



South Sudan

The food security situation slightly improved during the 2019 lean season compared to the 2018 lean season. This improvement was driven by reduced conflict, and improved access to livelihoods, markets and humanitarian assistance.

IPC ACUTE FOOD INSECURITY & ACUTE MALNUTRITION ANALYSIS

August 2019 to April 2020

Issued: 11 September 2019

6.35M (54% of the population) People facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	10,000 People in Catastrophe	4.54M (39% of the population) People facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe	5.50M (47% of the population) People facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	1,700,000 People in Emergency		Phase 4	875,000 People in Emergency		Phase 4	1,210,000 People in Emergency
	Phase 3	4,640,000 People in Crisis		Phase 3	3,670,000 People in Crisis		Phase 3	4,290,000 People in Crisis
	Phase 2	3,480,000 People in Stress		Phase 2	4,735,000 People in Stress		Phase 2	4,080,000 People in Stress
	Phase 1	1,870,000 People minimally food insecure		Phase 1	2,435,000 People minimally food insecure		Phase 1	2,105,000 People minimally food insecure

ACUTE MALNUTRITION		AUGUST 2019	
<p>1,301,000</p> <p>Number of 6-59 months children acutely malnourished</p> <p>IN NEED OF TREATMENT</p>	<p>292,300</p>	<p>SAM*</p> <p>Number of cases</p>	<p>352,000</p> <p>Pregnant or lactating women acutely malnourished</p> <p>IN NEED OF TREATMENT</p>
	<p>1,008,700</p>	<p>MAM*</p> <p>Number of cases</p>	

How Severe, How Many and When – In August 2019, an estimated 6.35 million people (54% of the population) are classified in Crisis (IPC Phase 3) or worse acute food insecurity, among whom an estimated 1.7 million people are facing Emergency (IPC Phase 4) acute food insecurity and 10,000 people are in Catastrophe (IPC phase 5). Compared to the same period in 2018, there is a slight reduction in the proportion of people facing Crisis (IPC Phase 3) or worse acute food insecurity by an estimated 5%. However, high levels of acute food insecurity still persist in the country. In both periods, these estimates are in the presence of humanitarian food assistance. In the projection period of September to December 2019, the food security situation is expected to improve as seasonal harvests become available. During this period, an estimated 4.54 million people (39% of the population) will likely face Crisis (IPC Phase 3) or worse acute food. In the post-harvest period of January to April 2020, the food security situation will deteriorate as household food stocks start depleting and an estimated 5.5 million people (47% of the total population) are likely face Crisis (IPC Phase 3) or worse acute food insecurity. The projection analyses have both factored in the presence of likely humanitarian food assistance.

Where – In August 2019, Yirol East of former Lakes State has an estimated 10,000 people in Catastrophe (IPC Phase 5). Former Jonglei State has the highest number of people estimated to be in Crisis (IPC Phase 3) or worse acute food insecurity, with 1.25 million people, followed by former Upper Nile State with 845,000 people. 28 counties are classified in Emergency (IPC Phase 4) acute food insecurity in August 2019. In the projection period of September to December 2019, Emergency (IPC Phase 4) acute food insecurity is expected to persist in the four counties of Duk county in former Jonglei State, and Longochuk, Maiwut and Ulang counties in former Upper Nile State. Between January and April 2020, 14 counties are projected to be in Emergency (IPC Phase 4) acute food insecurity. Former Jonglei State is expected to have the highest number of people estimated to face Crisis (IPC Phase 3) or worse acute food insecurity at 1.18 million, followed by former Upper Nile State, with 765,000.

Why – The slight improvement in the food security situation in 2019 lean season compared to the same period in 2018 is attributed to reduced insecurity after the signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan in September 2018, which has led to better access to livelihoods and markets. Additionally, humanitarian access has improved during this period, further contributing to the increased access to food, nutrition and livelihood support, as well as service delivery. However, acute food insecurity persists, driven by localized conflicts, climatic shocks, pests and diseases, slow recovery from prolonged asset depletion, poor macro-economic conditions and sub-optimal market functionality.

Below are the acute food insecurity and nutrition maps for August 2019.

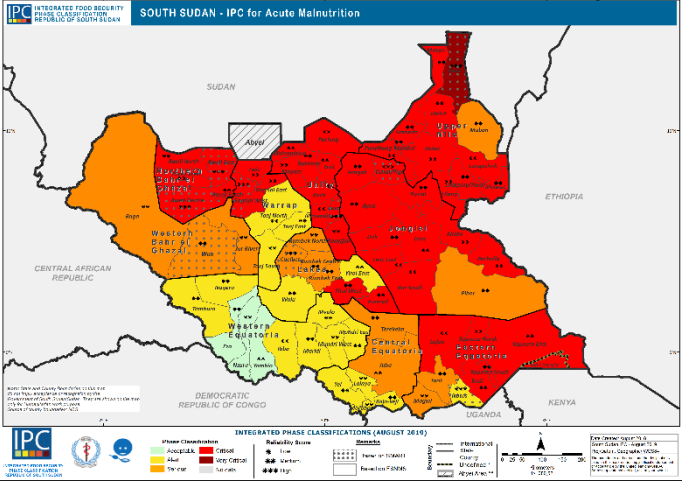
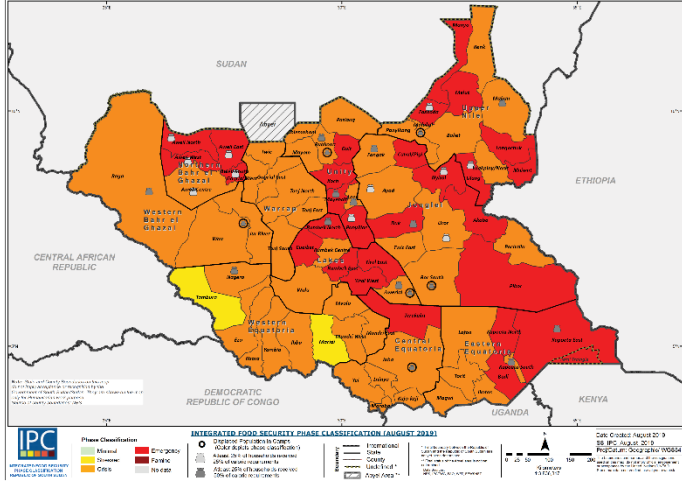


Figure 1: IPC Acute Food Insecurity Map, August 2019

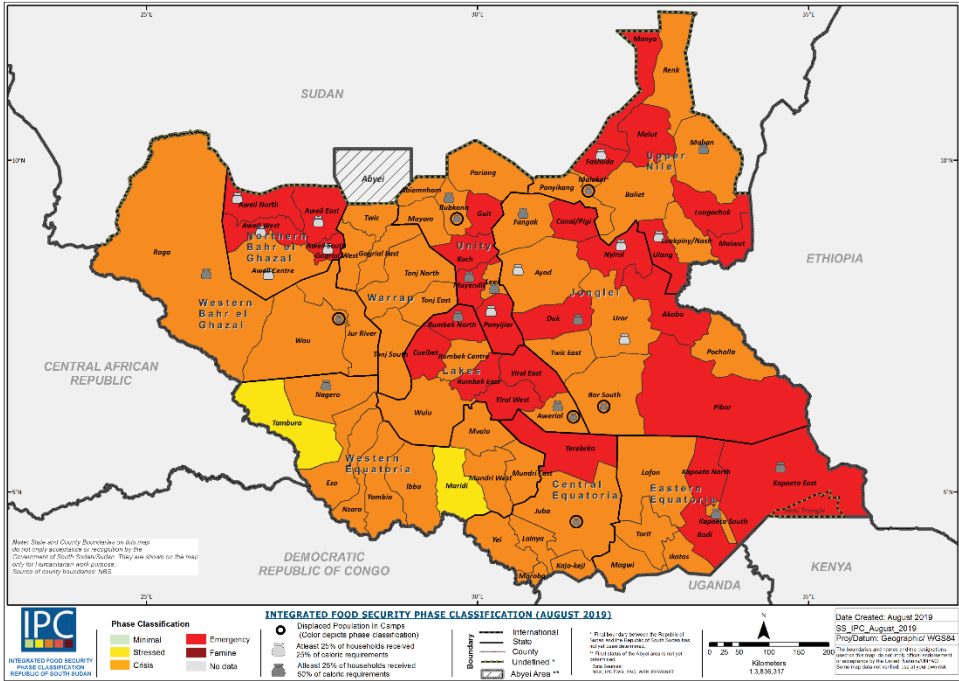
Figure 2: IPC for Acute Malnutrition Map, August 2019

