HUMANITARIAN NEEDS OVERVIEW

SOUTH SUDAN

HUMANITARIAN PROGRAMME CYCLE
2022
ISSUED FEBRUARY 2022



About

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.

PHOTO ON COVER

People head up a flooded road towards the POC IDP camp in Bentiu town, Unity State. Photo: Mines Advisory Group/Sean Sutton

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People in need

PEOPLE IN NEED	TREND (2017-2022)	WOMEN	CHILDREN	WITH DISABILITY
8.9M		24%	53%	15%

Severity of needs

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
12%	19%	42%	16%	11%



Women and children waiting to be registered for food distribution in Ayod County, Jonglei State. Photo: WFP South Sudan/Eulalia-Berlanga

By age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	4.6M	53%
Adults (18 - 60)	3.3M	39%
Elderly (60+)	600k	8%

By gender

GENDER	PEOPLE IN NEED	% PIN
Girls	2.3M	26%
Boys	2.3M	27%
Women	2.0M	24%
Men	1.9M	23%

With disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	1.3M	15%

Estimated number of people in need

Total population

12.4M

South Sudanese people in need

8.5M

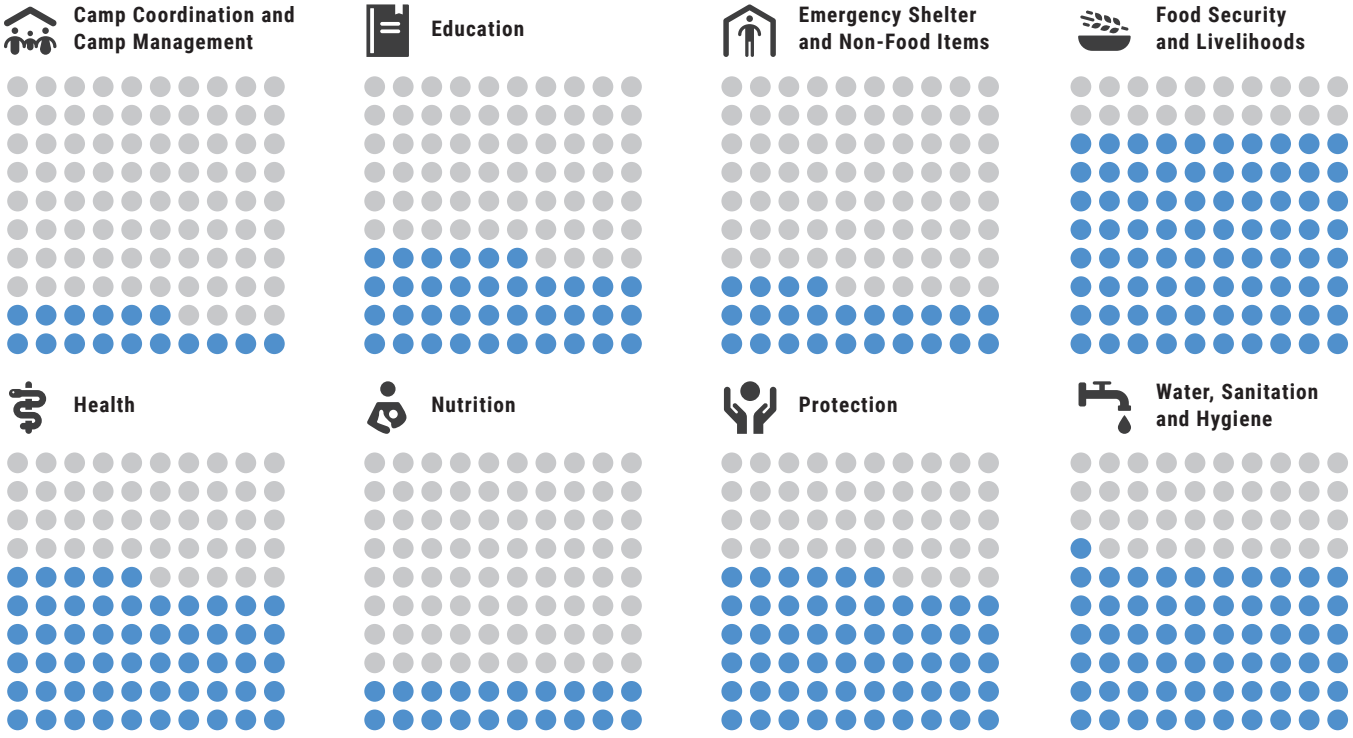
8.9M people in need including refugees

Refugees in South

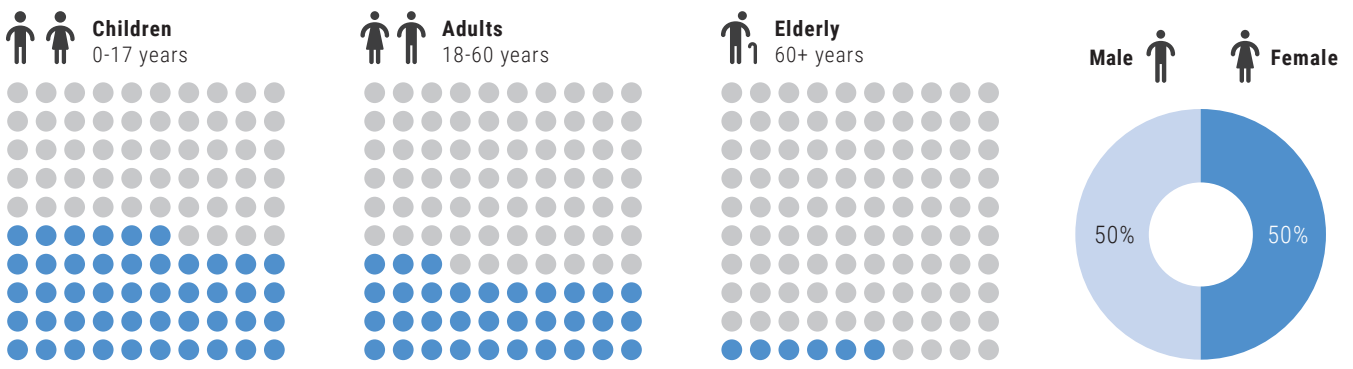
329K



People in need by sector out of total people in need



By age and sex



Summary of humanitarian needs and key findings

Context, shocks and impact of the crisis

Ten years after independence and three years after the signing of the revitalized peace agreement, people in South Sudan continue to face deteriorating humanitarian conditions. Their situation is worsened by endemic violence, conflict, access constraints and operational interference, public health challenges such as direct and indirect effects of COVID-19 and climatic shocks resulting in the dual phenomena of extraordinary flooding and localized drought, which have a severe impact on people's livelihoods, hampers access to education and water, sanitation and hygiene and health services. Protection concerns remain high, with people impacted by violence having limited access to justice and the rule of law. In 2022, the humanitarian community in South Sudan estimates that more than two-thirds of South Sudan's population, 8.9 million people, are in need of humanitarian assistance, an increase of 600,000 since 2021.
Continued conflict and instability in the country combined with flooding have resulted in large-scale internal and cross-border displacement. At the same time, limited improvements in some areas have prompted some people to spontaneously return. In addition, the government, with the support of some humanitarian agencies - has facilitated returns to certain areas. Due to compounding shocks, both in areas of displacement and return, populations have been forced to keep displacing time and again. At least 90,000 returnees from abroad remained displaced within the country, unable to reach their homes. In 2021, there were 2 million IDPs in the country (55 per cent of whom are women and girls), as compared to 1.7 million in 2020. An additional 2.3 million South Sudanese remain refugees hosted in neighbouring countries.

Climate change continues to impact different sectors, particularly agriculture, which is one of the most climate-sensitive economic sectors. Above normal rainfall for the third consecutive year in 2021 led to prolonged flooding, which impacted areas that had not flooded in previous years. An estimated 835,000 people were affected by severe flooding between May and December 2021, and 80 per cent of those affected were from Jonglei, Unity and Upper Nile states. Many flood-displaced people, including those who were displaced by the 2020 flood were unable to return to their homes until early 2022, if at all. Warrap, Northern Bahr el Ghazal and Jonglei states were the most affected in terms of crop and livestock production. The UN's Food and Agricultural Organization (FAO) assessment findings indicated that 65,107 hectares of land planted with cereals had been damaged, with an estimated loss of 37,624 tonnes of grain in the flood-affected areas. The cumulative impact of recurrent flooding contributed to the destruction and damage to water facilities, leaving vulnerable people in urgent need of water, sanitation and hygiene (WASH) services, and intensified existing vulnerabilities of affected people, which include high poverty rates, limited access to basic services including health and education, high prevalence of disease outbreaks, and widespread displacement.
Covariate climatic, conflict and economic shocks, as well as other household-level stressors, for example, gender-based violence (GBV) and poor water, sanitation and hygiene (WASH) services, are some of the key drivers of humanitarian needs in the country. Food insecurity stabilized in 2018 and 2019 at around 6.3 million food-insecure people but saw a significant rise to 7.4 million people in 2021. In 2022, an estimated 8.3 million people, including refugees, are expected to experience severe food insecurity by the depth of the lean season (May-July) as shocks appear to be intensifying. There are 13 counties with extreme levels of food insecurity in 2022, compared to 6 in 2021. In addition, an estimated 2 million people, including 1.3 million children under the age of 5, and 676,000 pregnant and lactating women, are expected to be acutely malnourished in 2022.
Humanitarian access to essential services, including health care, education, water and sanitation, as well as protection and legal services, remains a challenge in an already complex context. Between January and December 2021, 591 reported humanitarian access incidents were recorded. These ranged from violence against humanitarian personnel and assets to operational interference. In 2021, five aid workers lost their lives while delivering humanitarian assistance and services. A total of 322 aid workers were relocated due to insecurity and threats against humanitarian personnel. Humanitarian warehouses and facilities were targeted during the violence, and humanitarian supplies were looted in some locations, significantly impacting response operations in conflict-affected and food-insecure areas.

Projection of Needs (2022)

As of December 2021, an estimated 5.3 million people were reached with some form of humanitarian assistance. However, to enable the response to people impacted by flooding, humanitarian organizations were compelled to the re-program in-country support, which resulted in a reduction of food assistance to internally displaced people, refugees and communities in acute food and livelihood crises. These unmet needs increased vulnerability for populations in 2022.
More people are likely to experience severe food insecurity in 2022. An estimated 8.3 million people, including refugees, are expected to experience severe food insecurity at the peak of the 2022 lean season (May-July). This represents a 7 per cent increase from the 7.7 million in 2021. The

counties of most concern are in the states of Jonglei, Lakes, Unity and Warrap (specifically Greater Tonj), with the most extreme case being Fangak County in Jonglei State, where the situation is comparable to Pibor County in 2021. Food consumption gaps are extreme, and people have largely exhausted their emergency coping strategies. In 2022, the precarious situation is expected to be further exacerbated by the country's increasing humanitarian caseload, the expected increase in the duration of needs in the most affected areas and the projected further reduction in humanitarian assistance across the country. Food assistance is expected to decrease by 10 to 20 per cent from the already reduced levels in 2021. The current economic crisis is impacting people's ability to access markets, while conflict, flooding and seasonal effects are limiting the flow of both commercial and humanitarian goods and services.

An estimated 2 million people, including 1.3 million children under the age of 5, and 676,000 pregnant and lactating women are expected to be at risk of acute malnourishment. Global Acute Malnutrition (GAM) prevalence above the emergency threshold of 15 per cent was reported in people in twenty-six counties in six states (Jonglei, Unity, Warrap, Upper Nile, Northern Bahr el Ghazal and Eastern Equatoria). The leading cause of morbidity is malaria, followed by acute respiratory infections and acute watery diarrhoea. In 2022, morbidity rates are expected to increase proportionally for each of these causes as they did in 2021, compared to 2020. People are at constant risk of an outbreak of infection. In the Bentiu IDP camp, the Hepatitis E virus continues to circulate, with an increased risk of spreading the disease to people outside the camp.

A continuation and increase in sub-national violence reported in many states across the country, including Jonglei, Lakes, Unity, Upper Nile, Warrap (particularly Greater Tonj) and Western Equatoria (notably Tambura), will likely continue to disrupt livelihoods and trade and contribute to an increase in humanitarian needs in 2022. Access to justice and the rule of law are limited for many people who experience crimes and violations. Gender-based violence (GBV) remains a threat; women and girls are exposed to risks when carrying out their routine activities, which is further exacerbated due to flooding that limits livelihood opportunities (e.g. collection of firewood and charcoal production). Feeling unsafe, some women and girls avoid areas such as water points, latrines, distribution areas, markets and firewood gathering sites. Many violations go under-reported. Women, children, older persons and persons with disabilities (PWDs) are particularly vulnerable, exposing them to risks of exploitation.

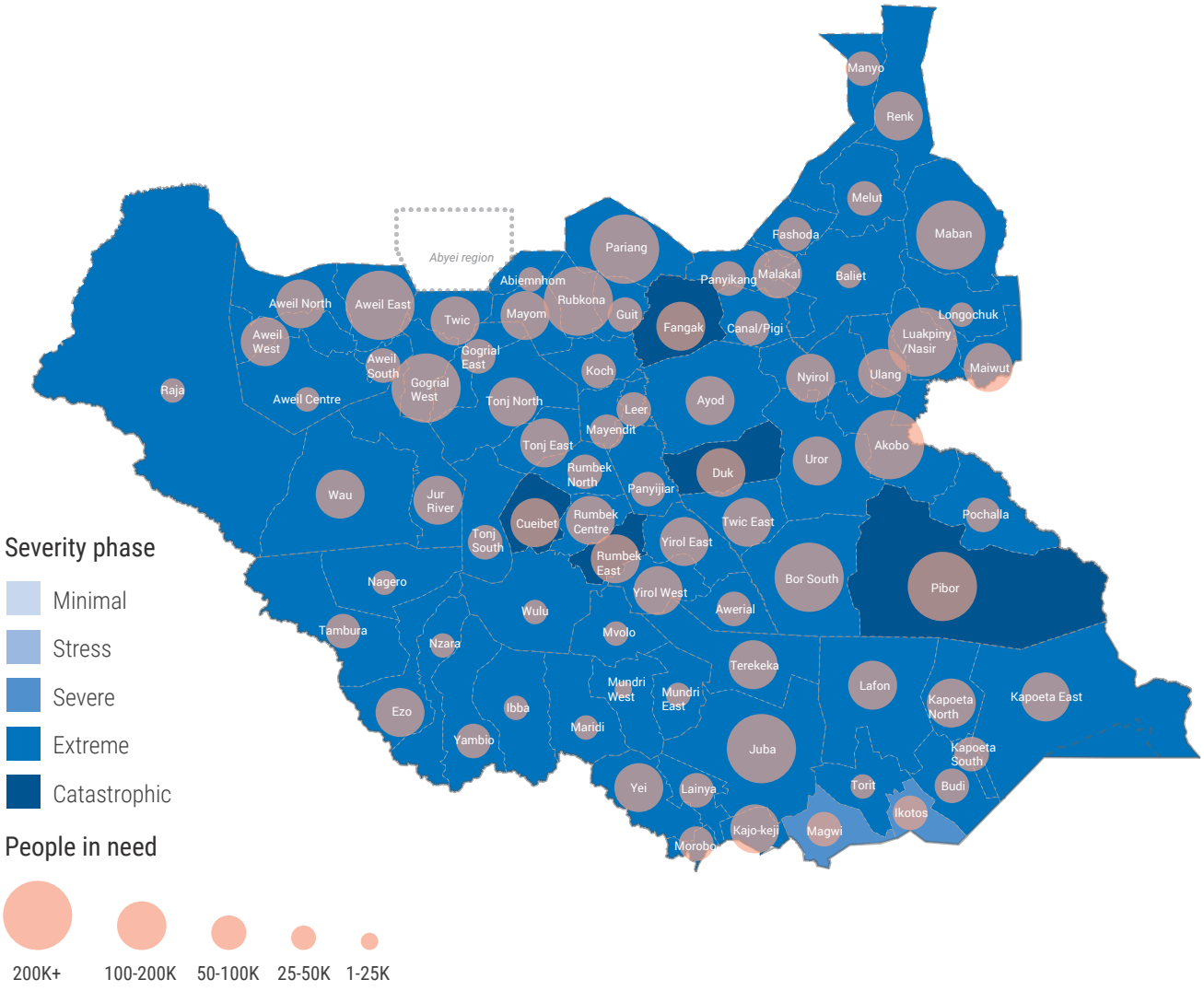
In South Sudan, where 95 per cent of livelihoods depend on traditional rain-fed agriculture, crop farming, pastoralism and animal husbandry, climate shocks are likely to lead to an increase in livestock mortality and a decline in the amount and viability of land farmers can cultivate. This will also lead to traditional seasonal migration routes of pastoralists to be disrupted and less land will be available for cattle to graze, which may further increase the risk of conflict in affected areas.

Humanitarian conditions, severity and people in need

A deterioration of people's physical and mental wellbeing, living standards and coping mechanisms is expected in 2022. Findings from the various data review processes indicate that 8.9 million people are estimated to be in need of humanitarian assistance in 2022, compared to 8.3 million in 2021. This increase is largely driven by compounded shocks triggered by continued conflict, widespread flooding, deepening food insecurity, inflation, high food prices, and lack of access to basic services. People's needs were calculated using the Joint Intersectoral Analysis Framework (JIAF) using scenario B. It was necessary to leverage findings from data gathered over time from a number of processes to identify people's holistic situations and understand their needs.

These 8.9 million people in need include 8.54 million South Sudanese women, men, girls and boys and 328,000 refugees and asylum seekers. Two million people are internally displaced; of these 1.4 million require urgent support, and 1.8 million are returnees, of these 1.2 million have urgent needs. In addition, there are 6 million vulnerable host community/ non-displaced people, of whom some are older persons or infirm, or persons with disabilities. According to the intersectoral severity of needs analysis, humanitarian needs are most concerning in Fangak, Duk and Pibor counties in Jonglei and Cueibet and Rumbek East counties in Lakes, which were classified as in catastrophic need. People in 71counties face extreme needs, while two are in severe need. The primary challenge driving needs is food insecurity or lack of food, which weakens people's health and nutritional status and exposes them to greater protection risks. The other main challenge is lack of access to WASH services which increases the likelihood of water-borne diseases, malnutrition and school dropout.

Severity of inter-sectoral needs and estimated number of people in need





Angeth, 22 years old, holding her one-year old son, Majok, at a nutrition facility in Malauil Akot, Aweil Centre County, Northern Bahr el Ghazal State. Photo: Medair South Sudan/Amy Van Drunen

Part 1:

Impact of the crisis and humanitarian conditions

Context of the crisis

Demographic



Human Development Index

South Sudan ranks 185 out of 189 countries in the Human Development Index[1]



Poverty line

4 out of 5 people living under the international poverty line in 2016[2]



Early marriage

An estimated half of South Sudanese girls get married before the age of 18[3]

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 old[5]



Under-five mortality rate

One of the highest under-five mortality rates (90.7 deaths per 1,000 live births) in the world[6]

Economic



GDP per capita

South Sudan's GDP per capita in 2020 is $747.7[7]



Rising inflation rates

The year-on-year inflation rate stood at 40 per cent in March 2020[8]



Food basket cost

The cost of a standard food basket has increased by 42 per cent

Basic services



Access to health services

South Sudan has only one physician for every 65,574 person in the country[10]



Access to safe water

Only 40 per cent of people have access to safe water[11]



Access to education

An estimated 2.4 million children were out of school in 2020[12]

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.

Infrastructure



Access to electricity

Only 28 per cent of people in South Sudan have access to electricity[13]



Phone ownership

Only 34 per cent of females own a phone, compared to 56 per cent of males[14]



Road access

More than 60 per cent of roads become impassable during the rainy season[15]

Security



Sub-national violence

In the first half of 2021, at least 1,859 civilians were directly affected by violence [16]



Human rights incidents

There were 982 incidents affecting at least 3,414 civilians between January and December 2021[17]



Civilian casualties

At least 3,414 civilians were subjected to killing, injury, abduction and conflict-related sexual violecen in South Sudan in 2021[18]

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 202112. 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 2020 15. Road access, South Sudan: Logistics Cluster - Concept of Operations, August 2020 16. Sub-national violence, UNMISS, Quarterly brief on violence affecting civilians, June 2021 17. Human rights incidents UNMISS, Quarterly brief on violence affecting civilians, June 2021 18. UNMISS Human Rights Division, Annual Brief on Violence Affecting Civilians, February 2022.

1.1 Context of the Crisis

Peace process

On 9 July 2021, the Republic of South Sudan marked its tenth anniversary as an independent state. The country, however, continues to face challenges in achieving sustainable peace, social, political and economic stability as a result of recurring violence and multiple shocks including flooding and the COVID-19 pandemic. The pervasive insecurity related to sub-national violence and opportunistic crime driven by economic deprivation continues to obstruct the realization of durable and sustainable peace in the country. In 2021, more than 80 per cent of civilian casualties were attributed to sub-national violence and community-based militias.[1]

The latest R-ARCSS was signed in 2018. In November 2021, South Sudan concluded its fifth National Governors Forum. This forum brought together leaders from all 10 states and three administrative areas to enhance policy coordination and best practices in government. It marked the first high-level meeting of all members of government since the signing of the revitalized peace agreement. By December, the President had constituted and appointed members of nine of the 10 state assemblies. However, only Equatorial states achieved the 35 per cent benchmark for appointing women. In December, the Transitional National Legislative Assembly (TNLA) approved the Constitution-making Process Bill, paving the way for the incorporation of the 2018 R-ARCSS into the transitional constitution. This will guide the permanent constitution-making process, which is a pre-requisite for elections the President has announced will take place in 2023.[2]

In November 2021, the Government agreed to re-join the Sant' Egidio process which strives to bring South Sudanese groups who did not sign the 2018 regional peace agreement, including the National Salvation Front, into the current peace process without any conditions.[3]

The ceasefire continues to hold in many parts of the country, with an overall reduction in national violence between the signatories to R-ARCSS. However, political unrest and localized conflict between non-signatories, and recurring violence at sub-national level and local levels, including between non-signatories, have impacted the country's peace process. The implementation of the revitalized peace agreement's key components – such as the Transitional Security Arrangements, including both the formation of the Unified Forces and establishment of the Hybrid Court for South Sudan – has been stalled. Through 2021, sub-national violence was recurring in several counties, particularly in Jonglei, Warrap, Western Equatoria and Central Equatoria states and the Greater Pibor Administrative Area (GPAA). Sub-national violence and sporadic national violence, and specifically related attacks on civilians have led to displacement, limitation of people's access to critical (humanitarian) services and livelihoods and disruption of humanitarian operations. Sub-national violence in Tambura in Western Equatoria State has displaced an estimated 80,000 people since June 2021.[4]

Demographic and socio-cultural profile

Current estimates indicate that as of December 2021, some 12.4 million people live in South Sudan with 54 per cent of the population under 18 years of age.[5] Out of the total population, 19 per cent are children under 5 years old (10 per cent male, 9 per cent female), while 35 per cent are 5-17 years old (18 per cent male, 17 per cent female). Adults of 18-60 years old represent 39 per cent of the population (19 percent male, 20 per cent female). Older people of 60 years and above represent 7 per cent of the population (3 per cent male, 4 per cent female). More than 2 million internally displaced people, almost a quarter of whom live in displacement sites (over 440,000 including 34,000 in the Protection of Civilians (PoC) site as of December 2021), 1.18 million IDP returnees[6] and more than 505,000 spontaneous refugee returnees have been recorded since the signing of the peace agreement in October 2018.[7] In addition, South Sudan hosts nearly 338,000 refugees, mainly from the Republic of the Sudan, who are not included in the 12.4 million population baseline.[8] There are 2.3 million South Sudanese refugees in neighbouring countries.[9]

South Sudan remains one of 10 countries with the lowest life expectancy in the world at 58 years.[10] The under-five mortality rate remains high with 96.2 per 1,000 live births. Such rates are driven by many factors including limited or lack of access to adequate health services.[11] One in 10 children is not expected to reach their fifth birthday.[12] Some 75 per cent of all child deaths in South Sudan are due to preventable diseases, such as diarrhoea, malaria and pneumonia.[13] Half of South Sudanese girls are married or promised in marriage before the age of 18.[14] Women and girls hold primary responsibilities for farming, collecting water and firewood, cooking, cleaning, and childcare. Men and boys are traditionally the decision-makers within communities and their families.[15]

Conflict has driven changes in some of the traditional gender roles that people play. For example, where men are no longer present, women may be required to support and care for the family and their assets.[16] Women tend

to experience greater food insecurity given their cultural and social roles as caregivers of children and older persons, which leads to others being prioritized and served food first. Female-headed households are more commonly found in rural areas.[17] According to the 2021 FSNMS+ analysis, cultural barriers reportedly included male control over decisions around income generating activities and over income earned. Perceptions that females without male support (such as those heading households and widows) should not engage in certain service sector activities was also reported.

GBV is a prevailing issue in South Sudan. In armed conflict, both women and men are subjected to sexual violence, rape, murder and torture. Men and boys are likely to face the risk of recruitment by armed forces. Men and boys tend not to engage in activities such as collecting firewood, water and food, often fearing they will be targeted by armed actors to join conflicts. As such, women and girls tend to take responsibilities for such activities which places them at the risk of sexual and gender-based violence, while they carry out the tasks. Women and girls have a higher risk of domestic violence, which in some parts of South Sudanese society is viewed as acceptable.[18]

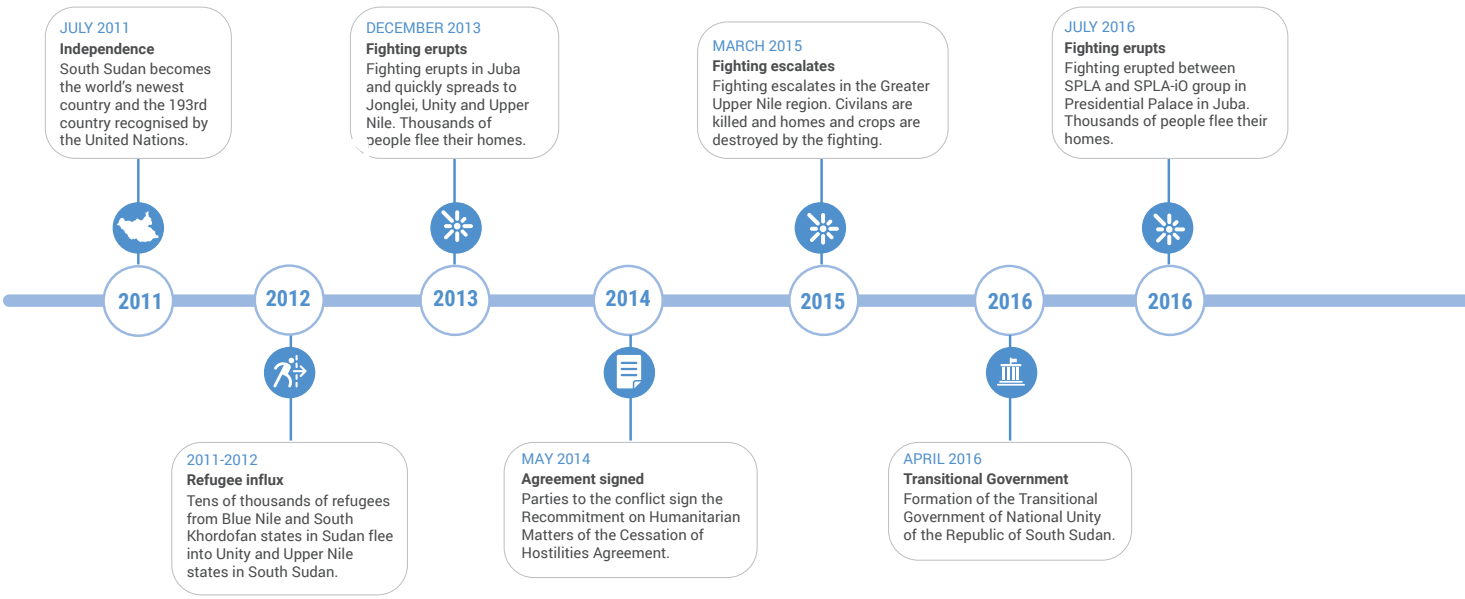
A survey undertaken in 2020[19] showed that 19 per cent of individuals interviewed in Malakal PoC site were persons with disabilities as defined by the Washington Group Questionnaire; 4 per cent points higher than the global average of 15 per cent. People with disabilities face greater challenges to access services, with greater challenges experienced among women and especially children with disabilities (75 per cent perceive having less access to services, food, and education) and among the older persons. Anecdotally, there are greater protection risks for women and girls with disabilities, identified in global analysis.[20] This is also triangulated by the 2021+FSNMS+ qualitative findings that indicate that people with disabilities were considered to face some of the highest protection risks, according to interviews held with host host communties, IDPs, returnees. Women and girls with disabilities were reported to be especially at risk of sexual exploitation and harassment.[21]

Existing legal and policy frameworks

Despite capacity building efforts by the United Nations and others, South Sudan largely lacks efficient and independent judicial institutions committed to upholding the rule of law and safeguarding fundamental human rights. The weak rule of law institutions and economic deterioration have led to increased criminality and targeting of civilians and humanitarian workers.[22] Customary courts—covering issues like marriage, divorce, childcare and property rights—hear up to 90 per cent of cases in South Sudan. However, the chiefs who preside over these courts are predominantly older men, who tend to have deeply ingrained patriarchal views that are reflected in their decisions in favour of male applicants.[23] Progress on the inclusion of women representatives was made in 2021, especially in the Abyei Administrative Area.[24]

Some steps have been taken to address these challenges, and in November 2021 the Government held its first interactive dialogue with the Committee on the Elimination

Timeline of political and security events 2011-2021



of the Discrimination Against Women and launched the Joint Committee to implement the action plan for the armed forces on addressing conflict-related sexual violence. It is hoped that this will lead to stronger protection and increased safety for women and girls.

In January 2021, South Sudan agreed to establish the Hybrid Court alongside the Commission for Truth, Healing and Reconciliation to try war crimes committed during the more than six years of conflict.[25] The operationalization of these, however, is yet to happen. The revitalized government established a task force to oversee and coordinate transitional justice and other judicial reforms. In December 2021, a three-day conference was held on transitional justice which provided an open forum for dialogue between State and non-State actors in identifying strategies for enhancing restorative justice and accountability.[26]

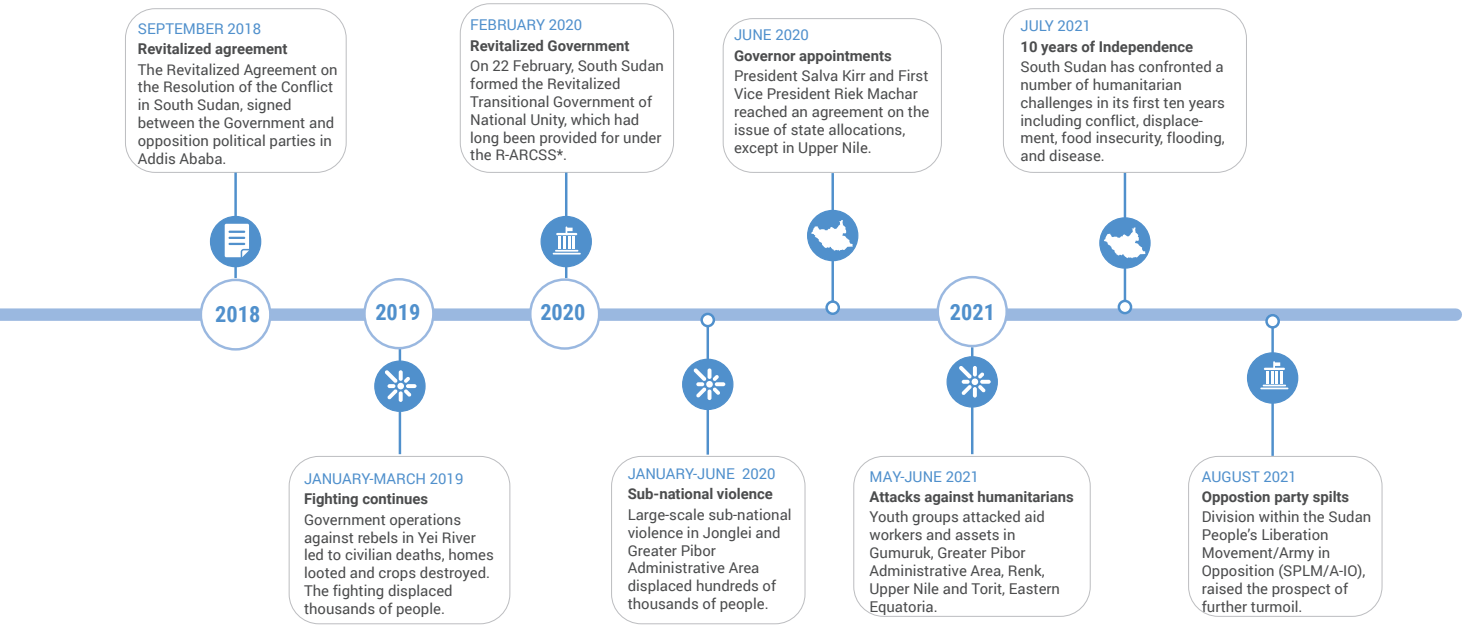
The United Nations Mission in South Sudan (UNMISS) continues to adapt its strategy of responding to conflict hotspots in an integrated manner, including through the flexible deployment of Temporary Operating Bases (TOBs). TOBs have enabled the Mission to deploy rapidly to hotspots for conflict resolution and create conditions for the provision of humanitarian assistance, as in Tambura in Western Equatoria State, or to provide a stabilizing environment, as in Warrap and Jonglei states.[27]

In addition, the transition of four of five protection of civilian (PoC) sites have enabled re-deployment of troops to hotspot locations with imminent protection threats.[28] UNDP's Access to Justice, Rule of Law and Human Rights Strengthening Programme, in collaboration with UNMISS, deployed a mobile court mechanism in Unity State that has begun hearing cases in Bentiu, from December 2020 through to January 2021. Mobile court hearings have taken place in Malakal in December 2021 and in Kapoeta, Yambio and Terekeka in 2020. Since 2017, 24 mobile courts have been deployed across nine locations--Kapoeta, Pibor, Rumbek, Ruweng, Terekeka, Yambio, Malakal, Yirol and Bentiu.[29]

Economic profile

South Sudan is among the poorest and least-developed countries in the world, and in 2021 was the seventh least economically resilient country in Africa.[30] The economy is heavily dependent on oil, which accounts for 70 per cent of Gross Domestic Product (GDP) and more than 90 per cent of public revenues.[31] The COVID-19 pandemic has severely affected the economy as a result of the sharp decline of international oil prices that subsequently had a knock-on effect, resulting in worsening existing vulnerabilities of people, and long-term implications for economic growth and development.[32] Despite abundant natural resources, including arable and grazing land, water resources, oil and timber, the country's GDP per capita was US$1,111 in 2014, and was estimated to be US $700 at the end of 2021.

Approximately 80 per cent of the total population lives in rural areas and works in the agriculture sector. Poverty rates are very high and subsistence agriculture remains the main source of income for the vast majority of the population.[33]



Severe food insecurity is expected at the height of the lean season of 2022 due to the impact of conflict, climatic and economic shocks. Local currency depreciation, inflation, high import and fuel costs, and other factors, are sustaining high staple food prices and limiting economic activity, which in turn restricts household purchasing power. In July 2021, the average exchange rate in the parallel market stood at South Sudanese Pound (SSP) 383 to the US dollar, equivalent to the rate one year ago, in August 2020. By contrast, the official exchange rate depreciated, as compared to April 2021, by 37 per cent (from SSP 272 to 433) and by 62 per cent compared to June 2020 (dropped from SSP 166 to 433). Since the introduction of a unified exchange rate (market rate), the difference between banks and parallel rates has been cleared.[34]

According to the World Bank, remittances of $1.3 billion account for a third of South Sudan's gross domestic product, which is the highest share in sub–Saharan Africa. Much of South Sudan's productive capacity and infrastructure have been destroyed by years of conflict, which has hampered investment and economic growth. The latest World Bank economic analysis from July 2021 for South Sudan shows that the economy is expected to further decline.[35] It is highly vulnerable to macroeconomic shocks, described further in section 1.2.2.

Basic services

The effects of prolonged violent conflict and limited investment in the country's infrastructure have taken a heavy toll on availability of, and access to, basic services. The COVID-19 pandemic and climatic conditions exacerbate poverty and general living standards for many South Sudanese.

In 2021, 5,862 schools were operating across the country, of which 560 were damaged due to flooding and 535 due to conflict. An additional 17 were being used as temporary shelters, disrupting access to education, and a further 1292 schools were closed for unspecified reasons.[36] Of the rest of the schools that are operating, one in three reported having no access to a functioning safe water source and less than half have clean water and soap available.[37] Safety and security incidents in and around education facilities as well as the destruction or occupation of facilities during conflict were reported to limit access for children to schools. These included displacement of teachers and children, killings of teachers and the risk of revenge killings of boys in schools. Other barriers include distance of schools from settlements and limited financial resources within communities to send their children to school. Girls face additional challenges, including cultural perceptions within communities that being educated would lead them to engage in criminal activities or risk becoming pregnant, which would in turn result in them fetching low dowries when they are married. Lack of and delayed teacher salaries and incentives result in teacher apathy, high turnover and poor-quality teaching.[38]

Teachers' salaries in South Sudan have not been adjusted for inflation—salaries that were around $100 per month in 2011 are currently worth less than $5.[39] According to the 2021 UNICEF Needs Assessment, less than half of learners that participated were able to access the national radio distance learning programs during the COVID-19 school closures (March 2020 – May 2021).

The country's health system and infrastructure are among the poorest in the world. Health facilities are poorly equipped and staffed. There is a severe shortage of trained health professionals in all categories. Thus, people rely on inadequately trained or low skilled health workers to provide their healthcare. A quarter of internally displaced and returnees reside in settlements further than 5km from a functional health facility.[40] Approximately more than half of the country's 2,300 health facilities are non-functional.[41] Nearly 60 per cent of the functioning health facilities are supported by humanitarian and development organizations but many of them are close to displacement sites and returnee settlements and may not be easily accessible by established communities. Health facilities in some locations were reported to be closed due to violence and flooding, for example in Rumbek North and Rubkona. Access of communities to health services is further hindered by insecurity and harassment on the way to facilities. Women and girls face additional barriers due to the lack of female health workers and limited relevant supplies for them.[42]

Further, COVID-19 vaccination rates remain among the lowest in the world at 1.4 per cent with 14,843 cases and 135 deaths as of December 2021.[43] South Sudan relies heavily on a cross-border supply chain which has been hampered by the COVID-19 measures.

