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

South Sudan

The food security situation continues to deteriorate as majority of the country goes into a lean season characterized by the typical seasonal shortages of food, delayed rainfall, high food prices and presence of IDPs and returnees.

6.96M
(61% of the population)
People facing Crisis (IPC Phase 3) and above food insecurity
IN NEED OF URGENT ACTION

Phase 5	**21,000** **People in Catastrophe**
Phase 4	**1,815,000** **People in Emergency**
Phase 3	**5,120,000** **People in Crisis**
Phase 2	**3,240,000** **People in Stress**
Phase 1	**1,190,000** **People minimally food insecure**

ACUTE MALNUTRITION   JANUARY – AUGUST 2019

860,000

Number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

260,000

SAM*
Number of cases

600,000

MAM*
Number of cases

597,000

Pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

How Severe, How Many and When – In **May-July 2019**, an estimated **6.96 million people[1] (61% of the population)** are likely to face Crisis (IPC Phase 3) acute food insecurity or worse, out of which an estimated **1.82 million people will face Emergency (IPC Phase 4)** acute food insecurity and **21,000 will likely be in Catastrophe (IPC phase 5)**[2]. This is historically the highest number of people in South Sudan ever to face Crisis (IPC Phase 3) acute food insecurity or worse. Compared to the January 2019 projection analysis of the May-July 2019 period, an additional **81,000 people** are likely to slip into Crisis (IPC Phase 3) acute food insecurity or worse. This deterioration is largely associated with the delayed rainfall that is expected to affect the improvement in the availability of wild foods, fish and livestock products as well as delay the green harvest. Of the people estimated to be in Catastrophe in May-July 2019, 10,000 are in Canal/Pigi of former Jonglei State, 10,000 are in Cueibet of former Lakes State, and 1,000 are in Panyikang of former Upper Nile State.

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[1] This is the number of people in need after considering the effects of planned, funded and likely to be delivered humanitarian food assistance
[2] No counties are classified as in Famine (IPC phase 5) in the May-July 2019 projection analysis conducted in May 2019.

IPC

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Where – Former Jonglei State has the highest proportion of people estimated to be food insecure[3] between May and July 2019, with 73% of its population facing Crisis (IPC Phase 3) acute food insecurity or worse followed by former Unity State with 69% of its population estimated to face Crisis (IPC Phase 3) acute food insecurity or worse. 25 Counties are classified in Emergency (IPC Phase 4) acute food insecurity and they include: Kapoeta East of former Eastern Equatoria State; Akobo, Bor South, Canal/Pigi, Nyirol, Twic East, and Uror of former Jonglei State; Awerial, Cueibet, Rumbek North, Yirol East and Yirol West of former Lakes State; Aweil East, Aweil North, Aweil South, and Aweil West of former Northern Bahr el Ghazal State; Koch and Panyijiar of former Unity State; Longochuk, Luakpiny/Nasir, Maiwut, Panyikang, and Ulang of former Upper Nile State; and Gogrial West and Tonj North of former Warrap State.

Why – The proportion of food insecure people as projected for May-July 2019 is the highest ever[4] and the food insecurity situation is driven by household food shortages that are typical of a lean season, but have been exacertabated by delayed rainfall, the persistent macro-economic crisis, population displacements, additional needs from returnees, prolonged years of asset depletion, and the generally eroded livelihoods due to continued years of conflict – all of which continue to compromise majority of the households' capacity to access enough food during the ongoing lean season. High food prices occasioned by depleted harvests[5] as well as rain-induced deterioration of road networks that disrupts market supplies and functionality are also contributing to the high levels of acute food insecurity. The rainy season, when it effectively sets in, is likely to result in increased incidences of human diseases such as malaria and acute watery diarrhoea that will affect productivity and deplete savings in the form of increased medical expenses – this will further contribute to household vulnerability and reduce resources available for purchasing food.

