

HUMANITARIAN NEEDS OVERVIEW

SOUTH SUDAN

HUMANITARIAN
PROGRAMME CYCLE
2021
ISSUED JANUARY 2021



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

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



The administrative boundaries and names shown and designations used on this map and subsequent maps and tables in the document do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not determined.

PHOTO ON COVER

An elderly man sits and watches children play at a site for internally displaced persons in South Sudan in January 2020. Photo: OCHA/Anthony John Burke

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Summary of humanitarian needs and key findings

Context, shocks and impact of the crisis

Two years after the signing of the revitalized peace agreement, its implementation has not reduced the humanitarian needs of the South Sudanese people. South Sudan remained a protection crisis in 2020. Lack of durable peace and limited investment in basic services are holding people back from stability and sustainable development. In 2020, communities were hit hard by the triple shock of intensified conflict and sub-national violence, a second consecutive year of major flooding, and the impacts of COVID-19. Some 1.6 million people remained internally displaced and another 2.2 million as refugees in the region. Insecurity, lack of basic services, and unresolved housing, land and property issues prevented people from returning home in large numbers.

Overall food security worsened and some communities were facing catastrophic needs.¹ More children were acutely malnourished than in the past three years. Women and girls continued to face extreme levels of gender-based violence and psychosocial distress. People's coping mechanisms weakened as a consequence of the cumulative shocks, leading families to adopt negative practices such as forced labour and child marriage. The economy continued to spiral downwards, pushing people to the brink, especially in urban areas.

Access to essential services, including health care, education, water and sanitation, as well as protection and legal services, was already limited and much of the service infrastructure was damaged, destroyed or closed in 2020. Humanitarian assistance delivered to more than 6 million people kept many communities from falling into deeper need, however increased violence against aid workers and assets and operational interference prevented hundreds of thousands of vulnerable people from predictably accessing the support they needed.²

Scope of analysis

The analysis presented in this document reflects people's needs in all 78 counties of South Sudan. COVID-19 mitigating measures limited primary data collection and delayed the usual assessment of needs during the lean season, when people's needs are highest. Remote methods, including key informant interviews, were used to safely collect information on humanitarian needs. In a new development, the 2021 Humanitarian Needs Overview (HNO) features findings from selected urban areas and

large displacement camps. While the HNO considers the specific needs of the most vulnerable people—including displaced people and communities hosting them—whenever possible, most of the data sources used do not provide representative information by population group. However, basic sex and age disaggregated analysis is provided for all counties and sectors.

Humanitarian conditions, severity and people in need

People's physical and mental wellbeing, living standards and coping mechanisms are expected to further deteriorate in 2021. Some 8.3 million people in South Sudan are estimated to be in need of humanitarian assistance in 2021. These include 8,000,000 South Sudanese women, men, girls and boys and 310,000 refugees and asylum seekers. This is an 800,000 increase in absolute numbers from the 7.5 million people in need in 2020. According to the intersectoral severity of needs analysis, humanitarian needs are most concerning in Pibor County in Jonglei which was classified as the only county in catastrophic need. A total of 72 counties face extreme needs while five are in severe need.

The increase in needs is largely driven by the rising food insecurity. When consulted, food insecurity or lack of food was identified as the primary challenge or one of the primary challenges faced by the majority of affected people across sex and age groups.³ Needs do not exist in a vacuum, however, as food insecurity weakens people's health and nutritional status and exposes them to greater protection risks. Similarly, lack of access to clean water increases the likelihood of waterborne diseases and malnutrition. Poor living conditions, especially for the displaced, weaken people's health and security and affect their dignity. Among the most vulnerable people are newly displaced families; communities hosting large numbers of displaced and/or recently returned people; and households that are headed by a single parent or looking after older people or people with disabilities.



An elderly woman in Abiemonm County, Unity. Photo: DRC South Sudan/Navaranjini Nadarajah

People in need



Severity of needs



By age

| AGE | PEOPLE IN NEED | % PIN |
|-------------------|----------------|-------|
| Children (0 - 17) | 4.3M | 54% |
| Adults (18 - 60) | 3.1M | 39% |
| Elderly (60+) | 600k | 7% |

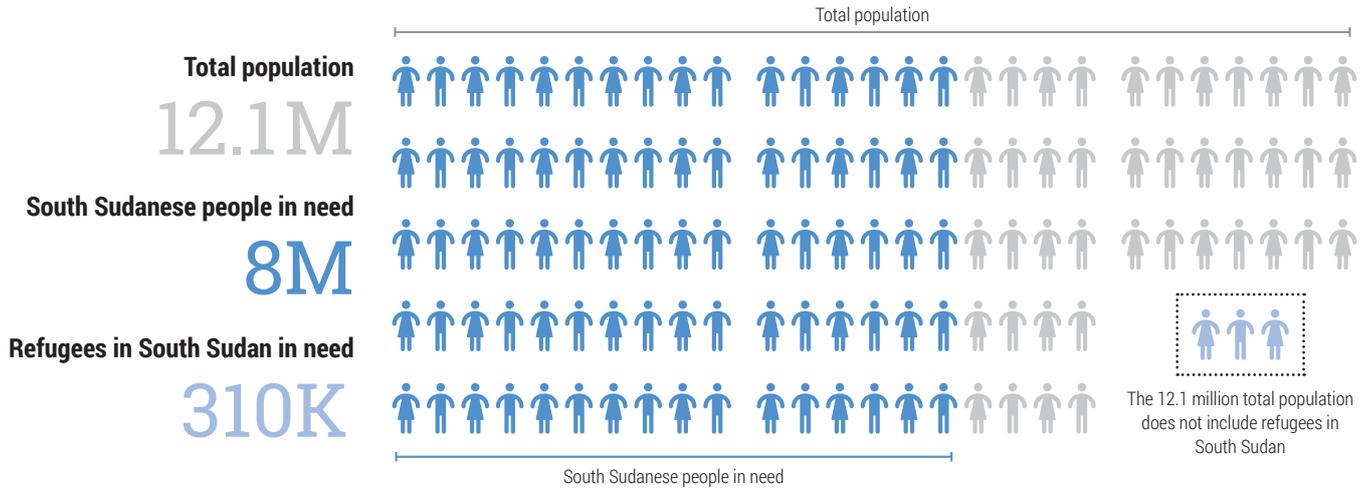
By gender

| GENDER | PEOPLE IN NEED | % PIN |
|--------|----------------|-------|
| Girls | 2.1M | 26% |
| Boys | 2.2M | 28% |
| Women | 1.9M | 24% |
| Men | 1.8M | 22% |

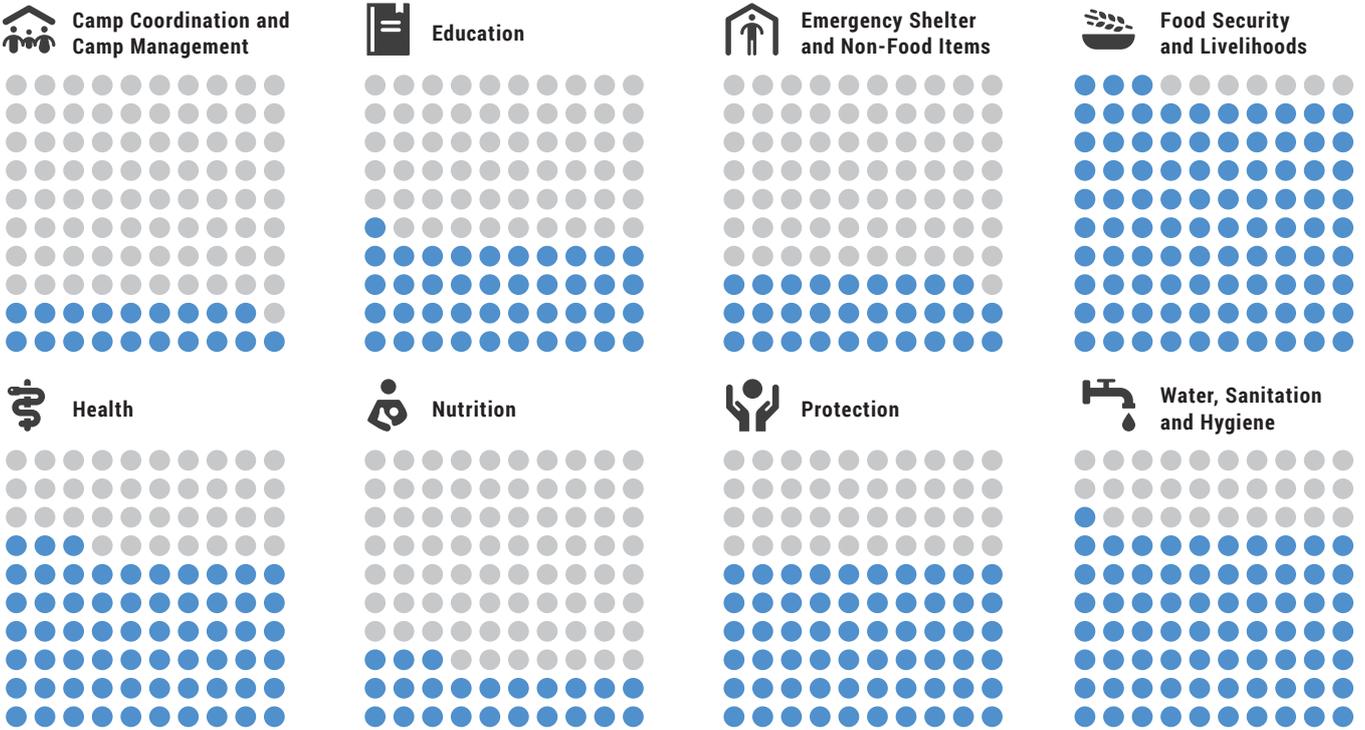
With disability

| AGE | PEOPLE IN NEED | % PIN |
|---------------------------|----------------|-------|
| Persons with disabilities | 1.2M | 15% |

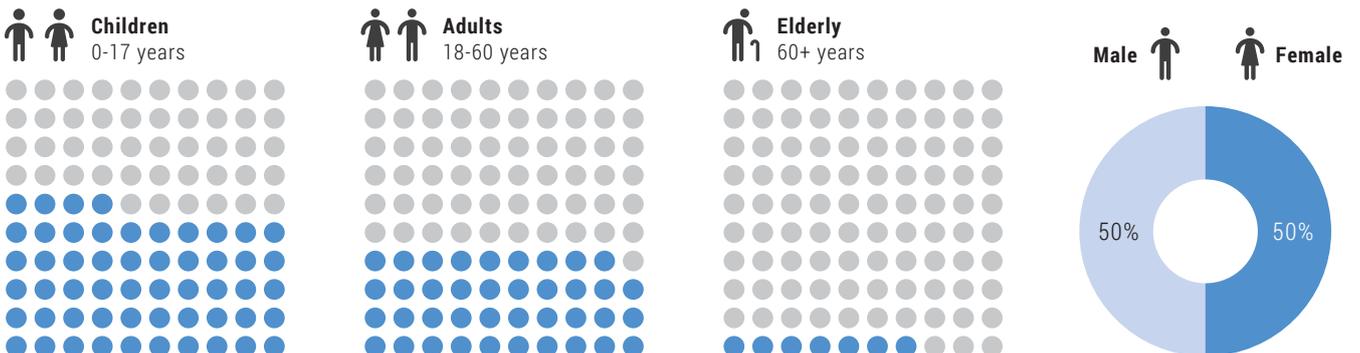
Estimated number of people in need



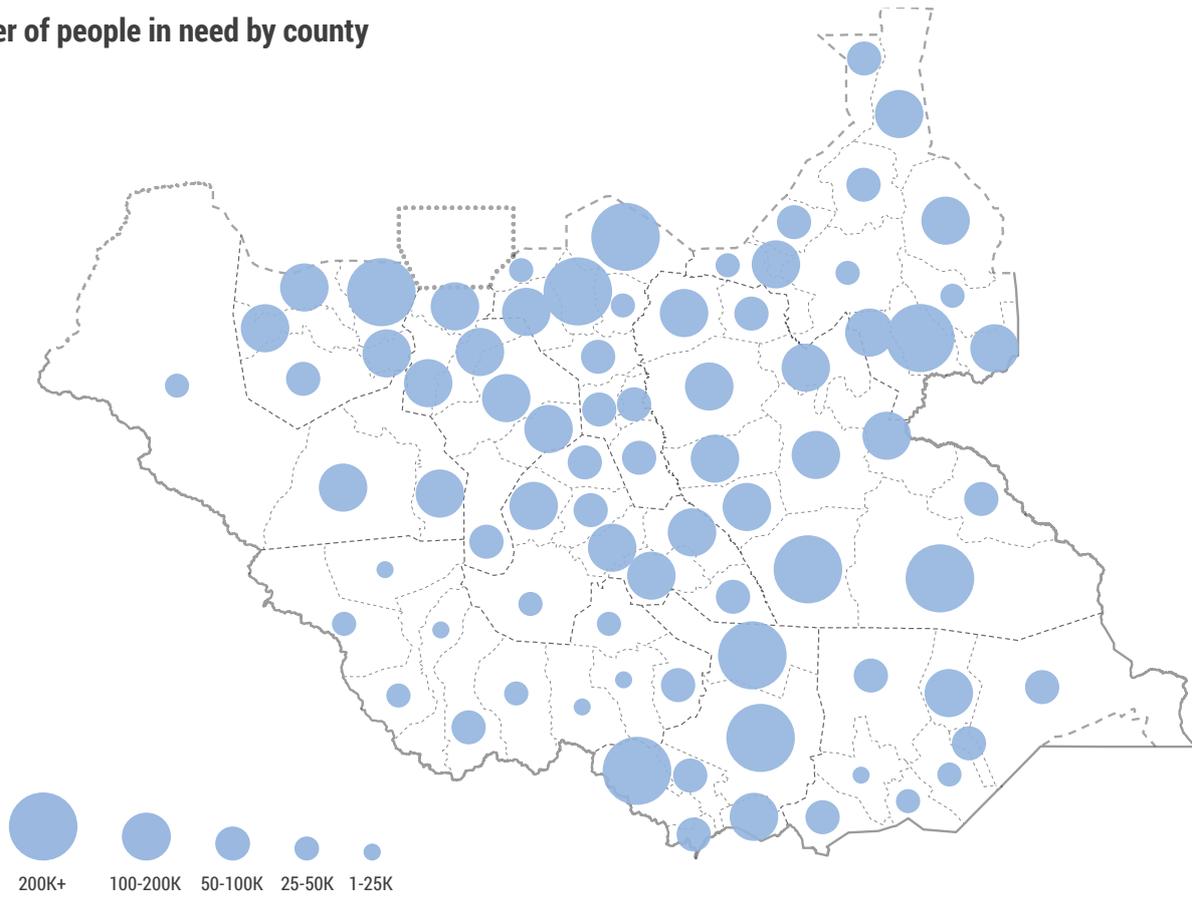
People in need by sector out of total people in need



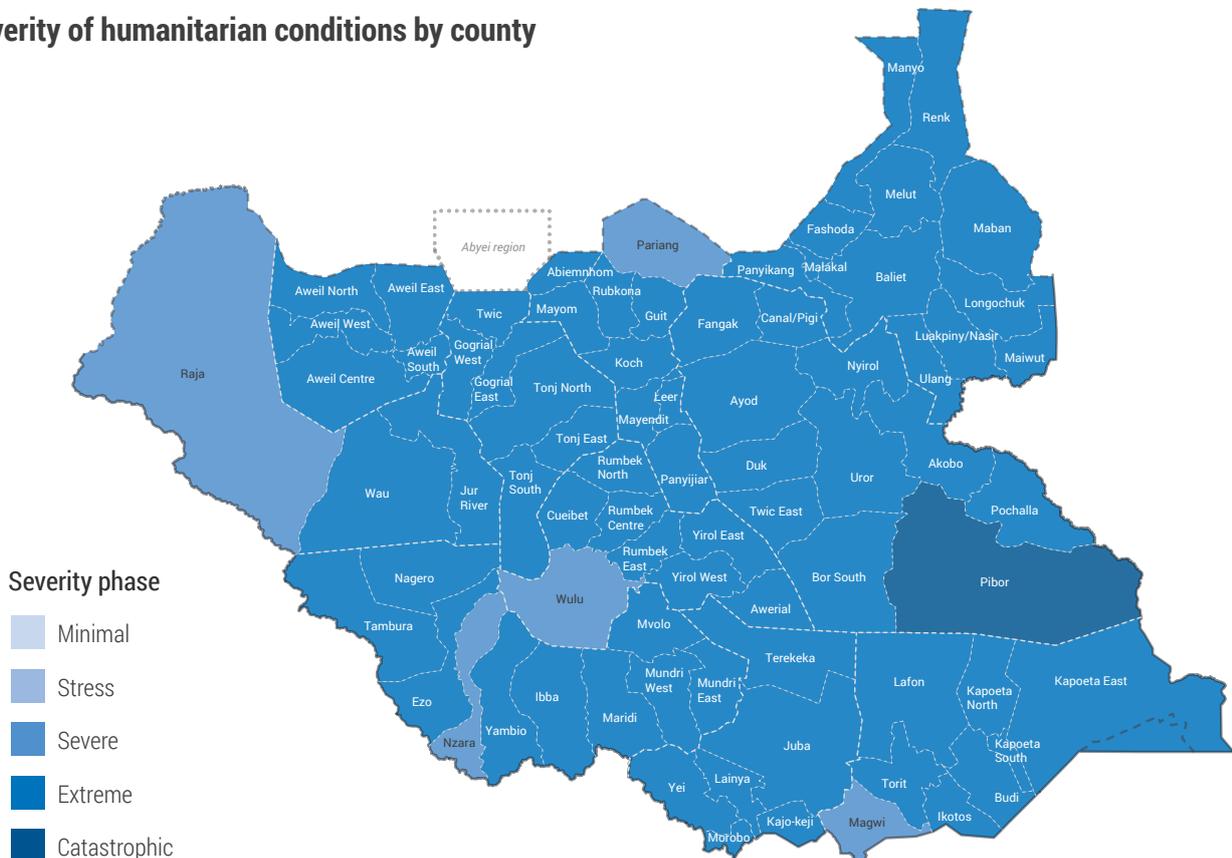
By age and sex



Number of people in need by county



Severity of humanitarian conditions by county





Koli, aged 4, at a health centre in Pibor, South Sudan. October 2020. Photo: UNICEF/Helene Sandbu Ryeng

Part 1:

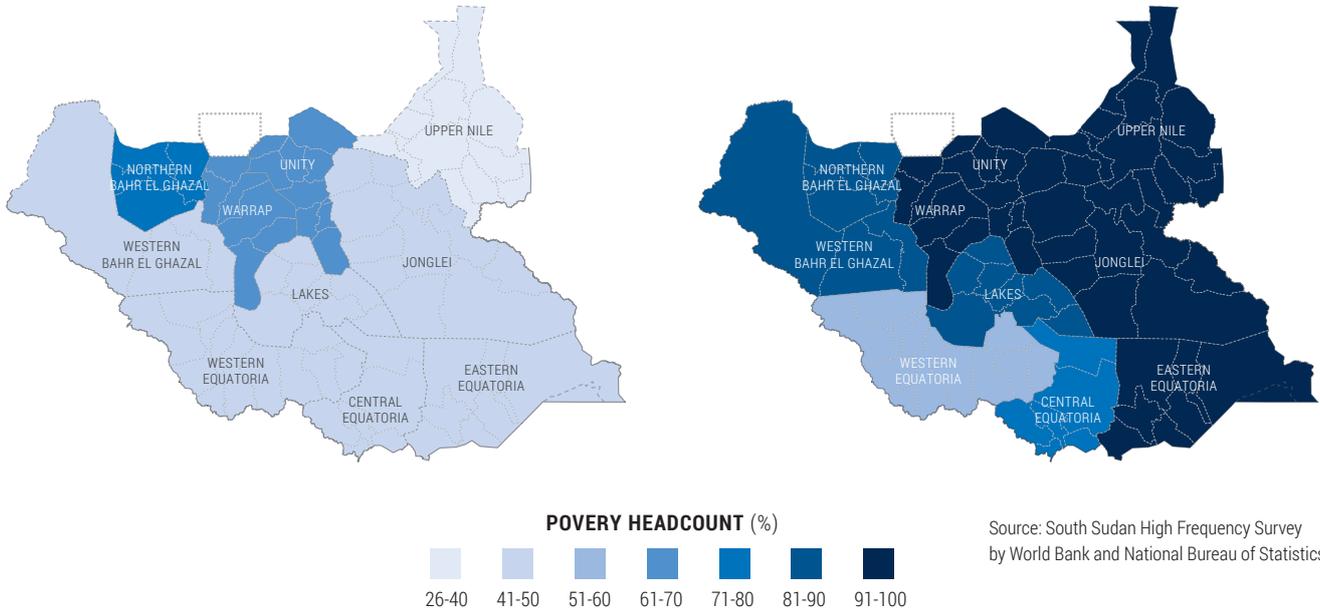
Impact of the crisis and humanitarian conditions

Context of the crisis

Poverty levels in South Sudan over the past decade

POVERY HEADCOUNT IN 2009

POVERY HEADCOUNT IN 2016



Demographic



Human Development Index

South Sudan ranks 185 out of 188 countries in the Human Development Index¹



Poverty line

4 out of 5 people living under the international poverty line in 2016²



Early marriage

An estimated half of South Sudanese girls get married before the age of 18³

Socio-cultural



Life expectancy

Life expectancy in South Sudan is in the bottom 10 countries in the world (57 years)⁴



Youth population

An estimated 57 per cent of South Sudanese in-country are under 18 years old⁵



Under-five mortality rate

One of the highest under-five mortality rates (90.7 deaths per 1,000 live births) in the world⁶

Sources: 1. [Human Development Report 2020](#), UNDP 2. Informing Durable Solutions for Internal Displacement in Nigeria, Somalia, South Sudan, and Sudan, World Bank 3. UNICEF press release <https://uni.cf/3sldk4q> 4. World Bank. 2020. South Sudan Economic Update, February 2020 : [Poverty and Vulnerability in a Fragile Environment](#) 5 World Bank. 2020. South Sudan Economic Update, February 2020 : [Poverty and Vulnerability in a Fragile Environment](#) 6. United Nations Inter-agency Group for Child Mortality Estimation, 2019.

Economic



GDP per capita

South Sudan's GDP per capita dropped from \$1,111 in 2014 to less than \$200 in 2017⁷



Rising inflation rates

The year-on-year inflation rate stood at 40 per cent in March 2020⁸



Food basket cost

The cost of a standard food basket has increased by 42% in 2020⁹

Basic services



Access to health services

South Sudan has only one physician for every 65,574 person in the country¹⁰



Access to safe water

Only 35 per cent of people have access to safe water¹¹



Access to education

An estimated 2.4 million children were out of school in 2020¹²

Infrastructure



Access to electricity

Only 28 per cent of people in South Sudan have access to electricity¹³



Phone ownership

Only 34 per cent of females own a phone, compared to 56 per cent of males¹⁴



Road access

More than 60 per cent of roads become impassable during the rainy season¹⁵

Security



Sub-national violence

300 per cent increase in sub-national violence incidents Jan-Jun 2020 compared to 2019¹⁶



Human rights incidents

There were 1,080 human rights incidents documented from Jan-Oct 2020¹⁷



Civilian casualties

At least 2,100 civilians have been killed in South Sudan since from Jan-Oct 2020¹⁸

Sources: 7. [GDP Per Capita](#), South Sudan Overview, World Bank, October 2020 8. [Rising inflation rates](#), United Nations South Sudan, COVID-19 Socio- Economic Response Plan 9. Food basket cost, WFP 10. [Access to health service](#), WHO 11. [Access to safe water](#), WASH Briefing Note, UNICEF, July-September 2020 12. [Access to education](#), UNESCO Institute for Statistics, 2019 13. [Access to electricity](#), World Bank, Sustainable Energy for All (SE4ALL) database 14. [Phone ownership](#), Mobile Money Research in South Sudan, World Bank, June 2019 15. [Road access](#), South Sudan: Logistics Cluster - Concept of Operations, August 2020 16. [Sub-national violence](#), UNMISS, Quarterly brief on violence affecting civilians, April-June 2020 17. Human rights incidents UNMISS, Quarterly brief on violence affecting civilians, April-June 2020 18. UNMISS Human Rights Division, contribution to 2021 HNO in November 2020, unpublished.

1.1

Context of the Crisis

Peace process

The people of South Sudan witnessed an important political development in the peace process with the formation of the Transitional Government of National Unity in February 2020. All state and county positions have since been allocated, and governors for nine of the ten states and chief administrators of the three administrative areas have been appointed, with only the appointment of the governor of oil-rich Upper Nile State pending. The ceasefire has been holding in many parts of the country since the signing of the revitalized peace agreement in 2018.

However, progress on key components of the revitalized peace agreement remains slow and South Sudanese people are not yet experiencing a lasting peace. The Transitional Legislative Assembly has not been reconstituted, hindering progress on the constitution and passing of necessary laws. The African Union Peace and Security Council has expressed concern over the slow pace in the implementation of the transitional security arrangements, that is directly impacting the safety of communities.⁴ Armed forces continue to abandon training centres and cantonment sites due to lack of food, medicine, and other essential services.⁵ There has been no progress on key accountability measures, such as the establishment of the Hybrid Court for South Sudan.⁶ Delays in implementing the revitalized peace agreement risk postponement of national elections.

Demographic and socio-cultural profile

More than half of the South Sudanese people in-country are under 18 years of age. With a considerable portion of the population below productive age, the burden lies with the working age population to provide for a large number of dependents.⁷ Life expectancy is among the 10 lowest in the world at 57 years.⁸ South Sudan has one of the highest under-five mortality rates (90.7 deaths per 1,000 live births) in the world. Female-headed households are more prevalent in rural areas than urban areas. Women and girls hold primary responsibilities for farming, collecting water and firewood, cooking, cleaning, and childcare. Men and boys are decision makers for the communities and their families, particularly in the countryside. Early marriage is common, with half of South Sudanese girls getting married before the age of 18.⁹

Economic profile

South Sudan's economy is heavily oil-dependent, with oil accounting for 90 per cent of government revenue and nearly all exports. According to the World Bank, remittances of \$1.3 billion account for a third of South Sudan's gross domestic product, the highest share in sub-Saharan Africa. Much of South Sudan's productive capacity and infrastructure have been destroyed during years of conflict, which has hampered private investment and economic growth.¹⁰ The country is also highly vulnerable to macroeconomic shocks, described further in part 1.2.

Basic services

The prolonged conflict and limited Government investment have had a devastating impact on the country's infrastructure and basic service delivery. Health facilities are poorly equipped and staffed. Out of approximately 2,300 health facilities, more than 1,300 are non-functional. Of the functioning health facilities, 57 per cent are supported by humanitarian and development partners and many remain in areas that are not easily accessible by the communities, i.e., close to a quarter of IDPs and returnees live in settlements further than 5 km from a functional health facility.¹¹ An estimated 2.4 million children were out of school in 2020. A third of all the schools are either damaged or destroyed.¹² People's properties have also been destroyed, preventing people from returning home. Lack of alternative shelter options have forced thousands of IDPs to occupy school buildings. National access to safe water is at 35 per cent¹³ and only 10 per cent of the population has access to improved sanitation.¹⁴

Infrastructure and communication

Prolonged conflict has destroyed basic infrastructure and connectivity. The road network is among the most underdeveloped in the world. Only 192 km of the country's estimated 17,000 km of roads are paved.¹⁵ Two thirds of South Sudan's roads become impassable during the rainy season, cutting people off from markets and basic services. The situation is further exacerbated by insecurity in many parts of the country, including the risk posed by explosive remnants of war. Waterways have become an increasingly reliable means of transportation for commercial goods and humanitarian cargo.¹⁶ Less than a third of the population has access to electricity.¹⁷ Mobile network coverage is poor in most parts of South Sudan and largely non-existent in many rural areas. Radio is a key communications tool for people in hard-to-reach areas.¹⁸

Timeline of political and security events 2011-2020



JULY 2011

Independence

South Sudan becomes the world's newest country and the 193rd country recognised by the United Nations.



2011-2012

Refugee influx

Tens of thousands of refugees from Blue Nile and South Khordofan states in Sudan flee into Unity and Upper Nile states in South Sudan.



DECEMBER 2013

Fighting erupts

Fighting erupts in Juba and quickly spreads to Jonglei, Unity and Upper Nile. Thousands of people flee their homes.



MAY 2014

Agreement signed

Parties to the conflict sign the Recommitment on Humanitarian Matters of the Cessation of Hostilities Agreement.



MARCH 2015

Fighting escalates

Fighting escalates in the Greater Upper Nile region. Civilians are killed and homes and crops are destroyed by the fighting.



APRIL 2016

Transitional Government

Formation of the Transitional Government of National Unity of the Republic of South Sudan.



JULY 2016

Fighting erupts

Fighting erupted between SPLA and SPLA-iO group in Presidential Palace in Juba. Thousands of people flee their homes.



SEPTEMBER 2018

Revitalized agreement

The Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan, was signed between the Government and opposition political parties in Addis Ababa.



JANUARY-MARCH 2019

Fighting continues

Government operations against rebels in Yei River led to civilian deaths, homes looted and crops destroyed. The fighting displaced thousands of people.



FEBRUARY 2020

Revitalized Government

On 22 February, South Sudan formed the Revitalized Transitional Government of National Unity (RTGoNU), which had long been provided for under the R-ARCSS*.



JANUARY-JUNE 2020

Sub-national violence

Large-scale inter-communal and sub-national violence in Jonglei and Greater Pibor Administrative Area displaced hundreds of thousands of people.

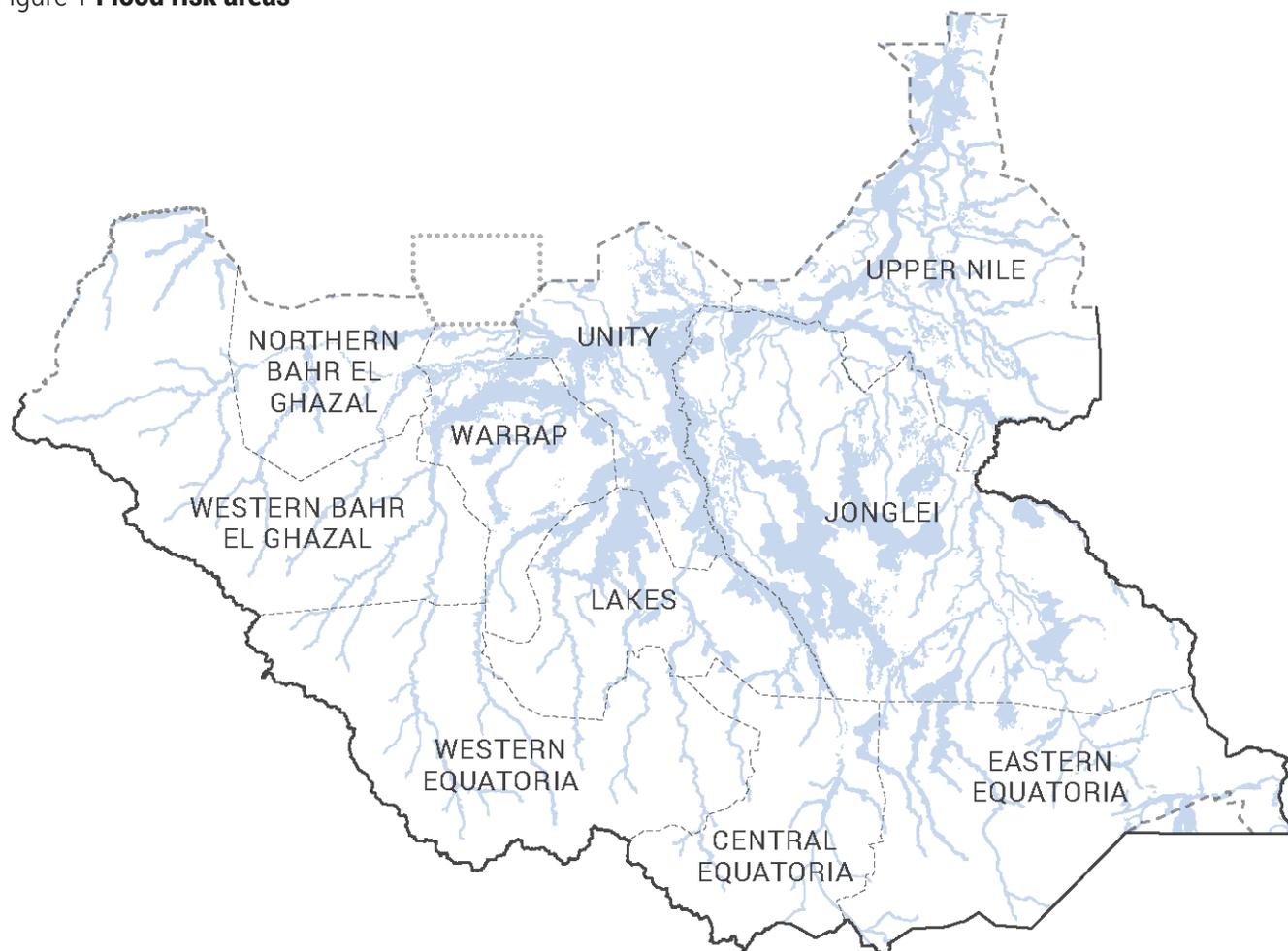


JUNE 2020

Governor appointments

President Salva Kirr and First Vice President Riek Machar reach an agreement on the issue of state allocations, except in Upper Nile.

*Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan

Figure 1 **Flood risk areas**

The map is based on historical data and shows areas that are prone to flooding but are not currently flooded.

Source: OCHA and partners, SSNBS, Global Risk Data Platform

Legal and policy environment

South Sudan's justice mechanisms and rule of law institutions are weak, despite capacity building efforts by the United Nations and other partners. There is a culture of impunity for crimes, including those related to conflict-related sexual and gender-based violence. Little to no progress has been made toward establishing transitional justice mechanisms. South Sudan has ratified the 1951 Refugee Convention and developed a bill to enshrine the principles of the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa into national law. A National Framework for Return, Reintegration and Relocation of Displaced Persons: Achieving Durable Solutions in South Sudan¹⁹ was launched in 2019 and supporting Action Plan²⁰ and Task Force in 2020. Despite this progress, housing, land and property claims often go unaddressed and disputes can result in new displacements and protection risks.

