Multi-Sector Needs Assessment: Area of Knowledge-Neighbourhoods

September 2020
South Sudan

CONTEXT

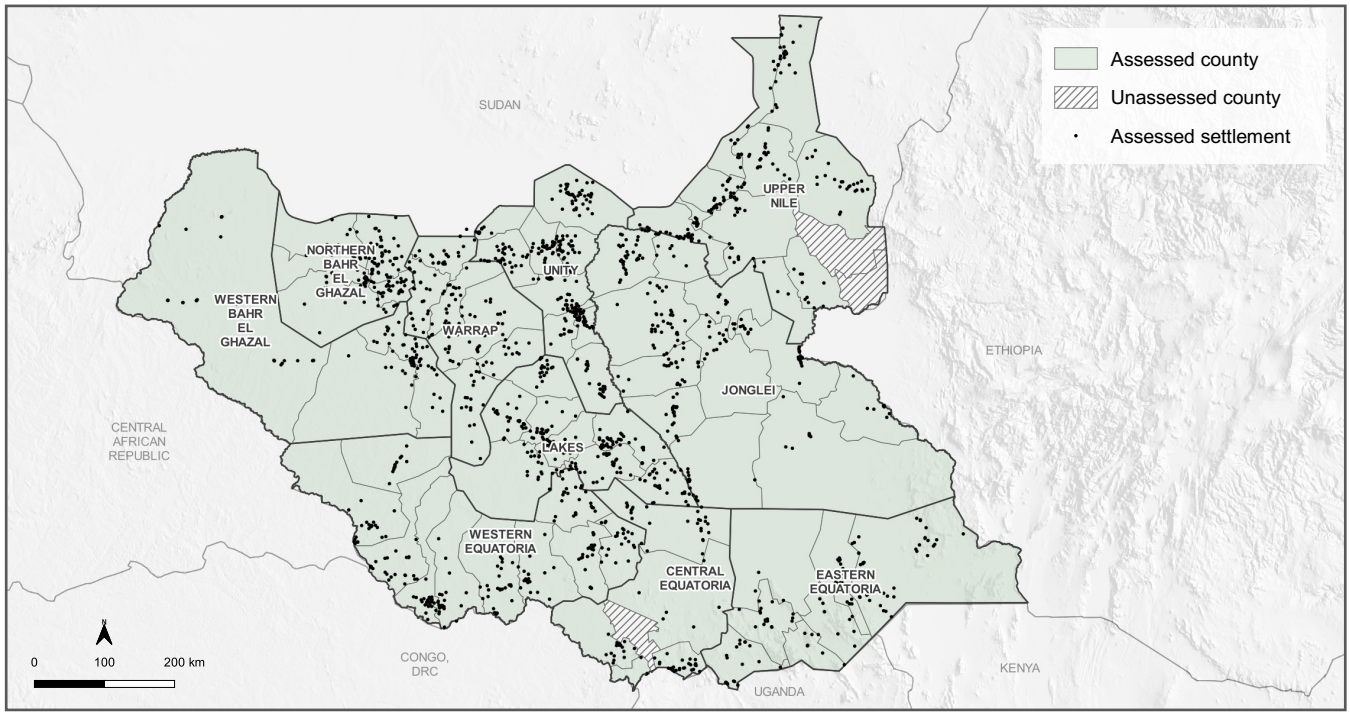
Despite recent improvements in the overall security situation, high humanitarian needs continue across South Sudan, and the convergence of multiple shocks in already vulnerable areas in 2020 and 2021 could lead to severe outcomes. Crucial information gaps remain in South Sudan, with poor access to many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

Building on its experience of conducting remote monthly monitoring through the Area of Knowledge (AoK) methodology in South Sudan since 2016, REACH, in coordination with the Organisation for the Coordination of Humanitarian Affairs (OCHA) and the Inter Cluster Coordination Group (ICCG), innovated a remote, Key Informant (KI)-based household methodology: the "Area of Knowledge-Neighbourhoods (AoK-N)". The purpose of the AoK-N methodology is to provide household level data on needs to inform the response, in a context where direct household surveys are currently extremely limited. The AoK-N methodology aims to identify differences in humanitarian needs across different geographic areas, and it is intended to support strategic planning and contribute, as one of many data sources, to a more targeted and evidence-based humanitarian response.

The neighbourhoods methodology was first developed by the Care and Protection of Children (CPC) Learning Network to gather population based data on difficult to measure or stigmatised concepts, such as Gender Based Violence (GBV). It is a remote KI-based methodology, based on the assumption that people reasonably know some information about other people in their immediate neighbourhoods. REACH conducted a pilot between the 16th and 26th of June 2020, covering three states in South Sudan to assess the practicality of this methodology and analysed the results through: 1) a comparison to data from Food, Security and Nutrition Monitoring System (FSNMS) Round 25, and 2) a verification exercise directly with selected households. The results of this analysis have been used to inform the full country-wide roll-out of this methodology.

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

Map 1: Country-wide coverage map



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

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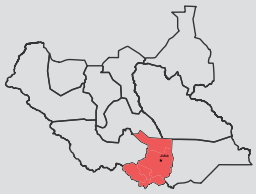
Central Equatoria State



METHODOLOGY

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

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

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

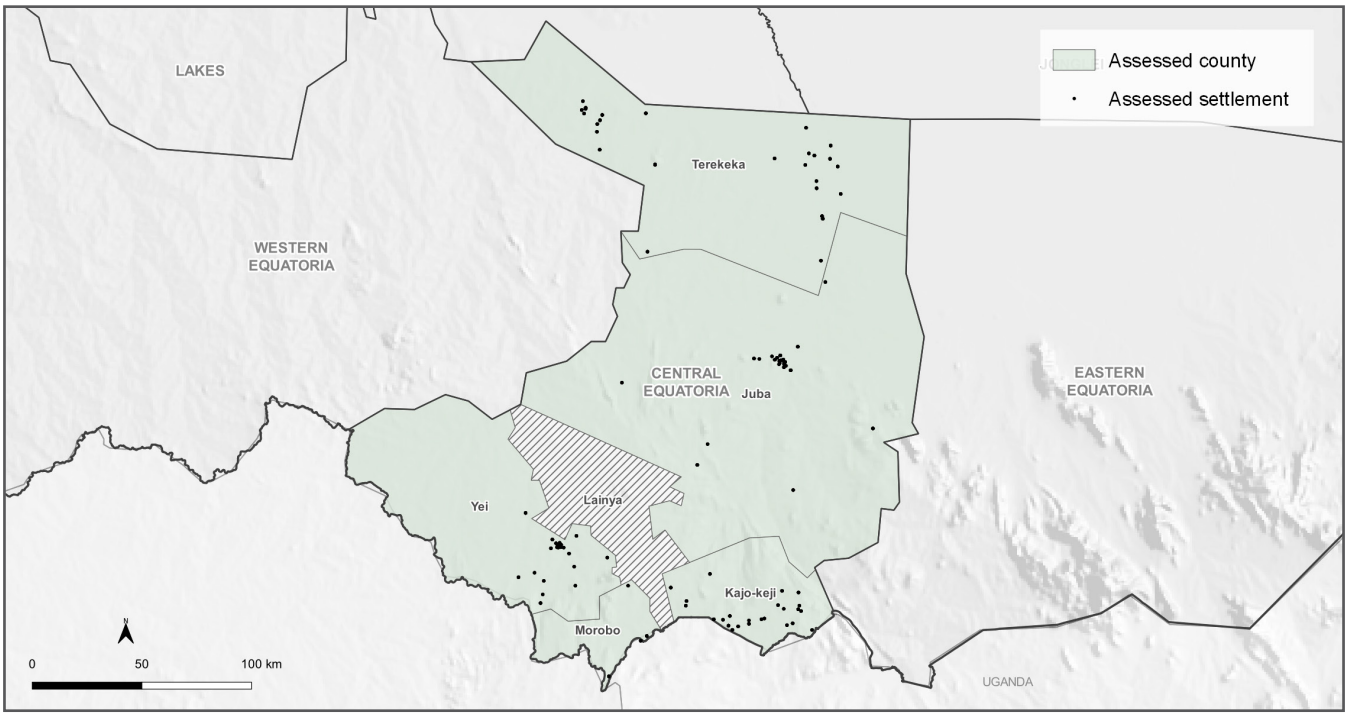
Limitations

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

State Overview

In Central Equatoria State, 124 interviews were conducted, covering a total of 831 households through the AoK-N methodology (see coverage map below). This factsheet summarises findings starting with an overview of the Living Standard Gap (LSG) per county per sector, followed by county level sectoral pages to provide more in-depth information on the sectoral LSGs in every county in Central Equatoria State, as well as detailed information on the Capacity Gap (CG) and household vulnerabilities. For detailed information on the LSG and CG methodology, please see the annex.

Map 1: Central Equatoria State coverage map



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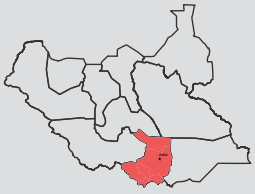
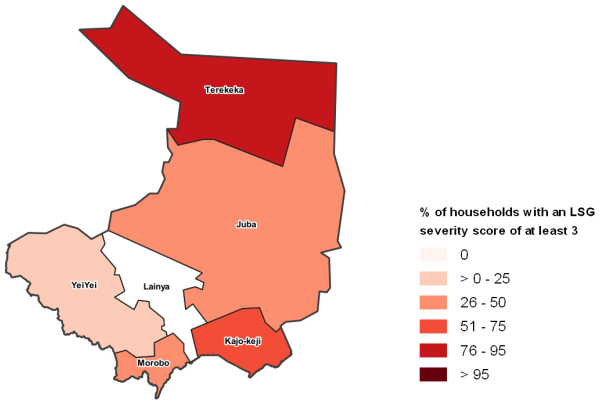
Living Standard Gaps in Central Equatoria State



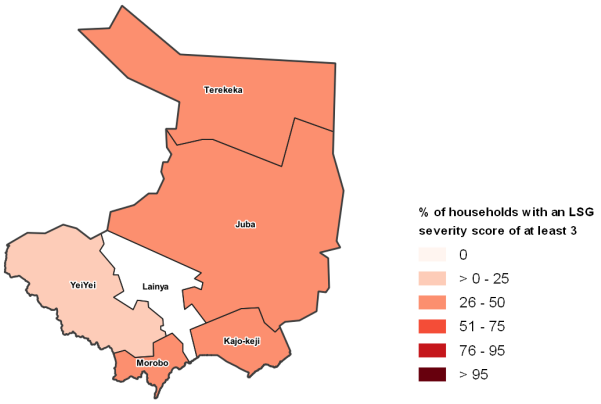
AoK-N I 2020
South Sudan

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

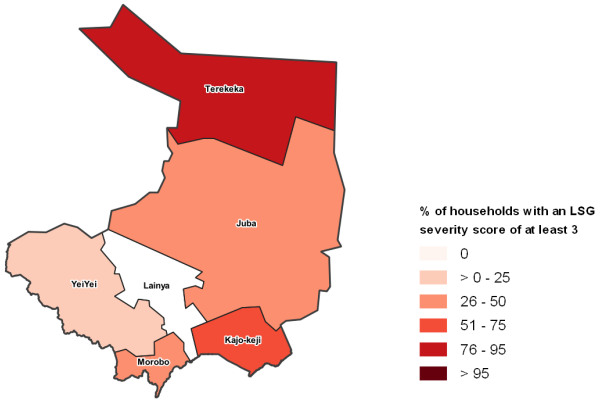
Food security and livelihoods (FSL) LSG[1]