Below are the food insecurity and nutrition maps covering the projection period of May to July 2019.
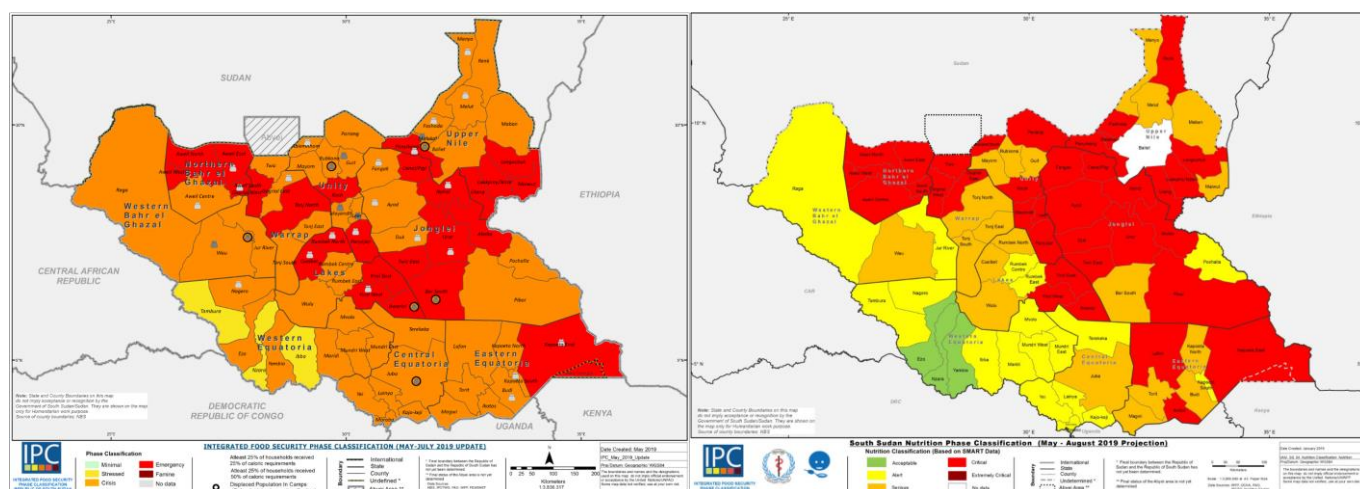
IPC Food Insecurity Map, May-July 2019


IPC for Acute Malnutrition Map, May-August 2019

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[3] In January 2019, former Unity State was projected to have the highest proportion of food insecure people, with 75% of its population in IPC Phase 3 (Crisis) or worse and was followed by former Jonglei State, with 68% of its population estimated to be facing IPC Phase 3 (Crisis) or worse acute food insecurity. In the update analysis, former Unity State has an estimated 70% of its population facing IPC Phase 3 (Crisis) or worse acute food insecurity.
[4] Since the introduction of the IPC in South Sudan
[5] In 2019, only 52% of the national cereal needs were met by harvests. The 2018 harvests were their lowest level because of insecurity that affected farming activities

IPC ACUTE FOOD INSECURITY SITUATION FOR MAY-JULY 2019

Figure 1: IPC Acute Food Insecurity Situation Map for May – July 2019
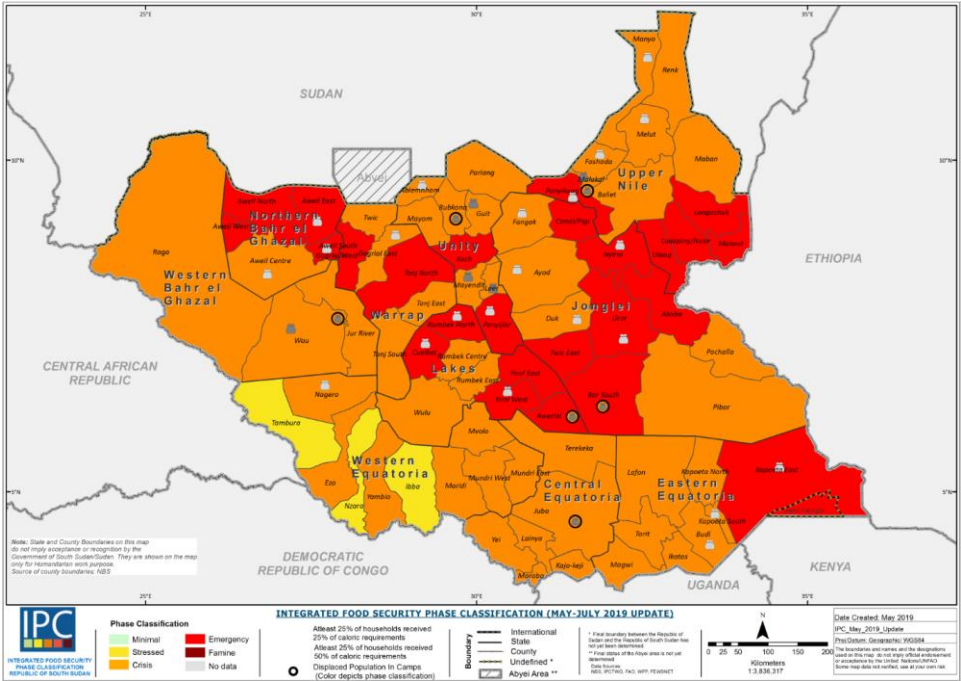
What is on the map?