Environmental profile

South Sudan ranks among the five countries in the world most vulnerable to the impacts of climate change and regularly experiences torrential rains, seasonal flooding and drought.²¹ The effects of climate change are already visible across the country as bouts of atypically widespread and severe flooding affect people year on year. Climate change also contributes to livestock mortality and a decline in the amount and viability of land farmers can cultivate and reduced harvests. The traditional seasonal migration routes of pastoralists are affected by the changes to the climate and are further disrupted by and contribute to conflict. This often forces pastoralists into established farming communities in search of pasture and water for their livestock, leading to conflict over increasingly scarce resources. Along with disrupted market access, the movements of returnees and IDPs have also been a driver of urbanization, contested land use and over-exploitation of natural resources especially through the cutting of wood for building shelters and fuel.²²

Timeline of events in 2020



JANUARY 2020

Food insecurity

The Integrated Food Security Phase Classification projected that 6.48 million people will be food insecure (IPC Phase 3 or worse) by the 2020 lean season.



FEBRUARY 2020

Unity Government

The Transitional Government of National Unity of South Sudan was formed on 22 February.



MARCH 2020

Rise in commodity prices

The COVID-19 threat in the region and preventive measures put in place led to a rise in food and basic commodity prices.



APRIL 2020

COVID-19 pandemic

The first COVID-19 case was confirmed in South Sudan in early April and led to the revision of the 2020 Humanitarian Response Plan to respond to the needs of 7.4 million people.



JANUARY-JUNE 2020

Sub-national violence

Ongoing sub-national violence escalated in May, with an estimated 80,000 people displaced in Central Equatoria, Jongle, Unity, Warrap and Western Bahr el Ghazal.



JUNE-SEPTEMBER 2020

Displacement

More than 60,000 people were displaced by sub-national violence in Jonglei State in June and the violence led to the disruption of humanitarian services.



JULY-DECEMBER 2020

Flooding

Flooding along the Nile affected over one million people in 43 counties, and damaged homes, crops and infrastructure.



AUGUST-DECEMBER 2020

Displacement

Subsequent flooding combined with conflict displaced over 30,000 people from Jonglei into Bor town, Mingkaman and Mangalla.



SEPTEMBER 2020

PoC site transition

Following discussions among the UN, Government and communities, the Bor PoC site—the first of five—transitioned to an IDP camp. Wau and Juba PoC sites followed in October and November.



FEBRUARY-OCTOBER 2020

Access

Access constraints related to sub-national violence hindered humanitarian organizations from reaching people in need. Nine aid workers were killed in 2020.



NOVEMBER 2020

Economic woes

The South Sudanese Pound rose to a new yearly high due to a decrease in the country's oil revenues and in turn led to a sharp rise in the price of basic commodities.



DECEMBER 2020

Food insecurity

The Integrated Food Security Phase Classification projected that 7.37 million people will be food insecure (IPC Phase 3 or worse) by the 2021 lean season.



Flood-affected women and their children at a nutrition clinic in Warrap, November 2020. Photo: OCHA/Emmi Antinoja

1.2

Shocks and impact of the crisis

Humanitarian needs in South Sudan are mainly driven by the impacts of years of conflict and exacerbated by the impact of climate change. Spikes in sub-national violence during 2020 resulted in more than 2,000 civilians killed between January and October and people displaced. COVID-19 has had a devastating and multi-faceted socio-economic impact on people, including severe economic contractions, spikes in prices of basic commodities, loss of livelihoods particularly in urban areas, increased protection risks, and disrupted access to basic services.

The already serious humanitarian situation has been compounded by severe flooding, affecting approximately 1 million people each year in 2019 and 2020. The South Sudanese people also continue to be highly vulnerable to epidemic diseases, due to low immunization coverage, a weak health system and poor hygiene and sanitation. Although people across the country are impacted by the protracted humanitarian crisis, states such as Jonglei, Upper Nile, Unity, Lakes and Warrap continue to face multiple shocks, further deepening extreme levels of vulnerabilities.

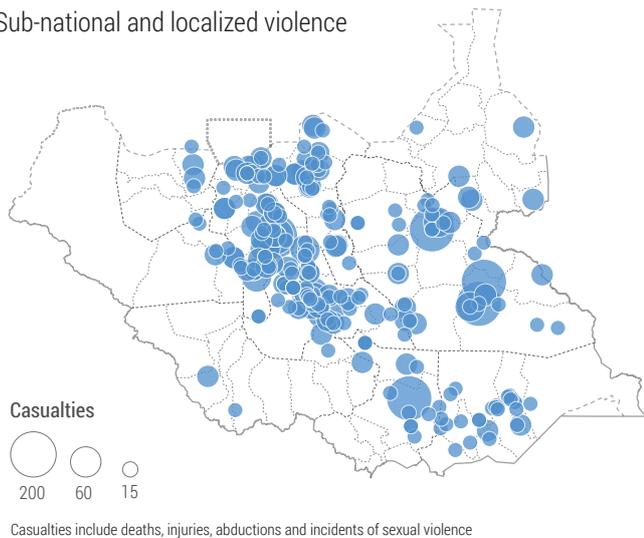
1.21 Impact on people

Insecurity and people's perception of safety

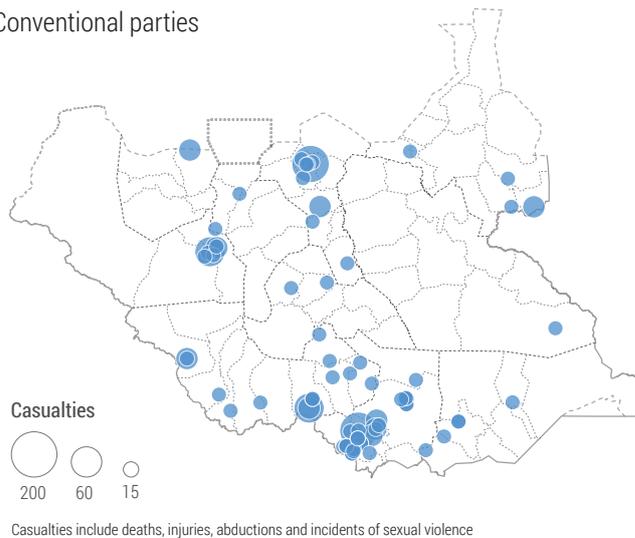
A marked escalation in sub-national violence has been taking place in recent years, especially in 2019 and 2020. The security situation at the sub-national level deteriorated in 2020, with complex conflict among ethnic groups operating along increasingly fractious, and shifting alliances and targeted military/armed campaigns being carried out.²³ From January to July, UNMISS documented more than 570 incidents of sub-national conflict, an increase of 300 per cent compared to the same period in 2019.²⁴ Sub-national violence between communities was most commonly reported type of violence during the same reporting period.²⁵ Organized sub-national and localized violence accompanied by cattle raiding and revenge attacks between ethnic groups, as well as between sections or clans of the same ethnic group, intensified, resulting in deaths, destruction and looting, especially in Jonglei. While such sub-national and localized violence have often reflected attempts to settle disputes over land and resources, they have also been shaped by and linked to political developments at the federal and state levels.

Figure 2 **Violence affecting civilians from January to June 2020**

Sub-national and localized violence



Conventional parties



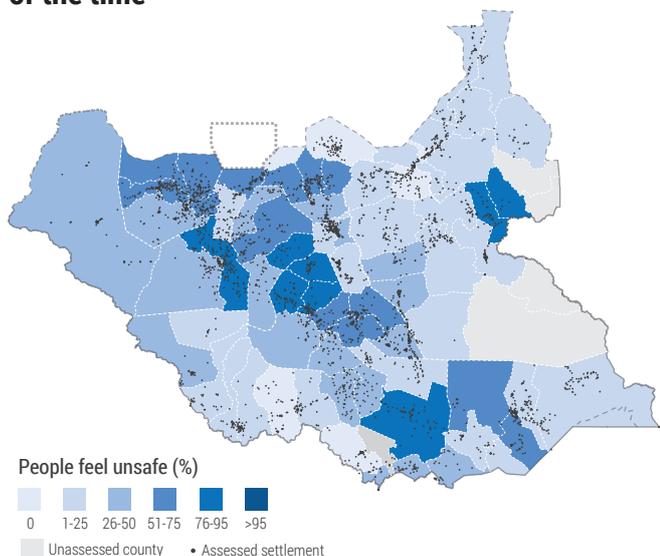
Source: UNMISS Human Rights Division

The National Salvation Front has not signed the revitalized peace agreement and was involved in the majority of the fighting between organized non-state actors.²⁶ This was the case especially in Central and Western Equatoria where recorded conflict incidents increased by 18 per cent between 2019 and 2020.²⁷ In many parts of the country, protection monitoring reports indicate that in many instances the police or governmental security forces contributed to the human rights violations towards particular ethnic or social groups. Since September 2018, at least 502 abductions, 96% of which are women and children, were documented in Jonglei and GPAA. Of the 502, 434 were reported between January and August 2020.²⁸ According to the same report, abductions of women and

children exacerbated long-standing community grievances and triggered new attacks. Some women reported abuses, including killings and abductions, and the local government's failure to rescue abductees. Interviewees also referred to taking up arms and relying on armed youth to defend their communities as a solution.

People's perception of safety varied by month and region. From April to June 2020, on average 41% of assessed settlements across South Sudan reported that most people did not feel safe most of the time.²⁹ This decreased marginally in July-September 2020, which could be attributed to the seasonal reduction in violence that is sometimes seen during the rainy season in locations experiencing flooding. At the state level, perceptions of lack of safety were most commonly reported in Lakes, Northern Bahr el Ghazal, Warrap and Western Bahr el Ghazal in both periods of analysis. These are the states that have experienced intense episodes of sub-national violence that displaced more than 200,000 individuals.³⁰ Counties in other states with persistently high levels of settlements reporting perceived unsafety are Juba in Central Equatoria and Ulang in Upper Nile.³¹ Parts of Jonglei and the Greater Pibor Administrative area were heavily affected by conflict in 2020 and as a result people's perceptions of safety were not assessed.

Figure 3 **Proportion of assessed settlements reporting that most people did not feel safe most of the time**



Based on July to September 2020 data. Source: REACH

While refugee returnees would not return to the most insecure areas, the vast majority or 96 per cent of the refugee returnees surveyed in 2020 said they felt safe in their current locations, while more than half reported having a good relationship with their host communities.³² Thirty-nine per cent of internally displaced persons and 42 per cent of returnees, over 1.1 million individuals, live in settlements reporting conflict-related incidents over a six-month period, including both instances of armed conflict and more commonly localized conflict over land and resources. A third of IDPs and returnees live in communities where women and girls avoid certain areas due to fear for their safety.³³

Protection and human rights concerns

South Sudan remained a protection crisis in 2020. Human rights violations, conflict, natural hazards and extremely limited livelihood opportunities put already vulnerable people, including IDPs, at increased risk. Between January and October 2020, UNMISS documented more than 1,200 human rights incidents, including arbitrary killings, injuries, abductions, conflict-related sexual violence, arbitrary arrests and detention, torture and ill-treatment, forced military recruitment, and the looting and destruction of civilian property. As was the case in 2019, violence involving civil defence groups³⁴ accounted for many victims of the four major forms of harm - killing, injury, abduction and sexual violence - throughout 2020. This mirrors trends observed more broadly since the signing of the R-ARCSS in September 2018, as conflict involving signatory parties to the R-ARCSS has in some cases taken more covert forms, involving proxy armed elements supported by political and military stakeholders, vying for land, natural resources and political influence. This blurs the distinction between 'sub-national and localized violence' and 'conventional parties' as illustrated in the map on the previous page.

COVID-19 related restrictions on humanitarian organizations limited provision of protection services in 2020, including legal assistance, psychosocial support and case management. Numerous unresolved housing, land and property issues at the legislative and technical levels, as well as forced occupancy of some houses, made land and housing issues a constant reason for tensions among people.

South Sudanese women and girls continue to face extreme levels of gender-based violence (GBV), much of which goes underreported, with limited availability of lifesaving GBV response services to survivors. Ninety-seven per cent of the reported GBV incident survivors were female. Left without access to the protective environment of school by the pandemic, the risk of children being neglected, abused or exploited increases significantly. The COVID-19 pandemic poses enormous risks to children, women, girls, families and communities including mental health and psychosocial

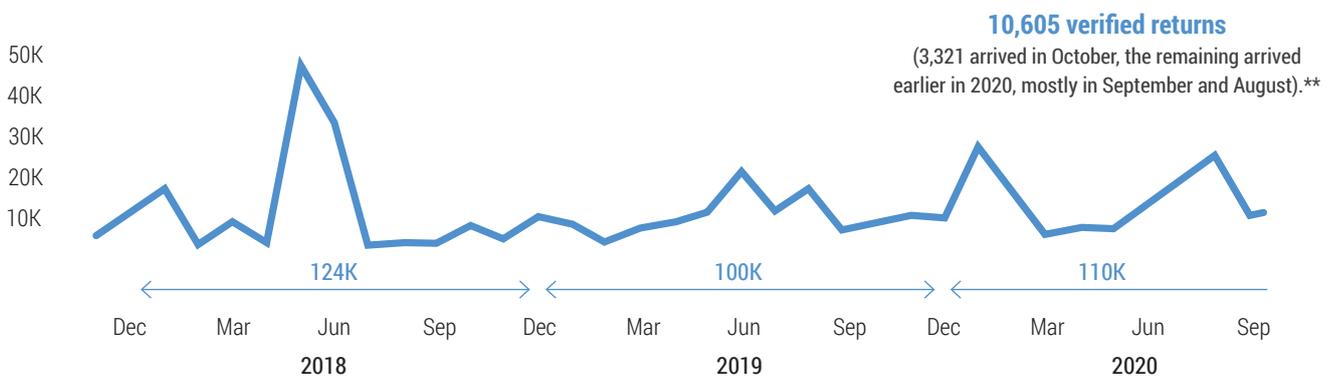
distress, intimate partner violence, family separations, violence against children, physical and emotional maltreatment, and risk of exploitation including child labour among others. Since COVID-19 was declared in South Sudan in April 2020, approximately 1,500 teenage girls in the Equatorias have either been married off or impregnated since April 2020.³⁵

Protracted displacement

Conflict, insecurity and natural disasters have displaced nearly 4 million people since 2013. Some have been forced to flee multiple times due to successive waves of violence and flooding. An estimated 1.6 million people are internally displaced, a slight decrease from November 2019.³⁶ The spike in sub-national violence and floods triggered new displacements in 2020. Preliminary analysis shows that more than 230,000 people displaced to a new location during the first nine months of 2020, including new displacement and movement of existing IDPs to the new areas of displacement.³⁷ As of March 2020, four in five displaced people are living with host communities, of whom more than 90 per cent in rural areas.³⁸ The rest are in camp-like settings. Protracted displacement and scarcity of resources lead to strained relationship between IDPs and host community. During recent consultations, both communities reported that they need support from humanitarian and development partners to build and strengthen peaceful co-existence and maintain positive relationship, advocating for balanced distribution of aid inclusive of vulnerable groups in both communities.³⁹

A small minority of displaced people remain sheltering in the UNMISS-protected Protection of Civilians (PoC) sites, which are currently in the process of transitioning to conventional IDP sites under jurisdiction of the government. By November 2020, the sites in Bor, Juba and Wau were transitioned, with Bentiu and Malakal PoC sites planned to transition in 2021. The re-designation of the PoC sites poses several protection concerns related to security, access to justice and rule of law, due to limited trust between the government and local populations, based on historical, ethnic and political reasons.

Figure 4 Spontaneous refugee return trend*



* Historical data might change retroactively due to delayed verification and triangulation of information in return areas

** 10,605 is the overall verified return in Oct. including those who had arrived earlier within the year but were verified in Oct. and out of which 3,321 returned in Oct. mainly from Sudan, Uganda and Kenya to Eastern Equatoria (Magwi county), Unity (mainly Koch county) and Upper Nile (mainly Ulang county)

Source: UNHCR, October 2020

Population movement

Internally displaced people in South Sudan

 **1.6M**



230K

IDPs arrived during the first nine months of 2020

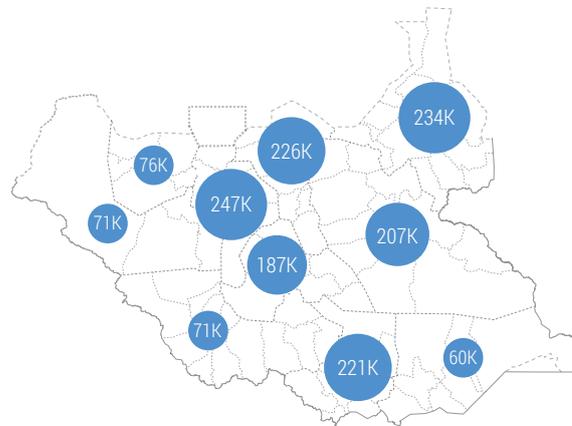
IOM DTM

125K

IDPs are in Protection of Civilians sites

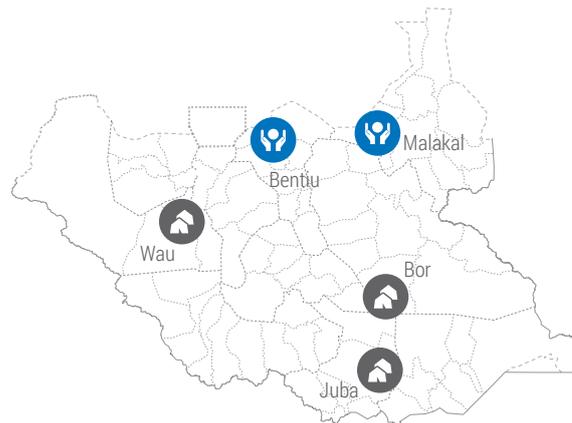
IOM DTM as of November 2020

Internally displaced people by state



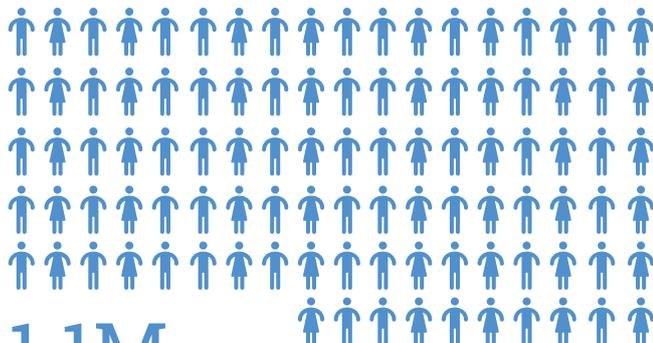
● number of displaced people by state

Transition of Protection of Civilians sites



● PoC site ● PoC transitioned site

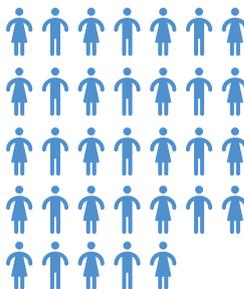
Internal returnees since 2016



1.1M

IOM DTM as of September 2020

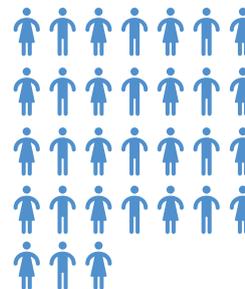
Spontaneous refugee returnees since 2017



335K

UNHCR as of October 2020

Refugees and asylum seekers in South Sudan



310K

UNHCR as of October 2020

An additional 2.2 million South Sudanese are refugees in neighbouring countries. While most of them fled South Sudan during the earlier years of the conflict, people continue to flee, and some 26,000 South Sudanese individuals sought asylum in countries in the region between January and October 2020. The main causes of refugee flight in 2020 were insecurity, floods and food shortages.

Spontaneous returns

UNCHR’s position on refugee returns, adopted in April 2019,⁴⁰ states that conditions are not yet considered conducive for the safe, dignified and sustainable returns, despite some progress made in terms of peace and security since 2018. However, some 345,000 refugees have returned to South Sudan in a self-organized manner since 2017, with 110,000 returning in 2020 alone.⁴¹ Overall, spontaneous refugee returns are driven by both push and pull factors, including family reunification, limited livelihood opportunities, and insufficient access to basic services in the countries of asylum.

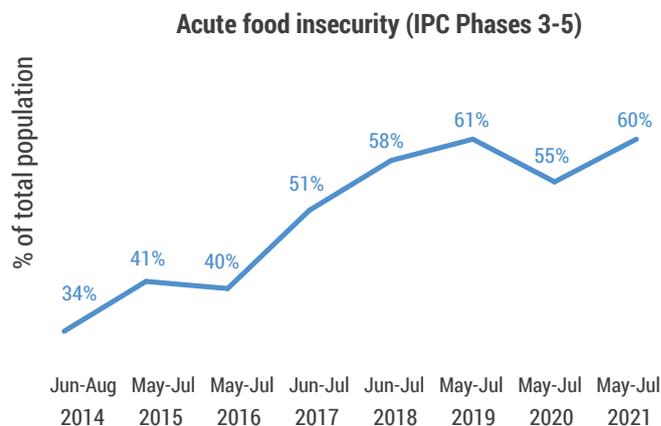
Another 1.1 million internally displaced people have returned to the places of origin or habitual residence since 2016, including about 170,000 former IDPs who returned to their locations of habitual residence in 2020.⁴² Insecurity, access to housing, land, and property, risk of gender-based violence and lack of basic services in areas of potential return continue to constrain returns in larger numbers. Series of consultations with IDPs showed that IDPs are very much concerned about the overall security situation in the country. Many expressed dissatisfactions with the overall transparency and progress on the implementation of the peace agreement leading to the perception of general unpredictability of situation across the country.⁴³

Refugees in South Sudan

South Sudan hosts some 310,000 refugees and asylum seekers, 93 per cent of whom are from neighbouring Sudan. The country has maintained its open-door policy during COVID-19 pandemic with more than 2,100 people seeking asylum in South Sudan in 2020, mostly from Sudan’s South Kordofan State, the Democratic Republic of Congo and the Central African Republic.

Figure 6 Evolution of food insecurity

Percentage of population in severe food insecurity during mid-year hunger season, per IPC



Worsening food security

The worsening food insecurity situation in 2020 was brought about by compounded shocks on top of existing high levels of vulnerability caused by asset depletion and impoverishment experienced since 2013.⁴⁴ Intensified conflict during the year has disrupted livelihoods, resulted in loss of assets, especially livestock, and also interrupted delivery of humanitarian assistance and other basic services. The loss of assets has created incentives for people to engage in armed violence. Two consecutive years of unprecedented flooding have caused destruction of property, infrastructure, crops and displaced people and livestock. Human and animal deaths have also been recorded and attributed to the floods. The continued and protracted macro-economic crisis, accompanied by currency depreciation, has also resulted in high food prices, eroded household purchasing power and made food unaffordable for a significant proportion of the population. The indirect effects of COVID-19 in terms of disruptions to the supply chains of both commercial and humanitarian assistance worsened the severity of food insecurity for most of 2020.

In January 2020, the IPC analysis projected that an estimated 6.48 million people would face severe acute food insecurity during May to July 2020. The IPC analysis

Figure 5 2019-2020 Cost of food basket to meet daily energy requirement

South Sudanese Pound per person per day



Source: WFP

conducted in October/November 2020 has projected that the number of people likely to be severely food insecure during the 2021 lean season will increase by 10 per cent to 7.24 million people. This represents 60 per cent of the South Sudanese population. The mid-2021 lean season is projected to be the worst ever in terms of severity, with 20 per cent of the population likely to be in Emergency (IPC Phase 4) and 1 per cent of the population in Catastrophe (IPC Phase 5).⁴⁵

1.2.2 Impact on systems and services

Deteriorating economic situation and market functionality

The plummeting global oil prices and lower non-oil tax revenues seen in 2020 are expected to result in a significant fiscal deficit in 2021 that will place pressure on future government services and efforts to promote inclusion. As many businesses had to close in the early months of the COVID-19 outbreak, the non-oil revenue growth declined by 14 per cent from 2019 to 2020. South Sudan's GDP per capita is expected to contract by 4.3 per cent in 2020.⁴⁶ Given South Sudan's import-dependency, a depreciation of the South Sudanese pound (SSP) has led to an overall reduction in the amount of cash and a reduction in imports. Prices are rising and people's purchasing power is reducing.

COVID-19 restrictions and the economic contraction have placed pressure on markets and the movement of goods. South Sudan relies predominantly on commercial imports of basic commodities, including cereals. COVID-19 outbreak strained commercial activities in neighbouring countries and the free movement of commodities, which, compounded with a devaluing local currency, contributed

to the significant spike in prices for both cereals and other commodities. The depreciation of the SSP in 2020 led to a rise in the cost of food basket, and consequently a rise in the share of food expenditure, leaving households little to no resources to cover non-food needs.⁴⁷ The figure on the previous page shows the rising cost of food basket in the capital city, Juba.

Disruption of already limited basic services

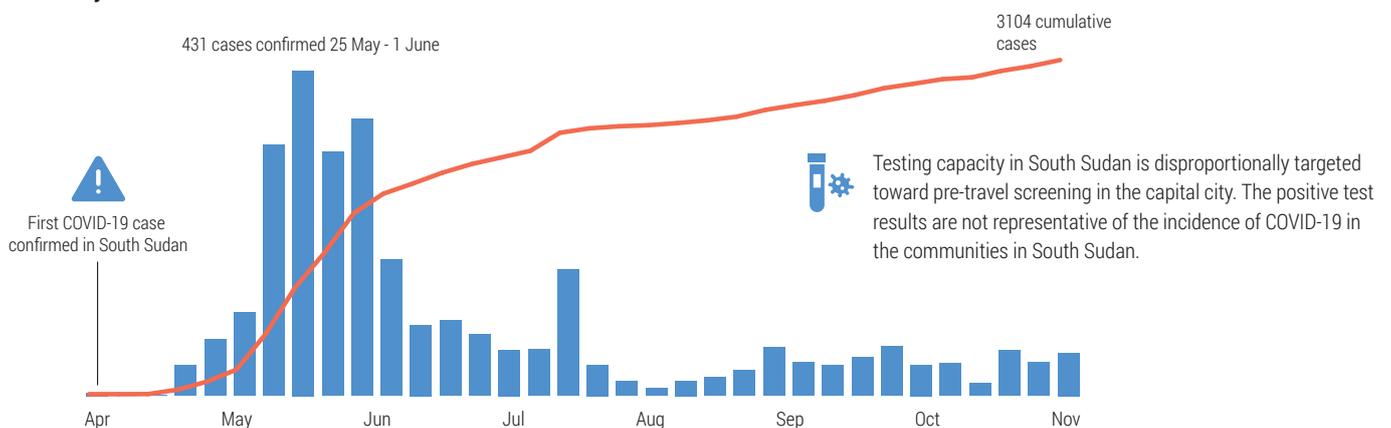
COVID-19, sub-national violence, and flooding continue to strain access to the very limited basic services. More than 56 per cent of health facilities are non-functional. COVID-19 placed an additional demand for health services, supplies and health professionals. Health workers and other frontline workers faced stigmatization due to their COVID-19 related work. Some routine programmes such as the Expanded Programme on Immunization were disrupted. Surging violence also resulted in the suspension of activities at several health centres, particularly in Upper Nile, Jonglei, and Lakes states, due to attacks on health workers and looting. Temporary closures of schools, due to COVID-19 restrictions, disrupted education, limited children's access to essential services like school feeding programmes and increased their exposure to various forms of GBV.

Some 400 schools in nine states were affected and damaged by the floods and violence in 2020 and half of them are now occupied by IDPs. This has delayed the re-opening of schools in many areas. Protracted and continued conflict and flood induced displacement limit access to WASH infrastructure and places an extra burden on existing WASH infrastructure in displacement sites. The flooding destroyed a fifth of women and girl friendly spaces countrywide.

Figure 7 COVID-19 situation based on reported test outcomes



Weekly confirmed COVID-19 cases



Source: MoH COVID-19 Weekly Situation Report as of 29 November 2020

1.2.3 Impact on humanitarian access

Despite general improvements in the overall feasibility of humanitarian access since the establishment of the transitional government, access continued to be constrained in 2020 by sub-national violence, bureaucratic impediments, operational interference, violence against humanitarian personnel and assets, and COVID-19 travel restrictions accompanied by lack of cross-country unified travel regulations. Out of the 7.5 million people in need of assistance in 2020, approximately 254,000 people lived in counties with high access constraints, including some 215,000 targeted with assistance. This represents over 200 per cent increase from 65,000 people targeted in areas with high access constraints in 2019. Five counties experienced high access constraints in 2020 related to active hostilities, constant violence against humanitarian personnel and assets, and the physical environment: Longochuk, Maiwut and Panyikang in Upper Nile; Mundri East in Western Equatoria; and Rumbek North in Lakes. This is an increase from three counties classified in the same category in 2019. A total of 34 out of 78 counties were classified as facing low level access constraints, a reduction from 44 counties in 2019.

Sub-national violence in Jonglei, Lakes and Warrap resulted in relocation of humanitarian partners, looting of lifesaving supplies and targeting of humanitarian workers based on ethnic identities. Fighting in Lainya, Kajo-keji and Morobo in Central Equatoria led to suspension of activities, ambushes of humanitarian convoys, looting of critical supplies and violence against humanitarians. The prolonged closure of the main road in Central Equatoria for humanitarian movement prevented approximately 144,000 people in need from accessing humanitarian assistance.

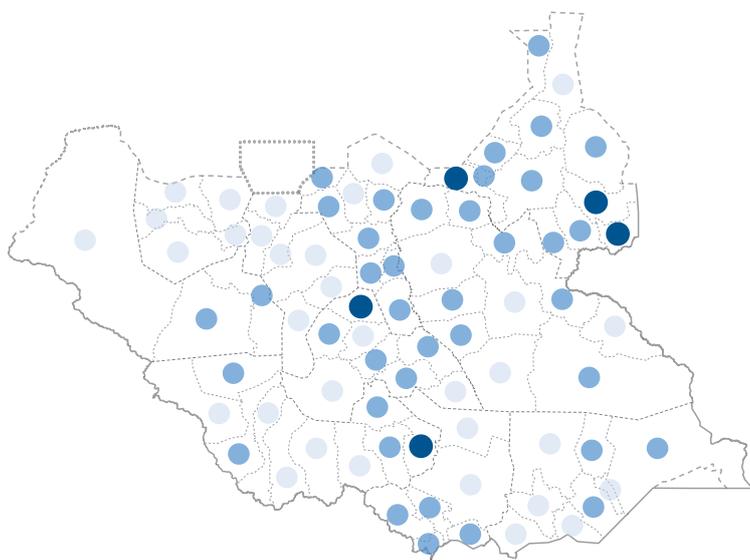
Local authorities continued to interfere in humanitarian responses to people in need. Navigating an untransparent regulatory environment including various fees and taxes

imposed by authorities delayed humanitarian assistance and diverted resources that would have otherwise been used for lifesaving supplies. Local youth groups across the country demanded employment from humanitarian organizations in an often-violent manner, disrupting assistance to vulnerable communities. For example, in Upper Nile in October, the youth threatened humanitarian workers based on ethnic identity, burned warehouses, and looted and destroyed supplies. A total of 20 looting incidents were recorded in the second quarter of 2020, compared to three over the same period in 2019. A total of 635 metric tons (MT) of WFP food and nutrition items were looted in Gumuruk, Verteth, Pieri and Nyadin, Jonglei State and Greater Pibor.⁴⁸

Humanitarian organizations were forced to suspend the delivery of assistance, which negatively impacted thousands of vulnerable people's ability to access basic services. Between February and July 2020, humanitarian presence was severely limited in Pibor due to the relocation of 144 staff as a result of high insecurity following sub-national violence. Humanitarians were only able to return to the area in August 2020. This lack of sustained presence affected organizations' ability to reach people in need, as well as the affected people's access to assistance and services, and contributed to deteriorating humanitarian conditions in the area.

Up to 60 per cent of the country is cut off during the rainy season between April and December, forcing humanitarians to rely on costly air transportation. In 2020, many roads remained inaccessible exceptionally until March, constraining physical access more than usual and limiting the time available to pre-position supplies to key locations before the next rains began. COVID-19 containment measures impacted humanitarian staff movement and shipping of essential cargo until August 2020.

Figure 8 **Severity of humanitarian access by county**



! 5 counties with high access constraints

High access constraints: 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.

! 39 counties with medium access constraints

Medium access constraints: Moderate access constraints present. Armed groups, checkpoints, bureaucratic or other access impediments are present and regularly result in restrictions on humanitarian activities. Operations continue in these areas with regular restrictions. With adequate resources, partners would be able to reach roughly half of targeted people in need.

! 34 counties are accessible or with low access constraints

Low access constraints: No or very few access constraints present. Armed groups, checkpoints, bureaucratic or other access impediments may be present, but these rarely or only occasionally result in restrictions on humanitarian activities. Partners are largely able to operate. With adequate resources, partners would be able to reach all or nearly all targeted people in need.



Apai Bol lives in the UN Protection of Civilians AA site in Wau. Early 2020. Photo: IOM/Achuoth Philip Deng

1.3

Scope of analysis

As in previous years, the HNO analysis reflects people's needs in all 78 counties in South Sudan due to the spread of the humanitarian crisis across the entire country. While the severity of needs varies by location, people's needs have not reduced significantly in any area. Each county hosts communities who are displaced and/or acutely food insecure.

In an improvement from the approach, used in previous years, the HNO features findings from selected urban areas and large IDP camps, collected as part of the FSNMS+ process.⁴⁹ Although the data is not representative of the whole country, the new contribution confirms that humanitarian needs are highest in rural and host community settings, but urban areas are not immune from the crisis and were severely hit by the economic impact of the pandemic.

The HNO focuses on the needs of most affected population groups: displaced people, returnees from internal displacement, spontaneous refugee returnees, host community members and other non-displaced, and refugees in South Sudan. These groups' particular needs and vulnerabilities across physical and mental wellbeing, living standards and coping mechanisms are described in Part 1.4 based on available assessments and reports.

The number of people in need and the severity of this need is not disaggregated by population group, however. This is because the HNO uses some 15 different data sources, most of which do not provide information by population

group. The main data, including the FSNMS+ conducted by FAO, IOM, UNICEF and WFP, and the Area of Knowledge/ Neighbourhoods Assessment by REACH, do not provide statistically representative disaggregated data at the county level by population group. IOM DTM's Mobility Tracking Multi-Sectoral Location Assessment provides population-weighted key informant estimates of needs at county level for IDPs, however, and this has been used in Part 1.4 as appropriate.

The use of multiple datasets at household and area levels is one of the main limitations of the analysis, detailed further in the Annex. This could be overcome through the implementation of a multi-sector needs assessment in 2021.

Basic sex and age disaggregated analysis is provided for all counties and sectors, derived from the South Sudan population baseline. The number of people living with disabilities is estimated based on WHO's global average of 15 per cent due to lack of representative disability assessments in South Sudan.

