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

SOUTH SUDAN

CLIMATE SHOCKS, ECONOMIC CRISIS, CONFLICT, AND SUDAN'S SPILLOVER ARE LEADING TO A PERSISTENT FOOD INSECURITY IN SOUTH SUDAN

IPC ACUTE FOOD INSECURITY AND MALNUTRITION ANALYSIS
SEPTEMBER 2023 - JULY 2024
Published on November 6 2023

CURRENT SITUATION : SEPTEMBER - NOVEMBER 2023		
5.83M 46% of the analysed population	Phase 5	35,000 People in Catastrophe
	Phase 4	1,643,000 People in Emergency
People facing high levels of acute food insecurity (IPC Phase 3 or above)	Phase 3	4,150,000 People in Crisis
	Phase 2	4,141,000 People in Stressed
IN NEED OF URGENT ACTION	Phase 1	2,644,000 People in food security

FIRST PROJECTION : DECEMBER 2023 - MARCH 2024		
5.78M 46% of the analysed population	Phase 5	25,000 People in Catastrophe
	Phase 4	1,713,000 People in Emergency
People facing high levels of acute food insecurity (IPC Phase 3 or above)	Phase 3	4,040,000 People in Crisis
	Phase 2	4,087,000 People in Stressed
IN NEED OF URGENT ACTION	Phase 1	2,747,000 People in food security

SECOND PROJECTION : APRIL - JULY 2024		
7.10M 56% of the analysed population	Phase 5	79,000 People in Catastrophe
	Phase 4	2,336,000 People in Emergency
People facing high levels of acute food insecurity (IPC Phase 3 or above)	Phase 3	4,684,000 People in Crisis
	Phase 2	3,501,000 People in Stressed
IN NEED OF URGENT ACTION	Phase 1	2,015,000 People in food security

Overview

The high levels of acute food insecurity in South Sudan remain worrying, with the most severely acute food insecure populations significantly affected by frequent climate-related shocks (flooding and dry spells), the economic crisis (currency depreciation and high food prices), conflict and insecurity – including the spillover effects of the conflict in Sudan – causing forced displacement, low agricultural production and a reduction in humanitarian assistance.

The latest data shows that 5.83 million people (46 percent of the population) are experiencing high levels of acute food insecurity classified as IPC Phase 3 or above (Crisis or worse), with 1.64 million people in IPC Phase 4 (Emergency). An estimated 35,000 people are classified in IPC Phase 5 (Catastrophe) in the Duk (3,000) and Nyirol (3,000) counties of Jonglei State; and the Rubkona County (15,000) of Unity State. An estimated 14,000 South Sudanese returnees who fled the ongoing conflict in Sudan are also classified in IPC Phase 5 (Catastrophe). The most food insecure states between September and November 2023 with more than 50 percent of their populations facing IPC Phase 3 or above (Crisis or worse) are Jonglei State (61 percent), Unity State (58 percent), Upper Nile State (56 percent) and Lakes State (53 percent).

Between July 2023 and June 2024, an estimated 1.65 million children between 6-59 months are expected to suffer acute malnutrition including 480,000 million children expected to suffer Severe Acute Malnutrition (SAM) and 1.16 million expected to suffer Moderate Acute Malnutrition (MAM). 870,000 pregnant or breastfeeding women are expected to suffer acute malnutrition in this period. An estimated 72 percent of the acute malnutrition burden is concentrated in the five states of Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap.

Key Drivers

Economic Decline: South Sudan's economy is experiencing a macroeconomic crisis caused by the depreciation of the local currency and high food prices.

Conflict and Insecurity: The spillover effects of the conflict in Sudan as well as subnational and localized conflict are disrupting livelihoods and forcing the displacement of people. Multi-sectoral humanitarian assistance delivery is severely hampered by incidents of insecurity and conflict.

Climatic Shocks : The country is highly prone to natural disasters, particularly floods and dry spells that affect agriculture, disrupt livelihoods and hamper humanitarian access.

Low agricultural production: Drier-than-average conditions and severe rainfall deficits in South Sudan negatively impact agricultural production, resulting in high humanitarian needs.

ACUTE MALNUTRITION: JULY 2023 - JUNE 2024

1.65M cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	480,000
Moderate Acute Malnutrition (MAM)	1,170,000

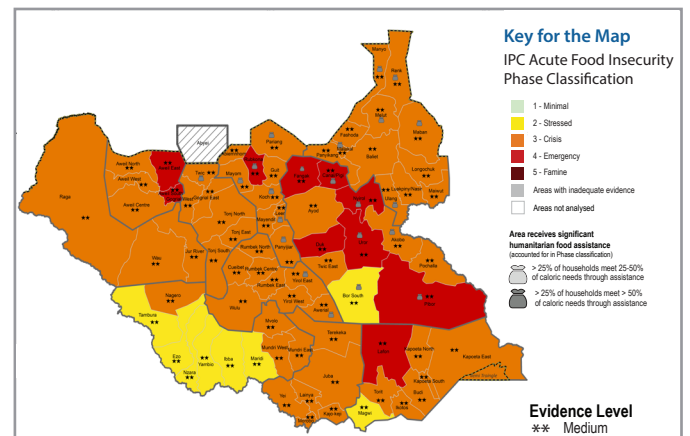**870,000** cases of pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

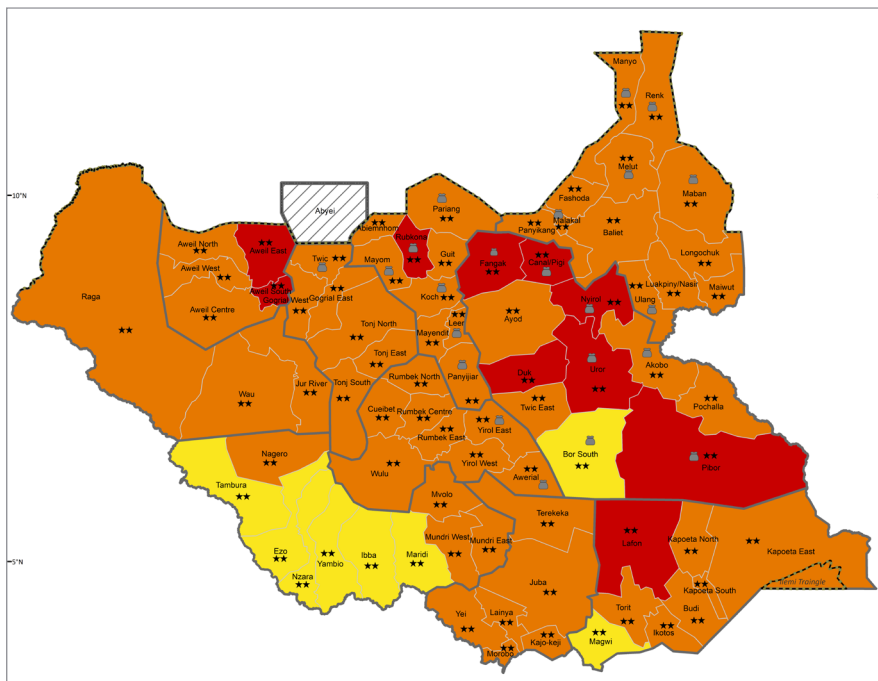## Current Acute Food Insecurity | Sept - Nov 2023

Key for the Map
IPC Acute Food Insecurity Phase Classification
- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Area receives significant humanitarian food assistance (accounted for in Phase classification)
- \> 25% of households meet 25-50% of caloric needs through assistance
- \> 25% of households meet > 50% of caloric needs through assistance

Evidence Level
** Medium

Current Acute Malnutrition | Oct 2023 - Mar 2024

Key for the Map
IPC Acute Malnutrition Phase Classification
- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level
* Acceptable
** Medium
*** High
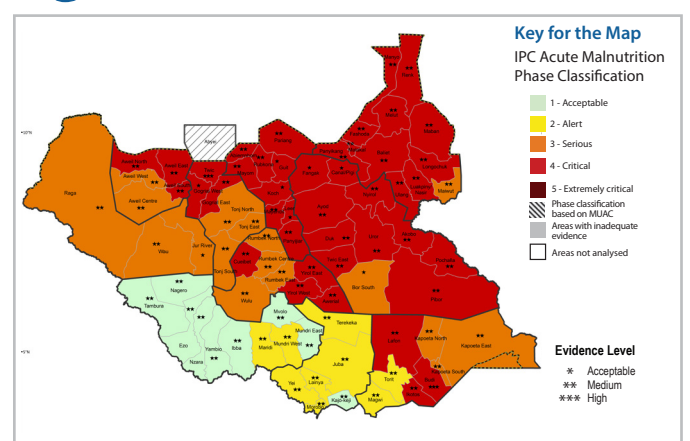
ACUTE FOOD INSECURITY CURRENT SITUATION MAP AND POPULATION TABLE (SEPTEMBER - NOVEMBER 2023)

Key for the Map
IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level
** Medium

What is on the map?

10 counties and the unit of analysis of the returnees are classified in Emergency (IPC Phase 4) acute food insecurity, 61 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 8 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), about 35,000 people are in IPC Phase 5 (Catastrophe) acute food insecurity; 13% of the population (about 1.64 million people) are in IPC Phase 4 (Emergency) acute food insecurity; and 33% of the population (about 4.15 million people) are in IPC Phase 3 (Crisis) acute food insecurity.

District	Total population analysed	Phase 1 #people	Phase 2 #people	Phase 3 #people	Phase 4 #people	Phase 5 #people	% of people in Phase 3 or above
Central Equatoria	1 324 520	220 000	482 000	447 000	175 000	0	47.0%
Eastern Equatoria	981 903	266 000	352 000	245 000	119 000	0	37.1%
Jonglei	1 031 205	125 000	274 000	357 000	269 000	6 000	61.3%
Lakes	1 265 474	237 000	360 000	502 000	167 000	0	52.8%
Northern Bahr el Ghazal	1 924 341	434 000	597 000	583 000	310 000	0	46.4%
Returnees	280 000	42 000	70 000	98 000	56 000	14 000	60.0%
Unity	1 127 192	128 000	346 000	456 000	182 000	15 000	57.9%
Upper Nile	813 209	131 000	226 000	354 000	102 000	0	56.1%
Warrap	2 639 487	706 000	958 000	772 000	204 000	0	37.0%
Western Bahr el Ghazal	562 554	107 000	181 000	220 000	54 000	0	48.8%
Western Equatoria	663 235	248 000	295 000	116 000	5 000	0	18.2%
Total	**12 613 120**	**2 644 000**	**4 141 000**	**4 150 000**	**1 643 000**	**35 000**	**46.2%**

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 population (12,613,120) presented above includes 280,000 returnees from Sudan but do not consider 133,958 people residing in Abyei Administrative Area. It is also worth noting that the population estimation survey (PES) conducted in 2021, and whose findings were released in March 2023, resulted in significant changes of population numbers for some locations in the country.

ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW (SEPTEMBER - NOVEMBER 2023)

In the current analysis period of September to November 2023, an estimated 5.83 million people (46% of the population) are facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 1.64 million people are facing Emergency (IPC Phase 4) acute food insecurity. An estimated 35,000 people are classified in Catastrophe (IPC Phase 5) acute food insecurity situation especially in Duk (3,000) and Nyirol (3,000) counties of Jonglei State, Rubkona County (15,000) of Unity State and an estimated 14,000 South Sudanese returnees[1] who came back because of the ongoing conflict in Sudan. The most food insecure states between September and November 2023 where more than 50% of their populations are facing Crisis (IPC Phase 3) or worse acute food insecurity are Jonglei State (61%), Unity State (58%), Upper Nile State (56%), and Lakes State (53%).

In the harvest/post-harvest projection period of December 2023 to March 2024, an estimated 5.78 million people (46% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 25,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Pibor County (11,000) in Greater Pibor Administrative Area, and 14,000 South Sudanese returnees[2]. During this period, an estimated 1.71 million people are likely to face Emergency (IPC Phase 4) acute food insecurity. The most food insecure states between December 2023 and March 2024 where more than 50% of their populations are likely to face Crisis (IPC Phase 3) or worse acute food insecurity are Unity State (61%), Jonglei State (59%), Upper Nile State (57%), and Northern Bahr El Ghazal (51%).

In the lean season projection period of April to July 2024, the food security situation will deteriorate and an estimated 7.10 million people (56% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 79,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Pibor County (11,000) of Greater Pibor Administrative Area, Aweil East County (40,000) of Northern Bahr el Ghazal State and 28,000 South Sudanese returnees that will be spread across the country. During this period, an estimated 2.34 million people are likely to face Emergency (IPC Phase 4) acute food insecurity. The most food insecure states between April and July 2024 where more than 50% of their populations are likely to face Crisis (IPC Phase 3) or worse acute food insecurity are Jonglei State (68%), Upper Nile State (67%), Unity State (66%), Lakes State (60%), Warrap (55%), Central Equatoria (52%), Northern Bahr el Ghazal State (59%).

The levels of severe acute food insecurity in the country remain high, necessitating urgent scale-up of multi-sectoral humanitarian assistance to save lives and prevent the total collapse of livelihoods in the affected counties, especially those with a high share of populations in Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) acute food insecurity as well as for South Sudanese returnees. The marginal improvements in the food security situation are mainly driven by relative calm and reduced intensity of climatic shocks, particularly flooding, in some locations across the country.

Where? The most severely acute food insecure populations are in locations that have been significantly affected by frequent climate-related shocks (flooding and dry spells), the economic crisis (currency depreciation, high food prices), conflict and insecurity, low agricultural production, reduction in humanitarian assistance, and the effects of the ongoing conflict in Sudan.

Between September and November 2023, 10 counties across the country and an estimated 56,000 (60%) returnees are classified in Emergency (IPC Phase 4) acute food insecurity, 61 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 8 counties are classified in Stressed (IPC Phase 2) acute food insecurity.

In the harvest/post-harvest projection period of December 2023 to March 2024, 18 counties and an estimated 84,000 (70%) returnees will likely be in Emergency (IPC Phase 4) acute food insecurity, 53 counties will likely be in Crisis (IPC Phase 3) acute food insecurity, and 8 counties will likely be in Stressed (IPC Phase 2) acute food insecurity.

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[1] At the time of the IPC analysis in September/October 2023, it was estimated that 280,000 South Sudanese had returned from Sudan. These return-ee populations were purposively sampled and assessed via the FSNMS survey, and an IPC analysis was conducted on these returnees. Other sources of data were used for the returnee analysis e.g., nutrition screening data captured at the points of entry, FSL rapid assessments from WFP VAM, FSL Cluster, and partners such as REACH, intention surveys that sought to understand the preferred destination, and RRC/IOM/UNHCR data.
[2] While the actual locations of these returnees are unlikely to be easily traceable, given their conditions as per the assessment results, it is not likely that their food security conditions will improve in the near term as they didn't cultivate and hence have no access to harvests and would be relying on host community support (majority have indicated desire to move to locations that are already classified as highly food insecure); they are unlikely to receive significant humanitarian support because of registration and/or funding constraints; other pre-existing stressors such as high food prices, limited livelihood opportunities, etc. are likely to contribute to their continued state of food insecurity.

In the lean-season projection period of April to July 2024, 38 counties and an estimated 98,000 returnees (75%) will likely be in Emergency (IPC Phase 4) acute food insecurity, 38 counties will likely be in Crisis (IPC Phase 3) acute food insecurity, and 3 counties will likely be in Stressed (IPC Phase 2) acute food insecurity.

Across all the analysis periods, there are counties where some of the population is experiencing Catastrophe (IPC Phase 5) acute food insecurity, and these are summarized below.