A total of 25 counties are classified in Emergency (IPC Phase 4), 50 are classified in Crisis (IPC Phase 3), and 3 are classified in Stressed (IPC Phase 2). A total of 22 counties have at least 25% of their population receiving 25%-49% of their caloric needs being acquired from humanitarian food assistance whereas 8 counties have at least 25% of their population getting 50% or more of their caloric needs from humanitarian food assistance.

What is in the table?

An estimated 0.2% of the population (about 21,000 people) are in IPC Phase 5 (Catastrophe); 16% of the population (about 1.82 million people) are in IPC Phase 4 (Emergency); and 45% of the population (about 5.12 million people) are in IPC Phase 3 (Crisis).

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

State	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,100,160	100,000	400,000	510,000	90,000	-	54.5%
Eastern Equatoria	1,031,669	165,000	285,000	455,000	130,000	-	56.5%
Jonglei	1,810,242	90,000	400,000	885,000	430,000	10,000	73.0%
Lakes	1,271,982	130,000	305,000	570,000	255,000	10,000	65.7%
Northern Bahr el Ghazal	1,454,815	110,000	390,000	615,000	335,000	-	65.5%
Unity	886,295	55,000	215,000	495,000	120,000	-	69.5%
Upper Nile	1,033,739	85,000	260,000	495,000	195,000	1,000	66.7%
Warrap	1,443,023	170,000	500,000	610,000	165,000	-	53.6%
Western Bahr el Ghazal	562,485	75,000	185,000	265,000	40,000	-	54.0%
Western Equatoria	790,729	210,000	300,000	220,000	55,000	-	35.0%
Total	**11,385,139**	**1,190,000**	**3,240,000**	**5,120,000**	**1,815,000**	**21,000**	**61.1%**

Estimation of IPC populations for May-July 2019

IPC ACUTE MALNUTRITION SITUATION FOR MAY-AUGUST 2019
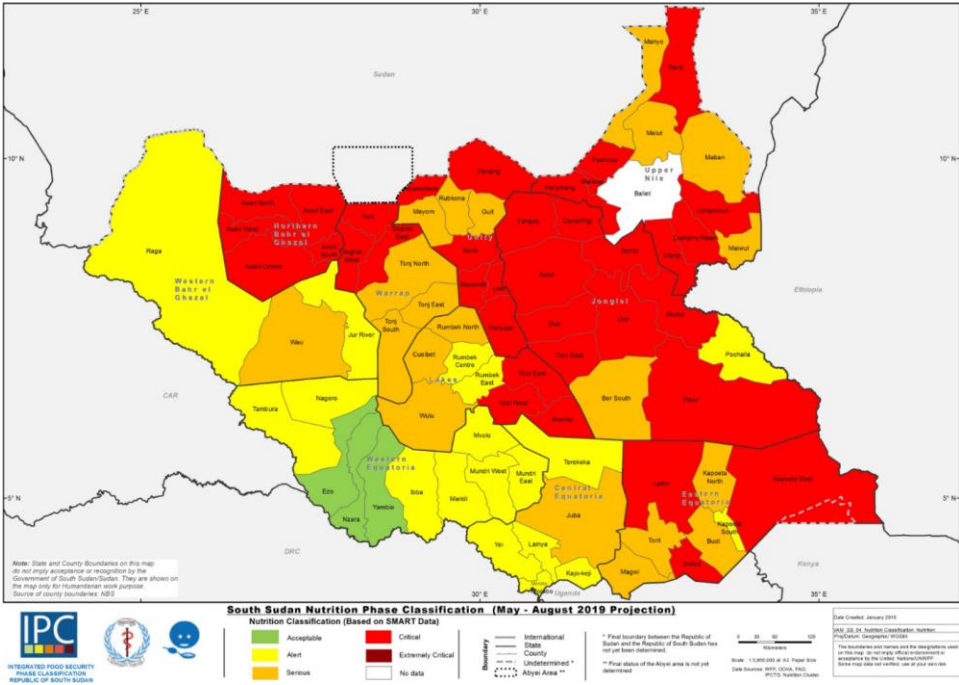
What is on the map?