People's access to safe and improved water and sanitation is low. Commonly reported issues in accessing WASH facilities include long lines and congestion at water collection points, leading to disputes and tensions. Women and girls frequently face physical and sexual assault and harassment at water collection points, bathing areas and latrines.[44]

Lack of latrines and/or overfull latrines lead to open defecation resulting in waterborne diseases. Additional access issues reported by IDPs are taxes imposed by host communities in order to use WASH facilities (reported in Maban and Tonj South). Approximately 41 per cent of the total population have access to safe water while 10 per cent have access to improved sanitation.Some 61 per cent of the population practice open defecation.[45] The impact of floods, linked to the effects of climate change, and high levels of food insecurity has increased water and sanitation needs.[46]

Infrastructure and communication

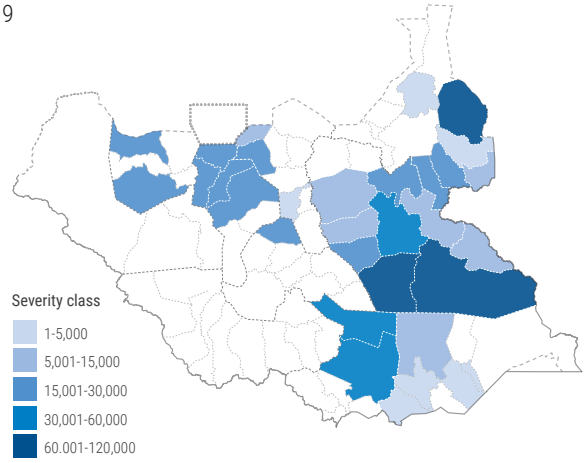
Infrastructure and communications remain poorly supported. Over wide areas, communications and trade rely on river transport on the White Nile, particularly between the ports of Juba, Bor and Malakal and with the Republic of Sudan. Decades of conflict and limited public spending have made South Sudan's road network one of the worlds least developed. Less than 200 KM or 2 per cent of the estimated 17,000 KM of roads across the country are paved. 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. The lack of reliable road infrastructure makes the supply chain in South Sudan exceedingly expensive and inefficient. Only four airstrips are equipped with tarmac in South Sudan, with another 234 functioning airstrips across the country to enable humanitarian actors to serve people in hard-to-reach areas. However, due to low maintenance and sensitivity to adverse weather conditions, a large majority of airstrips are reachable by helicopter only during the rainy season. Waterways have become an increasingly reliable means of transportation for commercial goods and humanitarian cargo but some of the river routes are dependent on seasonality and river operations are generally fluid, affecting the reliability of the services. Less than a third of the population has access to electricity. 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.

Conflict analysis and security environment

The people of South Sudan continued to be impacted by violence throughout 2021. Between January and December 2021, UNMISS Human Rights Division (HRD) documented more than 982 violent incidents affecting at least 3,414 civilians, subjected to one of the four major types of individual harm (killing, injury, abduction and conflict-related sexual violence).[47] Men made up 75 per cent (2,567 men) of the victims, women 14 per cent (481 women) and children 11 per cent (366 children).

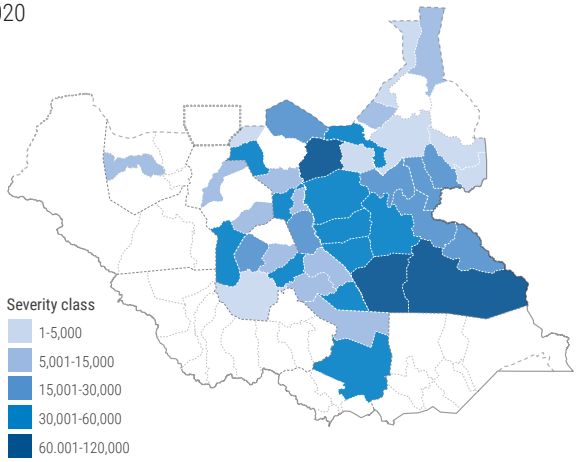
Figure 1 **Flood risk areas**

2019



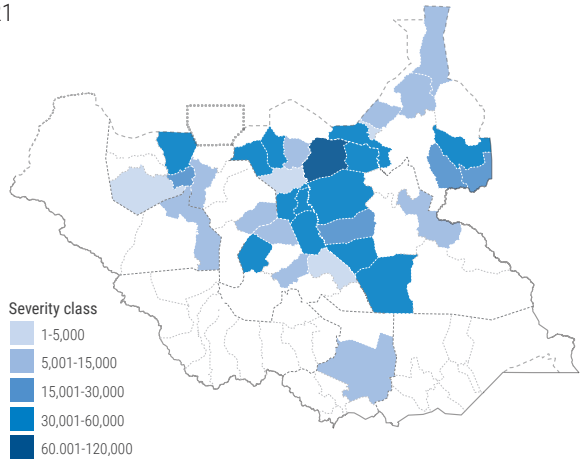
Source: OCHA and partners, SSNBS, Global Risk Data Platform

2020



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

2021



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

South Sudan is listed in medium-intensity conflict in the current World Bank's Harmonized List of Fragile Situations. [48] In the Global Peace Index 2021, South Sudan is ranking at 160th position out of a total of 163 countries listed.

Sub-national violence continues to obstruct the realization of a durable and sustainable peace in South Sudan. Sub-national violence can take on different forms, including armed clashes, killings, sexual violence, abductions and looting/destruction of property and resources. Looting/destrution of property and resources can entail destruction of farmland and house, as well as cattle raiding.

The impacts of continued subnational violence are large. Ongoing violent conflict, combined with flooding and displacement, continues to impact pre-existing vulnerabilities and coping capacities of affected populations. Forty per cent of more than half a million displaced within 2021, left their homes because of armed clashes and sub-national violence.[49] In addition, conflict and insecurity have had a profound impact of humanitarian access, and thereby delivery of assistance to populations in need.

Attacks on civilians by armed cattle keepers, and cattle raids continued to displace people. Cattle raids were characterized by multiple forms of violence against civilians, including killing, injury, rape, abduction, looting and destruction of housing and property. Incidents have occurred in remote areas where victims of violence or survivors of sexual assault had little to no access to health services. Children were at the risk of recruitment into local defence groups and other forms of abuses, including abduction and possibly trafficking.

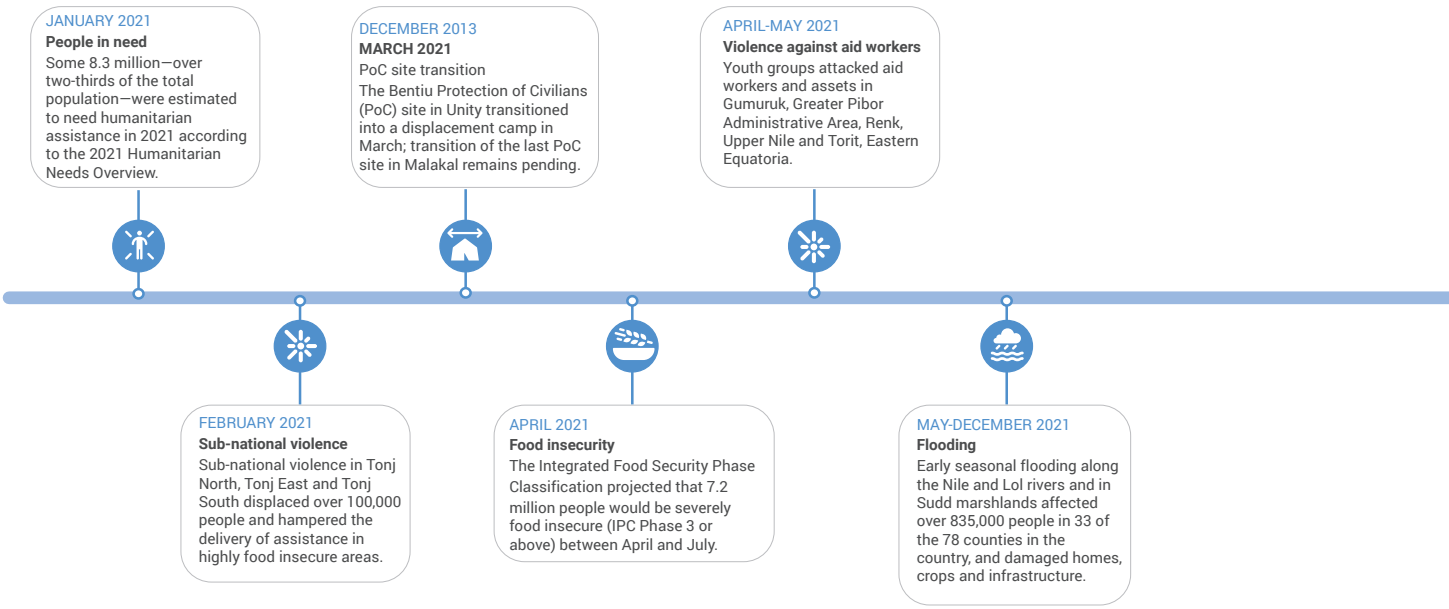
With the ongoing violent conflict across the country, it is crucial for humanitairan actors to understand the local dynamics in areas of their operations. This will help to minimise the negative impacts of humanitarian interventions on conflict dynamics and maximise their positive contributions to peace.

The United Nations Mine Action Service (UNMAS) estimates the total contamination area with ERW to be some 18.36 km2. The majority of the remaining contamination is in the southern part of the Greater Equatoria region. Much of the contamination straddles a primary return route for the 920,000 refugees in Uganda and the 56,000 refugees in the Democratic Republic of Congo. Safe land is needed for resettlement and agriculture, and a prerequisite for safe return.

Natural environment and disaster risk reduction

South Sudan ranks amongst the top ten countries in the world most vulnerable to climate impact, including droughts and flooding.[50] Long-term climate change, such as a gradual increase in temperature, and short-term changes, such as increased flooding and change in seasonality of rains, have indirect and interlinked implications for peace and security. Flooding has been a major driver of displacement such as in Canal/Pigi,[51] followed by conflict. In other locations, flood waters from the 2019-2020 rainy season had not receded by the onset of the 2021 rainy season.[52] Over 97 per cent of South Sudan lies within the Nile Basin, thus, all rainfall within the Equatorial Lakes region passes through this river basin, in wider Bahr el Ghazal areas further linked to Bahr el Ghazal water flows from Sudan.[53] The topography and landscape depression in the Umm Ruwaba Basin means that flood waters cannot rapidly flow downstream, which results in the inundation of lowlands in South Sudan.

Timeline of events in 2021



Climate change contributes to a decline in the amount and viability of land for cultivation. Traditional seasonal migration routes that pastoralists use with their livestock are affected, as access to water changes and efforts to seek grazing and water contributes to conflict. These effects of climate change, in turn, decrease agricultural productivity, on which the majority of the population depends on for their livelihoods. Unless communities adapt, climate change will hinder socio-economic development and contribute to existing tensions and conflicts over natural resources in South Sudan.

More than 90 per cent of the population directly depends on forests for fuel wood and charcoal production, timber for construction and non-timber forest products for food and nutrition security.[54] Deforestation, illegal timber exports and charcoal production can impact climate change. Oil drilling and other mining activities may contribute to environment pollution. Historically, poor WASH infrastructure (along with continued destruction by flooding and conflict) means that most people are practicing open defecation across the country and hence directly impacting the environment, and subsequently human health.



A man from among-Piny digging the channel to create a dyke that will prevent water to enter the village during cash for work project to support the community from flood in Rumbek on Friday, March 12, 2021. Photo: FAO/Mayak Akuot

JUNE-NOVEMBER 2021
Displacement
Sub-national violence escalated in Tambura County, Western Equatoria State. Multiple homes and structures were burned and people have fled the area. Some 80,000 people, mainly women and children, were displaced with some 150 people killed since June.

SEPTEMBER-OCTOBER 2021
Rise in food prices
Food prices increased 15 per cent, compared to August 2021. Local currency depreciation by per cent, inflation, high import and fuel costs led to a rise in food and basic commodity prices.

JANUARY-DECEMBER 2020
Access
Humanitarian organizations faced access challenges related to active hostilities, sub-national violence, and violence against humanitarian workers and assets that hindered their ability to reach people in need in 2021. Five aid workers were killed, and 322 aid workers were relocated in 2021.

AUGUST 2021
Renewed fighting
Renewed fighting broke out between armed factions in Mangenis/Kit-gwang, Manyo County in Upper Nile State. Thousands of people flef their homes, people's houses and properties were destroyed, and aid workers relocated.

NOVEMBER 2021
Displacement
The latest IDP baseline published by the International Organization for Migration indicated that an estimated 2 million people are internally displaced, up from 1.71 million people recorded in March 2021. The increase is likely due to flooding and conflict/violence impact.



Inter-agency initial rapid needs assessment team assessing damages caused by floods in a maize farm in Obwodi Payam, Pochalla County, Jonglei State.
Photo: Norwegian People's Aid South Sudan/Agade Obang Aballa

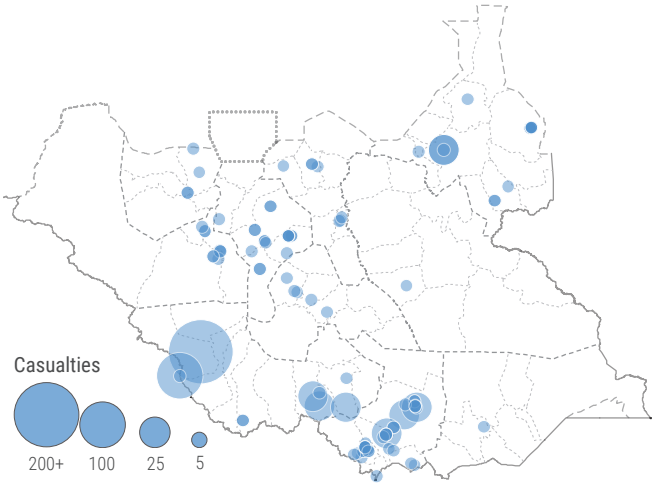
1.2
Shocks and impact of the crisis

People's humanitarian needs in South Sudan continue to be mainly driven by years of conflict, increasing underlying vulnerability and which has been further compounded by the impacts of climate change and the COVID-19 pandemic. The already critical humanitarian situation has been compounded by the third consecutive year of atypically severe flooding in 2021, with 835,000 people reported as affected between May and December 2021. Floodwaters have destroyed critical infrastructure and have limited humanitarian access to heavily affected populations, while simultaneously limiting the ability of people to migrate to access services. Barriers to movement, imposed by flooding and insecurity, have also limited the ability of vulnerable groups in affected areas, particularly women, to implement traditional coping strategies already weakened coping mechanisms and exacerbating vulnerability. In 2021, ongoing sub-national conflict had major impact on people, resulting in mass displacement, overcrowding and loss of access to markets and basic services. Elections scheduled for 2023, could be an important step towards bringing peace and stability but they are simultaneously associated with a high risk of increasing political tensions and violence in the lead up to them, particularly as the country is only yet to begin discussions on the modality for voter registration (or census).

South Sudan is affected by high risks from a broad range of hazards: river floods, urban floods, water scarcity, extreme heat, wildfires, a medium earthquake risk and disease outbreaks, among others.[55] Climate change is aggravating the risk as well as cascading and compounding the effects of hydro-meteorological hazards. As their severity, frequency and complexity increases, the level of disruption to socio-economic systems and of destruction to humans, livelihoods and infrastructure rises.[56] The 2021 Global Climate Risk Index, which rates the impacts of weather-related loss events (storms, floods, heat waves etc.) ranks South Sudan as the 8th most affected country.[57] The country is projected to become wetter and rainfall intensity is expected to increase.[58] The atypical rainfall/flooding in the coming year could continue to drive widespread displacement, and simultaneously limit movement. Humanitarian access to isolated populations is also likely to be limited, and people are less likely to be able to engage in traditional livelihood activities, such as cultivation and cattle keeping, and coping capacity is likely to further decrease in the wake of additional shocks and stressors.

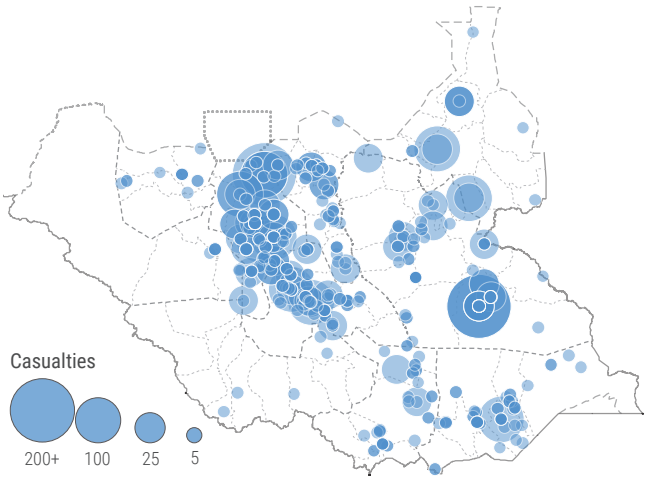
In South Sudan, where 95 per cent of livelihoods depend on traditional rain-fed agriculture, crop farming, pastoralism and animal husbandry, climate shocks will likely lead to an

Figure 2 **Violence affecting civilians from January 2021 to December 2022**



Casualties include deaths, injuries, abductions and incidents of sexual violence

Source: UNMISS Human Rights Division



Casualties include deaths, injuries, abductions and incidents of sexual violence

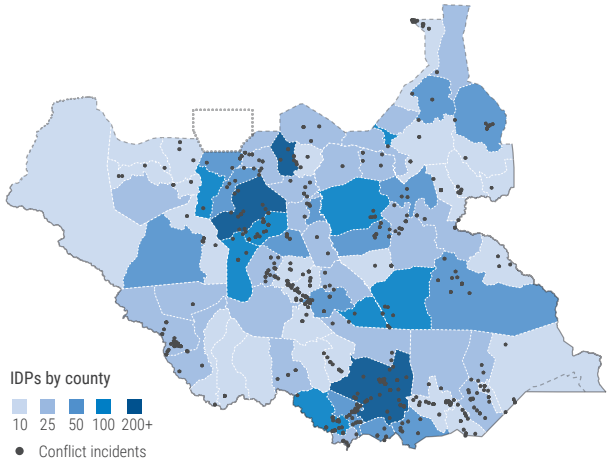
Source: UNMISS Human Rights Division

increase in livestock mortality and a decline in the amount and viability of land farmers can cultivate. The traditional seasonal migration routes of pastoralists risk being disrupted, which will further increase the risk of conflict. In 2021, sub-national violence associated with attacks on civilians by armed cattle keepers and cattle raids displaced people.

1.2.1 Impact on people

In 2021, sub national violence continued to intensify as in previous years with main conflict hotspots being Jonglei, Lakes, Warrap and Western Equatoria. Violence in these areas has led to displacement.[59] Between February and May 2021, a 35 per cent increase in security incidents, compared to the same period in 2020, was noted. The deterioration of the security situation was linked to sub-national and localized violence Organized sub-national and localized violence prevented household access to fields, livestock and income-generating activities, disrupting trade and market functioning, driving up food prices and constraining humanitarian access.[60] Livelihoods were reportedly impacted across all segments of affected people by insecurity, leading to limited access to land for cultivation, whereby a preference to cultivate homesteads was prioritized instead of cultivation at farms as movement is disrupted with even restrictions to areas for firewood and wild food collection. This places women at higher risk of being unable to cater to family needs of fuel and water. During the 2021 data collection, the most frequently cited threats to safety were intercommunal tensions, looting/robberies, attacks by wild animals (including due to their displacement in the rainy season, such as snakes), cattle raiding and looting. Instances of sexual violence against and harassment of women/girls and risks of abductions and killings, including revenge killings, including threat from armed forces were also reported.

Figure 3 **Number of IDPs and conflict incidents**



Displacement can place an additional burden on host communities, as IDPs place additional pressure on limited host community food stocks, which can result in tensions. Rule of law remains weak which contributes to impunity, lack of accountability and the normalization of and de-sensitization to violence. At least 591 humanitarian access incidents, ranging from violence against humanitarian personnel and assets to operational interference, were reported in 2021.lxv Humanitarian warehouses and facilities were targeted during violence and humanitarian supplies were looted, significantly impacting response operations in some conflict-affected and food-insecure areas. Multiple forms of violence against civilians, including killing, injury, rape, abduction, looting and destruction of housing and property, occur. Incidents have occurred in remote areas where victims of violence or survivors of sexual assault had little to no access to health services. Children were at the risk of recruitment into local defence groups and other forms of abuses, including abduction and possibly trafficking.[61]

Protection and human rights concerns

The crisis in South Sudan continues to be defined a protection crisis. Since 2013, civilians have borne the brunt of a renewed cycle of violence while being subjected to widespread human rights violations and abuses. In early 2020, the President announced the establishment of a transitional government with representatives from different forces, which gave some hope for stabilization in 2021. Yet, armed violence flared up in Jonglei as well as Tonj North and East in Warrap State in 2021, with heavy clashes and incidents in Central and Western Equatoria. This situation, coupled with severe climatic shocks alluded to earlier such as heavy flooding for the third year in a row, posed challenges in people accessing food, drinking water and basic services and resulted in a multi-faceted protection crisis.

Armed violence affecting civilians at sub-national level, predominantly involving community-based militias and/or civil defence groups with linkages to national level actors, significantly increased since 2020, further violating people's human rights.

Decades of human rights violations and abuses as well as serious violations of international humanitarian law, coupled with a pervasive climate of impunity and lack of accountability, are among the root causes of conflict and insecurity in South Sudan. The persistent failure to address the legacy of such violations and abuses remains a key driver of insecurity in the country. The Commission on Human Rights in South Sudan has noted that "*failure to address past grievances and continued impunity have been the primary drivers of renewed conflict and continued violations of human rights and international humanitarian law in South Sudan, thereby affecting the prospects for sustainable peace and development*". Across South Sudan, weak institutional capacity leads to prolonged delays in the delivery of formal justice and has contributed to a near total absence of the rule of law.[62]

Access to formal justice for all population groups equally remains limited and hampered by a lack of adequate judges, prolonged investigation, negative attitudes towards formal legal and due process, and fear of reprisal due to lack of witness protection. This lack of formal justice fuels a culture of impunity among perpetrators. A limited presence of law enforcement officials and increased activities from armed groups in host communities have led to human rights abuses.

Sexual violence remains pervasive during conflict among rival communities. Violence in Tambura County of Western Equatoria in 2021 saw significant human rights violations and abuses, including targeting civilians based on ethnicity and gender. At least 440 people were killed according to the UNMISS Human Rights Division, and over 80,000 people were displaced by the Tambura conflict.

GBV, which was already rife prior to the conflict, is one of the most critical threats to the protection and wellbeing of women and children in South Sudan. Sexual abuse, rape and/or harassment of women and girls were identified as key protection issues. These issues were reportedly encountered while conducting livelihood activities and when travelling to other locations for firewood, latrine purposes and water collection. Studies indicate that some 65 per cent of women and girls have experienced physical and/or sexual violence in their lifetime and some 51 per cent have suffered intimate partner violence. Some 33 per cent of women have experienced sexual violence from a non-partner, primarily during attacks or raids.[63] Children comprise around 25 per cent of all reported cases of conflict-related sexual violence, though there are concerns numbers may be much higher.

The 2021 FSNMS+ qualitative analysis exposed serious power dynamics leading to exclusion of women in humanitarian response and highlighted the plight of persons with disabilities. Almost 80 per cent of all households affected are female-headed households while a 15 per cent prevalence of disability is reported, with the predominance of females with 60 per cent and males at 40 per cent. Female-only focu group discussions in host communities highlighted that limited access to markets, livelihoods and services due safety and security issues had a larger impact on female-headed households. Other vulnerable groups reported were person with disabilities, elderly and women in general.

A key challenge in addressing protection needs in this context is that up to 80 per cent of displaced households in South Sudan are female-headed, raising concerns about access to housing, land and property, income-generating opportunities, and physical security. While women are generally reported to face challenges to their participation in community decision-making processes, female-headed house-holds were specifically mentioned as having low influence in such mechanisms.[64] Weaknesses in family law within the statutory and customary systems undermine the realization of women's rights and their ability to access justice, particularly for sexual violence, as the statutory system tends to be unreliable, and the customary system is perceived to favor the preservation of family image rather than individual rights.

Protracted displacement

The humanitarian community continues to work closely with the Government to support the implementation of the National Framework on Solutions and the Action plan on solutions and return for 2020-2022. However, security challenges and lack of availability of services persist. As a result, many people who currently live in formal or informal settlements have expressed their reluctance to return to places of origin, while others have expressed their intention to return, often without a known timeframe and based on specific conditions, primarily around safety, security, access to services, as well as land and property rights, being in place. Reports indicate that there are 2 million people who identify as displaced in South Sudan as of December 2021.[65] Close to half of the displaced people were displaced in 2020 and 2021, with more than 550,000 in 2021 alone. The insecurity situation in South Sudan that led to the displacement of more than 220,000 individuals in 2021 remains worrisome for

civilians. The threats that have evolved from armed conflict at the national level remain a driver of sub-national organized violence, ongoing inter-communal violence and cattle raids, which continue to affect most parts of the country. Many of those displaced report that they have been displaced multiple times and for prolonged periods, which exacerbates their vulnerabilities.

The needs of people who are displaced remain substantial as response efforts tend to focus on the general needs of the affected people at large. Many displaced people and returnees remain exposed to protection risks from the ongoing conflict, and struggle to access support. Across the host, IDP and returnee communities, sexual harassment and abuse, killing, abductions, violence and looting prevented livelihood opportunities. These fears stem from persistent and perpetuated gender inequality dynamics. The lack of basic services in many areas of potential return offers limited options for accessing services. The lack of clarity on housing and land rights could lead to potential conflicts and perpetuates a situation in which people's opportunities to improve their livelihoods and living standards remain diminished, posing obstacles to recovery from the crisis. This can leave gaps in mainstreaming and providing tailored interventions for persons with specific needs among displaced people, especially outside camp settings.

Comprehensive identification of and response to persons with specific needs (PSNs) in remote locations remain a challenge, given access challenges of humanitarians, coupled with limited specialized services available, disruption of PSN community support mechanisms, as well as limited partner presence and capacity. Among displaced communities, people with special needs often require additional assistance to cope with new circumstances. As people with special needs who are displaced may not be in a position to identify themselves, additional efforts are required to identify them.

Update on transitioned Protection of Civilians Sites (PoCs)

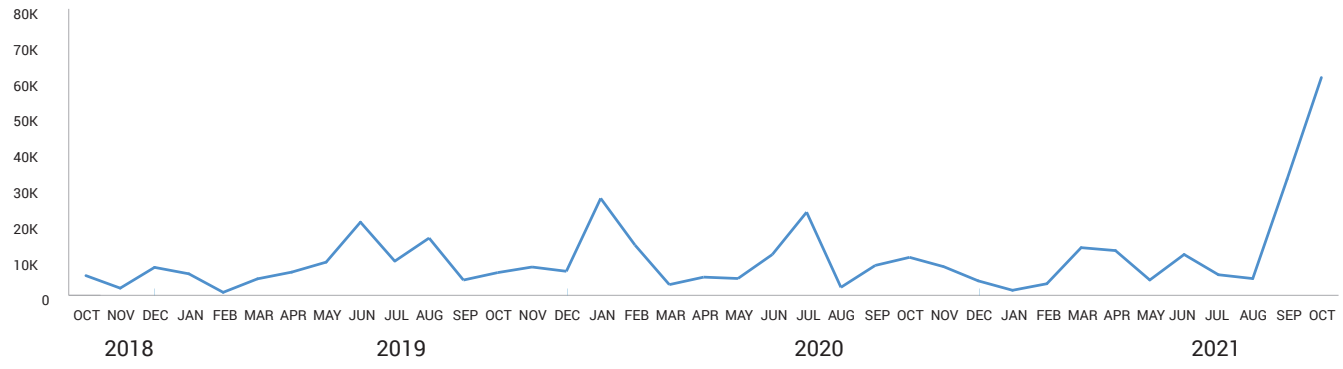
Since September 2020, all but one of the six PoCs have been handed over to the South Sudanese authorities. Discussions are ongoing to plan the transition of the Malakal site that hosts over 34,000 displaced people. In the Malakal PoC site, specifically, concerns have been raised by the PoC community leadership and communities linked to the transition. The concerns were related to HLP and the inconclusive implementation of revitalized agreement on the Resolution of Conflict in South Sudan (R-ARCSS). Recently United Nations Under Secretary General (USG) for Peace Operations visited Malakal town and met both humanitarian and community leadership.[66]

In interviews held in the Malakal PoC site, IDPs reported fears amongst their communities regarding the potential withdrawal of UN forces from the site and their replacement by government forces.[67]

Humanitarian assistance to people continued following the transition of the rest of PoCs to conventional IDP sites based on their status as residents of the camps.[68]

In January 2022, during a visit with the Humanitarian Coordinator, Camp Management Committee (CMC) leaders in a former POC site, the need for equitable access to humanitarian assistance, access to essential basic services and protection for displaced women, men, girls and boys were highlighted. In particular, CMC representatives underlined the growing needs in terms of health care services (including ambulances); water access and availability; sanitation facilities; protection services for women and girls who greatly suffer from the lack of solutions to ensure their safety; shelter (households receive one plastic sheet to cover an entire shelter which is insufficient); lack of fencing around the camp; and lack of firewood at the camp as displaced people must go outside the camp to

Figure 4 **Spontaneous refugee return trend***



Source: UNHCR, October 2021

Population movement

Internally displaced people in South Sudan

2.0M



300K

IDPs displaced in 2021

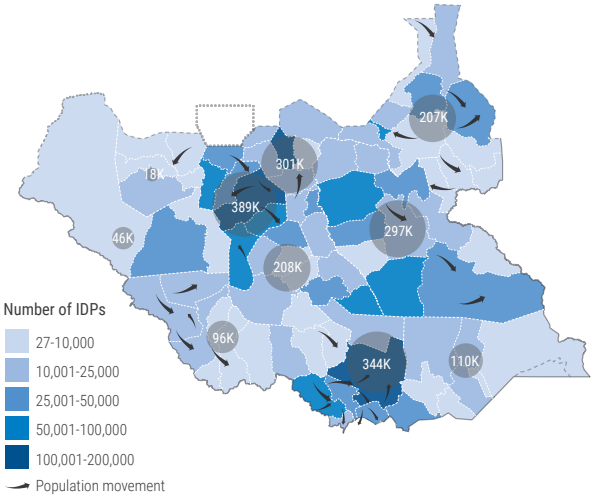
IOM DTM

34K

IDPs are in Protection of Civilians sites

IOM DTM as of December 2021

Internally displaced people by state



Transition of Protection of Civilians sites



Internal returnees since 2016



1.8M

IOM DTM as of November 2021

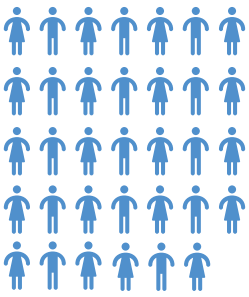
Spontaneous refugee returnees since 2017



387K

UNHCR as of October 2021

Refugees and asylum seekers in South Sudan



329K

UNHCR as of October 2021

fetch firewood and expose themselves to danger. The camp youth group expressed a perception of growing insecurity with the withdrawal of UNMISS protection and a sense of abandonment by the Government which is now responsible for the camp. Most of the displaced youth indicated that they do not intend to go back to their places of origin, which raises the question of the long-term future of the site, begs questions about coping strategies, integration, peaceful coexistence and social cohesion. The situation is particularly concerning in the Bentiu IDP camp as a result of excessive flooding in the area which prevents residents (majority women) from undertaking usual livelihood activities such as firewood collection and production of charcoal. Further to that, female residents expressed serious concerns over GBV and lack of trust in Joint Protection Units (JPU) who patrol in the camp to seek support, which leads to under-reporting.

Refugees in South Sudan

South Sudan hosts nearly 338,000 refugees, with the majority from Sudan. More than half of these refugees or 53 per cent are hosted in Upper Nile State while 38 per cent are in Unity State and the rest spread out in Central and Western Equatoria, and Jonglei states.[69]

Refugees often live in poor and insecure areas with host communities who are similarly under-served and have limited access to services and protection assistance. Voluntary return is not an option for a majority of these refugees due to the situation in their countries of origin and limited resettlement opportunities.

Worsening food security

In early 2019, more people were reached with food assistance and livelihood support when insecurity decreased, and access improved. This led to a reduction in the severity of food insecurity. In 2020 and 2021, these gains were eroded due to the impact of three years of flooding, severe localized conflict events and youth agitation disrupting the delivery of food and livelihood assistance, further exacerbating the 'normal' seasonal challenges. In addition, as a result of funding constraints and in order to scale-up assistance in counties facing famine-like conditions, the World Food Programme in April 2021 announced ration cuts from 70 to 50 per cent and the reduction of the duration of support in IDP camps in Juba, Wau and Bor from 12 to 9 months.

The Food Security and Livelihood (FSL) sectoral analysis estimates that 8.3 million people, including refugees, are expected to experience severe food insecurity by the depth of the lean season (May – July) in 2022. This is an increase of 7 per cent above the 7.7 million people in need in 2021. The main drivers are floods and dry spells, inflation and high food prices, and the continued disruption of livelihoods due to violence or the fear of violence and household stressors (such as death of the bread winner, gender-based violence, and morbidity and mortality due to poor hygiene and lack of access to essential basic services), which are greatly amplified by the continuous effect of shocks.

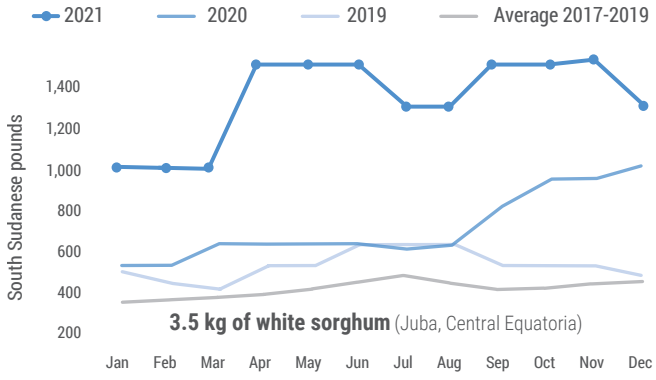
Children, persons with disability, older persons and women-headed households are identified as the most vulnerable to be affected by increased food insecurity. Food security and livelihoods were identified as the most needed forms of assistance for men in 55 per cent of assessed settlements; similarly, food and livelihoods were recognized as the number one priority need for women, in 52 per cent of assessed settlements and in the case of children, food and livelihoods were the second most frequently identified pressing need (as reported in 29 per cent of assessed settlements), behind education in 48 per cent.[70]

1.2.2 Impact on systems and services

Deteriorating economic situation and market functionality

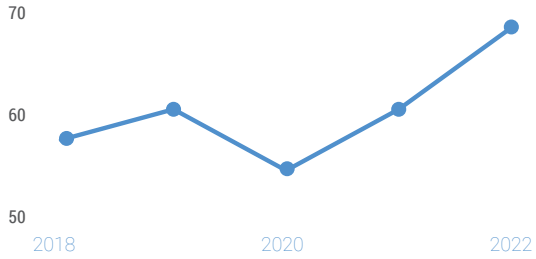
The South Sudanese economy has become extremely volatile and fragile due to fluctuations in international oil prices triggered by the impact of the COVID-19 pandemic and devastating floods which have eroded economic gains of the peace process.[71] Although the price of oil increased in 2021, the gains were not reflected in the markets for consumers. South Sudan relies on commercial imports of basic commodities including cereals and pulses from neighbouring

Figure 5 **2021 Staple Food Price Trend**



Source: WFP

Figure 6 **Evolution of food insecurity**



Percentage of population in severe food insecurity during mid-year lean season per IPC (2018-2021) and FSL analysis 2022

Source: FSL Cluster

countries. Insecurity and COVID-19 travel restrictions strained commercial activities and the movement of commodities which contributed to the significant spike in prices for food and other commodities. This situation, even with the appreciation of the SSP over the US$ in 2021, due to the monetary and fiscal measures introduced by the Government, did not alleviate the burden on the majority of the population. Food prices did not reduce as expected and they remain steadily high. Findings from a food security assessment in 2020 revealed that 74 per cent of household expenditure was on food, with expenditure on cereals accounting for 48.6 per cent of the total food expenditure.[72]

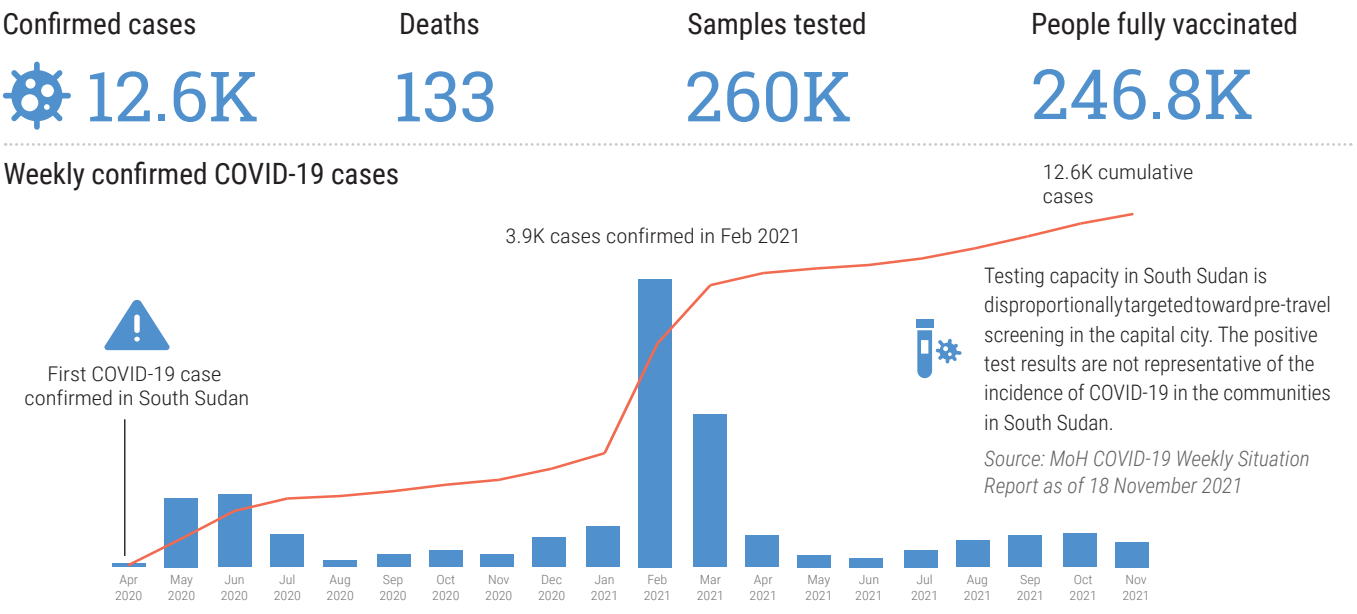
Declining export opportunities and private consumption, hyperinflation, high debt burden, illegal taxation, increased transport cost, challenges in budget execution as well as the impact of the COVID-19 pandemic, floods and sub-national violence have contributed to a dire economic outlook. The economic crisis, including inflation and a surge in food prices, exacerbated by insecurity along the main supply routes and eruption of conflict in the country's breadbasket region, hampering the potential for domestic food production for the states, resulted in record-high numbers of food-insecure people in the country. These factors continue to contribute to high staple food prices and limit household purchasing power among both urban and rural households in the country.

