Multi-Sector Needs Assessment: Area of Knowledge-Neighbourhoods

September 2020
South Sudan

CONTEXT

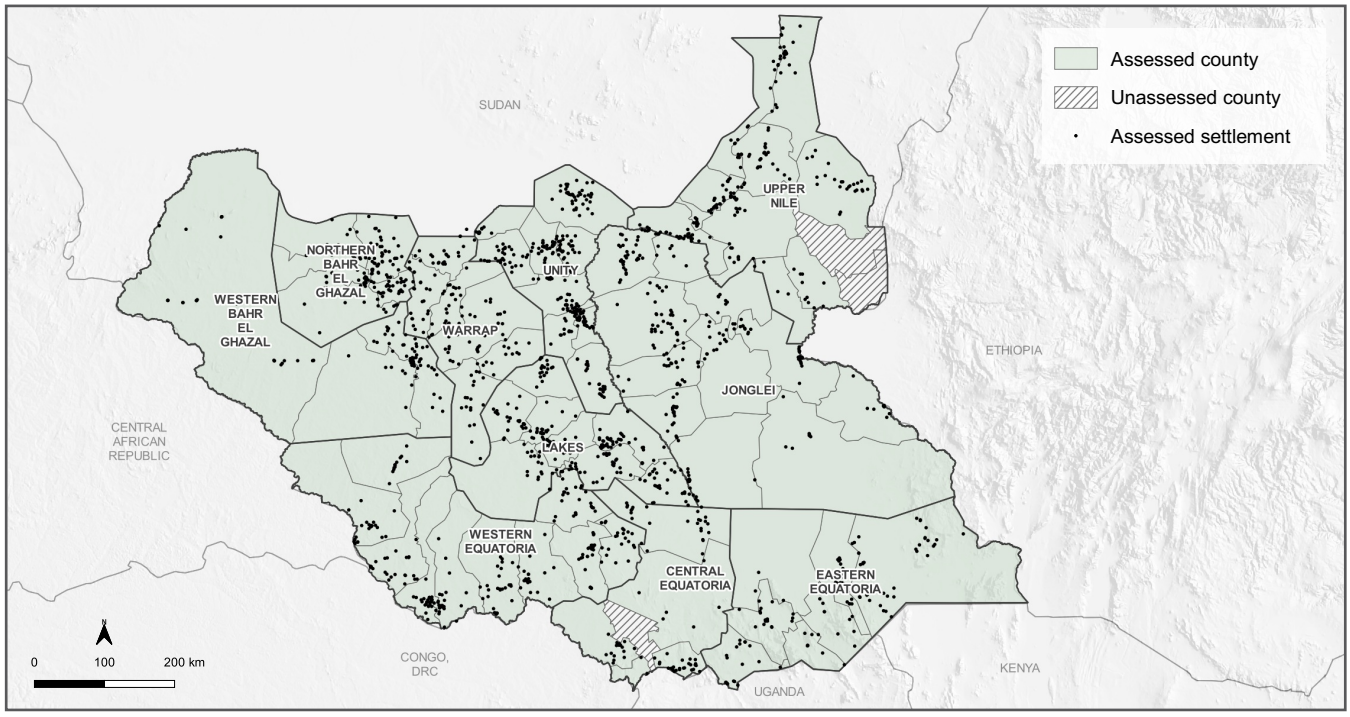
Despite recent improvements in the overall security situation, high humanitarian needs continue across South Sudan, and the convergence of multiple shocks in already vulnerable areas in 2020 and 2021 could lead to severe outcomes. Crucial information gaps remain in South Sudan, with poor access to many parts of the country due to insecurity and inadequate infrastructure. These information gaps limit the effectiveness of humanitarian planning and implementation. In addition, since COVID-19 travel restrictions were put in place to avoid the spread of the virus countrywide in March 2020, the ability to carry out data collection has been even more constrained.[1] In this context, alternative and innovative data collection methodologies are required, to support humanitarian decision making and prioritisation.

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 the Organisation for the Coordination of Humanitarian Affairs (OCHA) and the Inter Cluster Coordination Group (ICCG), innovated a remote, Key Informant (KI)-based household methodology: the "Area of Knowledge-Neighbourhoods (AoK-N)". The purpose of the AoK-N methodology is to provide household level data on needs to inform the response, in a context where direct household surveys are currently extremely limited. The AoK-N methodology aims to identify differences in humanitarian needs across different geographic areas, and it is intended to support strategic planning and contribute, as one of many data sources, to a more targeted and evidence-based humanitarian response.

The neighbourhoods methodology 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). It is a remote KI-based methodology, based on the assumption that people reasonably know some information about other people in their immediate neighbourhoods. REACH conducted a pilot between the 16th and 26th of June 2020, covering three states in South Sudan to assess the practicality of this methodology and analysed the results through: 1) a comparison to data from Food, Security and Nutrition Monitoring System (FSNMS) Round 25, and 2) a verification exercise directly with selected households. The results of this analysis have been used to inform the full country-wide roll-out of this methodology.

The 2020 South Sudan AoK-N consisted of a quantitative remote multi-sectoral assessment implemented across all ten states of South Sudan between the 3rd of August and 1st of September 2020. With the objective of gathering comparable information across the entire country, REACH conducted 2,930 face-to-face and phone surveys, covering a total of 21,260 households, across 75 counties (see Map 1).

Map 1: Country-wide coverage map



[1] Movement restrictions, included no inter-state travel, temporary cancellation of all internal United Nations Humanitarian Air Service (UNHAS) flights, and additional permissions required to carry out face-to-face data collection activities (WHO, June 2020, South Sudan 2020 Humanitarian Response Plan COVID-19 Addendum).

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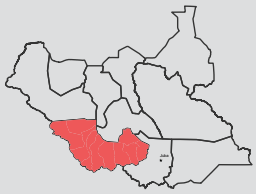
Western Equatoria State



METHODOLOGY

A two-stage, non-probability sampling approach was adopted. In the first stage, 25 clusters were targeted per county, where each cluster was defined as a settlement or urban neighbourhood. Clusters were not randomly sampled; instead, a target number of clusters were proportionately allocated to sub-county payams (admin level 3) based on their population size, using probability proportional to size (PPS) sampling. The sampling frame consisted of a list of payams by county, and an estimate of their population, based on the National Bureau of Statistics population estimates.

In the second stage, for each cluster one KI Interview was conducted, and KIs were purposively sampled. The selection criteria for a KI was that they had knowledge of their own settlement, knowledge on up to 9 of their closest neighbours geographically, and had been established in the location they were reporting on for at least 1 month. Each KI was asked to list up to 9 geographically closest households to their own home, and was then asked a multi-sectoral questionnaire about their own household, as well as each of the listed neighbours. Data was aggregated at the county level for analysis, and weighted to compensate for over- or under-sampling of payams within the county. For detailed information on the KI methodology, please see the annex.

The tool was designed with input from clusters, and based as much as possible on the draft of the global Joint Intersectoral Analysis Framework (JIAF), to ensure comparability between AoK-N and the ongoing FSNMS+ assessments. The full Terms of Reference (ToR) is available here.

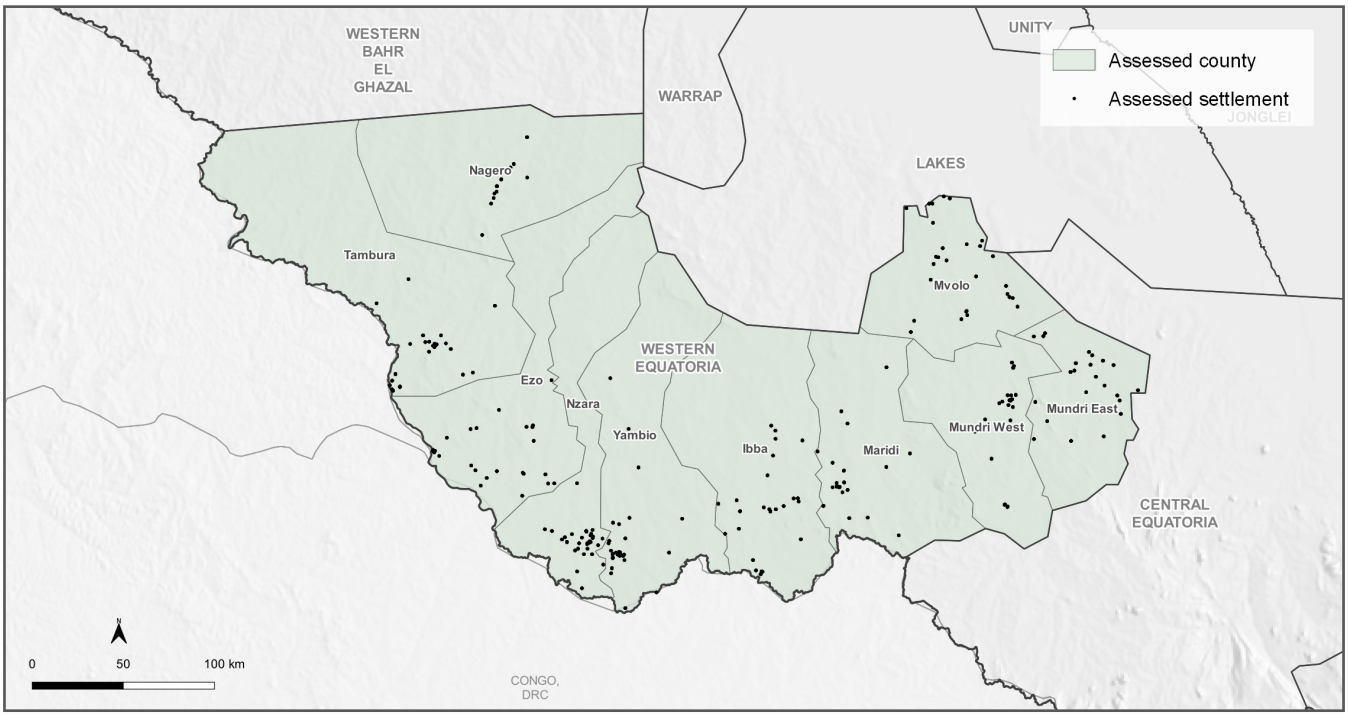
Limitations

Results are reported as a "% of households" and interpreted as any normal household survey, given certain acknowledgements and limitations. Key is that since households are not selected with probability sampling, the results are not statistically representative. In addition, there is added uncertainty in the validity of results, as most households are not reporting directly on their own needs.

State Overview

In Western Equatoria State, 295 interviews were conducted, covering a total of 2,592 households through the AoK-N methodology (see coverage map below). This factsheet summarises findings starting with an overview of the Living Standard Gap (LSG) per county per sector, followed by county level sectoral pages to provide more in-depth information on the sectoral LSGs in every county in Western Equatoria State, as well as detailed information on the Capacity Gap (CG) and household vulnerabilities. For detailed information on the LSG and CG methodology, please see the annex.

Map 1: Western Equatoria State coverage map



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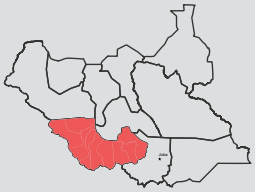
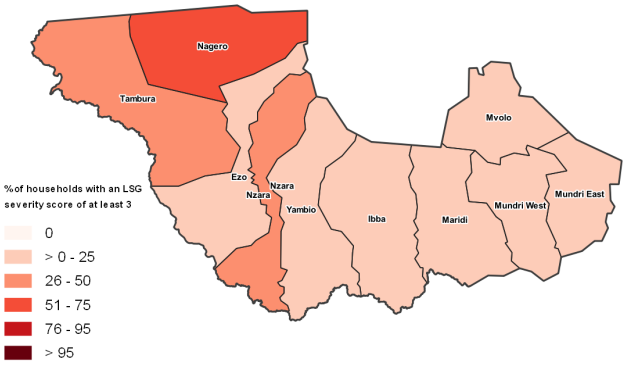
Living Standard Gaps in Western Equatoria State



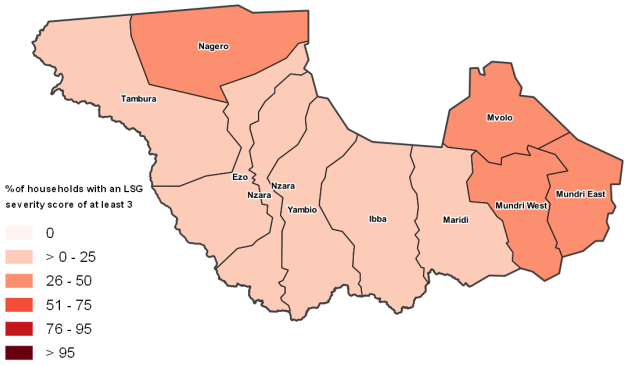
AoK-N I 2020
South Sudan

The maps below provide an overview of the proportions of households found to have a LSG per sector and county in Western Equatoria State. A LSG signifies an unmet need in a given sector, and the below maps indicate the proportion of households per county with an LSG severity score of at least 3. The darker the red, the higher the proportion of households found to have a LSG in that sector. Further information is provided in the following county sectoral pages and the methodology for LSG calculations can be found in the annex.

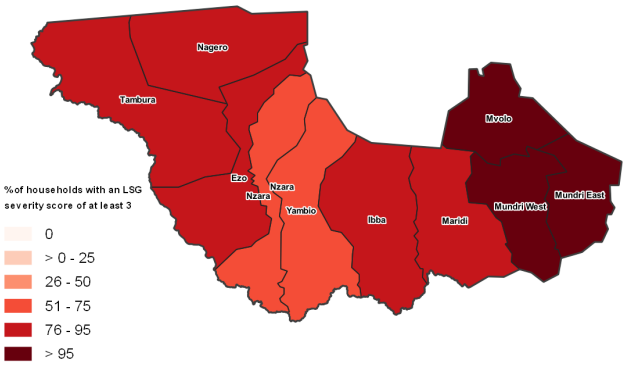
Food security and livelihoods (FSL) LSG[1]



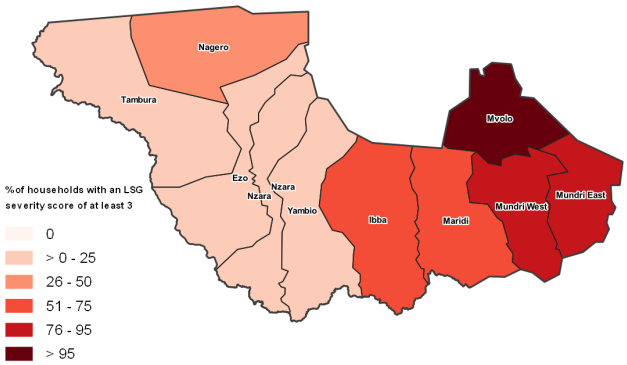
Shelter LSG[4]



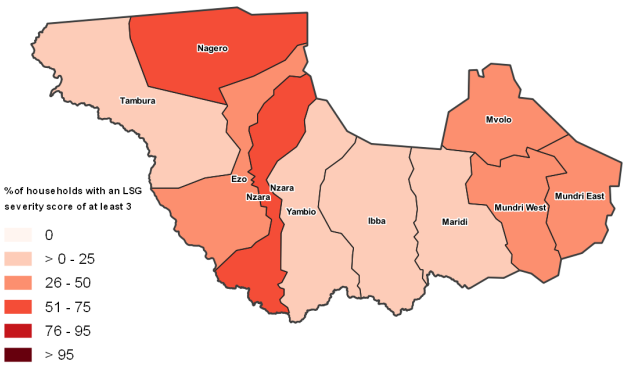
Water, sanitation and hygiene (WASH) LSG[2]



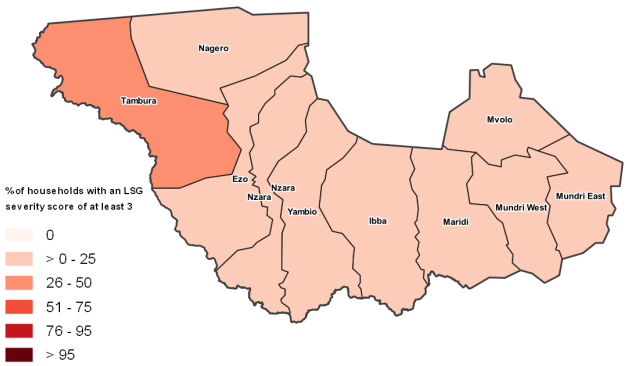
Education LSG[5]



Health LSG[3]



Protection LSG[6]



[1] The LSG consists of the supercritical and critical indicators, as well as inadequate access to food, market access challenges, not planting/harvesting, and source of cereals. For more information on FSL LSG, see the relevant county page.
[2] The LSG consists of the supercritical and critical indicators, as well as quantity of water, timely access to water, access barriers, and access to latrines. For more information on WASH LSG, see the relevant county page.
[3] The LSG consists of the supercritical and critical indicators, as well as time to access health facility, coping by not getting treatment, and any adult/child being sick. For more information on health LSG, see the relevant county page.
[4] The LSG consists of the supercritical and critical indicators for shelter. For more information on shelter LSG, see the relevant county page.
[5] The LSG consists of the supercritical and critical indicators, as well as children not intending to return to school when they re-open and children not attending regularly. For more information on education LSG, see the relevant county page.
[6] The LSG consists of the supercritical and critical indicators, as well as protection barriers when accessing WASH, health, and education services, markets, planting/harvesting, and protection related shelter damage, and squatting. For more information on protection LSG, see the relevant county page.

