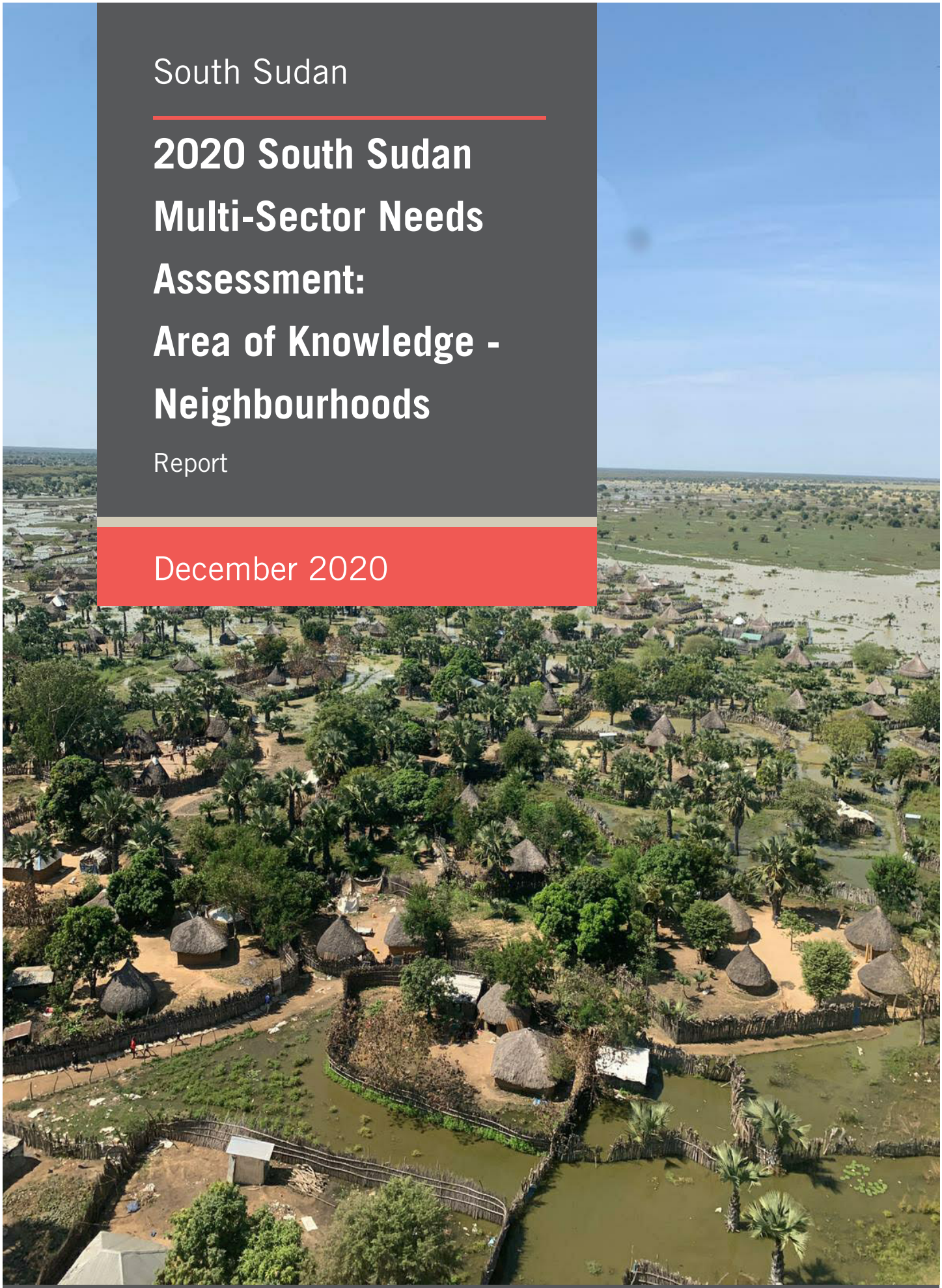
South Sudan

2020 South Sudan Multi-Sector Needs Assessment: Area of Knowledge - Neighbourhoods

Report

December 2020



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About REACH

REACH 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). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

EXECUTIVE SUMMARY

1. Rationale and foundations of the MSNA

During 2020 high humanitarian needs continued across South Sudan, and the convergence of multiple shocks in already vulnerable areas have further destroyed livelihoods and hindered humanitarian assistance. Shocks included climatic events, such as heavy rains and flooding in some parts of the country, coupled with drought and desert locusts in others. The continuation of armed conflict, resultant mass displacement, mobility restrictions due to COVID-19, increase in market prices, and disruption to aid delivery were also seen. Notwithstanding the ceasefire that followed the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS),[1] many areas of the country continued to witness national, sub-national, localised and grassroots violence,[2] mostly driven by resource-scarcity in areas that have experienced years of severe food insecurity.[3] **As a result of this year's convergence of shocks, 8.3 million people were classified as "in need"**, as of January 2021, an increase from the 7.5 million people in need in 2020.[4,5]

Crucial information gaps persisted in South Sudan, with poor access to many parts of the country due to insecurity and inadequate infrastructure, together with COVID-19 travel restrictions and heavy rains that flooded road networks. These information gaps limited the effectiveness of humanitarian planning and implementation. In this context of humanitarian crisis, there was a vital **need for up-to-date, country-wide information on the needs of the affected populations in South Sudan to support evidence-based decision-making of key humanitarian actors**. REACH, in coordination with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG), conducted a multi-sectoral needs assessment (MSNA) using the **Area of Knowledge – Neighbourhoods (AoK-N) methodology, to provide updated data and analysis on multi-sectoral needs and priorities for crisis-affected populations in South Sudan and to inform strategic planning**.

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 OCHA and the ICCG, innovated the AoK-N, a remote, Key Informant (KI)-based household methodology. The AoK-N builds on the neighbourhood methodology that 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).[6] **The AoK-N is a remote KI-based methodology, based on the assumption that people reasonably know some information about other people in their immediate neighbourhood**. The purpose of the AoK-N methodology was to provide household-level data on needs to inform the response, in a context where direct household surveys were extremely limited due to COVID-19 movement restrictions put in place by the Government of South Sudan in March 2020, as well as due to COVID-protective measures taken by REACH to mitigate against the further spread of COVID-19. The AoK-N tool was designed with input from clusters and based as much as possible on the draft of the Joint Intersectoral Analysis Framework (JIAF),[7] to **ensure comparability between AoK-N and the Food Security and Nutrition Monitoring System+ (FSNMS+)**[8] assessments. The full Terms of Reference (ToR) for the AoK-N methodology is available here.

[1] R-ARCSS is the agreement signed on September 12th, 2018 that seeks to revive the ARCSS of August 2015, which had temporarily ended the first civil war of South Sudan that broke out on 13 December 2013.
[2] Specific definition for each type of violence can be found here, and in the Definitions section.
[3] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[4] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[5] OCHA, Humanitarian Needs Overview, 2020 Humanitarian Process Cycle, available here.
[6] Care and Protection of Children (CPC) Learning Network, Measuring Violence Against Women Amidst War and Displacement in Northern Uganda Using the 'Neighborhood Method', 2009.
[7] The JIAF is a theoretical and conceptual framework for intersectoral needs analysis to inform strategic decision-making across humanitarian crises.
[8] FSNMS is the Food Security and Nutrition Monitoring System in South Sudan. FSNMS+ integrates the former FSNMS with indicators from all humanitarian sectors for the purpose of a comprehensive multi-sector needs assessment tool.

The 2020 South Sudan AoK-N MSNA aimed to cover all ten states in South Sudan and all populations with a quantitative, remote, data collection implemented between 3rd August and 1st September 2020. With the objective of gathering comparable information across the entire country, 2,930 face-to-face and phone KI interviews were conducted, covering a total of 21,260 households, across 75 counties.

Each KI was asked to report information about their household as well as up to nine of their geographically closest neighbours. Findings were analysed and presented through some main analytical constructs:

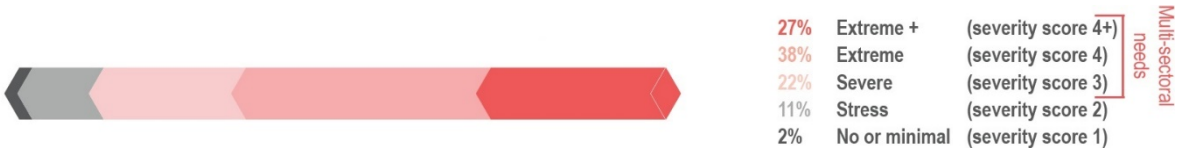
Living Standard Gap (LSG)	LSG signifies an unmet need in a single given sector, where the LSG severity score is 3 or higher.	Severity scale: from 1 (none/minimal) to 4/4+ (extreme/extreme+)[9]
Multi-Sectoral Needs Index (MSNI)	The MSNI is a measure of the household's overall severity of humanitarian needs across multiple sectors, based on the maximum severity of sectoral LSG severity scores identified in each household.	Severity scale: from 1 (none/minimal) to 4/4+ (extreme/extreme+)

Results were reported as a "% of households" and interpreted as any normal household survey, given certain acknowledgements and limitations. It is critical to note that **since households were not selected with probability sampling, the results are not statistically representative**. In addition, there is added uncertainty in the validity of results through the AoK-N methodology, as most households were not reporting directly on their own needs, however the pilot conducted before rolling out the full AoK-N MSNA indicated comparative results when compared through a validation exercise. Additionally, when comparing AoK-N MSNA and FSNMS+, findings were found to be similar.

2. Key findings

Overall, the 2020 AoK-N MSNA in South Sudan found that **87% of households**[10] **across the country have multi-sectoral needs**.[11] Notably, the majority had at least extreme multi-sectoral needs, with 27% having extreme+ (severity score 4+), and 38% had extreme (severity score 4) multi-sectoral needs (see figure 1 below).

Figure 1: % of households per Multi-Sectoral Needs Index (MSNI) severity score



Geographically, households with **multi-sectoral needs were spread all across the country**, as depicted in map 1 below, highlighting the precarious condition of humanitarian crisis in South Sudan. The proportions of households with multi-sectoral needs were relatively lower in Uror and Nyirol Counties (29% and 30%, respectively), with Nyirol notably classified in Phase 3 by the latest Integrated Food Security Phase Classification (IPC).[12] However, households frequently resorted to negative coping strategies to meet needs, including reliance on humanitarian assistance, which indicates that those households may become in need if the situation does not improve. A similar geographic distribution could be observed for households with extreme multi-sectoral needs.

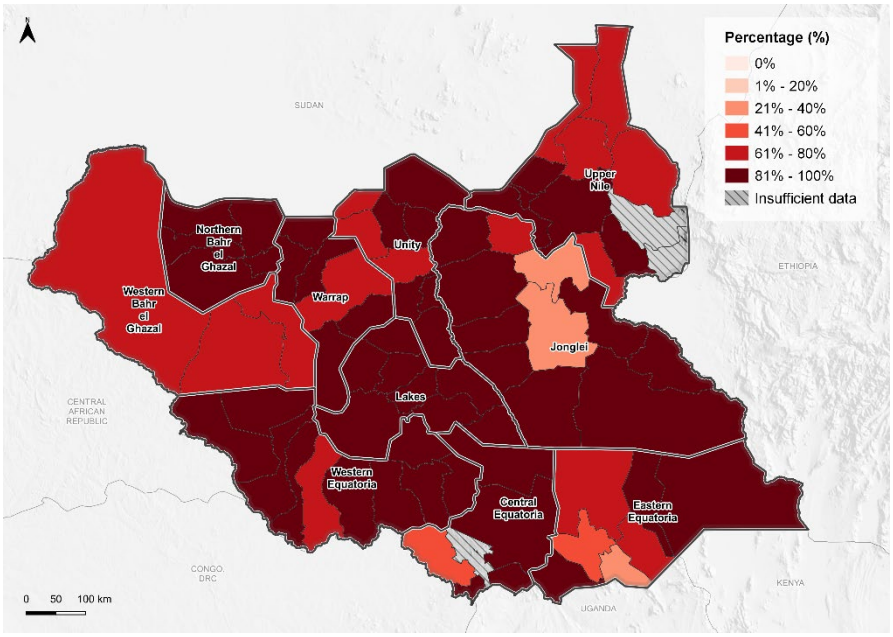
[9] As per the MSNA Sectoral Analysis guidance, a "4+" category can be used where data indicates that the situation could be catastrophic. While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/ minimal) to 4 (extreme) will generally be used. This is because data that is needed for Phase 5 classification (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, without global guidelines from the inter-agency group, and given the response implications of classifying a household or area as severity 5 (Catastrophic), REACH is not in a position to independently verify if a severity 5 is occurring.

[10] Caseload estimates based on population figures cannot be provided as this was beyond the scope of the MSNA as agreed with key stakeholders.

