

### Overview

The acute food insecurity and malnutrition situation in South Sudan is deteriorating as a result of the economic crisis, repeated climatic shocks – primarily widespread flooding – and conflict and insecurity. The inflow of returnees and refugees fleeing the conflict in Sudan is exacerbating the situation – putting additional pressure on an already fragile country.

Between September and November 2024, an estimated 6.3 million people (47 percent of the population analysed) are classified in IPC Phase 3 or above (Crisis or worse). Of this total, 1.71 million people are facing critical levels of acute food insecurity – classified as IPC Phase 4 (Emergency) and a further 41,000 people are facing catastrophic levels of acute food insecurity or IPC Phase 5 (Catastrophe). The population in Phase 5 (Catastrophe) includes 10,000 people in Malakal county (Upper Nile State) and an estimated 31,000 South Sudanese returnees who have fled Sudan because of the ongoing conflict. Compared to the same period last year, this indicates an increase of approximately 500,000 people in Phase 3 or above.

In the harvest/post-harvest projection period of December 2024 to March 2025, an estimated 6.1 million people (45 percent of the population analysed) will likely experience IPC Phase 3 or above (Crisis or worse). Of this total, 1.71 million people are projected to be in Phase 4 and 31,000 South Sudanese returnees will likely experience Phase 5 (Catastrophe).

In the second projection period of April to July 2025, the food security situation is expected to deteriorate with the arrival of the lean season. It is likely that an estimated 7.69 million people (57 percent of the population analysed) will be in Phase 3 or above. This will include 2.53 million people likely to be in Phase 4 and 63,000 people likely to be in Phase 5 (Catastrophe).

The nutrition situation has also deteriorated, with an estimated 2.1 million children aged 6-59 months suffering or expected to suffer elevated levels of acute malnutrition between July 2024 and June 2025, including 650,000 cases of Severe Acute Malnutrition (SAM). About 1.11 million pregnant or breastfeeding women (PBW) are also suffering or expected to suffer elevated levels of acute malnutrition in the same period. An estimated 67 percent of the acute malnutrition burden is concentrated in the five states of Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap.

In the current analysis period (July to September 2024), 53 counties are classified in IPC AMN Phase 3 or above (Serious or worse). During the post-harvest period of October 2024 to March 2025, the acute malnutrition situation is expected to deteriorate in 13 counties, while improvement in acute malnutrition is expected in only four counties. The AMN classification in 76 counties is projected to remain the same in the post-harvest projection period.

During the lean season (April to June 2025), the severity of acute malnutrition is expected to deteriorate in 62 counties, remain similar in 16 counties and improve in two counties. The situation in Baliet County of Upper Nile State is projected to deteriorate from Phase 4 to IPC AMN Phase 5 (Extremely Critical) because of elevated morbidity and poor access to health services.

Publication date: 18 November 2024. \*IPC population data is based on population estimates by South Sudan's National Bureau of Statistics. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

