phase 5 thresholds with a GAM by MUAC of 32% in Leer Islands and 39% in Leer Temporary Protected Areas[6]- which accommodate most of Leer population[7]. Food Consumption and Livelihood Change evidence point to IPC Phase 4 classification at livelihood zone level[8]. Considering the **unprecedented levels of Acute Malnutrition** detected by recent screenings in Leer Islands – where most of the remaining population of Leer has sought refuge – and in Temporary Protected Area (TPA) – where most vulnerable households unable to reach the islands are hosted – the ERC concluded that 'Famine' is occurring at the moment, at least in these areas. Most humanitarian actors have left since September 2016 and no assistance has been provided since then. This level of assistance will not be sufficient to avoid a situation in which at least one in five households in the area will have an extreme lack of food and basic needs. The ERC thus concludes on **IPC Phase 5 'Famine'** classification for the current period.[9]
  - **In the projected period,** considering that planned food aid is only expected to cover the needs of about 40,000 beneficiaries with half ration (2,194 Mt) and **there is no guarantee that food aid or other much needed types**

[6] *Reliability of Nutrition evidence: There have been screenings in two areas. The first in a small enclave (TPA-Temporary Protected Area Leer) with total population ~1,600 people, N=275, GAM by MUAC 39%. Though the area is small, the survey can be considered exhaustive of this area where most vulnerable population has found refuge. (R2 reliable). The second screening – more similar to sentinel site sampling - has been conducted in November and December 2016 in 5 Islands and 1600 children have been screened; GAM by MUAC is 32%. Thought in principle not representative of the whole county, it has to be noticed that the TWG detailed that most Leer population has seek refuge in these Islands. Both screenings lack the necessary completed methodological notes and cannot be representative of the whole counties, however according to qualitative information most population of Leer is concentrated in the Islands where the screening has happened (R2 reliable).*

[7] *According to the TWG contextualization of these screenings, Leer town is almost completely empty, population of Leer town has either left the county or seek refuge in the islands - while the most vulnerable population that did not make it to the island has seek refuge in the TPA (Temporary Protected Areas).*

[8] *Reliability of Food Consumption/Livelihood change evidence: FSNMS Survey being designed to be representative at Livelihood Zone and State level, however the FSNMS did not collect any data in Leer. (R1).*

[9] *ERC professional judgment (ERC "step 2") is normally based on the convergence of multiple somewhat reliable evidence at or above famine levels. In the case of Leer, the body of evidence does not allow a convergence of multiple food security outcomes. However, given the extremely high and above phase 5 levels of Acute Malnutrition, provided by very reliable evidence, the ERC concludes on IPC Phase 5 Famine classification.*

of humanitarian assistance, will reach those most in need, the situation is very likely to continue deteriorating. The extreme depletion and liquidation of livelihood strategies and assets will likely lead to very high food consumption gaps in the absence of adequate humanitarian assistance. The plan for food aid is far below the projected needs and its scalability is limited by humanitarian access and logistics constraints. Therefore, in the projected period it is estimated that at least one in five households in the area will face an extreme lack of food and **Famine is likely to happen, corresponding to IPC Phase 5 'Famine'.** Famine can only be prevented if humanitarian assistance is scaled up and humanitarian access is significantly improved.

The ERC urges the responsible stakeholders to secure humanitarian access and ensure respect of humanitarian space in Leer County, as Famine can only be prevented if humanitarian assistance is scaled up and reaches the intended beneficiaries.
Although the priority for humanitarian actors should be response, improved humanitarian access may also allow data collection in order to better understand the magnitude of the phenomena.

3) Koch County, Unity State

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Koch County, Unity State	Current: January	IPC Phase 4 (Emergency) with 10% in catastrophe	*Elevated Likelihood that a Famine is happening*	*Classification under step 2 not required*
	Projections : February to July	IPC Phase 4 (Emergency) with 15% in catastrophe	*Elevated Risk of Famine*	*Classification under step 2 not required*

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

- **Step 1:**

Due to poor access caused by insecurity, there is no data on nutrition and mortality in Koch county. However given similarities between Koch and Leer and Mayendit counties in terms of conflict patterns and impact on the food security of the population, the ERC based its conclusions on extrapolation from the situation in Leer and Mayendit. SMART surveys conducted in February and April 2016 in Koch and Leer show that Koch had higher GAM prevalence (21% vs 14%) and higher CMR (4 vs 3). These data corroborate that the nutrition situation in Koch is similar to, if not worse than, Leer.

- **In the current period,** Food Consumption and Livelihood Change evidence[10] referring to the current period in Koch Livelihood Zones (Nile Basin Fishing and agro-pastoral and Oil resources, maize and cattle) already point to an IPC Phase 4. Considering the unprecedented levels of Acute Malnutrition detected by recent screenings in Leer and Mayendit[11], the ERC concluded that it is possible that a 'Famine' is occurring at the moment, at least in localized areas and accounting for at least one fifth of the population in Koch. Most humanitarian actors have left since September 2016 and no assistance has been provided since then. Despite high concerns that people currently residing in Koch County are experiencing similar conditions to Leer and Mayendit, the ERC felt that there is insufficient evidence to allow application of expert's professional judgement ("Step 2") and therefore concluded that **Famine cannot be confirmed nor disproven due to limited available Evidence,**

[10] *Reliability of Food Consumption/Livelihood change evidence: FSNMS Survey being designed to be representative at Livelihood Zone and State level, it provides an overall picture of the situation in the area but does not allow differentiation among counties, for which the sample size is insufficient (R1). OCHA Factsheet provides very important information on population movements caused by lack of food, but a methodological note on data collection has not been provided (R1).*

[11] *Reliability of Nutrition evidence: there are no data on nutrition in Koch. However, given the similarity of context among Koch, Leer and Mayendit the nutrition evidence in these areas can be extrapolated and could provide a somewhat reliable picture of the nutrition status in Koch. These screening and surveys are considered at least reliable for the zone in which they were realized, but can be only somewhat reliable once extrapolated (R1 – somewhat reliable).*

thereby recommending the classification "Elevated Likelihood that a Famine is Happening".

- **In the projected period,** the extreme depletion of strategies and assets will likely lead to very high food consumption gaps in the absence of adequate humanitarian assistance. Considering the insecurity context, and to a lesser extent logistics constraints, there is no guarantee that humanitarian assistance will reach those most in need. Therefore, the situation is very likely to continue deteriorating. According to the most likely scenario on planned food aid, it would be possible to deliver 1,164 Mt in the next six months, corresponding to half ration for 22,000 beneficiaries. This level of assistance is highly insufficient and the ERC expressed serious concerns about the need to ensure humanitarian access to provide humanitarian assistance and prevent the situation from deteriorating into Famine. However, despite these major concerns, the ERC felt that there is insufficient evidence to allow application of expert's professional judgement and therefore concluded that **Famine cannot be confirmed nor disproven due to limited available Evidence, thereby recommending the classification "Elevated Risk of Famine".** Famine can only be prevented if humanitarian assistance is scaled up and humanitarian access is significantly improved.

The ERC urges the responsible stakeholders to secure humanitarian access and ensure respect of humanitarian space in Koch County, as Famine can only be prevented if humanitarian assistance is scaled up and reaches the intended beneficiaries.

Although the priority for humanitarian actors should be response, improved humanitarian access may also allow data collection in order to better understand the magnitude of the phenomena.

4) Panyjiar County, Unity State

Area	Period	Classification done by the IPC TWG	Classification according to the ERC Conclusion - step 1 -	Classification according to the ERC Conclusion - step 2 -
Panyijiar County, Unity State	Current: January	IPC Phase 4 (Emergency) with 0% in catastrophe	**IPC Phase 4** *(Emergency)*	*Classification under step 2 not required*
	Projections: February to July	IPC Phase 4 (Emergency) with 0% in catastrophe	*Elevated Risk of Famine*	**IPC Phase 4!** *(Famine will likely be avoided by Humanitarian Assistance)*

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

- **Step 1:**
  - **In the current period,** Food Consumption and Livelihood Change evidence[12] point to IPC Phase 4, with acute malnutrition that already surpassed IPC Phase 5 thresholds as **GAM by MUAC is 37%[13] from a mass screening reportedly covering over 50% of the county. This prevalence is unprecedented high mark for mass MUAC screening in South Sudan or elsewhere**. It should be noted however that, due to simple omissions in the description of the methodology used, these unprecedented screening results cannot carry as much weight as they should in advocating for the needs of the people of Panyijar. Panyijar is a relatively stable area and security conditions seem better in relative terms - for this reason Panyijar is a county of high inflow of IDPs. It is also still relatively accessible to humanitarian actors and food assistance has been delivered in the past months – although in insufficient quantities to cover the estimated needs. The ERC agrees with the IPC TWG that, for the current period (January 2017), evidence for Panyijar County does not warrant classification as IPC Phase 5 'Famine', and thus confirms the classification done by the IPC TWG of **IPC Phase 4 (Emergency).**
  - **In the projected period,** it is estimated that humanitarian assistance will play a prominent role in avoiding

[12] *Reliability of Food Consumption/Livelihood change evidence: FSNMS Survey being designed to be representative at Livelihood Zone and State level, it provides an overall picture of the situation in the area but does not allow differentiation among counties, as for this the sample size is insufficient (R1).*
[13] *Reliability of Nutrition evidence: Although lacking methodological note, from spreadsheets available, the evidence comes from screening in 4 payams (12+10+4+4=30 bomas), in total about 2,500 children. Bomas were selected randomly but it is unclear how the payams have been selected. This screening can be considered exhaustive screening at least for the 4 payams (R2 Reliable).*

famine in this county characterized by relatively safer conditions and therefore attracting populations seeking refuge from Leer, Koch and Mayendit. The relevant classification would thus be IPC Phase 4!. Since the minimum requirements to reach acceptable confidence levels set for step 1 by the Famine Guidance note are not met – due to the lack of direct reliable evidence on mortality, **Famine cannot be confirmed nor disproven, though a statement** of "**Elevated Risk of Famine"** can be made.