State	County	Current (September – November 2023)		1st Project (December 2023 – March 2024)		2nd Projection (April – July 2024)	
		% Pop.	# of Pop.	% Pop.	# of Pop.	% Pop.	# of Pop.
Jonglei	Duk	5%	3,000	0%	0	0%	0
	Nyirol	5%	3,000	0%	0	0%	0
	Pibor	0%	0	5%	11,000	5%	11,000
	TOTAL		**6,000**		**11,000**		**11,000**
Unity	Rubkona	5%	15,000	0%	0	0%	0
	TOTAL		**15,000**		**0**		**0**
Northern Bahr el Ghazal	Aweil East	0%	0	0%	0	5%	40,000
	TOTAL		**0**		**0**		**40,000**
Returnees	Returnees	5%	14,000	5%	14,000	10%	28,000
	TOTAL		**14,000**		**14,000**		**28,000**
GRAND TOTAL		**35,000**		**25,000**		**79,000**	

Why? Food insecurity is mainly driven by the economic crisis (currency depreciation, high food prices), forced displacement and disruptions of multi-sectoral humanitarian assistance because of subnational and localized conflict, insecurity, and climatic shocks (flooding, dry spells). The effects of the conflict in Sudan (supply chain and market disruptions, population displacement, reduced remittances), low agricultural production; reduced household coping capacity associated with prolonged years of asset depletion and loss of livelihoods and limited income-earning opportunities are also contributing to high level of food insecurity in the country. The situation is exacerbated by the ever-increasing multi-sectoral humanitarian needs and access constraints that hamper its delivery.

ACUTE FOOD INSECURITY FIRST PROJECTION SITUATION MAP AND POPULATION TABLE (DECEMBER 2023 - MARCH 2024)
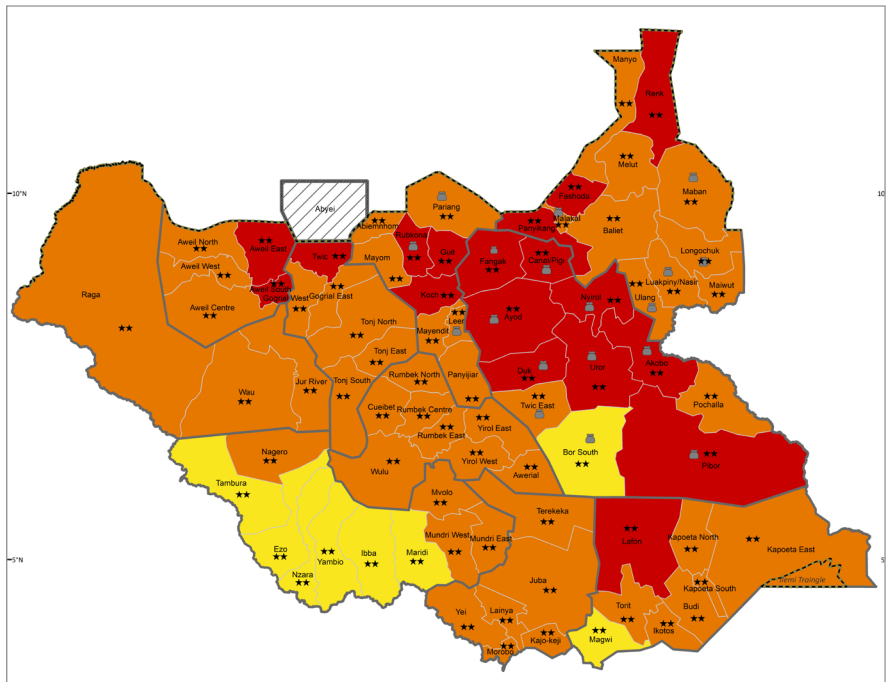
Key for the Map

IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level
✷✷ Medium

What is on the map?

18 counties and the unit of analysis of the returnees are classified in Emergency (IPC Phase 4) acute food insecurity, 53 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 8 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),about 25,000 people are in IPC Phase 5 (Catastrophe) acute food insecurity; 14% of the population (about 1.71 million people) are in IPC Phase 4 (Emergency) acute food insecurity; and 32% of the population (about 4.04 million people) are in IPC Phase 3 (Crisis) acute food insecurity.

District	Total population analysed	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	% of people in Phase 3 or above
		#people	#people	#people	#people	#people	
Central Equatoria	1 324 520	315 000	574 000	326 000	109 000	0	32.9%
Eastern Equatoria	981 903	309 000	356 000	235 000	82 000	0	32.3%
Jonglei	1 031 205	142 000	282 000	326 000	270 000	11 000	58.9%
Lakes	1 265 474	275 000	389 000	444 000	158 000	0	47.6%
Northern Bahr el Ghazal	1 924 341	415 000	520 000	655 000	335 000	0	51.4%
Returnees	280 000	28 000	56 000	98 000	84 000	14 000	70.0%
Unity	1 127 192	115 000	321 000	497 000	194 000	0	61.3%
Upper Nile	813 209	123 000	225 000	355 000	110 000	0	57.2%
Warrap	2 639 487	650 000	826 000	827 000	336 000	0	44.1%
Western Bahr el Ghazal	562 554	125 000	251 000	160 000	26 000	0	33.1%
Western Equatoria	663 235	250 000	287 000	117 000	9 000	0	19.0%
Total	**12 613 120**	**2 747 000**	**4 087 000**	**4 040 000**	**1 713 000**	**25 000**	**45.8%**

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 population (12,613,120) presented above includes 280,000 returnees from Sudan but do not consider 133,958 people residing in Abyei Administrative Area. It is also worth noting that the population estimation survey (PES) conducted in 2021, and whose findings were released in March 2023, resulted in significant changes of population numbers for some locations in the country.

# ACUTE FOOD INSECURITY FIRST PROJECTION SITUATION OVERVIEW (DECEMBER 2023 - MARCH 2024)

Key Assumptions for the first projection

During the first projection period, mitigating factors include the seasonal availability of harvested food stocks, improved road conditions during the dry season, improved income from the sale of harvests, increased availability of fish, and a reduction in human and animal water-borne diseases.

However, aggravating factors include reduced availability of livestock products like milk as a majority of animals move away from homesteads in search of water and pasturage, the start of food stock depletion for households that had poor harvests, The ongoing economic crisis and associated effects such as currency depreciation is likely to affect the purchasing power of poor households and to limit income earning opportunities in addition to the effects of the conflict in Sudan such as influx of returnees and refugees disruption of supply chains for markets in the northern parts of the country, and additional burden on already vulnerable host communities.

ACUTE FOOD INSECURITY SECOND PROJECTION SITUATION MAP AND POPULATION TABLE (APRIL- JULY 2024)
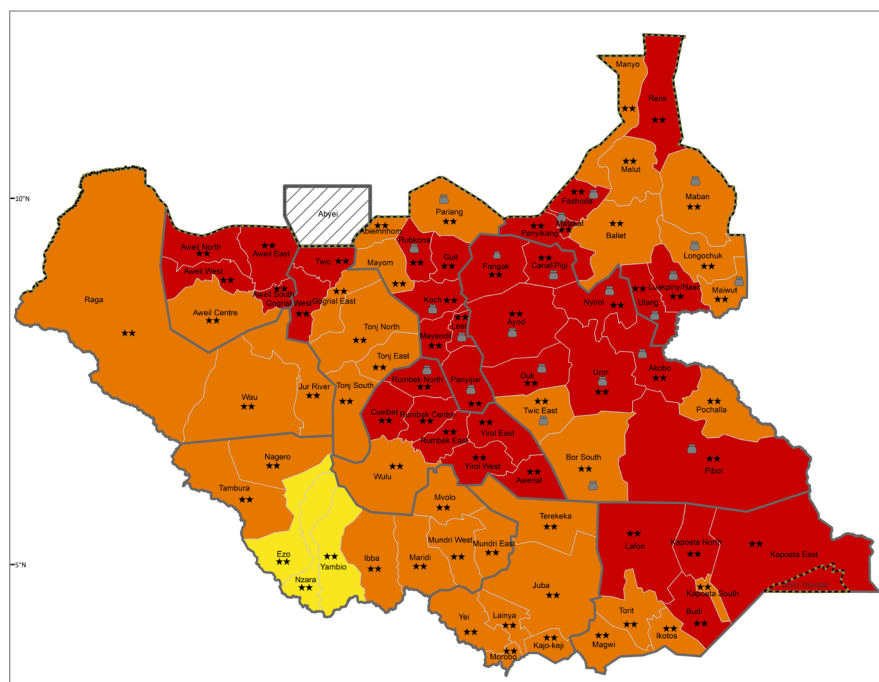
Key for the Map

IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level
✷✷ Medium

What is on the map?

38 counties and the unit of analysis of the returnees are classified in Emergency (IPC Phase 4) acute food insecurity, 38 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 3 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), 0.6% of the population (about 79,000 people) are in IPC Phase 5 (Catastrophe) acute food insecurity; 19% of the population (about 2.34 million people) are in IPC Phase 4 (Emergency) acute food insecurity; and 37% of the population (about 4.68 million people) are in IPC Phase 3 (Crisis) acute food insecurity.

District	Total population analysed	Phase 1 #people	Phase 2 #people	Phase 3 #people	Phase 4 #people	Phase 5 #people	% of people in Phase 3 or above
Central Equatoria	1 324 520	217 000	422 000	496 000	190 000	0	51.8%
Eastern Equatoria	981 903	214 000	321 000	282 000	165 000	0	45.5%
Jonglei	1 031 205	103 000	232 000	385 000	300 000	11 000	67.5%
Lakes	1 265 474	171 000	342 000	500 000	253 000	0	59.5%
Northern Bahr el Ghazal	1 924 341	300 000	498 000	661 000	425 000	40 000	58.5%
Returnees	280 000	28 000	42 000	84 000	98 000	28 000	75.0%
Unity	1 127 192	92 000	292 000	542 000	202 000	0	66.0%
Upper Nile	813 209	91 000	182 000	396 000	145 000	0	66.5%
Warrap	2 639 487	518 000	674 000	979 000	468 000	0	54.8%
Western Bahr el Ghazal	562 554	69 000	218 000	204 000	72 000	0	49.0%
Western Equatoria	663 235	212 000	278 000	155 000	18 000	0	26.1%
Total	**12 613 120**	**2 015 000**	**3 501 000**	**4 684 000**	**2 336 000**	**79 000**	**56.3%**

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 population (12,613,120) presented above includes 280,000 returnees from Sudan but do not consider 133,958 people residing in Abyei Administrative Area. It is also worth noting that the population estimation survey (PES) conducted in 2021, and whose findings were released in March 2023, resulted in significant changes of population numbers for some locations in the country.

ACUTE FOOD INSECURITY SECOND PROJECTION SITUATION OVERVIEW (APRIL– JULY 2024)

Key Assumptions for the second projection

Assumptions for the second projection analysis period that are aggravating factors include the seasonal depletion of harvested food stocks by the majority of the households and increased reliance on markets that are characterized by high food prices, poor functionality of markets because of the degradation of road networks during the rainy season, the ongoing economic crisis and associated effects such as currency depreciation that is affecting the purchasing power of poor households, limited income earning opportunities, an increase in human and animal water-borne diseases. The effect of the conflict in Sudan that induce influx of returnees and refugees was considered in addition to the disruption of supply chains for markets in the northern parts of the country, and the additional burden on already vulnerable host communities.

Mitigating factors include the seasonal availability of livestock products and wild foods associated with the rainy season and the availability of fish.

ACUTE MALNUTRITION CURRENT SITUATION OVERVIEW (JULY - SEPTEMBER 2023)

How severe, how many and when? An estimated 1.65 million children 6 – 59 months are expected to suffer from acute malnutrition and are in urgent need of nutrition services from July 2023 to June 2024. The total number of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases are estimated at 0.48 million and 1.16 million respectively. The analysis was conducted using data from Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, Food Security and Nutrition Monitoring System (FSNMS) survey, program admission trends and routine morbidity data. An estimated 72% of acute malnutrition burden is concentrated in the five states of Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap.

The analysis was conducted for 80 counties, and for the period covering July to September 2023, 46 counties are classified in Critical situation (IPC AMN Phase 4), 15 counties are in Serious nutrition situation (IPC AMN Phase 3), 10 counties are in Alert situation (IPC AMN Phase 2) and 9 counties are in IPC AMN Phase 1 (Acceptable). During the post-harvest period of October 2023 to March 2024, the acute malnutrition situation is expected to improve in 62 counties, remains similar in 12 counties, and expected to deteriorate in 6 counties (Kapoeta East, Aweil North, Raja, Jur river, Wau, Pochalla). Despite these changes in the nutrition situation, the IPC AMN classification in 75 out of 80 is projected to remain the same, expected to improve in 3 counties (Rumbek East county from phase 3 to 2, Aweil center and Bor from phase 4 to 3 each), and expected to deteriorate in 2 counties (Kapoeta East county from phase 2 to 3 and Pochalla county from phase 4 to 3).
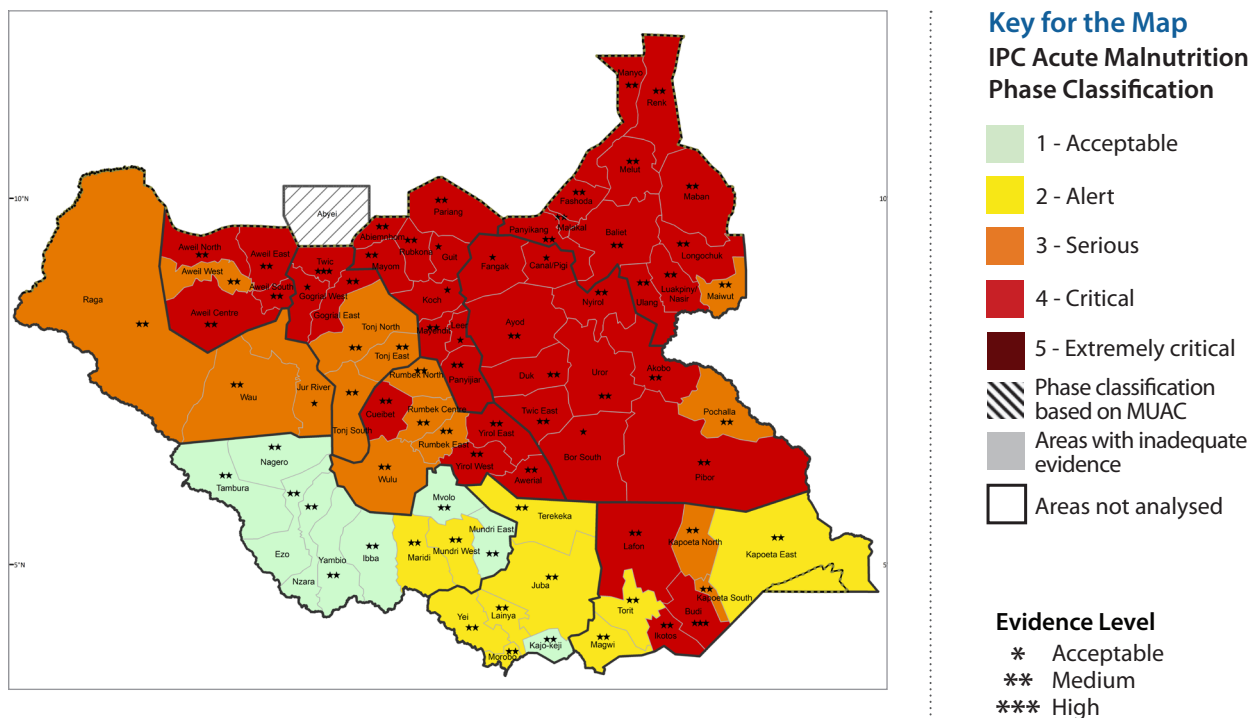
During the lean season period of April to June 2024, the severity of acute malnutrition is likely to deteriorate in 66 counties and remain similar in 14 counties. The situation in Rubkona County of Unity State is projected to deteriorate from IPC AMN Phase 4 (Critical) to IPC AMN Phase 5 (Extremely Critical), while 49 counties are projected to be in IPC AMN Phase 4 (Critical), 17 counties in IPC AMN Phase 3 (Serious), 5 counties in IPC AMN Phase 2 (Alert), and 8 counties in IPC AMN Phase 1 (Acceptable).