According to the IPC Acute Malnutrition projection analysis conducted in January 2019, the acute malnutrition situation is likely to deteriorate during the lean season in most counties in the country. Out of the 78 counties in the country, 57 counties are projected to be in IPC Acute Malnutrition Phases 3 and 4. Most counties classified as Serious (IPC Acute Malnutrition Phase 3) currently will deteriorate further to Critical (IPC Acute Malnutrition Phase 4) during the projection period of May – August 2019. A total of 35 counties are projected to be Critical (IPC Acute Malnutrition Phase 4).

Typically, the prevalence of acute malnutrition will peak during the lean season (May – August) and decrease after the lean season. High morbidity, limited access to basic services, food insecurity as well as childcare and feeding practices are likely to contribute negatively to the prevalence of acute malnutrition during the lean season.

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

ACUTE FOOD INSECURITY SITAUTION OVERVIEW AND KEY DRIVERS

May – July 2019 Situation Overview

Lean Season Trends (Phases 3, 4 and 5)
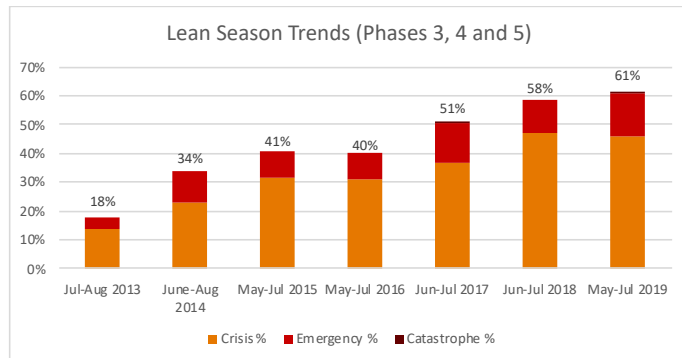
Lean season trends show that food insecurity has continuously increased every year, with 2019 posting the highest number of people ever to face Crisis (IPC Phase 3) or worse acute food insecurity, both in absolute numbers (6.96 million) and proportion of population (61%). While there has been a consistent increase in the number of people facing Emergency (IPC Phase 4) acute food insecurity, a majority of the population is experiencing Crisis (IPC Phase 3) acute food insecurity. Compared to all previous lean seasons since 2013, the current lean season has the highest proportion of population (16%) ever to face Emergency (IPC Phase 4) levels of acute food insecurity.

This is an indication of the reduction in households' coping capacity over time and their decreased ability to cover food consumption gaps without external support. In this update analysis, the number of people in Emergency (IPC Phase 4) is estimated at 1.82 million (16% of the population), attributable to relative calm in some areas that has enabled households to engage in livelihood activities and expected continuation in the delivery of humanitarian interventions; this estimate is almost similar to the 17% of the population projected in January 2019 that they will be in Emergency (IPC Phase 4) during this period. Food insecurity however persists as in addition to population in Emergency (IPC Phase 4), majority are in Crisis (IPC Phase 3) acute food insecurity due to populations movements between Phases i.e. from Emergency (IPC Phase 4), Minimal (IPC Phase 1) and Stressed (IPC Phase 2) into Crisis (IPC Phase 3).

In the projection period, some counties are projected to post a slight improvement in their food security situation without phase changes, whereas the the counties of Rumbek East, Leer, Mayendit, Rubkona, Baliet, Gogrial East, Raga and Nzara will shift phases from worse to better based on the assumption that the planned and funded humanitarian food assistance is likely to be delivered and some households will engage in livelihood activities due to the relative calm. Counties whose food security situation is projected to deteriorate further than originally projected in January 2019 and result in a phase change for the worst include Bor South, Akobo, Rumbek North, Aweil South and Longochuk. However, if the humanitarian food assistance delivery plans are not realized in their entirety, and all other factors including security remaining constant, then these counties are likely to deteriorate to the January 2019 projected phases with similar, or worse, outcomes.

