South Sudan

The food insecurity levels will remain elevated due to the impact of severe flooding and drought on livelihoods, conflict, and persistent macroeconomic challenges.

IPC ACUTE FOOD INSECURITY & ACUTE MALNUTRITION ANALYSIS
February to July 2022
Issued: 09 April 2022

ACUTE FOOD INSECURITY					
CURRENT (FEBRUARY - MARCH 2022)			PROJECTED (APRIL - JULY 2022)		
6.83M (55.3% of the population) People facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	55 000 People in Catastrophe	**7.74M** (62.7% of the population) People who will be facing severe acute food insecurity (IPC Phase 3+) IN NEED OF URGENT ACTION	Phase 5	87 000 People in Catastrophe
	Phase 4	2 375 000 People in Emergency		Phase 4	2 892 000 People in Emergency
	Phase 3	4 401 000 People in Crisis		Phase 3	4 765 000 People in Crisis
	Phase 2	3 371 000 People in Stress		Phase 2	2 901 000 People in Stress
	Phase 1	2 146 000 People minimally food insecure		Phase 1	1 700 000 People minimally food insecure

ACUTE MALNUTRITION	JANUARY TO DECEMBER 2022

1,341,635

Number of 6-59 months old children acutely malnourished IN NEED OF TREATMENT

302,163
SAM*
Number of cases

1,039,472
MAM*
Number of cases

675,710

Pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

* Severe and Moderate Acute Malnutrition

How Severe, How Many and When – In the current **analysis period of February to March 2022**, an estimated 6.83 million people (55.3% of the population) are facing Crisis (IPC Phase 3) or worse acute food insecurity, of which **2.37 million people are facing Emergency (IPC Phase 4)** acute food insecurity. **An estimated 55,000 people are classified in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi and Uror counties of Jonglei State; Pibor Administrative Area; Tambura County of Western Equatoria State; and Leer and Mayendit counties of Unity State**. The most food insecure states between February and March 2022 where more than 50% of their populations are facing Crisis (IPC Phase 3) or worse acute food insecurity are Jonglei (72.4%), Unity (67.6%), Warrap (62.9%), Northern Bahr el Ghazal (56.8%), Upper Nile (54.2%) and Lakes (52.0%).
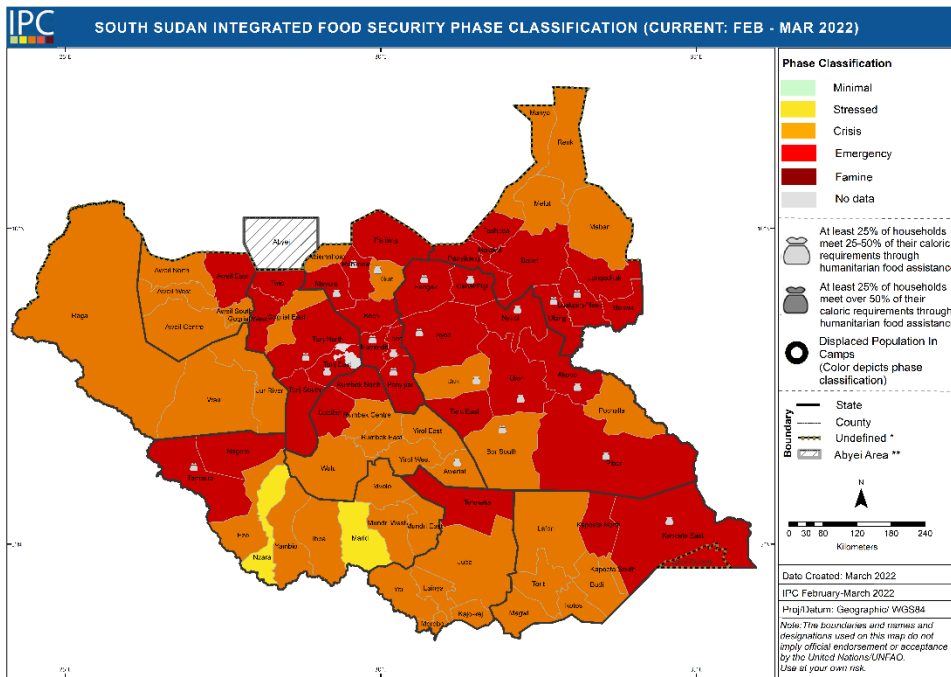
In the lean season projection period of **April to July 2022**, an estimated **7.74 million people (62.7% of the population)** will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with **87,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi and Ayod counties of Jonglei State; Pibor Administrative Area; Cueibet and Rumbek North counties of Lakes State; and Leer and Mayendit counties of Unity State**. During this period, an estimated **2.90 million people are likely to face Emergency (IPC Phase 4)** acute food insecurity.

Given the high levels of severe acute food insecurity in the country, immediate scale-up of multi-sectoral humanitarian assistance is needed to save lives and prevent the total collapse of livelihoods in the affected counties, particularly those with a high share of populations in Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5). Urgent action is also required for populations in Crisis (IPC Phase 3) to protect their livelihoods and reduce household-level food consumption gaps.

Where – **The most severe acute food insecurity conditions are present in locations that are characterized by chronic vulnerabilities that have been exacerbated by shocks such as severe flooding, droughts, sub-national and localized violence, and the effects of the ongoing macro-economic crisis, among others.** Between February and March 2022, 36 counties across the country were classified in Emergency (IPC Phase 4) acute food insecurity and 40 counties were classified in Crisis (IPC Phase 3) acute food insecurity, with only 2 counties classified in Stressed (IPC Phase 2) acute food insecurity. In the projection period of April to July 2022, which is the lean season, 52 counties are classified in Emergency (IPC Phase 4) acute food insecurity, 23 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 3 counties are classified in Stressed (IPC Phase 2) acute food insecurity.

Why – Food insecurity in South Sudan is driven by multiple shocks, including climatic (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households' coping capacities, and the loss of livelihoods. Access constraints and the lower than required humanitarian assistance in the face of increasing needs will likely result in an increase of acute food insecurity during the projection periods, especially during the lean season.

CURRENT IPC ACUTE FOOD INSECURITY SITUATION FOR FEBRUARY TO MARCH 2022

Figure 1: IPC Acute Food Insecurity Situation Map for February to March 2022 (Current)

What is on the map?

A total of 36 counties are classified in Emergency (IPC Phase 4) acute food insecurity, 40 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and only 2 counties are classified in Stressed (IPC Phase 2) acute food insecurity.

What is in the population table?