Where? Between July and September 2023, 31 of the 46 counties in IPC AMN Phase 4 (Critical) are from Jonglei, Upper Nile and Unity states i.e., 12 counties are from Upper Nile State (Fashoda, Luakpiny-Nasir, Malakal, Panyikang, Ulang, Akoka, Baliet, Maban, Longochuk, Manyo, Melut, Renk); 10 counties are from Jonglei State (Akobo, Ayod, Bor, Canal/Pigi, Duk, Fangak, Nyirol, Pibor, Twic East and Uror); and 9 counties are from Unity State (Abiemnhom, Leer, Mayendit, Panyijiar, Pariang, Mayom, Rubkona, Guit and Koch). A total of 15 Counties are classified in IPC AMN Phase 3 (Serious); 4 counties are from Lakes State (Wulu, Rumbek North, Rumbek Centre, and Rumbek East), 3 counties each are from the states of Western Bahr el Ghazal (Wau, Jur River, and Raga) and Warrap (Tonj North, Tonj East, and Tonj South), 2 counties in Eastern Equatoria State (Kapoeta North, and Kapoeta South) and 1 each in Jonglei (Pochalla), Upper Nile (Maiwut), and Northern Bahr el Ghazal (Aweil West) States.

Why? Contributing factors of acute malnutrition include high prevalence of diseases with 55% of children reported to have been ill two weeks prior to the FSNMS Round 29 assessment and 50 out of 80 counties reported illness greater than 50% among children. Fever, cough and diarrhea were the leading symptoms reported at 42.4%, 25.4% and 18.7% respectively. Poor access to improved drinking water and sanitation compromises hygiene practices and increases the risk of high incidences of illness leading to acute malnutrition. Only 58.4 % of the population reported having access to improved sources of water leaving close to half the population depending on unsafe sources. Inadequate feeding practices of infants and young children is another high-risk contributing factor to acute malnutrition. All Infant and Young child feeding (IYCF) indicators remain suboptimal at national level, making them another high-risk factor for acute malnutrition. Only 5 children out of 100 are getting the recommended quality and frequency of food required for optimal growth. 34.6% achieved the Minimum Meal frequency while only 21% achieved the Minimum dietary diversity. At the national level, all the above factors coupled with food insecurity contribute further to vulnerability to malnutrition.

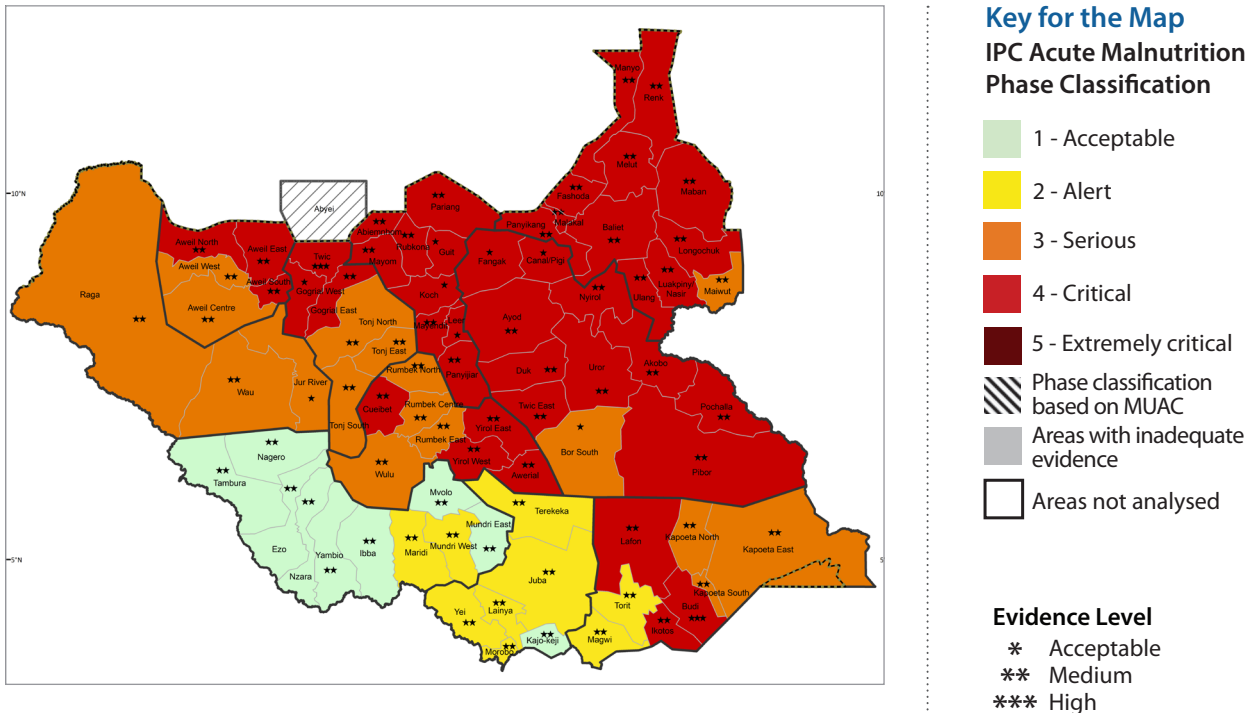# ACUTE MALNUTRITION CURRENT SITUATION MAP (JULY - SEPTEMBER 2023)

Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level
- *   Acceptable
- **   Medium
- *** High

What is on the map?

According to the IPC AMN (July – September 2023), majority of the Counties exhibit high acute malnutrition (IPC AMN Phase 3 (Serious) or worse) where, out of 80 counties, a total of 46 counties are classified in IPC AMN Phase 4 (Critical), 15 counties in IPC AMN Phase 3 (Serious), 10 counties in IPC AMN Phase 2 (Alert), and the remaining 9 counties are classified in IPC AMN Phase 1 (Acceptable).

Of the 46 counties classified in IPC AMN Phase 4 (Critical), 12 are from Upper Nile State, 10 are from Jonglei State, 9 are from Unity, 4 each are from Lakes, Northern Bahr el Ghazal, and Warrap States and 3 counties are from Eastern Equatoria.

IPC AMN conducted in a similar time (July – October 2022) showed IPC AMN Phase 3 and above was observed in 45 counties. Of the 45 counties, 30 were classified as IPC AMN Phase 4 (Critical) and 15 as IPC AMN Phase 3 (Serious). The result shows a deterioration in acute malnutrition as the number of counties in IPC AMN Phase 4 (Critical) has increased during the current analysis period (July to September 2023) from 30 to 46 counties. Of the 15 counties classified in IPC AMN Phase 3 (Serious), 4 counties are from Lakes State, 3 counties each from Warrap and Western Bahr el Ghazal States, 2 are in Eastern Equatoria, 1 county each from Northern Bahr el Ghazal, Upper Nile and Jonglei State. Of the 10 counties classified in IPC AMN Phase 2 (Alert), 5 are from Central Equatoria State, 3 are from Eastern Equatoria State, and 2 are from Western Equatoria State. Of the 9 counties classified in IPC AMN Phase 1 (Acceptable), 1 is from Central Equatoria State, and 8 are from Western Equatoria State.

ACUTE MALNUTRITION FIRST PROJECTION SITUATION MAP (OCTOBER 2023 - MARCH 2024)
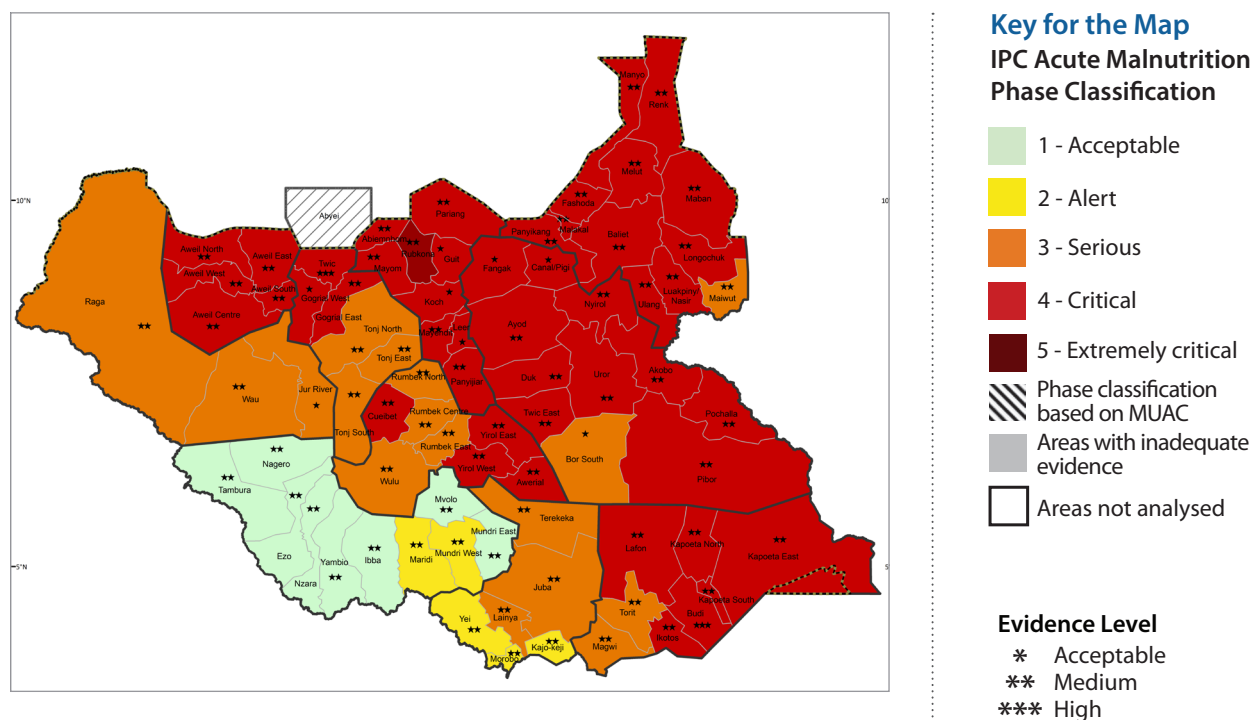

Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level

- * Acceptable
- ** Medium
- *** High

What is on the map?

According to the IPC AMN (October 2023 to March 2024), a total 45 counties are classified in IPC AMN Phase 4 (Critical), 16 counties are in IPC AMN Phase 3 (Serious), 10 counties are in IPC AMN Phase 2 (Alert) and 9 counties are in IPC AMN Phase 1 (Acceptable).

Compared to the current period (July to September 2023), the situation of acute malnutrition is likely to improve in 62 counties, remain similar in 12 counties and deteriorate in 6 counties during the first projection period. However, the IPC AMN Classification Phases remains similar in 75 out of the 80 counties.

31 of the 45 counties classified in IPC AMN Phase 4 (Critical) are from the Greater Upper Nile region i.e., Upper Nile State has 12 counties (Fashoda, Luakpiny-Nasir, Malakal, Panyikang, Ulang, Akoka, Baliet, Maban, Longochuk, Manyo, Melut, Renk), Jonglei State has 10 (Akobo, Ayod, Canal/Pigi, Duk, Fangak, Nyirol, Pibor, Pochalla, Twic East, Uror) and Unity State has 9 counties (Abiemnhom, Leer, Mayendit, Panyijiar, Guit, Koch, Mayom, Rubkona, Pariang) in IPC AMN Phase 4 (Critical). The other states with counties in IPC AMN Phase 4 (Critical) include 3 from Eastern Equatoria State (Budi, Ikotos, Lafon), 4 from Lakes State (Awerial, Cuiebet, Yirol East, Yirol West), 3 from Northern Bahr el Ghazal State (Aweil South, Aweil East, Aweil North), and 4 from Warrap State (Abyei, Gogrial East, Georgial West, Twic). 16 counties are classified in IPC AMN Phase 3 (Serious), 3 counties each in Eastern Equatoria, Lakes, Warrap and Western Bahr el Ghazal States; 2 counties in Northern Bahr el Ghazal State; and 1 county each from Jonglei and upper Nile states. 10 counties are classified in IPC AMN Phase 2 (Alert), with 5 in Central Equatoria State, and 2 each in Eastern Equatoria and Western Equatoria, and 1 in Lakes states. 9 counties are classified in IPC AMN Phase 1 (Acceptable), with 8 counties in Western Equatoria State and 1 county in Central Equatoria State.

ACUTE MALNUTRITION SECOND PROJECTION SITUATION MAP (APRIL - JUNE 2024)

Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level

- * Acceptable
- ** Medium
- *** High

What is on the map?

According to the lean season IPC AMN (April- June 2024), seasonal deterioration in acute malnutrition is expected. Compared to the current period, the situation is projected to deteriorate in 66 out of 80 counties and remain similar in 14 counties. The deterioration in the situation is expected to change the IPC AMN Classification in 13 counties during the projected period. The nutrition situation in Rubkona County of Unity State is expected to deteriorate significantly, resulting in the county being classified in IPC AMN Phase 5 (Extremely Critical). The prevalence of Global Acute Malnutrition (GAM) is reported at 28.1%. The measles outbreak is not yet controlled, and the nutrition situation is expected to deteriorate during the lean seasons were among the justification to classify the county to phase 5. Moreover, 49 counties are classified in IPC AMN Phase 4 (Critical), 17 counties are classified in IPC AMN Phase 3 (Serious) 5 counties are classified in IPC AMN Phase 2 (Alert) and 8 counties are classified in IPC AMN Phase 1 (Acceptable)

Of the 49 counties classified in IPC AMN Phase 4 (Critical), 12 counties are in Upper Nile State, 10 counties are in Jonglei State, 8 counties are in Unity State, 6 counties are in Eastern Equatoria State, 5 counties are in Northern Bahr el Ghazal State and 4 counties each are in Lakes and Warrap State. 17 counties are classified in IPC AMN Phase 3 (Serious), with 4 counties in Lakes State, 3 counties each in Central Equatoria, Western Bahr el Ghazal and Warrap states, 2 counties in Eastern Equatoria State, and 1 county each in Jonglei and Upper Nile States. 5 counties are classified in IPC AMN Phase 2 (Alert), 3 of which are in Central Equatoria State, and 2 are in Western Equatoria State. All 8 counties classified in IPC AMN Phase 1 (Acceptable) are in Western Equatoria State.

ASSUMPTIONS FOR ACUTE MALNUTRITION DURING THE PROJECTION PERIOD (OCTOBER 2023 - JUNE 2024)

Key Assumptions

Insecurity: Although there is relative peace across the country, the situation is often dynamic and unpredictable. Based on history of recurrence of violence, the following counties are likely to slide to conflict (Malakal, Panyikang, Fashoda, Ulang, Pibor, Bor, Twic East).

Funding gap: The 2023 nutrition program is 40% underfunded (as of Sept 2023). Refer to FTS on the ReliefWeb This funding shortage fall affects all the counties. The situation is compounded by the Sudan crisis, which has caused a huge influx of returnees to South Sudan. However, the following counties are likely to get targeted funding for the Sudan crisis response. However, the following counties have been flagged for funding for the Sudan crisis response until Dec 2023: (Aweil West, Abiemnhom, Pariang, Malakal, Melut, Renk, Raja).

Flooding: Several counties are prone to annual flooding and may be flooded within the projection periods. These include Fangak, Ayod, Canal (Khor Fulus), Mayom, Leer , Panyijar , Mayendit , Rubkona , Guit , Koch , Aweil East , Aweil South, Aweil Centre, Luakpiny/Nasir, Renk, Malakal , Fashoda , Gogrial West , Tonj East, Pibor , Bor ,Twic East , Duk , Longochuk , Manyo , Panyikang , Ulang , Akoka/Baliet and Melut.

Food Assistance: Reduction of funding will result to reduction in the coverage of essential treatment programme. Starting January 2024, MAM treatment will be limited to locations that have had a GAM > 10% for the past four 4 years. This means MAM treatment support will significantly reduce in Central Equatoria, Western Equatoria and Western Bhar el Ghazal states, while Lakes and Eastern Equatoria will be partially affected.

Food insecurity: Vulnerability to food insecurity is expected to increase, with an estimated 7.1 million people (56.3% of the population) likely to experience Crisis (IPC Phase 3) or worse acute food insecurity. It is expected that this will contribute to cases of malnutrition during this period.

Evolution of health services, WASH, disease & food consumption: morbidity is likely to worsen in 8 of the 10 states (Eastern Equatoria, Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, Western Bahr el Ghazal, Western Equatoria).

The population in need (PIN) for acute malnutrition is calculated using prevalence of acute malnutrition from surveys and routine program data. The prevalence of acute malnutrition used for the calculation considers all cases with weight-for-height (WFH), Mid Upper Arm Circumference (MUAC) measurements or oedema cases. The incidence correction factor of 3.8 was used to calculate the burden of Severe Acute Malnutrition and 2.6 for moderate acute malnutrition.

