



INTEGRATED FOOD SECURITY PHASE CLASSIFICATION THE REPUBLIC OF SOUTH SUDAN

DECEMBER 2015 UPDATE – COMMUNICATION SUMMARY

An estimated **2.8 million people (IPC Phases 3, 4 and 5¹)** or **23% of the population** will face **acute food and nutrition insecurity** between January and March 2016. The bulk of this acutely food insecure population (57 per cent) is located in the Greater Upper Nile states of Unity, Jonglei and Upper Nile. Unity State remains the most affected because of continued fighting that has displaced large populations and disrupted their livelihoods. This population has lost its livestock through looting and the sustained insecurity has limited their access to humanitarian assistance, further exacerbating the food insecurity situation. Based on the reconnaissance mission conducted in November 2015 by the IPC TWG, there is overwhelming evidence of a humanitarian emergency in Mayendit, Koch, Leer and Guit counties, where displaced communities are destitute and surviving using severe coping strategies such as water lilies. While it was not possible to conclude the presence of famine due to lack of access to some of the locations due to ongoing fighting at that time, the situation is likely to deteriorate further during the January to March 2016 period as the food sources would become scarce as water bodies where water lilies and fish are collected from dry up. As a result, the IPC TWG has estimated **that 40,000 people are likely to be facing Catastrophe** between January and March and are in need of urgent food and other humanitarian assistance to avoid any further deterioration and escalation.

An additional 200,000 people have moved from *Stressed* to *Crisis* classification in Northern Bahr El Ghazal (NBeG), Warrap and Eastern Equatoria states. The food security crisis in these states is caused by disrupted trade – also due to localized insecurity - and reduced crop harvests, which is contrary to what was forecasted during the September 2015 analysis. The primary reason for the deterioration is the prolonged dry spell, which was projected to cease by the end of September. Localized insecurity also affected agricultural activities, a main source of income in the Equatoria region, during the production season.

Market functionality throughout the country has been affected mainly due to the depreciation of the local currency, and most traders are not restocking resulting in scarcity of commodities with high prices. Recent trader surveys done between October and December show that, in Juba for example, many traders are going out of business as cereal prices hit record high prices (in December 2015, 3.5kg Sorghum sold at 100 SSP, compared to 9 SSP in December 2014). The recent change in local currency exchange rate policy warrants close monitoring with regard to its impact on food trade, markets and consumption.

Analysis of humanitarian food assistance, shows that less than one fifth of the total population in the counties is receiving lifesaving food, and based on IPC cutoff criteria this is insufficient impact to upgrade the food security classification in most counties, apart from a few counties in Jonglei state. Moreover, in the other states where some humanitarian assistance has taken place, it has not been consistent due to insecurity limiting its impact on the livelihoods and food consumption of vulnerable households.

¹ Integrated Food Security Phase Classification, or IPC, describes acute food insecurity at the household and area level. At the **household level**, *Catastrophe* (IPC Phase 5) is described as: “*Even with any humanitarian assistance, household group has an extreme lack of food and/or other basic needs even with full employment of coping strategies.*” Famine (IPC Phase 5) applies to the **area level** and is declared when more than 20 percent of households are classified in *Catastrophe*, the prevalence of GAM exceeds 30 percent, and the Crude Death Rate exceeds 2/10,000/day.

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Generally the nutrition situation remains *Very Critical*² particularly in Unity and *Critical* in Upper Nile, Jonglei, Warrap, NBeG and some parts of Eastern Equatoria states where the prevalence of Global Acute Malnutrition (GAM) is above *Emergency* thresholds (GAM >15%). In Eastern Equatoria the nutrition situation deterioration was recorded in Lopa-Lafon and Budi counties. The high levels of malnutrition are attributed to inadequate food consumption, morbidity (e.g. Malaria in Bentiu PoC), sub-optimal feeding practices, poor health and nutrition services, poor hygiene and sanitation environment. Given the historical trends and seasonal factors, the nutrition situation between January and March – and into the forthcoming ‘lean season’ - is likely to remain *Very Critical* in Unity and *Critical* in most parts of Greater Upper Nile, NBeG, and Warrap.