With the current levels of HFA (Humanitarian Food Assistance), 0.4% of the population (about 55,000 people) are in IPC Phase 5 (Catastrophe) acute food insecurity; 19.2% of the population (about 2.37 million people) are in IPC Phase 4 (Emergency) acute food insecurity; and 35.6% of the population (about 4.40 million people) are in IPC Phase 3 (Crisis) acute food insecurity.
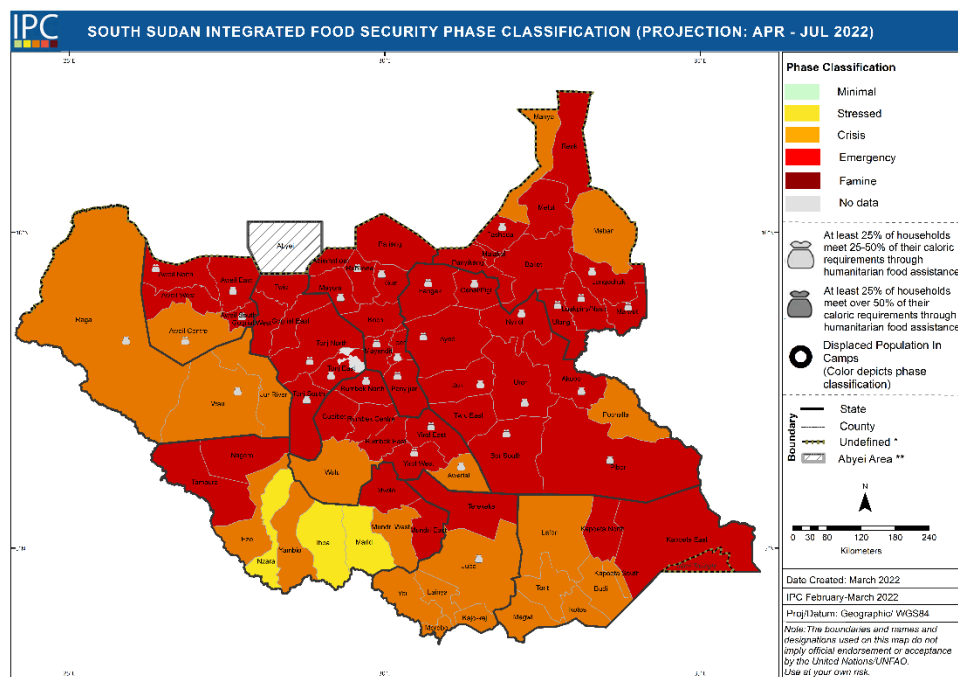
State	Mid-2022 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe
Central Equatoria	1,545,679	260,000	479,000	653,000	154,000	-
Eastern Equatoria	1,125,346	302,000	329,000	343,000	151,000	-
Jonglei	2,031,778	207,000	354,000	865,000	563,000	42,000
Lakes	1,209,754	206,000	375,000	445,000	184,000	-
Northern Bahr el Ghazal	935,156	152,000	252,000	377,000	154,000	-
Unity	1,123,634	93,000	271,000	463,000	289,000	7,000
Upper Nile	1,522,253	280,000	416,000	497,000	328,000	-
Warrap	1,248,033	174,000	289,000	401,000	385,000	-
Western Bahr el Ghazal	662,897	185,000	282,000	133,000	63,000	-
Western Equatoria	944,431	287,000	324,000	224,000	104,000	6,000
Total	**12,348,961**	**2,146,000**	**3,371,000**	**4,401,000**	**2,375,000**	**55,000**

Table 1: Estimation of populations for current period: February to March 2022

Note: *A population in IPC Phase 3 and above does not necessarily reflect the full population in need of urgent action. This is because some households may be in IPC Phase 2 or even in IPC Phase 1, because of the effects of humanitarian assistance. The national population is estimated at 12,394,979; however, the total analyzed, and classified population is 12,348,961 because an estimated 46,018 people living in Makuac, Paliang and Paweng Payams of Tonj East were not analyzed and classified due to these Payams being inaccessible during the FSNMS survey data collection exercise.*

Figure 2: IPC Acute Food Insecurity Situation Map for April to July 2022 (Projection)

What is on the map?

A total of 52 counties are classified in Emergency (IPC Phase 4) acute food insecurity, 23 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and only 3 counties are classified in Stressed (IPC Phase 2) acute food insecurity.

What is in the population table?

With the planned levels of HFA, 0.7% of the population (about 87,000 people) will likely be in Catastrophe (IPC Phase 5) acute food insecurity; 23.4% of the population (about 2.90 million people) will likely be in Emergency (IPC Phase 4) acute food insecurity; and 38.6% of the population (about 4.76 million people) will likely be in Crisis (IPC Phase 3) acute food insecurity.

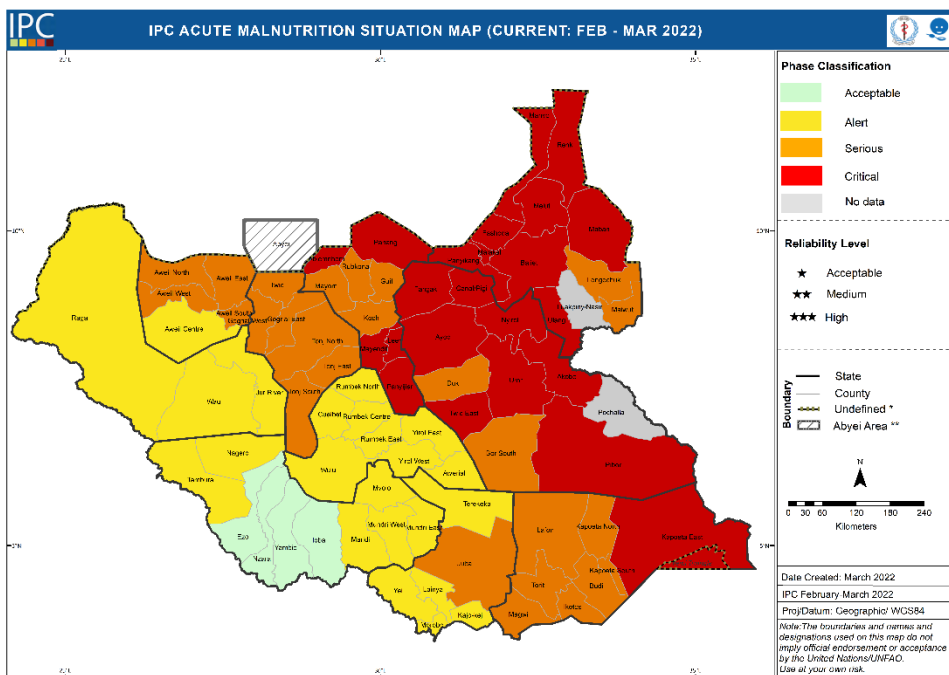| State	Mid-2022 Population (NBS)	Minimal	Stressed	Crisis	Emergency	Catastrophe
Central Equatoria	1,545,679	236,000	466,000	665,000	178,000	-
Eastern Equatoria	1,125,346	269,000	311,000	395,000	151,000	-
Jonglei	2,031,778	144,000	290,000	875,000	655,000	67,000
Lakes	1,209,754	149,000	311,000	472,000	264,000	13,000
Northern Bahr el Ghazal	935,156	106,000	209,000	419,000	200,000	-
Unity	1,123,634	66,000	180,000	502,000	370,000	7,000
Upper Nile	1,522,253	194,000	330,000	587,000	410,000	-
Warrap	1,248,033	148,000	224,000	429,000	447,000	-
Western Bahr el Ghazal	662,897	152,000	249,000	166,000	96,000	-
Western Equatoria	944,431	236,000	331,000	255,000	121,000	-
Total	**12,348,961**	**1,700,000**	**2,901,000**	**4,765,000**	**2,892,000**	**87,000**

Table 2: Estimation of populations for projected period: April to July 2022

Note: A population in IPC Phase 3 and above does not necessarily reflect the full population in need of urgent action. This is because some households may be in IPC Phase 2 or even in IPC Phase 1, because of the effects of humanitarian assistance. The national population is estimated at 12,394,979; however, the total analyzed, and classified population is 12,348,961 because an estimated 46,018 people living in Makuac, Paliang and Paweng Payams of Tonj East were not analyzed and classified due to these Payams being inaccessible during the FSNMS survey data collection exercise.

How Severe, How Many and When – In 2022, about 1.34 million children under five years are expected to suffer from acute malnutrition based on the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS), and program admission trends. Close to 50% of the burden is from Greater Upper Nile region i.e., Jonglei, Upper Nile and Unity states.