Summary of SAM, MAM, and GAM caseloads between July 2023 - June 2024

S.N.	State	SAM Burden	MAM Burden	Total Burden	% of Total Burden
1	Central Equatoria	43,896	81,499	125,395	8%
2	Eastern Equatoria	20,892	61,556	82,448	5%
3	Jonglei	73,898	149,507	223,405	14%
4	Lakes	40,711	105,329	146,040	9%
5	Northern Bahr el Ghazal	67,741	187,388	255,129	15%
6	Unity	70,238	154,034	224,272	14%
7	Upper Nile	58,180	128,976	187,157	11%
8	Warrap	72,398	222,631	295,029	18%
9	Western Bahr el Ghazal	18,597	34,816	53,414	3%
10	Western Equatoria	17,951	41,612	59,563	4%
	Grand Total	**484,502**	**1,167,349**	**1,651,851**	

ACUTE FOOD INSECURITY SITUATION OVERVIEW AND KEY DRIVERS (SEPTEMBER 2023 - JULY 2024)

GREATER UPPER NILE REGION

In Greater Upper Nile region, an estimated 1.74 million people (59% of the region's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 21,000 people (0.7% of the region's population) are in Catastrophe (IPC Phase 5) acute food insecurity, 554,000 people (19% of the region's population) are in Emergency (IPC Phase 4) acute food insecurity, and 1.17 million people (39% of the region's population) are in Crisis (IPC Phase 3) acute food insecurity. Food insecurity is driven by flooding, sub-national and localized insecurity and violence, unusually high food prices, the influx of returnees and refugees, low agricultural production, crop and livestock pests and diseases, market disruptions because of poor road networks, and the effects of the conflict in Sudan, among others. During this period, 9 counties in the region are classified in Emergency (IPC Phase 4) acute food insecurity, 23 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 1 County (Bor South in Jonglei State) is classified in Stressed (IPC Phase 2) acute food insecurity.

Food security will improve marginally during the harvest / post-harvest projection period of December 2023 to March 2024 with an estimated 1.76 million people (59% of the region's population) facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 11,000 people (0.4% of the region's population) will likely be in Catastrophe (IPC Phase 5) acute food insecurity, 574,000 people (19% of the region's population) will likely be in Emergency (IPC Phase 4) acute food insecurity, and 1.18 million people (40% of the region's population) will likely be in Crisis (IPC Phase 3) acute food insecurity. The marginal improvement is due to the availability of crop harvests, improved market functionality due to better road conditions and stabilization of staple prices driven by availability of harvests. During this period, 14 counties are classified in Emergency (IPC Phase 4) acute food insecurity, 18 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 1 county (Bor South in Jonglei State) is classified in Stressed (IPC Phase 2) acute food insecurity.

In the lean-season projection period of April to July 2024, the food security situation is expected to seasonally deteriorate with an estimated 1.98 million people (67% of the region's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 11,000 people (0.4% of the region's population) will likely be in Catastrophe (IPC Phase 5) acute food insecurity, 647,000 people (22% of the region's population) will likely be in Emergency (IPC Phase 4) acute food insecurity, and 1.32 million people (45% of the region's population) will likely be in Crisis (IPC Phase 3) acute food insecurity. The deterioration is because of depletion of harvested food stocks, high dependence on markets that are characterized by high food prices, reduced market functionality because of poor road conditions occasioned by the rainy season, the macroeconomic crisis that continues to depreciate the local currency and is affecting household purchasing power, and limited income-earning opportunities, among others. During this period, 20 counties are classified in Emergency (IPC Phase 4) acute food insecurity, and 13 counties are classified in Crisis (IPC Phase 3) acute food insecurity.

Jonglei State and Pibor Administrative Area

From September to November 2023, an estimated 632,000 people (61% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity in Jonglei State and Pibor Administrative Area, of which 6,000 people are in Catastrophe (IPC Phase 5) acute food insecurity, 269,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 357,000 people are in Crisis (IPC Phase 3) acute food insecurity. Of the 6,000 people in Catastrophe (IPC Phase 5) acute food insecurity, 3,000 people are in Duk County and 3,000 people are in Nyriol County. Overall, six counties (Canal/Pigi, Duk, Fangak, Nyirol, Pibor, and Uror) are classified in Emergency (IPC Phase 4) acute food insecurity, 4 counties (Akobo, Ayod, Pochalla, and Twic East) are classified in Crisis (IPC Phase 3) acute food insecurity, and 1 county (Bor South) is classified in Stressed (IPC Phase 2) acute food insecurity. Food insecurity is driven by multiple shocks including the continuation of flooding in western Jonglei as well as sub-national and localized insecurity and violence, including incidents of raiding and looting, leading to significant internal displacement, restrictions on market access, and reduced access to livelihoods activities. Unusually high food prices stemming from macro-level currency depreciation as well as supply chain disruptions from the conflict in Sudan have additionally reduced household purchasing power and contributed to significant food access challenges. Irregular rains and prolonged dry spells, flooding of cropland and pastureland, and crop damage from pests (e.g., fall armyworm, African armyworm, quelea birds etc.) and diseases have led to reduced crop production impacting on-farm income and own food consumption. Cattle raiding and livestock diseases have reduced asset holdings and own food consumption. Suspensions of humanitarian assistance resulting from incidents of looting, as well as reductions in overall humanitarian food assistance tied to funding limitations have affected household food access. Recent influxes of returnees from Sudan and Ethiopia have additionally stressed local resources with many

households hosting the newly arrived. In addition, major underlying vulnerabilities continue to exacerbate the impacts of acute shocks including poorly maintained or inadequate road networks, and poor wash facilities, educational facilities, and health facilities.

In the harvest / post-harvest projection period of December 2023 to March 2024, an estimated 607,000 people (59% of the state's population) are likely to face Crisis (IPC Phase 3) or worse acute food insecurity in Jonglei State, of which 11,000 people are likely to be in Catastrophe (IPC Phase 5) acute food insecurity, 326,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity, and 270,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity. All the 11,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity are in Pibor County of Pibor Administrative Area. Overall, 8 counties (Akobo, Ayod, Canal/Pigi, Duk, Fangak, Nyirol, Pibor, and Uror) will be classified in Emergency (IPC Phase 4) acute food insecurity, 2 counties (Pochalla and Twic East) will be classified in Crisis (IPC Phase 3) acute food insecurity, and 1 county (Bor South) will be classified in Stressed (IPC Phase 2) acute food insecurity. The food security situation is likely to improve slightly during this period as households have improved access to staple commodities harvested during the period. However, some areas will show deteriorations with reduced consumption of milk as livestock migrate to dry season grazing areas, and will suffer continued high food prices, and influxes of returnees from Ethiopia and Sudan. Additionally, access to wild foods, fishing grounds, and markets will likely remain limited due to increasing insecurity particularly in central Jonglei, Pibor and Pochalla. Nevertheless, in areas with improved security, access to fish and wild foods, and expected deliveries of multi-sectoral humanitarian assistance will likely reduce some of the food consumption gaps. The people in Catastrophe (IPC Phase 5) acute food insecurity are in Pibor County and the situation is driven by expectations of eroded livelihood activities, violence and cattle raids, and high food price connected to limitations on trade flow, as well as disruptions to delivery of multi-sectoral humanitarian assistance.

In the lean season projection period between April 2024 and July 2024, an estimated 696,000 people (68% of the state's population) are likely to be in Crisis (IPC Phase 3) or worse acute food insecurity in Jonglei State, of which 11,000 people will likely be in Catastrophe (IPC Phase 5) acute food insecurity, 300,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 385,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. All of the 11,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity are in Pibor County of Pibor Administrative Area. All the counties in the state will be classified in Emergency (IPC Phase 4) acute food insecurity, except for Bor South, Pochalla, and Twic East counties that will be classified in Crisis (IPC Phase 3) acute food insecurity. The food security situation is expected to seasonally worsen because of depleted household food stocks, higher market dependency in the face of high food prices, likelihood of increased insecurity that will lead to reduced access to market and livelihoods activities, further exacerbated by the inaccessibility of roads as a result of the onset of the rainy season. Households are expected to rely on wild foods, fish, and milk that is expected to be more prevalent as livestock return closer to the homesteads.

Risk factors to monitor during the projection periods include conflict and insecurity, weather-related disruptions of infrastructure and market functioning, high food prices, rainfall performance and associated risks of flooding, and the effects of the El Nino phenomena.

Upper Nile State

In Upper Nile State, an estimated 456,000 people (56% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity during the harvest period of September to November 2023, of which 102,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 354,000 people are in Crisis (IPC Phase 3) acute food insecurity. During this period, all the counties are classified in Crisis (IPC Phase 3) acute food insecurity. Food insecurity is driven by the impact of the ongoing crisis in Sudan which has disrupted market functioning and trade and resulted in the influxes of returnees. Other drivers include localized conflict, low agricultural production, and livestock and crop pests and diseases. These have resulted in reduced availability and access to livestock products, as well as harvests, in addition to impacting on households' ability to move around in search of natural food sources and forest products that they would normally sell for income. 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.

During the harvest/post-harvest period of December to March 2024, the food security situation will slightly deteriorate in Upper Nile State with an estimated 465,000 people (57% of the state's population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 110,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 355,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. During this period, 3 counties (Fashoda,

Panyikang and Renk) will be classified in Emergency (IPC Phase 4) acute food insecurity, and 10 counties (Malakal, Akoka, Baliet, Longochuk, Luakpiny/Nasir, Maban, Maiwut, Manyo, Melut and Ulang) will be classified in Crisis (IPC Phase 3) acute food insecurity. Food insecurity is driven by the influxes of returnees from Sudan and Ethiopia; a rise in staple food prices due to lack of supplies from Sudan; limited income-earning opportunities given the erosion of livelihood assets; and the persistent macro-economic challenges in the country that are likely further erode household purchasing power and aggravate the severity of food insecurity during this projection period. The slight deterioration in food security is likely to be mitigated by the availability of stocks from own production, wild foods, and fish.

Between April and July 2024, the peak of the lean season, the food security situation will deteriorate further in Upper Nile State with an estimated 541,000 people (66% of the state's population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 145,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 396,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. During this period, 7 counties (Akoka, Fashoda, Luakpiny/Nasir, Malakal, Panyikang, Renk and Ulang) will be classified in Emergency (IPC Phase 4) acute food insecurity, and 6 counties (Baliet, Longochuk, Maban, Maiwut, Manyo, and Melut) will be classified in Crisis (IPC Phase 3) acute food insecurity. The high levels of food insecurity will be driven by the depletion of cereal stocks by majority of the households; a rise in staple food prices due to low local supply to markets and inaccessibility to markets during rainy season; limited income-earning opportunities; the persistent macro-economic challenges in the country. The deterioration in food security is compounded by the impact of the ongoing crisis in Sudan and its effects on supplies to markets and influxes of returnees in Upper Nile from both Sudan and Ethiopia. Upper Nile state is considered the main entry for majority of returnees from Sudan and Ethiopia and this is likely to put more burden on the local communities' resources. The deterioration in the food security situation is likely to be mitigated by the availability of some wild foods, fish, and increased access to livestock products such as milk because the animals will be near the homesteads.

Risk factors to monitor through the projected period include influxes of returnees from Sudan and Ethiopia, conflict and insecurity, food prices, disease outbreaks, performance of the rainy season and associated risks of flooding, and election related insecurity fears.

Unity State and Ruweng Administrative Area

From September to November 2023, an estimated 653,000 people (58% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity in Unity State and Ruweng Administrative Area, of which 15,000 people are estimated to be in Catastrophe (IPC Phase 5) acute food insecurity in Rubkona County, 182,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 456,000 people are in Crisis (IPC Phase 3) acute food insecurity. During this period, only Rubkona County is classified in Emergency (IPC Phase 4) acute food insecurity, with the rest (Abiemnhom, Guit, Koch, Leer, Mayendit, Mayom, Panyijiar and Pariang/Ruweng) are classified in Crisis (IPC Phase 3) acute food insecurity. The dire food security situation in Rubkona County is because of flooding, significantly reduced engagement in agriculture and livestock keeping due to lack of adequate dry land, limited livelihood and inome-earning opportunities, disruption of supply chains because of the ongoing fighting in Sudan, high food prices, the influx of returnees from Sudan, and disease outbreaks. For the rest of the state, food insecurity during this period is driven by unusually high food prices, insecurity, low household purchasing power driven by the macro-economic crisis, currency depreciation, and limited livelihood and income earning opportunities, low crop production, and crop and livestock pests and diseases. To mitigate the situation, cattle ownership is relatively good, and cattle are still near homesteads considering the abundancy of pasture and water for livestock, meaning that milk and other animal products are available and accessible to majority of the households. Similarly, households have access to fish and wild foods. Erratic rainfalls with prolonged dry spell have significantly impacted crop production, but drier than usual conditions enabled traders to easily restock as the markets have remained accessible although the quantities available are low given the high cost of transportation across the state. Despite the poor harvest in most counties, majority of the households have access to own crops during this time, even though households that cultivated maize consumed most of it while it was still green. Access to fish is limited by lack of fishing equipment, and thus households have increased reliance on wild foods.

During the harvest/post-harvest period of December 2023 to March 2024, the food security situation in Unity State and Ruweng Administrative Area will begin to deteriorate with an estimated 691,000 people (61% of the state's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 194,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 497,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity. During this

period, 3 counties (Guit, Koch and Rubkona) will be classified in Emergency (IPC Phase 4) acute food insecurity while the rest (Abiemnhom, Leer, Mayendit, Mayom, Panyijiar and Pariang/Ruweng) will be classified in Crisis (IPC Phase 3) acute food insecurity. Food security will deteriorate because stocks are likely to be depleted for majority of the households during this period; livestock pests and diseases are likely to continue, hence reducing availability of and access to livestock products; Limited trade flows resulting from high cost of transportation, poor infrastructure, and the conflict in Sudan are likely to result in unusually high staple food prices, thus limiting food access for majority of households. Although market supplies are likely to increase because of drier conditions that permit road transportation, prices are expected to be higher thus limiting most households' access to food from the market. Wild foods, especially water lily, will continue to be available during this period, and coupled with fish, will provide some respite. Rubkona County will continue to be a county of great concern given the presence of populations experiencing extreme hunger between September and November 2023, and the subsequent deterioration of the food security situation during this period, with the most vulnerable and already food insecure populations likely to be impacted the most.

During the lean season projection period of April to July 2023, the food security situation will seasonally deteriorate in Unity State and Ruweng Administrative Area with an estimated 744,00 people (66% of the state's population) likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, of which 202,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 542,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. During this period, 6 counties (Guit, Koch, Leer, Mayendit, Panyijiar, and Rubkona) will be classified in Emergency (IPC Phase 4) acute food insecurity, and 3 counties (Abiemnhom, Mayom and Pariang/Ruweng) will be classified in Crisis (IPC Phase 3) acute food insecurity. Rubkona still remains a county of great concern given the dire food security situation in the county and its drivers that are likely to be exacerbated during the rainy, lean season. Severe food security outcomes will likely be driven by depleted household stocks of harvested crops, diminished coping capacities, increased dependency on markets that are characterized by high food prices, flooding, conflict and insecurity, the influx of returnees from Sudan, and reduced functionality of markets associated with the degradation of roads and other infrastructure during the rainy season. An earlier than usual flooding resulting from heavy rains around Lake Victoria due to the EL Nino events is likely to displace populations and livestock, disrupt livelihoods and impede trade flows. The main anticipated challenge is insecurity associated with coming elections though minimum impacts are expected during the April to July period.

Factors to monitor through the projected period include cattle raiding, market price trends, conflicts, influx of returnees, the performance of the rainy season and associated risks of flooding, and election related insecurity fears.

GREATER EQUATORIA REGION

In Greater Equatoria region, an estimated 1.11 million people (37% of the region's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 299,000 people (10% of the region's population) are facing Emergency (IPC Phase 4) acute food insecurity, and 808,000 people (27% of the region's population) are facing Crisis (IPC Phase 3) acute food insecurity. During this period, 1 county (Lopa/Lafon of Eastern Equatoria State) is classified in Emergency (IPC Phase 4) acute food insecurity, 16 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 7 counties are classified in Stressed (IPC Phase 2) acute food insecurity. Food insecurity is due to conflict, insecurity, raiding, violence and looting, dry spells, weed and pest infestations and lack of agricultural tools that have impacted negatively on crop production and first season harvests. Across the region, households reported unusually high staple food prices, affecting their purchasing power and access to food.