According to the IPC, a Famine (IPC Phase 5) has occurred when at least 20 percent of households in a given area have an extreme lack of food, the Global Acute Malnutrition (GAM) prevalence, as measured by weight-for-height z-score (WHZ), exceeds 30 percent, and mortality, as measured by the Crude Death Rate (CDR), is greater than 2 per 10,000 per day. Catastrophe (IPC Phase 5) is when a household group has an extreme lack of food and/or other basic needs even with the full employment of coping strategies.

Food insecurity is represented as proportion of the population who are in Crisis (IPC Phase 3) or worse because of differences in national population figures from one round to another. Population changes are driven by displacement, returnees and other factors. In September 2018, an estimated 59% of the population was classified in Crisis (IPC Phase 3) or worse acute food insecurity.

IPC ACUTE FOOD INSECURITY SITUATION FOR AUGUST 2019

Figure 3: IPC Acute Food Insecurity Map for August 2019



What is on the map?

In August 2019, a total of 28 counties are classified in Emergency (IPC Phase 4), 48 are classified in Crisis (IPC Phase 3), and 2 are classified in Stressed (IPC Phase 2). A total of 9 counties have at least 25% of their population receiving 25%-50% of their caloric needs being acquired from humanitarian food assistance whereas 11 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 10,000 people in Yirol East county of former Lakes State are in IPC Phase 5 (Catastrophe); 14.5% of the population (about 1.7 million people) are in IPC Phase 4 (Emergency); 39.7% of the population (about 4.64 million people) are in IPC Phase 3 (Crisis); 29.7% of the population (about 3.48 million) are in IPC Phase 2 (Stressed); and 16.0% of the population (about 1.87 million) are in IPC Phase 1 (Minimal).

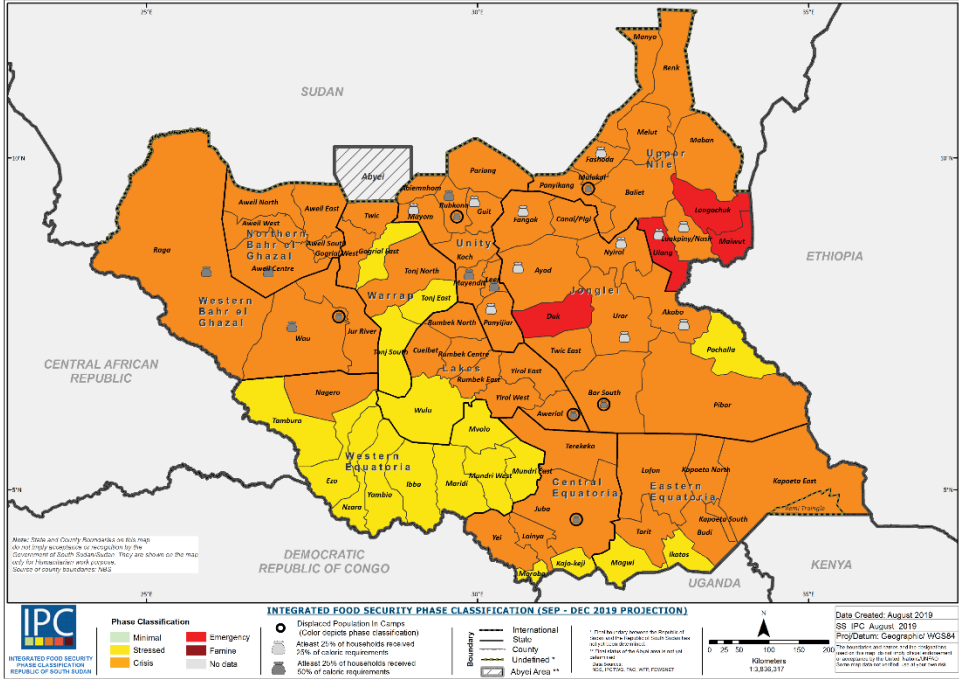
Table 1: IPC population estimations for August 2019

Former States	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Catastrophe
Central Equatoria	1,453,508	425,000	630,000	345,000	55,000	-	27.5%
Eastern Equatoria	1,067,162	235,000	270,000	410,000	150,000	-	52.6%
Jonglei	1,931,052	190,000	490,000	955,000	295,000	-	64.8%
Lakes	1,137,753	195,000	285,000	430,000	220,000	10,000	57.9%
Northern Bahr el Ghazal	946,905	150,000	235,000	345,000	215,000	-	59.3%
Unity	1,059,682	125,000	275,000	470,000	190,000	-	62.3%
Upper Nile	1,377,076	185,000	345,000	585,000	260,000	-	61.5%
Warrap	1,222,397	100,000	410,000	550,000	160,000	-	58.2%
Western Bahr el Ghazal	646,245	65,000	145,000	355,000	85,000	-	67.7%
Western Equatoria	861,331	200,000	395,000	195,000	70,000	-	30.8%
Total	11,703,111	1,870,000	3,480,000	4,640,000	1,700,000	10,000	54.3%

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and as a result they may be in need of continued action.

IPC ACUTE FOOD INSECURITY SITUATION FOR SEPTEMBER - DECEMBER 2019

Figure 4: Projected IPC Acute Food Insecurity Map for September – December 2019



What is on the map?

In September – December 2019, a total of 4 counties are classified in Emergency (IPC Phase 4), 56 are classified in Crisis (IPC Phase 3), and 18 are classified in Stressed (IPC Phase 2). At the time of the analysis, and as per the operational plan, a total of 11 counties are planned to have at least 25% of their population receiving 25%-50% of their caloric needs from humanitarian food assistance whereas 4 counties are planned to have at least 25% of their population getting 50% or more of their caloric needs from humanitarian food assistance.

What is in the table?

19.2% of the population (about 875,000 people) are in IPC Phase 4 (Emergency); 31.3% of the population (about 3.67 million people) are in IPC Phase 3 (Crisis); 40.4% of the population (about 4.73 million) are in IPC Phase 2 (Stressed); and 20.8% of the population (about 2.43 million) are in IPC Phase 1 (Minimal).