Disruption of already limited basic services

Flooding, sub-national violence and COVID-19 continue to strain access to very limited services. Schools in South Sudan re-opened in May 2021 after 14 months of closure due to COVID-19.[73] The closure and broader socio-economic challenges exacerbated existing education challenges and inequities. School functionality has been severely impacted, in particular in Jonglei, Unity and Upper Nile [74], and county officials in these states reported over 190 schools closed due to flooding. Insecurity significantly impacted the functionality of schools in Jonglei, Pibor, Lakes, Upper Nile, Central Equatoria, Warrap, Unity and Western Equatoria. Active conflict and regular communal violence throughout 2021 also led to school closures.

South Sudan's health system relies heavily on international humanitarian assistance and struggles to provide basic essential life-saving health services. Limited health facility functionality and capacity, and poor coverage, have made it difficult to meet additional health needs posed by floods, food insecurity and frequent conflicts. Government's contributions to health services is 4 per cent of GDP, with the addition of an under-performing economy contributing to poor health outcomes. Thirty-four counties have less than one primary health care unit per 15,000 people while 23 counties have less than one primary health care centre per 50,000.[75] Only 63 per cent of the population can access health facilities in one hour time while 80 per cent reported barriers in accessing health services.[76] Extremely low immunization coverage (45 per cent Penta 3 coverage) increases children's' vulnerability to vaccine-preventable diseases. The destruction of WASH facilities, inadequate hygiene and sanitation facilities and lack of accessibility to clean drinking water all contribute to poor health conditions, with communities at risk of water-borne diseases such as diarrhoeal diseases, cholera and Hepatitis E. Health facilities and health care workers were not spared from the violence during armed conflict and, in some circumstances, were directly targeted. Health facilities were destroyed during sub-national violence. Others were occupied by displaced people as the only place to seek refuge. Health facilities, especially those away from urban centres which were destroyed or occupied, had their supply chains for medical equipment and medicines disrupted. Civilians in the affected areas are at substantial risk of having their health conditions aggravated, particularly those with chronic medical issues, older persons, separated and unaccompanied children, persons with disabilities and pregnant women, among others.

Figure 7 **COVID-19 situation based on reported test outcomes**



1.2.3 Impact on humanitarian access

Ongoing conflict, violence, bureaucratic impediments, restriction of movement operational interference and violence against humanitarian personnel and assets, combined with the challenging physical environment due to flooding continue to directly impact the ability of people in need to access life-saving assistance. These conditions equally impact humanitarians' ability to reach them with support. Furthermore, restricted humanitarian access hinders the flow of information required by humanitarian organizations to deliver humanitarian assistance to people in need. Of the 8.3 million people in need of assistance in 2021, approximately 1,026,000 people were in counties with high access constraints.[77]

Humanitarian access to people in need worsened between April and June 2021, creating an even more challenging operating environment. In the second quarter of the year, 188 reported access incidents took place, a 15 per cent increase from those reported during the same period in 2020. The increase is attributed to a surge in attacks against humanitarian staff and assets as well as continued active hostilities and sub-national violence, particularly in Eastern and Central Equatoria and Jonglei.[78] From April to June, violence against humanitarian personnel and assets more than doubled, from 52 to 111 reported incidents, compared to the first quarter of 2021. During that period 95 aid workers were relocated from Fangak, Magwi, Panyijiar, Pariang, Renk, Torit, and Uror counties due to insecurity, impacting humanitarian assistance to people. These numbers represent a 44 per cent increase from the 66 aid workers relocated over the same period in 2020. In May, more than one million dollars' worth of humanitarian supplies and assets were looted and destroyed during armed attacks in Gumuruk, GPAA, impacting the delivery of assistance to an estimated 130,000 people. The attacks led to the suspension of humanitarian activities and the relocation of workers.

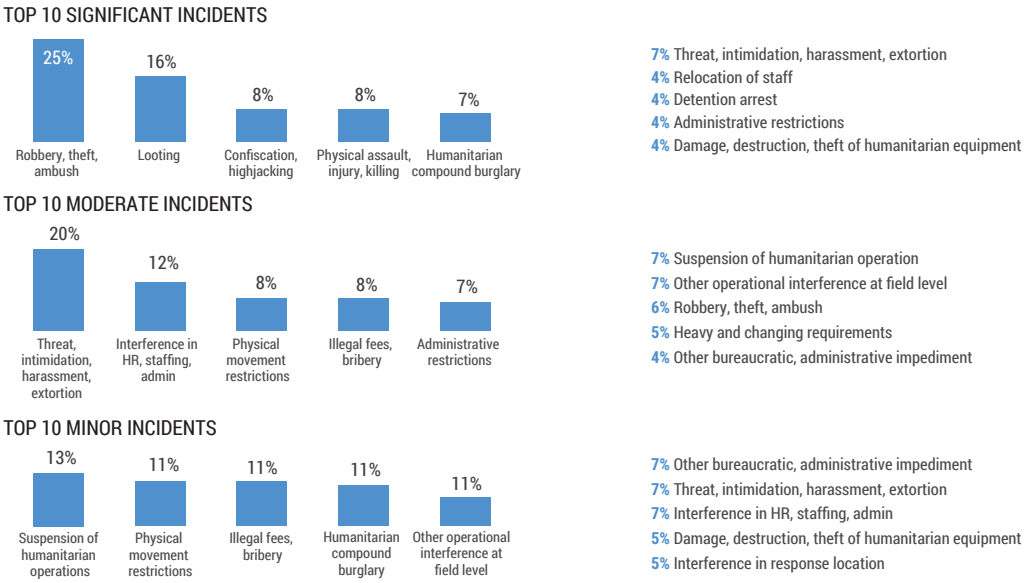
Persistent roadside ambushes continue to have serious consequences on civilians and aid workers. The Torit-Lopa/Lafon road, Torit-Kapoeta and Budi roads, and Bor-Gadiang road were hotspot areas for roadside ambushes. The consequences of these incidents severely impacted the pre-positioning of humanitarian supplies.

Active hostilities and criminality led to the suspension of movement on the Juba-Nimule, Juba-Yei, Juba-Mundri-Maridi and Yei-Kaya-Morobo roads. Clashes were reported between armed groups and security agencies, and between cattle keepers and host communities in Lainya, Kajo-keji and Yei counties of Central Equatoria. Humanitarians continued to experience frequent operational interference and bureaucratic impediments, restricting their movements. Tensions related to perceived bias in the recruitment of national staff led to attacks by youth groups against humanitarian workers and assets in Torit, Renk and Pariang. Heavy administrative procedures continue to present obstacles to the provision of timely and quality humanitarian assistance. Administrative measures vary considerably between the state and county levels, which result in a disjointed administration of policies and procedures.

Unprecedented floods limited physical access in many locations. Roads became impassable and humanitarian organizations relied on air transport to deliver aid. An increase in riverine checkpoints and extortion incidents were reported, hindering deliveries by river. Many parts of Jonglei, Lakes and Upper Nile being cut off by poor infrastructure and flooding made it difficult to reach people in need.

In 2022, it is expected that humanitarian access will continue to be challenged by outbreaks of sub-national violence, bureaucratic impediments and climatic shocks, resulting in flooding and widespread displacement. In the same vein, further population returns are expected, many of whom will require for humanitarian support and solutions.

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





The PoC camp in Wau County, Western Bahr el Ghazal State, where the Emergency Shelter team fix the homes of vulnerable people. Photo: IOM South Sudan/ Liatile Putsoa

1.3

Scope of analysis

Scope of analysis

The analysis presented in this document reflects people's humanitarian needs as identified in 78 counties in South Sudan.[79] Given the complexity of the context in South Sudan, in particular conflict dynamics and their impact on the intersectoral vulnerabilities and coping capacities of people, the 2021 Food Security and Nutrition Monitoring System Plus HNO inputs (FSNMS + HNOi) data collection process followed a mixed-methods approach, where statistically representative household-level quantitative data was complemented by rich, contextual qualitative data to ensure robust analysis. The impact on people's situation into and beyond 2022 remains uncertain given the interconnected nature of many of the shocks and risks. These risks and potential implications are further explored in the risks section of the analysis on page 53.

Given this scope of needs and the anticipated outlook for the coming year, the Humanitarian Country Team (HCT) aims to target the following vulnerable population groups for 2022: internally displaced people; spontaneous refugee returnees and IDP returnees; host communities impacted most severely by the evolving crisis; refugees, with a particular focus for those who are the most vulnerable; women and girls; female-headed households; people with special needs; those with disability; and older persons.

A Centrality of Protection approach is applied throughout the humanitarian programme cycle by the HCT. This ensures a people-centred approach, where the specific elements which influence their needs and how a response must be tailored, including age and gender-sensitive information, any disability and ability challenges inform the analysis to ensure core accountability to the affected population (AAP), with an emphasis on systematic collection of disaggregated data to support response. In addition, the humanitarian community will need to ensure that referral pathways are established across the country to provide protection services to those in need.

Abyei – To note that the 2022 Sudan Humanitarian Needs Overview covers all of Sudan and Abyei Permanent Court of Arbitration (PCA), identifying the humanitarian needs of IDPs, refugees, returnees and vulnerable people in Sudan.[80]

1.4 Humanitarian conditions

Physical and mental wellbeing

Death, injury and abduction

People in South Sudan continue to experience various forms of violence as their norm which threatens and undermines their physical and mental wellbeing. Reporting indicates that at least 1,042 were killed between July 2020 and June 2021. Beginning in late June 2021, sub-national violence in Tambura County, Western Equatoria displaced an estimated 80,000 people with reports of civilians killed and wounded. Many communities were impacted by the violence. Over 680 children were separated from their parents, the majority unaccompanied as their parents were reportedly killed the fighting.[81]



More than 982 violent incidents affecting at least 3,414 civilians, subjected to one of the four major types of individual harm (killing, injury, abduction and conflict-related sexual violence in 2021).

In the Greater Pibor Administrative Area (GPAA), children and women abducted during inter-communal violence were found and returned to their community. Some of the children were unable to remember their given names nor those of their parents. Reuniting these children with their biological families, who they often do not remember nor have a connection with, can be traumatic and upsetting for the child and for the family.

While feelings of unsafety amongst community members were mentioned by FGD/KII participants across all three population groups, these were most commonly reported by returnees, followed by IDPs. The most frequently cited reasons for lack of safety were: looting and robberies, sexual violence and harassment against women and girls (including by armed forces), cattle raiding, intercommunal tensions and risks of killings or incidents of revenge killings. Safety issues due to flooding and attacks by wild animals displaced by flooding were also mentioned by participants from all three population groups, although host communities and returnees reportedly felt that criminality and cattle raiding reduced during the wet season or as a result of flooding.

The most common situations in which people reportedly felt unsafe were: in the forest near their settlements or collecting firewood in the bush and conducting other livelihood activities outside the settlement and while accessing latrines or water points. In several FGDs/KIIs, participants reported that people felt most unsafe at night or in the evening. Security issues in accessing assistance were also discussed; for instance, in Wau, participants reported looting of assistance by soldiers at distribution sites, whereas in Tonj North, cattle raiders reportedly attacked people as they accessed health facilities. In Malakal, PoC site residents were reported to fear forcible returns by the government to their original homes which were occupied by armed people. Bullying of returnees by host community members, particularly at social gatherings, was also mentioned by a KI in Wau.

Groups considered to be most at risk were women and girls, particularly by host communities and returnees. People with disabilities (PWDs), children and elderly people were highlighted as unsafe as they were left alone during the day while men and women went to work and could not flee attacks or incidents of violence as easily as others. Women with disabilities were reported to be especially at risk.[82]

Gender-based violence

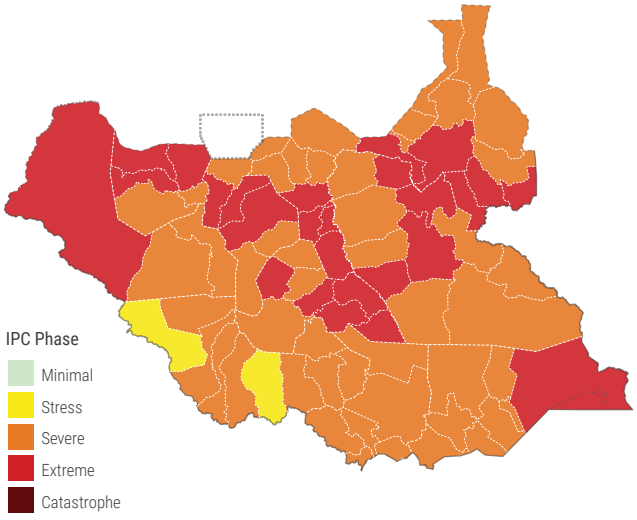
GBV risks emerged across all the affected population including for men and boys other than women and girls, persons with disabilities and elderly. The trauma of such experiences and fears were palpable in all interviews in the FSNMS+ qualitative analysis and requires risk mitigation and consultative approaches to ensuring affected communities are able to influence solutions.

The gender inequality and disability exclusion landscape in South Sudan are a key breeding ground for continued marginalization of these most vulnerable groups.

Sexual abuse, rape and/or harassment of women and girls, including by armed forced, were key protection issue raised across interviews. These were experienced in a range of situations, including while conducting livelihood activities, accessing WASH facilities and generally moving out of settlements to travel to town or visit other villages. Other GBV issues included early and forced marriages and domestic violence. In interviews with host communities in Malakal and Mingkaman, participants shared how girls were beaten into accepting forced marriages by their parents. Girls and women with disabilities and elderly women were considered as especially vulnerable as they were often left at home and were unable to protect themselves effectively. Girls with disabilities were reported to be at risk of coercion into sex in exchange for support, and as a result, vulnerable to unwanted pregnancy and sexually transmitted disease.[83]

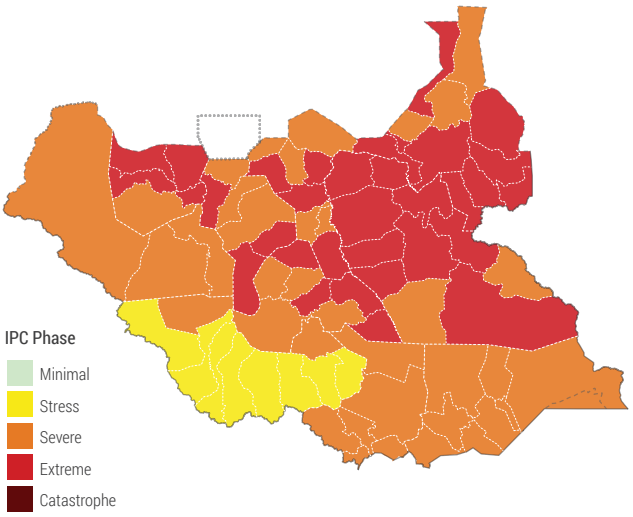
Figure 9 **Deteriorating food security situation from 2019 to 2021**

May to July 2019 projection



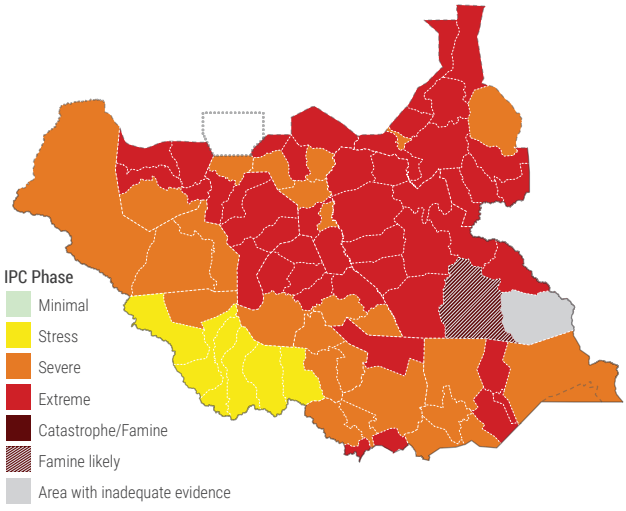
Map Source: IPC Acute Food Insecurity Analysis, January to July 2019. Released 22 February 2019

May to July 2020 protection



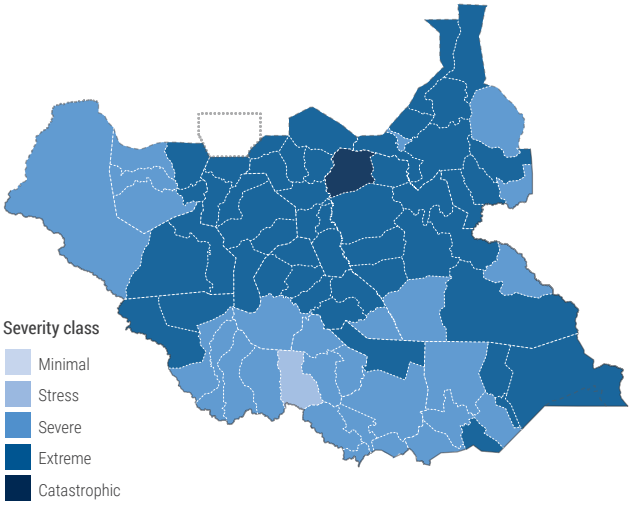
Map Source: IPC Acute Food Insecurity Analysis, January to July 2020. Released 20 February 2020

May to July 2021 projection



Map Source: IPC Acute Food Insecurity Analysis, October 2020 to July 2021. Released 11 December 2020

May to July 2022 projection



Map Source: FSL Cluster's IPC-compatible acute food insecurity analysis for the HNO, November 2021 - December 2022

Concerning levels of sexual violence perpetrated by the parties to the conflict, civil defence groups or other armed elements involved in localized violence have been reported, though most are not. UNMISS has verified 23 incidents of conflict-related sexual violence involving 40 survivors, including 10 girls and 11 men as of September 2021.[84]

The gender inequality and disability exclusion landscape in South Sudan are a key breeding ground for continued marginalization of these most vulnerable groups.

Mental wellbeing

Years of conflict and suffering in addition to the impact of COVID-19 have resulted in trauma and mental health conditions for a large proportion of the population. Epileptic seizures and substance-induced mental disorders are among the top conditions affecting people across South Sudan.[85] There are three trained psychiatrists in the country, and mental health services are scarce.[86] According to the World Health Organization (WHO), one in five people in post-conflict settings potentially develops depression, anxiety disorder, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia. Applying the latest prevalence estimates of mental disorders in conflict settings by WHO to South Sudan, approximately 2.5 million (22 per cent of 11.4 million South Sudan population figure as at 2020) might present with a mental disorder at any point in time. This includes mild (4 per cent), moderate (13 per cent) and severe (5 per cent) mental disorders. While this calculation may overestimate the presence of mental disorders in South Sudan as it includes all age and population groups, and estimates are based on diagnostic classification systems (DSM and ICD5) which are not necessarily adequate for the South Sudanese context, it emphasizes the risk of mental health problems in a population affected by long-term conflict. The presence and commonality of mental health and psychosocial issues was described by participants in nearly all focus group discussions/key informant interviews, with almost no reported mental health and psychosocial support (MHPSS) services available to communities in assessed locations.[87]

Throughout 2021, there were zero recorded suicide cases and 16 (6 men and 10 women) suicide attempts in Wau. While in Malakal, there were 2 male suicide cases and 9 (5 women and 4 men) suicide attempts. The figures are not comprehensive as data collection is in process. The information also cannot be generalized across the country as data from other regions is missing and patterns and underlying reasons/triggers seem to be varying for different locations. An increase of suicide and suicide attempts has been recorded especially among young adults between 19 to 35 years in Malakal PoC and town since 2017 due to lack of socio-economic opportunities and feelings of hopelessness.[88]

The 2021 data collection process found that violence and intercommunal tensions cut across hosts, IDP and returnee communities as a contributor to mental health and psychosocial trauma. People who were impacted by the rounds of violence in Tambura, Western Equatoria openly and repeatedly asked for support to help address the trauma they felt as a result of what they experienced.

Nurturing care and protection of children provide lifelong benefits including improved health and wellbeing, and increased ability to learn and earn.[89] This is possible when children are in a safe, healthy and supportive environment, and are well nourished with affectionate and responsive parents and caregivers. Parents need to notice, understand, and respond to their child's signals in a timely and appropriate manner. This is crucial for responsive feeding, that is, a mother's response to her baby's cues. As well as her own desire to feed her baby for good nutrition. Unfortunately, parents that have experienced trauma tend to have less ability to respond to their children's needs.[90] In addition, unresolved trauma may interfere with a mother's expectations and perceptions of her child, as well as her ability to sensitively respond, thus compromising the development of secure attachment to her infant.[91] Without secure attachment, infants may fail to thrive as they lack the foundation for care, comfort, stimulation and interaction from their caregivers.[92]

Practices of exclusion from decision making processes contribute to women's trauma and mental health, according to the findngs from the 2021 FSNMS+ survey.

In 2019, WHO prevalence estimates of mental disorders in conflict settings to South Sudan, is approx. 2.5 million cases, emphasizing the risk of mental health burden in the affected people.

Acute food insecurity

High levels of food insecurity drive humanitarian need in most parts of the country. An estimated 8.3 million people, including refugees, are expected to experience severe food insecurity by the depth of the lean season (May – July) 2022, an increase of 7 per cent from 2021. The main drivers are floods and dry spells, inflation and high food price rises, and the continued disruption of livelihoods due to violence or the fear of violence; and household stressors, such as death of bread winner, gender-based violence, and morbidity and mortality due to poor hygiene and lack of access to essential basic services, which are greatly amplified by the continuous effect of shocks. The non-functionality of traditional community support mechanisms such as hunger courts, which facilitate the redistribution of resources to the hungriest in a community due to insecurity was mentioned by participants in interviews conducted in Tonj North.[93]

Climate emergencies, conflict, economic shocks, inflation and rising food prices, and the continued disruption of livelihoods due to violence are the main drivers of acute food insecurity.

Food insecurity negatively impacts people's health and nutritional wellbeing, and their ability to carry out livelihood activities. Those identified as most affected are children, people with disabilities, older persons and women-headed households. These people are the most vulnerable to be affected by increases in food insecurity. Food security and livelihoods were identified as the most needed forms of assistance for men in 55 per cent of assessed households; similarly, food and livelihoods were recognized as the primary priority need for women, in 52 per cent of assessed households and in the case of children, food and livelihoods was the second most frequently identified pressing need, as reported in 29 per cent of assessed households, following education in 48 per cent.[94]

Malnutrition

An estimated 2 million people including 1.3 million children under the age 5 and another 675,548 pregnant and lactating women are expected to be acutely malnourished in 2022.[95] The high numbers are attributed to increased food insecurity and the decrease in coverage and of nutrition services due to conflict, flooding and impacts of COVID-19. Acute malnutrition has been a protracted problem in South Sudan and one that requires sustained investment for life-saving nutrition service delivery. Its key drivers are multifaceted, including severe acute food insecurity, sub-optimal feeding practices, high prevalence of disease, inadequate sanitation conditions and hygiene practices, and limited access to health and nutrition services driven by the elements noted above. Those who are malnourished are more vulnerable to common and infectious diseases such as cholera, malaria, diarrhoea diseases, acute respiratory infection and measles.

As stated earlier, in South Sudan, 1 in 10 children die before their 5th birthday. Major factors contributing to acute malnutrition include the high prevalence of diseases which affects up to 36 per cent of children under five, and poor quality of food and limited food diversity. An elevated level of food insecurity contributes to acute malnutrition. Barriers to accessing nutrition services included insecurity, flooding, distance and poor road conditions. In some interviews (for instance in Tonj North), participant said their communities were forced into atypical long-distance movements into Tonj South due to localised and grassroots conflicts. Another barrier to access reported was the lack of supplies at nutrition centres. Coping mechanisms reported for those unable to access nutrition centres to address their children's nutrition needs included reliance on locally available food and herbs, cow's milk, borrowing money to pay for medicines and staying overnight in town centres with nutrition centres. For instance, participants from Wau outlined that women in their community, who wanted to access nutrition services ten miles from their home, would often come the day before and sleep at the site in order to access services in the morning.[96]

Acute malnutrition is a protracted problem in South Sudan. Some 2 million people, including 1.3 million children under the age 5, are estimated to be acutely malnourished in 2022, the highest number in four years.

Physical wellbeing

Disability

People with disabilities face challenges to access services, with greater challenges experienced among women and especially children with disabilities (75 per cent perceive having less access to services, food, education that children without disabilities). Anecdotally, there are greater protection risks for women and girls with disabilities, identified in global analysis.[97] Girls with disabilities were reported to be at risk of coercion into sex in exchange for support, and as a result, vulnerable to unwanted pregnancy and sexually transmitted diseases. Furthermore, there are high levels of stigma and discrimination towards persons with disabilities, neurological and mental health conditions further reinforcing exclusion and vulnerability to protection and mental health risks. For example, in findings reflected in International Organization for Migration (IOM) and Handicap International's Children with Disabilities survey (Wau 2020), 100 per cent of children with a disability (40 per cent male, 60 per cent female) responded that they have been bullied, name called or physically attacked by another child or adult member of their community. [98] Children with disabilities face numerous challenges in accessing quality education. Most schools reported having no mobility or assistive devices. Over half of schools report their latrines are inaccessible for children with disabilities. Teachers are not trained to foster or deliver inclusive education and school communities are not sensitized on the need to create enabling environments for children with disabilities.

Moreover, persons with disabilities find it even more difficult to access livelihood opportunities and are extremely marginalized in the current floods and conflict situations across South Sudan. A study by Humanity and Inclusion in 2020 indicated that there is a need for economic empowerment for persons with disability so as to increase their autonomy and resilience to COVID-19 aftermath in the landscape of complex emergencies of floods, drought, violence and displacements. The result highlights further the fragile economic position of many people with disabilities.

A young mother with visual impairment in Likuangole, GPAA, shared how it was other mothers who told her that her daughter was under-nourished. She said it was they who took her to the local nutrition facility and helped her child to be

screened, and then, each week, escort her with her daughter for their nutrition appointments.

High levels of stigma and discrimination against persons with disabilities further reinforce exclusion and vulnerability to protection and mental health risks.

Elderly

Age expectancy for people in South Sudan is 58 years old. Elderly people were cited as amongst the most vulnerable to protection risks and incidents, including while accessing WASH facilities, in interviews held with all population groups (host communities, IDPs and returnees), as they could not flee incidents of violence easily. Elderly women were also considered to be at risk of sexual harassment and abuse, again as they were often left alone at home. Furthermore, the impact of protection issues on access to markets, livelihoods and services was reported to be highest on elderly people (along with some other vulnerable groups).[99]

HIV/AIDS

In 2020, an estimated 180,000 people were living with HIV in South Sudan with annual 17,000 new infections and 8,900 deaths. The estimated adult (15-49 years) HIV prevalence is 2.3 per cent, showing a slight decline from the previous year's prevalence of 2.5 per cent. xcvi Internally displaced persons (IDPs), refugees, members of uniformed services, prisoners and long-distance truck drivers are at elevated risks of HIV infection. Existence of punitive and discriminatory laws, policies and practices, low coverage of HIV interventions, low coverage of HIV testing (only 29 per cent population know their HIV status), treatment (23 per cent people living with HIV are currently on treatment) and reliance on external resources (90 per cent of HIV resources are externally funded) are some of the key challenges that continue to hinder HIV responses in the country.

Only 20 per cent of people living with HIV in South Sudan know their status while 23 per cent receive antiretroviral therapy.



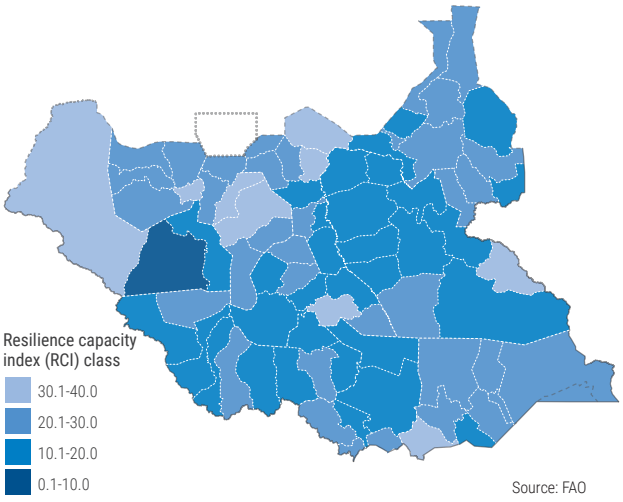
An older student helps a ayounger one to cross a flooded path to reach their village after school in Juba County. Photo: UNICEF/Bullen Chol

Living Standard

Access to healthcare facilities and services

People in South Sudan have limited access to optimal health services due to conflict, flooding, and a developed health care system. A multitude of drivers compound people's well-being, including limited access to sufficient quantities of safe drinking water, poor hygiene practices, and poor sanitation. Only 8 per cent[100] of the 1,869 reported health facilities are providing the full Basic Package of Health and Nutrition Services (BPHNS) and 53 per cent of the facilities are moderately functional,[101] implying inadequate access and unavailability of some health services to some communities in many parts of the country. 58 per cent of the Community health system, (Bomas) in the country does not have health teams and only 59 per cent [102] of the population can access health facilities in one hour time while 80 per cent reported barriers in accessing health services.[103]

Figure 11 **Resilience Capacity Index**



In terms of access to health facilities, key barriers for women included limited supplies and services, including lack of female health workers, poor road conditions on the way to facilities and financial constraints in accessing health facilities. Additionally, menstruating girls were said to have high drop-out or low attendance rates in school as they missed lessons while menstruating and found it hard to catch up.[104]

Extremely low immunization coverage (45 per cent Penta 3 coverage) has made children more vulnerable to vaccine preventable diseases. In terms of national health functional facilities in 2021, Nagero was recorded as the highest county representing 22.8 facilities per 50,000 persons; while Uror is the lowest county representing 2.4 facilities per 50,000 persons. To note that the Ministry of Health BPHNS threshold is 4.5 facilities per 50,000 persons. The lowest health service availability are recorded in Nyirol, Duk, Akobo, Uror, Rubkona, Pibor, Panyikang and Mayom.

Health facilities in some locations were reported to have closed due to violence and flooding, for example in Rumbek North and Rubkona. Access of communities to health services is further hindered by insecurity and harassment on the way to facilities. Women and girls face additional barriers due to the lack of female health workers and limited relevant supplies for them.[105]

South Sudan's COVID-19 vaccinations commenced on 6 April 2021 and by the end of December, the World Health Organization (WHO) reported that less than 2 per cent of the population have been vaccinated.

Only 59 per cent of the population can access health facilities in one hour time while 80 per cent reported barriers in accessing health services.

Figure 12 **Priority needs**

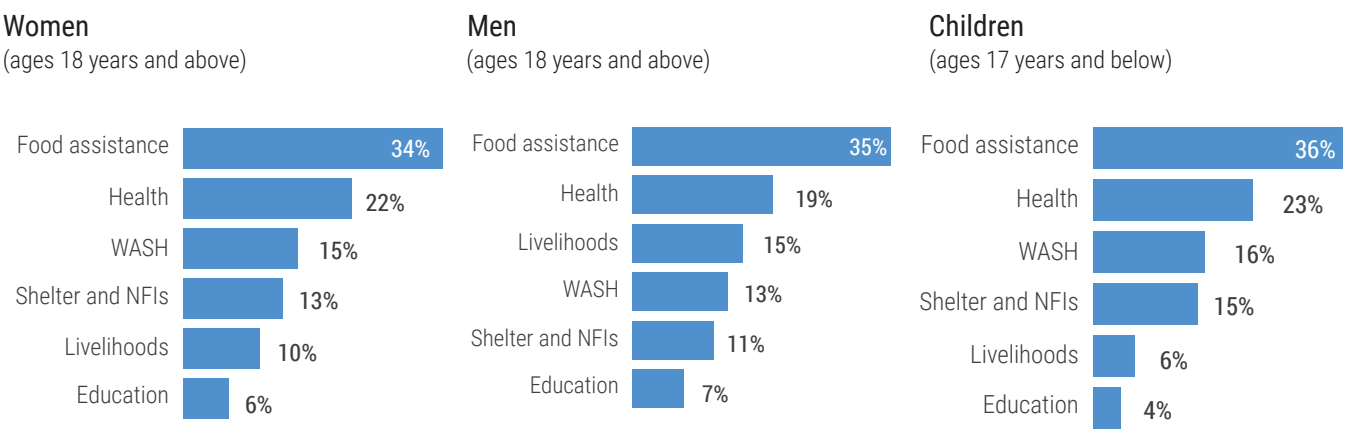
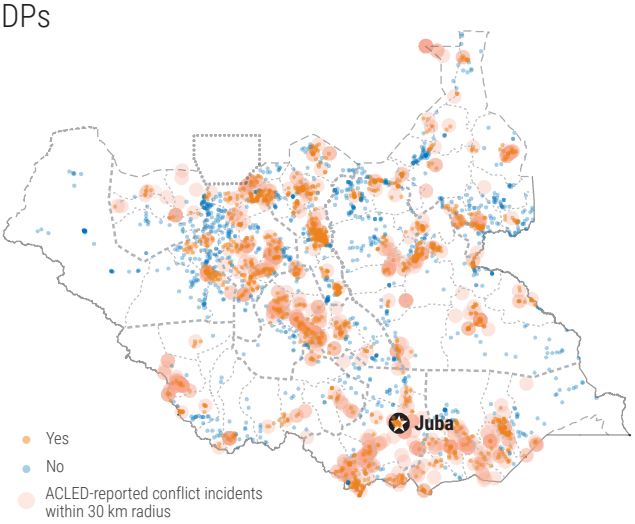
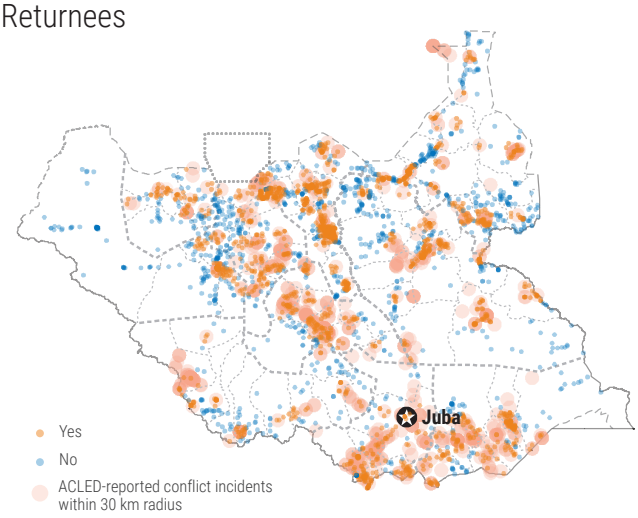


Figure 13 **People's proximity to conflict events**

IDPs



Returnees



Yes: IDP/ Returnees locations within 30KM radios of conflict incidents | No: IDP/ Returnees locations outside 30KM radios of conflict incidents.

Source: IOM DTM and ACLED January 2022

Access to clean water and sanitation

An estimated 6 million people's living standards and their wellbeing will be impacted in 2022 as a result of inadequate or lack of access to safe water and improved sanitation. Drivers compounding people's well-being are interlinked and include limited access to sufficient quantities of safe drinking water, poor hygiene practices, and poor sanitation.

The findings from the 2021 FSNMS + analysis indicate that acess to WASH facilities by women and girls, boys, persons with disabilities and elderly and services remains a challenge. Latrines were often overflowing also creating the fear of disease.

Severe flooding in 2021 resulted in the destruction and damage of water facilities, reduced access to sanitation and loss of hygiene items which resulted in the urgent need for water, sanitation and hygiene services. The proportion of the population with access to latrines remains very low in the majority of the country, resulting in high open defecation levels. Overall, 80 per cent of households have no access to latrines with geographical variations in the statistics. In certain states such as Unity, Warrap, Northern Bahr el Ghazal and Jonglei, the per centage of households accessing a latrine is consistently below ten per cent. Western Equatoria on the other hand has the highest proportion of households (60 per cent) accessing a latrine.[106] Displacement, insecurity, and the economic downturn have compounded the impact of the low coverage of functional water infrastructure in rural areas. The economic downturn has exacerbated the disruption of water services, limiting resources available for the maintenance of wells and boreholes. In areas hosting displaced people, above-capacity demand results in water points unable to supply enough drinking water to the population. Protection concerns were flagged as people access water at water points, with 18 per cent of households, both in rural and in urban settings reporting that they felt unsafe while collecting water. Commonly reported issues in accessing WASH facilities include long lines and congestion at water collection points, leading to disputes and tensions. Women and girls frequently face physical and sexual assault and harassment at water collection points, bathing areas and latrines.[107]

Lack of latrines and/or overfull latrines lead to open defecation resulting in waterborne diseases. Additional access issues reported by IDPs are taxes imposed by host communities in order to use WASH facilities (reported in Maban and Tonj South).