During the harvest/post-harvest projection period of December 2023 to March 2024, the food security situation in the Greater Equatoria region will improve marginally in some counties, with an estimated 878,000 people (30% of the region's population) expected to face Crisis (IPC Phase 3) or worse acute food insecurity, of which an estimated 200,000 people will face Emergency (IPC Phase 4) acute food insecurity, and 678,000 people will likely face Crisis (IPC Phase 3) acute food insecurity. Only 1 county (Lafon of Eastern Equatoria State) will likely be in Emergency (IPC Phase 4) acute food insecurity, while 16 counties will likely be in Crisis (IPC Phase 3) acute food insecurity, and 7 counties will likely be in Stressed (IPC Phase 2) acute food insecurity. The marginal improvements are attributed to the availability of the second season crop harvests and better market supply and functioning.

In the lean-season projection period of April to July 2024, 1.31 million people (44% of the region's population) will likely be facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 373,000 (13% of the region's population) will likely face Emergency (IPC Phase 4) acute food insecurity, and 933,000 (31% of the region's population) will likely face Crisis

(IPC Phase 3) acute food insecurity. During this period, 4 counties are likely to be in Emergency (IPC Phase 4) acute food insecurity, 17 counties will likely be in Crisis (IPC Phase 3) acute food insecurity, and 3 counties will likely be in Stressed (IPC Phase 2) acute food insecurity. The deterioration in the food security situation is driven by the complete depletion of food stocks at household levels, high market dependence amid high staple food prices and low income-earning opportunities, limited availability of wild foods and conflict and insecurity related to cattle raiding, herder-farmer conflict, and election-related violence or ambushes, interfering with trade flow and market functionalities across the region.

Central Equatoria State

In Central Equatoria State, an estimated 622,000 people (47% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 175,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 447,000 people are in Crisis (IPC Phase 3) acute food insecurity. All the 6 counties in Central Equatoria are classified in Crisis (IPC Phase 3) acute food insecurity. Food insecurity is driven by conflict, insecurity, raiding, violence and looting, dry spells, weed and pest infestations and lack of agricultural tools that have impacted negatively on crop production and first season harvest. Many households in Central Equatoria are facing unusually high staple food prices, affecting their financial access to food.

The food security is expected to improve marginally in some counties with the availability of second season crop harvest and improved market supply during the harvest/post-harvest projection period of December 2023 to March 2024, with an estimated 435,000 people (33% of the state's population) expected to face Crisis (IPC Phase 3) or worse acute food insecurity. Of these, 109,000 people will likely be in Emergency (IPC Phase 4), and 326,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. During this period, all counties will be classified in Crisis (IPC Phase 3) acute food insecurity due to the availability of harvests and wild foods which are expected to marginally improve food consumption. The influx of returnees from the neighboring countries is also expected during this period and this will exert pressure on the available food stock and other resources and livelihood opportunities. Insecurity during the period is expected to remain unpredictable due to the presence of different armed groups and roaming cattle herders. Conflict over water and pastures is also expected among the cattle-keeping communities leading to insecurity and livestock theft. Staple food prices are also expected to remain high, limiting household financial access to foods.

During the lean-season projection period of April to July 2024, food security will deteriorate, with an estimated 686,000 people (52% of the state's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 190,000 people will likely face Emergency (IPC Phase 4) acute food insecurity, and 496,000 people will likely face Crisis (IPC Phase 3) acute food insecurity. The deterioration in the food security situation is due to the exhaustion of own-produced food stocks, high market dependency amid a rise in staple food prices, limited income-earning opportunities, limited availability of wild foods, insecurity and conflict between farmers and livestock herders, and election-related insecurity fears that are likely to interfere with trade flows and market functionality across the state. During this lean season period, all counties in the State will maintain their classifications of Crisis (IPC Phase 3) acute food insecurity given that most households will have depleted their food stocks and relying on the markets for food. Prices of essential food commodities are expected to remain high or even increase during this period due to the lean season and low supplies due to poor road access. Insecurity is expected to increase as the major shock during this period due to the presence of armed groups and the election environment.

Risk factors to monitor during the projection periods include conflict and insecurity, weather-related disruptions to infrastructure and the functioning of markets, high food prices, and election related insecurity fears.

Eastern Equatoria State

In Eastern Equatoria State, an estimated 364,000 people (37% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 119,000 people are facing Emergency (IPC Phase 4) acute food insecurity, and 245,000 people are facing Crisis (IPC Phase 3) acute food insecurity. The key drivers of food insecurity include conflict, insecurity, raiding, violence and looting, dry spells, weed and pest infestations and lack of agricultural tools that have impacted negatively on crop production and first season harvest. Many households in Eastern Equatoria are also facing unusually high staple food prices, which is affecting their financial access to food. 1 county (Lafon) is classified in Emergency (IPC Phase 4) acute food insecurity due to the prolonged dry spells that led to

crop failure and poor pasture for livestock, 6 counties (Budi, Ikotos, Kapoeta East, Kapoeta North, Kapoeta South, and Torit) are classified in Crisis (IPC Phase 3) acute food insecurity, and 1 county (Magwi) is classified in Stressed (IPC Phase 2) acute food insecurity.

The food security situation will improve marginally in some counties with the availability of second season crop harvest and market supply during the harvest/post-harvest projection period of December 2023 to March 2024, with an estimated 317,000 people (32% of the state's population) expected to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 82,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 235,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. During this period, 1 county (Lafon) will be classified in Emergency (IPC Phase 4) acute food insecurity because of the significant cereal deficits linked to the prolonged dry spells that led to crop failure and poor pasture for livestock, 6 counties (Budi, Ikotos, Kapoeta East, Kapoeta North, Kapoeta South, and Torit) will be classified in Crisis (IPC Phase 3) acute food insecurity, and 1 county (Magwi) will be classified in Stressed (IPC Phase 2) acute food insecurity.

During the lean-season projection period from April to July 2024, the food security situation will seasonally deteriorate, with an estimated 447,000 people (46% of the state's population) facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 165,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 282,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. The deterioration is linked to the exhaustion of food stocks, high market dependence amid high staple food prices and low income-earning opportunities, limited availability of wild foods and insecurity and conflict-related to livestock herder and election-related violence or ambushes interfering with trade flow and market functionalities. During the lean season projection period, 4 counties (Budi, Kapoeta East, Kapoeta North and Lafon) will be classified in Emergency (Phase 4) acute food insecurity because of high staple food prices linked to limited supplies and low production, coupled with insufficient income from crop sales and other opportunities. Additionally, there may be ongoing incidents of insecurity, such as communal violence, looting, highway robberies/ambushes, and cattle raiding. These incidents are expected to limit household movement and access to food and income sources. The remaining 4 counties (Ikotos, Kapoeta South, Magwi, and Torit) will be classified in Crisis (IPC Phase 3) during this period.

Risk factors to monitor during the projection periods include conflict and insecurity, cattle-related conflict and insecurity, weather-related disruptions to infrastructure and the functioning of markets, high food prices, and election related insecurity fears.

Western Equatoria State

In Western Equatoria State, an estimated 121,000 people (18% of the state's population are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 5,000 people are facing Emergency (IPC Phase 4) acute food insecurity, and 116,000 people are facing Crisis (IPC Phase 3) acute food insecurity. Food insecurity is being driven by conflict, insecurity, violence and looting, dry spells, weed and pest infestations and lack of agricultural tools that have negatively impacted on crop production and first season harvest. Many households in Central Equatoria are facing unusually high staple food prices that are affecting their financial access to food. During this period, 4 counties (Mundri East, Mundri West, Mvolo, and Nagero) are classified in Crisis (IPC Phase 3) acute food insecurity, and 6 counties (Ezo, Ibba, Maridi, Nzara, Tambura, and Yambio) are classified in Stressed (IPC Phase 2) acute food insecurity.

During the harvest/post-harvest projection period of December 2023 to March 2024, the food security situation is expected to deteriorate, with an estimated 126,000 people (19% of the state's population) facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 9,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 117,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. The deterioration in the food security situation will mostly be driven by counties with one harvest period where stocks will start to dwindle, and the likelihood of conflict with cattle herders will constrain access to markets and alternative food sources. For counties with two rainy seasons, the second harvest between November and December will provide adequate food stocks to last through this projection period. Additional food sources include hunting that is likely to increase during the dry season that falls within this projection period. During this period, 4 counties (Mundri East, Mundri West, Mvolo and Nagero) will remain classified in Crisis (IPC Phase 3) acute food insecurity and 6 counties (Ezo, Ibba, Maridi, Nzara, Tambura, and Yambio) will remain classified in Stressed (IPC Phase 2) acute food insecurity.

During the lean-season projection period from April and July 2024, the food security situation will deteriorate, with an estimated 173,000 people (26% of the state's population) facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 18,000 people will likely face Emergency (IPC Phase 4) acute food insecurity, and 155,000 people will likely face Crisis (IPC Phase 3) acute food insecurity. The deterioration will likely be driven by depletion of food stocks and increased market dependency, high food prices amidst limited household purchasing power which will in turn affect households' financial access to food, and the risk of conflict between farmers and cattle herders. The availability and consumption of wild food will likely increase for most households as this period coincides with the first rainy season. During this period, 7 counties (Ibba, Maridi, Mundri East, Mundri West, Mvolo, Nagero, and Tambura) will be classified in Crisis (IPC Phase 3) acute food insecurity, and 3 counties (Ezo, Nzara, and Yambio) will be classified in Stressed (IPC Phase 3) acute food insecurity.

Risk factors to monitor during the projection periods include conflict and insecurity, weather-related disruptions to infrastructure and the functioning of markets, rainy season performance, high food prices, and election related insecurity fears.

GREATER BAHR EL GHAZAL REGION

In the Greater Bahr el Ghazal region, an estimated 2.81 million people (44% of the region's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 735,000 people (11% of the region's population) are facing Emergency (IPC Phase 4) acute food insecurity, and 2.08 million people (32% of the region's population) are facing Crisis (IPC Phase 3) acute food insecurity. During this period, food insecurity is driven by the economic crisis, climatic shocks, crop and livestock diseases and pests, and in some states, the effects of the conflict in Sudan. The economic crisis which includes the depreciation of the currency is worsened by high food prices and low household purchasing power across the region, while the dry spells experienced in most areas in the region will likely result in low agricultural production. During this period, only 2 counties (Aweil East and Aweil South in Northern Bahr el Ghazal State) are classified in Emergency (IPC Phase 4) acute food insecurity, and the rest of the counties in the region are classified in Crisis (IPC Phase 3) acute food insecurity.

During the harvest/post-harvest projection period of December 2023 to March 2024, the situation deteriorates slightly, with an estimated 2.94 million people (46% of the region's population) expected to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 855,000 people (13% of the region's population) will likely face Emergency (IPC Phase 4) acute food insecurity, and 2.09 million people (33% of the region's population) will likely face Crisis (IPC Phase 3) acute food insecurity. During this period, 3 counties (Aweil East and Aweil South counties in Northern Bahr el Ghazal State, and Twic County in Warrap State) will be classified in Emergency (IPC Phase 4) acute food insecurity, while the rest of the region's counties will be classified in Crisis (IPC Phase 3) acute food insecurity. The food security improvements experienced by households during this period are driven by availability of harvests, lower food prices in the markets, increased income from sale of agricultural produce, and easier access to markets because of the dry season conditions.

In the lean-season projection period of April to July 2024, an estimated 3.60 million people (56% of the region's population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, of which 1.22 million people (19% of the region's population) will likely face Emergency (IPC Phase 4) acute food insecurity, and 2.34 million people (37% of the region's population) will likely face Crisis (IPC Phase 3) acute food insecurity. During this period, 13 counties will be classified in Emergency (IPC Phase 4) acute food insecurity, while the remaining 9 counties will be classified in Crisis (IPC Phase 3) acute food insecurity. Food insecurity will be mainly driven by the depletion of harvested food stocks, high food prices, limited income-earning opportunities, disrupted supply chains and markets because of the conflict in Sudan, and increased incidences of human and animal diseases. Mitigating factors during this period will be access to wild foods, livestock and associated products, and fish, among others.

The risk factors to monitor in the Greater Bahr el Ghazal region include the influx of returnees and refugees from Sudan, impacts of the conflict in Sudan on the state's markets, higher than normal food prices because of the disruption of supply markets in Sudan, cattle-related conflicts, and election related insecurity fears.

Western Bahr El Ghazal State

In Western Bahr El Ghazal State, an estimated 274,000 people (49% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 54,000 are in Emergency (IPC Phase 4) acute food insecurity, and 220,000 people are in Crisis (IPC Phase 3) acute food insecurity. Food insecurity is driven by high food prices, crop and livestock pests and diseases, dry spells/irregular rainfall between June and August that affected agricultural activities, limited employment opportunities, poor road conditions that reduce the flow of commodities to markets, and the arrival or presence of returnees from Sudan. During this period, all counties are classified in Crisis (IPC Phase 3) acute food insecurity.

During the harvest/post-harvest projection period of December 2023 to March 2024, the food security situation in the State improves with an estimated 186,000 people (33% of the state's population) expected to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 26,000 people will likely face Emergency (IPC Phase 4) acute food insecurity, and 160,000 people will likely face Crisis (IPC Phase 3) acute food insecurity. The improvements in the food security situation are attributed to availability of harvest stocks, income from sale of agricultural produce and other natural resources such as honey, low market prices for food commodities, and availability of fish, wild game, and wild foods. The influx of returnees and refugees is expected to continue into this projection period and will play a role in driving food insecurity by exerting pressure on the available resources. Insecurity and conflict are likely to be caused by cattle herders from neighbouring Jur River County and Warrap State and this will result in displacement and associated food insecurity impacts. During this period, all counties are classified in Crisis (IPC Phase 3) acute food insecurity.

During the lean-season projection period from April to July 2024, the food security situation will deteriorate, with an estimated 276,000 people (49% of the state's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 72,000 people are likely to face Emergency (IPC Phase 4) acute food insecurity, and 204,000 people are likely to face Crisis (IPC Phase 3) acute food insecurity. The drivers of food insecurity during this period include the depletion of harvested stocks, increasing dependency on markets which are characterized by high food prices, reduced availability of fish and wild foods, and limited access to other livelihood activities such as honey harvesting and hunting of wild game because of the wet conditions occasioned by the rainy season. With improved wet conditions, livestock and associated products will be available to mitigate the aggravating factors. It is expected that the conflict in Sudan is likely to continue into this period and the influx of returnees and refugees would continue to exert pressure on the available resources. The supply chain and market disruptions because of the conflict in Sudan will also result in high cost of transportation of commodities to markets, resulting in high food prices. There is a risk of violence and tension ahead of the 2024 elections which is likely to aggravate internal displacement and associated impacts on food security. During this period, all counties are classified in Crisis (IPC Phase 3) acute food insecurity.

The risk factors to monitor during the project periods include the influx of returnees and refugees from Sudan, impacts of the conflict in Sudan on the state's markets, high food prices, seasonal deterioration of road networks during the rainy season and associated impacts on market functionality, and election related insecurity fears.

Warrap State

In Warrap State, an estimated 976,000 people (37% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 204,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 772,000 people are in Crisis (IPC Phase 3) acute food insecurity. Food insecurity is being driven by unusually high food prices, dry spells that affected agricultural activities, human and animal illnesses, reduced household income and purchasing power, high costs of transportation that in turn drives the high market prices, insecurity, and the influx of returnees and refugees from Sudan. During this period, all counties are classified in Crisis (IPC Phase 3) acute food insecurity.

During the harvest/post-harvest projection period of December 2023 to March 2024, the food security situation in Warrap State will likely deteriorate, with an estimated 1.16 million people (44% of the state's population) facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 336,000 people will be in Emergency (IPC Phase 4) acute food insecurity, and 827,000 people will be in Crisis (IPC Phase 3) acute food insecurity. The deterioration is mainly driven by early depletion of harvested stocks, an increase in food prices in the markets, reduced cereal availability in the markets because of the disruption to source markets in Sudan, high numbers of returnees and refugees from Sudan, and limited access to milk

and wild foods. During this period, all counties will be classified in Crisis (IPC Phase 3) acute food insecurity, except for Twic County that will be classified in Emergency (IPC Phase 4) acute food insecurity.