[11] Multi-sectoral needs: proportion of households with an MSNI severity score of at least 3, based on the severity of LSGs identified in each household.

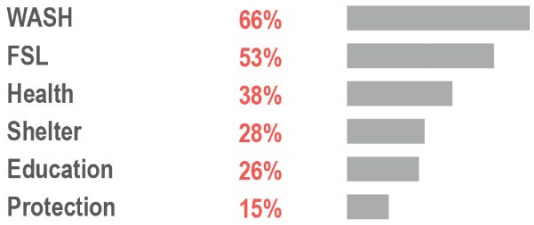
[12] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.

Map 1: Proportion of households found to have multi-sectoral needs, per county



Water, Sanitation and Hygiene (**WASH**) **was found to be the most common driver of multi-sectoral needs**, either by itself or in combination with other sectors. Of households with multi-sectoral needs, 66% were found to have a sectoral need in WASH (i.e. a WASH LSG, see figure 2), while 14% had a sectoral need in WASH only, making it the most common needs profile (see figure 3). WASH sectoral needs were primarily caused by the long walking distance households had to travel to access the closest drinking water facility, and the inability to access improved[13] water sources. Sectoral needs in Food Security and Livelihoods (FSL) and health were also found to be common drivers of multi-sectoral needs.

Figure 2: Proportion of households found to have multi-sectoral needs, by type of sectoral need[14]

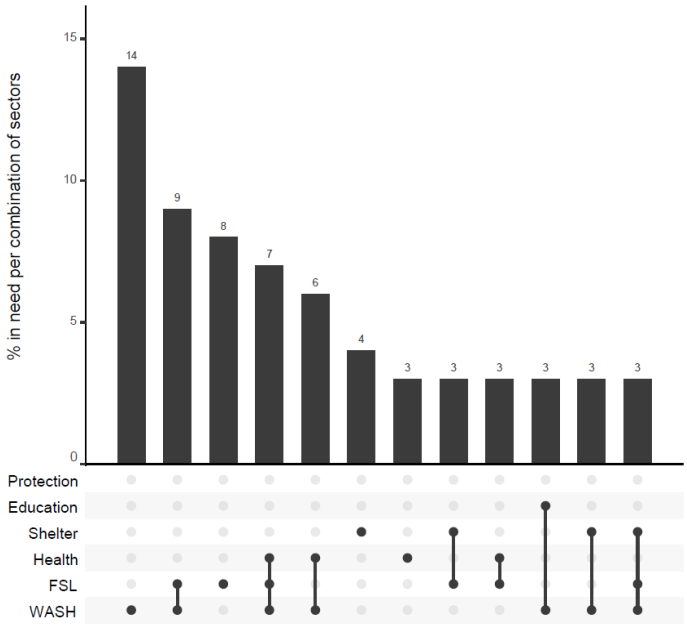


Co-occurring sectoral needs were found to be common, with the majority of households (**59%**) having two or more sectoral needs. Reflecting the top three sectoral needs mentioned above, the **co-occurrence of WASH, FSL and/or health sectoral needs** was particularly likely. Notably different combinations of one or more WASH, FSL, and health sectoral needs were the five most common needs profiles (figure 3).

[13] Improved water sources are those that have the potential to deliver safe water by nature of their design and construction and for this assessment included borehole, tap stand, water yard. Unimproved water sources: river, swamp, pond, open well, rain water. For more information please see the Joint Monitoring Programme (JMP), drinking water monitoring.

[14] Each household can have needs in several sectors so the percentages can add up to more than 100%.

Figure 3: Most common combinations of one or more sectoral needs among households with multi-sectoral needs[15]



More specifically, **access to water and sanitation was a major issue across the country** during 2020, as 58% of households were reported by KIs not to have access to latrines, and 57% not access to soap. In addition, 43% of households walked for more than 30 minutes to reach the closest drinking water source, while 27% had access to unimproved water sources only. **Disease outbreak** can be accelerated by the poor WASH and health conditions of populations, due to conditions such as water contamination, lack of hygiene, and lack of access to health services. In rural areas across the country, **health facilities are usually more difficult to reach**, due to insecurity and/or poor road access, and they are characterised by low or limited capacity in terms of doctors and medicines, and poor infrastructure in general. Health facilities in urban areas are usually over-crowded or too expensive, making it difficult to meet the high needs of the population.[16] Across South Sudan, 66% of households were reported by KIs not to be able to access healthcare facilities when needed, and 69% had to walk more than 30 minutes to reach the closest health infrastructure. The precarious WASH infrastructure, together with the difficulty for households living in remote areas to access health facilities, exacerbated the **malnutrition situation** in the country.[17]

Due to the combination of last year's shocks such as the widespread insecurity, the increase in food prices[18] and the destruction of crops and market infrastructures caused by floods and conflicts, the **food security situation deteriorated** in South Sudan, with an estimated 7.7 million people expected to experience acute food insecurity and worse in 2021,[19] a 15% increase in people who were acutely food insecure in 2020.[20] According to the AoK-N MSNA, the main livelihood source for households was reported to be crops production (for 54% of households); however, 47% of households had their crops reportedly destroyed, while 12% could not harvest. As a result of this year's external shocks, **half of households** (51%) in South Sudan were reported **not to be able to access adequate amounts of food**. Moreover, 25% of households were reported by KIs with no food in the house any day in the week prior to data collection, and 32% of households were reported by KIs to have at least one member going to sleep hungry in the week prior to data collection. In addition to the pre-existing humanitarian conditions and external shocks, **COVID-19 restrictions on travel have hindered the ability of humanitarian actors to provide support to crisis-affected populations**, delaying the response and contributing to further exacerbate the humanitarian situation.

[15] Each household has only one needs profile so the percentages cannot add up to more than 100%.
[16] Coping mechanisms in South Sudan in relation to different types of shock, William Avis, April 2020, available here.
[17] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[18] A 35% increase in the cost for a Minimum Expenditure Basket (MEB) in South Sudan from October 2019 to October 2020. Source: South Sudan Joint Market Monitoring Initiative, REACH, WFP, CWG, October 2020, available here.
[19] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[20] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.

At the national level, **around half (48%) of households with multi-sectoral needs were found to be vulnerable,**[21] meaning that their humanitarian needs were aggravated by pre-existing vulnerabilities.[22,23] Vulnerabilities usually act as an aggravating factor for humanitarian needs, as they negatively influence households' capacity to cope with shocks. Indeed, findings showed that **more than 85% of households with pre-existing vulnerabilities had multi-sectoral needs.** In particular, 99% of child-headed households presented multi-sectoral needs, while 95% of households with a differently-abled household member, and 94% of households with a chronically ill household member were found to have multi-sectoral needs. Furthermore, 93% of households hosting an internally displaced person had multi-sectoral needs.

Almost three-quarters of the households that did not show multi-sectoral needs were resorting to negative and unsustainable strategies to meet their basic needs: amongst households with no multi-sectoral needs (MSNI 1 or 2), 70% were found to have at least one capacity gap (CG).[24] Households resorting to negative, unsustainable strategies may not be able to maintain access to these coping strategies if future shocks occur, which in turn indicates a likelihood of increased humanitarian needs going forward. The FSL and health sectors showed the highest percentages of households with no sectoral needs but presenting CGs, respectively 26% and 30%. Among FSL coping strategies, selling and slaughtering livestock, and reducing the number and portion of meals per day were the most frequently recurring strategies. Regarding health coping strategies, households were found to walk far to reach the nearest functioning health facility, and/or to sell assets or borrow money to afford medical treatments.

2.1 Subsets of particular concern

To deliver further information into those geographic subsets with extreme multi-sectoral needs (MSNI severity score of 4 or 4+), two counties have been further analysed to better understand the magnitude, severity and nature of needs, together with a background of the context and pre-existing vulnerabilities in each county. All households in **Pibor County** in Jonglei State were found to have at least extreme multi-sectoral needs (MSNI 4, 4+), driven by extreme needs in several sectors, while **Tonj East County** in Warrap State had 91% of households with extreme multi-sectoral needs and showed one of the highest percentages of households with pre-existing vulnerabilities, CGs, and extreme multi-sectoral needs.

In **Pibor County**, the humanitarian situation has been found extremely critical, as **all households (100%) had extreme multi-sectoral needs**. Households nearly always had converging needs across several sectors, as 95% were found to have three or more co-occurring sectoral needs**,** with a small percentage (2%) of households presenting six co-occurring sectoral needs. All sectors in Pibor had at least 56% of households with a sectoral need, reflecting a large magnitude of needs across the county, with all households found to have an FSL sectoral need. Commonly, **FSL, shelter, and WASH** needs were found within the same household, in combination with **protection** and/or **health** (65% of households). This finding reflects the context of Pibor County, as **widespread and high flooding**, together with intense **sub-national conflict,** have disrupted livelihood sources, caused large-scale displacement across the county, and destroyed crop fields, shelters, markets, and health infrastructure, generating high levels of food insecurity, malnutrition and eroding coping capacities.[25, 26] Given the **COVID-19 travel restrictions**, traders were unable to maintain typical supply routes, while due to the countrywide **economic fragility**, prices for staple food have increased atypically quickly during this year,[27] making it difficult for households to afford market prices. As a result, WASH and FSL conditions were found extreme and were worsened by access constraints[28] that impeded humanitarian actors to reach flood-affected areas. As a result, Pibor County was

[21] Vulnerability severity score 3 or 4.
[22] Pre-existing vulnerabilities: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
[23] For the 2020 South Sudan AoK-N MSNA, vulnerability profiles were chosen based on the profile of the head of household, the displacement status, and the presence of vulnerable household members. Vulnerable household members include the presence of an elderly household member, a separated or unaccompanied child, a physical or mental disabled household member, a chronically ill household member, a pregnant or lactating woman.
[24] 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.
[25] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[26] REACH, Humanitarian Situation Monitoring, Jonglei State South Sudan April - September 2020, available here.
[27] A 35% increase in the cost for a Minimum Expenditure Basket (MEB) in South Sudan from October 2019 to October 2020. Source: South Sudan Joint Market Monitoring Initiative, REACH, WFP, CWG, October 2020, available here.
[28] Access constraints caused by floods cutting off road networks and the widespread violence and insecurity, such as attacks on Non-Governmental Organization (NGO) staff and the raiding of prepositioned food stocks.

classified by the latest IPC[29] to be in an emergency stage of food insecurity, with pockets of populations in Catastrophe (IPC Phase 5) acute food insecurity for the period October to November 2020.[30] In addition to external shocks that generated extreme multi-sectoral needs, the situation has been worsened by the presence of a particularly **high proportion of households (79%) with multi-sectoral needs who were found to be vulnerable**; this finding positions Pibor County among the 10 counties in South Sudan with the highest percentage of households with pre-existing vulnerabilities and multi-sectoral needs. Moving forward, sub-national violence and insecurity will likely continue once floodwaters recede and this will likely affect livelihood and coping activities in the coming months.

As a result of this year's shocks and existing pre-conditions, **Tonj East County** was found to be a county of extreme concern in South Sudan; indeed, it showed one of the highest percentages of households with **pre-existing vulnerabilities** and multi-sectoral needs (56% of households), households with **CGs** (50%), and households with **extreme multi-sectoral needs** (91%). During 2020, Tonj East County was declared by the latest **IPC**[31] to be in an emergency stage of food insecurity, with a likelihood of populations in Catastrophe (IPC Phase 5) acute food insecurity, as indicated by the Real Time Quality Review report;[32] the main reasons were related to large **food consumption gaps** as households were found unable to plant due to conflict, or unable to harvest due to floods, together with the increase in market prices and the seasonal decrease in livestock prices, which reduced households' purchasing power. To worsen the already critical situation, sub-national conflict caused the temporary or prolonged **displacement** of populations, with approximately 15,000 people displaced in Tonj East.[33] Conflicts were responsible for burning markets to the ground, and creating a dangerous environment where households felt it was too unsafe to access the market due to violence.[34] The majority of households (79%) had three or more co-occurring sectoral needs, and the most common combinations of needs presented were **WASH, FSL, and health** sectoral needs, combined with education and/or protection. The link among WASH, FSL, and health sectors mirrors the context of the crisis in Tonj East. Both health and nutrition outlooks are likely to worsen in the coming months, as **poor sanitation and hygiene** increases the risk of diseases outbreak. Indeed, the majority of households in Tonj East were reported not to have access to functioning latrines nor to soap, coupled with 75% of households not having access to improved water sources. Those households not showing multi-sectoral needs (4%) were resorting to **negative coping strategies**, such as selling and slaughtering livestock, and reducing the number and portion of meals per day.