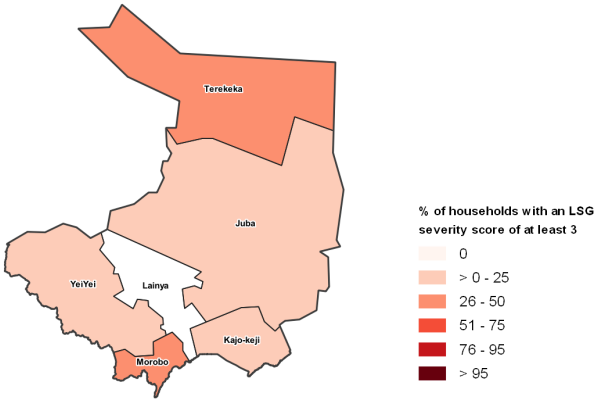
Shelter LSG[4]



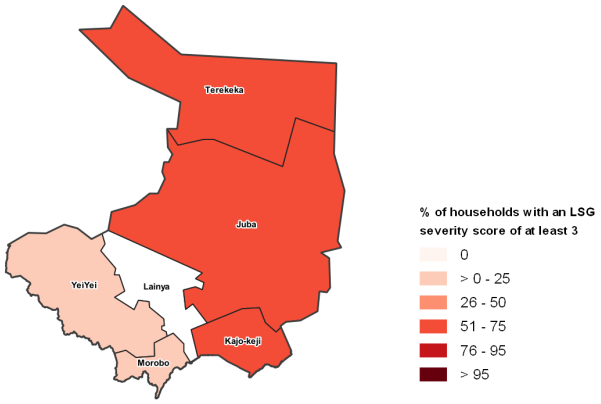
Water, sanitation and hygiene (WASH) LSG[2]



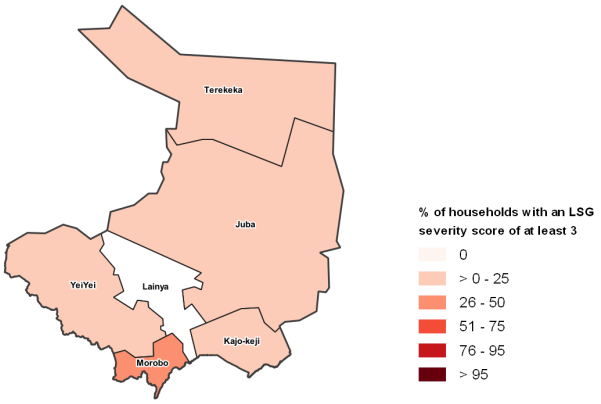
Education LSG[5]



Health LSG[3]



Protection LSG[6]



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

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Central Equatoria State

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

Juba County, Central Equatoria State

% of households found to have a FSL LSG, according to KIs: 43%

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

see Annex for details on methodology

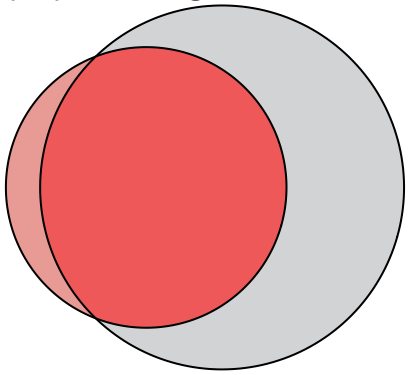
% of households per FSL LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)	LSG
16%	Extreme	(severity score 4)	
25%	Severe	(severity score 3)	
35%	Stress	(severity score 2)	
22%	No or minimal	(severity score 1)	

Supercritical and critical FSL indicators:
Supercritical: 2% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 24% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 28% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

14% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

78% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



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

39% of households found to have a LSG and a CG, according to KIs;

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

89% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

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

High prices	26%
Can't harvest	18%
Crops destroyed	17%
No markets	12%
Didn't plant	8%

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

Planted and harvested	0%
Planted, not time to harvest	13%
Planted, harvest insufficient	15%
Did not plant	63%
Don't know	0%

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

No money	46%
Flooding	13%
Too far	12%
Closed market	4%
No challenges	3%
No market available	22%

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

Market purchase	39%
Own crop	16%
Neighbours/relatives	3%
Borrowing	1%
Did not eat cereals	32%

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

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

Juba County, Central Equatoria State

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

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

see Annex for details on methodology

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

4%	Extreme +	(severity score 4+)	LSG
3%	Extreme	(severity score 4)	
25%	Severe	(severity score 3)	
17%	Stress	(severity score 2)	
51%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: 4% of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 7% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 29% of households reported by KIs to take more than 30 minutes round-trip to collect water.

9% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

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

Expensive	28%
Waterpoints too far	23%
Insufficient containers	22%
Long waiting time	14%
No barriers	18%

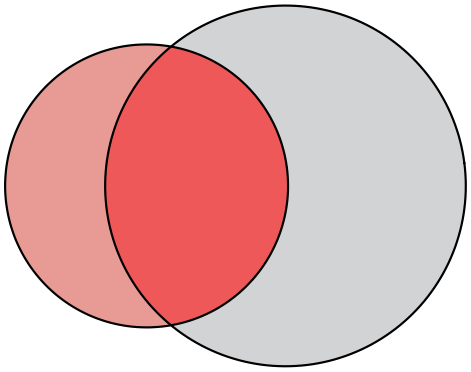
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	71%
Cooking	66%
Domestic	50%
Personal hygiene	64%
Not enough for any need	26%

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

Improved	93%
Unimproved	0%
Surface water	7%

64% of households found to have a WASH LSG and/or a CG, according to KIs:



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

19% of households found to have a LSG and a CG, according to KIs;

33% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	78%
No access to latrines	22%
Don't know	0%

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

Don't know	13%
Reduce bathing	13%
Reduce cleaning	13%
Use less preferred water source	11%
No coping strategies used	48%

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

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Juba County, Central Equatoria State

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% of households found to have a health LSG, according to KIs: 57%

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

see Annex for details on methodology

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

0%	Extreme +	(severity score 4+)
26%	Extreme	(severity score 4)
31%	Severe	(severity score 3)
1%	Stress	(severity score 2)
42%	No or minimal	(severity score 1)

LSG

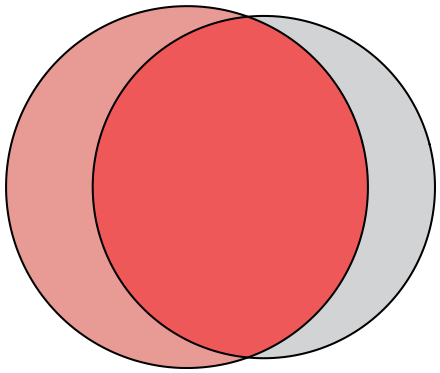
Supercritical and critical health indicators:

Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].

Critical: **58%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.

Critical: **36%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

69% of households found to have a health LSG and/or a CG, according to KIs:



19% of households found to have a health LSG and to be vulnerable, according to KIs[3]

18% of households found to have a LSG but no CG, according to KIs;

39% of households found to have a LSG and a CG, according to KIs;

12% of households found to have no LSG but a CG, according to KIs.

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

Yes	57%
No	41%
Don't know	2%

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

Children only	11%
Adults only	12%
Both	10%
Don't know	13%
No sickness	54%

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

Costs	20%
Too far	20%
No staff/medicine	9%
Right documents are not available	6%
No barriers	42%

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

Under 15 min	9%
15 min - 30 min	35%
31 min - 59 min	19%
60 min - 120 min	17%
121 min - 3 hrs	15%
More than 3 hrs	5%

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

Borrow money	25%
Go to worse facility	16%
Don't know	11%
Go to further facility	10%
No coping strategies used	38%

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

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Juba County, Central Equatoria State

% of households found to have a shelter LSG, according to KIs: 48%

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

see Annex for details on methodology

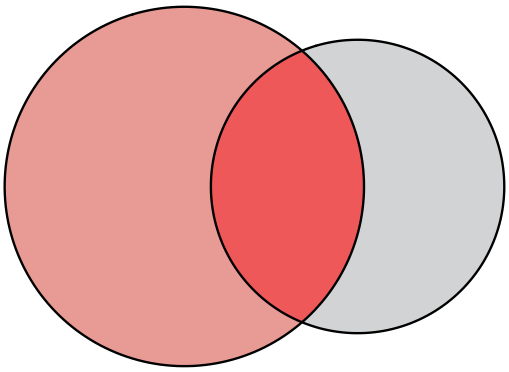
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
13%	Extreme	(severity score 4)
35%	Severe	(severity score 3)
22%	Stress	(severity score 2)
31%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **40%** of households reported by KIs living in inadequate shelters[2].
Critical: **24%** of households reported by KIs with partial or complete shelter damage.
Critical: **8%** of households reported by KIs without secure tenure of shelter.
Critical: **24%** of households reported by KIs as hosting other displaced people.

66% of households found to have a shelter LSG and/or a CG, according to KIs:



34% of households found to have a LSG but no CG, according to KIs;

14% of households found to have a LSG and a CG, according to KIs;

18% of households found to have no LSG but a CG, according to KIs.

23% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	23%
Rakooba	22%
Improvised shelter	17%
Concrete building	12%
Community building	1%
Semi-permanent	25%
No shelter	0%

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

Completely destroyed	12%
Partially destroyed	12%
Minimal damage	1%
No damage	75%

Occupancy arrangement according to KIs, by % of households

Owner	64%
Renting	28%
Squatting	3%
Hosted by relative or community member	4%

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

IDPs	15%
IDP returnee	6%
Refugee	3%
Refugee returnee	3%
None	74%

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

Stay with others	11%
Sleep in the open	8%
Children sleep elsewhere	8%
Don't know	7%
No coping strategies used	68%

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

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Juba County, Central Equatoria State

% of households found to have an education LSG, according to KIs: 13%

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

see Annex for details on methodology

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

10%	Extreme +	(severity score 4+)	LSG
0%	Extreme	(severity score 4)	
3%	Severe	(severity score 3)	
9%	Stress	(severity score 2)	
77%	No or minimal	(severity score 1)	

Supercritical and critical education indicators:
Supercritical: 4% of households reported by KIs that are headed by a child/children.
Supercritical: 10% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 10% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 7% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

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

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

Yes	29%
No	71%
Don't know	0%

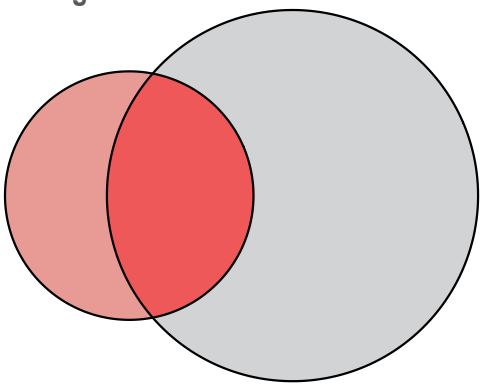
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	16%
No	82%
Don't know	2%

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

Costs	9%
Marriage/pregnancy	1%
Child is ill	0%
Child does not want	0%

35% of households found to have a education LSG and/or a CG, according to KIs:



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

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

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

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

Yes	93%
No	7%
Don't know	0%

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

High school fees	6%
School is too far	1%
Bad quality	0%
Child hungry	0%

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

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Juba County, Central Equatoria State

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

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

see Annex for details on methodology

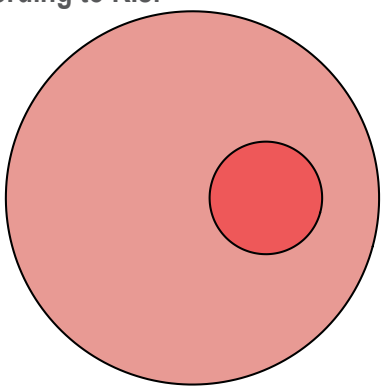
% of households per protection LSG severity score, according to KIs:

2%	Extreme +	(severity score 4+)	LSG
2%	Extreme	(severity score 4)	
7%	Severe	(severity score 3)	
10%	Stress	(severity score 2)	
79%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 4% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 9% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

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

11% of households found to have a protection LSG and/or a CG, according to KIs:



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

Under 18	4%
18 - 65 years	86%
Over 65	9%

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

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

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

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

Don't know	11%
Violence between neighbours	6%
Killing/injury	2%
Gender based violence	2%
No protection concerns	74%

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

Yes	8%
No	91%
Don't know	1%

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

Don't know	7%
Killing/injury	2%
Violence between neighbours	2%
Abduction	1%
No protection incident	88%

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

Don't know	8%
Less preferable water source	1%
Migrate/change residence	1%
Pay bribe	0%
No coping strategies used	91%

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

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PRE-EXISTING VULNERABILITIES[1]

Juba County, Central Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 38%

In Juba County,
Number of KIs interviewed: 32
Number of households reported on: 184

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

12%	Extreme	(severity score 4)	LSG
25%	Severe	(severity score 3)	LSG
33%	Stress	(severity score 2)	
30%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 13% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 11% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

30% Minimal **31%** Stress **25%** Severe **13%** Extreme

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

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	18%	29%	37%	12%	52%	17%	83%	30%	53
	...with a male head of household	12%	49%	66%	10%	46%	38%	96%	70%	131
	...with a child head of household	100%	24%	24%	40%	76%	0%	100%	4%	6
	...with an elderly head of household	7%	41%	63%	10%	47%	13%	100%	9%	13
Displacement Status	...who are part of the host community	10%	40%	54%	11%	43%	30%	92%	89%	156
	...who are displaced	15%	40%	63%	17%	69%	11%	87%	11%	22
	...who are hosting displaced people	15%	47%	68%	7%	51%	51%	92%	24%	48
	...who are not hosting displaced people	13%	43%	55%	12%	46%	24%	92%	76%	132
Vulnerable household members	...with an elderly household member	14%	42%	35%	17%	44%	17%	91%	19%	37
	...with seperated or unaccompanied child	9%	64%	72%	28%	55%	28%	100%	3%	6
	...with physical or mentally disabled household member	11%	54%	56%	12%	46%	25%	87%	10%	19
	...with chronically ill household member	6%	36%	38%	31%	58%	36%	100%	7%	14
	...with a pregnant or lactating woman	20%	42%	53%	31%	55%	31%	92%	20%	40

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

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

Kajo-Keji County, Central Equatoria State

% of households found to have a FSL LSG, according to KIs: 75%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

see Annex for details on methodology

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

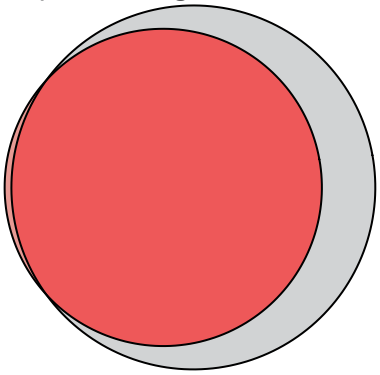
3%	Extreme +	(severity score 4+)
4%	Extreme	(severity score 4)
68%	Severe	(severity score 3)
14%	Stress	(severity score 2)
11%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 3% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 19% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 18% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

37% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

100% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



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

75% of households found to have a LSG and a CG, according to KIs;

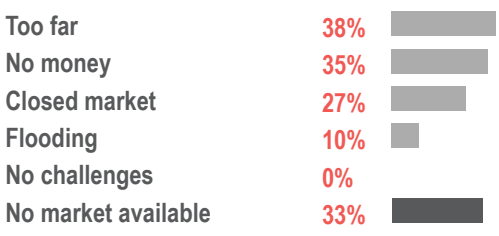
25% of households found to have no LSG but a CG, according to KIs.

97% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

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

Crops destroyed	73%
New arrivals	11%
Previous harvest exhausted	4%
Can't harvest	3%
Didn't plant	2%

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



Too far	38%
No money	35%
Closed market	27%
Flooding	10%
No challenges	0%
No market available	33%

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

Planted and harvested	12%
Planted, not time to harvest	30%
Planted, harvest insufficient	48%
Did not plant	10%
Don't know	0%

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

Own crop	51%
Market purchase	8%
Food assistance	3%
Borrowing	1%
Did not eat cereals	35%

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

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

Kajo-Keji County, Central Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a WASH LSG, according to KIs: 57%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

see Annex for details on methodology

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

15%	Extreme +	(severity score 4+)	LSG
10%	Extreme	(severity score 4)	
31%	Severe	(severity score 3)	
27%	Stress	(severity score 2)	
16%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: **15%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 25% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 47% of households reported by KIs to take more than 30 minutes round-trip to collect water.

25% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

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

Insufficient containers	52%
Bad taste	46%
Long waiting time	15%
Insecurity	5%
No barriers	21%

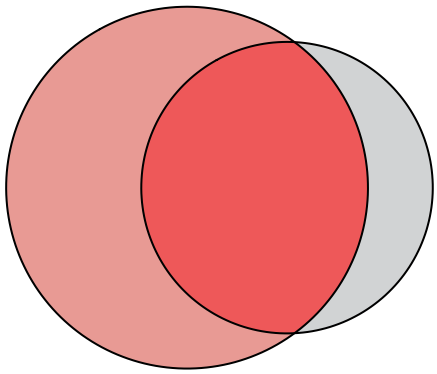
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	88%
Cooking	85%
Domestic	25%
Personal hygiene	85%
Not enough for any need	6%

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

Improved	79%
Unimproved	3%
Surface water	18%

65% of households found to have a WASH LSG and/or a CG, according to KIs:



29% of households found to have a LSG but no CG, according to KIs;

28% of households found to have a LSG and a CG, according to KIs;

9% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	62%
No access to latrines	38%
Don't know	0%

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

Use less preferred water source	24%
Don't know	8%
Reduce bathing	6%
Reduce cleaning	4%
No coping strategies used	64%

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

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Kajo-Keji County, Central Equatoria State

AOK-N | 2020
South Sudan

% of households found to have a health LSG, according to KIs: 62%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

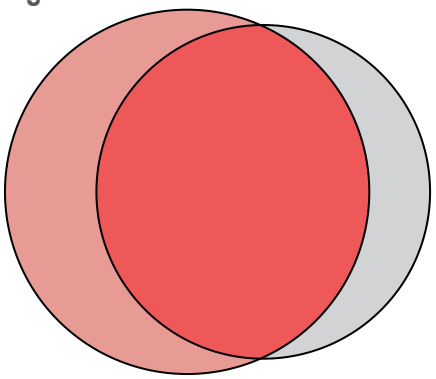
see Annex for details on methodology

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

0%	Extreme +	(severity score 4+)	LSG
45%	Extreme	(severity score 4)	
16%	Severe	(severity score 3)	
3%	Stress	(severity score 2)	
35%	No or minimal	(severity score 1)	

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **62%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **65%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

73% of households found to have a health LSG and/or a CG, according to KIs:



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

41% of households found to have a LSG and a CG, according to KIs;

11% of households found to have no LSG but a CG, according to KIs.

33% of households found to have a health LSG and to be vulnerable, according to KIs[3]

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

Yes	62%
No	38%
Don't know	0%

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

Children only	15%
Adults only	17%
Both	11%
Don't know	11%
No sickness	46%

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

No staff/medicine	31%
Too far	21%
Worried to get sick	5%
Not always open	4%
No barriers	38%

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

Under 15 min	0%
15 min - 30 min	22%
31 min - 59 min	13%
60 min - 120 min	40%
121 min - 3 hrs	12%
More than 3 hrs	14%

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

Go to further facility	23%
Delay treatment	15%
Don't know	11%
Borrow money	10%
No coping strategies used	38%

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

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Kajo-Keji County, Central Equatoria State

% of households found to have a shelter LSG, according to KIs: 35%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

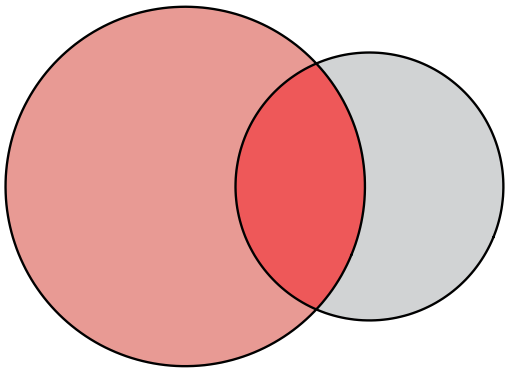
see Annex for details on methodology

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

0%	Extreme +	(severity score 4+)	LSG
17%	Extreme	(severity score 4)	
18%	Severe	(severity score 3)	
27%	Stress	(severity score 2)	
38%	No or minimal	(severity score 1)	

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **25%** of households reported by KIs living in inadequate shelters[2].
Critical: **16%** of households reported by KIs with partial or complete shelter damage.
Critical: **5%** of households reported by KIs without secure tenure of shelter.
Critical: **45%** of households reported by KIs as hosting other displaced people.

