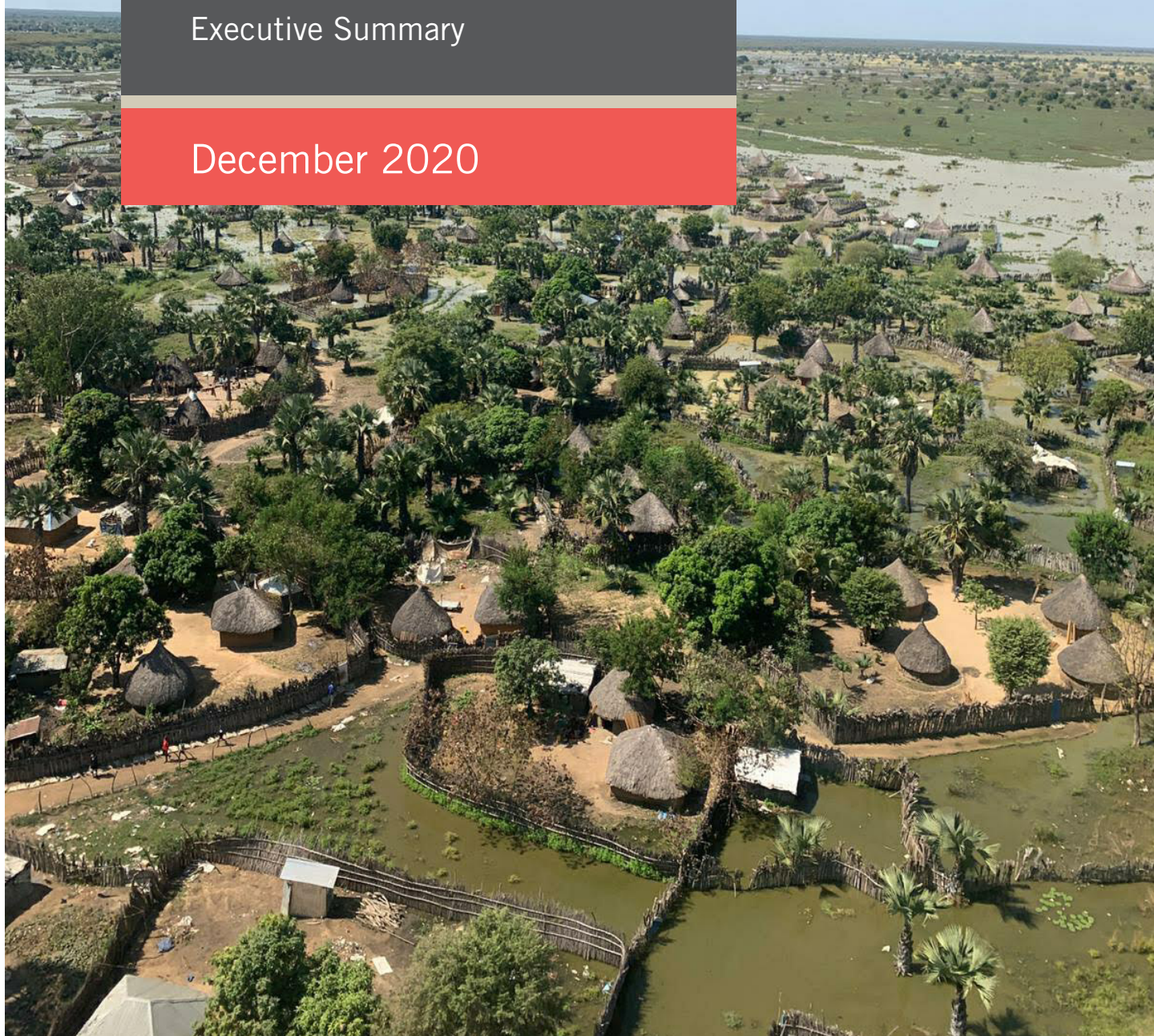


South Sudan

2020 South Sudan Multi-Sector Needs Assessment: Area of Knowledge - Neighbourhoods

Executive Summary

December 2020



Funded by
European Union
Humanitarian Aid



USAID
FROM THE AMERICAN PEOPLE

REACH Informing
more effective
humanitarian action

FUNDED BY:



Funded by
European Union
Humanitarian Aid



USAID
FROM THE AMERICAN PEOPLE

Include cover photo credits / copyright information **here** (See IMPACT [Photography and Video SOPs](#))

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

EXECUTIVE SUMMARY

1. Rationale and foundations of the MSNA

During 2020 high humanitarian needs continued across South Sudan, and the convergence of multiple shocks in already vulnerable areas have further destroyed livelihoods and hindered humanitarian assistance. Shocks included climatic events, such as heavy rains and flooding in some parts of the country, coupled with drought and desert locusts in others. The continuation of armed conflict, resultant mass displacement, mobility restrictions due to COVID-19, increase in market prices, and disruption to aid delivery were also seen. Notwithstanding the ceasefire that followed the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS),¹ many areas of the country continued to witness national, sub-national, localised and grassroots violence,² mostly driven by resource-scarcity in areas that have experienced years of severe food insecurity.³ **As a result of this year's convergence of shocks, 8.3 million people were classified as "in need",** as of January 2021, an increase from the 7.5 million people in need in 2020.^{4,5}

Crucial information gaps persisted in South Sudan, with poor access to many parts of the country due to insecurity and inadequate infrastructure, together with COVID-19 travel restrictions and heavy rains that flooded road networks. These information gaps limited the effectiveness of humanitarian planning and implementation. In this context of humanitarian crisis, there was a vital **need for up-to-date, country-wide information on the needs of the affected populations in South Sudan to support evidence-based decision-making of key humanitarian actors.** REACH, in coordination with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG), conducted a multi-sectoral needs assessment (MSNA) using the **Area of Knowledge – Neighbourhoods (AoK-N) methodology, to provide updated data and analysis on multi-sectoral needs and priorities for crisis-affected populations in South Sudan and to inform strategic planning.**

Building on its experience of conducting remote monthly monitoring through the Area of Knowledge (AoK) methodology in South Sudan since 2016, REACH, in coordination with OCHA and the ICCG, innovated the AoK-N, a remote, Key Informant (KI)-based household methodology. The AoK-N builds on the neighbourhood methodology that was first developed by the [Care and Protection of Children \(CPC\) Learning Network](#) to gather population-based data on difficult to measure or stigmatised concepts, such as Gender-Based Violence (GBV).⁶ **The AoK-N is a remote KI-based methodology, based on the assumption that people reasonably know some information about other people in their immediate neighbourhood.** The purpose of the AoK-N methodology was to provide household-level data on needs to inform the response, in a context where direct household surveys were extremely limited due to COVID-19 movement restrictions put in place by the Government of South Sudan in March 2020, as well as due to COVID-protective measures taken by REACH to mitigate against the further spread of COVID-19. The AoK-N tool was designed with input from clusters and based as much as possible on the draft of the Joint Intersectoral Analysis

¹ R-ARCSS is the agreement signed on September 12th, 2018 that seeks to revive the ARCSS of August 2015, which had temporarily ended the first civil war of South Sudan that broke out on 13 December 2013.

² Specific definition for each type of violence can be found [here](#).

³ OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available [here](#).

⁴ OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available [here](#).

⁵ OCHA, Humanitarian Needs Overview, 2020 Humanitarian Process Cycle, available [here](#).

⁶ Care and Protection of Children (CPC) Learning Network, Measuring Violence Against Women Amidst War and Displacement in Northern Uganda Using the 'Neighborhood Method', 2009.

Framework (JIAF),⁷ to **ensure comparability between AoK-N and the Food Security and Nutrition Monitoring System+ (FSNMS+)**⁸ assessments. The full Terms of Reference (ToR) for the AoK-N methodology is available [here](#).

The 2020 South Sudan AoK-N MSNA aimed to cover all ten states in South Sudan and all populations with a **quantitative, remote, data collection** implemented between 3rd August and 1st September 2020. With the objective of gathering comparable information across the entire country, 2,930 face-to-face and phone KI interviews were conducted, covering a total of 21,260 households, across 75 counties.