Thematically, the analysis considers the legacy of years of civil war and limited development investment, as well as recurrent shocks on people's wellbeing: inter-communal and sub-national violence and natural disasters, mainly flooding. Macroeconomic analysis and the impacts of COVID-19 feature prominently in the HNO, given their recent impact on the humanitarian situation.

1.4

Humanitarian conditions

Physical and mental wellbeing

Death, injury and abduction

Years of conflict continue to threaten people's physical and mental wellbeing. Between January and October, at least 2,122 civilians were killed and 1,496 wounded, including at least 301 women and 155 children.⁵⁰ Surging sub-national violence resulted in more than 1,500 civilians killed during the first half of 2020.⁵¹ More than half of victims were in Jonglei, Lakes and Warrap, which also experienced grassroots violence.



Most of the people killed in 2020 were men, mainly in Jonglei, Lakes and Warrap.

Men constituted the majority of civilian victims of violence, particularly during the first half of the year. Most of them were killed or injured during incidents of sub-national violence, while the others were abducted for forced labour and/or military recruitment. Women were primarily subjected to conflict related sexual violence, killing and abduction, largely in the context of sub-national violence. Children faced abduction, recruitment into armed groups and separation from families. In addition, in 2020, high level of stress, loss of friends and family members are taking a toll on mental health and emotional development of children, further exacerbated by the COVID-19 outbreak. A recent FSNMS assessment found that 30 per cent of children had behavioral change, showing signs of distress due to repeated exposure to conflict and shocks.⁵²

Gender-based violence

Armed conflict, sub-national organized violence, COVID-19 restrictions and flooding have exacerbated the already extreme levels of GBV. Over 6,000 GBV incidents were recorded between January and September 2020. Nearly all, or 97 per cent of the reported GBV incident survivors, were female. A fifth of survivors were less than 18 years old. Intimate partners accounted for more than half of the alleged perpetrators.

Displaced women and girls continue to bear the brunt of GBV. A third of people displaced live in communities where women and girls avoid certain areas due to fear for their safety, while basic GBV risk mitigation measures around sanitation facilities remain extremely rare outside large IDP camps.⁵³ IDP women also reported feeling unsafe due

to congestion in the camps, given that it leads to a lack of privacy which contributes to increased risk, and actual occurrence of, sexual violence.⁵⁴

Sexual violence, including rape and sexual slavery, continue to be documented. According to UNMISS reports, Yei in Central Equatoria remains a major hotspot of conflict-related sexual violence, followed by Unity State. Brutal rapes including gang-rapes, have been among the violations committed by armed forces and groups during cattle raids in Warrap and Lakes states.⁵⁵



Displaced women and girls and those living near cantonment sites are most affected by GBV.

Mental wellbeing

Mental health conditions are widespread and largely untreated in South Sudan.⁵⁶ The population has one of the highest suicide rates in the world, ranking 13th out of 172 surveyed countries.⁵⁷ Fifty-nine per cent of South Sudanese report signs of distress including depressive symptoms. Displaced and conflict-affected people experience elevated levels of psychological distress. Assessments conducted in Bentiu, Malakal and Wau PoC/IDP sites between 2015 and 2019 indicate persistent experiences of cumulative distress, mourning and grieving of multiple losses, acculturative stress, loneliness, anxiety, loss of self-esteem, strain and fatigue from cognitive overload and perceptions of inability to function completely in current circumstances.⁵⁸ The COVID-19 pandemic has worsened the mental health situation for the population and constrained the availability of already limited mental health services in particular for persons with pre-existing mental health problems.



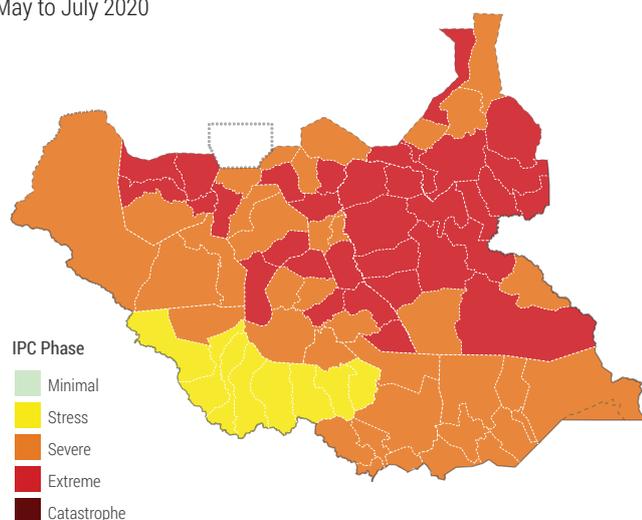
Displaced and conflict-affected people experience elevated levels of psychological distress.

Physical wellbeing

South Sudan has some of the worst health outcome indicators globally. Maternal mortality ratio is at 789 per 100,000 live births—fifth highest in the world—while the under-five mortality rate is at 99.2 per 1,000 live births.⁵⁹ Three in four child deaths in South Sudan are

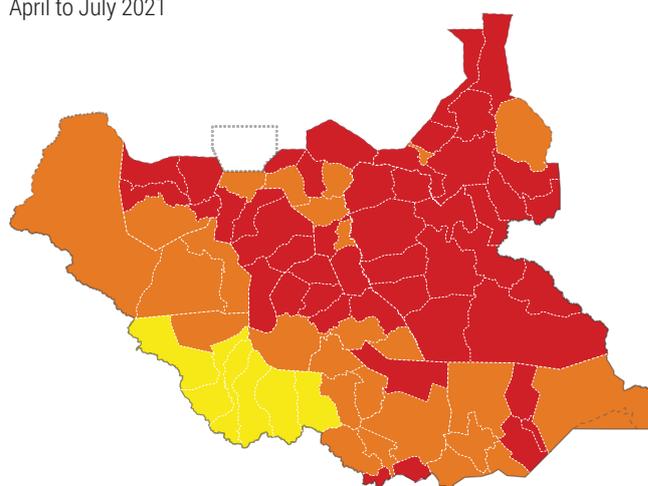
Figure 9 **Deteriorating food security situation from 2020 to 2021**

May to July 2020



Map source: IPC Acute Food Insecurity and Acute Malnutrition Analysis October 2020 - July 2021, issued on 18 December 2020

April to July 2021



For more information, including combined country and global analysis, please visit: www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-31/en/

due to preventable diseases.⁶⁰ Malaria remains the top cause of morbidity and mortality.⁶¹ Less than half of the South Sudanese population has been vaccinated against common diseases, which has resulted in continued outbreaks of measles since 2019 and throughout 2020.⁶² Risks of outbreak of vaccine-preventable diseases have further increased after routine immunization services were disrupted due to COVID-19. In a recent rapid needs assessment, 80 per cent of all older persons interviewed had a health condition, while 87 per cent had a disability.⁶³

Acute food insecurity

High levels of acute food insecurity drive humanitarian need in most counties of the country. Food insecurity negatively affects people's health and nutritional wellbeing, and their ability to carry out manual livelihood activities.

According to the IPC⁶⁴, people's acute food insecurity situation has been worsening over the past two years, from an estimated 6.35 million people in Crisis (IPC Phase 3) or worse acute food insecurity during the 2019 lean season to 7.24 million people in the same conditions by the 2021 lean season. The states with the highest number of counties in Emergency (IPC Phase 4), projected at the peak of the 2021 lean season are Jonglei and Upper Nile. In the official IPC report issued by the government in December 2020⁶⁵, Akobo, Aweil South, Pibor and Tonj North counties have pockets of populations in Catastrophe (IPC Phase 5) acute food insecurity at one or more periods between the end of 2020 and mid-2021. Differing to the IPC official release, the IPC Global Support Unit released two reports from the Famine Review Committee, classifying parts of Pibor County as 'Famine Likely' and indicating a likelihood of populations in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Aweil South, Tonj East, Tonj North and Tonj South.⁶⁶

More than half of IDPs live in settlements relying on food or cash assistance, or host community donations as their main source of food. Data from the IPC does not distinguish between different population groups.

An estimated 28 per cent of IDPs and 36 per cent of returnees live in settlements without access to a local food market when assessed in early 2020.⁶⁷ The number of displaced people living in settlements without access to a food market was highest in Jonglei, Lakes and Upper Nile; and returnees in Central Equatoria and Unity. More than half of IDPs and a third of returnees lived in settlements relying on food assistance, cash assistance or host community donations as their main source of food. The proportion of IDPs and returnees living in settlements relying on donations or assistance as their main source of food was highest in Unity, Jonglei and Northern Bahr El Ghazal. Urban areas and larger host-community settings fare better in terms of access to food markets for both IDPs and returnees. According to a key informant assessment, every other household does not have adequate access to food.⁶⁸ The most common barriers to food access were crop destruction and lack of markets.

Malnutrition

Around 1.4 million South Sudanese children under age 5 and another 483,000 pregnant and lactating women are expected to be acutely malnourished in 2021.⁶⁹ This is the highest number in three years and related to increased food insecurity and the decrease in coverage and uptake of nutrition services due to conflict, flooding and impacts of COVID-19. Lack of nutrition in young children results in

negative impacts on their physical and mental wellbeing, affecting their educational outcomes and livelihood opportunities at a later stage. Malnourished people are more vulnerable to common and infectious diseases such as cholera, malaria, diarrhoea diseases, acute respiratory infection and measles. The proxy prevalence of Global Acute Malnutrition (GAM) among under-five children ranges from 1.3 per cent to 33.4 per cent. In total, 47 counties out of 78 have a proxy prevalence of GAM above the emergency threshold of 15 per cent.⁷⁰

Under-five children and pregnant and lactating women are most vulnerable to acute malnutrition.

Living standards

Access to health care

Violence and flooding destroyed or damaged existing health facilities in 2020, worsening people’s already poor access to essential health services. Already only 44 per cent of the population live within 5 km radius of a health facility. Approximately 12 per cent of IDPs and 13 per cent of returnees live in settlements with no access to health services. The worst affected states are Lakes, Western Bahr El Ghazal, and Central Equatoria.⁷¹ In addition, an estimated 32 per cent of IDPs and 37 per cent of returnees live in settlements located more than 5 km from a functional health facility. States with the largest absolute gaps are Upper Nile, Jonglei and Unity. A key informant assessment found that two thirds of households could not access healthcare when needed in the six months prior to data collection.⁷²

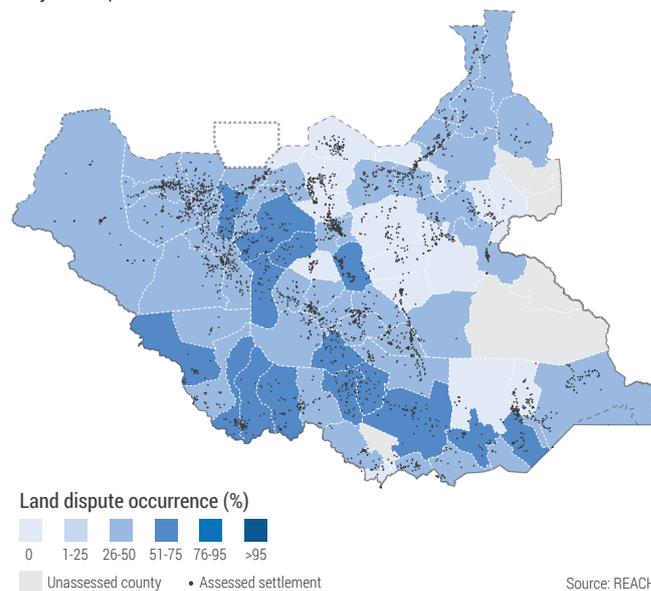
Access to clean water and sanitation

Poor access to clean water, hygiene and sanitation services combined with high levels of food insecurity compromises people’s health and nutrition conditions across South Sudan and contributes to one of the highest child mortality rates in the world. Some 70 per cent of households report members affected by a water or vector-borne disease. Lack of access to water has led to tension and conflict between communities over competition of already scarce resources.

Forty-one per cent of South Sudanese households access their water from an unimproved water source. The highest proportion of households relying on surface water are in Upper Nile, followed by Jonglei and Central Equatoria. Every fifth person is unable to collect enough water for drinking, and every third reports insufficient access to water for hand washing. The availability and quality of water have shaped how households prepare food, which influences the nutrition status of families. Only 35 per cent of households have access to an improved water source in under 30 minutes without facing any protection concerns⁷³ and 35 per cent of

Figure 10 **Proportion of assessed settlements reporting occurrence of land disputes**

July to September 2020



households take more than 30 minutes round trip to collect water as reported by key informants.⁷⁴

An assessment conducted before the 2020 flooding found that overall, some 40 per cent of IDPs and half of returnees live in settlements where the main water source is over 20 minutes away on foot, while about a third of IDPs and returnees live in settlements reporting water unfit for human consumption. Additionally, 20 per cent of IDPs and 28 per cent of returnees live in settlements where people feel unsafe when they go to collect water, highlighting the protection risks especially for women and girls who experience harassment, assault and sexual violence while collecting water far from their homes.⁷⁵

Access to water and sanitation is the worst among newly displaced communities, and in areas hosting recently returned refugees and IDPs.

Access to sanitation also remains low, for example, 77 per cent of households have no access to latrines.⁷⁶ Only 17 per cent of households have a latrine in their compound and 4 per cent have a communal or shared latrine while in 34 counties less than 10 per cent of households reported having access to latrines. Having to defecate in the open undermines the dignity and safety of women, children and people living with disabilities, and poses them to high risk of violence and discrimination. Four in five IDPs and returnees live in settlements with evidence of open defecation.⁷⁷ The limited access to WASH services impacts people across all population groups, but the needs are the most severe

among the newly displaced population, and in areas hosting recently returned refugees and IDPs.

Access to safe shelter and land

People's access to shelter and essential household items ensures dignity and improves their health, personal hygiene and wellbeing. Poor living conditions could lead to negative impacts on people's health, especially for pregnant women and under-five children, and to increased protection risks.

An estimated 16 per cent of displaced people and 20 per cent of returnees live in settlements with more than half of their shelters collapsed or in danger of collapse.⁷⁸ Displaced people and returnees living in smaller and urban settlements tend to face higher damage ratios. The most affected states are Western Bahr el Ghazal and Jonglei. In addition, around 45 per cent of IDPs and returnees live in settlements without access to a local market selling essential household items. One in five refugee returnees reports not having access to their houses for reasons including damages and occupancy by others.⁷⁹ According to a key informant assessment, nearly a quarter of assessed households host displaced people.⁸⁰ Destruction of property is one of the most-cited reasons for families and individuals in displacement to remain in displacement.



Displaced people and returnees living in smaller and urban settlements are likelier to have their shelter damaged.

Ownership rights to land, housing and property continue to be a challenge particularly for women in South Sudan. Land disputes occur across the country, regarding land ownership, use, allocation and transfer. According to key informants consulted between April and September 2020, incidents of land disputes were reported in 14 per cent of assessed settlements.⁸¹ They were most common in Warrap and Western Equatoria states, as seen in the map below. Tension between host communities and displaced people over rights to land, housing and property has the potential to result in violence, including GBV. Long-standing conflicts over land usage, for example pastoralist versus agriculturalist land use patterns, lead to violence. Limited legal or legislative mechanisms exist to resolve or address these concerns, and this is a significant cause of recurrent, seasonal violence and displacement.

Access to education

Some 2.4 million children are out of school in 2020.⁸² The majority of them are girls. Children in rural areas and IDP, refugee and returnee children are most vulnerable. About 60 per cent of IDPs and returnees live in settlements where no more than half of the children are attending primary education, mainly in Lakes, Western Equatoria, Jonglei, Unity, Lakes, and Northern Bahr el Ghazal. Kapoeta North

County is among the worst affected, with all surveyed key informants reporting gaps in education.⁸³ The situation further worsened countrywide with the temporary closure of schools due to COVID-19, disrupting education and limiting children's access to essential services like school feeding programmes, information on disease prevention and access to water and sanitation.

It is likely that many schools will struggle to reopen, given that most teachers have not been paid in a long time. The rate of return is also likely to be lower for girls.



Children in rural areas and displaced, refugee and returnee children have the lowest access to education.

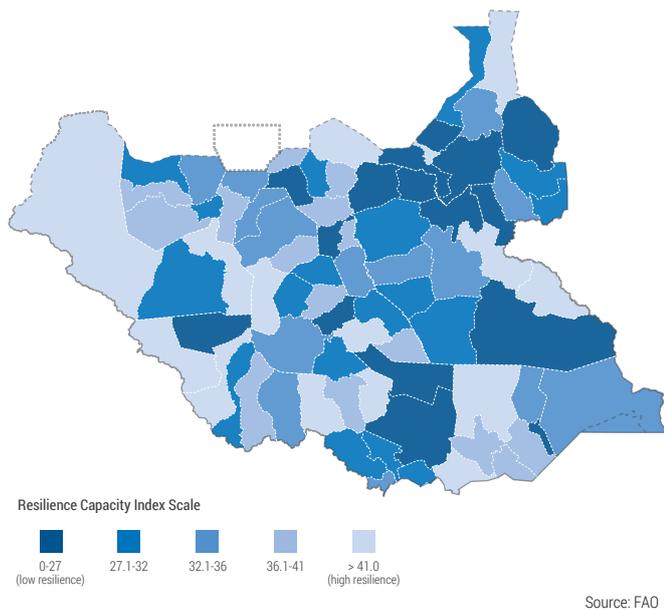
Protection and safety concerns also prevent girls and children with disabilities from going to schools when they are located far from a community. Long travelling distance to school is one of the main reasons for children dropping out of school in South Sudan. Lack of financial resources which prompt parents to put children to work instead.⁸⁴ Lack or inadequate of educational infrastructure is another barrier for children to access education services. Without proper and sufficient shelter options, displaced people have taken refuge in school buildings, making many schools unusable for learning.

Coping mechanisms

Poverty, food insecurity, lack of livelihood opportunities and other humanitarian needs have forced many families to resort to negative coping strategies. Some are harmful to children such as early/forced marriage and child labour. Both men and women report relying on small-scale livelihood activities to mitigate the difficulties they face, including fishing, hunting, farming, harvesting honey, brewing alcohol and selling charcoal. Trees cut down and burned for charcoal have a high environmental impact. Some of the vulnerable women and girls opt to exploitative survival sex in exchange for basic needs. Affected communities are adopting different coping mechanisms to avoid violence including relocating, restricting movements and remaining silent about concerns for fear of reprisals.⁸⁵

A significant proportion of IDPs are living with host communities, straining both communities' ability to cope. In order to meet their needs, some displaced families opt for negative coping mechanisms, including child labour and early marriage. Early marriage among IDP children is more prevalent than in recent years.⁸⁶ Poverty is relatively more widespread among IDPs. An estimated 91 per cent of IDPs live under the international poverty line of US\$1.90 PPP per capita per day compared with 86 percent of rural residents and 75 percent of urban residents.⁸⁷

Figure 11 **Resilience Capacity Index**



A Resilience Index Measurement and Analysis methodology was applied in South Sudan in 2020 to understand how households cope with shocks and stressors. Access to assets and adaptive capacity are the key drivers of household resilience. The COVID-19 pandemic influenced households' resilience in positive and negative terms. On the one hand, people's access to basic services, especially health and safe water, improved from last year following the investments made to respond to and prevent COVID-19. On the other hand, COVID-19 related restrictions led to a significant reduction in people's participation in social groups and affected their access to essential services such as community-based protection, and capacity and resilience building activities which previously had a positive contribution to households' resilience. The negative impact of flood-related shocks in combination with intensified

conflict on the resilience capacity underpins households' limited capacity to absorb short-term covariate shocks.

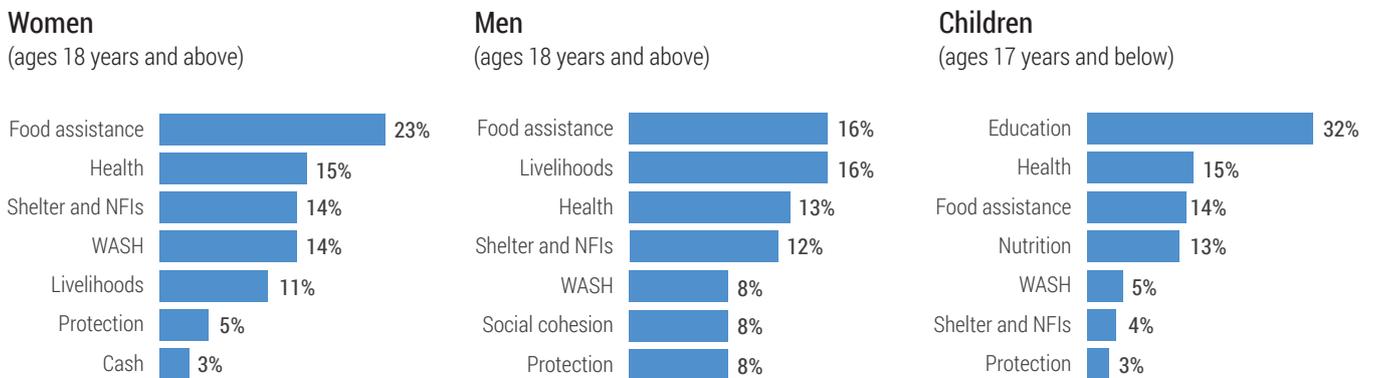
Female-headed households are less resilient than male-headed ones.

Overall, female-headed households are among those who are the most vulnerable. As seen on the map on the previous page, on average people in the Greater Bahr el Ghazal region are more resilient while people's resilience capacity is lower in Greater Upper Nile.

Perceptions of affected people

Of the nearly 2,000 settlements assessed in September 2020, people in two thirds of them received some form of assistance in the previous six months.⁸⁸ Key informants in three out of four of these settlements reported that people commonly think the assistance received was of the type most needed. In nearly all focus group discussions (FGDs), men, women, youth and older persons identified food insecurity or lack of food as the primary challenge facing affected communities. This was true for communities who received assistance as well as those that had not. Food assistance was clearly named as the main priority need for women (in 23 per cent of assessed settlements countrywide), followed by health, while food assistance and livelihood support were identified equally as priority needs for men. However, in Upper Nile, livelihood support was the most commonly reported main priority need for women. Despite food assistance being the most commonly reported priority need overall, food assistance was reported as the main priority need for men and women in only 1 per cent of assessed settlements in Western Equatoria.⁸⁹

Figure 12 **Type of aid most needed according to key informants**



Asked to KIs from all assessed settlements

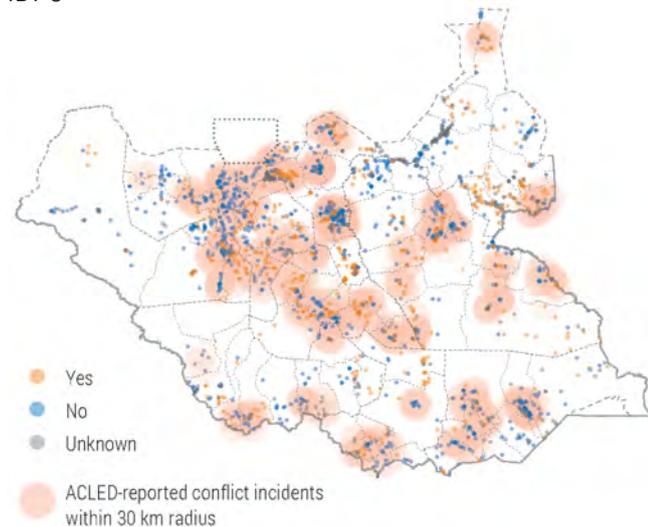
Asked to KIs from all assessed settlements

Asked to KIs from all assessed settlements

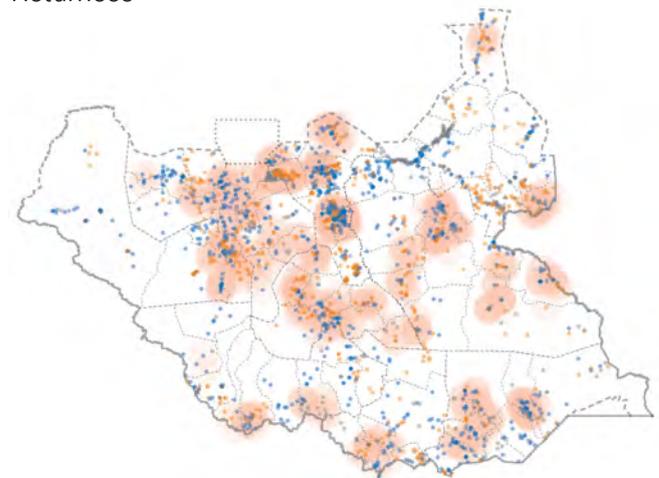
Source: REACH

Figure 13 **People's proximity to conflict events**

IDPs



Returnees



Yes: a conflict related incident within a radius of 30 km was reported
 No: a conflict related incident within a radius of 30 km was not reported

Source: IOM DTM

People's other commonly-identified needs were health-related – such as shortages in medicines and health personnel, long distances required to access care – or unmet needs for non-food items - such as agricultural tools, fishing nets, seeds. Insecurity was also reported as a key concern. While women were more likely to raise concerns regarding the fair targeting and distribution of aid, lack of information on how to register for aid and the need for assistance in registration, men voiced concern about the quality of infrastructure, such as the poor condition of roads and/or unmet needs for construction, repair work, and transportation.⁹⁰

Education was named as the type of aid needed most by children across assessed settlements in the country, particularly in the Equatorias. This may have been exacerbated by school closures due to COVID-19, as mentioned in focus group discussions conducted in October 2020. Moreover, focus group discussion participants highlighted early and forced marriages, as well as adolescent pregnancies, as particular challenges faced by children and adolescents in South Sudan.⁹¹

Humanitarian conditions for internally displaced persons

The states with the highest levels of inter-sector needs for IDPs overlap with areas with large numbers of reported conflict incidents. Jonglei, Lakes and Central Equatoria states saw the highest levels of need across sectors in IDP communities assessed in early 2020.⁹² Since the time of the assessment, all three states have witnessed additional violence and flooding which have aggravated existing needs. IDPs in Western Equatoria, while comparatively few

in numbers, nevertheless face some of the highest inter-sectoral levels of need in relative terms. Compared to DTM's previous multi-sector location assessment in June 2019, needs have increased the most in 2020 in IDP communities in Lakes, Jonglei and Unity.⁹³

While IDPs in rural areas tend to see the highest levels of need across sectors, needs in urban areas are also significant. Easier access to humanitarian services mitigates humanitarian needs in large IDP camps, resulting in improved humanitarian outcomes compared to often hard-to-reach host-community settings. Yet, the displaced population hosted in these camps continues to suffer from high levels of vulnerability.



More displaced people live under the poverty line than rural and urban residents.

Thirty-nine per cent of IDPs live in settlements reporting conflict-related incidents, including both instances of armed conflict and – more commonly – localized conflict over land and resources.⁹⁴ IDPs reported they could not hold the government directly accountable as this would put them at risk. For instance, in Upper Nile IDPs noted that before the conflict communities raised their complaints with the local chief for escalation to the county commissioner, but currently chiefs fear elevating complaints to commissioners as they will be accused of opposing the government.⁹⁵

Displaced women continued to disproportionately bear the brunt of the conflict and displacement. Some have lost their husbands and become single heads of household, and are exposed to different types of harassment, including GBV, which adds to their vulnerability and trauma. Women and girls are exposed to the risk of sexual violence both inside and outside camps. Meanwhile, displaced children suffer from lost years of education and exposure to various maltreatments, including abductions, forced recruitment, sexual harassment and child labour.⁹⁶

As part of the consultations for the UN Secretary General's High-Level Panel on Internal Displacement, IDPs considered their specific needs and how to support their most vulnerable members, with a focus on women and persons with disabilities. Concern for safety and security was paramount; IDPs flagged the need to improve the overall security situation and speed up the process of national reconciliation and disarmament process and increase the transparency of the Peace Implementation process. IDPs underscored the need for basic services such as WASH, shelter, health care (including psychosocial counselling and support for vulnerable women and persons with disabilities), improved access to education, programmes to challenge harmful cultural practices, livelihoods (including employment training for women) and tailored assistance for persons with disabilities.⁹⁷

IDP returnees

IDP returnees face many similar needs to displaced people and their host communities. Returnees' needs across sectors are the highest in Jonglei, Lakes and Central Equatoria linked to the escalation of localized violence during the first half of the year and severe flooding since. In the past year, needs have increased the most in returnee communities in Eastern Equatoria, Jonglei, Lakes and Western Bahr el Ghazal.⁹⁸ More than 200,000 returnees live in settlements with over 50 per cent of collapsed shelters or shelters in danger of collapse.⁹⁹ Some forty-two per cent of returnees from situations of internal displacement live in settlements reporting conflict-related incidents during the previous six months, including both instances of armed conflict and—more commonly—localized conflict over land and resources.¹⁰⁰

Surveys show that insecurity at intended destination, as well as the comparatively better conditions at places of current settlement remained the main reasons for staying within displacement sites. Women are particularly affected, being most prone to having issues, risks, or concerns at destinations preventing return movement.¹⁰¹

The number of spontaneous returns will increase as the peace agreement is implemented, sharpening various security, peaceful coexistence, social issues, as well as personal and civil documentation, housing, land and property related needs in areas of return, especially because of illegal occupation of houses and lands and associated

disputes. At the same time, anticipation of land occupancy issues may dissuade some IDPs from returning to their area of habitual residence, particularly in western Upper Nile.¹⁰²

Spontaneous refugee returnees

At border points and in return areas, South Sudanese refugees report cases of extortion by authorities, GBV incidences, other protection concerns, and the lack of shelter in return areas. Due to the protracted nature of their displacement, South Sudanese refugee returnees, refugees and asylum-seekers need access to information about their areas of return, rights as citizens and services available.

Refugee returnees face challenges receiving basic services in return locations, as these limited services and resources have typically been apportioned for those currently in the area. This puts at risk returnees with specific needs and the most vulnerable as these groups may not be able to continue to receive the level of care they need in their areas of return.

Many refugee returnees lack identity documentation, which further limits their access to services, and their ability to exercise their rights as national citizens. Refugee returnees bear the same challenges, if not worse, as other South Sudanese nationals in terms of civil documentation and particularly in terms of documentation proving property ownership. Recognition of civil status and documentation acquired in their country of asylum may not be recognized in South Sudan, enhancing vulnerability.

Access to housing, land, and property, limited legal resources, understanding of rights, limited or inaccessible arbitration services, cost of reconstructing housing/property and threats of physical violence remain major challenges identified by refugee returnees, with some homes being occupied or destroyed. Increases in spontaneous refugee returns have potential to increase intercommunal competition over land and resources, especially in counties affected by pre-existing tensions along the South Sudanese-Ugandan border such as Kajo-keji and Magwi.

Negative push factors in host countries may put refugee returnees in situations of particular vulnerability. Since September 2020, a significant increase in returns from Uganda has been driven by worsening economic conditions for refugees and, on occasion, frictions with host communities. There have also been occasional instances of conflict in border regions of the Central African Republic and Democratic Republic of Congo, forcing South Sudanese refugees to flee back to South Sudan.

Spotlight on women and girls



Katlin at a nutrition centre in Pibor, South Sudan. September 2020 Photo: UNICEF/Helene Sandbu Ryeng

19% 

In 2019, 19 per cent of births were attended by a skilled health worker¹

25% 

Only 25 per cent of girls in South Sudan receive a secondary level education²

97% 

97 per cent of reported GBV incident survivors are female³

50% 

Early marriage is common, with half of girls getting married before the age of 18⁴

19% 

The literacy rate for females (age 15+) is 19% compared to 35% for male (age 15+)⁵

34% 

Only 34 per cent of females own a phone, compared to 56 per cent of males⁶

Sources: 1. UNFPA, 2019, 2. FSNMS+, 3. GBV Information Management System, 2020, 4. UNICEF 2016, 5. UNFPA, 2019, 6. Mobile Money Research in South Sudan, World Bank, June 2019

1.5

Severity of need and number of people in need

Severity of need

The map below presents the intersectoral severity of needs by administrative area (county). Of the 78 counties in South Sudan, only one county is in catastrophic need (level 5) which is Pibor in Jonglei state. A total of 72 counties are in extreme need (level 4) and 5 are in severe need (level 3). A prioritization criteria will be applied to the 72 counties to inform the Humanitarian Response Plan.

Out of the 73 counties at severity level 4 and 5 in 2021, 37 counties were at level 3 in 2020, per the 2020 HNO analysis, signalling a deterioration in people's situation. In two counties, Magwi in Eastern Equatoria and Pariang in Unity, humanitarian needs are less severe than in 2020 as they saw a reduction in the severity from level 4 to level 3. However, Pariang hosts a significant number of refugees whose needs require urgent attention. In 2020 there was no county at severity level 5.

A total of 23 intersectoral indicators were used for the intersectoral severity calculation. While the intersectoral severity is limited to extreme and severe (except for one county which is facing catastrophic need), some counties are facing catastrophic needs (level 5) related to specific intersectoral indicators, such as access to a sufficient quantity and quality of water.

The intersectoral severity analysis differs from the sectoral analyses presented in Part 3. For example, while the intersectoral analysis found only one county to be in catastrophic severity of needs, sectoral analyses concluded with additional counties at level 5, for example for health, WASH and protection.

People in need

A total of 8.3 million women, men, girls and boys are expected to be in need in 2021 including 304,000 refugees, across all of South Sudan's 78 counties. This is an increase in absolute numbers from the 7.46 million people estimated to be in need in the 2020 Humanitarian Needs Overview and the 7.5 million presented in the Periodic Monitoring Report (PMR) after the first quarter of 2020. Accounting for an increase in the population baseline from 11.7 million in 2020 to 12.1 million in 2021, however, the proportion of South Sudanese people in need remains approximately two thirds. The below trend graphs present the evolution in the people in need since 2015.

According to the methodology applied (scenario B of the Joint Intersectoral Analytical Framework, see Annex), three critical indicators determined the maximum number of people in need per county. As presented in the graph below, food security drove the analysis in 48 counties, representing 67 per cent of people in need. Access to water determined the needs in 25 counties, representing 29 per cent of people in need. In 5 counties, protection needs were the highest and determined 4 per cent of the people in need.

A total of 54 per cent of the people in need are children, 24 per cent are women, and 22 per cent are men. The table below presents the 8.3 million people by administrative area (county), sex, age and disability.