- **Step 2:**
  - **In the projected period,** it is expected that the inflow of IDPs will continue at least at the same pace, thereby resulting in major pressure on remaining exploitable livelihoods. Current levels of Acute Malnutrition are unprecedented (IPC Phase 5 for GAM by MUAC) and, given the lack of stratified surveys (distinguishing between residents and newly arrived IDPs), it is unknown whether the nutrition screenings conducted may have captured a partial picture, showing pockets of famine, or whether this condition is widespread. Considering that the most likely scenario for the projected period is a continuation of a relative accessibility to this area, humanitarian actors are expected to be able to continue delivering food assistance. The tonnage planned for food distributions in Panyijiar equals 5,987 MT, which should allow the distribution of half rations to about 110,000 beneficiaries. However, the planned assistance seems unable to cover all needs, especially if we assume that population inflows will continue from Leer, Koch and Mayendit. Based on this, the ERC concluded that in the projected period, **Famine is likely to be avoided by humanitarian assistance, i.e. IPC Phase 4!.**

The ERC recommends a further scale up of humanitarian assistance in Panyijiar, considering that, in this area, it is most likely to reach beneficiaries and that IDP inflows could grow further at unknown pace. In prevision of these inflows and considering current levels of Acute Malnutrition, it will be essential to provide health services and programmes to manage acute undernutrition and contain mortality linked to acute malnutrition.

Given the relatively safer security conditions in Panyijiar it is highly recommended to conduct a stratified (IDP/residents) representative nutrition survey as soon as possible.

V. ERC Conclusion in areas showing alarming level of Acute Food Insecurity in Northern Bahr El Ghazal State

The ERC Preparation Team and the ERC identified other areas of concern outside the counties that the South Sudan IPC TWG submitted to the ERC for review. These areas are the counties of Northern Bahr El Ghazal State, especially Aweil East.

The ERC concluded that, based on the most likely scenario in Northern Bahr El Ghazal State, Aweil East is not currently in Famine situation and is unlikely to deteriorate in Famine. However, the ERC recommends humanitarian assistance to be scaled up, considering that the planned food aid seems to be insufficient to improve the situation or to prevent a deterioration of the current situation.

VI. Annex 1. ERC Matrix completed by the ERC preparation team

a. Mayendit Matrix
b. Leer Matrix
c. Koch Matrix
d. Panyijiar Matrix
e. Northern Bahr El Ghazal Matrix
f. Upper Nile Matrix

IPC Country TWG Findings - Mayendit			
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[14]
Mayendit	*Current: January, First projection: Feb-Apr & Second projection: May-July*	*Current: Phase 4 with 5% in catastrophe* *First projection: Phase 4 with 10% in catastrophe* *Second projection: Phase 4 with 10% in catastrophe*	**FOOD CONSUMPTION:** • *(source: FSNMS 19[i] Dec 2016 - Oil Resource Livelihood Zone (n=203 for entire LH zone):* FCS: Acceptable 32.7%, Borderline 24.9%, Poor 42.4% (R2); HHS: None 27.3%, Slight 7.4%, Moderate 53.5%, Severe 11.7%, (R2); HDDS: No to low 64.4%, Medium 17%, High 18.6% (R2); rCSI: Low 74.3%, Medium 18.8%, High 6.9% (R2); Meal Frequency: (R2) 1.5 for adults and 1.75. • *(source: Samaritarian Purse baseline October 2016 – R2):* FCS: Acceptable 43%, Borderline 40%, Poor 16% **LIVELIHOOD CHANGE** *(source: FSNMS 19[ii] Dec 2016 - Oil Resource Livelihood Zone (n=203 for entire LH zone):* WFP Livelihood coping module: No coping 45.3%, Stress 8.3%, Crisis 24.4%, Emergency 22%. No could not computed with Emergency coping strategies. **NUTRITIONAL STATUS:** *(Source: Samaritans Purse - Recent MUAC Mass Screening Jan 2017 - Mayendit South proxy- Survey covered 4,250 of children U5 years of age. R2 - Representative at county level.):* GAM is 23.2%, SAM of 3.6%, MAM of 19.6 %, **MORTALITY -** None **FOOD ASSISTANCE** Humanitarian assistance: Last WFP assistance (half rations) in October for 19,943 households (about 99,702 people) in Southern Mayendit. This excludes about 1,313 IDPs (7,036 people) that arrived within that month who were assisted in Nov. 100% was reached for residents in Oct and IDPs in Nov. R2 Information from WFP/SP. For the projected period: Humanitarian assistance to remain constrained because of insecurity: the overall planned assistance for the County adds up to a total of 2,917 Mt for the Jan – July 2017 period, for 68,000 beneficiaries. Given the logistic constraints and prevailing insecurity in the area, the most likely scenario (70% of operational plan) is that the assistance would cover food needs for about a week per month. This level of assistance may not be adequate to avoid a food security catastrophe for an estimated 10% of the total population (the most vulnerable). **CONTRIBUTING FACTORS** Crop production equivalent to only 10% of needs, all stock looted in Nov/Dec 16, High levels of displacement and conflict, cholera outbreak with 86 suspected cases and 3 deaths (Oct-Dec), very limited market functioning with no cereals available, prices for other commodities 50-300% higher than last year. **ASSUMPTIONS MADE BY THE TWG:** The security situation will remain very precarious, forcing displacements to Panyijiar or to Bentiu PoC in search for food, as in last months. No food stocks. Large displacements to remain in Mayendit HQ. Food security situation is expected to deteriorate for projection period following trends, nutritional status is likely to remain compromised as people are exposed to limited food consumption, high levels of infection due to unsafe and insufficient water supply and inadequate sanitation. Access to livelihood reduced because of insecurity. Volatile and increasing prices. HA constrained by insecurity.

[14] *Detail key evidence provided and their reliability (e.g. FCS: 30% poor; 40% borderline, 30% acceptable, WFP FSMS, 450HHs random survey, Jan-Mar16; R3)*

Assessment by the IPC ERC Preparation Team - Mayendit				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[15]	Assessment of **Convergence of Evidence**[16]	Assessment **of Reliability of Evidences Provided**[17]	Conclusion on **Confidence Level** reached based on evidence reliability [19]	Highlight of main issues identified by the ERC Preparation Team
Evidence presented is very concerning and the combination of direct outcomes and current conditions raises suggests that Extreme outcomes are possible now and in the future. Many of the statements made by the TWG are reasonable from the perspective of the ERC Preparation Team, however the analysis provided by the TWG does not provide evidence of some of these statements (e.g., next years lean season will be worse than last). The ERC Preparation Team would add this available evidence[iii] to the analysis. The TWG could improve the analysis providing a rational on how the assistance that has been provided to date has or has not mitigated outcomes and how the FSNMS had/had not capture the impact of this assistance. For the projection, assumptions for key events in the coming months are listed however they could be more explicitly linked to future food security outcomes, through a more detailed trend analysis of outcome indicators between harvest and lean seasons, a more in depth analysis of future assistance plans and their impact and a more explicit summing up of the various food/income source assumptions would also be helpful.	The ERC Preparation Team estimates that the available evidence converges to some degree to phase 4/ phase 5 classification. According to the FSNMS the two food frequency indicators (HDDS, FCS) both suggest an area classification of Phase 4/ Phase 5 though the non-standard collection/tabulation of HDDS means that the 64% with HDDS=1-2 may be an over estimate. The LH coping indicator also suggests Phase 4 though the proportion of HH that this indicator identifies as in Emergency is much lower than the food frequency indicators. The two experiential indicators suggest less severe outcomes with HHS and rCSI both indicative of Phase 3. However, the thresholds used for rCSI in South Sudan are quite high compared to those suggested by the FANTA/FEWS study and this may explain why rCSI indicates a less severe situation. Recent nutrition data suggests Phase 5 level acute malnutrition. When weighing a Phase 3 vs Phase 4 area classification contributing factors, including the lack of staple foods on local markets, destruction of food stocks, and high levels of conflict support the more severe classification. The potential impact of emergency food aid is also unclear. The analyses assumes that 50,000 beneficiaries will receive 50% rations each month between Jan-June. However, the size of the projected food insecure population is not listed and no explicit analysis of the impact of these transfers is provided.	• <u>(FC/LC):</u> FSNMS indicators should be R1 instead of R2, since sample is designed to be representative of the livelihood zone not of the county. Still survey data could have been re-analyzed to obtain values for Mayendit provided the survey have been done to a minimal number of households in the county. That minimal sample size is not reached in Mayendit (SS~50HH). • <u>Nutrition:</u> The available nutrition information is likely R2 given that random selection of bomas and exhaustive screening within bomas was employed. The IPC ERC preparation team does not question this reliability score attributed by the IPC AM working group, however it would be good if the ERC could confirm the reliability score attributed. • <u>Mortality</u>: there are no data on mortality.	The available evidence is extremely concerning especially the nutrition data. The analysis provided does not make a clear case that famine is occurring or likely during the projection period and the minimum requirement in term of confidence level reliability of available evidence would not allow a formal famine determination. However, the ERC Preparation Team estimates that, after a review of the available evidence, the risk of famine may be elevated and sufficiently evidence is available to make this determination since the criteria of *"At least two pieces of direct somewhat reliable evidence informing two of the three outcomes coming from at least two recent field assessments showing consistent findings"* are met by the following evidence: • FSNMS on FC and LC (R1) • Samaritarian Purse on nutrition (R2)	**ERC Preparation Team Conclusion:** • Current: IPC Phase 4 • First projection period: Elevated Risk of Famine • Second projection period: Elevated Risk of Famine ********** **Main concerns highlighted to the ERC:** • Confirm the reliability of this evidence on nutrition status: (Source: Samaritans Purse - Recent MUAC Mass Screening Jan 2017 - Mayendit South proxy-Survey covered 4,250 of children U5 years of age. R2 - Representative at county level.): GAM is 23.2%, SAM of 3.6%, MAM of 19.6 %

[15] *Have the phases been determined based on a critical evaluation of all available evidence? Are the evidence appropriately referenced against the IPC Acute Reference Table? Are key evidences and analysis properly documented and clearly reported? Reviewers are requested to be concise and focus on critical issues regarding the utilization of evidence to support Famine classification*

[16] *What phase does the evidence indicates? Are the evidence "outlier"? Is the impact of Humanitarian Assistance being well assessed? Please consider all available evidence (outcome and contributing factors) when completing this section*

[17] *Based on the evidence provided with reliability scores given, what statements could the IPC TWG country do? Declaration on Famine? Elevated Risk? "Phase 4!"?*

IPC Country TWG Findings - LEER			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	TWG Classification	Evidence Provided & Reliability ATTRIBUTED by the TWG[18]