Only 39 per cent of the population reported having enough water to meet their household needs countrywide, dropping to 34 per cent in rural areas.

Access to safe shelter and land

At the end of 2021, an estimated 1.8 million men, women, boys, girls, and older people lived in inadequate shelter. This number represents an increase in the expected numbers of people who in 2022 will need shelter support. This increased need has resulted from the new displacement of approximately 300,000 people in 2021[108], in addition to the existing displaced population, and the return of more than 150,000 people[109] from neighbouring countries. The predominant needs are access to emergency shelter, NFIs and housing, and land and property (HLP) rights to ensure security of tenure.

People who will have emergency shelter and NFI needs in 2022 include those who are displaced, returnees, and an estimated five per cent of host communities. Three years of catastrophic flooding has damaged shelters and destroyed household goods even for non-displaced communities who face challenges in hosting their displaced neighbours. In 23 counties, more than half of the affected people require emergency shelter support, particularly in Jonglei, Lakes, Northern Bahr el Ghazal, Unity and Upper Nile states.

In addition to having shelter and access to critical NFIs, people must have the security of tenure of their shelter to ensure they cannot be forcedly evicted from their property and lose assets they have accrued. Women in particular face considerable challenges in asserting their HLP rights, which continues to drive vulnerability for women and children. Despite the legal recognition of women's rights to land and property under formal South Sudanese law, cultural norms, customary land tenure law, and manipulations of the system pose barriers to women securing their rights.

Three years of catastrophic flooding has damaged shelters and destroyed household goods even for non-displaced communities who also face challenges in hosting their displaced neighbours.

Access to education

There are an estimated over five million children of school going in South Sudan; however, the 5,862 schools are insufficient to meet their educational needs, with [110] 1,095 schools damaged due to flooding/conflict. In 2022, 3.4 million people, of which 97 per cent are children, are estimated to need education services. Necessitated by measures to limit COVID-19, the closure of schools and broader socio-economic challenges exacerbated existing education challenges and inequities. As noted under the section on Basic Services, prior to COVID-19 school closures, an estimated 2.2 million children were already out of school.[111] The school closures further impacted the education of over 2.7 million additional children.[112] In May 2021, after 14 months of closure due to COVID-19[113] , schools in South Sudan re-opened. The current estimated number of out-of-school children is 2.8 million.[114] During the scale up to support people who were food insecure in March 2021, children in Pibor expressed how much they missed going to school, and at times approached humanitarian staff to ask if their schools could be re-opened. Additionally, gross enrolment decreased by approximately 7 per cent between 2020 (2,727,209) and 2021 (2,523,204).[115] The limited provision of education opportunities due to insecurity and floods has led to increased cost of operations.[116] Barriers are amplified for marginalized groups.

Safety and security incidents in and around education facilities as well as the destruction or occupation of facilities during conflict were reported to limit access of children to schools. Displacement of teachers and children, killings of teachers and the risk of revenge killings of boys in schools reportedly also limit children's access to schools. Other barriers include distance between schools and settlements and limited financial resources within communities to send their children to school. Girls face additional challenges, including early and forced marriages and likely early pregnancy, which were widely reported as reasons for drop-outs. During school closures, evidence suggests daughters were married to alleviate household economic stress through "bride price" payments. In addition, cultural perceptions within communities indicate that being educated would lead girls to engage in criminal activities or risk becoming pregnant and as a result the girls would attract low dowries for marriage.

Most schools lack assistive or mobility devices for children with Disabilities, and inadequate nutrition leads to poor academic performance, and contributes to drop out. (Education Needs assessment 2021). The Educational Needs assessment in 2021 found that insufficient, irregular and late payment of teacher salaries led to teacher absenteeism, low quality of education, and closure of schools. Distance to school, inadequate learning spaces, lack of school supplies and untrained teachers are other barriers to learners accessing education.

The school closures as a result of the pandemic further impacted the education of over 2.7 million additional children. The current estimated number of out of school children is 2.8 million.

Coping mechanisms

In the 2022 Index for Risk Management (INFORM), South Sudan ranks the highest of all 189 countries in their lack of coping capacity due to weak infrastructure and institutional capacity.[117] Extremely high levels of underlying vulnerability and the persistent shocks and stressors (3 years of atypically severe flooding and also conflict) also contribute to reduced access to assets and livelihood coping strategies. Social and economic vulnerabilities have been further challenged by plummeting oil prices, huge inflation, climate change,

recurrent episodes of sub-national violence and the impact of COVID-19. Three consecutive years of flooding further compounded the events of previous years and severely inhibited communities' access to safe water. As a coping mechanism, populations relied on surface water and/or contaminated water points, increasing the risk of outbreak and prevalence of water-borne and hygiene-related diseases. Rains increased water turbidity in rivers requiring treatment before use for safe drinking, cooking and hygiene practices.

Both men and women report relying on small-scale livelihood coping strategies to mitigate the difficulties they face. Due to a range of shocks and stressors, people have been unable to engage in traditional livelihood activities (cattle keeping and cultivation) as they would in normal years. To mitigate this, people are engaging in livelihood coping strategies, such as collecting firewood, selling wild foods, hunting, fishing and so on.

In some areas, families opted to sell livestock to make ends meet instead of accessing wild foods in insecure locations. Limited market functionality for food sources and depleted incomes meant that families had to resort to loads or surviving on wild foods which had caused a crisis of malnutrition among the affected communities undergoing protracted stresses. Local herbs were often used to treat children as health facilities had persistent access and functionality issues. Some women were reported to travel a day before to access nutrition services while the main group that participants outlined as the most affected by access barriers to nutrition services, were persons with disabilities, who were seen as too weak to carry their children to centres and female-headed households.

The tradition of bride price also emerged as manner of coping for families, where girls were married early and without consent. In Malakal, during the data collection process, the local population reported how, girls were beaten into accepting forced marriages by their families. Persons with disabilities and people living alone or without family were reported to be more exposed to risks as their access to community protection mechanisms and family/individual level coping strategies was more limited than others.

The prevalence of insecurity meant that communities resolved to primarily to avoiding specific locations and/or points during the day for travel or movement. These included avoiding moving out of the settlement after the evening, especially for women who also avoided accessing humanitarian distribution points, staying at home, urinating/defecating indoors to avoid going to the forest or bush and not going to locations far from the settlement or town. Persons with disabilities, in particular avoided using latrines or the bush for defecation during the day. Additionally, community members travelled in groups to reduce the risks to safety and resorting to family members keeping guard while others could access latrines.

Affected communities also adopt coping mechanisms to avoid violence by relocating, restricting movements and remaining silent about concerns for fear of reprisals. A significant proportion of displaced people live with host communities, straining both communities' ability to cope. To meet their needs, some families adopt negative coping mechanisms, including child labour and early marriage. Poverty is more widespread among displaced people and an estimated 91 per cent of displaced people live under the international poverty line of US$1.90 per person per day.

People's resilience especially when impacted by flood and conflict affect their coping abilities. Their safety nets degrade due to consecutive and compounded shocks. This includes but is not limited to school closures and a secondary health crisis resulting from the COVID-19 response, generating long-term negative impact on affected populations.[118]



People's resilience – especially when impacted by flood and conflict –affect their coping abilities. Their safety nets degrade due to consecutive and compounded shocks.

Resilience Index Measurement and Analysis (RIMA)

For the third year, the Resilience Index Measurement and Analysis (RIMA) methodology was applied in 2021 to understand how households cope with shocks and stressors. The average Resilience Capacity Index (RCI) for South Sudan was 22. Access to assets (AST) and adaptive capacity (AC) are the key drivers of household resilience, followed by access to basic services (ABS) and social safety nets (SSN). The analysis shows a significant reduction in people's participation in social groups which previously had a positive contribution to households' resilience, as seen by the reduced contribution of the SSN pillar to the overall resilience capacity of the households. Assets (both productive and non-productive) are key elements of a livelihood since they enable households to produce and consume goods. In this analysis, the assets pillars were estimated by household assets index (measure of non-productive assets ownership); productive/agricultural assets index; access to land for cultivation; livestock ownership (measured by the Tropical Livestock Unit (TLU)). Of these, access to land for agriculture, productive assets ownership and livestock ownership are the key determinants of the assets pillar. This implies that building and restoring both the productive and non-productive assets of the households will contribute towards resilience capacity building for the short-term. This would be further supported by building the households' adaptive capacities in terms of education, crop and income diversification. On the other hand, focusing on access to basic services and social safety nets is key to building long-term resilience.

The results further indicate that those most prevalent shocks experienced by the households, including reduced income of any household member, insecurity, or violence, too much rain accompanied by crop destruction due to flooding

and displacement due to flooding, have a negative and statistically significant effect on resilience. The apparent 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.

There are variations in the resilience capacity index by gender of the household head, and by county. Overall, male-headed households (RCI=24.1) have a higher resilience capacity than female-headed households (RCI=20.1). As seen on the map below, spatial variation of the RCI by county shows that Magwi, Guit, Yirol West, Pochalla, Pariang, Tonj North, and Gogrial East have the highest resilience capacities (RCI > 30). Maban, Fangak Ayod, Canal/Pigi, Ezo, Maiwut and Wau have the lowest resilience capacities (RCI < 11). Maban and Canal Pigi counties have remained among those with the lowest resilience capacities when compared to last year.

In conclusion, the findings of this analysis on determinants and stressors of resilience capacity emphasize the need for continuous policy monitoring and tailored programming. Stakeholders from the different sectors need to jointly build resilience by critically looking at the resilience analysis findings and adopting programming priorities that will strengthen the resilience capacities.

The most prevalent shocks experienced by the households, including reduced income, insecurity, violence, displacement and crop destruction due to flooding, have a negative and statistically significant effect on resilience.

Community perceptions of humanitarian assistance

Food assistance was the priority need for 87 per cent of households with minimal variations observed between the different population groups (host communities, IDPs and returnees) and demographic profiles, followed by healthcare (60 per cent).

FSNMS+ qualitative findings highlight the impact of existing protection concerns faced by communities on their humanitarian needs. Protection issues including insecurity, violence and flooding reportedly led to market closures and disrupted supply routes, limited access of communities to land for cultivation, firewood gathering and wild food collection, and/or led to the destruction of cultivation areas prior to harvest. The effects on market functionality and livelihoods in turn impacted access to food, which was further affected by looting of food from shelters and disruptions to food distributions. Access to health and education facilities was also reportedly limited by the aforementioned protection issues which resulted in the destruction, closure and/or occupation of infrastructure meant for these services and/or impacted mobility of populations due to insecurity enroute to these facilities. For instance, in a host community interview in Mayom, participants shared that boys often had to drop out of schools due to the risk of revenge killings in school.

Thirty-eight per cent of households reported having received humanitarian assistance in the three months prior to data collection, without any major differences noted between population groups (39 per cent of host community and IDP households and 36 per cent of returnee households). Significant variations are observed between female-headed households reporting having received humanitarian assistance (41 per cent) and male and child-headed households (33 per cent). In qualitative interviews, participants were asked about humanitarian assistance received by their communities in the six months prior to data collection; receipt of assistance was confirmed in three-fourths of interviews. However, in some interviews held in Gogrial West, Tonj South, Juba, Rubkona and Maban counties, host communities and IDPs raised that no assistance was provided to their communities. Challenges to accessing assistance was also reported in interviews held with returnees, such as exclusion from registration processes, long waiting times for registration, and non-receipt of assistance during distributions despite being included on beneficiary lists. In a focus group discussion (FGD) held in Juba, female returnees shared that reviews of beneficiary lists often took place unannounced or without prior notice, leading to people being excluded from the lists if they were not physically present in the camp at that time.

Assistance was perceived as generally accessible to those most in need, as indicated in a majority of qualitative interviews. Perceptions did, however, vary by population group and gender. For example, female participants in interviews held with host communities felt that assistance was not provided to the most vulnerable people in their communities, and specifically attributed this to (displacement) status-based targeting of beneficiaries for assistance as opposed to targeting based on needs. In an interview in Bor, participants reported that NGOs had fixed targets for beneficiaries based on ethnicity instead of needs. Across population groups, participants in some interviews raised that certain vulnerable groups did not have access to assistance, including people with disabilities, elderly people, widows, orphans, newly arrived IDPs and returnees, non-registered returnees and vulnerable people in host communities. For example, children of people with disabilities reportedly faced additional challenges in accessing nutrition services, as their parents were unable to carry them to centres. In interviews held in Mayom and Rubkona, participants shared that parents with disabilities could not address this issue by giving their children's health card to others who could travel on their behalf to nutrition centres, as the centres would not accept them. In some reported cases, these children had limited or no coping mechanisms for their nutritional needs.

Among households that reported receiving humanitarian assistance, food assistance was the main type of assistance received across population groups (70 per cent), aligning with the priority need reported by the majority of households

(as mentioned above). Likewise, qualitative findings indicate that food assistance was the form of humanitarian assistance most received by communities from all population groups. Other common forms of assistance indicated in qualitative interviews were: non-food items (NFIs), cash-based transfers, nutrition, and livelihood support.

Of the households reporting that they had received humanitarian assistance, close to two-thirds (65 per cent) were not satisfied with the assistance received. Dissatisfaction with services received was reported in more host community and IDP households (66 per cent and 65 per cent respectively) as compared to returnee households (60 per cent). Additionally, a significantly lower proportion of child-headed households reported being dissatisfied with humanitarian services received (53 per cent).

The main reason for households' dissatisfaction with humanitarian services was the quantity of humanitarian services (reported by 64 per cent of households). This finding was triangulated in most qualitative interviews, where participants raised that the assistance provided did not cover needs adequately, due to the quantity of assistance allocated. Differences between population and demographic groups are noted, however. Significantly higher proportions of IDP and host community households reported quantity as the main reason for dissatisfaction (reported by 70 per cent and 66 per cent of households, respectively), as compared to returnee households (50 per cent). Furthermore, more female-headed households (68 per cent) attributed their dissatisfaction with assistance to quantity in comparison to male-headed and child-headed households (57 per cent and 60 per cent of households, respectively).

Timeliness of humanitarian assistance was the second-most common reason for dissatisfaction with assistance, as reported by 46 per cent of households. Child-headed households appear to experience this issue more frequently, given that a significantly higher proportion (79 per cent) reported dissatisfaction with the timeliness of assistance. While targeting of humanitarian assistance was reported as a main reason for dissatisfaction by only 11 per cent of households, it was frequently raised as a problem in qualitative interviews across population groups interviewed. Respondents reported distrust in targeting processes for beneficiaries for provision of assistance due to perceptions of nepotism and corruption by community leaders and aid workers involved in these processes. Examples were given by participants in several focus group discussions and key informant interviews that cited situations where community leaders and aid workers prioritised their own relatives for assistance.

Strained relations between communities, and aid workers and community leaders were mentioned in a number of qualitative interviews and linked to the abovementioned perceptions that aid workers and community leaders deliberately excluded certain communities or groups from beneficiary targeting to prioritise their own relatives. The perceived exclusion of certain communities and vulnerable groups within communities from assistance was also reported to cause tensions between and within communities, including between host communities, IDPs and returnees. For example, in FGDs held with IDPs in Yei, participants mentioned that IDPs were no longer permitted to cultivate on host communities' land due to tensions between them as a result of the exclusion of host communities from assistance. This reported impact of (perceptions of) targeting processes and exclusion from assistance on community relations risks an additional effect on conflict dynamics in locations where assistance is provided. Other security issues faced by communities in relation to assistance were also raised in some interviews held with host communities and returnees in one location. Participants reported that their community members were looted after or while accessing assistance at a distribution site by armed forces, who also recruited youth and boys from the participants' communities to assist them with the looting. This was reported to be a repeated phenomenon, resulting in some community members opting to prioritise their security over receipt of assistance by not going to receive assistance at the distribution site at all. The potential impact of the provision of assistance on the protection of communities in the aforementioned ways signals the need for conflict sensitive approaches to community engagement and programming, including beneficiary targeting and distribution modalities.



Food assistance was the priority need for 87 per cent of households.

Humanitarian conditions of Spontaneous refugee returnees

Further to the conditions for spontaneous refugee returnees listed on page 24, there is minimal participation and influence of women in formal decision-making despite them forming most of the adult population. Persons with disabilities experience extreme hardship and encounter multiple challenges in accessing basic as well as specialized treatment. Sexual and gender-based violence (SGBV) and sexual exploitation and abuse (SEA) remain a major protection concern in the country. Survival sex has been reported in some areas of return as the main source of income for women and girls.

Child protection issues include the presence of separated children, child survivors of SGBV, early marriage, child pregnancy, child labour and children with disabilities with limited supported assistance. The situation is compounded by very limited access to education and lack of documentation, especially birth certificates.[119] As communities return to their areas of origin, issues of housing, land and property ownership are surfacing linked to destruction of houses, loss of documents and illegal occupation. There are significant shelter needs as returnees are reported to be sleeping out in the open or living in overcrowded conditions.

UNHCR's position on refugee returns, adopted in April 2019, and supported by the Humanitarian Country Team (HCT) in August 2019, states that the overall situation in South Sudan is currently not conducive for organized mass returns or relocations triggered by episodes of conflict and localized violence since 2013. Despite this, people continue to return and A cumulative number of 505,511 refugee returnees were reported as having returned to South Sudan in 2021 of which 28,440 returned in December 2021 alone. Most of the verified returns from some of the five refugee hosting neighbouring countries were from Sudan (87 per cent) with 9 per cent from Ethiopia and less than 2 per cent from Uganda and Kenya. Those in Jonglei, Bahr el Ghazal and Upper Nile states had returned from Sudan and Ethiopia, while returnees from Democratic Republic of Congo were found in Western Equatoria State.[120] Improved services and security were most often cited as the reasons why people returned home. Others shared their motivation to return due to improved access, the desire to reunite with family members, to check on properties, the lack of employment opportunities in the countries of asylum, and the lack of access to basic services and insecurity in the country of asylum.

A number of challenges are encountered by spontaneous refugee returnees while en-route in their return journey. Returnees reported they had insufficient funds to negotiate transport costs and for their own sustenance. Returns are taking place in areas with limited infrastructure, accessibility, protection vulnerabilities and risks. Peaceful co-existence between returnees and host communities is challenged by historical conflicts along tribal lines, revenge attacks and a limitation of shared social services between displaced people, returnees and host communities. Participatory assessments with returnees in the areas of return have registered complaints of inadequate food, theft, looting and lack of adequate basic services including health, WASH and education services. The lack of livelihood opportunities and deplorable living conditions aggravate the sense of loss among the returnees.

Despite conditions not being conducive for large-scale returns, more than 505,000 spontaneous refugee returns were observed in 2021.

Humanitarian conditions for internally displaced persons

Mobility continues to serve as a critical coping mechanism and source of resilience for population grappling with multiple shocks related to conflict, natural disaster and diseases. Based on an assessment carried out in 2021, the states with the highest levels of inter-sectoral needs for IDPs tended to overlap with areas with the largest numbers of reported conflict incidents. The highest share of IDPs reporting conflict incidents were Lakes, Eastern Equatoria and Warrap. Flooding has as well only acted to aggravate existing needs in the states.

Delays in implementation of the provisions of the peace agreement compounded with underlying vulnerabilities, lack of services and widespread insecurity led to an increase in displacement over the past three years since the signing of the R-ARCSS. Instability has also resulted in a significant number of people remaining in a situation of protracted displacement. Among the 2 million who remain displaced at the end of 2021, two thirds are individuals who were displaced before the peace agreement. Over 140,000 returnees from abroad (often because of various push factors in hosting countries) were unable to reach their homes, hence remained in a situation of displacement.

While IDPs in rural areas tend to see the highest levels of needs across sectors, needs in urban areas and host community settings are also significant with reported high levels of vulnerability.

While IDPs in rural areas tend to see the highest levels of needs across sectors, needs in urban areas and host community settings are also significant with reported high levels of vulnerability. Displaced women continue to also disproportionately bear the brunt of the conflict and displacement. 60.7 per cent of IDPs live in settlements where forced marriage is a security concern for women, while domestic and sexual violence are risks in settlements that host 50.2 per cent and 44. 7 per cent of IDPs respectively. 51.3 per cent of IDPs live in settlements that contain areas that women and girls tend to avoid.

At least 61.7 per cent of IDPs living in settlements that experienced conflict-related incidents report that complaints and feedback mechanisms are available. 91.1 per cent of IDPs also live in settlements where elders are conflict resolvers. Local governments resolve conflicts in settlements that host 62.3 per cent IDPs.

Displaced people's needs are greatest where the number of reported conflict incidents is high, particularly in rural and flood-prone areas.

Humanitarian conditions for IDP returnees

Some 1,183,666 IDPs returned to their areas of habitual residence between 2016 and end December 2021 with 74 per cent of whom returned after the signing of the peace agreement. However, people are often unable to reach their properties and this has caused increased housing, land and property related needs and tensions in areas of return, especially due to illegal occupation and grabbing of houses and lands[121] making anything resembling a durable solution particularly difficult. Arriving in the home areas is only of ten a first step towards re-establishing livelihoods. Data shows

that half of the returnees live in partially or severely damaged shelters. According to IOM's survey[122] conducted across major IDP camps in Juba, Bentiu, and Malakal, on average ore than a half of the interviewed households expressed interest to return to their areas of habitual residence or relocating to a different location (73.7%, 47% and 56.2% per site respectively). Nevertheless, the vast majority are not sure about the timeframe. Among those who did not consider return, the main reasons are insecurity at destinations, lack of means (particularly in Juba IDP Camps), insufficient services at destination, and discrimination (especially for the residents of Malakal PoC Site). Improvement in the security situation, access to housing, health & education services and family reunifications are listed among the main drivers for potential returnees.

More than half of the displaced households surveyed wish to return to their usual area of residence or move to another location.



Mother and child waiting to be registered in Ayod County Jonglei State. Photo: WFP/ Eulalia Berlang

Spotlight on women and girls



A girl was seen at a nutrition centre in Pibor town, Greater Pibor Administrative Area. Photo credit: OCHA /Htet Htet Oo

19%

In 2019, 19 per cent of births were attended by a skilled health worker[1]

25%

Only 25 per cent of girls in South Sudan receive a secondary level education[2]

97%

97 per cent of reported GBV incident survivors are female[3]

50%

Early marriage is common, with half of girls getting married before the age of 18[4]

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 males[6]

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 inter-sectoral severity of needs by administrative area (county). Of the 78 counties in South Sudan, people in 5 counties are estimated to be in catastrophic need (level 5); those in 69 counties are in extreme need (level 4); and people in 4 are in severe need (level 3).

Geographically, the largest concentration of counties in extreme need are in Jonglei and Lakes States.

Twenty seven inter-sectoral indicators were used for the inter-sectoral severity calculation.

People in need

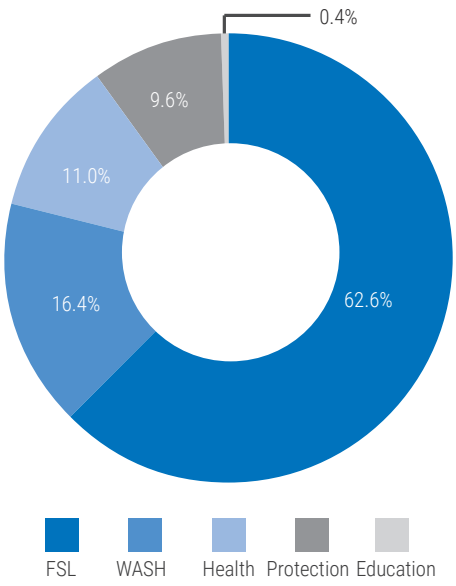
A total of 8.9 million women, men, girls and boys are expected to be in need in 2022 including 328,610 refugees across all of South Sudan's 78 counties. This is an increase in absolute numbers from the 8.3 million people estimated to be in need in the 2021 Humanitarian Needs Overview.

Accounting for an increase in the population baseline from 12.1 million in 2021 to 12.4 million in 2022, however, the proportion of South Sudanese people in need remains approximately three quarters.

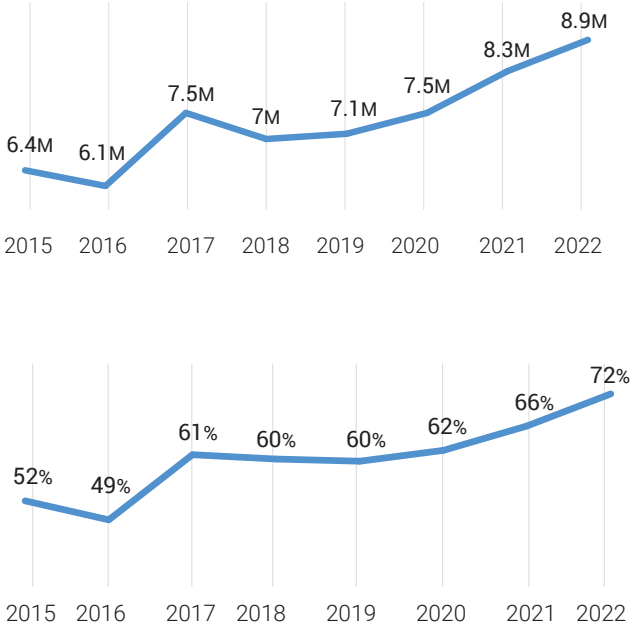
According to the methodology applied (scenario B of the Joint Intersectoral Analytical Framework, (see Annex), five critical indicators determined the maximum number of people in need per county. As presented in the chart below, Education, Food Security, Health and Protection and WASH drove the analysis in all the counties.

A total of 53 per cent of the people in need are children, 24 per cent are women, and 23 per cent are men.

Figure 14 **Critical indicators driving needs**



People in need trend from 2015 to 2022



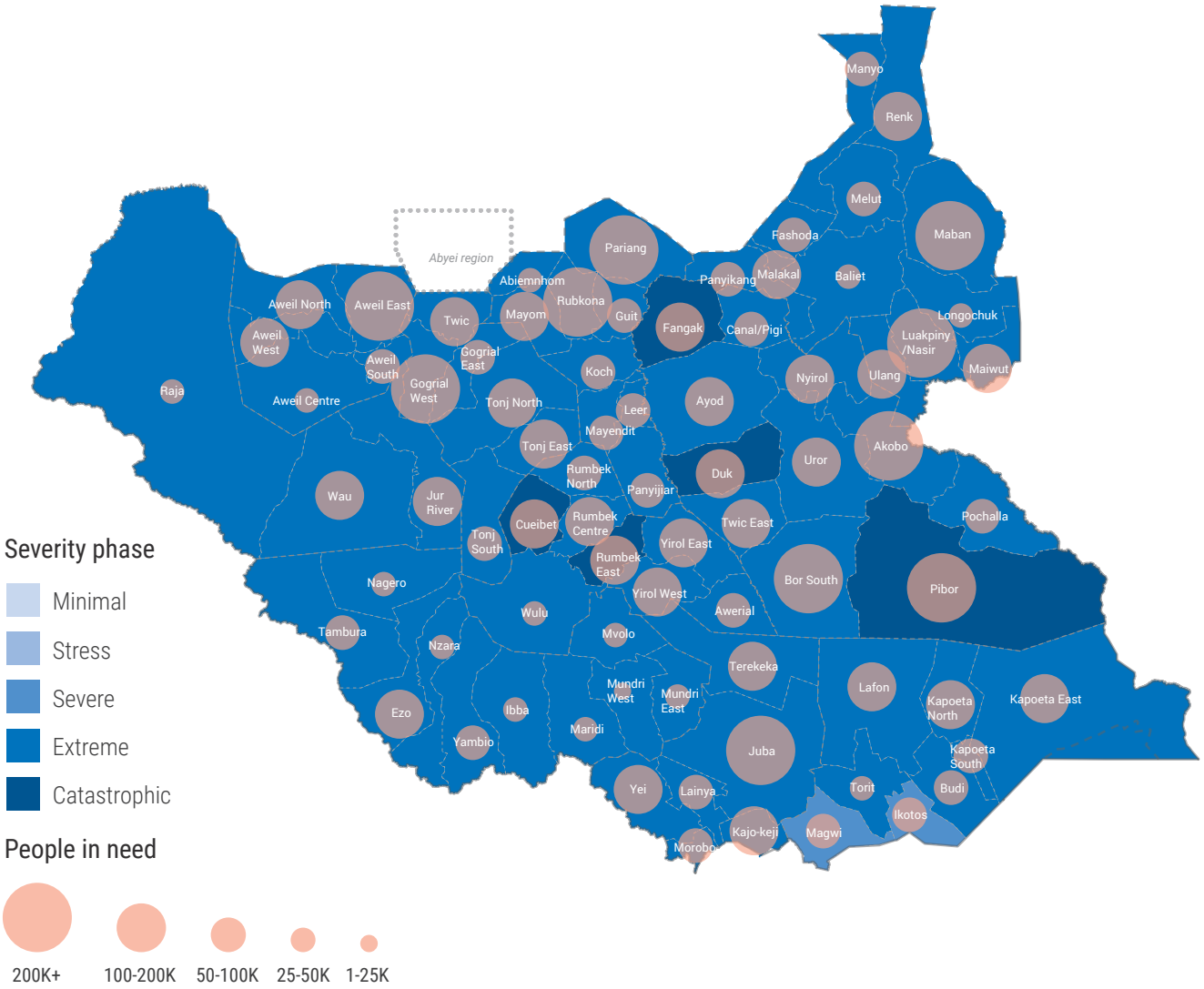
Current figures

PEOPLE IN NEED	TREND (2015-2021)	WOMEN	CHILDREN	WITH DISABILITY
8.3M		24%	54%	15%

Projected figures (2022)

PEOPLE IN NEED	TREND (2015-2022)	WOMEN	CHILDREN	WITH DISABILITY
8.9M		24%	53%	15%

Severity of inter-sectoral needs and estimated number of people in need





A woman and a girl were wading through the water in Bor town, Jongeli State. Photo credit: UNICEF /Lisa Hill

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	522.7	243.9	111.5	167.3	113.3	78.4	52.3
Kajo-keji	232.7	171.6	24.4	36.6	113.4	34.9	23.3
Lainya	113.7	65.5	19.3	29.0	37.0	17.1	11.4
Morobo	116.0	81.8	13.7	20.6	52.8	17.4	11.6
Terekeka	258.4	175.4	33.2	49.8	110.8	38.8	25.8
Yei	302.2	139.6	65.0	97.6	64.0	45.3	30.2
State total	**1,545.7**	**877.7**					
EASTERN EQUATORIA							
Budi	104.8	57.6	18.9	28.3	31.4	15.7	10.5
Ikotos	106.8	69.4	18.7	18.7	53.4	10.7	5.3
Kapoeta East	169.7	118.8	20.4	30.5	76.3	25.4	17.0
Kapoeta North	157.1	102.1	22.0	33.0	62.9	23.6	15.7
Kapoeta South	102.2	66.5	14.3	21.5	40.9	15.3	10.2
Lafon	156.9	126.9	12.0	17.9	87.7	23.5	15.7
Magwi	264.9	91.9	86.5	86.5	52.2	26.5	13.2
Torit	63.0	35.9	10.8	16.3	20.1	9.4	6.3
State total	**1,125.3**	**669.2**					
JONGLEI							
Akobo	226.5	215.2	4.5	6.8	158.6	34.0	22.7
Ayod	194.0	164.9	11.6	17.5	116.4	29.1	19.4
Bor South	339.6	213.7	50.4	75.5	128.8	50.9	34.0
Canal/Pigi	106.4	90.5	6.4	9.6	63.9	16.0	10.6
Duk	199.0	159.2	10.0	29.9	59.7	49.8	49.8
Fangak	196.6	196.6	-	-	98.3	49.1	49.1
Nyirol	142.2	128.0	5.7	8.5	92.5	21.3	14.2
Pibor	227.9	216.5	2.8	8.5	102.5	57.0	57.0
Pochalla	79.4	51.6	11.1	16.7	31.8	11.9	7.9
Twic East	124.1	108.6	6.2	9.3	77.6	18.6	12.4
Uror	195.9	166.5	11.8	17.6	117.6	29.4	19.6
State total	**2,031.8**	**1,711.4**					

COUNTY SEVERITY	PIN VARIATION WITH 2021 (%)	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
4	**-20%**	52 / 48	49 / 47 / 4	15%
4	**25%**	47 / 53	16 / 65 /19	15%
4	**-30%**	47 / 53	42 / 52 / 6	15%
4	**-7%**	49 / 51	53 / 42 / 5	15%
4	**-15%**	52 / 48	52 / 42 / 6	15%
4	**-34%**	53 / 47	55 / 37 / 8	15%
4	**25%**	53 / 47	56 / 38 / 6	15%
3	**51%**	53 / 47	53 / 39 / 8	15%
4	**20%**	48 / 52	56 / 40 / 4	15%
4	**-5%**	48 / 52	60 / 33 / 7	15%
4	**11%**	50 / 50	62 / 37 / 1	15%
4	**137%**	54 / 46	59 / 38 / 3	15%
3	**2%**	49 / 51	53 / 39 / 8	15%
4	**12%**	54 / 46	55 / 41 / 4	15%
4	**8%**	51 / 49	50 / 39 / 11	15%
4	**8%**	50 / 50	50 / 42 / 8	15%
4	**-28%**	49 / 51	54 / 40 / 6	15%
4	**9%**	51 / 49	45 / 45 / 10	15%
5	**-9%**	50 / 50	54 / 40 / 6	15%
5	**28%**	47 / 53	58 / 34 / 8	15%
4	**9%**	50 / 50	58 / 34 / 8	15%
5	**8%**	52 / 48	55 / 37 / 8	15%
4	**-11%**	56 / 44	61 / 38 / 1	15%
4	**0%**	55 / 45	48 / 44 / 8	15%
4	**24%**	52 / 48	59 / 38 / 3	15%

COUNTY	POPULATION *THOUSANDS*	PEOPLE IN NEED *THOUSANDS*	ESTIMATED NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
LAKES							
Awerial	139.6	76.3	25.4	38.0	41.3	20.9	14.0
Cueibet	183.3	146.7	9.2	27.5	55.0	45.8	45.8
Rumbek Centre	215.6	161.7	21.6	32.3	107.8	32.3	21.6
Rumbek East	174.6	122.2	13.1	39.3	34.9	43.6	43.6
Rumbek North	72.7	69.1	1.5	2.2	50.9	10.9	7.3
Wulu	89.1	44.5	17.8	26.7	22.3	13.4	8.9
Yirol East	160.4	120.3	16.0	24.1	80.2	24.1	16.0
Yirol West	174.5	122.1	20.9	31.4	78.5	26.2	17.4
State total	**1,209.8**	**862.8**					
NORTHERN BAHR EL GHAZAL							
Aweil Centre	76.0	38.0	15.2	22.8	19.0	11.4	7.6
Aweil East	344.9	241.4	41.4	62.1	155.2	51.7	34.5
Aweil North	168.5	101.1	27.0	40.4	59.0	25.3	16.8
Aweil South	141.9	85.2	22.7	34.1	49.7	21.3	14.2
Aweil West	203.9	122.3	32.6	48.9	71.4	30.6	20.4
State total	**935.2**	**588.0**					
UNITY							
Abiemnhom	57.0	37.0	8.0	12.0	22.8	8.5	5.7
Guit	69.9	52.4	7.0	10.5	34.9	10.5	7.0
Koch	98.7	83.6	6.0	9.0	59.0	14.8	9.9
Leer	77.7	69.9	3.1	4.7	50.5	11.6	7.8
Mayendit	70.8	56.6	5.7	8.5	38.9	10.6	7.1
Mayom	156.7	133.2	9.4	14.1	94.0	23.5	15.7
Panyijiar	120.0	90.0	12.0	18.0	60.0	18.0	12.0
Pariang	131.2	85.3	18.4	27.5	52.5	19.7	13.1
Rubkona	341.7	242.6	39.6	59.5	157.2	51.3	34.2
State total	**1,123.6**	**850.7**					
UPPER NILE							
Baliet	57.8	43.3	5.8	8.7	28.9	8.7	5.8
Fashoda	76.6	50.6	10.4	15.6	31.4	11.5	7.7
Longochuk	74.4	48.4	10.4	15.6	29.8	11.2	7.4
Luakpiny/Nasir	293.8	264.4	11.8	17.6	191.0	44.1	29.4
Maban	81.7	61.3	8.2	12.3	40.8	12.3	8.2

COUNTY SEVERITY	PIN VARIATION WITH 2021 (%)	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
4	**-7%**	51 / 49	59 / 37 / 4	15%
5	**26%**	47 / 53	55 / 34 / 11	15%
4	**71%**	49 / 51	58 / 39 / 3	15%
5	**10%**	51 / 49	56 / 40 / 4	15%
4	**29%**	52 / 48	61 / 32 / 7	15%
4	**46%**	48 / 52	55 / 39 / 6	15%
4	**18%**	50 / 50	53 / 40 / 7	15%
4	**20%**	50 / 50	54 / 38 / 8	15%
4	**-27%**	50 / 50	59 / 32 / 9	15%
4	**3%**	53 / 47	59 / 34 / 7	15%
4	**-12%**	53 / 47	59 / 34 / 7	15%
4	**-18%**	52 / 48	55 / 42 / 3	15%
4	**-5%**	51 / 49	60 / 35 / 5	15%
4	**-11%**	50 / 50	53 / 43 / 4	15%
4	**18%**	51 / 49	59 / 30 / 11	15%
4	**24%**	55 / 45	53 / 34 / 13	15%
4	**32%**	53 / 47	52 / 42 / 6	15%
4	**9%**	49 / 51	55 / 35 / 10	15%
4	**-1%**	51 / 49	57 / 27 / 16	15%
4	**-4%**	50 / 50	58 / 38 / 4	15%
4	**-5%**	50 / 50	56 / 37 / 7	15%
4	**21%**	51 / 49	53 / 38 / 9	15%
4	**10%**	46 / 54	61 / 29 / 10	15%
4	**4%**	53 / 47	54 / 30 / 16	15%
4	**11%**	51 / 49	55 / 39 / 6	15%
4	**9%**	53 / 47	58 / 35 / 7	15%
4	**91%**	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	132.1	105.7	10.6	15.9	72.7	19.8	13.2
Malakal	195.2	142.5	21.1	31.6	93.7	29.3	19.5
Manyo	78.9	63.1	6.3	9.5	43.4	11.8	7.9
Melut	129.9	84.4	18.2	27.3	51.9	19.5	13.0
Panyikang	66.9	56.2	4.3	6.4	39.5	10.0	6.7
Renk	193.8	145.3	19.4	29.1	96.9	29.1	19.4
Ulang	141.1	120.0	8.5	12.7	84.7	21.2	14.1
State total	**1,522.3**	**1,185.2**					
WARRAP							
Gogrial East	130.9	72.0	23.6	35.3	39.3	19.6	13.1
Gogrial West	325.9	211.8	45.6	68.4	130.4	48.9	32.6
Tonj East	184.4	175.2	3.7	5.5	129.1	27.7	18.4
Tonj North	263.0	184.1	31.6	47.3	118.4	39.5	26.3
Tonj South	119.4	82.5	14.8	22.1	52.6	17.9	11.9
Twic	270.4	177.4	37.2	55.8	109.8	40.6	27.0
State total	**1,294.1**	**903.1**					
WESTERN BAHR EL GHAZAL							
Jur River	283.2	169.9	45.3	68.0	99.1	42.5	28.3
Raja	59.5	28.3	12.5	18.7	13.5	8.9	6.0
Wau	320.1	191.3	51.5	77.3	111.3	48.0	32.0
State total	**662.9**	**389.6**					
WESTERN EQUATORIA							
Ezo	132.7	106.2	10.6	15.9	73.0	19.9	13.3
Ibba	66.4	30.3	14.5	21.7	13.7	10.0	6.6
Maridi	110.3	40.5	27.9	41.9	13.0	16.5	11.0
Mundri East	100.1	44.3	22.3	33.5	19.3	15.0	10.0
Mundri West	49.7	23.3	10.6	15.8	10.9	7.5	5.0
Mvolo	75.2	33.0	16.9	25.3	14.2	11.3	7.5
Nagero	38.8	31.0	3.1	4.7	21.3	5.8	3.9
Nzara	83.6	35.1	19.4	29.1	14.2	12.5	8.4
Tambura	119.1	95.3	9.5	14.3	65.5	17.9	11.9
Yambio	168.5	71.2	38.9	58.4	29.0	25.3	16.9
State total	**944.4**	**510.2**					

COUNTY SEVERITY	PIN VARIATION WITH 2021 (%)	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
4	**3%**	47 / 53	55 / 37 / 8	15%
4	**25%**	40 / 60	23 / 56 / 21	15%
4	**26%**	49 / 51	42 / 51 / 7	15%
4	**-9%**	50 / 50	62 / 34 / 4	15%
4	**15%**	42 / 58	24 / 49 / 27	15%
4	**28%**	47 / 53	58 / 35 / 7	15%
4	**-8%**	52 / 48	51 / 40 / 9	15%
4	**-30%**	49 / 51	56 / 36 / 8	15%
4	**11%**	48 / 52	56 / 38 / 6	15%
4	**13%**	45 / 55	57 / 36 / 7	15%
4	**10%**	51 / 49	51 / 37 / 12	15%
4	**3%**	48 / 52	54 / 39 / 7	15%
4	**22%**	51 / 49	57 / 36 / 7	15%
4	**36%**	53 / 47	59 / 36 / 5	15%
4	**-2%**	49 / 51	56 / 39 / 5	15%
4	**-3%**	53 / 47	57 / 41 / 2	15%
4	**146%**	53 / 47	50 / 41 / 9	15%
4	**-29%**	46 / 54	53 / 43 / 4	15%
4	**17%**	54 / 46	51 / 43 / 6	15%
4	**-29%**	47 / 53	47 / 46 / 7	15%
4	**18%**	48 / 52	57 / 40 / 3	15%
4	**6%**	49 / 51	56 / 37 / 7	15%
4	**58%**	52 / 48	44 / 53 / 3	15%
4	**53%**	52 / 48	54 / 40 / 6	15%
4	**216%**	53 / 47	52 / 44 / 4	15%
4	**-13%**	49 / 51	52 / 45 / 3	15%

Part 2

Risk analysis and monitoring of situation and needs

2.1 Risk analysis

This section will examine developments that are projected to impact the needs in South Sudan in 2022 as well as potential risks and influences that could affect these assumptions. It is important to note that some of these risks will allow a more predictable seasonal cycle (see diagram) whereas others could occur or intensify at any time of the year.