GREATER UPPER NILE REGION

In the Greater Upper Nile region, an estimated 70% of the population is expected to face Crisis (IPC Phase 3) or worse acute food insecurity during the May-July lean season period. Unlike in previous periods when armed conflict played a major role in the deterioration of the food security situation, these high levels of food insecurity are being driven by the cumulative effects of armed conflict over the previous five years, including minimal cereals production in 2018 and decreased livestock holdings, which have seen households' capacity to withstand food insecurity severely eroded. While armed conflict has reduced in frequency and intensity over most of the region, household recovery will likely take several successful agricultural seasons.

In former **Unity State**, the food security situation is expected to improve across most counties, more than initially anticipated in the January projection, mitigating some impacts of the lean season. Timely delivery of reprioritized humanitarian food assistance, and continued relative stability[6], following the September 2018 agreement, underpin anticipated improvements in food security. Improved movement of households has opened up access to livelihoods, markets, fishing grounds, and wild food. However, food prices are likely to increase markedly through July, at least, resulting from a decrease in household food stocks, compounded by a late onset to the May to September seasonal rains. In addition, inter-communal conflict in Abiemnhom, Mayom, and Pariang Counties continues to restrict livelihood activities in localized areas. All counties are

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[6] Some locations of former Unity State, especially Koch, continue to face insecurity challenges

projected to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) during the May to July 2019 projection period. Koch and Panyijiar are classified in Emergency (IPC Phase 4) and significant populations in Leer and Rubkona are also in Emergency, associated with critical consumption gaps, heightened by prevalence of global acute malnutrition. Projected improvements are predicated upon delivery of humanitarian food assistance as per plan, continued relative stability, and reduction in inter-communal conflict. Overall, an estimated 615,000 people are expected to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4), down from the 670,000 projected in January 2019. Improvements have also been exhibited through a reduction in the prevalence of global acute malnutrition, to 11.7 percent in Guit, as measured from a SMART survey conducted in March 2019. The high vulnerability to food insecurity suggests that close monitoring of major risk factors, from May through July is warranted. Factors to monitor include the progression of the agricultural season that has been delayed by up to one month, price trends of key cereals and food commodities, early exhaustion of household food stocks, upsurge in vector and waterborne diseases after the onset of the rainfall season, and extent of deliveries of humanitarian food assistance to targeted populations.

In former **Upper Nile State**, relative calm has helped reduce the number of people facing extreme food insecurity. This notwithstanding, food insecurity persists and an estimated 691,000 people (67% of the population) are likely to be facing Crisis (IPC Phase 3) or worse acute food insecurity in May-July 2019. Panyikang is projected to have an estimated 1,000 people facing Catastrophe (IPC Phase 5) acute food insecurity during the same period because of their high levels of vulnerability compounded by the effects of the lean season, as well as humanitarian assistance delivery constraints. All of the counties are in Crisis (IPC Phase 3) with the exception of Panyikang, Maiwut, Longochuk, Nasir and Ulang which are in Emergency. Of the counties in Emergency, Longochuk has the highest proportion of population – estimated at 85% – facing Crisis (IPC Phase 3) or worse acute food insecurity. During the lean season, majority of households mainly rely on livestock products (for those households who have access to them), fish and wild foods, with very limited amount of food, especially cereals, purchased from the market due to high prices and long distances to functioning markets. Other factors resulting in heightened food insecurity, include the presence of returnees from neighbouring countries as well as other counties within South Sudan. Major risk factors to monitor over the projection period of May-July 2019 are the progression of the agricultural season and likely impacts of the Fall Armyworm (FAW), cereal price trends, increased likelihood of waterborne diseases as the rainy season begins, and the extent of delivery of human assistance under whose premise some counties have been projected with a less severe food security outlook.

In former **Jonglei State**, food insecurity remains high with an estimated 1.33 million (73% of the population) facing Crisis (IPC Phase 3) or worse acute food insecurity. Coincidentally, it is also the most populated and the most food insecure State in South Sudan during the May-July projection period. Six Counties are in Emergency (IPC Phase 4), namely Canal/Pigi, Twic East, Uror, Nyirol, Bor South and Akobo. Canal/Pigi is the worst affected, with an estimated 10,000 people (10% of the population) in Catastrophe (IPC Phase 5). According to a SMART Survey conducted in Canal/Pigi in April 2019, the County has a GAM (WHZ) prevalence of 24.3%, indicative of Critical (Phase 4 on the IPC for Acute Malnutrition scale), that require urgent and significant scale-up and intensification of treatment as well as humanitarian food assistance to address food consumption gaps. Food insecurity in former Jonglei State is largely driven by low harvests that have been depleted for majority of the households, lack of markets, or disrupted ones as a consequence of the rainy season, high food prices, limited livelihood opportunities, depleted assets and reduced livestock holdings occasioned by increased incidents of cattle raiding. Risk factors to monitor closely during the projection period include progression of the agricultural season and likely impacts of the FAW, flooding, disruptions to delivery of humanitarian assistance, increased incidents of waterborne diseases, cattle raiding, and the impact of returnees.