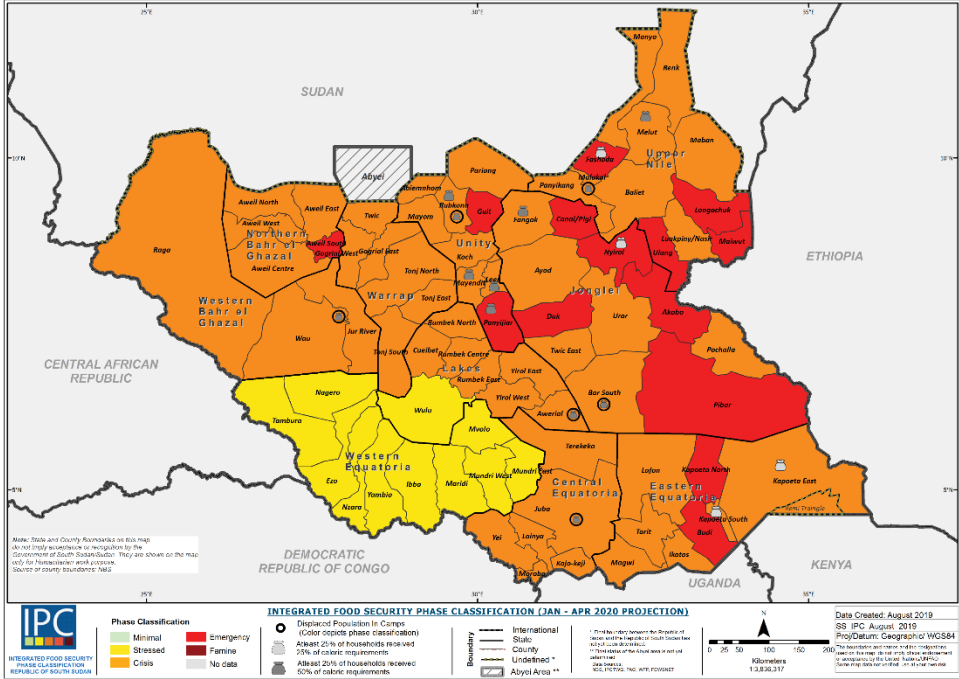
Table 2: Projected IPC population estimations for September - December 2019

Former States	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,453,508	425,000	715,000	305,000	10,000	-	21.6%
Eastern Equatoria	1,067,162	295,000	395,000	320,000	60,000	-	35.5%
Jonglei	1,931,052	250,000	675,000	815,000	195,000	-	52.2%
Lakes	1,137,753	270,000	400,000	365,000	105,000	-	41.2%
Northern Bahr el Ghazal	946,905	200,000	295,000	350,000	100,000	-	47.6%
Unity	1,059,682	120,000	355,000	475,000	115,000	-	55.4%
Upper Nile	1,377,076	260,000	455,000	505,000	150,000	-	47.8%
Warrap	1,222,397	210,000	750,000	190,000	75,000	-	21.6%
Western Bahr el Ghazal	646,245	95,000	250,000	250,000	50,000	-	46.5%
Western Equatoria	861,331	310,000	445,000	95,000	15,000	-	12.7%
Total	11,703,111	2,435,000	4,735,000	3,670,000	875,000	-	38.8%

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and as a result they may be in need of continued action.

IPC ACUTE FOOD INSECURITY SITUATION FOR JANUARY – APRIL 2020

Figure 5: Projected IPC Acute Food Insecurity Map for January – April 2020



What is on the map?

In January – April 2020, a total of 14 counties are classified in Emergency (IPC Phase 4), 53 are classified in Crisis (IPC Phase 3), and 11 are classified in Stressed (IPC Phase 2). At the time of the analysis, and as per the operational plan, a total of 4 counties are planned to have at least 25% of their population receiving 25%-50% of their caloric needs from humanitarian food assistance whereas 6 counties have at least 25% of their population planned to get 50% or more of their caloric needs from humanitarian food assistance.

What is in the table?

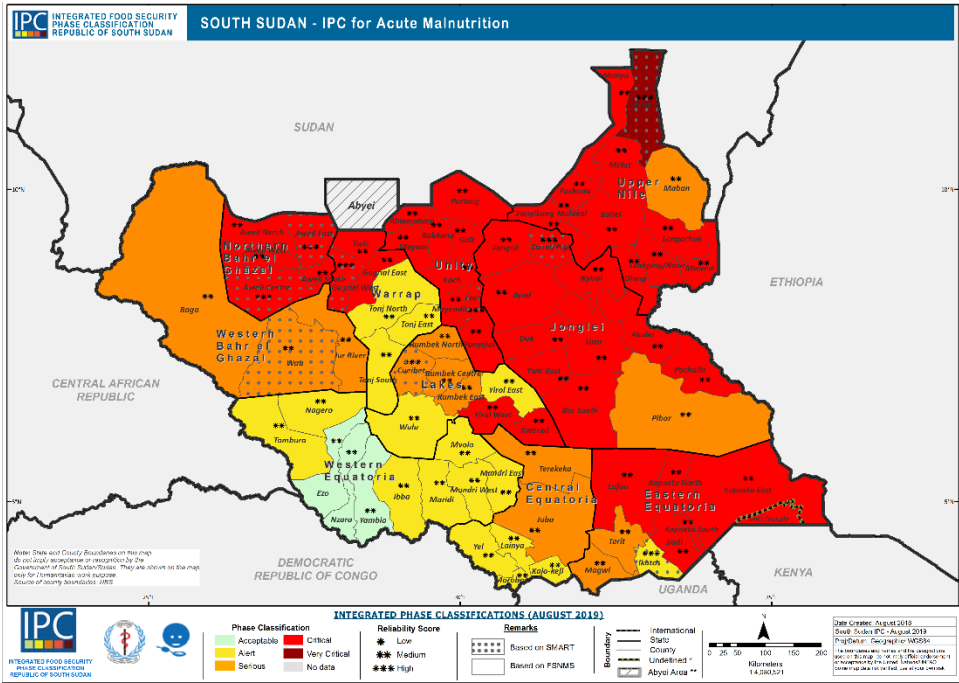
10.4% of the population (about 1.21 million people) are in IPC Phase 4 (Emergency); 36.7% of the population (about 4.29 million people) are in IPC Phase 3 (Crisis); 34.9% of the population (about 4.08 million) are in IPC Phase 2 (Stressed); and 18.0% of the population (about 2.10 million) are in IPC Phase 1 (Minimal).

Table 3: Projected IPC population estimations for January – April 2020

Former States	Mid-2019 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe	% of Crisis, Emergency & Humanitarian Catastrophe
Central Equatoria	1,453,508	425,000	645,000	345,000	35,000	-	26.2%
Eastern Equatoria	1,067,162	265,000	300,000	400,000	100,000	-	46.9%
Jonglei	1,931,052	180,000	570,000	900,000	280,000	-	61.1%
Lakes	1,137,753	210,000	350,000	425,000	150,000	-	50.7%
Northern Bahr el Ghazal	946,905	120,000	275,000	400,000	145,000	-	58.0%
Unity	1,059,682	65,000	305,000	515,000	170,000	-	64.9%
Upper Nile	1,377,076	220,000	395,000	575,000	190,000	-	55.4%
Warrap	1,222,397	140,000	555,000	400,000	120,000	-	42.8%
Western Bahr el Ghazal	646,245	130,000	240,000	260,000	20,000	-	43.1%
Western Equatoria	861,331	350,000	445,000	70,000	-	-	8.1%
Total	11,703,111	2,105,000	4,080,000	4,290,000	1,210,000	-	47.1%

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and as a result they may be in need of continued action.

IPC ACUTE MALNUTRITION SITUATION FOR AUGUST 2019



What is on the map?

