Acute Food Insecurity Overview

Despite significant deployment of humanitarian assistance, between February and March 2022, an estimated 6.83 million people (35% of the population) faced high acute food insecurity (IPC Phase 3 or above), of which 2.37 million people faced Emergency conditions (IPC Phase 4). An estimated 55,000 people were classified in Catastrophe (IPC Phase 5) in Fangak, Canal Pigi and Uror counties in Jonglei State; Pibor County in Greater Pibor Administration Area; Tambura County in Western Equatoria State; and Leer and Mayendit counties in Unity State. The most food insecure states between February and March 2022 where more than 50% of their populations faced acute food insecurity are Jonglei (72.4%), Unity (67.6%), Warrap (62.9%), Northern Bahr el Ghazal (56.8%), Upper Nile (54.2%) and Lakes (52.0%).

In the lean season projection period of April to July 2022, an estimated 7.74 million people (62.7% of the population) will likely face high acute food insecurity (IPC Phase 3 or above), with 87,000 people likely to be in Catastrophe (IPC Phase 5) in Fangak, Canal Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cueibet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State. During this period, an estimated 2.9 million people are likely to face Emergency conditions (IPC Phase 4). Given the high levels of acute food insecurity in the country, immediate scale-up of multi-sectoral humanitarian assistance is needed to save lives and prevent the total collapse of livelihoods in the affected counties, particularly those with a high share of populations in Catastrophe (IPC Phase 5) and Emergency (IPC Phase 4). Urgent action is also required for populations in Crisis (IPC Phase 3) to protect their livelihoods and reduce household-level food consumption gaps.

Between February and March 2022, 36 counties across the country were classified in Emergency (IPC Phase 4) and 40 counties in Crisis (IPC Phase 3), with only two counties classified in Stressed (IPC Phase 2) acute food insecurity. In the projection period of April to July 2022, 52 counties are classified in Emergency (IPC Phase 4), 23 counties in Crisis (IPC Phase 3), and three counties in Stressed acute food insecurity (IPC Phase 2).

Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households’ coping capacities, and the loss of livelihoods.

Acute Malnutrition Overview

In 2022, around 1.34 million children under five years are expected to suffer from acute malnutrition based on the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS), and program admission trends. The highest burden is from Jonglei, Upper Nile, Unity and Western Bahr el Ghazal States (concentrating 60% of the burden in four states for 2022). Between February and March 2022, total of 49 (63%) counties were classified in Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4) acute malnutrition situations. Out of this, 23 counties were classified in a Critical situation. The major factors contributing to acute malnutrition include high prevalence of diseases and inadequate feeding practices of infant and young children. Elevated levels of food insecurity (IPC Acute Food Insecurity Phase 3 or above) in most counties also contribute to acute malnutrition.


**Project Acute Food Insecurity | April - July 2022**

South Sudan: IPC Food Security & Nutrition Snapshot

Acute Food Insecurity: February - March 2022, Acute Malnutrition: January - December 2022

**Acute Food Insecurity | April - July 2022**

- Central Equatoria: Stressed
- Eastern Equatoria: Stressed
- Jonglei: Stressed
- Lakes: Crisis
- Northern Bahr el Ghazal: Stressed
- Unity: Stressed
- Upper Nile: Stressed
- Warrap: Stressed
- Western Bahr el Ghazal: Stressed
- Western Equatoria: Stressed

**Acute Malnutrition | January - December 2022**

- Central Equatoria: Stressed
- Eastern Equatoria: Stressed
- Jonglei: Stressed
- Lakes: Stressed
- Northern Bahr el Ghazal: Stressed
- Unity: Stressed
- Upper Nile: Stressed
- Warrap: Stressed
- Western Bahr el Ghazal: Stressed
- Western Equatoria: Stressed

**Recommended Actions**

- **Humanitarian Food Assistance**
  - Humanitarian food assistance must be scaled up immediately to save lives and prevent a total collapse of livelihoods in locations where populations were classified in Catastrophe (IPC Phase 5) and Emergency (IPC Phase 4) acute food insecurity.

- **Livelihood Support**
  - Considering the diminished resilience of people, the high level of vulnerability to shocks, and the chronic nature of food insecurity and malnutrition, close collaboration between humanitarian and development programmes are needed to tackle the underlying causes of food insecurity and malnutrition and enhance resilience.

- **Treatment**
  - While ensuring universal treatment for acute malnutrition is a priority, attention must also be given to addressing the identified major contributing factors to prevent acute malnutrition in the future. Continued scale-up of treatment of acute malnutrition targeting the current and future caseload is a high priority. Further expansion of services to previously insecure areas for severe and moderate acute malnutrition treatment is also essential to reach the previously less accessible areas.

- **Collection and Analysis of Mortality Data**
  - Partners should collect food security, nutrition, and mortality data in the most affected locations to verify these areas’ food security and nutrition situation for timely and appropriate response.

**Linkages between South Sudan’s Acute Food Insecurity and Malnutrition | 2022**

- Elevated levels of food insecurity (IPC AFI Phase 3 or above) in most counties also contribute to acute malnutrition. At least 50 percent of counties in IPC AMN Phase 3 (Serious) or above are in Greater Upper Nile region, followed by the Greater Bahr el Ghazal state. It is recommended that a response analysis involving all nutrition, health, food security, and WASH stakeholders in the country be carried out to identify appropriate interventions to address acute malnutrition. This response analysis could be intensified on the counties classified in IPC AMN Phase 3 (Serious) and IPC AMN Phase 4 (Critical). However, preventive and curative nutrition services should be strengthened across the country.

**South Sudan’s Acute Food Insecurity Classifications IPC Phase 3 + | 2012 - 2022**

- Catastrophe: 9 million
- Emergency: 8 million
- Crisis: 7 million
- Stressed: 6 million
- Moderate Acute Malnutrition (MAM): 5 million
- Severe Acute Malnutrition (SAM): 4 million
- Moderate Acute Malnutrition (MAM): 3 million
- Severe Acute Malnutrition (SAM): 2 million
- Moderate Acute Malnutrition (MAM): 1 million

**Process and Methodology**

- Food Security Analysis: The March 2022 IPC acute analysis was conducted physically from 08 to 18 March 2022 and was attended by a multi-agency and multi-sectoral group of more than 100 participants. Before the IPC analysis commenced, an IPC Level 1 refresher training was held for all participants on 08 March 2022. Thereafter, the analysts conducted State level analyses and were vetted by the South Sudan IPC Technical Working Group vetting committee which was comprised of representatives from Government, the UN, NGOs and academia.

**Publication date:** April 9 2022

*IPC population data is based on population estimates by South Sudan’s National Bureau of Statistics. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.*