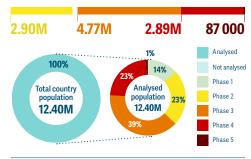
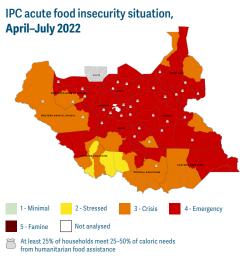
# South Sudan

# **ACUTE FOOD INSECURITY PEAK 2022 7.74M** people or **63%** of the analysed population in IPC Phase 3 or above, **April-July 2022**





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Source: South Sudan IPC TWG, April 2022.

### Food crisis overview



At 7.74 million people, representing some 63 percent of the country's total population, the number of people in Crisis or worse

(IPC Phase 3 or above) reached the highest level in the seven-year history of the GRFC during the April-July 2022 lean season (IPC, April 2022). This represented over half a million additional people in these phases than during the same period in 2021 (IPC, December 2020).

The deterioration was driven by numerous interconnected shocks and stressors including a macroeconomic crisis characterized by a weak local currency and low foreign currency reserves, high food prices, livelihood and crop losses in areas affected by unusually severe floods, and the escalation of intercommunal violence (FAO, December 2022).

Two-thirds of the country's 79 counties were classified in Emergency (IPC Phase 4), and almost one-third in Crisis (IPC Phase 3). Only three counties were in Stressed (IPC Phase 2). The most food-insecure states where more than 66-79 percent of their populations were facing high levels of acute food insecurity were Jonglei, Unity, Warrap, Upper Nile and Northern Bahr el Ghazal (IPC, April 2022).

## A similar projection for 2023

This alarming situation is expected to persist at similar levels in terms of magnitude during the April-July 2023 lean season. Nevertheless, the number of counties classified in Emergency (IPC Phase 4) is expected to decrease from 52 to 47, and those in Crisis (IPC Phase 3) to increase from 23 to 29 (IPC, November 2022).

# Drivers of the crisis, 2022-23



**Economic shocks** The prolonged macroeconomic crisis is linked to the lingering impact of almost a decade of conflict, the

COVID-19 pandemic, the effects of the war in Ukraine and the continuing fallout of flooding on oil production.

### Populations in Catastrophe (IPC Phase 5)



In April-July 2022, around 87 000 people faced Catastrophe (IPC Phase 5) in the states of Jonglei and Greater Pibor

Administrative Area (67 000 people), Lakes (13 000 people) and Unity (7 000 people) -19 percent lower than during the April-July 2021 lean season. In April-July 2023, around 43 000 people are still expected to face Catastrophe (IPC Phase 5) in Akobo, Canal/Pigi and Fangak counties in Jonglei state; and in Leer and Mayendit counties in Unity state (IPC, November 2022).

Exceptionally high staple food prices, in tandem with limited economic activity, severely curtailed household purchasing power and food access in 2022.

Factors underpinning these rising food prices included insufficient domestic food supplies due to a structural deficit and below-average 2021 cereal production; low foreign currency reserves and the weak national currency; high fuel prices, with prices of diesel in December 2022 more than twice its year-earlier values in the capital Juba; and reduced imports from neighbouring Uganda, the main source of imported cereals, due to low exportable surpluses following reduced 2022 cereal production (FAO/WFP, forthcoming).

In Juba, prices of maize surged by almost 70 percent between June and September 2022, while prices of the main staple sorghum more than doubled (FAO, December 2022). In November, maize and sorghum prices were around twice their already high year-earlier values and about 100 times those of July 2015, before the currency collapse (FAO, December 2022).

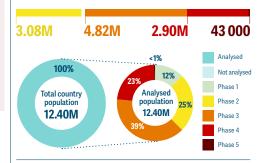


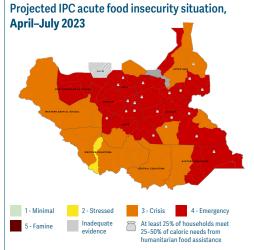
**Conflict/Insecurity** Despite the August 2022 agreement to extend the Transitional Government of National Unity through

February 2025, and an overall decrease in the number of acts of violence against civilians (ACLED, January 2023),

### **ACUTE FOOD INSECURITY PROJECTION 2023**

**### 7.76M** people or **63%** of the analysed population in IPC Phase 3 or above, **April-July 2023** 





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Source: South Sudan IPC TWG, November 2022.

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### Peak numbers of people by phase of acute food insecurity, 2016-2023



In 2018, the peak of acute food insecurity was reached in September that year although 155 000 people faced IPC Phase 5 in May-July 2018. Source: IPC TWGs.

subnational conflict and attacks on civilians persisted in seven out of ten states, especially in Upper Nile, Jonglei, Unity and Warrap. Insecurity prevented people from accessing fields, livestock and income-generating activities, disrupted trade and markets, drove up food prices, and constrained humanitarian access. In 2022 alone, an estimated 257 000 people were displaced by conflict (OCHA, November 2022).