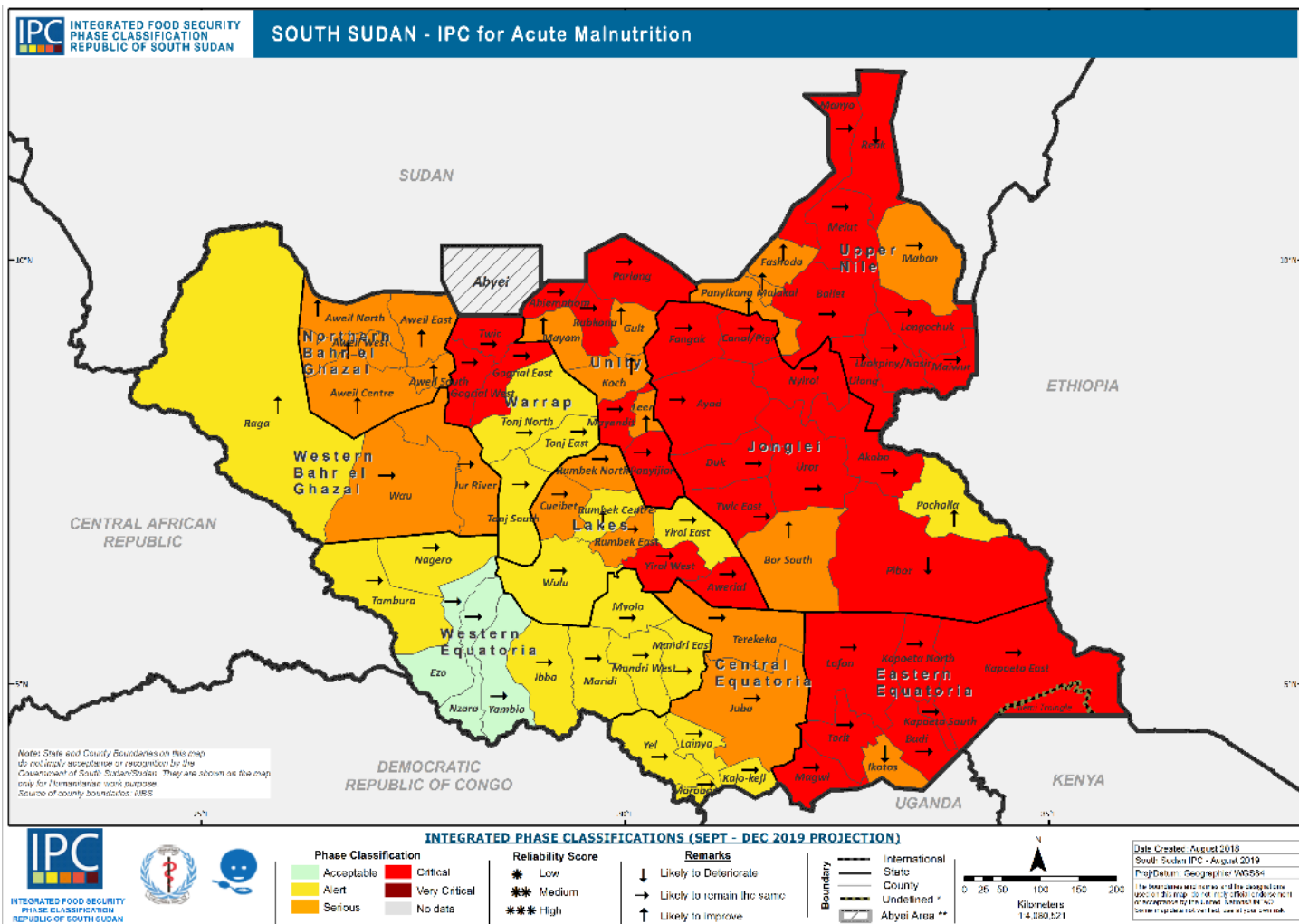
According to the IPC for Acute Malnutrition (IPC AMN) scale, Renk in Upper Nile state was classified as IPC AMN Phase 5. This county recorded the highest GAM prevalence of 32.1% in a SMART survey conducted in June 2019. Furthermore, all counties in Northern Bahr El Ghazal, Jonglei (except Pibor), Upper Nile (except Maban), Unity and Counties of Gogrial East, Gogrial West, Twic, Warrap, Budi, Kapoeta East, Kapoeta North, Kapoeta South, Lafon, Eastern Equatoria State, Awerial and Yirol West, Lakes are classified as IPC AMN Phase 4. Counties of Juba, Terekeka, (Central Equatoria), Torit, Magwi (Eastern Equatoria), Pibor, Pochalla (Jonglei), Rumbek Centre, Rumbek North, Rumbek East (Lakes), Maban (Upper Nile) and Raga, Wau, and Jur River (Western Bahr El Ghazal) are classified as IPC AMN Phase 3. While 17 counties in Western Equatoria, parts of Central Equatoria, part of Warrap are classified as IPC AMN Phase 2. Only three counties of Ezo, Nzara and Yambio (Western Equatoria) are classified as IPC AMN Phase 1.

The overall nutrition situation during the lean season of 2019 is Critical and worse compared to same period in 2018. Based on the IPC AMN, all the 79 counties were included in the analysis of which 58 counties are classified as IPC AMN Phase 3 and above (GAM prevalence above 9.9%). Out of these, Renk county was classified as Extremely Critical (GAM above 30%). 43 counties were classified as Critical (GAM prevalence of 15.0 – 29.9%, IPC AMN Phase 4) and 14 counties are classified as Serious (GAM prevalence of 10.0-14.9%, IPC AMN Phase 3). Most counties in Unity, Upper Nile, Jonglei and Warrap and parts of Eastern Equatoria and Lakes are in critical levels of acute malnutrition.

The prevalence of acute malnutrition in Renk county was at 32.1% and continued to show persistently extreme critical levels of acute malnutrition for the 4th year in a row. According to the IPC for Acute Malnutrition classification, the GAM rate of above 30% is considered Extreme Critical (IPC AMN Phase 5). However, crude mortality and under five mortality are not alarming at 0.78 and 0.30 respectively. The high levels of acute malnutrition could be attributed to high morbidity, poor access to health, nutrition and WASH services are assumed to play a role, particularly outside Renk Town where access to health care and safe drinking water is more difficult to reach. Several actions both immediate and longer term were recommended by nutrition cluster and nutrition information working group including conducting a coverage survey, mass MUAC screening, and joint field mission with WFP, UNICEF, Medair and nutrition cluster. Nutrition interventions accompanied by further surveillance should be undertaken to avoid a worsening nutrition situation that is likely to be accompanied by under-five mortality.



IPC ACUTE MALNUTRITION SITUATION FOR SEPTEMBER – DECEMBER 2019



What is on the map?

According to the IPC AMN projection analysis, seasonal improvement of acute malnutrition situation is expected during the harvest and post-harvest period due to availability of food stock at household, reduced morbidities of childhood illness as well as marginal improvement in infant and young child feeding practices. However, due to high prevalence of acute malnutrition experienced at the peak lean season, improvement through shift in phase classification might not be noted but rather improvement within the same phase. A total of 56 counties are projected to be in phase 3 and 4. No county is expected in phase 5 IPC AMN during this period. A total of 32 and 24 counties are expected to be in phase 4 and 3 according to IPC AMN classification. During the projection period, 30 counties classified as phase 4 IPC AMN will experience slight improvement within the same phase and therefore remain in the same phase 4 IPC AMN. Renk county is expected to improve from the current phase 5 to phase 4 during the period of September to December 2019. In addition, 13 counties of Bor South (Jongle), Guit, Koch and Mayom (Unity), Fashoda, Malakal, Panyikang, (Upper Nile) and all counties of Northern Bahr El Ghazal are expected to improve from Phase 4 IPC AMN to phase 3, IPC AMN. Based on historical trend, nine counties of Juba, Terekeka (CES) Magwi, Torit, (EES) Cueibet, Rumbek East, Rumbek North (Lakes), Maban, (UNS) and Jur River and Wau (WBeG) will remain in phase 3 during the projection period.



ACUTE FOOD INSECURITY SITUATION OVERVIEW AND KEY DRIVERS



August 2019 to April 2020 Situation Overview

Historical trends show that the proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity during the 2019 lean season (54% of the population) is lower than the number of people facing acute food insecurity during the same period in 2018 (59% of the population). This is mainly driven by reduced insecurity which has enabled households to access markets, livelihood options and humanitarian assistance. However, high levels of acute food insecurity still persist, with an estimated 6.35 million people facing Crisis (IPC Phase 3) or worse acute food insecurity. The severity of acute food insecurity has declined with the number of counties with populations in Catastrophe (IPC Phase 5) dropping from 7 to 1; counties in Emergency (IPC Phase 4) declining from 32 to 28. However, Crisis (IPC Phase 3) remains widespread.

