

2019

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

7.1M

NOV 2018



**SOUTH
SUDAN**

INTERNALLY
DISPLACED PEOPLE

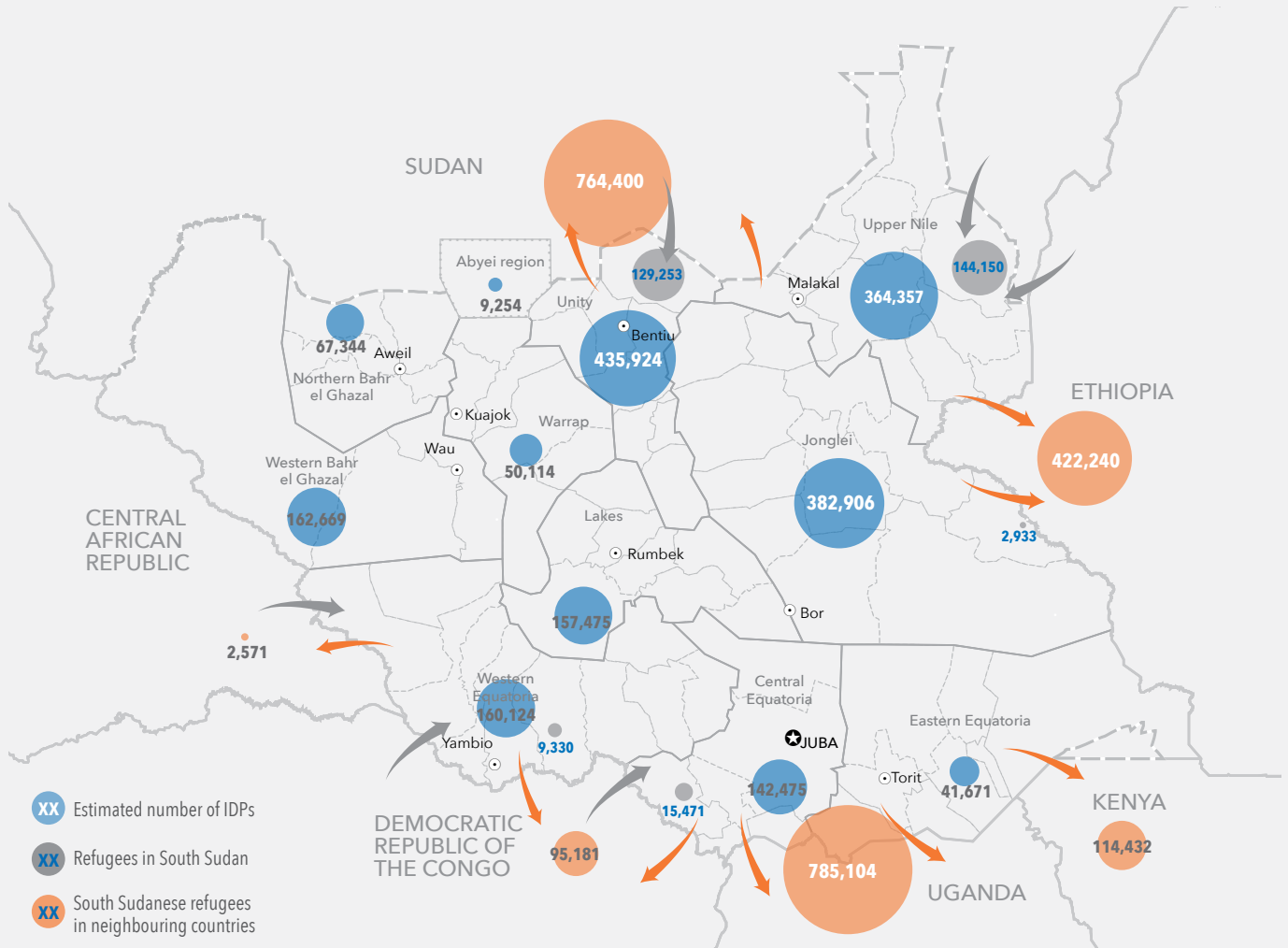
2.0M

REFUGEES FROM SOUTH SUDAN
IN NEIGHBOURING COUNTRIES

2.2M

REFUGEES IN
SOUTH SUDAN

300K



Source: OCHA and partners, Oct 2018

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of the South Sudan Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The boundaries and names shown and the designations used on the South Sudan maps do not imply official endorsement or acceptance by the United Nations. The final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined.

Cover photo: OCHA/Emmi Antinoja

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HUMANITARIAN NEEDS AND KEY FIGURES

The recently revitalized peace process promises to offer new opportunities in 2019 for South Sudan's women, men and children.¹ However, the cumulative effects of years of conflict, violence and destroyed livelihoods have left more than 7 million people or about two thirds of the population in dire need of some form of humanitarian assistance and protection in 2019 – the same proportion as in 2018. While the situation is no longer escalating at a rapid speed, the country remains in the grip of a serious humanitarian crisis.



1 A legacy of conflict, violence and abuse

Five years of the most recent conflict has forced nearly 4.2 million people to flee their homes in search of safety, nearly 2 million of them within and 2.2 million outside the country. While the intensity of conflict may have reduced recently, and clashes contained to certain regions, vulnerable people will continue to experience the impacts of the conflict through 2019. United Nations reports indicate that all parties to the conflict have repeatedly violated international humanitarian law and perpetrated serious human rights abuses, including gang rape, abductions, sexual slavery of women and girls, and recruitment of children, both girls and boys.² People affected by the conflict, including the more than 300,000 refugees in South Sudan, repeatedly identify security among their primary needs.



2 Insufficient basic services

The conflict and associated economic decline have eroded the Government's ability to provide consistent basic services to its people. Currently, one primary health centre serves an average of 50,000 people³ Only 40 per cent of nutrition treatment centres have access to safe water,⁴ a gap that puts more vulnerable people, particularly women, boys and girls, at risk of malnutrition and disease. Only about one in five childbirths involves a skilled health care worker⁵ and the maternal mortality ratio is estimated at 789 per 100,000 live births.⁶ Every third school has been damaged, destroyed, occupied or closed since 2013,⁷ and more than 70 per cent of children who should be attending classes are not receiving an education.⁸



3 Destroyed livelihoods and eroded coping capacity

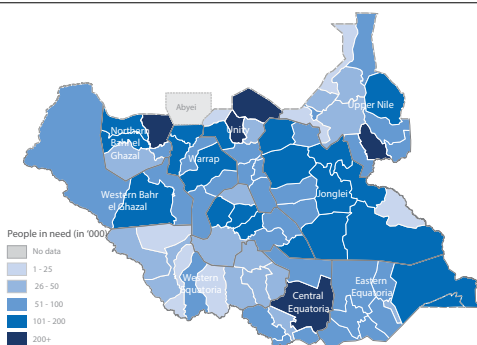
Years of conflict, displacement and underdevelopment have limited people's livelihood opportunities, marginalized women's formal employment opportunities, and weakened families' ability to cope with the protracted crisis and sudden shocks, like the death of a wage earner or loss of cattle.⁹ The livelihoods of 80 per cent of people are based on agricultural and pastoralist activities.¹⁰ Farmers, who are mostly women, and their families have been displaced from their fertile lands. Annual cereal production has reduced by 25 per cent from 2014 to 2017, leaving a nearly 500,000 metric tons deficit for 2018.¹¹ Over 80 per cent of the population lives below the absolute poverty line¹² and half the population will be severely food insecure between January and March 2019,¹³ similar to the same period in 2018. The number of people in IPC Phase 5 is expected to nearly double from the same period in 2018.¹⁴



4 Limited access to assistance and protection

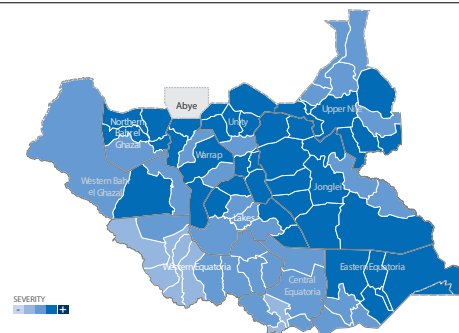
About 1.5 million people live in areas facing high levels of access constraints – places where armed hostilities, violence against aid workers and assets, and other access impediments render humanitarian activities severely restricted, or in some cases impossible.¹⁵ In 2018, violence against humanitarian personnel and assets consistently accounted for over half of all reported incidents. More than 500 aid workers were relocated due to insecurity, disrupting the provision of life-saving assistance and protection services to people in need for prolonged periods. Communities' inability to access lifesaving support risks pushing women, men and children deeper into crisis. Many of the hardest to reach areas in Unity, Upper Nile and Western Bahr el Ghazal have alarming rates of food insecurity, malnutrition, and sexual and gender-based violence.

PEOPLE IN NEED



Source: OCHA and partners, Oct 2018

SEVERITY OF NEED



Source: OCHA and partners, Oct 2018









NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



POPULATION IN COUNTRY



NUMBER OF PEOPLE IN NEED BY SECTOR (IN MILLIONS)

SECTOR	IDPS	HOST COMMUNITIES	OTHERWISE AFFECTED	REFUGEES	SECTOR TOTAL
 CAMP COORDINATION AND CAMP MANAGEMENT	1.40	-	-	0.30	1.70
 EDUCATION	0.89	1.91	-	0.16	2.90
 EMERGENCY SHELTER AND NON-FOOD ITEMS	1.19	0.10	0.40	0.30	2.00
 FOOD SECURITY AND LIVELIHOODS	1.90	3.70	0.20	0.30	6.10
 HEALTH	-	-	3.57	0.30	3.87
 NUTRITION	-	-	1.50	0.30	1.80
 PROTECTION	1.95	1.32	2.45	0.30	6.02
 WATER, SANITATION AND HYGIENE	1.90	3.79	-	0.30	5.99

IMPACTS OF

MULTIPLE CRISES

Even with the advent of the revitalized peace agreement in late 2018 and the promise of better times to come, the cumulative effects of the conflict have translated to sustained poverty and persistent humanitarian and protection needs for more than 7 million people in South Sudan. This is particularly the case in the Equatorias, Western Bahr el Ghazal, Jonglei, Upper Nile and Unity, where drivers and multipliers of crisis have remained present over time. These include insecurity and violence, local and intercommunal conflicts, ongoing displacement, sparse basic services, disease, climate shocks, economic instability and insecure access to food and livelihoods. Yet, prospects for peace and development may improve and begin to generate some confidence for durable solutions, including returns, relocations or local integrations, although their scope, scale and flows remain difficult to project.¹⁷

In 2018, the conflict continued to force people to remain on the move and undermine their access to assistance. Almost 4.2 million people have been displaced, often more

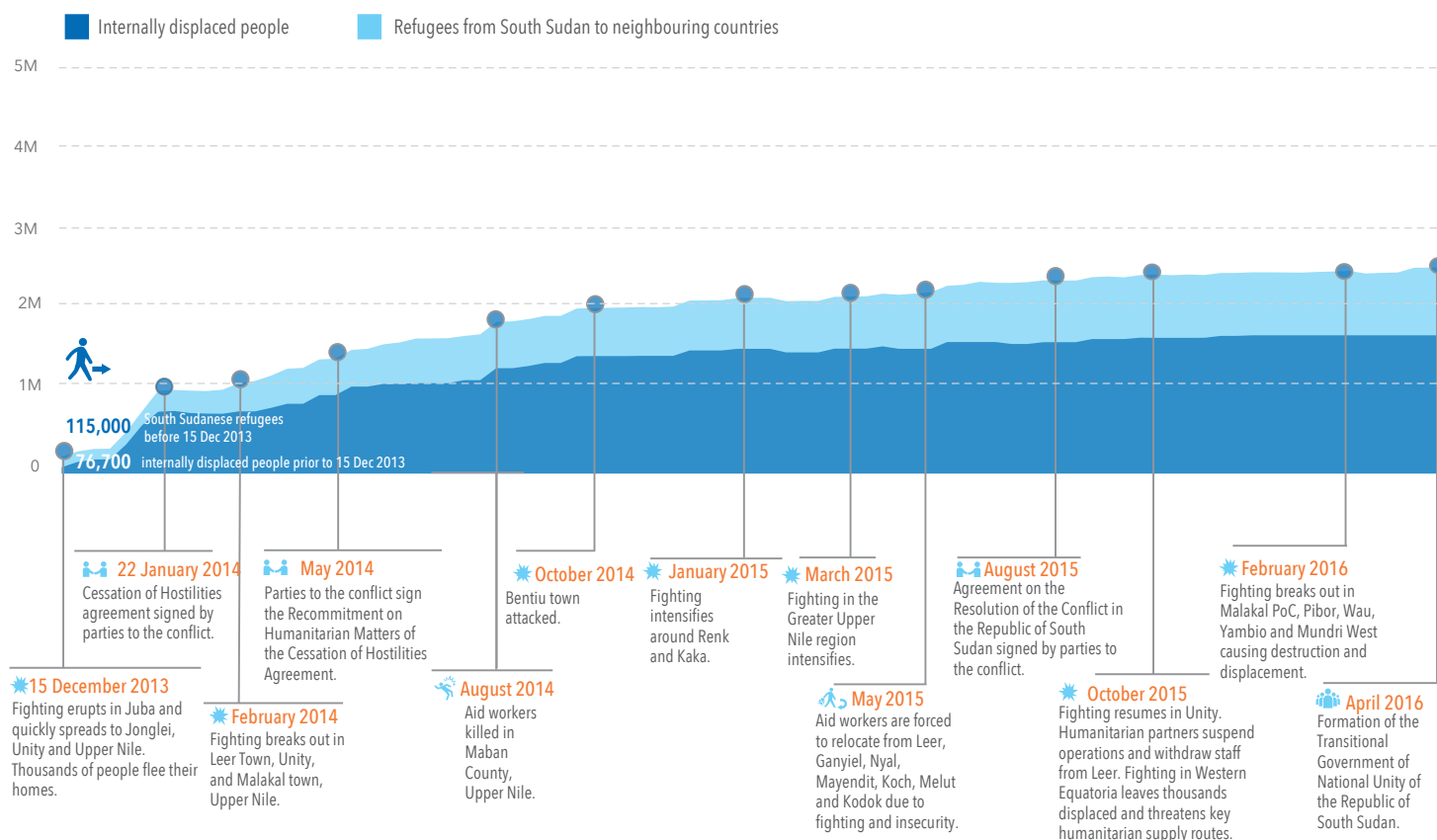
than once, including nearly 2.2 million in neighbouring countries and nearly 2 million internally. The population inside the UNMISS Protection of Civilian (PoC) sites has stabilized at approximately 200,000 in the past three years, after a peak at 224,000 registered IDPs in 2016, to 190,000 in October 2018.¹⁸ Displacement is both a driver and result of vulnerability.

“The biggest problem and challenge we encounter daily is access. Insecurity and displacement have made it difficult for us to provide services.”

Head of a local NGO

Displacement patterns, visualized in the timeline below, have been driven largely by conflict dynamics. Internally, the numbers displaced have continued to rise, with conflict driving many of the same families having to flee on multiple occasions.¹⁹ Greater Upper Nile maintains the largest numbers

INTERNAL AND EXTERNAL DISPLACEMENT



of displaced, accounting for 60 per cent of all internally displaced in the country. For areas of the country where information on IDPs has been systematically collected, data indicates that a quarter of them have been in protracted displacement since 2013-2014, whilst more than a third have been unable to return to their habitual residence since 2015-2016. The remainder has been displaced since January 2017, two thirds of them in the first half of 2017 alone. Those newly displaced in 2018 account for just 6 per cent of IDPs.²⁰ Communal clashes have become an increasingly prominent factor in triggering new displacement, especially in Kapoeta South, Duk, Aweil South and Jur River. Further macro-economic and climatic shocks, such as sudden market failure or flooding, exacerbated by the conflict, have resulted in many populations migrating out of South Sudan to seek access to services and economic opportunity elsewhere.