Figure 14 Critical indicators driving needs

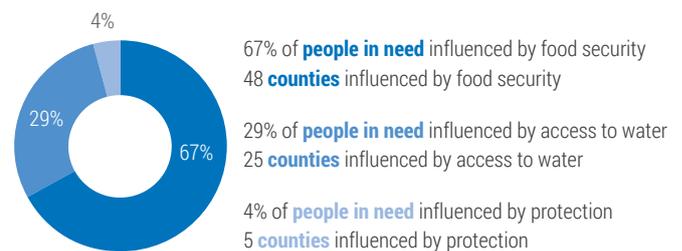
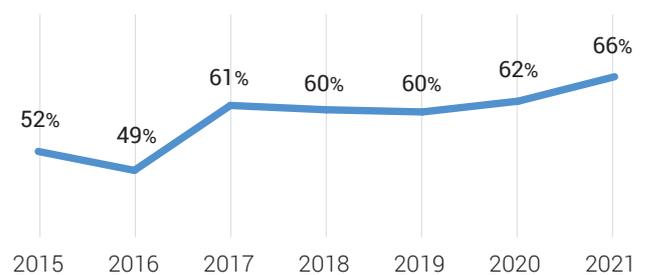
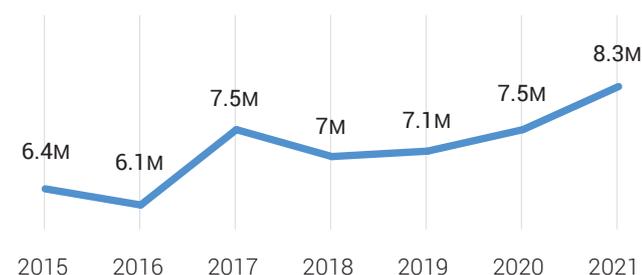


Figure 15 People in need trend from 2015 to 2021



People in need by severity phase, gender, age and disability

| COUNTY | POPULATION THOUSANDS | PEOPLE IN NEED THOUSANDS | ESTIMATED NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | |
|--------------------------|-------------------------|-----------------------------|---|--------|--------|---------|--------------|
| | | | MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC |
| CENTRAL EQUATORIA | | | | | | | |
| Juba | 510 | 306 | 112.2 | 91.8 | 107.1 | 121.1 | 77.8 |
| Kajo-keji | 227 | 137.4 | 49.2 | 40.3 | 48.4 | 54.2 | 34.8 |
| Lainya | 110.9 | 93.5 | 9.6 | 7.9 | 39.4 | 33.1 | 21 |
| Morobo | 113.2 | 88.2 | 13.8 | 11.3 | 35.9 | 31.9 | 20.3 |
| Terekeka | 252.1 | 205.4 | 25.7 | 21 | 85.4 | 73.4 | 46.6 |
| Yei | 294.8 | 212.9 | 45 | 36.9 | 83.5 | 79 | 50.4 |
| State total | 1,508 | 1,043.4 | | | | | |
| EASTERN EQUATORIA | | | | | | | |
| Budi | 102.2 | 46 | 30.9 | 25.3 | 12.3 | 20.4 | 13.3 |
| Ikotos | 104.2 | 45.9 | 32.1 | 26.3 | 11.9 | 20.6 | 13.4 |
| Kapoeta East | 165.5 | 99.3 | 36.4 | 29.8 | 34.8 | 39.3 | 25.2 |
| Kapoeta North | 153.3 | 107.3 | 25.3 | 20.7 | 41.4 | 40.2 | 25.7 |
| Kapoeta South | 99.7 | 59.8 | 21.9 | 18 | 20.9 | 23.7 | 15.2 |
| Lafon | 153 | 53.6 | 54.7 | 44.8 | 9.2 | 26.8 | 17.6 |
| Magwi | 258.4 | 90.1 | 126.2 | 42.1 | 54.1 | 22.5 | 13.5 |
| Torit | 61.4 | 32.1 | 16.1 | 13.2 | 10 | 13.4 | 8.7 |
| State total | 1,097.9 | 534.1 | | | | | |
| JONGLEI | | | | | | | |
| Akobo | 221 | 198.9 | 12.2 | 9.9 | 86.2 | 69.1 | 43.7 |
| Ayod | 189.3 | 152.5 | 20.2 | 16.6 | 63.1 | 54.7 | 34.7 |
| Bor South | 331.3 | 298.2 | 18.2 | 14.9 | 129.2 | 103.5 | 65.4 |
| Canal/Pigi | 103.8 | 83.1 | 11.4 | 9.3 | 34.3 | 29.9 | 18.9 |
| Duk | 194.2 | 174.8 | 10.7 | 8.7 | 75.7 | 60.7 | 38.4 |
| Fangak | 191.8 | 153.4 | 21.1 | 17.3 | 63.3 | 55.1 | 35 |
| Nyiroi | 138.8 | 118 | 11.4 | 9.4 | 50.0 | 41.6 | 26.4 |
| Pibor | 222.3 | 200.1 | 7.8 | 14.4 | 86.7 | 36.1 | 77.2 |
| Pochalla | 77.5 | 58.3 | 10.6 | 8.6 | 23.3 | 21.3 | 13.6 |
| Twic East | 121.1 | 109 | 6.7 | 5.4 | 47.2 | 37.8 | 23.9 |
| Uror | 191.1 | 133.8 | 31.5 | 25.8 | 51.6 | 50.2 | 32 |
| State total | 1,982.2 | 1,680 | | | | | |

| COUNTY SEVERITY | PIN VARIATION WITH 2020 (%) | BY GENDER WOMEN / MEN (%) | BY AGE CHILDREN / ADULTS / ELDERLY (%) | WITH DISABILITY (%) |
|-----------------|-----------------------------|---------------------------|--|---------------------|
| 4 | 26% | 52 / 48 | 49 / 47 / 4 | 15% |
| 4 | 15% ^ | 47 / 53 | 16 / 65 / 19 | 15% |
| 4 | 43% | 47 / 53 | 42 / 52 / 6 | 15% |
| 4 | 9% | 49 / 51 | 53 / 42 / 5 | 15% |
| 4 | 50% ^ | 52 / 48 | 52 / 42 / 6 | 15% |
| 4 | -5% v | 53 / 47 | 55 / 37 / 8 | 15% |
| 4 | -42% v | 53 / 47 | 56 / 38 / 6 | 15% |
| 4 | -4% | 53 / 47 | 53 / 39 / 8 | 15% |
| 4 | -12% v | 48 / 52 | 56 / 40 / 4 | 15% |
| 4 | -6% | 48 / 52 | 60 / 33 / 7 | 15% |
| 4 | -7% v | 50 / 50 | 62 / 37 / 1 | 15% |
| 4 | -21% | 54 / 46 | 59 / 38 / 3 | 15% |
| 3 | 8% | 49 / 51 | 53 / 39 / 8 | 15% |
| 4 | -13% | 54 / 46 | 55 / 41 / 4 | 15% |
| 4 | 17% | 51 / 49 | 50 / 39 / 11 | 15% |
| 4 | 18% ^ | 50 / 50 | 50 / 42 / 8 | 15% |
| 4 | 51% | 49 / 51 | 54 / 40 / 6 | 15% |
| 4 | -3% v | 51 / 49 | 45 / 45 / 10 | 15% |
| 4 | 23% ^ | 50 / 50 | 54 / 40 / 6 | 15% |
| 4 | 8% | 47 / 53 | 58 / 34 / 8 | 15% |
| 4 | 11% ^ | 50 / 50 | 58 / 34 / 8 | 15% |
| 5 | 15% | 52 / 48 | 55 / 37 / 8 | 15% |
| 4 | 179% ^ | 56 / 44 | 61 / 38 / 1 | 15% |
| 4 | 31% | 55 / 45 | 48 / 44 / 8 | 15% |
| 4 | 50% ^ | 52 / 48 | 59 / 38 / 3 | 15% |

Excluding refugees, for refugee locations see <https://bit.ly/3nMX5K2>

| COUNTY | POPULATION THOUSANDS | PEOPLE IN NEED THOUSANDS | ESTIMATED NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | |
|--------------------------------|-------------------------|-----------------------------|---|--------|--------|---------|--------------|
| | | | MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC |
| LAKES | | | | | | | |
| Awerial | 136.2 | 81.7 | 30 | 24.5 | 28.6 | 32.4 | 20.8 |
| Cueibet | 178.9 | 116.3 | 34.4 | 28.2 | 42.9 | 44.7 | 28.6 |
| Rumbek Centre | 210.3 | 94.7 | 63.6 | 52.1 | 25.2 | 42.1 | 27.3 |
| Rumbek East | 170.3 | 110.7 | 32.8 | 26.8 | 40.9 | 42.6 | 27.2 |
| Rumbek North | 70.9 | 53.7 | 9.5 | 7.8 | 21.6 | 19.6 | 12.5 |
| Wulu | 86.9 | 30.4 | 42.4 | 14.1 | 18.2 | 7.6 | 4.6 |
| Yirol East | 156.5 | 101.7 | 30.1 | 24.6 | 37.6 | 39.1 | 25 |
| Yirol West | 170.2 | 102.1 | 37.4 | 30.6 | 35.7 | 40.4 | 26 |
| State total | 1,180.2 | 691.3 | | | | | |
| NORTHERN BAHR EL GHAZAL | | | | | | | |
| Aweil Centre | 74.1 | 51.9 | 12.2 | 10 | 20 | 19.5 | 12.4 |
| Aweil East | 336.5 | 235.5 | 55.5 | 45.4 | 90.8 | 88.3 | 56.4 |
| Aweil North | 164.4 | 115.1 | 27.1 | 22.2 | 44.4 | 43.2 | 27.5 |
| Aweil South | 138.5 | 103.9 | 19 | 15.6 | 41.5 | 38.1 | 24.2 |
| Aweil West | 198.9 | 129.3 | 38.3 | 31.3 | 47.7 | 49.7 | 31.8 |
| State total | 912.3 | 635.6 | | | | | |
| UNITY | | | | | | | |
| Abiemnhom | 55.6 | 41.7 | 7.6 | 6.3 | 16.7 | 15.3 | 9.7 |
| Guit | 68.2 | 44.3 | 13.1 | 10.7 | 16.4 | 17 | 10.9 |
| Koch | 96.3 | 67.4 | 15.9 | 13 | 26 | 25.3 | 16.1 |
| Leer | 75.8 | 53 | 12.5 | 10.2 | 20.5 | 19.9 | 12.7 |
| Mayendit | 69.1 | 51.8 | 9.5 | 7.8 | 20.7 | 19 | 12.1 |
| Mayom | 152.9 | 134.5 | 10.1 | 8.3 | 57.8 | 47 | 29.7 |
| Panyijjar | 117.1 | 93.7 | 12.9 | 10.5 | 38.6 | 33.7 | 21.4 |
| Pariang | 128 | 89.6 | 28.8 | 9.6 | 53.7 | 22.4 | 13.4 |
| Rubkona | 333.4 | 200 | 73.4 | 60 | 70 | 79.2 | 50.8 |
| State total | 1,096.2 | 776 | | | | | |
| UPPER NILE | | | | | | | |
| Baliet | 56.3 | 39.4 | 9.3 | 7.6 | 15.2 | 14.8 | 9.4 |
| Fashoda | 74.8 | 48.6 | 14.4 | 11.8 | 17.9 | 18.7 | 12 |
| Longochuk | 72.6 | 43.6 | 16 | 13.1 | 15.3 | 17.3 | 11.1 |
| Luakpiny/Nasir | 286.6 | 243.6 | 23.6 | 19.3 | 103.2 | 86 | 54.5 |
| Maban | 54.3 | 32.2 | 12.2 | 9.9 | 11.2 | 12.8 | 8.2 |

| COUNTY SEVERITY | PIN VARIATION WITH 2020 (%) | BY GENDER WOMEN / MEN (%) | BY AGE CHILDREN / ADULTS / ELDERLY (%) | WITH DISABILITY (%) |
|-----------------|-----------------------------|---------------------------|--|---------------------|
| 4 | 14% | 51 / 49 | 59 / 37 / 4 | 15% |
| 4 | 12% ^ | 47 / 53 | 55 / 34 / 11 | 15% |
| 4 | -15% v | 49 / 51 | 58 / 39 / 3 | 15% |
| 4 | 20% | 51 / 49 | 56 / 40 / 4 | 15% |
| 4 | 28% ^ | 52 / 48 | 61 / 32 / 7 | 15% |
| 3 | -18% v | 48 / 52 | 55 / 39 / 6 | 15% |
| 4 | -15% | 50 / 50 | 53 / 40 / 7 | 15% |
| 4 | 18% | 50 / 50 | 54 / 38 / 8 | 15% |
| 4 | -19% v | 50 / 50 | 59 / 32 / 9 | 15% |
| 4 | 17% ^ | 53 / 47 | 59 / 34 / 7 | 15% |
| 4 | 32% | 53 / 47 | 59 / 34 / 7 | 15% |
| 4 | 25% ^ | 52 / 48 | 55 / 42 / 3 | 15% |
| 4 | -8% v | 51 / 49 | 60 / 35 / 5 | 15% |
| 4 | 54% | 50 / 50 | 53 / 43 / 4 | 15% |
| 4 | -22% | 51 / 49 | 59 / 30 / 11 | 15% |
| 4 | -5% v | 55 / 45 | 53 / 34 / 13 | 15% |
| 4 | 48% | 53 / 47 | 52 / 42 / 6 | 15% |
| 4 | 1% ^ | 49 / 51 | 55 / 35 / 10 | 15% |
| 4 | 76% | 51 / 49 | 57 / 27 / 16 | 15% |
| 4 | 14% ^ | 50 / 50 | 58 / 38 / 4 | 15% |
| 3 | -56% v | 50 / 50 | 56 / 37 / 7 | 15% |
| 4 | -5% | 51 / 49 | 53 / 38 / 9 | 15% |
| 4 | 12% | 46 / 54 | 61 / 29 / 10 | 15% |
| 4 | -11% | 53 / 47 | 54 / 30 / 16 | 15% |
| 4 | 1% | 51 / 49 | 55 / 39 / 6 | 15% |
| 4 | 34% | 53 / 47 | 58 / 35 / 7 | 15% |
| 4 | -84% | 50 / 50 | 58 / 36 / 6 | 15% |

| COUNTY | POPULATION THOUSANDS | PEOPLE IN NEED THOUSANDS | ESTIMATED NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | |
|-------------------------------|-------------------------|-----------------------------|---|--------|--------|---------|--------------|
| | | | MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC |
| UPPER NILE continued | | | | | | | |
| Maiwut | 128.9 | 103.1 | 14.2 | 11.6 | 42.5 | 37.1 | 23.5 |
| Malakal | 190.4 | 114.2 | 41.9 | 34.3 | 40 | 45.2 | 29 |
| Manyo | 77 | 50.1 | 14.8 | 12.1 | 18.5 | 19.3 | 12.3 |
| Melut | 126.7 | 92.7 | 18.7 | 15.3 | 36.6 | 34.3 | 21.8 |
| Panyikang | 65.3 | 49 | 9 | 7.3 | 19.6 | 18 | 11.4 |
| Renk | 189.1 | 113.4 | 41.6 | 34 | 39.7 | 44.9 | 28.8 |
| Ulang | 137.7 | 130.1 | 4.2 | 3.4 | 57.4 | 44.6 | 28.1 |
| State total | 1,459.7 | 1,060 | | | | | |
| WARRAP | | | | | | | |
| Gogrial East | 127.7 | 102.9 | 13.7 | 11.2 | 42.6 | 36.9 | 23.4 |
| Gogrial West | 318 | 190.8 | 70 | 57.2 | 66.8 | 75.5 | 48.5 |
| Tonj East | 179.9 | 154.9 | 13.7 | 11.2 | 66 | 54.5 | 34.5 |
| Tonj North | 256.6 | 166.8 | 49.4 | 40.4 | 61.6 | 64.2 | 41.1 |
| Tonj South | 116.5 | 79.8 | 20.2 | 16.5 | 30.4 | 30.1 | 19.2 |
| Twic | 263.8 | 145.1 | 65.3 | 53.4 | 47.5 | 59.4 | 38.3 |
| State total | 1,262.5 | 840.3 | | | | | |
| WESTERN BAHR EL GHAZAL | | | | | | | |
| Jur River | 276.3 | 125.4 | 83 | 67.9 | 33.8 | 55.5 | 36.1 |
| Raja | 58.1 | 29.0 | 21.8 | 7.3 | 17.4 | 7.3 | 4.4 |
| Wau | 312.3 | 197.8 | 63 | 51.5 | 71.8 | 76.8 | 49.2 |
| State total | 646.7 | 352.2 | | | | | |
| WESTERN EQUATORIA | | | | | | | |
| Ezo | 129.5 | 43.2 | 47.4 | 38.8 | 6.5 | 22.1 | 14.6 |
| Ibba | 64.8 | 42.6 | 12.2 | 10 | 15.8 | 16.3 | 10.4 |
| Maridi | 107.6 | 34.7 | 40.1 | 32.8 | 4.7 | 18.1 | 11.9 |
| Mundri East | 97.6 | 62.1 | 19.6 | 16 | 22.6 | 24.1 | 15.4 |
| Mundri West | 48.5 | 19.7 | 15.8 | 12.9 | 4.6 | 9.2 | 6 |
| Mvolo | 73.4 | 31.1 | 23.2 | 19 | 7.7 | 14.2 | 9.3 |
| Nagero | 30.7 | 19.6 | 6.1 | 5 | 7.2 | 7.6 | 4.9 |
| Nzara | 81.6 | 22.9 | 44 | 14.7 | 13.7 | 5.7 | 3.4 |
| Tambura | 116.2 | 30.1 | 47.3 | 38.7 | 0.6 | 17.7 | 11.8 |
| Yambio | 164.4 | 81.5 | 45.6 | 37.3 | 24.2 | 34.8 | 22.5 |
| State total | 914 | 388 | | | | | |

| COUNTY SEVERITY | PIN VARIATION WITH 2020 (%) | BY GENDER WOMEN / MEN (%) | BY AGE CHILDREN / ADULTS / ELDERLY (%) | WITH DISABILITY (%) |
|-----------------|-----------------------------|---------------------------|--|---------------------|
| 4 | 7% | 47 / 53 | 55 / 37 / 8 | 15% |
| 4 | -6% ✓ | 40 / 60 | 23 / 56 / 21 | 15% |
| 4 | -4% ✓ | 49 / 51 | 42 / 51 / 7 | 15% |
| 4 | 34% ^ | 50 / 50 | 62 / 34 / 4 | 15% |
| 4 | 24% | 42 / 58 | 24 / 49 / 27 | 15% |
| 4 | 20% ^ | 47 / 53 | 58 / 35 / 7 | 15% |
| 4 | 38% ^ | 52 / 48 | 51 / 40 / 9 | 15% |
| 4 | 25% | 49 / 51 | 56 / 36 / 8 | 15% |
| 4 | 10% ^ | 48 / 52 | 56 / 38 / 6 | 15% |
| 4 | 76% | 45 / 55 | 57 / 36 / 7 | 15% |
| 4 | 27% | 51 / 49 | 51 / 37 / 12 | 15% |
| 4 | -12% | 48 / 52 | 54 / 39 / 7 | 15% |
| 4 | -15% ✓ | 51 / 49 | 57 / 36 / 7 | 15% |
| 4 | -34% ✓ | 53 / 47 | 59 / 36 / 5 | 15% |
| 3 | -29% | 49 / 51 | 56 / 39 / 5 | 15% |
| 4 | -3% ✓ | 53 / 47 | 57 / 41 / 2 | 15% |
| 4 | -34% ✓ | 53 / 47 | 50 / 41 / 9 | 15% |
| 4 | 94% ^ | 46 / 54 | 53 / 43 / 4 | 15% |
| 4 | 44% | 54 / 46 | 51 / 43 / 6 | 15% |
| 4 | 44% | 47 / 53 | 47 / 46 / 7 | 15% |
| 4 | -6% ✓ | 48 / 52 | 57 / 40 / 3 | 15% |
| 4 | 45% ^ | 49 / 51 | 56 / 37 / 7 | 15% |
| 4 | 100% | 52 / 48 | 44 / 53 / 3 | 15% |
| 3 | -6% | 52 / 48 | 54 / 40 / 6 | 15% |
| 4 | -43% ✓ | 53 / 47 | 52 / 44 / 4 | 15% |
| 4 | 19% ^ | 49 / 51 | 52 / 45 / 3 | 15% |

Excluding refugees, for refugee locations see <https://bit.ly/3nMX5K2>

Part 2

Risk analysis and monitoring of situation and needs

2.1

Risk analysis

Most likely scenario

The humanitarian situation in South Sudan is likely to continue to worsen in 2021, driven by cumulative effects of years of recurring conflict and violence, further aggravated by subsequent shocks. Continued macroeconomic crisis, the low preparedness capacity of national and state authorities, COVID-19 pandemic, relatively lower oil prices, and consecutive years of flooding are expected to further exacerbate existing vulnerabilities and humanitarian needs of people, while pushing more people downward spiral into crisis and reliance on humanitarian assistance.

Conflict: Lack of progress on governance and peacebuilding, combined with reduced regional economic activity and increased pressure on public finances, is likely to result in continued localized and sub-national violence with armed groups fighting for control over territory and resources. Although cessation of hostilities is holding in most places, fighting between parties of the revitalized peace agreement continues in parts of Central Equatoria, while localized and sub-national violence could continue into 2021 in Warrap, Lakes and Jonglei.

Economic crisis: Economic contractions aggravated by COVID-19 including the drop in oil price and non-oil revenues, is expected to continue to impact the macroeconomic situation. Prices are averaging \$50 per barrel at the end of 2020. The US Energy Information Administration expects oil prices to reach \$56/barrel in 2021. The widening fiscal deficit will likely further diminish the Government capacity to finance key lifesaving services. High inflation, including on prices of basic commodities, combined with disrupted livelihoods mainly in rural settings will continue to erode the purchasing power of market dependent households. Rural areas will also continue to be affected by rising food and other basic commodity prices.

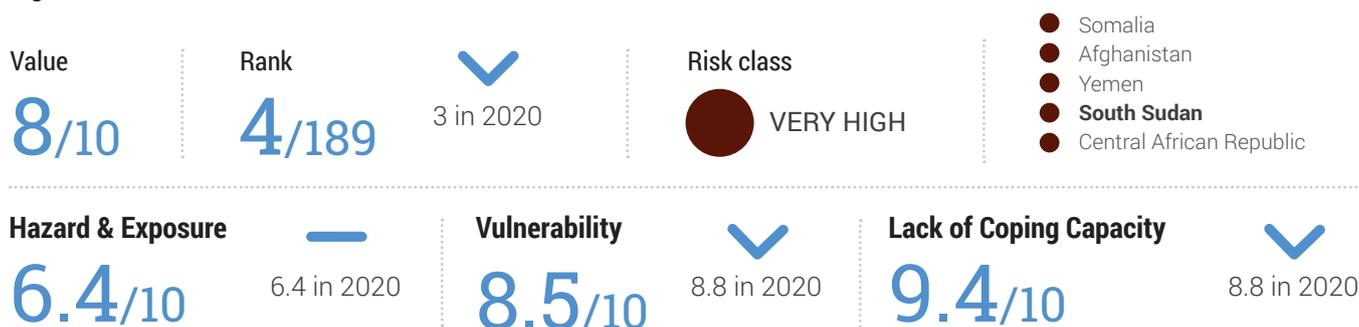
Climate shocks: Consecutive years of severe flooding caused displacements, disrupted livelihoods, and limited access to food sources, eroding productivity in affected areas. Although the flooding in 2020 is not as widespread as 2019, more individuals were affected'. The impact of the floods was exacerbated by compounded shocks such as violence and severe food insecurity and will likely further deepen the already high levels of vulnerability in 2021.

Disease outbreaks: The population is likely to continue to be highly vulnerable to epidemic disease outbreaks due to low immunization coverage, a weak health system and poor hygiene and sanitation. The already limited functionality of health services is likely to be further strained by COVID-19, including the macroeconomic adverse impacts, deepening vulnerabilities. Morbidity and mortality from epidemic diseases, including malaria, is expected to rise sharply due to the disruption of vaccination campaigns and lack of healthcare capacity. The recurrent Ebola outbreak in neighbouring countries continues to pose a significant public health risk to South Sudan. The situation for livestock with many endemic diseases has significantly worsened in the past two years due to the effects of unprecedented and extensive flooding creating conditions for the spread of diseases, reduced access to pasture and with instances of starvation and associated morbidities (lack of access to milk, blood, meat and cash to purchase cereals) and mortalities.

INFORM Index for risk management

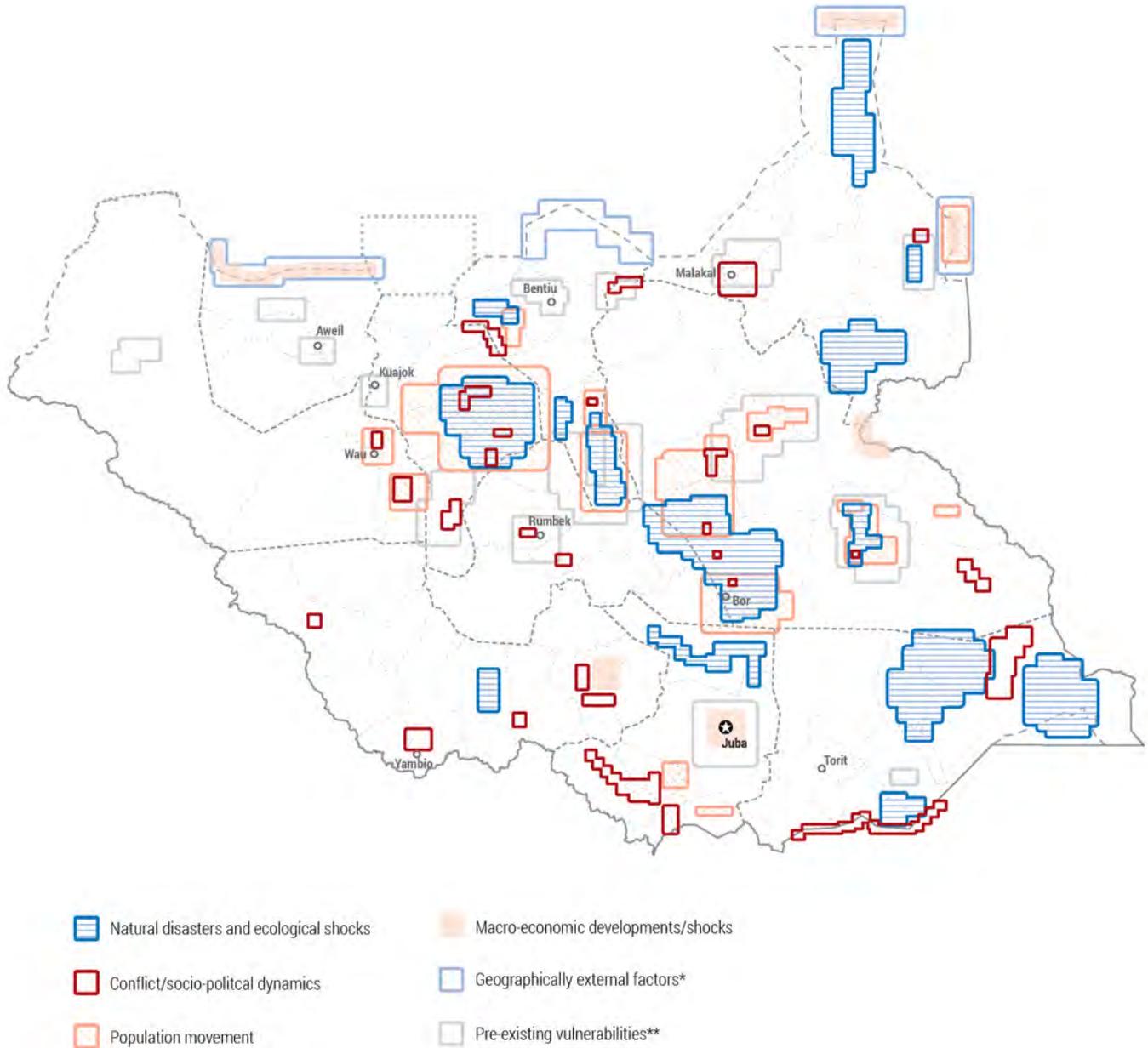
South Sudan ranks fourth highest globally on the 2021 INFORM Index for Risk Management, after Somalia, Afghanistan and Yemen.¹⁰³ The top five factors contributing to South Sudan's high risk are high intensity of violent conflict, low ranking on the Human Development Index and the Multidimensional Poverty Index, and high economic dependency on humanitarian and development aid and on remittances.

Figure 14 **INFORM index 2021**



Source: INFORM 2021

Figure 15 **Participatory mapping of key drivers and stressors of humanitarian needs, Needs Analysis Working Group, August 2020**



* Conditions occurring outside of South Sudan that could directly or indirectly drive humanitarian needs within the country

** Pre-existing factors, such as large IDP or refugee populations from prior shocks; ongoing effects/lack of recovery from previous climate shocks in 2019 and early 2020; and ongoing service disruptions, which affect populations' ability to cope or resist emerging or anticipated shocks

Source: South Sudan Needs Analysis Working Group Countrywide Analysis Workshop, August 2020

2.2

Monitoring of situation and needs

Close and frequent monitoring of conditions is essential as people's needs are likely to evolve during 2021 due to variations in conflict intensity, natural disasters, disease outbreaks, food availability, macroeconomic conditions and the effectiveness of the humanitarian response, among other factors. Changes in the situation and humanitarian needs must be communicated in a timely manner to operational partners and decision-makers for programming and funding decisions. Changes in the situation and needs will be published in OCHA's monthly humanitarian snapshots, while the operational context will be described in the quarterly humanitarian access snapshot.

The Needs Analysis Working Group (NAWG) co-chaired by OCHA and REACH is the primary coordination forum for conducting regular situation and needs reviews and identifying priority locations for close monitoring and response scale up. In addition to its bi-weekly meetings, the NAWG will bring together experts across relevant fields for horizon scanning workshops.

To monitor sudden changes in people's needs following shocks such as conflict or flooding, inter-cluster Initial Rapid Needs Analysis (IRNA) teams led by OCHA will be deployed to affected areas. The assessment framework was finalized in 2020 to allow for trends analysis over time. REACH also has capacity to deploy rapid assessment teams at the NAWG's request, while DTM field teams continue to monitor large-

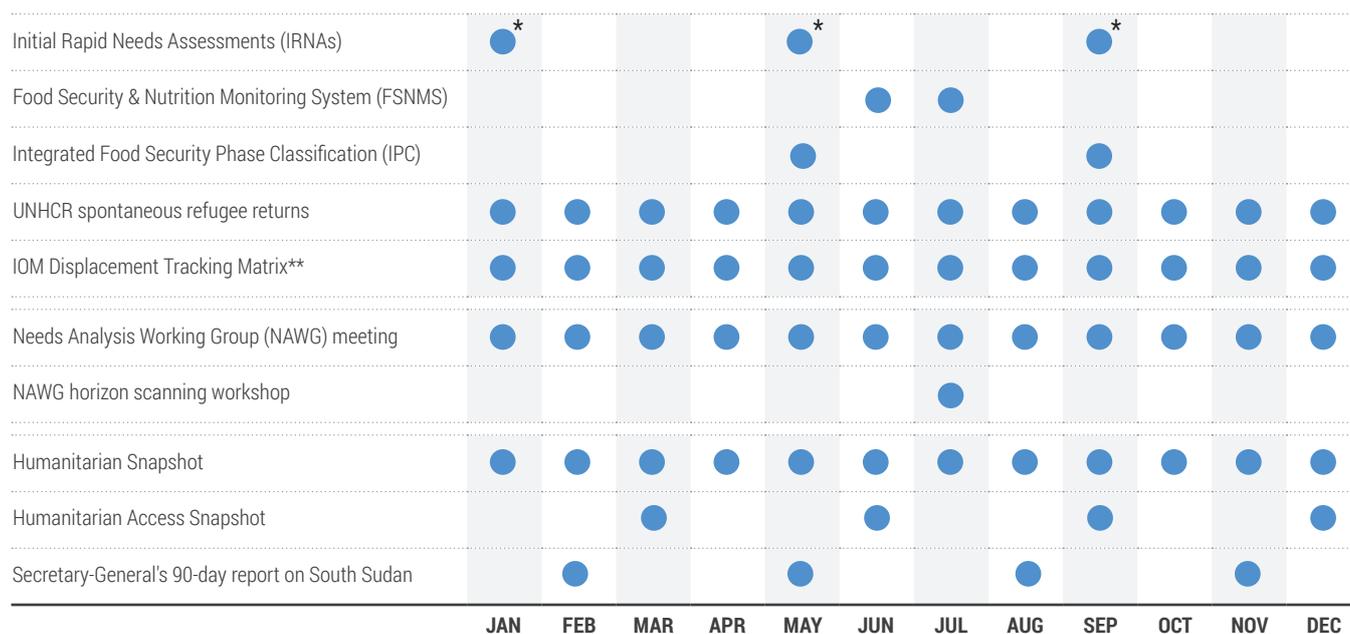
scale displacement and return incidents and the resulting immediate needs.

The Food Security and Nutrition Monitoring System (FSNMS) co-led by WFP, FAO, IOM and UNICEF remains the most extensive household-level assessment in South Sudan, informing the Integrated Food Security Phase Classification. It was partially expanded in 2020 to include indicators from other sectors as well as by extending coverage to major urban areas and IDP camps, and may be further expanded in 2021 to include further core indicators from selected sectors. At the time of publishing, discussions are ongoing to roll out a full Multi-Sectoral Needs Assessment (MSNA) in 2021. The MSNA can act as a baseline upon which to compare evolving needs, including through IRNAs.

While the above mentioned findings are sex- and age-disaggregated, the existing household-level monitoring tools are limited in data collection by population group, such as displaced people and returnees. IOM's Displacement Tracking Matrix (IOM DTM) will continue to monitor internal population and cross-border population movements), as well as humanitarian needs in IDP and returnee communities, while UNHCR will provide updates on spontaneous refugee returns, as well as refugees and asylum seekers in-country.

Depending on the timing of assessments and availability of data, the number of people in need may be reviewed during 2021 to inform adjustments to the response. The response monitoring plan will be detailed in the 2021 HRP.