In the projection period of September to December 2019, the food security situation is expected to improve with the harvest, though four counties are still expected to remain in Emergency (IPC Phase 4). However, during the January to April 2020 projection period, the food security situation is likely to start deteriorating with 14 counties expected to be in Emergency (IPC Phase 4).

Key Drivers

Food availability: From the preliminary Crop Watch report covering the cropping season up to July 2019, there are indications that despite the late rains and delayed plantings in most areas, after the signing of the revitalised peace agreement in September 2018, there is slight improvement in the security situation in the country, which has encouraged voluntary returning of some farmers to their villages and accessing far fields. This has contributed to the cultivation and planting of more fields, which may contribute to increasing production. Improved access has increased availability of wild foods and fish. However, agricultural related challenges such as flooding, incidences of Fall Armyworm, and lack of adequate seeds and tools, will reduce food availability for the affected counties.

Access to food: The ongoing economic crisis, lack of agricultural produce to sell at the peak of the lean season, depleted household 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. The most vulnerable households also benefit from humanitarian food assistance at the peak of the lean season. During the projection periods, availability of harvests provides access to income from agricultural sales and also leads to a reduction of food prices as supplies in the markets increase.

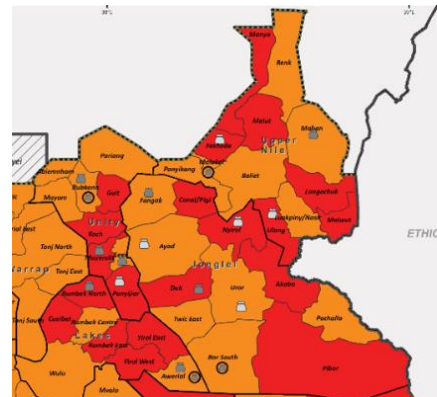
Food utilization: This is a significant problem over most of the country because of the chronic nature of waterborne diseases, low use of latrines, poor personal hygiene and living environments, and limited access to soap for hand washing. Access to health services is also poor and this leads to high 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. The dry season associated with the harvest and post-harvest periods records a reduction in the incidences of water-borne diseases, but the risk still exists.

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. These include insecurity, unfavourable weather conditions such as floods (that will likely lead to temporary displacement and loss of assets and food stocks) and dry spells; 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.

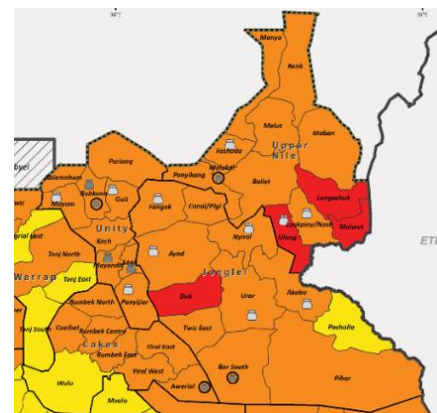
GREATER UPPER NILE REGION

In the Greater Upper Nile region, the food security situation has improved during the peak of the 2019 lean season compared to the same time last year. This is attributed to the improved security permitting households increased access to fish, wild foods and markets. Additionally, access to humanitarian assistance has improved throughout the region, though periodic access constraints have persisted notably in former Upper Nile State. Despite this improvement, Crisis (IPC Phase 3) and Emergency (IPC Phase 4) remain widespread during the peak of the 2019 lean season, and an estimated 2.75 million people, representing 63.1% of the population of Greater Upper Nile are facing Crisis (IPC Phase 3) or worse acute food insecurity. In the projection period of September to December 2019, slight improvements in food security conditions are expected during the harvest period, though an estimated 2.26 million people (51.6% of the population of the region) will still be in Crisis (IPC Phase 3) or worse acute food insecurity. The food security situation is expected to deteriorate in all the three States of Greater Upper Nile during the January to April 2020 projection period as household food stocks start to deplete and access to livestock products and wild foods reduce seasonally during this period. An estimated 2.63 million, representing 60.2% of the regional population will be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4).

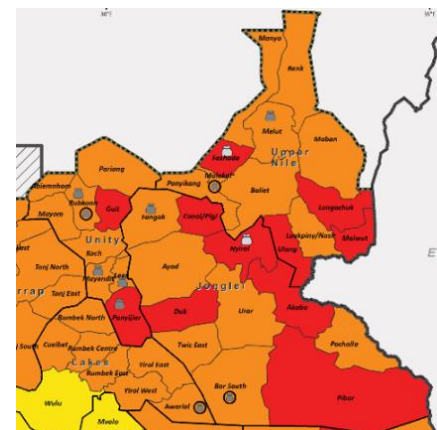
In former **Unity State**, the food security situation has slightly improved compared to same time last year, and an estimated 660,000 people, representing 62.3% of the State population are facing Crisis (IPC Phase 3) or worse acute food insecurity due to improved security that has permitted greater household access to fish, wild foods, markets and humanitarian assistance. Despite these slight improvements, the food security situation remains a concern in the four counties of Mayendit, Guit, Koch and Panyijiar in former Unity State, where Emergency (IPC Phase 4) outcomes have persisted due to pockets of insecurity, cattle-raiding, high food prices, flood-related destruction of crops and disruptions to market access. In the projection period of September to December, further improvements in food security conditions are expected in all counties due to availability of harvest, continued access to fish, wild foods and markets, and expected increase in market supplies driven by improved road conditions during this dry period. In Leer, Mayendit, Rubkona, Pariang, Panyijiar, Guit and Mayom counties, continued delivery of significant amounts of planned and funded Humanitarian Food Assistance (HFA) will likely mitigate high food consumption gaps and maintain Crisis (IPC Phase 3) levels of acute food insecurity. During this period, an estimated 490,000 people will be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4), which represents a reduction of 25.8% in the number of people facing Crisis (IPC Phase 3) acute food security or worse during the harvesting period. Between January and April 2020, Crisis (IPC Phase 3) acute food insecurity is expected to persist in Leer, Mayendit, Koch, Rubkona, Pariang, Mayom, and Abienmhom given availability of some harvest, fish, livestock products, wild foods, and continued access to markets and HFA. In Guit and Panyijiar, food security situation is expected to deteriorate due to limited access to livestock products, early cereals depletion resulting from flood-related damages to crops and Fall Army Worms infestations. Furthermore, expected insecurity and cattle-raiding is likely to disrupt regular access to assistance and markets. Overall, an estimated



Current IPC Acute Food Insecurity Map for Greater Upper Nile Region- August 2019



Projected IPC Acute Food Insecurity Map for Greater Upper Nile Region- September-December



Projected IPC Acute Food Insecurity Map for Greater Upper Nile Region January – April 2020

685,000 people, representing 64.9% of the State population are expected to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) during the January to April 2020 projection period.

In former **Upper Nile State**, despite the relative calm, Crisis (IPC Phase 3) or worse acute food insecurity have persisted during the 2019 peak of the lean season similar to the 2018 lean season. The persistent acute food insecurity is attributed to unusually high food prices, limited access to fish and the high number of returnees from Sudan and Ethiopia that have put additional pressure on the available resources as they settle in their places of origin and re-build their livelihoods. Additionally, poor road conditions and continued insecurity related to intercommunal conflicts and cattle raiding particularly in Maiwut and Manyo counties have significantly disrupted access to markets and fishing. As a result of this, an estimated 765,000 people, representing 54.4 percent of the state population are facing Crisis (IPC Phase 3) or worse acute food insecurity during the peak of the lean season. During the projection period of September to December 2019, slight improvements in food security conditions are expected in nine counties including Baliet, Panyikang, Fashoda, Manyo, Nasir, Malakal, Melut, Maban and Renk due to harvest, seasonal reduction in food prices, and continued availability of fish, livestock products and wild foods, in addition to, significant access to HFA. Emergency (IPC Phase 4) outcomes are expected to persist in Maiwut, Ulang and Longochuk due to expectation of low availability of harvest, limited access to markets and fish given expectation of continued insecurity and tensions amongst the communities. Overall, an estimated 655,000 people, representing 47.8 percent of the state population will be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) during the harvest period. Between January and April 2020, Crisis (IPC Phase 3) acute food insecurity are expected to persist in eight counties including Baliet, Panyikang, Manyo, Nasir, Malakal, Melut, Maban and Renk given availability of some harvest, fish, livestock products, wild foods, and continued access to markets and HFA. In Maiwut, Ulang, Longochuk and Fashoda, food security situation is expected to deteriorate further due to limited access to livestock products, low access to markets and assistance given expectation of continued insecurity and tensions amongst the communities. Overall, an estimated 765,000 people, representing 55.4 percent of the state population are expected to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) during January to April 2020 projection period.

