Assessment of Hard-to-Reach Areas in South Sudan

**South Sudan Displacement Crisis** 

May 2018

#### **Overview**

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

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

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

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

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

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

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

#### **Assessment Coverage**

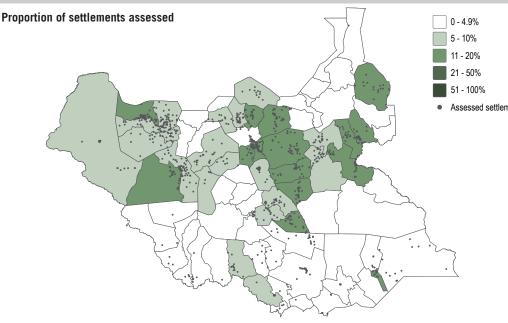
1,488 Key Informants interviewed

993 Settlements assessed

54 Counties assessed

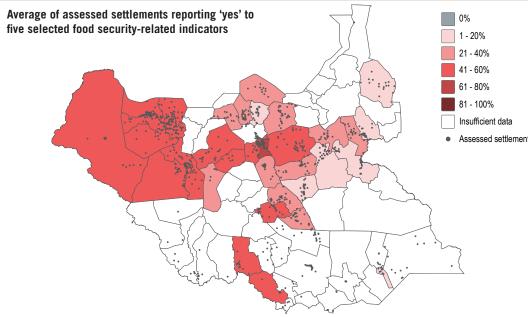
34 Counties with 5% or more coverage<sup>1</sup>

#### **Assessment coverage**



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

#### Food access composite indicator



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

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





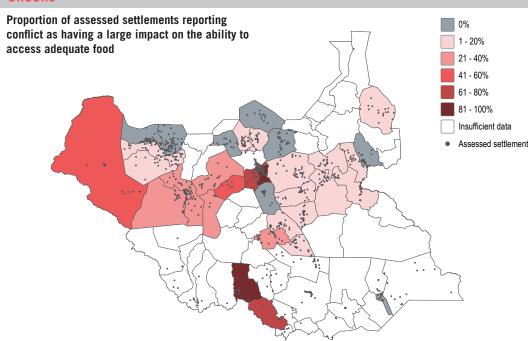


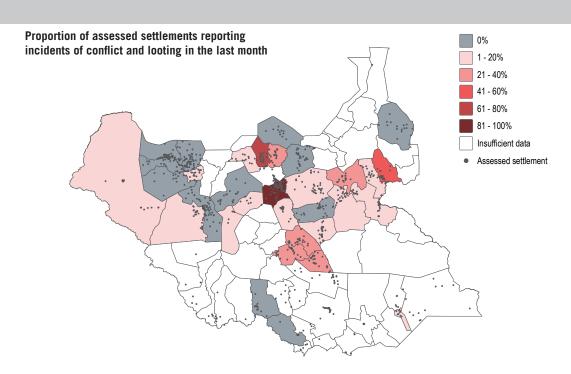
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#### **Shocks**





