Assessment of Hard-to-Reach Areas in South Sudan

South Sudan Displacement Crisis

April 2020

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 faced by 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 been in contact with someone living in a hard-to-reach settlement, or have been visiting one 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).

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 April 2020, and are not statistically generalisable.

Assessment Coverage

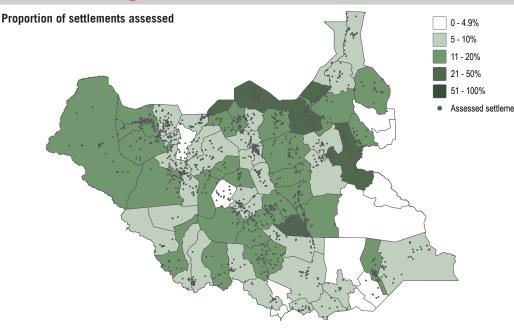
2,292 Key Informants interviewed

1.776 Settlements assessed

70 Counties assessed

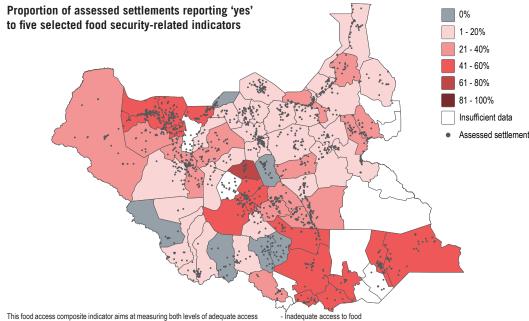
67 Counties with 5% or more coverage¹

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 March 2019 has been used as the reference for settlement names and locations

Food access composite indicator



to food as well as severity of perceived hunger and application of severe consumptionbased coping strategies. The composite was created by averaging the 'yes' responses of settlements reporting on the following indicators, with all indicators considered to

- Consuming one or no 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



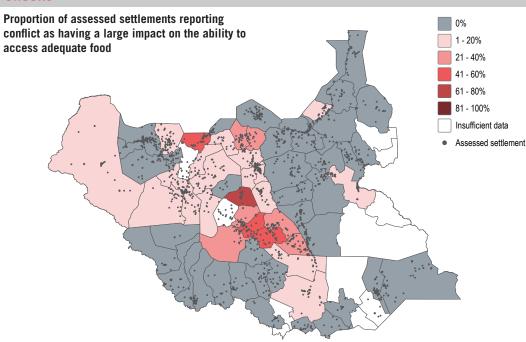


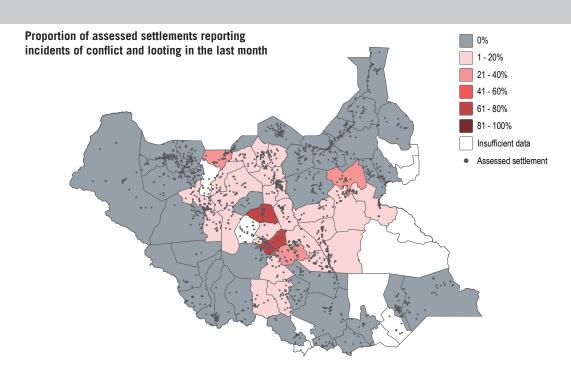
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Shocks





Shocks: IDPs

Top five counties where the highest proportion of assessed settlements reported the presence of newly arrived IDPs is having a large impact on the ability to access adequate food

Wulu	41%
Rumbek North	38%
Rumbek Centre	36%
Kajo-keji	31%
Twic	24%

Shocks: health

Top five counties where the highest proportion of assessed settlements reported perceived health problems are having a large impact on the ability to access adequate food

Rumbek North	63%
Twic	62%
Juba	58%
Pariang	53%
Abiemnhom	50%

Shocks: conflict food access

Top five counties where the highest proportion of assessed settlements reported conflict or looting having any impact on most people's ability to access adequate food

Rumbek North	75%
Rumbek East	54%
Twic	48%
Yirol West	47%
Wulu	29%

Shocks: hunger

Top five counties where the highest proportion of assessed settlements reported hunger is severe or worst in can be