Each KI was asked to report information about their household as well as up to nine of their geographically closest neighbours. Findings were analysed and presented through some main analytical constructs:

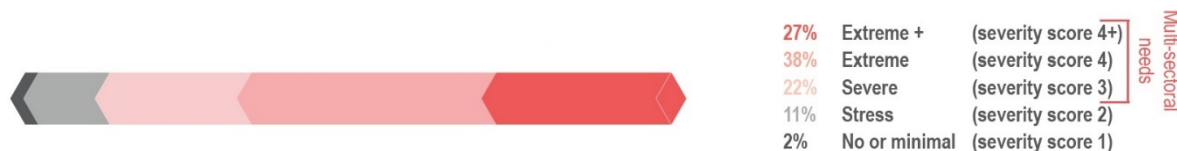
Living Standard Gap (LSG)	LSG signifies an unmet need in a single given sector, where the LSG severity score is 3 or higher.	Severity scale: from 1 (none/minimal) to 4/4+ (extreme/extreme+) ⁹
Multi-Sectoral Needs Index (MSNI)	The MSNI is a measure of the household's overall severity of humanitarian needs across multiple sectors, based on the maximum severity of sectoral LSG severity scores identified in each household.	Severity scale: from 1 (none/minimal) to 4/4+ (extreme/extreme+)

Results were reported as a “% of households” and interpreted as any normal household survey, given certain acknowledgements and limitations. It is critical to note that **since households were not selected with probability sampling, the results are not statistically representative**. In addition, there is added uncertainty in the validity of results through the AoK-N methodology, as most households were not reporting directly on their own needs, however the pilot conducted before rolling out the full AoK-N MSNA indicated comparative results when compared through a validation exercise. Additionally, when comparing AoK-N MSNA and FSNMS+, findings were found to be similar.

2. Key findings

Overall, the 2020 AoK-N MSNA in South Sudan found that **87% of households¹⁰ across the country have multi-sectoral needs**.¹¹ Notably, the majority had at least extreme multi-sectoral needs, with 27% having extreme+ (severity score 4+), and 38% had extreme (severity score 4) multi-sectoral needs (see figure 1 below).

Figure 1: % of households per Multi-Sectoral Needs Index (MSNI) severity score



Geographically, households with **multi-sectoral needs were spread all across the country**, as depicted in map 1 below, highlighting the precarious condition of humanitarian crisis in South Sudan. The proportions of households with

⁷ The JIAF is a theoretical and conceptual framework for intersectoral needs analysis to inform strategic decision-making across humanitarian crises.

⁸ FSNMS is the Food Security and Nutrition Monitoring System in South Sudan. FSNMS+ integrates the former FSNMS with indicators from all humanitarian sectors for the purpose of a comprehensive multi-sector needs assessment tool.

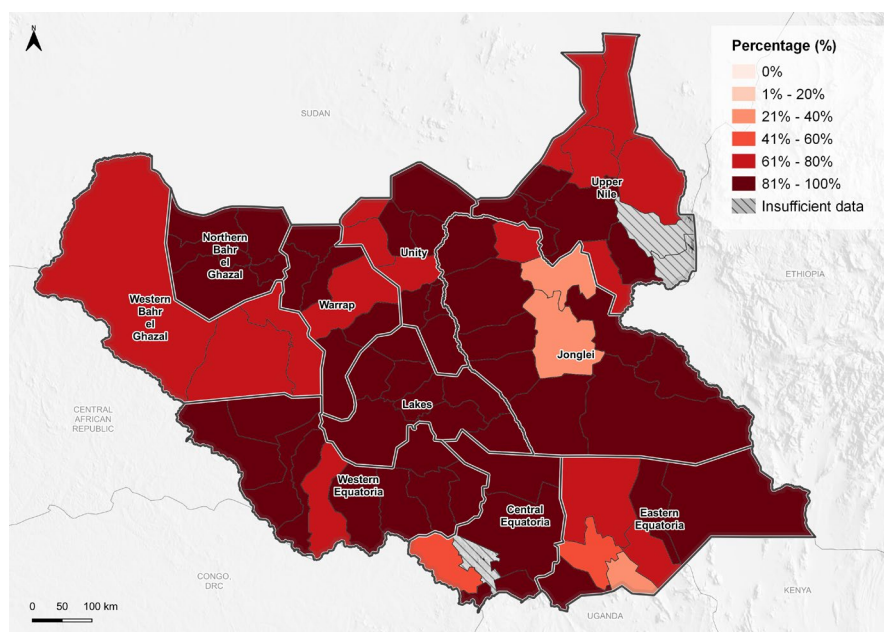
⁹ As per the MSNA Sectoral Analysis guidance, a “4+” category can be used where data indicates that the situation could be catastrophic. While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/ minimal) to 4 (extreme) will generally be used. This is because data that is needed for Phase 5 classification (catastrophic) is primarily at area level (for example, mortality rates, malnutrition prevalence, burden of disease, etc.) which is difficult to factor into household level analysis. Additionally, without global guidelines from the inter-agency group, and given the response implications of classifying a household or area as severity 5 (Catastrophic), REACH is not in a position to independently verify if a severity 5 is occurring.

