Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

April 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 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 presented at the settlement level is the modal (most frequent) response for KIs reporting on that settlement. If there is an even number of 'yes/no' responses, data is aggregated as 'no consensus'.

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 April 2018, and are not statistically generalisable.

Assessment Coverage

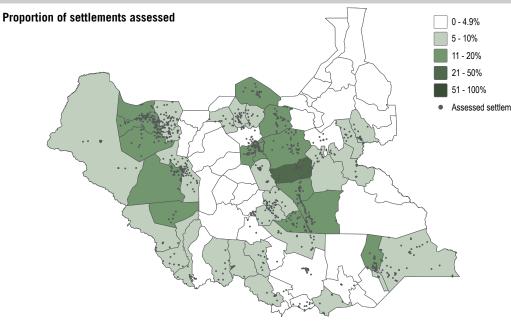
1,594 Key Informants interviewed

1.074 Settlements assessed

49 Counties assessed

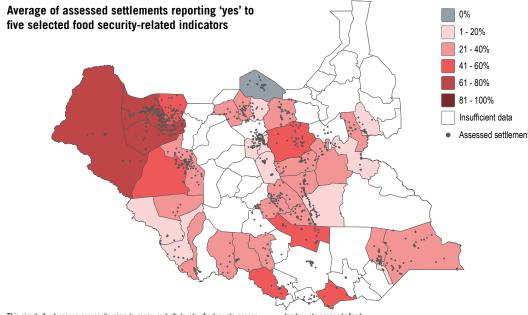
40 Counties with 5% or more coverage¹

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





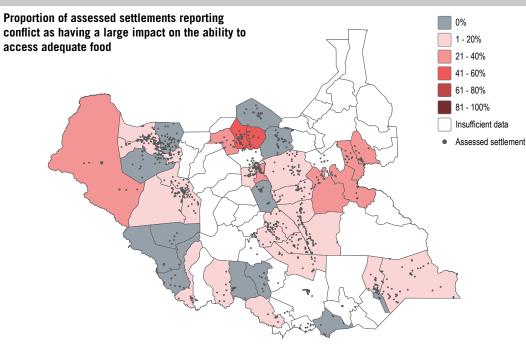


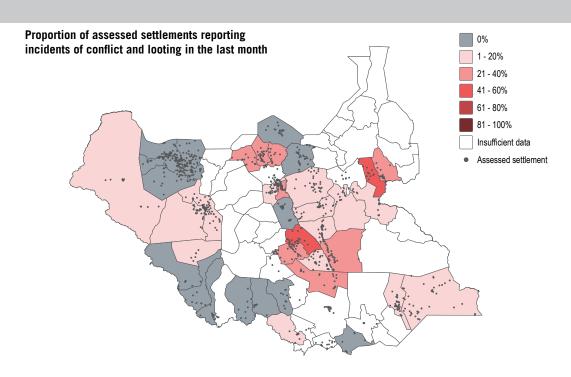
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Shocks





Shocks: IDPs

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

Yei	67%
Mayom	46%
Ezo	25%
Magwi	25%
Mundri West	22%

Shocks: health

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

Pariang	100%
Rubkona	93%
Mayom	69%
Ayod	62%
Aweil South	50%

Shocks: cereal prices

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

Mayom	77%
Aweil East	77%
Aweil North	67%
Raja	65%
Гегеkeka	63%

Shocks: livestock

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

Pariang	100%
Mayom	38%
Kapoeta East	37%
Rubkona	26%
Ulang	25%





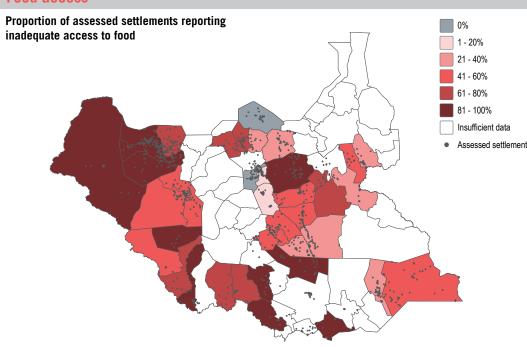


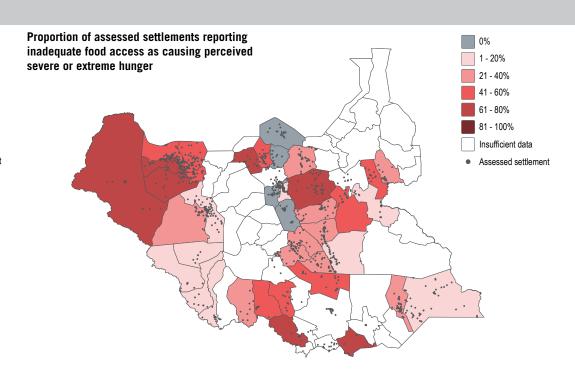
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Wild foods: nutrition Food coping: skipping days Wild foods: frequency **Meal frequency** Top five assessed counties reporting consumption Top five assessed counties reporting consumption Top five assessed counties reporting consuming Top five assessed 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 100% Aweil South Aweil East 61% Pariang Terekeka Aweil Centre Aweil Centre Ayod Raja Kapoeta North Aweil East 79% Aweil South 55% Magwi Aweil North Aweil West Aweil South Aweil West 34% Aweil East Aweil North Ayod Aweil North