Most likely scenario

People's holistic humanitarian situation in South Sudan is likely to continue to deteriorate in 2022. The impact of compounded repeated shocks has increased people's vulnerability, often eroding temporary humanitarian gains. The ongoing impact of violence, climate, economy, and regional political tensions affects people across the country. Although people in South Sudan are exposed to a multitude of shocks and drivers of need, the impacts tend to result in the same outcomes displacement, loss of assets, illness, trauma, and loss of life.

While 2021 has brought significant improvements to the stability of the South Sudanese Pound (SSP) as of 26 January, the Bank of South Sudan quoted the SSP at 433 against the USD [123] unfortunately, food prices and the cost of access to any services that do exist, such as healthcare, have been exorbitant. The ongoing impact of COVID-19 has overwhelmed many of the required health services. Vaccination rates remain low with less than 2 per cent of the population vaccinated as of end of January 2022.

The INFORM Index for risk management assesses South Sudan to be the second highest at-risk country globally after Somalia.[124] South Sudan also ranks the highest of all 189 countries in the lack of coping capacity due to weak infrastructure and institutional capacity. It has extremely high socio-economic vulnerability and high numbers of displacements due to flooding, and has a low ranking (185 of 189) in the Human Development Index [125] and the Multidimensional Poverty Index, as well as a high dependency on humanitarian and development aid remittances.

If development, political or peace-building efforts were sufficiently in place, their dividends would likely alleviate people's suffering. Without increased investment in these sectors, it is more likely that with each shock any frail gains achieved from humanitarian investment will be lost and people's suffering and vulnerability will increase.

SEASONAL CALENDAR

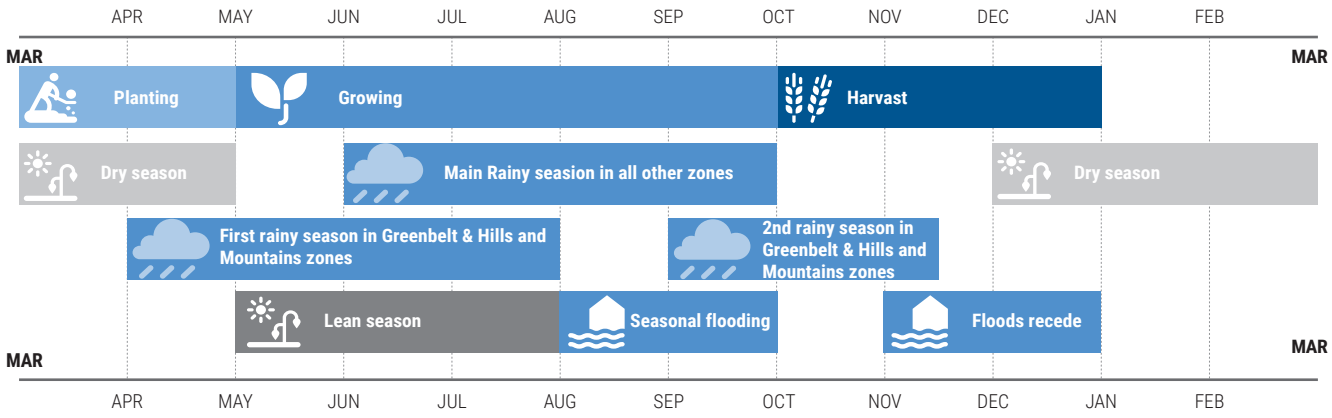
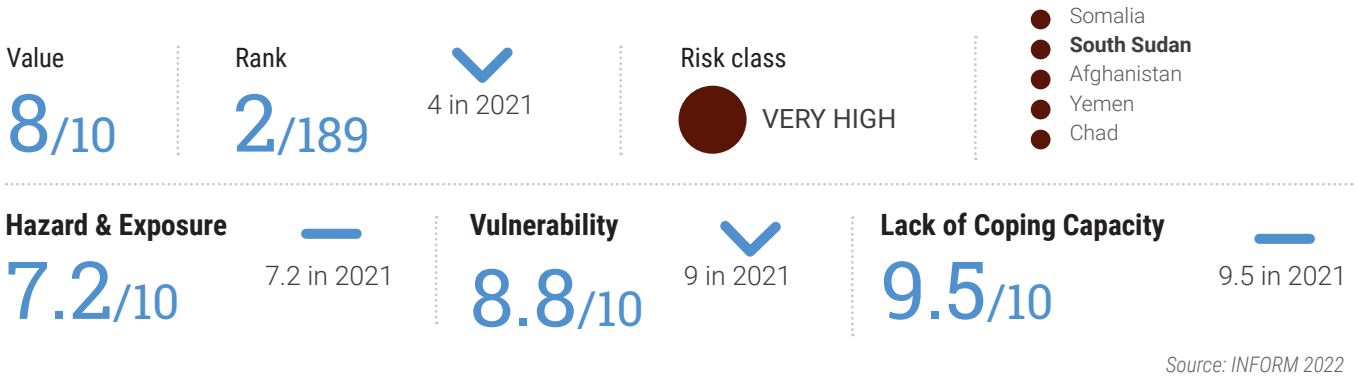


Figure 14 **INFORM index 2022**



Source: INFORM 2022

Risk analysis approach

The risk analysis and drivers of needs were developed based on the findings of the secondary data review (SDR) conducted by the Centre for Humanitarian Data. The SDR was conducted using the latest reports, assessment findings and information provided by clusters. The number of people in need and severity has been calculated based on scenario B method using FSNMS+HNOi and cluster-specific findings. The draft risk analysis and intersectoral people in need number and severity was shared with the inter-cluster coordination group (ICCG) for their review and endorsement. Key drivers and trends were generated by analysing historical secondary data and recent predictions from reliable sources. The risk heat map was generated using recent geospatial secondary data and verified at the field level. (figure 15)

For the HNO 2022, the drivers of need have been classified into six main categories: natural hazards, food insecurity, localized conflict, political, health and economic.

Natural Hazards:

A third consecutive year of massive flooding in 2021 with erratic rainfall patterns impacted different locations in different ways. The lack of water management approaches on major water systems, such as de-silting, boundary clearance increases flood likelihood and massively increased the human impact. The flooding destroyed 65,177 hectares of agricultural land, with 795,558 heads of livestock recorded as dying, and washed away 37,624 tons of crops ready to harvest [126] Conversely, the lack of rainfall to support germination following planting resulted in drought-like conditions in some areas which later experienced flooding. The 2021 rainy season was erratic and prolonged. As such, the 2022 dry season is expected to be shorter, and some lands are likely to remain water-logged, thus forcing some people into a situation of prolonged displacement until their areas of origin are accessible and lands returned to an arable nature. It is likely that the cumulative impact of climate related shocks will result in new and continued displacement, negative impact on the agriculture and food sectors, and will limit physical access for 2022.

Food Insecurity:

The number of acutely food insecure people reached a high of 7.2 million in 2021. In 2022 the severity of food insecurity is likely to continue as a result of the third consecutive year of flooding compounded by the impact of sub-national conflict and soaring food prices.[127] Results of the finalized sectoral analysis undertaken in January 2022 identified 13 counties of extreme concern for food insecurity in 2022 as compared to 6 in 2021.[128] Violence has reduced people's access to, and the availability of food by displacing populations, limiting their access to agricultural land and other livelihoods, and disrupting markets. Supply chain disruptions have also hampered humanitarian operations. As mentioned previously, the FSL Sectoral Analysis estimates that 8.3 million people (including refugees) are expected to experience severe food insecurity by the depth of the lean season (May – July) in 2022. This is an increase of 7 per cent above the 7.7 million people in need in 2021.

Localized Conflict:

With limited progress on milestones in the revitalized peace agreement, the cease-fire continued with a tacit hold through 2021. Despite this, the occurrence of criminality, and localized and sub-national violence remained at high levels in 2021. Traditional tensions risk elevation in Warrap, Lakes, Jonglei and Western Equatoria unless proactively managed and their drivers addressed. Sub-national violence remains a high risk including for people who are not used to life-in-conflict, such as in Tambura in 2021. People who had fully acclimatised to a stable agronomy-based lifestyle experienced a level of violence that swiftly changed their life into one of displacement, trauma and in need of life-saving support. In 2021, South Sudan experienced cases of protest and violence by male youth over a lack of access to employment opportunities, which, in some cases, led to the temporary suspension of humanitarian activities, disrupting multi-sectoral assistance, particularly in Renk and Pibor.[129]

Political:

Ongoing but slow progress to achieve the required measures as outlined in the revitalised peace agreement continues. Ongoing in-fighting, power plays, and disharmony at a political level distract resources from service provision and support for the most vulnerable populations. Regional political dynamics influence stability in South Sudan. It is likely, that as the progress continues, arrangements to ensure the national elections planned for 2023 will intensify. While elections are welcomed, it is expected that the preparation period and required milestones that must be achieved ahead of the event, coupled with the potential impact of political crises in the region, will likely result in ongoing fragility.

The risk of sub-national violence, which surged in the wake of the peace agreement signed in 2018, remains high. Although such violence is presented as being chaotic or random in nature, the frequency and intensity of these conflicts have tended to increase during times of increased competition and discord among some people of power in South Sudan. The consequences of such actions may have long term effects on the geographical distribution of power and accelerate changes in relations between various power holders. In the shorter-term, continued subnational violence is expected, and likely to affect non-oil income opportunities, such as access to land, commerce and cross-border trade, and more easily extractable natural resources.[130]

The population dynamics in South Sudan have serious implications for its human development and political stability. Current population stands at 12.4 million. The growing population of youth and the elderly will have an impact on governance and human development, the labour market, and demand for education and health services, which are currently unprepared to meet the needs of such rapid population growth.[131]

Public Health:

People's vulnerability will continue to be impacted by weak public health services which limit people's access to timely health services. During 2022, the health needs are likely to remain high due to disease outbreaks, low immunization coverage, chronic poor hygiene and sanitation practices, with insufficient access to safe drinking water leading to cholera. Epidemic diseases and infection, including malaria, measles and Hepatitis E will likely continue to impact vulnerable people due to the lack of healthcare capacity and gaps in contributing sectors such as for adequate shelter, water, hygiene and sanitation. The porous border and limited capacity to curtail COVID-19 spread will likely increase the risk of transmission, exacerbated by the low vaccination coverage. The recurrent Ebola outbreak in neighbouring countries continues to pose a significant public health risk in South Sudan. For children under the age of five years, and women who are pregnant or lactating, undernutrition driven by illness, poor hygiene, and unclean water, limits their ability to thrive. It is likely that the interconnected nature of drivers of people's health outcomes will continue to drive humanitarian need, with increased levels of morbidity and mortality.

Economy:

The harmonization of the exchange rates between the central and unofficial rates was a significant achievement in 2021. However, the consistent inflation in prices was experienced across the financial spectrum. The end of year Consumer Price Index noted a significant increase between 2020 and 2021. Much of this inflation trend was driven by food prices, which were estimated to have risen by at least 35 per cent over the year. Insufficient investment in basic government services such as health care, education, and infrastructure is unlikely to improve in 2022, thus placing an almost complete reliance on humanitarians to provide for people's basic needs. The majority of market commodities, including food items, available in South Sudan are sourced outside the country, and are vulnerable to regional dynamics, COVID-19 implications, and physical access abilities. It is likely that inflation will continue to increase, with basic commodity prices and access to basic services costs rising above vulnerable people's ability to assess what they need.



Women were seen at a health facility in Pibor town, Greater Pibor Administrative Area. Photo credit: OCHA /Annette Hearns

DRIVERS OF NEEDS

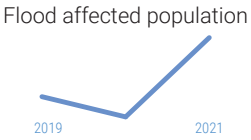
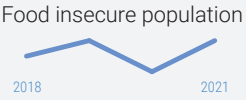
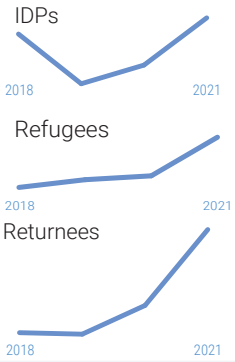
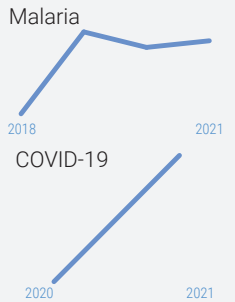
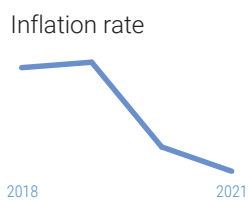
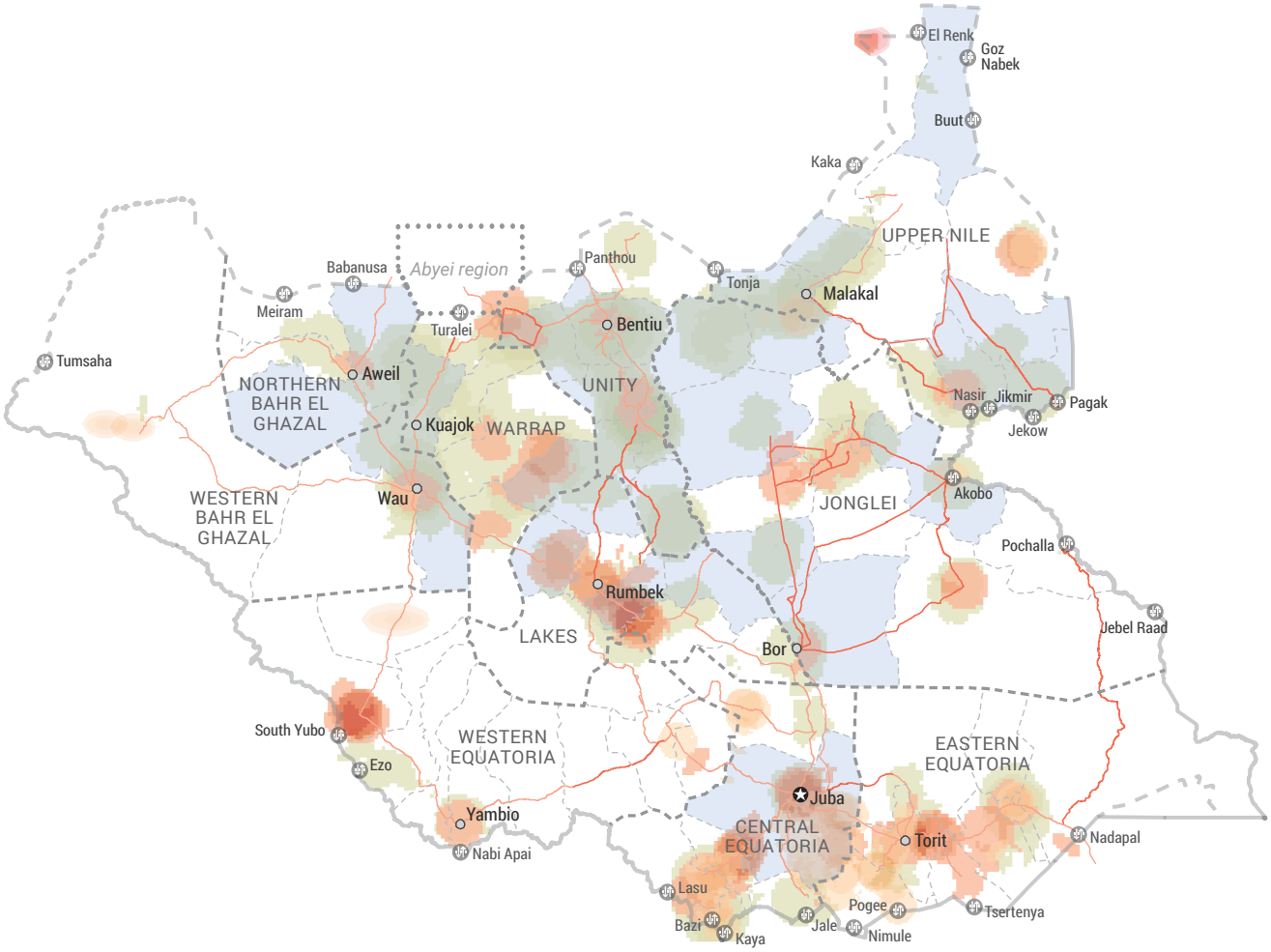
DRIVERS OF NEED	CURRENT (2021)	MOST LIKELY	TREND (2018-2021)	PROJECTED TREND (2022)
NATURAL HAZARDS	•An estimated 835,000 people in 33 out of 78 counties in 8 states were affected by flooding between May and December 2021. •More than 37,000 tons of crops were destroyed and nearly 800,000 livestock were killed.	•In areas where floodwaters have not yet receded, people remain displaced and are not able to engage in livelihood activities, leading them to continue to rely on humanitarian assistance. •Year on year flooding make it impossible for people in some affected areas to fully recover and rebuild their lives, deepening vulnerability. •Lack or inadequate disaster risk management, reduction and mitigation measures and activities will expose South Sudan to the risks of continued climate emergencies.		⇧
FOOD INSECURITY	•People faced record levels of food insecurity since the independence in 2011, with an estimated 7.2 million, 60 per cent of the population, were likely to experience IPC 3 and above during the lean season. •Compounded impacts of the third consecutive year of widespread flooding, recurrent violence, localized dry spells, indirect effects of COVID-19 on supply chain and production, and high food prices exacerbated people's food security situation and livelihoods. •High inflation is persistent with high basic commodities prices despite the fiscal reforms.	.People's food security situation is expected to further deteriorate as a result of continued violence that disrupt people's livelihood activities and trade, the impacts of flooding, ongoing economic crisis and seasonal effects. •Localized dry spells at the critical time of crop growth pose the risk of low agricultural production and further deepen the food gaps.		⇧
CONFLICT	•Recurrent sub-national and localized violence, and clashes between State and non-State armed forces and community-based armed militias or civil defence groups displaced civilians. •Violence in Tambura of Western Equatoria State, the Greater Tonj area, Jonglei State and the Greater Pibor Administrative Area displaced tens of thousands of people with civilian casualties and reports of human rights violations and abuses	Without political stability and peace, people may continue to be affected by violence with subsequent displacement. •Growing uncertainty about the political process to achieve peace will lead to localized and sub-national violence, resulting in civilian displacement, the impacts on people's access to services and the disruption of humanitarian operations.		⇧ ⇧ ⇧
PUBLIC HEALTH	•Malaria remained the top cause of morbidity, followed by acute respiratory infection, and acute watery diarrhoea. •Measles remains the most frequent vaccine-preventable disease. •The transmission of Hepatitis E among the population in Bentiu IDP camp was persistent. •South Sudan remained on alert for an increase in COVID-19 cases.	•Without the timely disease outbreak surveillance and response system, and strengthening critical services such as water, sanitation and hygiene, nutrition and health, morbidity rate caused by malaria, acute respiratory infection and acute watery diarrhoea. •Morbidity and mortality rates due to vaccine-preventable diseases will remain high if routine immunization and vaccination campaigns are not strengthened.		⇧ ⇧
ECONOMY	COVID-19 restrictions continued to affect both oil and non-oil sectors Recurring violence destabilizes trades, livelihoods and economic activities. South Sudan was the seventh least economically resilient country in Africa. South Sudan ranked at the fourth position out of 179 countries in the 2021 Fragile States Index.	The impacts of the pandemic, lower oil production and the high inflation rate will continue to affect the already weakened economy. The poverty level will remain high due to severe food insecurity and inadequate access to basic services		⇩

Figure 15 **Humanitarian risk analysis, December 2021**



Source: ACLED, WFP LOG Cluster, IOM DTM R11, Mine Action, OCHA

2.2
Monitoring of situation and needs

People needs are likely to evolve during 2022 due to conflict intensity, climatic shocks, flooding, disease outbreaks, economic factors, and the challenges related to the humanitarian access and response effectiveness, among other factors, and for those reason the humanitarian organizations need to monitor the humanitarian situation and needs on a regular basis.

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. OCHA will publish a Humanitarian Snapshot on monthly basis which include narrative and infographic analysis of the main changes in the situation and needs over the past month, such as changes in population movements, conflict and violence, flooding, food prices, and key figures, while the operational context will be described in the quarterly humanitarian access snapshot and on the one pager monthly information product.

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 analysis workshops of current needs, as well as horizon scanning for potential changes in the needs landscape.

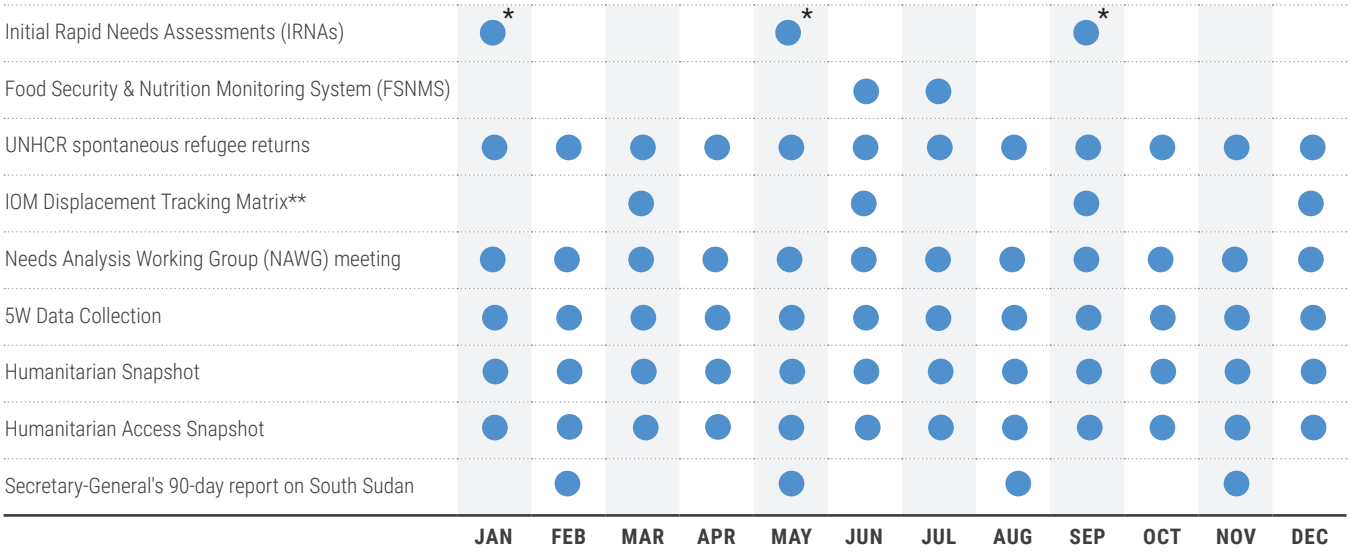
To monitor sudden changes in people's needs following shocks such as conflict or flooding, inter-cluster Initial Rapid Needs Analysis (IRNA) teams guided by OCHA will be deployed to affected areas. The assessment framework was finalized in 2020 to allow for trends analysis over time. REACH also has the 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 Plus Humanitarian Needs Overview inputs (FSNMS+ HNOi) remains the most extensive household-level assessment in South Sudan. It was expanded in 2021 to include core indicators from selected sectors as well as by extending coverage to major urban areas and IDP camps. The 2021 FSNMS+ was also a mixed-methods assessment and included a qualitative component in addition to the household survey.

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 2022 to inform adjustments to the response. The response monitoring plan will be detailed in the 2022 HRP.

Figure 16 **Intersectoral needs monitoring and reporting timeline 2022**



** 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

 67

 69

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 73

 76

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 82

 91

 93

 95



A mother with her child at the hospital in Yida, Ruweng Administrative Area, South Sudan.
Photo: CARE/Andreea Campeanu

3.1 **Camp Coordination and Camp Management**

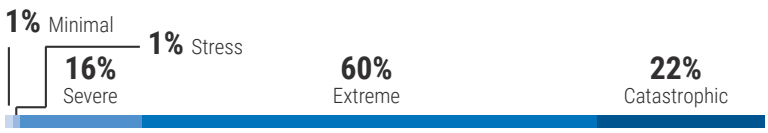
PEOPLE IN NEED

1.6m

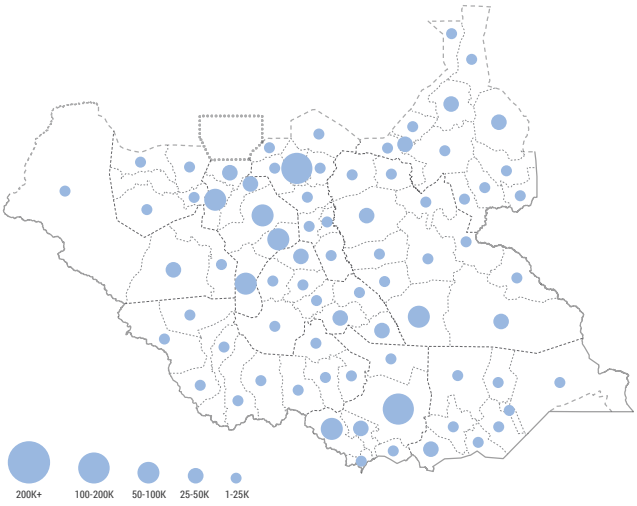
TREND (2017-2022)



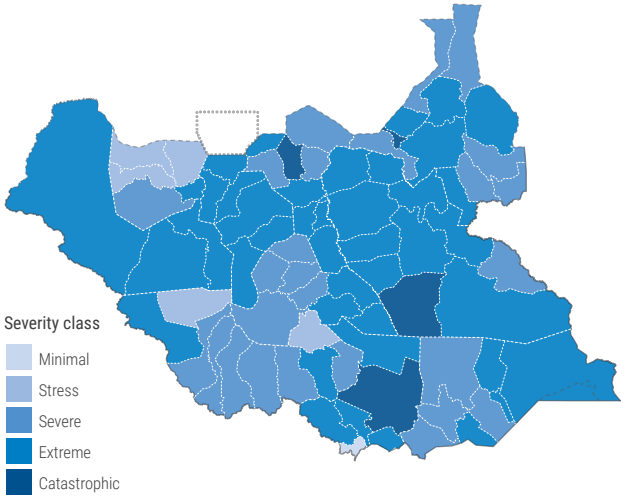
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS

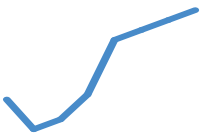


3.2 **Education**

PEOPLE IN NEED

3.6m

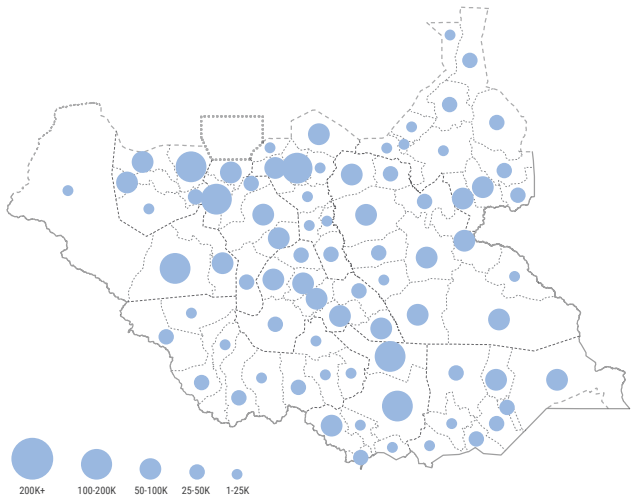
TREND (2017-2022)



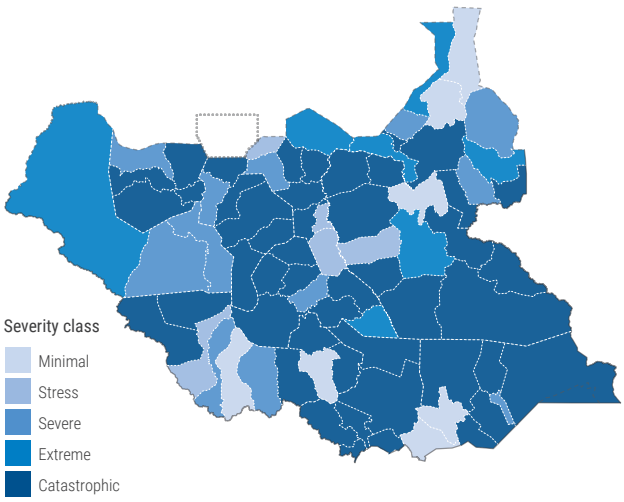
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.3 **Emergency Shelter and Non-Food Items**

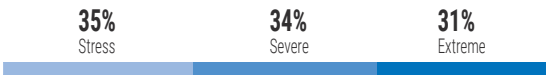
PEOPLE IN NEED

2.4m

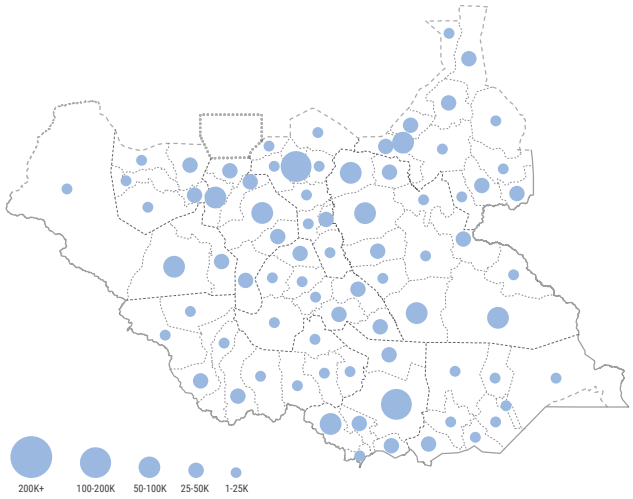
TREND (2017-2022)



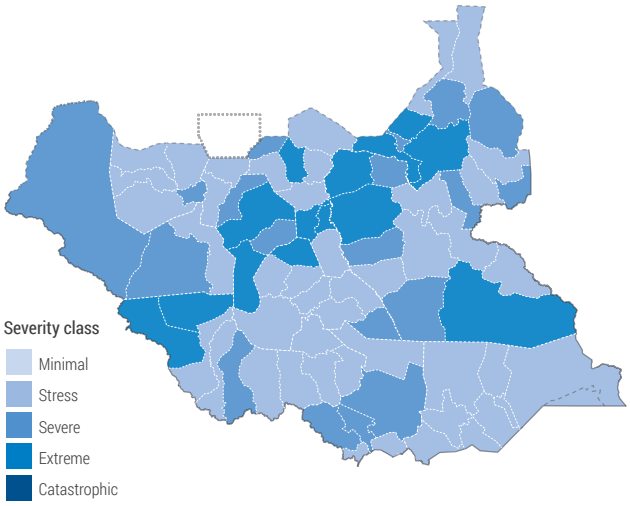
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.4 **Food Security and Livelihoods**

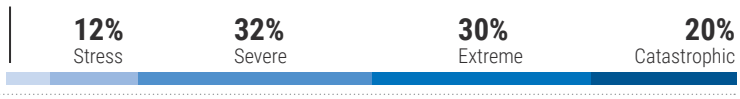
PEOPLE IN NEED

8.3m

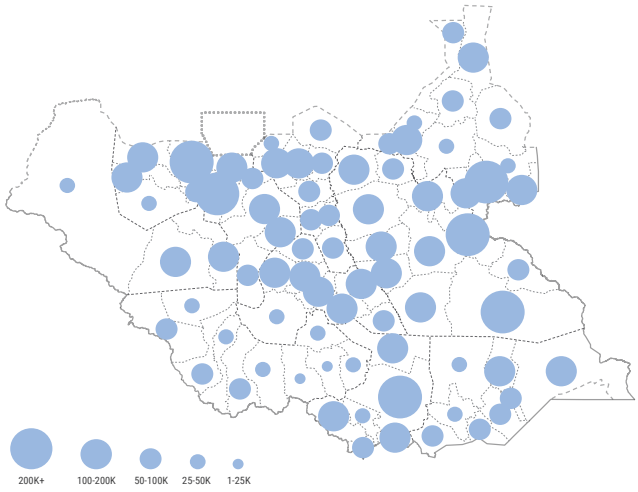
TREND (2017-2022)



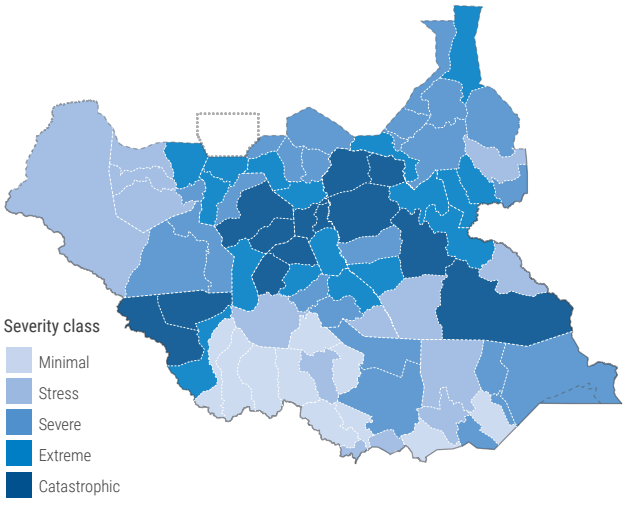
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS

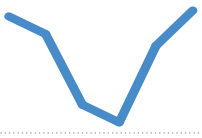


3.5 **Health**

PEOPLE IN NEED

5.5m

TREND (2017-2022)