Where – During the current analysis period (February and March 2022), a total of 49 (63%) counties were classified as Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4) by the IPC Acute Malnutrition (IPC AMN). Out of this, 23 counties are classified as Critical (IPC AMN Phase 4). About 96% of the counties classified as Critical (IPC AMN Phase 4) were from the Greater Upper Nile region (Jonglei, Upper Nile and Unity States) - Jonglei State has eight counties (Akobo, Ayod, Canal/Pigi, Fangak, Pibor, Nyirol, Uror, and Twic East); Upper Nile State nine counties (Baliet, Fashoda, Maban, Malakal, Manyo, Melut, Panyikang, Ulang and Renk); Unity State has five counties (Abiemnhom, Leer, Mayendit, Panyijiar and Pariang). Easter Equatoria has one County (Kapoeta East) which is classified as Critical (IPC AMN Phase 4). A total of 26 Counties classified as Serious (IPC AMN Phase 3) i.e., six counties in Warrap State, seven counties in Eastern Equatoria State, four counties in Northern Bahr el Ghazal State, four counties in Unity State, two counties in Jonglei State, two counties in Upper Nile State and one County in Central Equatoria State.

Why – The major factors contributing to acute malnutrition include high prevalence of diseases (illness is at 57%), inadequate feeding practices of infant and young children that includes Minimum Acceptable Diet (8.7%), Minimum Dietary Diversity (23.4%), and Minimum meal frequencies (23.3%). Elevated levels of food insecurity (IPC AFI Phase 3 and above) in most counties also contribute to acute malnutrition. In the current analysis period of February to March 2022, an estimated 6.83 million people (55.3% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 2.37 million people faced Emergency (IPC Phase 4) acute food insecurity and 55,000 were in Catastrophe (IPC Phase 5) acute food insecurity.

IPC Acute Malnutrition Situation Map for February to March 2022

What is on the map?

According to the IPC AMN scale, a total 49 counties were classified in IPC AMN Phase 3 (Serious) and above, of which 23 of them were in IPC AMN Phase 4 (Critical).

22 out of 23 counties classified in IPC AMN Phase 4 (Critical) were from the Greater Upper Nile region. Jonglei had eight counties (Akobo, Ayod, Canal/Pigi, Fangak, Pibor, Nyirol, Uror and Twic East); Upper Nile had nine counties (Baliet, Fashoda, Maban, Malakal, Manyo, Melut, Panyikang, Ulang and Renk); Unity State had five counties (Abiemnhom, Leer, Mayendit, Panyijiar and Pariang); and Eastern Equatoria had one county (Kapoeta East).

A total of 26 counties were classified in IPC AMN Phase 3 (Serious) i.e., six counties in Warrap, seven counties in Eastern Equatoria, four counties in Northern Bahr el Ghazal, four counties in Unity, two counties in Jonglei, two counties in Upper Nile and one County in Central Equatoria.

Four counties in Western Equatoria i.e., Ezo, Nzara, Ibba and Yambio were classified in IPC AMN Phase 1 (Acceptable).
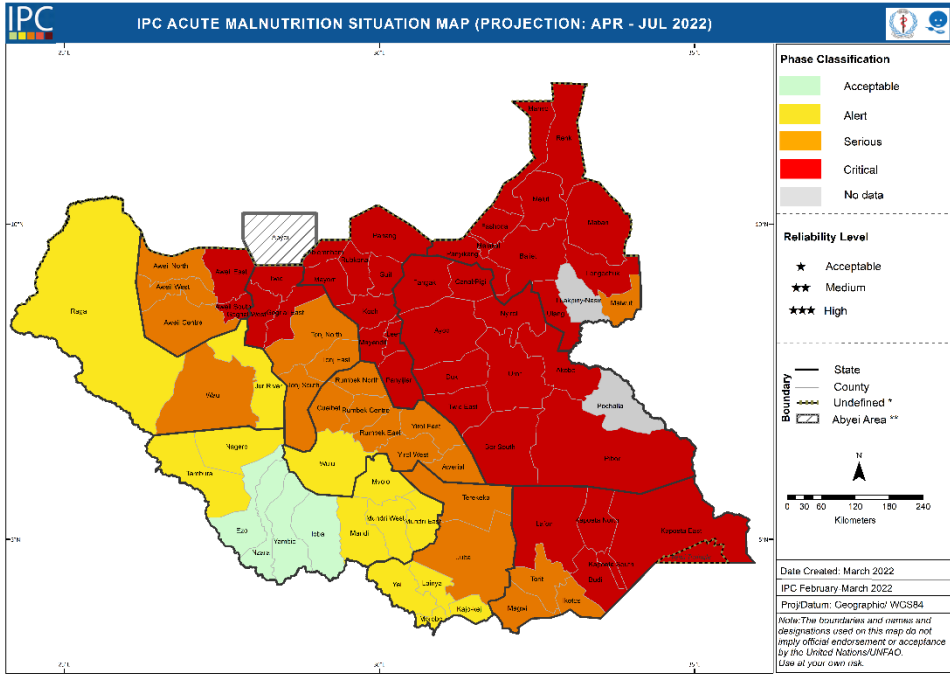
TOTAL NUMBER OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND ARE IN NEED OF TREATMENT

State	Number of children (6-59 Months)	Burden			% of Total GAM
		SAM	MAM	Total	
Central Equatoria	293,679	16,182	75,552	91,734	7%
Eastern Equatoria	213,816	27,082	92,012	119,094	9%
Jonglei	386,038	61,752	218,415	280,167	21%
Lakes	229,853	23,398	69,810	93,208	7%
Northern Bahr el Ghazal	177,679	26,484	88,354	114,838	9%
Unity	213,491	40,629	118,455	159,084	12%
Upper Nile	289,228	35,658	156,242	191,900	14%
Warrap	245,870	41,864	129,589	171,453	13%
Western Bahr el Ghazal	125,950	16,647	50,330	66,977	5%
Western Equatoria	179,442	12,467	40,713	53,180	4%
Total	**2,355,046**	**302,163**	**1,039,472**	**1,341,635**	

Table 6: Summary of SAM, MAM, and GAM caseloads in 2022

PROJECTED IPC ACUTE MALNUTRITION SITUATION FOR APRIL TO JULY 2022

IPC Acute Malnutrition Situation Map for April to July 2022

What is on the map?

During the projection period, seasonal deterioration of acute malnutrition situation is expected as it is lean period which is characterized by inadequate food intake. Moreover, there is likelihood of increased morbidity due to raining season.

A total of 59 counties are projected to be in IPC AMN Phase 3 (Serious) and IPC AMN Phase 4 (Critical), with 20 counties in IPC AMN Phase 3 (Serious) and 39 counties in IPC AMN Phase 4 (Critical). About 75% of counties classified in IPC AMN Phase 4 (Critical) are in the Greater Upper Nile region. Of the 20 counties classified in IPC AMN Phase 3 (Serious), 70% of them are in the Greater Bahr el Ghazal region and 25% are in the Greater Upper Nile region.

A total of 16 counties currently classified as IPC AMN Phase 3 (Serious) are projected to deteriorate into a worse phase between April and July 2022. Likewise, 10 counties currently classified in IPC AMN Phase 2 (Alert) are projected to be in IPC AMN Phase 3 (Serious) whereas 13 counties remain in the same IPC AMN Phase 2 (Alert).

FEBRUARY TO JULY 2022 SITUATION OVERVIEW

GREATER UPPER NILE REGION

In the Greater Upper Nile region, the food security situation has generally deteriorated across all the analysis periods compared to December 2020 to March 2021. This deterioration is attributed to the effects of severe flooding, localized conflict and insecurity, unusually high food prices, loss of employment and low incomes, and outbreaks of livestock diseases and crop pests, among others. In **February to March 2022**, an estimated 3.05 million people (65.3% of the population in Greater Upper Nile region) faced Crisis (IPC Phase 3) or worse acute food insecurity. Furthermore, all counties were in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) acute food insecurity classification. The worst affected State is Jonglei where 72.4% of the population is in Crisis (IPC Phase 3) or worse acute food insecurity, followed by Unity (67.6%) and Upper Nile (54.2%).