48% of households found to have a shelter LSG and/or a CG, according to KIs:



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

8% of households found to have a LSG and a CG, according to KIs;

12% of households found to have no LSG but a CG, according to KIs.

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

Shelter type according to KIs, by % of HHs

Tukul	72%
Rakooba	21%
Improvised shelter	4%
Concrete building	3%
Community building	0%
Semi-permanent	0%
No shelter	0%

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

Completely destroyed	2%
Partially destroyed	13%
Minimal damage	0%
No damage	84%

Occupancy arrangement according to KIs, by % of households

Owner	94%
Renting	1%
Squatting	4%
Hosted by relative or community member	0%

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

IDPs	4%
IDP returnee	3%
Refugee	1%
Refugee returnee	41%
None	54%

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

Don't know	8%
Stay with others	4%
Children sleep elsewhere	4%
Sleep in the open	3%
No coping strategies used	80%

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

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Kajo-Keji County, Central Equatoria State

% of households found to have an education LSG, according to KIs: 1%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

see Annex for details on methodology

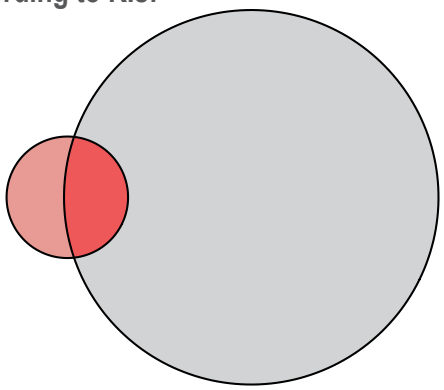
% of households per education LSG severity score, according to KIs:

1%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
0%	Severe	(severity score 3)
6%	Stress	(severity score 2)
93%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: 0% of households reported by KIs that are headed by a child/children.
Supercritical: 1% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 6% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 0% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

19% of households found to have a education LSG and/or a CG, according to KIs:



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

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

18% of households found to have no LSG but a CG, according to KIs.

1% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

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

Yes	19%
No	81%
Don't know	0%

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

Yes	5%
No	95%
Don't know	0%

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

Yes	100%
No	0%
Don't know	0%

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

Marriage/pregnancy	4%
Costs	3%
Child is ill	0%
Child does not want	0%

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

NA%
NA%
NA%
NA%

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

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Kajo-Keji County, Central Equatoria State

% of households found to have a protection LSG, according to KIs: 7%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

see Annex for details on methodology

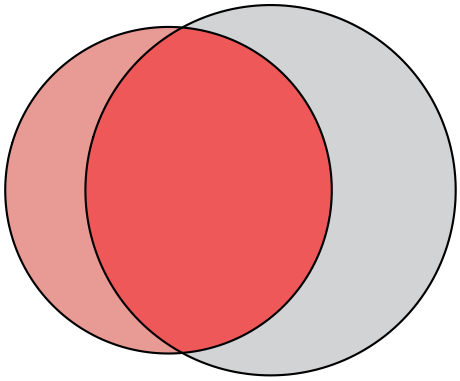
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
5%	Extreme	(severity score 4)	
2%	Severe	(severity score 3)	
22%	Stress	(severity score 2)	
71%	No or minimal	(severity score 1)	

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

1% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

11% of households found to have a protection LSG and/or a CG, according to KIs:



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

5% of households found to have a LSG and a CG, according to KIs;

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

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

Under 18	0%
18 - 65 years	95%
Over 65	5%

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

Gender based violence	4%
Family separation	1%
Violence between neighbours	1%
Don't know	1%
No protection concerns	91%

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

Yes	2%
No	98%
Don't know	0%

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

Killing/injury	5%
Abduction	0%
Cattle raids	0%
Violence between neighbours	0%
No protection incident	95%

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

Migrate/change residence	7%
Don't know	4%
Less preferable water source	3%
Pay bribe	0%
No coping strategies used	87%

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

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PRE-EXISTING VULNERABILITIES[1]

Kajo-Keji County, Central Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 48%

In Kajo-Keji County,
Number of KIs interviewed: 27
Number of households reported on: 176

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

5%	Extreme	(severity score 4)	LSG
43%	Severe	(severity score 3)	LSG
33%	Stress	(severity score 2)	
18%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 5% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 36% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

18% Minimal **33%** Stress **43%** Severe **5%** Extreme

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

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	0%	80%	55%	0%	39%	66%	100%	15%	26
	...with a male head of household	2%	74%	63%	8%	35%	55%	99%	85%	150
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	5%	53%	62%	25%	41%	58%	100%	5%	12
Displacement Status	...who are part of the host community	1%	69%	53%	11%	39%	59%	99%	64%	118
	...who are displaced	1%	84%	78%	0%	30%	52%	100%	36%	58
	...who are hosting displaced people	2%	67%	57%	3%	52%	39%	99%	46%	79
	...who are not hosting displaced people	1%	82%	66%	10%	22%	71%	99%	54%	96
Vulnerable household members	...with an elderly household member	2%	75%	66%	4%	29%	48%	98%	31%	61
	...with seperated or unaccompanied child	2%	86%	61%	0%	33%	47%	100%	16%	32
	...with physical or mentally disabled household member	2%	84%	70%	15%	40%	43%	99%	18%	35
	...with chronically ill household member	0%	93%	54%	0%	32%	96%	100%	7%	18
	...with a pregnant or lactating woman	3%	79%	61%	9%	31%	53%	100%	30%	56

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

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

Morobo County, Central Equatoria State

% of households found to have a FSL LSG, according to KIs: 37%

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

see Annex for details on methodology

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

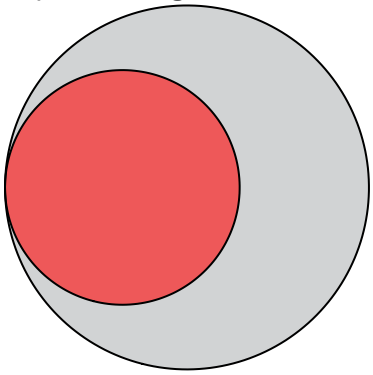
0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
37%	Severe	(severity score 3)
6%	Stress	(severity score 2)
57%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 0% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 8% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 40% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

29% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

88% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



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

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

52% of households found to have no LSG but a CG, according to KIs.

87% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

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

Crops destroyed	87%
Can't harvest	0%
Cattle raids	0%
Cultivation issues	0%
Death in the family	0%

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

Planted and harvested	19%
Planted, not time to harvest	44%
Planted, harvest insufficient	34%
Did not plant	1%
Don't know	1%

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

Closed market	42%
Flooding	8%
Too far	8%
No money	3%
No challenges	0%
No market available	58%

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

Own crop	97%
Food assistance	1%
Market purchase	1%
Borrowing	0%
Did not eat cereals	0%

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

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

Morobo County, Central Equatoria State

AOK-N | 2020
South Sudan

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

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

see Annex for details on methodology

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

4%	Extreme +	(severity score 4+)
15%	Extreme	(severity score 4)
7%	Severe	(severity score 3)
0%	Stress	(severity score 2)
74%	No or minimal	(severity score 1)

LSG

Supercritical and critical indicators:
Supercritical: 4% of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 19% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 12% of households reported by KIs to take more than 30 minutes round-trip to collect water.

19% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

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

Bad taste	50%
Insufficient containers	29%
Long waiting time	7%
Waterpoints too far	6%
No barriers	44%

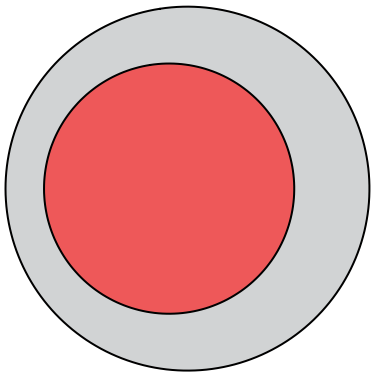
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	56%
Cooking	56%
Domestic	54%
Personal hygiene	87%
Not enough for any need	0%

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

Improved	81%
Unimproved	0%
Surface water	19%

56% of households found to have a WASH LSG and/or a CG, according to KIs:



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

26% of households found to have a LSG and a CG, according to KIs;

29% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	45%
No access to latrines	55%
Don't know	0%

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

Use less preferred water source	50%
Reduce cleaning	28%
Reduce bathing	13%
Buy more water than usual	6%
No coping strategies used	44%

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

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Morobo County, Central Equatoria State

AOK-N | 2020
South Sudan

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

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

see Annex for details on methodology

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

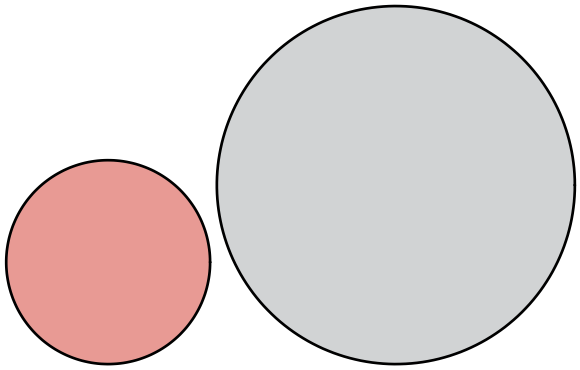
0%	Extreme +	(severity score 4+)
12%	Extreme	(severity score 4)
0%	Severe	(severity score 3)
1%	Stress	(severity score 2)
87%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **12%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **19%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

9% of households found to have a health LSG and to be vulnerable, according to KIs[3]

48% of households found to have a health LSG and/or a CG, according to KIs:



12% of households found to have a LSG but no CG, according to KIs;

0% of households found to have a LSG and a CG, according to KIs;

37% of households found to have no LSG but a CG, according to KIs.