Figure 16 **Intersectoral needs monitoring and reporting timeline 2021**



* IRNAs are triggered by a significant event such as flooding or conflict

**IOM Displacement Tracking Matrix - Mobility Tracking (Baseline & Multisectoral Location Assessment) & Event Tracking

Part 3

Sectoral analysis



52



54



56



58



60



62



64



70



72



74



An Internally displaced woman in Central Equatoria. February 2020. UNHCR/Elizabeth Marie Stuart

3.1 Camp Coordination and Camp Management

PEOPLE IN NEED

1.6m

TREND (2017-2021)



SEVERITY OF NEEDS

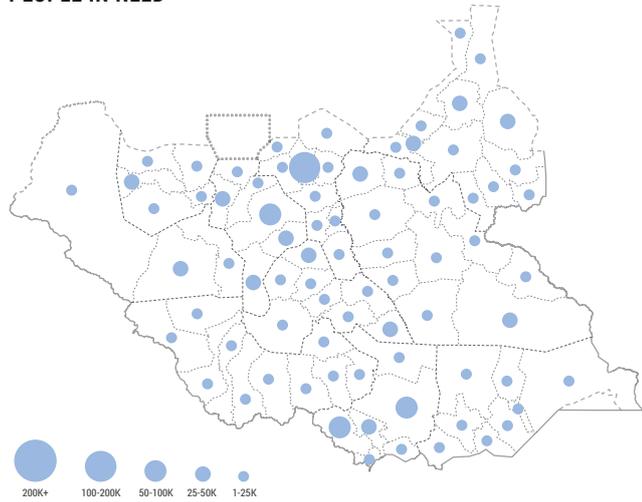
17%
Severe

56%
Extreme

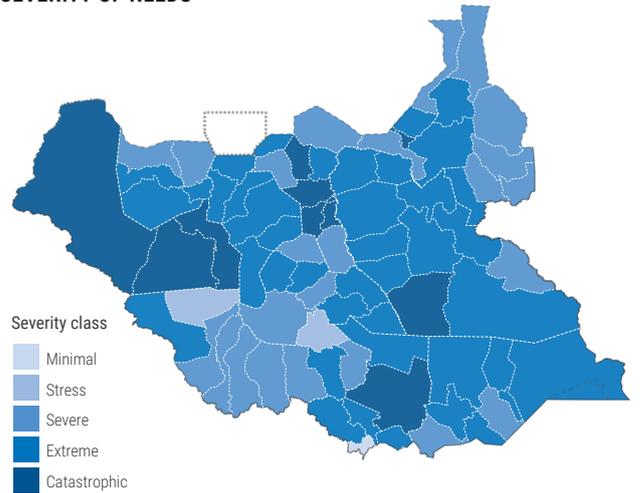
27%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.2 Education

PEOPLE IN NEED

3.4m

TREND (2017-2021)



SEVERITY OF NEEDS

14%
Minimal

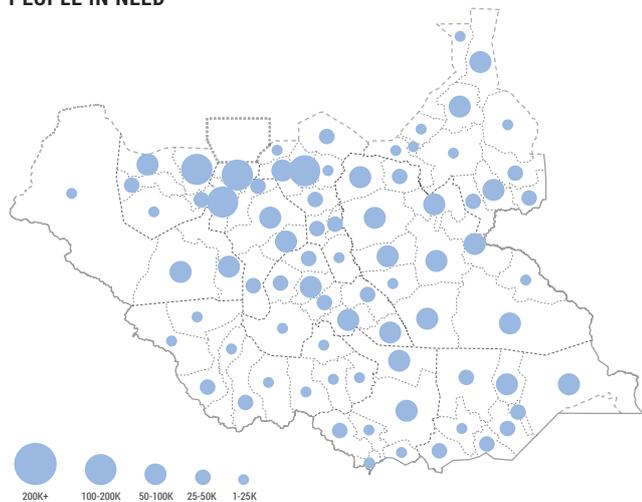
29%
Stress

36%
Severe

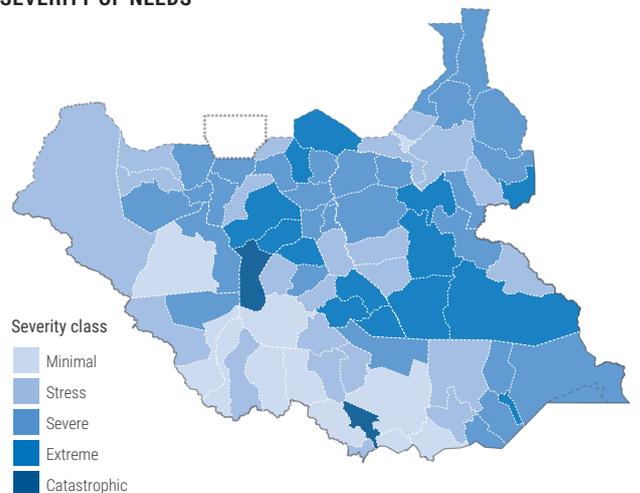
3%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.3 Emergency Shelter and Non-Food Items

PEOPLE IN NEED

2.4m

TREND (2017-2021)



SEVERITY OF NEEDS

21%
Minimal

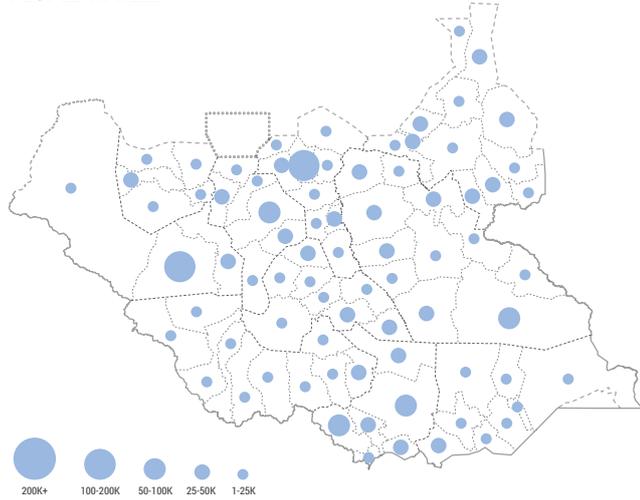
41%
Stress

32%
Severe

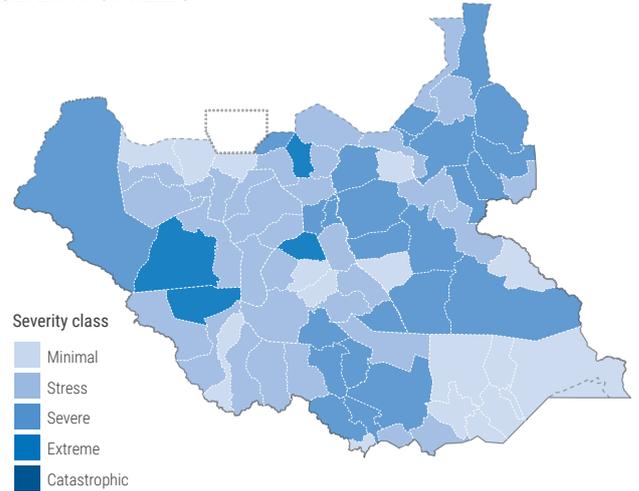
5% Extreme



PEOPLE IN NEED



SEVERITY OF NEEDS



3.4 Food Security and Livelihoods

PEOPLE IN NEED

7.7m

TREND (2017-2021)



SEVERITY OF NEEDS

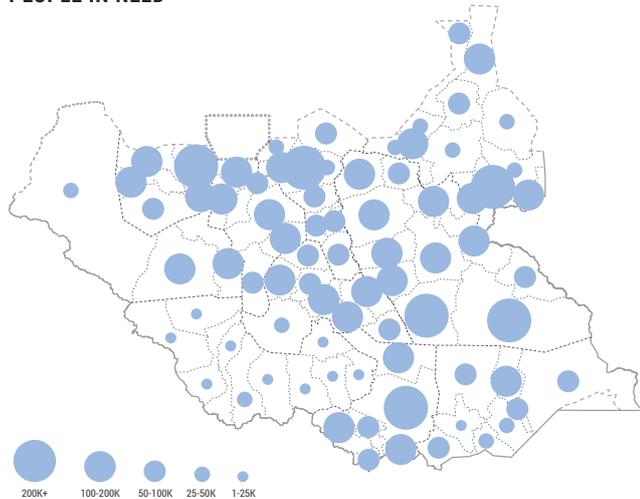
8%
Stress

33%
Severe

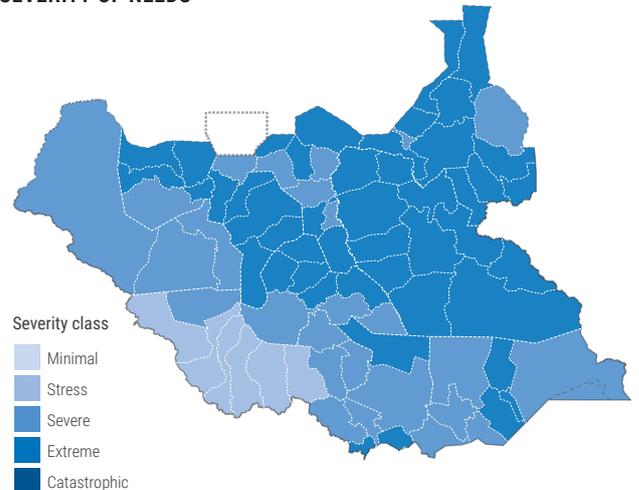
59%
Extreme



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 Health

PEOPLE IN NEED

5.2m

TREND (2017-2021)



SEVERITY OF NEEDS

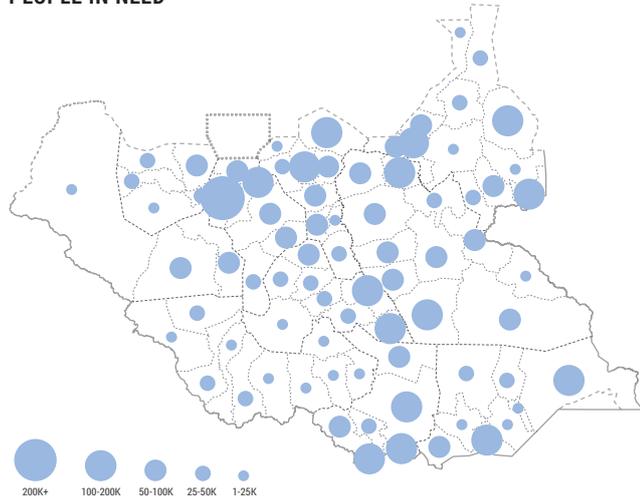
44% Severe

52% Extreme

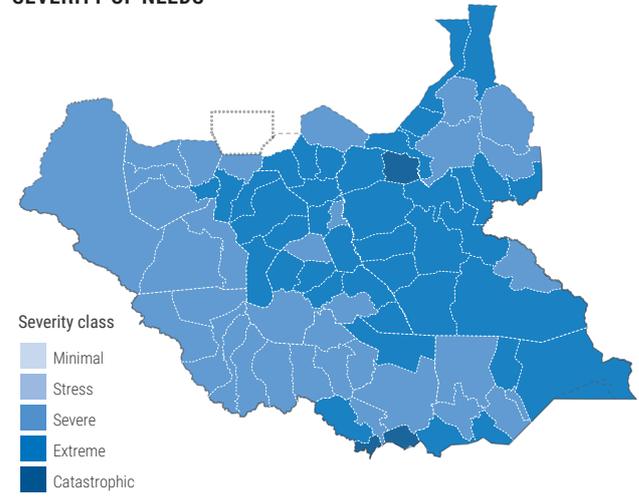
4% Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.6 Nutrition

PEOPLE IN NEED

1.9m

TREND (2017-2021)



SEVERITY OF NEEDS

3% Minimal

9% Stress

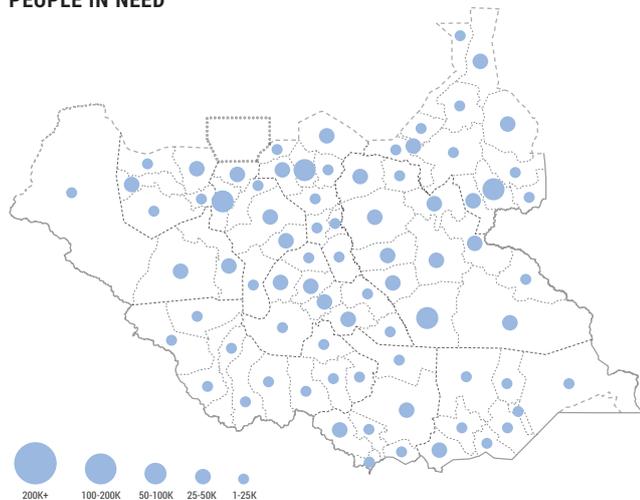
14% Severe

14% Extreme

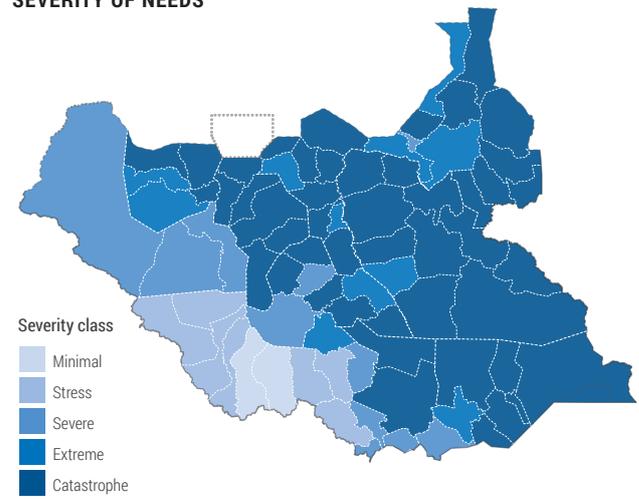
60% Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.7 Protection

PEOPLE IN NEED

5m

TREND (2017-2021)



SEVERITY OF NEEDS

6%
Stress

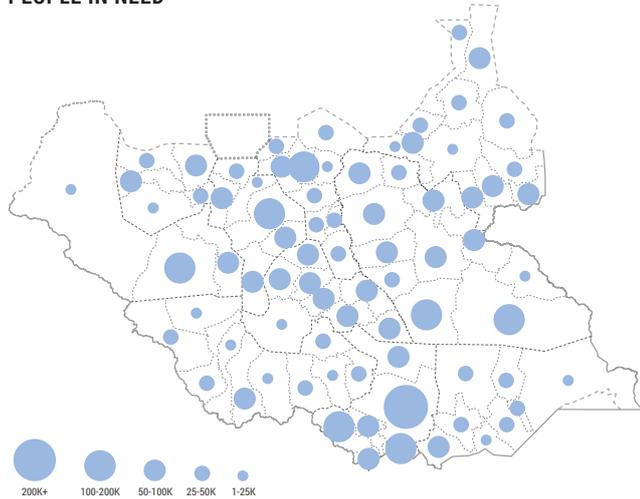
23%
Severe

53%
Extreme

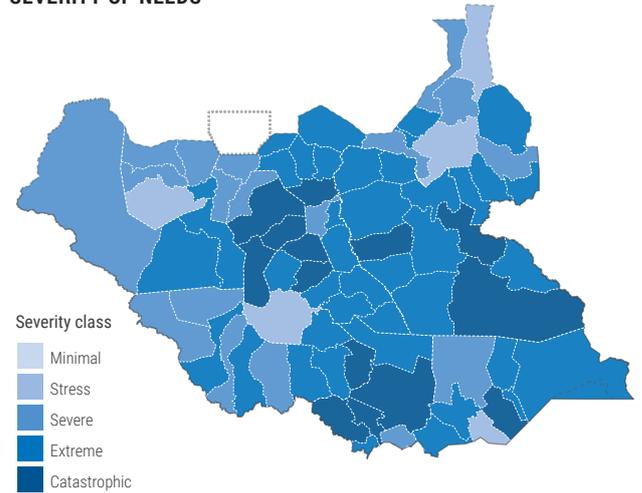
18%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.1 Protection: Child Protection

PEOPLE IN NEED

2.7m

SEVERITY OF NEEDS

22%
Stress

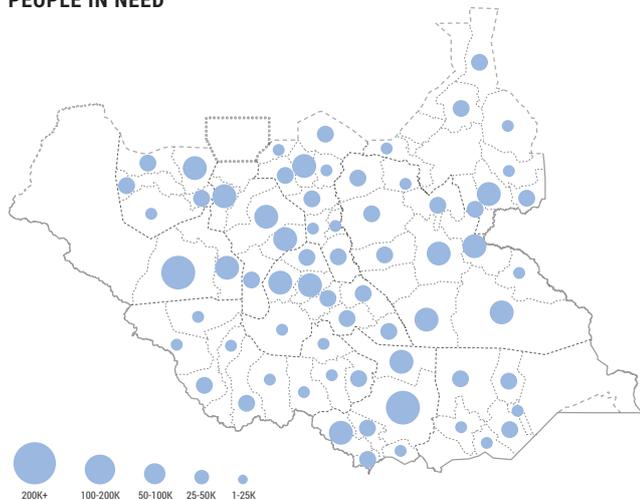
43%
Severe

31%
Extreme

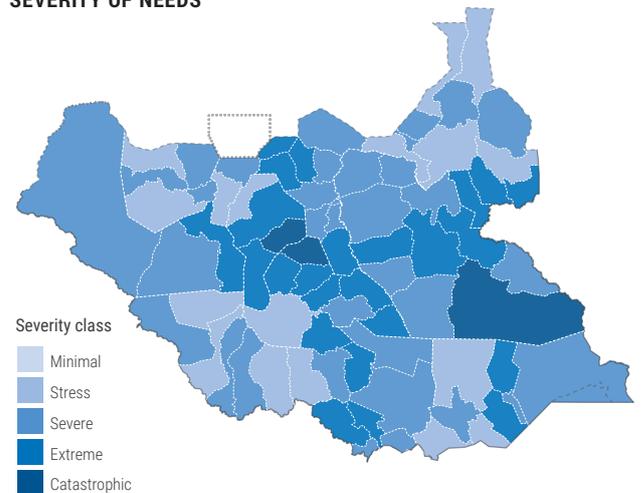
4%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.2 Protection: Gender-Based Violence

PEOPLE IN NEED

2m

SEVERITY OF NEEDS

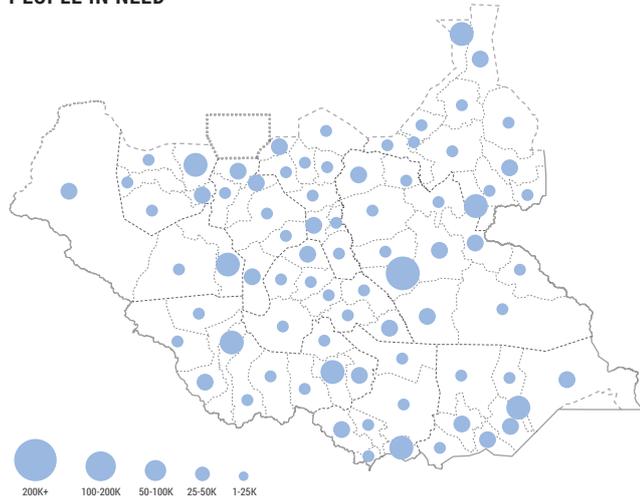
14%
Stress

49%
Severe

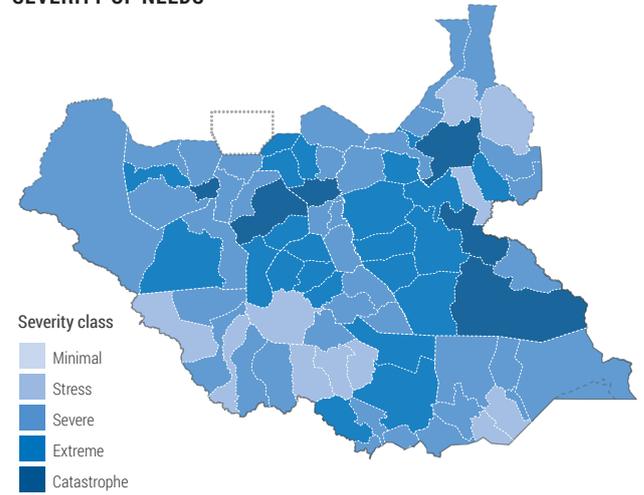
29%
Extreme

8%
Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.3 Protection: Mine Action

PEOPLE IN NEED

0.7m

SEVERITY OF NEEDS

47%
No data

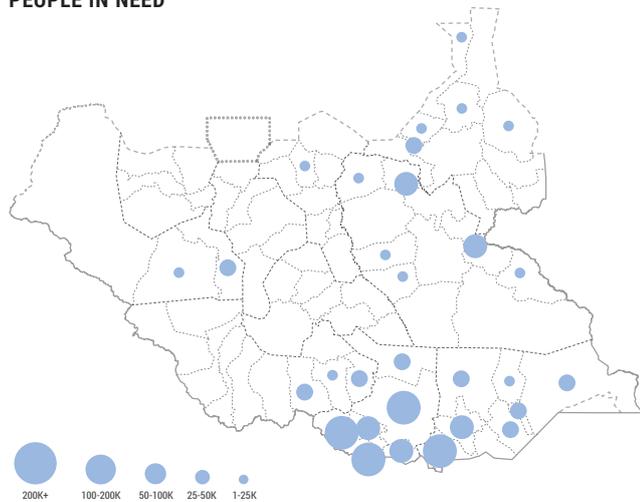
14%
Severe

24%
Severe

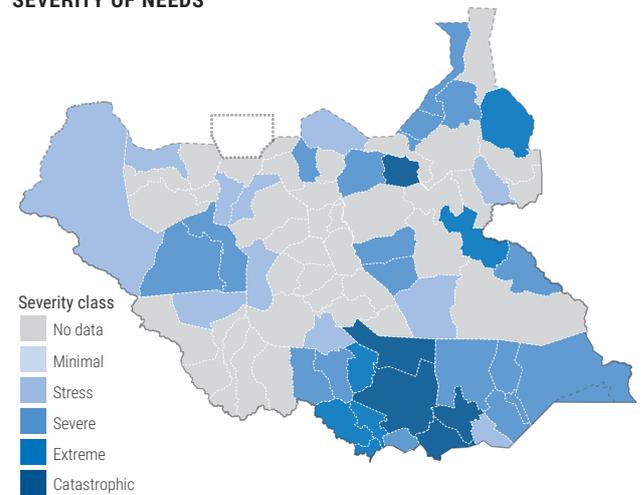
8%
Extreme

7%
Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.4 Protection: Housing, Land and Property

PEOPLE IN NEED

1.5m

SEVERITY OF NEEDS

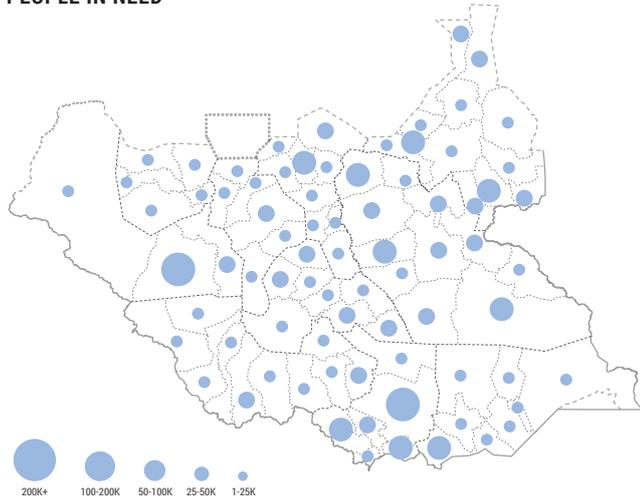
22%
Stress

43%
Severe

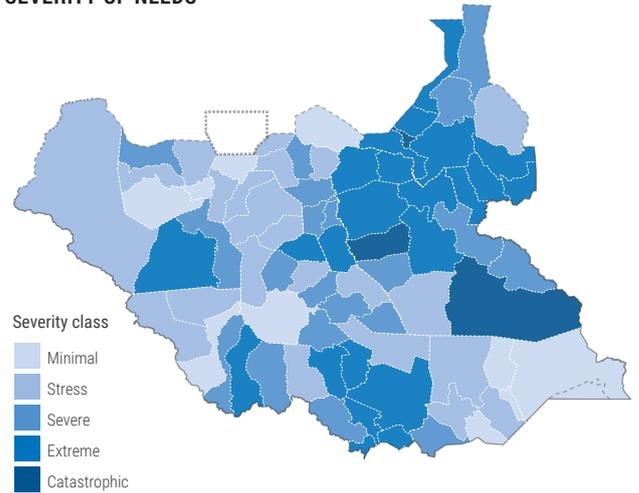
31%
Extreme

4%
Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.8 Water, Sanitation and Hygiene

PEOPLE IN NEED

5.9m

TREND (2017-2021)



SEVERITY OF NEEDS

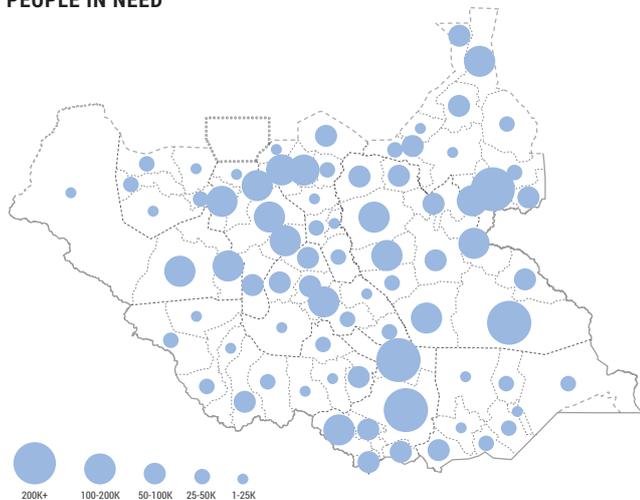
5%
Stress

51%
Severe

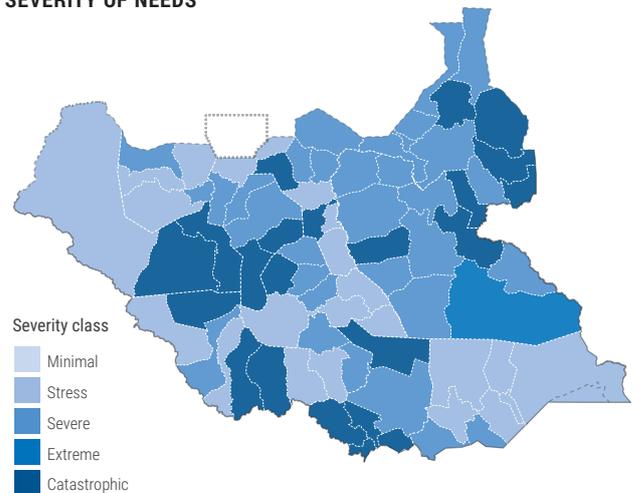
4%
Extreme

40%
Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS





3.1

Camp Coordination and Camp Management

PEOPLE IN NEED

1.6m

FEMALE

56%

CHILDREN

48%

WITH DISABILITY

15%

Analysis of humanitarian needs

In 2021, the lack of Camp Coordination and Camp Management (CCCM) structure in camps and camp-like setting will impact on the dignity and living standards for an estimated 1.2 million people. This is a slight decrease from the 1.3 million people who needed CCCM support in 2020.¹⁰⁴ In addition, the Camp Management services will be needed for camps that host some 310,000 refugees. People in need living in protracted displacement and are unable to return home due to ongoing conflict in some potential areas of return and those whose housing, land and property have either been destroyed or occupied. Approximately 872,000 displaced people live in spontaneous sites or informal settlements or with host communities, some 187,000 are in PoC/former PoC sites and more than 231,000 live in collective sites.

The displaced people who live in informal settlements in urban and hard to reach rural areas have limited access to CCCM services. Unless these gaps are addressed, the protective environment of camp and camp-like settings will continue to deteriorate resulting in aggravated risks and abuse. Displaced persons in camps and camp-like settings including out of camp are constrained with challenges over options for durable solutions. The integration or relocation of displaced people is challenging due to sub-national violence, housing land and property issues, occupied or destroyed houses, prevailing economic challenges in the country and limited livelihood options that further erode coping capacities with propensity to increase tensions between groups.

Refugees in nine camps and settlements across the country need camp management services. Strong community engagement and well-timed information sharing is critical for refugee community structures and host communities to ensure ownership. The participation of women in refugee committees' decision-making processes is still low. Existing community self-management structures in refugee sites require continuous support. Joint planning coordinated assessments and interventions through mutually agreed referral mechanisms also need to be strengthened. Due to the new reality of COVID-19, risk communication and community engagement requires continuous efforts to ensure a two-way dialogue with refugee and host communities and inclusion of COVID-19 messaging through various platforms and feedback mechanisms, including rumour tracking mechanisms and addressing misinformation.

The 1.2 million people in need of CCCM service includes an estimated 150,000 people affected by floods in 2020 living with host communities are in need of humanitarian assistance. They

share their limited resources which are grossly inadequate compounded with the limited basic services within the communities making them heavily dependent on humanitarian aid. Flood related displacement has the potential to exacerbate existing tensions in sites such as Mangalla. It can also fuel new tensions as host and displaced communities compete for scarce resources and limited

The CCCM Cluster 3W and camp data show a significant need for a strengthened camp management structures across South Sudan. The data also indicates a worrying limitation of services and assistance, particularly in areas outside of PoC sites. Although community governance structures exist in PoC sites, former PoC sites and collective sites, these remain highly political, under-capacitated and persistently lack accountability to the people they were formed to serve. People in informal and collective sites lack access to information about their rights, freedom of movement and available services. The existence of settlements without any coordination and management structures have led to sporadic or a complete lack of aid provision to vulnerable people living in these informal settlements. Based on site level key informants and CCCM analysis, 60 per cent of displaced people reported being exposed to increased protection, public health and gender-based violence risks. Lack of livelihood opportunities creates a weak sense of coping mechanisms amongst some of the displaced families creating difficulty and triggers elements of frustration and hopelessness.

The transition of the PoCs to conventional IDP sites may further entrench protracted displacement and the associated burden on displaced people, returnees and host communities particularly due to the uncertainty about the continuation of humanitarian services, security and safety in areas of return. Uncertainty over the transitions and inconclusive peace process may lead to the majority of displaced people currently in the PoC /former PoC sites to either remain in the sites, or prematurely leave to find shelter and livelihood opportunities in other locations but essentially remain displaced. Either has conflict sensitivity implications for agencies managing these sites and requires careful management to avoid placing IDPs and nearby communities at increased risk of escalating violence or pressuring involuntary or unsafe returns.

Intersectoral analysis

An estimated 1.23 million displaced people continue to face threats to their safety and security, especially women, girls and people with disabilities who are the most vulnerable groups. Women and girls face not only the risk of sexual violence

within the sites but also when they travel outside sites for livelihood activities. Displaced families sometimes use negative coping mechanisms to address needs, including forcing their adolescent girls into early marriage. Early marriage among displaced girls is now more prevalent than in recent years. The school closures followed by COVID-19 increased the risk of gender-based violence and the sexual exploitation among girls. In the Malakal PoC site, a significant number of young females reported experiencing psychosocial distress.

When people are displaced, they seek shelter and protection in camps where a robust and capacitated camp management is needed to ensure a predictable and coordinated delivery of service. While CCCM strives to enhance participation of the affected population, fosters accountability to the affected population and facilitates information management, the roles of other clusters and governments are critical to improve the protective environment. The structures established by camp managers are often instrumental in empowering the affected people to organize and mobilize their communities, create tangible contributions to the delivery of assistance and make informed decisions for themselves and their families.

A reduction of the number of United Nations Police was a contributing factor to an increased number of violent incidents and protection concerns within the former PoC sites.

Projection of needs

The majority of displaced people are expected to remain displaced in 2021 and will continue to need CCCM services. A CCCM cluster service mapping conducted in PoC sites and formal IDP camps identified a critical need to strengthen camp management capacities across the country. Although community governance structures exist in PoC sites, formal IDP camps and collective sites, these remain highly political, under-resourced and lack sufficient accountability to the people they were formed to serve. This is proving to be a challenge to a handover of site management. Similarly, the camp administration capacities remain a challenge to deal with in 2021.

Due to the upsurge in sub-national violence in 2020, especially in Jonglei, Unity, Upper Nile and Warrap and Lakes, displaced people are expected to remain displaced for the foreseeable future. Unless there is adequate coordination of services, the protection concerns, risks and vulnerabilities of displaced people will continue to increase. The transition of PoC sites in 2020 and continuing into 2021 may cause the security situation to deteriorate and lead to a possible reduction in

humanitarian access. Involuntary or unsafe returns resulting from the PoC transition have particular potential contribute to tensions between IDPs/returnees and host communities over land, resources and aid that results in further violence and displacement. These stressors present a new burden for displaced people and families and may negatively affect their mental health, psychosocial wellbeing and daily functioning. There is a high probability of flooding again in 2021 and this could lead to more displacement and burden on the CCCM needs of people.

Monitoring

The CCCM Cluster will monitor displaced people's needs through regular site profiles, assessments and surveys. The cluster will rely on DTM mobility tracking to update population figures. The indicators listed in the below table will be primarily used to monitor the cluster needs and will be collected twice a year with the support of DTM and CCCM Cluster partners. In addition to these assessments, the cluster will regularly participate in initial-rapid needs assessments and multi-sectoral needs assessment by collaborating with other clusters where applicable.

The cluster will continue to maintain an overview of service provider agencies, the quality of their services and identify site level needs and gaps. However, the continued disruption of services in PoC sites (likely to continue following the status change) by some sections of the communities including youth will remain a challenge. The cluster will continue to deploy the Community Based Complaint and Feedback Mechanisms (CBCFM) to ensure all stakeholders in a site are heard and able to submit their feedback and complaints and have their feedback ('opinion' implies that agencies decide what is valid) acted upon. The cluster will engage with affected communities in the monitoring of site level services using a conflict sensitivity approach and accountability of humanitarian organizations to affected population through effective, transparent and honest community participation through satisfaction surveys. Overall, the cluster will ensure that service-providing agencies are aware of the role of camp management in monitoring gaps and needs and collect data and manage information on service needs across sites.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|---|--|---------|--|--------------|
| 1 | % of displaced population in sites or area who are in need of appropriate site management services | CCCM | DTM Mobility tracking and CCCM Partners Survey | Twice a year |
| 2 | % of displaced population in sites or area with access to functioning complaints and feedback mechanisms | CCCM | CCCM Partner Data & DTM Site Assessment | Twice a year |

3.2 Education



PEOPLE IN NEED

3.4m

FEMALE

51%

CHILDREN

100%

WITH DISABILITY

15%

Analysis of humanitarian needs

In the wake of persistent fragility and economic crisis, an estimated 3.4 million (51 per cent girls) school-aged children have lack of or inadequate access to education services in 2021. This is a slight increase from the 3.1 million girls and boys in need in 2020. In addition, there are 98,500 school-aged refugee children, of whom 18,000 children are out of school. The negative impact of COVID-19 and subsequent school closures have resulted in an increased number of children in need of education support.

Children and youth, aged between 3 and 17, represent 44 per cent of South Sudan's population. Education in the country has been severely impacted by successive years of conflict, economic instability, displacement and widespread flooding. The capacity of the Ministry of General Education and Instruction (MoGEI) to respond to the needs of children remains limited.