¹⁰ Caseload estimates based on population figures cannot be provided as this was beyond the scope of the MSNA as agreed with key stakeholders.

¹¹ Multi-sectoral needs: proportion of households with an MSNI severity score of at least 3, based on the severity of LSGs identified in each household.

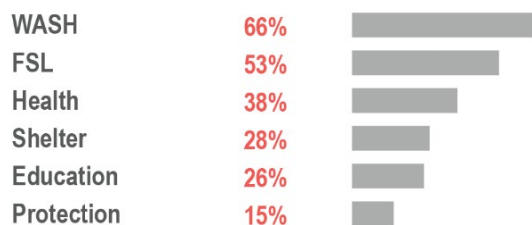
multi-sectoral needs were relatively lower in Uror and Nyirol Counties (29% and 30%, respectively), with Nyirol notably classified in Phase 3 by the latest Integrated Food Security Phase Classification (IPC).¹² However, households frequently resorted to negative coping strategies to meet needs, including reliance on humanitarian assistance, which indicates that those households may become in need if the situation does not improve. A similar geographic distribution could be observed for households with extreme multi-sectoral needs.

Map 1: Proportion of households found to have multi-sectoral needs, per county



Water, Sanitation and Hygiene (WASH) was found to be the most common driver of multi-sectoral needs, either by itself or in combination with other sectors. Of households with multi-sectoral needs, 66% were found to have a sectoral need in WASH (i.e. a WASH LSG, see figure 2), while 14% had a sectoral need in WASH only, making it the most common needs profile (see figure 3). WASH sectoral needs were primarily caused by the long walking distance households had to travel to access the closest drinking water facility, and the inability to access improved¹³ water sources. Sectoral needs in Food Security and Livelihoods (FSL) and health were also found to be common drivers of multi-sectoral needs.

Figure 2: Proportion of households found to have multi-sectoral needs, by type of sectoral need¹⁴



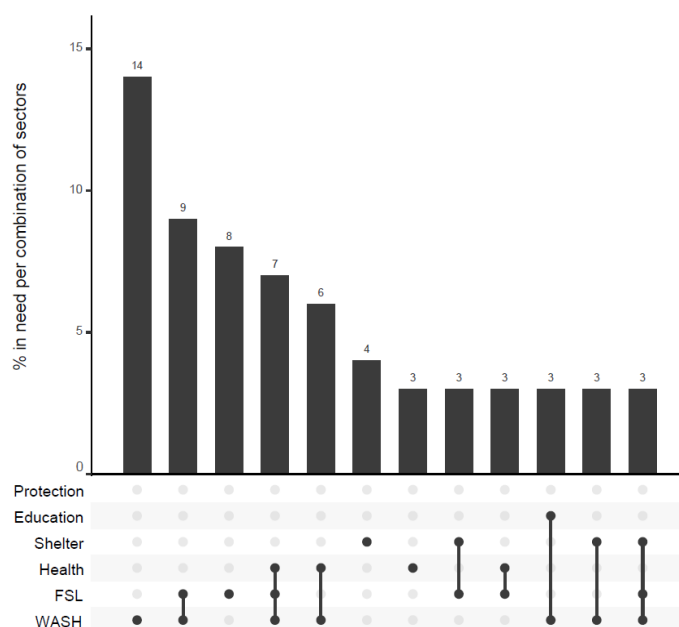
¹² IPC South Sudan, October 2020-July 2021, issued December 2020, available [here](#).

¹³ Improved water sources are those that have the potential to deliver safe water by nature of their design and construction and for this assessment included borehole, tap stand, water yard. Unimproved water sources: river, swamp, pond, open well, rain water. For more information please see the Joint Monitoring Programme (JMP), [drinking water monitoring](#).