In the projection period of **April to July 2022**, the food security situation will further deteriorate, and the number of people in Crisis (IPC Phase 3) or worse acute food insecurity is likely to rise to 3.47 million (74.3% of the population in Greater Upper Nile region) due to large cereal deficits, rise in staple food prices due to low local market supply linked to poor feeder road conditions and inaccessibility to markets during rainy season, limited income-earning opportunities given erosion of livelihood assets, and persistent macro-economic challenges, in addition to localized or revenge killing that are likely to periodically disrupt trade flows and market functioning as well as crop production. Finally, a fourth year of flooding is also likely to aggravate the severity of food insecurity this period. Jonglei State continues to be the worst affected with 78.6% of its population will likely be in Crisis (IPC Phase 3) or worse acute food insecurity, followed by Unity (78.1%) and Upper Nile (65.5%).

JONGLEI STATE AND PIBOR ADMINISTRATIVE AREA

In **February and March 2022,** an estimated 1.47 million people (72.4% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 865,000 people were in Crisis (IPC Phase 3) acute food insecurity, 563,000 people were in Emergency (IPC Phase 4) acute food insecurity, and 42,000 people were in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi, Pibor Administrative Area and Uror. Food insecurity in Jonglei State and Pibor Administrative Area was driven by the effects of significant underlying vulnerabilities that have built up over time due to the protracted conflict and recurrent shocks. The eight counties of Akobo, Ayod, Canal/ Pigi, Fangak, Nyirol, Pibor, Twic East and Uror were classified in Emergency (IPC Phase 4) acute food insecurity, whereas Bor South, Duk and Pochalla counties were classified in Crisis (IPC Phase 3) acute food insecurity. In 2021, Jonglei experienced compounded shocks across most of the counties, including continued endemic conflict that resulted in the loss of life and assets, displacement, disruption and destruction of livelihoods; a third consecutive year of unprecedented and atypical floods that submerged human settlements, farmlands and pasturelands, displacing people while also restricting mobility, as well as disrupted markets and delivery of humanitarian assistance to the flood-affected populations; the continuing economic decline and inflation linked to the depreciation of the South Sudanese Pound that is resulting in high food prices, lack of investment in productive infrastructure and assets, limited livelihood opportunities outside of farming or livestock herding; poor WASH conditions, especially contaminated waters and high disease incidences continue to chronically affect the state especially in the rainy season.

Whilst rainfall was not abnormally high in 2021, flooding was exacerbated by standing water from major floods in the previous two years, most of which had not fully receded. Higher water levels detected upstream on the Victoria Nile, and on the Great Lakes including Lake Albert, and above average rainfall in neighbouring Ethiopia contributed to the greater flood extent observed in 2021 compared to previous years. The flooding in 2021 negatively affected all four pillars of food security: availability, access, utilization and stability; with food availability being affected by destruction of livelihoods, increased post-harvest losses with floods arriving when the crops were either in late maturity stages or at the time of harvests; significant livestock losses due to starvation, disease and decreasing pastureland; reduced or restricted mobility for gathering of wild foods, while simultaneously leading to widespread displacement, and compounding existing insecurity. Food access and its stability were negatively affected by flooding through disruption of humanitarian services, markets, infrastructure, and transport, leading to increasing prices, as well as direct and indirect changes in income and households purchasing power. Floods further contaminated water sources and led to severe WASH outcomes (resulting in an unhygienic environment and deteriorating health conditions for both humans and livestock), thus affecting food utilization due to increased disease prevalence that exacerbated the vulnerability of an already impoverished and asset stripped population.

Additionally, the macro-economic crisis has continued to cause currency depreciation and high food prices, which has negatively impacted on households' purchasing power and reduced their access to food. Intensified sub-national violence often by highly organized and well-armed youth that includes revenge killings and counter attacks have continued to result in the loss of life,

destruction of property, population displacement, deliberate disruption of livelihoods, the loss of livestock, and has restricted access to food sources.

Between **April 2022 and July 2022**, an estimated 1.60 million people (78.6% of the population) are likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 875,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity, 655,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 67,000 people will likely be in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi, Pibor Administrative Area and Ayod. During this period, the entire State will be facing Emergency (IPC Phase 4) acute food insecurity, except for Pochalla County that will be facing Crisis (IPC Phase 3) acute food insecurity. In the other counties, the food security situation is also expected to worsen, with seven counties having at least 80% of their population facing Crisis (IPC Phase 3) or worse acute food insecurity. The lean season needs to be closely monitored in Jonglei, especially in counties with a high proportion of their population in Crisis (IPC Phase 3) or worse acute food insecurity. Most households will have depleted their cereal stocks and wild foods and fishing (only for households with equipment and access to water bodies) are expected to be some of the most important food sources that households will rely on during the projection period which is likely to be characterized by limited movement as floodwaters increase. Access to livestock and associated products will also remain atypically low due to animal losses and morbidities. Given the severity of outcomes and the vulnerability of the local populations to new shocks, Fangak and Canal/Pigi will remain among the areas of highest concern.

UPPER NILE STATE

In **Upper Nile State**, all the counties are classified in either Crisis (IPC Phase 3) or Emergency (IPC Phase 4) acute food insecurity across all the analysis periods, with the lean season projection period being the worst. This persistent acute food insecurity is attributed to flooding, localized conflict, insecurity, high food prices, loss of employment and low incomes, and outbreaks of crop and livestock diseases and pests.

In **February to March 2022**, the post-harvest period in the State, an estimated 825,000 people, (54.2% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 497,000 people were in Crisis (IPC Phase 3) acute food insecurity, and 328,000 people were in Emergency (IPC Phase 4) acute food insecurity. During this period, eight counties including Baliet, Fashoda, Longochuk, Laukpiny/Nasir, Maiwut, Malakal, Panyikang and Ulang were classified in Emergency (IPC Phase 4) acute food insecurity, whereas the remaining four were classified in Crisis (IPC Phase 3) acute food insecurity. Across these counties, food insecurity was driven by severe floods that destroyed crops, affected livestock, and disrupted markets and trade functioning. Linked to the floods, the community experienced increased livestock disease outbreaks as well as crop pests and diseases. This reduced the availability and access to livestock products, as well as harvest, in addition to impacting on household's ability to move around in search of natural food sources. The high food prices, coupled with the loss of employment and low incomes have significantly reduced households' purchasing power, leading to reduced/limited access to foods.

Between **April and July 2022**, which also overlaps with the peak of the lean season in July, the food security situation will deteriorate with an estimated 997,000 people (65.5% of the population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 587,000 people will be in Crisis (IPC Phase 3) acute food insecurity, and 410,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity. During this period, all counties in Upper Nile State will be classified in Emergency (IPC Phase 4) acute food insecurity except for Manyo and Maban counties which are classified in Crisis (IPC Phase 3) acute food insecurity. The high levels of food insecurity are driven by the depletion of cereal stocks at household level, given the low crop production in 2021; a rise in staple food prices due to low local market supply linked to poor feeder road conditions and inaccessibility to markets during rainy season; limited income-earning opportunities given the erosion of livelihood assets; and the persistent macro-economic challenges in the country. A fourth year of flooding is also likely to aggravate the severity of food insecurity during this projection period. Severe deterioration in food security outcomes is likely to be mitigated by the availability of some wild foods and fish. Finally, planned, funded and likely humanitarian food assistance, reaching at least 25 percent of the county population, meeting 50 percent of the daily kilocalorie needs of the population will be delivered in Maban, Nasir, Malakal, and Longochuk counties; however, in the rest of the counties, the humanitarian food assistance will be insignificant, reaching less than 25 percent of the county population during the April to July period.

Factors to monitor through the projected period include conflict and insecurity; food prices; disease outbreaks; and the rainy season performance and associated risks of flooding.