3. Conclusion

Overall, multi-sectoral needs have been significant during 2020 across the country, with 87% of households found to have severe or extreme levels of multi-sectoral needs, mainly driven by sectoral needs in WASH, FSL, and health. **Natural hazards, violence/insecurity,** and the **economic fragility** of the country have contributed to the current precarious situation in South Sudan, coupled with **COVID-19 travel restrictions** that have hindered the ability of humanitarian actors to provide support to crisis-affected populations. Pre-existing vulnerabilities have also aggravated humanitarian needs, and even households with no multi-sectoral needs have been found to resort to negative coping strategies, which may not be sustainable in the long term and may result in needs if current conditions continue. In light of this, humanitarian needs will most likely persist and could worsen in 2021, eroding livelihoods, hindering service access, worsening food insecurity and malnutrition, and placing pressure on communities and resources, stressing the need for an immediate and targeted humanitarian response.

To further understand the current humanitarian crisis and prepare an **appropriate humanitarian response**, close attention should also be paid to accountability to affected populations, which means the way populations perceive humanitarian assistance. **Further steps for next year's analysis** have been identified in order to improve the AoK-N methodology: it would be important to run focus group discussions to get an in-depth explanation of complex

[29] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[30] The Famine Review Committee Report classified four payams (Pibor, Likuangole, Gumuruk and Verteth) in Pibor County as 'Famine Likely' for the current period (October-November 2020) and extending into the peak of the lean season. Source: OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[31] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[32] Multi Partner Real Time Quality Review, IPC Acute Food Insecurity Analysis (November 2020), available here.
[33] South Sudan Key Context Update, OCHA, November 2020.
[34] Radio Tamazuj, Death toll from Tonj East fighting rises to 148, August 2020, available here.

issues, to understand the "how" and "why" of shocks, the way they are perceived by households. Additional studies may also be needed for coping strategies and whether they happen to be seasonal.

Finally, as the first assessment of its kind, one of the purposes of this assessment was to **review the reliability of the AoK-N methodology** to understand and explain multi-sectoral needs across the country. Throughout the report, comparisons are made with FSNMS+ data. Although some minor discrepancies were witnessed between the two datasets, potentially due to the slight difference in data collection period - AoK-N data was collected in August (peak of the lean season), while FSNMS+ data was collected between September and October 2020, the majority of AoK-N results were comparable to FSNMS+ (that employs a methodology with higher reliability). This confirms the credibility and relevance of the AoK-N methodology for future assessments, where access or resources remain a limitation.

CONTENTS

List of Acronyms

AO	Assessment Officer
AoK-N	Area of Knowledge – Neighbourhood
CCCM	Camp Coordination and Camp Management
CG	Capacity Gap
CoHA	Cessation of Hostilities Agreement
CPC	Care and Protection of Children
FEWS NET	Famine Early Warning System Network
FO	Field Officer
FSL	Food Security and Livelihoods
FSNMS+	Food, Security, Nutrition Monitoring System
GBV	Gender-Based Violence
HLP	Housing Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HSM	Humanitarian Situation Monitoring
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Persons
IPC	Integrated Food Security Phase Classification
JIAF	Joint Intersectoral Analysis Framework
KI	Key Informant
LSG	Living Standard Gap
MEB	Minimum Expenditure Basket
MSNA	Multi-Sectoral Needs Assessment
MSNI	Multi-Sectoral Needs Index
NBS	National Bureau of Statistics
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
PiN	People in Need
R-ARCSS	Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan
SOP	Standard Operating Procedures
SSP	South Sudanese Pound
ToR	Terms of Reference
WASH	Water Sanitation and Hygiene

Definitions

- **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.
- **Living Standard Gap (LSG):** signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.
- **Magnitude:** corresponds to the overall number or percentage of households in need.
- The **Multi-Sectoral Needs Index (MSNI)** is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to [4/4+]), based on the highest severity of sectoral LSG severity scores identified in each household.
- **Pre-existing vulnerabilities:** the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would 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 need) to [4 (extreme needs)/4+ (extreme+ needs)].

- **National violence**[35] is a situation of violence involving at least one armed actor engaged in a national civil war, including signatories and non-signatories to a national peace agreement.
- **Sub-national violence** is a situation of violence involving armed actors without identified nationally-oriented objectives, but pursuing political agendas beyond limited local issues, such as sub-county areas or groupings of villages, while engaging in violence characterised by multiple indicators of organization and intensity.
- **Localised violence** is a situation of violence involving armed actors or groups without identified nationally or sub-nationally oriented objectives beyond limited local issues.
- **Grassroots violence** is a situation of violence more closely related to norms around honour, shame, and gender and age roles than higher layer objectives.

Geographic Classifications

State	Admin level 1, highest form of governance below the national level (10 states in South Sudan).
County	Admin level 2, form of governance below the state level (78 counties in South Sudan).
Payam	Admin level 3, form of governance below the county level.

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[35] CSRF, WFP, Guidance framework for understanding different forms of violence and their implications in South Sudan, available here.

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INTRODUCTION

1. Context of crisis

Over the past few years, the cumulative effects of conflict in conjunction with an extremely poor infrastructure system in South Sudan have caused the economy to fall, reduced crop production and livelihoods, caused displacement, and weakened communities' abilities to cope with protracted crises and sudden shocks. As of January 2021, out of 12.1 million people, **8.3 million** were classified as "**in need**", an increase from the 7.5 million people in need (PiN) in 2020; among PiN, 4.3 million were children (0-17 years old).[36]

Largely, **the main drivers of the crisis have been national, sub-national, localised, and grassroots violence,**[37] **which have hindered livelihoods, access to food and services, and displaced populations** over the last decade.[38] Violence and conflict are also one of the main drivers of **protection concerns**, with affected populations expressing fear over insecurity, protection threats, human rights violations and gender-based violence (GBV). Furthermore, South Sudan lacks an effective legal system committed to safeguarding fundamental human rights.[39]

Adding to the protracted impacts of violence, other shocks that have occurred during this year – **weather-related events, economic instability,** and the **COVID-19 pandemic** in particular, have further exacerbated humanitarian needs and the necessity of a timely response. In a country where needs were already high as a consequence of years of food insecurity, malnutrition, violence and displacement, this year's second consecutive year of **heavy rains and flooding** further destroyed livelihoods. From July to October 2020, 856,000 people were affected by floods across the country, primarily in Jonglei, Lakes and Unity states, 389,000 of which were displaced.[40] Affected people were living with inadequate access to food, water-related concerns, destroyed shelters, and need of medical care. Due to the flooding, crops in affected areas were destroyed and livestock was abandoned. Furthermore, **desert locusts** were observed in Kapoeta East in Eastern Equatoria, posing an additional threat to people's food security and livelihoods, as South Sudanese rely mainly on pastoralism and on agriculture as livelihood sources.[41]

The impacts of **COVID-19,** including movement restrictions and closure of services, together with the surge in market prices[42] for staple foods have exacerbated the situation. Due to COVID-19 constraints and the difficulties in accessing flood-affected areas, humanitarian organisations faced significant **barriers in providing assistance** to affected communities and in assessing needs. **Reduced access to basic services** has increased the vulnerability of people in locations classified in extreme and emergency phases of food insecurity, with 6.7 million people facing Crisis (IPC[43] Phase 3) or worse **acute food insecurity** in 2020, and an estimate of 7.7 million people expected to be acutely food insecure in 2021, according to the latest IPC published in December 2020.[44] Up to 80% of the people experiencing acute food insecurity in 2020 were farmers, herders, fishers and foresters. COVID-19 has disrupted their ability to work their land, care for their animals, go fishing, and access markets to sell their produce.[45]

2. About the assessment

Against this backdrop of shocks, there remains a need for up-to-date, crisis-wide information on the needs of the affected populations in South Sudan to inform strategic planning within the Inter-Cluster Coordination Group (ICCG), the 2021 Humanitarian Needs Overview (HNO), and the 2021 Humanitarian Response Plan (HRP) in order to support evidence-based decision-making of key humanitarian actors. REACH, in coordination with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the ICCG, conducted the 2020 multi-sectoral needs assessment (MSNA) through the Area of Knowledge – Neighbourhood (AoK-N) methodology

[36] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[37] Specific definition for each type of violence can be found here and in the Definitions section.
[38] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[39] OCHA, Humanitarian Response Plan, 2020 Humanitarian Process Cycle, available here.
[40] OCHA, South Sudan Flooding Snapshot, October 2020, available here.
[41] OCHA, South Sudan Humanitarian Snapshot, September 2020, available here.
[42] A 35% increase in the cost for a Minimum Expenditure Basket (MEB) in South Sudan from October 2019 to October 2020. Source: South Sudan Joint Market Monitoring Initiative, REACH, WFP, CWG, October 2020, available here.
[43] Integrated Food Security Phase Classification.
[44] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[45] Aljazeera, November 6th, 2020, available here.

to provide updated data and analysis on multi-sectoral needs and priorities for crisis-affected populations in South Sudan.

This report includes the main nationwide findings on the scope and severity of multi-sectoral needs of populations in South Sudan and the drivers of those needs. For more detailed analysis on sectoral needs, please refer to the sectoral county-level factsheets published in October 2020.

The report is structured as follows: at first, detailed information on the methodology of the assessment will be shared, followed by the core section dedicated to the main findings of the 2020 AoK-N MSNA, with a geographic breakdown of needs, and a zoom-in on areas of particular concern.

METHODOLOGY

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. 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.[46] In this context, **alternative and innovative data collection methodologies were required to support humanitarian decision-making and prioritisation**.

The AoK-N has been designed as a reliable and methodologically rigorous approach to obtain country-wide multi-sectoral data in the South Sudanese context, albeit with noted limitations compared to a direct household assessment. The AoK-N builds on the REACH AoK methodology and the neighbourhood methodology, first developed by the Care and Protection of Children (CPC) Learning Network.[47] **The 2020 South Sudan AoK-N consisted of a Key Informant (KI), quantitative, remote multi-sectoral assessment.** Each KI was asked a multi-sectoral questionnaire about their own household, as well as up to nine of their closest neighbours. The AoK-N is based on the assumption that households reasonably know some information about other people in their immediate neighbourhood.

The South Sudan 2020 MSNA utilising the AoK-N methodology was implemented nationwide covering 75 counties in South Sudan. Findings were generated according to a series of data analysis plans outlined below, each adding a layer of understanding on the severity of multi-sectoral needs, designed with inputs from clusters and based on indicators selected in line with the global Joint Intersectoral Analysis Framework (JIAF)[48] and the Food Security and Nutrition Monitoring System (FSNMS).

Further information on the objectives can be found in the full Terms of Reference (ToR).

1. Specific objectives and research questions

Data collection was conducted to support evidence-based decision making for the 2021 HNO and HRP and to enable planning among key humanitarian actors through the provision of updated information on multi-sectoral needs for crisis-affected populations in South Sudan, given COVID-19 movement restrictions and an associated severely constrained assessment landscape.

To approach this objective, the AoK-N sought to answer the following research questions:

- What are the key priorities and needs in South Sudan regarding Food Security and Livelihoods (FSL), Nutrition, Water Sanitation and Hygiene (WASH), Camp Coordination and Camp Management (CCCM), Non Food Items (NFIs) & Shelter, Health, Education, Protection, and Housing Land and Property (HLP)?
- What are the various coping strategies adopted in each sector to cope with Living Standard Gaps (LSGs)?

2. Scope

Scope of the assessment

For the purpose of this assessment, all clusters outlined in the research question were covered in the AoK-N tool. Indicators included in the AoK-N MSNA were selected after bilateral discussions with each national cluster. Initial consultations with clusters started in December 2019.

[46] 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. Source: WHO, June 2020, South Sudan 2020 Humanitarian Response Plan COVID-19 Addendum.

[47] Care and Protection of Children (CPC) Learning Network, Measuring Violence Against Women Amidst War and Displacement in Northern Uganda Using the 'Neighborhood Method', 2009.

[48] The JIAF is a theoretical and conceptual framework for intersectoral needs analysis to inform strategic decision-making across humanitarian crises.