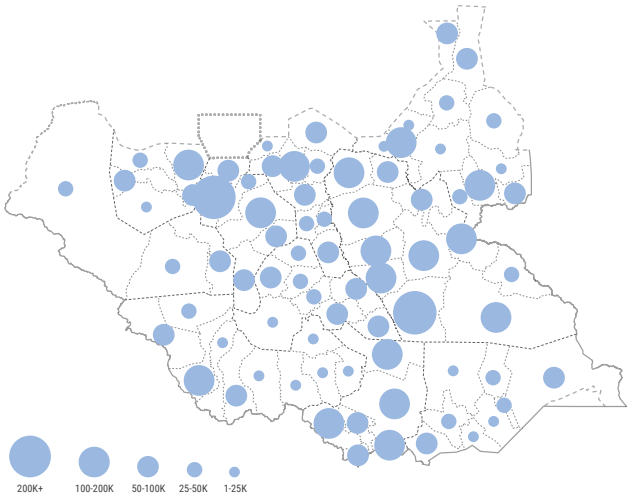


SEVERITY OF NEEDS

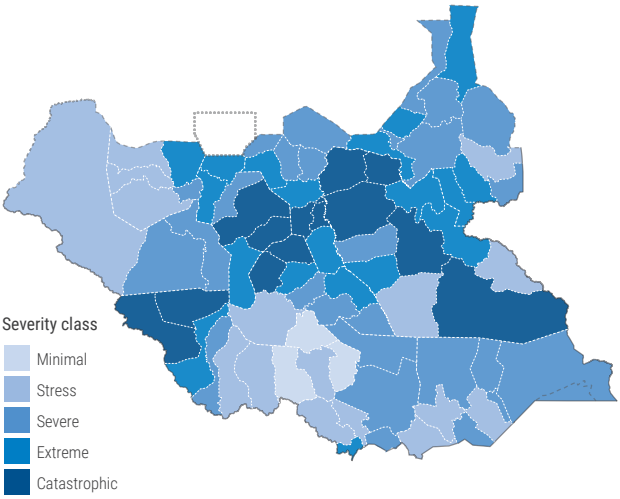
1% Minimal

16% Stress | **33%** Severe | **30%** Extreme | **20%** Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.6 **Nutrition**

PEOPLE IN NEED

2m

TREND (2017-2022)

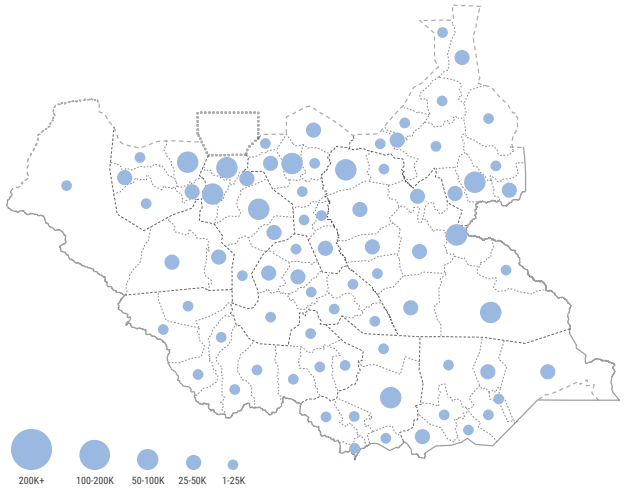


SEVERITY OF NEEDS

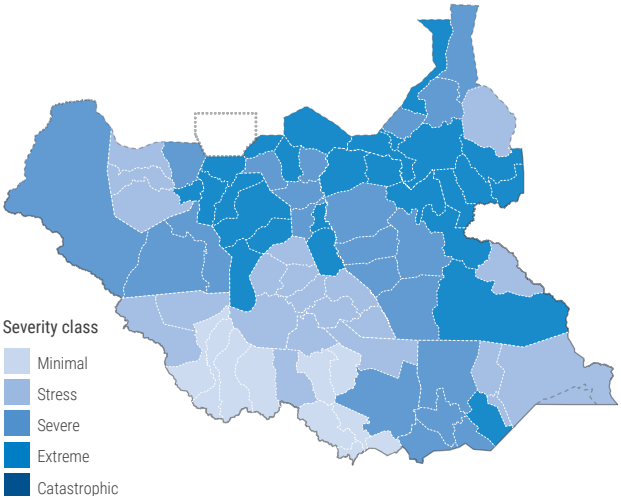
5% Minimal

18% Stress | **32%** Severe | **45%** Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS

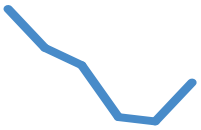


3.7 **Protection**

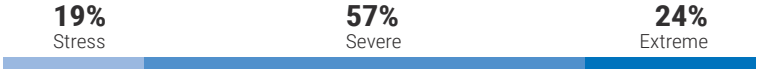
PEOPLE IN NEED

5.6m

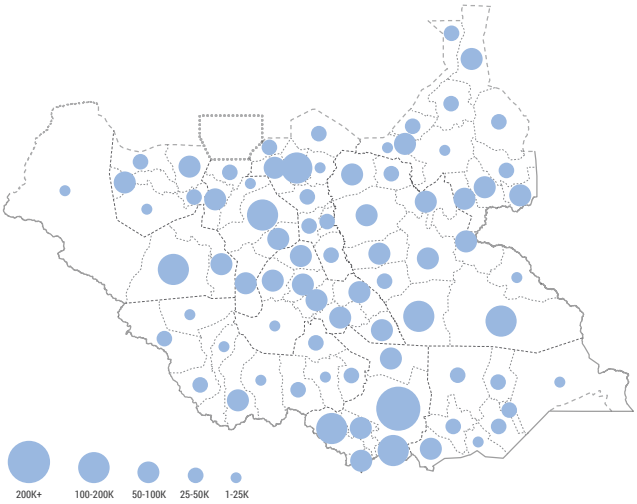
TREND (2017-2022)



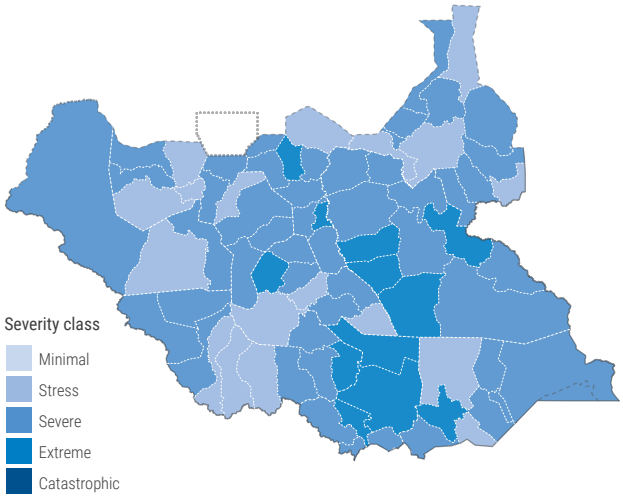
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.1 **Protection: Child Protection**

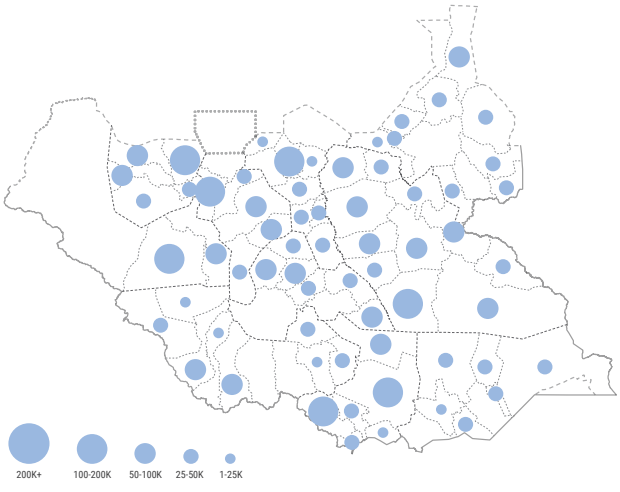
PEOPLE IN NEED

3.5m

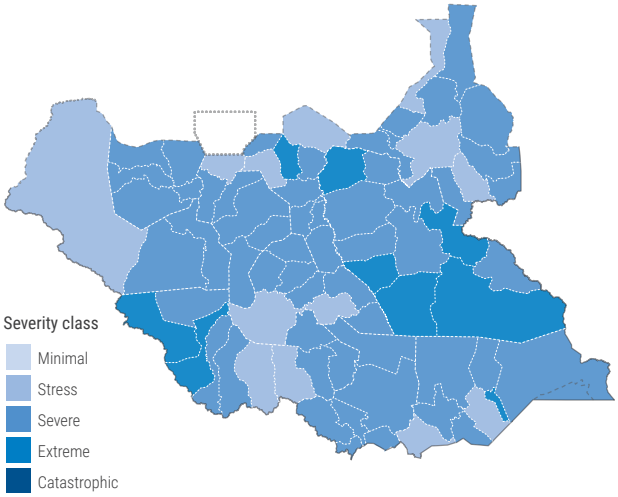
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.2 **Protection: Gender-Based Violence**

PEOPLE IN NEED

2.6m

SEVERITY OF NEEDS

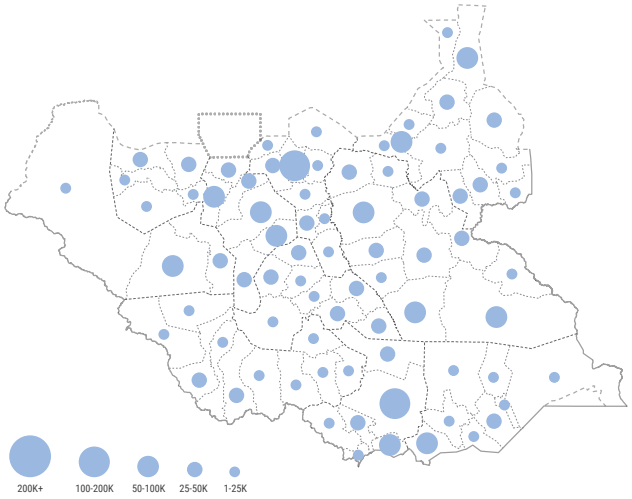
8% Stress

28% Severe

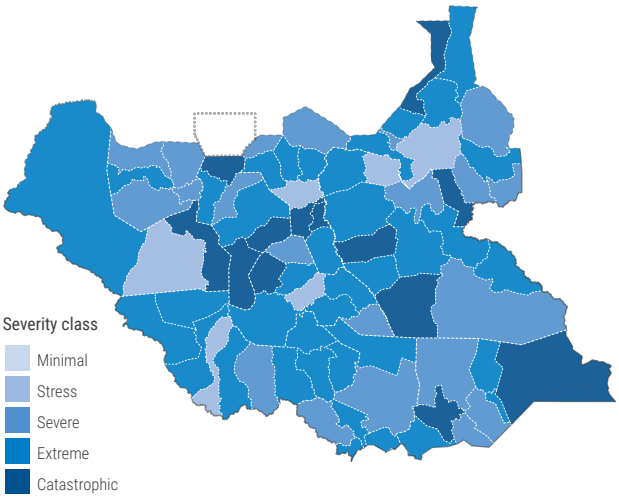
47% Extreme

17% Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.3 **Protection: Mine Action**

PEOPLE IN NEED

0.6m

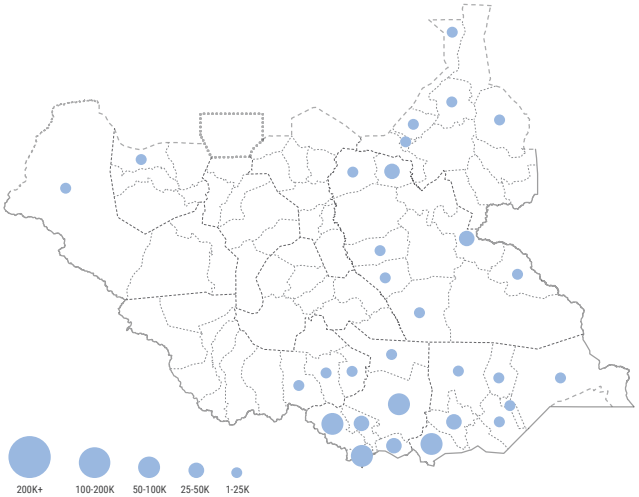
SEVERITY OF NEEDS

32% Severe

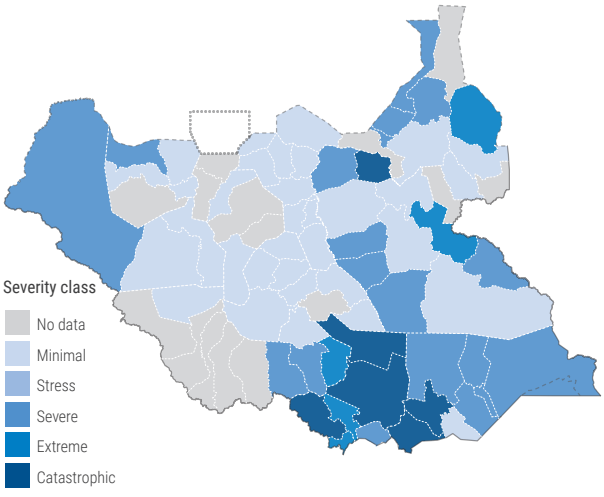
24% Extreme

44% Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.7.4 **Protection: Housing, Land and Property**

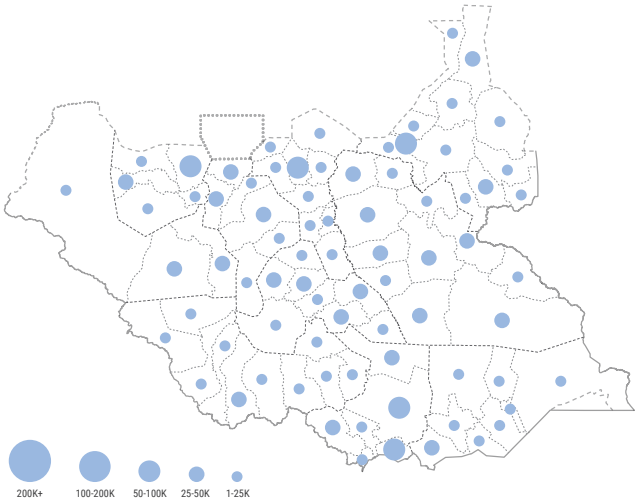
PEOPLE IN NEED

1.8m

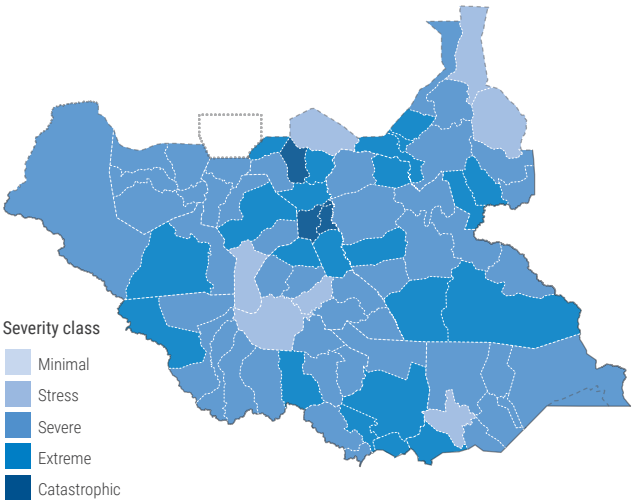
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.8 **Water, Sanitation and Hygiene**

PEOPLE IN NEED

6.1m

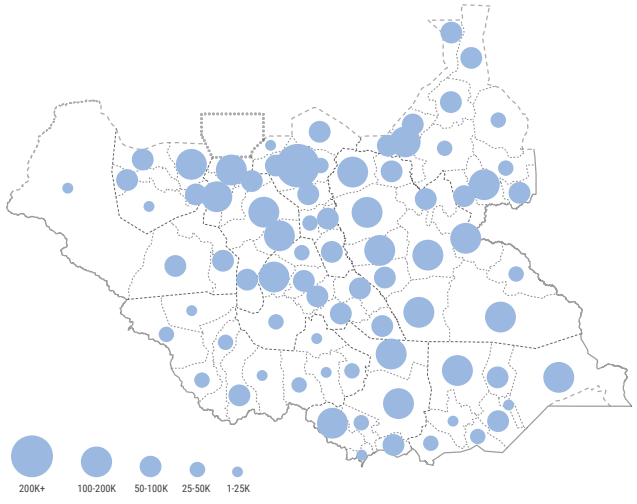
TREND (2017-2022)



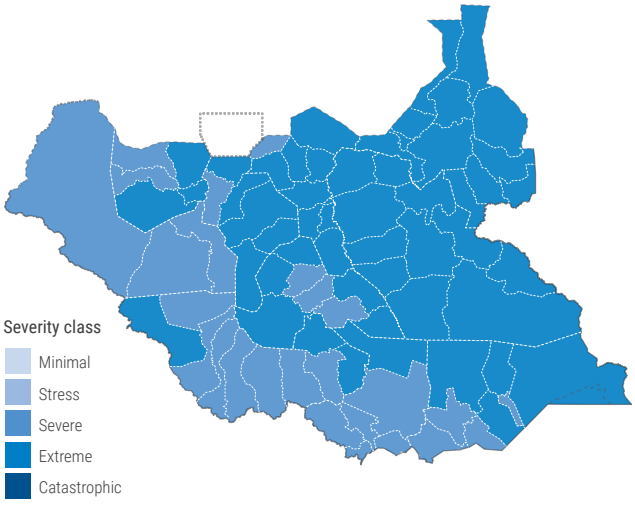
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.1 Camp Coordination and Camp Management

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
1.6m	56%	48%	15%

Analysis of humanitarian needs

Over 2.01 million people are currently internally displaced in South Sudan. Most of them have settled in former Protection of Civilian sites (PoCs), collective sites, or are living out of camps/with host populations, requiring Camp Coordination and Camp Management (CCCM) services to meet their basic needs. The continued displacement of 1.64 million people living in these conditions exacerbates the ongoing humanitarian situation in South Sudan. Conflict and flooding have forced hundreds of thousands of people to relocate and remain in displacement sites across the country. Protracted displacement is a major driver of humanitarian needs, as significant coping strategies of Internally Displaced Persons (IDPs) are eroded, and unresolved security and livelihood obstacles mean that women, men, boys and girls are likely to remain vulnerable and in need of humanitarian assistance. Women, girls, and people with disabilities in particular, who comprise 15 per cent of the total IDP population in camps and camp-like settings, are even more vulnerable. Women and girls continue to face threats to their safety and security arising from early marriage and sexual exploitation/Gender-Based Violence (GBV) as they lose livelihoods and access to education, which is not prioritized by their families. Information gathered from IDPs through complaint and feedback mechanisms identified people with specific needs (people with chronic illnesses, people with disabilities, the elderly, female-headed households, child-headed households, and minority groups), as being disproportionately affected by the crisis.

Findings from the qualitative component of the FSNMS+ 2021 showed that among IPDs interviewed, although most participants reported that humanitarian assistance was received by community members who were most in need, it was also highlighted that several vulnerable groups left out of assistance, including: PWDs, elderly people, widows, orphans, newly arrived IDPs and returnees, non-registered returnees, host communities and other unspecified vulnerable groups.[132]

Representative camp committees and community groups need effective camp management. This requires meaningful community engagement and robust care and maintenance activities, which also empower the community and lead to community self-management and long-term resilience. Crucially, displaced persons living in camps and camp-like settings need better access to safe and secure living standards. IDPs living in communal shelters and those living in poverty are disproportionately affected due to poor living conditions which can lead to disease outbreaks. For those displaced in flood-prone areas, the critical needs are to secure their sites from flooding and to mobilize communities to actively participate in flood mitigation and response activities as an integral part of the daily care and maintenance of the site.

Intersectoral analysis

Poor living conditions, lack of access to basic services, and exhausted coping capacities (e.g., lack of financial resources) contribute to increasingly negative coping mechanisms for IDPs in camps and camp-like settings and potential tensions between population groups.[133] The protracted nature of displacement as well as the overcrowded conditions in IDP sites are the primary factors contributing to the challenges in maintaining hygiene in the sites. The recent transition of Protection of Civilian (PoCs) sites to IDP camps has greatly contributed to the deterioration of the security situation in the sites and has resulted in a weakened protective environment. In addition, the failure of the humanitarian community to properly interpret the transition of the PoCs led to a drastic reduction in humanitarian services in Bor, Juba and Bentiu IDP camps. When IDPs in the Malakal PoC site were interviewed in September 2020, they spoke about the consequences of the withdrawal of UN troops, citing perceived reduction in protection and humanitarian service provision. The transition came at a time of dire humanitarian conditions, which many say has led to substandard living conditions, inadequate water and sanitation services (e.g., failure to desludge pit latrines) and insufficient health service provision. Ineffectiveness in response to these issues has resulted in an alarming increase in Hepatitis E and acute watery diarrhoea (AWD), with Bentiu IDP camp being particularly hit.

The nutritional situation in the camps has also become deeply concerning, with malnutrition rates exceeding WHO emergency thresholds. These and many other factors have a ripple effect on the way CCCM operations and services are delivered. Equitable access to humanitarian assistance and protection for displaced women, men, girls, and boys seeking dignified solutions after life in IDP camps remains one of the most important needs yet to be addressed in South Sudan. The CCCM Cluster will work closely with the Protection, WASH, Shelter/NFI and other Clusters to address the dire conditions in which displaced families live, by

ensuring that sites are safer, habitable, and better organized while respecting the fundamental rights of IDPs to voluntarily choose options for durable solutions.

For many displaced people in South Sudan, the protracted nature of their displacement has led to increased pressure on families as they suffer from overcrowded conditions in the camps, lack of privacy for women and girls in camps/shelters, limited access to livelihoods, increased anxiety and hopelessness for the future. Reports of the safety audit from the Protection Cluster indicate that in turn, this has led to an increase in the incidence and severity of sexual and gender-based violence, including domestic violence.

Projection of needs

Years of conflict, outbreaks of sub-national violence, growing uncertainty about the political process to achieve peace, and recurrent flooding due to climate change are severely impacting the conditions of life of people in South Sudan. The number of people displaced by conflict has increased progressively since the Revitalized Agreement on the Resolution of Conflict in South Sudan (R-ARCSS) was signed, with 114,521 people displaced by conflict in 2019, 144,947 in 2020, and 223,498 between January and September 2021 alone. The compounding impacts of these shocks are eroding hopes of ending displacement and implementing durable solutions. Although tensions between the two main actors of conflict in South Sudan have eased, there is still considerable uncertainty about the overall security environment. This uncertainty is reflected in the number of displaced people in former PoC sites, which has remained relatively stable in the last three years. It seems unlikely that displaced persons in these sites will return to their homes of habitual residence any time soon. As a result, humanitarian needs will continue to rise as displaced populations rely on displacement sites as their only way to access the resources necessary for their survival. With dwindling resources to fund a robust and durable humanitarian response, IDP sites are becoming unsafe, undignified, and providing a precarious shelter for displaced people. The majority of IDPs in South Sudan live in collective shelters known as "Communal Shelters". The communal shelters and other facilities in the IDP camps were originally constructed in 2013 as a temporary measure, designed to last for only one year or less. Many of these shelters require urgent and continuous maintenance or repairs to ensure that minimum living standards are met. There is a lack of privacy in the communal shelters and most of them remain overcrowded. The lack of adequate space for separate and safe individual cooking areas also creates a high risk of fires in the camps. Continued provision of CCCM as well as protection services remain essential in the camps.

Monitoring

As part of the continuous monitoring of camp management service provision to displaced populations in sites, the CCCM Cluster will conduct household satisfaction surveys in all displacement sites with active camp management services to monitor IDP satisfaction levels with camp management and services provided. The CCCM Cluster will ensure that reporting and monitoring mechanisms (including displacement site profiles, dashboards, and the 5W (Who does What, Where, When and for Whom) are in place and harmonized across IDP sites. It is crucial that complaint and feedback mechanisms are designed and continuously upgraded, taking into consideration accountability to affected populations (AAP). The below indicators shall be used to measure whether core humanitarian standards are being met.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% Of displaced population in sites or areas who are in need of appropriate site management services	CCCM	DTM Mobility tracking, CCCM Partners Survey, FSNMS+	Twice a year
02	% Of displaced population in sites or areas with access to functioning complaint and feedback mechanisms	CCCM	CCCM Partner Data & DTM Site Assessment & FSNMS+	Twice a year

3.2 Education

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
3.6m	50%	97%	15%

Analysis of humanitarian needs

In 2022, 3.6 million people, 97 per cent of whom are children, are estimated to need education services. Following COVID-19, the closure of schools and broader socio-economic hardship exacerbated existing education challenges and inequities. In addition, about 139,000 refugee children also need education support. Prior to COVID-19 school closures, about 2.2 million children were already out of school. The school closures further impacted the education of over 2.7 million additional children. In May 2021, after 14 months of closure due to COVID-19, schools in South Sudan re-opened. The current estimated number of out of school children is 2.8 million. Additionally, gross enrolment decreased by roughly 7 per cent between 2020 (2,727,209) and 2021 (2,523,204).

Insecurity is a significant challenge to school functionality. In Jonglei, the Greater Pibor Administrative Area, Lakes, Upper Nile, Central Equatoria, Warrap, Unity and Western Equatoria, active conflict and recurring communal violence throughout 2021 led to school closures. Safety and security incidents in and around education facilities, as well ass destruction or occupation was in the qualitative component of the FSNMS+ 2021 also mentioned as barriers to access education facilities. Learners in the 2021 Education Need Assessment (ENA) cited insecurity in and around schools as a major reason for learner absenteeism and drop-out in 2021. School functionality has also been severely impacted by flooding in 2021 and was mentioned as impediment for learner's access to school in the qualitative component of the FSNMS+ 2021. Jonglei, Unity and Upper Nile have been the worst impacted by the floods, and officials in these states reported in the ENA that over 190 schools closed due to flooding.

Less than half of learners who participated in the ENA were able to access the national radio distance learning programs during the COVID-19 school closures. This resulted in a significant learning loss for many children. Across South Sudan, some schools re-closed after opening in May 2021 as teachers had not been paid, resulting in further learning loss. Lack of and delayed salaries and incentives result in teacher absenteeism, apathy, high turnover and poor-quality teaching. Teachers' salaries in South Sudan have not been adjusted for the high inflation the country—salaries that were around $100 per month in 2011 are worth less than $5 in 2021. The findings of the assessment indicate that lack of or delayed salaries was the main reason teachers were absent on the day of the assessment.

In the ENA, fees associated with education, such as school contributions, volunteer teacher payments, uniforms and examination fees, were cited as one of the most significant barriers to regular attendance and drop-out. Distance to school, inadequate learning spaces, lack of school supplies and untrained teachers are other barriers to learners accessing education.

Barriers are amplified for marginalized groups. For girls, early and forced marriage, and pregnancy were widely reported in the ENA as reasons for drop-out. During school closures, evidence suggests daughters were married to alleviate household economic stress through the "bride price". Children with Disabilities (CwDs) also face numerous challenges in accessing quality education. According to the ENA findings, most schools reported having no mobility or assistive devices. Over half of schools also reported their latrines were inaccessible for CwDs. Teachers are not trained to foster or deliver inclusive education and school communities are not sensitized on the need to create enabling environments for CwDs.

Intersectoral analysis

Most learners do not get a meal before school and over 60 per cent of ENA assessed schools do not provide food for learners. Hunger is a key barrier to education, resulting in poor academic performance, inconsistent attendance and eventual dropout. In South Sudan, findings from the Food Security and Livelihoods needs analysis indicate that some 8.3 million people are likely to be severely food insecure in the lean season of 2022 and education settings can be one of the only places where children have access to food, making it a key intervention opportunity.

One in three schools in the ENA reported having no access to a functioning safe water source and less than half of schools have clean water and soap available. This increases the risk of illness, resulting in irregular attendance of learners and teachers. A lack of menstrual health management is also a significant barrier for female learner retention and progression. Over 70 per cent of schools reported having a washroom for girls and half said they had never received dignity kits for female learners.

Over 80 per cent of ENA assessed schools reported a rise in child protection cases during COVID-19 school closures. The number of pregnant learners has nearly doubled between

2020 and 2021 in some schools. Schools can be key institutions to identify and refer children requiring protective services and case management. Over a third of schools assessed said they had no referral mechanisms in place and less than a quarter of schools reported having a general protection referral mechanism.

Projection of needs

An estimated 3.6 million girls and boys between ages 3 and 17 in conflict- and crisis-affected areas are estimated to have inadequate or no access to education in 2022, including more than 125,000 teachers and members of school management committees requiring humanitarian assistance. In addition, some 139,000 refugee children will need education support in 2022. Increasing climate change, food insecurity and localized conflict exacerbate existing barriers, including inadequate school infrastructure, costs associated with accessing quality education, untrained education personnel, and irregular and insufficient teacher payments. Needs are particularly dire and may worsen in Unity, Jonglei, Upper Nile and Warrap states.

Monitoring

In 2021, the Education Cluster conducted a nation-wide assessment and participated in the inter-cluster survey to close the current data gaps and limitations, and to better inform humanitarian needs analysis. The cluster will continue including education questions into needs assessments conducted by other partners in order to monitor the situation related to accessing quality education. The status on the new enrolment at all levels, including parent-teacher association (PTA) and teachers benefiting from the capacity development training will be collected monthly through 5Ws (Who does What, Where, When and for Whom). Through the same template, the cluster collects other data including classroom rehabilitation and establishment, water, sanitation and hygiene facilities and school materials distributed.

The cluster collects monthly data on two main indicators: the number of children and adolescents provided with access to education in emergencies and the number of trained teachers and members PTA and school management committee. The cluster will also monitor through secondary data review, updated through needs assessments conducted by cluster members.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Functionality of schools (% of non- functional learning spaces)	Education Cluster	SDR/Partner/ENA 2021	Quarterly
02	Out of school children (% of children not attending school)	Education Cluster	EMIS/SDR	Quarterly
03	WASH in school (% of school without access to drinking water, % of school without access to latrines)	Education Cluster	SDR/Partner/ENA 2021	Quarterly
04	Drop-out (% of children drop-out)	Education Cluster	SAMS 2021	Annual
05	Condition of classrooms (Student classroom ratio)	Education Cluster	SDR/Partner/ENA 2021	

3.3 Emergency Shelter and Non-Food Items

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
2.4m	50%	53%	15%

Analysis of humanitarian needs

In 2022, approximately 2.4 million people in South Sudan continue to be impacted by the destruction of housing and loss of essential goods caused by ongoing flooding and conflict. In addition, nearly 329,000 refugees and asylum seekers also require shelter and non-food item (NFI) support. At the end of 2021, nearly 1.9 million men, women, boys, girls, and older people live in inadequate shelter, while a total of 2.3 million require NFIs. The number of people in need increased in 2022 due to the increased displacement of approximately 300,000 people in 2021 and the returns of nearly 270,000 from neighbouring countries. The top three shelter/NFI-related needs are access to emergency shelter, NFIs and housing, and land and property (HLP) rights to ensure security of tenure. Findings from the qualitative component of the FSNMS+ 2021 indicate that among host communities, IDPs and returnees access to shelters was impaired due to destruction of shelters by conflict and flooding.

People who will need emergency shelter and NFI support in 2022 include displaced people, returnees and five per cent of host communities. Three years of catastrophic flooding has damaged shelters and destroyed household goods even for non-displaced communities who also face challenges in hosting their displaced neighbours. In 23 counties, more than half of the affected people requires emergency shelter support, particularly in Jonglei, Lakes, Northern Bahr el Ghazal, Unity and Upper Nile states, areas with the highest concentration of displaced people.

Affected people urgently need access to emergency shelter and NFI materials to prevent further deterioration of their living conditions and of resilience against recurring hazards. The needs of people vary depending on their location, for example, displaced people in IDP sites rely on humanitarian materials while those residing out of managed sites are assumed to have more opportunities to collect and procure materials locally. However, the continued displacement and increased movement of people, combined with sustained flooding, have also further depleted natural resources such as timber and grasses. Increased competition among people in need for local shelter materials will also generate conflict and localized violence as well as increased protection risks as women and girls venture further afield to collect increasingly scarce materials in 2022. Furthermore, continued challenges related to transportation of materials and limited support for local markets have left even areas with functional markets lacking essential shelter materials and NFIs. This presents particular challenges to displaced people who have faced multiple displacements as their resources likely have been depleted and they face competition for items with local communities.

In addition to the destruction of shelter and NFIs, three consecutive years of flooding have led to an increase in longer-term displacement and relocation of communities from areas that have been completely inundated and are prone to flooding in the rainy season. This will exacerbate existing issues related to security of tenure among communities and may drive non-displaced people or those who do not rely on humanitarian shelter and NFI support to seek managed sites to access resources. This decreases the resilience and coping mechanisms of affected people and residents of formal sites continue to remain extremely dependent on humanitarian support to meet all basic needs.

South Sudan continues to receive returnees from neighbouring countries. The pace of returns held steady in 2021 before increasing sharply in October with more than 60,000 returns registered in that month alone. Returnees usually arrive with minimal resources after walking for days or weeks and need shelter and NFI support.

Intersectoral analysis

Shelter provides people with protection, identity, peace, stability and security. Inadequate or lack of shelter can affect people's wellbeing, dignity and health, including mental health. This can result in negative impacts on education, health, mental health, livelihoods and food security, and can generate increased protection risks particularly for women and children.

Shelter is the foundation and basis for engagement in livelihoods and economic activities while higher-quality shelter is linked to improved educational outcomes. People with inadequate or lack of shelter, particularly women and girls, experience greater levels of violence than those with even minimal shelter. Vulnerable individuals may be forced into negative coping mechanisms, such as exchanging sex for accommodation or forced marriage. People require essential household items to have a restful night's sleep, meet their personal hygiene needs, prepare and eat food, and to provide necessary levels of thermal comfort, without which their wellbeing and health will be adversely impacted. The health of pregnant mothers, children under age five,

older persons and persons with disability is compromised when living conditions are poor and they are exposed to the elements and disease-causing vectors.

In addition to having shelter and access to critical NFIs, people must have the security of tenure of their shelter to ensure they cannot be forcedly evicted from their property and lose assets they have accrued. Women in particular face considerable challenges in asserting their HLP rights, which continues to drive vulnerability for women and children. Despite the legal recognition of women's rights to land and property under formal South Sudanese law, cultural norms, customary land tenure law and manipulations of the system pose barriers to women securing their rights.

Projection of needs

The number of internally displaced people across South Sudan increased from 1.7 million in November-December 2020 to 2 million in September 2021. Without political stability and peace, people may continue to be affected by violence in 2022 with subsequent displacement. Localized outbreaks of sub-national violence will likely continue to drive displacement and destruction of shelters and household items. People lost their houses and properties in the 2021 floods. Another year of sustained flooding will cause further destruction of shelters and depletion of household goods and may further drive temporary and permanent displacement. The lack of flood-resilient construction and continued depletion of natural resources for temporary and transitional shelter continues to drive vulnerability, placing households in a continuous pattern of emergency need without the opportunity for recovery.

Based on continued instability in Ethiopia and Sudan, the number of returns from neighbouring countries will likely remain high unless the political situations stabilize, resulting in the need to absorb further returns from nearby countries.

Returnees will require shelter and NFI support, as well as HLP information to establish a durable return in South Sudan.

Monitoring

The Shelter and NFI Cluster will continue to monitor needs through partner's needs analysis and working closely with the Needs Assessment Working Group (NAWG) to prioritize areas for assessment and response. The cluster conducts bi-weekly meetings with partners to prioritize response areas through the Emergency Shelter and NFI Operational Working Group, which incorporates recommendations from the NAWG and feeds information back to the Inter-Cluster Coordination Group. The cluster will continue to conduct comprehensive assessments, analysis and verification based on the cluster's standards of practice. The cluster estimates at least 150 assessments will be conducted by cluster partners in 2022.

In addition, the Shelter and NFI Cluster will continue to monitor partners' responses, including accountability to affected people, protection against sexual exploitation and abuse and responsible management of cluster resources. The cluster will continue to support robust complaints and feedback mechanisms and assessments, safety audits and monitoring visits to ensure people's needs are monitored and analyzed on a regular basis.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of people with access to safe emergency shelter	Emergency Shelter and NFI	FSNMS+, Cluster Assessment, DTM event tracking	FSNMS+ (yearly), Cluster Assessment (monthly), DTM event tracking (Quarterly)
02	% of people with access to safe life-saving Non-Food Item	Emergency Shelter and NFI	FSNMS+, Cluster Assessment, DTM event tracking	FSNMS+ (yearly), Cluster Assessment (monthly), DTM event tracking (Quarterly)
03	% of HHs without clear security of tenure within their community	Emergency Shelter and NFI	FSNMS+	Yearly
04	% of affected population served with S/NFI items reporting that assistance is delivered in a safe, accessible, and participatory manner	Emergency Shelter and NFI	Cluster PDM Report	Monthly
05	% of displaced population served with shelter and/or NFI reporting that assistance is contributing to respond to their main urgent needs	Emergency Shelter and NFI	Cluster PDM Report	Monthly

3.4 Food Security and Livelihoods

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
8.3m	50%	54%	15%

Analysis of humanitarian needs

An estimated 8.3 million people, including refugees, are expected to experience severe food insecurity at the peak of the 2022 lean season (May – July). This represents a 7 per cent increase from the 7.7 million people in need in 2021. The main drivers are: (1) covariate climatic, conflict and economic shocks (such as floods and dry spells, inflation and rising food prices, and the continued disruption of livelihoods due to violence or fear of violence); and (2) household-level idiosyncratic stressors (such as death of breadwinner, gender-based violence, morbidity and mortality due to poor hygiene, and lack of access to essential basic services) which are greatly amplified by the continuous effect of shocks. Food insecurity is greatest when these shocks and stressors are compounded by the persistent high levels of vulnerability associated with the protracted crisis that has existed since December 2013.

The counties of greatest concern are in the states of Jonglei, Lakes, Unity and Warrap (specifically Greater Tonj) with the most extreme case being Fangak County (Jonglei state), where the situation is comparable to Pibor County in 2021. Food consumption gaps are extreme, and people have largely exhausted emergency coping strategies. In 2022, the precarious situation will be further exacerbated by the country's increasing humanitarian caseload, the expected increase in the duration of needs in the most affected areas, and the projected further reduction in humanitarian assistance across the country. Food assistance is expected to decrease by 10 to 20 per cent from the already reduced levels in 2021. It is expected that the projected resources available for 2022 will only be sufficient to cover eight months of needs. Livelihood's support was funded at less than 35 per cent in 2021. For 2022, urgent pre-positioning is necessary ahead of the main farming season.

The Food Security and Livelihoods (FSL) sectoral analysis identified an increase in the severity and extent of food insecurity through the use of Food Security and Nutrition Monitoring System Plus (FSNMS+) outcome indicator data, FSL assessment reports (including over 100 pieces of evidence), and other information and analysis by colleagues from WFP, FAO, FEWSNET, REACH, and the Food Security Cluster. In total, 19 counties have seen significant or minor improvements, while 22 counties have remained stable, and 37 counties have experienced significant or minor deteriorations in their food security level. In terms of food insecurity severity (refer to FSL HNO severity map), 31 counties are described as being of extreme or severe concern, 36 counties are described as of very high or high concern and 11 counties are of moderate concern. Five urban locations were assessed as being of very high concern.