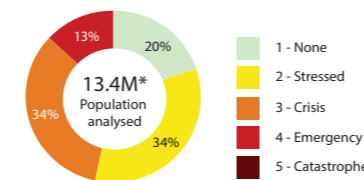


### Current Acute Food Insecurity | September - November 2024

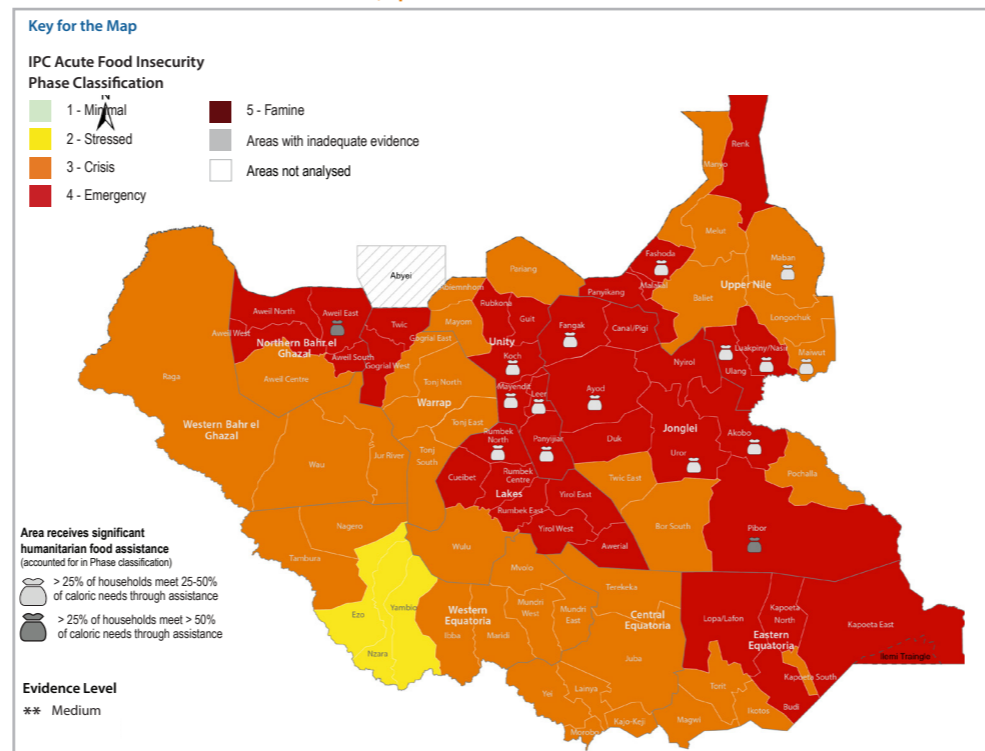


An estimated 6.3 million people in South Sudan are experiencing high levels of acute food insecurity - IPC Phase 3 or above (Crisis or worse) - between September and November 2024.

47 percent of the analysed population of 13.4 million people are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between September and November 2024.



### Current Acute Food Insecurity | September - November 2024



### Key Drivers of Acute Food Insecurity



#### Economic crisis

South Sudan's economy is experiencing a macroeconomic crisis, characterized by worsening currency depreciation, high food prices and declining household purchasing.



#### Conflict and insecurity

Forced displacement, interruptions in humanitarian aid delivery, and localized conflict and insecurity - primarily in the Greater Tonj area of Warrap, Luakpiny/Nassir County of Upper Nile, and parts of Jonglei, Lakes and Central and Western Equatoria states.



#### Climatic shocks

Floods and dry spells contribute to low agricultural production. Flooding was 10 percent higher in 2024 compared to 2023 and the floods not only displaced people but also disrupted delivery of humanitarian support, and contributed to low access to health services in the face of increased disease burden, driven by poor sanitation practices, thus increasing the risk of acute malnutrition.



#### Low agricultural production

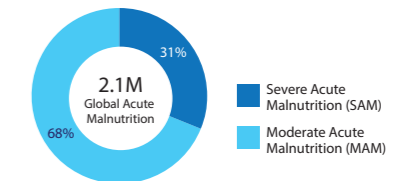
Unpredictable and extreme weather patterns, poor access to quality seeds and use of traditional farming methods negatively impacted agricultural production, resulting in increased humanitarian food assistance needs.



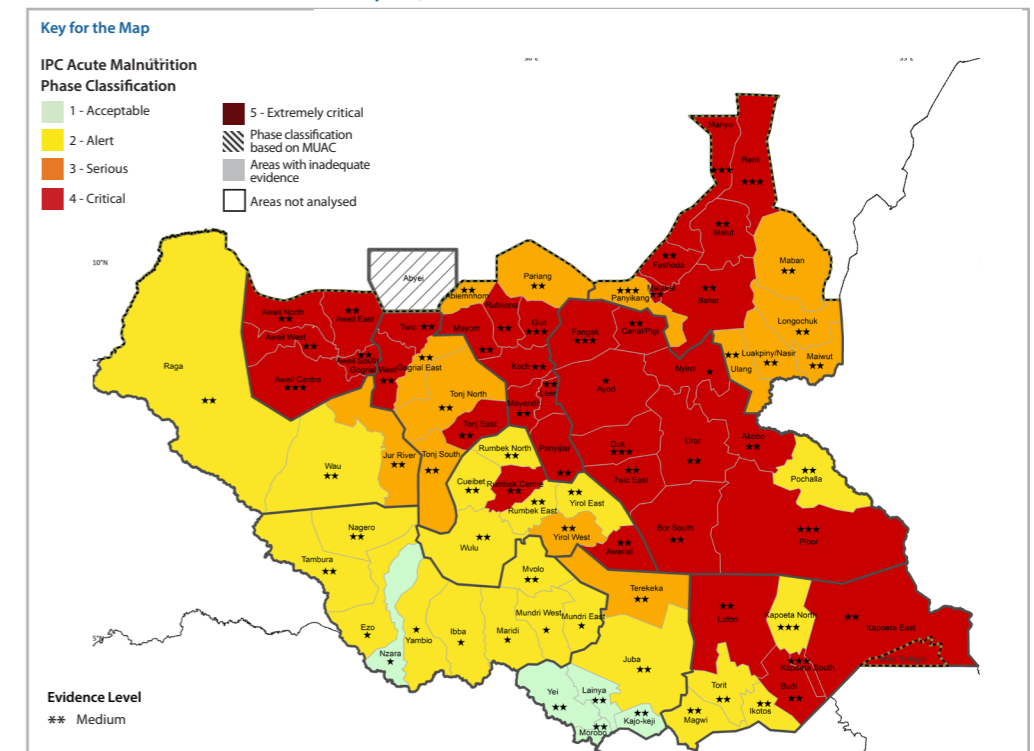
### Acute Malnutrition | July 2024 - June 2025



