

Assessment of Hard-to-Reach Areas in South Sudan

November 2018

#### **Overview**

The continuation of conflict since December 2013 has created a complex humanitarian crisis in the country, restricting humanitarian access and hindering the flow of information required by aid partners to deliver humanitarian assistance to populations in need. To address information gaps facing the humanitarian response in South Sudan, REACH employs its Area of Knowledge (AoK) methodology to collect relevant information in hardto-reach areas to inform humanitarian planning and interventions outside formal settlement sites.

Using the AoK methodology, REACH remotely monitors needs and access to services in the Greater

Upper Nile, Greater Equatoria and Greater Bahr el Ghazal regions. AoK data is collected monthly and through multi-sector interviews with the following typology of Key Informants (KIs):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last month
- Kls who have had contact with someone living or have been in a hard-to-reach settlement in the last month (traders, migrants, family members, etc.)
- Kls who are remaining in hard-to-reach settlements, contacted through phone

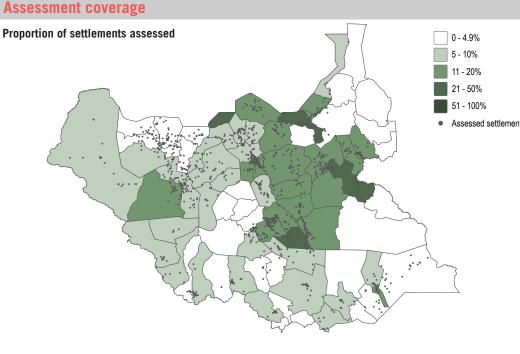
Selected KIs are purposively sampled and have knowledge from within the last month about a specific settlement in South Sudan, with data collected at the settlement level. About half of settlements assessed have more than one KI reporting on the settlement. In these cases, data is aggregated at the settlement level according to a weighting mechanism, which can be found in the Terms of Reference (ToRs).

#### (Link to AoK Terms of Reference)

All percentages presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed with that specific response. The findings presented in this factsheet are indicative of the broad food security and livelihood trends in assessed settlements in November 2018, and are not statistically generalisable.

### **Assessment Coverage**

- 1,784 Key Informants interviewed
- 1,289 Settlements assessed
  - 60 Counties assessed
  - 47 Counties with 5% or more coverage<sup>1</sup>



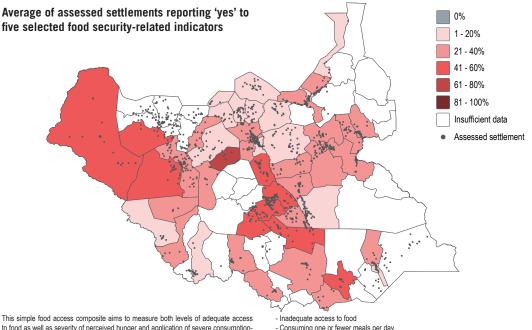
<sup>1</sup>Data is only represented for counties in which at least 5% of settlements have been assessed. The most recent OCHA Common Operational Dataset (COD) released in February 2016 has been used as the reference for settlement names and locations.



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Swiss Agency for Development and Cooperation SDC For more information on this factsheet please contact: REACH south.sudan@reach-initiative.org

### Food access composite indicator



This simple food access composite aims to measure both levels of adequate access to food as well as severity of perceived hunger and application of severe consumptionbased coping strategies. The composite was created by averaging the 'yes' responses of settlements reporting on the following indicators, with all indicators considered to have the same weight: Inadequate access to food
Consuming one or fewer meals per day
Skipping days to cope with a lack of food or money to buy food
Perceived hunger from inadequate food access: severe or worst it can be
Wild foods known to be making people sick consumed all the time