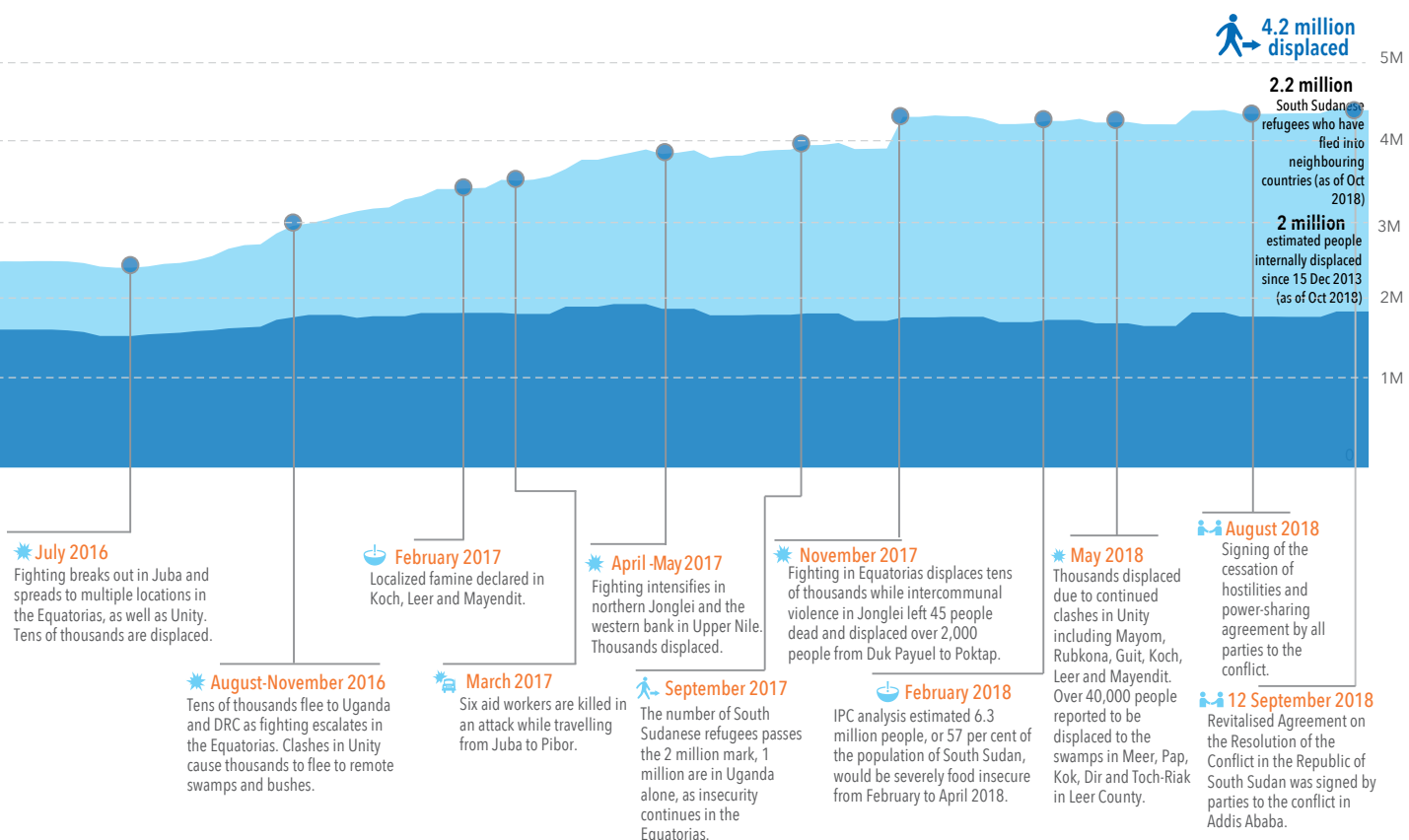
An increasing number of IDPs is expected to seek durable solutions in 2019, although movement will continue to be fluid as people explore options for return, relocation or local integration. Especially at the outset, people may return temporarily or seasonally to farm and access assistance, and to check on the status of their property or evaluate their options regarding housing, land and property; access to livelihoods, services and support available; as well as confidence in safety and security. Some of the returns in particular may not be sustainable due to insecurity. General improvement of the security situation in areas of return, and assurances from government on safety, are the most prominent pre-condition for return cited by IDPs in a study earlier this year, followed

by access to work, school, and critical infrastructure in areas of return.²¹ Return movements are likely to result in a need for immediate, temporary humanitarian assistance, before longer-term support on durable solutions. In 2018, the Displacement Tracking Matrix (DTM) identified more than 658,000 returnees in the nearly 60 per cent of the country covered, of which 42 per cent had returned during 2017 from locations in South Sudan and abroad. Returns from Uganda and Kenya show an upwards trend as a percentage share of total returns since the second half of 2017, whereas returns from Sudan and South Sudan have been more static.²²

“I had to flee my home at the beginning of the crisis in 2013 because of the violence. We sought safety by coming here. I have been displaced ever since. Our life is hard. We lack many things but we have nowhere to get them. We cannot explain our problems to anyone and we have nowhere to go.”

Displaced woman in Central Equatoria

Attacks on civilians and violations by all parties to the conflict continue to undermine the survival and outlook for South Sudanese people, particularly women, adolescent girls and children. Between December 2013 and April 2018, the conflict was estimated to have caused about 382,000 excess deaths, approximately half from violence.²³ This pattern has



included human rights abuses such as widespread sexual violence and targeted killings, and destruction of livestock and property. A joint OHCHR-UNMISS report,²⁴ covering Southern Unity during the period of April-May 2018, documented the killing of 232 civilians, including 50 women and 35 children. It reported 25 women were hanged and 32 civilians were burned alive, while at least 120 women and girls, including pregnant and lactating women and girls as young as four years old, were raped and gang raped. In addition, at least 15 incidents of abduction involving 132 women and girls subjected to sexual slavery were documented. The report identified the main perpetrators as SPLA government forces, armed groups aligned with the SPLA-IO, and youth militia. A subsequent report²⁵ by the same authors, covering Western Equatoria over the April-August 2018 period, found that 505 women and 63 girls were abducted by opposition forces and reported 43 cases of rape or gang rape, as well as sexual slavery.

Gender-based violence (GBV) cases, including sexual violence, are under-reported by survivors due to stigma, shame, low confidence in the rule of law to ensure justice for perpetrators,²⁶ limited service availability, and reliance on informal justice structures – which due to cultural norms can be an impediment to resolving some of the cultural issues around GBV. The nearly 2,300 reported cases of all forms of GBV by mid-2018 therefore likely represent a small share of what is a deep-rooted and widespread problem. Rates of violence against boys are also not well understood, due to the deep stigmatization that boys and men face in discussing sexual and gender-based violence.

“The situation is difficult for women in this camp. Many children cannot go to school, so it affects them. There is no hospitals. There is not enough food.”

Displaced woman in Central Equatoria

Despite large-scale humanitarian assistance, the conflict pushed more people into hunger in 2018 than ever before.²⁷

According to IPC analysis released in September 2018, some 6.1 million people (nearly 60 per cent of the total population) faced severe food insecurity at the peak of the lean season between July and August due to disrupted humanitarian assistance as a result of poor or intermittent access to people in need, prolonged conflict and displacement – compared to 6 million during the same period in 2017. This number was projected to decrease to 4.4 million in the October-December 2018 harvest period before increasing to 5.2 million by January-March 2019 – compared to 5.1 million during the same period in 2018. The IPC analysis shows that the food security situation is now deteriorating at a slower pace than before, due in part to improvements in the effectiveness of multi-sectoral humanitarian assistance. In the short term, even if safe, unhindered access to people in need can be achieved, IPC projections show a continuation of acute food insecurity into 2019.

“People are suffering, there’s widespread hunger. Market prices are too high for people to afford, plus the insecurity of last year made it very hard to many people to cultivate in the last season.”

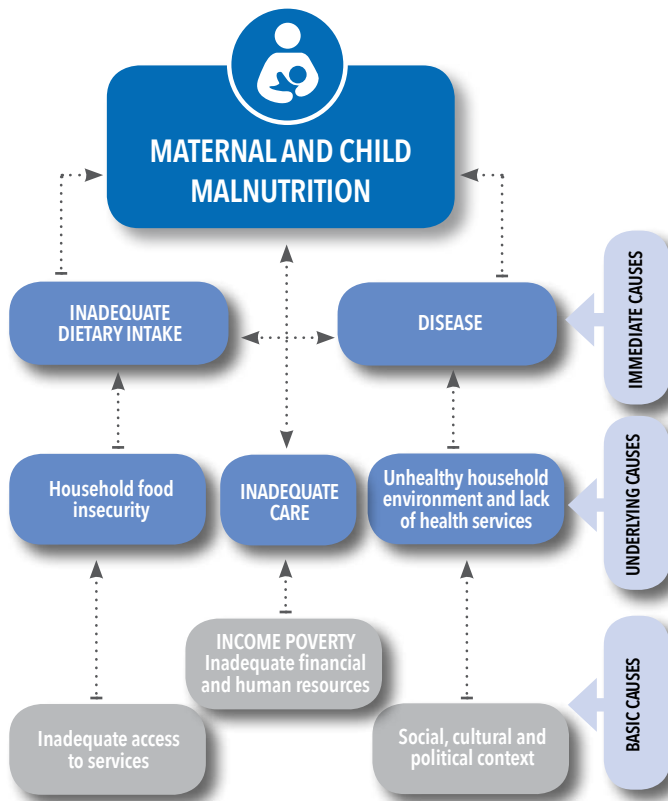
Man in Eastern Equatoria

At the same time, the scale and severity of food insecurity continues to deepen in specific areas where access to food and humanitarian services remain limited and where people are already made vulnerable by displacement and conflict. People in settlements assessed in hard-to-reach areas have reported unsafe access to land as their main reason for insufficient food. Conflict and displacement have undermined an already compromised agricultural production, destroying farmers and herders’ livelihoods and causing food shortages to communities, whose purchasing power and market access have been declining with continued conflict. In September, it was expected that some 47,000 people were in Catastrophe (IPC Phase 5) in Leer and Mayendit in former Unity state, Yirol East and Yirol West in former Lakes state, Canal/Pigi in former Jonglei state, Panyikang in former Upper Nile state, and Greater Baggari in Wau in former Western Bahr El Ghazal state. For January-March 2019, Catastrophe (IPC Phase 5) is expected in Pibor and Canal/Pigi in Jonglei and Leer and Mayendit in Unity.²⁸

A convergence of factors, including severe food insecurity and inadequate health and water, sanitation and hygiene (WASH) services, has resulted in continued high malnutrition rates. The experience of South Sudan’s localized famine²⁹ in early 2017 and continued scope of severe food insecurity demonstrate the compounding impact of multiple needs, including food security, nutrition, health and WASH. Malnutrition is driven by poor access to public health, poor access to and availability of food due to dysfunctional markets and reduced farm production, and poor caregiving practices on food utilization. Without sufficient access to health services, emergency nutrition support and clean water, infectious diseases spread in food emergencies. The conceptual framework, below, explains the basic, underlying and immediate causes of malnutrition.

The protracted conflict and economic crisis have left millions of people without sufficient public health and WASH services and made them more susceptible to disease and malnutrition. One primary health centre serves some 50,000 people and 60 per cent of nutrition sites do not have access to clean water. Before being halted, the longest-running cholera outbreak in the country’s history had persisted from mid-2016 to February 2018, transcending usual seasonal patterns and reaching new, previously unaffected areas – and without a marked increase in health and WASH services, the disease remains a significant threat. The threat of Ebola Virus Disease transmission from the Democratic Republic of the Congo is heightened because the drivers for contagion are present in the Equatorias region bordering the country. These include

UNICEF CONCEPTUAL FRAMEWORK OF MALNUTRITION



population movement, weak border monitoring systems, limited health, water and sanitation services along border areas, and multiple border points located in opposition-controlled areas to which humanitarian access is already constrained.

Environmental factors have also taken a toll on communities whose coping capacities are already weakened by years of armed conflict. In a country where the livelihoods of more than 80 percent of people are based on agricultural and pastoralist activities,³⁰ the effects of dry spells and floods are marked. In Upper Nile, a shortage of water in an area where it has traditionally been available is resulting in the local community, especially women and children, engaging in negative coping mechanisms, such as having to travel longer distances and putting their security and safety at risk in order to access water for the family. At the same time, flooding in areas like Bor, Twic East, Duk, Akobo, Pibor, Ayod and Pagil in Jonglei and Ganyiel in Unity, leaves people with recurring needs each rainy season. Livestock diseases, such as the Contagious Bovine Pleuropneumonia, a bacterial disease that afflicts the lungs of cattle and which resulted in the deaths of cattle in locations above, severely disrupts pastoral livelihoods, incites inter-communal violence and changes migration patterns.³¹ Additionally, an outbreak of Rift Valley Fever was declared in Yirol East, Yirol West and Awerial.³² Fall Army Worm has become a significant threat to food production and livelihoods, especially in Greater Equatorias and Jonglei.

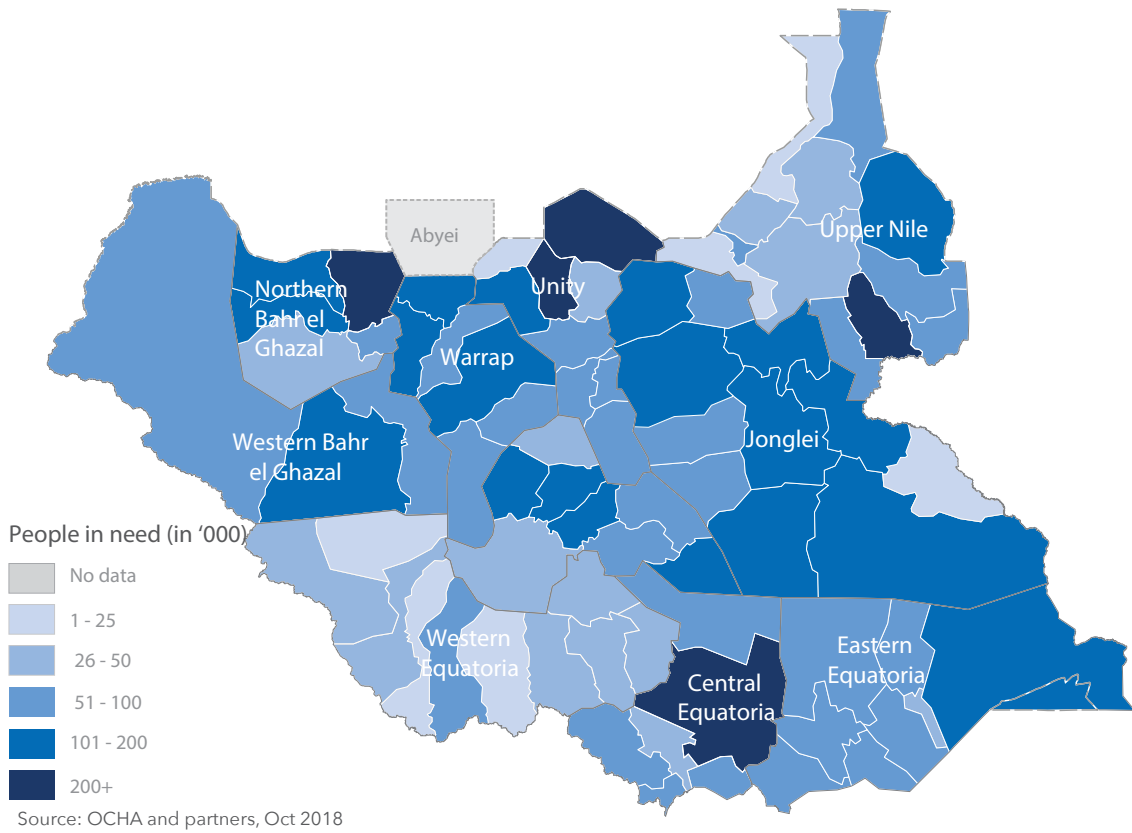
Declining economic opportunities and rising inflation have contributed to people’s needs over time and have become amplified over 2018, particularly as communities have been

displaced and lost their livelihoods. Disrupted trade flows, heavy reliance on oil – accounting for more than 80 per cent of all revenues, and skewed expenditure toward defense at the expense of poverty reduction, continue to expose many households to food insecurity and displacement.³³ Pressures on people are high in more populated areas in and around PoC sites, where employment opportunities are limited and largely provided by the aid sector. Youth contention over local employment opportunities and payment structures within and outside PoC sites and refugee camps has led to increased tensions in Bentiu, Malakal and Maban among other locations, affecting delivery of basic services. The revitalized peace agreement may lead to increased aspirations for employment and other socio-economic opportunities. This could in turn lead to increased tensions between and among IDPs and local communities over employment and resources.