The most severely affected counties are in locations where the compounded shocks are exceptionally amplified due to intensified sub-national violence, three consecutive years of widespread flooding (across 33 counties in 2021) and/ or localized dry spells (notably in Greater Kapoeta), the continued indirect effects of COVID-19 on production and supply chain, a protracted macro-economic crisis, and persistently high food prices. These multiple shocks have exacerbated poverty and vulnerability, severely disrupting people's livelihoods and constraining the availability and access to food from markets, livestock, farming and other natural resources.

These factors, combined with violence and other shocks, have pushed some areas into more extreme levels of food insecurity. Households in counties of extreme and severe concern will require immediate emergency food assistance, complemented by emergency livelihood and livestock support across farming, agricultural and pastoral communities in the medium- and longer-term to build both absorptive and adaptive capacity to mitigate such extreme levels of food insecurity with the exhaustion of coping strategies. In addition, decreased resources have led to a decline in assistance levels and coverage, residents of former Protection of Civilians (PoC) sites and refugees have experienced progressive assistance cuts from 100 per cent to 70 per cent, and now down to 50 per cent.

In early 2019, humanitarian organizations reached more people with food assistance and livelihood support as insecurity decreased and access improved. This led to a reduction in the severity of food insecurity. In 2020 and 2021, this situation was reversed with considerable access constraints due to three years of flooding, severe localized conflict events, and the threats and operational interference by male youth groups, which disrupted the delivery of FSL assistance, further exacerbating the "normal" seasonal challenges. The past three consecutive years of flooding have affected almost one million people resulting in large-scale movements of people and livestock to safer, higher ground. Alongside the arrival of COVID-19 in 2020 and an upsurge in sub-national violence in 2020 and 2021, the

disruption of humanitarian food assistance has eroded earlier gains made in food security.

Those most affected are children, people with disabilities, older persons, and women-headed households, identified as the most vulnerable to increases in food insecurity. Food security and livelihoods were identified as the most needed forms of assistance for men in 55 per cent of the assessed settlements. Similarly, food and livelihoods were recognized as the number one priority need for women in 52 per cent of the assessed settlements. As to children, they considered food and livelihoods as the second most frequently identified pressing need (as reported in 29 per cent of assessed settlements), behind education at 48 per cent. According to the World Food Programme (WFP), 19 per cent of the 3.1 million caseloads receiving emergency food assistance from January to October 2021 are internally displaced people (IDPs); 47 per cent are male and 53 per cent are female; 61 per cent are children; 35 per cent are adults; 5 per cent are elderly (over 60 years old); and only 3 per cent are registered as persons with disability.

The FSNMS data collection and FSL analysis process assess the overall food and nutrition needs of the most vulnerable households regardless of their status. However, some degree of in-depth analysis of sex- and age- disaggregated data indicates that female headed households are more food insecure across South Sudan states, with the exception of Lakes and Warrap. More importantly, women head the majority of households (65%) with an average of eight family members. They are therefore more food insecure than men, which was also confirmed by a regression analysis. However, the age of the household head was found not to have an impact on the household level of food insecurity, but households with children under five are more likely to be food secure than their counterparts. This could be explained by the high level of support provided to vulnerable children under five through nutrition prevention and treatment programmes.

The analysis of the stratified data revealed that displaced people are the most food insecure population group in Lakes, Bahr El Ghazal and Warrap states, while in Eastern Equatoria State, the residents tend to be more food insecure. During data collection in certain locations affected by localized conflict, inconsistencies were found between the sampling frame for the displaced, returned populations and the host community. These discrepancies were attributed to the protection concerns expressed by the interviewed households that communicated a strong preference for self-identification as a host community, so any claims on food security by displacement status may not be statistically representative. Qualitative assessments conducted in different locations across the country have indicated challenges for IDPs and especially returnees in accessing humanitarian food assistance (HFA) when they arrived after the biometric registration (BMR). The elderly and disabled from vulnerable families were also identified as being disproportionately excluded from HFA due to their inability in certain challenging contexts: (1) to access BMR or distribution sites during flood and conflict events; and (2) alongside other vulnerable persons and populations groups, often less able to navigate the Accountability to Affected Populations (AAP) complaint mechanism in place.

There are gaps in the humanitarian response that the drivers of conflict have not resolved. It is important to address the root causes of the conflict to defuse tensions and localized violence. This requires that interventions be inclusive in terms of both geographic coverage and targeting of beneficiaries, especially those staying outside of the more established displacement sites. The needs of different identity groups must be considered, as well as those of vulnerable/marginalized households or family members, including the disabled, the elderly, and people with specific needs, who often remain or are left behind when populations are displaced. This requires consideration of conflict-sensitive issues and necessary adjustments in the response.

Intersectoral analysis

The main factors affecting food security are food availability, access, utilization, stability, and seasonality. These are also influenced by several other sectors. Nutrition has a significant effect on mental and physical growth, educational attainment, and later livelihood opportunities. The health of a person affects their ability to carry out manual livelihood tasks and to cover the long distances necessary to herd livestock or collect wild foods and firewood. Ease of access to markets and health care facilities impacts people's productivity and vulnerability to disease or illness. Water, Sanitation and Hygiene (WASH) influences food preparation and safety. Protection concerns such as conflict, displacement, and gender-based violence disrupt people's livelihoods and have a very negative effect on food security. Poverty and vulnerability due to the protracted nature of the crisis in South Sudan have resulted in significantly greater levels of food insecurity and lack of livelihood opportunities, forcing many families to resort to negative coping strategies, some of which are harmful to children, such as early/forced marriage and child labour.

Projection of needs

The magnitude and severity of food insecurity are anticipated to increase and worsen in 2021/2022 compared to 2020/2021. The current economic crisis is impacting people's ability to access markets, while conflict, flooding and seasonal effects are limiting the flow of both commercial and humanitarian goods and services. Continued and increased sub-national violence is reported in many states across the country, including Jonglei, Lakes, Unity, Upper Nile, Warrap (particularly Greater Tonj), and Western Equatoria (notably Tambura), will continue to disrupt livelihoods and trade. The country continues to be hit by recurrent atypical flooding driven by high water levels in the lakes of Uganda and heavy rainfall in Ethiopia in areas still recovering from the 2019 and 2020 floods, which will affect agricultural livelihoods and households' ability to produce their own food. Some locations such as Fangak and Ayod

in Jonglei State experience year-round waterlogging, which has a significant impact on livelihoods, trade and access to markets and basic essential services, with increased risks of water-borne disease outbreaks. Some locations experience the effects of dry spells (localized drought) at critical times of crop growth, in line with the long-term trends for South Sudan, indicating higher temperatures and reduced rainfall despite the increased flooding, posing the risk of low agricultural production and further deepening the food gaps. Renewed high inflation with persistent high food prices despite the fiscal reforms threaten people's food security. Other factors influence the food security situation, including seasonality of livelihoods, grain stocks, prices, climate, livestock movement, nutritional status of people and ongoing conflict, pushing already food-insecure communities into more extreme, sometimes catastrophic levels of food insecurity, such as those observed in locations of extreme concern (see the FSL HNO severity map).

Monitoring

Through the Food Security and Nutrition Monitoring System, food security data were collected and analyzed for 14,688 households in 2021. As in 2020, data were collected only once during the harvest/post-harvest period (October/November). The resulting data were analyzed by colleagues from WFP, FAO, REACH, FEWSNET and the FSL Cluster to inform the HNO: detailed classification based on outcome indicators, contributory factors from assessment reports, and other key informant interviews or secondary data sources. The cluster also utilized the analyses and reports provided by the Need Analysis Working Group throughout the year to update on changes in context and new crisis events that impact food and nutrition security, as well as periodic workshops that provide a situation, context and intersectoral analysis update across the three main regions: Greater Upper Nile, Greater Equatoria and Greater Bahr el Ghazal.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	IPC Phase 3+	FSL	FSNMS+ and IPC compatible analysis	Annual
02	Resilience Capacity Index	FSL	FSNMS+ and FAO expert analysis	Annual
03	Livelihood coping indicator	FSL	FSNMS+ and WFP expert analysis	Annual
04	Food consumption indicators: Food Consumption Scores; Household Hunger Score; Reduced coping strategy indicator; and Household Diet Diversity Score.	FSL	FSNMS+ and WFP expert analysis	Annual
05	Population reached by cluster objective	FSL	5W reporting & gFSC mandated products	Monthly

3.5 Health

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
5.5m	50%	52%	15%

Analysis of humanitarian needs

The weakened South Sudan's health system relies heavily on international humanitarian assistance and is still unable to cope and respond to humanitarian emergencies and provide basic essential life-saving health services. Limited health facility functionality and capacity, and poor coverage, have made it difficult to meet additional health needs posed by floods, food insecurity and frequent conflicts. Women, children, the elderly and persons with disabilities are particularly vulnerable and most frequently face limited access to healthcare. Government contributions to health services was just 41.9 per cent of 2021 national budget allocations[134], with the addition of an underperforming economy also contributing to poor health outcomes.

The main barriers in accessing health care services were in the qualitative component of the FSNMS+ mentioned to include safety and security (mentioned by both host communities, IDPs, and returnees) including insecurities on the route to the facilities and closure of facilities due to violence. Women and girls face additional barriers due to the lack of female health workers and limited relevant supplies for them. Other barriers to access health facilities reportedly included flooding and long distance to facilities (mentioned by host communities and returnees) and poor and limited availability of facilities (mentioned by IDPs).[135]

Only 8 per cent of the 1,869 reported health facilities are providing the full package of BPHNS and 53 per cent of the facilities are moderately functional, implying inadequate access and unavailability of some health services to some communities in many parts of the country. 58 per cent of the Bomas in the country are still not having Boma health teams (Community Health system). Only 59 per cent[136] of the population can access health facilities in one hour's time while 80 per cent reported barriers in accessing health services.[137]

Extremely low immunization coverage (49 per cent Penta 3 coverage)[138] has made children more vulnerable to vaccine preventable diseases. Malaria is the leading cause of morbidity and mortality, accounting for 52.6 per cent of all morbidities and 58.2 per cent of all mortalities in 2021. While no new cholera outbreak has been declared since the end of 2017, the number of reported AWD cases is increasing and 20 counties are now classified as cholera hotspots with a high risk of new outbreaks. Further, Hepatitis E cases significantly rose to over 1,800 cases with 11 deaths and still remained above epidemic thresholds in 2021. Vaccine Derived Poliovirus 2(cVDPV2), (59 cases reported since the outbreak began in 2020 of which 42 per cent are female) and the threat of infectious disease outbreaks like COVID-19 and EVD also drive humanitarian needs.

Maternal mortality in the country is one of the highest in the world, with 789 per 100,000 live births[139] Only 39 per cent women are availing recommended four Antenatal Care Services during pregnancy[140] and institutionalized delivery as well as skilled birth attendance are low at 12.3 per cent and 14.7 per cent respectively.[141] Access to BEmONC is very low and contributes to pregnancy related and new-born morbidity and mortality among the most vulnerable populations. Teenage pregnancy is estimated at 30% among girls 15-19 years, contraceptive prevalence rate for all methods is 6 per cent with modern methods at 5 per cent, with the unmet need for family planning estimated at 29.7 per cent for 2020 (FP 2020). Gender inequality and gender-based violence are widespread and perpetuated by several factors including socio-cultural norms and armed groups presence in communities.

Recent mapping in 37 of the 79 counties revealed that leprosy is still endemic in all surveyed counties (indicating high burden of Neglected Tropical Diseases). Only 20 health facilities are providing treatment in 17 counties nationwide. Access to Mental Health and Psychosocial Support (MHPSS) remains inadequate. WHO prevalence estimates mental disorders in conflict settings in South Sudan, to be approximately. 2.5 million cases, emphasizing the risk of mental health burden in the affected population. A research study[142] shows 41 per cent of probable occurrences of Post-Traumatic Stress Disorder (PTSD) in six states. Attacks on health care workers/facilities continue to negatively impact the provision of and access to health services. Likewise, findings from the qualitative component of the FSNMS+ 2021 indicate that despite mental health and psychosocial issues reportedly being common across the locations and population groups (host communities, IDPs, and returnees), access to services is limited. When services were mentioned to exist, they were mentioned to primarily include community support mechanisms (mentioned in interviews with host communities and IDPs). In a few interviews with returnees, use of traditional healers was mentioned as coping mechanism in places with limited access to mental health and psychosocial services.

Intersectoral analysis

The drivers of health outcomes and needs cut across various sectors including food, nutrition, shelter, protection and water sanitation and hygiene. Mental health and psychosocial services and interventions on sexual gender-based violence (SGBV) are integrated in health facilities both for health and protection. The loss of agricultural livelihoods due to flooding, drought and sub-national conflict implies that many households are unable to meet their health needs and therefore rely on humanitarian assistance. The COVID-19 pandemic and resulting movement restrictions have negatively impacted trade leading to loss of livelihoods. The destruction of WASH facilities, inadequate hygiene and sanitation facilities and lack of accessibility to clean drinking water contribute to poor health conditions with communities at risk of water-borne diseases such diarrheal diseases, cholera and Hepatitis E. Combined with the presence of flood waters vector-borne diseases such as malaria are likely to increase. Overcrowding in parts of the country due to presence of internally displaced persons or damage to shelters due to conflict and floods are potential drivers for communicable diseases such as Hepatitis E. Elevated levels of malnutrition driven by natural disasters and aggravated by conflicts will undoubtedly result in increased cases of severe acute malnutrition putting further strain on stabilization centres and the health system. Cases of SGBV are driven by protection issues resulting from overcrowding in displacement areas, inadequate shelter, and long distances to WASH sources leading to increased need for provision of clinical management of rape (CMR) services in health facilities13. COVID-19 restrictions have resulted in many women and girls staying at home exposing them to gender-based violence.

Projection of needs

Essential life-saving health care services including maternal, child, adolescent health provision through static health facilities, medical mobile teams and community health volunteers will be key priorities. Disease outbreaks need to be timely detected, investigated and responded to by supporting and strengthening disease outbreak surveillance and response systems. Maintaining the core pipeline for essential medicines and supplies to respond to emergency health needs will be vital. Strengthening routine immunization and vaccination campaigns will be necessary in preventing morbidity and mortality due to vaccine preventable diseases as well as improving the COVID-19 vaccination coverage. Humanitarian Health response needs to be COVID-19, EVD and NTDs response and prevention inclusive. Technical support and coordination to provide quality humanitarian health services will be needed at all levels.

Monitoring

The Health Cluster in collaboration with the Ministry of Health has deployed various health information management systems to manage gender and age disaggregated health data in the country. The Early Warning Alerts and Response System (EWARS) monitors morbidities and mortalities reported from health facilities on a weekly basis while the district health information system (DHIS2) collects information on a range of health indicators including immunization coverages and reproductive health indicators and other indicators monthly. Monthly 5Ws will be used by health service providers to report on response progress indicators including OPD consultations. A COVID-19 vaccination dashboard has been established providing real-time updates of vaccination in the country, using the ODK application. Community-based surveillance will be strengthened to monitor health events at community level and link the community with the health facilities to improve access to health facilities. Partner supported health specific and inter-sectoral assessments will be conducted throughout the year to provide evidence-based information for response while availability of health services at facility-level is monitored on a quarterly basis. Health committees' feedback mechanisms and meetings will be used as part of implementation strategy for accountability to the affected population. The cluster aims to collect all data by sex, age and disability disaggregation whenever feasible.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Coverage of PENTA3 in under One-year-old by administrative unit disaggregated by sex	Health	DHIS2	Monthly
02	Number of deliveries assisted by a skilled birth attendant	Health	5Ws/DHIS2	Monthly
03	Number of pregnant women who attended 4 ANC visits	Health	DHIS2/5Ws	Monthly
04	Number of persons receiving MHPSS services disaggregated by sex, age and disability	Health	5Ws/DHIS2	Monthly
05	Number of SGBV survivors receiving CMR services by age and sex	Health	5Ws	Monthly
06	Number of OPD consultations disaggregated by sex, age, and disability	Health	5Ws/DHIS2	Monthly
07	Case fatality rate for malaria by age and gender	Health	EWARS	Weekly
08.	% of alerts investigated within 48 hours of notification	Health	EWARS	Weekly
09.	Number of community health events conducted for behavioral change communication	Health	5Ws	Monthly
10.	Number of people reached by health education and promotion messages disaggregated by sex, age and disability	Health	5Ws	Monthly
11.	Number of health facilities assessed using Infection Prevention and Control (IPC) scorecard.	Health	5Ws	Monthly
12.	Percentage of facilities with community feedback mechanism	Health	5Ws	Monthly
13.	Number of community consultative meetings conducted to identify needs of affected populations (including men, women, boys and girls and people with disability)	Health	5Ws	Monthly
14.	Number of functioning health facilities provided with supportive supervision quarterly	Health	5Ws/DHIS2	Quarterly

3.6 Nutrition

PEOPLE IN NEED	PREGNANT AND LACTATING WOMEN	CHILDREN	WITH DISABILITY
2m	33%	67%	15%

Analysis of humanitarian needs

Globally, malnutrition is one of the top causes of death in children under five years and has long term negative impact on the children's abilities to live to their full potential. It is estimated that a child with severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) is twelve or three times more likely to die than a well-nourished child, respectively.[143]

While substantial progress has been made in reducing malnutrition in South Sudan (SS) - for example the proportion of children under five who are stunted fell from 31.1 per cent in 2010[144] to 15.6 per cent in 2019[145], and the proportion of children 6-59 months suffering from acute malnutrition (AM) decreased from 22.7 per cent in 2010[146] to 16.2 per cent in 2019[147], and to 11.3% in 2021 - more efforts are required to sustain the gains, address disparities across counties, and to prevent any deterioration due to the persistent aggravating factors including floods, COVID-19, and food insecurity. For example, if no action is taken to prevent malnutrition, global evidence shows that COVID-19 pandemic is projected to have negative impact on the nutrition situation, which could result to the rise in child wasting by 14.3 per cent.[148]

In 2022, an estimated 2 million people in South Sudan will be at risk of acute malnutrition, including 302,078 children (148,018 boys and 154,060 girls) with SAM, 1,039,214 children (509,215 boys and 529,999 girls) with MAM, and 675,548 pregnant and lactating women with acute malnutrition (AM-PLW). In addition, 50,638 (15.4 per cent) out of a total of 328,610 refugees in South Sudan will need treatment for acute malnutrition, including 8,388 SAM children, 26,092 MAM children and 16,158 AM-PLW. There is a slight overall increase of 100,000 people (5.2 per cent) in 2022 compared to 1.9 million people who needed treatment for acute malnutrition in 2021. FSNMS+ Round 27 and SMART Surveys results were used to project the 2022 people in need where extrapolation of GAM/SAM was used since no primary data collection was conducted due to COVID-19 restrictions.

According to the FSNMS+ round 27 results, 26 counties in six states (Jonglei, Unity, Warrap, Upper Nile, Northern Bahr el Ghazal, and Eastern Equatoria) have Global Acute Malnutrition (GAM) prevalence above the emergency threshold of 15 percent (very high acute malnutrition level-WHO classification). The most affected counties are Pibor, Aweil South, Baliet with GAM of 21.6 per cent, 23.1 per cent and 20.5 per cent respectively. In 2021, the high level of food insecurity and malnutrition are compounded by new shocks including COVID-19, localized conflicts and floods that affect large parts of the country especially in Jonglei, Warrap, Unity, Upper Nile and Western Equatoria states.

Barriers to accessing nutrition services included insecurity, flooding, distance and poor road conditions. In some interviews (for instance in Tonj North), participant said their communities were forced into atypical long-distance movements into Tonj South due to localised and grassroots conflicts. Another barrier to access reported was the lack of supplies at nutrition centres. Coping mechanisms reported for those unable to access nutrition centres to address their children's nutrition needs included reliance on locally available food and herbs, cow's milk, borrowing money to pay for medicines and staying overnight in town centres with nutrition centres. For instance, participants from Wau outlined that women in their community, who wanted to access nutrition services ten miles from their home, would often come the day before and sleep at the site in order to access services in the morning. Children of people with disabilities (PWDs) were most vulnerable as they were reportedly unable to meet their nutritional needs due to access constraints faced by their parents in taking them to nutrition centres.[149]

Acute malnutrition has been a protracted problem in South Sudan and one that requires sustained investment in life-saving nutrition services and the scale up of prevention actions to address the major causes of malnutrition. The key drivers of acute malnutrition are multifaceted, including food insecurity, sub-optimal feeding practices, high prevalence of disease, inadequate sanitation conditions and hygiene practices. To illustrate, 52.9 per cent of the households use unsafe water, 68 per cent of the population are food insecure, 11.8 per cent of the children have diarrheal diseases, only 9 per cent of women meet the maternal minimum acceptable diet (MAD), 26 per cent of children get the minimum dietary diversity (MDD) for them to grow and develop well, and 68.1 per cent [150] children under six months are exclusively breastfed. Barriers to access health and nutrition services exist driven by insecurity, flooding, long distance to sites, and poor road conditions. Additionally, communities reported challenges such as long waiting times, limited supplies and lack of facilities in remote locations adding to mothers/caregiver's workload.

Intersectoral analysis

Malnutrition in South Sudan adversely affects women and children and requires an integrated multi- sectoral solution. Integrated multi sector response programming will be prioritized with food security and livelihood (FSL); cash assistance, water, sanitation, and hygiene (WASH); health and protection to meet community and vulnerable members' (e.g., children and women) needs. These interventions will also help to strengthen peoples' resilience and prevent under-nutrition, enhance malaria screening and treatment, provide access to clean water and sanitation, promote kitchen gardening, child stimulation as part of early child development and help mitigate the risks of GBV. Programs will optimize the use of health and nutrition sites as platforms to provide and scale up of prevention and life-saving Maternal, Infant and Young Child Nutrition (MIYCN) including protection, support and promotion of early initiation, exclusive and continued breastfeeding, through support to mothers and provision of counselling.

According to the FSNMS+ round 27 and following a multi-agency FSL sector analysis, a total of 8.4 million people (60per cent of the total population) will be at risk of severe food insecurity in 2022, while only 47.1 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 with 56 per cent of children reported sick from one or more illness (diarrhoea 16.9per cent, fever 44.2 per cent and cough 28.0 per cent).

In 2021, only 40,536 or 18.5 per cent of children with severe acute malnutrition admitted to nutrition sites were tested for malaria. Access to a backyard kitchen garden is only available in 65 per cent of nutrition sites.[151] Strengthening of the inter-sectoral approach and collaboration appear as a critical need. Furthermore, the roll out of the nutrition and gender-based violence (GBV) action plan will help address the GBV related concerns raised through the GBV safety audit that was performed on 64 per cent of the nutrition sites.[152]

Projection of needs

Based on same season historical data of food security and nutrition monitoring system, SMART nutrition surveys and admission trends for 2021, it is estimated that 2,017,344 people (host and refugees) will need treatment for acute malnutrition in 2022. This includes 302,162 children (148,059 boys and 154,103 girls) suffering from severe acute malnutrition, 1,039,472 children (509,341 boys and 530,131 girls) from moderate acute malnutrition, and 675,548 pregnant and lactating women from acute malnutrition. The PIN was calculated by using the globally accepted formula, which includes both prevalent and incident cases [153] and the incidence correction factor of 3.6 was used.[154]

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 COVID-19 is 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 (MIYCN) 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
01	Prevalence of Global Acute Malnutrition among children aged 6 to 59 months	Nutrition	FSNMS+	Twice a year
02	Prevalence of Global Acute Malnutrition among pregnant and lactating women	Nutrition	FSNMS+	Twice a year
03	Number of children aged 6-59 months with SAM admitted for treatment	Nutrition	NIS database	Monthly
04	Number of children aged 6-59 months with MAM admitted for treatment	Nutrition	NIS database	Monthly
05	Number of PLWs with acute malnutrition admitted for treatment	Nutrition	NIS database	Monthly

3.7 Protection

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
5.6m	53%	58%	15%

Analysis of protection needs

In 2021, the situation in South Sudan evolved into multidimensional challenges, combining military, economic, and natural hazards, resulting in increased displacement. In early 2020, the President of South Sudan had announced the establishment of a transitional government with representatives from different forces, which gave some hope for stabilization in 2021. Yet almost immediately thereafter, armed violence flared up in Jonglei and Western Bahr el Ghazal (WBG) and continued throughout 2021 with heavy clashes and incidents also in Central and Western Equatoria. This situation, coupled with severe climatic shocks – heavy flooding for the third year in a row, posing challenges in accessing food, drinking water and basic services – resulted in a multifaceted protection crisis.

At the same time, the situation in the country started shifting towards possible solutions. Recognizing the need to address the crisis, the signatories to the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ACRSS) launched the "National Framework on Return, Resettlement and Reintegration", supported by the contribution of the Intergovernmental Authority on Development (IGAD) on setting the strategy on solutions and return. However, implementation remains a challenge for the Government and all parties involved.

Currently, the protection crisis can be characterized by the following layers:

Engagement of political and military leaders in attempts to take control over the main economic drivers – oil fields, trade, roads, resulting in lack of governance and lack of establishment of authority and unified policies on the ground, which are expected to ensure access to justice, rule of law, and access to services for host populations and IDPs. Many areas experience compounded vulnerabilities and are affected by ethnic and/or political marginalization, conflict-related displacement, localized insecurity and armed conflict, and flood-related displacement. Further distress is caused by targeted and indiscriminate killings, mines, and explosive remnants of war (ERW). As a result of continued violence outbreaks and human rights violations, according to the report of the UN Mission in South Sudan (UNMISS) Human Rights Division (HRD) of January-June 2021, men accounted for the majority of victims (76 per cent/1,406 individuals), followed by women (13 per cent/254 individuals) and children (11 per cent/199 individuals). This included at least 10 women who were subjected to Conflict-Related Sexual Violence (CRSV) during the surge in violence in Jonglei and the Greater Pibor Administrative Area (GPAA) in May 2021. Women and girls are at increased risk of sexual violence in the event of abduction.

Most of the resources are concentrated around Juba, leaving local governments with very limited capacity options (in terms of human and financial resources), leaving them virtually unable to ensure safety, security, access to health, education, and other services, exposing vulnerable populations to increased protection risks. Constant exposure of girls and boys, including those with disabilities, to violence, exploitation, neglect, and abuse such as family separation, mental health and psychosocial distress, violence, maiming, or death takes a toll on children's wellbeing and disrupts the environments in which children develop.

In turn, this makes community leaders the only decision-makers in the deep field. With the weakening of general community safety nets and the vacuum in provision of protection and support, the situation often turns violent and autocratic, mobilizing youth groups for action (often armed); the voices of women and girls, Persons with Specific Needs (PSN), and Persons with Disabilities (PWD) are not really heard.

Food insecurity and malnutrition across South Sudan have been exacerbated by several causes, including protection, with the increase of negative coping mechanisms, Gender-Based Violence (GBV), child labour, child marriage, and human trafficking in 2021.

The scale and urgency of these needs have been exacerbated by COVID-19, adding to the country's complex situation. In addition, more than 800,000 people were displaced by the 2021 floods; children constitute 52 per cent of the affected population, in addition to more than 100,000 people who have remained displaced over multiple years. Floods damaged essential infrastructure, including more than 50 health care centres, 34 nutrition sites, 113 schools, and at least 19 women and girls' friendly spaces in Unity, Upper Nile and Jonglei states. Flooding has continued to increase vulnerability and exposed communities, particularly children and women, to multiple protection risks including violence, loss of life, injury, family separation, gender-based violence, sexual exploitation and abuse, and other protection risks

associated with negative coping mechanisms.

Climatic vulnerabilities and regular periods of conflict have forced many South Sudanese to engage in regular internal and cross-border movements. According to displacement tracking figures, there are approximately 2 million internally displaced people (including 37,000 in PoC sites as of September 2021), 1.78 million returnees (according to the DTM Round 11) and 326,000 spontaneous refugee returnees (as reported by UNHCR in September 2021).

Continued displacement has weakened the protective environment, undermined resilience, and challenged recovery due to the extensive destruction of property that accompanied these crises, with over half of returnees living in damaged or makeshift shelters. More than 60 per cent of returnees do not intend to go back to their areas of origin, raising further questions about coping strategies, integration, peaceful coexistence and social cohesion. A key challenge in addressing protection needs in this context is that up to 80 per cent of displaced households in South Sudan are female-headed, raising concerns about access to housing, land and property, income-generating opportunities, and physical security. Weaknesses in family law within the statutory and customary systems undermine the realization of women's rights and their ability to access justice, particularly for sexual violence, where the statutory system tends to be unreliable, and the customary system is perceived to favour the preservation of "family pride" over individual rights.

Intersectoral analysis and the centrality of protection

As part of the Centrality of Protection, analysis is conducted to inform do-no-harm and protection- and conflict-sensitive approaches to other sectors' programming and response, supporting protection centered approaches in addressing the specific needs of persons with specific needs and vulnerable individuals, such as children, women, girls, PWDs, supporting inclusive programming in non-protection sectors, ensuring a protection lens in evidence-based data collection.

Major protection concerns reported include grave violations, such as killing/targeting of civilians, grave violations against children, GBV/CRSV, restriction of freedom of movement, forced recruitment, abductions, constraints on safe and equitable access to services, housing, land, and property. The country is facing its highest levels of food insecurity and malnutrition since its independence 10 years ago, response has been scaled up throughout the year; however, there are reports of deliberate conflict-induced chronic food insecurity, risking famine conditions, besides the flood-affected territories. General insecurity often impedes safe and dignified humanitarian access.

While these multiple shocks and risks have been in existence in various communities in South Sudan, new patterns are on the rise, such as risky population movements among IDPs, unaccompanied minors, and adolescents in search of work, food, education, and better opportunities. They are at risk of family separation, physical and sexual abuse, violence, and vulnerability to recruitment by armed groups, among others. These children are often exposed to hazardous or unpaid labour and detention and lack access to immediate and long-term child protection services, such as identification and prompt referral to appropriate services. It is necessary to strengthen integrated responses and services to address the diverse needs of children, joint analysis, needs assessment, and monitoring through collaboration with other sectors, capacity building, localization, and community engagement. According to the 2021 FSMNS+, an average of 7 per cent of children drop out of school due to various reasons including high costs associated with education, forced/early marriage, distance to school, and cattle keeping responsibilities. Many of them, especially girls, may never go back to school due to teenage pregnancy or early marriage, while boys engage in child labour, including recruitment by armed groups and community-based militias.

Efforts must be made to ensure AAP, as well as safe and accessible reporting on PSEA, quality and accessible survivor assistance, use of GBV referral pathways for safe referrals, accountability, and investigations, as part of the work with the PSEA Task Force. The GBV SC is part of the intersectoral coordination between the FSL, WASH, Nutrition and Health Clusters and works to bolster the strategic analysis and response to the humanitarian crisis in line with the action plan developed in 2021. Challenges in establishing traditional AAP mechanisms as complaint boxes, lack of access to hot lines due to low literacy level, lack or absence of mobile network in many parts of the country, and a culture of impunity coupled with a lack of access to justice mechanisms make it necessary to find new applicable and culturally acceptable modalities. There is no compromise to end impunity and promote accountability according to existing national and international applicable legal frameworks. The Government has a leading role to play in promoting accountability, however, given the lack of capacity, humanitarian support is needed to establish or strengthen these mechanisms, as rule of law and access to justice interventions are essential to implementing the centrality of protection policy across humanitarian, development, and peacekeeping pillars.

The Information Management System for Mine Action (IMSMA) runs the national database on the number of people receiving risk education disaggregated by gender and age, as well as the number of hazardous areas surveyed and cleared. Monthly maps of explosive ordnance contamination within the country are regularly disseminated to UN agencies and humanitarian personnel to improve their knowledge of threats and how to operate in a contaminated environment.

Projection of needs

The vision of the Protection Cluster (PC) is to create a protective environment where people in South Sudan are safeguarded, their rights respected, and solutions found. Its mission is to ensure well-coordinated, effective, and principled protection preparedness and responses in the country, and to ensure that protection is at the centre of

all humanitarian action and recognized as essential in any nexus with development and peace in South Sudan. Currently, the situation is characterized as a protection crisis as a significant portion of the local population is unable to secure fair, equitable and consistent access to rights. While the R-ARCSS provided a framework for transformation, implementation gaps, delays and continued malfeasance by signatories have undermined the progress made. As such, the formation of the Revitalized Transitional Government of National Unity (R-TGoNU) has been accompanied by displacement, high levels of violence including grave violations against children, compounded by environmental shocks, the global pandemic, and macroeconomic pressures.

Protection monitoring and multi-sectoral coordinated assessments anticipate that protection needs are likely to increase. As the political and economic space continues to contract, opportunities for equitable participation and fair representation are few, leading to increased vulnerability as well as ethnic, age and gender-based targeting. The current trend of increased tension on local government power risks to hinder humanitarian access to the most vulnerable communities, with long-term negative consequences, especially for women who have experienced gender-based violence, female-headed households, unaccompanied and separated children, and PWDs. In addition, youth-related tensions, particularly in Upper Nile, Unity and Equatoria, will continue to pose challenges to humanitarian access, including numerous road and water blocks by armed forces.

Repeated shocks have weakened community-based structures and services, and limitations to access services will continue to push families to adopt negative coping mechanisms that expose the vulnerable, particularly children and women, to violence, exploitation, abuse, recruitment, trafficking, child labour, and forced marriage. Further fracturing along pre-existing and highly localized fissures will continue to negatively impact recovery options, as evidenced in the Greater Pibor Administrative Area, and Central and Western Equatoria. Economic pressures will drive crime, especially along the main supply routes.

Sub-sector
Child Protection

PEOPLE IN NEED	CHILDREN	WITH DISABILITY	CAREGIVERS
3.5m	83%	15%	17%

More than 3.5 million people, of whom 2.9 million are children and adolescents, including those with disabilities, are at heightened risk of violence, abuse, and exploitation and need critical child protection services. Child protection needs are highest in 65 counties, and high in severity in nine counties, particularly Kapoeta South, Bor South, Fangak, Pibor, Rubkona, Akobo, Tambura, Ezo and Twic East. This represents an estimated 20 per cent increase in the number of children in need of immediate child protection services compared to 2.3 million children in 2021. This situation has been exacerbated by the COVID-19 pandemic, protracted displacement, and limited access to basic services which continues to significantly affect the physical, mental, and social well-being of children, adolescents and caregivers.

Continued outbreaks of violence, COVID-19, food insecurity, and floods in some parts of the country, including Western Equatoria (Tambura), Jonglei, Upper Nile, Warrap, and Lakes states, continue to weaken the protective environment for children and significantly impair the capacity of families to appropriately care for children, putting them at risk of violence, abuse, neglect, and exploitation. According to the Child Protection Information Management System (CPIMS+), the number of documented child protection cases including Unaccompanied and Separated Children (UASC) increased from 26,009 (12,128 girls and 13,881 boys) in 2020 to 30,441 (14,185 girls and 16,256 boys) by the end of 2021, with Unity, Jonglei, Upper Nile, Unity and Lakes states having the highest number of documented child protection cases, including UASCs, child neglect, child labour, domestic violence and child trafficking1. In addition, 2021 FSNMS+ survey results show that 3.7 per cent of interviewed households indicated that their children were missing or not living in the household at the time of the assessment and are at risk of abuse, neglect, and exploitation. Although the concentration of child protection cases in the above locations is mainly based on partners reporting child protection cases and FSNMS+ assessment findings, the actual situation of children in terms of protection issues may not significantly vary across states.

Similarly, violence against children and adolescents, including grave violations, remains a major concern in communities in South Sudan. The Country Task Force on Monitoring and Reporting on grave child rights violations verified 196 grave violations including the recruitment/use of 129 children (five girls) in 2021, compared to 62 children (one girl) in 2020, presenting a surge in recruitment despite the signing of a Comprehensive Action Plan by the Government to put an end to the six grave child right violations. In addition, according to the GBVIMS, of the 6,237 GBV incidents reported between January and September 2021, 28 per cent of the cases are child survivors under the age of 18. It is worth noting that the percentage of child survivors increased from 21 per cent in 2020 to 28 per cent in 2021.

While progress has been made in the provision of psychosocial support to children and their caregivers, the experience of any humanitarian crisis increases the vulnerability of children and exerts a heavy toll on their mental health and psychosocial well-being. This situation has been worsened by the limited availability of mental health and psychosocial support (MHPSS) services and the low level of core child protection services, including family tracing and reunification, case management, and reintegration services for children affected by armed forces and groups, leaving many children untreated and unable to access the needed services. The State of World's Children Report (2021) On My Mind: Promoting, protecting and caring for children's mental health highlights a high burden of mental health needs and estimates that 13 per cent of adolescents aged 10-19 live with a diagnosed mental disorder. Similarly, the 2021 FSNMS+ qualitative findings indicate the presence of mental health and psychosocial concerns within communities and identify an urgent need for MHPSS and life-skills education.

Sub-sector

Gender-Based Violence

PEOPLE IN NEED	FEMALE	WITH DISABILITY	CHILDREN
2.6m	82%	15%	45%

An estimated 2.6 million people risk facing gender-based violence in 2022, which represents a 25 per cent increase compared to 2021 estimates. Climate shocks, severe drought, massive flooding, and conflicts have contributed to the increase in GBV risks. GBV needs are highest in thirteen counties: Ayod, Cueibet, Fangak, Gogrial East, Kapoeta East, Mayendit, Mayom, Pibor, Rubkona, Rumbek North, Terekeka, Tonj East, and Tonj North. 48 per cent of households (HHs) surveyed expressed fear/concern about GBV.[155] Among the population groups surveyed, IDPs (57 per cent) expressed greater concern/fear about GBV, specifically rape and forced marriage. Women and girls are exposed to different forms of GBV in their routine activities. The FSNMS+ findings indicate that 38 percent of HHs reported that women and girls avoid more than one area in their communities such as water points, latrines, distribution areas (food and non-food items), markets and/or firewood collection sites, among others, because they feel unsafe. Findings further show that 32 percent of HHs also face an increased risk of GBV as they travel more than 30 minutes to fetch water. The FSMNS+HNOi survey reveals that only 6 percent of the community members are aware of GBV response services available in their neighbourhoods.