GREATER BAHR EL GHAZAL REGION

In the greater Western Bahr el Ghazal region, food security is expected to deteriorate slightly in comparison to the projections proposed in January 2019. The deterioration is mostly attributed to the impacts of the lean season, delayed onset of the seasonal rains and the recent conflict in Jur River. An estimated 60% of the population is projected to face Crisis (IPC Phase 3) or worse acute food insecurity.

In former **Western Bahr el Ghazal State**, an estimated 305,000 people (54% of the population) are expected to be in Crisis (IPC Phase 3) or worse, up from the 280,000 people (50% of the population) projected earlier in January 2019. In spite of the anticipated delivery of the planned humanitarian food assistance in Wau, the county is still expected to remain in Emergency

(IPC Phase 3) while Raja county has registered an improvement from Emergency (IPC Phase 4) to Crisis (IPC Phase 3) due to improved physical movement and access to markets. In the former **Warrap State** it is expected that there will be a slight improvement in the food security situation in comparison to what was initially project in the January 2019 with Gogrial East moving from Emergency (IPC Phase 4) to Crisis (IPC Phase 3). In spite of this slight improvement, the proportion of households projected to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) has increased from the 52 percent projected in January to 54 percent estimated during the update analysis due to inter-communal conflicts and cattle raiding. Former **Lakes State** has remained the same except for Rumbek East County which is now projected to be in Crisis (IPC Phase 3) and not Emergency (IPC Phase 4) as earlier projected in January 2019 as well as Rumbek North that has deteriorated and moved from Crisis (IPC Phase 3) to Emergency (IPC Phase 4) due to similar reasons driving food insecurity in Warrap State. In former **Northern Bahr el Ghazal State**, the food security situation has remained largely the same except for Aweil South County whose projection has shifted from Crisis (IPC Phase 3) to Emergency (IPC Phase 4).

Across all the former states in the greater Bahr el Ghazal region, the food stocks from the last harvest are expected to have been depleted by now, for majority of the households, thus resulting in food consumption gaps. This, coupled with reduced market access due to the worsening road conditions as a result of the seasonal rains, is likely to lead to increased food prices resulting in a further widening of the food consumption gap. Furthermore, as per the nutrition projections done in January 2019, GAM prevalence will likely deteriorate due to the limited access to and availability of food during this period. The start of the rainy season is however expected to somewhat mitigate against these negative effects by increasing the availability of wild foods, fish and milk products (as livestock return to homesteads because of availability of pasture and water).

The high vulnerability, suggested by the high number of people experinceing an elevated severity of food insecurity, demands close monitoring of major risk factors during the projection period. Factors to monitor include the progression of the agricultural season that has delayed by up to one month, market price trends, an increase of vector and water borne diseases associated with the rainy season, and levels of humanitarian food assistance delivered to targeted populations. In some isolated locations, particularly Jur River in former Western Bahr el Ghazal State, there is need to monitor conflict-related displacements.

GREATER EQUATORIA REGION

The food security situation in the Greater Equatoria Region is expected to largely remain the same as initially projected in the January 2019 IPC analysis, with the exception of Nzara that improved from Crisis (IPC Phase 3) to Stressed (IPC Phase 2). Overall, an estimated 1.46 million people in the region are likely to face Crisis (IPC Phase 3) or worse acute food insecurity, representing 50% of the population in the region. Compared to the January 2019 analysis, which estimated that 1.53 million people (52% of the region's population) would be facing Crisis (IPC Phase 3) or worse acute food insecurity, there is a projected relative improvement in the food security situation. This improvement is attributed to some isolated green harvest that has started to come in despite the delayed rainfall season and the comparatively higher humanitarian food assistance planned for the Counties of Budi, Kapoeta East, and Kapoeta South in former **Eastern Equatoria State**, and Mundri West and Nagero in former **Western Equatoria State**. In former **Central Equatoria** and **Eastern Equatoria** States, all Counties are classified in Crisis (IPC Phase 3) with some populations in Emergency (IPC phase 4) with the exception of Kapoeta South that is projected to contain no populations in Emergency (IPC Phase 4) in May-July 2019. In former **Western Equatoria** State, Ibba, Nzara and Tambura are projected to be in Stressed (IPC phase 2) while the remaining seven Counties remain in Crisis (IPC Phase 3).