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Western Equatoria State

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Ezo County, Western Equatoria State

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% of households found to have a FSL LSG, according to KIs: 23%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

see Annex for details on methodology

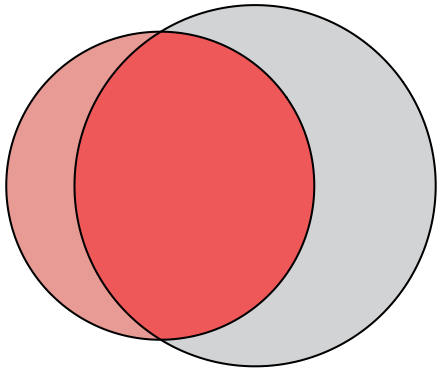
% of households per FSL LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
17%	Severe	(severity score 3)	
7%	Stress	(severity score 2)	
69%	No or minimal	(severity score 1)	

Supercritical and critical FSL indicators:
Supercritical: 2% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 6% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 4% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

4% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

38% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



6% of households found to have a LSG but no CG, according to KIs;

18% of households found to have a LSG and a CG, according to KIs;

15% of households found to have no LSG but a CG, according to KIs.

22% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Crops destroyed	9%
Didn't plant	8%
Can't harvest	5%
Cattle raids	0%
Cultivation issues	0%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	71%
Planted, not time to harvest	7%
Planted, harvest insufficient	13%
Did not plant	1%
Don't know	0%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

No money	17%
Too far	12%
High prices	10%
Bad roads	3%
No challenges	39%
No market available	18%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	73%
Market purchase	5%
No answer	1%
Borrowing	0%
Did not eat cereals	20%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Ezo County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 94%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

79%	Extreme +	(severity score 4+)	LSG
7%	Extreme	(severity score 4)	
9%	Severe	(severity score 3)	
6%	Stress	(severity score 2)	
0%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **79%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 86% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 88% of households reported by KIs to take more than 30 minutes round-trip to collect water.

26% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Waterpoints too far	55%
Long waiting time	7%
Insufficient containers	6%
Bad taste	5%
No barriers	23%

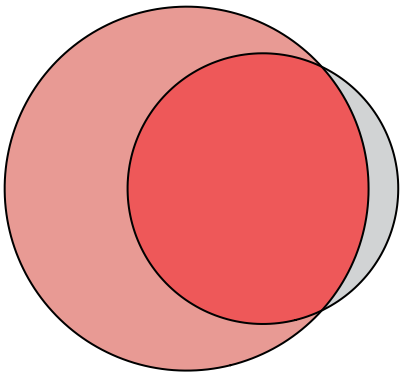
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	95%
Cooking	95%
Domestic	17%
Personal hygiene	95%
Not enough for any need	5%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	14%
Unimproved	83%
Surface water	3%

99% of households found to have a WASH LSG and/or a CG, according to KIs:



47% of households found to have a LSG but no CG, according to KIs;

47% of households found to have a LSG and a CG, according to KIs;

5% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	97%
No access to latrines	3%
Don't know	0%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce bathing	47%
Reduce drinking	46%
Reduce cleaning	12%
Use less preferred water source	6%
No coping strategies used	48%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Ezo County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a health LSG, according to KIs: 26%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

see Annex for details on methodology

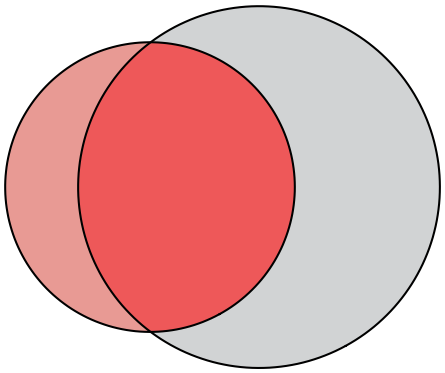
% of households per health LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)
18%	Extreme	(severity score 4)
6%	Severe	(severity score 3)
4%	Stress	(severity score 2)
70%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **2%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **26%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **58%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

46% of households found to have a health LSG and/or a CG, according to KIs:



7% of households found to have a LSG but no CG, according to KIs;

18% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

5% of households found to have a health LSG and to be vulnerable, according to KIs[3]

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	26%
No	74%
Don't know	0%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	34%
Adults only	13%
Both	25%
Don't know	2%
No sickness	26%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	0%
15 min - 30 min	12%
31 min - 59 min	30%
60 min - 120 min	58%
121 min - 3 hrs	0%
More than 3 hrs	0%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	18%
Too far	5%
Not always open	2%
Costs	0%
No barriers	74%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Go to further facility	17%
Borrow money	16%
Delay treatment	14%
Sold assets	9%
No coping strategies used	61%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Ezo County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a shelter LSG, according to KIs: 6%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

see Annex for details on methodology

% of households per shelter LSG severity score, according to KIs:

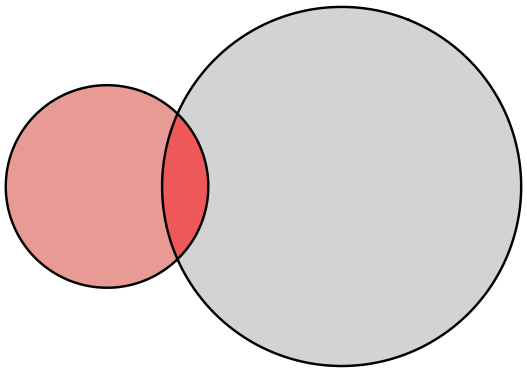
0%	Extreme +	(severity score 4+)
1%	Extreme	(severity score 4)
5%	Severe	(severity score 3)
27%	Stress	(severity score 2)
67%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **6%** of households reported by KIs living in inadequate shelters[2].
Critical: **20%** of households reported by KIs with partial or complete shelter damage.
Critical: **0%** of households reported by KIs without secure tenure of shelter.
Critical: **10%** of households reported by KIs as hosting other displaced people.

3% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

28% of households found to have a shelter LSG and/or a CG, according to KIs:



6% of households found to have a LSG but no CG, according to KIs;

1% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

Shelter type according to KIs, by % of HHs

Tukul	88%
Rakooba	5%
Improvised shelter	2%
Concrete building	5%
Community building	0%
Semi-permanent	1%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	4%
Partially destroyed	16%
Minimal damage	2%
No damage	78%

Occupancy arrangement according to KIs, by % of households

Owner	99%
Renting	1%
Squatting	0%
Hosted by relative or community member	0%

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	1%
IDP returnee	9%
Refugee	0%
Refugee returnee	0%
None	90%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Borrow money	11%
Stay with others	6%
Other shelter in same compound	3%
	2%
Collect grass	78%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Ezo County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 9%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

see Annex for details on methodology

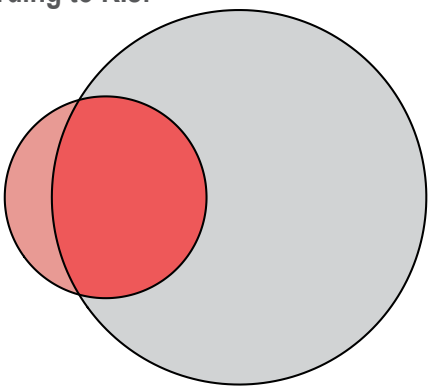
% of households per education LSG severity score, according to KIs:

9%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
0%	Severe	(severity score 3)
15%	Stress	(severity score 2)
76%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **0%** of households reported by KIs that are headed by a child/children.
Supercritical: **9%** of households reported by KIs with a child/ children engaged in child labour[2].
Critical: **16%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **6%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

33% of households found to have an education LSG and/or a CG, according to KIs:



5% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

2% of households found to have a LSG but no CG, according to KIs;

7% of households found to have a LSG and a CG, according to KIs;

24% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	31%
No	69%
Don't know	0%

% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	9%
No	91%
Don't know	0%

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	94%
No	6%
Don't know	0%

In 16% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	14%
Marriage/pregnancy	1%
Child is ill	0%
Child does not want	0%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

High school fees	4%
Marriage/pregnancy	1%
Other	1%
Bad quality	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Ezo County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 15%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

see Annex for details on methodology

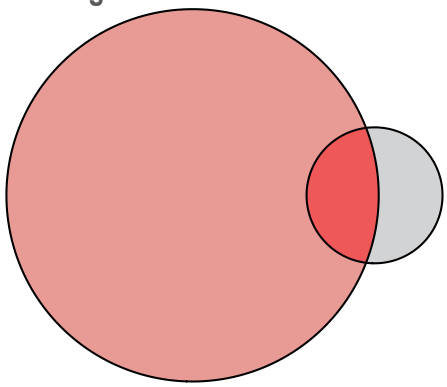
% of households per protection LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)	LSG
11%	Extreme	(severity score 4)	
3%	Severe	(severity score 3)	
1%	Stress	(severity score 2)	
84%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 12% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 4% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

5% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

16% of households found to have a protection LSG and/or a CG, according to KIs:



14% of households found to have a LSG but no CG, according to KIs;

1% of households found to have a LSG and a CG, according to KIs;

1% of households found to have no LSG but a CG, according to KIs.

Age of the head of household according to KIs, by % of households

Under 18	0%
18 - 65 years	92%
Over 65	8%

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	9%
Abduction	0%
Cattle raids	0%
Family separation	0%
No protection concerns	90%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	4%
No	96%
Don't know	0%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Cattle raids	12%
Abduction	0%
Killing/injury	0%
Violence between neighbours	0%
No protection incident	88%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Less preferable water source	1%
Marriage	1%
Pay bribe	0%
Less preferable health facility	0%
No coping strategies used	98%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Ezo County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 27%

In Ezo County,
Number of KIs interviewed: 29
Number of households reported on: 238

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

8%	Extreme	(severity score 4)	LSG
19%	Severe	(severity score 3)	LSG
41%	Stress	(severity score 2)	
32%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 8% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 8% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

32% Minimal **41%** Stress **19%** Severe **8%** Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	7%	17%	23%	11%	5%	98%	100%	30%	70
	...with a male head of household	9%	26%	27%	16%	7%	93%	100%	70%	168
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	9%	13%	17%	21%	9%	95%	100%	8%	17
Displacement Status	...who are part of the host community	7%	25%	27%	14%	6%	94%	100%	92%	217
	...who are displaced	31%	6%	6%	25%	8%	100%	100%	8%	21
	...who are hosting displaced people	0%	2%	20%	0%	10%	82%	100%	10%	21
	...who are not hosting displaced people	10%	26%	26%	16%	6%	96%	100%	90%	217
Vulnerable household members	...with an elderly household member	4%	17%	23%	14%	4%	96%	100%	35%	79
	...with seperated or unaccompanied child	18%	37%	32%	41%	9%	91%	100%	12%	28
	...with physical or mentally disabled household member	0%	19%	31%	34%	0%	82%	100%	12%	30
	...with chronically ill household member	6%	50%	40%	15%	6%	96%	100%	16%	37
	...with a pregnant or lactating woman	7%	23%	28%	15%	4%	91%	100%	49%	116

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Ibba County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 4%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

see Annex for details on methodology

% of households per FSL LSG severity score, according to KIs:

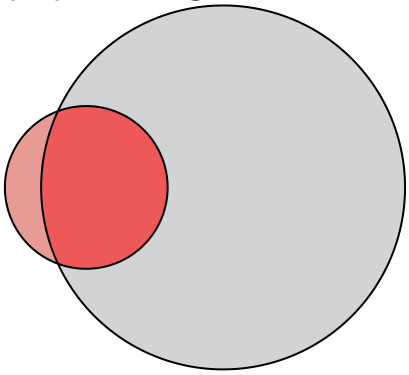
0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
4%	Severe	(severity score 3)
2%	Stress	(severity score 2)
94%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 3% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 2% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

4% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

25% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



1% of households found to have a LSG but no CG, according to KIs;

4% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

5% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Crops destroyed	5%
Can't harvest	0%
Cattle raids	0%
Cultivation issues	0%
Death in the family	0%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	64%
Planted, not time to harvest	20%
Planted, harvest insufficient	6%
Did not plant	2%
Don't know	8%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

Too far	14%
No money	8%
Don't know	2%
Flooding	1%
No challenges	0%
No market available	72%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	77%
Market purchase	15%
Neighbours/relatives	4%
Food assistance	1%
Did not eat cereals	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Ibba County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 88%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

see Annex for details on methodology

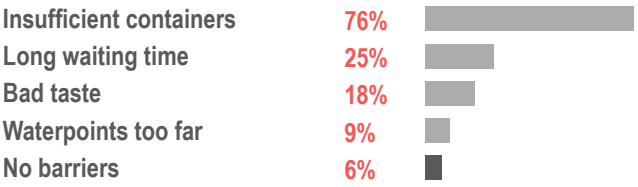
% of households per WASH LSG severity score, according to KIs:

24%	Extreme +	(severity score 4+)	LSG
7%	Extreme	(severity score 4)	
58%	Severe	(severity score 3)	
10%	Stress	(severity score 2)	
1%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **24%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 31% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 81% of households reported by KIs to take more than 30 minutes round-trip to collect water.

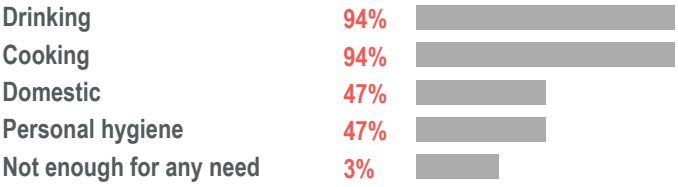
75% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]



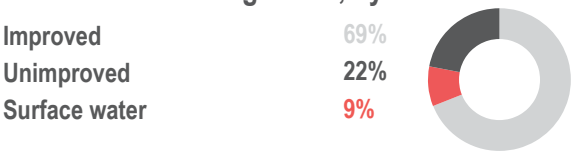
Insufficient containers	76%
Long waiting time	25%
Bad taste	18%
Waterpoints too far	9%
No barriers	6%

% of households reported by KIs to have a sufficient quantity of water for each need[4]



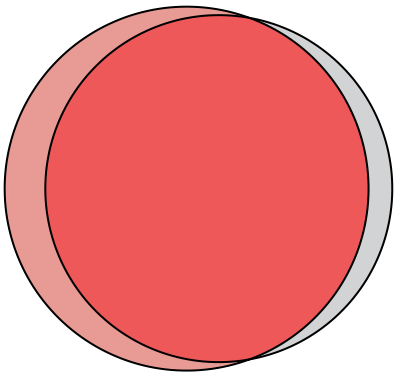
Drinking	94%
Cooking	94%
Domestic	47%
Personal hygiene	47%
Not enough for any need	3%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]



Improved	69%
Unimproved	22%
Surface water	9%

94% of households found to have a WASH LSG and/or a CG, according to KIs:

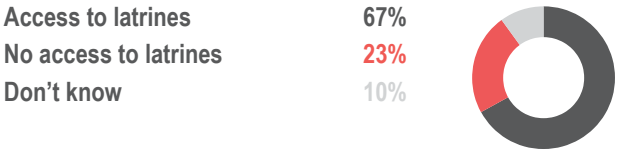


14% of households found to have a LSG but no CG, according to KIs;

74% of households found to have a LSG and a CG, according to KIs;

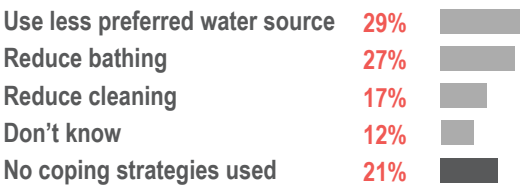
6% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines



Access to latrines	67%
No access to latrines	23%
Don't know	10%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]



Use less preferred water source	29%
Reduce bathing	27%
Reduce cleaning	17%
Don't know	12%
No coping strategies used	21%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Ibba County, Western Equatoria State

% of households found to have a health LSG, according to KIs: 22%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

see Annex for details on methodology

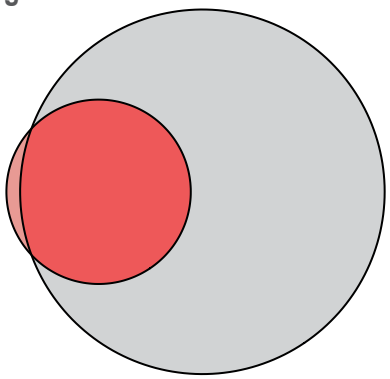
% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
11%	Extreme	(severity score 4)
10%	Severe	(severity score 3)
13%	Stress	(severity score 2)
65%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **23%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **37%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

87% of households found to have a health LSG and/or a CG, according to KIs:



17% of households found to have a health LSG and to be vulnerable, according to KIs[3]

1% of households found to have a LSG but no CG, according to KIs;

21% of households found to have a LSG and a CG, according to KIs;

65% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	22%
No	71%
Don't know	7%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	27%
Adults only	14%
Both	37%
Don't know	8%
No sickness	14%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	9%
Too far	8%
Discrimination	3%
Costs	1%
No barriers	77%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	0%
15 min - 30 min	5%
31 min - 59 min	53%
60 min - 120 min	29%
121 min - 3 hrs	3%
More than 3 hrs	3%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Delay treatment	51%
Go to further facility	38%
Sold assets	20%
Borrow money	11%
No coping strategies used	5%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Ibba County, Western Equatoria State

% of households found to have a shelter LSG, according to KIs: 23%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

see Annex for details on methodology

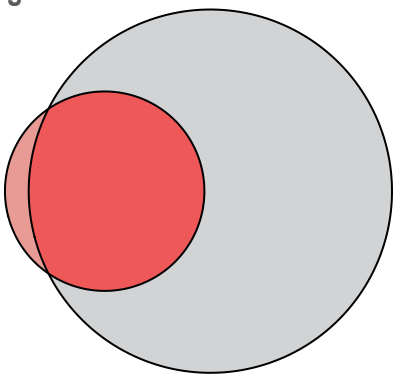
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
2%	Extreme	(severity score 4)
21%	Severe	(severity score 3)
38%	Stress	(severity score 2)
39%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **2%** of households reported by KIs living in inadequate shelters[2].
Critical: **27%** of households reported by KIs with partial or complete shelter damage.
Critical: **24%** of households reported by KIs without secure tenure of shelter.
Critical: **39%** of households reported by KIs as hosting other displaced people.