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

Yes	12%
No	88%
Don't know	0%

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

Children only	35%
Adults only	1%
Both	7%
Don't know	47%
No sickness	10%

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

Too far	12%
Costs	0%
Discrimination	0%
Don't know	0%
No barriers	88%

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

Under 15 min	74%
15 min - 30 min	0%
31 min - 59 min	7%
60 min - 120 min	3%
121 min - 3 hrs	3%
More than 3 hrs	13%

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

Go to worse facility	37%
Go to further facility	7%
Sold assets	5%
Borrow money	0%
No coping strategies used	63%

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

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Morobo County, Central Equatoria State

% of households found to have a shelter LSG, according to KIs: 50%

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

see Annex for details on methodology

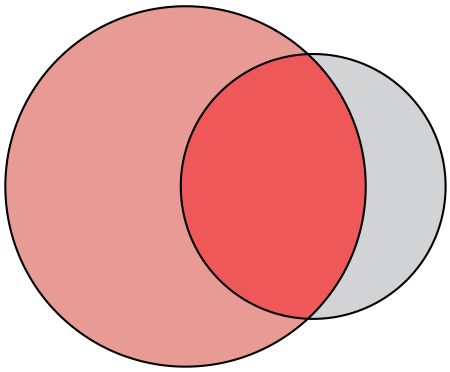
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
15%	Extreme	(severity score 4)
35%	Severe	(severity score 3)
12%	Stress	(severity score 2)
38%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 44% of households reported by KIs living in inadequate shelters[2].
Critical: 18% of households reported by KIs with partial or complete shelter damage.
Critical: 3% of households reported by KIs without secure tenure of shelter.
Critical: 18% of households reported by KIs as hosting other displaced people.

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



13% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	56%
Rakooba	44%
Improvised shelter	0%
Concrete building	0%
Community building	0%
Semi-permanent	0%
No shelter	0%

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

Completely destroyed	5%
Partially destroyed	13%
Minimal damage	0%
No damage	82%

Occupancy arrangement according to KIs, by % of households

Owner	87%
Renting	10%
Squatting	0%
Hosted by relative or community member	3%

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

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

9% of households found to have no LSG but a CG, according to KIs.

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

IDPs	6%
IDP returnee	1%
Refugee	0%
Refugee returnee	15%
None	82%

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

Migrate/change residence	21%
Children sleep elsewhere	9%
Stay with others	4%
Sleep in the open	0%
No coping strategies used	74%

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

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Morobo County, Central Equatoria State

AOK-N | 2020
South Sudan

% of households found to have an education LSG, according to KIs: 32%

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

see Annex for details on methodology

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

26%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
6%	Severe	(severity score 3)
0%	Stress	(severity score 2)
68%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **0%** of households reported by KIs that are headed by a child/children.
Supercritical: **26%** of households reported by KIs with a child/ children engaged in child labour[2].
Critical: **0%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **20%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

18% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

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

Yes	16%
No	84%
Don't know	0%

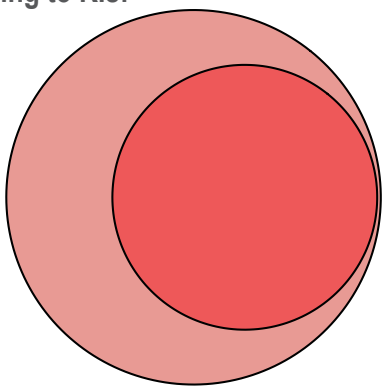
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	15%
No	85%
Don't know	0%

In 0% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

NA%
NA%
NA%
NA%

32% of households found to have a education LSG and/or a CG, according to KIs:



16% of households found to have a LSG but no CG, according to KIs;

16% of households found to have a LSG and a CG, according to KIs;

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

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

Yes	80%
No	20%
Don't know	0%

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

School is too far	9%
Marriage/pregnancy	6%
High school fees	4%
Bad quality	0%

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

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Morobo County, Central Equatoria State

% of households found to have a protection LSG, according to KIs: 44%

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

see Annex for details on methodology

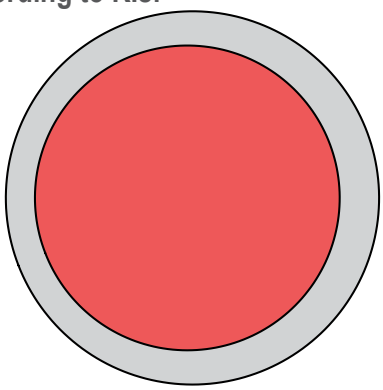
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
44%	Extreme	(severity score 4)	
0%	Severe	(severity score 3)	
0%	Stress	(severity score 2)	
56%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 44% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 0% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

10% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

66% of households found to have a protection LSG and/or a CG, according to KIs:



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

Under 18	0%
18 - 65 years	100%
Over 65	0%

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

44% of households found to have a LSG and a CG, according to KIs;

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

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

Killing/injury	37%
Abduction	0%
Cattle raids	0%
Family separation	0%
No protection concerns	57%

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

Yes	0%
No	100%
Don't know	0%

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

Violence between neighbours	44%
Abduction	0%
Cattle raids	0%
Killing/injury	0%
No protection incident	56%

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

Migrate/change residence	55%
Less preferable water source	11%
Less preferable health facility	6%
Don't know	3%
No coping strategies used	31%

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

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PRE-EXISTING VULNERABILITIES[1]

Morobo County, Central Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 53%

In Morobo County,
Number of KIs interviewed: 5
Number of households reported on: 33

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

0%	Extreme	(severity score 4)	LSG
53%	Severe	(severity score 3)	LSG
14%	Stress	(severity score 2)	
32%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 0% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 44% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

32% Minimal **14%** Stress **53%** Severe **0%** Extreme

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

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	0%	6%	6%	77%	77%	23%	100%	25%	8
	...with a male head of household	47%	47%	14%	33%	41%	28%	100%	75%	25
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
Displacement Status	...who are part of the host community	23%	14%	5%	78%	84%	13%	100%	56%	15
	...who are displaced	46%	66%	20%	0%	7%	44%	100%	44%	18
	...who are hosting displaced people	33%	27%	65%	0%	32%	73%	100%	18%	10
	...who are not hosting displaced people	32%	39%	0%	54%	54%	16%	100%	82%	23
Vulnerable household members	...with an elderly household member	50%	63%	11%	0%	5%	64%	100%	27%	14
	...with seperated or unaccompanied child	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with physical or mentally disabled household member	23%	77%	23%	0%	0%	23%	100%	6%	2
	...with chronically ill household member	50%	0%	100%	0%	0%	100%	100%	3%	2
	...with a pregnant or lactating woman	48%	62%	10%	16%	19%	34%	100%	60%	22

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

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

Terekeka County, Central Equatoria State

% of households found to have a FSL LSG, according to KIs: 79%

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

see Annex for details on methodology

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

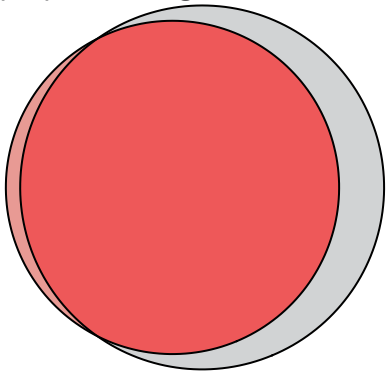
15%	Extreme +	(severity score 4+)
8%	Extreme	(severity score 4)
56%	Severe	(severity score 3)
20%	Stress	(severity score 2)
1%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 15% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 38% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 45% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

32% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

97% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



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

75% of households found to have a LSG and a CG, according to KIs;

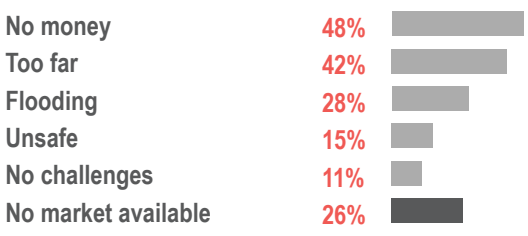
18% of households found to have no LSG but a CG, according to KIs.

98% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

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

Crops destroyed	57%
Didn't plant	19%
New arrivals	13%
Can't harvest	7%
No markets	1%

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

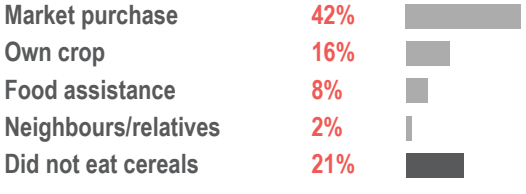


No money	48%
Too far	42%
Flooding	28%
Unsafe	15%
No challenges	11%
No market available	26%

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

Planted and harvested	1%
Planted, not time to harvest	15%
Planted, harvest insufficient	60%
Did not plant	10%
Don't know	0%

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



Market purchase	42%
Own crop	16%
Food assistance	8%
Neighbours/relatives	2%
Did not eat cereals	21%

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

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

Terekeka County, Central Equatoria State

AOK-N | 2020
South Sudan

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

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

see Annex for details on methodology

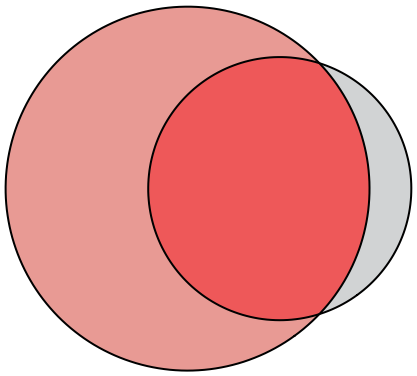
% of households per WASH LSG severity score, according to KIs:

41%	Extreme +	(severity score 4+)
10%	Extreme	(severity score 4)
38%	Severe	(severity score 3)
12%	Stress	(severity score 2)
0%	No or minimal	(severity score 1)

LSG

Supercritical and critical indicators:
Supercritical: **41%** of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 51% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 78% of households reported by KIs to take more than 30 minutes round-trip to collect water.

