

MULTI-PARTNER REAL TIME QUALITY REVIEW AND FAMINE REVIEW OF THE SOUTH SUDAN IPC ACUTE FOOD INSECURITY ANALYSIS

SUMMARY REPORT

SOUTH SUDAN: ANALYSES SHOW POPULATIONS IN SIX COUNTIES FACING 'FAMINE LIKELY' OR 'CATASTROPHE' CONDITIONS

1. OVERVIEW OF THE PROCESS

The IPC Acute Food Insecurity analysis was conducted in South Sudan from October 26th to November 16th, 2020. During the vetting session of the analysis, a breakdown in consensus among the country IPC Technical Working Group members emerged in relation to the estimation of populations in IPC Phase 5 in six counties, namely: Akobo and Pibor (Jonglei State), Aweil South (Northern Bahr el Gahzal State) and Tonj East, Tonj North and Tonj South (Warrap State).

In line with IPC protocols, on November 17th, 2020, the South Sudan IPC Technical Working Group partners requested the IPC Global Support Unit to conduct a Real Time Quality Review (RTQR) to assess the presence of populations in IPC Phase 5 (Catastrophe) in the IPC Acute Food Insecurity analysis regarding the six counties for which consensus had not been reached. The IPC Global Support unit, thus, organized and coordinated the review, which was undertaken by a team of nine IPC experts from IPC global partner organizations who reviewed the analysis conducted by the South Sudan analysis team along with the evidence available.

During this process, the quality review team found that Pibor county presented a very concerning situation, with some indicators surpassing the IPC Phase 5 (Famine) thresholds. Therefore, the team recommended to the IPC Global Support Unit that a Famine Review be

undertaken for this county. This resulted in the activation of the Famine Review Committee (FRC) on November 19th, 2020, in accordance with the IPC Famine Guidance Note . Meanwhile, the quality review team pursued the review of the five other areas, namely Akobo, Aweil South, Tonj East, Tonj North and Tonj South.

The Famine Review Committee, composed of five independent international food security and nutrition experts, conducted the review of Pibor county from November 20th to December 2nd. The Famine Review Committee used the analysis and all evidence used by the South Sudan IPC Food Security and Acute Malnutrition Technical Working Groups as well as other relevant data and information made available during the review.

On December 2nd, the results of the Real Time Quality Review and the Famine Review were presented to the South Sudan IPC Technical Working Group and the final reports were subsequently shared for consideration and incorporation in the IPC analysis report at country level. These reports are available here: [Real Time Quality Review](#) and [Famine Review](#). Please find below a synthesis of the conclusions of the Real Time Quality Review and Famine Review as well as recommendations from the Famine Review Committee.

1 IPC Famine Guidance Note, http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf



2. KEY CONCLUSIONS FROM THE REAL TIME QUALITY REVIEW

The table below provides a summary of the conclusions of the Quality Review team regarding the classification of populations in IPC Phase 5 (Catastrophe) in five counties of South Sudan.

Area	Estimated population in IPC Phase 5 (Catastrophe)		
	Current (Oct-Nov 2020)	1st Projection (Dec 2020 - March 2021)	2nd Projection (April - July 2020)
Akobo	5% in IPC Phase 5	5% in IPC Phase 5	5% in IPC Phase 5
Aweil South	5% in IPC Phase 5	10% in IPC Phase 5	10% in IPC Phase 5
Tonj East	5% in IPC Phase 5	5% in IPC Phase 5	10% in IPC Phase 5
Tonj North	10% in IPC Phase 5	10% in IPC Phase 5	10% in IPC Phase 5
Tonj South	5% in IPC Phase 5	10% in IPC Phase 5	5% in IPC Phase 5

3. KEY CONCLUSIONS FROM THE FAMINE REVIEW

The table below provides a summary of the conclusions of the Famine Review Committee regarding the IPC classification of **Pibor county**.

Area	Period	Classification done by the IPC TWG	Classification done by the FRC
Pibor County, Jonglei State	October 2020 – November 2020	IPC Phase 4 (Emergency) – Acute Food Insecurity	Gumuruk, Pibor, Lekuangole, Verteth payams: IPC Phase 5 (Famine Likely)
		IPC Phase 4 (Emergency) – Acute Malnutrition	Kizongora, Boma, Maruwa, and Mewun payams: Essential pieces of evidence are missing to be able to make a Famine classification. These areas are 'unclassified' by the FRC.
	December 2020 – July 2021	(December 2020 – March 2021) IPC Phase 4 (Emergency) – Acute Food Insecurity IPC Phase 4 (Emergency) – Acute Malnutrition	December 2020 - July 2021 Gumuruk, Pibor, Lekuangole, Verteth payams: IPC Phase 5 (Famine Likely) Kizongora, Boma, Maruwa, and Mewun payams: Essential pieces of evidence are missing to be able to make a Famine classification. These areas are 'unclassified' by the FRC.
		(April 2021 – July 2021) IPC Phase 4 (Emergency) – Acute Food Insecurity IPC Phase 4 (Emergency) – Acute Malnutrition	Kizongora and Maruwa, payams: The FRC concludes that these areas qualify for an IPC 'Risk of Famine' statement.



