

Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

September 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 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):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last month
- KIs who have been in contact with someone living in a hard-to-reach settlement, or have been visiting one 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 September 2019, and are not statistically generalisable.

Assessment Coverage

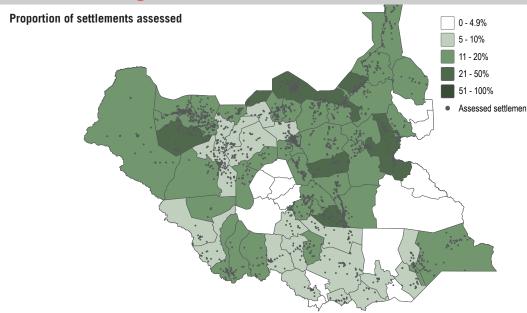
2,603 Key Informants interviewed

2,056 Settlements assessed

66 Counties assessed

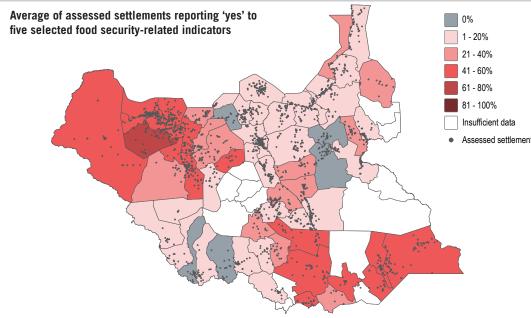
65 Counties with 5% or more coverage¹

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

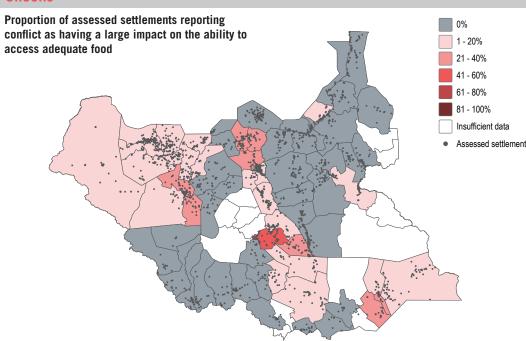


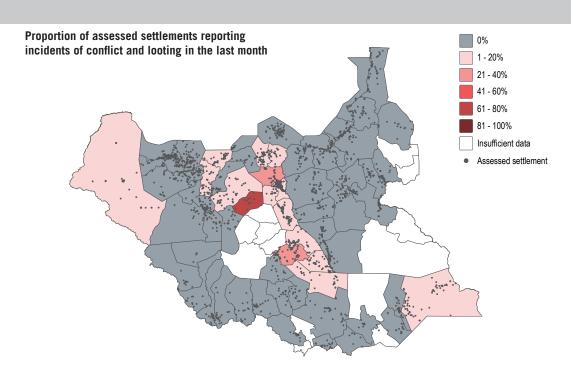


South Sudan Displacement Crisis
September 2019

Assessment of Hard-to-Reach Areas in South Sudan

Shocks





Shocks: IDPs

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

Tonj East	50%
Twic	31%
Panyijiar	26%
Kajo-keji	25%
Nagero	20%

Shocks: health

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

Abiemnhom	91%
Pariang	83%
Juba	67%
Awerial	60%
Budi	56%

Shocks: cereal prices

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

Abiemnhom	100%
Pariang	98%
Maban	92%
Kapoeta South	78%
Kapoeta North	75%

Shocks: hunger

Top five assessed counties reporting hunger is severe or the worst it can be

Kapoeta South	89%
Kapoeta North	88%
Juba	73%
Budi	69%
Gogrial West	62%

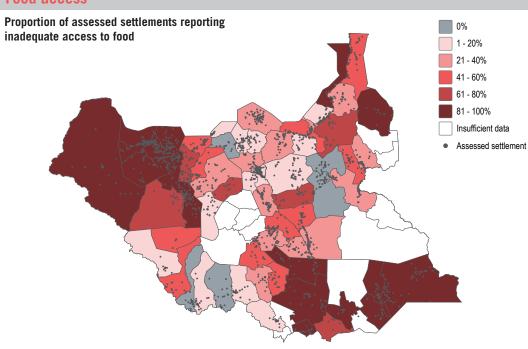


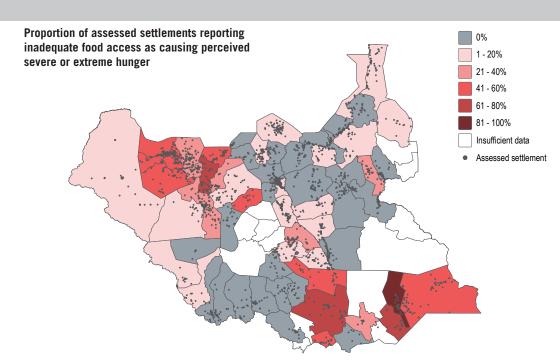


South Sudan Displacement Crisis
September 2019

Assessment of Hard-to-Reach Areas in South Sudan