Despite the limited information from Unity state, data from Bentiu Protection of Civilian (PoC) site and Mayom showed GAM prevalence rates of 34.1% and 30% respectively. Abienmhom, Pariang, Panyijiar and Southern Mayendit also showed a *Critical* nutrition situation with GAM at 26.5%, 23.4%, 24.2% and 16.1% respectively. Disaggregated data from Bentiu PoC also showed that children from new arrival households were significantly more likely to suffer from Acute malnutrition than from households who had been in the camp longer. The prevalence of GAM according to weight-for-height z-scores was 47.2% among children from households who had arrived in the camp during the last three months compared to only 29.3% GAM for children whose families had been in the camp for more than three months. This is a significant statistical difference. In addition, children from these new arrival households were roughly 1.3 times more likely to be acutely malnourished as compared to older households. Although it was not possible to confidently establish when and where the Acute malnutrition had started, the possibility of Acute malnutrition to have started at the point of origin could not be ruled out. Most of the new arrivals originated from counties within Central and Southern Unity.

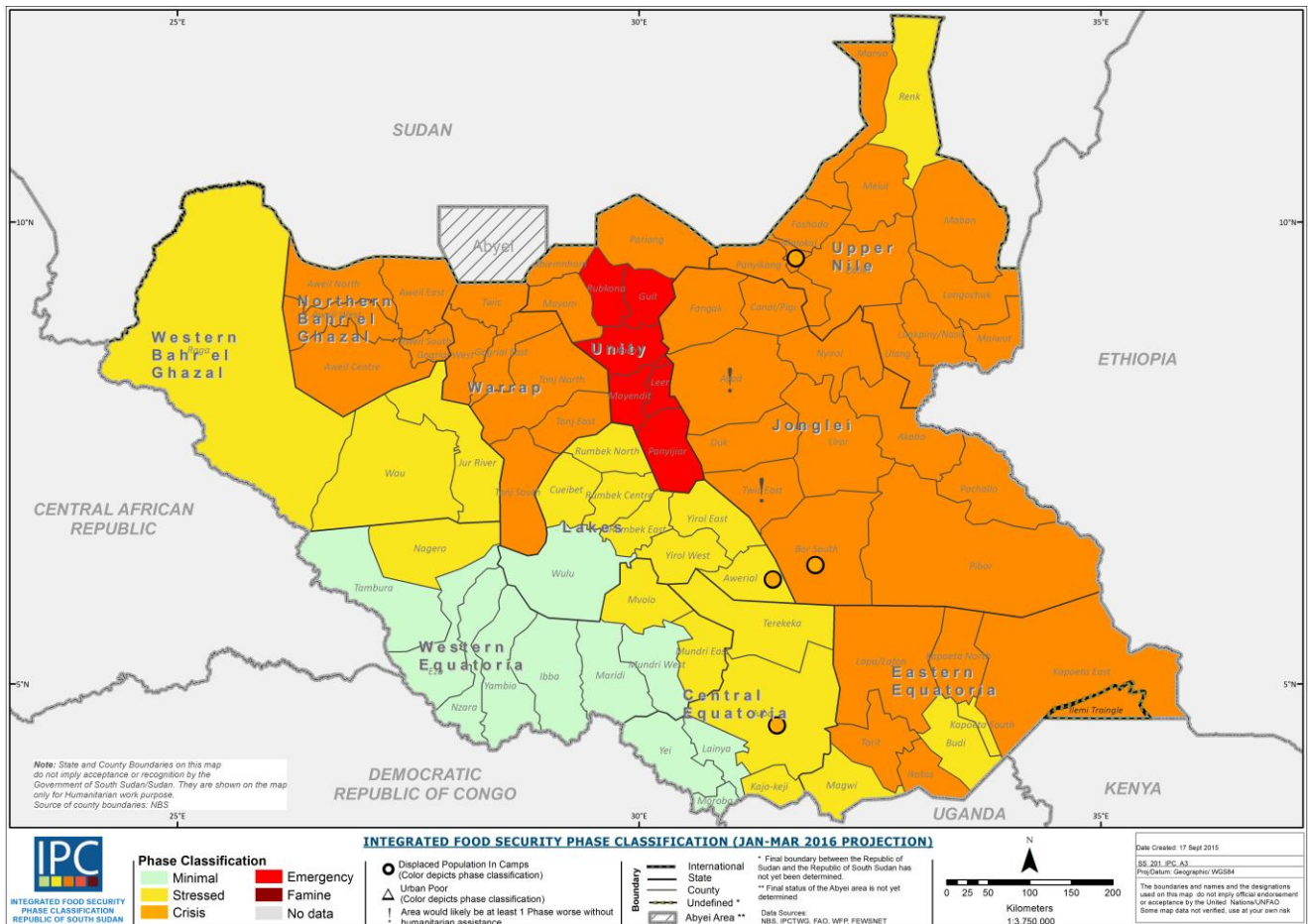
In Unity state elevated Crude Death Rates (CDR) were observed in Panyijiar, Mayendit, Pariang, Mayom and Bentiu PoC between April and December 2015. However, although most of the counties surpassed the *Emergency* threshold for CDR of 1-2 deaths/10,000/per day and Under Five Death Rate (U5DR) of 2-4 deaths /10,000/per day, most of the deaths were actually as a result of non-food security related causes. While in Panyijiar and Mayendit counties the *Famine* threshold for CDR (>2/10,000/per day) was exceeded, nearly all the deaths (92%) were caused by non-food security related causes such as diarrhea, violence, fever and coughing/breathing problems. In Mayendit over 90% of the deaths were due to violence and only 7.8% was due to illness.