Reduced conflict in the region is likely to allow for free movement of households in order to engage in livelihood activities. Availability of green harvests in former Western Equatoria State and animal products in former Eastern Equatoria State are also expected to contribute to an improvement of the food security situation, the late start of the rainy season notwithstanding. However, conflict between farmers and cattle keepers, over natural resources and livestock raiding is expected to increase in Juba, Terekeka and Lainya Counties in former Central Equatoria State and in some pockets of former Eastern Equatoria State, thus counteracting some of the gains derived from the positive factors just outlined. Other factors contributing negatively to food insecurity in the Greater Equatoria Region, include high food prices, worsened by the potential reduced harvest in Uganda which is the main source market for commodities, reduced household purchasing power in the face of the ongoing macroeconomic collapse, reduced crop production that has forced majority of the households to rely on markets for food purchases, and the likely effects of the FAW that will reduce the availability of green harvests.

Factors that need to be monitored closely during this projection period, include rainfall progression, price trends of key cereals and food commodities, influx of returnees from neighboring countries, exhaustion of household food stocks from own harvest and accessibility of trade routes after the onset of the rainfall season.

Key Drivers

Food availability: From the FSNMS Round 23 data collected in November/December 2018, majority of respondent households reported that their harvests were likely to last for not more than 4 months. This is further corroborated by the CFSAM report that reported the 2018 cereal production as the smallest recorded output since the start of the conflict. Consequently, starting from May 2019, a majority of them have exhausted their food stocks and are likely to be relying heavily on market purchases to cover the resultant food gaps. Prolonged dry spells as a result of delayed rainfall have also affected the timely availability of other food sources such as wild foods, livestock products and fish, thus contributing to an increase in the food insecurity.

Access to food: The ongoing economic crisis, lack of agricultural produce to sell, depleted household stocks and asset base and limited employment opportunities continue to constrain availability of income for most households. The ensuing erosion of household purchasing power limits their access to food from markets characterized by high food prices. Reduced demand for commodities, limited market functionality, and degradation of road networks in the rainy season are a set of factors that do not provide much incentive for traders – thus resulting in markets characterized by low supplies and high food prices.

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

Stability: A number of factors that compromise a household's ability to obtain adequate food consistently over the analysis period affects this dimension of food security. They include displacements for locations where conflict – particularly inter-communal conflict – is likely to displace populations during the analysis period; climatic shocks such as floods – especially during the rainy period associated with May-July – that will likely lead to displacement and loss of assets and food stocks; instability and diminished activity in the markets as a result of degraded infrastructure because of the rains are likely to cause food shortages and lead to an increase in food prices; limited employment and income generating activities in the current context of economic collapse will also limit households' consistent ability to access adequate food.

ACUTE MALNUTRITION SITAUTION OVERVIEW AND KEY DRIVERS

📄 No update analysis on IPC for Acute Malnutrition was done during this period due to limited availability of data. However, IPC for Acute Malnutrition (IPC-AMN) analysis conducted in January 2019 projects a deterioration of the nutrition situation during the lean period. About 57 counties are classified as Serious (IPC-AMN Phase 3) and above, therefore requiring urgent and targeted response. In addition, a total of 860, 000 children are likely to suffer from acute malnutrition in 2019 including 259,000 likely to suffer from Severe acute malnutrition.

The increased number of people facing acute food insecurity (IPC AFI Phase 3 and above) in the projection period are also expected to contribute to increased prevalence of acute malnutrition. With 6.96 million people facing Crisis (IPC Phase 3) or worse acute food insecurity, about a fifth of this population are expected to be children under the age of 5 years who are more vulnerable to malnutrition due to the acute shortage of food. Based on the FSNMS round 23 findings, exclusive breastfeeding rates have improved from 45% in 2010 to 74.9% in 2018. But complementary feeding practices in South Sudan remain below standard. Only 47.8% of the children aged 6-8 months are introduced to solid and semi solid food in a timely manner. Only 20% of children aged 6-23 months received the recommended minimum dietary diversity and 7.1% received the minimum acceptable diet. About two-thirds (66%) of the total surveyed children were reportedly sick from one or more illness(es) in the two weeks prior to the date of the survey.