Only 6 out of every 10 school-aged child attend school. Less than 45 per cent of those attending are girls.¹⁰⁵ The current trend in girls' enrolment in schools in South Sudan is alarming. Girls are more likely to be excluded from receiving education as parents prefer to send boys to school. This increases the risk of girls ending up in an early marriage. In 2019, about 17 per cent of girls were enrolled in pre-primary, 58 per cent in primary and only 25 per cent of girls received a secondary level education.¹⁰⁶

Displaced people, refugees and returnees are identified as vulnerable groups and the education needs of children in these groups are particularly dire in Jonglei, Upper Nile, Unity, Lakes, Eastern and Central Equatoria where a high percentage of children do not have access to an education. The closure of schools and all learning institutions followed by COVID-19 had devastating effects on the education of all children including refugees and jeopardized critical gains made over the years. It also exposed them to different forms of gender-based violence including forced marriage and teenage pregnancies. Education needs remain high among South Sudanese spontaneous refugee returnees. Similarly, access to remote learning platforms and education opportunities by refugees from neighbouring countries are limited by lack of electricity and connectivity, and required devices including radio sets and lighting. Post-secondary opportunities for refugee students remain limited. Refugees in urban areas lack the financial means to access the national education system services.

Flooding in South Sudan since July has significantly impacted education infrastructure, particularly in Eastern Equatoria, Jonglei, Lakes, Upper Nile, Warrap and Western Equatoria states. Many flood-affected people took shelter in schools. This may affect the first phase reopening of schools as announced by the MoGEI. Since February 2020, a total of 430 schools in 9 states have been damaged/destroyed by flood and violence. These schools were also occupied by people displaced due to floods and violence.¹⁰⁷

There are significant issues related to the quality of education. Schools in rural and remote areas do not have enough teachers to meet the needs of students. Teacher turnover is high due to salary issues, and a limited monitoring and evaluation system in place to assess the quality of teachers. In October 2020, education was identified as the type of aid most needed by children in one-third of almost 2,000 assessed settlements across South Sudan.¹⁰⁸

Intersectoral analysis

A functional and properly resourced school should have nutrition, protection, water and sanitation facilities to ensure a child can learn in a safe environment. In South Sudan, 17 per cent of primary schools do not have access to drinking water while 31 per cent do not have functional latrines.¹⁰⁹ The lack of latrines and/or dignified sanitation facilities to be used as changing rooms during menstrual period discourages adolescent girls from coming to schools hence contributing to absenteeism and school dropout. The Education Cluster relies heavily on WASH partners for additional support to ensure that children and youth have uninterrupted access to drinking water and hygiene in learning spaces.

If schools are located far from a community, girls, young children and children with disabilities are likely to be the most affected by safety concerns. One of the main reasons that children drop-out from schools in South Sudan is the long distance they must travel. Some 16 per cent of households reported by key informants have a child or children engaged in child labour activities.¹¹⁰ Therefore, an inter-sector effort is required to bring those children back to schools or provide them with alternative education options.

Lack of alternative shelter options have forced thousands of IDPs to occupy and use school buildings as a temporary shelter solution. The long-term occupation of public spaces and buildings has been cited as a driver of tension between IDPs and host communities in some locations. Between

February and December, some 430 schools have been affected and damaged by floods and by violence and 185 of these schools have been and are still occupied by IDPs. These school infrastructures including WASH, latrine, furniture, and educational supplies have been destroyed and require urgent rehabilitations and reconstructions.

Projection of needs

The scale of educational needs in South Sudan remains high due to many challenges with supply and demand. South Sudan's school-aged population, aged between 3 and 17, reached 5.3 million in 2020. The increase is challenging the provision of education particularly in areas that may also experience an influx of displaced people or returnees when conflict eventually subsides. There are also a number of key supply-side barriers to education such as the lack of qualified teachers; a damaged education infrastructure; overcrowded classrooms; inconsistencies in the provision of teacher incentives; a shortage of learning materials; poor sanitation and water facilities in schools; the long distance a child needs to travel to school; and little to no support services in schools for children with disabilities.

On the demand side, there are socio-economic and cultural barriers including poverty; low awareness on the importance of education; inadequate support from parents; insecurity in many parts of the country; and inaccessibility to many areas especially during the rainy season due to poor road infrastructure network.

The impact of COVID-19 and the prolonged closure of schools could lead the most at-risk children into adopting negative coping strategies such as child labour or early marriage and prevent them from returning to schools once they reopen. Many children are unable to engage in remote or long-distance learning opportunities and will need remedial action and accelerated learning strategies to catch up with their studies. Additional support is required to improve the provision of water and sanitation services, the installation of hand washing stations, and changing areas/rooms for adolescent girls during menstrual period, teacher training and community support to build trust, and reassure parents that it is safe for children to return to school.

COVID-19 is affecting the mental health of children and adolescents and depression and anxiety are prevalent. Additional research is needed to assess the short- and long-

term effects of COVID-19 on children's overall mental health and to look at ways to improve the situation through the use of positive coping mechanisms. The Education Cluster will ensure that child protection and GBV related aspects are mainstreamed into the need analysis.

Monitoring

The Education Cluster receives data on needs through partner assessment data and inter-cluster statistics. Partners submit their reports on a monthly basis to the Education Cluster coordination team that develops maps and other information management tools to identify key needs and gaps.

The Education Cluster developed an indicator explanation tool and partners are regularly trained to familiarize themselves with changes in need. Once the monthly report is consolidated at the national level, it is shared with sub-national cluster focal points for their review and inputs to ensure data quality and accuracy.

The Education Cluster will conduct a nation-wide assessment in 2021 and will ensure education cluster indicators are streamlined in the different assessment mechanisms in the cluster system including IOM/DTM, REACH, IRNA and all education cluster assessment tools. This will help to fill the information gap in case the nationwide assessment does not happen and if it does, then these other options will be used for data triangulation. In summary, the Education Cluster will increase its efforts to align education data collected by various stakeholders and multi-sectoral initiatives, through harmonization of indicators.

The Education Cluster has a plan to conduct school assessments to determine the impact of COVID-19 on children and how prepared schools are for reopening. This will investigate several issues including overcrowding, WASH facilities, GBV incidents at school, availability of teacher, it will as well look at children's ability to return to school/ access remote learning while schools are closed.

The Education Cluster will continue to collect monthly data on; the number of children and adolescents provided with access to education in emergencies; and the number of trained teachers and members of parent-teacher associations and school management committees to measure activity progress through 2021. Data on the two indicators below are collected through assessments at end of a full academic year.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|----|--|-----------|---|-----------|
| 01 | % children dropping out of school in the last year | Education | FNSMS/Education Nation-Wide assessment | Annual |
| 02 | % of children out of school in 2019 | Education | FNSMS/Education Cluster Nation-wide assessment | Annual |

3.3

Emergency Shelter and Non-Food Items



PEOPLE IN NEED

2.4m

FEMALE

50%

CHILDREN

54%

WITH DISABILITY

15%

Analysis of humanitarian needs

In 2021, the need of emergency shelter and non-food items will affect the living standard and wellbeing of an estimated 2.1 million people. In addition, 310,000 refugees and asylum seekers are also identified with shelter and NFI needs. The number of people in need increased by 100,000 in 2021, compared to 2 million in 2020, due to an increase in the number of returnees. At the time of writing, approximately 1.65 million women, men, girls, boys and older persons live with inadequate shelter and NFIs. Without shelter or having a strong social support network, women and children are especially vulnerable due to their roles in society and their health, wellbeing, safety and security are at risk.

People identified with emergency shelter and NFIs needs in 2021 include displaced people, returnees and 2.5 per cent of host communities. It is estimated that more than 70 per cent of newly displaced people outside PoC sites and collective centres are unable to meet their basic household needs and will require a humanitarian intervention. More than 50 per cent of returnees also need emergency shelter and NFI support. Insecurity in areas affected by sub-national and localized violence have led to people being newly displaced and have created new vulnerabilities. Emergency shelter and NFI needs are greatest in Upper Nile, Unity, Jonglei, Lakes, Warrap, Western Bahr Ghazel, Central and Western Equatoria. Lifesaving access to emergency shelter and NFIs needs to be provided immediately to displaced people to prevent further loss of life and increased vulnerability. Access to naturally grown shelter materials has continued to be a challenge due to recurrent sub-national and localized violence, compounded by seasonal flooding, particularly in Jonglei, Unity and Upper Nile states. The top three needs of people are access to emergency life-saving shelter, access to lifesaving NFIs and access to housing, land and property including support to recovery and resilience building.¹¹¹

Displaced people and returnees are experiencing challenges with regard to access to their lands and houses, HLP property documentation, security and protection concerns. Displaced people living in designated IDP and PoC sites will continue to require emergency shelter and NFI assistance in 2021. Displaced people living outside of designated IDP sites may have better access to shelter materials but due to the limited number functioning markets, essential household items can be hard to acquire. People in need of emergency shelter and NFIs are located both in urban and rural areas. Urban displacements include formal and informal sites, ranging

from PoC sites and newly transitioned IDP sites to collective and spontaneous sites. Rural displacements refer to informal settlements in relatively stable locations. In rural areas, some 70 per cent of displaced people will need emergency shelter and NFI assistance. In addition to displaced people, returnees in areas of return that are stable are expected to need some form of assistance to rebuild their homes and lives. The returnees may lack adequate coping mechanisms and have limited access to resources. Returnees also will need support in understanding their rights for housing, land and property in cases where their land has been given away or reused.

Shelter and NFI needs among refugees remain high, especially among new arrivals and persons with specific needs.

Refugees live in overcrowded camps and settlements and have inadequate access to space, soap, and water, which make them extremely vulnerable to COVID-19. South Sudan continues to receive refugees and is seeing a steady return of South Sudanese refugees. Refugees arrive after days and weeks of walking, often without any belongings. Consequently, all new arrivals need non-food items including sanitary items (soap, buckets, etc.) and basic household items (mosquito nets, blankets, clothes, plastic sheets, and shelter materials).

Refugees' access to wood for shelter construction and other natural resources has become increasingly challenging, undermining the ability of refugees to be self-sufficient. This situation affects physical security and wellbeing of refugees and requires the provision of regular shelter support. With new refugee arrivals, general population growth and limited access to local shelter materials, a considerable gap persists in the construction and improvement of shelter.

According to the findings of an assessment on people's priority needs conducted in 2020, shelter and NFI was identified as the priority need by 14 per cent of women assessed settlements in the country, after food assistance, livelihoods and health. For men in assessed settlements, shelter and NFI was identified as the priority need by 12 per cent and for children, by only 4 per cent.¹¹²

The cluster takes note of the differences in needs among the different groups, for instance, physical protection and privacy are important for GBV prevention meaningful access is critical for disabled persons. Information regarding specific needs for the different groups of people is obtained through needs analysis conducted using focus group discussions and key informant interviews. The information obtained is critical for decision making, in case partners find needs beyond the scope of the cluster's work, referrals are made to other clusters /sectors for appropriate actions.

Intersectoral analysis

Beyond survival, shelter provides people with protection and security. Shelter protects a person's wellbeing, dignity and health. Shelter is the foundation and basis for engagement in livelihoods and economic activities. Shelter is essential to having a feeling of security, identity and belonging, and fundamentally underpins peace and stability. People require essential household items to meet their personal hygiene needs, to prepare and eat food, and to provide necessary levels of thermal comfort, without which their wellbeing and health may be adversely impacted. The health of pregnant mothers and children under age 5, and other vulnerable people, is compromised when living conditions are poor and they are exposed to the elements and disease-causing vectors.

Women in South Sudan continue to be denied ownership rights to land, housing and property. South Sudan's Transitional Constitution, the Land Act, and the Local Government Act all explicitly recognize women's rights to own and inherit housing, land, and property. However, cultural norms and customary land tenure law often pose barriers.¹¹³ In a survey conducted in 2019, 22 per cent of the male respondents thought that women should be prohibited from owning land.¹¹⁴ As women face barriers to HLP ownership rights, this will continue to cause tension among affected people and exacerbate conflict, and the provision of shelter and other aid has potential to shape population movements and associated tension between communities. Shelter needs are met when tenure is secured whether through rental or privately-owned land and property.

Care and maintenance of shelters in re-designated IDPs camps, PoC sites, informal settlements and collective sites will be undertaken in close collaboration with camp managers and will include shelter related activities like site planning and complaints and feedback mechanisms (CFMs) to address affected people's shelter needs. The Shelter and NFI Cluster will ensure that all protection related activities including disability and GBV related aspects are mainstreamed into the Shelter and NFIs needs analysis.

Projection of needs

The formation of the Government of National Unity in February 2020 has created optimism among displaced people both inside and outside of South Sudan. DTM data round 8 shows that 87.7 per cent of IDPs (1,403,069 people) and 85.5 per cent of returnees (1,316,232 people) live in rural areas in host community settings. CCCM camp profiles show a

decrease in IDP numbers in PoC sites, collective sites and informal settlements from 2016 to date, noting that during the same period, there was an increase in the number of IDPs in spontaneous sites due to COVID-19 related concerns, the transition of PoC sites and closure of collective centres.

In 2021, needs will continue to exist for vulnerable displaced IDPs and returnees due to the lack of access to services; flooding; sub-national violence in areas of displacement and return; and challenges in accessing homes or property after prolonged displacements in PoC sites/IDP camps. Bor, Bentiu, and Juba PoC sites have recorded outflows as people concerned with potential insecurity in transitioning or transitioned PoCs return to their areas of habitual residence or move to secondary displacement locations. With an increased population mobility from PoCs to rural areas due to perceived insecurity in PoCs arising from the withdrawal of the UN Police, the needs for shelter solutions in rural or urban areas receiving PoC residents are increasing according to the DTM round 8. There will be a need for better shelter options in IDP camps instead of the widely used plastic sheets. The transition offers an opportunity to decongest PoCs and takes incremental steps towards meeting minimum shelter standards in terms of living spaces (3.5 square meters per person) since the government will be responsible for camp administration.

Monitoring

The cluster will regularly monitor needs including accountability to affected people, protection against sexual exploitation and abuse, and COVID-19 measures. The cluster will work closely with the NAWG and use their recommendations in addressing needs. The cluster conducts bi-weekly needs analysis through the emergency shelter and NFI Operational Working Group, incorporating recommendations from the inter-cluster bi-weekly NAWG. The cluster will regularly conduct comprehensive need analysis/assessments and verification procedures based on the cluster's standards of practice. The cluster estimates about 150 assessment/need analysis will be conducted in 2021.

The cluster will use various CCE modalities, including robust complaint and feedback mechanisms, assessments, and safety audits. At the end of the first quarter, the cluster provides input into the PMR produced by OCHA. This is done to support joint inter-sectoral monitoring. The cluster will engage the CCE working group to support cluster engagement with communities and monitor community's perception of needs.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|---|---|---------------------------|---|--------------------|
| 1 | % of people with access to safe emergency shelter | Emergency Shelter and NFI | Cluster partner assessments and distribution report, Cluster 5W data, partners PDMs, DTM mobility tracking, FSNMS+ | Monthly, Quarterly |
| 2 | % of people with access to safe life-saving Non-Food Item | Emergency Shelter and NFI | Cluster assessment and distribution report, Cluster 5W data, DTM mobility tracking, Cluster partners assessment and PDM reports. FSNMS+ | Monthly, Quarterly |



3.4 Food Security and Livelihoods

PEOPLE IN NEED

7.7m

FEMALE

50%

CHILDREN

54%

WITH DISABILITY

15%

Analysis of humanitarian needs

An estimated 7.7 million people are expected to experience acute food insecurity and worse (IPC 3, 4 and 5) in 2021 according to the latest IPC analysis published in December 2020.¹¹⁵ This includes 310,000 refugees and asylum seekers who need FSL support in 2021. The number of people in need increased 15 per cent, compared to the 6.7 million people who were acutely food insecure in 2020. The number of counties in Emergency (IPC Phase 4) is projected by the peak of the lean season (May to July) to increase to 45¹¹⁶ as compared to 28 in 2019. The same comparison cannot be made for the 2020 lean season due to the delayed data collection. However, the projection for October to November 2020, usually a time when people harvest, 34 counties are in Emergency (IPC Phase 4).¹¹⁷

The states with the highest number of counties in Emergency (IPC Phase 4), projected at the peak of the 2021 lean season are Jonglei with 11 counties, Upper Nile with 10 counties, five each in Warrap, Unity and Lakes, four in Northern Bahr el Ghazal and three each in Eastern and Central Equatoria. Jonglei has the highest number of people estimated to be in Crisis (IPC Phase 3) or above, with 1.7 million people (85 per cent), followed by Upper Nile with 1.03 million people (71 per cent).¹¹⁸

The counties of greatest food insecurity severity are found in locations where the compounded shocks are exceptionally amplified due to intensified sub-national violence, two consecutive years of widespread flooding, indirect effects of COVID-19, and a protracted macro-economic crisis resulting in record high food price spikes. These multiple shocks have severely impacted people's livelihoods and access to food from markets, livestock and farming.

In the official IPC release, October to November 2020, Pibor and Tonj North have pockets of populations in Catastrophe (IPC Phase 5) acute food insecurity; the first projection December to March this will include Pibor county only; and by the second projection Akobo, Tonj North and Aweil South are anticipated to have pockets of population in catastrophe (IPC Phase 5).

Contrary to the IPC official release, the IPC Global Support Unit released two reports from the Famine Review Committee on 11 December 2020. One was a Real Time Quality Review report¹¹⁹ indicating a likelihood of populations in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Aweil South, Tonj East, Tonj North and Tonj South showing higher levels of Catastrophe (IPC Phase 5) households consistent with the data in the FSNMS+ and the documented contributory factors; and the other was a Famine Review Committee report¹²⁰ that classified four Payams

(Pibor, Likuangole, Gumuruk and Verteth) in Pibor County as 'Famine Likely' for the current and extending into the peak of the lean season.

South Sudan's IPC analysis does not disaggregate people into population groups. The process assesses the overall food and nutrition needs of the most vulnerable regardless of their status. Children, people with disability, older persons and women-headed households are identified as the most vulnerable in locations that receive blanket support.

Food security and livelihoods were identified as the most needed forms of assistance for men in 16 per cent of assessed settlements in October 2020. Similarly, food assistance was recognized as the priority need for women, as reported in 23 per cent of assessed settlements, however, livelihoods was the fifth most commonly reported priority need for women. In the case of children, food assistance was the third most frequently identified pressing need (as reported in 14 per cent of assessed settlements), behind education and health.¹²¹

Households who are in IPC Phase 4 and 5 will need immediate emergency food assistance complemented with emergency livelihood and livestock support across farming, agricultural and pastoral communities, for the medium- and longer-term to build both absorptive and adaptive capacity. There are extreme levels of food insecurity with exhaustion of emergency level coping strategies. Over the past five years needs have continued to rise, even after the 2018 peace agreement, but resources have not increased. This is resulting in scarce resources being more thinly spread.

Currently, of those receiving food assistance from WFP, 18 per cent receive a 70 per cent ration (which includes the refugees and IDPs in the PoC sites); 64 per cent receive a 50 per cent ration; and 18 per cent receive less than 50 per cent. Prioritization of scarce resources, without commensurate funding, means the ration size will have to be reduced further in 2021 to factor in the 15 per cent increase in those facing acute food insecurity.

In early 2019, humanitarian organizations were able to reach more people with food assistance and livelihood support when insecurity reduced, and access improved. This led to a reduction in the severity of food insecurity. However, since mid-2019, South Sudan has experienced two consecutive years of flooding that affected more than 900,000 people in 2019 and over 1 million people in 2020, the arrival of COVID-19 and an upsurge in sub-national violence in 2020 with disruption to the delivery of humanitarian assistance which has erased earlier gains made in food security.

Food and livelihood needs are high among refugee populations. Owing to resource constraints, since 2015, refugees have been receiving 70 per cent of the standard ration size. The food assistance gap translates into inadequate dietary intake for most refugees who have limited access to additional sources of food and livelihood opportunities. The most prominent reasons for the dependence of refugees on food assistance include the lack of safe access to land for own cultivation, limited size and poor fertility of land in and around refugee camps, limited access to seeds, tools and assets, limited income generating opportunities in and around the camps, high inflation rate and rising food cost. The majority—83 per cent—of the refugees in South Sudan are adopting negative coping strategies to fill the food assistance gap including selling of assets, cash borrowings, reducing meal quantities and frequency, and begging.

Intersectoral analysis

The main factors affecting food security are food availability, access, utilization, stability and seasonality. These are influenced by several other sectors. Nutrition has a significant effect on mental and physical growth, education attainment and later, livelihood opportunities. The health of a person will affect their ability to carry out manual livelihood tasks and cover the long distances necessary to herd livestock or collect wild foods and firewood. Water, sanitation and hygiene influences how food is prepared and utilized in the body. Ease of access to markets and access to health care facilities impact how productive people are, and how prone they are to disease or illness.

Protection concerns such as conflict, displacement and gender-based violence disrupt people's livelihoods and have a very negative effect on food security.

Poverty, food insecurity and lack of livelihood opportunities have forced many families to resort to negative coping strategies and some that are harmful to children such as early/forced marriage and child labour.

Projection of needs

The magnitude and severity of food insecurity is anticipated to increase and worsen respectively in 2021 compared to 2020. The direct and indirect impact of COVID-19 and related pressure put on markets and the movement of goods; an upsurge in sub-national violence, especially in Jonglei; desert locust invasions in the east of the country; recurring flooding in areas still recovering from the 2019 floods; a protracted macro-economic crisis; higher food prices; and a devaluing local currency are all threatening the food security of people. Other factors that will influence the food security situation include the seasonality of livelihoods, grain stocks, prices, climate, movement of livestock, nutrition status of people, and ongoing conflict.

Monitoring

Through the Food Security and Nutrition Monitoring System which covers at least 8,532 households, data is collected ahead of the post-harvest and lean season and the needs are analysed. The cluster's role is to mobilize partners to join the data collection teams especially in hard-to-reach locations and support the capacity building of enumerators. The surveys are analysed by colleagues from WFP, FAO, REACH and FEWSNET to support key products of the IPC analysis: key messages, population tables, and outcome indicators.

The cluster utilizes the Need Analysis Working Group to update on changes in context and new crisis events that impact on food and nutrition security with periodic workshops that provide a situational analysis and scenario building across the Greater Upper Nile, Greater Equatoria and Greater Bahr el Ghazal.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|---|---|---------|---------------------------------------|-------------|
| 1 | IPC 3+ | FSL | FSNMS+ & IPC analysis | Six monthly |
| 2 | Resilience Capacity Index | FSL | FSNMS+ & FAO expert analysis | Six monthly |
| 3 | Livelihood coping indicator | FSL | FSNMS+ & WFP expert analysis | Six monthly |
| 4 | Food consumption indicators: (4) Food Consumption Scores; Household Hunger Score; Reduced coping strategy indicator; and Household Diet Diversity Score | FSL | FSNMS+ & WFP expert analysis | Six monthly |
| 5 | Population reached by cluster objective | FSL | 5W reporting & gFSC mandated products | Monthly |



3.5 Health

PEOPLE IN NEED

5.2m

FEMALE

50%

CHILDREN

52%

WITH DISABILITY

15%

Analysis of humanitarian needs

The weakened health system compounded by multiple shocks will impact the health and wellbeing of an estimated 4.9 million South Sudanese in 2021. This is a 36 per cent increase from the 3.6 million people in 2020. In addition, 310,000 refugees and asylum seekers continue to need support with health care.

The people of South Sudan have limited access to optimal health services due to ongoing conflict, flooding and an underdeveloped health care system. Only 7.5 per cent of the 1,763 reporting health facilities provide basic health services.¹²²

According to South Sudan Integrated Disease Surveillance and Response System, Malaria remains the top cause of morbidity (64 per cent) and mortality (45 per cent). Between 9 and 15 November, there were 89,403 reported cases. Six out of ten states have been affected by vaccine-derived polioviruses outbreaks in 2020. Measles outbreaks have been recorded in eight counties—Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor—in 2020. The ongoing flood situation will further aggravate the health situation, the spread of existing outbreaks and the likelihood of new outbreaks in 2021. This highlights the critical need to strengthen disease surveillance and response system to prevent, detect and respond to future outbreaks.

The absence of basic health care including vaccination services has resulted in low immunization coverage throughout the country, increasing the risk of vaccine-preventable disease outbreaks. Planned mass vaccination campaigns were disrupted by the COVID-19 containment measures in place, which worsened the vaccination coverage and related health risks. According to WHO and UNICEF estimates of immunization coverage from 2019, more than half of children are not fully immunized and the transmission of vaccine-preventable diseases such as measles continues unabated.

A cross-sectional study published in 2019 found that only a quarter of women gave birth at a health facility in areas near Juba. The finding highlighted the critical need to increase the availability and accessibility of health services to ensure that quality maternal health services for women in South Sudan. Another critical need is the provision of services focusing on the clinical management of rape survivors.

The first case of COVID-19 was reported in April and the preventive measures put in place seriously disrupted people's access to essential health services. This will result in higher health needs in 2021. An example is the disruption on long lasting insecticide net distribution in 2020, that will lead to an increase in malaria cases. HIV and tuberculosis are common chronic infectious diseases but only a small fraction of affected people have access to treatment. In Upper Nile, diagnostic capacity is poor and there are significant pockets of kala-azar disease. Snakebites pose a risk during the rainy season, and timely treatment is crucial.

These multiple shocks compounded peoples' psychosocial distress. Stressors at the family level such as conflicts, substance abuse and COVID-19 related fears increased the risk of suicides, domestic violence and GBV. Specialized mental health services are scarce and limited to a few urban areas like Juba and the disruption in accessing medication and treatment aggravated the already poor health condition of people with mental disorders.

According to the findings of an assessment on people's priority needs conducted in 2020, health was among the second-most identified need for women after food assistance. For children, health was the second-most identified need, after education. For men, health was the third-most identified need.¹²³

The health needs of refugees are dependent on humanitarian agencies and require continuous support and they are still below minimum standards due to the low ratio of health workers to people and the number of health facilities per person. There are 10 health facilities supported by refugee response partners in nine camps and settlements. In 2020, 584,000 refugee and host community outpatients were seen with an average consultation per clinician of 47. Crude mortality rate (0.2/1000 people/month) and under-five mortality rate (0.4/1000 people/month) remain within standards in refugee camps. It is worth noting that incidence rates may be higher, particularly in areas like Jonglei where data collection is poor. The risk of COVID-19, Ebola, cholera, hepatitis E, measles, meningitis, malaria, and yellow fever are ever present. Currently, there are outbreaks of hepatitis E, measles, malaria, cholera, and yellow fever in parts of the country or in neighboring countries. Returnees face challenges in accessing health services in return locations as often they return to areas where the health services are already limited and often stretched.

Intersectoral analysis

The Health Cluster Needs Analysis Framework takes nutrition, protection, food security and livelihoods, emergency shelter and water, sanitation and hygiene into consideration when analyzing people's overall health needs. Mental health and psychosocial support, gender and protection must be mainstreamed across all clusters to ensure that all health needs are considered.

Inadequate WASH facilities contribute to poor health conditions and the increased risk of water-borne diseases such as diarrhoeal diseases and cholera. Inadequate shelter due to displacement can lead to people being exposed to disease vectors like mosquitoes. This can result in an increase in malaria morbidity and mortality among displaced people. Food insecurity driven by conflict and natural disasters and poor macroeconomic conditions lead to poor household nutrition. Nutrition and food security needs, combined with poor WASH, can seriously affect the nutritional status of a person, and lead to malnutrition. Children under-five and pregnant and lactating women are especially vulnerable.

Existing infrastructure including health facilities damaged by conflict and flooding limits people's access to essential health services, and efforts to rehabilitate these facilities present both opportunities to promote social cohesion or drive further tension between communities.

Projection of needs

To avoid excess mortality and morbidity and improve the health and wellbeing of people affected by conflict, national disasters and a weak socio-economic system, the provision of essential lifesaving basic health services are critical. Health facilities including community-based healthcare

systems to serve vulnerable people including women and girls, aged population and persons with a disability must be supported and strengthened. Immunization services need to be strengthened to increase coverage and prevent disease outbreaks. Disease outbreaks need to be detected early, responded to in a timely manner and adequate prevention measures put in place. Referral pathways for mental health and psychosocial support, sexual and gender-based violence survivors and for maternal and child health emergencies also need to be strengthened. COVID-19 prevention and response activities must continue till COVID-19 is no longer threat to communities.

Monitoring

A variety of databases are used to collect data, produce alerts for outbreaks and other emerging health threats. These mechanisms create public health profiles at country level and monitor health needs at the community level. The weekly report generated by the Integrated Disease Surveillance and Response and the early warning alert and response network are combined to provide comprehensive public health surveillance for priority diseases, conditions, and events at all levels of health systems for early detection.

The monthly Health Management Information System collects, analyses and reports data from health providers and facilities on causes of consultation and hospitalization. The data is used to monitor a more expanded list of causes of morbidity and mortality. Partner health specific and inter-agency assessments support ongoing analysis throughout the year assessments and monthly 5W reports provide valuable insights on gaps and needs.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|---|---|---------------|---------------|-----------|
| 1 | Coverage of DTC3 (DPT3/PENTA3) in <1 year old, by administrative unit | Health | WHO , EPI/MOH | Monthly |
| 2 | Percentage of children aged six months to 15 years who have received measles vaccination | Health | WHO, EPI/MOH | Monthly |
| 3 | Malaria incidence rate | Health | EWARS | Weekly |
| 4 | Average population per functioning health facility (HF), by type of HF | Health | HSF | Monthly |
| 5 | Number of HF with Basic Emergency Obstetric Care/500,000 population, by administrative unit | Intesectional | HSF | Monthly |
| 6 | Number of deliveries conducted by skilled birth attendants | Intesectional | DHIS2 | Monthly |



3.6 Nutrition

PEOPLE IN NEED

1.9m

PREGNANT AND LACTATING WOMEN

26%

CHILDREN

74%

WITH DISABILITY

15%

Analysis of humanitarian needs

An estimated 1.9 million people are anticipated to suffer from acute malnutrition in 2021, including 313,391 children (163,913 male and 149,476 female) with severe acute malnutrition (SAM), 1,078,867 children (562,697 male and 516,170 female) with moderate acute malnutrition (MAM), and 483,383 pregnant and lactating women with acute malnutrition (AM-PLW).¹²⁴ In addition, some 21,000 out of 286,000 refugees in Maban, Pariang, Juba and Yambio counties are anticipated, and 483,383 pregnant and lactating women with acute malnutrition.¹²⁵ In addition, some 21,000 out of 286,000 refugees in Maban, Pariang, Juba and Yambio counties are estimated to be malnourished in 2021, including 4,986 SAM children (2,555 male and 2,431 female), 12,047 MAM children (6,198 male and 5,849 female) and 3,957 AM-PLW.¹²⁶ There is a slight increase from the 1.8 million people who needed treatment for acute malnutrition in 2020.

Acute malnutrition, one of the top nutrition-related causes of death in children under-five, continues to affect children under-five and pregnant and lactating women. The prevalence of GAM among children under-five was standing at a very high level of 16.2 per cent, according to the latest, lean-season FSNMS survey conducted in 2019. It is estimated that a child with severe acute malnutrition is twelve times more likely to die and a child with moderate acute malnutrition is three times more likely to die than a well-nourished child.¹²⁷ The COVID-19 situation, sub-national violence and floods that led to population displacement, coupled with a decrease in coverage/uptake of nutrition services exacerbated the nutrition situation. Globally, it is estimated that COVID-19 could lead to raising of child wasting prevalence by 14.3 per cent if actions are not taken.¹²⁸

Improvements are noted as progress has been made since 2010. Chronic levels of malnutrition including stunting prevalence among children under-five has decreased from 31.1 per cent in 2010 to 15.6 per cent in 2019.¹²⁹

According to the IPC Acute Food Insecurity and Acute Malnutrition Analysis for December 2020, an estimated 6.35 million people (52.6% of the population) faced Crisis (IPC Phase 3) or worse acute food insecurity, of which 2.1 million people faced Emergency (IPC Phase 4) acute food insecurity. During the same period 4,000 people were likely

in Catastrophe (IPC Phase 5) acute food insecurity, out of which 11,000 were in Pibor Administration Area, and 13,000 were in Tonj North County in Warrap state. Malnutrition needs are greatest in Jonglei, Upper Nile, Lakes, Warrap and Northern Bahr el Ghazel states where number of acutely malnourished children under-five and PLW caseloads are highest, also with more than 50 per cent of their respective population facing Crisis (IPC Phase 3) or worse acute food insecurity.¹³⁰

The nutrition situation among refugee population, particularly in Maban camps, has been deteriorating according to the Standardized Expanded Nutrition Surveys (SENS) conducted in late 2019. The prevalence of GAM among children under-five in South Sudan's refugee camps stood at 11.2 per cent, an increase from 6.8 per cent in 2018. This is below the critical emergency threshold of 15 per cent but categorized as high, indicating a poor nutrition situation. Stunting (1 in 3 children stunted) and anaemia (1 in 2 children anaemic) level remain high. These proportions indicate that refugee locations continue to face various shocks ranging from funding cuts, insecurity and environmental challenges, resulting in a nutrition situation requiring continuous attention. The situation could further worsen due to the impacts of COVID-19 on service delivery in 2020.

While nutrition was amongst the top seven most commonly cited priority needs for men or women across almost 2,000 assessed settlements in South Sudan in October 2020, it was recognized as the most pressing need for children in 13 per cent of assessed settlements, following education, health and food assistance.¹³¹ A multifaceted approach will be adapted to ensure integrated needs response mechanism.

Intersectoral analysis

Malnutrition causalities in South Sudan are persistent, adversely affect women and children and require an integrated multi-layered solution. The key drivers of malnutrition in the country relate to a number of sectors such as food security and livelihood; water, sanitation and hygiene; health and protection.