Food access





Wild foods: frequency

Top five assessed counties reporting consumption of wild foods all of the time

Yei	77%
Mvolo	71%
Torit	58%
Mundri East	44%
Mundri West	44%

Wild foods: nutrition

Top five assessed counties reporting consumption of wild foods that are known to make people sick

Fangak	86%
Terekeka	67%
Renk	64%
Maban	62%
Juba	60%

Meal frequency

Top five assessed counties reporting consuming on average one meal per day or less

Aweil Centre	98%
Aweil East	97%
Aweil West	96%
Aweil South	94%
Kapoeta North	94%
Aweil South	94%

Food coping: skipping days

Top five assessed counties reporting entire days without eating as a coping strategy

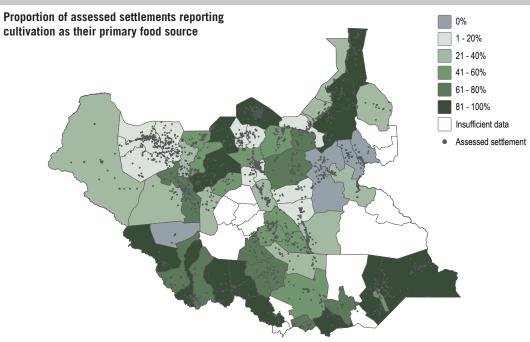
67%
50%
41%
34%
29%



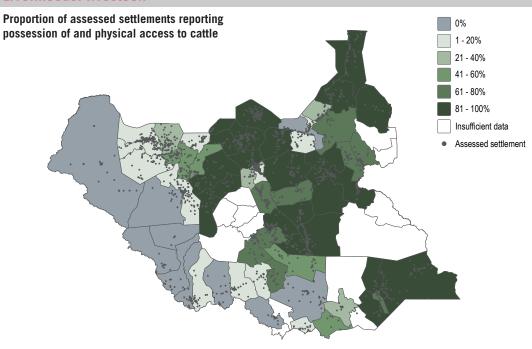
Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis
September 2019

Livelihoods: cultivation



Livelihoods: livestock



Agricultural inputs

Top five counties reporting inadequate access to farming tools

Juba	100%
Manyo	83%
Nagero	80%
Maban	77%
Panyikang	75%

Land for cultivation

Top five counties reporting access restrictions to land for cultivation

Maban	77%
Manyo	58%
Wau	57%
Kapoeta South	33%
Bor South	24%

Food source: livestock

Top five counties reporting livestock as their primary food source

Aweil South	49%
Manyo	33%
Yirol West	28%
Yirol East	23%
Maban	23%

Livestock engagement

Top five counties reporting engagement in livestock activities

Abiemnhom	100%
Awerial	100%
Ayod	100%
Fangak	100%
Kapoeta North	100%
***************************************	12. 12. 14. 15. 16. 16.

*Other assessed counties reporting 100% engaged in livestock activities includes: Luakpiny/Nasir, Ulang and Uror.