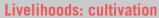


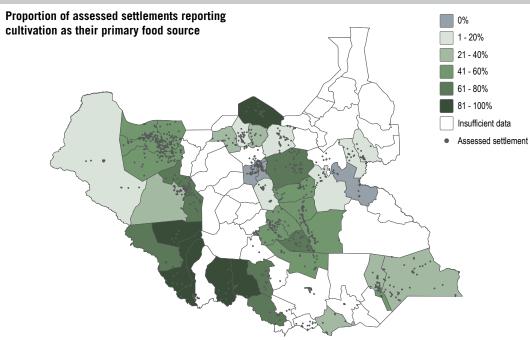


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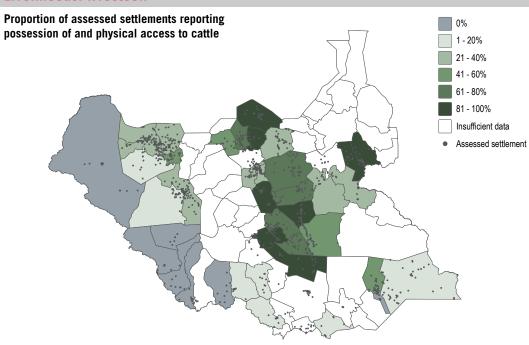
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Livelihoods: livestock



Agricultural inputs Land for cultivation		Food source: livestock		Livestock disease			
Top five counties repo agricultural inputs	reporting 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		
Aweil Centre	100%	Uror	73%	Kapoeta North	50%	Pariang	100%
Ibba	100%	Yei	60%	Kapoeta East	29%	Awerial	89%
Mundri West	100%	Magwi	50%	Uror	27%	Yirol West	76%
Ezo	88%	Wau	48%	Yirol West	21%	Bor South	74%
Magwi	88%	Raja	38%	Akobo	18%	Luakpiny/Nasir	71%





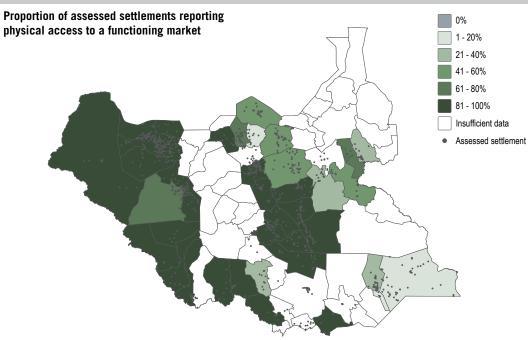


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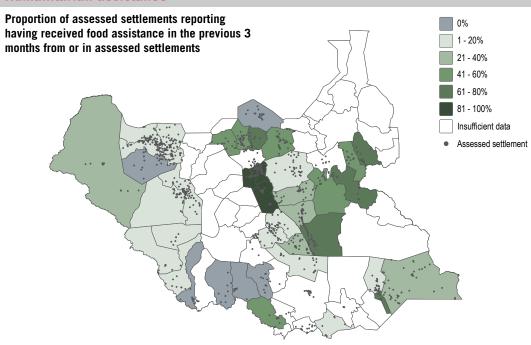
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Humanitarian assistance



Food source: purchasing

Top five assessed counties reporting purchase as primary food source

Magwi	63%
Wau	54%
Kapoeta South	50%
Terekeka	42%
Raja	38%

Livelihood: casual labour

Top five assessed counties reporting casual labour as a livelihood activity

Pariang	94%
Mundri West	89%
Ibba	88%
Uror	87%
Maridi	82%

Food source: humanitarian

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

Mayendit	100%
Panyijiar	97%
Leer	93%
Guit	75%
Rubkona	70%

Humanitarian distribution

Top five assessed counties reporting expecting a distribution of humanitarian assistance that did not occur within the past month

Mayom	54%
Kapoeta East	54%
Rubkona	44%
Leer	43%
Raja	38%





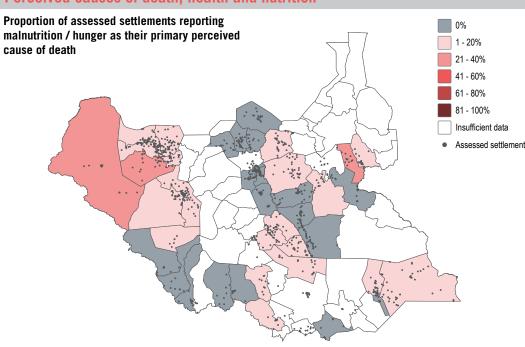


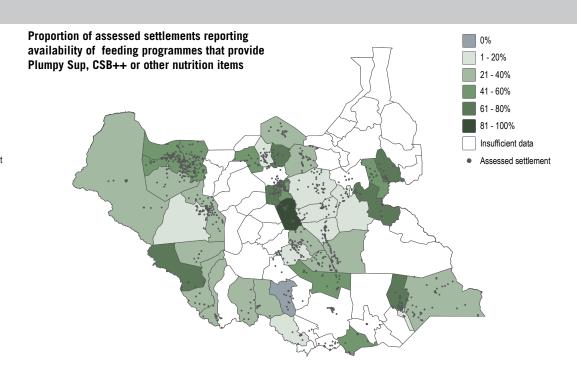
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Health: malnutrition Mortality increase Health: cholera **Health services** Top five assessed counties reporting a higher Top five assessed counties reporting perceived Top five assessed counties reporting cholera / Top five assessed counties reporting 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 Yei 73% Aweil South 23% Kapoeta South Kapoeta East 17% Terekeka Mundri West Luakpiny/Nasir Nagero 14% Wau Yirol West 42% Ulang Uror 13% Aweil West Kapoeta North Kapoeta North Ezo 12% Fangak Awerial Aweil North Ibba