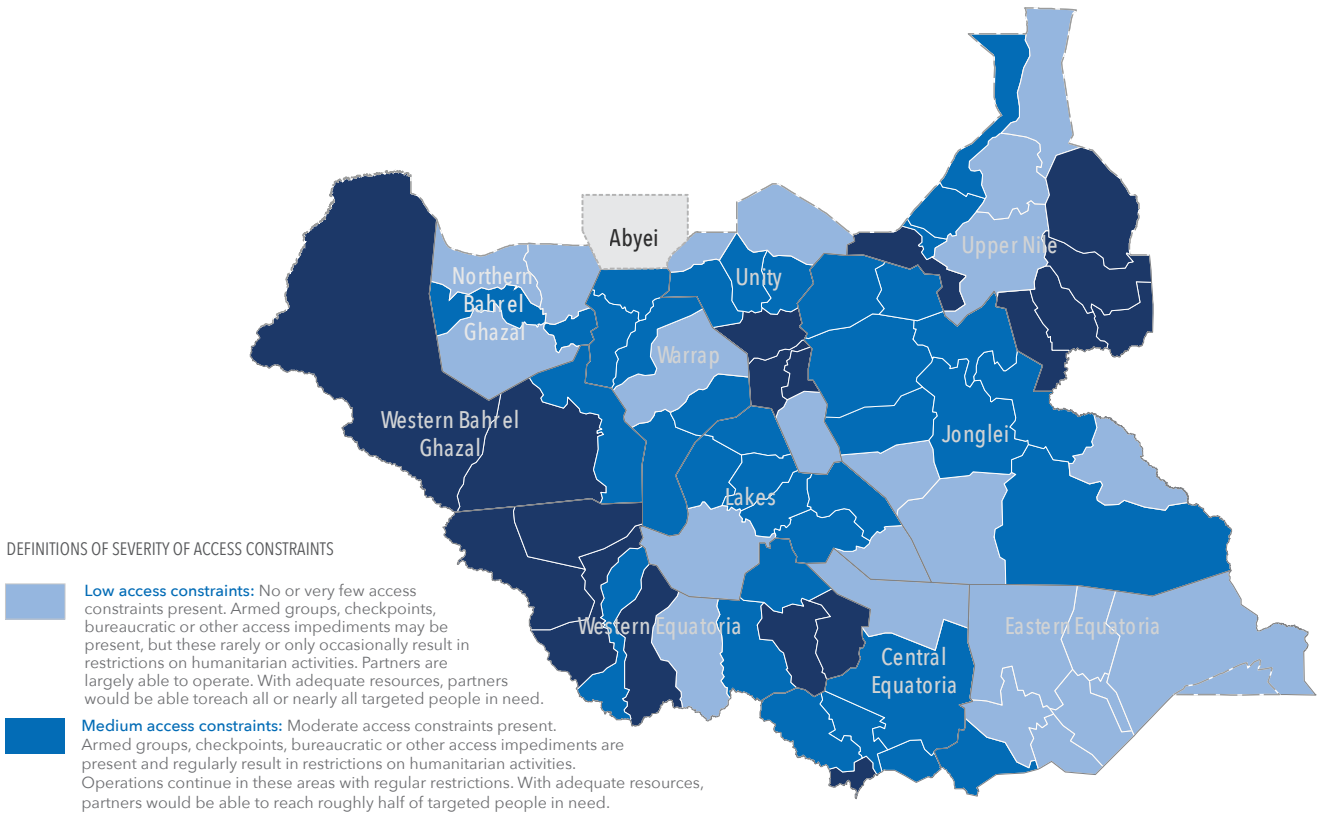
Approximately 1.5 million women, men and children live in areas facing severe access constraints – places where the presence of armed groups and other access impediments make humanitarian activities impossible or severely restricted.³⁴ These people are in 18 counties: Mororo in Central Equatoria; Koch, Mayendit and Leer in Unity; Panyikang, Maban, Longochuk, Maiwut, Luakpiny/Nasir and Ulang in Upper Nile; Tambura, Nagero, Ezo, Yambio, Mundri East and Mundri West in Western Equatoria; and Raja and Wau in Western Bahr el Ghazal. Of these 1.5 million people, nearly 80 per cent are located in Upper Nile, Unity and Western Bahr el Ghazal. In January-March 2019, more than 950,000 people in IPC Phase 4 are estimated to be located in highly access constrained areas. Protection, food security and livelihoods, and WASH sectors have the highest prevalence of people in need in highly access constrained areas.

Access constraints often further drive and magnify humanitarian needs by cutting people off much-needed assistance and protection. Tenuous access and a lack of safety assurances regularly prevent emergency assessment and response, as was the case in mid-2018 to an estimated 100,000 people in central Unity and 28,000 people in the greater Baggari area in Western Bahr el Ghazal. Insecurity and violent acts against humanitarian staff and assets regularly obstruct access or force the relocation of staff and suspension of operations, as was the case in Maban in July 2018. Consistently, nearly half of reported access incidents are violent in nature³⁵ and South Sudan continues to report the highest number of violent incidents against humanitarians globally, including casualties.³⁶ The vast majority of these are against South Sudanese staff. Operational interference, restrictions of movement and bureaucratic impediments also persistently challenge and delay access to reach people in need. Consistent, safe and unhindered humanitarian access is critical to allow for close monitoring and provision of assistance in priority areas to prevent a further decline in humanitarian indicators.

PEOPLE IN NEED



ACCESS CONSTRAINTS



Source: OCHA, South Sudan Humanitarian Access Severity Overview, Sept 2018

CONVERGENCE

OF NEEDS

Certain groups of populations are more affected by the humanitarian crisis because of their particular vulnerability and exposure to specific protection risks, or their relative lack of capacity, resources and access to positive coping mechanisms.

While male youth and adults face particular protection risks and psychosocial harm related to the armed conflict and insecurity, women, children, people with disabilities and older people bear most of the impacts of the crisis due to their particular vulnerabilities to conflict and other shocks. They often have fewer coping mechanisms, increased exposure, or are directly targeted by various types of threats, such as violence and abuse, coercion and exploitation, and deliberate deprivations. They feel the effects of conflict, related displacement and limited access to basic services more acutely and deeply over time. They compose most of the IDP and affected civilian populations in need of assistance from humanitarian organizations.³⁷

The situation for children has continued to deteriorate over 2018. More children are out of school than ever: three out of four are missing out on years of education and opportunities, as schools continue to be destroyed or remain unusable and teachers have fled violence and economic stress.³⁸ Girls are more likely than boys to be excluded from education.³⁹ The number of children associated with armed and force groups is estimated to be 19,000. A total of 955 children, including 690 boys and 265 girls, were formally released across South Sudan between January and October 2018, and will require significant psychosocial and other support. Since the beginning of the conflict, grave violations against children have increased, including abuse and exploitation, affecting more than 9,000 children.⁴⁰ Nearly 1 million children under age five are acutely

malnourished. Nearly half of IDP individuals are children, more than half of them 5 years of age or younger, raising concerns around the effect of displacement on children's wellbeing and access to services.

Women, men and children with disabilities and older people are also particularly vulnerable. The number of persons with physical and mental disabilities is estimated to be as high as 1.2 million – every tenth person of the population.⁴¹ Women, men and children with impaired mobility and disabilities are often unable to flee from conflict and are frequently left behind.⁴² They are also more difficult to reach and identify, and are at greater risk of severe hunger, disease or abuse.⁴³

Mental and physical health issues are amplified after years of exposure to violence and traumatic events. An increase in youth male suicides in PoC sites, while complex and multilayered in the intricacies of the situations, may have been compounded by extremely close and harsh living quarters, desperation and lack of options for the future. The situation is compounded by an environment where qualified mental health professionals are sorely lacking – aside from limited humanitarian resources, there is reportedly only one national qualified psychiatrist working in the country. Although the inspiring work of leaders in community health who continue to run clinics in areas like Maban – where a local doctor this year won the Nansen Award for running a hospital that serves over 144,000 refugees from Sudan's Blue Nile state⁴⁴ – hospital-

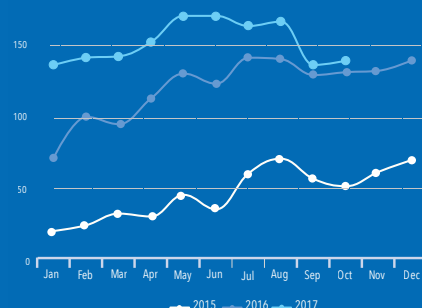
DISPLACEMENT

1 out of **3**
people has been forced
to flee their homes



Source: OCHA, UNHCR and partners

INCREASE OF PRICES FOR STAPLE FOODS



Source: MAFS, FAO, WFP, Concern WorldWide, AECI, FEWS NET, ACTED, AVSI, IRC, NPAID, NBS

EDUCATION

5 out of **10**
children are
out of school



Source: Education Cluster, Oct 2018

level care is sparse. Community health work is becoming more critical, particularly as many of the small core of trained national health professionals have departed the country over the course of the conflict.

People seeking refuge in South Sudan from neighbouring countries are also affected by conflict, poverty and the humanitarian crisis. South Sudan maintains a favourable open-door policy for refugees⁴⁵ and, as of September 2018, hosted some 300,000 refugees, of whom over 278,000 originated from Sudan, nearly 15,500 from the DRC, some 4,000 from Ethiopia and almost 2,000 from the Central African Republic. They reside in 21 camps and settlements and in urban locations in Upper Nile, Unity, Western Equatoria, Central Equatoria and Jonglei. Some 55 per cent of refugees, especially in the northern camps, remain under emergency or makeshift shelters after years of displacement, with little self-capacity to shift to semi-permanent shelters.⁴⁶ Continued clashes in conflict-affected areas leave refugees vulnerable to attacks and drive them to areas where their access to food and basic resources and livelihood options are limited. Refugees' protection needs include prevention of recruitment of children by armed elements and GBV. The risk of epidemics among refugees continues to be high. Results from the most recent nutrition surveys conducted in late 2017 showed an average global acute malnutrition (GAM) prevalence of 6.2 per cent and severe acute malnutrition (SAM) prevalence of 0.8 per cent among children aged 6-59 months for the refugee camps, both below the emergency threshold.⁴⁷ In addition, 30 per cent of the daily kilo calorie needs of refugees are not being met through UNHCR/WFP food security interventions.⁴⁸ Education opportunities for refugee children remain limited, in Juba as well as in refugee camps disrupted by conflict and insecurity, like in Lasu. Competition over scarce resources has led to high tension between refugee and host communities, further aggravating refugees' needs.⁴⁹

There are still humanitarian and early recovery needs in the Abyei Area, as a result of continued population movements, intercommunal tensions, lack of basic public services, and the presence of armed elements and explosive remnants of war. The current challenging economic situation in Sudan and South Sudan have further affected the services

and livelihoods of the communities. In 2018, Abyei faced new small-scale emergencies, including new armed clashes and floods which resulted in displacements. Movements observed between South Sudan and Sudan at Amiet Market originated primarily from within the Abyei Administrative Area and Twic in Warrap, with 70 per cent of migrants headed to Khartoum. They cited uncomfortable living conditions and necessity to seek healthcare facilities as main reasons for movement. Half intended to stay between 4-6 months, with over 40 per cent departing for more than 6 months. Two thirds of those interviewed reported travelling with their entire household. Family reunification was cited by over 90 per cent of those returning from Sudan.⁵⁰ The United Nations and partners have identified about 182,000 vulnerable people in the Abyei Area in need of humanitarian assistance, including 87,000 people from the Ngok Dinka communities and returnees; 15,000 Ngok Dinka displaced within the Abyei Area; 9,000 people displaced from South Sudan; 34,000 Misseriya communities; and 37,000 seasonal Misseriya migrants who entered the area in October 2017 and returned in mid-2018.

Geographic focus

In Greater Upper Nile, a region with some 3.7 million people, repeated attacks against civilians, multiple sustained displacements and the continued deterioration in the scant provision of basic services drive humanitarian need across all sectors, as the potential for conflict to re-emerge remains high. Since 2015, Greater Upper Nile has been an epicentre of conflict. In 2018, conflict continues, with large-scale fighting in Central and Southern Unity and inter-communal clashes in Eastern Jonglei and South Eastern Upper Nile forcing people to flee into less populated areas, and away from what scare services were still being provided after years of conflict. Multiple years of conflict has destroyed livelihoods in Leer and Mayendit and the risk of a re-emergence of famine is high. Due to restrictions on humanitarian access, in September 2018 19,000 people were in Humanitarian Catastrophe (IPC Phase 5). This was not limited to Southern and Central Unity; populations in Phase 5 were identified in both Jonglei and Upper Nile states. The impacts of violence are not limited to food security. The destruction and looting of infrastructure has left many nutrition, health and education centers unusable and abandoned, leaving people

FOOD INSECURITY

Nearly **6** out of **10** people are expected to be severely food insecure



Source: IPC, Sept 2018

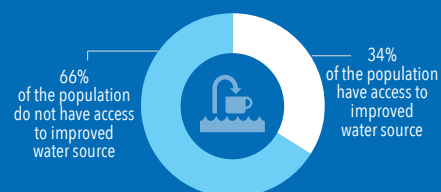
HEALTH

1 out of **5** health facilities are non-functional



Source: Health Cluster, Oct 2018

ACCESS TO SAFE WATER



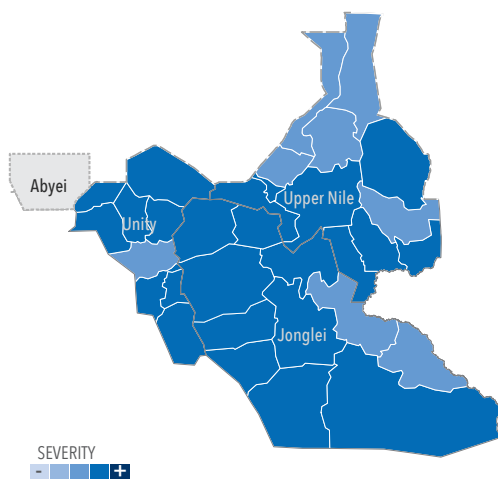
Source: WASH Cluster, Oct 2018

far from reaching critical services, having retreated for safety to swampy areas in small groups that are hard to reach. Faced with insecurity, limited access to food or services, people are left with stark choices on what to prioritize, with many families forced to make a trade-off between feeling secure, accessing food or maintaining their health. To cope with these trade-offs, families are forced to constantly move, seeking refuge in remote settlements for security and when security or resources cannot be guaranteed, moving towards either Bentiu, Malakal or Bor PoC sites or, in the worst-case, many have sought refuge in Sudan or Ethiopia.