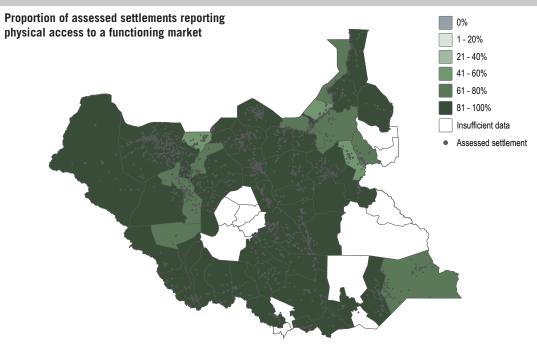




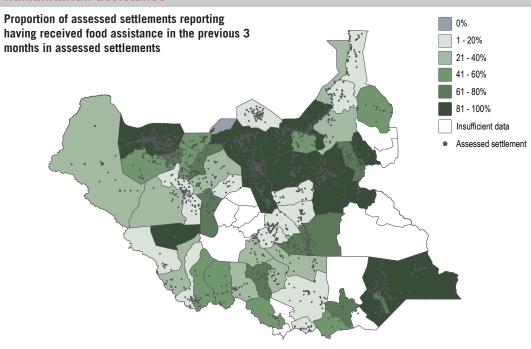
Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis
September 2019

Markets



Humanitarian assistance



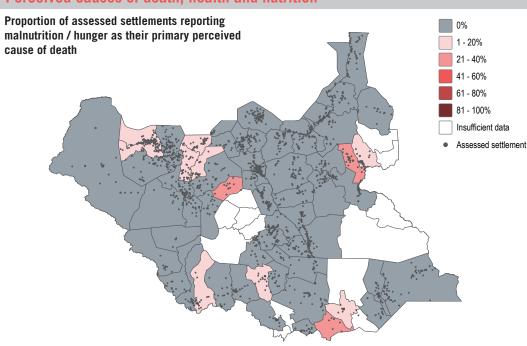
Food source: purchasing		Livelihood: casual labour		Food source: humanitarian		Humanitarian distribution	
Top five assessed counties reporting purchase as primary food source		Top five assessed counties reporting casual labour as a livelihood activity		Top five assessed counties reporting humanitarian assistance as primary food source in assessed settlements		Top five assessed counties reporting no humanitarian assistance received in the past 3 months	
Tonj South	72%	Magwi	100%	Nyirol	100%	Pariang	97%
Wau	69%	Raja	96%	Uror	100%	Yirol East	94%
Juba	57%	Mundri West	94%	Leer	90%	Yirol West	93%
Malakal	57%	Ibba	93%	Guit	83%	Tambura	93%
Panyikang	55%	Mvolo	93%	Mayendit	80%	Duk	89%

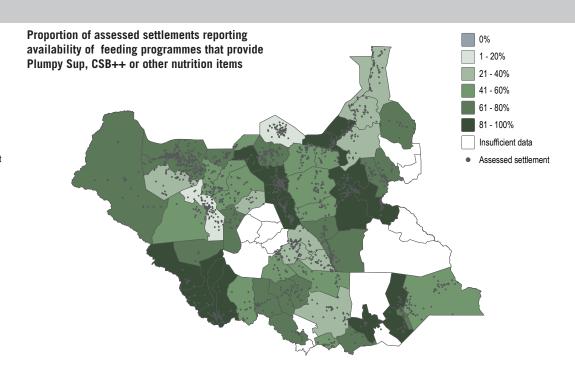


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South Sudan Displacement Crisis
September 2019

Perceived causes of death, health and nutrition





Mortality increase		Health: malnutrition		Health: malaria		Health services	
Top five assessed counties reporting a higher perceived number of deaths than normal in the last month		Top five assessed counties reporting perceived malnutrition as main health problem		Top five assessed counties reporting malaria as their main health problem		Top five assessed counties reporting no physical access to health services	
Tonj East	75%	Tonj East	50%	Maban	100%	Renk	76%
Gogrial West	53%	Tonj North	22%	Renk	100%	Jur River	67%
Twic	47%	Ulang	21%	Melut	94%	Baliet	67%
Tonj North	31%	Torit	11%	Budi	94%	Juba	57%
Panyijiar	22%	Twic East	9%	Kapoeta North	94%	Gogrial West	56%