UNITY STATE AND RUWENG ADMINISTRATIVE AREA

In **February to March 2022**, an estimated 759,000 people (67.6% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 463,000 people were in Crisis (IPC Phase 3) acute food insecurity, 289,000 people were in Emergency

(IPC Phase 4) acute food insecurity and 7,000 people in Catastrophe (IPC Phase 5) in Leer and Mayendit counties. All counties were classified in Emergency (IPC phase 4) acute food insecurity, except for Guit and Abiemnhom which were classified in Crisis (IPC Phase 3) acute food insecurity. The key drivers of food insecurity included occurrence of floods that resulted in loss of crops, livestock, destruction of houses and livelihoods, and population displacement. Besides, the flood water damaged planted crops and significantly resulted in a high cereal deficit for the 2021/2022 consumption year. Given the significant loss of livestock due to flooding, availability and access to livestock products and income remain low for livestock owning households. In addition armed clashes, localized conflict and intercommunal raiding, cattle rustling, revenge killings, and conflict over the grazing land led to civilian deaths, displacement and disruption of livelihoods particularly in Guit, Rubkona, Koch, Leer,Mayendit, Mayom and Panyijiar. Furthermore, limited trade flows and significant disruptions to markets by floods resulted in unusually high staple food prices, thus limiting food access for majority of households in the State.

During the lean season period of **April to July 2022**, the food security situation is expected to deteriorate further with an estimated 879,000 people (78.1% of the population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 502,000 are likely to be in Crisis (IPC Phase 3) acute food insecurity, 370,000 are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 7,000 people will likely remain in Catastrophe (IPC Phase 5) in Leer and Mayendit counties. Food insecurity is driven by diminished coping capacities, increasing cereal gap, food stocks depletion, disruptions of market functionality that are occasioned by infrastructure deterioration during the rainy season, high food prices in the face of low purchasing power, and challenges in the delivery of humanitarian assistance which will likely be caused by another season of flooding. Localized conflict, revenge killings, cattle raids and intercommunal conflicts are also expected to persist particularly in Guit, Rubkona, Koch, Leer, Mayendit, Mayom and Panyijiar, and will periodically disrupt normal household livelihood activities, trade flows and humanitarian assistance delivery. Above normal rainfall performance is expected this year, and this coupled with the already saturated soils linked to the 2021 rainfall season, there is high livelihood of severe flooding in the 2022 cropping season with negative impacts on crops, prepositioning of humanitarian supplies, markets and trade flows, and further livestock losses. Further deterioration in acute food insecurity is expected to be mitigated by access to livestock products and income from livestock sales, access to fish at least through April, consumption of some wild foods, and significant humanitarian food assistance planned for distribution in Mayendit, Mayom, Guit, Rubkona, Panyijiar and Pariang counties.

Factors to monitor through the projected period include clashes amongst armed forces, localized conflict among the population, cattle raiding, market price trends, and the rainy season performance and associated risks of flooding.

GREATER EQUATORIA REGION

In the Greater Equatoria Region, an estimated 1.63 million people (45.2% of the region's population) were classified in Crisis (IPC Phase 3) or worse acute food insecurity between **February and March 2022**; of these, 6,000 are facing Catastrophe food security outcomes in Tambura County of Western Equatoria State; 409,000 people were in Emergency (IPC Phase 4) acute food insecurity; and 1.22 million people were in Crisis (IPC Phase 3) acute food insecurity. During this period, 5 counties were classified in Emergency (IPC Phase 4) acute food insecurity, 17 counties were classified in Crisis (IPC Phase 3) acute food insecurity, and only 2 counties were classified in Stressed (IPC Phase 2) acute food insecurity. The severe acute food insecurity situation in the Greater Equatoria Region was mainly driven by insecurity incidents and associated displacements and access / movement restrictions; climatic shocks (floods and droughts); low crop production; high food prices; and crop and livestock pests and diseases. The worst affected State is Central Equatoria with 52.2% of its population facing Crisis (IPC Phase 3) or worse acute food insecurity, followed by Eastern Equatoria State (43.9%) and Western Equatoria State (35.3%).

From **April to July 2022**, the food security situation will slightly deteriorate with an estimated 1.76 million people likely to be in Crisis (IPC Phase 3) or worse acute food insecurity. Of these, 450,000 people will be in Emergency (IPC Phase 4) acute food insecurity, and 1.31 million will be in Crisis (IPC Phase 3) acute food insecurity. The key drivers of the deterioration are the increased dependency on markets following the depletion of household harvests; high food prices; insecurity which is expected to continue in parts of the region, particularly in Western Equatoria and Eastern Equatoria; and the stresses associated with the degradation of infrastructure (roads, bridges etc.) during the rainy season. However, vegetables and some green harvests will become available later in the projection period once the rains establish, and access to livestock products is also expected to improve in the semi-arid pastoral areas of Eastern Equatoria when livestock return following the start of the rainy season. During this period, the worst affected state will be Central Equatoria where 54.6% of its population is likely to face Crisis (IPC Phase 3) or worse acute food insecurity, followed by Eastern Equatoria (48.5%) and Western Equatoria (39.9%).

CENTRAL EQUATORIA STATE

In Central Equatoria State, an estimated 807,000 people (52.2% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity between **February and March 2022**, of which 154,000 were in Emergency (IPC Phase 4) acute food insecurity and 653,000 were in Crisis (IPC Phase 3) acute food insecurity. During this period, Juba, Kajo-Keji, Lainya, Morobo and Yei were classified in Crisis (IPC Phase 3) acute food insecurity, and only Terekeka was classified in Emergency (IPC Phase 4) acute food insecurity. Food insecurity during the February to March 2022 period was driven by low crop production, insecurity / inter-communal conflicts particularly between cattle keepers and farmers, displacement, crop and livestock pests and diseases, high food prices, and the remnant effects of the COVID-19 pandemic. A key mitigating factor during this post-harvest period is the availability of some harvests at household level.

From **April to July 2022**, a slight seasonal deterioration in the food security situation is expected with an estimated 843,000 people (54.6% of the population) likely to be in Crisis (IPC Phase 3) or worse acute insecurity, of which 178,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 653,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. During this period, Juba, Kajo Keji, Lainya, Morobo and Yei are classified in Crisis (IPC Phase 3) acute food insecurity, with Terekeka still classified in Emergency (IPC Phase 4) acute food insecurity. The deterioration is mainly driven by typical lean season factors such as depletion of food stocks, high food prices, degraded road conditions that affect market access and functionality, and likelihood of insecurity (in some counties such as Juba, Kajo Keji, Morobo, Terekeka and Yei). However, some mitigating factors include availability of green harvests, fish, wild foods, and livestock products, most of which are expected to increasingly become seasonally available with the onset of the rainy season.

EASTERN EQUATORIA STATE

In **February to March 2022**, an estimated 494,000 (43.9% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 151,000 people were in Emergency (IPC Phase 4) acute food insecurity, and 343,000 people were in Crisis (IPC Phase 3) acute food insecurity. During this period, all counties were classified in Crisis (IPC Phase 3) acute food insecurity, except Kapoeta East and Kapoeta North which were classified in Emergency (IPC Phase 4) acute food insecurity. Food insecurity was driven by climatic shocks (drought), high food prices, low crop production (in Kapoeta East, Kapoeta North, Kapoeta South, Lopa/Lafon and Torit counties), insecurity, and crop and livestock pests and diseases.

From **April to July 2022**, the food security situation will remain dire with an estimated 546,000 people (48.5% of the population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 151,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 395,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity. During this period, all counties are classified in Crisis (IPC Phase 3) acute food insecurity, except Kapoeta East and Kapoeta North which are classified in Emergency (IPC Phase 4) acute food insecurity. Food insecurity will mainly be driven by low or no food stocks, high food prices, poor market functionality because of the degradation of roads during the rainy season, insecurity that will likely result in displacement and affect agricultural activity, and the seasonal increase in the prevalence of livestock pests and diseases that will affect livestock production and productivity. A mitigating factor will be the return of livestock nearer homesteads around April/May following the arrival of the rainy season, and the increased access to wild foods.