Leer	*Current: January, First projection: Feb-Apr & Second projection: May-July*	*Current: Phase 4 with 10% in catastrophe*
		First projection: Phase 4 with 15% in catastrophe
		Second projection: Phase 4 with 15% in catastrophe
			• ***FOOD CONSUMPTION*** *(source: FSNMS 19[iv]) :*
			  • Nile River Fishing Resources Zone: **FCS** (R2): Acceptable 32.7%, Borderline 23.8%, Poor 43.5% ; **HHS (R3):** None 13%, Slight 3.7%, Moderate 77%, Severe 6.2%, ; HDDS (Reliability not defined): Low 49.7%, Medium 17.2%, High 33.1% ; **rCSI** (Reliability not defined) No to low 72%, Medium 16.1%, High 11.8% ; **meal frequency** (Reliability not defined): day adults 1.38, Children 1.81 meals
			  • Oil Resources Zone: **FCS** (R2 in the Oil Resources Zone): Acceptable 32.7%, Borderline 24.9%, Poor 42.4%; **HHS** (R2): None 27.3%, Slight 7.4%, Moderate 53.5%, Severe 11.7% ; **HDDS** (Reliability not defined): Low 64.4%, Medium 17%, High 18.6%, very significant deterioration of HDDS as compared to last IPC (even though lean season); **rCSI** (Reliability not defined) No to low 74.3%, Medium 18.8%, High 6.9% ; **meal frequency** (R = 2): day – adults 1.50, Children 1.75 (average)
			• ***LIVELIHOOD CHANGE*** *(source: FSNMS 19[v]) – R2:*
			  • *(sources: FSNMS, Rd 19, R2):* Nile River Basin Zone: **Coping Strategies:** No coping strategy: 32.0%, Stress CS: 4.8% , Crisis CS: 51.0%, Emergency CS: 12.2%
			  • *(sources: FSNMS, Rd 19, R2):* Oil resource Zone: **Coping Strategies:** No coping strategy CS- 45.3%, Stress Coping Strategy – 8.3%, Crisis CS - 24.4%, Emergency CS – 22%
			• ***NUTRITIONAL STATUS:*** *(Source: OCHA Exhaustive Mass Screening, 16 Dec 2016, sample size 1617-R2): GAM by MUAC 32.4. NB: This evidence has not been used by the IPC AFI TWG, but it was used by the IPC AMN TWG and considered R2, Preference Ranking 3). Other survey available in the same livelihood zone in both northern and southern counties:*
			• ***MORTALITY*** *(Source: ACF SMART Survey - Feb 2016):* - **R1**: CDR 3.16/10,000/day (2.44-4.08 CI); *(Source: Office of the DHC mortality study - Nov/Dec 2015 - 1 year recall period* - ***R1)****:* Adjusted CDR 2.24/10,000/day - 76% mean estimated mortality due to violence or drowning for whole survey area; *(Source: Nile Hope, LEER COUNTY RNA Report, Sept. 2016 –* ***R2)****:* MAM cases are particularly high and there are chances that in a matter of weeks they would all be confirmed SAM case who then become seriously at risk of death anytime (services often unavailable because of security issues); *(Source: REACH, Situation Overview, Nov. 2016, R2):* 82% of assessed communities in Leer reported that deaths from hunger have occurred From Sept. to Nov. 2016.
			HUMANITARIAN ASSISTANCE*: (Source: WFP Report, R3) Current:* Due to security the last food distribution by ICRC in the County was in Sept. 2016 (half ration). No distributions realized since then. 100.000 BNF targeted to receive between 2,192 and 3,132 Mt in the next 6 months. *Considering the extremely vulnerable situation of the area, this level of assistance may not be adequate to avoid a food security catastrophe for at least 15 % of the population.*
			Contributing Factors
			• **SHOCKS: Insecurity/Displacements**: *(Source: Nile Hope, LEER COUNTY RNA REPORT, Sept. 2016, (R2):* Conflicts in Aug and Oct 2016 seriously affected livelihoods and health facilities. resulted in displacement of total of 32,100 people (*Source: IOM, Concern, WHO "Leer TPA Rapid Assessment", Nov. 2016):* Many vulnerable people in the most conflict-affected areas are forced to remain in their areas, mainly children, the elderly and disabled. *(Source: REACH, Situation Overview, Nov. 2016, R2):* 82% of assessed communities in Leer reported that deaths from hunger have occurred From Sept. to Nov. 2016. **Health:** *(Source OCHA Factsheet, Jan. 2017 (R3):* 90 cases of cholera reported as of 15 January 2017.
			• **AVAILABILITY***: (Source: CFSAM, Dec. 2016, (R3):* The estimated local production for Leer is 358, remains96% food gaps of the total needs. *(Source: REACH, Situation Overview, Unity State, Nov. 2016):* Farms have been abandoned in most part of the County due to fighting. Flooding affected/destroyed crops, while other crops was looted or destroyed. **Livestock**: No livestock remained after exhaustive looting and cattle raiding. **Fishing/Wild foods:** Fishing activities is ongoing but on a very small scale due to lack insecurity. Wild fruits/vegetable/water lily are available as part of the coping strategy to sustain the communal livings.
			• **ACCESS:** The main sources of food are humanitarian assistance, wild food and fish. However, because of the resumption of fighting, the humanitarian response has been negatively affected in multiple locations (see HA section). Markets are generally not functioning. Accessible markets are in1-2 days distance.
			TWG assumptions for the projected period: Higher risk of conflict is foreseen in May-June. No cereal stocks will be available in lean season. As the rains will start, access to this area remains difficult, including for HA. However, larger quantities of fish and wild foods will be available. Food prices will rise due to low supplies and additional transportation costs. Malnutrition and mortality rates will be highest due to increase of water-borne diseases and malaria. The overall planned assistance for Leer is 3,132 Mt for the Jan – July 2017, for 100,000 beneficiaries but regular support will be impossible due to accessibility issue (70% of operational plan).
			TWG Final note: The feeling of the group is that the situation in Leer for the lean season (considering the low level of assistance) extremely high GAM proxy rates (Phase 5) may justify a Phase 5 given that three studies have already confirmed, but no sufficient evidence on food consumption was available to justify such a strong stand.

[18] *Detail key evidence provided and their reliability (e.g. FCS: 30% poor; 40% borderline, 30% acceptable, WFP FSMS, 450HHs random survey, Jan-Mar16; R3)*

Assessment by the IPC ERC Preparation Team - LEER				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[19]	Assessment of **Convergence of Evidence**[20]	Assessment **of Reliability of Evidences Provided**[21]	Conclusion on **Confidence Level** reached based on evidence reliability [23]	Highlight of main issues identified by the ERC Preparation Team
Majority of evidence provided points to worsening situation and in many cases the outcomes reflect emergency situation. A trend analysis done by the TWG, as well as reliable data providing evidence that the situation in 2017 is worse than in 2016 is somehow missing, apart from some data on harvest which indicate rather a certain stability (within a dramatic situation). Additional analysis of the trends for direct/indirect evidence from FSMNS, particularly in the case of 2 projection periods, could better support the classification in county level.[vi] Data on contributing factors well presented, however in many cases the reliability scores are missing in analysis worksheet or not well supported by relevant notes.	Nutrition and mortality indicators for the county point to "Famine" conditions. Some food consumption indicators (including FCS & HDDS) also converge well, indicating "emergency" conditions. Since it is likely that the lean season will be worse than the post-harvest season and that the planned HA expected to be irregular and well below requirements, evidence seems to converge to possible famine situation. Similarly, all contributing factors converge towards most likely deteriorating current catastrophic situation. The planned HA would cover 100.000 Beneficiaries out of a total population estimated in area 119,954 (of which 70,687 IDP). As security would allow implementation of about 70% planned HA, which the TWG estimates to be sufficient to cover 25% of monthly needs. The TWG estimates that 15% of the population will not receive enough assistance for preventing them to fall into phase 5.	• (FC/LC): FSNMS indicators should be R1 since sample is designed to be representative of the livelihood zone not of the county. To be noted that the FSMNS survey, where main part of evidence is derived from, including on food consumption and livelihood changes, does not cover Leer county and therefore the representativeness of the survey for Leer could be questionable. However it has to be noted that the area is highly insecure, difficulty data collection. • Nutrition: Direct reliable evidence OCHA/Concern Exhaustive Screening in Dec 2016 can be considered as reliable (R2) as well as Nile Hope, LEER COUNTY RNA REPORT, Sept. 2016 (R2) according to the IPC AM WG. The IPC ERC preparation team does not question this reliability score attributed by the IPC AM working group, however it would be good if the ERC could confirm the reliability score attributed. Reliability of the assessment WHO, IOM, Concern - Leer TPA Report, Nov. 2016 with assigned R1 cannot represent the situation at the country level due to small sample size and therefore could be used as an indirect evidence. • Mortality: data from ACF SMART Survey in Feb 2016 and DHC mortality study can be considered as "somewhat reliable" evidence as the timing and methods of the survey remains questionable. • In some cases reliability for evidence on contributing factors have not been assigned. However, the assigned scores for sources could be considered as R2 and R3, although clearly cannot be assessed due to lack of methodological note in the worksheets evidence repository.	Provided evidence may not be fully sufficient to classify the county in Phase 5 "Famine", however availability of sufficient "reliable" to "somehow reliable" evidence, including direct evidence on nutrition and mortality and deteriorating situation with outcome elements pointing to emergency situation during harvest period should be enough to classify the condition in Elevated Risk of Famine for the current and projection periods. Minimum requirement for Elevated Risk of Famine are: *"At least two pieces of direct reliable evidence from two of the three outcomes" or "At least two pieces of direct somewhat reliable evidence informing two of the three outcomes coming from at least two recent field assessments showing consistent findings"* and both conditions would be met on the ERC Preparation team opinion: • FSNMS on FC and LC (R1) • Leer RNA on LC (R2)/qualitative • OCHA on nutrition (R2) • Nile Hope RNA on nutrition (R2/1) • WHO, IOM, Concern on nutrition (R1) • ACF on mortality (R1) • REACH on mortality (R2/1)	**ERC Preparation Team Conclusion:** • Current: IPC Phase 4 • First projection period: Elevated Risk of Famine • Second projection period: Elevated Risk of Famine ********** **Main concerns highlighted to the ERC:** • FC/LC reliable evidence is a qualitative information *(Source: Nile Hope, LEER COUNTY RNA REPORT, Sept.'16 (R2))*: Most people lost virtually everything in the July 2016 fighting and currently have no assets. As the FSNMS cannot be reliable at Leer county level only extrapolation is possible. The ERC should assess whether the FSNMS evidence can reasonably be extrapolated and represent to a somewhat reliable extent the situation in Leer. • NUT: OCHA nutrition screenings have been considered R2 however the sample size seem not to be sufficient for consideration as exhaustive Screening. It might be that the territorial coverage was limited. If this is the case –the TWG did not provided details on this point- the ERC should assess whether these evidence can reasonably be *extrapolated and represent to a somewhat reliable extent* the situation in Leer. The following surveys have probably a overestimated reliability score: *Nile Hope RNA on nutrition and REACH on mortality* • The reliability score of mortality data (CDR) should be assessed given the 1 year recall period

