Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

February 2019

Overview

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

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

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

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

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

(Link to AoK Terms of Reference)

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

The findings presented in this factsheet are indicative of the broad food security and livelihood trends in assessed settlements in February 2019, and are not statistically generalisable.

Assessment Coverage

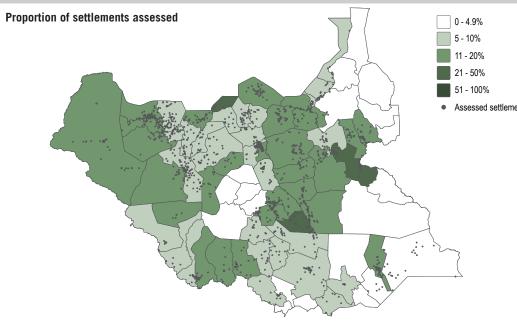
1,942 Key Informants interviewed

1,471 Settlements assessed

61 Counties assessed

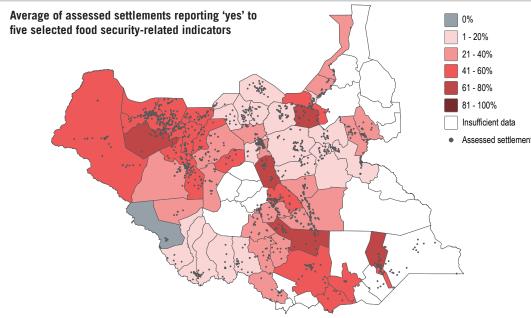
58 Counties with 5% or more coverage¹

Assessment coverage



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

Food access composite indicator



This simple food access composite aims to measure both levels of adequate access to food as well as severify 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







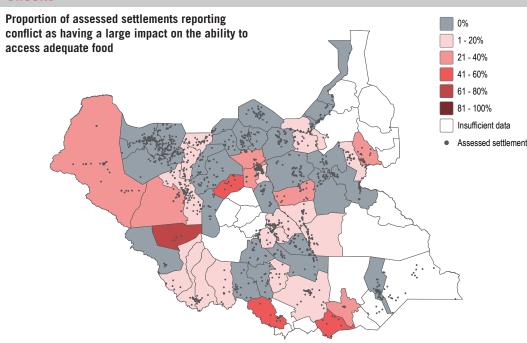


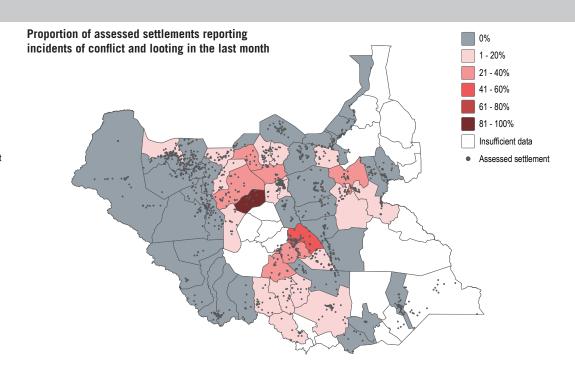
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Shocks





