Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

May 2019

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 hardto-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):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last month
- KIs 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 May 2019, and are not statistically generalisable.

Assessment Coverage

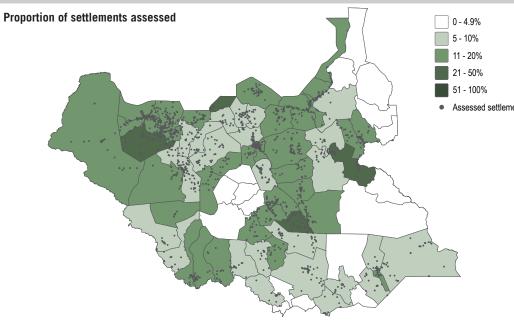
2,126 Key Informants interviewed

1.696 Settlements assessed

62 Counties assessed

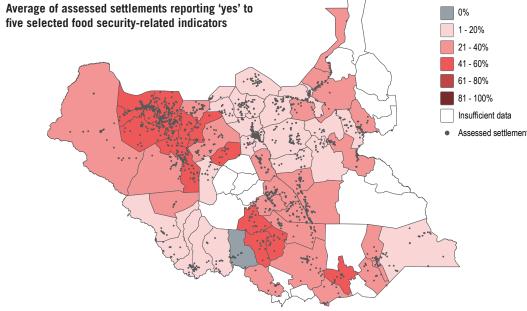
61 Counties with 5% or more coverage¹

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 severity of perceived hunger and application of severe consumptionbased coping strategies. The composite was created by averaging the 'yes' responses of settlements reporting on the following indicators, with all indicators considered to

- 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



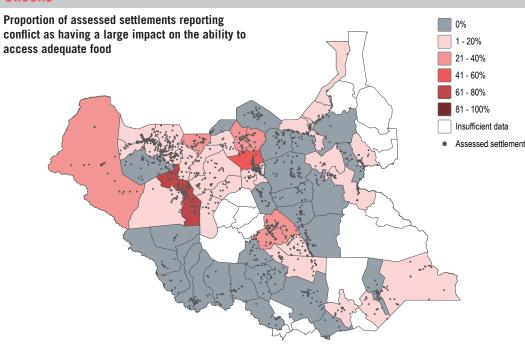


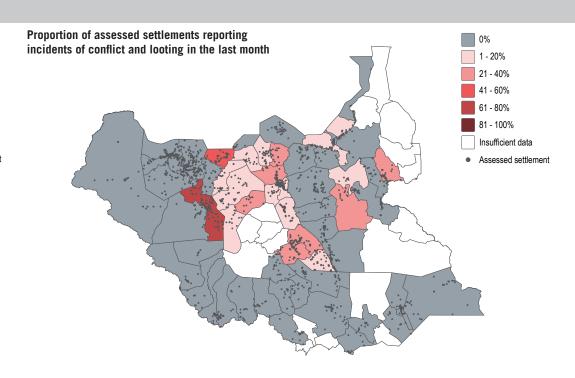
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Shocks





Shocks: IDPs

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

Gogrial West	50%
Panyijiar	37%
Magwi	36%
Tonj East	36%
Gogrial East	33%

Shocks: health

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

Magwi	82%
Guit	78%
Koch	75%
Gogrial West	71%
Pariang	68%

Shocks: cereal prices

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

Terekeka	97%
Gogrial West	79%
Pariang	79%
Baliet	75%
Gogrial East	75%

Shocks: livestock

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

Ayod	90%
Guit	61%
Koch	43%
Manyo	40%
Baliet	38%





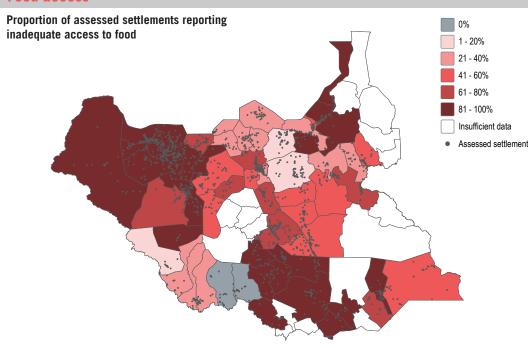


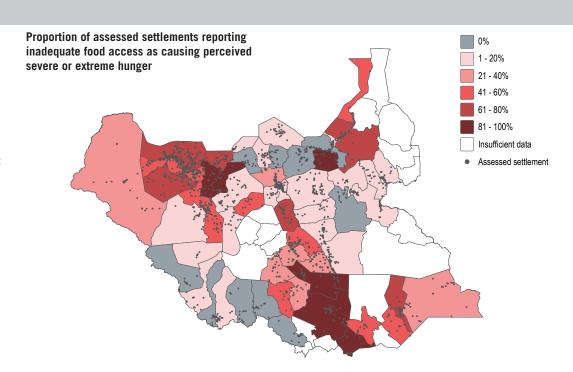
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Food access





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 of wild foods that are known to make people sick on average one meal per day or less without eating as a coping strategy Fangak Aweil North 100% **Gogrial West** 71% 73% Maridi Aweil Centre Aweil South Tonj East Mundri East Aweil South 73% Torit 100% Jur River 60% Mundri West Gogrial East Aweil North Aweil West Mvolo 53% Aweil Centre Akobo Ibba Aweil Fast





