Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

June 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 hard-to-reach areas to inform humanitarian planning and interventions outside formal settlement sites.

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

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

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

Selected KIs are purposively sampled and have knowledge from within the last month about a specific settlement in South Sudan, with data collected at the settlement level. About half of settlements assessed have more than one KI reporting on the settlement. In these cases, data presented at the settlement level is the modal (most frequent) response for KIs reporting on that settlement. If there is an even number of 'yes/no' responses, data is aggregated as 'no consensus'.

All percentages presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed with that specific response.

The findings presented in this factsheet are indicative of the broad food security and livelihood trends in assessed settlements in June 2018, and are not statistically generalisable.

Assessment Coverage

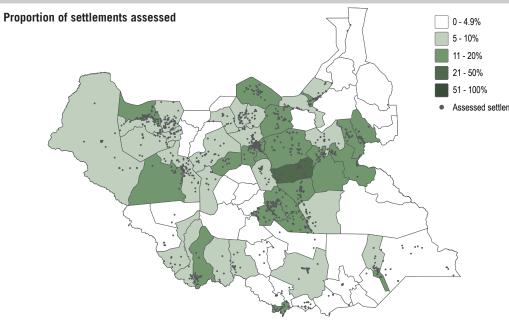
1,855 Key Informants interviewed

1,235 Settlements assessed

58 Counties assessed

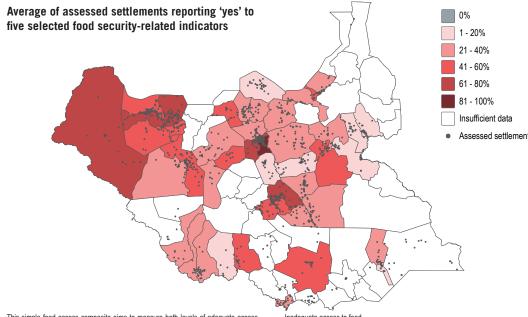
44 Counties with 5% or more coverage¹

Assessment coverage



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

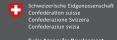
Food access composite indicator



This simple food access composite aims to measure both levels of adequate access to food as well as severity of perceived hunger and application of severe consumption-based coping strategies. The composite was created by averaging the 'yes' responses of settlements reporting on the following indicators, with all indicators considered to have the same weight:

- Inadequate access to food
- Consuming one or fewer meals per day
- Skipping days to cope with a lack of food or money to buy food
- Perceived hunger from inadequate food access: severe or worst it can be
- Wild foods known to be making people sick consumed all the time





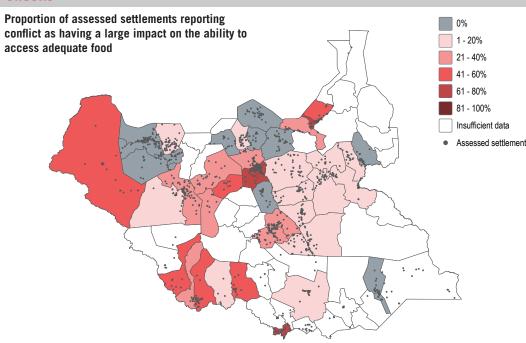


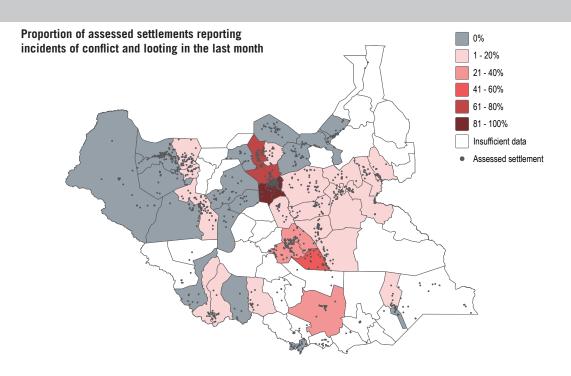
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Shocks