In former **Jonglei State**, food insecurity remains high during the peak of the 2019 lean season despite improvement in overall security conditions throughout the state. An estimated 1.25 million people, representing 64.8 percent of the state population are facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) acute food insecurity. In Duk, Akobo, Canal/Pigi, Nyirol and Pibor, Emergency (IPC Phase 4) outcomes, while in Ayod, Bor South, Fangak, Twic East and Uror, Crisis (IPC Phase 3) outcomes have persisted due to broadly seasonal flooding which destroyed crops, limited food and income sources among displaced households and disrupted delivery of assistance and market functioning. Additionally, insecurity, cattle raiding and intercommunal conflict involving revenge killings have led to loss of lives, and disrupted livelihoods and restricted access to wild foods and fish. In the projection period of September to December 2019, marginal improvements in food security situation are likely due to expectation of some harvest, continued seasonal availability of livestock products, fish and wild foods in all counties, though an estimated 1.01 million people, roughly 52.2 percent of the state population are expected to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) acute food insecurity. Significant levels of HFA in Nyirol, Ayod, Uror, Fangak are expected to mitigate high severity of acute food insecurity, and therefore these counties will be in Crisis (IPC Phase 4). However, in Duk, where HFA will be insignificant per Operational Plan made available during the analysis, Emergency (IPC Phase 4) outcome is expected to persist. During January to April 2020, food security situation is expected to deteriorate throughout the state, and Emergency (IPC Phase 4) acute food insecurity are expected in Akobo, Duk, Nyirol and Pibor as household food stocks start to deplete and access to livestock products and wild foods reduce seasonally during this period. In Six counties including Ayod, Bor South, Twic East, Fangak, Uror and Pochalla, Crisis (IPC Phase 3) outcomes are expected to persist given availability of some harvest, fish, livestock products, and access to markets and HFA. Overall, an estimated 1.18 million people, representing 61.1 percent of the state population are expected to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) during January to April 2020 projection period.

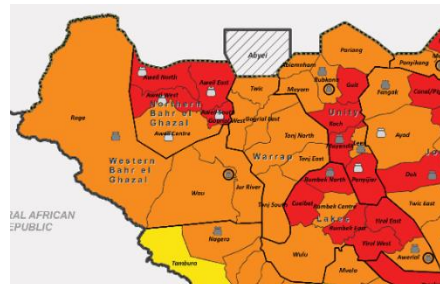
GREATER BAHR EL GHAZAL REGION

In the Greater Western Bahr el Ghazal region, an estimated 2.37 million people experienced Crisis (IPC 3) or worse acute food insecurity in August 2019 – approximately 60% of the population in the region. An estimated 10,000 people were likely in Catastrophe (IPC Phase 5) in Yirol East of former Lakes State, in August 2019. The proportion of people experiencing acute food insecurity reported in August 2019 is approximately the same as compared to the 2018 lean season. While increased access, both physical and among humanitarians, has supported a decline in the number of people experiencing Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) in Western Bahr el Ghazal compared to the same time last year, continued incidents of inter-communal conflict, market disruptions and prolonged depletion of household assets continued to limit household food availability and coping capacity.

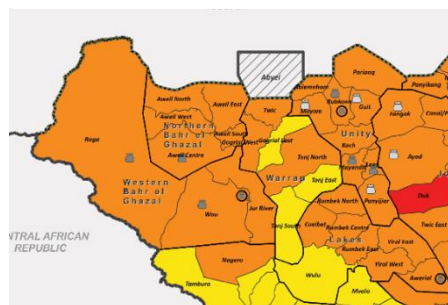
In former **Western Bahr el Ghazal State**, an estimated 440,000 people (68% of the State population) are expected to be in Crisis (IPC Phase 3) or worse, up from the 280,000 people (54% of the State population) in August 2018. In Wau county, the continued delivery of humanitarian food assistance due to improved security and access has led to the county being classified in Crisis (IPC Phase 3), with fewer populations in Emergency (IPC Phase 4) than the same time last year. In the former **Warrap State**, a decrease in insecurity resulted in a noticeable decline in the number of people experiencing Emergency (IPC Phase 4) acute food insecurity compared to August 2018. However, the number of people in Crisis (IPC Phase 3) or worse acute food insecurity remains similar to August 2018. Former **Lakes State** has continued to experience high levels of inter-communal violence, which disrupts livelihoods, and it is expected that some households were in Catastrophe (IPC Phase 5) in Yirol East during the peak of the lean season. Overall, the proportion of people in Crisis (IPC Phase 3) or outcomes has decreased from 73% to 58% between the two years. In former **Northern Bahr el Ghazal State**, the food security situation has remained largely the same with a slight increase (54% in August 2018 to 59% in August 2019) in the proportion of households experiencing Crisis (IPC Phase 3) or worse acute food insecurity.

Across all the former states in the greater Bahr el Ghazal region, the key drivers of food insecurity are climatic shocks (Particularly in Northern Bahr el Ghazal where flooding has been a hazard in the recent past), increased instances of inter-communal violence and unfavorable terms of trade for majority of the households. This, coupled with reduced market access due to the worsening road conditions as a result of the seasonal rains, led to increased food prices resulting in widespread acute food insecurity. Additionally, GAM prevalence deteriorated due to the limited access to and availability of food during this period coupled with seasonal increase in morbidity – such as malaria, and lack of adequate access to health services. The start of the projection period will likely result in improved access to food with the harvest and seasonal increase of other food sources.

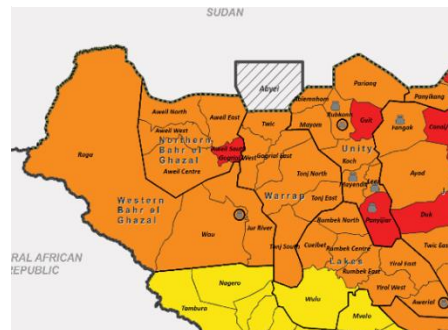
During the first projection it is expected that all counties will experience a reduction in the number of people facing Crisis (IPC Phase 3) or worse acute food insecurity. While improvements in availability and access to food are expected, particularly in former Warrap State, climatic shocks are expected to result in below average harvest in former Northern Bahr el Ghazal State. Additionally, the high number of people experiencing an elevated severity of acute food insecurity demands close monitoring of major risk factors during the second projection period of January to April 2020. Factors to monitor include the effects of flooding, crop pests and diseases, market price trends, and the impact of inter-communal conflict on households' access to livelihoods, markets and services.