Shocks: IDPs

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

Panyijiar	48%
Torit	46%
Tonj East	44%
Fashoda	37%
Terekeka	36%

Shocks: health

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

Nagero	83%
Pariang	81%
Abiemnhom	75%
Guit	75%
Mayom	64%

Shocks: cereal prices

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

89%
83%
77%
76%
68%

Shocks: livestock

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

Fashoda	84%
Ayod	67%
Manyo	50%
Fangak	42%
Malakal	33%





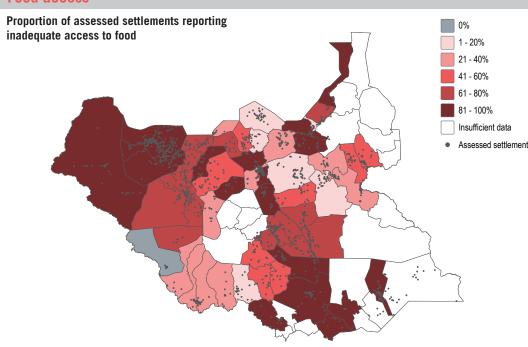


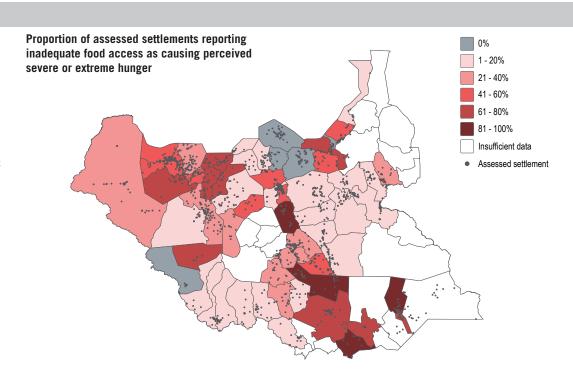
South Sudan Displacement Crisis

Assessment of Hard-to-Reach Areas in South Sudan

February 2019

Food access





Wild foods: nutrition Food coping: skipping days Wild foods: frequency **Meal frequency** Top five assessed counties reporting consumption Top five assessed counties reporting consumption Top five assessed counties reporting consuming Top five assessed counties reporting entire days of wild foods all of the time of wild foods that are known to make people sick on average one meal per day or less without eating as a coping strategy Mundri West 79% Panyijiar Panyijiar 100% Tonj East Canal/Pigi 70% Terekeka Torit Raja Mundri East 70% Aweil North Jur River 51% Nagero Tonj East Aweil Centre Canal/Pigi Maridi Aweil South Mvolo Kapoeta North Ulang





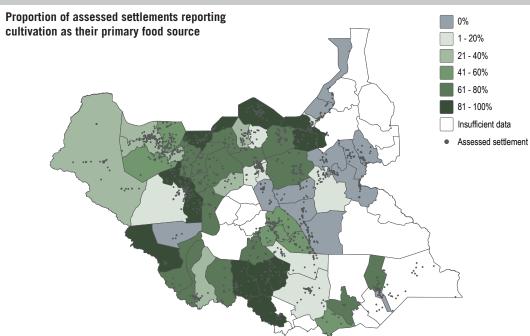


South Sudan Displacement Crisis

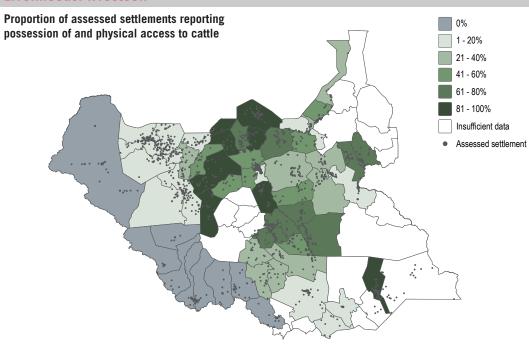
Assessment of Hard-to-Reach Areas in South Sudan

February 2019

Livelihoods: cultivation



Livelihoods: livestock



Agricultural inpu	ts	Land for cultivatio	n	Food source: livest	ock	Livestock disease	
Top five counties repor agricultural inputs	ting inadequate access to	Top five counties report land for cultivation	ing access restrictions to	Top five counties reporting primary food source	ng livestock as their	Top five counties reporting outbreak	ng a livestock disease
Kapoeta North	100%	Akobo	100%	Kapoeta South	73%	Mundri East	100%
Magwi	100%	Nyirol	100%	Manyo	33%	Yirol West	94%
Mundri West	100%	Uror	88%	Fashoda	32%	Mvolo	92%
Akobo	95%	Yei	71%	Terekeka	28%	Fashoda	89%
Juba	93%	Wau	53%	Luakpiny/Nasir	25%	Panyijiar	88%