In the November 2022-May 2023 dry season, localized conflict/insecurity are expected to continue leading to displacement, depletion or loss of assets, and disruption of livelihoods, further reducing income for purchasing food and covering essential needs (IPC, November 2022).



Weather extremes In 2022, an estimated 130 000 hectares of cultivated land were damaged by floods, with an estimated loss of

65 000 tonnes of cereals (CFSAM, December 2022). Over 1 million people were reportedly affected in nine of the ten states in August to late October, mainly impacting Northern Bahr el Ghazal, Warrap and Unity (OCHA, November 2022). Atypical rainfall from October to mid-December (the start of the usual dry season), combined with elevated water levels in the Nile River and its tributaries, slowed the expected recession of the floodwaters in the Sudd Wetland and White Nile River Basin (FEWS NET, December 2022).

# **Acute food insecurity since 2016**

Since the first edition of the GRFC in 2017, South Sudan has consistently ranked among the worst eight food crises in terms of numbers of people in Crisis or worse (IPC Phase 3 or above). Each year since 2017, at least half of its population has faced IPC Phase 3 or above during the April-July lean period, reaching over 60 percent in 2019, 2021 and 2022.

For seven consecutive years, South Sudan has had populations in Catastrophe (IPC Phase 5), reaching the highest number (155 000) in May-July 2018 (IPC, January 2018). The severity of acute food insecurity has increased sharply since 2020 with the number of people in Emergency (IPC Phase 4) rising by 38 percent between 2020 and 2021, and by another 20 percent between 2021 and 2022.

This protracted and worsening food crisis is attributable to the combined effects of recurrent shocks and underlying fragility, instability and ubiquitous poverty. Persistent annual cereal deficits, years of asset depletion and livelihood losses, and constrained access to basic services hamper households' capacities to cope with repeated shocks and erode opportunities to build resilience.

### DISPLACEMENT

## IDPs live in host communities or displacement sites



Source: UNHCR. February 2023.

IDPs Since 2014, more than 2.2 million people in South Sudan have been internally displaced by conflict and natural disasters, with

subnational and localized violence leading to the displacement of more than 300 000 people in 2022 alone. A further 2.3 million are refugees in five surrounding countries (mainly Uganda and the Sudan) (UNHCR, February 2023).

Most displaced people live in host communities, further straining limited essential services. Instability and flooding have resulted in hundreds of thousands of people living in protracted displacement in camp-like settings in overcrowded shelters that get flooded during the rainy season, increasing disease outbreaks. These poor living conditions, lack of water and sanitation services and insufficient health services sometimes spark tensions between population groups (HNO 2023, November 2022).

More than 61 percent of IDPs nationally face high levels of acute food insecurity in 2023 with the highest percentages in Western Bahr el Ghazal (69.9 percent) and Central Equatoria (67.3 percent) (IPC as reported in HNO 2023, November 2022). In camps, wasting levels exceeded WHO emergency thresholds. In interviews, IDPs indicated insufficient or no access to food for children or nutrition services in Leer, Mayendit, Malakal, Akobo, Wau and Juba counties (OCHA, January 2023). An estimated 390 000 IDP children and pregnant and lactating women are expected to suffer from acute malnutrition in 2023 (HNO 2023, November 2022).



Returnees Since 2016, 1.92 million people returned to their place of origin, 67 percent of them from within South Sudan following the

peace agreement in 2018. In 2022, nearly 126 600 South Sudanese refugees spontaneously returned, mainly from the Sudan (HNO 2023, November 2022). Returnees face severe obstacles to food security and adequate nutrition, including lack of access to livelihoods, disputes over land tenure and poor household environment.

The 2022 Inter-Sector Needs Assessment found that 63 percent did not receive any support to return or relocate and 75 percent reported food as a priority need (OCHA, January 2023).



Refugees By the end of 2022, 308 374 refugees were living in South Sudan, mainly in camps (92 percent) in Upper Nile and Unity states. The

majority are from the Sudan (92 percent) and the rest from the Democratic Republic of the Congo, Ethiopia, the Central African Republic, Eritrea and Burundi, During 2022, around 6 591 new arrival refugees were registered (UNHCR, December 2022).

Due to limited access to livelihoods, lack of agricultural opportunities and continued insecurity, refugees rely on humanitarian food assistance. In 2021, the food ration was reduced from 70 to 50 percent of the daily recommended 2 100 kilocalories (UNHCR & WFP, 2022).

The percentage of moderately and severely food-insecure refugee households has progressively increased since September 2020 to reach 79 percent by June 2022, largely attributed to the after-effects of COVID-19, an increase in market prices of food commodities and the ration cuts, as well as prolonged flooding and limited livelihood options. Around 70 percent of refugee households spent more than 65 percent of their incomes on food (WFP, June 2022).

