Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

October 2018

Overview

The continuation of conflict since December 2013 has created a complex humanitarian crisis in the country, restricting humanitarian access and hindering the flow of information required by aid partners to deliver humanitarian assistance to populations in need. To address information gaps facing the humanitarian response in South Sudan, REACH employs its Area of Knowledge (AoK) methodology to collect relevant information in hard-to-reach areas to inform humanitarian planning and interventions outside formal settlement sites.

Using the AoK methodology, REACH remotely monitors needs and access to services in the Greater

Upper Nile, Greater Equatoria and Greater Bahr el Ghazal regions. AoK data is collected monthly and through multi-sector interviews with the following typology of Key Informants (KIs):

- Kls who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last month
- Kls who have had contact with someone living or have been in a hard-to-reach settlement in the last month (traders, migrants, family members, etc.)
- KIs who are remaining in hard-to-reach settlements, contacted through phone

Selected KIs are purposively sampled and have knowledge from within the last month about a specific settlement in South Sudan, with data collected at the settlement level. About half of settlements assessed have more than one KI reporting on the settlement. In these cases, data is aggregated at the settlement level according to a weighting mechanism, which can be found in the Terms of Reference (ToRs).

(Link to AoK Terms of Reference)

All percentages presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed with that specific response.

The findings presented in this factsheet are indicative of the broad food security and livelihood trends in assessed settlements in October 2018, and are not statistically generalisable.

Assessment Coverage

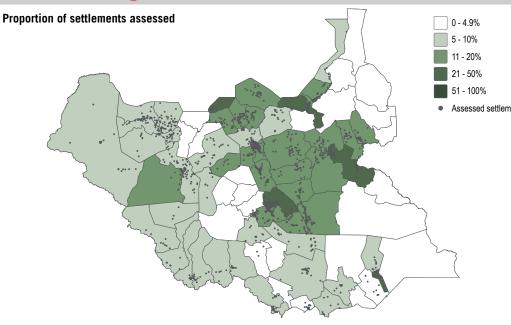
1,788 Key Informants interviewed

1.355 Settlements assessed

59 Counties assessed

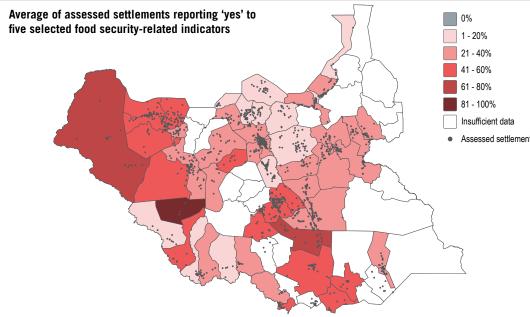
53 Counties with 5% or more coverage¹

Assessment coverage



¹ Data is only represented for counties in which at least 5% of settlements have been assessed. The most recent OCHA Common Operational Dataset (COD) released in February 2016 has been used as the reference for settlement names and locations.

Food access composite indicator



This simple food access composite aims to measure both levels of adequate access to food as well as severify of perceived hunger and application of severe consumption-based coping strategies. The composite was created by averaging the 'yes' responses of settlements reporting on the following indicators, with all indicators considered to have the same weight:

- Inadequate access to food
- Consuming one or fewer meals per day
- Skipping days to cope with a lack of food or money to buy food
- Perceived hunger from inadequate food access: severe or worst it can be
- Wild foods known to be making people sick consumed all the time





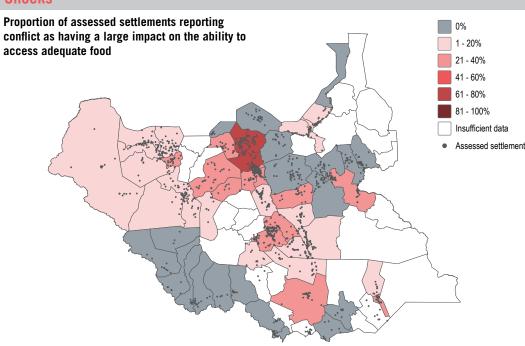




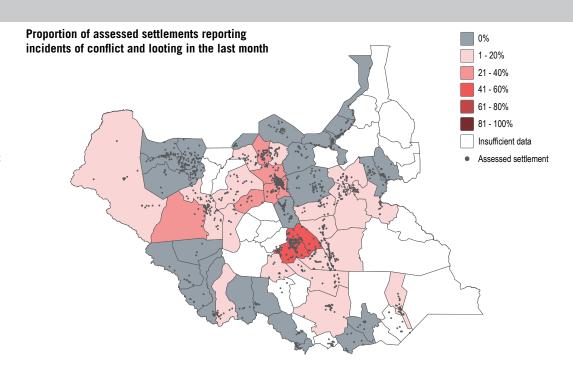
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Shocks