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



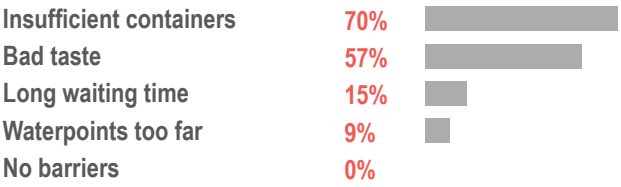
49% of households found to have a LSG but no CG, according to KIs;

39% of households found to have a LSG and a CG, according to KIs;

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

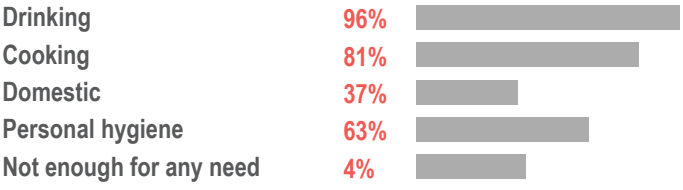
33% of households found to have a WASH LSG and to be vulnerable, according to KIs[3]

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



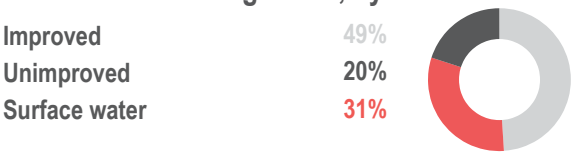
Insufficient containers	70%
Bad taste	57%
Long waiting time	15%
Waterpoints too far	9%
No barriers	0%

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



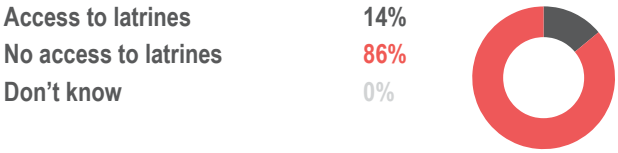
Drinking	96%
Cooking	81%
Domestic	37%
Personal hygiene	63%
Not enough for any need	4%

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



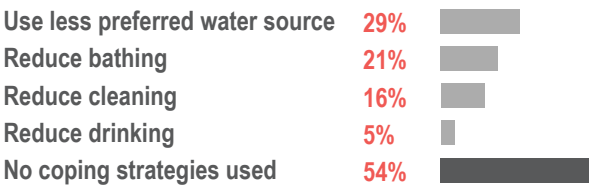
Improved	49%
Unimproved	20%
Surface water	31%

% of households reported by KIs with access to latrines



Access to latrines	14%
No access to latrines	86%
Don't know	0%

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



Use less preferred water source	29%
Reduce bathing	21%
Reduce cleaning	16%
Reduce drinking	5%
No coping strategies used	54%

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

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Terekeka County, Central Equatoria State

% of households found to have a health LSG, according to KIs: 54%

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

see Annex for details on methodology

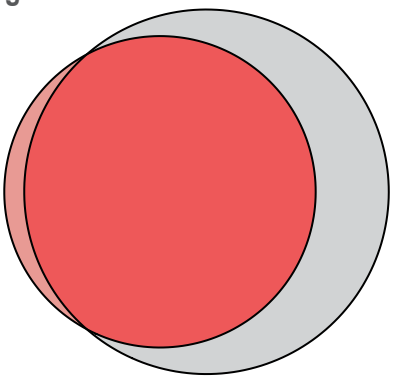
% of households per health LSG severity score, according to KIs:

1%	Extreme +	(severity score 4+)
38%	Extreme	(severity score 4)
15%	Severe	(severity score 3)
7%	Stress	(severity score 2)
39%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **1%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **54%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **59%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

77% of households found to have a health LSG and/or a CG, according to KIs:



23% of households found to have a health LSG and to be vulnerable, according to KIs[3]

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

51% of households found to have a LSG and a CG, according to KIs;

23% of households found to have no LSG but a CG, according to KIs.

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

Yes	53%
No	45%
Don't know	2%

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

Children only	19%
Adults only	14%
Both	12%
Don't know	23%
No sickness	32%

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

No staff/medicine	33%
Too far	17%
Costs	4%
Discrimination	0%
No barriers	46%

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

Under 15 min	3%
15 min - 30 min	13%
31 min - 59 min	25%
60 min - 120 min	27%
121 min - 3 hrs	21%
More than 3 hrs	12%

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

Delay treatment	26%
Sold assets	20%
Go to further facility	17%
Go to worse facility	15%
No coping strategies used	17%

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

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Terekeka County, Central Equatoria State

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

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

see Annex for details on methodology

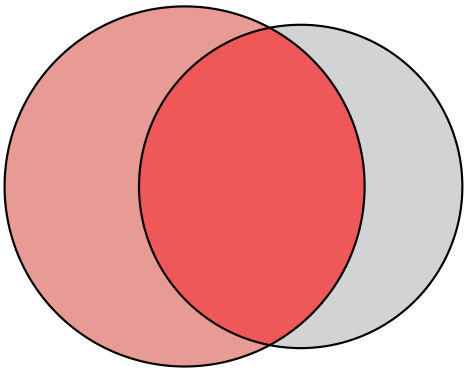
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
14%	Extreme	(severity score 4)
17%	Severe	(severity score 3)
29%	Stress	(severity score 2)
40%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: 0% of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: 21% of households reported by KIs living in inadequate shelters[2].
Critical: 30% of households reported by KIs with partial or complete shelter damage.
Critical: 9% of households reported by KIs without secure tenure of shelter.
Critical: 30% of households reported by KIs as hosting other displaced people.

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



18% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	79%
Rakooba	18%
Improvised shelter	3%
Concrete building	0%
Community building	0%
Semi-permanent	0%
No shelter	0%

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

Completely destroyed	12%
Partially destroyed	18%
Minimal damage	3%
No damage	67%

Occupancy arrangement according to KIs, by % of households

Owner	89%
Renting	0%
Squatting	7%
Hosted by relative or community member	2%

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

16% of households found to have a LSG and a CG, according to KIs;

9% of households found to have no LSG but a CG, according to KIs.

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

IDPs	29%
IDP returnee	2%
Refugee	0%
Refugee returnee	0%
None	70%

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

Migrate/change residence	11%
Stay with others	9%
Sleep in the open	2%
Children sleep elsewhere	2%
No coping strategies used	76%

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

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Terekeka County, Central Equatoria State

% of households found to have an education LSG, according to KIs: 43%

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

see Annex for details on methodology

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

32%	Extreme +	(severity score 4+)
9%	Extreme	(severity score 4)
1%	Severe	(severity score 3)
0%	Stress	(severity score 2)
57%	No or minimal	(severity score 1)

LSG

Supercritical and critical education indicators:
Supercritical: **0%** of households reported by KIs that are headed by a child/children.
Supercritical: **32%** of households reported by KIs with a child/children engaged in child labour[2].
Critical: **1%** of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: **31%** of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

11% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

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

Yes	40%
No	55%
Don't know	5%

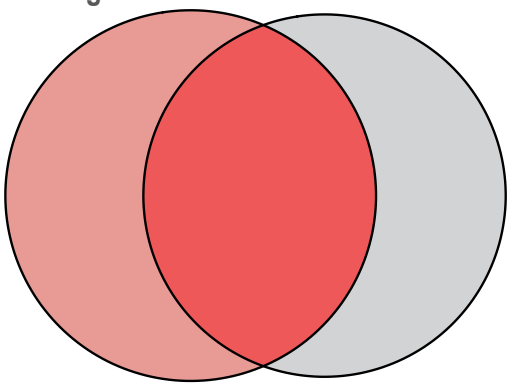
% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school

Yes	35%
No	58%
Don't know	7%

In 1% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

Costs	1%
Child is ill	0%
Child does not want	0%
Child has to work	0%

63% of households found to have a education LSG and/or a CG, according to KIs:



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

24% of households found to have a LSG and a CG, according to KIs;

19% of households found to have no LSG but a CG, according to KIs.

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

Yes	67%
No	31%
Don't know	2%

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

School is too far	13%
Child has to work	8%
High school fees	6%
Bad quality	5%

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

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Terekeka County, Central Equatoria State

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South Sudan

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

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

see Annex for details on methodology

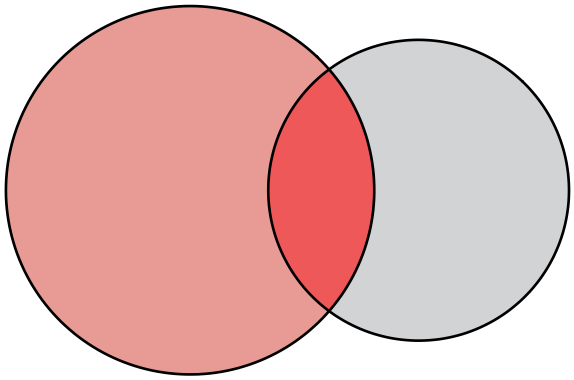
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
5%	Extreme	(severity score 4)	
1%	Severe	(severity score 3)	
33%	Stress	(severity score 2)	
62%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 5% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 1% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

2% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

9% of households found to have a protection LSG and/or a CG, according to KIs:



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

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

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

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

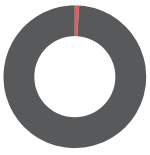
Under 18	0%
18 - 65 years	91%
Over 65	9%

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

Cattle raids	28%
Killing/injury	13%
Violence between neighbours	12%
Don't know	3%
No protection concerns	45%

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

Yes	1%
No	99%
Don't know	0%



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

Cattle raids	3%
Abduction	1%
Killing/injury	1%
Violence between neighbours	0%
No protection incident	95%

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

Migrate/change residence	4%
Don't know	1%
Pay bribe	0%
Less preferable health facility	0%
No coping strategies used	95%

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

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PRE-EXISTING VULNERABILITIES[1]

Terekeka County, Central Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 39%

In Terekeka County,
Number of KIs interviewed: 31
Number of households reported on: 250

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

9%	Extreme	(severity score 4)	LSG
31%	Severe	(severity score 3)	LSG
36%	Stress	(severity score 2)	
25%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 9% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 9% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

25% Minimal **36%** Stress **31%** Severe **9%** Extreme

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

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	19%	91%	66%	6%	39%	85%	99%	29%	69
	...with a male head of household	52%	74%	50%	6%	28%	90%	99%	71%	181
	...with a child head of household	NA	NA	NA	NA	NA	NA	NA	0%	0
	...with an elderly head of household	11%	87%	71%	6%	51%	94%	100%	9%	19
Displacement Status	...who are part of the host community	44%	77%	53%	6%	27%	90%	99%	91%	222
	...who are displaced	31%	94%	66%	0%	77%	73%	100%	9%	28
	...who are hosting displaced people	38%	70%	50%	2%	52%	91%	98%	30%	77
	...who are not hosting displaced people	45%	83%	56%	7%	21%	87%	100%	70%	173
Vulnerable household members	...with an elderly household member	35%	78%	56%	6%	33%	87%	99%	54%	135
	...with seperated or unaccompanied child	65%	72%	12%	0%	48%	89%	100%	10%	31
	...with physical or mentally disabled household member	41%	79%	45%	3%	36%	87%	100%	20%	47
	...with chronically ill household member	28%	79%	63%	15%	38%	77%	100%	7%	19
	...with a pregnant or lactating woman	41%	74%	47%	4%	31%	88%	99%	58%	158

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

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

Yei County, Central Equatoria State

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

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

see Annex for details on methodology

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

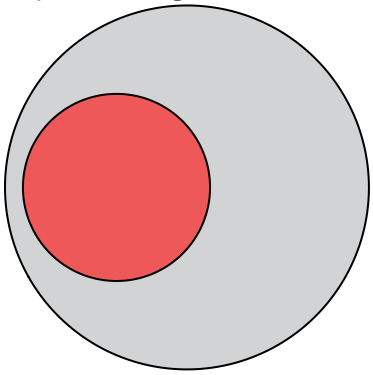
1%	Extreme +	(severity score 4+)
6%	Extreme	(severity score 4)
17%	Severe	(severity score 3)
17%	Stress	(severity score 2)
60%	No or minimal	(severity score 1)

LSG

Supercritical and critical FSL indicators:
Supercritical: 1% of households reported by KIs as NOT consuming any cereals, animal proteins and dairy in the last seven days AND with at least one member going an entire day and night without eating in the week prior to data collection.
Critical: 6% of households reported by KIs with no food in the house any day in the week prior to data collection.
Critical: 19% of households reported by KIs with anyone going to sleep hungry in the week prior to data collection.