Current IPC Acute Food Insecurity Map for Bahr el Ghazal Region- August 2019



Projected IPC Acute Food Insecurity Map for Greater for Bahr el Ghazal Region- September- December 2019



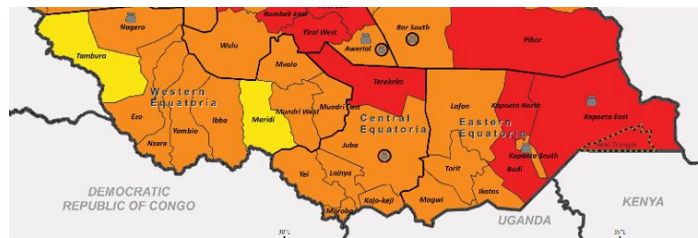
Projected IPC Acute Food Insecurity Map for Greater for Bahr el Ghazal Region- January- April 2020



GREATER EQUATORIA REGION

In the Greater Equatoria Region, an estimated 1.23 million people (36% of the region’s population) are classified in Crisis (IPC Phase 3) or worse acute food insecurity in August 2019. Compared to the same time last year, there have been improvements in the food security situation in the former States of Central Equatoria and Western Equatoria, with a deterioration recorded in former Eastern Equatoria – all based on the proportions of populations in Crisis (IPC Phase 3) or worse acute food insecurity. Between September and December 2019, the food security situation is expected to improve across the entire region, with former Western Equatoria having the lowest food insecurity levels as an estimated 12.7% of its total population is likely to face Crisis (IPC Phase 3) or worse acute food insecurity. From January to April 2020, the food security situation in the two former States of Central Equatoria and Eastern Equatoria is expected to deteriorate, whereas the food security situation in former Western Equatoria State is expected to improve further, with an estimated 8.1% of its population facing Crisis (IPC Phase 3) or worse acute food insecurity during this projection period. Majority of the food security situation improvements in this region are associated with harvests, availability of livestock products, fish, wild foods and improved access to markets due to the improved security situation.

In former Central Equatoria, an estimated 400,000 people (27.5% of the population) are in Crisis (IPC Phase 3) or worse in August 2019 and all counties are classified in Crisis (IPC Phase 3) except Terekeka which is in Emergency (IPC Phase 4). At the peak of the lean season, migration of population from Tindilo and Tali in Terekeka county to Door in Awerial county of former Lakes State due to lack of food was reported. This situation, and the likelihood that these populations were experiencing huge food gaps was likely captured by the food security outcome for Terekeka county, which pointed to Emergency (IPC Phase 4) area-level outcomes. The rest of the counties in Crisis (IPC Phase 3) and many households relied on some milk, fish, wild foods and cereals purchased from the market at high prices. In August 2019, only Lainya, Terekeka and Yei received humanitarian food assistance, albeit at very low levels. From September to December 2019, an estimated 315,000 people, 21.6% of the population, are projected to be in Crisis (IPC Phase 3) or worse acute food insecurity, an improvement that is largely attributed to the expected dry harvests during this period. Juba, Lainya, Terekeka and Yei counties are expected to remain in Crisis (IPC Phase 3) while Kajo Keji and Morobo are likely to improve to Stressed (IPC Phase 2) acute food insecurity. The improvements in Kajo Keji and Morobo are attributed to the good harvests that are expected during this period. However, Juba, Lainya, Terekeka and Yei counties are likely to remain in Crisis (IPC Phase 3) due to expected below average harvests that are a result of insecurity, flooding and incidences of Fall Armyworm (FAW). During the post harvest period of January to April 2020, an estimated 380,000 people, 26.2% of the population, are projected to be in Crisis (IPC Phase 3) or worse acute food insecurity, with all the counties in Crisis (IPC Phase 3) as harvests deplete and food prices begin to rise in the markets. Also, at this time, the availability of wild foods and access to livestock products will start to reduce as the dry season sets in. In the counties of Terekeka, Juba, Lainya and Morobo counties, incidents of insecurity are likely to persist and this will disrupt livelihoods, and affect trade and access to markets. During this period, Terekeka will be the most food insecure county in former Central Equatoria State.



Current IPC Acute Food Insecurity Map for Greater Equatoria Region- August 2019



Projected IPC Acute Food Insecurity Map for Greater Equatoria Region- September-December 2019



Projected IPC Acute Food Insecurity Map for Greater Equatoria Region-January- April 2020

In former Eastern Equatoria State, an estimated 560,000 people (52.6% of the State population) were facing Crisis (IPC Phase 3) or worse acute food insecurity in August 2019. Budi, Kapoeta East and Kapoeta North counties are classified in Emergency (IPC Phase 4) while Ikotos, Kapoeta South, Lopa/Lafon, Magwi and Torit counties are classified in Crisis (IPC Phase 3). In Budi, low livestock ownership at 31% of the population coupled with delayed rainfall, poor market access and high food prices are contributing to Emergency (IPC Phase 4) acute food insecurity outcomes. In Kapoeta East, the majority of the pastoralist communities reported losing livestock to inter-communal raiding and disease outbreaks, which have increased their vulnerability to food insecurity. Kapoeta North is also classified in Emergency (IPC Phase 4) because of the recent floods in July as well as cattle raiding. The situation is also further worsened by reduced physical access to and poor purchasing power. In the other counties, Crisis (IPC Phase 3) outcomes are driven by low cereal stocks and high food prices. In the projection period of September to December 2019, an estimated 380,000 people, 35.5% of the State population, will likely be in Crisis (IPC Phase 3) or worse acute food insecurity. This reduction in the number of populations in Crisis (IPC Phase 3) or worse acute food insecurity is attributed to the seasonal availability of harvests and livestock products. During this period, the highest improvements in food security outcomes are expected in Ikotos and Magwi which are classified in Stressed (IPC Phase 2) whereas the rest of the counties in the State are expected to be in Crisis (IPC Phase 3). The improvements are attributed to availability of harvests, reduced market dependency, access to livestock products, fish, wild foods and some improvements to trade flows as the dry season commences and road conditions improve. However, in some locations, particularly the predominantly pastoralist areas, incidents of cattle raiding are likely to contribute to household vulnerability to food insecurity. In the January to April 2020 projection period, an estimated 500,000 people, 46.9% of the State population, are likely to be in Crisis (IPC Phase 3) or worse acute food insecurity as the gains of the harvest period start to decline and households start to rely more on markets for food, but face continued high prices. During this period, Budi and Kapoeta North counties are likely to be in Emergency (IPC Phase 4) due to the reduced access to livestock products, increased dependency on markets for highly priced food products, and a likely increase in the incidents of dry season cattle raiding. Crisis (IPC Phase 3) in the other counties is likely to be driven by the onset of the lean season which is characterized by depleted stocks, reduced access to livestock products and wild foods as well as increased dependency on markets for food.

Former Western Equatoria State has the least food insecurity in the Greater Equatoria Region as it is the bread basket of the country and has seen its security situation improved significantly following the signing of the revitalized peace agreement in September 2018. This improved security has resulted in the return of farming households who took advantage of the good rains experienced during the cropping season of this year. In August 2019, an estimated 265,000 people, 30.8% of the State population, are facing Crisis (IPC Phase 3) or worse acute food insecurity. All counties are in Crisis (IPC Phase 3) except for Maridi and Tambura that are classified in Stressed (IPC Phase 2). The classification for Maridi and Tambura are based on the availability of first season harvest and relative calm in the counties. The households facing Crisis (IPC Phase 3) levels of acute food insecurity report reduced income, high food prices, crop pests and diseases as well as the unfavourable macro-economic conditions as the main drivers of their food insecurity. To mitigate food consumption gaps, these households – particularly those in the unimodal areas of Mvolo, Nagero and Tambura – are also relying on availability of cassava and wild foods. From September to December 2019, an estimated 110,000 people, 12.7% of the State population, are still likely to face Crisis (IPC Phase 3) or worse acute food insecurity. This improvement in the food security situation is attributed to the availability of the dry harvest, better road accessibility due to the dry weather conditions and the relative calm as a result of the ongoing peace agreement. All counties will likely be in Stressed (IPC Phase 2) except Nagero which is likely to be in Crisis (IPC Phase 3). In the post harvest period of January to April 2020, an estimated 70,000 people, 8.1% of the State population, are likely to be in Crisis (IPC Phase 3) or worse acute food insecurity. However, at the area-level, Stressed (IPC Phase 2) outcomes are expected across the state. During this post-harvest projection period, former Western Equatoria will be the State with the lowest levels of acute food insecurity and these are largely attributed to the expected good harvests, relative calm, improved physical movement and increased trade.