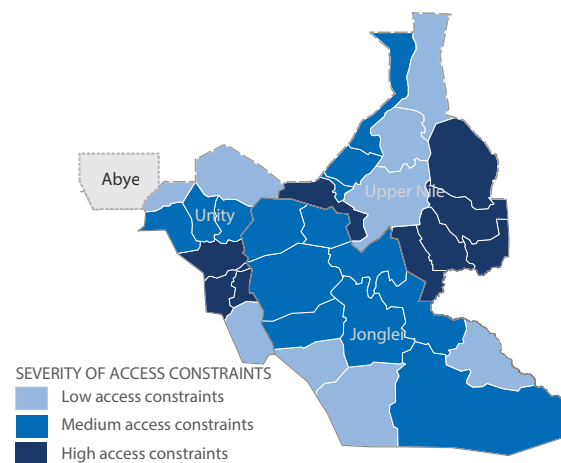
Cattle raiding and criminality by armed youth groups pose continued protection threats to civilians and aid workers in Unity, particularly girls who are subject to sexual violence, including rape and forced marriage. Intercommunal tensions

persist in Jonglei, where livestock cattle diseases and related migration dynamics drive needs. IDP movement and refugee returns are reported across the border with Ethiopia, but tend to be ongoing back and forth movement rather than sustained return – which will have to be closely monitored in 2019. The remoteness and difficulty of physical access into many parts of the region, such as northern Jonglei, have restricted humanitarian presence. This has also precluded a full understanding of humanitarian needs and ability to deliver a sustained, inter-sectoral response to large catchment areas. Several blind spots persist where knowledge about needs is limited, particularly remote parts of northern Jonglei, and areas of Central Unity affected by the April -June 2018 conflict and violence. *Areas of focus: Koch, Leer and Mayendit; Panyikang; Canal/Pigi, Fangak; Pibor*

GREATER UPPER NILE SEVERITY OF NEED



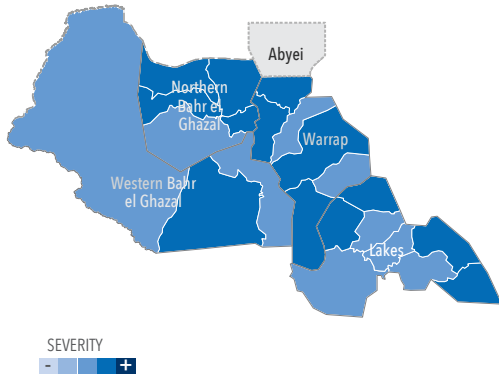
GREATER UPPER NILE ACCESS CONSTRAINTS



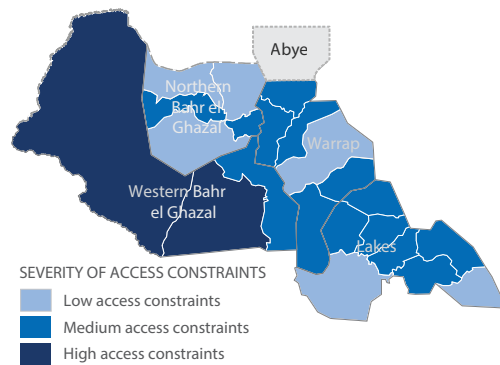
In Greater Bahr el Ghazal, a region with some 4.7 million people, the convergence of climate shocks, poor living conditions and inadequate services, particularly in situations of insecurity and displacement, contributes to malnutrition and heightened susceptibility to disease for crisis-affected people. In a region that is prone to environmental and climatic shocks, increased flooding and dry spells could contribute to limited crop production and result in a deterioration of the nutrition situation – particularly in areas that have consistently been hard to reach because of the conflict, such as in the greater Baggari area near Wau. The dire humanitarian situation in the greater Baggari area is a direct result of continued conflict in the area compounded by the lack of humanitarian access. In Northern Bahr el Ghazal, there is a particularly high proportion of female-headed households due to forced recruitment of men – they would be most vulnerable to be impacted by a situation of food insecurity. The area has been prone to disease

outbreaks, including meningitis and cholera, and with any significant population movements this would be likely to increase. Recent inroads on access have contributed to Wau and surrounding areas being reached recently for assessments and response, however, due to insecurity, people are regularly cut off for months from humanitarian assistance which is primarily delivered from Wau. Wau town itself also requires an expansion of services to enable sustainable returns. These returns are already ongoing, as illustrated by the decreasing size of the Wau PoC site, which has seen nearly half of its population depart between October 2017 and October 2018.⁵¹ At the same time, many remain displaced within Wau town, where over 50 per cent live in partially or severely damaged housing.⁵² The focus on access must be maintained in 2019 to stave off acute crisis driven by multiple factors. *Areas of focus: Wau and Greater Baggari; Gogrial West, Tonj North; Yirol East*

GREATER BAHR EL GHAZAL SEVERITY OF NEED



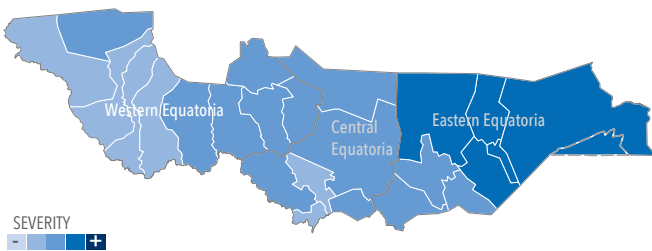
GREATER BAHR EL GHAZAL ACCESS CONSTRAINTS



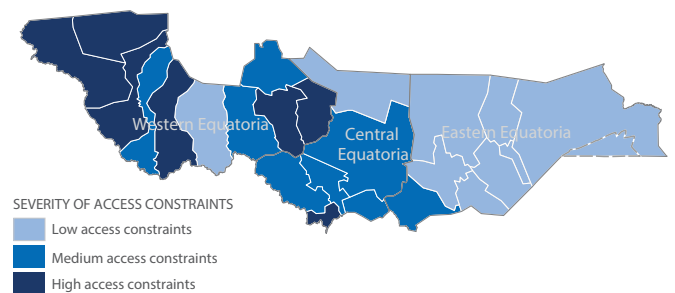
In the Greater Equatorias, a region with some 2.9 million people, humanitarian needs across sectors are likely to remain high among the displaced populations who are either displaced from the usual areas of residence or where facilities have been destroyed and professionals have fled and services are weak or absent. Areas receiving returnees and IDPs will experience increases in needs as host communities' resources are already stretched. The Equatorias saw the arrival of over 80,000 returnees in the beginning of 2018,⁵³ whilst over 300,000 remain internally displaced.⁵⁴ Much of the returns in Greater Equatoria have been temporary with people returning to cultivate prior to exploring more permanent return, while adopting coping and mitigation mechanisms. A continuation of localized conflict and fragmentation drive displacement. Safe and consistent access to people in need has significantly deteriorated in 2018 due to rising insecurity and attacks on aid workers, which has impacted humanitarian's ability to assess needs and on people's ability to consistently reach critical services. It is

anticipated that food insecurity will increase among IDPs whose work on cultivation was interrupted due to being displaced, across the Equatorias, particularly in Nagero and Tambura. Continued macroeconomic shocks could mean that protection threats related to armed robberies and general insecurity will likely continue to drive small scale, cyclical displacement patterns in Western and Central Equatoria. Health services will not be able to cope at even the current level if Ebola disease cases arrive in South Sudan, especially via the various border entry points from DRC, CAR and Uganda, where many health facilities are not functioning due to conflict and insecurity. Seasonal outbreaks of malaria, as well as meningitis outbreaks are expected to continue. Blind spots persist where knowledge about needs is limited by marked access constraints, particularly in Western Equatoria and the border areas with DRC and west of the Nile in Central Equatoria. *Areas of focus: Tambura, Nagero; Border areas with DRC - Yei, Ezo, Yambio, Morobo.*

GREATER EQUATORIAS SEVERITY OF NEED



GREATER EQUATORIAS ACCESS CONSTRAINTS



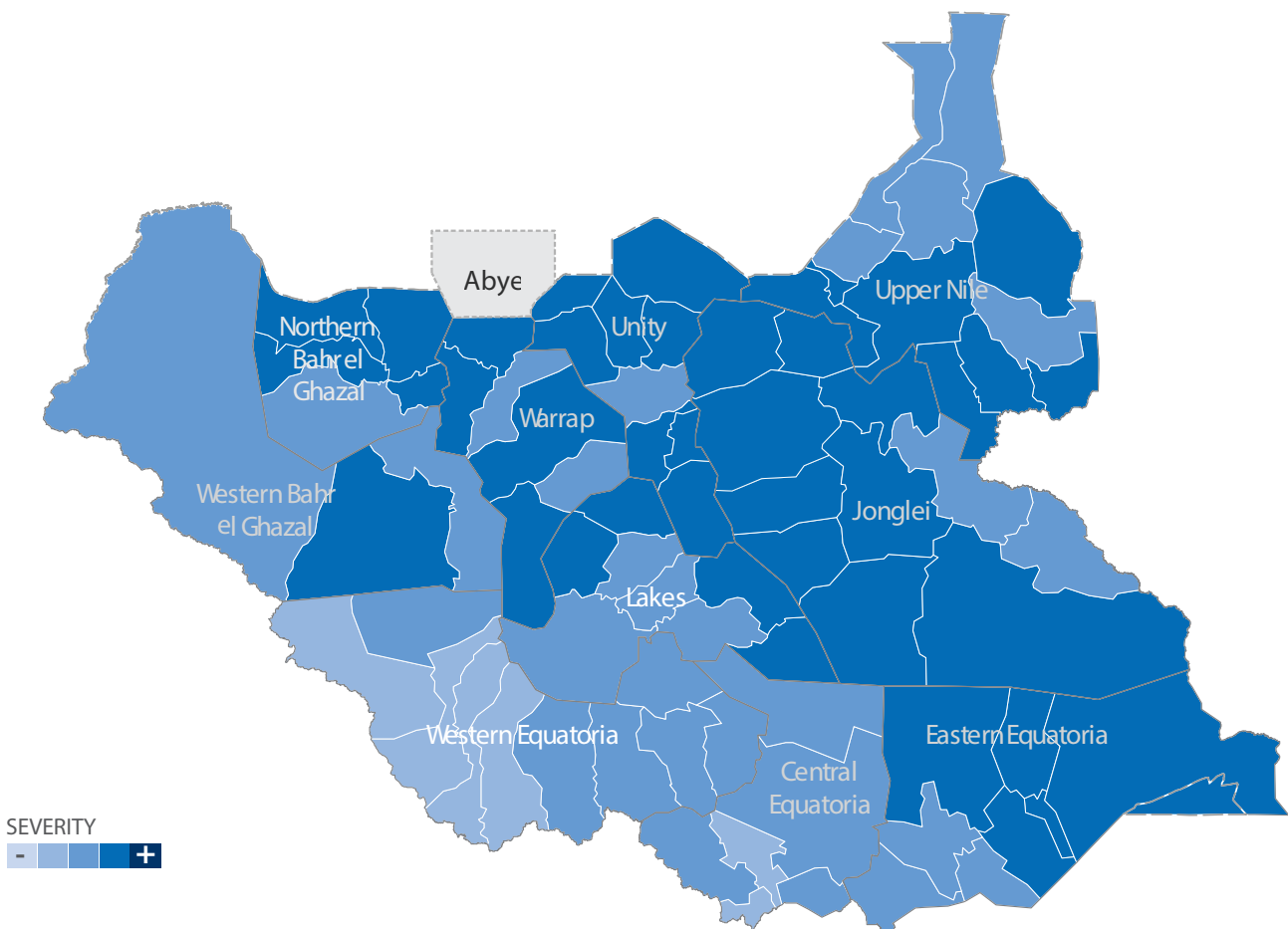
SEVERITY OF

NEED

This map compares the severity of humanitarian needs in each county considering a variety of indicators including: the number of displaced people, food insecurity and malnutrition rates, number of explosive hazards, number of violent incidents and casualties, number of children separated from their families, disease outbreaks, vaccination coverage, and number of schools destroyed or closed.

None of the 79 counties of South Sudan have been left untouched by the effects of the prolonged humanitarian crisis. About 60 per cent of the country's population resides in 46 counties where the population is classified as being in severe need (4 and above, in a severity scale of 1 to 5). In these














counties, 68 per cent of the total population are in need of some type of humanitarian support. The geographical scope of the high-severity areas has grown over the course of the conflict, as people's vulnerability has deepened and become more complex as compared to 2018.











































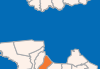
BREAKDOWN OF





























PEOPLE IN NEED





















NUMBER OF PEOPLE IN NEED BY SECTOR

COUNTY	CCCM (IN '000)	EDUCATION (IN '000)	ES & NFI (IN '000)	FSL (IN '000)	HEALTH (IN '000)	NUTRITION (IN '000)	PROTECTION (IN '000)	WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
GREATER BAHR EL GHAZAL									
LAKES									
 AWERIAL	114.7	39.1	76.3	99.0	114.8	24.9	148.0	102.4	114.8
 CUEIBET	-	31.0	4.5	146.0	27.3	29.0	54.2	116.6	145.8
 RUMBEK C.	-	41.8	1.4	135.0	30.7	46.5	202.8	107.8	134.8
 RUMBEK E.	-	33.7	-	143.0	23.2	32.8	54.9	87.8	142.7
 RUMBEK N.	-	9.8	-	38.0	9.0	11.0	-	25.4	38.1
 WULU	-	11.9	-	23.0	9.6	9.6	-	31.0	31.0
 YIROLE E.	-	23.3	-	75.0	47.5	17.2	46.2	69.0	74.7
 YIROLE W.	-	29.0	5.3	99.0	39.0	27.5	49.0	72.1	99.2
NORTHERN BAHR EL GHAZAL									
 AWEIL C.	6.7	23.4	9.8	46.0	16.9	22.2	21.0	45.6	45.6
 AWEIL E.	6.8	112.9	22.3	343.0	133.9	125.0	85.7	343.0	343.0
 AWEIL N.	11.5	58.2	21.9	145.0	60.6	48.8	12.2	116.3	145.4
 AWEIL S.	16.1	32.9	23.9	86.0	35.8	26.1	33.5	93.3	93.3
 AWEIL W.	15.2	64.9	30.6	177.0	58.6	54.1	87.3	129.1	177.5

COUNTY	CCCM (IN '000)	EDUCATION (IN '000)	ES & NFI (IN '000)	FSL (IN '000)	HEALTH (IN '000)	NUTRITION (IN '000)	PROTECTION (IN '000)	WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
WARRAP									
 GOGRIAL E.	-	32.8	285	35.6	25.1	27.2	17.8	56.9	56.9
 GOGRIAL W.	-	81.5	285	106.1	56.2	69.1	176.9	141.5	141.5
 TONJ E.	-	27.9	285	30.3	25.7	17.9	15.2	72.8	72.8
 TONJ N.	18.9	61.9	13.8	62.4	59.6	38.8	73.0	99.9	99.9
 TONJ S.	29.3	37.7	20.1	33.6	38.5	20.8	114.5	80.5	80.5
 TWIC	189	102.2	37	110.4	71.8	114.8	56.9	176.6	176.6
WESTERN BAHR EL GHAZAL									
 JUR RIVER	54.5	39.7	60.2	16.4	72.4	24.9	118.4	65.7	72.4
 RAGA	-	21.4	11.1	56.0	43.5	13.9	83.6	40.8	56.0
 WAU	85.3	67.6	91.0	186.9	84.4	48.9	280.5	118.6	186.9
GREATER EQUATORIA									
CENTRAL EQUATORIA									
 JUBA	52.3	60.2	79.4	141.0	40.3	49.3	375.2	244.4	249.5
 KAJO-KEJI	17.4	15.5	27.5	65.9	5.9	7.3	100.7	43.9	65.9
 LAINYA	26.2	14.4	7.3	49.9	3.1	6.9	53.6	41.6	49.9
 MOROBO	-	20.1	3.9	68.7	6.3	9.5	108.9	57.2	69.0
 TEREKEKA	9.1	24.1	23.7	80.8	19.5	11.2	48.0	67.4	80.8
 YEI	41.0	31.4	35.0	80.4	66.3	11.1	162.5	67.0	90.5