#### **Shocks: IDPs**

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

Rubkona	52%
Yei	46%
Maridi	45%
Leer	38%
Nvirol	24%

#### **Shocks: health**

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

93%
89%
64%
62%
60%

#### **Shocks: cereal prices**

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

Mayom	93%
Rubkona	70%
Tonj East	67%
Aweil Centre	56%
Raja	54%

### **Shocks: livestock**

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

Mayom	47%
Luakpiny/Nasir	35%
Ulang	29%
Tonj North	26%
Rubkona	26%





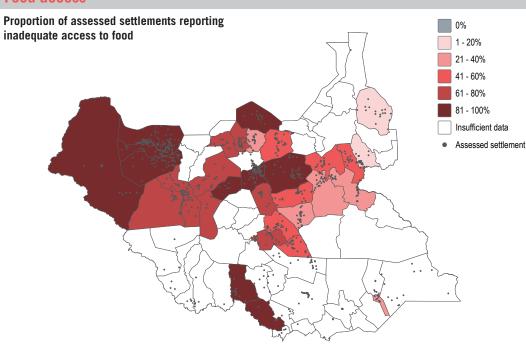


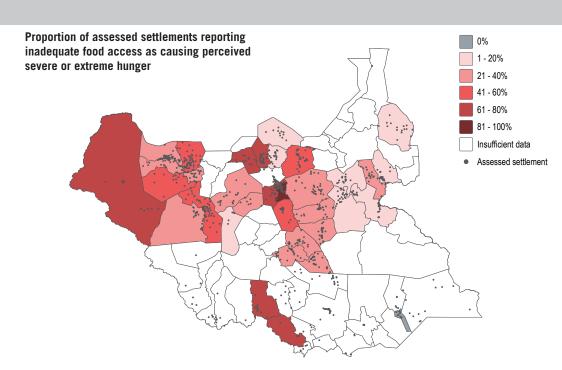
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#### Wild foods: nutrition Food coping: skipping days Wild foods: frequency **Meal frequency** Top five assessed counties reporting consumption Top five assessed counties reporting consumption Top five assessed counties reporting consuming Top five assessed counties reporting entire days of wild foods all of the time of wild foods that are known to make people sick on average one meal per day or less without eating as a coping strategy Tonj North 53% I Leer Ayod Ayod Aweil South Maridi Aweil Fast Pariang 38% Aweil Centre Leer Mayendit Raja Aweil East Aweil East Tonj East Leer 31% Panyijiar Mayendit Yirol West Toni East





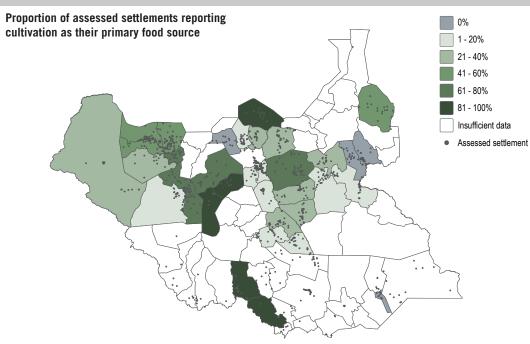


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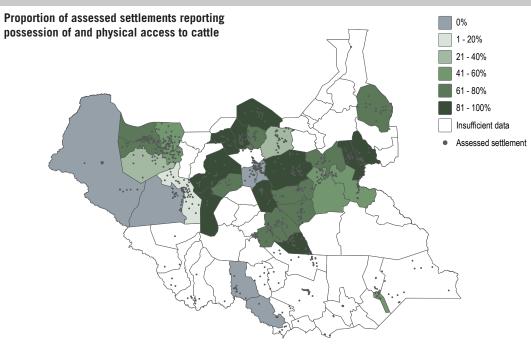
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#### **Livelihoods: cultivation**



#### **Livelihoods: livestock**



Agricultural inputs Land for cultivation		Food source: livestock		Livestock disease			
Top five counties reporting inadequate access to agricultural inputs		Top five counties reporting access restrictions to land for cultivation		Top five counties reporting livestock as their primary food source		Top five counties reporting a livestock disease outbreak	
Yei	92%	Yei	85%	Yirol East	21%	Awerial	93%
Maridi	91%	Kapoeta South	57%	Mayom	20%	Panyijiar	85%
Leer	87%	Akobo	54%	Ulang	19%	Luakpiny/Nasir	80%
Mayendit	86%	Leer	49%	Akobo	11%	Yirol West	75%
Aweil Centre	83%	Uror	43%	Awerial	10%	Tonj South	71%