[19] *Have the phases been determined based on a critical evaluation of all available evidence? Are the evidence appropriately referenced against the IPC Acute Reference Table? Are key evidences and analysis properly documented and clearly reported? Reviewers are requested to be concise and focus on critical issues regarding the utilization of evidence to support Famine classification*

[20] *What phase does the evidence indicates? Are the evidence "outlier"? Is the impact of Humanitarian Assistance being well assessed? Please consider all available evidence (outcome and contributing factors) when completing this section*

[21] *Based on the evidence provided with reliability scores given, what statements could the IPC TWG country do? Declaration on Famine? Elevated Risk? "Phase 4!"?*

IPC Country TWG Findings - Koch			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	TWG Classification	Evidence Provided & Reliability ATTRIBUTED by the TWG[22]

Koch	*Current: January, First projection: Feb-Apr & Second projection: May-July*	*Current: Phase 4 with 10% in catastrophe*
		First projection: Phase 4 with 15% in catastrophe
		Second projection: Phase 4 with 15% in catastrophe
			• ***FOOD CONSUMPTION*** *(source: FSNMS 19[vii]) :*
			  • Nile River Fishing Resources Zone: **FCS** (R2): Acceptable 32.7%, Borderline 23.8%, Poor 43.5% ; **HHS (R3):** None 13%, Slight 3.7%, Moderate 77%, Severe 6.2%, ; HDDS (Reliability not defined): Low 49.7%, Medium 17.2%, High 33.1% ; **rCSI** (Reliability not defined) No to low 72%, Medium 16.1%, High 11.8% ; **meal frequency** (Reliability not defined): day adults 1.38, Children 1.81 meals
			  • Oil Resources Zone: **FCS** (R2 in the Oil Resources Zone): Acceptable 32.7%, Borderline 24.9%, Poor 42.4%; **HHS** (R2): None 27.3%, Slight 7.4%, Moderate 53.5%, Severe 11.7% ; **HDDS** (Reliability not defined): Low 64.4%, Medium 17%, High 18.6%, very significant deterioration of HDDS as compared to last IPC (even though lean season); **rCSI** (Reliability not defined) No to low 74.3%, Medium 18.8%, High 6.9% ; **meal frequency** (R = 2): day – adults 1.50, Children 1.75 (average)
			• ***LIVELIHOOD CHANGE*** *(source: FSNMS 19[viii]) – R2:*
			  • *(sources: FSNMS, Rd 19, R2):* Nile River Basin Zone: **Coping Strategies:** No coping strategy: 32.0%, Stress CS: 4.8% , Crisis CS: 51.0%, Emergency CS: 12.2%
			  • *(sources: FSNMS, Rd 19, R2):* Oil resource Zone: **Coping Strategies:** No coping strategy CS- 45.3%, Stress Coping Strategy – 8.3%, Crisis CS - 24.4%, Emergency CS – 22%
			• ***NUTRITIONAL STATUS:*** *only surveys in LZE 9 in both northern and southern counties (Source: UNIDO SMART Survey - March 2016 - Mayendit North[ix]) : GAM – WHZ (R2) was 26.1% (2.1-30.5 95% CI) and SAM 4.6% (2.8- 7.5 95% CI) based on Weight-for-Height and the presence of bilateral oedema and GAM-MUAC (R2) was 9.9% (6.8-14.4 95% CI) while SAM 0.9% (0.3- 2.4 95% CI) AND (Source: Samaritans Purse SMART Survey - 25th May 2016 - Mayendit South[x]): GAM – WHZ (R1) was 23.8% (20.3-27.5 CI) and SAM 5.8 (4.3-7.9 CI) and General MUAC (R1) 13.6(10.4-17.6%) while SAM 2.1(1.3-3.3%). (Source: SMART Survey Rubkona - CARE - 8th Dec 2016, R3): GAM – WHZ 20.2 ; SAM – WHZ 2.8; GAM – MUAC was 10.7% (7.9-14.4 95% CI) and SAM – MUAC was 0.7% (0.2-2.2 95% CI), Global underweight prevalence 25.1 % (20.2-30.8 95% CI), which is classified as high based on WHO emergency threshold.*
			• ***MORTALITY*** *(all of this mortality data include trauma related deaths): only surveys in LZE 9 in both northern and southern counties (Source: UNIDO SMART Survey - March 2016 - Mayendit North): CDR (R2) 3.28/10,000/day (2.27-4.71 CI) Of the deaths recorded during the recall period 59.1% were caused by injury/traumatic and U5DR (R2) 0.77/10,000/day (0.29-2.00 CI) AND (Samaritan Purse SMART survey - 25th May 2016, reliability score not indicated but it should be same as for GAM, R 1): CDR 1.08/10,000/day (0.79-1.48) and U5DR 0.644 (0.21-1.98). (Source: SMART Survey Rubkona - CARE - 8th Dec 2016, R3): CDR(10000/day)- 2.64 (1.87-3.72 95% C.I) - extremely high increase since last IPC round AND U5 CDR(10,000/day)-1.11 (0.48-2.57 95% C.I) - extremely high increase since last IPC round. Indirect evidence: (Source: REACH, Situation Overview, Oct. 2016, R2): 39% of assessed communities reported that deaths from hunger had occurred in the past 3 months. Overwhelming majority of communities reporting such deaths are located in Leer, Koch and Mayendit.*
			HUMANITARIAN ASSISTANCE *: (Source: WFP Report, R3) Current: Since September 2016, there has been NO food assistance to this county AND Projected: 1,000 Mt for the Jan - July 2017 period, for 20,000 beneficiaries over 100.000 PIN with security concern likely only cover 70% of operational plan (assistance would cover food needs for 1 week per month). Considering the extremely vulnerable situation of the area, this level of assistance may not be adequate to avoid a food security catastrophe for at least 15 % of the population.*
			Contributing Factors
			• ***SHOCKS:*** *Aid worked left the area (OCHA, R3)**;** Violence resurge in November (REACH, R3) **;** IDP 26332 over population of 133.544 (source?); 10.000 people moved out of Leer and Koch to Bentiu (Rubkona), 84% because of lack of food (OCHA)*
			• ***AVAILABILITY:*** *87% gap in annual cereal needs (CFSAM 2016 Report, R3). Most of the animals were looted (Joint Assessment R2), Fishing activities is ongoing but on a very small scale due to insecurity. Foraging on wild foods has likely become more prevalent because the increased instability has impeded cultivation, forced many to flee to areas where foraging is the only viable source of food, and prevented humanitarians from accessing certain food insecure areas (REACH, Situation Overview, Oct. 2016, R2).*
			• ***ACCESS:*** *No cereals in any market in Koch. 33.3% of HHs spend more than 75% incomes on food (FSNMS 19 - R2).*
			TWG assumptions for the projected period: *Security will remain very precarious, and will force some more people to migrate. FS situation is expected to deteriorate. HA will left 15% of PIN unassisted. Nutrition status will deteriorate as a result of inadequate access to food (despite some fish and wild food becoming available in the 2nd projection), safe water and sanitation. In the second projection rains will leave the area disconnected impeding access to flood-prone areas.*
			TWG Final note: *The feeling of the group is that the situation in Koch for the lean season (considering the low level of assistance) may justify a phase 5, but no sufficient evidence to justify such a strong stand.*

[22] *Detail key evidence provided and their reliability (e.g. FCS: 30% poor; 40% borderline, 30% acceptable, WFP FSMS, 450HHs random survey, Jan-Mar16; R3)*

Assessment by the IPC ERC Preparation Team - Koch				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[23]	Assessment of **Convergence of Evidence[24]**	Assessment **of Reliability of Evidences Provided[25]**	Conclusion on **Confidence Level** reached based on evidence reliability [27]	Highlight of main issues identified by the ERC Preparation Team
FSNMS indicators show a deterioration of the situation in this harvest season compared to the last year[26], which could lead to the assumption that the next lean season would be worse than the previous. Many of the statements made by the TWG are reasonable from the perspective of the ERC Preparation Team, however the analysis provided by the TWG does not provide evidence of some of these statements (e.g., next year's lean season will be worse than last). The ERC Preparation Team would add this available evidence to the analysis. As a consequence of missing evidence on trends, a trend analysis is also somehow missing and it would help the rational for the risk of famine, since Mortality and Nutrition data during last year's lean season and pre-lean season already displayed a situation close to phase 5.	Some food consumption indicators (FCS and HDDS), livelihood change indicators and nutrition data in neighboring areas already show a situation which could be classified as phase 4 during harvest period. Last year, during the same period as the one considered in the projection and in neighbor areas sharing the same livelihood zones as Koch, nutrition and mortality were at levels close to famine thresholds. Given that current situation seems worst that last year's at the same period, that conflict is assumed to continue in this area, and that HA is foreseen that will be well below requirements, it seems justified to think that next lean season will be worse than last year's which already was close to a famine-like situation. All contributing factors converge toward a most likely deterioration of the current situation that seems already to be in phase 4.	• <u>(FC/LC):</u> FSNMS indicators should be R1 instead of R2, since sample is designed to be representative of the livelihood zone not of the county. Still survey data could have been re-analyzed to obtain values for Koch provided the survey have been done to a minimal number of households in the county. That minimal sample size is not reached in Koch[xi]. OCHA evidence on IDP outflow from Koch for lack of food can be assigned a R2 or R1 instead of R3, depending on the survey methodology (not available). • <u>Nutrition:</u> UNIDO and Samaritarian Purse SMART cannot be considered as R2 for Koch as representative of lean season in another county in the same LZ. However a CARE SMART in Rubkona County can be used also as evidence of the same LZ and provides a more recent (post-harvest) data. Both evidence can be considered as somewhat reliable (R1) according to IPC AFI scale, but not reliable according to the IPC AM Scale (R0). Furthermore, they provide a post-harvest/lean season trend perspective useful for the analysis. • <u>Mortality:</u> UNIDO and Samaritarian Purse SMART cannot be considered as R2 for Koch as representative of lean season in another county in the same LZ, however CARE SMART in Rubkona County can be used also as evidence of the same LZ and provides a more recent data. Both evidence can be considered as somewhat reliable (R1) according to IPC AFI scale. The information on reported death by hunger is R2 although not providing CDR/U5DR. • Contributing factors informing of a deterioration of the situation are scored R2 and R3 and its reliability cannot be assessed due to lack of methodological note.	Evidence lack reliability to project a famine, however according to the Famine Guidance Note, there could be enough evidence to classify the county as in Elevated Risk of Famine for the projection periods. The requirement for: "At least two pieces of direct somewhat reliable evidence informing two of the three outcomes coming from at least two recent field assessments showing consistent findings" are met by the following evidence: • FSNMS on FC and LC (R1) • OCHA Factsheet on LC (R2/1) • CARE SMART on nutrition (R1) • Samaritarian Purse on nutrition (R1) • UNIDO on nutrition (R1) • CARE SMART on mortality (R1) • Samaritarian Purse on mortality (R1) • UNIDO on mortality (R1)	**ERC Preparation Team Conclusion:** • Current: IPC Phase 4 • First projection period: Elevated Risk of Famine • Second projection period: Elevated Risk of Famine ********** **Main concerns highlighted to the ERC:** • As the classification provides several converging evidence but only one of this (an OCHA Factsheet) is considered as reliable (R2) the ERC should verify to what extent the R1 evidence can be considered as somewhat reliable evidence • As trend analysis done by TWG is weak, the ERC should assess if the trend analysis outlined in this table is valid to justify Elevated Risk of Famine classification • Nutrition data specific for the county are not available, however there are evidence from the same LZ in the northern (Rubkona) and Southern (Maynedit) counties, both showing alarming levels in lean season and harvest season, and provided the contributing factors there is no evidence pointing at a different situation in this county between the two, mostly inaccessible. The ERC should assess whether the result of these 3 SMART survey can reasonably be extrapolated and represent to a somewhat reliable extent the situation in Kock.