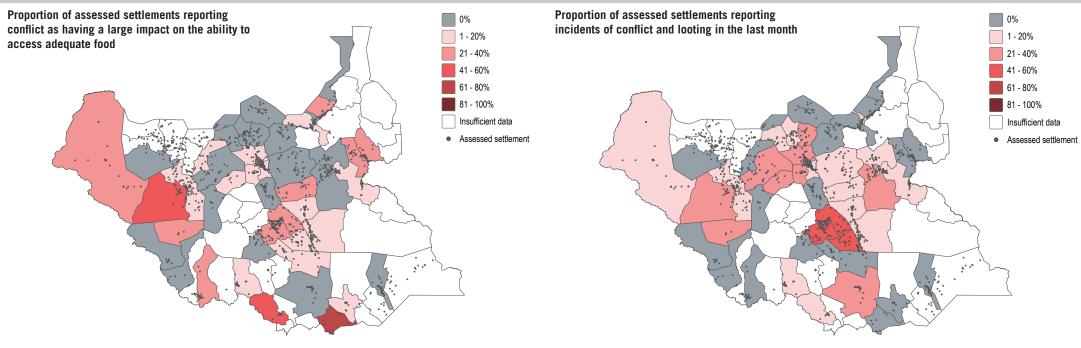


**South Sudan Displacement Crisis** 

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### **Shocks**



#### **Shocks: IDPs**

**Shocks: health** 

Mayom

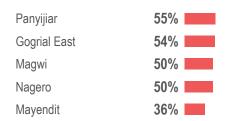
Koch

Guit

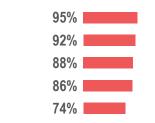
Rubkona

Pariang

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



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



### **Shocks: cereal prices**

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

Panyijiar	77%
Panyikang	76%
Gogrial East	69%
Tonj East	67%
Pariang	63%

# **Shocks: livestock**

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

Gogrial East	69%
Panyijiar	61%
Mvolo	56%
Guit	50%
Fangak	43%





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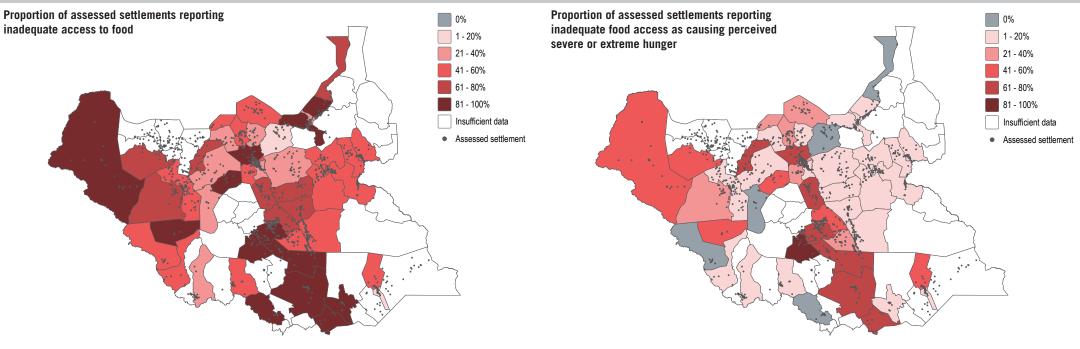


South Sudan Displacement Crisis

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# **Food access**



### Wild foods: frequency

Wild foods: nutrition

Tonj East

Ulang

Nagero Terekeka

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

Nagero	50%
Maridi	29%
Mvolo	22%
Aweil Centre	17%
Ezo	14%

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



### **Meal frequency**

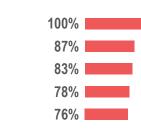
Torit

Raja Tonj East

Mvolo

Yirol West

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



# Food coping: skipping days

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

Tonj East	83%
Yirol West	65%
Yirol East	59%
Kapoeta North	58%
Luakpiny/Nasir	57%





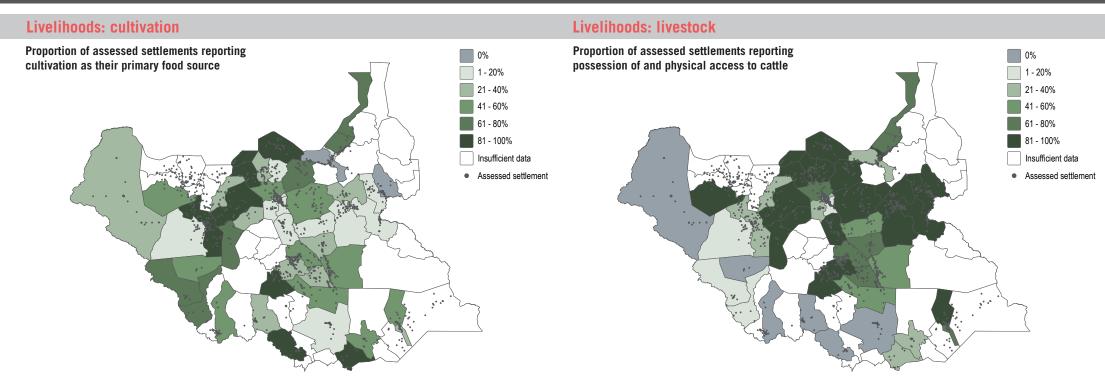
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REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