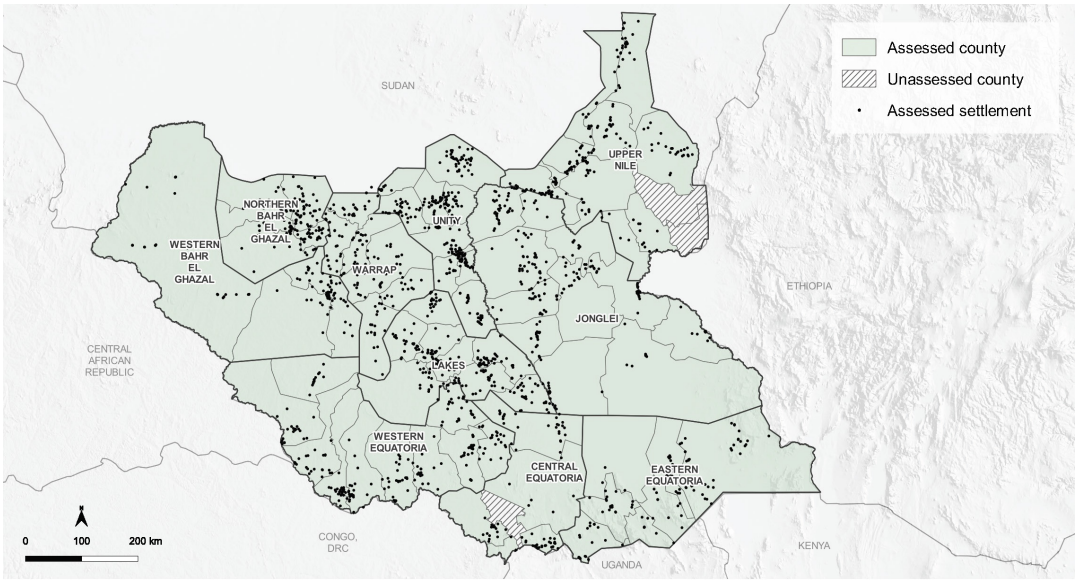
Geographic scope and population of interest

In recognition of the urgent need for data to improve the understanding of the humanitarian situation in South Sudan, this assessment aimed to cover all geographic areas and all population groups. However, the sampling was not broken down by population group due to the limitations with this data collection methodology. Moreover, due to the COVID-19 constrained environment, a geographic distribution (i.e. coverage per payam) was considered more relevant than population group in terms of understanding relative priorities of needs. As a consequence, all data was analysed at the county level.

The assessment covered 75 counties (excluding Abyei)[49] **across South Sudan and provided indicative data at the household level through 2,930 face-to-face and phone KI interviews** reporting on their household and up to nine of their geographically closest neighbours.

As shown on the map 3 below, three counties were unassessed due to different constraints. In Lainya County in Central Equatoria State data did not meet REACH's global quality standards, so the county was dropped from the analysis. Maiwut and Longochuk counties in Upper Nile State were inaccessible during the data collection period, with limited population movement into other areas of Upper Nile State, and insufficient mobile network for remote data collection.

Map 2: Country-wide assessment coverage



3. Sampling strategy

As previously mentioned, **the AoK-N is a remote KI-based methodology, created on the assumption that people reasonably know some information about other people in their immediate neighbourhood**. KIs were asked to list up to 9 of their geographically closest neighbours, and were then asked a multi-sectoral questionnaire about their household, as well as each of the listed neighbours.

A two-stage, non-probability sampling approach was adopted for sampling locations and KIs:

In the first stage – **location selection**, 25 clusters were targeted per county, where each cluster was defined as a settlement or urban neighbourhood. Locations were not randomly sampled but selected using probability proportional to size sampling. The sampling frame consisted of a list of payams (admin level 3) by county, and an estimate of their population, based on the National Bureau of Statistics population estimates.

In the second stage – **participant selection**, one KI interview was conducted for each cluster, with KIs being purposively sampled. The selection criteria for a KI was that they had knowledge of their own settlement,

[49] Abyei is a contested territory between Sudan and South Sudan, where REACH does not conduct assessments.

knowledge on up to 9 of their geographically closest neighbours, and had been established in the location they were reporting on for at least 1 month.

4. Primary data collection

The 2020 South Sudan AoK-N has been implemented across all ten states of South Sudan between 3rd August and 1st September 2020. To gather comparable information across the entire country, **2,930 face-to-face and phone surveys were conducted, covering a total of 21,260 households, across 75 counties** (excluding Abyei).[50] Data for this assessment was collected across 16 field locations (including Juba) in South Sudan, with data collection teams in each location consisting of a minimum of four enumerators and one Field Officer (FO).

To ensure the effectiveness of the AoK-N tool, **enumerators attended an initial training with REACH field focal points to go through a thorough review of the data collection methodology and content of the questionnaire**. This included rigorous training on consent, explaining the purpose of the assessment, and only interviewing adults of 18 years of age and above.[51]

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 by:

1) comparing data from FSNMS Round 25;

2) a verification exercise directly with selected households to understand how accurately the KI had reported on their needs.

The results of this analysis have been used to inform the full country-wide rollout of this methodology. The pilot indicated good results when compared through the validation exercise; additionally, when comparing AoK-N MSNA and FSNMS+, findings were found to be similar.

5. Analysis

At the end of each day of data collection, data was checked and cleaned by the Assessment Officer (AO) following the IMPACT Data Cleaning Minimum Standards Checklist and the AoK-N data cleaning Standard Operating Procedures (SOP). Findings were assembled into a cleaned, aggregated AoK-N dataset, which was shared with clusters in South Sudan to support with their sectoral PiN calculations. Collected data was then aggregated at the county level for analysis and weighted to compensate for over- or under-sampling of payams within the county. **Results were reported as a "% of households" and interpreted as any normal household survey**, given certain acknowledgements and limitations. At first, REACH produced sectoral factsheets per county to support the 2021 HNO, while finally, a Multi-Sectoral Needs Index (MSNI) analysis was conducted by REACH using the AoK-N dataset to provide an inter-sectoral overview of needs across the country. **The MSNI is a measure of the household's overall severity of humanitarian needs** across sectors. The MSNI was determined for each household based on the highest severity score of sectoral LSGs[52] identified in each household.

The findings presented in this report provide an overview of the proportions of households as reported by KIs found to have Living Standard Gaps (LSGs) and Capacity Gaps (CGs) across sectors and counties, taking into consideration pre-existing vulnerabilities, i.e. the underlying processes or conditions that influence the degree of the shock. An LSG signifies an unmet need in a given sector, while a CG signifies that negative and unsustainable coping strategies are used to meet needs. For the purpose of the AoK-N MSNA, a severity scale of 1 (none/minimal) to 4/4+ (extreme/extreme+)[53] is used to categorise LSGs and the MSNI.

More specific definitions and severity scale rationale can be found in annex 4. More information on how LSGs and CGs were determined can be found in annex 5, while annex 6 displays detailed information on MSNI.

[50] Abyei is contested territory between Sudan and South Sudan, so REACH does not conduct assessments in this location.
[51] Enumerators were contractually obligated to abide by the ACTED code of conduct, which includes a clause on protection against sexual abuse and exploitation (PSEA).
[52] Households with an [sector] living standard gap (LSG) severity score of at least 3.
[53] The JIAF severity scale includes a level 5 (catastrophic), but this was not included in the AoK-N analytical framework, as REACH is not in a position to classify conditions as being catastrophic.

6. Secondary data

The main secondary data source used in this assessment was the South Sudan National Bureau of Statistics (NBS) Population Estimates by Payam (2015-2020) from the 2008 census for the sampling calculations. In addition, the assessment was built from the existing AoK methodology. Thirdly, the CPC Learning Network's research documents were foundational for the development of the AOK-N methodology. Finally, the 2020 and 2021 South Sudan Humanitarian Needs Overviews and the 2020 Humanitarian Response Plan, the 2020 IPC, and FSNMS+ data were used to triangulate AoK-N findings.

7. Ethical considerations

REACH took several actions to ensure ethical measures and the "Do no harm" policy were adhered to during the assessment. At first, a pilot was run to assess the degree of comfort KIs showed with the methodology. Enumerators were trained on best practices to follow when surveying households, including asking for consent in surveying the respondent, consent in collecting contact information, explaining the purpose of the assessment, and only interviewing adults of 18 years of age and above.[54]

Enumerators were taught to be cautious about asking people to report on their neighbours in situations where there might have been low levels of social cohesion and trust within the community. Overly sensitive questions or questions that risked putting either respondents, members of their households and/or community, or enumerator teams in danger, were removed or rephrased. To avoid GBV concerns and any other protection concerns that could have arisen during the assessment, **indicators and questions developed in the AoK-N tool have been reviewed and selected with the support of the Protection Cluster**.

Finally, to ensure data protection during the interviews and afterwards, enumerators were trained to guarantee anonymity during the daily data cleaning. Accordingly, respondents' names were deleted from the datasets in each location before sending it for data cleaning.

8. Challenges and limitations

A series of challenges and limitations were encountered during the assessment and should be considered when engaging with the 2020 AoK-N MSNA findings. In particular:

- **Remote data collection:** Due to COVID-19 contingency measures, data collection for the 2020 AoK-N MSNA was partly conducted over the phone. This created some challenges and limitations:
  - Given the expected poor connectivity and the lack of personal interaction during a phone-based interview, the length of the questionnaire was limited to prevent losing the respondent's attention;
  - As privacy could not be ensured, sensitive topics were not included in the assessment to avoid creating risks for respondents;
  - As phone ownership is more prevalent among men, the proportion of female respondents might have been higher if data was collected in person;
  - Unequal phone ownership may also have biased results towards better-off households.
- **Proxy reporting:** Data was reported by KIs as a percentage of households and interpreted as any normal household survey. Since households are not selected with probability sampling, **the results are not statistically representative.** There is added uncertainty in the validity of results through the AoK-N methodology, as most households were not reporting directly on their own needs, however the pilot indicated good results when compared through the validation exercise. Moreover, FSNMS+ data collected during September-October 2020 has been used to triangulate AoK-N findings and verify the validity of the AoK-N methodology.
- **Limitations of household surveys**:
  - Since this is a household-level and not an individual-level survey, data might not accurately reflect lived experiences of individual household members.
  - While household-level quantitative surveys seek to provide quantifiable information that can be generalised to represent the populations of interest, the methodology is not suited to provide in-

[54] To note that enumerators were contractually obligated to abide by the ACTED code of conduct, which includes a clause on protection against sexual abuse and exploitation (PSEA).

depth explanations of complex issues. Thus, questions on “how” or “why” are best suited to be explored through qualitative research methods, such as focus group discussions.

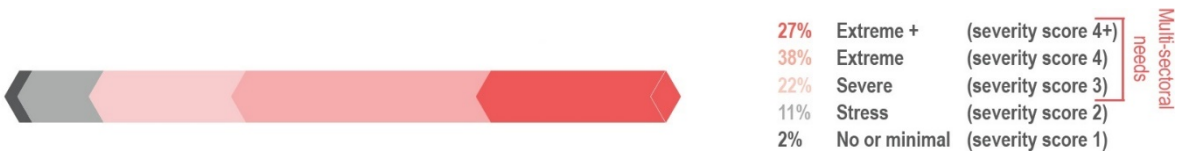
- Since “households” are the unit of analysis, intra-household dynamics (including, for instance, intra-household power relations across gender, age, disability) cannot be captured. Users are reminded to supplement and triangulate household-level findings with other data sources.

FINDINGS

1. Overview of multi-sectoral needs

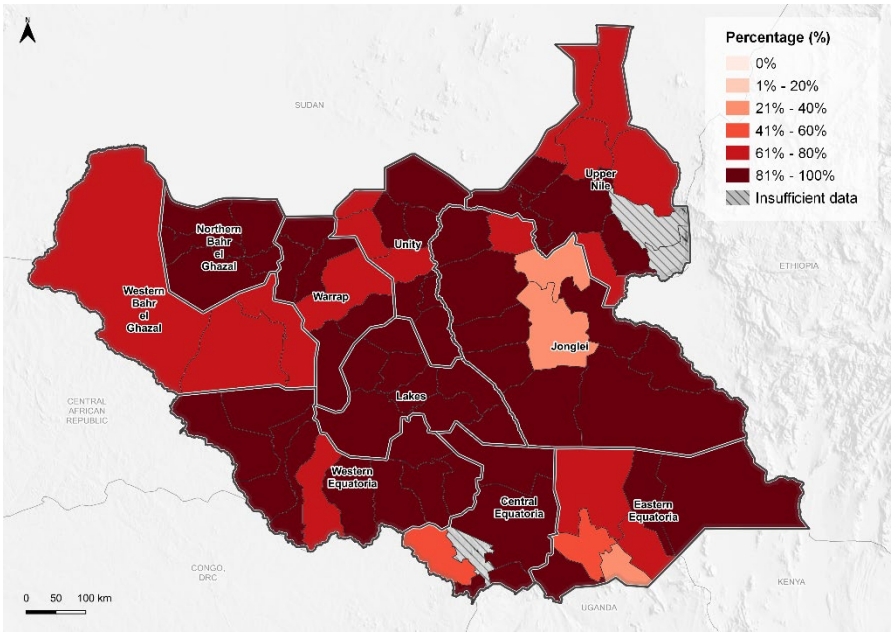
Overall, the AoK-N MSNA in South Sudan identified that **87% of households**[55] across the country have multi-sectoral needs.[56] Notably, the majority had at least extreme multi-sectoral needs, with 27% having extreme+ (severity score 4+), and 38% had extreme (severity score 4) multi-sectoral needs (see figure 4 below).