4. RECOMMENDATIONS FROM THE FAMINE REVIEW COMMITTEE

Recommendations to Decision Makers

1. Take all necessary measures to halt the violence in Pibor and other parts of South Sudan and protect civilians from ongoing and future insecurity.
2. Prevent any resurgence of the conflict through support to conflict resolution at all relevant levels.
3. Take all necessary steps to protect civilians in Pibor, whether still in their home areas or displaced to other parts of the county.
4. Take all necessary steps to ensure continuous access for humanitarian organizations to all populations in need of assistance and overall respect for the humanitarian space so that the basic rights of the people can be fulfilled. This includes unhindered access to set up humanitarian assistance pipelines and prepositioning of stocks, and ensuring the delivery of services is uninterrupted and that people have access to the available services and assistance.
5. Ensure unhindered mobility for people to carry out their livelihood activities and access to markets and basic services.
6. Facilitate the flow of basic commodities. Ensure that additional resources allocated to Pibor are not diverted from resources originally planned for other areas, in line with the “Do No Harm” principle.

Recommendations to Country Humanitarian Stakeholders

1. Scale up humanitarian assistance to address the food security, health, nutrition and water services needs of populations throughout South Sudan in IPC Phase 3 and above; not only those in IPC Phase 5 (Famine). The rapid response may involve prioritizing the immediate provision of lifesaving health and nutrition services, including the delivery of higher nutrition value commodities to the most food insecure populations as an immediate famine prevention measure.
2. Scale up humanitarian protection in Pibor.
3. Pre-positioning commodities for delivering humanitarian assistance in the eastern part of Pibor is essential to respond to the needs of the anticipated influx of displaced people should the conflict increase in the western part of the county.
4. Enhance the provision of reliable health and nutrition services in the area to provide adequate coverage of OPD and IPD services for primary and secondary care, as well as timely preventative activities, including immunization for children and ANC services for women. Ensure emergency preparedness in case of outbreaks of diarrheal diseases, including cholera.
5. Restore access to clean water and an acceptable level of sanitation for both Internally Displaced Populations and host communities.
6. Immediately conduct data collection of food security and health and nutrition outcomes, as well as mortality, across Western and Eastern Pibor, with a particular focus on the displaced populations.



7. Conduct regular (weekly) combined monitoring and reporting on key assumptions about risk factors used for the projection of Famine Likely across Western and Eastern Pibor including:
 - i. Conflict and population movements;
 - ii. Access to markets, basic food commodity prices, volumes and flows in the area, and coping strategies;
 - iii. Public health factors, including: disease outbreaks, admissions in nutrition programmes, availability and utilization of medical and nutrition services and supplies, WASH.
8. Data collection methods:
 - i. Ensure that sampling for data collection allows for adequate representativeness of areas identified as current or future hotspots;
 - ii. Ensure that data collection methods selected for the FSNMS adhere to standard procedures for nutrition assessments by following the relevant parts of SMART guidelines on team training, measurement standardization, data cleaning and quality assessment, and full documentation of sampling methods and challenges encountered in the field;
 - iii. Ensure that MUAC data collection methods used in IRNA rapid assessments follow standard protocols and IPC guidance, including for data recording and systematically include MUAC screenings in field missions, ensuring appropriate documentation of training, data collection methods and challenges encountered in the field.

Recommendations to the South Sudan IPC Technical Working Group

1. Ensure regular (weekly), frequent and vigilant monitoring and reporting of the assumptions factored into the projection analysis and update IPC analyses in real time as needed.
2. Deepen the analysis of the impact of conflict and insecurity on the delivery of humanitarian assistance (food and basic services) in IPC projection analyses.
3. Widen the evidence base of IPC analyses through more in-depth data scanning and gathering, in particular in IPC Acute Malnutrition analyses including mortality.
4. Improve IPC Acute Malnutrition analyses through adequate inclusion of the WASH and health dimensions and documentation of the analytical reasoning.
5. Ensure systematic integration of Acute Food Insecurity, Acute Malnutrition and mortality analyses.

IPC Funding Partners