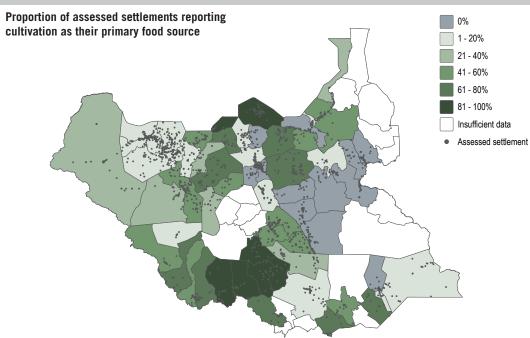


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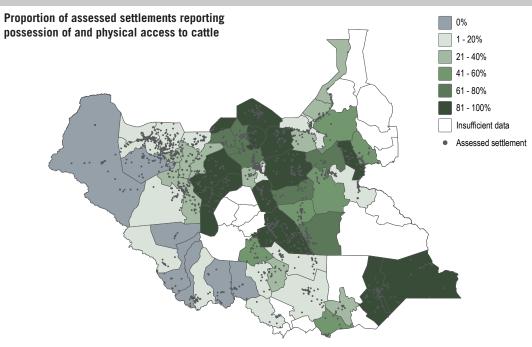
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Livelihoods: cultivation



Livelihoods: livestock



Agricultural input	S	Land for cultivation		Food source: livesto	ock	Livestock disease	
Top five counties report farming tools	ing inadequate access to	Top five counties reporting access restrictions to land for cultivation		Top five counties reporting livestock as their primary food source		Top five counties reporting a livestock disease outbreak	
Magwi	100%	Uror	100%	Kapoeta North	86%	Ayod	96%
Juba	97%	Nyirol	83%	Kapoeta South	56%	Guit	94%
Aweil Centre	88%	Wau	61%	Aweil South	29%	Maridi	93%
Nagero	83%	Luakpiny/Nasir	50%	Luakpiny/Nasir	27%	Tambura	93%
Duk	82%	Akobo	48%	Terekeka	24%	Mundri West	93%





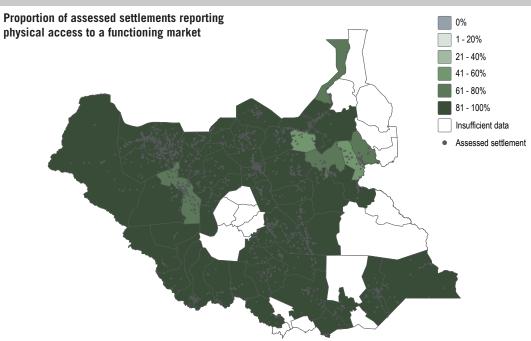


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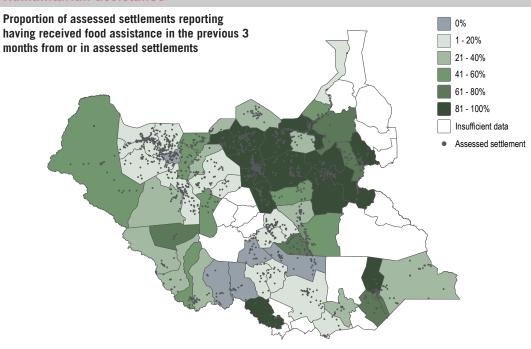
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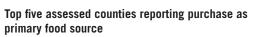
Markets

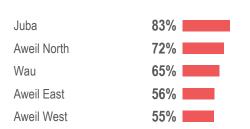


Humanitarian assistance



Food source: purchasing





Livelihood: casual labour

Top five assessed counties reporting casual labour as a livelihood activity

Juba	100%
Magwi	100%
Nagero	100%
Wau	96%
Yambio	96%

Food source: humanitarian

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

Guit	100%
Leer	95%
Mayendit	95%
Rubkona	92%
Koch	79%

Humanitarian distribution

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

Aweil South	100%
Ibba	100%
Maridi	100%
Mvolo	100%
Terekeka	100%





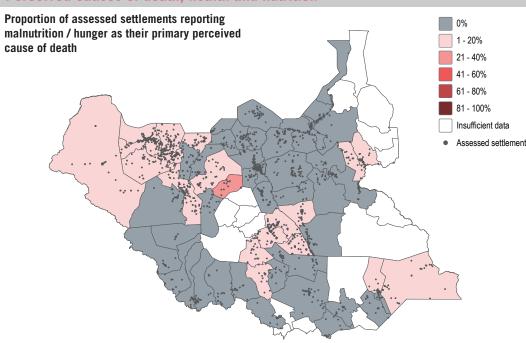


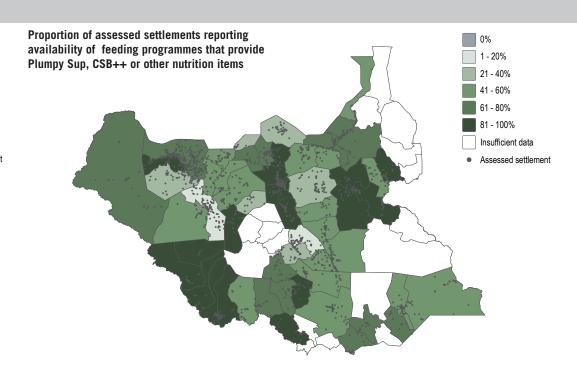
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Perceived causes of death, health and nutrition





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 81% 36% 53% Jur River Mvolo Tonj East Nzara Mundri West 19% lbba Ulang Yambio 16% 76% Torit Twic 41% Mvolo Ulang 73% Yirol West 14% Kapoeta East lbba Panyijiar 73% Luakpiny/Nasir 9% Tonj South **Gogrial West** Maridi 29%