Figure 4: % of households per Multi-Sectoral Needs Index (MSNI) severity score



Geographically, households with **multi-sectoral needs** were spread **across the country**, as depicted in Map 3 below, highlighting the precarious condition of humanitarian crisis in South Sudan. The proportions of households with multi-sectoral needs were relatively lower in Uror and Nyirol Counties in Jonglei (29% and 30%, respectively), with Nyirol notably classified in Phase 3 by the latest IPC.[57] However, households frequently resorted to negative coping strategies to meet needs, including reliance on humanitarian assistance, which indicates that those households may become in need if the situation does not improve.

Map 3: Proportion of households found to have multi-sectoral needs, per county



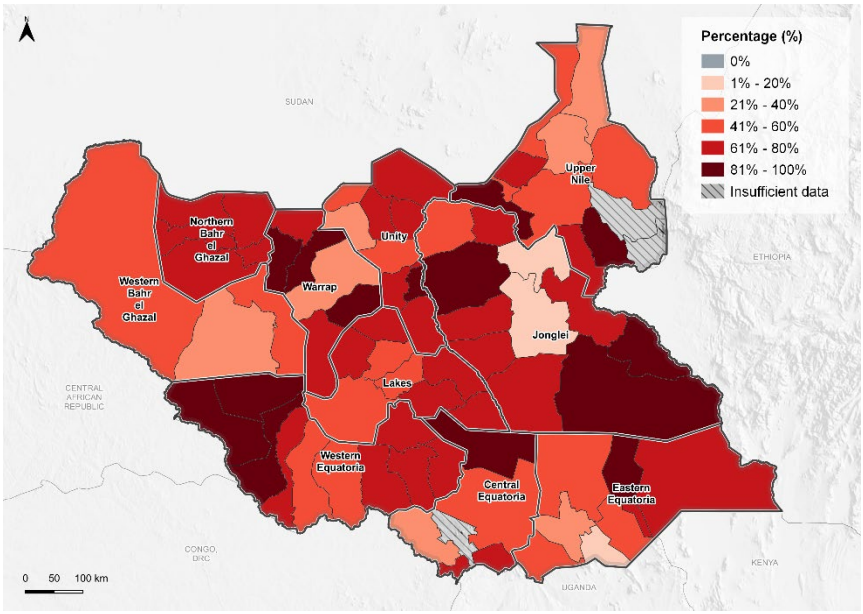
When focusing on extreme multi-sectoral needs only, **some areas showed higher percentages of households with extreme multi-sectoral needs**, as it is visible in map 4. Specific counties in Jonglei state (Pibor, Pochalla, Ayod) presented very high percentages of households (81%-100%) with extreme and extreme+ multi-sectoral needs. A **high frequency and severity of sub-national and localised conflict**, violence by armed youth, and disputes over resources and lands was experienced in the state, facilitated by the proliferation of arms and the

[55] Caseload estimates based on population figures cannot be provided as this was beyond the scope of the MSNA as agreed with key stakeholders.
[56] Multi-sectoral needs: proportion of households with an MSNI severity score of at least 3, based on the severity of LSGs identified in each household. Detailed information on how the overall severity of needs has been assessed can be found in annex 6.
[57] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.

lack of effective law enforcement institutions.[58] Moreover, **floods** destroyed crops and markets, and killed livestock, negatively affecting communities' ability to perform income-generating activities.

Some counties in Western Equatoria (Ezo, Tambura, Nagero), Central Equatoria (Terekeka), Eastern Equatoria (Kapoeta North) and Warrap (Tonj East, Gogrial East, Gogrial West) showed very high percentages of households (81%-100%) with extreme and extreme+ multi-sectoral needs. These states were significantly hit by the price hikes in the market, as food commodity imports coming from Uganda and Sudan were reduced in volume due to COVID-19 travel restrictions.[59] The macroeconomic fragility of South Sudan aggravated the overall situation, as the **continuous depreciation of the South Sudanese Pound** (SSP) **made food prices increasingly less affordable for communities**, with a 67% increase in the cost for a Minimum Expenditure Basket (MEB)[60] in South Sudan observed between September 2019 and September 2020.[61] Warrap State also showed **above normal rains** that destroyed livelihood means and markets.

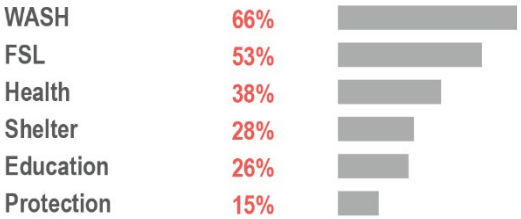
Map 4: Proportion of households found to have extreme and extreme+ multi-sectoral needs, per county



2. Drivers of multi-sectoral needs

Nationwide, the most common driver of multi-sectoral needs was found to be **Water, Sanitation and Hygiene** (**WASH**), followed by **Food Security and Livelihoods (FSL) and health**. Among households with multi-sectoral needs, 66% presented a sectoral need in WASH (i.e. a WASH LSG, see figure 5), 53% a sectoral need in FSL, and 38% a sectoral need in health.

Figure 5: Proportion of households found to have multi-sectoral needs, by type of sectoral need [62]



[58] Coping mechanisms in South Sudan in relation to different types of shock, William Avis, April 2020, available here.
[59] Coping mechanisms in South Sudan in relation to different types of shock, William Avis, April 2020, available here.
[60] Cost of food basket to meet daily energy requirement.
[61] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[62] Each household can have needs in more than one sector so the percentages can add up to more than 100%.

Co-occurring sectoral needs were found to be common, with the majority of households (**59%**) having two or more sectoral needs (see figure 6). Reflecting the top three sectoral needs mentioned above, the **co-occurrence of WASH, FSL and/or health sectoral needs** was particularly likely. Notably, different combinations of one or more WASH, FSL, and health sectoral needs were the five most common needs profiles (figure 7). Looking at households with extreme and extreme+ multi-sectoral needs only, different combinations of WASH, FSL and health sectoral needs were again the most common needs profile. Among households with extreme multi-sectoral needs, 42% showed combinations of WASH, FSL and health. This suggests that more severe needs tend to come with this combination of needs, reinforcing the link among these three emergency sectors.

Figure 6: Proportion of households found to have multi-sectoral needs, per number of sectoral need

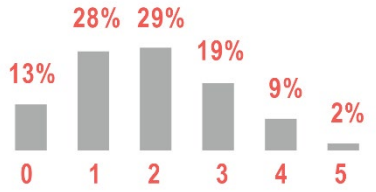
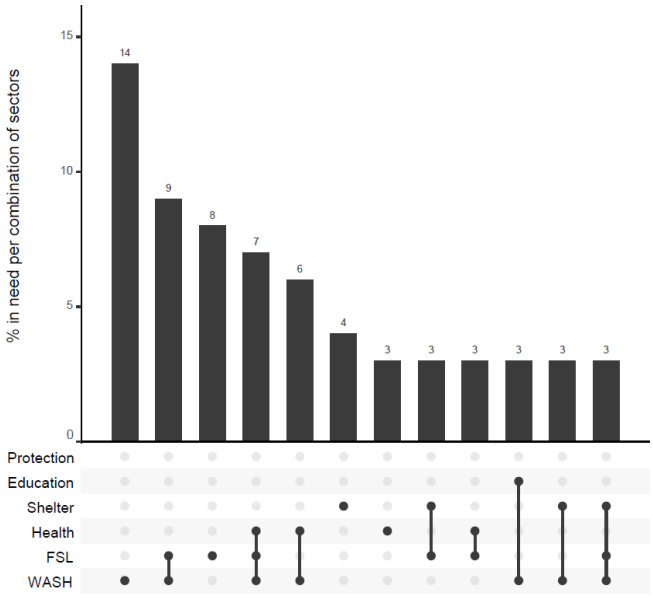


Figure 7: Most common combinations of one or more sectoral need(s) among households with multi-sectoral needs[63]



As mentioned above, **WASH was found to be the most common driver of multi-sectoral needs**, either by itself or in combination with other sectors. Of households with multi-sectoral needs, 66% were found to have a sectoral need in WASH, while 14% had a sectoral need in WASH only, making it the most common needs profile (see figure 7). WASH sectoral needs were primarily caused by the long walking distance households had to travel to access the closest drinking water facility (43% of households walked for more than 30 minutes), and the inability to access improved water sources[64] (27% had access to unimproved water sources only). In addition, **access sanitation was a major issue across the country** during 2020, as 58% of households were reported by KIs not to have access to latrines, and 57% not access to soap. **FSNMS+** data aligned with these findings, reporting that the majority of households did not have access to family, shared or communal latrines (77%), nor had soap in their homes (60%); 45% of households had to walk more than 30 minutes to get to the closest drinking water source, while 41% had reportedly access to unimproved water sources only.

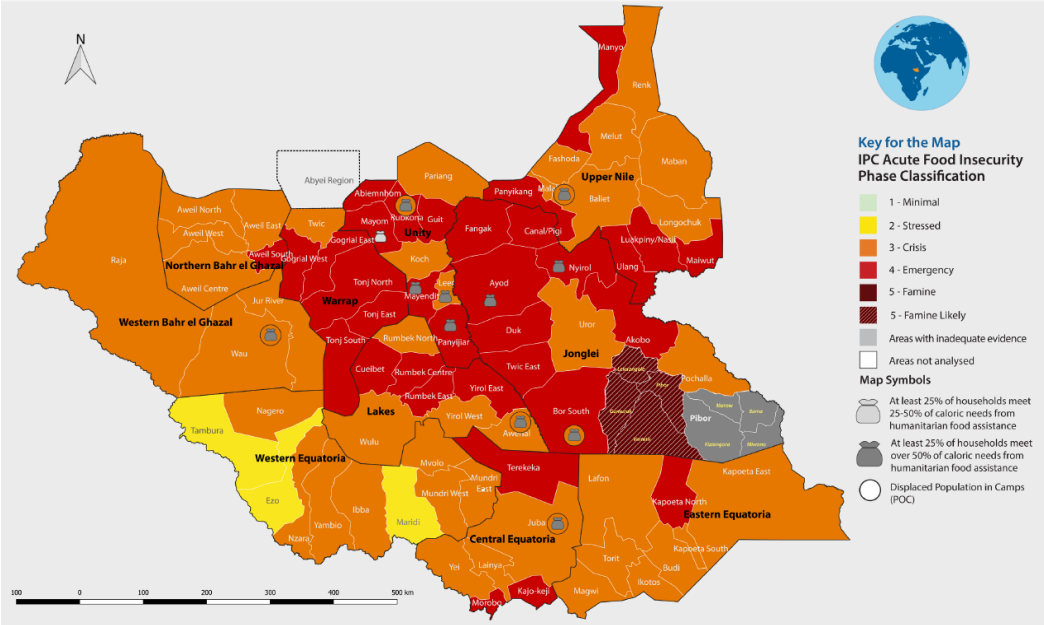
[63] Each household has only one needs profile so the percentages cannot add up to more than 100%.
[64] Improved water sources are those that have the potential to deliver safe water by nature of their design and construction and for this assessment included borehole, tap stand, water yard. Unimproved water sources: river, swamp, pond, open well, rain water. For more information please see the Joint Monitoring Programme (JMP), drinking water monitoring.

Sectoral needs in Food Security and Livelihoods (FSL) were also found to be common drivers of multi-sectoral needs. Due to the combination of last year's shocks, **food insecurity levels have been found overwhelming across the country**, as more than half (53%) of households with multi-sectoral needs were found to have a sectoral need in FSL, while 8% had a sectoral need in FSL only, making it the third most common needs profile (see figure 7). The concerning FSL situation has been highlighted by the latest IPC report[65] released in December 2020, and per the latest HNO[66] released in January 2021, for which **6.35 million people (52.6% of the total population in South Sudan) were facing severe acute food insecurity (IPC Phase 3+) for the period October-November 2020**, **with an estimated 7.7 million people expected to experience acute food insecurity and worse in 2021**,[67] a 15% increase in people who were acutely food insecure in 2020.[68] The most food insecure states were Jonglei, Unity, Upper Nile, Lakes, Warrap and Northern Bahr el Ghazal where more than 50% of their respective populations were facing Crisis (IPC Phase 3) or worse acute food insecurity. Parallel reports to the IPC were released for six counties of major concern – Pibor[69] and Akobo in Jonglei State, Aweil South in Northern Bahr el Ghazal, Tonj East[70], Tonj North and Tonj South in Warrap State. Pibor was subject to the Famine Review Committee,[71] while the other five counties were subject to an external Real Time Quality Review (RTRQ).[72] As it is displayed in Map 5 below, findings shown **four payams** (Pibor, Likuangole, Gumuruk and Verteth) **in Pibor County as "Famine likely" for the period October-November 2020 and for the projection in 2021 until the peak of the lean season**.[73]

The main drivers of food insecurity were found to be 1) floods that destroyed livelihoods, road networks and shelters; 2) low crop production due to below-average rainfall and seeds destruction; 3) overall insecurity which displaced populations and impeded households to access to other food sources such as wild foods, fish, and livestock products; and, 4) the persistent poor macroeconomic conditions, reflected in the increase of food prices and continued currency depreciation.[74] Findings showed that, as a result of this year's external shocks, **half of households** (51%) in South Sudan were reported **not to be able to access adequate amounts of food** in the month prior to data collection. FSL sectoral needs were primarily caused by households reportedly with no food in the house any day in the week prior to data collection (24%), and anyone in the household going to sleep hungry in the week prior to data collection (31%). The main livelihood source for households was reported to be crops production (for 54% of households); however, 47% of households had their crops reportedly destroyed, while 12% could not harvest. Similar results were found from the **FSNMS+** findings, where the main livelihood source was agriculture (65% of households), and where, in the month prior to data collection, 68% of households were found with no food at all in the house, while 71% went to sleep hungry, and the majority of households (88%) had to switch to less nutritious food.