The table below summarises the findings of SMART Surveys conducted between January and April 2019.

State	County	Survey Month	GAM (WHZ <-2 and/or oedema) 6-59 months	SAM (WHZ <-3 and/or oedema) 6-59 months	CDR (10,000/day)	U5CDR (10,000/day)	Causes of death - unknown	Causes of death - injury / traumatic	Causes of death - Illness
						All presented in %			
NBeF	Aweil West	January	12.7	2.5	0.18	0.13	14.3	14.3	71.4
NBeF	Aweil North	January	12.6	1.7	0.2	0.75	57.1	0	42.1
Jonglei	Duk	February	21.5	5.5	0.31	0.68	0	16.7	83.3
Unity	Guit	March	11.7	2.2	0.48	0.33	0	69.2	30.8
Lakes	Cueibet	March	12.4	2.6	0.81	1.34	16.1	25.8	58.1
Jonglei	Canal Pigi	April	24.3	6.7	CDR & U5DR still under review				

❓ **Key Drivers**

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

RECOMMENDATIONS FOR ACTION

Food Security

In all regions, the necessary conditions for addressing the food security crisis are:

- The cessation of all hostilities and the implementation of the peace agreement;
- Scale-up provision of humanitarian assistance (in kind and cash transfers) and emergency nutrition to counties in Crisis (IPC Phase 3) and above.
- Provide livelihood support to stimulate income generating activities and improve agricultural production back to former surplus levels in the more productive and stable counties;
- Support livestock keepers through veterinary support;
- Scale up and improve access to basic services (health and WASH) throughout the year.

Nutrition

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

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

PROCESS AND METHODOLOGY

Food Security Analysis: The May 2019 IPC update analysis was attended a multi-agency and multi-sectoral group of about 60 analysts. State analysis teams conducted state level food security situation update analysis, which was vetted by the South Sudan IPC Technical Working Group in conjunction with a technical support team from IPC GSU and RSU. Technical consensus was reached on each area outcomes, and results reported after accommodating the effects of the planned, funded, and likely humanitarian food assistance (HFA). The state analysis teams focused on updating the May to July assumptions provided in January 2019 using local knowledge as well as observed changes on the ground. Other sources of data and information used were the CSFAM report, SMART surveys, field assessment reports from the FSL Cluster partners, market analysis and projections, rainfall estimates and forecasts, population movement data, humanitarian assistance data and Emergency Operational plans.

The State analysis teams provided population numbers for the update analysis period with the effects of HFA considered.

Nutrition Analysis: No update for the nutrition situation was provided except for the presentation of SMART survey results for the Counties of Aweil East, Aweil North, Duk, Guit, Cueibet, and Canal/Pigi.

LIMITATIONS OF THE ANALYSIS

Food Security Analysis: Limited primary data was available to support the analysis, hence the teams relied on inference from the results of FSNMS Round 23 conducted in November/December 2018 and available updated secondary data and information.

Nutrition Analysis: Even though no nutrition update conducted during this analysis, the findings from the latest SMART Surveys were availed and used in the analysis of the respective Counties.

Estimating effect of HFA: There being no standard methodology for the calculation of the effects of Humanitarian Food Assistance (HFA), the South Sudan IPC Technical Working Group used the Food Security Cluster (FSC) food assistance data which provides the total number or beneficiaries and the quantity (tonnes) delivered. With this and information from FSC partners that a full ration provided is 17.55kg of mixed commodities per person per month, the TWG first estimated the percentage ration size provided through HFA for the period of analysis, then using this information, areas where 25% to 49% of kilocalorie needs for every beneficiary were met, and the beneficiaries composed of at least 25% of the total population were flagged to indicate that the amount of HFA was substantial enough to have an impact and are depicted by a white bag on the IPC map. Areas where at least 25% of the population received 50% or more of their kilocalorie needs from the HFA were depicted with a black bag on the IPC map. In calculating the actual amount of food going to beneficiaries, 80% delivery rate on planned metric tonnage of HFA was assumed and a leakage factor of 30% was applied.

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

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

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

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