According to the FSNMS Round 25/ 26, 52.6 per cent of household are acutely food insecure while only 36 per cent of households reported having access to an improved water

source in under 30 minutes without facing any protection concerns. The morbidity rate is high among under-five children, reaching 10 per cent and 36 per cent of children with diarrhoea and fever, respectively.¹³² Only 65,300 or 55 per cent of children with severe acute malnutrition admitted to nutrition sites are tested for malaria. Access to a backyard kitchen garden is available in only 38 per cent of the nutrition sites.¹³³ Strengthening of the inter-sectoral approach and collaboration appear as a critical need. Furthermore, the roll out of the nutrition and GBV action plan will help address the GBV related concerns raised through the GBV safety audit that was performed in 62 per cent of the nutrition sites.¹³⁴

Projection of needs

Based on same season historical data of food security and nutrition monitoring system, SMART nutrition surveys and admission trends for 2020, it is estimated that 1,875,642 people will be in need of treatment for acute malnutrition in 2021. This includes 313,391 children suffering from severe acute malnutrition, 1,078,867 from moderate acute malnutrition, and 483,383 pregnant and lactating women from acute malnutrition. The PiN was calculated by using the globally accepted formula, which includes both prevalent and incident cases¹³⁵ and the incidence correction factor of 2.9 was used.¹³⁶

Monitoring

The National and Sub-National Nutrition Cluster will oversee and monitor needs through routine or joint field monitoring visits and the Nutrition Information System. Spot checks, support, supervision and monitoring visits will be conducted to monitor the program and engage with the community and other stakeholders to gauge evolving needs. The use of the Nutrition Information System entails data collection from nutrition sites, compilation and analysis to monitor admission of children and women with acute malnutrition and performance indicators of the treatment and preventative programs. A three-layer quality control system will be applied to ensure reliability of the data. If the COVID-19 gets controlled and the context allows, population level data will be collected and analyzed through:

- SMART surveys in prioritized counties to determine the prevalence of acute malnutrition among children and women, as well as factors affecting malnutrition.
- FSNMS surveys conducted twice a year to determine the prevalence of acute malnutrition, service coverage, Maternal, Infant and Young Child Nutrition practices, drivers of malnutrition, including morbidity, WASH, and food insecurity, among others.
- Data on MUAC screening conducted by implementing partners will also be used as proxy indicator.
- The Nutrition Cluster will also participate in the inter-cluster multi-sectoral assessments.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|---|--|-----------|--------------|--------------|
| 1 | Prevalence of Global Acute Malnutrition among children aged 6 to 59 months | Nutrition | FSNMS | Twice a year |
| 2 | Proportion of pregnant and lactating women with acute malnutrition (MUAC of <23cm) | Nutrition | FSNMS | Twice a year |
| 3 | Number of children aged 6-59 months with SAM admitted for treatment | Nutrition | NIS database | Monthly |
| 4 | Number of children aged 6-59 months with MAM admitted for treatment | Nutrition | NIS database | Monthly |
| 5 | Number of PLWs with acute malnutrition admitted for treatment | Nutrition | NIS database | Monthly |



3.7 Protection

PEOPLE IN NEED

5m

FEMALE

57%

CHILDREN

52%

WITH DISABILITY

15%

Analysis of protection needs

An estimated 4.77 million women, girls, men and boys will face protection risks and violations in 2021. In addition, 310,000 refugees and asylum seekers in South Sudan are in need of protection services.

Insecurity and violence have disproportionately affected vulnerable people including children, older persons, survivors of gender-based violence and conflict-related sexual violence, and people living with disabilities. Coupled with natural disasters and the very limited capacity of the government to respond, this has contributed to a combination of protracted and cyclical IDP situations with ever-shifting patterns. Despite recent positive developments on the implementation of the Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS), violence and insecurity remain a persistent reality. Disaggregated data collection and analysis of armed incidents indicate that violence continues to affect civilians across the country. Sub-national organized violence has increased during the first six months of 2020 as compared to the same period in 2019, most notably in Lakes, Warrap and greater Jonglei region

In 23 out of 78 counties, over 60 per cent of households surveyed reported protection concerns in their area in the past three months.¹³⁷ In 15 counties, more than 60 civilians per 100,000 population were killed or injured by violence or other shocks in 2020.

Competition over already scarce resources has caused tension between displaced persons and host communities. Maintaining harmonious co-existence between the two groups is a necessity. Maintaining the civilian and humanitarian character of asylum requires constant engagement acknowledging the presence of combatants in/around sites/camps which also leads to increased tensions and exacerbates existing vulnerabilities of refugee populations, exposing them, particularly women and children, to increased levels of violence and insecurity. Children (0 to 17 years old) constitute 61 per cent of the refugee population. They continue to face protection risks including neglect, abuse, exploitation, child labour, forced recruitment, SGBV, and lack of access to services. Protection concerns are especially high for girls risks for early marriage, early pregnancies, and denial of education

particularly for girls and children living with disabilities. Decades of conflict, poverty and poor access to services made people with disabilities (PWD) particularly fragile. PWD are often stigmatized, marginalized, excluded and left unable to access the support needed to live in dignity as equal members of society.

Protection was the sixth commonly cited form of priority assistance needed for men, women and children, as reported by three to eight per cent of assessed settlements across South Sudan in October 2020. Insecurity was also cited as a key challenge in both male and female FGDs held in October 2020. All issues, covering five Protection Cluster's areas of responsibility have been mentioned – general protection, GBV and CP (including cross-cutting issues), HLP and Mine Action.¹³⁸

Protection needs are anticipated to increase in 2021, despite the relatively encouraging political developments. Access to services and humanitarian assistance is significantly affected by these dynamics, limiting the effectiveness of the response. Particular attention will be focused on spontaneous returns both of IDPs and refugees from neighboring countries, that have taken place sporadically across the country. This has been driven as much by push factors in situations of displacement as by improvements in areas of origin. There have however been notable improvements in key areas, and it is critical that positive dynamics are supported.

A key challenge is to ensure emergency prevention and response activities while simultaneously considering how to support the returnees and those, intending to return in areas of return.

Protection risks are particularly acute in situations of displacement. National level conflict and risk of serious human rights violations drove the establishment of PoC sites in 2013, during the years of conflict. The transition of PoC sites to IDP camps began in 2020 with draw-down of UN military forces in three sites out of five. Security in the transitioned sites is now implemented by the SSNPS with capacity building support from UNPOL. Further capacity building on protection and human rights is essential.

Due to lack of solutions, caused by variety of factors, including physical safety and security concerns, availability of basic services and a conducive environment for return, the IDPs largely remain staying in IDP camps.

The onset of the COVID-19 pandemic worldwide and in South Sudan in March 2020 occasioned significant changes to some aspects of the Protection Cluster approach in 2020. The prevention measures taken rise the human rights and protection concerns. In addition, the initiation of the National Response Plan has necessitated working closely with the existing Government-led mechanisms, which are co-led by the Government and international humanitarian community, in particular with a view toward ensuring the mainstreaming of protection.

Intersectoral analysis and the centrality of protection

The Protection Cluster remains committed to the unified statement on the centrality of protection in humanitarian action and the Human Rights Up Front initiative. The cluster remains committed to focusing on alleviating human suffering and protecting the lives and dignity of people in need by providing strategic direction, that is consistent with the principles of humanity, neutrality, impartiality and independence, International Human Rights Law (IHRL) and the broader framework for international humanitarian action, ensuring respect of human rights. As part of its obligations under the centrality of protection concept, the cluster supports efforts to ensure that affected people and the risks they face are at the center of response strategies, from design and planning to implementation and evaluation. The cluster works collectively with the wider humanitarian community to support programming that is conflict sensitive and includes common vulnerability criteria across clusters to support meaningful access to services for all individuals.

In 2021, the Protection Cluster will continue to work with the wider humanitarian community to ensure that protection is central to all response activities through regular consultations, providing advisory notes, production of regular assessments and analysis on protection issues and violence affecting civilians. The cluster will work closely with OCHA and other clusters on joint advocacy and planning of a stronger protective environment.

The pandemic made numerous adjustments in modalities of interventions in 2020, linking the national response, closely working with the key line ministries and ultimately ensuring/supporting the mainstreaming of protection into the response, as well as carrying out key protection interventions. Further linking with respective Governmental structures at the national and state levels will be continued, particularly on issues of return and provision of services to the persons with specific needs.

The cluster will continue to work with communities to identify and strengthen the resilience of affected people, and to build capacity of local organizations, including civil society organizations and national NGOs, to understand, adhere to, and report on violations of IHL and IHRL. Considering that 54 percent of the affected population are children, the cluster will ensure that a child-centred approach is applied in addressing the specific needs of vulnerable children.

Realization of durable solutions for South Sudanese displaced people will be of importance in 2021 and the Protection Cluster will continue to advocate at the higher levels to ensure that the draft South Sudan Bill on Protection and Assistance to Internally Displaced Persons is reviewed by the Ministry of Justice and adopted. The Bill is directly linked to the National Framework for Return, Reintegration and Relocation of Displaced Persons, the Action Plan that is premised on Chapter 3 of the R-ARCSS which calls for creating an enabling environment for safe, voluntary and dignified returns and reintegration of displaced populations. This complex, multi-faceted process that must simultaneously address human rights, humanitarian, development, reconstruction and peacebuilding challenge highlights the need to support the centrality of protection in response, so as to reduce displacement, reduce level of vulnerabilities to violence, exploitation, and abuse and disabilities while simultaneously increasing access to resources, so as to mitigate or respond to protection risks. The Protection Cluster retains a central role in intentions surveys and the development of strategic and operational plans in relation to durable solutions to ensure that international standards on solutions are met. Additional activities in support of centrality of protection will continue to include training and support for protection mainstreaming and integration for the wider humanitarian community. The cluster will continue to provide technical support on protection to the Cash Working Group, the Inter-Cluster Coordination Group, and peacekeeping and development organizations.

Sub-sector
Child Protection

PEOPLE IN NEED

2.7m

CHILDREN

83%

WITH DISABILITY

15%

CAREGIVERS

17%

An estimated 2.7 million people, including 2.3 million children, are at risk of violence, exploitation, abuse, and neglect and in acute need of immediate child protection in 2021. Children continue to be disproportionately affected by crisis and exposed to multiple protection risks including recruitment by armed groups, psychosocial distress, family separation, violence and exploitation in 61 most affected counties.

High level of stress, loss of friends and family members are also taking a toll on mental health and emotional development of children, further exacerbated by the COVID-19 outbreak. Studies suggest that at least one in three respondents met the criteria for a mental disorder. A recent FSNMS assessment found that 30 per cent of children had behavioral change, showing signs of distress due to repeated exposure to conflict and shocks.

Since the outbreak of violence in December 2013, 26,18 (12,214 girls and 13,970 boys) cases of unaccompanied and separated children (UASCs), missing and other vulnerable children have been documented in South Sudan and only 6,348 reunified, with up to 4,000 children yet to be reunified.

In 2020, the government of South Sudan re-committed itself to addressing grave violations against children by signing a comprehensive Action Plan on all six grave violations. The priority now is to support the implementation of the action plan and ensure sustained provision of critical child protection services. Due to various humanitarian shocks, the community care strategy to prevent and avoid sexual violence against girls and preventing early marriage still needs to be rolled out.

Children continue to face a multitude of risks, including abduction, GBV and other forms of violence, recruitment into armed groups and separation from families. These risks are further challenged by COVID-19 with reduced access to schools and the disruption of environments where children grow and develop. Economic pressures from COVID-19 have forced some families to rely on negative coping mechanisms, including child labor and early marriage. Decades of insecurity and upheaval have damaged traditional social structures and weakened justice mechanisms, leaving children more vulnerable to protection risks.

Sub-sector
Gender-Based Violence

PEOPLE IN NEED

2m

FEMALE

90%

WITH DISABILITY

15%

CHILDREN

35%

Gender-based violence is pervasive in South Sudan. As a result of structural gender inequality and unequal gender power relationships, with women and girls and especially those who are internally displaced or living near cantonment sites, or with a disability continue to suffer from GBV. Flooding, armed conflict in pockets of areas, sub-national violence and COVID-19 are escalating the risk of GBV including Conflict-Related Sexual Violence (CRSV) and sexual exploitation and abuse. The condition also compounded reduced access to sexual and reproductive health services for women and girls. Measures adopted to curb the spread of COVID-19 have also contributed to a rise in GBV incidents. In 2021, some 2 million people are estimated to be affected by GBV.¹³⁹

Six counties, namely Akobo, Aweil South, Baliet, Koch, Pibor, and Tonj North fall under the catastrophic category. Based on nationwide FSMNS+ assessment, the risk of GBV is identified high as 49 per cent of surveyed households expressed concern on GBV and 34 per cent of households travel more than 30 minutes to fetch water. Similarly, 49 per cent of affected women and girls who are in need of services have no access to GBV services and only 12 per cent of the community have awareness on available GBV services. Based on the 2020 GBV IMS data analysis, 29 per cent of GBV survivors in need of safe house did not obtain the service because of lack of safe houses.

Increased risk of GBV coupled with gaps in response services necessitates an urgent need for strengthened primary GBV prevention, integration of GBV risk mitigation in other sectors, and scaling up GBV response services. Provision of safe housing, dignity kits and livelihood support continue to be a high priority.

The continuous conflict dynamics and natural disasters perpetuated women's vulnerability and exposure to GBV. As such, many women and girls stay in the PoC sites, transitioned to the IDP camps because of concerns about sexual violence and other forms of GBV. Formal and customary laws on marriage, land and property rights, among other support discrimination against women and afford them few legal rights.

Sub-sector

Housing, Land and Property

PEOPLE IN NEED

1.5m

WOMEN

47%

WITH DISABILITY

15%

Access to housing, land, and property (HLP), an important issue during the years of conflict, is now critical as people are further displaced, the population grows, PoC sites start to transition and South Sudanese refugees return. The formalization of land laws and the creation of mechanisms of their implementation remains a gap and creates an obstacle for people who want to return. Widespread lack of literacy and insufficient legal ownership documentation made it difficult for many people to understand and effectively advocate for themselves. This issue contributes to attempts of improper land-grabbing that can drive further conflict and displacement. Women and people with disabilities disproportionately struggle to assert rights to housing and land.

Given that Housing, land and property (HLP) rights continue to be a growing key protection issue across South Sudan, an estimated 1.5 million will be affected by HLP issues in 2021, in addition 743,000 children are indirectly affected of HLP issues. During the years of conflict, ownership claims and control over land and property has played a defining role which was likewise marked by large-scale destruction of housing, land and property.

Spontaneous returns of both IDPs and refugees are expected to increase in 2021 as the government moves forward with the implementation of the R-ARCSS. This will result in a rise of HLP issues in areas of return, especially because of illegal occupation and grabbing of houses and lands, which has potential to contribute to sub-national and localized violence along with conflict based on identity lines in some areas.

In urban and peri-urban areas, there has been an increase in the risk of evictions as a result of the COVID-19 pandemic. Country-wide restrictions to movement and trading has negatively impacted livelihood activities and resulting in reduced income for many households, leading to a failure to pay rent, which could lead to a rise in the number of evictions.

Despite the legal provisions recognizing the equal rights of women to land, recognition and protection of those rights remain limited throughout South Sudan. Women's land rights remain largely conditional. Dispossession of widows, daughters, and divorced women is common.

HLP rights are cross-cutting issue and require multi-sector approaches. The Protection Cluster, leading the national HLP Technical Working Group (HLP TWG), in collaboration with the Shelter/NFI Cluster will work on establishing comprehensive programs on HLP and shelter. Identification of persons in need will be accompanied by services such as legal assistance and case management, but also provision of shelter kits, cash for shelter, etc.

Sub-sector

Mine Action

PEOPLE IN NEED

0.7m

FEMALE

51%

WITH DISABILITY

15%

CHILDREN

50%

In South Sudan, 19.33 million m² of land is suspected of being contaminated with landmine and explosive remnants of war (ERW). The highest level of contamination is predominantly located in the Equatorias, along the main routes and areas for returnees from Uganda. Explosive hazards inhibit civilians from collecting water or firewood, cultivating land, attending school, and receiving health care services, among other critical daily needs. They further hinder humanitarian organizations from accessing vulnerable communities or providing life-saving assistance in conflict-affected areas.

While substantial progress has been made in the monitoring and clearing of explosive contamination, landmines and ERW continue to pose a threat to civilians and humanitarians in South Sudan. In 2021, more than 654,800 people are estimated to be at risk of injury or death from of landmines and ERW.

Counties with the highest level of recorded contamination are Juba, Lainya, Magwi, Morobo, Mundri East, Terekeka, Torit, and Yei in the Equatorias, Akobo and Canal Pigi in Jonglei as well as Maban, Upper Nile. The majority of the counties within the Equatorias are considered to be main access routes for returnees as well as sites for initial returns to arrive and commence re-establishment of their lives in South Sudan.

The clearance of explosive contamination releases more safe land for communities to resume cultivation and livelihoods, and activities related to education and shelter. It further reduces tension between various communities, as well as environmental stress, around natural resources and the availability of land. With the projection of returns in a majority of the currently contaminated areas, the clearance of landmines and ERW is critical to ensure the release of land and other infrastructure for the host community members as well as in anticipation of returnees and IDPs.

Projection of needs

Continuing political instability, lack of physical protection and insecurity intersects with key protection issues. Competition for local resources is often driven by organized politically motivated attempts to obtain resources in the form of sub-national organized violence. This, in turn, is leading to increased rate of incidents of conflict-related sexual violence, heightening children's vulnerabilities and protection risks linked to repeated displacements. Conflict-related injuries lead to disabilities, while the conflict simultaneously reduces options for individuals living with disabilities. Conflict, economic and climatic factors have placed South Sudan one of four countries on the brink of famine, which disproportionately affects women and children.

Selective implementation of the R-ARCSS remains a challenge to sustainable peace. Lack of capacity of the government to conduct reforms delays transitional security arrangements, formation of the unified forces. Paradoxically, if the peace agreement is progressed, protection concerns may increase, after return of some of South Sudanese refugees, further testing the economic and social resilience of a weakened nation-state. Potential returnees, particularly to the Equatorias, face arriving to areas with high levels of explosive hazard contamination, it will be critical to respond through survey and clearance, as well as EORE, to ensure protective environment enabling to re-establish daily lives, accessibility to critical services such as health, education, food security, livelihoods.

Protection monitoring

In 2021, the Protection Cluster will produce regular monitoring and analysis on the protection environment throughout the country. The cluster will also build up the capacity of field staff, civil society organizations and national NGOs to gather, analyze, report, and share information on protection conditions. In addition, with the support of OHCHR, the Protection Cluster will address information gaps regarding violence affecting civilians by improving disagreed data collection, analysis and mapping of armed incidents and clashes. The sub-clusters will continue to engage in more focused monitoring and analysis in their areas of specialization. The cluster will support the Needs Analysis Working Group and the National Bureau of Statistics to conduct nationwide surveys on GBV need. Through the Monitoring and Reporting Mechanism, the information on the six grave violations against children will be collected. Needs related to mine action will be monitored through the national Information Management System for Mine Action. The Housing, Land and Property Working Group will be regularly collecting data related to evictions while monitoring legislative changes on land rights.

Protection, including sub-clusters, will continue to support and work with other clusters as well as individual agencies as needed, to support protection-related data collected on humanitarian needs. The cluster will support protection mainstreaming in these clusters' data collection mechanisms and tools, thereby providing a richer base of cross-sectoral data for future analysis. The Protection Cluster will also analyze the information shared by partners in the Mobile Coordination Forum, as well as reports from the Protection Cluster Roving teams, for further understanding of protection and overall humanitarian concerns.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|----|--|-----------------|-------------------------------------|-----------|
| 1 | Civilian population killed or injured by violence, conflict or natural hazards | Protection | ACLED, OHCHR and IMSMA victims data | Monthly |
| 2 | % of HHs who have suffered incidents affecting HH members in the last 3 months | Protection | FSNMS+ | Annual |
| 3 | % of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living in the last 3 months | Protection | FSNMS+ | Annual |
| 4 | % of HH reporting fear of GBV (sexual violence and forced marriage / reproduction) in the community | GBV sub-cluster | FSNMS+ | Annual |
| 5 | % of girls/women without access to GBV-related services | GBV sub-cluster | 5Ws and population data | Monthly |
| 6 | % of girls/boys/women at risk of GBV (sexual violence and forced marriage/reproduction) | GBV sub-cluster | drivers WASH and Food Security | Annual |
| 7 | % of girls and boys under the age of 18 years showing signs of distress-self-diagnosed (disaggregation by gender) | CP sub-cluster | FSNMS+ | Annual |
| 8 | % of girls/boys without access to core Child Protection services | CP sub-cluster | 5Ws | Monthly |
| 09 | % of girls/boys that have been separated from their parents or other typical adult caregivers | CP sub-cluster | CPIMS | Monthly |
| 10 | % of school-aged children dropping out in the previous school year | CP sub-cluster | FSNMS+ | Annual |
| 11 | Persons living or returning to areas with EO contamination | MA sub-cluster | IMSMA | Quarterly |
| 12 | % of HHs with housing/shelter damaged or destroyed due to violence, conflict or natural hazards | HLP sub-cluster | FSNMS+ | Annual |
| 13 | % of household reporting HLP disputes | HLP sub-cluster | Neighborhood assessment | Annual |
| 14 | % of HHs engaging in harmful coping mechanisms in the last 30 days | Protection | Neighborhood assessment | Annual |



3.8

Water, Sanitation and Hygiene

PEOPLE IN NEED

5.9m

FEMALE

50%

CHILDREN

53%

WITH DISABILITY

15%

Analysis of humanitarian needs

Living standard and wellbeing of an estimated 5.6 million people will be negatively impacted by lack of or inadequate access to clean water and improved sanitation and hygiene practices in 2021. In addition, 310,000 refugees and asylum seekers lack access to sufficient and quality WASH services. As access to water sources is predominately communal in South Sudan, the limited access to WASH services impacts all population groups. Those in need are not restricted to one specific group. IDPs, non-displaced and host community members, returnees from internal displacement and refugee returnees are vulnerable with limited access to WASH services.

The main drivers of WASH needs include limited physical infrastructure, sub-national violence and recurring flooding in many parts of the country. These shocks have led to the continued displacement of people and restricted their access to already limited and functional WASH infrastructure. Increased displacement also places an extra burden on existing WASH infrastructure in displacement sites and creates barriers for WASH partners when implementing activities.

High WASH severity can be attributed to a reliance on surface water, a lack of sanitation facilities, and areas witnessing high insecurity. Counties with the greatest need include Canal, Pibor and Pochella in Jonglei, Terekeka and Juba in Central Equatoria, Ulang, Nasir, and Melut in Upper Nile.

Only 36 per cent of households reported having access to an improved water source in under 30 minutes without facing any protection concerns. The remaining 64 per cent of people across the country either rely on unimproved or surface water sources (41 per cent), take more than 30 minutes to reach an improved water source (19 per cent), or are able to reach an improved source in less than 30 minutes but face protection concerns while accessing the water (4 per cent). The highest proportion of households relying on surface water were found in Upper Nile, with 66 per cent, followed by Jonglei with 43 per cent and Central Equatoria with 41 per cent. The quantity of water available per day is also below standards in many locations, with 17 per cent of people unable to collect enough water for drinking, and 39 per cent of people reporting insufficient access to water for hand washing.

Access to sanitation remained low, with only 17 per cent of households reporting owning a latrine in their compound, 4 per cent have access to a shared latrine, and 2 per cent have access to a communal/institutional latrine. This means that 77 per cent of people do not have access to a latrine. In 34 counties, zero to 10 per cent of households reported using latrines. At the country level, open defecation is practiced by

73 per cent of the population. Regional access to sanitation varied greatly, from 75 per cent in Western Bahr el Ghazal to 8 per cent in Warrap, 9 per cent in Northern Bahr el Ghazal and 10 per cent in Jonglei. Limited access to appropriate and dignified sanitation and hand washing locations, in particular in urban and peri-urban settings, increases the risk of cholera and other diarrhoeal or vector-borne diseases. IDPs in PoC sites do not have sufficient access to hygiene and sanitation facilities and are at risk of disease outbreaks in the congested conditions. WASH needs are also high among IDPs and returnees in non-camp settings and among their already stretched host communities. While host communities and non-displaced people are in need of WASH items and facilities, increasing needs are expected with recently returned refugees and IDP groups, or those settling in new locations. Around 15 per cent of households have at least one disabled family member. After years of conflict, many civilians have a disability after being maimed, or had an amputation, damaged or destroyed sight and hearing and other impairments. If they are not living in a PoC site, a person with a disability will have limited access to WASH services.

Water availability in all refugee camps and settlements is above the SPHERE minimum standards at an average of 17.31 litres per person per day but water system operations and maintenance require continuous attention and support. Household latrine coverage in refugee camps and settlements stand at 30.36 per cent at an average of 16 refugees per drop hole. However, support for critical WASH needs continued to be needed in refugee and host communities. The provision of life-saving water supply services to the host community is crucial in order to build and maintain peaceful co-existence. Community hygiene awareness and practices require continuous improvement to help in gradual behaviour change on hygiene practices. This is even more important in the context of COVID-19. With new refugee arrivals and South Sudanese refugee returnees will result in an increase in demand for water and sanitation facilities.

Intersectoral analysis

Poor access to WASH services combined with high levels of food insecurity continue to have a detrimental impact on the health of children, as seen through the high prevalence of malnutrition and water-borne diseases. Counties reporting high GAM rates have also high WASH needs. Mothers and care takers of malnourished children lack basic hygiene knowledge and access to safe water at domicile jeopardizing the benefits gained in nutrition programs.

The number of reported cases of acute watery diarrhoea and acute bloody diarrhoea have spiked dramatically in 2020. By the end of October, 593,000 acute watery diarrhoea cases were reported, a 60 per cent increase compared to 2019. Note that here, the 60 per cent increase should be higher as 2020 is not over yet, but the increase is already very sharp. It is likely to be the result of a combined lack of access to safe water and poor hygiene conditions due to the low funding status of the cluster in 2020. Low response rates to the flooding in 2020 and upcoming dry season are anticipated to further exacerbate WASH-related morbidity and incidences of diarrhoeal diseases, particularly in young children.

New health-related WASH needs arose in 2020 because of COVID-19 and will persist into 2021 as a vaccination campaign is not expected to reach enough people soon, implying a greater need for functional hand washing facilities in areas of high density such as the urban areas and PoC/IDP settlements.

There are protection concerns related to WASH. Women and girls who are traditionally responsible for water collection face an increased risk of harassment, assault and sexual violence when collecting water far from their homes. In 2020, 16 per cent of the people using water facilities reported safety concerns. High open defecation rates (73 per cent at national level) also expose women, children and people living with disabilities at higher risk of violence and discrimination, particularly in IDP sites and other crowded settlements. The absence, presence or placement of WASH facilities is a driver of population movement and conflict over land and property in some areas, and requires careful management to ensure a conflict-sensitive approach that strengthens social cohesion.

Projection of needs

As the movement and flow of returnees to South Sudan continue with people returning to their areas of origin and urban areas, demand on an already limited water and sanitation infrastructure is expected to increase in 2021.

Access to water may become a driver of conflict as increasing numbers attempt to access an insufficient number of improved water sources. As the number of people living in urban and peri-urban regions increases, so will the demand on sustainable WASH infrastructure at the community and institution level in these areas. The arrival of COVID-19 and with no vaccine roll-out in the near future, the virus may also increase the demand on WASH infrastructure in urban areas.

Poor access to water may drive people to collect water from potentially contaminated sources. Limited or no sanitation infrastructure will increase the need to construct new latrines and place an increasing demand on the frequency of faecal waste management of existing sanitation structures. Without adequate WASH infrastructure, the potential presence of water or vector-borne diseases as well as the ability to contain them may impact the well-being of the local people at risk of disease.

Monitoring

The WASH Cluster will monitor the needs of people through a multitude of means, in particular through direct links with the sub-national coordinators in the field. Key WASH indicators (to be supplied once FSNMS data is finalized and reviewed) will be collected through the FSNMS in order to support the monitoring of needs as well as flag areas where WASH needs appear.

In addition to FSNMS, the WASH Cluster has created a specific WASH gaps analysis tool, which will be utilized to predict gaps and address them in a timely fashion. Progress on addressing people in need will be measured through the monthly WASH Cluster 5W, with specific indicators created in order to address the WASH Cluster's 2021 Strategic Objectives. The Cluster will also continue working to strengthen accountability to the affected population conducted by WASH partners and will monitor partner progress through quality snapshots.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|----|---|-------------|-------------|---|
| 01 | Prevalence of Global Acute Malnutrition for children 6-59 months | Nutrition | FSNMS/SMART | Twice a year (Jun-Jul & Nov-Dec)/Ad Hoc |
| 02 | % of HHs that have access to a sufficient quantity of water | WASH | FSNMS | Twice a year (Jun-Jul & Nov-Dec) |
| 03 | % of HH members affected by relevant health issues (respiratory, AWD, cholera, eye infection, etc.) | WASH | FSNMS | Twice a year (Jun-Jul & Nov-Dec) |
| 04 | % of people in cholera hotspot counties | WASH/Health | WHO/UNICEF | Ad hoc |
| 05 | % of HHs having access to an improved water source | WASH | FSNMS | Twice a year (Jun-Jul & Nov-Dec) |
| 06 | % of HHs having access to a functional and improved sanitation facility | WASH | FSNMS | Twice a year (Jun-Jul & Nov-Dec) |
| 07 | % of HHs with access to WASH NFIs (unbroken jerrycan/bucket with lids, every member of HH slept under mosquito net, access to soap) | WASH | FSNMS | Twice a year (Jun-Jul & Nov-Dec) |

3.9 Logistics



Overview of needs

Poor road infrastructure is one of the main challenges for people in need to access to life-saving assistance and services as well for the humanitarian organizations to reach the people. It causes delays and adds substantial extra costs. The lack of road infrastructure makes the supply chain in South Sudan extremely expensive, not only for humanitarian operations but also for the private sector. Poor roads and the lack of market infrastructure are some of the reasons due to which South Sudan ranks 185 out of 190 economies in the Doing Business 2019 report.

The country has an estimated 17,000 km of roads, most of which made of gravel and earth. Around 60 per cent of these roads become impassable during the rainy season, limiting people's access to markets and basic services. Only 192 km of interurban roads are paved, less than 2 per cent of the total.

Road building and maintenance remain significant challenges. The infrastructure in South Sudan is constrained by limited state budgets, an underdeveloped local construction sector leading to high unit costs of construction and high prices for imported materials. Although three large-scale infrastructure projects have been initiated by the Government of South Sudan (Juba-Bor-Malakal, Juba-Rumbek and Juba-Torit), currently there is only one sealed road between Juba and Nimule.

Due to climate variability, South Sudan has experienced exceptionally short dry seasons in 2019 and 2020. Heavy downpour, beginning as early as April and continuing as late as December, leads to flooding and damages major supply routes. This has resulted in a shorter window for humanitarian agencies to preposition essential commodities ahead of the rainy season. People's access to markets which has already been limited by poor road infrastructure and transport options further deteriorates during the long rainy season. Majority of the rural population are far from or unable to reach markets during most of the year.¹⁴⁰

River transport carries a great potential for South Sudan, even though it is heavily dependent on seasonality and in dire need of improvements. River transport has become an important mean of transportation for humanitarian cargo in the country, as more and more locations can be served by barges (max 1,500 MT) and by boat (max 120 MT). Over 60 docking sites have been identified along the White Nile, Bahr El-Jebel, Bahr Az Zerak and the Sobat rivers, enabling humanitarian partners to transport cargo using cost-effective river transport modality. However, majority of

docking sites are hard to access and have limited capacity (e.g., they may be able to accommodate only one asset at a time; no offloading machinery etc.).

As roads and ports significantly deteriorate during the rainy season, humanitarian organizations become reliant on costly air transport to reach people in need. However, the quality of airstrips also remains low, and only four airstrips are equipped with tarmac (Juba, Malakal, Paloich and Wau). Another 234 landing sites or murrum airstrips (including 123 suitable for Fixed-Wing aircrafts and 115 helipads) are functioning in South Sudan, enabling humanitarian organizations to access people in hard-to-reach locations. Nevertheless, due to low maintenance and very limited infrastructure, a large majority of these airstrips becomes accessible to helicopters only during the rainy season.

In 2020, the COVID-19 pandemic and widespread sub-national violence have created additional logistical challenges, further deteriorating people's access to services and hampering the ability of humanitarians to reach people in need. Following the spread of COVID-19, the nationwide transport and border restrictions have affected both passenger and cargo movement (e.g., delays at borders due to additional cargo/driver screening, reduced commercial transport capacity due to lock downs in neighbouring countries). These restrictions impacted the availability of food, fuel, and other essential goods, and restricted movement of humanitarian personnel. Furthermore, following the World Health Organization's (WHO) declaration of the COVID-19 pandemic in March 2020, humanitarian organizations scaled-down their activities across South Sudan. While this was mainly because of the need to focus on the preparedness activities and to limit the risk of spreading the virus, it resulted in a decreased ability to preposition supplies in strategic locations during the dry season in 2020. This made the humanitarian community more reliant on costly air transport to reach vulnerable populations during the rainy season. A volatile security situation has challenged the transport of humanitarian relief items. Although the engagement with State-level authorities resulted in the reduction of physical checkpoints in 2019 and 2020, they continue to exist affecting both lead times and cost of transport. The continued presence of unauthorized or informal checkpoints reflects an ongoing risk of a fueling a 'checkpoint economy' that is both enabled by and contributes to conflict in South Sudan.

Vast infrastructure projects are needed not only to ensure the sustainability of people's access to essential services, but also to create more opportunities for the country and

its people. The Global System for Mobile Communication (GSM) data coverage in South Sudan is less than 40 per cent, and existing service providers are finding it very challenging to expand and maintain these services. GSM voice services are more widely spread than data and in all rural areas, the voice quality is very poor. The mobile operators have not made the necessary investments to expand capacity and coverage due to the volatile security situation. Thus, the networks are suffering from congestion and limited coverage, especially outside of the capital, Juba. Service quality in areas outside Juba is further impacted by a non-redundant infrastructure with limited capacity.

Projection of needs

Logistics needs in 2021 will depend on the security situation in the country, road conditions and continued impacts of COVID-19. In late 2020, access to many of the areas affected by flooding remain challenging with roads washed away, locations continuously inundated and as such major roads are expected to become physically accessible later than usual. This have shortened the humanitarian cargo pre-positioning window during the dry season. Violence and insecurity could further impact people's access to life-saving assistance and services and humanitarian's ability to reach people. These could result in humanitarian organizations to rely heavily on costly air transport.

Monitoring

Working with the ICCG, the Logistic Cluster will monitor the logistics related needs of humanitarian organizations to reach the people in need. Needs for common logistics services will continue to be monitored regularly through existing coordination mechanisms and partner consultation both at Juba and field hubs levels. Logistics related data will continue to be collected through the Logistic Cluster Relief Items Tracking Application, the UN Humanitarian Air Service Electronic Flight Management Application as well as the IOM Fleet Management and Internal Tracking System. The Logistics Cluster will continue to collect and analyze weekly road accessibility information to disseminate the Physical Access Constraints Map with humanitarian partners in order to ensure the humanitarian community can take advantage of cost-effective road transportation of humanitarian cargo when possible.