[23] Have the phases been determined based on a critical evaluation of all available evidence? Are the evidence appropriately referenced against the IPC Acute Reference Table? Are key evidences and analysis properly documented and clearly reported? Reviewers are requested to be concise and focus on critical issues regarding the utilization of evidence to support Famine classification

[24] What phase does the evidence indicates? Are the evidence "outlier"? Is the impact of Humanitarian Assistance being well assessed? Please consider all available evidence (outcome and contributing factors) when completing this section

[25] Based on the evidence provided with reliability scores given, what statements could the IPC TWG country do? Declaration on Famine? Elevated Risk? "Phase 4!"?

[26] In Koch, the Food consumption score poor deteriorated from 23% to 42.4% between last year and this year; the Household Hunger Scale severe slightly improved from 15% last year to 11.7 % his year; and the reduced Coping Strategy Index high deteriorated from 0% last year to 6.9% this year.

IPC Country TWG Findings			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	TWG classification	Evidence Provided & Reliability ATTRIBUTED by the TWG[27]
Panyijar	*Current: January, First projection: Feb-Apr & Second projection: May-July*	*Current: Phase 4 with 0% in catastrophe* *First projection: Phase 4 with 0% in catastrophe* *Second projection: Phase 4 with 0% in catastrophe*	**FOOD CONSUMPTION** *(source: FSNMS 19[xii])* • Nile River Fishing Resources Zone: **FCS** (R2): Acceptable 32.7%, Borderline 23.8%, Poor 43.5% ; **HHS (R3):** None 13%, Slight 3.7%, Moderate 77%, Severe 6.2%, ; HDDS (Reliability not defined): Low 49.7%, Medium 17.2%, High 33.1% ; **rCSI** (Reliability not defined) No to low 72%, Medium 16.1%, High 11.8% ; **meal frequency** (Reliability not defined): day adults 1.38, Children 1.81 meals • Oil Resources Zone: **FCS** (R2 in the Oil Resources Zone): Acceptable 32.7%, Borderline 24.9%, Poor 42.4%; **HHS** (R2): None 27.3%, Slight 7.4%, Moderate 53.5%, Severe 11.7% ; **HDDS** (Reliability not defined): Low 64.4%, Medium 17%, High 18.6%, very significant deterioration of HDDS as compared to last IPC (even though lean season); **rCSI** (Reliability not defined) No to low 74.3%, Medium 18.8%, High 6.9% ; **meal frequency** (R = 2): day – adults 1.50, Children 1.75 (average) **LIVELIHOOD CHANGE** • *(source: CRS Rapid Humanitarian Assessments, Dec 2016, R2)* The conflict has severely affected the livelihoods and caused disruption and loss of productive assets to a portion of the current host community. This, coupled with the pressure of sharing resources with new arrivals, has adversely affected the food security and livelihoods situation of the population. Food security and livelihoods situation is deteriorating owing to poor crop yields of this year coupled with the challenges of sharing diminishing resources with IDPs. Farmers ate their seed reserves. • *(sources: FSNMS, Rd 19, R2):* Nile River Basin Zone: **Coping Strategies:** No coping strategy: 32.0%, Stress CS: 4.8% , Crisis CS: 51.0%, Emergency CS: 12.2% • *(sources: FSNMS, Rd 19, R2):* Oil resource Zone: **Coping Strategies:** No coping strategy CS- 45.3%, Stress Coping Strategy – 8.3%, Crisis CS - 24.4%, Emergency CS – 22% **NUTRITIONAL STATUS** • ***(****source: IRC MASS MUACC screening - January 2017, R3, sample size: 2,500 children):* GAM: 35.2%, SAM: 11.5 % • *(source: IRC SMART Survey - 26th April, 2016, R1) :* GAM: 16.9% (13.3 - 21.2 CI), SAM: 4.5% (2.5 - 8.0 CI) • *(source : SMART Survey – Nov. 2015, R2) :* GAM: 21.6% (Proxy SAM: 4.8; Proxy GAM: 22.5) *– old, used just for trend analysis* • *(source: SMART Survey – May 2015, R2):* GAM: 24.2% (20.6 - 28.2 CI), SAM: 7.2% (5 - 10.2 CI) *– old, used just for trend analysis* • *(source: SMART Survey – Apr. 2014, R2) :* GAM: 32.8% (27.7 - 38.3 CI, SAM: 10.8% (7.7 - 14.9 CI) *– old, used just for trend analysis* **MORTALITY** • *(source: IRC SMART Survey - 26th April, 2016 R1) :* CDR 1.44/10,000/day (1.02-2.01 CI), U5DR 1.77/10,000/day (1.04-3.02 CI) • *(source: SMART Survey – Nov., 2015 R2):* CDR 1.79/10,000/day, U5DR 1.77/10,000/day **HUMANITARIAN ASSISTANCE** "The planned humanitarian assistance of 8,806 Mt Mt for the Jan – July 2017 period, for over 130,000 beneficiaries. Given the logistic constraints and prevailing insecurity in the area, the most likely scenario (70% of operational plan) is that the assistance would cover food needs for about two weeks per months. Planned levels of assistance should be enough to prevent the area from experiencing emergency food insecurity levels, provided that the planned assistance is adjusted upwards if the IDP population further increases." **CONTRIBUTING FACTORS (summarized)** • **Shocks and vulnerability:** *(source: CRS and OCHA, December 2016, R2 and 3)* 67 000 IDPs arrive to the zone since April 2016 ; *(source: CRS, Dec. 2016, R2)* Floods destroyed crops in the Greater Nyal area in July 2016 ; *(source: CRS Dec 2016, R2)* Reports of deterioration of community resilience, shortage of access to clean water, risk of Cholera; Interruption of HA from September to November 2016.; *(source:* FSNMS R19, R2): Expenditure shares in Nile basin: Very high spending (Above 75%) - 32.3%, High spending (65-75%): 7.5%, Medium spending (50-65%): 8.3%, Low: 51.9% • **Availability:** (*source CFSAM Report 16-17, R3)*: Cereal production decrease as compared to previous year and five-year average. Poor crop yields are coupled with the challenges of sharing resources with arrived IDPs. High potential for dry season vegetables and fruit production ; *(source: CRS, Dec. 2016, R2)*: Markets are functioning to a limited extent ; (source: *FSNMS Rd 19, Dec 2016, R2)*: 41% don't own any livestock ; *(source: CRS, Dec 2016, R2):* Great potential for fishing but lack of adequate gear at HHs and market level • **Access:** *(source: CRS, Dec. 2016, R2):* Current sources of food are humanitarian assistance (76134 beneficiaries targeted with 1,274 MT from Sep to Dec 2016) and wild foods, fishing, and own production (small percentage), Some food commodities doubled the price as compared to last year

[27] *Detail key evidence provided and their reliability (e.g. FCS: 30% poor; 40% borderline, 30% acceptable, WFP FSMS, 450HHs random survey, Jan-Mar16; R3)*