About 2.1 million children aged 6-59 months in South Sudan will likely suffer from acute malnutrition through June 2025 and will need treatment. About 1.11 million pregnant or breastfeeding women (PBW) will likely suffer acute malnutrition in the same period.



### Current Acute Malnutrition | July - September 2024



### Contributing Factors for Acute Malnutrition



#### Poor childcare feeding practices

At the national level, Minimum Dietary Diversity was reported at 16.5 percent, and Minimum Meal Frequency at 7.5 percent.



#### High disease burden

One out of every two children nationally reported illness in two weeks preceding the nation-wide food security and nutrition assessment (FSNMS Round 30) - with 18.3 percent affected by diarrhea, 20.3 percent by acute respiratory infection and 38 percent by fever/malaria.



#### Limited access to sanitation facilities

74 percent of households at national level practice open defecation that is more detrimental in the flood affected areas and increases environmental contamination, disease and acute malnutrition.

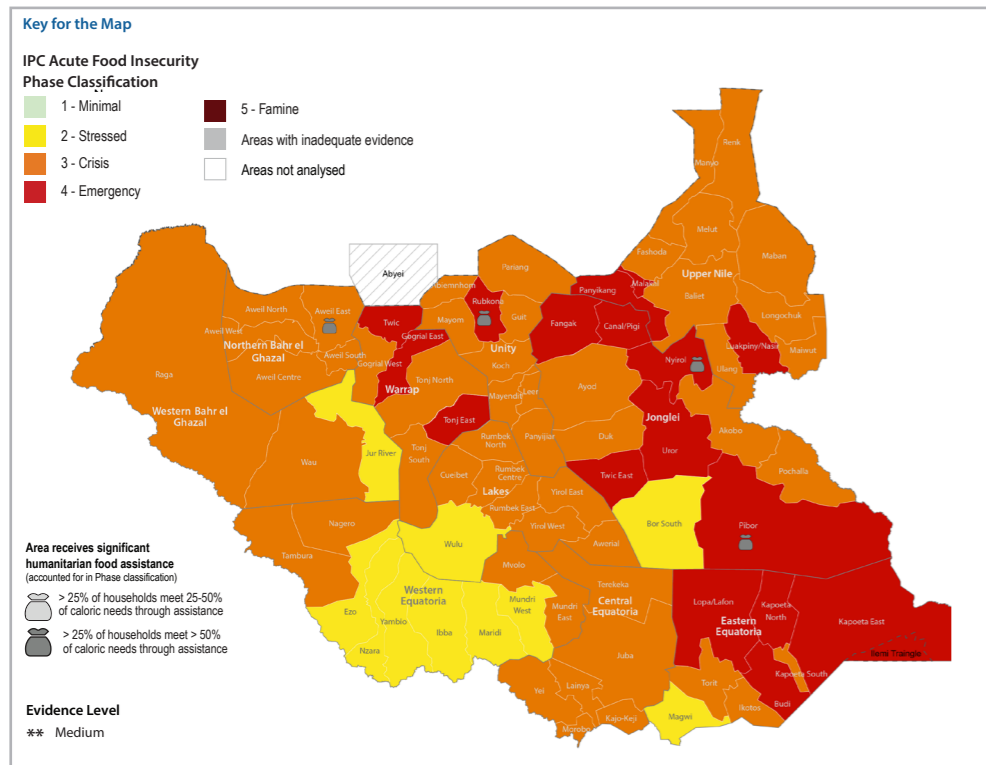


#### Low program coverage

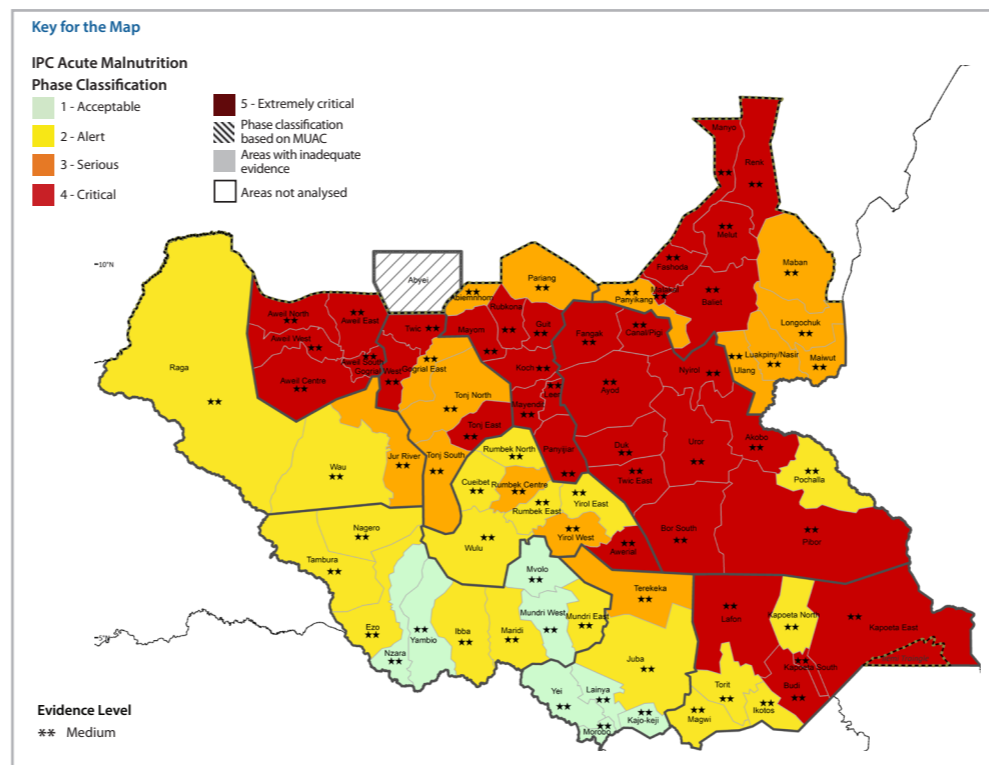
Reduced or absence of nutrition interventions for moderately acutely malnourished (MAM) children contributes to increased incidences of those cases sliding into severe acute malnutrition (SAM).



### First Projection Acute Food Insecurity | December 2024 - March 2025



### First Projection Acute Malnutrition | October 2024 - March 2025



### Recommended Actions



#### Lifesaving humanitarian response

Humanitarian food and livelihood assistance must be scaled up immediately to save lives and prevent a total collapse of livelihoods in locations where populations were classified in IPC Phase 5 (Catastrophe) and IPC Phase 4 (Emergency) acute food insecurity.



#### Promote de-escalation of violence and facilitate response

Continue implementing the peace agreement and addressing the root causes of insecurity and conflict in the affected locations across the country, while stepping up efforts to advocate for peaceful co-existence.



#### Livelihood support

Scale up livelihood support such as provision of seeds and tools (farm inputs) to support agricultural production and return it back to surplus levels to reduce dependence on food imports and increase self-sufficiency. Farmers need to be supported to adapt to climate-induced environmental changes by training them on climate-smart agricultural practices and distributing climate-adapted (flood/drought resistant) crop varieties.