76% of households found to have a shelter LSG and/or a CG, according to KIs:



22% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

2% of households found to have a LSG but no CG, according to KIs;

20% of households found to have a LSG and a CG, according to KIs;

53% of households found to have no LSG but a CG, according to KIs.

Shelter type according to KIs, by % of HHs

Tukul	96%
Rakooba	0%
Improvised shelter	0%
Concrete building	1%
Community building	2%
Semi-permanent	2%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	21%
Partially destroyed	6%
Minimal damage	1%
No damage	72%

Occupancy arrangement according to KIs, by % of households

Owner	68%
Renting	0%
Squatting	0%
Hosted by relative or community member	21%

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	24%
IDP returnee	16%
Refugee	0%
Refugee returnee	0%
None	52%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Stay with others	29%
Children sleep elsewhere	12%
Borrow money	12%
Don't know	11%
No coping strategies used	26%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Ibba County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 68%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

see Annex for details on methodology

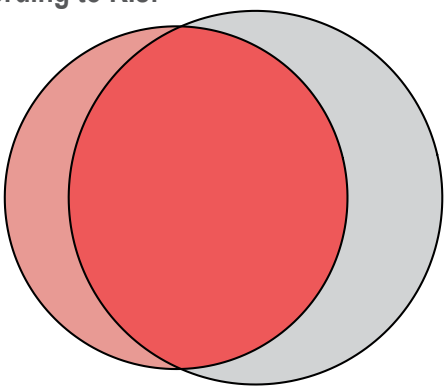
% of households per education LSG severity score, according to KIs:

40%	Extreme +	(severity score 4+)
6%	Extreme	(severity score 4)
23%	Severe	(severity score 3)
3%	Stress	(severity score 2)
29%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **9%** of households reported by KIs that are headed by a child/children.
Supercritical: **26%** of households reported by KIs with a child/children engaged in child labour[2].
Critical: **8%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **50%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

97% of households found to have a education LSG and/or a CG, according to KIs:



60% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

15% of households found to have a LSG but no CG, according to KIs;

54% of households found to have a LSG and a CG, according to KIs;

28% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	75%
No	20%
Don't know	5%

% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	33%
No	57%
Don't know	10%

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	47%
No	50%
Don't know	3%

In 8% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	5%
Child does not want	3%
Marriage/pregnancy	2%
Child is ill	0%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Marriage/pregnancy	23%
High school fees	15%
School is too far	6%
Bad quality	3%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Ibba County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 11%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

see Annex for details on methodology

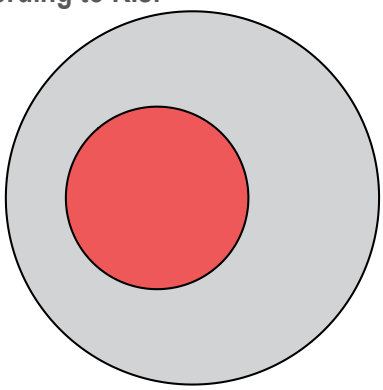
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
6%	Severe	(severity score 3)	
19%	Stress	(severity score 2)	
70%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 5% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 8% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

8% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

46% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	8%
18 - 65 years	37%
Over 65	43%

0% of households found to have a LSG but no CG, according to KIs;

11% of households found to have a LSG and a CG, according to KIs;

35% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	58%
Don't know	13%
Family separation	5%
Killing/injury	5%
No protection concerns	19%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	7%
No	76%
Don't know	17%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Violence between neighbours	4%
Killing/injury	1%
Abduction	0%
Cattle raids	0%
No protection incident	94%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Marriage	33%
Pay bribe	29%
Migrate/change residence	20%
Don't know	19%
No coping strategies used	35%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Ibba County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 84%

In Ibba County,
Number of KIs interviewed: 31
Number of households reported on: 296

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

51%	Extreme	(severity score 4)	LSG
32%	Severe	(severity score 3)	LSG
11%	Stress	(severity score 2)	
6%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 56% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 30% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

5% Minimal 9% Stress 33% Severe 52% Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	72%	6%	18%	11%	23%	90%	95%	48%	140
	...with a male head of household	65%	2%	26%	11%	23%	87%	92%	52%	156
	...with a child head of household	100%	0%	52%	0%	0%	100%	100%	8%	27
	...with an elderly head of household	58%	5%	11%	13%	26%	87%	94%	43%	127
Displacement Status	...who are part of the host community	68%	3%	29%	13%	18%	90%	94%	70%	208
	...who are displaced	75%	7%	7%	7%	37%	87%	94%	30%	83
	...who are hosting displaced people	75%	4%	25%	7%	50%	94%	98%	43%	113
	...who are not hosting displaced people	62%	5%	23%	16%	7%	87%	93%	57%	159
Vulnerable household members	...with an elderly household member	67%	4%	19%	10%	27%	89%	95%	66%	178
	...with seperated or unaccompanied child	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with physical or mentally disabled household member	93%	11%	9%	30%	28%	89%	98%	13%	39
	...with chronically ill household member	85%	0%	57%	0%	47%	100%	100%	5%	14
	...with a pregnant or lactating woman	71%	5%	19%	9%	31%	91%	95%	48%	142

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Maridi County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 8%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

see Annex for details on methodology

% of households per FSL LSG severity score, according to KIs:

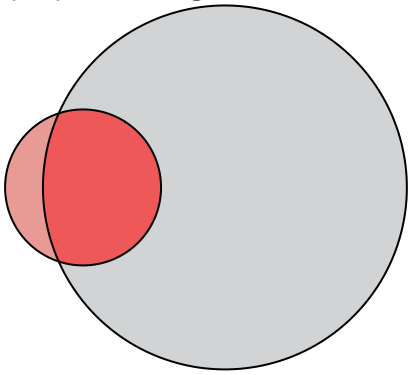
0%	Extreme +	(severity score 4+)
4%	Extreme	(severity score 4)
5%	Severe	(severity score 3)
4%	Stress	(severity score 2)
88%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 3% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 3% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

6% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

50% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



2% of households found to have a LSG but no CG, according to KIs;

7% of households found to have a LSG and a CG, according to KIs;

42% of households found to have no LSG but a CG, according to KIs.

14% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Rain/flooding	2%
Didn't plant	1%
Insufficient labour	1%
NA	1%
Can't harvest	0%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	34%
Planted, not time to harvest	49%
Planted, harvest insufficient	4%
Did not plant	8%
Don't know	4%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

Too far	16%
No money	6%
High prices	4%
Don't know	1%
No challenges	0%
No market available	74%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	81%
Market purchase	8%
Food assistance	4%
Borrowing	1%
Did not eat cereals	5%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Maridi County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 80%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

26%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
49%	Severe	(severity score 3)	
16%	Stress	(severity score 2)	
4%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **26%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 30% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 75% of households reported by KIs to take more than 30 minutes round-trip to collect water.

67% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Insufficient containers	45%
Long waiting time	24%
Waterpoints too far	16%
Broken	9%
No barriers	17%

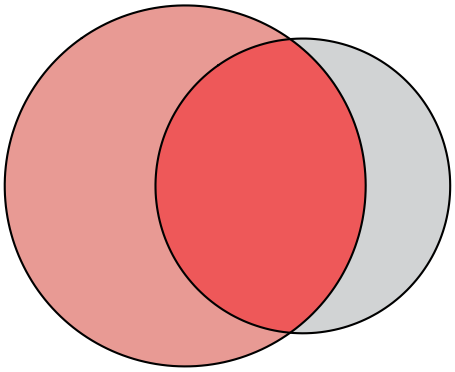
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	89%
Cooking	83%
Domestic	35%
Personal hygiene	44%
Not enough for any need	4%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	70%
Unimproved	24%
Surface water	6%

96% of households found to have a WASH LSG and/or a CG, according to KIs:



43% of households found to have a LSG but no CG, according to KIs;

35% of households found to have a LSG and a CG, according to KIs;

17% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	89%
No access to latrines	8%
Don't know	3%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Use less preferred water source	22%
Reduce bathing	21%
Reduce cleaning	10%
Don't know	7%
No coping strategies used	47%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Maridi County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a health LSG, according to KIs: 18%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

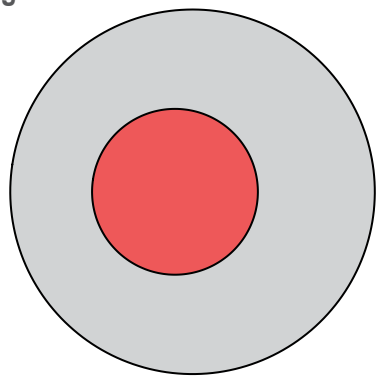
see Annex for details on methodology

% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
13%	Severe	(severity score 3)	
5%	Stress	(severity score 2)	
77%	No or minimal	(severity score 1)	

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **19%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **20%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

87% of households found to have a health LSG and/or a CG, according to KIs:



14% of households found to have a health LSG and to be vulnerable, according to KIs[3]

0% of households found to have a LSG but no CG, according to KIs;

18% of households found to have a LSG and a CG, according to KIs;

69% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	18%
No	77%
Don't know	5%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	29%
Adults only	17%
Both	16%
Don't know	10%
No sickness	28%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	6%
Costs	5%
Too far	3%
Discrimination	2%
No barriers	81%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	6%
15 min - 30 min	2%
31 min - 59 min	71%
60 min - 120 min	19%
121 min - 3 hrs	0%
More than 3 hrs	0%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Delay treatment	44%
Go to further facility	29%
Borrow money	17%
Don't know	10%
No coping strategies used	3%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Maridi County, Western Equatoria State

% of households found to have a shelter LSG, according to KIs: 21%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

see Annex for details on methodology

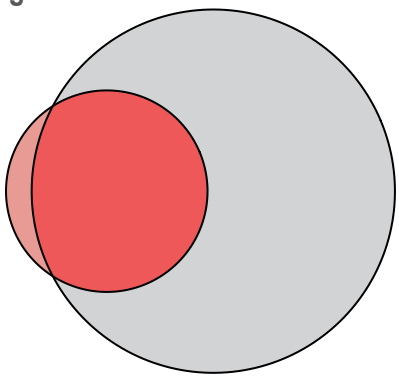
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
21%	Severe	(severity score 3)
38%	Stress	(severity score 2)
41%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 0% of households reported by KIs living in inadequate shelters[2].
Critical: 25% of households reported by KIs with partial or complete shelter damage.
Critical: 21% of households reported by KIs without secure tenure of shelter.
Critical: 37% of households reported by KIs as hosting other displaced people.

67% of households found to have a shelter LSG and/or a CG, according to KIs:



20% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	97%
Rakooba	0%
Improvised shelter	0%
Concrete building	0%
Community building	0%
Semi-permanent	3%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	19%
Partially destroyed	6%
Minimal damage	5%
No damage	70%

Occupancy arrangement according to KIs, by % of households

Owner	73%
Renting	2%
Squatting	2%
Hosted by relative or community member	19%

2% of households found to have a LSG but no CG, according to KIs;

18% of households found to have a LSG and a CG, according to KIs;

47% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	26%
IDP returnee	11%
Refugee	7%
Refugee returnee	0%
None	55%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Stay with others	37%
Don't know	10%
Borrow money	7%
Migrate/change residence	5%
No coping strategies used	35%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Maridi County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 69%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

62%	Extreme +	(severity score 4+)
1%	Extreme	(severity score 4)
6%	Severe	(severity score 3)
3%	Stress	(severity score 2)
29%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **31%** of households reported by KIs that are headed by a child/children.
Supercritical: **29%** of households reported by KIs with a child/children engaged in child labour[2].
Critical: **10%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **40%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

62% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	57%
No	38%
Don't know	5%

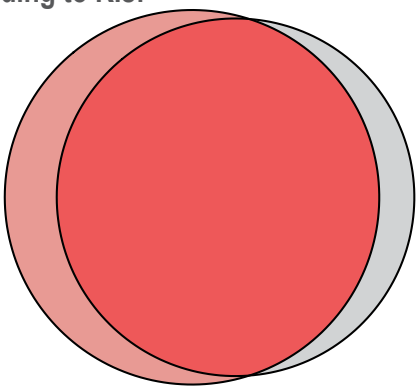
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	26%
No	65%
Don't know	9%

In 10% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	6%
Child does not want	4%
Child has to work	1%
Marriage/pregnancy	1%

74% of households found to have a education LSG and/or a CG, according to KIs:



13% of households found to have a LSG but no CG, according to KIs;

55% of households found to have a LSG and a CG, according to KIs;

7% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	56%
No	40%
Don't know	4%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Marriage/pregnancy	19%
High school fees	10%
School is too far	5%
Insecurity	3%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Maridi County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 17%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

see Annex for details on methodology

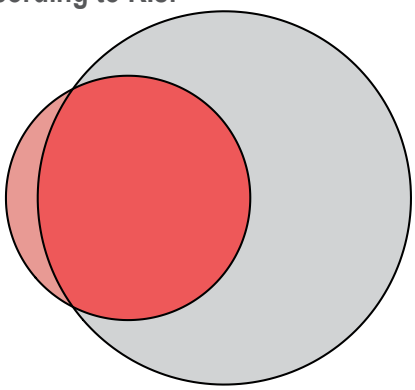
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
6%	Extreme	(severity score 4)	
11%	Severe	(severity score 3)	
18%	Stress	(severity score 2)	
65%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 6% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 13% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

15% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

43% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	30%
18 - 65 years	46%
Over 65	21%

- **2%** of households found to have a LSG but no CG, according to KIs;
- **16%** of households found to have a LSG and a CG, according to KIs;
- **26%** of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	44%
Don't know	11%
Abduction	9%
Family separation	7%
No protection concerns	33%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	12%
No	75%
Don't know	13%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Abduction	4%
Violence between neighbours	4%
Killing/injury	2%
Cattle raids	0%
No protection incident	93%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Pay bribe	31%
Marriage	26%
Less preferable water source	22%
Less preferable health facility	19%
No coping strategies used	43%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Maridi County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 84%

In Maridi County,
Number of KIs interviewed: 29
Number of households reported on: 258

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

50%	Extreme	(severity score 4)	LSG
34%	Severe	(severity score 3)	LSG
12%	Stress	(severity score 2)	
3%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 50% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 42% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

3% Minimal 13% Stress 34% Severe 50% Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	59%	9%	19%	15%	19%	80%	100%	46%	117
	...with a male head of household	78%	8%	17%	19%	22%	80%	98%	54%	141
	...with a child head of household	100%	3%	0%	31%	27%	67%	98%	30%	67
	...with an elderly head of household	42%	9%	22%	16%	18%	87%	100%	21%	52
Displacement Status	...who are part of the host community	68%	9%	22%	14%	17%	84%	99%	58%	152
	...who are displaced	70%	8%	13%	23%	27%	74%	99%	42%	104
	...who are hosting displaced people	79%	6%	29%	23%	47%	83%	100%	41%	98
	...who are not hosting displaced people	64%	11%	13%	16%	5%	75%	98%	59%	145
Vulnerable household members	...with an elderly household member	66%	9%	18%	17%	23%	81%	99%	55%	134
	...with seperated or unaccompanied child	82%	21%	26%	33%	36%	33%	100%	6%	15
	...with physical or mentally disabled household member	90%	13%	13%	33%	21%	45%	100%	13%	33
	...with chronically ill household member	77%	10%	16%	34%	31%	52%	100%	13%	33
	...with a pregnant or lactating woman	70%	7%	12%	16%	22%	75%	99%	52%	130

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Mundri East County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 2%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

see Annex for details on methodology

% of households per FSL LSG severity score, according to KIs:

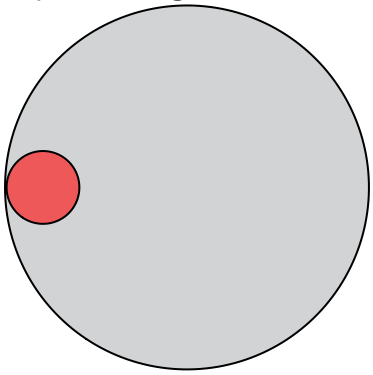
0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
2%	Severe	(severity score 3)
0%	Stress	(severity score 2)
98%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 0% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 0% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

1% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

50% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



0% of households found to have a LSG but no CG, according to KIs;

2% of households found to have a LSG and a CG, according to KIs;

48% of households found to have no LSG but a CG, according to KIs.

1% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Can't harvest	0%
Cattle raids	0%
Crops destroyed	0%
Cultivation issues	0%
Death in the family	0%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	48%
Planted, not time to harvest	17%
Planted, harvest insufficient	1%
Did not plant	21%
Don't know	12%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

Too far	15%
No money	2%
Unsafe	2%
Items unavailable	1%
No challenges	0%
No market available	81%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	65%
Market purchase	14%
Food assistance	2%
Borrowing	1%
Did not eat cereals	7%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Mundri East County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 96%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

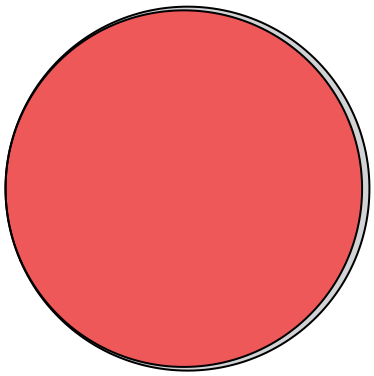
32%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
64%	Severe	(severity score 3)
2%	Stress	(severity score 2)
1%	No or minimal	(severity score 1)

LSG

Supercritical and critical indicators:
Supercritical: **32%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 32% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 96% of households reported by KIs to take more than 30 minutes round-trip to collect water.

78% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

100% of households found to have a WASH LSG and/or a CG, according to KIs:



0% of households found to have a LSG but no CG, according to KIs;

96% of households found to have a LSG and a CG, according to KIs;

4% of households found to have no LSG but a CG, according to KIs.

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Insufficient containers	48%
Long waiting time	30%
Waterpoints too far	28%
Bad taste	14%
No barriers	1%

% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	78%
Cooking	78%
Domestic	16%
Personal hygiene	16%
Not enough for any need	0%

% of households reported by KIs with access to latrines

Access to latrines	34%
No access to latrines	53%
Don't know	13%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	67%
Unimproved	19%
Surface water	14%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce cleaning	33%
Reduce bathing	32%
Use less preferred water source	23%
Don't know	10%
No coping strategies used	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Mundri East County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a health LSG, according to KIs: 31%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

see Annex for details on methodology

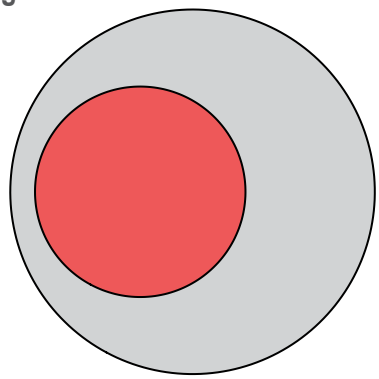
% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
19%	Extreme	(severity score 4)
12%	Severe	(severity score 3)
17%	Stress	(severity score 2)
52%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **35%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **68%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

92% of households found to have a health LSG and/or a CG, according to KIs:



22% of households found to have a health LSG and to be vulnerable, according to KIs[3]

0% of households found to have a LSG but no CG, according to KIs;

31% of households found to have a LSG and a CG, according to KIs;

62% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	30%
No	57%
Don't know	13%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	16%
Adults only	8%
Both	58%
Don't know	14%
No sickness	3%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

Too far	12%
No staff/medicine	8%
Unsafe	6%
Costs	4%
No barriers	65%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	0%
15 min - 30 min	0%
31 min - 59 min	29%
60 min - 120 min	48%
121 min - 3 hrs	7%
More than 3 hrs	6%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Delay treatment	38%
Go to further facility	25%
Sold assets	22%
Borrow money	16%
No coping strategies used	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Mundri East County, Western Equatoria State

% of households found to have a shelter LSG, according to KIs: 32%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

see Annex for details on methodology

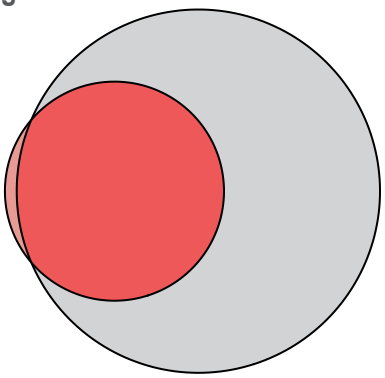
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
32%	Severe	(severity score 3)
36%	Stress	(severity score 2)
32%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 0% of households reported by KIs living in inadequate shelters[2].
Critical: 22% of households reported by KIs with partial or complete shelter damage.
Critical: 33% of households reported by KIs without secure tenure of shelter.
Critical: 52% of households reported by KIs as hosting other displaced people.

89% of households found to have a shelter LSG and/or a CG, according to KIs:



31% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	100%
Rakooba	0%
Improvised shelter	0%
Concrete building	0%
Community building	0%
Semi-permanent	0%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	18%
Partially destroyed	3%
Minimal damage	0%
No damage	78%

Occupancy arrangement according to KIs, by % of households

Owner	57%
Renting	3%
Squatting	2%
Hosted by relative or community member	28%

1% of households found to have a LSG but no CG, according to KIs;

31% of households found to have a LSG and a CG, according to KIs;

57% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	31%
IDP returnee	21%
Refugee	0%
Refugee returnee	0%
None	35%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Stay with others	36%
Children sleep elsewhere	24%
Borrow money	12%
Don't know	9%
No coping strategies used	12%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Mundri East County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 89%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

66%	Extreme +	(severity score 4+)
1%	Extreme	(severity score 4)
22%	Severe	(severity score 3)
1%	Stress	(severity score 2)
11%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **0%** of households reported by KIs that are headed by a child/children.
Supercritical: **44%** of households reported by KIs with a child/ children engaged in child labour[2].
Critical: **6%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **50%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

81% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	65%
No	23%
Don't know	12%

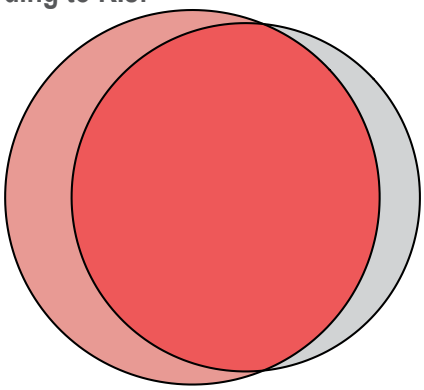
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	50%
No	36%
Don't know	14%

In 6% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	8%
Child is ill	0%
Child does not want	0%
Child has to work	0%

98% of households found to have an education LSG and/or a CG, according to KIs:



22% of households found to have a LSG but no CG, according to KIs;

67% of households found to have a LSG and a CG, according to KIs;

10% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	40%
No	50%
Don't know	10%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Marriage/pregnancy	17%
High school fees	14%
Bad quality	13%
School is too far	5%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Mundri East County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 18%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

see Annex for details on methodology

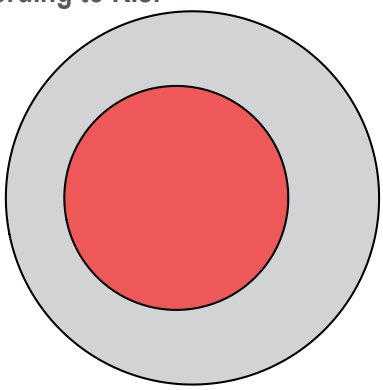
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
17%	Extreme	(severity score 4)	
0%	Severe	(severity score 3)	
18%	Stress	(severity score 2)	
64%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 18% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 1% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

11% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

50% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	0%
18 - 65 years	50%
Over 65	39%

0% of households found to have a LSG but no CG, according to KIs;

18% of households found to have a LSG and a CG, according to KIs;

32% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	34%
Family separation	28%
Don't know	18%
Forced recruitment	11%
No protection concerns	3%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	1%
No	82%
Don't know	17%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Violence between neighbours	10%
Abduction	9%
Killing/injury	3%
Cattle raids	1%
No protection incident	77%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Don't know	17%
Migrate/change residence	14%
Pay bribe	13%
Marriage	10%
No coping strategies used	33%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Mundri East County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 79%

In Mundri East County,
Number of KIs interviewed: 34
Number of households reported on: 326

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

39%	Extreme	(severity score 4)	LSG
40%	Severe	(severity score 3)	LSG
11%	Stress	(severity score 2)	
10%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 40% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 44% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

9% Minimal 10% Stress 40% Severe 40% Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	92%	2%	35%	10%	39%	99%	99%	38%	124
	...with a male head of household	85%	2%	28%	23%	27%	95%	95%	62%	202
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	80%	3%	27%	14%	51%	100%	100%	39%	130
Displacement Status	...who are part of the host community	87%	3%	48%	22%	31%	97%	97%	55%	177
	...who are displaced	91%	1%	10%	13%	35%	98%	98%	45%	141
	...who are hosting displaced people	90%	1%	34%	8%	62%	99%	99%	59%	169
	...who are not hosting displaced people	76%	3%	36%	39%	0%	95%	95%	41%	115
Vulnerable household members	...with an elderly household member	87%	2%	38%	12%	52%	100%	100%	54%	173
	...with seperated or unaccompanied child	NA	0%	37%	0%	63%	100%	100%	1%	2
	...with physical or mentally disabled household member	89%	9%	15%	13%	42%	98%	98%	13%	41
	...with chronically ill household member	86%	0%	66%	8%	56%	100%	100%	8%	27
	...with a pregnant or lactating woman	88%	2%	20%	10%	46%	98%	98%	35%	115

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Mundri West County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 12%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

see Annex for details on methodology

% of households per FSL LSG severity score, according to KIs:

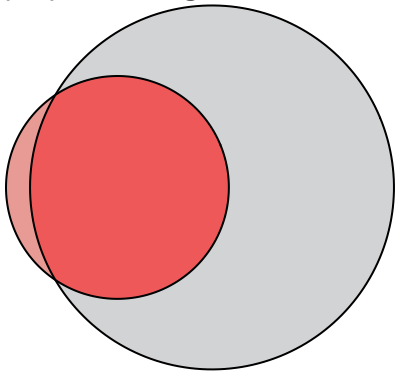
0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
12%	Severe	(severity score 3)
1%	Stress	(severity score 2)
87%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 0% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 0% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

10% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

33% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



1% of households found to have a LSG but no CG, according to KIs;

11% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

2% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Didn't plant	2%
Can't harvest	0%
Cattle raids	0%
Crops destroyed	0%
Cultivation issues	0%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

Too far	13%
No money	4%
Unsafe	3%
Items unavailable	3%
No challenges	0%
No market available	76%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	45%
Planted, not time to harvest	25%
Planted, harvest insufficient	6%
Did not plant	8%
Don't know	14%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	53%
Market purchase	17%
Neighbours/relatives	2%
Food assistance	1%
Did not eat cereals	18%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Mundri West County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 99%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

51%	Extreme +	(severity score 4+)
3%	Extreme	(severity score 4)
45%	Severe	(severity score 3)
0%	Stress	(severity score 2)
0%	No or minimal	(severity score 1)

LSG

Supercritical and critical indicators:
Supercritical: **51%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 54% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 97% of households reported by KIs to take more than 30 minutes round-trip to collect water.

84% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Insufficient containers	60%
Waterpoints too far	38%
Long waiting time	22%
Bad taste	16%
No barriers	1%

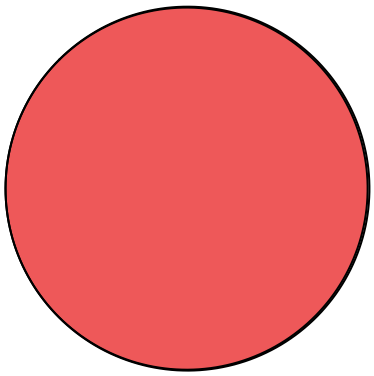
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	81%
Cooking	80%
Domestic	17%
Personal hygiene	17%
Not enough for any need	0%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	46%
Unimproved	32%
Surface water	22%

100% of households found to have a WASH LSG and/or a CG, according to KIs:



0% of households found to have a LSG but no CG, according to KIs;

99% of households found to have a LSG and a CG, according to KIs;

1% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	42%
No access to latrines	41%
Don't know	17%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce bathing	31%
Reduce cleaning	28%
Use less preferred water source	23%
Don't know	17%
No coping strategies used	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Mundri West County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a health LSG, according to KIs: 32%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

see Annex for details on methodology

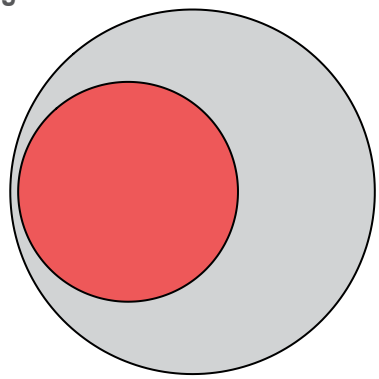
% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
27%	Extreme	(severity score 4)
5%	Severe	(severity score 3)
9%	Stress	(severity score 2)
59%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **44%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **65%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

88% of households found to have a health LSG and/or a CG, according to KIs:



29% of households found to have a health LSG and to be vulnerable, according to KIs[3]

0% of households found to have a LSG but no CG, according to KIs;

32% of households found to have a LSG and a CG, according to KIs;

56% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	36%
No	47%
Don't know	17%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	15%
Adults only	9%
Both	52%
Don't know	19%
No sickness	5%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

Too far	11%
No staff/medicine	10%
Unsafe	9%
Costs	6%
No barriers	56%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	0%
15 min - 30 min	0%
31 min - 59 min	27%
60 min - 120 min	42%
121 min - 3 hrs	4%
More than 3 hrs	4%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Delay treatment	26%
Sold assets	24%
Go to further facility	21%
Borrow money	14%
No coping strategies used	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Mundri West County, Western Equatoria State

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South Sudan

% of households found to have a shelter LSG, according to KIs: 39%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

see Annex for details on methodology

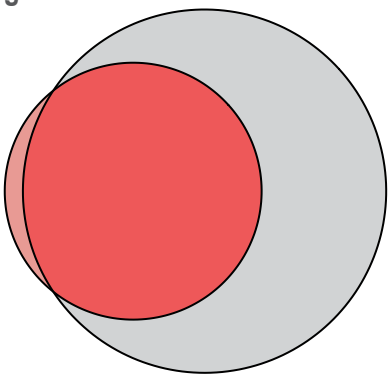
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
0%	Extreme	(severity score 4)	
39%	Severe	(severity score 3)	
35%	Stress	(severity score 2)	
26%	No or minimal	(severity score 1)	

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **0%** of households reported by KIs living in inadequate shelters[2].
Critical: **32%** of households reported by KIs with partial or complete shelter damage.
Critical: **42%** of households reported by KIs without secure tenure of shelter.
Critical: **56%** of households reported by KIs as hosting other displaced people.

38% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

80% of households found to have a shelter LSG and/or a CG, according to KIs:



2% of households found to have a LSG but no CG, according to KIs;

37% of households found to have a LSG and a CG, according to KIs;

41% of households found to have no LSG but a CG, according to KIs.

Shelter type according to KIs, by % of HHs

Tukul	100%
Rakooba	0%
Improvised shelter	0%
Concrete building	0%
Community building	0%
Semi-permanent	0%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	26%
Partially destroyed	6%
Minimal damage	1%
No damage	67%

Occupancy arrangement according to KIs, by % of households

Owner	49%
Renting	0%
Squatting	2%
Hosted by relative or community member	33%

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	32%
IDP returnee	27%
Refugee	0%
Refugee returnee	0%
None	25%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Stay with others	27%
Children sleep elsewhere	22%
Borrow money	16%
Don't know	9%
No coping strategies used	22%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Mundri West County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 95%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

80%	Extreme +	(severity score 4+)
1%	Extreme	(severity score 4)
14%	Severe	(severity score 3)
1%	Stress	(severity score 2)
4%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **0%** of households reported by KIs that are headed by a child/children.
Supercritical: **46%** of households reported by KIs with a child/children engaged in child labour[2].
Critical: **8%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **42%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

95% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	53%
No	31%
Don't know	16%

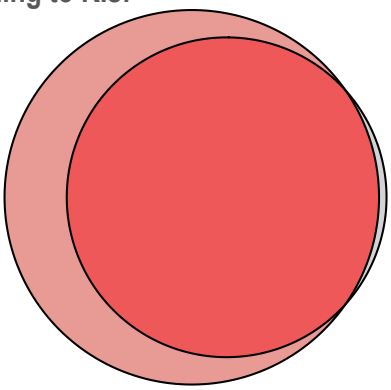
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	58%
No	18%
Don't know	24%

In 8% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	12%
Child is ill	0%
Child does not want	0%
Child has to work	0%

97% of households found to have a education LSG and/or a CG, according to KIs:



27% of households found to have a LSG but no CG, according to KIs;

69% of households found to have a LSG and a CG, according to KIs;

1% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	44%
No	42%
Don't know	14%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Marriage/pregnancy	17%
Bad quality	12%
High school fees	11%
School is too far	7%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Mundri West County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 19%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

see Annex for details on methodology

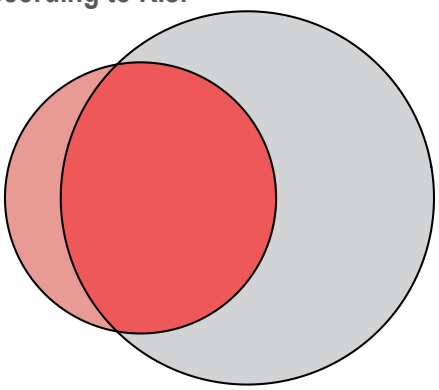
% of households per protection LSG severity score, according to KIs:

1%	Extreme +	(severity score 4+)	LSG
15%	Extreme	(severity score 4)	
3%	Severe	(severity score 3)	
15%	Stress	(severity score 2)	
66%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 16% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 5% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

16% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

39% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	0%
18 - 65 years	58%
Over 65	34%

4% of households found to have a LSG but no CG, according to KIs;

15% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	29%
Family separation	25%
Don't know	24%
Abduction	9%
No protection concerns	2%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	4%
No	74%
Don't know	22%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Violence between neighbours	13%
Abduction	7%
Killing/injury	1%
Cattle raids	0%
No protection incident	79%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Don't know	25%
Migrate/change residence	9%
Marriage	8%
Pay bribe	7%
No coping strategies used	39%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Mundri West County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 85%

In Mundri West County,
Number of KIs interviewed: 26
Number of households reported on: 253

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

34%	Extreme	(severity score 4)	LSG
50%	Severe	(severity score 3)	LSG
12%	Stress	(severity score 2)	
4%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 34% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 52% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

4% Minimal 12% Stress 50% Severe 35% Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	94%	10%	28%	18%	33%	99%	99%	40%	102
	...with a male head of household	96%	13%	35%	19%	42%	99%	99%	60%	151
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	97%	7%	37%	11%	48%	100%	100%	34%	87
Displacement Status	...who are part of the host community	98%	12%	38%	19%	35%	100%	100%	46%	110
	...who are displaced	86%	13%	31%	21%	46%	99%	99%	54%	131
	...who are hosting displaced people	95%	8%	39%	16%	63%	100%	100%	69%	141
	...who are not hosting displaced people	100%	30%	40%	41%	13%	100%	100%	31%	63
Vulnerable household members	...with an elderly household member	97%	6%	38%	12%	48%	99%	99%	42%	105
	...with seperated or unaccompanied child	NA	75%	75%	50%	0%	100%	100%	2%	4
	...with physical or mentally disabled household member	93%	16%	49%	12%	58%	100%	100%	10%	24
	...with chronically ill household member	100%	14%	44%	11%	48%	100%	100%	11%	27
	...with a pregnant or lactating woman	92%	7%	30%	20%	49%	99%	99%	39%	99

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Mvolo County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 13%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

see Annex for details on methodology

% of households per FSL LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
13%	Severe	(severity score 3)
0%	Stress	(severity score 2)
86%	No or minimal	(severity score 1)

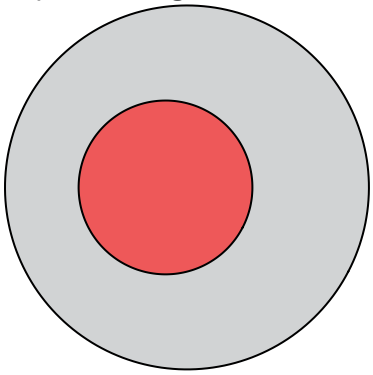
LSG

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 0% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 0% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

10% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

0% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

57% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



0% of households found to have a LSG but no CG, according to KIs;

13% of households found to have a LSG and a CG, according to KIs;

44% of households found to have no LSG but a CG, according to KIs.