The food security situation in Warrap State is expected to deteriorate even further during the lean-season projection period from April to July 2024, with an estimated 1.45 million people (55% of the state's population) facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 468,000 people will likely be in Emergency (IPC Phase 4) acute food insecurity, and 979,000 people will likely be in Crisis (IPC Phase 3) acute food insecurity. The deterioration of the food security situation is attributed to seasonal exhaustion of harvested stocks, high food prices, reduced market functionality and access challenges caused by insecurity in some areas and worsening of road conditions because of the rainy season, the influx and presence of returnees and refugees from Sudan and associated pressure on scarce resources, and an increase in human and livestock diseases. Mitigating factors will include improved seasonal access to water and pasture for livestock that will improve access to milk for households whose animals will be close to their homesteads, and the increased seasonal availability of wild foods. During this period, all the counties will be classified in Crisis (IPC Phase 3) acute food insecurity, except for Gogrial West and Twic counties that will be classified in Emergency (IPC Phase 4) acute food insecurity.

The risk factors to monitor during the project periods include the influx of returnees and refugees from Sudan, impacts of the conflict in Sudan on the state's markets, high food prices, seasonal deterioration of road networks during the rainy season and associated impacts on market functionality, rainfall performance, cattle-related conflicts and insecurity, and election related insecurity fears.

Lakes State

In Lakes State, an estimated 669,000 people (53% of the state's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 167,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 502,000 people are in Crisis (IPC Phase 3) acute food insecurity. The drivers of food insecurity are high food prices, prolonged dry spells that contributed to poor agricultural production, depleted stocks from previous harvests, and low household incomes because of limited income-earning opportunities. Some of the mitigating factors during this period are harvesting and sale of crops such as groundnuts, vegetables, green grams, and early maturing sorghum. During this period, all the counties are classified in Crisis (IPC Phase 3) acute food insecurity.

During the harvest/post-harvest projection period of December 2023 to March 2024, Lakes State's food security situation will slightly improve, with an estimated 602,000 people (48% of the state's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 158,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 444,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity. The slight improvement in the food security situation is mainly driven by availability of harvested crops, even though the production is likely to be lower than last year's; a stabilization and lowering of food prices in the markets; improved physical access that is typical of the dry season; and increased incomes from sale of agricultural produce and livestock. During this period, all counties will be classified in Crisis (IPC Phase 3) acute food insecurity.

During the lean-season projection period from April and July 2024, the food security will deteriorate in the State, with an estimated 753,000 people (59% of the State's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 253,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 500,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity. The key drivers of this deterioration are the seasonal depletion of harvests, emergency coping by poor households that is characterized by asset depletion, an increase in food prices, deterioration of road conditions because of the rainy season that will affect market functionality and resupplying, and a seasonal increase in human and animal diseases. During this projection period, all counties will be classified in Emergency (IPC Phase 4) acute food insecurity, with only Wulu County being classified in Crisis (IPC Phase 3) acute food insecurity.

The risk factors to monitor during the project periods include high food prices, seasonal deterioration of road networks during the rainy season and associated impacts on market functionality, rainfall performance, cattle-related conflicts and insecurity, and election related insecurity fears.

Northern Bahr el Ghazal State

In Northern Bahr el Ghazal State, an estimated 893,000 people (46% of the State's population) are facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023, of which 310,000 people are in Emergency (IPC Phase 4) acute food insecurity, and 583,000 people are in Crisis (IPC Phase 3) acute food insecurity. The drivers of food insecurity are prolonged dry spells, closure of trade routes between Sudan and South Sudan that have affected market functionality and led to high food prices, low household income and purchasing power, and the influx of returnees and refugees from Sudan. Some of the mitigating factors during this period include availability of wild foods and wild game. During this period, Aweil Center, Aweil North, and Aweil West counties are classified in Crisis (IPC Phase 3) acute food insecurity, while Aweil East and Aweil South counties are classified in Emergency (IPC Phase 4) acute food insecurity.

During the harvest/post-harvest projection period of December 2023 to March 2024, Northern Bahr el Ghazal State's food security situation will begin to deteriorate, with an estimated 990,000 people (51% of the State's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 335,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 655,000 people are in Crisis (IPC Phase 3) acute food insecurity. The deterioration is mainly driven by the ongoing depletion of harvested stocks, reduced access to milk as livestock migrate in search of water and pasture, gradual increase of food prices, continued closure of trade routes between Sudan and South Sudan that will result in high food prices, reduced income at household level, and the influx of returnees and refugees from Sudan. During this projection period, Aweil Center, Aweil North, and Aweil West counties will be classified in Crisis (IPC Phase 3) acute food insecurity, while Aweil East and Aweil South counties will be classified in Emergency (IPC Phase 4) acute food insecurity.

During the lean-season projection period from April and July 2024, the food security will deteriorate further in the State, with an estimated 1.13 million people (59% of the State's population) likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 425,000 people are likely to be in Emergency (IPC Phase 4) acute food insecurity, and 661,000 people are likely to be in Crisis (IPC Phase 3) acute food insecurity. The key drivers of this deterioration are the seasonal depletion of harvests, high food prices in markets that are sub-optimally operational because of the closure of trade routes between Sudan and South Sudan and the disruption of supply markets because of the conflict in Sudan, and the likelihood of continued influx of returnees and refugees from Sudan. During this projection period, all counties will be classified in Emergency (IPC Phase 4) acute food insecurity, except for Aweil Center County that will be classified in Crisis (IPC Phase 3) acute food insecurity.

The risk factors to monitor during the project periods include the influx of returnees and refugees from Sudan, impacts of the conflict in Sudan on the state's markets, high food prices, seasonal deterioration of road networks during the rainy season and associated impacts on market functionality, rainfall performance, cattle-related conflicts and insecurity, and election related insecurity fears.

SOUTH SUDANESE RETURNEES

Between the outbreak of fighting in Khartoum on 15 April 2023 and the IPC analysis in October 2023, an estimated 280,000 South Sudanese[3] nationals had been recorded entering South Sudan as returnees from Sudan. Most of these returnees have entered the country through the Joda border point in Renk County, Upper Nile State, while smaller proportions of returnees have entered the country through other border points in northern Unity, Northern Bahr El Ghazal, Western Bahr El Ghazal, and Abyei Administrative Area. Population flow monitoring suggests that many returnees have settled or intend to settle in areas of Greater Upper Nile - mainly Upper Nile, Jonglei, and Unity states - while others are bound for the Greater Bahr El Ghazal region and Central Equatoria State.

In the current analysis period of September to November 2023, an estimated 168,000 returnees (60% of returnees) will face Crisis (IPC Phase 3) or worse acute food insecurity, of which 14,000 returnees are in Catastrophe (IPC Phase 5) acute food insecurity, 56,000 returnees are in Emergency (IPC Phase 4) acute food insecurity, and 98,000 returnees are in Crisis (IPC Phase 3) acute food insecurity. Food security amongst the returnees is expected to deteriorate in the first projection of December 2023 to March 2024, with an estimated 196,000 returnees likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 14,000 returnees will likely face Catastrophe (IPC Phase 5) acute food insecurity, 84,000 returnees will likely face Emergency (IPC Phase 4) acute food insecurity, and 98,000 returnees will likely face Crisis (IPC Phase 3) acute food insecurity. In the second projection period of April to July 2024 - the peak of the lean season in much of the country - food security amongst returnees is expected to deteriorate further, with an estimated 210,000 returnees likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 28,000 returnees will likely face Catastrophe (IPC Phase 5) acute food insecurity, 98,000 returnees will likely face Emergency (IPC Phase 4) acute food insecurity, and 84,000 returnees will likely face Crisis (IPC Phase 3) acute food insecurity.

Summary of acute food insecurity for Returnees (September 2023 – July 2024)

Returnee Household Analysis Group (HAG) – Population Distribution Estimates											
Current (September – November 2023)				Projected (December 2023 – March 2024)				Projected (April – Jul 2024)			
168,000 People (60% of the population group) facing acute food insecurity	Phase 5	14,000	5%	196,000 People (70% of the population group) facing acute food insecurity	Phase 5	14,000	5%	210,000 People (75% of the population group) facing acute food insecurity	Phase 5	28,000	10%
	Phase 4	56,000	20%		Phase 4	84,000	30%		Phase 4	98,000	35%
	Phase 3	98,000	35%		Phase 3	98,000	35%		Phase 3	84,000	30%
	Phase 2	70,000	25%		Phase 2	56,000	20%		Phase 2	42,000	15%
	Phase 1	42,000	15%		Phase 1	28,000	10%		Phase 1	28,000	10%

September - November 2023:

During this period, most returnees will be highly dependent on markets, community sharing, and wild foods to meet their food needs. As most returnees have settled or reported intending to settle in the agropastoral, unimodal areas of Greater Upper Nile, most will not harvest staple crops in 2023, and will not be able to harvest until at least August 2024. For most returnees, participation in the 2023 planting season was infeasible because their arrival was late relative to the seasonal agricultural calendar, and their participation in agriculture was restricted further by low rates of land ownership and limited access to agricultural inputs and tools. As such, any benefit of the 2023 harvest will be indirect, through increased food availability at the community level. The rate of livestock ownership amongst returnees is also marginal, meaning milk and livestock products will have to be acquired through social connections or at the market.

Atypically high food prices will be a key limiting factor in the current period due to the disruption of external supply chains in Sudan, poor internal production, and the continued depreciation of the South Sudanese Pound (SSP). Returnees will be disproportionately impacted by high prices as low engagement in traditional subsistence livelihoods increases

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[3] This does not include returnees from Ethiopia.

dependence on cash generating activities and asset liquidation. Further, asset ownership amongst returnee households is considerably lower than amongst the host community due to the sudden-onset nature of displacement, because of robbery and extortion along routes, and because of widespread use of emergency coping strategies, including asset liquidation, to meet basic needs while in transit.

Availability of fish and wild foods will remain high in the current period, though physical access to fishing grounds and remote livelihood areas will be restricted by localized conflict and insecurity, as well as by poor access to fishing equipment.

December 2023 - March 2024

The food security situation of returnees is expected to deteriorate between December and March as harvested food stocks exhaust in crop production deficit areas of Greater Upper Nile, market prices remain atypically high, and cattle migrate to access dry season grazing areas and water sources, decreasing availability of milk and staple livestock products. The arrival of an additional estimated 220,000 returnees before the end of 2023, bringing the projected total to 540,000 people by December[4], will place additional pressure on food stocks and other critical resources, including water, shelter, and non-food items, at the county-level. Markets, wild foods, and community sharing will remain key food sources for returnees during this period.

The beginning of the lean season response in the second half of the projection period will improve food availability in humanitarian food assistance priority locations, though no status-based assistance is expected for returnees specifically. Nationally, the number of people receiving humanitarian food assistance is expected to decrease from 5.6 million in 2023 to 2.9 million in 2024, meaning the overall availability of humanitarian-provided food will decrease relative to 2023, and returnees will be less likely than in previous years to be targeted by vulnerability-based criteria. Returnee households settled in relatively food secure areas, including counties classified in Crisis (IPC Phase 3), are unlikely to access any humanitarian food assistance throughout 2024 because of more stringent targeting criteria due to decreased funding.

April - July 2024

The food security situation of returnees is projected to deteriorate further during the second projection, which encompasses the peak of the lean season in many unimodal areas of settlement. It is estimated that by December 2024, more than 800,000 people will have entered South Sudan, placing additional pressure on food stocks and resources. Food prices are likely to increase seasonally as harvested stocks exhaust, and market functionality worsens due to the onset of rains and subsequent deterioration of road conditions. Water, sanitation, and hygiene (WASH) conditions will deteriorate as seasonal rains cause flooding and displacement, likely driving a deterioration in health and nutrition outcomes. Poor visibility on returnee whereabouts means that much of the population known to have entered the country is unaccounted for, and as such, health and nutrition service providers could be overwhelmed as planning and restocking efforts are undermined.

At Risk Returnee Population Groups

Acute food insecurity is likely to be most severe among the following returnee population groups:

Returnees who have spent prolonged periods in transit areas awaiting onward transportation. Such households are more likely to have deteriorated health and nutrition outcomes driven by poor WASH conditions, high disease burdens, and limited access to food in transit areas, and are likely to have substantially eroded their asset bases due to high rates of emergency coping and asset liquidation while in transit.

Returnees settled in locations classified in Emergency (IPC Phase 4) acute food insecurity, including in counties of Northern Jonglei, Unity and Upper Nile States, where communal coping capacity is limited due to extreme deficit crop

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[4] The analysis of returnees only focused on the 280,000 that were already in the country at the time of conducting the IPC.

production and low rates of livestock ownership. Due to the compounding nature of shocks in these areas, returnees may be joining relatives who are also displaced and have severe underlying vulnerabilities and minimal access to livelihoods.

Returnees with limited social capital, without friends or familial ties, who are unable to access community resources to meet their basic needs. This group may encompass households who lived in Sudan for decades, people who were born in Sudan and have never lived in South Sudan, and households who migrated with their entire family to Sudan, with presumably weaker connections to social networks in their area of chosen settlement.

Returnees who arrived in South Sudan with exceptionally limited assets, either due to liquidation, robbery, or sudden-onset displacement. While the overall number of assets owned by returnees is considerably fewer than by the host community, on average, there likely remains notable variability in asset ownership within the returnee population, with some households having been robbed or extorted while migrating, and some having been displaced suddenly, with no opportunity to pack their possessions.

Highly vulnerable returnees that have settled in locations classified in Crisis (IPC Phase 3) acute food insecurity, which will not receive humanitarian food assistance in 2024. Such households who are settling in areas projected to be in Crisis (IPC Phase 3) acute food insecurity classification through at least the first projection period (December 2023 to March 2024), including some counties in Upper Nile, Southern Unity, and Warrap States, will likely have little-to-no access to humanitarian food assistance throughout much of 2024 due to more narrow targeting criteria as a result of reduced humanitarian funding.

SUMMARY OF KEY DRIVERS OF FOOD INSECURITY

Food availability: In 2022, the country produced 936,200 metric tonnes of cereals, and posted a cereal deficit of 485,400 metric tonnes. This production is 12% up from the 2021 production and 16% above the average of the previous five years. The average yields in 2022 are estimated at 1.08 tons/hectare, about 3% up from 2021 and this is attributed to favourable weather conditions. The factors that contributed to the increase in production are security improvements that prompted returns of displaced households, while in other areas it encouraged farmers to expand plantings in fields far from their homesteads – all of these led to increases in area farmed.

Access to food: The continued economic crisis and the gradual depreciation of the local currency will continue to limit the access of food from markets for majority of households because of the loss of sources of livelihoods (fishing, livestock keeping and/or collection of forest products), reduced income from petty trade, sale of livestock and crop produce, 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 conflict and 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. The conflict in Sudan has disrupted supply chains that relied on the markets in the country, and this has affected dependent markets which now have to rely on supplies from Juba and further southwards, including from neighbouring countries such as Uganda. The persistence of limited livelihood and income-earning opportunities continues to undermine households' purchasing power and their ability to access food from markets.

Food utilization: This is a significant problem in 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, which in some locations is exacerbated by the continued flooding. Access to health services is also poor leading to high incidences of diseases that affect the health of the population in addition to negatively affecting avthe availability of labour and favour reduced income at the household level. WASH needs for the country will be particularly high during the rainy season and will require significant investment to address them.

POPULATION IN NEED OF HUMANITARIAN ASSISTANCE (PINHA)

The standard IPC population estimates are prepared for current and projection periods. The estimates for the current period include any potential effects of humanitarian food security assistance (HFSA) that has been provided in recent times, as the household survey data used for the IPC analysis reflects the situation on the ground (whether in presence or absence of assistance). For the projection periods, analysts considered the information provided on planned, funded/committed and most likely to be delivered assistance while classifying the severity of the situation and estimating the populations. In both cases, IPC population estimates either implicitly (current period) or explicitly (projection periods) took into account assistance, and hence some households may be in lower Phases due to receiving assistance.