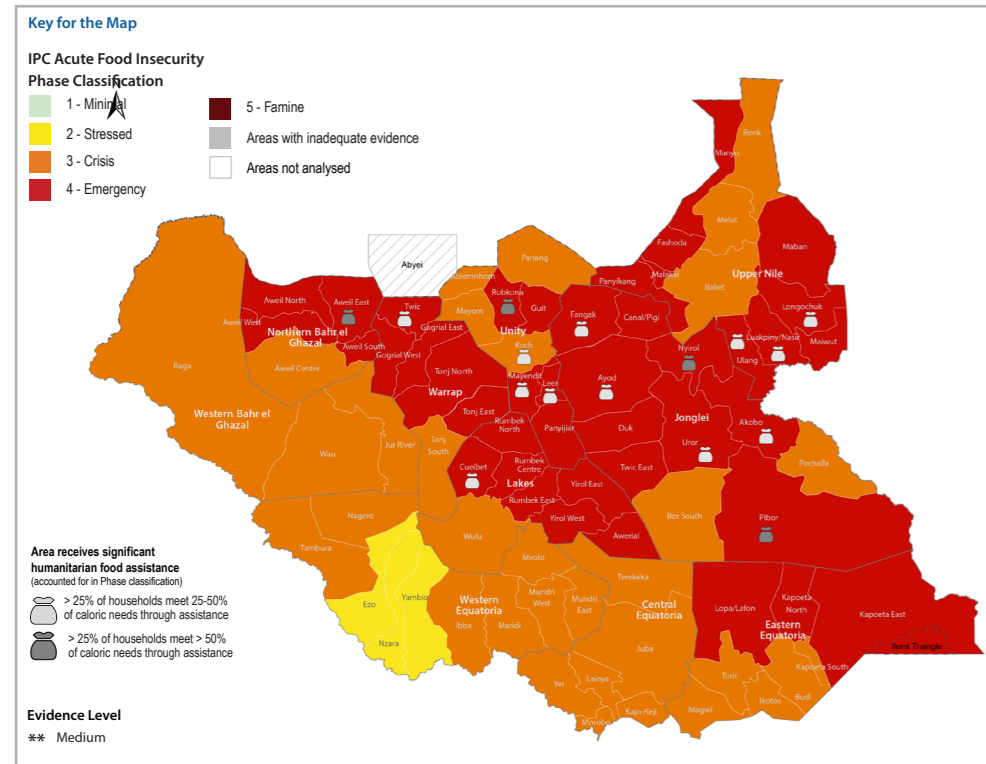


#### Scale up nutrition interventions

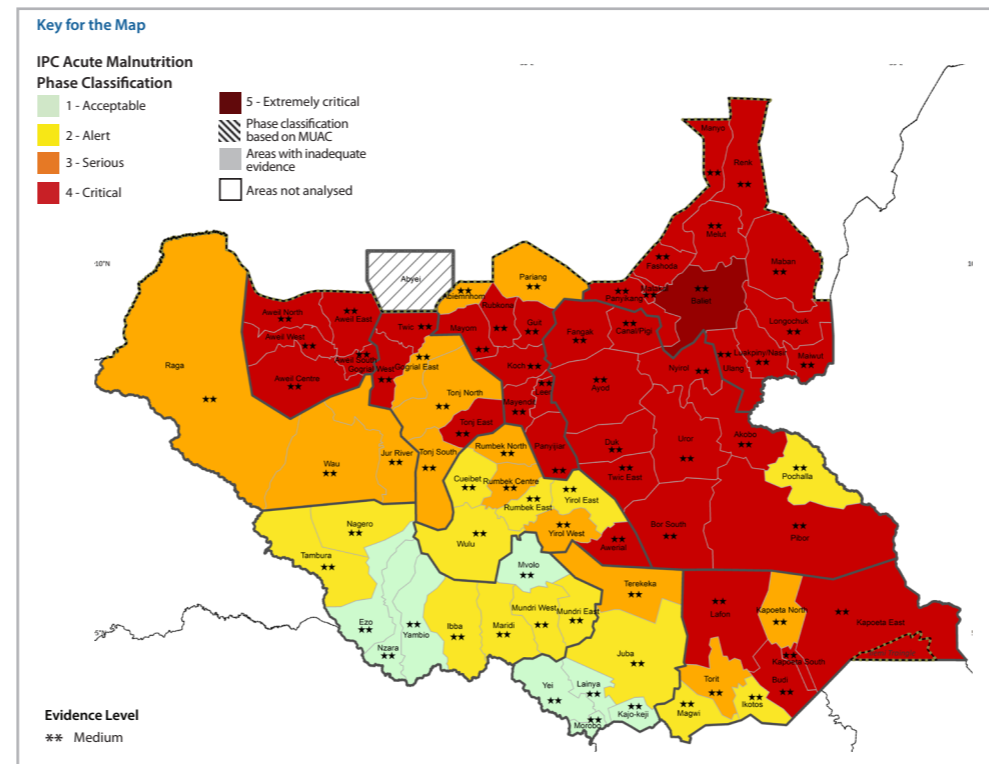
Ensure that existing prevention and treatment programs are continued. Prevention efforts should focus on addressing the major driving factors of acute malnutrition including improving the quality of diet consumed by children, improved access to safe water and sanitation services, prevention, and treatment of childhood illnesses.



### Second Projection Acute Food Insecurity | April - July 2025



### Second Projection Acute Malnutrition | April - June 2025



### 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; <b>or</b> • 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; <b>or</b> • 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 are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident.  (For Famine classification, an 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.