WESTERN EQUATORIA STATE

In **February to March 2022**, an estimated 334,000 people (35.3% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 6,000 were in Catastrophe (IPC Phase 5) acute food insecurity in Tambura County, 104,000 people were in Emergency (IPC Phase 4) acute food insecurity, and 224,000 people were in Crisis (IPC Phase 3) acute food insecurity. During this period, Maridi and Nzara counties were classified in Stressed (IPC Phase 2) acute food insecurity; Ezo, Ibba, Mundri East, Mundri West, Mvolo and Yambio counties were classified in Crisis (IPC Phase 3) acute food insecurity; and Nagero and Tambura counties were classified in Emergency (IPC Phase 4) acute food insecurity. They key drivers of food insecurity were insecurity stemming from inter-communal violence, trade flow disruptions, high food prices, and low crop production in Mundri East, Mundri West, Mvolo, Nagero and Tambura counties. Humanitarian food assistance that is targeted at 27% of the population an providing 50% of their caloric needs will prevent further deterioration of Tambura's displaced populations into worse-off phases.

During the lean season period of **April to July 2022**, the food security situation deteriorates with 376,000 people (39.9% of the population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity. Of these, 121,000 people are in Emergency (IPC Phase 4) acute food insecurity and 255,000 are in Crisis (IPC Phase 3) acute food insecurity. The key drivers of insecurity will be the continued threat of violence, particularly in Tambura County, as well as the seasonal increase in food prices following depletion of food stocks for the cereal deficit counties and the resultant increased dependency on markets. The 6,000 people who were classified in Catastrophe (IPC Phase 5) in Tambura between February and March will no longer be in the same

situation because of the effects of humanitarian food assistance that will be delivered from April to July, is targeted at 14% of the population and will provide them with 50% of their caloric needs. The arrival of the rainy season will also lead to the increased availability of wild foods and green harvests in June/July.

Factors to be monitored across greater Equatoria region include insecurity and inter-communal violence, incidents of cattle raiding especially in the Kapoetas, prices of staples and the performance of the March-May rainfall.

GREATER BAHR EL GHAZAL REGION

In **Greater Bahr el Ghazal** region (GBEG), an estimated 2.14 million people (52.8% of the population in the region) experienced Crisis (IPC Phase 3) or worse acute food insecurity in **February and March 2022**. The key drivers of food insecurity in the region were unusually high food prices, reduced income, dry spells, floods, incidents of sub-national and localized conflicts. Warrap state is the worst affected by the shocks pushing about 62.9% of the population in Crisis (IPC Phase 3) or worse food insecurity followed by Northern Bahr el Ghazal (56.8%), Lakes (52.0%) and Western Bahr el Ghazal (29.6%).

In the projection period from **April to July 2022**, the situation is expected to seasonally deteriorate and an estimated 2.51 million (61.8% of the total population in the region) will likely be in Crisis (IPC Phase 3) or worse acute food insecurity. This deterioration will be driven by the depletion of food stocks, reduced availability of wild foods, impassable roads in the second half of the projection period resulting from heavy rains, increased market prices, and the likelihood of conflicts, including cattle raiding. This period requires close monitoring of the situations as there could also be aggravating factors related to water borne diseases and flooding as the period falls within the rainy season. The worst affected State will be Warrap, with 70.2% of its population likely to face Crisis (IPC Phase 3) or worse acute food insecurity, followed by Northern Bahr el Ghazal (66.3%), Lakes (62.0%) and Western Bahr el Ghazal (39.5%).

WESTERN BAHR EL GHAZAL STATE

In **February and March 2022**, an estimated 196,000 people (29.6% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 133,000 people were in Crisis (IPC Phase 3) acute food insecurity, and 63,000 people were in Emergency (IPC Phase 4) acute food insecurity. During this period, all the counties were classified in Crisis (IPC Phase 3) acute food insecurity. The food insecurity was attributed to the macroeconomic shocks leading to increased market prices; and reduced households' income which in turn reduced household purchasing power. Other shocks included human diseases, raiding and looting of households' assets, prolonged dry spells, crop pests and diseases, population movement (returnees and IDPs), and reduced income due to loss of employment and other income opportunities. However, during this period, the seasonal harvests were available to most households through their own production and the markets. Currently, households also have access to fish and wild foods, including hunting. The improved security situation also resulted in a resumption of normal livelihoods for the poor households including fishing, hunting, and collection of wild foods including honey. Households were also able to access natural resources such as firewood and building poles for sale.

The food security situation is expected to deteriorate in the lean season of **April to July 2022** with an estimated 262,000 people (39.5% of the population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 166,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity, and 96,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity. During this period, all counties will be classified in Crisis (IPC Phase 3) acute food insecurity. The deterioration is because of the depletion of harvested food stocks, seasonally high food prices coupled with reduced households' incomes resulting in reduced households' purchasing power. The reduced commodity flows through Amiet on the Sudan-South Sudan border is likely to limit availability of commodities and result in the increase of prices in Wau. The forecasted early start of the rainy season is expected to support farming activities and improve pastures and water availability. Therefore, availability of agricultural labour opportunities will provide some income for poorer households to access food.

WARRAP STATE

In **February and March 2022**, an estimated 786,000 people (62.9% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 401,000 people were in Crisis (IPC Phase 3) acute food insecurity and 385,000 people were in Emergency (IPC Phase 4) acute food insecurity. During this period, all counties were classified in Emergency (IPC Phase 4) acute food insecurity, except for Gogrial East which was classified in Crisis (IPC Phase 3) acute food insecurity. The main drivers of food insecurity in Warrap State are sub-national and localized conflicts including cattle raiding, which have disrupted agricultural activities and resulted in reduced crop production, loss of assets, restricted access to markets, and disrupted market functionality. The insecurity has also restricted households' access to livelihoods including markets and trade as well as affected

the traditional livestock migrations patterns. Other drivers of food insecurity included high food prices in the face of reduced household income, prolonged dry spells, and floods that affected crops and availability of pasture for livestock.

The food security is expected to deteriorate during the lean season from **April to July 2022,** with an estimated 876,000 people (70.2% of the population) expected to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 429,000 people will be in Crisis (IPC Phase 3) acute food insecurity, and 447,000 people will be in Emergency (IPC Phase 4) acute food insecurity. During this period, all counties will be in Emergency (IPC Phase 4) acute food insecurity. This deterioration will be driven by the seasonal depletion of food stocks, likelihood of high food prices, reduced market functionality and access challenges caused by insecurity and the worsening of road conditions due to rainfall. The rains are expected to start seasonally in April/May and they will improve the seasonal availability of water and pastures for livestock, hence improving the availability of milk as livestock will be close to homesteads.

LAKES STATE

In **February to March 2022**, an estimated 629,000 people (52.0% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 445,000 people were in Crisis (IPC Phase 3) acute food insecurity, and 184,000 people were in Emergency (IPC Phase 4) acute food insecurity. During this period, all counties are classified in Crisis (IPC Phase 3) acute food insecurity, except Cueibet and Rumbek North which are classified in Emergency (IPC Phase 4) acute food insecurity. The key drivers of food insecurity were the combined effects of high food prices, protracted insecurity caused by internal and external conflicts, and devastating floods that followed a prolonged dry spell earlier in the season and affected farming activities mainly in Awerial, Cueibet, Rumbek East and Yirol East counties. Cueibet and Rumbek North counties were the worst affected by floods followed by Rumbek East. The persistent macroeconomic challenges continue to impact on poor households purchasing power, hence households relied on emergency coping strategies to mitigate the food gaps experienced. Awerial County hosts many IDPs who have increased pressure on locally available resources. Although the security situation in the State has significantly improved, households are yet to recover from the multiple shocks that left most households without assets and any viable livelihood options, thus compromising their resilience to future shocks. While the impact of the floods was largely devastating, the receding flood waters have increased availability and access to fish.