Consequently, the standard IPC population estimates do not provide the total number of people in need of assistance, especially in a situation with large-scale assistance. To provide more information for decision-making, new protocols have been developed to estimate the total number of people in need of humanitarian food security assistance. These protocols were applied in South Sudan analysis for areas where assistance is or is expected to be highly significant, i.e., at least 25% of households meeting at least 50% of their kilocalorie (kcal) needs through assistance. By using these criteria, 30 counties were identified for the PiNHA analysis for a mix of analysis periods (for some only current period, for others only projection period(s), and for the rest all three analysis periods). The purpose of the PiNHA analysis is to estimate the share of population that are in Stressed (IPC Phase 2) acute food security due to the assistance they are receiving/will receive, and who would likely be in Crisis (IPC Phase 3) or worse acute food insecurity in absence of assistance. This share is then added to the population in Crisis (IPC Phase 3) or worse acute food insecurity to get the overall share of population in need of humanitarian food security assistance.

Given that the share of the population in Phase 2 with assistance is relatively low (and most households with assistance are already classified in Crisis (IPC Phase 3) or worse acute food insecurity), the PiNHA estimates are not substantially higher than the standard IPC population estimates. Depending on the county, the share of households to be added to Crisis (IPC Phase 3) or worse acute food insecurity ranges from 0 to 15%, by analysis period. The PiNHA results are displayed in the population tables in an additional column for the assessed counties. For other counties where humanitarian food security assistance is not highly significant, the standard population estimates should be treated as the PiNHA estimates. The PiNHA estimates are expected to assist agencies working on response to have a more complete set of data at their disposal when planning humanitarian food security assistance programmes.

NUTRITION SITUATION BY STATE

GREATER UPPER NILE REGION

Jonglei State and Pibor Administrative Area

An estimated 223,405 cases with acute malnutrition need urgent nutrition treatment in Jonglei State and Pibor Administrative Area. The State contributes 14 % of the total burden of acute malnutrition in the country. Jonglei State has 11 counties with an estimated total population of 1.03 million. From July to September 2023, 10 out of 11 counties (Akobo, Ayod, Bor, Canal/Pigi, Duk, Fangak, Nyirol, Pibor, Twic, East, Uror) are classified in IPC AMN Phase 4 (Critical) and one county (Pochalla) is classified in IPC AMN Phase 3 (Serious). Major drivers of acute malnutrition among children in the State are poor food consumption; Minimum Dietary Diversity (MDD) at 17.3%, Minimum Meal Frequency (MMF) at 27.2%, Minimum Acceptable Diet (MAD) at 2.6%), high prevalence of Malaria/fever (above 40% in 8 counties), diarrhea (above 20%) and Acute Respiratory Infection (ARI), late introduction of solid and semi-solid foods to 68% of the children, and poor access to improved sanitation facilities (most counties less 10%). High vulnerability of food insecurity in Jonglei state, with 61% of the population facing Crisis (IPC AFI Phase 3) or worse acute food insecurity between September and November 2023, of which 6,000 people are facing Catastrophe (IPC AFI Phase 5)..

During the harvest/post-harvest season between October 2023 and March 2024, the acute malnutrition situation is expected to improve in all counties except in Pochalla county where it is expected to deteriorate from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical). Most of the improvements expected in acute malnutrition levels are not expected to result in change of phase classification except for Bor County that will improve from IPC AMN Phase 4 (Critical) to IPC AMN Phase 3 (Serious). During the harvest/post-harvest period of December 2023 to March 2024, an estimated 59% of the population is likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 11,000 are likely to face Catastrophe (IPC Phase 5) acute food insecurity.

During the lean season period of April to June 2024, the acute malnutrition situation is expected to deteriorate in all 11 counties. However, there is no change in the IPC AMN phase classifications compared to October 2023 to March 2024 season. During the lean season period of April to July 2023, 68% of the population is likely to face Crisis (IPC Phase 3) or worse acute food insecurity, of which 11,000 are likely to face Catastrophe (IPC Phase 5) acute food insecurity.

Upper Nile State

The Upper Nile State has 13 counties with an estimated total population of 0.8 million. An estimated 187,157 cases with acute malnutrition need nutrition services in the State. The State contributes 11 % of the total burden of acute malnutrition in the country. Poor food consumption (Minimum Dietary Diversity (MDD) at 21%, Minimum Meal Frequency (MMF) at 35%, Minimum Acceptable Diet (MAD) at 4%), high prevalence of Malaria/fever, diarrhea and Acute Respiratory Infection (ARI), only 39% exclusively breastfed and 53% introduced to solid, semi-solid or soft foods timely, poor access to improved sanitation (less than 10% except in Malaka (46%) and Renk (29%) Counties) are major contributing factors of acute malnutrition in the State.

Twelve counties (Fashoda, Luakpiny/Nasir, Malakal, Panyikang, Ulang, Akoka, Baliet, Maban, Longochuk, Manyo, Melut, and Renk) are classified in IPC AMN Phase 4 (Critical) and one county (Maiwut) is classified in IPC AMN Phase 3 (Serious) between July and September 2023. High food insecurity has been registered with an estimated 56% of the population facing Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023.

During the post-harvest season, October 2023 to March 2024, the situation is likely to improve in 10 counties and remain similar in 3 counties (Malakal, Malut, and Renk). Despite the overall improvement, the IPC AMN phase classifications remain similar to the classifications in July to September 2023. The proportion of population facing Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024 is 57% of the state population.

During the lean period, April to June 2024, the situation is likely to deteriorate in all 13 counties. During this period, the IPC AMN phase classifications remain similar. The proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity is estimated at 66% of the total population in the State between April to July 2024.

Unity State and Ruweng Administrative Area

Unity State and Ruweng Administrative Area has 9 counties with an estimated total population of 1.13 million. An estimated 224,272 cases with acute malnutrition need nutrition services in the State. The State contributes 14 % of the total burden of acute malnutrition in the country. Major driving factors of acute malnutrition among children in the State are poor food consumption (Minimum Dietary Diversity (MDD) - 11.6%, Minimum Meal Frequency (MMF), - 14.8% Minimum Acceptable Diet (MAD) - 2.2%), and the overall disease prevalence that is above 50% except in three counties (Abiemnhuom, Koch and Mayandit) and is significantly contributing to the high levels of acute malnutrition in the State. Additionally, the overall caring and feeding practices are poor in the State, further contributing to acute malnutrition.

From July and September 2023, all 9 counties (Abiemnhom, Leer, Mayendit, Panyijiar, Guit, Koch, Mayom, Rubkona, and Pariang) are classified in IPC AMN Phase 4 (Critical). An estimated 58% of the population are in Crisis (IPC Phase 3) or worse acute food insecurity, with 15,000 people in Catastrophe (IPC Phase 5) acute food insecurity between September and November 2023.

During the post-harvest season, October 2023 to March 2024, the situation is likely to improve in all counties. However, all counties remain classified in IPC AMN Phase 4 (Critical). An estimated 61% of the state's population is likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, with no populations facing Catastrophe (IPC Phase 5) acute food insecurity between December 2023 and March 2024.

During the lean period, April to June 2024, the situation is likely to deteriorate in all the 9 counties. During this period, the IPC AMN phase classification remains at IPC AMN Phase 4 (Critical) in 8 counties. The situation in Rubkona county is continuing to deteriorate and is likely to be in IPC AMN Phase 5 (Extremely Critical). This county is surrounded by water for the last four years, access to markets is significantly limited, and there is likely to increase in market prices as stocks dwindle and restocking the market becomes difficult in the rainy season and under the supply chain disruptions linked to the conflict in Sudan. Additionally, implementing partners are scaling down health and WASH services in the country. This is likely to lead to higher morbidity that is already very high, further increasing the risk of malnutrition. The influx of returnees from transition centers is stretching the health, nutrition and sanitation services. Additionally, the active measles outbreak in the country is not yet contained and will continue to drive acute malnutrition. The current prevalence of acute malnutrition is at 28.1% and likely to deteriorate to above 30%. During this period, the proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity is estimated at 66% of the total population in the State, with no populations in Catastrophe (IPC Phase 5) acute food insecurity.

GREATER EQUATORIA REGION

Central Equatoria State

A total of 125,395 children with acute malnutrition need nutrition services in Central Equatoria State. This is equivalent to 8 % of the total burden of acute malnutrition in the country. The State has 6 counties with an estimated population of 1.32 million. Major contributing factors of acute malnutrition among children are poor Minimum Dietary Diversity (MDD), high prevalence of malaria and Acute Respiratory Infection (ARI), and low immunization coverage (in all counties except Juba) is a risk factor for acute malnutrition.

Five counties (Morobo, Terekeka, Juba, Lainya, and Yei) are classified in IPC AMN Phase 2 (Alert) and one country (Kajo Keji) is classified in IPC MAN Phase 1 (Acceptable) between July and September 2023. Between September and November 2023, an estimated 47% of the state's population is facing Crisis (IPC Phase 3) or worse acute food insecurity.

The situation in all six counties is likely to improve during the post-harvest season, October 2023 to March 2024, however, the IPC AMN Phases classification remains the same in all counties. An estimated 33% of the state's population will likely be facing Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024.

The situation is likely to deteriorate in all counties during the lean season of April to June 2024. As a result, four of the six counties IPC AMN phase classifications are likely to change. The IPC AMN phase classification will change from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious) in three counties (Terekeka, Juba, and Lainya) and it will change from IPC AMN Phase 1 (Acceptable) to IPC AMN Phase 2 (Alert) in Kajo Keji County. The proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity will likely be 52% of the state's population between April and July 2024.

Eastern Equatoria State

An estimated 82,448 children with acute malnutrition need nutrition services in Eastern Equatoria State. The State contributes 5 % of the total burden of acute malnutrition in the country. The State has an estimated population of 0.98 million and 8 counties. The driving factors of acute malnutrition among children in the State are poor food consumption as measured using Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD). The high prevalence of Malaria/fever in all counties and high prevalence of Acute Respiratory Infection (ARI) in 6 out of 8 counties are among other contributing factors.

From July and September 2023, three counties (Budi, Ikotos, and Lafon) are classified in IPC AMN Phase 4 (Critical), two counties (Kapoeta North and Kapoeta South) are classified in IPC MAN Phase 3 (Serious) and three counties (Magwi, Torit, and Kapoeta East) are classified in IPC MAN Phase 2 (Alert). An estimated 37% of the population are in Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023.

During the post-harvest season of October 2023 to March 2024, the situation is likely to remain the same in 7 out of the 8 counties. The situation in Kapoeta East County is likely to deteriorate and the IPM AMN phase classification will change from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious), while it will remain the same in the other 7 counties. An estimated 32% of the state's population is likely to be in Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024.

During the lean season, April to June 2024, the situation is likely to deteriorate in 7 counties and remain similar in 1 county (Lfon). The deterioration in the situation in Kapoeta East, Kapoeta North and Kapoeta South counties resulted in the likely change of IPC AMN Phase from 3 (Serious) to Phase 4 (Critical). Similarly, the deterioration in Magwi and Torit counties is likely to change IPC AMN Phase from 2 (Alert) to Phase 3 (Serious). An estimated 46% of the state's population is likely to be in Crisis (IPC Phase 3) or worse acute food insecurity between April and July 2024.

Western Equatoria State

A total of 56,310 children are estimated to be affected with acute malnutrition and urgent need of nutrition services in Western Equatoria State. The State contributes 3% of the total burden of acute malnutrition in the country. The State has 10 counties with an estimated population of 0.66 million. Major drivers of acute malnutrition among children in the State are poor access to improved sanitation, low food consumption (Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD)), and high prevalence Malaria/fever and Acute Respiratory Infection (ARI).

From July to September 2023, two counties (Maridi and Mundri West) are classified in IPC AMN Phase 2 (Alert) and eight counties (Ezo, Ibba, Mundri East, Mvolo, Nagero, Nzara, Tambura, and Yambio) are classified in IPC MAN Phase 1 (Acceptable). An estimated 18% of the state's population is in Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023.

During the post-harvest season of October 2023 to March 2024, the situation is likely to improve in all 10 counties. However, there is no change in IPM AMN phase classifications when compared to the July to September 2023 period. An estimated 19% of the state's population is likely to be in Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024.

During the lean season, April to June 2024, the situation is likely to remain the same in all 10 counties. The proportion of population likely to be in Crisis (IPC Phase 3) or worse acute food insecurity between April and July 2024 is 26% of the state's population.

GREATER BAHR EL GHAZAL REGION

Western Bahr El Ghazal State

An estimated 53,414 children are expected to be affected by acute malnutrition and need urgent nutrition services in Western Bahr el Ghazal State. The State contributes 3% of the total burden of acute malnutrition in the country. It has three counties with an estimated total population of 0.56 million. The driving factors of acute malnutrition among children in the State are poor food consumption (Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD)), poor infant and young child feeding practice, poor access to improved sanitation and high prevalence of Malaria/fever and Acute Respiratory Infection (ARI).

Between July and September 2023, all 3 counties in the State (Raja, Jur river, and Wau) are classified in IPC AMN Phase 3 (Serious). Between September and November 2023, an estimated 49% of the population are in Crisis (IPC Phase 3) or worse acute food insecurity.

Overall, dietary intake is likely to improve due to availability of food following the harvest and fishing activity during the post-harvest season of October 2023 to March 2024. All three counties remain in the same IPC AMN Phase 3 (Serious). An estimated 33% of the state's population will likely be in Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024.

During the lean period of April to June 2024, most households will have depleted their harvests, will be heavily dependent- on markets where food commodities are highly priced, and income generating activities will reduce hence the situation is likely to deteriorate, even as all the counties remain in IPC AMN Phase 3 (Serious). The proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity are estimated at 49% of the total population of the State between April and July 2024.

Warrap State

In Warrap State, 295,029 children are estimated to be affected by acute malnutrition and in need of urgent nutrition services. The State contributes 18% of the total burden of acute malnutrition in the country. The State is constituted of 7 counties with an estimated population of 2.64 million. Low Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD); high prevalence of diarrhea and Acute Respiratory Infection (ARI) and poor access to improved sanitation are the major driving factors of acute malnutrition in the State.

Between July and September 2023, four counties (Abyei, Gogrial East, Georgial West, and Twic) are classified in IPC AMN Phase 4 (Critical) and three counties (Tonj East, Tonj North, and Tonj South) are classified in IPC MAN Phase 3 (Serious). 37% of the population in the State are in Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023.

The situation is likely to improve in 5 counties while remaining the same in 2 counties during the post-harvest season of October 2023 to March 2024. However, the likely improvement in the situation in 5 of the 7 counties does not result in change of IPC AMN phase classifications. An estimated 44% of the state's population is in Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024.

In all the seven counties, the situation is likely to deteriorate during the lean season of April to June 2024. However, there is no change in IPC AMN phase classifications of all the counties. The proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity is estimated at 55% of the state's population between April and July 2024.

Lakes State

An estimated 142,498 children with acute malnutrition need nutrition services in Lakes State. The State contributes 9% of the total burden of acute malnutrition in the country. The State has 8 counties with an estimated population of 1.67 million. Acute malnutrition among children is driven by poor access to improved sanitation, low Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD), introduction of solid, semi-solid or soft foods, and high prevalence of diseases such as Malaria/fever and Acute Respiratory Infection (ARI).

From July and September 2023, four counties (Awerial, Cuiebet, Yirol East, and Yirol West) are classified in IPC AMN Phase 4 (Critical) and four counties (Rumbek Center, Rumbek East, Rumbek North, and Wulu) are classified in IPC MAN Phase 3 (Serious). An estimated 53% of the state's population are in Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023.

During the post-harvest season of October 2023 to March 2024, the situation is likely to improve in all 8 counties. Rumbek East County's improvement is expected to result in a change of the county's phase classification from IPC AMN Phase 3 (Serious) to IPC AMN Phase 2 (Alert), while the phase classifications of the other 7 counties remain the same. An estimated 48% of the state's population is likely to be in Crisis (IPC Phase 3) or worse acute food insecurity between December 2023 and March 2024.

During the lean season, April to June 2024, the situation is likely to deteriorate in all 8 counties. The deterioration in Rumbek East County is likely to change the county's phase classification from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious), while the phase classification remains the same in the other 7 counties. The proportion of population in Crisis (IPC Phase 3) or worse acute food insecurity is 59% of the state's population between April to July 2024.