The prevalence of child wasting was 'high' (>10 percent) in four out of eight monitored refugee sites and that of severe wasting was above 2 percent in two sites. Stunting was 'very high' or 'high' in two camps. Anaemia was a severe public health concern among children under 5 years old in five camps (SENS, 2021).

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### **NUTRITION**

# Number of children under 5 years old with wasting, July 2022-June 2023







0.74M pregnant and lactating women acutely malnourished, 2023

Source: IPC, November 2022.

Acute malnutrition was expected to deteriorate further from mid-2022 due to insufficient and poor access to health and nutrition services, high levels of disease and inadequate child-feeding practices, in tandem with persistently high acute food insecurity.

The 2021 figure of 1.3 million children with wasting had already marked the highest caseload since the start of the conflict in December 2013, according to the IPC (IPC AMN, December 2020). From July 2022 to June 2023, the number of children with wasting was estimated to reach 1.4 million, with 0.36 million of them severely wasted, based on analysis of the results of the SMART nutrition surveys (IPC AMN, November 2022).

The majority (around 61 percent) of South Sudan's wasted children are in the states of Jonglei, Upper Nile, Unity and Warrap, which also have the highest numbers and prevalence of people in Crisis or worse (IPC Phase 3 or above) phases of acute food insecurity (IPC AMN, November 2022).

From July to October 2022, 30 counties are classified in Critical (IPC AMN Phase 4) and 15 in Serious (IPC AMN Phase 3). During the post-harvest season from November 2022, rather than an improvement that would be typical

of this period, the situation was projected to worsen, with 34 counties in IPC AMN Phase 4 and 22 in IPC AMN Phase 3. During the March-June 2023 lean season - which is characterized by limited household-level food affecting individual intake and increased rains likely contributing to increased illness among children wasting levels are expected to worsen, with 77 percent of analysed counties projected to be in Serious or worse (IPC AMN Phase 3 or above). This translates to 44 counties in Critical (IPC AMN Phase 4) and 15 in Serious (IPC AMN Phase 3).

Two in three counties classified in IPC AMN Phase 4 are in Upper Nile, Jonglei and Unity (IPC, November 2022). Stunting levels in South Sudan are 'very high' with 31.3 percent of children under 5 years of age affected (Global Nutrition Report, 2021).

### **Drivers of undernutrition**

Food insecurity and lack of access to healthy diets There is a strong linkage between the severity of acute food insecurity and acute malnutrition during the lean season when households face depleted food stocks, limited access to and reduced functionality of markets because of the rainy season, high food prices, and reduced income.

Despite this, in some areas in Lakes and Western Equatoria states, low levels of disease mean that acute malnutrition may not reach more severe phases, which translates into a significantly lower projected severity of acute malnutrition than acute food insecurity (IPC AMN, November 2022).

Inadequate maternal and child-feeding practices All IYCF indicators remain suboptimal. At national level, fewer than 5 percent of children aged 6-23 months receive a Minimum Acceptable Diet, i.e. the required food quality at the required frequency (IPC AMN, November 2022).

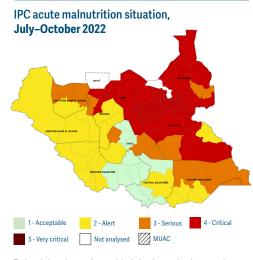
High prevalence of infectious diseases Nearly 63 percent of children reported having been ill two weeks prior to the assessment, mainly with diarrhoea, fever and cough. Existing poor sanitation conditions are likely contributing to the high incidence of illness, with open defecation reported by half of households in 56 counties (IPC AMN, November 2022). The government

declared a cholera outbreak in March 2022 (WHO, September 2022).

Disruption in health services was a critical factor in the nationwide measles outbreak that the Ministry of Health declared on 11 December. Cases had been reported in 22 counties by mid-December, raising the risk of increased acute malnutrition and mortality levels due to the interaction of hunger and disease, especially in areas with large populations in Emergency (IPC Phase 4) (FEWS NET, December 2022).

Limited access to health and nutrition services Access to health facilities is a major driver of undernutrition with only 8 percent of health facilities countrywide fully functional, while 53 percent are moderately functional (OCHA February 2022). This is a major contributing factor, especially in locations with flooding and conflict (Jonglei, Upper Nile and Unity states) where access to humanitarian support is limited and delivery is costly.

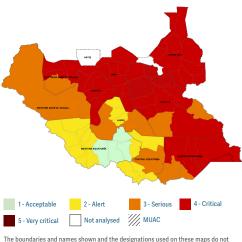
The 24 percent cut in the donor-financed Health Pooled Fund in mid-2022, which was used to support the provision of primary healthcare services, reduced critical health support in at least 220 facilities across eight out of ten states. Coupled with conflict/insecurity leading to displacement and the targeting of humanitarian actors, these multiple deprivations are hampering the delivery of life-saving programmes and are expected to lead to further deterioration if urgent and adequate support is not provided on time (IPC AMN, November 2022).



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## Projected IPC acute malnutrition situation, March-June 2023



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