Indicators

| # | INDICATORS | SECTORS | SOURCE | FREQUENCY |
|---|---|-----------|-------------------------|-----------|
| 1 | Number of kilometers of paved roads across South Sudan | Logistics | Logistics Cluster / WFP | Quarterly |
| 2 | % of roads physically accessible | Logistics | Logistics Cluster / WFP | Weekly |
| 3 | Number of airstrips equipped with tarmac across South Sudan | Logistics | Logistics Cluster / WFP | Yearly |
| 4 | Number of identified docking sites across South Sudan | Logistics | Logistics Cluster / WFP | Quarterly |



3.10

Coordination and Common Services

Overview of needs

South Sudan remains one of the most challenging service delivery environments in the world as agencies continue to operate in a context of limited access, persistent insecurity including deliberate targeting of humanitarian assets and a constant threat to the security of staff. Various intrusions on humanitarian space, ranging from violence to bureaucratic impediments, were seen in 2020. Effective, sustainable humanitarian delivery is dependent on strengthened engagement with local-duty bearers and partners, enhanced understanding of and appreciation for humanitarian space and improved measures that promote the safety and security of humanitarian workers. Engagement with authorities in Juba and state level and conducting training on Labour Law and NGO Recruitment Guidelines with humanitarian organizations and authorities is critical towards reducing interferences with NGOs and practices of bringing competent work force for effective delivery of assistance. The interventions contribute to respect for humanitarian principles that govern the way NGOs work. Engaging with authorities at sub-national levels helps facilitate the unhindered and unimpeded access for humanitarians as well as promote safety and respect for humanitarian workers so that they serve the populations in need in a timely and consistent manner.

Effective, agile coordination that seeks innovative ways to reach underserved vulnerable people will be critical to an effective humanitarian response. In order to meet the needs of vulnerable populations overall humanitarian interventions will need to be 'as local as possible, and as international as necessary' through enabling equal and impartial access to assistance and services and to maintain a continuous presence as close to the affected population being served.

A clear picture of the multitude of Accountability to Affected Population approaches—specifically complaint and feedback mechanisms—relied upon by humanitarian responders to collect community feedback from the populations they serve remains important to support more complementary action. The absence of reliable information on these mechanisms stifles the development of best practices and limits the ability of humanitarians to adapt their approach to community engagement in context-specific and conflict-sensitive ways, particularly during short-term emergency deployments. Noteworthy is the limited capacity of frontline humanitarian responders to engage in critical CCE activities in emergency contexts, specifically rumour tracking and misinformation management.

Intersectoral analysis

The cluster will provide the humanitarian community with data on the presence of displaced people and returnees as well as in-country between neighbouring countries population mobility. While the IPC provides a comprehensive basis for understanding food security, there is a need to complement this with a unified country-wide MSNA of needs to inform the planning, implementation and coordination of humanitarian programs across the country. By providing a comprehensive, country-wide, and representative overview of humanitarian needs, the MSNA seeks to ensure that the humanitarian community is better able to utilize methodologically rigorous and reliable data for evidence-based prioritization and decision-making. The multi-sector needs assessment will align with the Humanitarian Programme Cycle (HPC), contribute to the calculation of inter-sectoral severity scores, and proportions of PiN for the 2022 HNO. By providing a common framework for joint analysis, the MSNA findings will provide reliable, quality data on people's needs. The findings will be used to calculate levels of need, and increase understanding of cross-sectoral vulnerability at the household level.

Projection of needs

Given the likely negative impact of COVID-19 on the prospective humanitarian funding for 2021 and high levels of humanitarian need, it will be more important than ever to have strong, joint needs analysis and assessment to guide strategic response planning for effective, well-coordinated humanitarian delivery to the most vulnerable people. The Sector is well-positioned to enable analysis at national, county and household level through multi-sectoral assessments, collaborative data analysis, exercises, intention and perception surveys, household level COVID-19 surveys, flow monitoring reports, conflict sensitivity analysis and more. This will support an evidence-based response that enables vulnerable people to recover from crisis, seek solutions to displacement, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.



A woman and her children in a temporary displacement site where flood-affected communities in Mundri West County, Western Equatoria, are taking shelter. November 2020. OCHA/Htet Htet Oo

Part 4

Annexes

4.1

Methodology for intersectoral analysis

Analysis team

The ICCG and the IMWG worked together in joint meetings and engagement throughout the process of defining the scope of the analysis and setting the analytical framework, following the IASC-developed Joint Intersectoral Analytical Framework (JIAF). Cluster coordinators and information management officers worked together with OCHA, global cluster focal points, cluster lead agencies, other humanitarian country team members, and subject matter experts in both South Sudan and respective headquarters to suggest indicators both for the intersectoral and sectoral analysis. The clusters subsequently proposed data sources and sets that were robust enough to be analyzed and disaggregated, for collective agreement by the ICCG and IMWG, before HCT endorsement. The analysis effort included consultations with in-country and regional experts, such as the team working on the FSNMS+ data collection, IOM's Displacement Tracking Matrix and REACH's Neighbourhood Assessments.

Intersectoral people in need methodology

The analysis followed the methodology presented in the Joint Intersectoral Analysis Framework (JIAF), according to which the number of people in need is influenced by the critical indicators. The first step was, therefore, to select indicators of need across the humanitarian consequences. The ICCG and IMWG considered relevant and appropriate indicators for the context in South Sudan in light of the data availability at county-level. The selection of indicators was based on consulting the revised Indicator Reference Table updated by Global Clusters and Areas of Responsibility (AoR), which contains a set of JIAF 'core indicators' adapted for use in intersectoral needs and severity analysis. In addition to that some context-related indicators were added after the consultation with the Global Clusters and OCHA headquarters (including percentage of households having access to WASH NFIs). The table below sets out the final set of indicators chosen for the intersectoral analysis and the severity thresholds that were set to adapt them to the South Sudan context.

Some cluster analyses are limited to specific population groups (e.g. IDPs, PLWs), while the intersectoral analysis is done on total population level due to unavailability of representative data by population group for the indicators used.

Below are the steps followed during the PiN calculations.

Intersectoral PiN and severity calculation method: South Sudan followed Data Scenario B from 2021 JIAF guidance to calculate the percentage and number of people falling under each severity class category. Data was prepared by cluster IMOs and provided to OCHA for needs and severity analysis.

In line with JIAF guidance, South Sudan calculated the percentage of people per severity class for each indicator and county, and then used "25 per cent rule" to estimate the severity phase for each indicator.

South Sudan used a "mean of 50 per cent max" rule to aggregate all indicator severity phase scores within the humanitarian conditions pillar for each county with regular rounding. Several intersectoral indicators' values were at severity 5 for a number of counties, but the analysis team agreed that this did not represent overall intersectoral severity in these areas. To avoid these indicators

influencing the intersectoral severity of the counties, the calculation was done with the following considerations:

- Not including the Health indicators for the intersectoral severity calculation, as they are area-based indicators with several counties at severity 5. However, the indicators were used in the ranking of the counties which have the same severity.
- Using the Nutrition IPC thresholds for GAM rate instead of WHO thresholds, while the Nutrition Cluster used the latter in its sectoral PiN and severity analysis.

The severity phase scores were used to estimate the "minimum number of people" falling under each severity phase. Four "critical" indicators were selected by IMWG and reviewed by ICCG and HCT:

1. Integrated Food Security Phase Classification (IPC) and urban food security needs
2. Prevalence of GAM among children 6-59 months
3. Percentage of HHs having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use
4. Civilian population killed or injured by violence, conflict or natural hazards

The PiN was calculated based on taking the maximum of three critical indicators (1, 3 and 4). The calculation was done with the following considerations:

- To make sure the dire need for a sufficient quantity of water did not inflate the PiN beyond what was considered a realistic estimation of needs, the water quantity indicator PiN was compared with the WASH sectoral PiN and the lower number was used.
- Protection critical indicator (4 above) is an area-based indicator, and therefore the Protection sectoral PiN was used to compare against other critical indicators and the higher number was used.
- The GAM prevalence critical indicator is an area-based indicator, so it was not used to calculate the intersectoral PiN but it was used to make sure the under-5 children's needs are covered under the intersectoral PiN number.

For the percentage of people per severity class in each county, the critical indicator percentages were not used because they contradict with the intersectoral severity for the county based on "25 per cent rule", so an estimation of the people per severity class was done by following that rule. For example, if the county intersectoral severity is 4 then at least 25 per cent of the population should be in severity 4 and 5, and less than 25 per cent should be in severity 5. The same percentages used in the population baseline were applied to the intersectoral people in need disaggregated by sex and age.

Refugees in South Sudan: As per UNHCR guidance, all refugees in South Sudan were considered in need of humanitarian assistance and therefore added to the overall PiN. However, the refugee PiN was not part of the intersectoral analysis due to unavailability of data sets for the indicators selected and because refugees from other counties in South Sudan are not part of the South Sudan population baseline. As such, the 310,000 refugees were added to the intersectoral and sectoral PiNs after the main analysis was concluded.

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Physical and mental wellbeing

| No. | INDICATOR/DATA | SOURCE | SECTOR | JIAF ALIGNMENT |
|-----|--|---|----------------------|----------------|
| 1. | Integrated Food Security Phase Classification (IPC) and urban food security needs | FSNMS | Food Security | Partial |
| 2. | Prevalence of GAM among children 6-59 months* | Modelling Exercise | Nutrition | Partial |
| 3. | % of HH reporting fear of GBV (sexual violence and forced marriage/reproduction) in the community | FSNMS+ | Protection | Partial |
| 4. | Persons living or returning to areas with EO contamination | IMSMA to be linked with population information | Protection | Yes |
| 5. | % of girls and boys under the age of 18 years showing signs of distress-self-diagnosed (disaggregation by gender) | FSNMS+ | Protection | Partial |
| 6. | Civilian population killed or injured by violence, conflict or natural hazards* | ACLED, IMSMA victims data, OHCHR | Protection | Yes |
| 7. | % of HHs who have suffered incidents affecting HH members in the last 3 months | FSNMS+ | Protection | Yes |
| 8. | % of HHs having access to sufficient materials (soap and water) for handwashing | FSNMS+ | WASH | Partial |
| 9. | % of HHs having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use* | FSNMS+ | WASH | Yes |
| 10. | % of HHs having access to water sources of sufficient quality and availability | FSNMS+ | WASH | Yes |
| 11. | Coverage of DTC3 (DPT3/PENTA3) in <1 year old, by administrative unit | HMIS/HIS, Survey | Health | Yes |
| 12. | Malaria Cases Percent Change | EWARS, IRA, RHA prospective HF based surveillance | Health | Partial |

*Critical indicators are those that correspond most directly to time-critical life-threatening consequences as seen in the JIAF Severity Scale.

Severity Scale

Physical and mental wellbeing

| | NONE/MINIMAL (1) | STRESS (2) | SEVERE (3) | EXTREME (4) | CATASTROPHIC (5) |
|--|---|--|---|--|---|
| | Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income | Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies | Households EITHER: Have food consumption gaps that are reflected by high or above-usual acute malnutrition OR are marginally able to meet minimum food needs but only by depleting essential livelihoods assets or through crisis-coping strategies | Households EITHER: Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality OR Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation | Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies, Starvation, death, destitution and extremely critical acute malnutrition levels are evident (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality) |
| | Acceptable (<5%) | Alert (5-9.9%) | Serious (10-14.9%) | Critical (15-29.9%) | Very Critical (>=30%) |
| | < 20% | 20% - 30% | 30% - 40% | 40% - 50% | > 50% |
| | <5% | 5-10% | 11 to 20 % | 21-30 % | Above 30 % |
| | < 10% | 10% - 20% | 21% - 40% | 41% - 50% | > 50% |
| | 0-4 | 5 to 9 | 10 to 19 | 20 -30 | >30 |
| | No incidents | 1-10% HHs have suffered incidents | 20-40% HHs have suffered incidents | 40-60% HHs have suffered incidents | >60% HHs have suffered incidents |
| | Soap is available at home AND sufficient water for handwashing | N/A | Soap is available at home OR sufficient water for handwashing | Soap AND sufficient water for handwashing are not available at home | N/A |
| | Enough water for drinking, cooking, personal hygiene and other domestic purposes OR more than 50 l/d/p | Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes OR 15 or more but less than 50 l/d/p | Enough water for drinking AND EITHER cooking OR personal hygiene OR 9 or more but less than 15 l/d/p | Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p | Not enough water for drinking OR Less than 3 l/d/p |
| | Water comes from an improved water source, provided collection time is not more than 30 minutes for a roundtrip, including queuing | Water comes from an improved source for which collection time exceeds 30 minutes for a roundtrip, including queuing | Water comes from an unimproved water source in less than 30 minutes | Water comes from an unimproved water source in more than 30 minutes | Water comes directly from rivers, lakes, ponds, etc. |
| | 90% | 0.9 | 0.85 | 0.75 | <75% |
| | 0-15% | 16%-30% | 31%-45% | 46%-60% | >60% |

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Living standards

| NO. | INDICATOR/DATA | SOURCE | SECTOR | JIAF ALIGNMENT |
|-----|---|--|-----------------------------|------------------------------|
| 13. | Percentage of children aged six months to 15 years who have received measles vaccination | VCE, HMIS | Health | Yes |
| 14. | % of population in sites with access to functioning complaints and feedback mechanisms | Site Assessment/DTM/ cluster partners | CCCM | Partial |
| 15. | % of population in sites or area who are in need of appropriate site management services | Site Assessment/DTM/ cluster partners | CCCM | Partial |
| 16. | % children dropping out of school in the last year | FSNMS+, Neighbourhoods Assessment | Education | Partial |
| 17. | % of girls/boys without access to core Child Protection services | Neighborhoods Assessments with service availability, 5Ws and population | Protection | Yes |
| 18. | % of girls/women without access to GBV-related services | 5Ws and population data | Protection | Yes |
| 19. | % of people with access to safe emergency shelter | DTM, FSNMS+ and cluster assessments | Emergency Shelter & NFIs | No related JIAF indicator |
| 20. | % of people with access to safe life-saving NFIs | DTM, FSNMS+ and cluster assessments | Emergency Shelter & NFIs | No related JIAF indicator |
| 21. | % of HHs having access to WASH NFIs | FSNMS+ | WASH | No related JIAF indicator |
| 22. | Number of HF with Basic Emergency Obstetric Care/500,000 population, by administrative unit | HSF | Health | Yes |

Severity Scale

Living standards

| NONE/MINIMAL (1) | STRESS (2) | SEVERE (3) | EXTREME (4) | CATASTROPHIC (5) |
|---|--|--|--|---|
| 90% | 0.9 | 0.85 | 0.75 | <75% |
| All four of the following criteria met: HH is aware of the existence of CFM; the CFM is easy to use; the CFM is appropriate for the population (no language, gender or impairment limitations); it's trusted for confidentiality, response, timeliness and sensitive issues | Three of the following criteria met: HH is aware of the existence of CFM; the CFM is easy to use; the CFM is appropriate for the population (no language, gender or impairment limitations); it's trusted for confidentiality, response, timeliness and sensitive issues | Two of the following criteria met: HH is aware of the existence of CFM; the CFM is easy to use; the CFM is appropriate for the population (no language, gender or impairment limitations); it's trusted for confidentiality, response, timeliness and sensitive issues | One of the following criteria met: HH is aware of the existence of CFM; the CFM is easy to use; the CFM is appropriate for the population (no language, gender or impairment limitations); it's trusted for confidentiality, response, timeliness and sensitive issues | None of the following criteria met: HH is aware of the existence of CFM; the CFM is easy to use; the CFM is appropriate for the population (no language, gender or impairment limitations); it's trusted for confidentiality, response, timeliness and sensitive issues |
| Size or type of site that does not require site management activities | Size or type of site that requires infrequent or low level of site management activities | Size or type of site that requires a moderate range of site management services | Size or type of site that requires a wide range of site management service | Size or type of site that requires a comprehensive range of site management services |
| HH: No school-aged children in the HH dropped out Area: 0% of school-aged children dropped out | Area: <10% of school-aged children dropped out | HH: Some school-aged children in the HH attend school Area: <20% of school-aged children dropped out | Area: <30% of school-aged children dropped out | HH: All school-aged children in the HH dropped out Area: >=30% of school-aged children dropped out |
| 0% | 0-5% | 6-10% | 10-13% | 13% + |
| Do not Need GBV services | Three or more services | Up to two services available | Only one service available | No GBV service available |
| less than 10% of HH with no access to safe emergency shelter | 25% of HH with no access to safe emergency shelter | 50% of HH with no access to safe emergency shelter | 75% of HH with no access to safe emergency shelter | More than 75% of HH with no access to safe emergency shelter |
| less than 10% of HH unable to meet their basic non-food items | 25% of HH of HH unable to meet their basic non-food items | 50% of HH unable to meet their basic non-food items | 75% of HH unable to meet their basic non-food items | more than 75% of HH unable to meet their basic non-food items |
| % of HHs with access to both WASH NFIs | % of HHs with access to at least one water storage device but no soap | % of HHs with access to soap but no water storage device | % of HHs with no access to WASH NFIs | N/A |
| 4+ | 4 | 3 | 2 | <= 1 |

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Coping mechanisms

| NO. | INDICATOR/DATA | SOURCE | SECTOR | JIAF ALIGNMENT |
|-----|--|---|---------------|------------------------------|
| 23. | % of children out of school in 2019 | FSNMS+, Neighbourhoods Assessment | Education | Partial |
| 24. | Livelihood coping strategy (food) - 30 day recall | FSNMS+ | Food Security | Yes |
| 25. | % of HHs engaging in negative coping mechanisms to WASH access issues | Neighbourhoods Assessment | WASH | Yes |
| 26. | % of HHs engaging in harmful coping mechanisms in the last 30 days | Neighbourhoods Assessment | Protection | Yes |
| 27. | Resilience Capacity Index (RCI) ¹ | FSNMS+ | Food Security | No related JIAF indicator |

1. This is a county level indicator that can rank resilience levels of counties and in the second year of data collection determine deterioration or improvement compared to the 2019 base line lean season baseline.

Severity Scale

Coping mechanisms

| | NONE/MINIMAL (1) | STRESS (2) | SEVERE (3) | EXTREME (4) | CATASTROPHIC (5) |
|--|--|--|--|--|---|
| | HH: All school-aged children in the HH attend school Area: 100% of school-aged children attended school in 2019 | HH: NA Area: >75% of school-aged children attended school in 2019 | HH: Some school-aged children in the HH attend school Area: >50% of school-aged children attended school in 2019 | HH: NA Area: >25% of school-aged children attended school in 2019 | HH: No school-aged children in the HH attend school Area: 0-25% of school-aged children attended school in 2019 |
| | No stress or emergency coping observed | (Stress) strategies are the most severe strategies used by the household in the past 30 days | (Crisis) strategies are the most severe strategies used by the household in the past 30 days | (Emergency) strategies are the most severe strategies used by the household in the past 30 days | Near exhaustion of coping capacity |
| | Less than 50% of the assessed neighbourhoods utilised a coping strategy | N/A | 50% or more of the assessed neighbourhoods utilised a coping strategy | N/A | N/A |
| | No harmful coping strategy | No harmful coping strategy | selected: Selling household property; Buying food on credit; Borrowing money through friends and relatives; Reducing expenditures on NFI | HH Selected: Selling means of transport; Changing place of residence; Children under 18 working to provide resources | HH Selected: Children dropping out from school; Accepting that adults engage in risky behavior; Migration of all family; Children or adult forcefully married |
| | 48-100 | 38-84 | 29-38 | 19-29 | 0-19 |

4.2

Information gaps and limitations

Overall information landscape

In early 2020, ACAPS mapped the information landscape in South Sudan to identify information gaps and needs, as well as good practices in data collection and analysis.¹⁴¹ The study found that while a large amount of data is collected in South Sudan, not all of it is made accessible to all partners and/or used for analysis. This creates gaps in the information landscape and hampers a clear understanding of the context and future developments. Further, the information available does not always answer the questions necessary to enhance the effectiveness of humanitarian response or development and peacebuilding programmes. The main recommendations put forward by the study to strengthen the South Sudan analysis ecosystem included the following:

- Secondary data and lessons learned should be included in the analysis workflow;
- Integrated analysis should be conducted among various stakeholders, including humanitarian, development, peacebuilding, academic, think tank and media organizations;
- Already collected data and information should be stored and categorized in a user-friendly database or registry;
- A more collaborative and open data sharing culture should be created;
- Methodologies should be clear and terminology defined to reduce potential confusion around findings;
- The limitations of assessments and analysis, as well as remaining information gaps in findings, should be discussed and shared;
- Capacity should be built in the areas of explanatory and interpretative humanitarian analysis, including trends analysis.

Limited multi-sectoral assessments and data collection

The current practice of data collection indicates that there are few inter-sectoral assessments and joint data collection undertaken in South Sudan to understand people's needs. IRNAs are coordinated by OCHA and conducted by the ICCG following a sudden change in context impacting people in a given location, thus, they do not provide a countrywide evidence base for humanitarian analysis. The biannual FSNMS household assessment led by FAO, WFP and UNICEF has been recently extended to include some questions from other sectors. It was also expanded geographically by IOM and WFP to cover major urban areas and IDP camps. However, the assessment remains primarily focused on food security and nutrition. Individual organizations including IOM DTM and REACH conduct country-wide multi-sectoral assessments on a regular basis using a key informant methodology, as well as household surveys at lower administrative level. In their current form, neither methodology

offers intersectoral representative data for countrywide analysis purposes.

An MSNA will be considered in 2021 to inform the 2022 HPC, building on the positive collaboration established by the FSNMS+ Technical Working Group in 2020. The MSNA method will facilitate developing a unified, comprehensive and representative dataset conducted according to global assessment standards to establish an annual baseline for future analysis, monitoring and better prioritization. This would facilitate coordinated joint analysis across and between sectors, allowing a better understanding of needs at the household, county, state and national levels. The MSNA would align fully with the HPC and contribute to the calculation of inter-sectoral severity scores and proportions of people in need for the 2022 HNO. By providing a common framework for joint analysis, the MSNA would provide reliable, quality data, which could be used to accurately calculate levels of need and increase understanding of cross-sectoral vulnerability at the household level. Cluster-level dedicated thematic assessments would be encouraged to enable a more detailed analysis of people's conditions. Secondary data sources and programme-level assessments could still be used to fill information gaps where needed, for example, should there be a lack of access to an area during data collection.

Underassessed locations

The needs of people living in certain locations have been under assessed for extended periods for a variety of reasons, including physical access constraints due to floods and other physical access issue, military presence, or general insecurity. General insecurity in 2020 due to high rates of sub-national violence in Lakes, Warrap, Jonglei and Unity and ambushes on civilian vehicles and attacks on humanitarian convoys along the main supply routes have led to movement suspended or reduced movement along Torit-Kapoeta route, Torit - Juba, Torit Hiyala - Lopa Lafon, Kapoeta - Naknak - Nadapal in Eastern Equatoria and Greater Lainya areas in Central Equatoria.

Physical constraints including mountainous terrains, roads passing through isolated forest areas, broken bridges and deep gullies on the roads make some locations very difficult to reach such as Mvolo, Greater Mundri, Namutina and Nagero areas of Western Equatoria and Kajo Keji of Central Equatoria. In some areas, partners cross through neighbouring countries such as Uganda to reach some remote locations within South Sudan.

OCHA's operational presence mapping has identified the absence of static operational partners on the ground in some areas such as in Nagero in Western Equatoria and northern parts of Raja County in Western Bahr El Ghazal makes credible assessments and data collection and validation difficult. While partners regularly deploy rapid response mobile teams, the teams have limited reach and confined to some

Severe bureaucratic impediments including demands to control humanitarian assistance by various armed groups, detention of humanitarian workers, and followed by threats and intimidation of partners located in very remote areas forces partners to avoid such areas in adherence to strict humanitarian principles.

According to the 2020 Flood Response Tracking matrix, high water levels due to flooding affected partner deployment of IRNAs to conduct assessments in Dorein, Verteth, Likuangole and Gumuruk of Greater Pibor Administrative Area, Aweil North of Northern Bahr El Ghazal, Maridi in Western Equatoria and Mandeng in Upper Nile.

Limitations in population and demographic data breakdown

The last population census was conducted in South Sudan since 2008. As such, sex- and age-disaggregated population estimates by county are prepared on an annual basis for use in operational planning, including the IPC analysis and the HPC. Similar to previous years, the population baseline for 2021 was run using a population estimation model that considered various assumptions and factors including conflict dynamics across the country to determine internally displaced people's (IDP) movements between counties; comparison between IOM DTM's mobility tracking Round 7 (October 2019) and Round 8 (March 2020) IDP baselines to include net internal displacements, pre-existing IDP concentration points e.g. in the PoC sites, IDP camps and spontaneous sites as markers of where the displaced populations were likely to end up; external displacements outside the country i.e. South Sudanese refugees in the neighbouring countries; and year-on-year natural population dynamics such as growth through births and attrition through deaths.

Data limitations in the population estimation includes use of old IDP and internal returnees' baseline from March 2020, possibility of double counting of IDPs and IDP returnees estimates at the time of assessment, overlapping of spontaneous refugee returnees in South Sudan who still hold refugee status in the region and therefore double-counted as refugees and as spontaneous refugee returnees. Further, the estimates used sex and age disaggregation based on proportions from Round 25 of FSNMS – for gender and age analysis – while also lacking information on people with disabilities. In the absence of disability data, a global average of 15 per cent is used in the HNO. The sensitivity of data associated with identity (including ethnicity) means that associated quantitative data is not collected. The onus falls on qualitative assessments to ensure that the humanitarian response is equitable and inclusive of marginalized groups in need as part of a conflict-sensitive response.

With these current data collection practices, a challenge remains that none of the sources used for the 2021 HNO provide statistically representative, disaggregated data at the county level by population group. Countrywide key informant data collected by IOM DTM in IDP and returnee communities through Mobility Tracking provides reliable, population-weighted information on humanitarian needs among vulnerable population groups at the location, county and state levels.

However, it does not enable comparison with non-displaced populations or analysis of household-level determinants of need. Without comparable assessments and data on the intersectoral needs of IDPs, returnees and non-displaced populations, it remains difficult to analyse their needs and respond accordingly. Agreed definitions for use within the humanitarian community to describe population types would also contribute to clearer population distinctions.

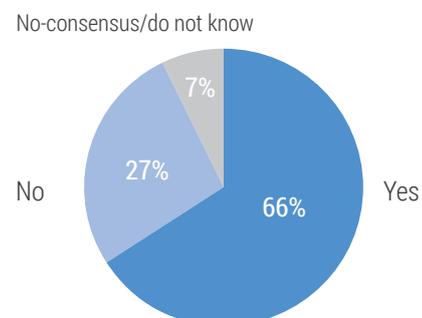
Limited methodologies

Implementation of household surveys was restricted in 2020 due to the risk of COVID-19 and the situation is likely to extend through 2021. For example, SMART surveys have been globally on hold, which will significantly impact the available information on people's nutrition status.

Community information gaps

A recent study by REACH found that in two thirds of some 1,287 assessed settlements that reported having received humanitarian aid in the 6 months prior to data collection, most people feel like they receive enough information about humanitarian assistance.¹⁴² Moreover, in focus-group discussions held, the community was aware of a wide variety of channels through which to receive information about humanitarian aid. While in most FGDs, it was reported that affected people generally have access to information channels, some community members were reportedly still left out of information-sharing or had greater challenges in accessing adequate information, including older persons, persons with disabilities, women and people in remote areas. Lack of access to certain information-sharing technologies, such as radios and mobile phones, were cited as particular challenges for women and those particularly affected by poverty. IDPs living in camp-like settings generally had better access to information and information technologies.

Proportion of assessed settlements reporting that most people feel like they receive enough information about humanitarian assistance



Asked to KIs from assessed settlements reporting having received assistance in the 6 months prior to data collection

When an even number of KIs reporting on the same settlement report differing answers for the same indicator, the responses are deleted to maintain data quality and reported as no-consensus

Source: REACH

Secondary data review

To support joint analysis in 2021, South Sudan will participate among six other HPC countries in the Data Entry and Exploratory Platform Secondary Data Review Project, supported by the Global Information Management, Assessment and Analysis Cell. Among the expected outputs will be an enhanced assessment registry that allows users

to explore available data, including secondary data review of country-level assessments, surveys and situation reports, and to review information gaps for geographical areas, affected groups and sectors. The project will improve the HCT’s ability to monitor changes in the humanitarian situation, adjust ongoing response, and produce strategy and advocacy products.

The Joint Intersectoral Analysis Framework (JIAF)

Context

| | | |
|------------------|---------------|----------------|
| Political | Economy | Socio-cultural |
| Legal and policy | Technological | Demography |
| Environment | Security | Infrastructure |



People living in the affected area

Event / Shock

| | |
|---------|---|
| Drivers | Underlying factors / Pre-existing vulnerabilities |
|---------|---|



People affected

Impact

| | | |
|-------------------------------|------------------------------|------------------|
| Impact on humanitarian access | Impact on systems & services | Impact on people |
|-------------------------------|------------------------------|------------------|

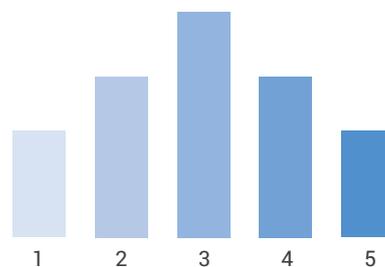


Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

The JIAF Severity Scale

| SEVERITY PHASE | KEY REFERENCE OUTCOME | POTENTIAL RESPONSE OBJECTIVES |
|--------------------------|--|---|
| 1 None/Minimal | <p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p> | <p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p> |
| 2 Stress | <p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods).</p> <p>Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p> | <p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p> |
| 3 Severe | <p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p> | <p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p> |
| 4 Extreme | <p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies.</p> <p>Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p> | <p>Saving Lives and Livelihoods</p> |
| 5 Catastrophic | <p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p> | <p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p> |

4.3

Acronyms

| | | | |
|-----------------|--|---------------|--|
| AAP | Accountability to Affected People | FSMNS+ | Food Security and Nutrition Monitoring System Plus |
| ACLED | Armed Conflict Location & Event Data Project | FGD | focus group discussion |
| ACAPS | Assessment Capacities Project | FSL | Food Security and Livelihoods |
| AoR | Area of Responsibility | FRC | Famine Review Committee |
| AWD | acute watery diarrhoea | GAM | Global Acute Malnutrition |
| AM-PLW | pregnant and lactating women with acute malnutrition | GBV | gender-based violence |
| CAR | Central African Republic | GDP | Gross Domestic Product |
| CBCFM | Community-based Complaint and Feedback Mechanisms | GPAA | Greater Pibor Administrative Area |
| CCCM | Camp Coordination and Camp Management | GSM | Global System for Mobile Communication |
| CCE | Community Communication and Engagement | HFA | Humanitarian Food Assistance |
| CES | Central Equatoria State | HCT | Humanitarian Country Team |
| CFM | Complaint and Feedback Mechanisms | HH | household |
| CMR | clinical management of rape | HDSS | household diet diversity score |
| COVID-19 | Coronavirus Disease | HIV | Human immunodeficiency virus |
| CPIMS | Child Protection Information Management System | HLP | housing, land and property |
| CRSV | Conflict-Related Sexual Violence | HMIS | Health Management Information Systems |
| CWG | Cash Working Group | HNO | Humanitarian Needs Overview |
| DHIS | District Health Information Software | HPF | Health Pooled Fund |
| DTM | Displacement Tracking Matrix | HPC | Humanitarian Programme Cycle |
| DRC | Democratic Republic of the Congo | IASC | Inter-Agency Standing Committee |
| EES | Eastern Equatoria State | ICCG | Inter-Cluster Coordination Group |
| EMIS | Education Management Information System | IDP | internally displaced person |
| EORE | Explosive Ordinance Risk Education | IDSR | Integrated Disease Surveillance and Response |
| EPI | Expanded Programme on Immunization | IMWG | Information Management Working Group |
| ERW | explosive remnants of war | INFORM | Index for Risk Management |
| FAO | Food and Agriculture Organization | IHL | International Humanitarian Law |
| FEWSNET | Famine Early Warning Systems Network | IHRL | International Human Rights Law |
| FSNMS | Food Security and Nutrition Monitoring System | IMOs | Information Management Officers |
| | | IRNA | Initial Rapid Needs Assessment |
| | | IOM | International Organization for Migration |

| | | | |
|----------------|--|----------------|--|
| IPC | Integrated Food Security Phase Classification | SARA | Service Availability Readiness Assessment |
| JIAF | Joint Intersectoral Analysis Framework | SAMS | School Attendance Management System |
| KIs | Key Informants | SMART | Standardized Monitoring and Assessment of Relief and Transitions |
| MAM | Moderate Acute Malnutrition | SSNPS | South Sudan National Police Service |
| MAFS | Ministry of Agriculture and Food Security | SPLA-iO | Sudan People Liberation Army in Opposition |
| MSNA | Multi-Sector Needs Assessment | SSPDF | South Sudan People's Defense Forces |
| MoGEI | Ministry of General Education and Instructions | SSN | social safety net |
| MOH | Ministry of Health | SSP | South Sudanese pound |
| MUAC | mid-upper-arm circumference | UASC | unaccompanied and separated children |
| NAS | National Salvation Front | UN | United Nations |
| NAWG | Needs Analysis Working Group | UNEP | United Nations Environment Programme |
| NBeG | Northern Bahr el Ghazal | UNHCR | United Nations High Commission for Refugees |
| NBS | National Bureau of Statistics | UNICEF | United Nations International Children's Emergency Fund |
| NFIs | non-food items | UNMISS | United Nations Mission in South Sudan |
| NGO | non-governmental organization | UNPOL | United Nations Police |
| NIS | Nutrition Information System | UXO | unexploded ordnance |
| NNGO | national non-governmental organization | WASH | Water, Sanitation and Hygiene |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs | WBeG | Western Bahr el Ghazal |
| OoSC | out-of-school children | WES | Western Equatoria State |
| OWG | Operational Working Group | WFP | World Food Programme |
| PHCU | Primary Health Care Unit | WHO | World Health Organization |
| PHCC | Primary Health Care Centre | 3Ws | Who does What Where |
| PiN | People in Need | 5Ws | Who does What, Where, When and for Whom |
| PLW | pregnant and lactating mothers | | |
| PoC | Protection of Civilians | | |
| PMR | period monitoring report | | |
| PWD | people with disabilities | | |
| RTGoNU | Revitalized Transitional Government of National Unity | | |
| RTQR | Real Time Quality Review | | |
| R-ARCSS | Revitalized Agreement on the Resolution of the Conflict in South Sudan | | |
| RCI | Resilience Capacity Index | | |
| RRM | rapid response mechanism | | |
| SAM | Severe Acute Malnutrition | | |

4.4

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