This IPC update shows that there is an overall increase in number of people in need of urgent humanitarian assistance, in a period where the country historically should be the most food secure. Not only in Unity State but also in Northern Bahr El Ghazal and Warrap states have shown deterioration, which encompass at least one fifth of the population projected to be in need of humanitarian assistance.

The humanitarian community is called upon to provide adequate funding to allow sufficient humanitarian assistance to be rolled out in all the areas with IPC Phase 3-5, while all sides involved in the current conflict are called upon to comply with the ceasefire agreement and the Compromised Peace Agreement currently in order to allow the much needed lifesaving humanitarian assistance to reach all the worst affected locations in the country and reverse the current tide of food insecurity across the country.

² Nutrition IPC classification has five categories as follows: Acceptable (GAM=less than 5%), Alert (GAM=5.0-9.9%), Serious (GAM=10.0-14.9%), Critical (GAM=15.0-29.9%) and Very Critical (GAM=30% and above)

UPDATED IPC CLASSIFICATION FOR SOUTH SUDAN FOR JANUARY – MARCH 2016



Note: State and County boundaries on this map do not imply acceptance or recognition by the Government of South Sudan and partners. They are shown on the map only for humanitarian work purposes. Source: NBS

This document updates the IPC projections made in September 2015, available here:

<http://www.ipcinfo.org/ipcinfo-detail-forms/ipcinfo-resource-detail0/en/c/379476/>

For any comments or questions on this IPC update, please contact the Chairperson of the IPC Technical Working Group, John Pangech at jo.pangech@yahoo.co.uk, or Mr Phillip Dau, Deputy Chair from NBS at dabekdit@yahoo.com or FAO Project Implementation Consultant, Sarah Wright at sarah.wright@fao.org

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POPULATION DISTRIBUTION FOR JANUARY - MARCH 2016

| State | Mid-2016 Population (NBS) | Minimal | Stressed | Crisis | Emergency | Famine |
|----------------------------|---------------------------------|------------------|------------------|------------------|---|----------|
| Central Equatoria | 1,581,765 | 1,325,000 | 345,000 | 115,000 | 10,000 | - |
| Eastern Equatoria | 1,142,503 | 415,000 | 450,000 | 235,000 | 40,000 | - |
| Jonglei | 1,790,579 | 425,000 | 690,000 | 410,000 | 125,000 | - |
| Lakes | 1,094,426 | 640,000 | 325,000 | 210,000 | - | - |
| Northern Bahr el Ghazal | 1,393,547 | 450,000 | 665,000 | 280,000 | - | - |
| Unity | 1,030,081 | 85,000 | 275,000 | 350,000 | 220,000 (40,000* individuals in Catastrophe(IPC Level5) | - |
| Upper Nile | 1,236,597 | 305,000 | 465,000 | 455,000 | 60,000 | - |
| Warrap | 1,299,058 | 410,000 | 625,000 | 260,000 | - | - |
| Western Bahr el Ghazal | 536,115 | 270,000 | 200,000 | 65,000 | - | - |
| Western Equatoria | 798,416 | 705,000 | 95,000 | - | - | - |
| Total | 11,903,088 | 5,070,000 | 4,135,000 | 2,380,000 | 455,000 | - |

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