¹⁴ Each household can have needs in several sectors so the percentages can add up to more than 100%.

Co-occurring sectoral needs were found to be common, with the majority of households (59%) having two or more sectoral needs. Reflecting the top three sectoral needs mentioned above, the **co-occurrence of WASH, FSL and/or health sectoral needs** was particularly likely. Notably different combinations of one or more WASH, FSL, and health sectoral needs were the five most common needs profiles (figure 3).

Figure 3: Most common combinations of one or more sectoral needs among households with multi-sectoral needs¹⁵



More specifically, **access to water and sanitation was a major issue across the country** during 2020, as 58% of households were reported by KIs not to have access to latrines, and 57% not access to soap. In addition, 43% of households walked for more than 30 minutes to reach the closest drinking water source, while 27% had access to unimproved water sources only. **Disease outbreak** can be accelerated by the poor WASH and health conditions of populations, due to conditions such as water contamination, lack of hygiene, and lack of access to health services. In rural areas across the country, **health facilities are usually more difficult to reach**, due to insecurity and/or poor road access, and they are characterised by low or limited capacity in terms of doctors and medicines, and poor infrastructure in general. Health facilities in urban areas are usually over-crowded or too expensive, making it difficult to meet the high needs of the population.¹⁶ Across South Sudan, 66% of households were reported by KIs not to be able to access healthcare facilities when needed, and 69% had to walk more than 30 minutes to reach the closest health infrastructure. The precarious WASH infrastructure, together with the difficulty for households living in remote areas to access health facilities, exacerbated the **malnutrition situation** in the country.¹⁷

Due to the combination of last year's shocks such as the widespread insecurity, the increase in food prices¹⁸ and the destruction of crops and market infrastructures caused by floods and conflicts, the **food security situation deteriorated** in South Sudan, with an estimated 7.7 million people expected to experience acute food insecurity and worse in 2021,¹⁹ a 15% increase in people who were acutely food insecure in 2020.²⁰ According to the AoK-N MSNA,

¹⁵ Each household has only one needs profile so the percentages cannot add up to more than 100%.

¹⁶ Coping mechanisms in South Sudan in relation to different types of shock, William Avis, April 2020, available [here](#).

¹⁷ OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available [here](#).

¹⁸ A 35% increase in the cost for a Minimum Expenditure Basket (MEB) in South Sudan from October 2019 to October 2020. Source: South Sudan Joint Market Monitoring Initiative, REACH, WFP, CWG, October 2020, available [here](#).

¹⁹ IPC South Sudan, October 2020-July 2021, issued December 2020, available [here](#).

²⁰ OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available [here](#).

the main livelihood source for households was reported to be crops production (for 54% of households); however, 47% of households had their crops reportedly destroyed, while 12% could not harvest. As a result of this year's external shocks, **half of households (51%) in South Sudan were reported not to be able to access adequate amounts of food.** Moreover, 25% of households were reported by KIs with no food in the house any day in the week prior to data collection, and 32% of households were reported by KIs to have at least one member going to sleep hungry in the week prior to data collection. In addition to the pre-existing humanitarian conditions and external shocks, **COVID-19 restrictions on travel have hindered the ability of humanitarian actors to provide support to crisis-affected populations,** delaying the response and contributing to further exacerbate the humanitarian situation.

At the national level, **around half (48%) of households with multi-sectoral needs were found to be vulnerable,**²¹ meaning that their humanitarian needs were aggravated by pre-existing vulnerabilities.^{22,23} Vulnerabilities usually act as an aggravating factor for humanitarian needs, as they negatively influence households' capacity to cope with shocks. Indeed, findings showed that **more than 85% of households with pre-existing vulnerabilities had multi-sectoral needs.** In particular, 99% of child-headed households presented multi-sectoral needs, while 95% of households with a differently-abled household member, and 94% of households with a chronically ill household member were found to have multi-sectoral needs. Furthermore, 93% of households hosting an internally displaced person had multi-sectoral needs.