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Agricultural inp	Agricultural inputs Land for cultivation		Food source: livestock		Livestock disease		
Top five counties rep agricultural inputs	orting inadequate access to	Top five counties reporting access restrictions to land for cultivation		Top five counties reporting livestock as their primary food source		Top five counties reporting a livestock disease outbreak	
Kapoeta South	100%	Fashoda	96%	Kapoeta South	27%	Fangak	100%
Magwi	100%	Yei	81%	Ulang	22%	Nagero	100%
Manyo	100%	Manyo	80%	Yirol West	18%	Gogrial East	92%
Mvolo	100%	Juba	68%	Yirol East	17%	Panyijiar	89%
Fashoda	96%	Wau	66%	Akobo	17%	Terekeka	86%



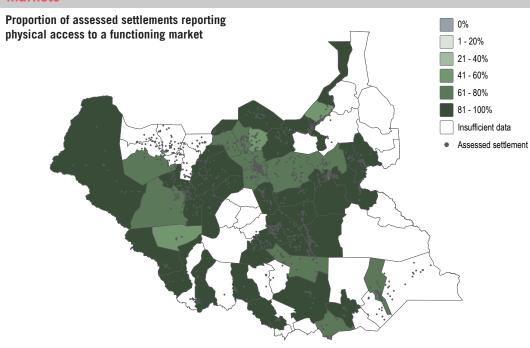
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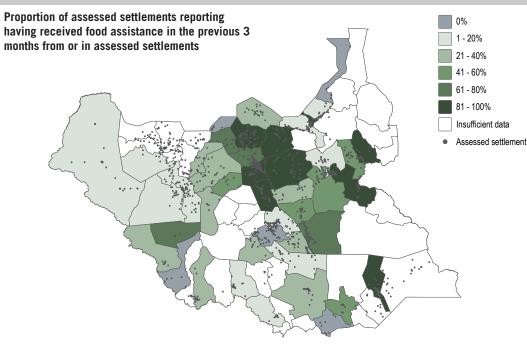
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Humanitarian assistance



Food source: purchasing Livelihood: casual labour		Food source: humanitarian		Humanitarian distribution			
Top five assessed count primary food source	ies reporting purchase as	Top five assessed counties reporting casual labour as a livelihood activity		Top five assessed counties reporting humanitarian assistance as primary food source in assessed settlements		Top five assessed counties reporting no humanitarian assistance received in the past 3 months	
Juba	77%	Mvolo	100%	Leer	91%	Panyikang	20%
Panyikang	68%	Tonj East	100%	Guit	78%	Ulang	17%
Wau	50%	Yei	100%	Mayendit	67%	Koch	13%
Raja	47%	Torit	93%	Rubkona	62%	Abiemnhom	13%
Torit	40%	Jur River	92%	Luakpiny/Nasir	48%	Guit	11%





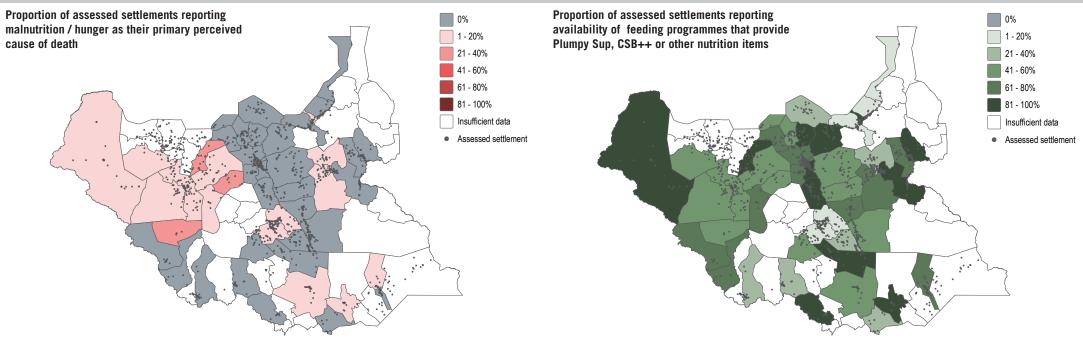
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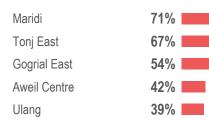
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# Perceived causes of death, health and nutrition



#### **Mortality increase**

Top five assessed counties reporting a higher perceived number of deaths than normal in the last month



#### **Health: malnutrition**

Nagero

Raja

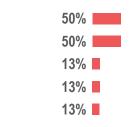
Torit

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Tonj East

Tonj North

Top five assessed counties reporting perceived hunger / malnutrition as main health problem



# **Health: cholera**

Top five assessed counties reporting cholera / diarrhoea as their main health problem

Mvolo	33%
Tambura	27%
Leer	26%
Nagero	25%
0	
Mayom	21%

#### **Health services**

Top five assessed counties reporting no physical access to health services

Panyikang	80%
Nyirol	52%
Maridi	47%
Fashoda	44%
Aweil Centre	42%