Twic	95%
Juba	88%
Terekeka	84%
Magwi	78%
Kajo-keji	75%

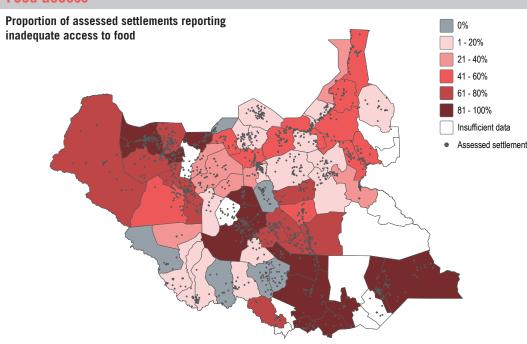


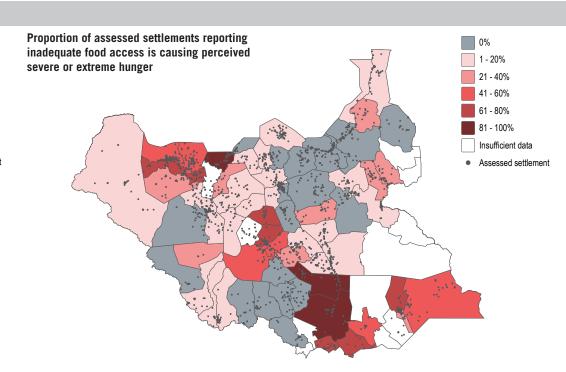
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Food access





Wild foods: frequency

Top five counties where the highest proportion of assessed settlements reported consumption of wild foods happens all the time

Torit	69%
Magwi	33%
Yei	31%
Maban	29%
Jur River	25%

Wild foods: nutrition

Top five counties where the highest proportion of assessed settlements reported consumption of wild foods that are known to make people sick

Fangak	76%
Manyo	63%
Melut	53%
Nagero	50%
Ulang	50%

Meal frequency

Top five counties where the highest proportion of assessed settlements reported that most people consume one meal per day or less

	1000/
Kapoeta East	100%
Kapoeta North	100%
Kapoeta South	100%
Rumbek Centre	100%
Rumbek East	100%

Food coping: skipping days

Top five counties where the highest proportion of assessed settlements reported people go entire days without eating as a coping strategy

Rumbek North	69%
Rumbek East	38%
Luakpiny/Nasir	36%
Ulang	36%
Wulu	35%

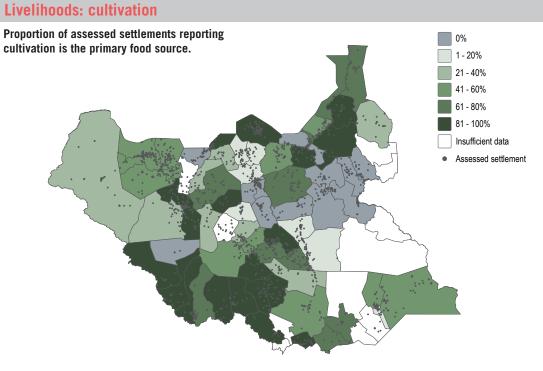


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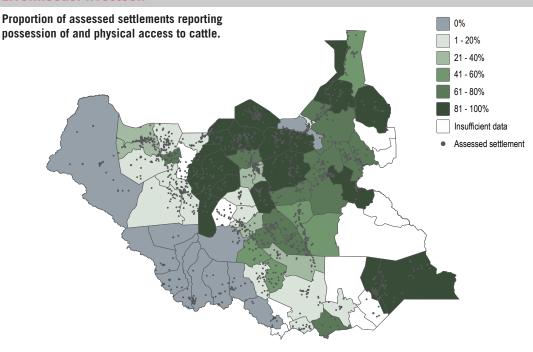
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Livelihoods: livestock



Agricultural inputs

Top five counties where the highest proportion of assessed settlements reported having inadequate access to farming tools

	_	
Luakpiny/Nasir	100%	
Magwi	100%	
Rumbek North	100%	
Ulang	100%	
Twic	98%	

Land for cultivation

Top five counties where the highest proportion of assessed settlements reported experiencing restrictions to access land for cultivation

Akobo	100%
Luakpiny/Nasir	100%
Nyirol	100%
Ulang	100%
Hror	100%

Food source: livestock

Top five counties where the highest proportion of assessed settlements reported livestock is their primary source of food

Kapoeta East	34%
Duk	30%
Aweil South	29%
Ulang	29%
Aweil North	24%

Livestock activities

Top five counties where the highest proportion of assessed settlements reported that most people are engaged in livestock activities

Abiemnhom	100%
Aweil South	100%
Ayod	100%
Fangak	100%
Kapoeta North	100%

"Other counties where 100% of assessed settlements reported engaging in livestock activities include: Luakpiny/Nasir, Melut, Mvolo, Pariang, Tonj North, Tonj South, Ulang and Yirol West.