Northern Bahr El Ghazal State

Northern Bahr El Ghazal State has five counties with an estimated total population of 1.9 million. An estimated 255,129 cases with acute malnutrition need nutrition services in the State. The State contributes 16% of the total burden of acute malnutrition in the country. Acute malnutrition among children is driven by low Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD), high prevalence of diseases such as Malaria/fever and Acute Respiratory Infection (ARI).

Between July and September 2023, four counties (Aweil South, Aweil center, Aweil East, and Aweil North) are classified in IPC AMN Phase 4 (Critical) and one county (Aweil West) is classified in IPC MAN Phase 3 (Serious). An estimated 46% of the state's population are in Crisis (IPC Phase 3) or worse acute food insecurity between September and November 2023.

During the post-harvest season of October 2023 to March 2024, the situation is likely to improve. However, except Aweil Center where the improvement in the situation is expected to change the county's phase classification from IPM AMN Phase 4 (Critical) to IPC AMN Phase 3 (Serious), the phase classification will remain the same in the other 4 counties. Between December 2023 and March 2024, an estimated 51% of the state's population will likely be in Crisis (IPC Phase 3) or worse acute food insecurity.

From April to June 2024, the situation is likely to deteriorate in Aweil Center and Aweil East counties, while it remains the same in the remaining 3 counties. During this period, all 5 counties are classified in IPC AMN Phase 4 (Critical). The deterioration during this period is responsible for the change in phase classification from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Crisis) in Aweil Center and Aweil West counties. Between April to July 2024, an estimated 59% of the state's population is likely to be in Crisis (IPC Phase 3) or worse acute food insecurity, with an estimated 40,000 people in Catastrophe (IPC Phase 5) acute food insecurity.

SUMMARY OF KEY DRIVERS OF ACUTE MALNUTRITION

Key drivers of acute malnutrition include high prevalence of diseases with 55.2% of children reported to have been ill two weeks prior to the assessment. The childhood diseases recorded include Diarrhea, Malaria/fever, and coughing. These diseases are among the most common and potentially fatal diseases among children and cause rapid deterioration in the health of the affected children. Poor sanitation conditions are likely contributing to the high prevalence of illness, with open defecation reported by as high as 50% of households in 56 counties.

Inadequate feeding practices of infant and young children is another major contributing factor. All Infant and Young Child Feeding (IYCF) indicators remain suboptimal. At national level, Minimum Acceptable Diet (MAD) was 4.7%, Minimum Dietary Diversity (21%), and Minimum Meal Frequencies (25.2%). Only 4.6% of children 6-23 months are receiving the required food quality at the required frequency.

Elevated levels of food insecurity (Crisis (IPC Phase 3) or worse acute food insecurity) in most counties also contributes to acute malnutrition. In the current analysis period of September to November 2023, an estimated 5.83 million people (46% of the population) are facing Crisis (IPC Phase 3) or worse acute food insecurity, of which 35,000 people are in Catastrophe (IPC Phase 5) acute food insecurity, and 1.65 million people are facing Emergency (IPC Phase 4) acute food insecurity.

In addition to the immediate drivers at individual level, limited access to health services remains a key driver. There was a significant cut on the health budget that supported the provision of primary health care. Health Pooled Fund was slashed by 24% resulting in a reduction of critical health support in at least 220 facilities across the country. Funding for key nutrition serves like BSFP remains limited, thus restricting support to areas with extreme needs only.

Some of the basic causes/drivers are the unprecedented changes in the environment, some of which are driven by the effects of climate change. In some locations, flooding has continued to be an aggravating factor for two years including Unity and Jonglei states. In locations with flooding and conflict (Jonglei, Upper Nile, and Unity states), coverage of health services remains low, access to humanitarian support remains limited, and delivery of humanitarian support is costly.

These multiple factors, coupled with conflict/insecurity that is leading to displacements and targeting of humanitarian actors is hampering the delivery of live saving programmes and is expected to lead to further deterioration of the nutrition situation if urgent and adequate support is not provided on time.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Based on the convergence of the above indicators and the contributing factors below, Mvolo, Nagero, Mundi East and Kajo keji are classified in Phase 3 of Acute Food Insecurity. The below average rainfall and dry spells have affected crop production. The arrival of the armed livestock keepers caused insecurity and displacement which further affected the harvest mainly in Western Equatoria Counties. Much as the harvests are below average, most households will heavily depend on the limited food stock to address high food consumption gaps.

The prices of cereal commodities are stable though high. The low production is also contributing to the already unusually high food prices driven by factors like inflation and depreciation of the South Sudan pounds. The devaluation of the local currency in addition to high fuel prices has weakened the propensity of the local households to access essential food commodities from the main markets. Hunting and fishing have slightly bridged some of the consumption gaps and reduced adoption of extreme coping mechanisms with a deficit of food gap at average of 50-63% of food needs. However, Kajo keli of Eastern Equatoria, Mundri East, Mvolo and Nagero of Western Equatoria posted a variation of two phases differences between Acute Food Insecurity (IPC Phase 3) and Acute Malnutrition (IPC Phase 1) due to the following two reasons; One, timely response from humanitarian response (Blanket Supplementary Feeding, Total Supplementary Feeding, Outpatient Therapeutic Programme and existence of stabilization centers) increased early detection of cases and active case finding of malnutrition cases which were timely referred to and treated at the health facilities. Two, coping strategies favoured the children where adults consume one meal per day as opposed to two meals amongst the children less than five years old. However, with expected scale down in humanitarian response in areas of acute malnutrition in phase 1 and phase 2 by World Food Programme in the year 2024, increased malnutrition is likely to be manifested due to reduced food ration and nutritious supplies. Therefore, the situation requires close monitoring.

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, including locations hosting returnees from Sudan and Ethiopia, 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:

- To sustain the marginal improvements in the food security situation, it is important to continue investing in peace, infrastructure, climate change mitigation and adaptation strategies, food systems resilience, and scale up humanitarian support, among other actions.

- Action is also required for populations in Crisis (IPC Phase 3) acute food insecurity to protect their livelihoods, reduce household-level food consumption gaps, and prevent them from falling into Emergency (IPC Phase 4) or worse acute food insecurity. For populations in Minimal (IPC Phase 1) and Stressed (IPC Phase 2) acute food insecurity, there is need for resilience building support and enhanced disaster risk reduction (DRR) strategies to mitigate the effects of climate change.

- Continued implementation of the peace agreement and addressing the root causes of insecurity and conflict in the affected locations across 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 support 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 through treatment and vaccination campaigns.

- Scale up and improve access to basic services, including WASH and health service delivery throughout the year, including emergency nutrition support (in kind, cash, vouchers etc.), especially during the lean season when waterborne disease incidences and acute malnutrition prevalence increase.

- Close monitoring of counties (Duk and Nyirol of Jonglei State, Pibor County of Greater Pibor Administrative Area, Rubkona County of Unity State, Aweil East County of Northern Bahr el Ghazal State, and Returnees from Sudan and Ethiopia) where some of the population is facing or is likely to face Catastrophe (IPC Phase 5) acute food insecurity.

Nutrition

It is imperative to ensure that existing prevention and treatment programs are sustained. Prevention and treatment program coverage is to be prioritized in counties where acute malnutrition is at Critical and Extremely Critical levels.

Major driving factors of acute malnutrition need to be given priority while continuing to provide treatment services for children with acute malnutrition. The prevention efforts should focus on childcare practices including improving the quality of food consumed by children, improved access to safe water and sanitation services, prevention, and treatment of childhood illnesses.

It is recommended to establish robust surveillance systems in counties with IPC AMN Phase 4 (Critical) and where the second projection shows potential risk of IPC AMN Phase 5 (Extremely Critical) in Rubkona County of Unity State. This should be coupled with analysis of the impact of reduced funding for nutrition program, and closely monitoring the impact of the Sudan Crisis on the already overstretched health and nutrition funding in the country.

The highest number of counties in IPC AMN Phase 4 (Critical) are from the Greater Upper Nile region, followed by the greater Bahr el-Ghazal state. It is recommended that for these counties, resource mobilization efforts are heightened to effectively support malnutrition prevention and treatment program.

Some of the recommendation include:

- Provide prevention and treatment of acute malnutrition services in counties classified in IPC AMN Phase 3 (Serious) and above.

- Promote and scale up Maternal Infant and Young Child Nutrition at all levels. Conduct surveillance in counties where the nutrition situation is critical, projected to deteriorate and projected to be in IPC AMN Phase 5 (Extremely Critical) in the second projection period.

- Improve FSNMS survey design and explore alternative survey design methods to improve quality of nutrition survey data.

- Situation Monitoring and update:

- Close monitoring of the nutrition situation in Rubkona County of Unity State where the IPC AMN classification is expected to deteriorate to Phase 5 (Extremely Critical) during the second projection period.

Risk Factors to Monitor:

- Monitor diseases particularly diarrhea and malaria, food consumption, and access to improved water and sanitation services.

- Monitor conflict that negatively affects demand for health services and access to market

Humanitarian support and social protection:

The nutrition program, prevention and treatment of acute malnutrition in South Sudan heavily relies on donor funding to procure and deliver supplies, deploy nutrition staff to provide the services. This has contributed to saving life of children and pregnant and lactating women. In 2023 there was a funding gap of 40% and in 2024, a further reduction by 50% of funding is expected. Moreover, the Sudan crisis resulted in 30% increase in nutrition needs. This is likely to increase vulnerability to and severity of acute malnutrition.

PROCESS AND METHODOLOGY

Food Security Analysis: The October 2023 IPC for Acute Food Insecurity (IPC AFI) was conducted physically from 25 September to 07 October 2023 and was attended by a multi-agency and multi-sectoral group of about 130 participants. Before the IPC analysis commenced, an IPC refresher training was held for all participants on 25 September 2023. 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, with some members of the IPC Steering Committee attending as observers. The vetting sessions were moderated by a locally recruited consultant while technical support was provided by experts from the IPC's Global Support Unit and the Regional Support Unit. The primary source of data was from the 29th round of the Food Security and Nutrition Monitoring System (FSNMS) survey conducted between July and August 2023, with additional data from field assessment reports by 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 effects of humanitarian food assistance (HFA). The level of confidence of the analysis is medium (**).

Nutrition Analysis: IPC Acute Malnutrition (IPC AMN) analysis was conducted by a team of experts and analysts on nutrition, health, food security, WASH and statistics from South Sudan with the support of the Regional and Global IPC support units carried a two-day refresher training was conducted with participation from all analysts, and with support from GSU prior to the analysis. Government staff (from National and State level), NGOs and UN participated in the IPC AMN analysis. The analysis was conducted from 25 September 2023 to 07 October 2023. The primary source of data was from the 29th round of the Food Security and Nutrition Monitoring System (FSNMS) survey and County Based SMART surveys conducted between July and August 2023.

LIMITATIONS OF THE ANALYSIS

Food Security Analysis: Floods, poor roads, and insecurity delayed data collection for the FSNMS Round 29 in some locations. However, all data was collected within the expected time period (i.e. July - August). To support a dedicated analysis for newly arrive returnee populations from the Sudan Conflict, a purposive sample of 295 returnee households was added as a supplement to the FSNMS Round 29. Data was collected among newly arrived returnees in transit centers, informal settlements, and final destination in locations expected to have large populations of returnees including Abyei Administrative Area, Aweil East, Gogrial West, Leer, Malakal, Pariang, Renk, Rubkona, and Twic. Identification and selection of sample clusters was determined through key informant interviews with relevant UN, INGO, NGO, and GoSS staff in the identified areas. For the projection analysis till July 2024, crop production data that is vital for the analysis was missing, thus forcing the teams to use past trends of crop production, the 2023 rainfall performance, and security/accessibility conditions to estimate next year's production levels.

Nutrition Analysis: Most of the counties were classified based on data that scored a reliability of one. Since at County level the clusters were not adequate for a minimum recommended 25 clusters, several counties were grouped into domains (based on similar livelihood characteristics). This was also the case for most of the contributing factors that supported decisions on classification.

Estimating effect of HFA: Sudan IPC Technical Working Group used the food assistance data provided by the Food Security Cluster (FSC) which provided the total number of beneficiaries and the quantity (tonnes) of HFA delivered. Information from FSC partners revealed that a full ration comprises 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 as per the IPC mapping protocols. In determining the unmet needs i.e., the population in need of humanitarian food assistance 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

Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; **or** • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; **or** • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

IPC Analysis Partners:

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

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

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

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

Contact for further Information

ANNEX 1 – RISK OF FAMINE (ROF) ANALYSIS FOR PIBOR AND RUBKONA COUNTIES

IPC risk of Famine (RoF) analysis is typically conducted for areas where the severity of food insecurity is very high, and some populations are allocated to IPC Phase 5 in the projection period(s) based on the most likely scenario. RoF analysis can also be done in situations where, even in absence of populations in Phase 5 in normal projection analysis, there is a credible threat of the situation worsening to Famine levels in the projection period.

RoF analysis was conducted for two analysis areas, Rubkona and Pibor, due to a severe food insecurity situation and presence of some populations in Phase 5 in the projection periods. The key findings of the analyses are detailed below.

Pibor: the outcome evidence collected through the FSNMS+ showed a very severe situation, with 29% of households reporting Phase 5 level food deprivation (Household Hunger Scale), 93% of households having poor food consumption and 89% of households reporting the use of emergency coping strategies. The data was collected in the peak of the lean season, compounded by absence of assistance for several months due to looting and burning of WFP storage facilities. Based on historical evidence, GAM was estimated to be 21.6%. No survey data on mortality was available, but there were no reports of unusual mortality patterns in Pibor. The RoF analysis focused especially on the western payams of Pibor that are typically most vulnerable to high levels of food insecurity, also due to intermittent conflict affecting the areas. The RoF analysis assessed the potential impacts of increased conflict, as well as delays and cuts in expected assistance in the projection periods. It was concluded that even with increased conflict and potential delays in assistance these areas are not likely to experience Famine, given that the GAM rate was not close to Famine threshold in the peak of the lean season, and absence of elevated mortality during this period, even when no food assistance was available. A plan for an in-depth field visit to Pibor is under development by FAO and WFP, to assess the coping mechanisms and capacity of households in western payams that are frequently affected by severe shocks leading to high food insecurity.

Rubkona: the country has been affected by multiple shocks in recent years, including conflict-induced displacement and intense flooding over the last years. Due to flooding five payams out of eight are still under water, and the remaining payams are surrounded by flood waters. Flooding led to more displacement, and almost the entire population in Rubkona identifies itself as displaced. Livelihood options are very limited, with only 17% of households having access to land and 7% owning some livestock. Moreover, due to the conflict in Sudan the border between the two countries is closed. Food is no longer transported from Sudan to Rubkona, leaving as the only other viable route for food transports the route from Juba to Rubkona. This has led to very high food inflation, reaching 251% in the period from April to September. Returnees from Sudan are putting pressure on the health facilities in Rubkona, which have already run out of stocks in presence of disease epidemics (e.g. malaria and measles). The latest GAM rate is 28.1%, and GAM is expected to cross the IPC Phase 5 cut-offs at latest in the second projection period. As per WHO tracking, mortality of children under 5 was approximately six times higher than usual in July. The population is highly dependent on assistance, but as per WFP planning at the time of the analysis, no assistance was expected to be provided in Rubkona between September 2023 and January 2024. Begging was reportedly already taking place in the Rubkona PoC in early October. Given the severity of the existing situation and expected absence of assistance until February 2024, it was concluded that there is a risk of Famine in the first projection period (Dec 2023 – Mar 2024), and with potential cuts and delays in assistance over the projection periods, there is also a risk of Famine in the second projection period (Apr-Jul 2024). After the RoF analysis was conducted, WFP planning was revised so that instead of no assistance reaching Rubkona between Sept and Jan, assistance will resume, and ration size will be increased from 50% to 70%. Due to this change, there is no longer a risk of Famine in Rubkona in the projection periods as very large food gaps are unlikely to materialize. However, in order to address the extremely high malnutrition and elevated mortality affected by disease epidemics, it is imperative that the nutrition and health facilities are also restocked with the needed supplies.