COUNTY	 CCM (IN '000)	 EDUCATION (IN '000)	 ES & NFI (IN '000)	 FSL (IN '000)	 HEALTH (IN '000)	 NUTRITION (IN '000)	 PROTECTION (IN '000)	 WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
EASTERN EQUATORIA									
 BUDI	0.4	26.2	1.8	34.0	15.8	17.0	12.5	58.2	58.2
 IKOTOS	4.4	35.9	13.2	19.2	29.3	20.0	20.8	76.9	76.9
 KAPOETA E.	4.4	48.4	8.5	101.7	44.2	35.8	30.4	67.8	101.7
 KAPOETA N.	0.5	29.0	1.0	69.8	21.2	17.0	13.9	64.4	69.8
 KAPOETA S.	2.9	19.7	2.7	38.6	18.3	11.0	19.7	42.2	42.2
 LAFON	5.0	30.0	8.7	58.5	26.5	15.0	17.7	63.8	63.8
 MAGWI	7.1	53.5	34.3	19.2	7.1	28.3	53.4	76.8	76.8
 TORIT	3.4	45.8	9.8	40.2	52.3	21.3	127.8	64.3	64.3
WESTERN EQUATORIA									
 EZO	13.9	24.9	15.7	5.5	13.9	7.2	36.3	43.8	46.7
 IBBA	8.0	9.9	7.9	6.1	15.5	2.7	12.1	16.4	16.4
 MARIDI	13.3	25.5	9.7	0.2	47.1	5.2	65.3	47.1	47.3
 MUNDRI E.	13.1	15.0	9.8	9.0	25.0	4.9	34.2	24.5	25.0
 MUNDRI W.	7.5	12.9	11.1	8.0	25.6	4.5	45.7	22.5	25.6
 MVOLO	5.1	18.9	10.7	49.0	24.2	8.6	33.8	35.4	48.7
 NAGERO	1.5	3.3	1.3	4.0	4.8	1.0	4.7	6.0	6.0
 NZARA	8.3	14.1	5.5	-	8.3	4.0	14.9	24.6	24.6
 TAMBURA	12.7	18.1	15.1	4.0	12.9	5.1	35.0	30.9	32.6
 YAMBIO	30.7	49.2	39.0	20.0	42.9	13.2	141.8	80.5	84.9

COUNTY	 CCM (IN '000)	 EDUCATION (IN '000)	 ES & NFI (IN '000)	 FSL (IN '000)	 HEALTH (IN '000)	 NUTRITION (IN '000)	 PROTECTION (IN '000)	 WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
GREATER UPPER NILE									
JONGLEI									
 AKOBO	27.9	55.5	57.5	114.0	116.8	30.8	177.0	85.3	116.8
 AYOD	-	46.1	30.4	106.7	88.8	27.2	106.3	106.7	106.7
 BOR SOUTH	26.6	56.6	88.7	163.7	78.2	38.3	153.9	99.3	163.7
 CANAL/PIGI	6.1	23.2	9.2	51.2	39.5	20.7	23.8	61.4	61.4
 DUK	37.7	31.8	40.8	72.1	65.3	18.2	89.2	72.1	72.1
 FANGAK	-	41.3	15.7	143.1	82.8	35.8	62.0	107.3	143.1
 NYIROL	-	47.3	32.2	126.8	91.9	36.3	149.3	108.7	126.8
 PIBOR	5.9	41.2	8.9	178.6	70.5	34.0	30.0	119.1	178.6
 POCHALLA	-	17.1	0.9	4.2	22.4	12.8	21.1	16.9	24.3
 TWIC EAST	16.3	28.4	25.2	81.0	54.5	24.4	53.5	49.9	81.0
 UROR	-	54.1	38.8	143.0	118.7	39.9	169.0	81.5	142.6
UNITY									
 ABIEMNHOM	-	8.5	-	17.0	2.1	5.8	3.8	12.0	16.5
 GUIT	11.2	16.9	11.8	34.0	25.1	7.2	36.2	24.0	34.0
 KOCH	4.2	54.5	38.9	89.0	84.8	24.2	126.1	76.6	89.4
 LEER	1.4	47.5	34.7	93.0	76.3	21.0	107.4	66.0	93.5
 MAYENDIT	0.6	33.9	18.0	76.0	50.0	17.2	67.2	53.7	76.1
 MAYOM	137.5	54.2	8.4	106.0	48.6	33.1	70.1	106.4	137.5
 PANYIJAR	73.0	48.3	44.9	62.0	79.9	17.6	93.8	74.8	79.9
 PARIANG	-	39.2	-	76.0	36.6	27.2	17.3	55.3	76.0
 RUBKONA	209.8	69.8	158.8	173.0	136.6	35.7	168.7	168.7	209.8

COUNTY	 CCM (IN '000)	 EDUCATION (IN '000)	 ES & NFI (IN '000)	 FSL (IN '000)	 HEALTH (IN '000)	 NUTRITION (IN '000)	 PROTECTION (IN '000)	 WASH (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
UPPER NILE									
 BALIET	14.5	17.0	15.7	25.6	21.6	6.3	27.1	30.7	30.7
 FASHODA	24.9	21.4	26.7	31.9	38.1	6.1	47.9	33.3	40.0
 LONGOCHUK	-	23.5	8.0	61.8	32.5	9.6	28.3	30.9	61.8
 LUAKPINY/ NASIR	-	94.2	32.8	246.9	139.9	38.3	197.5	185.1	246.9
 MABAN	17.7	23.0	17.1	29.3	35.4	7.6	53.7	27.8	177.7
 MAIWUT	-	27.7	13.9	30.1	57.2	5.3	43.6	63.7	63.7
 MALAKAL	33.9	29.0	34.8	78.2	49.0	9.3	67.7	46.1	78.2
 MANYO	10.6	10.2	13.6	15.9	15.1	3.6	19.7	11.5	15.9
 MELUT	28.7	30.4	39.5	31.3	44.0	9.7	74.7	46.9	46.9
 PANYIKANG	1.8	9.7	7.6	19.0	15.8	3.2	22.1	15.2	19.0
 RENK	14.9	38.5	14.6	19.8	38.9	23.2	43.6	52.7	52.7
 ULANG	-	37.9	23.2	82.0	54.1	9.8	73.1	61.5	82.0
TOTAL	1.7M	2.9M	2.0M	6.1M	3.9M	2.1M	6.0M	6.0M	7.1M

PART II:

SECTORAL NEEDS

- 
-  Camp Coordination and Camp Management
 -  Education
 -  Emergency Shelter and Non-Food Items
 -  Food Security and Livelihoods
 -  Health
 -  Nutrition
 -  Protection
 -  Water, Sanitation and Hygiene
 -  Operational Needs

CAMP COORDINATION AND CAMP MANAGEMENT

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



An estimated 1,354,000 IDPs are expected to be displaced in camps, camp-like settings and informal settings in 2019. This includes about 350,000 women, men and children living in camps or collective sites; some 200,000 in Protection of Civilians (PoC) sites; and around 1 million in informal sites such as spontaneous settlements or other camp-like settings. Furthermore, some 300,000 refugees will live in such conditions in 2019.

The number of people in need represents a 64 per cent increase from 2018. This is explained by an increase in the number of people seeking durable solutions, and a sharper focus on the previously unmet needs of IDPs in camp-like settings. It is anticipated that despite the search for durable solutions, the poor status of housing, land and property rights may lead to people seeking shelter in collective sites and other camp-like settings. As portrayed by the adjacent severity map, IDPs in six camps and PoC sites, and ten camp-like settings in Unity, Upper Nile, Western Bahr el Ghazal, Jonglei and Central Equatoria will continue to face challenges in managing their own site coordination, management or advocacy for issues like sufficient shelter. This represents a geographic expansion from early 2018, as further conflict in Western Bahr el Ghazal, Jonglei and Central Equatoria led to significant influxes into existing camps and the creation of seven new informal sites. As sporadic and volatile conflict continued in 2018, the number of IDPs in need increased by 531,475 compared to the original estimate. Vulnerabilities are high, particularly for women and girls who commonly face the risk of sexual violence, both inside displacement sites and when collecting fuel or food in surrounding areas.⁵⁵

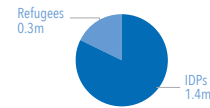
HUMANITARIAN NEEDS AND DRIVERS

As in previous years, IDPs state insecurity and chronic violence as the primary drivers of their displacement.⁵⁶

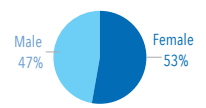
NO. OF PEOPLE IN NEED

1.7M

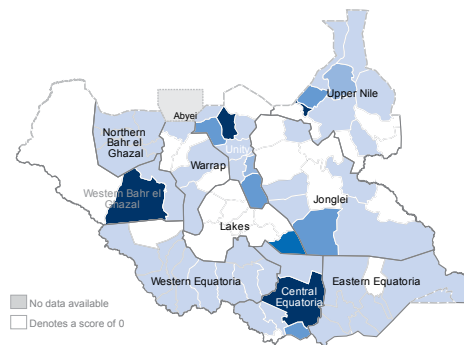
BY STATUS



BY SEX



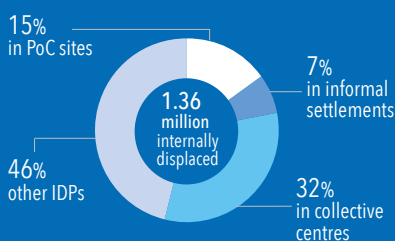
SEVERITY MAP



Sources: CCCM, IOM/DTM

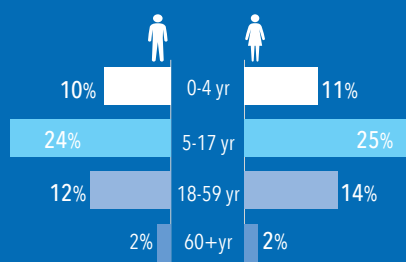
PoC sites and camp-like settings remain heavily congested, exposing IDPs to health and security risks and protection concerns. In the PoC sites, acute stress and mental health problems have been attributed to over-crowding and lack of alternative livelihood options and basic services, as IDPs remain highly dependent on humanitarian assistance.⁵⁷ Armed criminal gangs also pose a protection risk in the PoC sites. IDPs living in camps and collective sites are most vulnerable because of safety, security and protection needs due to ongoing conflicts. IDPs in informal settlements, spontaneous sites or camp-like settings face additional challenges in ensuring their right to life with dignity, and may have limited access to services due to their location, lack of local support systems, discrimination by host communities, or disturbances in humanitarian access.

IDP POPULATION BY SITE TYPE



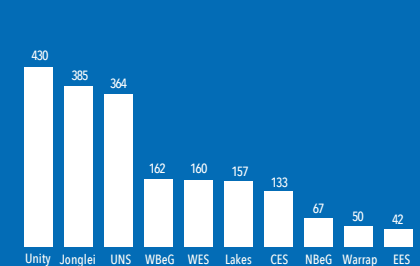
Source: IOM/CCCM, Sept 2018

IDPs IN PROTECTION OF CIVILIANS SITES



Source: IOM/DTM, Sept 2018

IDP POPULATION BY STATE ('000)



Source: OCHA, IOM, UNHCR and REACH, Sept 2018

EDUCATION

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



Some 2,784,276 girls and boys between 3 and 18 years of age in conflict and crisis affected areas are estimated to not have access to pre-school, primary and secondary education in 2019. In addition, some 42,902 teaching personnel and members of school management committees are in need of humanitarian assistance. These people are crucial to deliver education services during emergencies. Some 81,456 refugee children in South Sudan do not have adequate access to education in 2019. The number of boys and girls in need represents an 11 per cent increase from 2018. Plausible reasons include the deterioration of systems and services whereby the resilience of households to cope with the economic downturn is seriously tested, and collapses, in the absence of support, especially in opposition-controlled areas. As portrayed by the adjacent severity map, needs are particularly dire in Central Equatoria, Lakes and Unity. Changes in education needs have been observed in Central Equatoria, Upper Nile and Western Bahr el Ghazal. This is because because of a lack of teaching and learning supplies, inconsistencies in provision of teacher incentives, non-availability of school feeding programmes, poor infrastructure and insecurity in the region. Girls are more likely than boys to be excluded from education.

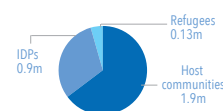
HUMANITARIAN NEEDS AND DRIVERS

A recent needs assessment found that on average, schools lost three to four weeks of education in the latest academic year, and over 50 per cent of the assessed schools reported that this interruption was due to insecurity.⁵⁸ Some 21 per cent of assessed schools were non-functional, with insecurity being the major cause of school closure. Of the assessed schools, 15 per cent reported having experienced an attack on the school, teachers or pupils, and theft or looting by armed forces and groups. Deterioration in food security was also reported as one of the main reasons for children dropping out

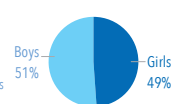
NO. OF PEOPLE IN NEED

2.9M

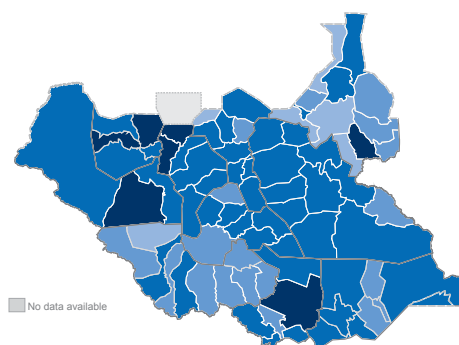
BY STATUS



BY SEX



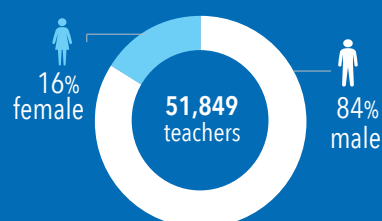
SEVERITY MAP



Source: Education Cluster

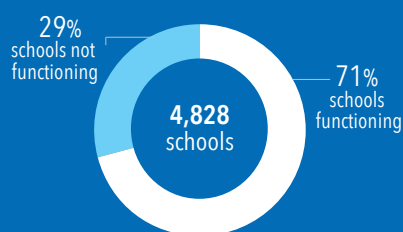
of, or missing, school as families preferred to keep them at home to seek livelihoods. For those children that remained in school, the effects of chronic hunger affected their learning. The prolonged economic crisis has also affected teachers directly through delays in, or lack of, payment of incentives. As a result, teachers reported that they were demotivated and looking for other jobs to support their families. In the areas where education continued, the quality of teaching deteriorated due to missed opportunities to train teachers, and because incentive payments to teachers were delayed, or devalued due to currency fluctuations. A combination of all these factors has affected an already fragile education system.

TEACHERS BY SEX



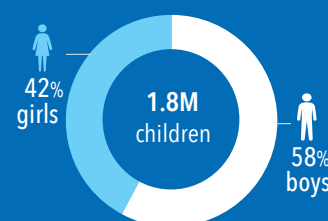
Source: Education Cluster, Sept 2018

FUNCTIONING SCHOOLS



Source: Education Cluster, Sept 2018

ENROLLMENT



Source: Education Cluster, Sept 2018

EMERGENCY SHELTER AND NON-FOOD ITEMS

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



Some 1,697,000 women, men and children will not have adequate shelter and non-food items (NFI) in 2019. In addition, some 300,000 refugees seeking shelter in South Sudan will face challenges related to emergency shelter and non-food items during the year. The number of people in need represents a six per cent decrease from the previous year. As shown by the adjacent severity map, needs remain high particularly in Jonglei (Ayod, Nyirol, Uror and Akobo), Unity (Rubkona, Koch, Leer and Panyjar), Western Bahr el Ghazel (Wau and Jur river) and Central Equatoria (Juba and Yei). Among the IDP population, women and children will remain especially vulnerable due to their roles in society and the protection risks inherent in being without shelter or social support networks. A small number of host community members do not have sufficient emergency shelter or non-food items (ES/NFIs) as they have used their already limited resources to provide for the displaced.