Assessment by the IPC ERC Preparation Team - Panyijar				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[28]	Assessment of **Convergence of Evidence**[29]	Assessment **of Reliability of Evidences Provided**[30]	Conclusion on **Confidence Level** reached based on evidence reliability [32]	Highlight of main issues identified by the ERC Preparation Team
FSNMS indicators show a deterioration of the situation in this harvest season compared to the last year[xiii], which could lead to the assumption that the next lean season would be worse than the previous. Also, GAM rates for the harvest season show a deteriorating trend when compared to the previous one. Many of the statements made by the TWG are reasonable from the perspective of the ERC Preparation Team, however the analysis provided by the TWG does not provide evidence of some of these statements (e.g., next year's lean season will be worse than last). The ERC Preparation Team would add this available evidence to the analysis. Although for the current period the coverage of total population by Humanitarian assistance is 40%, it has to be noted that the HA was only delivered in 1 month in the last trimester as October and November there was no distribution. It is not clear whether the FSNMS has captured the impact of the HA: the data might present a situation without taking into account the HA impact. However, the planned humanitarian assistance and the relative calm in terms of security situation that is expected have been considered as factors that will counter balance the worsen trend. The TWG assumed that the HA will be enough to cover needs for half of the monthly needs for the entire population until July, even if the IDPs inflow continued for the whole projection period.	Food consumption and livelihood change indicators already show a situation which could be indicatively classified as phase 4 during harvest period. Although the FSNMS could have not been able to capture the result of HA delivered in December, the available GAM information for the current period is well above phase 5 levels and the deterioration compared to last year in the same season is from GAM: 21.6% to GAM: 35.2%, SAM: 11.5%). Contributing factor information is compatible with a phase 4 situation. According to the analysis of the ERC preparation team over the information provided on Humanitarian assistance: ▪ Current HA has been 1.274 Mt for 76.134 beneficiaries in 3 months (only December) = 0.0056 Mt/BNF/month ▪ Projected HA is 8.806 Mt for (70% of 130.000 BNF=) in 6 months = 0.016128 Mt/BNF/month or It seems there would be an increase in HA in the projected period. Given this element, the ERC Preparation team would propose the following classification: IPC Phase 4 – Current. Although the coverage of total population by HA is 40%, it has to be noted that the HA was only delivered in 1 month in the last trimester as October and November there was not HA. It is not clear whether the FSNMS captured the impact of the HA therefore the data might present a situation without taking into account the HA impact. IPC Phase 3! - Projection. For the next six months only half ration will be provided although to an increased number of beneficiaries. The total amount of Mt that will be distributed is almost double the current. Despite the deterioration foreseen going towards the lean season, there is still some access to wild food and fishing.	▪ (FC/LC): FSNMS indicators should be R1 since sample is designed to be representative of the livelihood zone not of the county. Still survey data could have been re-analyzed to obtain values for Panyijar provided the survey have been done to a minimal number of households in the county. That minimal sample size is not reached in Panyijiar. ▪ Nutrition: Most recent GAM data comes from mass MUAC screening considered to be as R = 2 in the IPC Acute Malnutrition protocol (equivalent to R = 3 in the IPC Acute Food Insecurity). The IPC ERC preparation team does not question this reliability score however it would be good if the ERC could confirm the reliability score attributed. ▪ Mortality: There is no recent data on mortality and the TWG should not have used these evidence. ▪ Contributing factors informing of a deterioration of the situation are scored R2 and R3 and its reliability cannot be assessed due to lack of methodological note.	According to the ERC Preparation Team assessment of reliability scores this area would reach the minimal confidence level for IPC phase 4 current and IPC phase 3! For which indicators are estimated to converge. (Table 5 of the IPC Manual v 2.0.) However it has to be noticed that in absence of the planned Humanitarian Assistance, should the security situation further worsening, the area would probably go from IPC phase 3! to IPC phase 5 rather than to IPC phase 4, given the very important role the Humanitarian Assistance is playing in avoiding Famine. Confidence Level: • FSNMS on FC and LC (R1) • CRS on LC (R2) • IRC on nutrition (R3/2) • HA current/planned (R2)	This area **ERC Preparation Team Conclusion:** • Current: IPC Phase 4 • First projection period: IPC Phase 3! • Second projection period: IPC Phase 3! However, given the essential role played by Humanitarian assistance it would have to be mentioned that should the security situation further worsening, the area would probably go from IPC phase 3! to IPC phase 5. Could also be indicated as worst case scenario. ********** **Main concerns highlighted to the ERC:** ▪ The ERC Preparation team was concerned by the low impact of current significant HA not having impacted on nutrition status. ▪ Most recent GAM data comes from mass MUAC screening considered to be as R = 2 in the IPC Acute Malnutrition protocol (equivalent to R = 3 in the IPC Acute Food Insecurity). The IPC ERC preparation team does not question this reliability score however it would be good if the ERC could confirm the reliability score attributed.

[28] *Have the phases been determined based on a critical evaluation of all available evidence? Are the evidence appropriately referenced against the IPC Acute Reference Table? Are key evidences and analysis properly documented and clearly reported? Reviewers are requested to be concise and focus on critical issues regarding the utilization of evidence to support Famine classification*

[29] *What phase does the evidence indicates? Are the evidence "outlier"? Is the impact of Humanitarian Assistance being well assessed? Please consider all available evidence (outcome and contributing factors) when completing this section*

[30] *Based on the evidence provided with reliability scores given, what statements could the IPC TWG country do? Declaration on Famine? Elevated Risk? "Phase 4!"?*

IPC Country TWG Findings - Northern Bahr el Ghazal			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	TWG Classification	Evidence Provided & Reliability ATTRIBUTED by the TWG[31]
Northern Bahr el Ghazal	*Current: January, First projection: Feb-Apr & Second projection: May-July*	**January:** **Aweil East Phase 3!** (10% in Phase 4) **Aweil Centre Phase 2** (15% phase 3 and 10% phase 4 ?? – error by TWG?) **Aweil North, South and West Phase 3** (10%, 10% and 15% in Phase 4) **Feb-Apr:** **Aweil East Phase 3!** (10% in Phase 4) **Aweil Centre and Aweil North Phase 3** (10% in Phase 4) **Aweil South and Aweil West in Phase 4** (10% in Phase 4) **May-Jul:** **Aweil East, Aweil Centre and Aweil North in Phase 3!** (15% in Phase 4) **Aweil South and Aweil West in Phase 4** (20% in Phase 4)	**FOOD CONSUMPTION** (source: FSNMS 19[xiv]) **– R2** by livelihood zone**:** • Western Groundnuts, Simsim and Sorghum (parts of Aweil West and Aweil Centre): FCS (R2) Acceptable 13.3%, Borderline 15.6%, **Poor 71.1%**; HHS (R2) None 57.4%, Slight 5.0%, **Moderate 30.7%**, Severe 6.9%; HDDS (R2) **No to low 49.4%**, Medium 29.2%, High 21.3%; rCSI (R2) Low 77.2%, **Medium 17.8%**, High 5.0%; Meal frequency: 1.74 adults and 1.96 children. • Greater Bahr el Ghazal Sorghum and Cattle (Aweil East, Aweil North, Aweil South, and parts of Aweil West and Aweil Centre): FCS (R2) Acceptable 30.7%, Borderline 22.7%, **Poor 46.6%**; HHS (R2) None 36.9%, slight 6.3%, **moderate 49.2%**, severe 7.5%; HDDS (R2) **No to low 62.5%**, medium 16.4%, high 18.4%; rCSI (R2) low 77.5%, **medium 15.2%**, high 7.3%; Meal frequency 1.47 adults and 1.64 children. • In terms of food coping, households in NBG reported buying cheaper and less nutritious foods (54.6%), reducing portion sizes at meals (60.9%), reducing consumption by adults in order for small children to eat (50%), and reducing the number of meals eaten per day (57.1%). **LIVELIHOOD CHANGE** (source: FSNMS 19[xv]) **– R2** by livelihood zone: • Western Groundnuts, Simsim and Sorghum (parts of Aweil West and Aweil Centre) Households not using any livelihood coping 53.3%, Stress coping 4.4%, **Crisis coping 35.6%**, and Emergency coping 6.7%. • Greater Bahr el Ghazal Sorghum and Cattle (Aweil East, Aweil North, Aweil South, and parts of Aweil West and Aweil Centre): Households not using any livelihood coping 39%, Stress coping 7.9%, Crisis coping 29.6%, and **Emergency coping 23.5%.** • 85% of households have not changed their livelihoods in the past 3 years. 52% of respondents report, however, that income from agriculture and sale of cereals (main livelihood) has decreased by >50% due to loss of crops and hyperinflation, latter making also sale of livestock unprofitable. **NUTRITIONAL STATUS:** • Aweil East: (Source IRC/ACF Smart survey in Dec 2016 – NO RS indicated): GAM – WHZ (R2) was 17.2% and SAM 1.6% and GAM-MUAC (R2) was 8.3% • Aweil Centre: (Source IFANSCA) R3: GAM – WHZ was 9.1%, SAM – WHZ was 1.4%, and GAM – MUAC was 11.4% GAM rates have decreased significantly since July's rate of 33.3% as a result of WFP's intervention during the lean season. • Aweil West: (Source IFANSCA Dec 2016) R3: GAM – WHZ was 19.9%, SAM – WHZ was 3.6% and GAM – MUAC was 8.9% • Aweil North : **Not used by AFI TWG but available at AMN TGW: (Source IMC Smart, Sept 2016): GAM WHZ 28.1** • Aweil South : **Not used by AFI TWG but available at AMN TGW: (Source IMC Smart, Jan 2017): GAM WHZ 20.2** **MORTALITY: – R2** • Aweil East: (Source IRC/ACF Smart survey in Dec 2016 – NO RS indicated): CDR 1.61/10,000/day and U5DR 2.57/10,000/day – **not reliable** • Aweil Centre: (Source IFANSCA) R3: CDR 0.66/10,000/day and U5DR 0.47/10,000/day • *Aweil North: (Source FSNMS Dec 2016) R2: CDR (95% CI) 0.71/10,000/day and U5DR 1.07/10,000/day – no specific data for the county exists* • *Aweil South: (Source FSNMS Dec 2016) R2: CDR (95% CI) 0.71/10,000/day and U5DR 1.07/10,000/day – no specific data for the county exists* • Aweil West: (Source IFANSCA) R3: CDR 0.36/10,000/day and U5DR 0.79/10,000/day **HUMANITARIAN ASSISTANCE** : (Source: WFP Report) - R3: Current: Between August 2016 and January 2017 663,850 beneficiaries received food aid in Aweil East, South, Centre and West – aid was also distributed in Aweil North, but no statistics on that are available. The 663,850 beneficiaries are around 47% of the estimated total population of 1,393,547 (not including the beneficiaries in Aweil North). Projected: 193 Mt for the Feb-Apr 2017 period in Aweil South for 22,000 beneficiaries – no other information on humanitarian assistance for projection periods recorded in worksheet. **Contributing Factors** • **SHOCKS:** One of the major shocks is insecurity on major roads, especially between Juba and Rumbek, restricting trade and availability of commodities on markets in NBeG. The closure of the Sudan border also limits access to food commodities. These shocks have major impacts on NBG, as population in the state depends mostly on markets for food (75%). High incidence of malaria, diarrhea, ARI (61% based on FSNMS data, R2) at household level has impacted on households' ability to participate in livelihood activities, and means also that some of the household income goes towards caring for the sick household members. • **AVAILABILITY:** According to the CFSAM 2016 report, cereal production compared to annual needs varies substantially between counties. Aweil East has a deficit of 38%, Aweil Centre a deficit of 11%, Aweil South a deficit of 13% and Aweil West a deficit of 6%, whereas Aweil North has a surplus of 2%. There was a high availability of fish during the flooding season (around Sept) but during the dry period from Jan to May fish supply is expected to be limited. Also availability of livestock products will decrease over the projection periods as most animals are taken to dry season pastures away from bomas. • **ACCESS:** Access to markets varies considerably between the counties. Food prices in all markets have skyrocketed: sorghum prices late last year (at harvest period) were 327 – 342% higher than during the same period last year, severely restricting access of households to food. **TWG assumptions for the projected period:** Security will remain very precarious, meaning that trade routes will continue to be disrupted. Hyperinflation combined with low availability of goods is likely to restrict food access of the population, and this may lead to asset stripping over the projection periods especially for those households who have received little or no harvest. The TWG also assumes that food aid will be required to keep the situation from sliding into an emergency in NBG over the lean season.