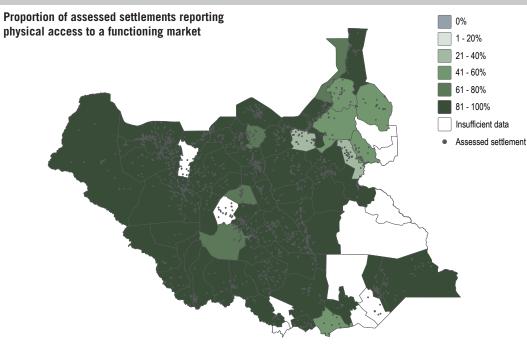


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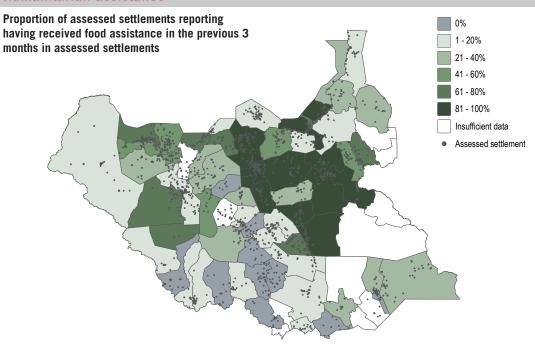
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Markets



Humanitarian assistance



Food source: purchasing

Top five counties where the highest proportion of assessed settlements reported purchase as a primary source of food

Panyikang	100%
Twic	67%
Raja	64%
Kapoeta South	64%
Tonj South	64%

Livelihood: casual labour

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Top five counties where the highest proportion of assessed settlements reported casual labour is a livelihood activity

Ibba	100%
Luakpiny/Nasir	100%
Magwi	100%
Maridi	100%
Nagero	100%
*Other counties where 100% of assessed settlements reported casual labour	

Food source: humanitarian aid

Top five counties where the highest proportion of assessed settlements reported humanitarian assistance is the primary source of food

Leer	100%
Mayendit	100%
Panyijiar	100%
Uror	100%
Guit	94%

Humanitarian distribution

Top five counties where the highest proportion of assessed settlements reported having not received any humanitarian assistance in the past three months

Ulang	46%
Panyijiar	45%
Raja	38%
Luakpiny/Nasir	28%
Jur River	20%

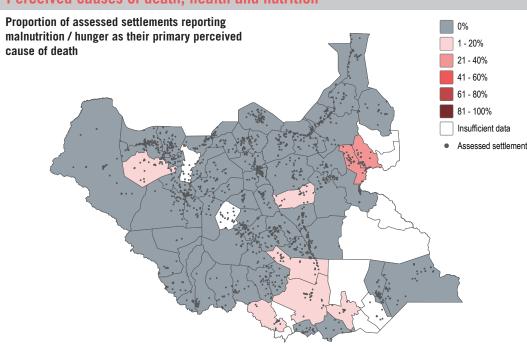


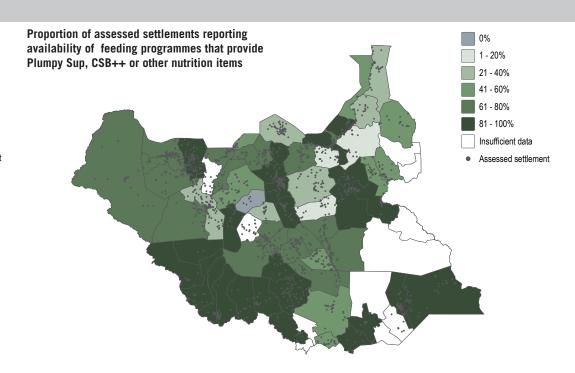
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Perceived causes of death, health and nutrition





Mortality increase

Top five counties where the highest proportion of assessed settlements reported a higher perceived number of deaths than normal

Rumbek North	50%
Rumbek East	42%
Tonj South	36%
Tonj North	32%
Tonj East	25%

Health: malnutrition

Top five counties where the highest proportion of assessed settlements reported perceived malnutrition is a main health problem

Ulang	39%
Tonj North	32%
Luakpiny/Nasir	28%
Tonj East	25%
Panyikang	14%

Health: malaria

Top five counties where the highest proportion of assessed settlements reported malaria is a main health problem

Baliet	100%
Maban	100%
Melut	100%
Canal/Pigi	96%
Malakal	96%

Health services

Top five counties where the highest proportion of assessed settlements reported having poor physical access to health services

Gogrial East	100%
Awerial	89%
Pariang	84%
Mayom	83%
Mundri East	82%

*the availability of health services is a composite indicator comprising of whether there is no physical access to a functional health facility, or the closest functional health facility is not within an one-hour walk