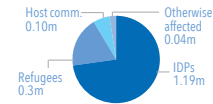
HUMANITARIAN NEEDS AND DRIVERS

People's ES/NFI needs are primarily linked to conflict-induced displacement, but at times also to food insecurity, economic deterioration and disease outbreaks. Households in Protection of Civilians (PoC) sites and collective sites do not have access to naturally-grown shelter materials, including for the replacement of temporary shelters. While people outside of camp-like settings have better access to shelter materials, their overall ES/NFI needs are traditionally broader due to the absence of functional and accessible markets and lack of communal connections or coping mechanisms from other resources. This is particularly the case for IDPs who have been subjected to multiple displacements. Any new outbreaks of violence are expected to discourage or prevent people from moving out of camp-like settings in large numbers. One noticeable trend since the conflict broke out in 2013, is how multi-displaced people tend to move along distinguishable routes, where they have grown accustomed to the environment, and receiving humanitarian services at

NO. OF PEOPLE IN NEED

2.0M

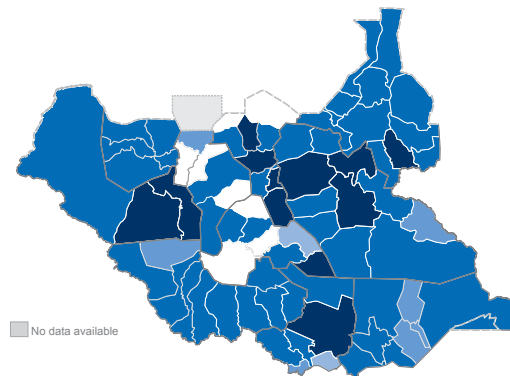
BY STATUS



BY SEX



SEVERITY MAP

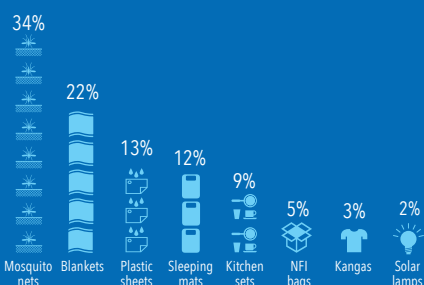


Source: ES/NFI Cluster

certain points along the way.⁵⁹ By understanding where host communities have provided support and where other services are available, the need for NFIs may decrease.

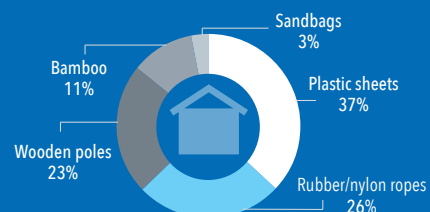
At the same time, the number of returnees from neighbouring countries is expected to increase in 2019, based on 2018 trends.⁶⁰ Returnees' needs include training in utilizing natural resources and participating in the local economy. Additionally, returnees need support in understanding their housing, land, and property rights in cases where their land has been given away or reused. High rates of poverty, recurrent inter-tribal disputes, for instance in Kajo Keji, Pibor and other areas; coupled with extended displacement has led to loss of ES/NFIs and also diminished ability to access basic household items.

MOST URGENTLY NEEDED NFIS



Source: ES/NFI Cluster, Sept 2018

MOST URGENTLY NEEDED SHELTER MATERIALS



Source: ES/NFI Cluster, Sept 2018

FOOD SECURITY AND LIVELIHOODS

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



An estimated 5,749,000 South Sudanese women, men and children will not have sufficient access to food and livelihoods in 2019. Between January and March, some 3.7 million are projected to be in Integrated Food Security Phase Classification (IPC) Phase 3, some 1.6 million in Phase 4 and 35,000 in IPC Phase 5. In addition, some 200,000 people in the Protection of Civilians (PoC) sites and 300,000 refugees are expected not to have sufficient food or access to livelihoods.

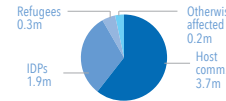
The number of people in need has increased by 9 per cent since 2018, which was the worst year in food security on record. While food security is predicted to be similar to 2018, it will be higher in magnitude as the numbers of people in need have increased, especially in the Crisis phase. As shown by the adjacent severity map, conflict-affected, displaced households and returnees in Greater Upper Nile, Western Bahr El Ghazal and Greater Equatoria continue to face alarming food consumption gaps, asset depletion and malnutrition. Areas of high concern include Central Unity, Baggari in Western Bahr el Ghazal and other areas where access is restricted and where small pockets of population are in hiding.

Other areas of concern include those affected by armed conflict during the April to June planting season, especially where livelihood disruption has been recurrent for years, including the Equatorial 'bread basket'. The food security situation is likely to deteriorate further in Warrap and Lakes due to protracted nature of intra and inter-communal conflict. Urban areas and locations not directly affected by the conflict, such as Northern Bahr El Ghazal, remain vulnerable to the economic crisis. Persons with intersectional needs are particularly vulnerable to food and nutrition issues – particularly the elderly, children under 5 years, female-headed households and widows. Food security remains a gendered need, with women burdened by social requirement to be the guardians of health and men unable to provide their families safety and livelihoods. Youth are at risk of forced recruitment and lack incentives to cultivate.

NO. OF PEOPLE IN NEED

6.1M

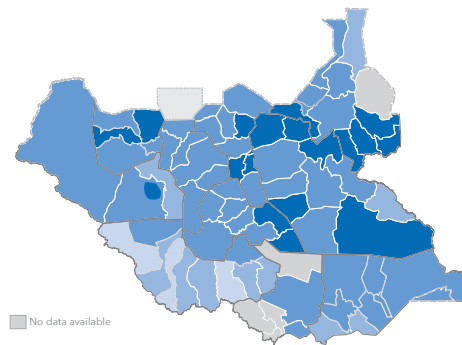
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BY SEX



SEVERITY MAP

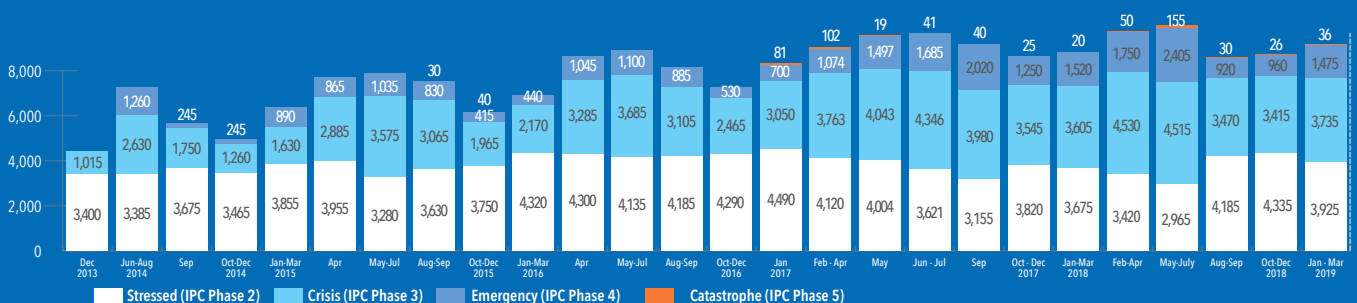


Source: FSL Cluster

HUMANITARIAN NEEDS AND DRIVERS

Persistent conflict is the primary cause of hunger in South Sudan. In addition, poor infrastructure, disruption of livelihoods, poor economic conditions and inconsistent humanitarian access have continued to drive food insecurity. Human and livestock diseases, total loss of cattle for some families, climatic shocks, and pests such as the Fall Army Worm affecting mainly cereal crops, are expected to impact on livelihoods. The economic crisis has continued to affect market dependant households, including farming households that are not able to meet all their food needs from their own production. The effect is most severe where the convergence of these multiple shocks has resulted in high levels of chronic poverty, vulnerability, acute malnutrition and food insecurity, with communities resorting to the use of negative coping strategies such as going without food or selling their last female animal.


IPC TREND 2013 - 2018 (IN '000)



Source: IPC TWG, Oct 2018

HEALTH

AFFECTED PEOPLE AND KEY CHANGES FROM 2018

 An estimated 4,472,000 South Sudanese women, men and children will not have access to sufficient healthcare services in 2019. Around 300,000 refugees face the same challenge. The prevailing health systems challenges are exacerbated by lack of access to potable water, infection prevention and control measures, healthcare waste management, extensive malnutrition and a threat of viral hemorrhagic disease, including Ebola.

The number of people without access to healthcare represents a 7 per cent decrease from 2018. This is explained by preparedness considerations for overall increased disease burden including mortalities from severe acute malnutrition, 12 Ebola risk counties and additional IDP settlements in host communities. As portrayed by the adjacent severity map, Tambura, Yei, Nimule, Yambio, Lainya, Kajo-Keji, Morobo, Magwi and Juba are among the locations of most concern for multiple disease burden, including high alert risks for Ebola. Ten counties are at risk of suffering a convergence of high Global Acute Malnutrition rates (>15 per cent), notable displacement, catastrophic food insecurity and disease. Displaced populations face the most complex challenges in accessing healthcare services. Children under 5 years are one of the most vulnerable to vaccine preventable diseases, owing to poor nutrition and low levels of immunity and immunization coverage. The coverage in 2017 and 2018 for all vaccine preventable diseases remained under 50 per cent, and as a consequence 42 per cent of children under 1 year are at risk of measles.⁶¹ Women of reproductive age face serious health risks and only about one in five childbirths involves a skilled health care worker.⁶² Survivors of gender-based violence lack access to adequate services. People with health issues like HIV/AIDS, tuberculosis, mental health, disabilities and non-communicable diseases are also largely being cut off from life-saving treatment.

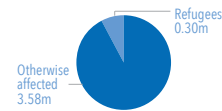
HUMANITARIAN NEEDS AND DRIVERS

Drivers of need include displacement, malnutrition, high disease burden from vaccine preventable and communica-

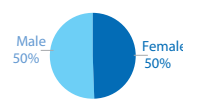
NO. OF PEOPLE IN NEED

3.9M

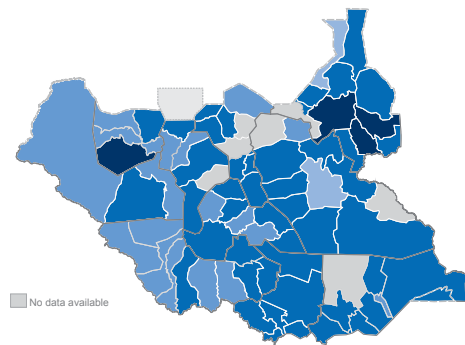
BY STATUS



BY SEX



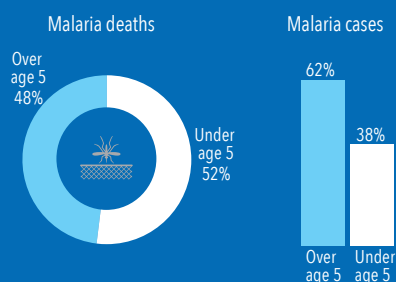
SEVERITY MAP



Source: Health Cluster

ble diseases and planning for the threat of Ebola. Seasonal outbreaks of communicable diseases including cholera and measles, with malaria continuing to be endemic, are posing a challenge to a health system which is already fragile. In 2018, some 500 attacks on healthcare services have been documented, including deaths of 115 healthcare workers,⁶³ with extensive looting and damage of health infrastructure.⁶⁴ Additionally, there are widespread shortages of essential medicines in health centres. Predictions from the IPC findings show that eight counties may go into catastrophic levels of food insecurity, which might contribute to, and be worsened by, disease. The high risk of Ebola in 12 counties demands stringent efforts to improve health security measures, failing which, any spread of the disease could lead to an epidemic that affects areas across the country.

MALARIA CASES BY AGE



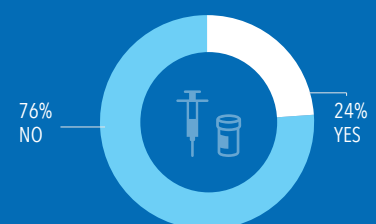
Source: WHO, Aug 2018

HEALTH FACILITIES



Source: Health Cluster, Oct 2018

VACCINATION COVERAGE



Source: Health Cluster, Oct 2018

NUTRITION

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



Some 860,169 children under the age of 5 years, nearly 596,944 pregnant and lactating mothers, and some 4,000 older people in Protection of Civilians (PoC) sites are estimated to be acutely malnourished. In addition, some 300,000 refugees will require nutrition assistance during the year.

The number of people in need of emergency nutrition support decreased by 3 per cent from 2018. The overall situation of acute malnutrition slightly improved in 2018 with no county reporting extreme critical levels (Global Acute Malnutrition above 30 per cent) of acute malnutrition.⁶⁵ As seen from the adjacent severity map, areas of most concern include Greater Bahr el Ghazal and Greater Upper Nile, which continue to have the highest burden of acute malnutrition for the fourth consecutive year.⁶⁶ Emerging needs and vulnerability are also observed in Greater Equatorias, especially Eastern Equatoria, and in Lakes.⁶⁷ In 2018, 64 per cent of SMART surveys reported critical levels of acute malnutrition compared with 85 per cent during the same period in 2017. The most recent IPC for acute malnutrition also indicated a decrease in number of counties classified with critical nutrition situation from 43 in September 2017, to 31 during the same period in 2018. Still, 76 per cent⁶⁸ of the 21 repeat SMART surveys conducted in the same period and locations in 2017 and 2018 depicted critical⁶⁹ levels of acute malnutrition. The Food Security and Nutrition Monitoring System surveys also reported a concerning nutrition situation in most parts of the country. Children below the age of 5 years, pregnant and lactating women remain the most vulnerable to acute malnutrition due to their increased biological and physiological needs. Other vulnerable groups include the elderly and people living with HIV/AIDS and tuberculosis.

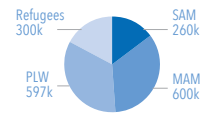
HUMANITARIAN NEEDS AND DRIVERS

The level of acute malnutrition is attributed to severe food insecurity, poor access to health and nutrition services, high morbidity, extremely poor diets and poor sanitation

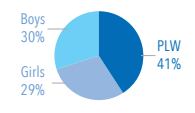
NO. OF PEOPLE IN NEED

1.8M

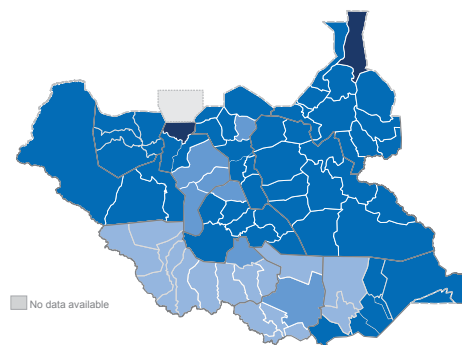
BY STATUS



BY SEX



SEVERITY MAP



Source: Protection Cluster

and hygiene.⁷⁰ In 2018, persistent conflict in Great Upper Nile, Western Bahr el Ghazal and parts of Greater Equatorias hampered the provision of nutrition services in some locations. This left 5.1 per cent of targeted children in 2018, at national level, without access to nutrition support between January and June 2018, aggravating their needs. The risk of acute malnutrition increases among children in distressed conditions, such as those living in active conflict or access-restricted areas, and GBV related safety risks can have a significant impact on communities' ability to access life-saving nutrition services. Poor health coverage, sub-optimal childcare and feeding practices, and prevalence of disease outbreaks such as malaria and acute watery diarrhea also contribute to high nutrition needs. When assessed in mid-2018, only 40 per cent of nutrition treatment sites had access to safe water.

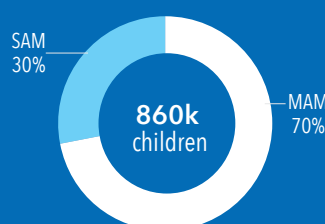
CHILDREN UNDER 5

2 out of 5 children under age 5 are malnourished



Source: Nutrition Cluster, Oct 2018

TYPES OF CHILD MALNUTRITION



Source: Nutrition Cluster, Oct 2018

PREGNANT AND LACTATING WOMEN

2 out of 5 pregnant or lactating mothers are malnourished



Source: Nutrition Cluster, Oct 2018

PROTECTION

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



In 2019, about 5,725,000 million South Sudanese women, men and children face protection risks and violations due to widespread conflict both causing, and compounded, by multiple shocks and stresses. These shocks and stresses include food insecurity, destitution, disease, natural disaster and the absence of essential services. The civilian population continues to be subject to deliberate attacks, conflict-related sexual violence, abductions, forced recruitment including boys and girls, cruel and unusual treatment, destruction of housing and property, forced displacement and family separation. In addition, some 300,000 refugees will have protection needs in 2019.