[65] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[66] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[67] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[68] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[69] For additional information on Pibor county, please refer to the section on subsets of particular concern.
[70] For additional information on Tonj East county, please refer to the section on subsets of particular concern.
[71] IPC South Sudan Famine Review, November 2020, available here.
[72] IPC South Sudan Real Quality Time Review, November 2020, available here.
[73] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[74] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.

Map 5: Consolidated Findings from the IPC Technical Working Group and External Reviews, October-November 2020[75]

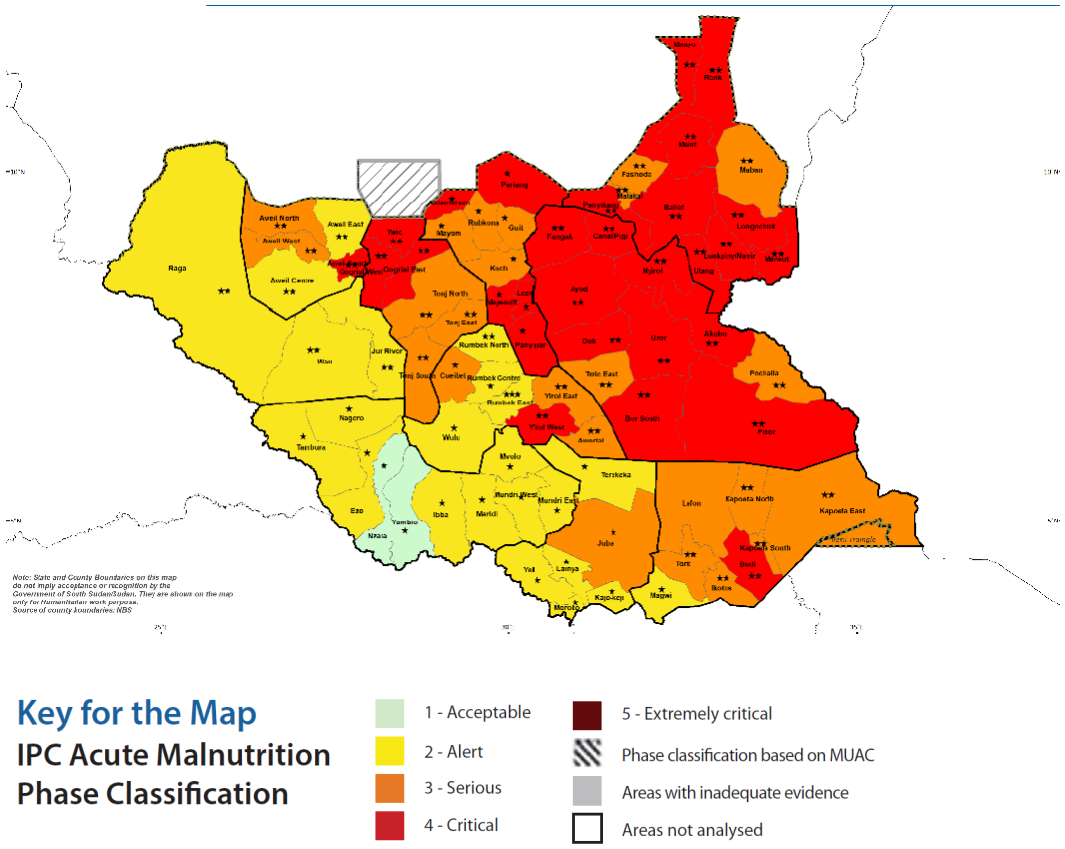


In addition to the extremely precarious FSL situation, AoK-N findings showed that **health, in combination with other sectoral needs, drove needs in specific counties, aggravating the severity of multi-sectoral needs**. Health sectoral needs were primarily caused by the long walking distance households had to travel to access the closest health facility (42.3% of households walked more than 1 hour), and the impossibility of accessing any health facility when needed (33% of households). In rural areas across the country, **health facilities are usually more difficult to reach**, due to insecurity and/or poor road access, and they are characterised by low or limited capacity in terms of doctors and medicines, and poor infrastructure in general. Health facilities in urban areas are usually over-crowded or too expensive, making it difficult to meet the high needs of the population.[76] Similar figures were found by the **FSNMS+** (64% and 74% of households respectively). This means that, even though health facilities may be present, they are hardly accessible by populations, particularly those living in rural areas.

The precarious WASH infrastructure together with the difficulty for households living in remote areas to access health facilities likely exacerbated the **malnutrition situation** in the country.[77] Indeed, the latest IPC indicated that **acute malnutrition was found to be extremely critical for the period November 2020 – March 2021,** mainly in Greater Upper Nile (Jonglei, Upper Nile, Unity States), and in Warrap State, together with single cases in Budi County and Yirol West County in Eastern Equatoria and Lakes respectively (see map 6 below). In total, 53 counties (68%) were classified as in IPC Acute Malnutrition (AMN) Phase 3 and above, and about 1.4 million children under five years old are expected to suffer from acute malnutrition in 2021.[78] The main causes for malnutrition were and are expected to be the low access to nutrition and health services across the country due to conflicts and floods, the high level of food insecurity, poor quality and diversity of food, and the high prevalence of diseases. **Disease outbreak** can be accelerated by the poor WASH and health conditions of populations, due to water contamination, lack of hygiene, and lack of access to health services. As a result, addressing the massive sectoral need in WASH will be critical to alleviate poverty, improve health, and have fairer and more sustainable lives in South Sudan.

[75] IPC South Sudan, Combined IPC Results, October 2020 – July 2021, available here.
[76] Coping mechanisms in South Sudan in relation to different types of shock, William Avis, April 2020, available here.
[77] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[78] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.

Map 6: IPC Acute Malnutrition Situation Map for November 2020 - March 2021[79]



In addition to the pre-existing humanitarian conditions and external shocks, **COVID-19 restrictions on travel, together with insecurity and floods submerging roads and destroying prepositioned food stocks, have hindered the ability of humanitarian actors to provide support to crisis-affected populations**, delaying the response and contributing to further exacerbate the humanitarian situation.[80]

3. Pre-existing vulnerabilities

At the national level, **around half (48%) of households with multi-sectoral needs were found to be vulnerable,**[81] i.e. their humanitarian needs were exacerbated by some existing specific conditions. Vulnerability profiles in South Sudan were chosen based on the head of household profile, the displacement status, and the presence of vulnerable household members[82]. **Vulnerabilities usually act as an aggravating factor for humanitarian needs, as they negatively influence households' capacity to cope with shocks**. In fact, findings showed that **more than 85% of households with pre-existing vulnerabilities had multi-sectoral needs** (see table 1 below)**.** In particular, 99% of child-headed households presented multi-sectoral needs, while 95% of households with a differently abled household member, and 94% of households with a chronically ill household member were found to have multi-sectoral needs. Furthermore, 93% of households hosting an internally displaced person had multi-sectoral needs.

[79] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[80] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[81] Pre-existing vulnerabilities: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
[82] Vulnerability characteristics of household members included: presence of an elderly person, a pregnant or breastfeeding woman, a separated child, a chronically ill person, and/or a physically or mentally disabled person.

Table 1: Proportion of households with multi-sectoral needs by vulnerability profile

% of households....	... with multi-sectoral needs
Profile of head of household	
....with a female head of household	88%
...with a male head of household	86%
...with a child head of household	99%
...with an elderly head of household	91%
Displacement status	
...who are part of the host community	87%
...who are displaced	88%
...who are hosting displaced people	93%
...who are not hosting displaced people	85%
Vulnerable household members	
...with an elderly household member	87%
...with separeted or unaccompanied child	85%
...with physical or mental disabled household member	95%
...with chronically ill household member	94%
...with a pregnant or lactating woman	89%

Prevalence of negative coping strategies

Almost three quarters of the households that were not presenting multi-sectoral needs were resorting to negative and unsustainable coping mechanisms to meet basic needs. Amongst households with no multi-sectoral needs (13% of households), 70% were found to have at least one CG.[83] This information provides additional insight into the precariousness of the humanitarian situation in South Sudan, as households resorting to negative, unsustainable strategies may not be able to maintain this behaviour if future shocks occur (like sub-national violence or widespread climatic events), which in turn indicates a likelihood of increased humanitarian needs going forward.

The **FSL and health sectors showed the highest percentages of households with no sectoral needs but presenting CGs**, respectively 26% and 30%.[84] The most common FSL coping strategies found amongst households were to: 1) sell and slaughter livestock during the dry season when crops were exhausted, wild foods were less available, and high market prices prevented households from buying staple food; 2) reduce the portion and the number of meals per day, or to even skip meals during entire days when food was not available in the house; and, 3) reduce adults' consumption to let children eat first. Regarding health coping strategies, households were found to walk far to reach the nearest functioning health facility, and/or to sell assets or borrow money to afford medical treatments.

The proportion of households with at least one CG and no multi-sectoral needs has been found high across the country. To understand the most common coping strategies resorted to in each county, please refer to the sectoral factsheets published in October 2020.

[83] Capacity gap signifies that negative and unsustainable coping strategies are used to meet needs.
[84] Findings are taken from the national level AoK-N factsheet published in October 2020, available here.

4. Subsets of particular concern

To deliver further information into those geographic subsets with extreme multi-sectoral needs (MSNI severity score of 4 or 4+), two counties have been further analysed to better understand the magnitude, severity and nature of needs, together with a background of the context and pre-existing vulnerabilities in each county. All households in **Pibor County** in Jonglei State were found to have at least extreme multi-sectoral needs, driven by extreme needs in several sectors, while **Tonj East County** in Warrap State had 91% of households with extreme multi-sectoral needs and showed one of the highest percentages of households with pre-existing vulnerabilities, CGs, and extreme multi-sectoral needs.

4.1 Subset of particular concern #1: Pibor County, Jonglei State

Context

During the past several years, Pibor county has faced an accumulation of shocks including cyclical violence, devastating climatic events such as flooding and drought (a national flooding emergency was declared by the Government of South Sudan in October 2019[85]), human and livestock disease outbreaks, and the seasonal lack of access to services during the rainy season due to poor infrastructures and roads network, and to insecurity limiting displacement options. **These shocks have eroded household resilience and increased the need for humanitarian food assistance**, **while simultaneously humanitarian access was being limited by the same shocks**.[86]

Compounding disruptions to income generating activities and the substantial reduction of market access, at a time when households typically rely considerably on markets to access staple goods, disrupted households' livelihoods and resilience. A second consecutive year of **exceptionally severe flooding**, coupled with **intense sub-national and localised violence**, limited the ability of households to access their fields and to plant, while crops that were planted were largely destroyed by flood waters. Compounding shocks have also limited access to livestock, with many animals being lost due to starvation, disease or conflict, limiting the access to a crucial source of meat, milk and capital to be liquidated to purchase market goods. These events generated a high level of food insecurity and malnutrition, and further eroding households' coping capacities. Moreover, **COVID-19 travel restrictions** have affected traders and their ability to maintain typical supply routes, while humanitarian activities faced delays due to COVID-19 movement restrictions, floods submerging roads and destroying prepositioned food stocks, and the widespread insecurity in the county, combined with the targeting of humanitarians. The countrywide economic fragility led to **inflation and currency depreciation**, increasing the market price for staples[87] and making it difficult for households to afford market prices.

The impact of this year's shocks has been seen in **mass displacements** of people fleeing their homes, and in the **disruption of traditional livelihood activities** in Pibor county, with the destruction of livelihood assets, eroding the ability of already food insecure households to cope with future shocks. Moreover, floods destroyed health facilities and market infrastructure.[88] As a result, **displaced populations were found in urgent need of humanitarian assistance** for food and non-food items, as the sanitation condition worsened creating concerns for disease outbreaks and acute malnutrition.[89]

Analysis of multi-sectoral needs

In **Pibor County**, the humanitarian situation has been found critical, as **all households (100%) had extreme multi-sectoral needs**. Pibor reflected a large magnitude of needs as all sectors had at least 56% of households with a sectoral need need (see table 2), which is considerable higher than at the national level, where at least 13% of households were found to have a need in each sector.[90] Notably, all households were found to have an FSL sectoral need, compared to 46% nationally.