In the lean season of **April to July 2022**, the food security situation is expected to seasonally deteriorate, with an estimated 749,000 people (62.0% of the population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 472,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity, and 264,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 13,000 people in Cueibet and Rumbek North will be in Catastrophe (IPC Phase 5) acute food insecurity. During the lean season, six out of the eight counties (Cueibet, Rumbek Center, Rumbek East, Rumbek North, Yirol West, and Yirol East) will be in Emergency (IPC Phase 4) acute food insecurity, whereas Awerial and Wulu counties will be classified in Crisis (IPC Phase 3) acute food insecurity. About 5% of households in both Cueibet and Rumbek North that experienced the worst floods and protracted violent from the neighbouring counties and states (Unity and Warrap) will have extreme food gaps during the lean season and are therefore expected to face Catastrophe (IPC Phase 5) acute food insecurity. The main drivers of food insecurity will be the depletion of own food stocks, limited access to, and reduced functionality of markets because of the rainy season, high food prices in markets and reduced households' income, and the ongoing economic crisis coupled with reduced incomes.

NORTHERN BAHR EL GHAZAL STATE

In **February to March 2022**, an estimated 531,000 people (56.8% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 377,000 people were in Crisis (IPC Phase 3) acute food insecurity, and 154,000 people were in Emergency (IPC Phase 4) acute food insecurity. During this period, all counties were classified in Crisis (IPC Phase 3), except Aweil East County which was classified in Emergency (IPC Phase 4) acute food insecurity. The key drivers of food insecurity include conflicts along the Sudan/South Sudan border that resulted in displacement and loss of livelihood assets, reduced cereal production caused by floods and pest and diseases, high market prices, and limited pastures and water availability which in turn reduced milk production. However, humanitarian food assistance contributed significantly to the households' food sources in Aweil North, Aweil East and Aweil West.

The food security situation is expected to deteriorate further during the lean season period of **April to July 2022**, with an estimated 619,000 people (66.3% of the population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 419,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity, 200,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity. During the lean season, all counties will face Emergency (IPC Phase 4) acute food insecurity,

except for Aweil Center which is classified in Crisis (IPC Phase 3) acute food insecurity. The key drivers of food insecurity include the seasonal depletion of own stocks, particularly for households whose crop production was negatively affected by climatic shocks; reduced market supplies due to the conflict on the border and poor road conditions during the rainy season leading to high prices; and reduced access to fish and wild foods. While most households will increase their sales of production assets during the April to July 2022 period, the worst affected are likely to migrate either partly or entirely in search of income-earning opportunities and food. During this period, households in Northern Bahr el Ghazal rely entirely on markets, and the reduced market supplies due to the closure of the border because of conflict is likely to substantially impact their access to food through the markets. Migration of livestock away from homesteads will also lead to decreased access to livestock products. Households will increasingly rely on petty trade and selling of natural resources for income, as well as consumption of wild foods.

Key Drivers

Food availability: In 2021, the country produced a total of 839 metric tonnes of cereals, but still posted a cereal deficit of 541 metric tonnes. 2021's production is 4% lower compared to 2020's production and this is largely because of the flooding that severely affected the eastern half of the country – particularly in Jonglei, Warrap, Lakes, Unity and Upper Nile states. Despite the incidences of insecurity, the Greater Equatoria region posted an increase in production, but both Greater Upper Nile and Greater Bahr el Ghazal regions reported a decrease in production.

Access to food: The continued economic crisis and the gradual deprecation of the local currency will continue to make it difficult for majority of households to access food from markets because of the loss of sources of livelihoods, reduced income, and high food prices. The seasonal deterioration of road infrastructure during the rainy season will also affect market functionality by disrupting the timely restocking of markets. The effects of insecurity in parts of the country will also lead to displacement, depletion or loss of assets, and disruption of livelihoods, further contributing to reduced income for purchasing food and essential needs.

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 hygienic materials. Access to health services is also poor which 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 will be particularly high during the rainy season and will require significant investment to address them.
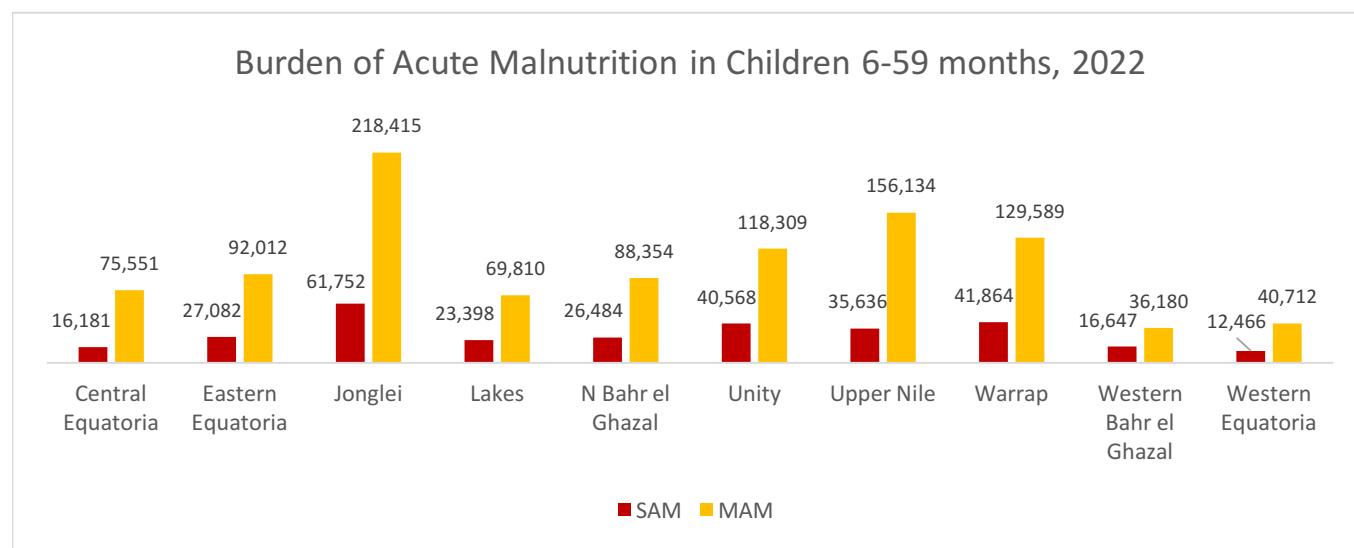
ACUTE MALNUTRITION SITUATION OVERVIEW AND KEY DRIVERS

📄 Situation Overview

During the current analysis, a total of 78 counties were included in the analysis, out of which 49 are in IPC AMN Phase 3 (Serious) and above. Of these 49 counties, 23 of them are in IPC AMN Phase 4 (Critical) while 26 counties in IPC AMN Phase 3 (Serious). Of the 23 counties in IPC AMN Phase 4 (Critical), 22 of them are in Greater Upper Nile region and the remaining one is Kapoeta East County in Eastern Equatoria State. 26 counties mainly in Eastern Equatoria, Warrap and Northern Bahr el Ghazal states are in IPC AMN Phase 3 (Serious). Counties in Jonglei (73%), Upper Nile (75%), Unity (56%), and Eastern Equatoria (13%) states are in IPC AMN Phase 4 (Critical). Compared to the same season of 2019 and 2020, the situation in 2022 shows a deterioration of the nutrition situation. There has been an increase in the number of counties in IPC AMN Phase 3 (Serious) and above, with additional counties in IPC AMN Phase 4 (Critical) in 2022. The number of counties in IPC AMN Phase 4 (Critical) in 2019, 2020 and 2022 were 12, 20 and 23 respectively.