[31] *Detail key evidence provided and their reliability (e.g. FCS: 30% poor; 40% borderline, 30% acceptable, WFP FSMS, 450HHs random survey, Jan-Mar16; R3)*

Assessment by the IPC ERC Preparation Team - Northern Bahr el Ghazal				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[32]	Assessment of **Convergence of Evidence**[33]	Assessment **of Reliability of Evidences Provided**[34]	Conclusion on **Confidence Level** reached based on evidence reliability [36]	Highlight of main issues identified by the ERC Preparation Team
Although final classification is overall relevant with outcome indicative phase, there is a weak use of outcome evidence to justify Phase classifications either for current or projected time periods in the conclusions. The TWG used and interpreted the evidence concluding for overall a state classification of 3! For the current period in Aweii east. The ERC preparation team estimates that the situation in Aweil East is more severe and should be classified in phase 4. However, the ERC Preparation Team estimates that there has not been an optimal use of HA information nor optimal presentation of current and planned HA – while it seems the HA had played a prominent role. The use of the (!) Should be better justified with calculation on how the HA projected will impact on the classification. This is particularly important for Aweil East, where the current situation is already in Phase 4.	• **Food consumption** overall indicates a Phase 3-4 situation. In comparison to same time last year the food consumption situation has worsened at state level according to all indicators: poor FCS has increased from 33% to 46%, severe HHS from 1.4% to 12.6%, low HHDS from 40% to 64%, and high rCSI from 0.5% to 1.7%. Many of the indicators are similar to, or worse than Unity state where we are talking about famine risk. This includes FCS (Worse), HHS (similar), HDDS (Similar), rCSI (similar), LH coping similar, Nutrition (worse).Evidence show a deterioration of the food consumption situation in this harvest season compared to the same last year, however it would be good to refine the analysis on whether these deficits are within normal ranges.[xvi] • **Livelihood change** situation overall indicates an improving situation compared to same time last year: at state level emergency coping has decreased from 41% to 11% and crisis coping from 30% to 28%. Overall the livelihood change situation points at Phase 3, with the possible exception of Greater Bahr el Ghazal Sorghum and Cattle zone where employment of emergency coping strategies is high and indicates a Phase 4 situation[xvii] Livelihood change situation overall has improved, however, with possible deterioration in the counties belonging to the Greater Bahr el Ghazal Sorghum and Cattle livelihood zone. Malnutrition situation has improved greatly from the situation during the last lean season, and is now largely below the emergency threshold. • **Nutrition** data indicates a Phase 3 situation at state level, and in Aweil Centre, Aweil North and Aweil South. In Aweil East and Aweil West surveys conducted in December indicate a Phase 4 situation. • **Mortality**: not sufficiently reliable. • Information on **contributing factors** (large price increases and low access to food) is in line with the evidence on outcomes and with most classifications. It seems likely that the classifications of Phase 3 for most areas are correct, with the possible exception of Aweil East where both malnutrition and mortality situations would support a Phase 4 classification for the current period (instead of 3!). The most serious situation exists in Aweil East with Phase 4 level nutrition and mortality data in harvest season (not, however, close to Phase 5), and livelihood zone data indicating Phase 3-4 food consumption and Phase 4 livelihood change situation. However the lack of accurate analysis of impact of current and projected HA impede to estimate the evolution from current situation. Regarding other counties the food security and nutrition situation based on data detailed above is indicative of Phase 3. Based on current situation, contributing factors and seasonal patterns it is likely that the situation will not improve in NBG in the coming months, and instead further deterioration is likely if humanitarian aid is not delivered to the affected population. Given that last lean season IPC classification was close to famine and this year some harvest indicators are worse despite HA the ERC preparation Team estimates high risk of deterioration in the lean season especially in Aweil East.	Evidence availability and reliability especially regarding outcomes is fair. • **(FC/LC):** FSNMS indicators have a reliability score of 2 according to the TWG. The assessment of reliability for Unity has been R1 as evidence were considered representative only at state level. However, for NBEG the sample size is 1015 and at county level the sample size seems to be sufficient even at county level in Aweil East, West and Centre. For this reason, data on these three counties might be considered R2. • **Nutrition:** According to the IPC AMN analysis the survey used for NBEG have all R2 (AMN reliability scale. The IPC ERC preparation team does not question this reliability score however it would be good if the ERC could confirm the reliability score attributed. ➢ AEast: IRC/ACF Smart (R2) ➢ ACentre: IFANSCA (R2) ➢ ANorth: IRC (R2) ➢ ASouth (R2) ➢ AWest: IFANSCA (R2) • **No data on mortality** • **Contributing factors:** No reliability scores have been attributed. However, information coming from FSNMS is expected to have a reliability score of 2 (for example disease incidence).	The acceptable confidence level (or higher) is met for all counties. The FSNMS teams were able to collect data in all NBG counties, and separate outcome data on nutrition and mortality has been collected in some counties.	This area **ERC Preparation Team Conclusion:** The ERC Preparation Team was unable to conclude given the limited information on HA. With current information Aweil North current situation would be most likely phase 4 then 3! Information and analysis on projected HA is crucial for the projected classification. ********** **Main concerns highlighted to the ERC:** • Current evidence do not converge to famine levels, however the projected HA seems inferior in the current period, unless misunderstood by the ERC preparation team. ERC should assess how planned HA had impacted or would impact situation in **Aweil East.** • **NB: information on planned HA have been requested to the TWG but has not been shared yet. Once available it will be immediately shared with the ERC.** • All evidence provided on nutrition and mortality are scored R2. The IPC ERC preparation team does not question this reliability score however it would be good if the ERC could confirm the reliability score attributed.

[32] *Have the phases been determined based on a critical evaluation of all available evidence? Are the evidence appropriately referenced against the IPC Acute Reference Table? Are key evidences and analysis properly documented and clearly reported? Reviewers are requested to be concise and focus on critical issues regarding the utilization of evidence to support Famine classification*
[33] *What phase does the evidence indicates? Are the evidence "outlier"? Is the impact of Humanitarian Assistance being well assessed? Please consider all available evidence (outcome and contributing factors) when completing this section*
[34] *Based on the evidence provided with reliability scores given, what statements could the IPC TWG country do? Declaration on Famine? Elevated Risk? "Phase 4!"?*

IPC Country TWG Findings - Northeastern Cattle and Maize livelihood zone			
Analysis Units		**National TWG Conclusions and key evidence Used**	
Area Name	Period	TWG Classification	Evidence Provided & Reliability ATTRIBUTED by the TWG[35]
Northeastern Cattle and Maize livelihood zone	*Current: January, First projection: Feb-Apr & Second projection: May-July*	**Current (Januray 2017:)** Maiwut Phase 3, Nasir, Ulang, Baliet, and Longochuk Phase 2. Baliet has 5% in Phase 4, all others 0%. **Feb-Apr**: Maiwut Phase 3, Nasir, Ulang, Baliet, and Longochuk Phase 2. Baliet has 10% in Phase 4, all others 5%. **May-Jul:** All counties in Phase 3. Baliet has 15% in Phase 4, Nasir 10%, and Ulang, Maiwut and Longochuk 5%.	**FOOD CONSUMPTION** (source: FSNMS 19[xviii]) **– R2:** North Eastern Cattle and Maize: FCS (R2) Acceptable 23%, Borderline 26.1%, **Poor 50.9%**; HHS (R2) None 13.1%, Slight 1.8%, **Moderate 80%**, Severe 5.1%; HDDS[xix] (R2) **No to low 58.9%**, Medium 19.6%, High 21.4% (HDDS calculated based on 7 food groups instead of 12); rCSI (R2) Low 55.6%, **Medium 44.4%**, High 0%; Meal frequency: 1.5 adults and 1.85 children. Compared to same time last year the food consumption situation has deteriorated based on review of data on food consumption indicators: share of poor food consumption (FSC) has increased from 31% to 51%, severe HHS has increased from 3% to 5% and moderate from 75% to 80%, low HDDS (7 food groups) from 29% to 59%. Share of high rCSI has remained about the same (0% vs. 1%), whereas share of medium rCSI has increased from 37% to 44%. **LIVELIHOOD CHANGE** (source: FSNMS 19[xx]) **– R2**: North Eastern Cattle and Maize: Households not using any livelihood coping 41.6%, Stress coping 4.4%, Crisis coping 27%, and **Emergency coping 27%.** Livelihood coping situation has improved compared to last year: Share of households not using any livelihood coping has increased from 22.5% to 41.6%, use of stress coping has reduced from 8.5% to 4.4%, and crisis coping has reduced from 41.4% to 27%. Use of emergency strategies, however, has remained at the same level (27% vs. 28%). **NUTRITIONAL STATUS:** (Source: FSNMS - December 2016**) – R2:** GAM - MUAC 13.6%. The only nutrition information available is from the FSNMS. According to the FSNMS the GAM by MUAC is 13.6%, indicating a Phase 4 situation. **MORTALITY:** No mortality data available **HUMANITARIAN ASSISTANCE**: (Source: WFP Report) - R3: Little information on humanitarian assistance recorded in worksheet – humanitarian assistance in UNS provided typically only to IDPs with infrequent distributions. Baliet and Longochuk, for example, have not received any distributions in recent months. Humanitarian assistance is not considered to be enough to merit the use of an exclamation mark either in current or in projection analyses in any of the counties in the livelihood zone. **Contributing Factors** • **SHOCKS:** Major shocks in the area are insecurity and presence of IDPs. Recently there was fighting in Nasir which led to displacement of 37,000 people, 14% of the total population. IDPs are present in most counties. • **AVAILABILITY:** According to the CFSAM 2016 report, cereal production in counties is very low compared to annual needs. Baliet has a deficit of 93%, Longochuk a deficit of 73%, Maiwut a deficit of 78%, Nasir a deficit of 67%, and Ulang a deficit of 78%. However, if should be noted that CFSAM considers the pre-conflict population when calculating deficits, implying that deficits are actually smaller than reported in areas with large displacement of population, e.g. Baliet. According to FSNMS (R2) 60% of households in the LZ own livestock. Fishing is ongoing in most counties with the exception of Maiwut, where fishing opportunities are limited. Wild foods such as lalop, baobab and nabok (fruits) are available. • **ACCESS:** Access to markets varies, but most counties have functional markets, albeit at limited capacity. The worst situation is in Baliet, where only small local markets exist. Limited amount of foodstuffs is available mainly through smuggling from Ethiopia. Prices are high. The main income sources for households are sale of natural resource products, sale of agricultural products, fishing, petty trade, production and sale of alcohol, sale of livestock products and sale of food aid. Households have very high food expenditure: **53% report using >75% of their expenditure on food**, 5.6% between 65 and 75%, 11.1% between 50 and 65%, and 30.3% less than 50%. **TWG assumptions for the projected period:** Security situation is expected to be relatively calm over the protection periods (though Nassir has been a regular areas of conflict in recent years)[xxi]. Based on seasonality patterns and information on production, households are likely to deplete their food stocks in March-April and will become market dependent with increasing reliance also on wild foods. This coupled with high food prices, limited livelihood opportunities and only some humanitarian aid (typically targeting only IDPs) is likely to lead to a worsening food security situation in all counties.