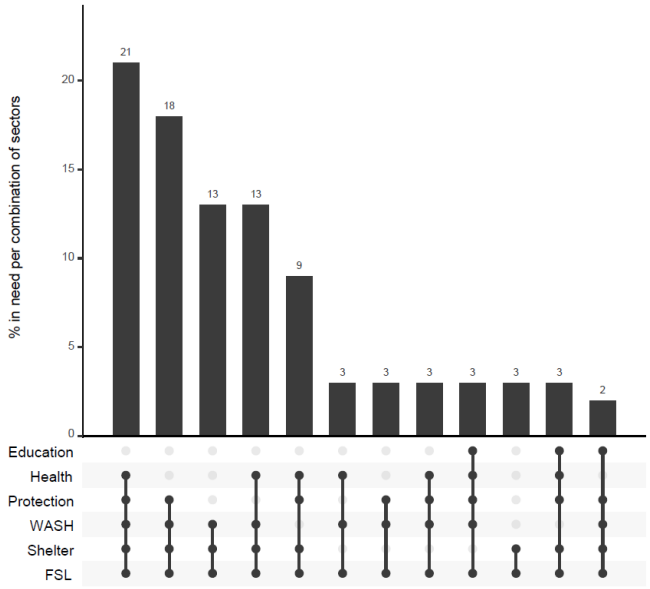
[85] REACH South Sudan, Pibor County Flood Assessment Brief, Pibor County, Jonglei State, South Sudan, December 2019, available here.
[86] REACH South Sudan, Humanitarian Situation Monitoring, Jonglei State, South Sudan, April-September 2020, available here.
[87] A 35% increase in the cost for a Minimum Expenditure Basket (MEB) in South Sudan from October 2019 to October 2020. Source: South Sudan Joint Market Monitoring Initiative, REACH, WFP, CWG, October 2020, available here.
[88] Inter-Agency Rapid Needs Assessment report, Lekuangole, Gumuruk, Verthet/Doren, Greater Pibor Administrative Area (GPAA), September 2020.
[89] Inter-Agency Rapid Needs Assessment report, Lekuangole, Gumuruk, Verthet/Doren, Greater Pibor Administrative Area (GPAA), September 2020.
[90] AoK-N national-level findings available here.

Table 2: Proportion of households[91] per sectoral need, in Pibor county

% of households	FSL	WASH	Protection	Health	Shelter	Education
Pibor county	100%	85%	64%	59%	97%	56%

Households in Pibor county nearly always had converging needs across several sectors, as 95% of households were found to have **three or more co-occurring sectoral needs,** with a small percentage (2%) of households presenting six co-occurring sectoral needs. This finding differs significantly from the 30% of households found at the national level having three or more co-occurring sectoral needs, stressing the precarious situation in Pibor county. **FSL, shelter, and WASH** needs were commonly found within the same household, in combination with **protection** and/or **health.** Notably, different combinations of these sectoral needs made up the five most common needs profiles (65% of households with multi-sectoral needs, see figure 9 below), while these five sectoral needs combined was the single most common needs profile (21%).

Figure 8: Most common combinations of one or more need(s) among households with multi-sectoral needs, in Pibor county [92]



The main drivers of multi-sectoral needs were found to be shelter, WASH and FSL. The majority (70%) of households were reported by KIs with **partial or complete shelter damage**; as a response to this, households were found to migrate and change residence, sleep outside, or sleep at their neighbours' home.[93] **WASH conditions were found concerning** as 86% of households were reported without access to latrines, 95% without access to soap, and more than half (55%) without access to improved water source. **FSNMS+** data aligned with AoK-N findings as 91% of households reported lack of access to latrines, 97% to soap, and 88% of households had access to unimproved water source only.

FSL conditions were found extreme and were worsened by access constraints[94] that impeded humanitarian actors to reach flood-affected areas. Nearly all (97%) households were reported by KIs not to have been able to access an adequate amount of food in the month prior to data collection, with flooding as one of the main reasons. FSNMS+ data reported 100% of households relying on less nutritious food, while almost half

[91] The entire population was considered for the sectoral LSG calculation, hence there in no MSNI cut off for this table.
[92] Each household has only one needs profile so the percentages cannot add up to more than 100%.
[93] REACH South Sudan, Area of Knowledge – Neighbourhoods Jonglei State sectoral analysis, available here.
[94] Access constraints caused by floods cutting off road networks and the widespread violence and insecurity, such as attacks on Non-Governmental Organization (NGO) staff and the raiding of prepositioned food stocks.

of households (43%) reported unusually high food prices in the markets. As previously mentioned, **the latest IPC classified Pibor as in emergency (IPC Phase 4)[95] acute food insecurity for the period October-November 2020**.[96,97] In addition, the Famine Review Committee[98] has classified some payams in Pibor County (20% of Pibor total population) in **IPC Phase 5**[99] – "famine likely" for the period of October-November 2020, namely Gumuruk, Pibor, Lekuangole, Verteth payams, with Marow and Kiziongora payams in risk of famine for the period April-July 2021.

Given the level of food insecurity and external shocks, **households had to resort to a range of food consumption and livelihood coping strategies** in 2020. According to both AoK-N MSNA and FSNMS+, households were reported to resort to negative coping strategies such as relying more on wild foods/less nutritious food, selling and slaughtering their livestock and eating their green harvest before it was ready. Additional most common consumption coping strategies adopted to face food gaps were not eating for days (89% of households), reducing meal portions (55% of households), or eating one meal per day (25% of households). This resulted in 98% of households reported to go one day and night without eating in the week previous to data collection. Despite widespread use of coping strategies, some barriers existed to the implementation of coping strategies, such as conflict and flooding limiting movement, making it difficult for households to leave the settlement to collect wild foods and firewood and to make charcoal, compounded with the poor nutritional status that will likely limit coping capacities further more.

In addition to external shocks that led extreme multi-sectoral needs, the situation has been worsened by the presence of a particularly **high proportion of households (79%) with multi-sectoral needs who were found to be vulnerable**; this finding positions Pibor county among the **10 counties in South Sudan with the highest percentage of households with pre-existing vulnerabilities and multi-sectoral needs**. Moving forward, sub-national violence and insecurity will likely continue once floodwaters recede and this will likely affect livelihood and coping activities in the coming months.

4.2 Subset of particular concern #2: Tonj East County, Warrap State

Context

The usual trend during the peak of the lean season (usually August) is high reliance on market purchases as the food from the last harvest is typically exhausted. However, local currency depreciation and low market supply[100] levels **skyrocketed staple food prices** making them inaccessible to most households; moreover, markets were reported to be inaccessible due to physical security concerns.[101] Many households in Tonj East were reportedly unable to plant on time due to conflict; while for those who managed to plant, the unprecedented **floods** that hit Tonj East during 2020 washed away the planted crops and approximately 1,200 households who had planted were forced to flee their homes for insecurity reasons and lost their crops.[102] During 2020, **conflicts** at the border with Rumbek North in Lakes state has intensified to the highest levels since 2014,[103] hindering households' ability to engage in livelihood activities such as casual work and selling goods in the market.

Tonj East was declared in an emergency stage of food insecurity by the latest IPC,[104] with a likelihood of populations in Catastrophe (IPC Phase 5) acute food insecurity, as indicated by the Real Time Quality Review report.[105] The main reasons were related to large **food consumption gaps**, the increase in market price and the seasonal decrease in livestock prices which reduced households' purchasing power. To worsen the already critical

[95] Emergency (IPC Phase 4): households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality, or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.
[96] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[97] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[98] IPC South Sudan Famine Review, November 2020, available here.
[99] Famine (IPC Phase 5): households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.
[100] Low market supply due to high prices, COVID-19, conflict and flooding cutting off the Western supply chain.
[101] REACH South Sudan, Humanitarian Situation Monitoring, Warrap State, South Sudan, April-September 2020, available here.
[102] South Sudan Food Security Outlook June 2020 to January 2021, FEWS NET, July 2020, available here.
[103] South Sudan Food Security Outlook June 2020 to January 2021, FEWS NET, July 2020, available here.
[104] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[105] Multi Partner Real Time Quality Review, IPC Acute Food Insecurity Analysis (November 2020), available here.

situation, sub-national conflict during 2020 caused the temporary or prolonged **displacement** of populations, with approximately 15,000 people displaced in Tonj East.[106] Conflicts were responsible for burning markets to the ground, and creating a dangerous environment where households felt it was too unsafe to access the market due to violence.[107] Insecurity, including revenge killings and the destruction of markets, crops and shelters, acted as a barrier for populations to return to Tonj East.

Analysis of multi-sectoral needs

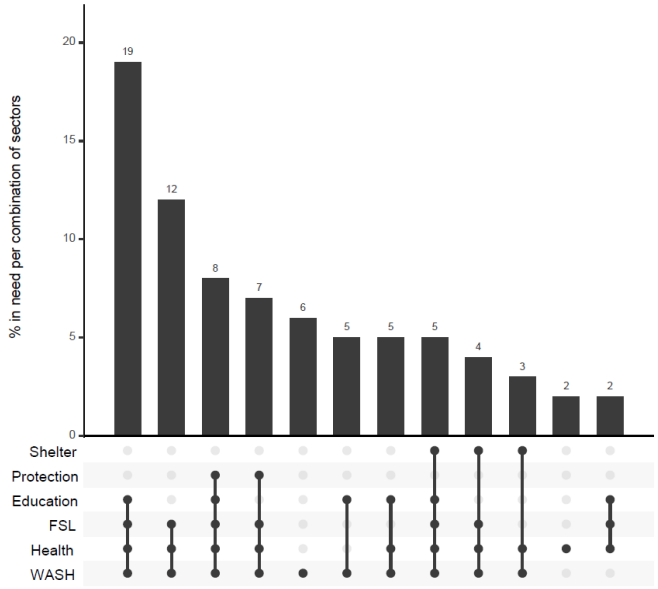
Tonj East County was found to have **96% of households with severe multi-sectoral needs**, and including **91% of households** with **extreme and extreme+ multi-sectoral needs**. All sectors showed at least 23% of households having a sectoral need, with WASH being the most critical sector as 86% of households were found to have a WASH sectoral need (see table 3). As it was the case for Pibor, the percentages of households with sectoral needs in Tonj East were higher than the national-level findings.

Table 3: Proportion of households[108] per sectoral need, in Tonj East county

% of households	FSL	WASH	Protection	Health	Shelter	Education
Tonj East county	66%	86%	28%	76%	23%	56%

The majority of households (79%) had **three or more co-occurring sectoral needs**, with a small percentage (1%) of households presenting six co-occurring sectoral needs, significantly higher than the 30% of households at the national level, as previously mentioned. Commonly, **WASH, FSL and health** needs were found within the same households, in combination with **education** and/or **protection** (see figure 11 below). Notably, the combinations of WASH, FSL, health and education was the single most common needs profile (19% of households), while different combinations of WASH, FSL and health sectoral needs were amongst the four most common needs profiles.

Figure 9: Most common combinations of one or more need(s) among households with multi-sectoral needs, in Tonj East county [109]



The main drivers of multi-sectoral needs were found to be WASH, FSL and health. Indeed, the **WASH condition was found serious** in Tonj East, as the majority of households reportedly did not have access to functioning latrines (94% of households) nor to soap (81% of households), together with 75% of households not having access

[106] South Sudan Key Context Update, OCHA, November 2020.
[107] Radio Tamazuj, Death toll from Tonj East fighting rises to 148, August 2020, available here.
[108] The entire population was considered for the sectoral need calculation, hence there in no MSNI cut off for this table.
[109] Each household has only one needs profile so the percentages cannot add up to more than 100%.

to improved water sources.[110] FSNMS+ aligned with these results as 97% reported no access to latrines, 84% to soap, and 94% to unimproved water source only.

The **FSL situation seems critical**, as 85% of households were reported by KIs not to have been able to access adequate amounts of food in the month prior to data collection, mainly due to crop destruction or to extremely high market prices for staple food. **FSNMS+** data indicates that more than half of households (60%) perceived unusually high food prices in the markets. Moreover, insecurity patterns and floods prevented households from planting or cultivating, with a high proportion of households facing barriers due to lack of harvest, floods, pests, destruction due to fighting, and lack of seeds – destroyed when houses were burnt down.[111] More than half (55%) of households were reported to be without any food in their homes in the week prior to data collection (51% from FSNMS+), with similar proportions of households going day and night without any food, at the same time that humanitarian actors were unable to access the crisis affected area.[112] As a result of the emergency situation in the county, the latest 2020 IPC[113] classified Tonj East county in emergency (IPC Phase 4) acute food insecurity, while the Real Time Quality Review[114] classified 5% of populations living in Tonj East in **IPC Phase 5 (Catastrophe)** for the period of October-November 2020, a proportion that is projected to increase to 10% for the period April-July 2021.