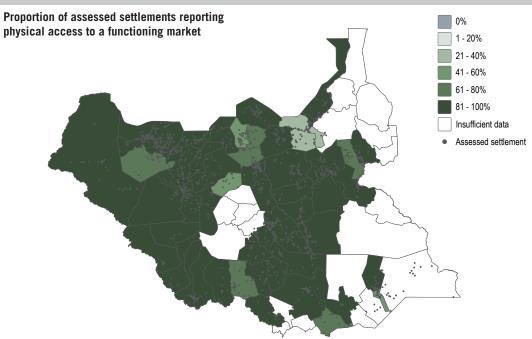


Assessment of Hard-to-Reach Areas in South Sudan

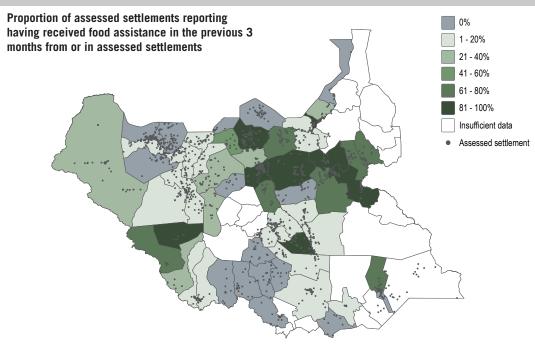
South Sudan Displacement Crisis

February 2019

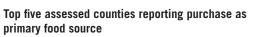
Markets

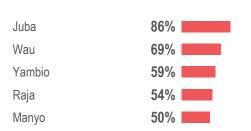


Humanitarian assistance



Food source: purchasing





Livelihood: casual labour

Top five assessed counties reporting casual labour as a livelihood activity

Juba	100%
Nagero	100%
Tambura	100%
Tonj East	100%
Tonj North	97%

Food source: humanitarian

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

Mayendit	91%
Guit	81%
Nyirol	77%
Uror	73%
Leer	67%

Humanitarian distribution

Top five assessed counties reporting no humanitarian assistance received in the past 3 months

Abiemnhom	100%
Aweil Centre	100%
Aweil East	100%
Aweil North	100%
Ibba	100%

*Other assessed counties reporting 100% no humanitarian assistance received in the past 3 months include: Kapoeta South, Magwi, Manyo, Maridi, Mundri East, Mvolo, Pariang, Tonj East





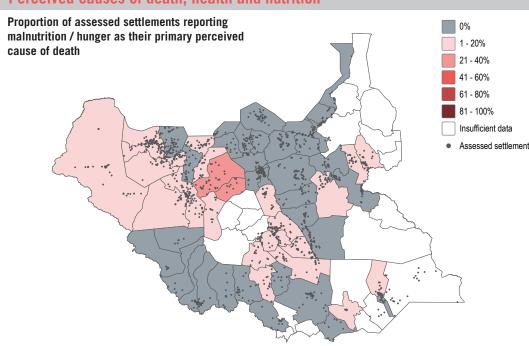


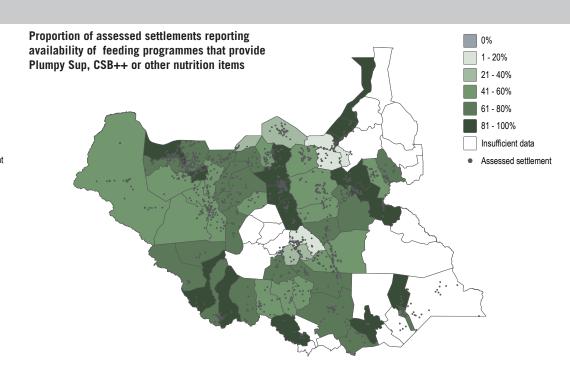
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Perceived causes of death, health and nutrition





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 85% 33% Mvolo Tonj East Panyikang Nagero Tonj North 24% Gogrial West Canal/Pigi Ulang Luakpiny/Nasir Tonj East 75% Fashoda 21% Kapoeta South 82% Tonj South 17% Mundri East **Gogrial West** Panyijiar 50% Yirol West 14% Tambura Mundri West Maridi