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Can't harvest	0%
Cattle raids	0%
Crops destroyed	0%
Cultivation issues	0%
Death in the family	0%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	32%
Planted, not time to harvest	15%
Planted, harvest insufficient	4%
Did not plant	41%
Don't know	8%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

Too far	13%
No money	8%
Unsafe	3%
Closed market	1%
No challenges	0%
No market available	73%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	33%
Market purchase	12%
Neighbours/relatives	3%
Exchange	1%
Did not eat cereals	44%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Mvolo County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 100%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

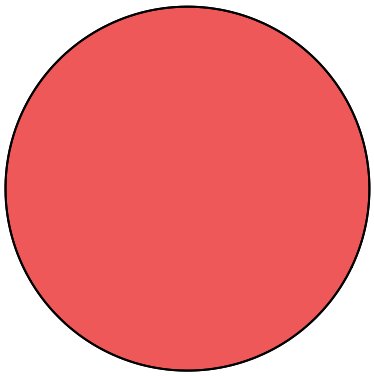
35%	Extreme +	(severity score 4+)
6%	Extreme	(severity score 4)
59%	Severe	(severity score 3)
0%	Stress	(severity score 2)
0%	No or minimal	(severity score 1)

LSG

Supercritical and critical indicators:
Supercritical: **35%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 41% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 94% of households reported by KIs to take more than 30 minutes round-trip to collect water.

83% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

100% of households found to have a WASH LSG and/or a CG, according to KIs:



0% of households found to have a LSG but no CG, according to KIs;

100% of households found to have a LSG and a CG, according to KIs;

0% of households found to have no LSG but a CG, according to KIs.

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Insufficient containers	47%
Long waiting time	25%
Waterpoints too far	23%
Bad taste	9%
No barriers	0%

% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	70%
Cooking	67%
Domestic	14%
Personal hygiene	16%
Not enough for any need	0%

% of households reported by KIs with access to latrines

Access to latrines	29%
No access to latrines	60%
Don't know	11%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	59%
Unimproved	30%
Surface water	11%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce bathing	31%
Reduce cleaning	30%
Use less preferred water source	27%
Don't know	8%
No coping strategies used	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Mvolo County, Western Equatoria State

% of households found to have a health LSG, according to KIs: 36%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

see Annex for details on methodology

% of households per health LSG severity score, according to KIs:

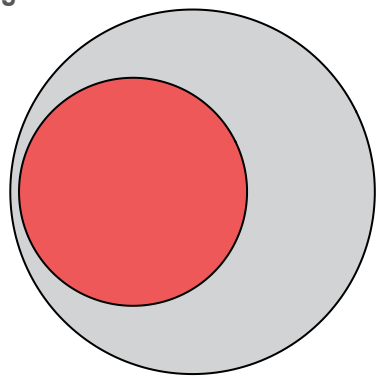
0%	Extreme +	(severity score 4+)
30%	Extreme	(severity score 4)
6%	Severe	(severity score 3)
11%	Stress	(severity score 2)
52%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **41%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **71%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

30% of households found to have a health LSG and to be vulnerable, according to KIs[3]

93% of households found to have a health LSG and/or a CG, according to KIs:



% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	36%
No	53%
Don't know	10%

0% of households found to have a LSG but no CG, according to KIs;

36% of households found to have a LSG and a CG, according to KIs;

56% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	14%
Adults only	9%
Both	64%
Don't know	11%
No sickness	2%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

Too far	13%
Costs	6%
Unsafe	6%
No staff/medicine	5%
No barriers	59%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	0%
15 min - 30 min	0%
31 min - 59 min	28%
60 min - 120 min	36%
121 min - 3 hrs	13%
More than 3 hrs	18%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Delay treatment	30%
Go to further facility	27%
Borrow money	18%
Sold assets	17%
No coping strategies used	2%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Mvolo County, Western Equatoria State

% of households found to have a shelter LSG, according to KIs: 38%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

see Annex for details on methodology

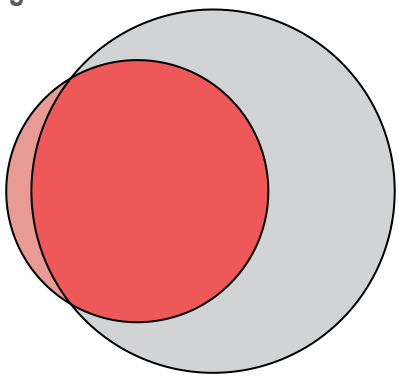
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
38%	Severe	(severity score 3)
32%	Stress	(severity score 2)
29%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **0%** of households reported by KIs living in inadequate shelters[2].
Critical: **28%** of households reported by KIs with partial or complete shelter damage.
Critical: **41%** of households reported by KIs without secure tenure of shelter.
Critical: **50%** of households reported by KIs as hosting other displaced people.

76% of households found to have a shelter LSG and/or a CG, according to KIs:



37% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	99%
Rakooba	0%
Improvised shelter	0%
Concrete building	0%
Community building	0%
Semi-permanent	1%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	22%
Partially destroyed	7%
Minimal damage	0%
No damage	71%

Occupancy arrangement according to KIs, by % of households

Owner	52%
Renting	2%
Squatting	0%
Hosted by relative or community member	37%

3% of households found to have a LSG but no CG, according to KIs;

35% of households found to have a LSG and a CG, according to KIs;

38% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	28%
IDP returnee	24%
Refugee	1%
Refugee returnee	0%
None	38%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Stay with others	32%
Children sleep elsewhere	20%
Borrow money	12%
Don't know	10%
No coping strategies used	27%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Mvolo County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 100%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

see Annex for details on methodology

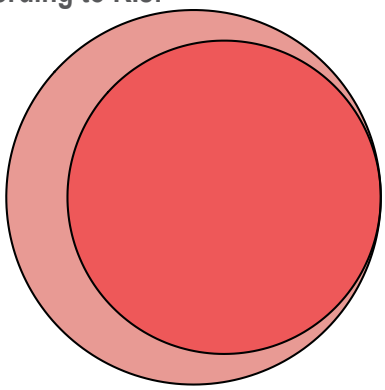
% of households per education LSG severity score, according to KIs:

78%	Extreme +	(severity score 4+)
2%	Extreme	(severity score 4)
20%	Severe	(severity score 3)
0%	Stress	(severity score 2)
0%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: 3% of households reported by KIs that are headed by a child/children.
Supercritical: 50% of households reported by KIs with a child/children engaged in child labour[2].
Critical: 4% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 40% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

100% of households found to have a education LSG and/or a CG, according to KIs:



100% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

30% of households found to have a LSG but no CG, according to KIs;

70% of households found to have a LSG and a CG, according to KIs;

0% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	51%
No	27%
Don't know	22%

% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	55%
No	21%
Don't know	24%

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	42%
No	40%
Don't know	18%

In 4% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	6%
Child is ill	0%
Child does not want	0%
Child has to work	0%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Gender discrimination	15%
Marriage/pregnancy	15%
Bad quality	7%
School is too far	6%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Mvolo County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a protection LSG, according to KIs: 20%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

see Annex for details on methodology

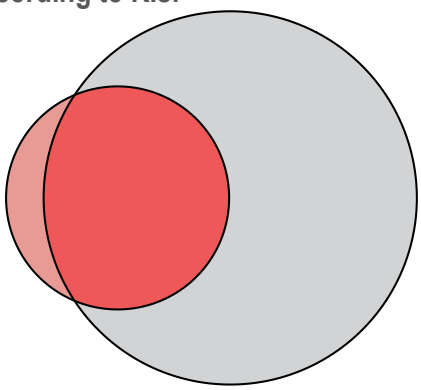
% of households per protection LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)	LSG
12%	Extreme	(severity score 4)	
6%	Severe	(severity score 3)	
19%	Stress	(severity score 2)	
62%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 13% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 10% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

15% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

59% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	3%
18 - 65 years	66%
Over 65	24%

3% of households found to have a LSG but no CG, according to KIs;

17% of households found to have a LSG and a CG, according to KIs;

39% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	27%
Family separation	21%
Don't know	13%
Cattle raids	8%
No protection concerns	0%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	8%
No	75%
Don't know	17%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Violence between neighbours	5%
Abduction	4%
Killing/injury	4%
Cattle raids	2%
No protection incident	84%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Don't know	18%
Less preferable health facility	12%
Pay bribe	11%
Less preferable water source	11%
No coping strategies used	26%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Mvolo County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 83%

In Mvolo County,
Number of KIs interviewed: 28
Number of households reported on: 274

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

28%	Extreme	(severity score 4)	LSG
55%	Severe	(severity score 3)	LSG
11%	Stress	(severity score 2)	
6%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 28% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 53% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

6% Minimal 11% Stress 55% Severe 28% Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	100%	11%	40%	26%	41%	100%	100%	39%	109
	...with a male head of household	100%	15%	33%	16%	36%	100%	100%	61%	165
	...with a child head of household	NA	0%	60%	54%	40%	100%	100%	3%	8
	...with an elderly head of household	100%	7%	42%	12%	62%	100%	100%	24%	61
Displacement Status	...who are part of the host community	100%	11%	49%	21%	35%	100%	100%	47%	133
	...who are displaced	100%	15%	25%	18%	42%	100%	100%	53%	141
	...who are hosting displaced people	100%	10%	40%	18%	65%	100%	100%	57%	125
	...who are not hosting displaced people	NA	21%	42%	27%	15%	100%	100%	43%	123
Vulnerable household members	...with an elderly household member	100%	9%	47%	16%	55%	100%	100%	37%	95
	...with seperated or unaccompanied child	100%	0%	39%	0%	39%	100%	100%	1%	3
	...with physical or mentally disabled household member	100%	9%	24%	35%	36%	100%	100%	14%	35
	...with chronically ill household member	100%	18%	57%	12%	46%	100%	100%	12%	30
	...with a pregnant or lactating woman	100%	8%	28%	19%	56%	100%	100%	32%	81

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Nagero County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 66%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

see Annex for details on methodology

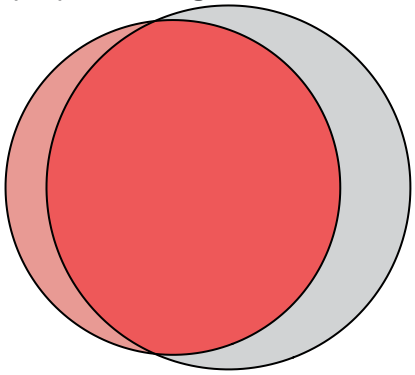
% of households per FSL LSG severity score, according to KIs:

8%	Extreme +	(severity score 4+)	LSG
10%	Extreme	(severity score 4)	
48%	Severe	(severity score 3)	
8%	Stress	(severity score 2)	
26%	No or minimal	(severity score 1)	

Supercritical and critical FSL indicators:
Supercritical: 8% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 15% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 16% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

22% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

87% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



9% of households found to have a LSG but no CG, according to KIs;

57% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

62% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

No food distribution	32%
Crops destroyed	9%
Didn't plant	6%
Can't harvest	1%
Lack of rain	1%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	28%
Planted, not time to harvest	10%
Planted, harvest insufficient	41%
Did not plant	15%
Don't know	3%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

High prices	26%
No money	22%
Too far	12%
Closed market	5%
No challenges	7%
No market available	30%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Market purchase	23%
Own crop	21%
Neighbours/relatives	3%
Borrowing	2%
Did not eat cereals	47%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Nagero County, Western Equatoria State

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South Sudan

% of households found to have a WASH LSG, according to KIs: 80%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

see Annex for details on methodology

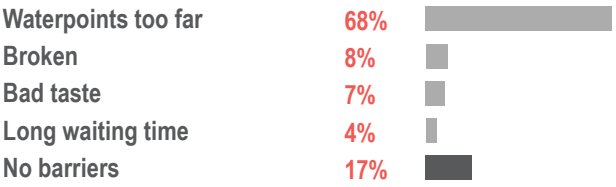
% of households per WASH LSG severity score, according to KIs:

56%	Extreme +	(severity score 4+)	LSG
8%	Extreme	(severity score 4)	
16%	Severe	(severity score 3)	
17%	Stress	(severity score 2)	
3%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **56%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 64% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 72% of households reported by KIs to take more than 30 minutes round-trip to collect water.

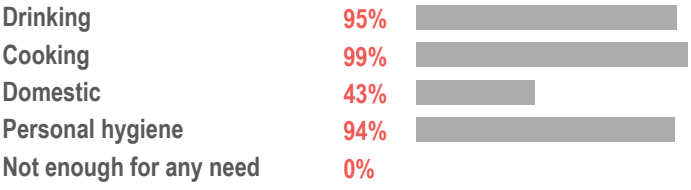
29% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]



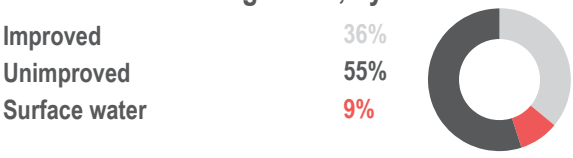
Waterpoints too far	68%
Broken	8%
Bad taste	7%
Long waiting time	4%
No barriers	17%

% of households reported by KIs to have a sufficient quantity of water for each need[4]



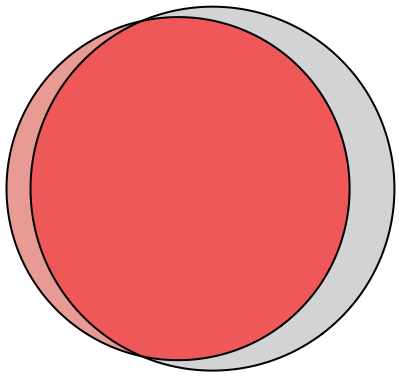
Drinking	95%
Cooking	99%
Domestic	43%
Personal hygiene	94%
Not enough for any need	0%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]



Improved	36%
Unimproved	55%
Surface water	9%

96% of households found to have a WASH LSG and/or a CG, according to KIs:



6% of households found to have a LSG but no CG, according to KIs;

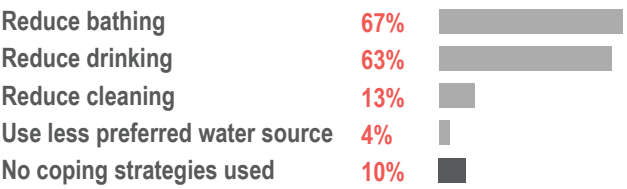
74% of households found to have a LSG and a CG, according to KIs;

16% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	69%
No access to latrines	31%
Don't know	0%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]



Reduce bathing	67%
Reduce drinking	63%
Reduce cleaning	13%
Use less preferred water source	4%
No coping strategies used	10%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Nagero County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a health LSG, according to KIs: 56%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

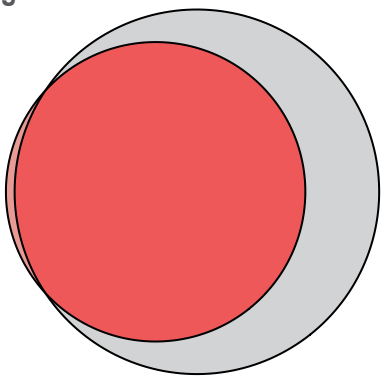
see Annex for details on methodology

% of households per health LSG severity score, according to KIs:

1%	Extreme +	(severity score 4+)	LSG
51%	Extreme	(severity score 4)	
5%	Severe	(severity score 3)	
2%	Stress	(severity score 2)	
42%	No or minimal	(severity score 1)	

Supercritical and critical health indicators:
Supercritical: **1%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **56%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **59%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

85% of households found to have a health LSG and/or a CG, according to KIs:



15% of households found to have a health LSG and to be vulnerable, according to KIs[3]

1% of households found to have a LSG but no CG, according to KIs;

55% of households found to have a LSG and a CG, according to KIs;

28% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	56%
No	44%
Don't know	0%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	30%
Adults only	24%
Both	24%
Don't know	0%
No sickness	22%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	40%
Too far	13%
Discrimination	1%
Worried to get sick	1%
No barriers	44%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	12%
15 min - 30 min	13%
31 min - 59 min	15%
60 min - 120 min	58%
121 min - 3 hrs	1%
More than 3 hrs	0%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Borrow money	37%
Sold assets	23%
Go to further facility	20%
Delay treatment	14%
No coping strategies used	17%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Nagero County, Western Equatoria State

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South Sudan

% of households found to have a shelter LSG, according to KIs: 39%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

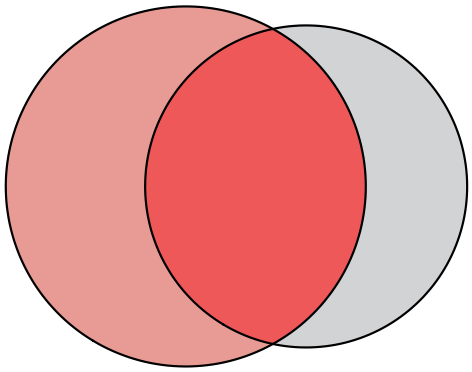
see Annex for details on methodology

% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
18%	Extreme	(severity score 4)	
21%	Severe	(severity score 3)	
14%	Stress	(severity score 2)	
47%	No or minimal	(severity score 1)	

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **39%** of households reported by KIs living in inadequate shelters[2].
Critical: **21%** of households reported by KIs with partial or complete shelter damage.
Critical: **4%** of households reported by KIs without secure tenure of shelter.
Critical: **21%** of households reported by KIs as hosting other displaced people.