During the lean season projection period of April to July 202, the nutrition situation will deteriorate as the season is characterized by reduced food consumption, high disease prevalence, and deterioration of household food insecurity. During the projection period, a total of 16 counties currently classified in IPC AMN Phase 3 (Serious) are projected to deteriorate into a worse phase. Likewise, 10 counties currently classified in IPC AMN Phase 2 (Alert) are projected to deteriorate to IPC AMN Phase 3 (Serious).

About 1.4 million children under five years are expected to suffer from acute malnutrition in 2022. This includes 302,163 children suffering from severe acute malnutrition. The burden of acute malnutrition was determined using mixed method that included FSNMS Round 27, County SMART surveys and program admission data.

Burden of Acute Malnutrition in Children 6-59 months, 2022

County	SAM	MAM
Central Equatoria	16,181	75,551
Eastern Equatoria	27,082	92,012
Jonglei	61,752	218,415
Lakes	23,398	69,810
N Bahr el Ghazal	26,484	88,354
Unity	40,568	118,309
Upper Nile	35,636	156,134
Warrap	41,864	129,589
Western Bahr el Ghazal	16,647	36,180
Western Equatoria	12,466	40,712

❓ Key Drivers

The major factors contributing to acute malnutrition include and high prevalence of diseases (illness affecting up to 57% of children under five, 45% fever), poor quality of food intake (Minimum Acceptable Diet: 8.3%, Minimum dietary diversity: 23.3%). Elevated level of food insecurity (IPC AFI phase 3 and above) in most counties also contributes to acute malnutrition. Furthermore, poor access to health and nutrition services due to heightened, sub-national conflict and flooding mainly in the Greater Upper Nile.

RECOMMENDATIONS FOR ACTION

Food Security

Humanitarian food assistance and livelihood support must be scaled up immediately to save lives and prevent total collapse of livelihoods in locations where populations were classified in Catastrophe (IPC Phase 5) and Emergency (IPC Phase 4) acute food insecurity. Furthermore, partners should collect food security, nutrition, and mortality data in the most affected locations to fully assess the severity of the food security and nutrition situation in these areas for timely and appropriate response.

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

- Continued implementation of the peace agreement and addressing the root causes of insecurity across most parts of the country.
- Scale-up provision of humanitarian assistance (in kind and cash transfers) to counties in Crisis (IPC Phase 3) or worse acute food insecurity.
- Provide livelihood support such as seeds and tools (farm inputs) to stimulate production and return it back to surplus levels, particularly in the greenbelt, as well as support farmers to adapt to the climate-induced environmental changes by training them on climate-smart agricultural practices and distributing flood/drought resistant crop varieties.
- Maintain support to small scale subsistence producers in locations with less agricultural potential and include animal health support.
- Scale up and improve access to basic services, including WASH and health service delivery throughout the year. This should also include emergency nutrition, especially during the lean season.
- Close monitoring of counties (Canal/Pigi, Fangak, Pibor, Uror, Leer, Mayendit, Tambura, Cueibet and Rumbek North) whose food security situation is already dire and is at risk of deteriorating further to a point where lives and livelihoods will be jeopardized.

Nutrition

Continued scale up of nutrition services for treatment of acute malnutrition through integrating with other services such as health and WASH. Further support must be given to areas with access issues using different approaches such as mobile sites and outreach missions to hard-to-reach locations.

While ensuring universal treatment for acute malnutrition is a priority, attention must also be given to addressing the identified major contributing factors to prevent acute malnutrition through a broader approach that includes food, health, water and sanitation. Effort must also be made towards improving the quality of food consumed by children in terms of dietary diversity, feeding frequency and utilization. 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 could be intensified on the counties classified in IPC AMN Phase 3 (Serious) and IPC AMN Phase 4 (Critical). However, both preventive and curative nutrition services across the country should be strengthened. 50 percent of counties in IPC AMN Phase 3 (Serious) and above are in Greater Upper Nile region, followed by greater Bahr el Ghazal state. It is also recommended that resource mobilization efforts are taken to address treatment and prevention of malnutrition.

- Scale up nutrition services for treatment of acute malnutrition through integrating with other services such as Health and WASH.
- Take actions for early prevention of malnutrition through scale up of multisectoral interventions by nutrition, health, food security, WASH stakeholders to address the key drivers of malnutrition.
- Strengthen nutrition surveillance and monitoring, particularly in counties with Critical levels of acute malnutrition.
- Through the nutrition cluster, strengthen sub-national coordination to have a coordinated integrated preparedness and response.
- Support partner mapping and service rationalization including using different approaches such as mobile sites and outreaches to hard-to-reach locations, to minimize distance traveled to access nutrition services.

Process and Methodology

Food Security Analysis: The March 2022 IPC acute analysis was conducted physically from 08 to 18 March 2022 and was attended by a multi-agency and multi-sectoral group of more than 100 participants. Before the IPC analysis commenced, an IPC Level 1 refresher training was held for all participants on 08 March 2022. Thereafter, the analysts conducted State level analyses and were vetted by the South Sudan IPC Technical Working Group vetting committee which was comprised of representatives from Government, the UN, NGOs and academia. The vetting sessions were moderated by a locally recruited consultant and technically supported by experts from the IPC Global / Regional Support Units. The primary source of data was from the 27th round of the Food Security and Nutrition Monitoring System (FSNMS) survey[1], and additional data from 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 all the analysis periods and considered the impact of humanitarian food assistance (HFA).

Nutrition Analysis: A team of experts and analysts on nutrition, health, food security, WASH and statistics from South Sudan with the support from the Regional and Global IPC Support Units carried out the analysis process using the standard IPC AMN methodology. Before the IPC analysis commenced, a one day refresher training was given to IPC AMN analysts by a facilitator from GSU. Teams of 23 people were formed to conduct analysis at State level. A total of 21 members of NGOs, UN, and Government staff (from central and state level) participated in the IPC AMN analysis. The analysis was conducted from 8th to 18th March 2022. The primary source of data was from the 27th round of the FSNMS survey, and County-based SMART surveys.

The PIN was calculated by using the globally accepted methods which includes both prevalent and incident cases of acute malnutrition. The acute malnutrition was defined based on the new approach called total acute malnutrition that combine weight-for-height (WFH), Mid Upper Arm Circumference (MUAC) measurement and oedema. The incidence correction factor of 3.6 was used for South Sudan based on the finding of the global study conducted by UNICEF and Harvard University.

Limitations of the Analysis

Food Security Analysis: Floods and insecurity delayed the collection of data from the field in some locations.

Nutrition Analysis: Due to the short notice announcement of the workshop and other competing priorities associated with the HRP proposal review meant that some key actors were not able to join the IPC AMN Analysis Team. The FSNMS Round 27 outcomes and contributing factors used for the County classification were based on livelihood zones whereby counties with similar characteristics were grouped together into domains.

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. Using this information, areas where at least 25% of the population were targeted with between 25-50% of their kilocalorie needs were flagged with a light grey bag, whereas areas where at least 25% of the population was targeted with more than 50% of their kilocalorie needs were flagged with a dark grey bag. In determining the unmet needs i.e., population in need of action after considering HFA, perfect targeting was assumed thus meaning that the people in the worst-off phases benefit first from the HFA distribution before the remainder of the HFA, if any, is assigned to better off phases.

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).

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[1] The FSNMS+ Round 27 followed a mixed methods quantitative approach, comprising of a quantitative household survey representative at the county level in all 78 counties, six high-priority urban areas, and current and former Protection of Civilians (PoCs) camps. The results from the FSNMS+ are representative at 95% confidence level with 10% margin of error at the county level for the overall population and stratified by population groups (host-community/non-displaced, IDPs and returnees), and they seek a level of representativeness at 95% confidence level and 10% margin of error at the State level. As humanitarian conditions and response modalities vary significantly in urban, rural, and camp settings, prioritized urban areas and IDP camps were included in the sampling design as separate strata, and as an interlinked component, but for the analysis they were aggregated at the county level.

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).