11% of households found to have a FSL LSG and to be vulnerable, according to KIs[2]

88% of households found to have a FSL LSG and/or a capacity gap (CG), according to KIs:



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

23% of households found to have a LSG and a CG, according to KIs;

64% of households found to have no LSG but a CG, according to KIs.

82% of households reported by KIs with inadequate access to food in the month prior to data collection[3]

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

Crops destroyed	64%
Can't harvest	7%
No markets	4%
Didn't plant	3%
High prices	2%

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

Planted and harvested	32%
Planted, not time to harvest	40%
Planted, harvest insufficient	25%
Did not plant	3%
Don't know	0%

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

Don't know	9%
Too far	8%
No money	6%
Closed market	1%
No challenges	9%
No market available	68%

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

Own crop	63%
Market purchase	27%
Borrowing	0%
Don't know	0%
Did not eat cereals	11%

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

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

Yei County, Central Equatoria State

AOK-N | 2020
South Sudan

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

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

see Annex for details on methodology

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

0%	Extreme +	(severity score 4+)	LSG
0%	Extreme	(severity score 4)	
15%	Severe	(severity score 3)	
20%	Stress	(severity score 2)	
65%	No or minimal	(severity score 1)	

Supercritical and critical indicators:
Supercritical: 0% of households reported by KIs as using an unimproved water source or surface water as their main water source AND collection time is more than 30 minutes for a round-trip, including queuing[2].
Critical: 0% of households reported by KIs as using an unimproved water source and/or surface water as their main water source.
Critical: 15% of households reported by KIs to take more than 30 minutes round-trip to collect water.

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

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

Waterpoints too far	7%
Insufficient containers	5%
Bad taste	5%
Long waiting time	4%
No barriers	79%

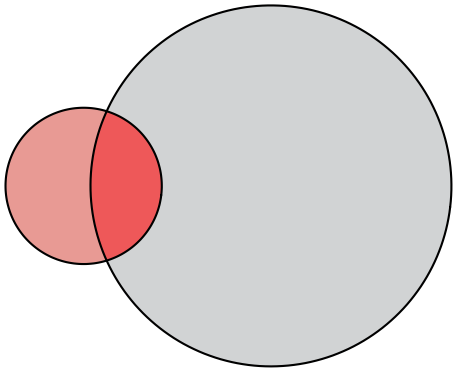
% of households reported by KIs to have a sufficient quantity of water for each need[4]

Drinking	94%
Cooking	94%
Domestic	69%
Personal hygiene	94%
Not enough for any need	0%

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

Improved	100%
Unimproved	0%
Surface water	0%

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



9% of households found to have a LSG but no CG, according to KIs;

6% of households found to have a LSG and a CG, according to KIs;

74% of households found to have no LSG but a CG, according to KIs.

% of households reported by KIs with access to latrines

Access to latrines	69%
No access to latrines	30%
Don't know	1%

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

Reduce cleaning	35%
Reduce bathing	34%
Buy more water than usual	22%
Use less preferred water source	6%
No coping strategies used	20%

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

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HEALTH LIVING STANDARDS GAP (LSG)[1]

Yei County, Central Equatoria State

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South Sudan

% of households found to have a health LSG, according to KIs: 14%

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

see Annex for details on methodology

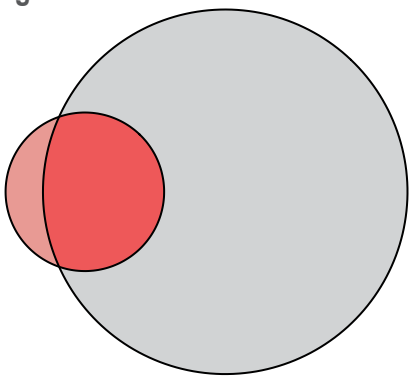
% of households per health LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
14%	Extreme	(severity score 4)
0%	Severe	(severity score 3)
1%	Stress	(severity score 2)
85%	No or minimal	(severity score 1)

LSG

Supercritical and critical health indicators:
Supercritical: **0%** of households reported by KIs with a member who died in the month prior to data collection AND a malnourished child who is reportedly showing at least 3 signs of malnutrition in the month prior to data collection[2].
Critical: **14%** of households reported by KIs which needed to access healthcare but were not able to in the six months prior to data collection.
Critical: **85%** of households reported by KIs to take more than 1 hour to walk to the nearest health facility.

77% of households found to have a health LSG and/or a CG, according to KIs:



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

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

Yes	14%
No	84%
Don't know	3%

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

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

63% of households found to have no LSG but a CG, according to KIs.

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

Children only	12%
Adults only	13%
Both	1%
Don't know	0%
No sickness	75%

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

Too far	8%
No staff/medicine	4%
Costs	3%
Discrimination	0%
No barriers	86%

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

Under 15 min	2%
15 min - 30 min	7%
31 min - 59 min	6%
60 min - 120 min	24%
121 min - 3 hrs	31%
More than 3 hrs	29%

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

Go to further facility	35%
Go to worse facility	33%
Don't know	10%
Borrow money	6%
No coping strategies used	16%

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

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SHELTER LIVING STANDARDS GAP (LSG)[1]

Yei County, Central Equatoria State

% of households found to have a shelter LSG, according to KIs: 14%

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

see Annex for details on methodology

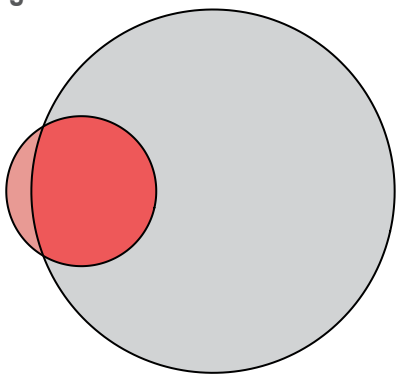
% of households per shelter LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)
0%	Extreme	(severity score 4)
14%	Severe	(severity score 3)
35%	Stress	(severity score 2)
50%	No or minimal	(severity score 1)

LSG

Supercritical and critical shelter indicators:
Supercritical: **0%** of households reported by KIs with no shelter AND sleeping in the open to cope.
Critical: **2%** of households reported by KIs living in inadequate shelters[2].
Critical: **28%** of households reported by KIs with partial or complete shelter damage.
Critical: **15%** of households reported by KIs without secure tenure of shelter.
Critical: **19%** of households reported by KIs as hosting other displaced people.

90% of households found to have a shelter LSG and/or a CG, according to KIs:



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

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

75% of households found to have no LSG but a CG, according to KIs.

12% of households found to have a shelter LSG and to be vulnerable, according to KIs[3]

Shelter type according to KIs, by % of HHs

Tukul	75%
Rakooba	2%
Improvised shelter	0%
Concrete building	0%
Community building	0%
Semi-permanent	24%
No shelter	0%

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

Completely destroyed	11%
Partially destroyed	16%
Minimal damage	3%
No damage	70%

Occupancy arrangement according to KIs, by % of households

Owner	79%
Renting	6%
Squatting	7%
Hosted by relative or community member	7%

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

IDPs	7%
IDP returnee	0%
Refugee	1%
Refugee returnee	12%
None	81%

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

Stay with others	51%
Children sleep elsewhere	29%
Sleep in the open	16%
Migrate/change residence	12%
No coping strategies used	12%

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

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EDUCATION LIVING STANDARDS GAP (LSG)[1]

Yei County, Central Equatoria State

AOK-N | 2020
South Sudan

% of households found to have an education LSG, according to KIs: 5%

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

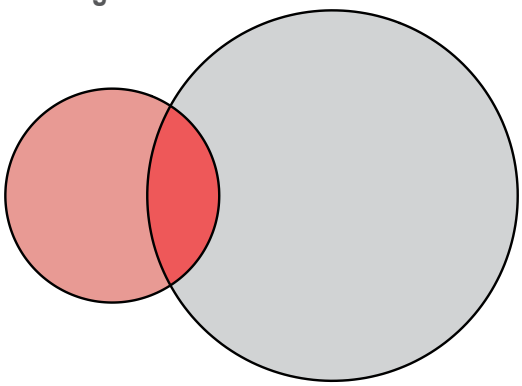
see Annex for details on methodology

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

5%	Extreme +	(severity score 4+)	LSG
0%	Extreme	(severity score 4)	
0%	Severe	(severity score 3)	
0%	Stress	(severity score 2)	
95%	No or minimal	(severity score 1)	

Supercritical and critical education indicators:
Supercritical: 1% of households reported by KIs that are headed by a child/children.
Supercritical: 5% of households reported by KIs with a child/ children engaged in child labour[2].
Critical: 0% of households with at least one school-aged child (3-17) reported by KIs as having a child that does not intend to return to school when it re-opens.
Critical: 2% of households with at least one school-aged child (3-17) reported by KIs as having a child who has never attended formal school.

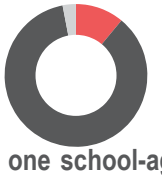
14% of households found to have a education LSG and/or a CG, according to KIs:



4% of households with at least one school-aged child (3-17) which were found to have an education LSG and to be vulnerable, according to KIs[3]

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

Yes	11%
No	86%
Don't know	3%



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

Yes	4%
No	95%
Don't know	1%

In 0% of households which reported at least one school-aged child (3-17), children do not intend to return to school when they re-open according to KIs. Most commonly reported reasons are:

NA%
NA%
NA%
NA%

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

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

11% of households found to have no LSG but a CG, according to KIs.

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

Yes	98%
No	2%
Don't know	0%

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

School is too far	1%
High school fees	1%
Bad quality	0%
Child hungry	0%

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

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

Yei County, Central Equatoria State

% of households found to have a protection LSG, according to KIs: 5%

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

see Annex for details on methodology

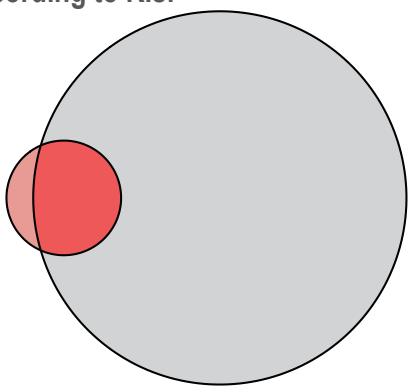
% of households per protection LSG severity score, according to KIs:

0%	Extreme +	(severity score 4+)	LSG
1%	Extreme	(severity score 4)	
4%	Severe	(severity score 3)	
10%	Stress	(severity score 2)	
86%	No or minimal	(severity score 1)	

Supercritical and critical protection indicators:
Supercritical: 3% of households reported by KIs who have experienced a violent protection incident in the month prior to data collection[2].
Critical: 4% of households reported by KIs who have experienced land disputes in the three months prior to data collection.