52% of households found to have a shelter LSG and/or a CG, according to KIs:



20% of households found to have a LSG but no CG, according to KIs;

20% of households found to have a LSG and a CG, according to KIs;

12% of households found to have no LSG but a CG, according to KIs.

22% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	61%
Rakooba	19%
Improvised shelter	19%
Concrete building	0%
Community building	0%
Semi-permanent	0%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	6%
Partially destroyed	15%
Minimal damage	4%
No damage	74%

Occupancy arrangement according to KIs, by % of households

Owner	92%
Renting	4%
Squatting	0%
Hosted by relative or community member	4%

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	3%
IDP returnee	18%
Refugee	0%
Refugee returnee	0%
None	79%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Borrow money	13%
Stay with others	9%
Migrate/change residence	8%
Sleep in the open	2%
No coping strategies used	67%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Nagero County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 27%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

5%	Extreme +	(severity score 4+)
1%	Extreme	(severity score 4)
21%	Severe	(severity score 3)
39%	Stress	(severity score 2)
34%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: 1% of households reported by KIs that are headed by a child/children.
Supercritical: 3% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 52% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 23% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

7% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	26%
No	74%
Don't know	0%

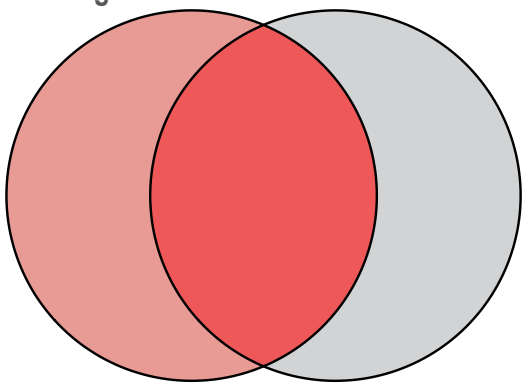
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	14%
No	86%
Don't know	0%

In 52% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	39%
Risk at school	9%
Child has to work	2%
Travel risk	2%

39% of households found to have a education LSG and/or a CG, according to KIs:



13% of households found to have a LSG but no CG, according to KIs;

14% of households found to have a LSG and a CG, according to KIs;

13% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	76%
No	23%
Don't know	1%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Bad quality	17%
Marriage/pregnancy	3%
School is too far	2%
High school fees	1%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Nagero County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 9%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

see Annex for details on methodology

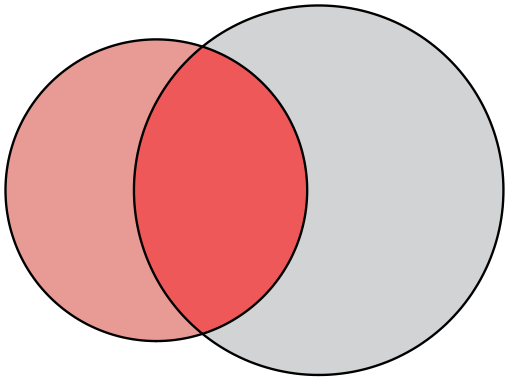
% of households per protection LSG severity score, according to KIs:

1%	Extreme +	(severity score 4+)	LSG
3%	Extreme	(severity score 4)	
6%	Severe	(severity score 3)	
6%	Stress	(severity score 2)	
85%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 3% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 6% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

4% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

17% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	1%
18 - 65 years	93%
Over 65	5%

4% of households found to have a LSG but no CG, according to KIs;

4% of households found to have a LSG and a CG, according to KIs;

8% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	9%
Family separation	3%
Killing/injury	2%
Forced recruitment	1%
No protection concerns	83%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	6%
No	93%
Don't know	1%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Violence between neighbours	3%
Killing/injury	1%
Abduction	0%
Cattle raids	0%
No protection incident	97%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Migrate/change residence	8%
Less preferable water source	3%
Less preferable health facility	2%
Don't know	2%
No coping strategies used	86%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Nagero County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 42%

In Nagero County,
Number of KIs interviewed: 21
Number of households reported on: 156

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

6%	Extreme	(severity score 4)	LSG
36%	Severe	(severity score 3)	LSG
32%	Stress	(severity score 2)	
26%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 6% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 21% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

27% Minimal **31%** Stress **35%** Severe **7%** Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	20%	62%	50%	4%	36%	84%	92%	32%	50
	...with a male head of household	30%	68%	59%	11%	41%	78%	95%	68%	106
	...with a child head of household	100%	50%	50%	50%	100%	50%	100%	1%	2
	...with an elderly head of household	33%	50%	50%	25%	57%	50%	100%	5%	8
Displacement Status	...who are part of the host community	30%	72%	66%	7%	32%	83%	93%	79%	123
	...who are displaced	13%	42%	21%	15%	67%	70%	100%	21%	33
	...who are hosting displaced people	16%	61%	36%	18%	73%	42%	91%	21%	33
	...who are not hosting displaced people	29%	67%	62%	7%	31%	90%	95%	79%	123
Vulnerable household members	...with an elderly household member	38%	81%	75%	9%	42%	84%	97%	44%	68
	...with seperated or unaccompanied child	33%	71%	61%	6%	53%	77%	94%	20%	31
	...with physical or mentally disabled household member	46%	69%	77%	8%	31%	77%	100%	8%	13
	...with chronically ill household member	39%	83%	92%	4%	33%	83%	96%	15%	24
	...with a pregnant or lactating woman	27%	63%	48%	8%	34%	80%	90%	46%	71

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Nzara County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a FSL LSG, according to KIs: 34%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

see Annex for details on methodology

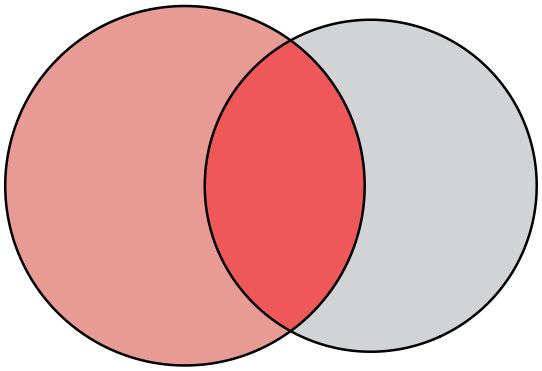
% of households per FSL LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
1%	Extreme	(severity score 4)	
33%	Severe	(severity score 3)	
15%	Stress	(severity score 2)	
51%	No or minimal	(severity score 1)	

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 4% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 4% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

7% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

52% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



23% of households found to have a LSG but no CG, according to KIs;

11% of households found to have a LSG and a CG, according to KIs;

18% of households found to have no LSG but a CG, according to KIs.

11% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Issues with materials	5%
Didn't plant	3%
Can't harvest	0%
Cattle raids	0%
Crops destroyed	0%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	65%
Planted, not time to harvest	5%
Planted, harvest insufficient	26%
Did not plant	0%
Don't know	1%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

High prices	35%
Too far	19%
No money	16%
Closed market	2%
No challenges	21%
No market available	12%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	62%
Market purchase	2%
Borrowing	0%
Don't know	0%
Did not eat cereals	33%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Nzara County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 74%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

46%	Extreme +	(severity score 4+)	LSG
11%	Extreme	(severity score 4)	
17%	Severe	(severity score 3)	
14%	Stress	(severity score 2)	
11%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **46%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 57% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 63% of households reported by KIs to take more than 30 minutes round-trip to collect water.

17% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Waterpoints too far	47%
Bad taste	7%
Broken	4%
Insufficient containers	2%
No barriers	43%

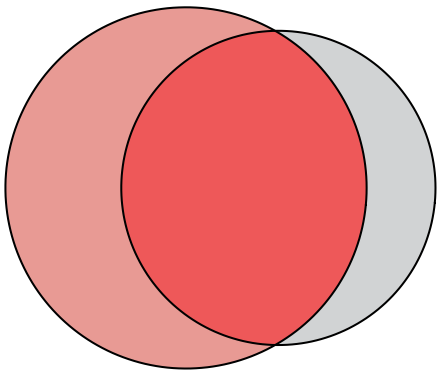
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	100%
Cooking	100%
Domestic	29%
Personal hygiene	100%
Not enough for any need	0%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	43%
Unimproved	51%
Surface water	6%

88% of households found to have a WASH LSG and/or a CG, according to KIs:



32% of households found to have a LSG but no CG, according to KIs;

42% of households found to have a LSG and a CG, according to KIs;

14% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	98%
No access to latrines	2%
Don't know	0%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce bathing	47%
Reduce drinking	40%
Reduce cleaning	14%
Use less preferred water source	5%
No coping strategies used	44%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Nzara County, Western Equatoria State

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South Sudan

% of households found to have a health LSG, according to KIs: 60%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

see Annex for details on methodology

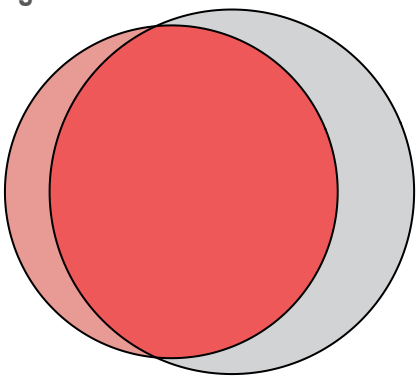
% of households per health LSG severity score, according to KIs:

1%	Extreme +	(severity score 4+)
40%	Extreme	(severity score 4)
20%	Severe	(severity score 3)
3%	Stress	(severity score 2)
36%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **1%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **60%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **62%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

81% of households found to have a health LSG and/or a CG, according to KIs:



15% of households found to have a health LSG and to be vulnerable, according to KIs[3]

9% of households found to have a LSG but no CG, according to KIs;

51% of households found to have a LSG and a CG, according to KIs;

21% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	59%
No	40%
Don't know	1%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	19%
Adults only	9%
Both	38%
Don't know	0%
No sickness	33%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	18%
Costs	16%
Too far	15%
Facility closure	8%
No barriers	40%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	4%
15 min - 30 min	14%
31 min - 59 min	19%
60 min - 120 min	47%
121 min - 3 hrs	11%
More than 3 hrs	4%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Go to further facility	33%
Borrow money	30%
Delay treatment	17%
Sold assets	6%
No coping strategies used	27%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Nzara County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a shelter LSG, according to KIs: 22%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

see Annex for details on methodology

% of households per shelter LSG severity score, according to KIs:

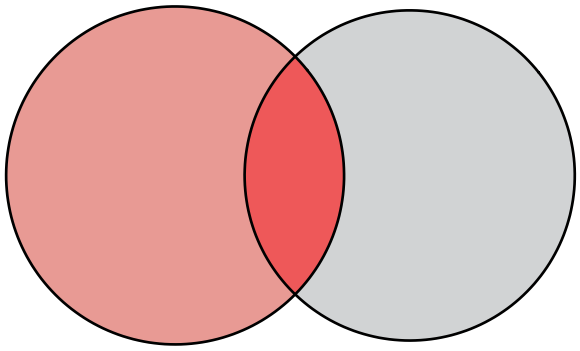
0%	Extreme +	(severity score 4+)
6%	Extreme	(severity score 4)
16%	Severe	(severity score 3)
21%	Stress	(severity score 2)
57%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 21% of households reported by KIs living in inadequate shelters[2].
Critical: 22% of households reported by KIs with partial or complete shelter damage.
Critical: 1% of households reported by KIs without secure tenure of shelter.
Critical: 9% of households reported by KIs as hosting other displaced people.

9% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

39% of households found to have a shelter LSG and/or a CG, according to KIs:



18% of households found to have a LSG but no CG, according to KIs;

4% of households found to have a LSG and a CG, according to KIs;

17% of households found to have no LSG but a CG, according to KIs.

Shelter type according to KIs, by % of HHs

Tukul	74%
Rakooba	19%
Improvised shelter	2%
Concrete building	5%
Community building	0%
Semi-permanent	0%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	6%
Partially destroyed	16%
Minimal damage	2%
No damage	76%

Occupancy arrangement according to KIs, by % of households

Owner	99%
Renting	0%
Squatting	0%
Hosted by relative or community member	1%

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	3%
IDP returnee	6%
Refugee	0%
Refugee returnee	0%
None	91%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Stay with others	9%
Borrow money	5%
Children sleep elsewhere	4%
Migrate/change residence	2%
No coping strategies used	79%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Nzara County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have an education LSG, according to KIs: 5%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

5%	Extreme +	(severity score 4+)	LSG
0%	Extreme	(severity score 4)	
0%	Severe	(severity score 3)	
10%	Stress	(severity score 2)	
85%	No or minimal	(severity score 1)	

Supercritical and critical education indicators:
Supercritical: 0% of households reported by KIs that are headed by a child/children.
Supercritical: 5% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 10% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 4% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

1% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	25%
No	75%
Don't know	0%

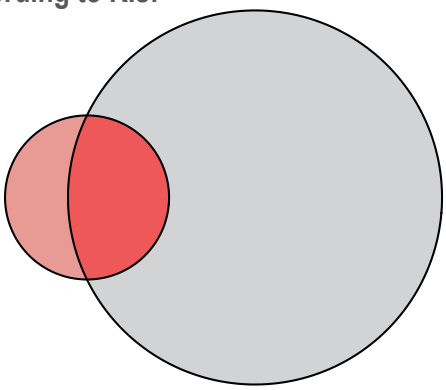
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	1%
No	98%
Don't know	1%

In 10% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	10%
Child is ill	0%
Child does not want	0%
Child has to work	0%

27% of households found to have a education LSG and/or a CG, according to KIs:



2% of households found to have a LSG but no CG, according to KIs;

3% of households found to have a LSG and a CG, according to KIs;

23% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	96%
No	4%
Don't know	0%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

School is too far	3%
Marriage/pregnancy	1%
Bad quality	0%
Child hungry	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Nzara County, Western Equatoria State

% of households found to have a protection LSG, according to KIs: 12%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

see Annex for details on methodology

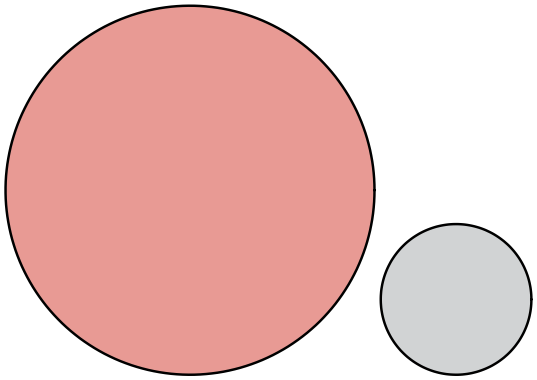
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
8%	Severe	(severity score 3)	
4%	Stress	(severity score 2)	
84%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 4% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 8% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

5% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

14% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	0%
18 - 65 years	90%
Over 65	9%

12% of households found to have a LSG but no CG, according to KIs;

0% of households found to have a LSG and a CG, according to KIs;

2% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Cattle raids	9%
Violence between neighbours	4%
Abduction	0%
Family separation	0%
No protection concerns	80%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	8%
No	91%
Don't know	1%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Cattle raids	4%
Abduction	0%
Killing/injury	0%
Violence between neighbours	0%
No protection incident	96%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Migrate/change residence	2%
Don't know	2%
Pay bribe	0%
Less preferable health facility	0%
No coping strategies used	96%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Nzara County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 27%

In Nzara County,
Number of KIs interviewed: 34
Number of households reported on: 264

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

9%	Extreme	(severity score 4)	LSG
18%	Severe	(severity score 3)	LSG
44%	Stress	(severity score 2)	
29%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 9% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 3% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

31% Minimal **44%** Stress **15%** Severe **10%** Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	5%	43%	54%	26%	35%	65%	89%	23%	60
	...with a male head of household	5%	31%	62%	8%	19%	77%	93%	77%	204
	...with a child head of household	NA	100%	100%	0%	0%	0%	100%	0%	1
	...with an elderly head of household	8%	6%	58%	0%	16%	69%	100%	9%	24
Displacement Status	...who are part of the host community	5%	34%	60%	11%	20%	75%	92%	97%	255
	...who are displaced	0%	26%	65%	38%	87%	53%	100%	3%	9
	...who are hosting displaced people	0%	13%	54%	22%	54%	34%	77%	9%	23
	...who are not hosting displaced people	5%	36%	61%	11%	19%	78%	94%	91%	241
Vulnerable household members	...with an elderly household member	6%	33%	68%	11%	29%	75%	95%	38%	102
	...with seperated or unaccompanied child	13%	61%	78%	24%	23%	82%	96%	17%	44
	...with physical or mentally disabled household member	12%	45%	71%	11%	20%	82%	100%	14%	36
	...with chronically ill household member	9%	50%	71%	25%	57%	79%	100%	8%	22
	...with a pregnant or lactating woman	1%	21%	57%	10%	18%	73%	87%	35%	88

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Tambura County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a FSL LSG, according to KIs: 27%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

see Annex for details on methodology

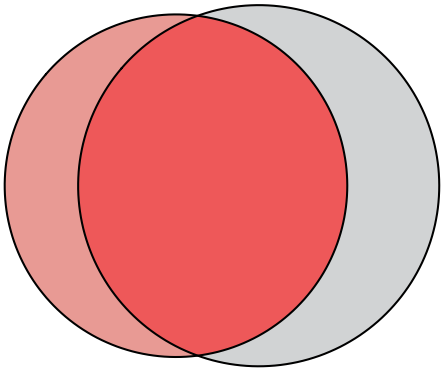
% of households per FSL LSG severity score, according to KIs:

7%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
16%	Severe	(severity score 3)	
9%	Stress	(severity score 2)	
65%	No or minimal	(severity score 1)	

Supercritical and critical FSL indicators:
Supercritical: 7% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 1% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 6% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

8% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

37% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



7% of households found to have a LSG but no CG, according to KIs;

20% of households found to have a LSG and a CG, according to KIs;

10% of households found to have no LSG but a CG, according to KIs.

30% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Can't harvest	11%
Crops destroyed	7%
Didn't plant	5%
Other	2%
NA	2%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	61%
Planted, not time to harvest	8%
Planted, harvest insufficient	16%
Did not plant	9%
Don't know	0%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

High prices	22%
No money	14%
Bad roads	4%
Closed market	2%
No challenges	40%
No market available	16%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	64%
Market purchase	13%
Food assistance	1%
Borrowing	0%
Did not eat cereals	22%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Tambura County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 89%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

65%	Extreme +	(severity score 4+)	LSG
6%	Extreme	(severity score 4)	
18%	Severe	(severity score 3)	
4%	Stress	(severity score 2)	
7%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **65%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 71% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 83% of households reported by KIs to take more than 30 minutes round-trip to collect water.

26% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Waterpoints too far	53%
Bad taste	12%
Insufficient containers	7%
Long waiting time	3%
No barriers	30%

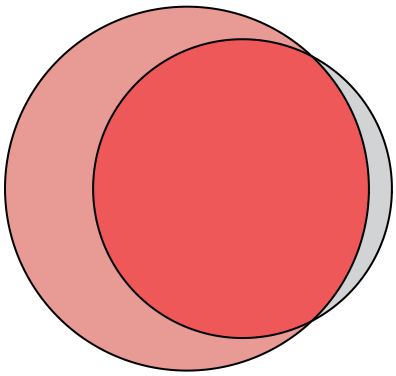
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	100%
Cooking	100%
Domestic	33%
Personal hygiene	100%
Not enough for any need	0%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	29%
Unimproved	71%
Surface water	0%

93% of households found to have a WASH LSG and/or a CG, according to KIs:



33% of households found to have a LSG but no CG, according to KIs;

56% of households found to have a LSG and a CG, according to KIs;

4% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	94%
No access to latrines	6%
Don't know	0%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce bathing	56%
Reduce drinking	52%
Reduce cleaning	13%
Use less preferred water source	5%
No coping strategies used	40%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Tambura County, Western Equatoria State

AOK-N | 2020

South Sudan

% of households found to have a health LSG, according to KIs: 17%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

see Annex for details on methodology

% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
8%	Extreme	(severity score 4)
9%	Severe	(severity score 3)
3%	Stress	(severity score 2)
80%	No or minimal	(severity score 1)

LSG

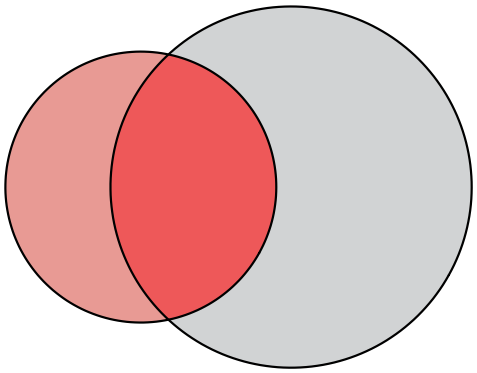
Supercritical and critical health indicators:

Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].

Critical: **17%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.

Critical: **44%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

39% of households found to have a health LSG and/or a CG, according to KIs:



5% of households found to have a health LSG and to be vulnerable, according to KIs[3]

8% of households found to have a LSG but no CG, according to KIs;

10% of households found to have a LSG and a CG, according to KIs;

22% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	17%
No	83%
Don't know	0%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	33%
Adults only	17%
Both	14%
Don't know	0%
No sickness	36%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	2%
15 min - 30 min	13%
31 min - 59 min	41%
60 min - 120 min	33%
121 min - 3 hrs	11%
More than 3 hrs	0%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	12%
Right documents are not available	3%
Costs	1%
Too far	1%
No barriers	83%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Go to further facility	21%
Borrow money	11%
Delay treatment	8%
Sold assets	0%
No coping strategies used	68%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Tambura County, Western Equatoria State

% of households found to have a shelter LSG, according to KIs: 2%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

see Annex for details on methodology

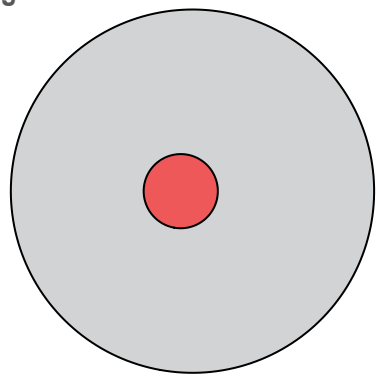
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
1%	Severe	(severity score 3)
21%	Stress	(severity score 2)
77%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 0% of households reported by KIs living in inadequate shelters[2].
Critical: 17% of households reported by KIs with partial or complete shelter damage.
Critical: 0% of households reported by KIs without secure tenure of shelter.
Critical: 7% of households reported by KIs as hosting other displaced people.

25% of households found to have a shelter LSG and/or a CG, according to KIs:



1% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	87%
Rakooba	0%
Improvised shelter	0%
Concrete building	12%
Community building	0%
Semi-permanent	0%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	3%
Partially destroyed	15%
Minimal damage	6%
No damage	76%

Occupancy arrangement according to KIs, by % of households

Owner	100%
Renting	0%
Squatting	0%
Hosted by relative or community member	0%

0% of households found to have a LSG but no CG, according to KIs;

1% of households found to have a LSG and a CG, according to KIs;

23% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	3%
IDP returnee	3%
Refugee	0%
Refugee returnee	0%
None	93%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Borrow money	10%
Stay with others	5%
Collect grass	4%
Children sleep elsewhere	3%
No coping strategies used	76%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Tambura County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 6%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
5%	Severe	(severity score 3)
7%	Stress	(severity score 2)
87%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: 0% of households reported by KIs that are headed by a child/children.
Supercritical: 2% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 7% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 6% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

1% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	26%
No	74%
Don't know	0%

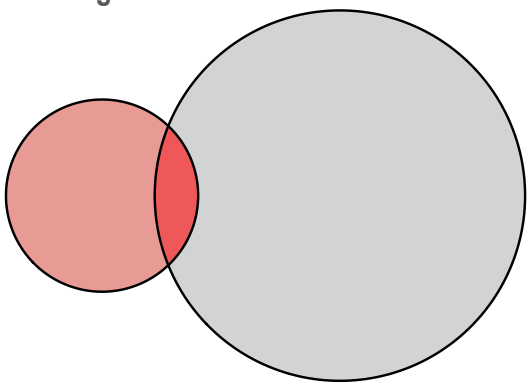
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	0%
No	100%
Don't know	0%

In 7% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	4%
Marriage/pregnancy	3%
Child is ill	0%
Child does not want	0%

31% of households found to have a education LSG and/or a CG, according to KIs:



6% of households found to have a LSG but no CG, according to KIs;

1% of households found to have a LSG and a CG, according to KIs;

25% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	94%
No	6%
Don't know	0%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

High school fees	4%
Bad quality	2%
Child hungry	0%
Child is ill	0%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Tambura County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a protection LSG, according to KIs: 27%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

see Annex for details on methodology

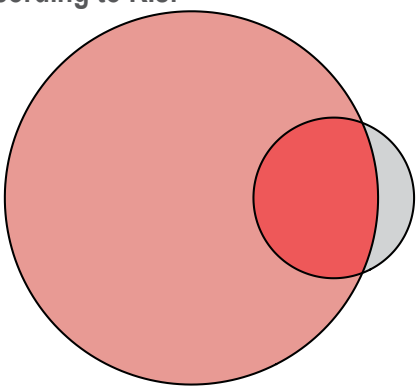
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
20%	Extreme	(severity score 4)	
7%	Severe	(severity score 3)	
0%	Stress	(severity score 2)	
73%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: **20%** of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: **7%** of households reported by KIs who have experienced land disputes in the three months prior to data collection.

7% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

28% of households found to have a protection LSG and/or a CG, according to KIs:



Age of the head of household according to KIs, by % of households

Under 18	0%
18 - 65 years	95%
Over 65	5%

23% of households found to have a LSG but no CG, according to KIs;

4% of households found to have a LSG and a CG, according to KIs;

1% of households found to have no LSG but a CG, according to KIs.

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	6%
Don't know	1%
Abduction	0%
Cattle raids	0%
No protection concerns	93%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	7%
No	92%
Don't know	1%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Conflict/insecurity	20%
Abduction	0%
Cattle raids	0%
Killing/injury	0%
No protection incident	80%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Migrate/change residence	4%
Marriage	1%
Don't know	1%
Pay bribe	0%
No coping strategies used	94%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Tambura County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 27%

In Tambura County,
Number of KIs interviewed: 29
Number of households reported on: 241

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

5%	Extreme	(severity score 4)	LSG
22%	Severe	(severity score 3)	LSG
42%	Stress	(severity score 2)	
31%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 5% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 4% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

31% Minimal **42%** Stress **23%** Severe **5%** Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	8%	32%	14%	34%	2%	93%	99%	36%	87
	...with a male head of household	5%	24%	19%	23%	1%	86%	96%	64%	154
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	0%	8%	8%	8%	0%	92%	92%	5%	12
Displacement Status	...who are part of the host community	7%	25%	15%	25%	2%	89%	97%	96%	232
	...who are displaced	0%	78%	89%	78%	0%	100%	100%	4%	9
	...who are hosting displaced people	0%	6%	19%	6%	19%	87%	100%	7%	16
	...who are not hosting displaced people	7%	28%	17%	28%	0%	89%	97%	93%	225
Vulnerable household members	...with an elderly household member	12%	27%	16%	24%	0%	91%	97%	28%	69
	...with seperated or unaccompanied child	16%	34%	22%	41%	0%	94%	100%	13%	32
	...with physical or mentally disabled household member	0%	45%	45%	68%	0%	91%	100%	9%	22
	...with chronically ill household member	19%	23%	11%	17%	0%	100%	100%	7%	17
	...with a pregnant or lactating woman	8%	23%	15%	22%	2%	92%	97%	44%	106

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)[1]

Yambio County, Western Equatoria State

% of households found to have a FSL LSG, according to KIs: 18%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

see Annex for details on methodology

% of households per FSL LSG severity score, according to KIs:

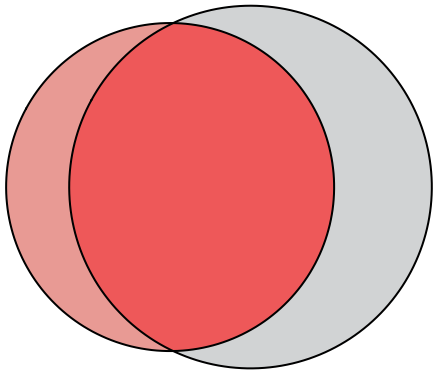
1%	Extreme +	(severity score 4+)
2%	Extreme	(severity score 4)
15%	Severe	(severity score 3)
5%	Stress	(severity score 2)
77%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 1% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 5% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 4% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

3% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

26% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



4% of households found to have a LSG but no CG, according to KIs;

14% of households found to have a LSG and a CG, according to KIs;

8% of households found to have no LSG but a CG, according to KIs.

17% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

Most common barriers to adequate access to food in the month prior to data collection reported by KIs, by % of households

Can't harvest	4%
No food distribution	4%
Didn't plant	3%
Crops destroyed	1%
Issues with materials	1%

Most common market access challenges in the month prior to data collection according to KIs, by % of households

High prices	25%
Too far	24%
No money	12%
Closed market	0%
No challenges	43%
No market available	5%

% of households reported by KIs as having planted or harvested in 2020

Planted and harvested	69%
Planted, not time to harvest	2%
Planted, harvest insufficient	12%
Did not plant	11%
Don't know	1%

Most commonly reported source of cereals in the week prior to data collection according to KIs, by % of households

Own crop	64%
Market purchase	23%
No answer	1%
Borrowing	0%
Did not eat cereals	10%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, inadequate access, market access challenges, not planting/harvesting, and source of cereals.
[2] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[3] Access to adequate food is self-reported by KIs.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1]

Yambio County, Western Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 72%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

see Annex for details on methodology

% of households per WASH LSG severity score, according to KIs:

31%	Extreme +	(severity score 4+)	LSG
13%	Extreme	(severity score 4)	
29%	Severe	(severity score 3)	
19%	Stress	(severity score 2)	
9%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **31%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 44% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 60% of households reported by KIs to take more than 30 minutes round-trip to collect water.

22% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

Most common barriers to accessing water in the month prior to data collection according to KIs, by % of households[4]

Waterpoints too far	33%
Broken	14%
Insufficient containers	12%
Bad taste	10%
No barriers	50%

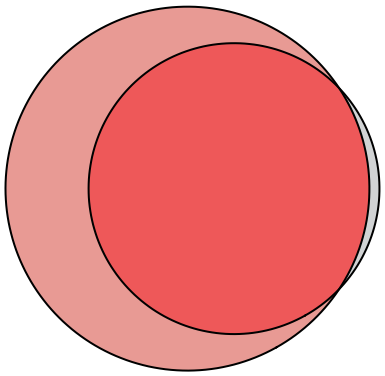
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	100%
Cooking	100%
Domestic	62%
Personal hygiene	99%
Not enough for any need	0%

Main type of water source in the month prior to data collection according to KIs, by % of households[2]

Improved	57%
Unimproved	38%
Surface water	5%

73% of households found to have a WASH LSG and/or a CG, according to KIs:



27% of households found to have a LSG but no CG, according to KIs;

45% of households found to have a LSG and a CG, according to KIs;

1% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	95%
No access to latrines	5%
Don't know	0%

Most common WASH coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Reduce bathing	40%
Reduce drinking	37%
Reduce cleaning	18%
Use less preferred water source	8%
No coping strategies used	54%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, quanitty of water, timely access to water, access barriers, and access to latrines.
[2] Improved waterpoints: borehole, water yard/truck, tapstand, protected well and donkey cart. Unimproved waterpoints: open well, rain water. Surface water: river, swamp, pond.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Yambio County, Western Equatoria State

AOK-N | 2020

South Sudan

% of households found to have a health LSG, according to KIs: 16%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

see Annex for details on methodology

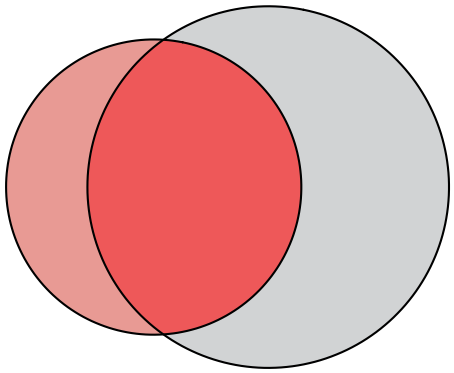
% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
11%	Extreme	(severity score 4)
5%	Severe	(severity score 3)
1%	Stress	(severity score 2)
83%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **16%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **31%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

29% of households found to have a health LSG and/or a CG, according to KIs:



4% of households found to have a health LSG and to be vulnerable, according to KIs[3]

5% of households found to have a LSG but no CG, according to KIs;

11% of households found to have a LSG and a CG, according to KIs;

13% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to healthcare when needed in the six months prior to data collection

Yes	16%
No	83%
Don't know	1%

% of households reported by KIs with a member being sick in the two weeks prior to data collection

Children only	27%
Adults only	18%
Both	15%
Don't know	5%
No sickness	34%

Most common barriers to accessing healthcare in the six months prior to data collection according to KIs, by % of households[4]

No staff/medicine	8%
Too far	7%
Costs	1%
Discrimination	0%
No barriers	84%

Estimated time to access nearest health facility by walking according to KIs, by % of households

Under 15 min	1%
15 min - 30 min	29%
31 min - 59 min	38%
60 min - 120 min	24%
121 min - 3 hrs	7%
More than 3 hrs	0%

Main health coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Go to further facility	14%
Borrow money	10%
Delay treatment	6%
Sold assets	4%
No coping strategies used	76%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, time to access health facility, coping by not getting treatment, and any adult/child being sick.
[2] Signs of malnutrition: thin, old face on a child, sunken eyes, thin hair, frequently sick, swollen feet/belly, in a feeding programme.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Yambio County, Western Equatoria State

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South Sudan

% of households found to have a shelter LSG, according to KIs: 12%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

see Annex for details on methodology

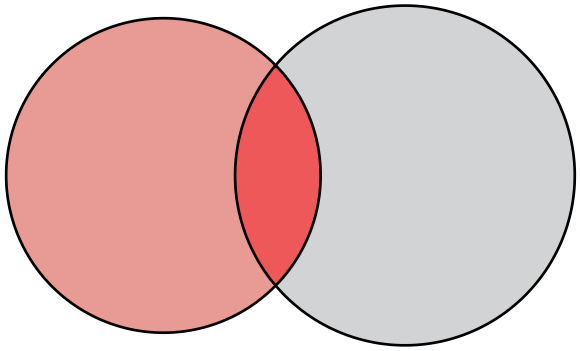
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
5%	Extreme	(severity score 4)
6%	Severe	(severity score 3)
19%	Stress	(severity score 2)
69%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 12% of households reported by KIs living in inadequate shelters[2].
Critical: 16% of households reported by KIs with partial or complete shelter damage.
Critical: 0% of households reported by KIs without secure tenure of shelter.
Critical: 12% of households reported by KIs as hosting other displaced people.