Almost three-quarters of the households that did not show multi-sectoral needs were resorting to negative and unsustainable strategies to meet their basic needs: amongst households with no multi-sectoral needs (MSNI 1 or 2), 70% were found to have at least one capacity gap (CG).²⁴ Households resorting to negative, unsustainable strategies may not be able to maintain access to these coping strategies if future shocks occur, which in turn indicates a likelihood of increased humanitarian needs going forward. The FSL and health sectors showed the highest percentages of households having CGs, respectively 26% and 30%. Among FSL coping strategies, selling and slaughtering livestock, and reducing the number and portion of meals per day were the most frequently recurring strategies. Regarding health coping strategies, households were found to walk far to reach the nearest functioning health facility, and/or to sell assets or borrow money to afford medical treatments.

2.1 Subsets of particular concern

To deliver further information into those geographic subsets with extreme multi-sectoral needs (MSNI severity score of 4 or 4+), two counties have been further analysed to better understand the magnitude, severity and nature of needs, together with a background of the context and pre-existing vulnerabilities in each county. All households in **Pibor County** in Jonglei State were found to have at least extreme multi-sectoral needs (MSNI 4, 4+), driven by extreme needs in several sectors, while **Tonj East County** in Warrap State had 91% of households with extreme multi-sectoral needs and showed one of the highest percentages of households with pre-existing vulnerabilities, CGs, and extreme multi-sectoral needs.

In **Pibor County**, the humanitarian situation has been found extremely critical, as **all households (100%) had extreme multi-sectoral needs.** Households nearly always had converging needs across several sectors, as 93% were found to have three or more co-occurring sectoral needs, with a small percentage (2%) of households presenting six co-occurring sectoral needs. All sectors in Pibor had at least 56% of households with a sectoral need, reflecting a large magnitude of needs across the county, with all households found to have an FSL sectoral need. Commonly, **FSL, shelter, and WASH** needs were found within the same household, in combination with **protection** and/or **health** (65% of households). This finding reflects the context of Pibor County, as **widespread and high flooding**, together with

²¹ Vulnerability severity score 3 or 4.

²² Pre-existing vulnerabilities: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.

²³ For the 2020 South Sudan AoK-N MSNA, vulnerability profiles were chosen based on the profile of the head of household, the displacement status, and the presence of vulnerable household members. Vulnerable household members include the presence of an elderly household member, a separated or unaccompanied child, a physical or mental disabled household member, a chronically ill household member, a pregnant or lactating woman.

²⁴ Capacity Gap (CG) signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.

intense **sub-national conflict**, have disrupted livelihood sources, caused large-scale displacement across the county, and destroyed crop fields, shelters, markets, and health infrastructure, generating high levels of food insecurity, malnutrition and eroding coping capacities.^{25, 26} Given the **COVID-19 travel restrictions**, traders were unable to maintain typical supply routes, while due to the countrywide **economic fragility**, prices for staple food have increased atypically quickly during this year,²⁷ making it difficult for households to afford market prices. As a result, WASH and FSL conditions were found extreme and were worsened by access constraints²⁸ that impeded humanitarian actors to reach flood-affected areas. As a result, Pibor County was classified by the latest IPC²⁹ to be in an emergency stage of food insecurity, with pockets of populations in Catastrophe (IPC Phase 5) acute food insecurity for the period October to November 2020.³⁰ In addition to external shocks that generated extreme multi-sectoral needs, the situation has been worsened by the presence of a particularly **high proportion of households (79%) with multi-sectoral needs who were found to be vulnerable**; this finding positions Pibor County among the 10 counties in South Sudan with the highest percentage of households with pre-existing vulnerabilities and multi-sectoral needs. Moving forward, sub-national violence and insecurity will likely continue once floodwaters recede and this will likely affect livelihood and coping activities in the coming months.