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Top five assessed counties reporting presence of newly arrived IDPs as having a large impact on ability to access adequate food

Torit	64%
Leer	54%
Mayendit	51%
Panyijiar	44%
Morobo	42%

Shocks: health

Top five assessed counties reporting perceived health problems as having a large impact on ability to access adequate food

Mayom	95%
Koch	92%
Guit	88%
Rubkona	86%
Pariang	74%

Shocks: cereal prices

Top five assessed counties reporting increase in cereal prices as having a large impact on ability to access adequate food

Duk	74%
Raja	63%
Terekeka	60%
Leer	58%
Panyijiar	53%

Shocks: livestock

Top five assessed counties reporting livestock disease outbreak as having a large impact on ability to access adequate food

Aweil West	52%
Panyijiar	51%
Awerial	49%
Aweil East	48%
Aweil South	47%



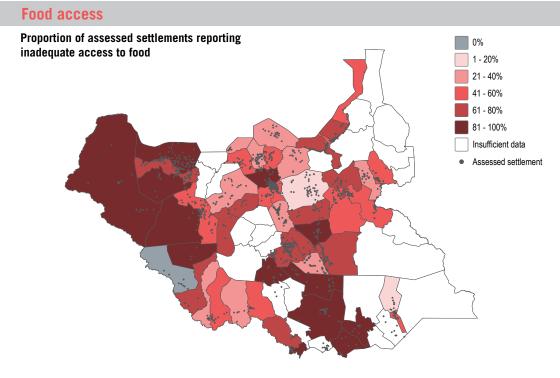
Shocks: IDPs



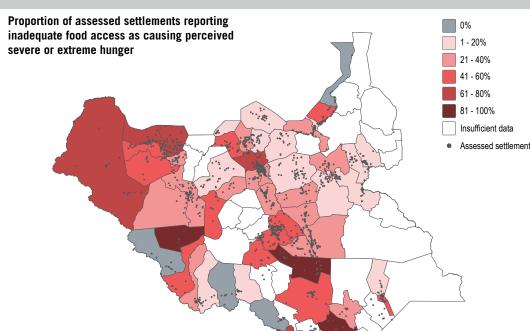


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Assessment of Hard-to-Reach Areas in South Sudan



Wild foods: nutrition Food coping: skipping days Wild foods: frequency **Meal frequency** Top five assessed counties reporting consumption Top five assessed counties reporting consumption Top five assessed counties reporting consuming Top five assessed counties reporting entire days of wild foods all of the time without eating as a coping strategy of wild foods that are known to make people sick on average one meal per day or less 43% Mayom 100% 100% Morobo Nagero Manyo 38% Tonj South Juba Raja Nagero Aweil West 33% Terekeka 70% Raja Kapoeta North Fashoda Aweil South Wau Magwi 30% Mvolo Nagero Torit Kapoeta South





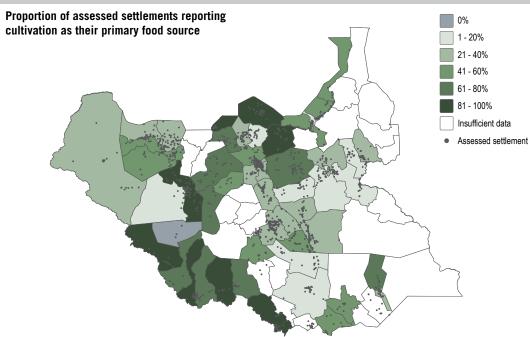


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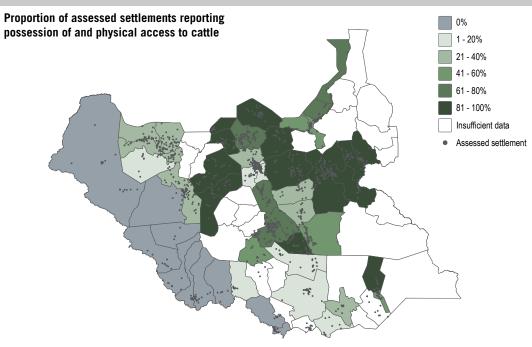
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Livelihoods: cultivation