As for the **health sector**, the majority (84%) of households reportedly had to walk more than one hour to get to the closest health facility (86% from FSNMS+), coupled with a lack of doctors and/or medicines, and insecurity on the way to the health facility. Due to the low quality of food consumed by households, the nutrition outlook deteriorated as well, with 26% of children reported to be malnourished, and 69% of households reportedly with no access to nutrition services.[115] Aligning with these findings, the latest IPC[116] reported **serious levels of acute malnutrition** in Tonj East. Both health and nutrition outlooks are likely to worsen in the coming months, as **poor sanitation and hygiene** increase the risk of disease outbreak.[117]

Half of households not showing multi-sectoral needs (4%) were found to resort to **negative coping strategies to meet their needs**. According to both the AoK-N MSNA and the FSNMS+, to **cope with the loss of livelihoods and food gaps**, households increasingly reported the sale and slaughter of livestock. Additional consumption coping strategies adopted were to reduce the frequency and portions of meals (by 52% and 54% of households respectively), and to consume food of lower quality, with increased consumption of wild foods and less staples.[118] This resulted in half (52%) of households reported to go one day and night without eating in the week previous to data collection and going to sleep hungry; results that were confirmed by FSNMS+ data.

In addition to external shocks that generated extreme multi-sectoral needs, the situation has been worsened by the presence of **more than half (56%) of households** in Tonj East County **with pre-existing vulnerabilities and multi-sectoral needs**. This proportion is higher than the national-level finding, positioning Tonj East among the counties with the highest percentage of households showing multi-sectoral needs and pre-existing vulnerabilities.

[110] Improved water sources: borehole, tap stand, water yard. Unimproved water sources: river, swamp, pond, open well, rain water.
[111] Tonj East and Tonj South Multi-cluster Rapid Needs Assessment, OCHA, May 2020, available here.
[112] REACH South Sudan, Area of Knowledge - Neighborhoods IPC County level factsheet, October 2020, available here.
[113] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[114] IPC Real Time Quality Review, November 2020, available here.
[115] Nutrition services include: BP500, plumpy nut, plumpy sup, treated overnight at hospital, CSB++ supercereal for pregnant/breastfeeding women, child screened for malnutrition, vitamin A or deworming, nutrition counselling.
[116] IPC South Sudan, October 2020-July 2021, issued December 2020, available here.
[117] Tonj East and Tonj South Multi-cluster Rapid Needs Assessment, OCHA, May 2020, available here.
[118] Households were found to be afraid of walking long distances to collect wild foods due to security concerns.

CONCLUSION

Along with providing evidence-based findings and analysis for the 2021 South Sudan HNO and HRP, and informing the strategic planning within the ICCG, the 2020 AoK-N MSNA in South Sudan provided insight into how the needs across the country can be understood within the context of the current humanitarian crisis. The AoK-N methodology has been designed as a reliable and methodologically rigorous approach to obtain country-wide multi-sectoral data in the South Sudanese context, albeit with noted limitations compared to a direct household assessment. **The AoK-N methodology was based on indicators selected in line with the global JIAF and the FSNMS+, and it provided an added value in informing the humanitarian response by displaying broader national trends, covering hard-to-reach areas and adapting to COVID-19 restrictions.**

The effects of the protracted armed conflict and COVID-19 travel restrictions, coupled with the second year of unprecedented heavy rains and flooding, the disruption of humanitarian aid to provide support to crisis-affected populations, and the increase in market prices during the lean season, have **further exacerbated the already precarious humanitarian situation in South Sudan**. Ongoing shocks have led to significant multi-sectoral needs, with **87% of households found to have severe or extreme multi-sectoral needs across the country**. These multi-sectoral needs were mainly driven by needs in WASH, FSL, and health. In addition, pre-existing vulnerabilities have aggravated humanitarian needs, and most households not showing severe or extreme multi-sectoral needs were found to resort to **negative and unsustainable coping strategies**, which might result in severe or extreme needs if further shocks occur.

Food insecurity and malnutrition are at an emergency phase and could worsen without a prompt humanitarian response. In 2021, **8.3 million people are estimated to be in need of humanitarian assistance,** a 10% increase from the 7.5 million people in need in 2020, with an estimated 7.7 million people expected to experience acute food insecurity and worse in 2021[119] and with an increase in children malnutrition (from 860,000 in October 2019 to 1.3m in September 2020).[120] **The food security situation has likely been exacerbated by the precarious WASH infrastructure and the difficulty for households living in remote areas to access health facilities**, due to insecurity and/or poor road networks.

In light of this, **humanitarian needs will most likely persist and could worsen in 2021**, as external shocks continue eroding livelihoods, hindering service access, worsening food insecurity and malnutrition, and placing pressure on communities and resources, stressing the need for an immediate and targeted humanitarian response. Indeed, it is highly likely that sub-national conflict and flooding will occur again in South Sudan in 2021 and lead to further displacement and an increase in humanitarian needs unless mitigation measures are taken to reduce their impact.

On a final note, as the first assessment of its kind, one of the purposes of the AoK-N MSNA was to review the **reliability of the AoK-N methodology to understand and explain multi-sectoral needs across the country**. Throughout the report, comparisons were made with FSNMS+ data, as FSNMS+ employed a methodology with a higher reliability. Although some minor discrepancies were witnessed between the two datasets, potentially due to the slight difference in data collection period - AoK-N data was collected in August (peak of the lean season), while FSNMS+ data was collected between September and October 2020, the majority of AoK-N results were comparable to FSNMS+. This confirms the credibility and relevance of the AoK-N methodology for future assessments, where access or resources remain a limitation.

Further steps have however been identified in order to improve AoK-N MSNA results in the future. In particular, close attention should be paid to accountability to affected populations, such as the way populations perceive humanitarian assistance, which could not be included in the 2020 AoK-N MSNA. Additional studies may also be needed on coping strategies and whether they happen to be seasonal. Regarding the AoK-N methodology in particular, it could be important to run focus group discussions to get an in-depth explanation of complex issues, to understand the "how" and "why" of shocks, the way they are perceived by households. These steps might help further understand the current humanitarian crisis and prepare an appropriate humanitarian response.

[119] OCHA, Humanitarian Needs Overview, 2021 Humanitarian Process Cycle, available here.
[120] Comparison between the OCHA South Sudan humanitarian snapshots in October 2019 and September 2020.

ANNEXES

Annex 1: Links to available technical documentation

- Terms of Reference (ToR) available on the REACH Resource Centre.
- Dataset available on the REACH Resource Centre.
- Sectoral factsheets available on the REACH Resource Centre.

Annex 2: Detailed agenda on Do No Harm analysis

Protection from Sexual Exploitation and Abuse (PSEA) training for the purpose of the AoK-N MSNA available on the REACH Resource Centre.

Annex 3: List of partners involved

Data collection

CARE in Abiemnom, JAM in Pibor, ACROSS in Lainya, LiveWell in Pochalla.

Dissemination

OCHA
Clusters – FSL, WASH, Education, Protection, SNFI, Health
Donors – ECHO and OFDA
Presentation at ICCG and HTC
NAWG

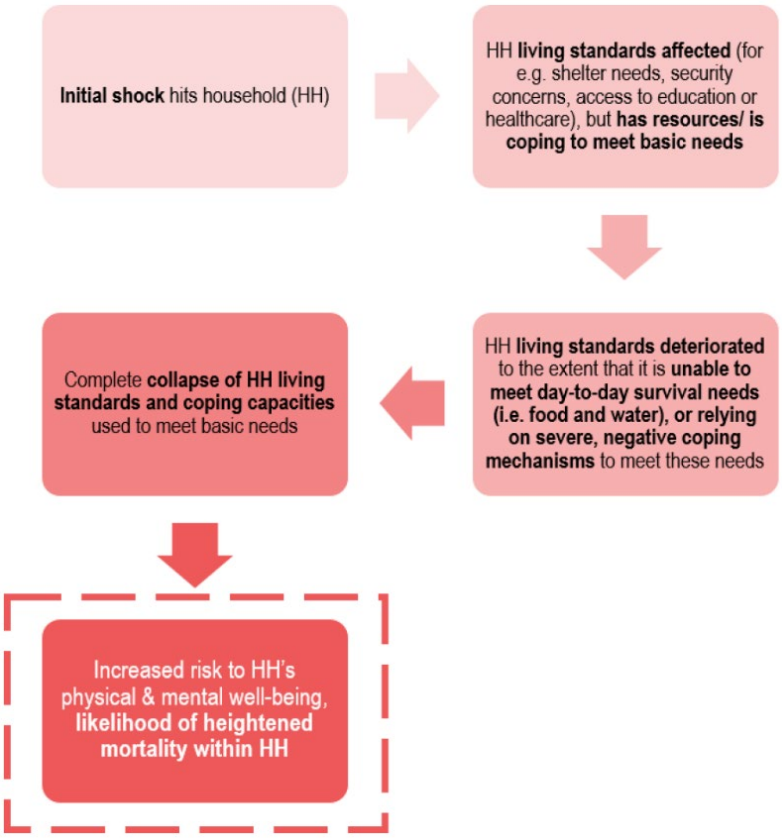
Annex 4: Severity scale

The severity scale is inspired by the draft Joint Inter-Sector Analysis Framework (JIAF), an analytical framework being developed at the global level aiming to enhance understanding of needs of affected populations. The framework measures a progressive deterioration of a household's situation towards the worst possible humanitarian outcome.

While the JIAF severity scale includes 6 classifications ranging from 1 (none/minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/minimal) to 4/4+ (extreme/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 (catastrophic) is primarily at area level (e.g. mortality rates, malnutrition prevalence, burden of disease), which is difficult to factor into household level analysis.[121]

Figure 10: Rationale behind the severity scale

[121] 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.



Annex 5: 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 household 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);

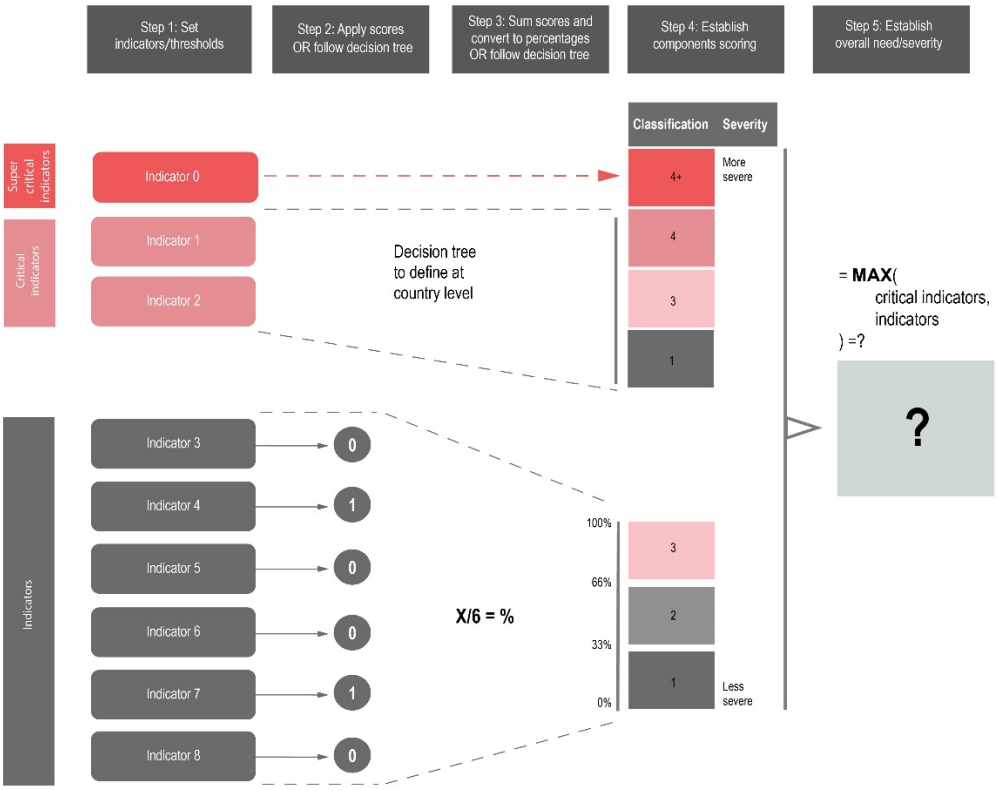
a. "Super" critical indicator(s): could lead to a 4+ if an extreme situation is found for the household;

b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) 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 X below;

Figure 11: 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;

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.

Annex 6: Estimating overall severity of needs

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in the annex 2.

2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

- As shown in the example in Figure X below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

Figure 12: Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

Key limitation: the MSNI approaches multi-sectoral needs from a big-picture perspective. Regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH2 above) OR co-occurring severe LSGs across multiple sectors (e.g. food security, health, WASH, protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude of severity between households.