As portrayed in the adjacent severity map, the greatest areas of concern in 2019 are in Central and Southern Unity, Central and Eastern Jonglei, parts of Upper Nile, Western Bahr el Ghazal (particularly Wau county), and Yei. Most needs remain the same as in 2018 in terms of general protection, child protection, GBV, and mine action needs. The main difference from 2018 relates to the heightened needs for addressing housing, land and property issues and durable solutions, as well as preparedness and resilience capacity building. While people of all ages, genders and diversities face some protection risk, the most severely affected are persons with specific vulnerabilities or needs, including IDPs, people with disabilities, survivors of GBV, and women, elderly and children. The majority of IDPs, approximately 85 per cent of whom are women and children, are integrated with host communities, staying in informal settlements, or hiding in hard-to-reach areas across the country. They have fewer coping mechanisms to mitigate the multiple risks they face and to address their protection needs.

HUMANITARIAN NEEDS AND DRIVERS

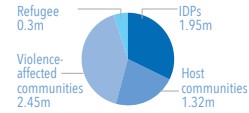
Gender-Based Violence

Violence, abuse and exploitation remain the greatest protection risks to women and girls, reflecting continued gender

NO. OF PEOPLE IN NEED

6.0M

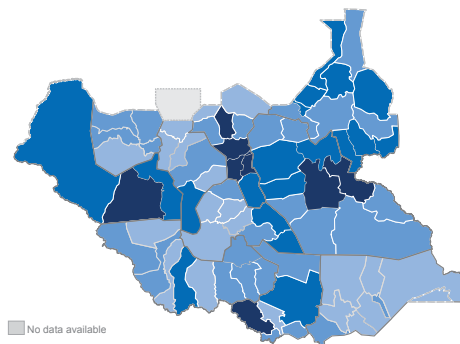
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BY SEX



SEVERITY MAP

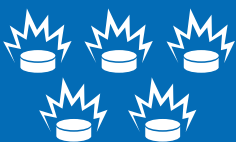


Source: Protection Cluster

inequalities exacerbated by the prolonged crisis in South Sudan. Furthermore, widespread GBV constitutes a significant impediment to women's participation in recovery and development. In the first half of 2018, some 2,300 cases of GBV were reported,⁷¹ a 72 per cent increase in reporting of GBV compared to same period in 2017. During the same period, 97 per cent of reported cases in South Sudan affected women and girls, and 21 per cent of survivors were children, of which 79 per cent were adolescent girls, consistent with previous years. Physical violence, commonly by an intimate partner or someone known by the survivor, continues to be the most common form of GBV, accounting for 42 per cent of reported cases. Sexual violence constitutes 20 per cent of reported cases. GBV continues to be severely under-reported due to stigma, the survivors are often abandoned, with most receiving no legal assistance to help them seek justice, and with children born out of rape facing multiple protection risks. Despite preventive

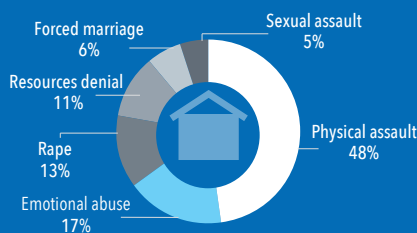
MINES, UXO, ERW

More than **5** new hazardous areas are discovered each day



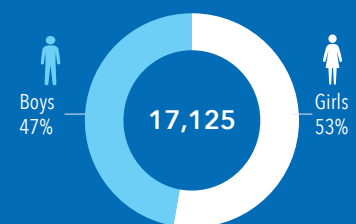
Source: UNMAS

GENDER-BASED VIOLENCE



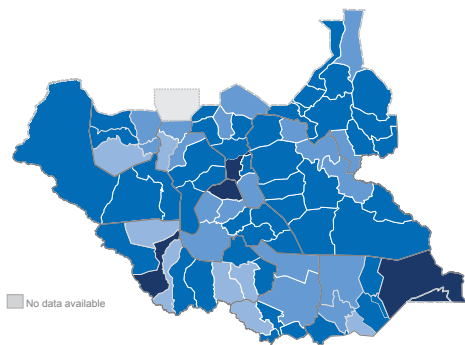
Source: Protection Cluster, Oct 2018

SEPARATED CHILDREN



Source: Protection Cluster, Oct 2018

GBV SEVERITY MAP



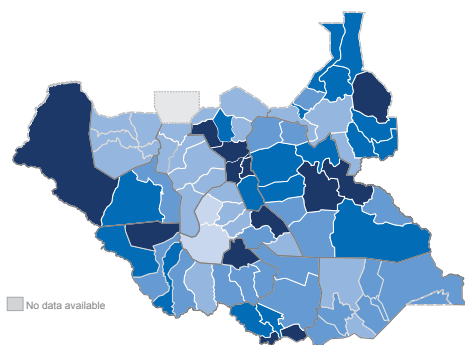
Source: Protection Cluster

actions by humanitarian actors, all forms of GBV continue to be reported in and near Protection of Civilians (PoC) sites as young men and armed elements acting with impunity often prey on, sexually assault, and loot from women and girls who venture to fetch firewood, cultivate crops or access markets.

Child Protection

Approximately 61 per cent of the affected population are children, of which 1.9 million⁷² boys and girls will face acute and severe protection risks in 2019. Boys and girls continue to be exposed to threats of recruitment, psycho-social distress, family separation, abuse, neglect, exploitation, and sexual and physical violence. Since 2013, over 100,000 children in South Sudan have been affected by 3,500 verified Monitoring and Reporting Mechanism incidents, of which killing and maiming accounted for 12 per cent; denial of humanitarian access 10 per cent; rape and other grave sexual violence accounted for 8 per cent; abduction 8 per cent; and attacks on schools and hospitals 7 per cent. Over 19,000 children are estimated to have been recruited to armed forces and armed groups; 955 children (691 boys and 264 girls) have been released so far in 2018. Since 2013, more than 1 million children have been affected by psycho-social distress, whereas 17,125 children, of which 9,076 girls and 8,049 boys,⁷³ are still in need of family tracing and reunification.

CHILD PROTECTION SEVERITY MAP

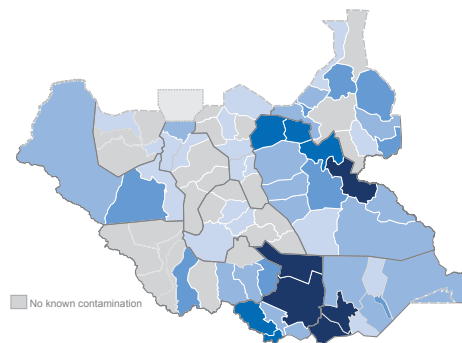


Source: Protection Cluster

Mine Action

Explosive hazards, including landmines and explosive remnants of war, pose a severe risk of death or injury to people in South Sudan. They inhibit the freedom of movement of local populations, IDPs and returnees, as well as aid workers, with five new hazards discovered each day.⁷⁴ Explosive hazards have killed or injured a reported 44 civilians across South Sudan to date in 2018, and approximately 75 per cent of the victims are children. As of August 2018, 569 known contaminated areas across 55 counties in South Sudan were recorded, nearly half of which are located in Juba, Yei, Magwi, Torit and Terekeka counties.⁷⁵ The contamination in South Sudan represents over 42 million square metres and affects roads, arable land, schools, clinics and water points, rendering them unsafe.

MINE ACTION SEVERITY MAP



Source: Protection Cluster

Housing, Land and Property

In South Sudan, housing, land and property (HLP) issues are both a consequence and a cause of conflict. Widespread destruction and looting of houses and properties, degradation of housing due to displacement, secondary occupation, forced eviction, loss of documentation and title deeds, and disputes over customary land tenure are all features of the humanitarian crisis in South Sudan. Awareness of HLP rights is often low among local authorities and affected populations. Displaced and returnee populations, in particular women and child-headed households, also lack legal assistance to access the limited courts or alternative dispute resolution mechanisms to claim their rights. HLP issues constitute a major challenge to creating conditions conducive to pursuing durable solutions for displaced populations. In a context of increasing land-related disputes, and anticipation of returns, relocations, and local reintegration of IDPs and refugees, HLP issues will be a major priority need to be addressed in South Sudan in 2019.

WATER, SANITATION AND HYGIENE

AFFECTED PEOPLE AND KEY CHANGES FROM 2018



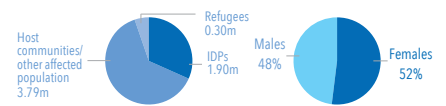
An estimated 5,712,000 South Sudanese women, men and children will not have access to adequate water, sanitation and hygiene (WASH) in 2019. In addition, some 300,000 refugees lack sufficient WASH conditions. The number of people requiring emergency WASH services in 2019 increased by 7 per cent from the previous year, explained by the expansion of WASH data with a higher reliability and more detailed analysis.⁷⁶ As the adjacent severity map shows, WASH needs are the highest in Canal, Fangak and Pibor in Jonglei, Aerial in Lakes, Panyijar in Unity, and Ikotos in Eastern Equatoria. While Aerial and Fangak remained two counties with the highest WASH needs, they represent a shift from last year that saw Fashoda of Upper Nile, Ayod of Jonglei, Rubkona of Unity and Juba of Central Equatoria. Women and girls face increased risk of harassment, assault and sexual violence when collecting water and using communal latrines, and access to menstrual hygiene products. Appropriate and dignified washing locations remains their key need. IDPs in Protection of Civilians (PoC) sites do not have sufficient hygiene and sanitation and are at risk of disease outbreaks in the congested conditions. WASH needs are also high among IDPs in non-camp settings and among their already stretched host communities.

HUMANITARIAN NEEDS AND DRIVERS

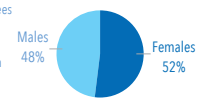
Only 29 per cent of the population has access to a borehole, tap stand or water yard within a maximum 30-minute distance without facing protection concerns.⁷⁷ The remaining two thirds of the population are required to take greater lengths to access water or are reliant on surface water or unprotected water sources. More than 90 per cent of the population practices open defecation,⁷⁸ either because they do not have access to, or are not accustomed to using a basic sanitation facility. Only 13 per cent of the population has access to WASH non-food items, such as jerry cans, soap and mosquito nets.⁷⁹ Poor

NO. OF PEOPLE IN NEED BY STATUS

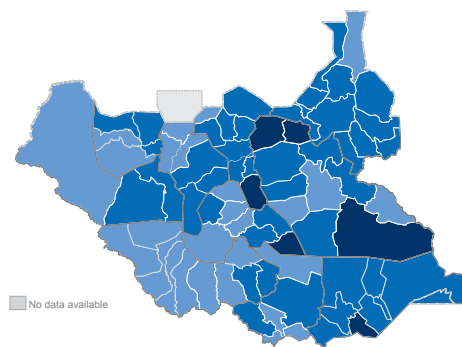
6.0M



BY SEX



SEVERITY MAP



Source: WASH Cluster

access to WASH services and goods combined with high levels of food insecurity has a detrimental impact on the health of the most vulnerable, as seen through the high prevalence of malnutrition and water-borne diseases. For example, 75 per cent of the population reported households with members that had been self-diagnosed with a water-borne illness in the previous two-week period.⁸⁰ The conflict has continued to drive people's WASH needs, from blocking or destruction of WASH infrastructure to limiting WASH commodities in the market. Insecurity at times prevents humanitarian actors from accessing areas that have high WASH needs, while the presence of armed groups can deter civilians from accessing existing WASH infrastructure.

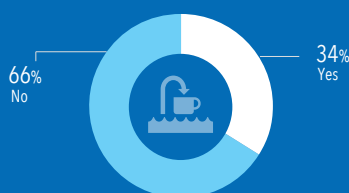
WATERBOURNE DISEASES

3 out of 4 people diagnosed with waterborne diseases



Source: Health Cluster, Oct 2018

ACCESS TO IMPROVED WATER SOURCE



Source: WASH Cluster, Oct 2018

ACCESS TO SANITATION

1 out of 10 people has access to basic sanitation



Source: WASH Cluster, Oct 2018

OPERATIONAL NEEDS

LOGISTICS AND ROADS SITUATION

The already underdeveloped roads, ports and airstrips continue to deteriorate as a consequence of long rainy seasons and minimal maintenance and investments in infrastructure. In a country of approximately 650,000 kilometres of roads, only 192 kilometres are sealed. As seen from the below map, some 70 per cent of the country's road network is inaccessible during the rainy season from July to December. Airstrips in general are of poor quality, with less than 10 airstrips that can be used continuously in the wet and dry season with a fixed-wing plane. The remainder of some 280 airstrips revert typically to helicopter-only access during the rainy season.

Pre-positioning relief items in the field by road where possible remains the most cost-effective means of delivery. However, lack of timely resources and issues with access due to insecurity and active conflict on the road network can result in delays in the pre-positioning plan. The river ports remain in poor condition and rely on manual handling of relief items or loading and unloading the boat.

Even with a large-scale dry season pre-positioning programme and the continued expansion of deliveries using the river, there are still several areas across the country that cannot be accessed due to the lack of any road infrastructure. An air support component is still required for the deployment of humanitarians and the delivery of relief items.

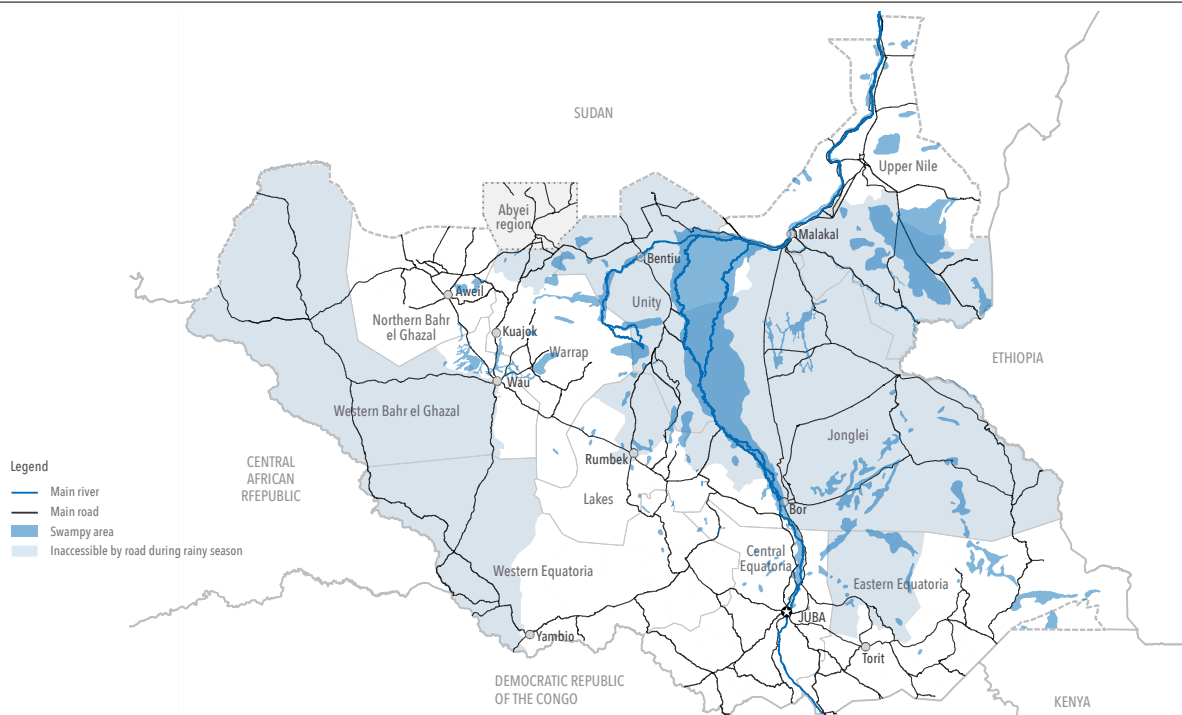
COMMUNICATIONS

South Sudan's media infrastructure has remained in a phase of nascent development since the most recent conflict started. The conflict has increased demand for information across the country, but few households have televisions or internet access. Some media outlet websites, including the Sudan Tribune and Radio Tamazuj, have been blocked.

Radio has for a long time been a popular source of information for people across the country. A recent survey revealed that 51 per cent of South Sudanese respondents list the radio as one of their sources of information, with a weekly reach of 38 per cent of the population. While the largest radio networks in the country are United Nations-run Radio Miraya and Eye Radio, other commercial radios are growing in coverage. However, there is a lack of freedom of expression and public radio broadcasts are maintained under tight control, compromising their transparency.