[35] *Detail key evidence provided and their reliability (e.g. FCS: 30% poor; 40% borderline, 30% acceptable, WFP FSMS, 450HHs random survey, Jan-Mar16; R3)*

Assessment by the IPC ERC Preparation Team - Northeastern Cattle and Maize livelihood zone				
Plausibility Assessment		**Confidence Level** Assessment		**Overall Conclusion**
Assessment of **use, critical evaluation, interpretation** of evidence and analysis[36]	Assessment of **Convergence of Evidence**[37]	Assessment **of Reliability of Evidences Provided**[38]	Conclusion on **Confidence Level** reached based on evidence reliability [40]	Highlight of main issues identified by the ERC Preparation Team
Evidence is available from FSNMS on outcomes and from different sources on contributing factors (e.g. FSNMS, WFP, OCHA, and expert knowledge regarding for example existence of markets in counties). However, the justification for classification in current and projection analyses is mainly based on information on contributing factors, and almost no reference is made to evidence on outcomes. Many data sources and reliability scores are missing from the worksheet and trend analysis could be strengthened The ERC Preparation team is concerned about the weak use of evidence on outcomes especially for the current period, as only Baliet has been classified as Phase 3 and others as Phase 2, even though all available outcome evidence points at Phase 3-4 situation.	Food consumption overall indicates a Phase 3-4 situation. In comparison to same time last year the food consumption situation has worsened at livelihood zone level according to all indicators: poor FCS has increased from 31% to 51%, severe HHS from 3% to 5%, whereas high rCSI has remained about the same (0% vs. 1% last year). Livelihood change situation overall indicates an improving situation compared to same time last year: share of households not adopting any livelihood coping has increased from 22.5% to 41.6%, share of stress coping has decreased from 8.5% to 4.4%, share of crisis coping has decreased from 41.1% to 27%, whereas the share of emergency coping has remained at approximately same level (28% vs. 27%). Food consumption evidence points at Phases 3 and 4, whereas livelihood change evidence points at Phase 4, even if livelihood coping overall has decreased over the past year. Malnutrition data indicates a Phase 4 situation. Information on contributing factors (high prices, seasonal patterns, displacement) is consistent with the evidence on outcomes. As per the evidence and TWG conclusions, it is likely that the situation is indeed going to worsen in coming months due to households running out of food stocks over the lean season, whereas prices are likely to remain high and livelihood options limited. Humanitarian assistance in the counties belonging to Northeastern Maize and Cattle livelihood zone is rather sporadic, and typically targeted only at IDPs both in current and projection periods. As a result it is unlikely that aid would have an influence on Phase classification, and this is also the conclusion of the TWG. **Overall there is no evidence of famine or risk of famine. However, the food security situation might have been underestimated in Southern Upper Nile as evidence converges overall on IPC Phase 3-4 classification instead of IPC Phase 2-3 for the current period.**	• **(FC/LC):** FSNMS indicators have a reliability score of 2 according to the TWG. The assessment of reliability for Unity has been R1 as evidence were considered representative only at state level. Similarly, for Upper Nile the only county in which sample size is sufficient at county level would be Luakpiny/Nasir (150 HH), as the other counties have a sample size of about 50 HH. As a result the counties under the LZ are typically analyzed and classified together. • **Nutrition:** FSNMS is the only source providing GAM prevalence (13.6%). However, the reliability has been considered insufficient to run the IPC AMN analysis in this state. The ERC preparation team considers that there is no sufficiently reliable evidence on nutrition. • **Mortality:** No data available • **Contributing factors:** No reliability scores have been attributed. However, information coming from FSNMS is expected to have a reliability score of 1.	The acceptable confidence level (or higher) is met for all counties based on the TWG attribution of reliability scores – although most evidence are representative at state and LZ level and might mask heterogeneity of conditions among counties. Given that all evidence is coming from the same source (FSNMS round 19) and that its evidences cannot be considered as reliable, it would not be possible to classify counties in this state in famine like category as per step 1 of the famine guidance note.	This area **ERC Preparation Team Conclusion:** - There is no famine or risk of famine in Northeastern Cattle and Maize livelihood zone. - Classification of current analysis period for most counties may be too low, as outcome data points at Phase 3-4 classification whereas only Baliet has been classified as Phase 3, and other counties are at Phase 2. **Main concerns highlighted to the ERC:** - Classification of the current analysis may be too low for most of the counties in the livelihood zone - Since outcome data points at Phase 3-4 situation for the current period (data collected at harvest time), and the situation is expected to worsen in the projection period (lean season) there may also be a need to review the classifications over the projection periods.

[36] *Have the phases been determined based on a critical evaluation of all available evidence? Are the evidence appropriately referenced against the IPC Acute Reference Table? Are key evidences and analysis properly documented and clearly reported? Reviewers are requested to be concise and focus on critical issues regarding the utilization of evidence to support Famine classification*
[37] *What phase does the evidence indicates? Are the evidence "outlier"? Is the impact of Humanitarian Assistance being well assessed? Please consider all available evidence (outcome and contributing factors) when completing this section*
[38] *Based on the evidence provided with reliability scores given, what statements could the IPC TWG country do? Declaration on Famine? Elevated Risk? "Phase 4!"?*

Annex 2. INTRODUCTION & BACKGROUND over the ERC 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.39

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 professionals40. 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)41. 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

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[39] 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.

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

[41] 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.

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 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 results42. 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 results43. 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 Humanitarian Assistance) or Elevated Risk of Famine (Famine cannot be confirmed nor disproven due to limited available evidence)44.

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

[42] *Section 4: Building Technical Consensus, IPC Technical Manual Version 2.0, page 23-24, 2012.*
[43] *Section 4: Building Technical Consensus, IPC Technical Manual Version 2.0, page 23-24, 2012.*
[44] *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.*

of the analysis results in relation to Famine classification.

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:

- ✓ 1 Food Security Officers from IPC Global Partners and 2 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: Manuel Veiga Lopez (GSU) – also in charge of technical oversight, Saidamon Bodamaev (GSU), Kaija Korpi-Salmela (GSU) and Christopher Hillbruner (FEWS NET)
- ✓ One Senior 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: **Sophie CHotard, OIC IPC Global Programme Manager** Analysis: **IPC Analysis South Sudan, January 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 from January 24th to January 30th 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. X 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)

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*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[45].

[45] *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.*

As such, according to the IPC definition, areas are declared to be in Famine only when substantial deaths have 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[46] and reliable[47] 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[48] evidence on Food Consumption & Livelihood Change either from direct or indirect[49] 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[50] . 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![51], 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[52]. 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

[46] *Direct evidence means evidence informing the indicators in the reference table. For Famine classification, specific direct evidence as detailed in table 1 are necessary.*
[47] *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.*
[48] *Somewhat reliable evidence means evidence "Reasonable but questionable source, method or time relevance of data"*
[49] *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.*
[50] *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.*
[51] *IPC Acute Food Insecurity Phase 4! refers to areas that would be classified in Famine in the absence of delivered or planned Humanitarian.*
[52] *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.*

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 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[53] 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)[54] and the **Emergency Review Committee (ERC)**[55] 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.[56] Nevertheless, populations of households can still be classified as IPC Household Phase 5 Catastrophe following existing guidance on IPC Confidence Levels[57].

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.

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[53] *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.*

[54] *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.*

[55] *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.*

[56] *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.*

[57] *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] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[ii] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[iii] *Between last year and this year in Mayendit, the Food consumption score poor deteriorated from 10% to 42.4% while the Household Hunger Scale severe reduced from 7.3% last year to 11.7 this year ; the reduced Coping Strategy Index high went 0% to 6.9%*

[iv] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[vi] *The ERC preparation team verified that the Food Consumption Score poor in Leer deteriorated from 14% last year to 43.5% this year while the Households Hunger Scales, severe saw a significant decrease from 64% to 6.2% between last year and this year. The reduced Coping Strategy Index high deteriorated from 6 % last year to 11.8%.*
[vii] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[ix] *Methodological note not provided*
[x] *Methodological note not provided*
[xi] *Guidance on the minimal simple size is currently being developed by the IPC. Draft Guidance Note will be shared with the ERC along with this note. For the purposes of this review, criteria on minimal sample size for IPC chronic analyses were used, since this was the only one that can be considered as approved.*
[xii] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[xiii] *In Panyinjiar between past year harvest season and the current harvest season, the Food Consumption Score poor deteriorated from 15% to 43.5% in LZ8 and 42.4% LZ9, the Households Hunger Scale severe deteriorated from 0% to 6.2% in LZ8 and 11.7% in LZ9, the reduced Coping Strategy Index high deteriorated from 11% to 11.8% in LZ8 and 6.9% in LZ9, the meal frequency deteriorated from 2 or greater 95% to 1.38 in LZ8 and 1.50 in LZ9.*

[xiv] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[xv] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[xvi] *At state level the severe HHS is 12.6%, but at livelihood zone level the proportions are smaller. As the livelihood zones also extend beyond NBG to other states this might explain some of the difference. However, there seem to be quite a few differences between counties if they are looked at separately. For example, if HHS is analyzed by county the situation is alarming in some counties, especially in Aweil East (severe HHS 35%) - and nutrition and mortality situation is also quite poor in Aweil East. However, looking at other indicators (FCS and HDDS - although we know it's not a real HDDS) the situation is worst in Aweil North, not Aweil East. Unfortunately though the sample size for Aweil North is only 60, not sufficient to draw conclusions for this county. Sample size for Aweil South is also small, but quite ok for the three other counties.*

[xvii] *(based on FSNMS data high coping seems to be especially prevalent in Aweil North, although sample size for Aweil North is not sufficiently high to be representative)*

[xviii] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[xix] *Kindly note HDDS is not collected in the standard way: it has been over 9 food groups (and 15 food sub-groups) with a recall of 7 days.*

[xx] *FSNMS 19 is a country wide survey with following characteristics: 5175 HH in the sample, two-stage sample design, clusters selected using PPS and households selected using random sampling. Results considered to be representative of livelihood zone level (for more information: https://www.dropbox.com/home/SOUTH%20SUDAN%20ERC/Evidence%20Repository/FSNMS?preview=FSNMS+Round+19+Concept+Note.pdf)*

[xxi] *See map of conflict below:*