2% of households found to have a protection LSG and to be vulnerable, according to KIs[3]

53% of households found to have a protection LSG and/or a CG, according to KIs:



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

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

49% of households found to have no LSG but a CG, according to KIs.

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

Under 18	1%
18 - 65 years	93%
Over 65	6%

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

Family separation	5%
Violence between neighbours	2%
Cattle raids	1%
Abduction	0%
No protection concerns	82%

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

Yes	4%
No	90%
Don't know	3%

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

Don't know	3%
Looting	3%
Abduction	1%
Cattle raids	0%
No protection incident	93%

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

Migrate/change residence	50%
Don't know	3%
Marriage	2%
Less preferable water source	1%
No coping strategies used	45%

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

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PRE-EXISTING VULNERABILITIES[1]

Yei County, Central Equatoria State

% of households with at least one LSG and vulnerable, according to KIs[1]: 52%

In Yei County,
Number of KIs interviewed: 29
Number of households reported on: 188

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

7%	Extreme	(severity score 4)	LSG
46%	Severe	(severity score 3)	LSG
34%	Stress	(severity score 2)	
14%	No or minimal	(severity score 1)	

Supercritical and critical indicators for vulnerabilities:
Critical: 7% of households reported by KIs as being headed by either a child or an elderly person.
Critical: 22% of households reported by KIs with a displacement status of either IDPs, IDP returnees, refugee returnees, or refugees.

% of households overall, per vulnerability severity score:

15% Minimal **30%** Stress **49%** Severe **7%** Extreme

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

	% of households...	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	overall % with profile	overall # with profile
Profile of head of household	...with a female head of household	8%	15%	13%	4%	18%	15%	48%	68%	126
	...with a male head of household	0%	40%	17%	6%	6%	15%	60%	32%	62
	...with a child head of household	100%	0%	0%	0%	100%	100%	100%	1%	1
	...with an elderly head of household	0%	32%	32%	0%	0%	0%	48%	6%	9
Displacement Status	...who are part of the host community	3%	25%	16%	5%	12%	12%	52%	78%	149
	...who are displaced	15%	16%	7%	3%	24%	27%	54%	22%	39
	...who are hosting displaced people	14%	16%	7%	10%	52%	8%	72%	19%	38
	...who are not hosting displaced people	3%	25%	16%	3%	6%	17%	47%	81%	150
Vulnerable household members	...with an elderly household member	3%	27%	25%	3%	9%	20%	57%	19%	34
	...with seperated or unaccompanied child	0%	0%	0%	0%	33%	50%	50%	3%	6
	...with physical or mentally disabled household member	0%	7%	7%	0%	11%	11%	38%	5%	10
	...with chronically ill household member	0%	15%	17%	0%	27%	28%	53%	6%	11
	...with a pregnant or lactating woman	4%	39%	14%	3%	17%	26%	72%	19%	36

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

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ANNEX: METHODOLOGY

This annex provides further information on the methodology used for the AOK-N, including: (1) summary of the AoK-N methodology; (2) definitions of key concepts; (3) severity scale; (4) identification of LSGs and CG.

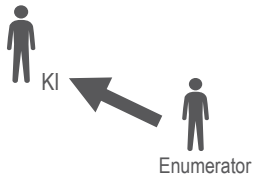
METHODOLOGY

Figure 1: Methodology for AoK-N

1. Purposively Sampling KIs

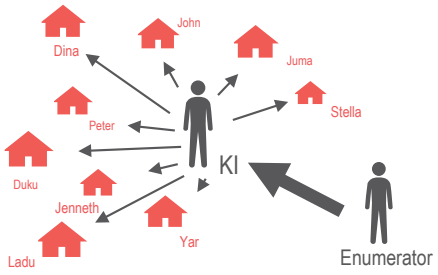
REACH enumerators interview key informants (KIs) via one of three approaches:

- Interviews with IDPs or other individuals moving through key transit points like bus stops and ports, or travelling to 3rd locations to access markets or other services, all reporting remotely on hard to reach settlements
- Interviews with host community members, reporting directly on an accessible settlement
- Phone interviews for areas with mobile phone coverage, with KIs reporting remotely on their settlement



2. Neighbour Listing

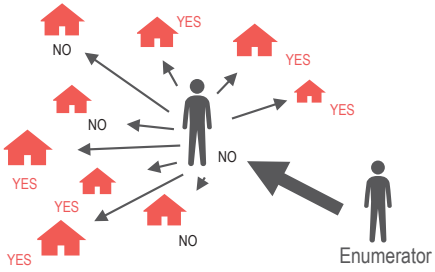
Each KI is asked to list up to 10 households; their own household, and up to the 9 geographically closest neighbours in their community.



3. Key Informant Interview

The KI is asked a multi-sectoral questionnaire about the needs and conditions of their own household, as well as for each of their neighbouring households.

For example: "Have any of these households been displaced due to flooding in the last month?**"**



DEFINITIONS

- **Living Standard Gap (LSG)**: signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.
- **Capacity Gap (CG)**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Magnitude**: corresponds to the overall number or percentage of households in need.
- **Pre-existing vulnerabilities**: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which could subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity**: signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no) to 4+ (extreme+).

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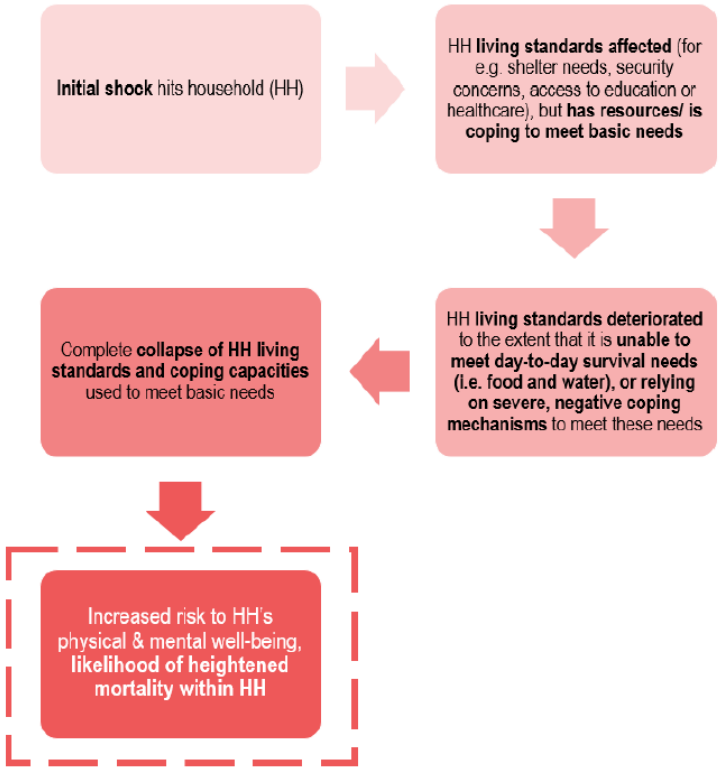
SEVERITY SCALE

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

While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA AOK-N, only a scale of 1 (none/ minimal) to 4+ (extreme+) is used. A "4+" score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of 5 (catastrophic) is primarily at area level (for example, mortality rates, malnutrition prevalence, burden of disease, etc.) which is difficult to factor into household level analysis. Additionally, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

Figure 2: Rationale behind the severity scale



IDENTIFICATION OF LSG AND CG

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines guidance on how to produce the aggregation using household-level data.

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identified critical indicators that, on their own, indicate a gap in the sector overall;

3) Identified individual indicator scores (0 or 1) for each household, once data had been collected;

4) Calculated the severity score for each household, based on the following decision tree (tailored to each sector);

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

   b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued

   depending on the scores of each of the critical indicators;

   c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

   d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure 3 below;

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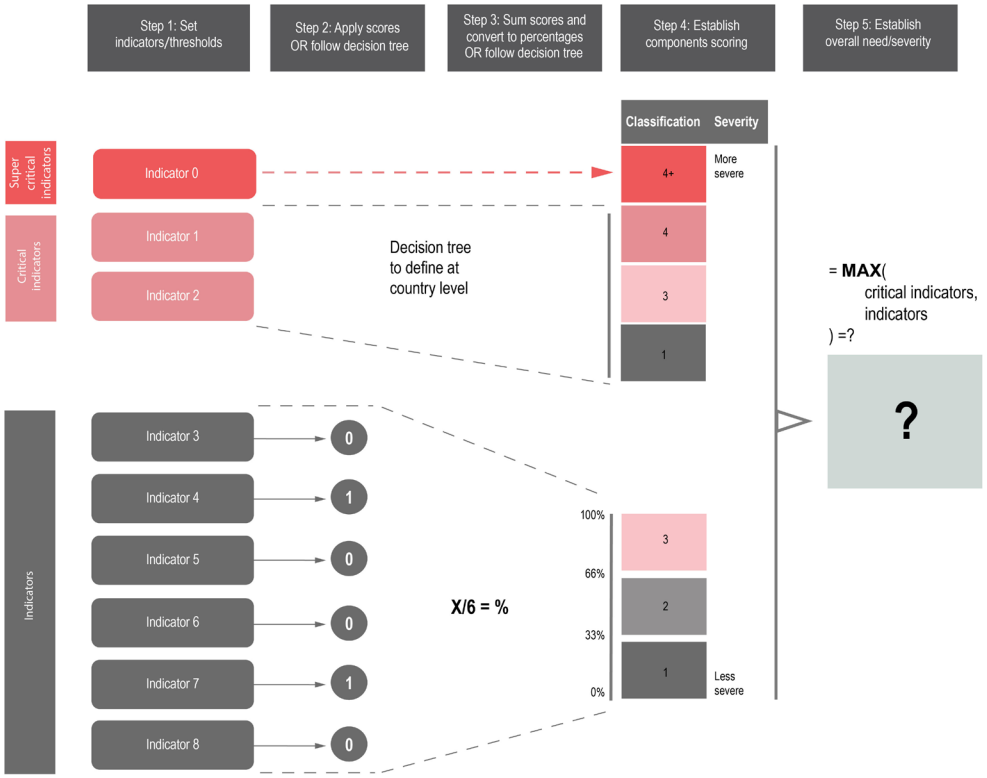
Figure 3: Identifying LSG per sector with scoring approach - example



5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;

scale of 1 to 4 (1, 3, 4);

6) Identified households that do not have a LSG but that do have a CG;

a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

b. If any CG indicator has a score of 1, the household is categorised as having a CG;

7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

About REACH:
REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

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