Shocks: IDPs

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

Maridi	53%
Panyikang	44%
Malakal	42%
Leer	29%
Koch	29%

Shocks: health

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

Guit	100%
Mayom	100%
Rubkona	80%
Koch	67%
Maridi	67%

Shocks: cereal prices

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

Mayom	100%
Uror	72%
Twic East	66%
Aweil South	60%
Aweil East	59%

Shocks: livestock

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

Maridi	53%
Guit	50%
Mayom	50%
Yambio	43%
Rubkona	32%





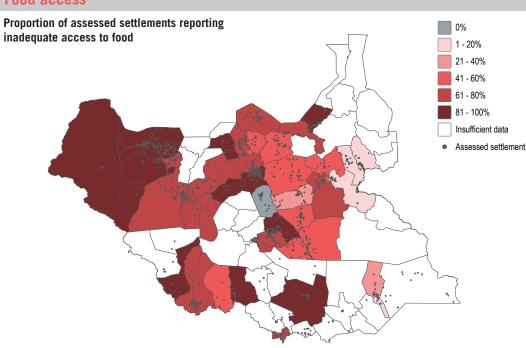


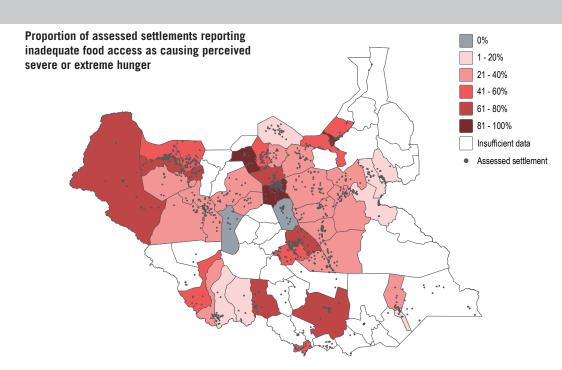
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Food access





Wild foods: nutrition Food coping: skipping days Wild foods: frequency **Meal frequency** Top five assessed counties reporting consumption Top five assessed counties reporting consumption Top five assessed counties reporting consuming Top five assessed counties reporting entire days of wild foods all of the time without eating as a coping strategy of wild foods that are known to make people sick on average one meal per day or less 44% 61% Toni East Leer Raja Leer Jur River 41% Yirol East Panyijiar Raja 41% 82% 81% 55% Ayod Mayendit Juba Mayendit Tonj South Guit Mayendit Mayendit Nyirol 35% Rubkona Yirol West Yirol East





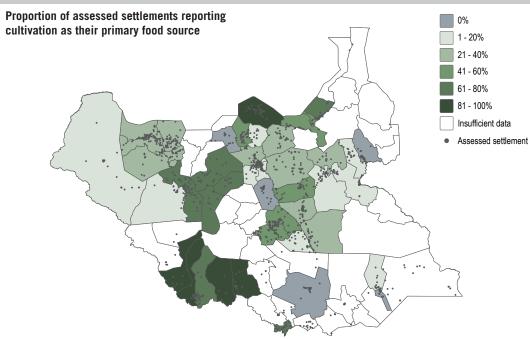


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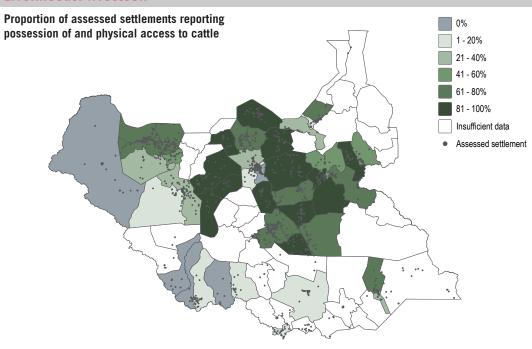
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Livelihoods: livestock



	Agricultural inputs		Land for cultivation		Food source: livestock		Livestock disease	
Top five counties reporting inadequate access to agricultural inputs		Top five counties reporting access restrictions to land for cultivation		Top five counties reporting livestock as their primary food source		Top five counties reporting a livestock disease outbreak		
	Aweil Centre	100%	Juba	81%	Mayom	43%	Panyijiar	92%
	Ibba	100%	Ibba	60%	Kapoeta North	40%	Awerial	89%
	Aweil South	95%	Ezo	50%	Bor South	22%	Yirol East	78%
	Aweil West	94%	Malakal	50%	Uror	20%	Yirol West	76%
	Aweil East	94%	Yambio	50%	Akobo	15%	Aweil East	69%