24% of households found to have a shelter LSG and/or a CG, according to KIs:



10% of households found to have a LSG but no CG, according to KIs;

2% of households found to have a LSG and a CG, according to KIs;

12% of households found to have no LSG but a CG, according to KIs.

5% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	59%
Rakooba	9%
Improvised shelter	3%
Concrete building	29%
Community building	0%
Semi-permanent	0%
No shelter	0%

% of households reported by KIs with shelter damage in the month prior to data collection[4]

Completely destroyed	2%
Partially destroyed	13%
Minimal damage	2%
No damage	82%

Occupancy arrangement according to KIs, by % of households

Owner	97%
Renting	3%
Squatting	0%
Hosted by relative or community member	0%

% of households reported by KIs as hosting at least one of the following displaced population groups[5]

IDPs	1%
IDP returnee	11%
Refugee	0%
Refugee returnee	0%
None	88%

Most common shelter coping strategies used in the month prior to data collection according to KIs, by % of households[5]

Borrow money	8%
Stay with others	3%
Other shelter in same compound	2%
	1%
Migrate/change residence	85%

[1] The composite indicator consists of the supercritical and critical indicators for shelter.
[2] Inadequate shelters include community buildings, rakoobas, improvised shelters or no shelters.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] The level of damage was self-reported by KIs.
[5] This is a multiple choice questionfor all households for which KIs did not select none.

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Yambio County, Western Equatoria State

% of households found to have an education LSG, according to KIs: 8%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

see Annex for details on methodology

% of households per education LSG severity score, according to KIs:

3%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
4%	Severe	(severity score 3)
5%	Stress	(severity score 2)
87%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: 0% of households reported by KIs that are headed by a child/children.
Supercritical: 3% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 6% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 7% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

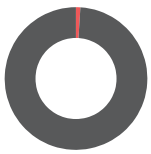
1% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

% of households with at least one school-aged child (3-17) reported by KIs as having a child who dropped out of formal eduction between February 2019 and December 2019

Yes	19%
No	81%
Don't know	0%

% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

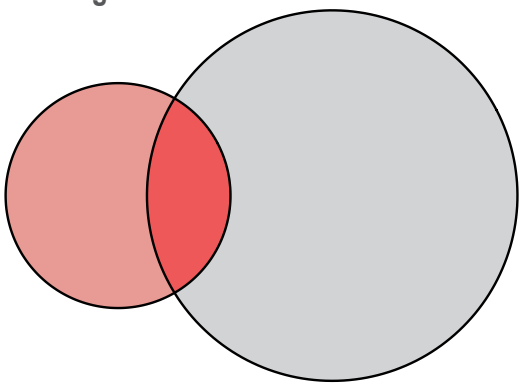
Yes	1%
No	99%
Don't know	0%



In 6% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	5%
Child is ill	0%
Child does not want	0%
Child has to work	0%

25% of households found to have a education LSG and/or a CG, according to KIs:



5% of households found to have a LSG but no CG, according to KIs;

2% of households found to have a LSG and a CG, according to KIs;

17% of households found to have no LSG but a CG, according to KIs.

% of households with at least one school-aged child (3-17) reported by KIs who have a child who was attending formal school regularly between February 2019 and December 2019[4]

Yes	93%
No	7%
Don't know	0%

Most common reasons for irregular school attendance in Feb 2019 - Dec 2019 according to KIs, by % of households[4]

Bad quality	3%
High school fees	2%
Don't know	1%
School is too far	1%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, children not intending to return to school when they re-open and children not attending regularly.
[2] Child labour includes anything that disrupts education including: farming, working in a factory or shop/market, or working as a street vendor. This does NOT include domestic labour in this context.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] Regular formal school attendance: children aged 3-17 attending formal government-run schools (MoGEI) or private, community or faith-based schools at least 4 days a week.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Yambio County, Western Equatoria State

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% of households found to have a protection LSG, according to KIs: 20%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

see Annex for details on methodology

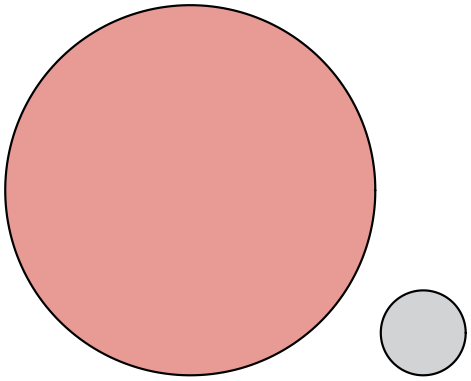
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
4%	Extreme	(severity score 4)	
15%	Severe	(severity score 3)	
1%	Stress	(severity score 2)	
80%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 4% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 15% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

6% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

20% of households found to have a protection LSG and/or a CG, according to KIs:



19% of households found to have a LSG but no CG, according to KIs;

0% of households found to have a LSG and a CG, according to KIs;

1% of households found to have no LSG but a CG, according to KIs.

Age of the head of household according to KIs, by % of households

Under 18	0%
18 - 65 years	98%
Over 65	1%

Most common protection concerns according to KIs, by % of households[4]

Violence between neighbours	12%
Don't know	1%
Abduction	0%
Cattle raids	0%
No protection concerns	86%

% of households reported by KIs experiencing land disputes in the three months prior to data collection

Yes	15%
No	85%
Don't know	0%

Most common protection incidents in the month prior to data collection according to KIs, by % of households[4]

Looting	4%
Abduction	0%
Cattle raids	0%
Killing/injury	0%
No protection incident	96%

Most common protection coping strategies used in the month prior to data collection according to KIs, by % of households[4]

Pay bribe	0%
Less preferable health facility	0%
Less preferable water source	0%
Marriage	0%
No coping strategies used	99%

[1] The composite indicator consists of the supercritical and critical indicators, as well as, protection barriers when accessing WASH, health, education, markets, planting/harvesting, and protection related shelter damage, and squatting.
[2] Violent protection incidents include killing or injury, abduction, cattle raids or violence between neighbours.
[3] See 'pre-existing vulnerabilities' page for more information on vulnerability in this county.
[4] This is a multiple choice question for all households for which KIs did not select none.

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PRE-EXISTING VULNERABILITIES[1]

Yambio County, Western Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 31%

In Yambio County,
Number of KIs interviewed: 34
Number of households reported on: 286

% of households with at least one LSG per vulnerability severity score, according to KIs[2]:

2%	Extreme	(severity score 4)	LSG
29%	Severe	(severity score 3)	LSG
40%	Stress	(severity score 2)	
29%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 2% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 7% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

28% Minimal **42%** Stress **28%** Severe **2%** Extreme

% of households reported by KIs with a LSG, per sector and vulnerability profile :

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	3%	14%	11%	27%	6%	82%	88%	36%	100
	...with a male head of household	10%	21%	18%	15%	15%	67%	74%	64%	186
	...with a child head of household	100%	0%	0%	100%	100%	0%	100%	0%	1
	...with an elderly head of household	0%	30%	30%	30%	39%	100%	100%	1%	5
Displacement Status	...who are part of the host community	8%	19%	14%	20%	11%	73%	79%	93%	242
	...who are displaced	9%	14%	37%	19%	21%	62%	75%	7%	44
	...who are hosting displaced people	22%	36%	0%	7%	40%	72%	74%	12%	36
	...who are not hosting displaced people	6%	16%	18%	21%	8%	72%	80%	88%	250
Vulnerable household members	...with an elderly household member	9%	27%	31%	9%	13%	88%	88%	25%	80
	...with seperated or unaccompanied child	16%	47%	31%	24%	25%	93%	95%	9%	28
	...with physical or mentally disabled household member	34%	46%	29%	9%	30%	91%	91%	10%	26
	...with chronically ill household member	9%	14%	27%	8%	9%	84%	84%	6%	18
	...with a pregnant or lactating woman	5%	15%	15%	15%	12%	68%	74%	47%	138

[1] The composite indicator consists of the critical indicators, as well as, the households with at least one LSG and a vulnerability severity of 3 or more.
[2] Due to the complexity and overlapping nature of vulnerabilities, a single strict definition for Extreme Plus (4+) was not determined.

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ANNEX: METHODOLOGY

This annex provides further information on the methodology used for the AOK-N, including: (1) summary of the AoK-N methodology; (2) definitions of key concepts; (3) severity scale; (4) identification of LSGs and CG.

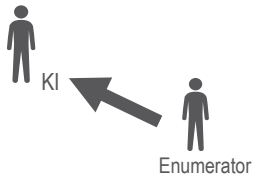
METHODOLOGY

Figure 1: Methodology for AoK-N

1. Purposively Sampling KIs

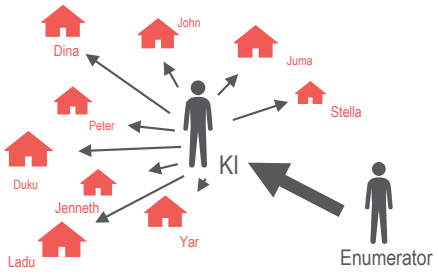
REACH enumerators interview key informants (KIs) via one of three approaches:

- Interviews with IDPs or other individuals moving through key transit points like bus stops and ports, or travelling to 3rd locations to access markets or other services, all reporting remotely on hard to reach settlements
- Interviews with host community members, reporting directly on an accessible settlement
- Phone interviews for areas with mobile phone coverage, with KIs reporting remotely on their settlement



2. Neighbour Listing

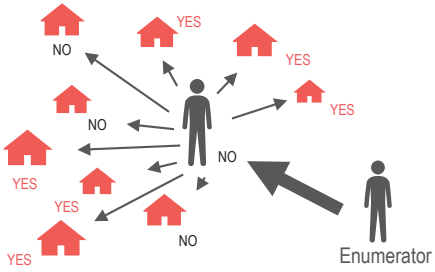
Each KI is asked to list up to 10 households; their own household, and up to the 9 geographically closest neighbours in their community.



3. Key Informant Interview

The KI is asked a multi-sectoral questionnaire about the needs and conditions of their own household, as well as for each of their neighbouring households.

For example: "Have any of these households been displaced due to flooding in the last month?**"**



DEFINITIONS

- **Living Standard Gap (LSG)**: signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.
- **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.
- **Magnitude**: corresponds to the overall number or percentage of households in need.
- **Pre-existing vulnerabilities**: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which could subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity**: signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no) to 4+ (extreme+).

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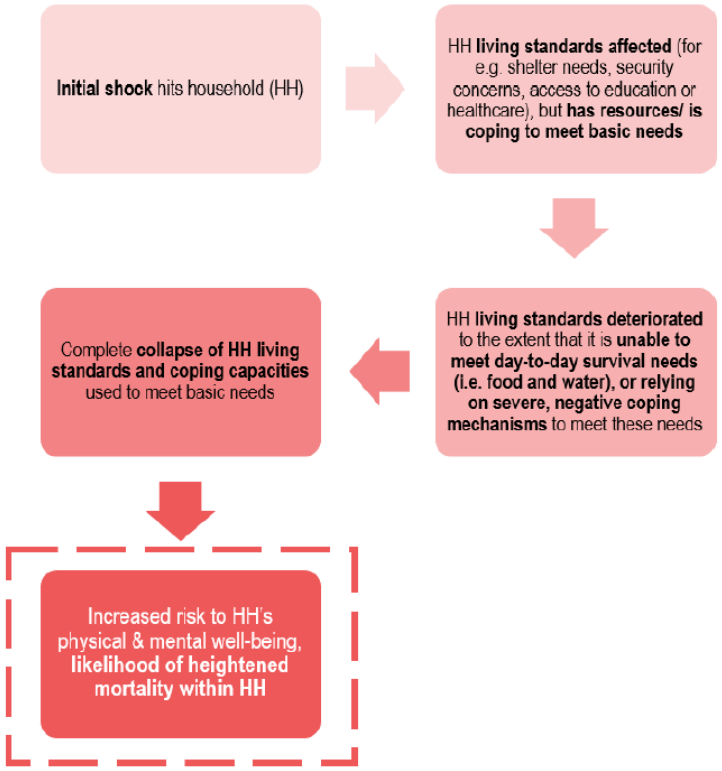
SEVERITY SCALE

The severity scale is inspired by the draft Joint Inter-Sectoral Analysis Framework (JIAF), an analytical framework being developed at the global level aiming to enhance understanding of needs of affected populations. It measures a progressive deterioration of a household's situation, towards the worst possible humanitarian outcome (see figure below).

While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA AOK-N, only a scale of 1 (none/ minimal) to 4+ (extreme+) is used. A "4+" score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of 5 (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, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

Figure 2: Rationale behind the severity scale



IDENTIFICATION OF LSG AND CG

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines guidance on how to produce the aggregation using household-level data.

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;
2) Identified critical indicators that, on their own, indicate a gap in the sector overall;
3) Identified individual indicator scores (0 or 1) for each household, once data had been collected;
4) Calculated the severity score for each household, based on the following decision tree (tailored to each sector);
    a. "Super" critical indicator(s): could lead to a 4+ if an extreme situation is found for the household;
    b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued
    depending on the scores of each of the critical indicators;
    c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;
    d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure 3 below;

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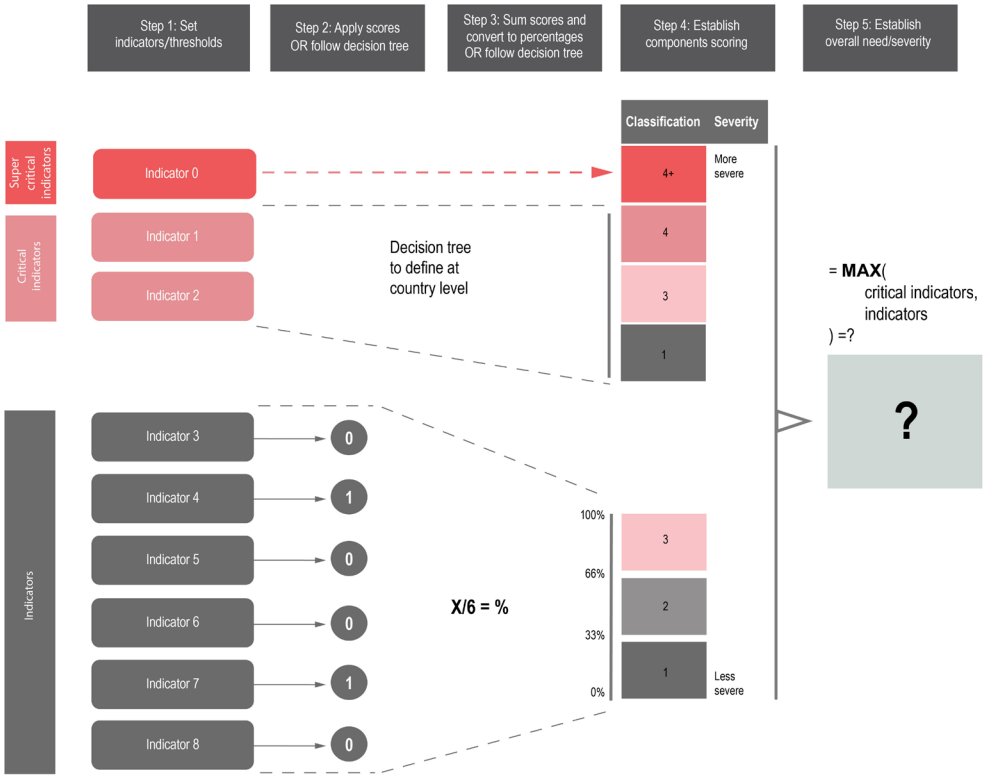
Figure 3: Identifying LSG per sector with scoring approach - example



5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;

scale of 1 to 4 (1, 3, 4);

6) Identified households that do not have a LSG but that do have a CG;

a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

b. If any CG indicator has a score of 1, the household is categorised as having a CG;

7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

About REACH:
REACH Initiative 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).

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