As a result of this year's shocks and existing pre-conditions, **Tonj East County** was found to be a county of extreme concern in South Sudan; indeed, it showed one of the highest percentages of households with **pre-existing vulnerabilities** and multi-sectoral needs (56% of households), households with **CGs** (50%), and households with **extreme multi-sectoral needs** (91%). During 2020, Tonj East County was declared by the latest IPC³¹ to be in an emergency stage of food insecurity, with a likelihood of populations in Catastrophe (IPC Phase 5) acute food insecurity, as indicated by the Real Time Quality Review report;³² the main reasons were related to large **food consumption gaps** as households were found unable to plant due to conflict, or unable to harvest due to floods, together with the increase in market prices and the seasonal decrease in livestock prices, which reduced households' purchasing power. To worsen the already critical situation, sub-national conflict caused the temporary or prolonged **displacement** of populations, with approximately 15,000 people displaced in Tonj East.³³ Conflicts were responsible for burning markets to the ground, and creating a dangerous environment where households felt it was too unsafe to access the market due to violence.³⁴ The majority of households (79%) had three or more co-occurring sectoral needs, and the most common combinations of needs presented were **WASH, FSL, and health** sectoral needs, combined with education and/or protection. The link among WASH, FSL, and health sectors mirrors the context of the crisis in Tonj East. Both health and nutrition outlooks are likely to worsen in the coming months, as **poor sanitation and hygiene** increases the risk of diseases outbreak. Indeed, the majority of households in Tonj East were reported not to have access to functioning latrines nor to soap, coupled with 75% of households not having access to improved water sources. Those households not showing multi-sectoral needs (4%) were resorting to **negative coping strategies**, such as selling and slaughtering livestock, and reducing the number and portion of meals per day.

3. Conclusion

Overall, multi-sectoral needs have been significant during 2020 across the country, with 87% of households found to have severe or extreme levels of multi-sectoral needs, mainly driven by sectoral needs in WASH, FSL, and health. **Natural hazards, violence/insecurity, and the economic fragility** of the country have contributed to the current

²⁵ OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available [here](#).

²⁶ REACH, Humanitarian Situation Monitoring, Jonglei State South Sudan April - September 2020, available [here](#).

²⁷ A 35% increase in the cost for a Minimum Expenditure Basket (MEB) in South Sudan from October 2019 to October 2020. Source: South Sudan Joint Market Monitoring Initiative, REACH, WFP, CWG, October 2020, available [here](#).

²⁸ Access constraints caused by floods cutting off road networks and the widespread violence and insecurity, such as attacks on Non-Governmental Organization (NGO) staff and the raiding of prepositioned food stocks.

²⁹ IPC South Sudan, October 2020-July 2021, issued December 2020, available [here](#).

³⁰ The Famine Review Committee Report classified four payams (Pibor, Likuangle, Gumuruk and Verteth) in Pibor County as 'Famine Likely' for the current period (October-November 2020) and extending into the peak of the lean season. Source: OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available [here](#).

³¹ IPC South Sudan, October 2020-July 2021, issued December 2020, available [here](#).

³² Multi Partner Real Time Quality Review, IPC Acute Food Insecurity Analysis (November 2020), available [here](#).

³³ South Sudan Key Context Update, OCHA, November 2020.

³⁴ Radio Tamazuj, Death toll from Tonj East fighting rises to 148, August 2020, available [here](#).

precarious situation in South Sudan, coupled with **COVID-19 travel restrictions** that have hindered the ability of humanitarian actors to provide support to crisis-affected populations. Pre-existing vulnerabilities have also aggravated humanitarian needs, and even households with no multi-sectoral needs have been found to resort to negative coping strategies, which may not be sustainable in the long term and may result in needs if current conditions continue. In light of this, humanitarian needs will most likely persist and could worsen in 2021, eroding livelihoods, hindering service access, worsening food insecurity and malnutrition, and placing pressure on communities and resources, stressing the need for an immediate and targeted humanitarian response.

To further understand the current humanitarian crisis and prepare an **appropriate humanitarian response**, close attention should also be paid to accountability to affected populations, which means the way populations perceive humanitarian assistance. **Further steps for next year's analysis** have been identified in order to improve the AoK-N methodology: it would be important to run focus group discussions to get an in-depth explanation of complex issues, to understand the “how” and “why” of shocks, the way they are perceived by households. Additional studies may also be needed for coping strategies and whether they happen to be seasonal.

Finally, as the first assessment of its kind, one of the purposes of this assessment was to **review the reliability of the AoK-N methodology** to understand and explain multi-sectoral needs across the country. Throughout the report, comparisons are made with FSNMS+ data. Although some minor discrepancies were witnessed between the two datasets, potentially due to the slight difference in data collection period - AoK-N data was collected in August (peak of the lean season), while FSNMS+ data was collected between September and October 2020, the majority of AoK-N results were comparable to FSNMS+ (that employs a methodology with higher reliability). This confirms the credibility and relevance of the AoK-N methodology for future assessments, where access or resources remain a limitation.