Livelihoods: livestock



Agricultural inputs			Land for cultivation		Food source: livestock		Livestock disease	
	Top five counties reporting agricultural inputs	g inadequate access to	Top five counties reporting land for cultivation	access restrictions to	Top five counties reporting primary food source	livestock as their	Top five counties reporting outbreak	a livestock disease
	Magwi	100%	Wau	76%	Uror	33%	Terekeka	95%
	Morobo	100%	Juba	71%	Akobo	23%	Awerial	94%
	Nagero	100%	Nagero	67%	Yirol West	17%	Maridi	92%
	Aweil East	98%	Yei	64%	Nyirol	17%	Ezo	86%
	Aweil North	96%	Bor South	44%	Awerial	14%	Yambio	85%



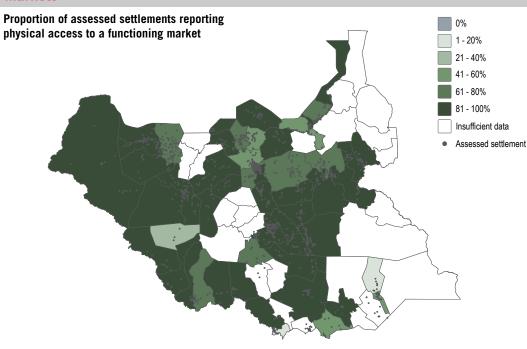




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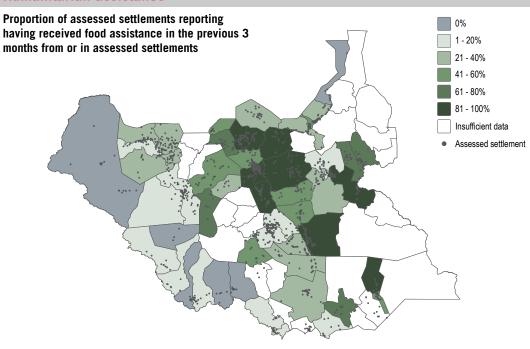
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Humanitarian assistance



Top five assessed counties reporting purchase as primary food source

Food source: purchasing

Juba	88%
Wau	76%
Terekeka	55%
Kapoeta South	50%
Malakal	50%

Livelihood: casual labour



Magwi	100%
Raja	100%
Tonj East	100%
Tonj North	100%
Tonj South	100%

Food source: humanitarian

Top five assessed counties reporting humanitarian assistance as primary food source in assessed settlements

Guit	83%
Rubkona	65%
Ulang	61%
Mayendit	55%
Luakpiny/Nasir	52%

Humanitarian distribution

Top five assessed counties reporting no humanitarian assistance received in the past 3 months

Guit	100%
Panyijiar	96%
Fangak	94%
Leer	94%
Mayendit	90%





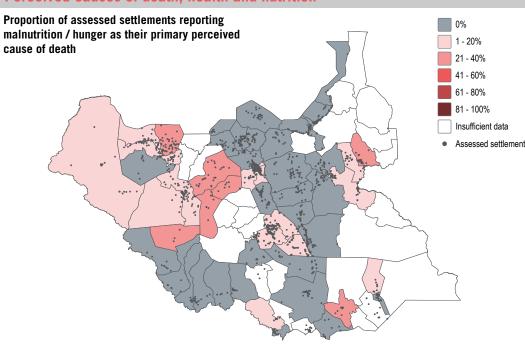


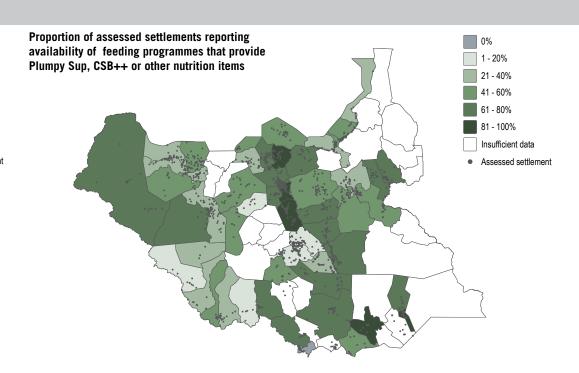
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Perceived causes of death, health and nutrition





Health: malnutrition Mortality increase Health: cholera **Health services** Top five assessed counties reporting a higher Top five assessed counties reporting perceived Top five assessed counties reporting cholera / Top five assessed counties reporting no physical perceived number of deaths than normal in the hunger / malnutrition as main health problem diarrhoea as their main health problem access to health services last month 58% Nagero 33% 40% 100% Maridi Ibba Morobo 33% 33% Ezo. Tonj East Toni East Nagero Tonj South Nyirol Aweil North 29% Tambura 30% 58% Tonj North Tonj South Mayom Panyikang Luakpiny/Nasir 17% Aweil West Tambura 26% Ezo