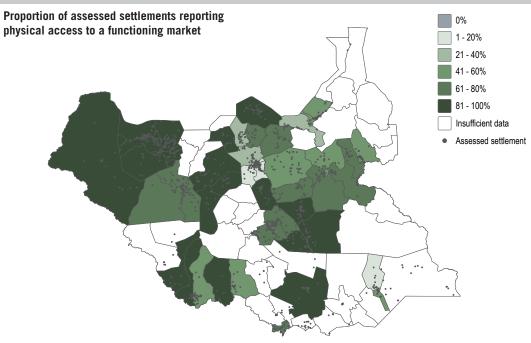


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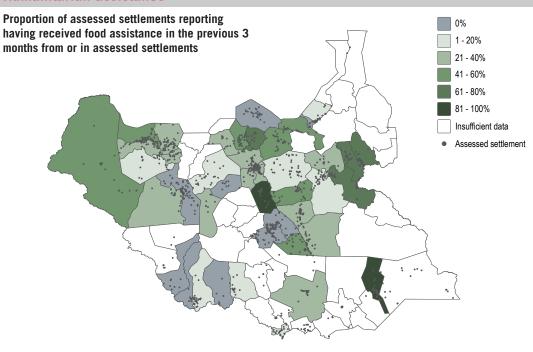
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Humanitarian assistance



Food source: purchasing

Top five assessed counties reporting purchase as primary food source

Juba	100%
Kapoeta South	64%
Wau	60%
Aweil Centre	48%
Raja	42%

Livelihood: casual labour

Top five assessed counties reporting casual labour as a livelihood activity

Tonj East	100%
Tonj South	100%
Tonj North	91%
Wau	90%
Raja	88%

Food source: humanitarian

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

Panyijiar	100%
Akobo	70%
Ulang	70%
Luakpiny/Nasir	68%
Guit	67%

Humanitarian distribution

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

Mayom	86%
Uror	52%
Guit	50%
Awerial	46%
Kapoeta South	45%





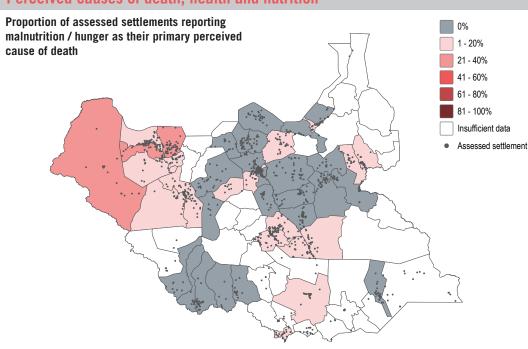


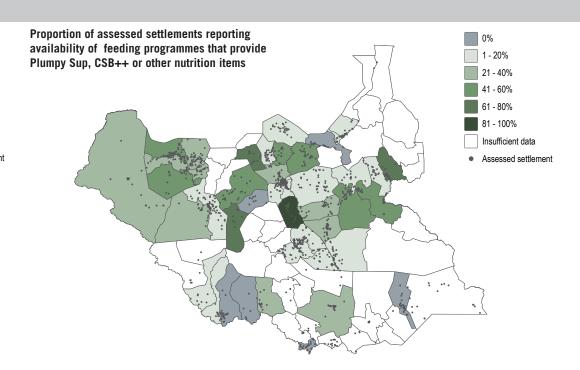
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Perceived causes of death, health and nutrition





Mortality increase Health: malnutrition		Health: cholera	Health: cholera		Health services		
Top five assessed counties reporting a higher perceived number of deaths than normal in the last month		Top five assessed counties reporting perceived hunger / malnutrition as main health problem		Top five assessed counties reporting cholera / diarrhoea as their main health problem		Top five assessed counties reporting no physical access to health services	
Leer	92%	Fangak	17%	Mayendit	29%	Leer	88%
Mayendit	92%	Tonj North	13%	Awerial	29%	Mayendit	88%
Nzara	64%	Tonj South	13%	Jur River	28%	Panyikang	78%
Ibba	60%	Bor South	11%	Leer	24%	Morobo	68%
Panyijiar	60%	Tonj East	11%	Tonj East	22%	Malakal	67%