Factors that need to be monitored closely during this projection period include the implementation of the revitalized peace agreement, particularly the expected formation of the Transitional Government of National Unity on 12th November 2019; price trends of key cereals and food commodities; the volume of spontaneous refugee returnees from neighboring countries; seasonal exhaustion of household food stocks from own harvest; and accessibility of trade routes as the dry season sets in; humanitarian access and levels of assistance delivery.



ACUTE MALNUTRITION SITUATION OVERVIEW AND KEY DRIVERS

Situation Overview

High prevalence of acute malnutrition is observed during the lean season of 2019 as compared to the 2018 lean season. The recent FSNMS data collection that informed the IPC analysis was conducted at the peak lean season of June to July 2019 as opposed to August 2018 last year. This period differs significantly in terms of availability of food at the household as it captures responses and observations from households at the peak of the lean season.

Based on the IPC AMN, all the 79 counties were included in the analysis, out of which 58 counties are classified as IPC AMN Phase 3 and above. Out of these, one county is in IPC AMN Phase 5, 14 are in IPC AMN Phase 4 and 14 counties are in IPC AMN Phase 3. Renk county of Upper Nile recorded the highest level of acute malnutrition with GAM at 32.1% hence in IPC AMN Phase 5. Most counties in the former States of Unity, Upper Nile, Jonglei and Warrap and parts of Eastern Equatoria and Lakes are in IPC AMN Phase 4. However, improvement is expected in the projected harvest and post-harvest period of September to December 2019, although improvements might change marginally within the same phases with about 56 counties in IPC AMN Phase 3 and above (i.e. 24 in IPC AMN Phase 3 and 2 in IPC AMN Phase 4). No county is projected to be in IPC AMN Phase 5 during this period.

About 1.2 million children 6-59 months are expected to suffer from acute malnutrition in 2020 based on the results of the Food Security and Nutrition Monitoring System (FSNMS), and few SMART surveys conducted during the validity period prior to the analysis. A high burden of acute malnutrition is observed in the Greater Upper Nile, Northern Bahr El Ghazal and Warrap States and therefore warrant special focus. The exact cause of malnutrition in Renk county is yet to be established as the county records the highest prevalence of acute malnutrition for the fourth year in a row. Further action points including coverage survey, mass MUAC screening, and a joint field mission with WFP, UNICEF, Medair and the Nutrition Cluster are recommended.

Current IPC AMN analysis based Food Security and Nutrition Monitoring System data of June/July 2019, and a few county based SMART surveys conducted during the validity period show that one county is in Extreme Critical (IPC AMN Phase 5) while 43 counties are in IPC AMN Phase 4 and 14 counties are in IPC AMN Phase 3. These States have critical levels of acute malnutrition and therefore should be of particular focus during response – see below for details of the states.

Key Drivers

The high rates of malnutrition are attributed to several factors including high levels of food insecurity, poor infant and young child feeding practices as well as high morbidity due to a weak health system in the country. Poor quality and diversity of food (Minimum Acceptable Diet: 7%, Minimum dietary diversity: 15%) and high prevalence of diseases (up to 40%). Elevated levels of food insecurity (IPC AFI Phase 3 and above) in counties also contribute to acute malnutrition. Furthermore, poor access to health and nutrition services during the rainy season due to poor road infrastructure constrain service delivery to areas already afflicted by high malnutrition levels.

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 revitalized peace agreement;
- Scale up provision of humanitarian assistance (in kind and cash transfers), including emergency nutrition, food, WASH and health services, to counties in Crisis (IPC Phase 3) and worse.
- Scale up and improve access to basic services (health and WASH) throughout the year and in all areas.
- 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;

Nutrition

The following are the recommendations:

- Continued scale up of treatment of acute malnutrition targeting the current and future caseloads is a high priority. Expansion of services to previously insecure and inaccessible areas for treatment of acute malnutrition is also important. A robust outreach program is necessary in all OTP and TSFP services to identify children earlier and refer them for treatment as well as providing health education for prevention of malnutrition.
- While ensuring universal treatment for acute malnutrition is a priority, attention must focus on prevention of malnutrition. Efforts to reduce malnutrition should include the broader goals of improving knowledge related to childhood nutrition and infant and young child feeding (IYCF) practices through counselling of mothers on maternal, infant and young child nutrition (MIYCN). In addition, the prevention efforts should focus on child care practices including improving quality of food consumed by children. Supporting mothers by educating them on complementary foods using available foods through cooking demonstrations at OTP and TSFP centers, as well as establishment of kitchen gardening, will enhance knowledge to improve infant and young child feeding practices.
- Morbidity due to malaria, diarrhoea and cough contribute immensely to the levels of acute malnutrition in South Sudan. Cross sectoral linkages between health, nutrition and WASH will be important to address gaps in health and WASH service provision.
- It is recommended that continued surveillance be conducted in counties where the nutrition situation is Critical and projected to deteriorate. A special joint mission by key sectors and stakeholders to Renk will be important to understand the situation on the ground and identify gap areas. A causal analysis to understand the high level of malnutrition in Renk is also recommended.



PROCESS AND METHODOLOGY

Food Security Analysis: The August 2019 IPC update analysis was attended a multi-agency and multi-sectoral group of about 80 analysts. State teams conducted food security situation analysis at county level, which was then 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 delivered humanitarian food assistance for the current analysis period and planned, funded, and likely humanitarian food assistance (HFA) for the projection periods. The primary source of information was the 24th round of the Food Security and Nutrition Monitoring System (FSNMS), together with local knowledge, observed changes on the ground, and past food security trends. Other sources of data and information used were SMART surveys, field assessment reports from the FSL Cluster partners, market analysis and projections, rainfall estimates and forecasts, population movement data, humanitarian food and livelihoods assistance data and Emergency Operational plans.

The State analysis teams provided population numbers for August 2019, September to December 2019 and January to April 2020, with the effects of HFA factored in.

Nutrition Analysis: The IPC for acute malnutrition analysis was attended by participants from National MOH, State MOH, FEWSNET, WFP, UNICEF, IMC, CCM and ACF. Most nutrition partners failed to participate in this year's IPC AMN analysis. The analysis relied heavily on the FSNMS data that was analyzed at county, domain and State levels. Analysis of other parameters of infant and young child feeding, breastfeeding and morbidity similarly followed the same type of disaggregation. Previous worksheets were updated with the new results and phase classification done based on the recent analysis. Furthermore, previous trends and other indicators were reviewed for the projection period.

LIMITATIONS OF THE ANALYSIS

Food Security Analysis: While the FSNMS Round 24 data provided evidence for current analysis, there was a limited volume of FSL reports to support the analysis and help build assumptions for the projection periods.

Nutrition Analysis: The number of county based assessments in informing this analysis was limited. Most of the information relied on FSNMS Round 24 data that used weighted domain analysis to provide county based estimates of acute malnutrition.

Estimating effect of HFA: The South Sudan IPC Technical Working Group used the Food Security Cluster (FSC) humanitarian food assistance data (HFA) which provides the total number of beneficiaries and the quantity (tonnes) of HFA delivered. A full ration of HFA was taken to deliver 17.55kg of mixed commodities per person per month; the associated kilocalories were calculated. The TWG then identified areas where 25% to 49% of kilocalorie needs were met for at least 25% of the total population and flagged them with white bags on the IPC acute food insecurity maps. Areas where at least 25% of the population received 50% or more of their kilocalorie needs from the HFA were depicted with a black bags on the IPC acute food insecurity maps. To calculate HFA delivery for the projection period of January to April 2020, past trend data (i.e. planned and actual HFA delivery data for 2017 and 2018) was used to determine the quantity of HFA likely to be delivered.

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.