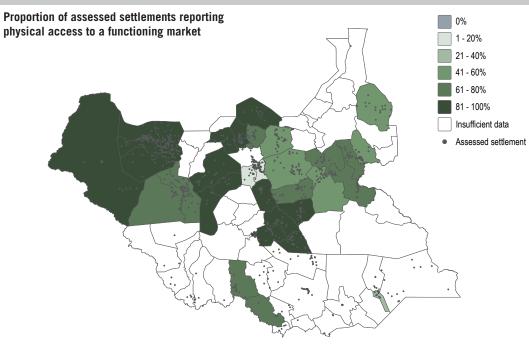


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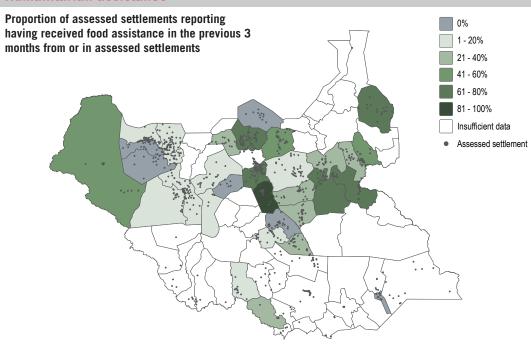
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#### **Humanitarian assistance**



#### **Food source: purchasing**

# Top five assessed counties reporting purchase as primary food source

Kapoeta South	43%
Wau	43%
Raja	33%
Aweil East	30%
Aweil Centre	28%

### Livelihood: casual labour

### Top five assessed counties reporting casual labour as a livelihood activity

Tonj East	100%
Tonj North	100%
Tonj South	100%
Yei	100%
Maridi	91%

#### **Food source: humanitarian**

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

Rubkona	70%
Akobo	66%
Luakpiny/Nasir	60%
Panyijiar	59%
Kapoeta South	43%

#### **Humanitarian distribution**

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

Mayom	93%
Guit	75%
Awerial	48%
Rubkona	48%
Maban	44%





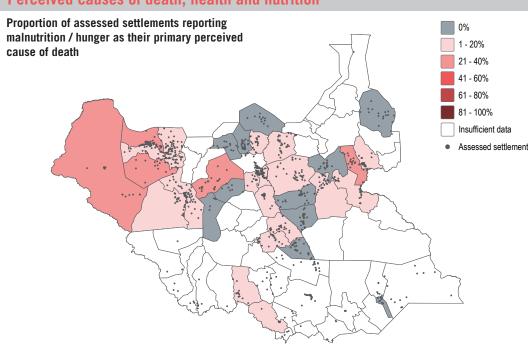


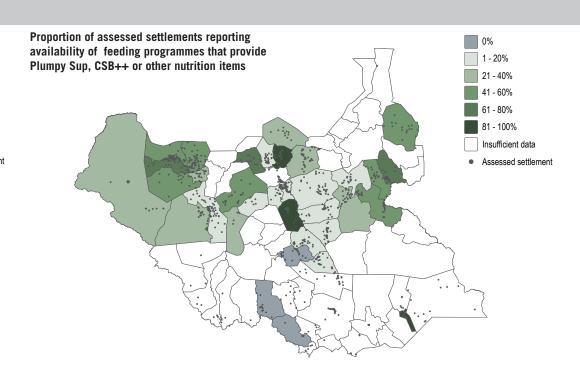
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### Perceived causes of death, health and nutrition





Jur River

#### **Health: malnutrition Mortality increase** Health: cholera **Health services** Top five assessed counties reporting a higher Top five assessed counties reporting perceived Top five assessed counties reporting cholera / Top five assessed counties reporting no physical perceived number of deaths than normal in the hunger / malnutrition as main health problem diarrhoea as their main health problem access to health services last month 89% 17% 43% Leer Tonj East Toni South Mayendit Aweil South 11% 33% Mayendit Mayom Leer Tonj North 11% Tonj East Yei 33% Fangak 9% 31% Fangak Maban Yei Akobo



Panyijiar



Mayendit



Leer

31%

8%