As of January 2018, some 2 million people or less than every fifth person is reported to have been connected to mobile networks in South Sudan.⁸¹ In March 2018, the largest telecom operator, Viva-cell, was shut down over a tax dispute. This has reduced the levels of mobile use and penetration geographically, as only Viva-cell covered most parts of the country's remote locations and other providers have not expanded their coverage.

ROADS SITUATION



Source: Logistics Cluster, Oct 2018.

PART III: ANNEX



Methodology

Information Gaps

End Notes

METHODOLOGY

Population Baselines

Population baselines to derive various analyses were based on population projections issued by the South Sudan National Bureau of Statistics. In an effort to ensure strict prioritization of needs, the HNO applied the mid-2018 IPC baseline population projections. The projections were based on a population estimation model that took into consideration various assumptions and factors including: conflict dynamics across the country to determine the IDP population movements between the counties; OCHA figures on internal displacements, which are tracked monthly, jointly with IOM DTM, UNHCR and the Protection Cluster; pre-existing IDP concentration points as markers of where the displaced populations were likely to end up; external displacements; and natural population growth from the time of the 2008 census, based on a growth factor of 2.052 per cent per year and 0.377 growth factor from 2015 onwards among others. Projection efforts were supported by Famine Early Warning Systems, Integrated Phase Classification Technical Working Group (IPC-TWG) and OCHA.

Overall People in Need

The overall number of people in need was calculated by reviewing the number of people in need by sector by county and selecting the highest sectoral number in each county to reduce duplication. The refugee caseload was then added to the total for each sector. Protection figures were excluded from the calculations given that they include both direct and indirect needs. The geographical analysis includes areas of focus⁸² for collective response and advocacy.

The number of people in need for each sector was determined based on the following calculations:

Camp Coordination and Camp Management

The cluster collected data on IDPs using IOM-DTM mobility tracking data (Round 2), OCHA IDP population tracking and partners' assessments. The main indicator used to determine needs was IDPs. Three different types of IDPs were identified: IDPs living in PoC sites; people living in collective sites; and other IDPs living in spontaneous sites, informal settings and camp-like settings. They were ranked and weighed by the number of IDPs per county to determine the severity of need.

Education

The number of people in need was calculated by using mid-year population data for population for the ten states and their respective counties, applied a percentage of forty eight (48 per cent) to the total population of 3-18 years old in South Sudan on a baseline total population of 11.4 million, and applied varied percentages across the ten states of school dropouts indicator. In addition, percentage of non-attendance (for example due to lack of food or school attacks) was

applied to state level findings from a nationwide education needs assessment in 2018. This was further disaggregated between respective male and female percentages based on National Bureau of Statistics population projections for 2019 (0-19 years).

Emergency Shelter and Non-Food Items

The number of people in need includes the IDPs living inside Protection of Civilians (PoC) sites, collective centres, IDPs living outside the PoC sites, host communities, returnees and other disaster affected populations. The people in need figure was calculated by reviewing the assessment trends done by the partners in previous years, calculating the average percentages of people in need of ES/NFI assistance identified during the assessment. The cluster determined that 100 per cent of IDPs living inside PoC and collective sites are in need of ES/NFI assistance, 70 per cent of displaced populations outside PoCs and collective sites, and about 50 per cent of returnees are in need of ES/NFI assistance.

Food Security and Livelihoods

The number of people in need was calculated based on Food Security and Nutrition Monitoring Surveys (FSNMS) conducted during July and August (lean season) 2018, in 7,900 randomly selected households in almost every county in the country. Contributory factors are provided from FSL assessments and context reports conducted in the prior six months provided by the FSL Cluster and other clusters as part of an initial rapid needs assessments.

The main indicators used to determine IPC severity are: Food Consumption Scores, Household Diet Diversity Scores, Household Hunger Scale, Reduced Coping Strategy Index, Livelihood Coping Strategy, GAM/SAM rates and Mortality rates. The indicators were reviewed and assessed by State level teams at the September IPC analysis for the July–August lean season with projections made for the period October–December 2018 and January–March 2019. The methodology is in line with the IPC protocols and the Global Food Security Cluster.

Health

The people in need figure was calculated based on the number of all IDPs in PoC sites and informal settlements. While estimates for emergency health assistance were calculated on eight health indicator parameters namely: disease burden, disease outbreaks, immunizations, the IPC, health service functionality, active conflict, flood prone areas and cold chain capacity in all counties. These were weighted for severity and scored within a range of 1-5 with 5 depicting severe challenges along all health systems parameters.

The score a county is converted to a percentage which constitutes the people in need for the county. The 2019 HNO

county people in Needs calculations range from 9 per cent to 65 per cent of the population. Severe acute malnutrition with medical complications, status of WASH in health facilities and locations with major funding disruptions were also factored in to fine tune targets for focused intervention. The final cluster target is derived from 56 per cent of the total people in need.

Nutrition

As in previous years, the SMART surveys were not used to estimate the people in need figure for 2019 due to the limited number of surveys conducted at the peak lean season, timing of the FSNMS, poor population estimates at county level as well as the availability of robust program data that could provide a better estimate of people in need for the 2019. The cluster used programme monthly admission data and information to project the burden for 2019, considering the following factors: well established community-based management of acute malnutrition programme currently covering 76 out of the 78 counties; monthly data collection at level with 98 per cent for both outpatient therapeutic programmes (OTP) and targeted supplementary feeding programmes (TSFP); and increase in OTP and TSFP coverage of nutrition sites by 20 per cent and 24 per cent respectively. This method is recommended by WHO (2014) when the above the above factors are met.

For estimation of 2019 people in SAM and MAM among under 5 and pregnant and lactating women, the January-August 2018 new admissions trends were used and the projected achievement for 2018 determined using previous trends on the remaining four months. The nutrition situation for 2018 was assumed to be relatively similar to the 2019 situation. The achievement for 2018, was therefore assumed to represent 80 per cent and 62 per cent of the SAM and MAM cases respectively. This was then back calculated to achieve the caseload for SAM and MAM. In terms of blanket supplementary feeding programmes for under 5 year old children and pregnant and lactating women, the people in need figure was estimated based on previous years coverage, in priority counties and the potential for raising funding for implementation of the response. In terms of severity of the nutrition situation, the cluster continued to rely on IPC analysis for acute malnutrition; and WHO nutrition situation classification based on global acute malnutrition levels from SMART surveys conducted in different partners of the country either as seasonal or ad hoc surveys.

Protection

The cluster collected data on IDP population and hotspots using OCHA, IPC and ACLED sources. The main indicators used to determine needs were: number of IDPs, percentage of host community members affected by displacement based on percentage of IDPs, and percentage of host community members affected by conflict based on data from ACLED. In the absence of assessment specific data, these indicators are considered to provide intermediate indicators on the main populations of concern, and include the needs from all sub-

clusters altogether.

The primary indicator for people in need is the number of IDPs. The total IDP population is considered to be in need of some form of protection. The cluster also recognized that protection needs increase for communities hosting IDPs. The percentage of IDPs has a greater impact on the host community than the absolute numbers of IDPs alone. The protection needs increase proportionately based on the number of IDPs vis a vis the total host community population. The cluster calculates the number of host community in need proportionately based on five classes of severity.

The cluster also considered populations in areas with incidents of conflict to be in need of protection. The cluster uses the ACLED dataset but removes incidents that have little to no impact on the protection environment from the total number of incidents at the county level. As the number of incidents in a county indicate the severity of protection concerns, the cluster has adopted a system of five classes to determine severity. They were ranked and weighed as per the methodology of the Protection Cluster severity mapping to determine the severity of need.

Water, Sanitation and Hygiene

The approach to the methodology to calculate people in need for WASH was a two-step process involving: the identified key WASH indicators, including a severity index for each indicator, and the available data sources; and the people in need figure, generated by multiplying the population ranking for each WASH indicator then averaging all indicator rankings for the county. The affected population covers each county of South Sudan, excluding the contested territory, Abyei. FSNMS is a county level-representative survey that employs two-stage cluster sampling, using a state-based sample size and cluster determination. In Round 22, some counties were not or were only partially accessed. The WASH Cluster created seven indicators from the available datasets. Each indicator was weighted equally and was broken down into five levels of severity. The indicators were: IDPs, GAM rates, cholera hotspots, safe access to water, suitable defecation location, access to WASH NFIs and self-reported water borne diseases. An average was taken from the combined indicators for each county, to determine the people in need for geographic locations with the highest WASH needs applying a logic formula. The average indicator ranking defined the percentage of the population to be targeted by the cluster. Finally, in counties where the IDP population was higher than the weighted people in need, the IDP population size was considered as the people in need figure.

Communication with Communities

Despite many efforts put in place to strike the balance between security and humanitarian programme requirements, most humanitarian organizations have limited direct contact with affected women, men and children in some of the highly insecure counties, which prevents effective and consistent communication.

INFORMATION GAPS

Potential impacts of peace

While the implementation of the revitalized peace agreement is expected to offer new opportunities in 2019, impacts will vary by location and take time, particularly for improvements in the economic situation, availability of public services, and pressures placed on host communities. As such, the HCT will continue to monitor the situation and the impact on needs through the year.

Displacement dynamics and durable solutions

An increasing number of IDPs is expected to seek durable solutions in 2019, although movement will continue to be fluid as people explore options for return, relocation or local integration. Especially at the outset, people may return temporarily or seasonally to farm and access assistance, and evaluate their options regarding housing, land and property; access to livelihoods, services and support available; as well as confidence in safety and security. Some of the returns in particular may not be sustainable due to insecurity. Return movements are likely to result in a need for immediate, temporary humanitarian assistance, before longer-term support on durable solutions. The HCT and partners will continue to monitor the situation and people's evolving needs through 2019. Increased efforts will be made to coordinate assessments and fill information gaps regarding displacement dynamics, recognizing also the importance of sufficient displacement information on cluster-specific planning.

Population estimates

The fluidity of the population movement within the country and across its borders, and frequency of displacement, makes it difficult to capture these movements fully and consistently in the county population figures. This is the case particularly as assessments are limited by funding, access, capacity and physical constraints.

Risk of Ebola Virus Disease

Ebola Virus Disease was declared in Democratic Republic of Congo in July 2018. As a neighbouring country, South Sudan has been categorized by WHO as at "very high risk". At the time of writing the HNO, no cases have been declared in South Sudan. The HCT will continue to monitor the situation, work with the Ministry of Health to develop national preparedness, and revise humanitarian needs analysis during 2019 if the situation changes.

Gender

Gender issues are rarely prioritised in data collection. Analysis and basic sex disaggregation is not routinely done. However, gender issues are integral to humanitarian assessment in order to assess gender-based sectoral vulnerabilities for which information is lacking. These include gender biases in housing land and property rights, invisibility of women's contributions to livelihoods and food security, vulnerability of widows and abandoned women and unmet health needs and socialization of boys into conflict dynamics as a coping mechanism. More assessment of the gender differentiated impact of key humanitarian needs and sectoral programming is required across sectors. GBV data is generated as survivors access services, but only in locations where services are available. However, since the introduction of the GBV information management system in 2015, some consistent and reliable trends have been identified. Although efforts to establish community-based complaints mechanisms are underway, sexual exploitation and abuse also remains under-reported and the magnitude of the issue unknown.

Lack of reporting mechanisms

The lack of reporting mechanisms in South Sudan limits the extent to which data is representative of the status of population, and results in concentrations of information in areas with a higher presence of reporting mechanisms, frequency of assessments and information flow.

In the context of fluid population dynamics, including IDP and returnee movements, active efforts to improve the collection, analysis, and dissemination of information on the evolving needs of affected people will remain critical to enable targeted provision of humanitarian response in the locations where it is most needed. To enhance joint analysis and create a solid evidence base for operational decision-making, the Needs Analysis Working Group has been established and will continue to convene actors engaged in the collection and analysis of data on mobility dynamics and needs in the country. In order for this working group to function effectively and provide the humanitarian community with relevant and timely information, continued primary data collection on multi-sectoral needs, displacement and returns, intentions and perceptions, is indispensable. Further, assistance providers increasingly rely upon and seek to expand registration, including biometric registration, of beneficiaries in order to enhance accountability in the delivery of services.

END NOTES

- 1 Through the document, the term children refers to girls and boys between 0 and 18 years. Nutrition response also covers children between 0 and 2 years.
- 2 OHCHR and UNMISS, *Indiscriminate Attacks Against Civilians in Southern Unity*, April-May 2018; UNMISS and OHCHR, *Violations and Abuses Against Civilians in Gbudue and Tambura States (Western Equatoria)*, April-August 2018.
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- 6 WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, *Trends in Maternal Mortality 1995-2015*, November 2015.
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- 9 REACH, *“Now the Forest is Blocked”: Shocks and Access to Food*, March 2018.
- 10 United Nations Environment Programme and South Sudan Ministry of Environment, *South Sudan First State of Environment and Outlook Report*, 2018.
- 11 FAO, 2018.
- 12 World Bank, *Global Poverty Working Group*, 2016. Poverty line defined as \$1.99 per day.
- 13 *Integrated Food Security Phase Classification, Analysis Report on South Sudan: September 2018 and Projections for October-December 2018 and January-March 2019*.
- 14 From 20,000 in January-March 2018 to 36,000 in January-March 2019.
- 15 In the *South Sudan Humanitarian Access Severity Overview (OCHA, September 2018)*, ‘high access constraint’ is defined as follows: Significant access constraints present. Access is extremely difficult or impossible. Armed groups, checkpoints, bureaucratic or other access impediments are present and actively restrict humanitarian activities. Operations in these areas are often severely restricted or impossible. Even with adequate resources, partners would be unable to reach more than a minority of targeted people in need. OCHA, *South Sudan: Humanitarian Access Severity Overview*, September 2018.
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- 17 See more under *Methodology and Information Gaps in Part 3: Annex*.
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- 22 *DTM Mobility Tracking Round 2*, August 2018.
- 23 London School of Hygiene and Tropical Medicine, *Estimates of crisis-attributable mortality in South Sudan, December 2013-April 2018: A statistical analysis*, September 2018.
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- 25 OHCHR and UNMISS, *Violations and Abuses Against Civilians in Gbudue and Tambura States (Western Equatoria)*, April-August 2018.
- 26 Some 87 per cent of reported survivors decline referrals to legal services. GBVIMS, 2018.
- 27 FAO, UNICEF and WFP, *Conflict pushes South Sudanese into hunger – more than 6 million people face desperate food shortages*, September 2018.
- 28 *Integrated Food Security Phase Classification, Analysis Report on South Sudan: September 2018 and Projections for October-December 2018 and January-March 2019*.
- 29 For IPC, *Famine exists in areas where, even with the benefit of any delivered humanitarian assistance, at least one in five households has an extreme lack of food and other basic needs. Extreme hunger and destitution is evident. Significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease is occurring. IPC, Guidelines on key parameters for IPC Famine classification*, 2016.
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- 42 REACH, Deim Zubier Rapid Displacement Brief Raja County, Western Bahr el Ghazal, South Sudan, April 2018.
- 43 Human Rights Watch, South Sudan: People with Disabilities, Older People Face Danger, May 2017.
- 44 The UNHCR Nansen Refugee Award honours individuals, groups and organizations who go above and beyond the call of duty to protect refugees, displaced and stateless people.
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- 65 IPC, September 2018.
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- 67 For example, the Yirol East survey in Lakes reported highest GAM levels about 23% and SAM of 6.1%, levels that had not been observed before.
- 68 16 out of 21 repeat surveys.
- 69 Critical means GAM rates between 15 and 29.9 per cent.
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- 71 South Sudan GBVIMS Report, January-June 2018.
- 72 CP NIAF Child Protection Needs Identification and Analysis Framework for South Sudan 2018.
- 73 FTR Family Tracing and Reunification database.
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- 75 Information Management System for Mine Action, August 2018.
- 76 Calculation comes from a comparison of the 2017 PIN and 2018 PIN.
- 77 Food Security and Nutrition Monitoring System, July-August 2018.
- 78 Ibid.
- 79 Ibid.
- 80 Ibid.
- 81 Reported active use of internet-powered mobile services.
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