Participants in Focus Group Discussions (FGDs)/Key Informant Interviews (KII) conducted in host communities, IDPs, and returnees indicated that their community members did not feel safe from various forms of gender-based violence.[156] Sexual violence was raised as a principal safety and protection concern for women and girls, while revenge killings, abductions, and forced recruitment were identified as GBV risks for young men, men, and boys.[157] Regarding the mechanisms available to women and girls facing protection issues, participants cited their family members as the initial support group, followed by community chiefs. A women's group was mentioned as a support mechanism by some of the respondents. The availability of GBV-specific services, such as psychosocial support and medical services, however, was mentioned by a few respondents. Participants expressed the need for more reporting mechanisms, medical support, and other services, as well as the need for more female staff in such services. The 2021 analysis of GBV survivors who were reported and accessed services revealed that 97 per cent of survivors were women and girls.[158] Of the reported GBV incidents, physical assault accounted for 36 percent, sexual violence for 24 per cent, and emotional abuse for 23 per cent. The 2021 FSNMS+ qualitative assessment identified rape, physical assault, sexual abuse, forced and early marriage as GBV concerns in more than two-thirds of the interviews held with both male and female participants. As a coping strategy, women and girls limited their mobility to humanitarian distribution sites, water points, farmlands, etc.

The increased risk of GBV and gaps in response services, as revealed by the assessments, highlight an urgent need for GBV prevention, risk mitigation, and scaling up of specialized GBV response services. Specifically, there is a need to strengthen GBV case management, medical care, psychosocial support, safety and security, legal service, safe houses, livelihood, economic support, and GBV referral pathways. Primary GBV prevention interventions such as EMAP, SASA, and the Community Cares program, integration of GBV into other sectoral responses including safety audits, strengthening of GBV coordination, and provision of dignity kits are high priority interventions for the GBV Area of Responsibility.

Sub-sector

Housing, Land and Property

PEOPLE IN NEED	FEMALE	WITH DISABILITY	CHILDREN
1.8m	52%	15%	34%

Housing, land, and property (HLP) rights are a key protection and cross-cutting issue across the country. Equitable access to HLP remains a pivotal requirement for peacebuilding and recovery in post-conflict South Sudan. Political and resource-related conflict, manifested in inter-communal violence attacks rooted in access, ownership, and usage, threaten peacebuilding and stabilization efforts. Securing HLP requires an equitable and accessible system of governance and access to the rule of law. In turn, predictable and rules-based systems of land ownership and usage enable returns, investment, poverty reduction and development. HLP issues are also one of the factors causing protracted displacement for the residents of former PoC sites.

As HLP rights continue to be a growing major protection issue across South Sudan, it is estimated that 1.8 million people will be affected by HLP issues in 2022, in addition to 933,000 children indirectly affected by HLP issues. HLP needs are extreme in Leer, Mayendit and Rubkona counties in Unity state, while they are severe in 22 counties in the rest of Unity, as well as in most counties in Central Equatoria, Jonglei, and Upper Nile.

Increased flooding has drastically affected the HLP rights of people living in flood-affected areas. In several locations, IDPs are living in congested spaces and in highlands in the open, without shelters. Many displaced persons' documents got lost or damaged due to the floods. Cases of secondary occupation and theft of property in flood-affected areas have also been identified. IDPs have reported several impediments to returning to their homes, such as damaged/destroyed houses. There is a risk of increasing HLP issues as the flood water recedes and IDPs return to their homes, since abandoned houses may be illegally occupied by others. IDPs may also choose to relocate or remain in their place of displacement.

With positive developments in the implementation of the R-ARCSS and the re-designation of PoC sites, there has been an increasing interest among IDPs and refugees to return to their areas of origin or habitual residence, which is expected to continue in 2022. HLP issues may rise in areas of return, due to destruction, illegal occupation, and grabbing of houses and land. Due to the lack of dispute resolution mechanisms in place, the risk of conflict escalation is concerning and may result in outbreaks of violence. To achieve durable solutions for returnees and those relocating or locally integrating, significant effort will be required to ensure that HLP issues are effectively addressed.

The disconnect between legal and social settings is one of the main challenges to the achievement of equitable HLP rights in South Sudan. Despite the legal provisions recognizing women's equal rights to land, with limited social recognition and lack of implementation and enforcement, these rights are incomplete and far from being realized. Lack of implementation of the legal provisions on equal rights to own, occupy or rent land by women as well as lack of documentation predisposes vulnerable women and girls to GBV and other protection concerns.

Sub-sector
Mine Action

PEOPLE IN NEED	FEMALE
0.6m	41%
WITH DISABILITY	**CHILDREN**
15%	40%

In South Sudan, over 18 million m² of land is suspected of being contaminated with landmines and explosive remnants of war (ERW). The highest levels of contamination are mainly located within the Greater Equatoria region, along major supply routes and areas for returnees from Uganda, including Central Equatoria State, which has the highest agricultural potential in South Sudan. Explosive hazards inhibit civilians from collecting water or firewood, cultivating land, attending school, and receiving health care, among other essential services. They further prevent humanitarian organizations from accessing vulnerable communities or providing life-saving assistance in conflict-affected areas.

In 2022, more than 650,000 people are estimated to be at risk of injury or death from landmines and ERW. The counties with the highest level of recorded contamination are, at the extreme level, Juba, Terekaka, Yei, Magwi, Torit and Canal/Pigi, and at the severe level, Lainya, Morobo, Akobo, Maban and Mundri East.

While substantial efforts have been undertaken to assess and re-survey the extent of ERW contamination in South Sudan, there are significant knowledge gaps due to limited access and sparsely populated areas. It is therefore necessary to complement these efforts with extensive explosive ordnance risk education (EORE) as well as non-technical surveys (NTS) in collaboration with communities. In line with the Government's request under the Ottawa Treaty7, local and national actors have an important role to play in coordinating these efforts but continue to be underfunded.

Given the increase in expected returns, particularly to the Equatorias in 2022, the high contamination requires clearance of landmines and ERW to ensure the release of land and other infrastructure in this region. Mine action has the potential to reduce tensions around natural resources and free up land for cultivation, livelihood activities, shelter, and education to enable development within South Sudan.

Protection monitoring

In 2022, the Protection Cluster will continue producing regular monitoring and analysis on the protection environment throughout the country. The Cluster will also build the capacity of field staff, civil society organizations and national NGOs to gather, analyze, report, and share information on protection conditions. Monthly 5Ws tools, assessments, FSNMS+HNOi and situation reports will contribute to data collection, monitoring and analysis. In 2021, the Protection Cluster drafted and piloted a Protection Monitoring Tool (PMT), which will be rolled out nationwide in 2022 with the purpose of providing regular and standardized information on the most serious protection concerns.

The Cluster's Information Management team will continue to provide technical information management support and ensure that records of all activities are well analyzed and shared to inform planning and programming. The Areas of Responsibility (AoR) will continue to engage in more focused monitoring and analysis through the Child Protection Information Management System (CPIMS+) and GBV IMS. The Cluster will also support the Needs Analysis Working Group, the National Bureau of Statistics (to conduct nationwide surveys on GBV needs), the Monitoring and Reporting Mechanism (to collect information on the six grave violations against children), and the national Information Management System for Mine Action. The Housing, Land and Property Working Group will regularly collect data related to evictions while monitoring legislative changes on land rights.

The Protection Cluster 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 clusters' data collection mechanisms and tools, thereby providing a richer base of cross-sectoral data for future analysis. The Protection Cluster will also analyze information shared by partners through the Mobile Coordination Forum, as well as reports from the Protection Cluster Roving teams, for a better understanding of protection and overall humanitarian concerns.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of girls/women who avoid areas because they feel unsafe	Cluster	FSNMS+	Annual
02	% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living in at this moment in time	Cluster	FSNMS+	Annual
03	Persons living or returning to areas with explosive ordnances	MA	IMSMA and the National Bureau of Statistics	Annual
04	Civilian population killed or injured by violence, conflict, or natural hazards	Cluster	ACLED, HRD, IMSMA	Annual
05	% of HHs who have suffered incidents affecting HH members in the last 3 months	Cluster	FSNMS+	Annual
06	% of HHs without access to land or resources for their livelihoods	HLP	FSNMS+	Annual
07	% of HHs accessing their housing/shelter with security of tenure	HLP	FSNMS+	Annual
08	% of HHs reporting incidents of threats of eviction	HLP	FSNMS+	Annual
09	% of girls and boys under the age of 18 years showing signs of distress self-diagnosed (disaggregation by gender) % of HHs where at least one member is reporting signs of psychosocial distress	CP	FSMNS+	Annual
10	% of girls/boys without access to core Child Protection services = # core Child Protection services available in the county	CP	5Ws	Monthly/ Annual
11	% of girls/boys/women at risk of GBV (sexual violence and forced marriage/reproduction)	GBV	5Ws / FSMNS+	Annual
12	% of girls / boys that have been separated from their parents or other typical adult caregivers	CP	drivers WASH and Food security FSMNS+ data	Annual
13	% of school-aged children dropping out in the previous school year	CP	CPIMS/ FSNMS+	Annual
14	% of HHs with housing / shelter damaged or destroyed due to violence, conflict or natural hazards	HLP	FSNMS+	Annual

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
15	% of HHs reporting HLP disputes	Cluster	FSNMS+	Annual
16	% of HHs reporting conflicts/problems in relations between host and displaced communities	Cluster	FSNMS+	Annual
17	% of girls/boys/women/men without access to core GBV services	MA	FSNMS+	Annual
18	% of HHs aware of GBV services in the county	Cluster	FSNMS+	Annual
19	% of HHs without awareness of availability of legal aid counselling for HLP issues	Cluster	FSNMS+	Annual
20	% of HHs without awareness of availability of protection services	HLP	FSNMS+	Annual

3.8 Water, Sanitation and Hygiene

PEOPLE IN NEED	FEMALE	CHILDREN	WITH DISABILITY
6.1m	50%	54%	15%

Analysis of humanitarian needs

An estimated 6 million people's living standards and their wellbeing will be impacted in 2022 as a result of inadequate or lack of access to safe water and improved sanitation. Water, sanitation and hygiene (WASH) conditions were found to be most severe in the Nile Basin states of Jonglei, Upper Nile, Unity, Warrap and Lakes, and Eastern Equatoria and Northern Bahr el Ghazal. The counties classified with the greatest needs are Tonj East, Fangak, Panyikang, Canal-Pigi and Twic East. Despite the fact that major waterways were replenished by the long rainy season, only 39 per cent of the population reported having enough water to meet their household needs countrywide, dropping to 34 per cent in rural areas. In certain states, such as Unity, Warrap, Jonglei and Upper Nile, 33 per cent of households travel for longer than 30 minutes to access any type of water, an issue that is particularly problematic for persons with physical disabilities. Difficulty in securing enough water is only part of the issue; extremely low coverage of water infrastructure explains that 49 per cent of households reported relying on surface or unimproved water as their main water source. The situation is particularly concerning in Upper Nile where as many as 71 per cent of households reportedly use rivers or puddles as their main water source, while in certain counties, such as Canal/Pigi, Ayod,and Manyo virtually all households relied on surface water. Surface water is often untreated prior to consumption and this, along with the widespread practice of open defecation, creates a substantial public health risk, especially during floods, when latrine pits seep into waterways. Limited access to water is also compounded by only 14 per cent of households reporting having at least one jerrycan and/or bucket to safely store water.

Displacement, insecurity and the economic downturn have compounded the impact of historically low coverage of water infrastructure. The economic downturn has exacerbated the disruption of water services, limiting resources available for the maintenance of wells and boreholes. In areas hosting displaced people, above-capacity demand results in water points being unable to supply enough drinking water to the people, with the situation worsening when additional people are displaced.

Insecurity is also a factor that has affected water access. Protection concerns are also present when accessing water points, with 18 per cent of households, both rurally and in urban settings, reporting they felt unsafe while collecting water in the two weeks prior to data collection. Of those, 12 per cent reported of women and girls avoiding water points due to GBV concerns. The issue was particularly acute in certain counties, such as Fangak, Luakpiny/Nasir, Akobo, Tambura, Mayom, Baliet and Ibba, where more than 40 per cent of households reported feeling unsafe while collecting water.

Sanitation facilities across South Sudan are uncommon. Overall, 80 per cent of households did not access a latrine. This aggregated figure however hides some extreme geographical variations. In certain states, such as Unity, Warrap, Northern Bahr el Ghazal and Jonglei, the percentage of households accessing a latrine is consistently below 10 per cent, with open defecation the norm. On the opposite side of the spectrum, Western Equatoria has the highest proportion of households (60 per cent) accessing a latrine. Several factors contribute to this bleak situation. Long-lasting development challenges largely explain the fact that South Sudan has historically displayed one of the lowest sanitation coverage globally. Secondly, using a latrine is considered a taboo in many parts of the country, especially in states with a larger rural and/or pastoral population. In some locations, constructed latrines are hardly used due to societal pressure, with people preferring instead to walk a great distance even at night to practice open defecation. Moreover, floods regularly damage existing sanitation infrastructure and given their annual occurrence and paired with frequent displacement, there is great hesitation by communities to invest in, reconstruct, or repair sanitation facilities.

Lack of access to soap is one of the main barriers hindering personal hygiene in South Sudan. Poor personal hygiene contributes to the spreading of water-related diseases, including diarrheal diseases. Overall, only 16 per cent of the households reported owning soap and this figure was as low as 4 per cent and 11 per cent in Jonglei and Upper Nile States respectively.

Intersectoral analysis

Limited access to WASH infrastructure coverage alone, for instance, water points and latrines has carry-on impacts when utilizing a multi-sectoral view. Poor access to WASH services and goods combined with high levels of food insecurity has a detrimental impact on the health of the most vulnerable people, as seen through the high prevalence of malnutrition. At the national level, the Global Acute

Malnutrition (GAM) prevalence for children 0-59 months was 11.3 per cent while the Severe Acute Malnutrition (SAM) was at 1.7 per cent. The presence of water-borne diseases in children under 5, for example diarrhoea, is also indicative of poor WASH conditions.

Increasing insecurity, both ethnic and politically motivated conflict, coupled with localized violence and disputes over land, has been an underlying driver of WASH conditions in almost all states, limiting the ability of service providers to deliver WASH services while also restricting people's access to existing WASH infrastructure.

Conflict has caused families to retreat to remote areas with very limited WASH infrastructure and to increase pressure on existing WASH services in host communities, contributing to elevated inter-community tensions. Insecurity has also disrupted livelihoods, trade and supply chains – further perpetuating economic challenges faced by people and reducing the income households can allocate on WASH goods and services.

Projection of needs

In the coming three to six months, the WASH situation in certain locations is projected to worsen. This outlook is driven by the impact of the heavy flooding seen throughout counties in the Greater Upper Nile and Greater Bahr el Ghazal, which has caused further disruption to livelihoods, displacement and damage to WASH infrastructure, while limiting humanitarian access. Certain rural areas, such as in Upper Nile State, are particularly at risk as they are unreachable in the wet season due to roads being washed away and existing networks cut off. This is likely to force displaced people into urban or already populated areas, causing a knock-on effect to existing WASH infrastructure that are already operating over capacity. In addition, basic WASH goods are likely to become less available and more costly, as local markets will be unable to absorb the demand from newly displaced people.

The WASH situation is only forecasted to significantly improve in 2 of the 78 analysed counties, mostly due to return movements, reducing the burden on WASH infrastructure and markets in host communities and thanks to sustained humanitarian assistance. In particular, Western Bahr el Ghazal is expected to see an improvement, with displaced people moving back to their counties of origin.

Monitoring

The WASH Cluster will monitor the needs of the population through a multitude of means, in particular through direct links with the sub-national coordinators in the field. Key WASH indicators will be collected through the FSNMS+, inclusive of the accountability to affected people indicators, in order to support the monitoring of needs as well as flag areas where WASH needs appear to spike. In addition to the 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 the people's needs will be measured through the monthly WASH Cluster 5Ws, with specific indicators created in order to address the WASH Cluster's 2022 Strategic Objectives. A progress dashboard will be produced monthly to highlight progress but also the remaining gaps.

The cluster will also continue working to strengthen accountability to the affected people activities done by WASH partners through the 5Ws and the sub-national coordinators. In addition to partner activity monitoring, the cluster has also designed a toolkit to measure the impact of the GBV safety audits partners conducted prior to infrastructure construction or rehabilitation.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	WASH Severity Classification	WASH	WASH Cluster	Annually
02	Prevalence of Global Acute Malnutrition for children between 6 and 59 months	Nutrition	FSNMS/SMART	Annually /Ad Hoc
03	% of HHs that have access to a sufficient quantity of water	WASH	FSNMS	Annually
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	Annually
06	% of HHs having access to a functional and improved sanitation facility	WASH	FSNMS	Annually
07	% of HHs with access to WASH NFIs (unbroken jerrycan/bucket with lids, access to soap)	WASH	FSNMS	Annually

3.9 Logistics

Analysis of humanitarian needs

Poor road infrastructure remains one of the main challenges in South Sudan for people to access essential services and assistance, as well as for humanitarian organizations to reach people in need. Less than 200 km or 2 per cent of the estimated 17,000 km of roads across the country are paved. During the lengthy rainy season, a large part of the unpaved roads is rendered inaccessible. Heavy downpour beginning as early as April and continuing as late as December has led to flooding and damage of the road surface, with impacts lasting well into the dry season. Due to three consecutive years of heavy rains and floods, many roads are accessible for only a few months, while some communities are cut off completely. Pre-positioning of commodities in strategic locations is essential for the humanitarian community to be ready to respond to emergencies and make use of the most cost-efficient transport method to transport large quantities of cargo. The vast climate variability observed since 2019 has however resulted in a very short window of opportunity for prepositioning, increasing the reliance on other means of transport.

River transport carries a great potential for South Sudan, with many locations across the country being connected by waterways. In recent year, river transport has become an important transportation mode for humanitarian cargo, using large barges on main river routes or smaller boats on streams. However, some of the river routes are dependent on seasonality and river operations are generally volatile with many factors, such as security challenges, port congestion, and boat availability, affecting the reliability of the services. Riverways and docking sites are in urgent need of rehabilitation and expansion works in order to maintain accessibility, improve capacity and reduce delays. This includes smaller river routes in need of proper docking sites, but also for instance the port of Malakal, which faces access constraints at landside and congestion issues during the rainy season.

Despite efforts of the humanitarian community to pre-position cargo and make use of road and river modalities, air cargo transport will continue to be a necessity in the current context. Many locations remain inaccessible by any other means and emergencies requiring lifesaving aid rely on air transport for a timely intervention. Only four airstrips are equipped with tarmac in South Sudan, with another 234 functioning airstrips across the country to enable humanitarian actors to serve people in hard-to-reach areas. However, due to the low maintenance and sensitivity to adverse weather conditions, a large majority of airstrips are reachable by helicopter only during the rainy season, which has limited cargo capacity and is an extremely costly method of transportation.

The lack of reliable road infrastructure makes the supply chain in South Sudan exceedingly expensive and inefficient. Road building and maintenance are constrained by limited state budgets and an underdeveloped local construction sector, leading to high construction costs, including high prices for imported materials. Vast infrastructure projects are needed to ensure the sustainability of humanitarian assistance and to expand access to essential services and markets for rural communities. This includes road infrastructure, which is at the heart of economic development, but also the strengthening of infrastructure works such as dykes that protect people from hazards.

With many organizations facing budget constraints, and several compounding emergencies arising each year, the facilitation of common logistics services across South Sudan remains essential to meet the needs of the affected people.

Projection of needs

At the end of 2021, most roads in Unity, Jonglei and the southern part of Upper Nile states remain inaccessible. It is unlikely that the floodwaters in some of the worst affected places such as Bentiu will reduce soon, continuing the reliance on air transport as the only supply route. Major roads are expected to become physically accessible later than usual, which shortens the pre-positioning window for humanitarian cargo by road during the dry season. Recurrent violence and sub-national conflict could further impact the humanitarian community's ability to reach people with lifesaving assistance.

Monitoring

Logistics related needs of humanitarian organizations to reach affected people are continuously monitored by the Logistics Cluster through regular partner consultation, active participation in coordination mechanisms and the tracking of requests for services. The Logistics Cluster has a permanent presence on both national and sub-national level with six hubs to allow close coordination and monitoring of needs. The Logistics Cluster endeavours to participate in relevant inter-cluster coordination group and other coordinated missions to enable an integrated response to emergencies.

Road accessibility is collected from partners and analysed on a weekly basis, and disseminated in the form of a map. As the availability of paved roads is a main indicator of infrastructure development, the kilometres of paved road will be tracked regularly through WFP Engineering unit and

other partners. Potential new airstrips are regularly assessed by the United Nations Humanitarian Air Service, while the expansion of river routes is monitored in close collaboration with WFP's river operations. Tracking of common services is done through online systems detailing all requests.

Performance is further monitored through monthly, quarterly and yearly reporting against key performance indicators and a regular revision of the Logistics Cluster Concept of Operations and strategy documents to ensure the logistics needs of the humanitarian community are met.

Indicators

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

3.10 Coordination and Common Services

Overview of needs

South Sudan continues to face one of the largest displacement and humanitarian crises globally with increased challenges linked to humanitarian access impacting service delivery to vulnerable populations. Increased sub-national violence and overall insecurity has resulted in high levels of displacement and fluid population movements. The situation is compounded by shrinking humanitarian space as a result of targeting of humanitarian assets and personnel; increased bureaucratic impediments and overall protection concerns. Climatic shocks that include three years (2019-2021) of consecutive flooding has affected at least 835,000 people and destroyed critical infrastructure such as roads, schools, health facilities, markets and damaged crops ahead of the next harvest season. Economic shocks resulting in high food prices and the impact of COVID-19 have added to the already complex and dire vulnerable conditions of populations.

The 2021 FSNMS+HNOi multi-sectoral assessment indicates that an estimated 8.9 million people are in need of humanitarian assistance. The assessment demonstrates the importance of rigorous, household-level data to support evidence-based prioritisation in an atmosphere of increasingly constrained resources.

In the coming year, effective, sustainable humanitarian delivery will continue to depend 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 humanitarians. Engagement with authorities in Juba and state level and conducting training on Labour Law and NGO Recruitment Guidelines with humanitarian organisations and authorities remains important in contributing 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 will 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. Risk-informed humanitarian action and conflict-sensitivity in humanitarian programming will be critical to ensure better preparedness and implement a 'Do No Harm' approach.

Coordination that is effective and agile and which seeks innovative ways to reach underserved vulnerable people will be critical to achieve an effective humanitarian response.

International and national humanitarian actors continue to play a central role and need to complement and leverage on each other's expertise to facilitate humanitarian response in a protracted and complex humanitarian crisis.

Accountability to Affected Populations and community engagement facilitated through the multi-sectoral needs assessment or the FSNMS+ house-hold survey provided a deeper understanding of underlying protection issues and affected populations' (Host community, IDPs, Returnees) self-identified priorities and preferences around humanitarian assistance to enable a community and conflict-sensitive approach to needs analysis and response planning.

Intersectoral analysis

South Sudan faces a multiplicity of humanitarian needs that are inter-linked and which continuously increase the humanitarian burden. In order to provide an overall picture of the needs, the sector will continue to facilitate and provide the humanitarian community with country-wide multi-sectoral data and analysis through a multi-sectoral house-hold needs assessment that includes both the quantitative and qualitative data sets that are disaggregated by Gender, Age and Disability and that will support evidence-based prioritization, cross-sectoral vulnerability at the house-hold level and decision-making. The multi-sectoral household-level needs assessment conducted in 2021 provided rich, robust, and reliable data for each cluster. Conducting an assessment of this nature every year will provide for an annual baseline, against which the response can better monitor the situation year-on-year.

The multi-sectoral needs assessment will align with the Humanitarian Programme Cycle (HPC) and contribute to the calculation of the inter-sectoral severity of needs, proportion of people in Need (PiN) and response prioritization and analysis.

Accountability to Affected Populations will continue to be a key cross-cutting theme that is mainstreamed across the humanitarian operation. This will ensure the response is people-centered and that communities receive information, are given the opportunity to give feedback on the quality of humanitarian assistance provided and are able to influence decisions. Efforts will continue to advocate and support widespread establishment of functional complaints and feedback mechanisms to address issues such as prevention of sexual exploitation and abuse and strengthen protection measures for communities.

Mainstreaming protection across the humanitarian response to ensure safety and dignity of populations

remains critical. This is particularly linked to the large scale displacement situation in the country and expected increase in Returns into the country and places of origin. In tandem, continued promotion of more conflict-sensitive approaches will facilitate a better understanding of the context and identification of risks for better and 'Do No Harm' programming.

Projection of needs

A complex operating environment as a result of multiple shocks and overall dire humanitarian situation is likely to continue with adverse consequences on vulnerable populations. A deepening of the food insecurity situation compounded by lack of basic services such as access to health and nutrition services, water, sanitation and hygiene, education and overall protection services will further erode vulnerable populations' coping capacities.

Humanitarian access will continue to be challenged by outbreaks of sub-national violence, bureaucratic impediments and climatic shocks resulting in flooding and widespread displacement. In the same vein, a trickling of population returns in the country is expected in the year and will require intensified planning for humanitarian support and solutions for the returnees.

The sector will to continue to position itself to advocate and enable availability of cross-sectoral disaggregated data and analysis at national, county and household level through multi-sectoral assessments, collaborative data analysis, intention and perception surveys, household level COVID-19 surveys, displacement tracking and flow monitoring reports, analysis on humanitarian access and security, risk analysis, conflict sensitivity programming, community engagement and promoting humanitarian-development-peace linkages. The sector will continue to facilitate the Humanitarian Programme Cycle to support effective, cost-efficient and timely response.



Estal with her seven-month old child, Juan, at the Walangwalang Health Clinic, slightly out of Juba.
Photo Credit: UNICEF/Lisa Hill

Part 4

Annexes

4.1 Methodology for intersectoral analysis

Analysis team

The ICCG and the IMWG worked together in joint meetings throughout the process of defining the scope of 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 and IOM's Displacement Tracking Matrix.

Intersectoral people in need methodology

The analysis followed the methodology presented in the Joint Intersectoral Analysis Framework (JIAF), according to which the severity of 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 people with access to safe emergency shelter and safe life-saving Non-Food Items). 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. school-age children and teachers, CU5 and PLWs), while the intersectoral analysis is done on total population level. 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. And then the result was compared with the critical indicators values, which override the results in case it is higher than it.

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 consideration:

Using the Nutrition IPC thresholds for GAM rate instead of WHO thresholds. The severity phase scores were used to estimate the "minimum number of people" falling under each severity phase. Five "critical" indicators were selected by IMWG and reviewed by ICCG and HCT:

1. FSL sector analysis of FSNMS data providing second projection May – July 2022, 2. Prevalence of Global Acute Malnutrition (GAM) among children 6-59 months, 3. WASH Severity Classification, 4. Civilian population killed or injured by violence, conflict or natural hazards, 5. % of HHs who have suffered incidents affecting HH members in the last 3 months

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, and by population groups.

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 328,000 refugees were added to the intersectoral and sectoral PiNs after the main analysis was concluded.

Sectoral methodology

CCCM

CCCM cluster used two indicators to calculate people in need of camp management services. The same indicators were also used to analyze the severity of needs. These two indicators were derived from Joint Interagency Framework (JIAF) list of indicators that were found to be the most appropriate to the South Sudan context. To gather information about each indicator, the Cluster developed questionnaires that were utilized by DTM and REACH through FSNMS+ to generate the data. In addition to the questionnaires, cluster partners also collected information through various means, including beneficiary satisfaction surveys, focus group discussions with displaced men, women, boys and girls, and assessments. Consultation with community members remained the primary means through which data was collected, ensuring that AAP is taken into consideration as part of the PiN calculation.

The CCCM cluster predominately focused on the IDPs Population group for 2022 PiN calculation, which was further classified in different categories as per the magnitude of CCCM response required, in relation to the nature of displacement.
- IDPs living in PoC sites / former PoC Sites
- IDPs living in collective sites/centres

Education

The sectoral analysis followed key principles of the HNO inter-sectoral analysis to facilitate comparison of results, including considering the same population groups and geographical units of analysis, and using the same five-point severity scale with people in need falling under severity categories 3, 4 and 5. Additionally, the methodology and calculations followed the approach recommended by the Global Education Cluster.

A mapping of sector-specific and multi-sectoral data sources was done. Relevant data sources with nationwide coverage were used for the people in need and severity calculations. The two data sources used include the Education Nation Wide Assessment at facility-level and FSNMS+ survey at household-level. Key indicators that represent the severity of the education humanitarian situation were selected. Severity thresholds for each indicator were defined using a five-point scale.

To calculate people in need, a baseline people in need using attendance indicator was calculated. For children in school, the percentage of children in each severity class (1-4) was calculate based on learning environment indicators at school level. For drop-out children, the percentage of children in each severity class were based on proxy indicators related to protection cases and level of violence.

ES/NFI

The Shelter and NFI Cluster considers displaced people living inside the IDP sites, and informal settings, returnee, and some host communities who shared their limited resources are in need of shelter and NFI assistance. The people in need was calculated by triangulating the FSNMS+ data, cluster assessment and distribution report done by the partners in previous year. The cluster determined 100 per cent of displaced people who are living inside the IDP sites including the Protection of Civilians (PoC) sites, IDP camps and collective sites are in needs of shelter and NFI assistance as most of the distributed items will last only for six months. Furthermore, more than 51 per cent of displaced people outside PoC site, IDP camp, collective sites and camp-like settings and about 48 per cent of returnees will need shelter and NFI assistance. Additional 5 per cent of most vulnerable non-displaced people/host community will need shelter and NFI assistance.

FSL

Significant changes since 2019 include: (1) the expansion and coverage of FSNMS (becoming FSNMS+) beyond food security, livelihoods, agriculture, nutrition and WASH to include other clusters, namely protection, health, education, and shelter/non-food items so as to provide planning data to a wider range of stakeholders and now covering a minimum of 14,688 households; (2) the inclusion of the urban component; (3) bureaucratic impediments coupled with flooding and localized conflict which caused a significant delay in the FSNMS+ data collection process; and (4) the need for a modelling exercise to determine the PiN at the peak season of food and nutrition insecurity, as the delayed FSNMS+ data collection exercise (September/October) did not align with the usual peak of the lean season data collection (June/July).

FSNMS methodology:

Both the sampling and questionnaire were validated by the Government of South Sudan's National Bureau of Statistics (NBS), Ministry of Agriculture and Food Security (MAFS), Ministry of Health (MOH), and by the core FSNMS working group (WFP, UNICEF and FAO). The FSNMS+ included OCHA and REACH who provided technical support for the inclusion of protection, shelter, health, and education sector indicators/ information needs into the FSNMS+.

The rural component of the FSNMS+ followed a two-stage, stratified cluster sampling methodology with the enumeration areas from South Sudan's National Bureau of Statistics (NBS), originally developed for the 2008 census, used as Primary Sampling Units (PSUs)/clusters for the host community. Households were selected for interviews using random sampling based on complete or segmented household listings within a single village, generated at the time of data collection through Key Informant Interviews (KII). All children under five and all women of reproductive age who self-reported as members of each interviewed household present on the day of data collection were assessed for nutritional

status, including anthropometric screenings and Infant and Young Child Feeding (IYCF) practices.

The urban component of the FSNMS+ adopted a two-stage multi-cluster stratified sampling strategy. In the first stage, enumeration areas (EAs), as the primary sampling units, were sampled using probability proportion to size (PPS), with the estimated number of residential shelters constituting the measure of size. Enumeration areas were stratified based on relevant indicators including building density (as a proxy for the presence of possible slums/informal settlements), market access and presence of IDP sites. In the second stage, a fixed number of shelters as the secondary sampling unit (SSU) were randomly sampled from the listing of residential shelters in each sampled enumeration area. The sampled shelters were geo-tagged on field maps showing high-resolution satellite imagery and building footprints for easy identification by the enumerators. Twelve shelters were sampled in each enumeration area, using a random reserve sample to address non-response and other sampling failures (empty, non-residential or destroyed/non-existent buildings). In smaller urban areas, stratified sampling was used with each enumeration area constituting a stratum. Shelters were sampled from each enumeration area in proportion to the total number of estimated residential shelters so as to obtain a self-weighting sample.

For the displaced populations, IOM has updated the population estimates, based on a spatial point-in-polygon overlay, using the IDP and returnee population numbers from Mobility Tracking round 10 and host community population numbers as a difference between the non-displaced population from WorldPop's displacement adjusted roster and the returnee population in Mobility Tracking round 10. Current and former Protection of Civilians (PoC) sites were treated as independent strata, given the unique circumstances of their population. Households within each camp were selected using stratified random sampling of shelter units by block. Recent population counts, BMR records or shelter counts were used to design a self-weighting sample. The sampling frame was based on existing address systems maintained by CCCM or, where these were unsuitable for sampling, maps derived from satellite imagery.

Severity thresholds:

Severity of households' acute food insecurity is "usually" determined through IPC analysis. But in 2021, this analysis was not conducted. As an alternative, the analysis was undertaken by the FSL cluster with key analysts from WFP, FAO, FEWSNET, REACH and the FSL cluster. The analysis utilized data from the FSNMS Round 27 and was conducted between 1 – 10 December once the data sets and outputs tables had been produced by WFP. Outcome indicators from the FSNMS+ for food consumption and livelihood change were used to determine the severity of insecurity. As there was no official IPC, it is not possible to present the severity levels using the IPC reference tables, which have in the past provided a globally approved set of thresholds for IPC classifications. Instead, an ad hoc HNO severity ranking was used, with five levels ranging from counties of extreme concern to counties of moderate concern.

The calculation of the resilience capacity index (RCI) has not changed since last year and is estimated in two stages. In the first stage, a factor analysis (FA) is used to identify the four pillars, namely: Access to Basic Services (ABS), Assets (AST), Social Safety Nets (SSN), and Adaptive Capacity (AC) that contribute to household resilience based on measurable household variables. The FSNMS has provided the following measurable household variables: under ABS (distance to water sources, access to improved sanitation, access to improved water sources, distance to health facilities and type of housing), for AST (household assets, productive/agricultural assets, land for cultivation, livestock ownership), for SSN (access to credit, borrowing frequency, membership of social groups, access to formal transfers, access to informal transfers) and for AC (education of the household head, dependency ratio, reduced coping strategies index, income diversification and participation in various trainings). In the second stage, a multiple indicator multiple cause (MIMIC) model is fitted. The MIMIC model specifies the relationships between the four pillars, an unobservable latent variable (resilience capacity) and a set of outcome indicators (food security indicators: since resilience is measured with respect to food security).

Modelling to generate the PiN in 2021:

Every year, WFP, FAO, UNICEF, and partners in South Sudan usually carry out the nation-wide FSNMS survey in June/July (peak of the lean season), whose results serve as the main data source for generating consensus-based acute food insecure population estimates during the IPC analysis and are the basis of humanitarian planning and the HNO process. This year, bureaucratic impediments coupled with unprecedented flooding and localized conflict affected the usual start of the FSNMS exercise. Data collection for the FSNMS was delayed, and the exercise began in October (usually the start of the harvest season for most unimodal areas of the country). Given the different data collection period, the data will only be comparable to that of 2020 but not to data collected in previous years and will not be representative of the severity of the situation at the peak of the lean season. WFP and its partners therefore developed an agreed methodology which would estimate the maximum number of people in need of food security and livelihoods support for planning purposes.

Modeling approach:

The analysis team will produce state-level estimates of relevant food security indicators for the peak of the lean season in 2022. This will be performed by means of multivariate linear (ML) regressions or (if required to improve model performance) other nonlinear ML methods like decision trees. The dependent variable will be constructed using FSNMS historical data (approximately 26 rounds) provided by the WFP VAM unit in South Sudan. The input

variables will be built by combining additional data provided by the South Sudan analysis team (e.g., market monitoring, socio-economic indicators, climate, etc. from various sources). These data will be triangulated, and further input variables will be built with data that the HQ team can extract from open data sources (e.g., conflict from ACLED, remote sensing, etc.); the team will then downscale state-level predictions to obtain county-level estimates by using the few rounds of FSNMS based on county strata and/or by attempting household-level modelling, including older rounds. Downscaling will be performed using multivariate linear regressions by building county-level versions of the variables constructed for the state-level model, focusing on those variables for which county-level resolution is available.

Health

The analysis was done using data from EWARS, DHIS2 and health service functionality dashboard and other assessment reports provided by technical working groups such as MHPSS and SRH. A PIN calculator developed by the Global Health Cluster was used in calculating PIN and severity. The indicators and thresholds were selected and determined respectively by the cluster through consultation with the Global Health Cluster and presented to SAG for endorsement. The analysis was presented to SAG members for discussion and inputs and final endorsement.

Nutrition

The determination of the 2022 burden/need estimation uses global guidelines on wasting caseload calculations and referenced by the following documents- (1) UNICEF 'Guidance for Estimating the Number of Children in Need of Treatment for Wasting', and (2) Recent research published by BMJ Global Health, "Improving estimates of the burden of severe wasting: analysis of secondary prevalence and incidence data from 352 sites' providing updates to South Sudan correction factor. The children in need for treatment will also receive prevention services.

2022 Burden/Need Calculation

Population:

According to OCHA, the findings estimate the South Sudanese population in 2022 at 12.4 million, which represents an increase of 2.8 per cent from the 2021 estimates. The estimates are a product of consultations and inputs from the South Sudan National Bureau of Statistics, the Food Security and Nutrition Monitoring System Plus (FSNMS+), the inter-agency Population Working Group, IOM's Displacement Tracking Matrix (DTM), UNHCR and OCHA, among other partners involved in population and mobility analysis. Population growth was mainly attributed to population returns from the region, including spontaneous refugee returns and other migrants from abroad followed by births. A total of 19 per cent (2.4 million) are children under 5 years old and a total of 8 per cent (1.0 million) are PLW.

The most recent SAM/MAM prevalence considered based on (1) FSNMS+ Round 27 and (2) SMART Surveys conducted 2021. Areas that presented with absence of available data either due to poor data quality of FSMNS+ R27 findings or lack of recent SMART surveys, extrapolation of similar county GAM/SAM was used.

2022 Burden/Need Calculation steps

- County wise combined MAM and SAM prevalence (WFH, MUAC and Oedema)

- Burden/Need = population (6-59 months) × [prevalence of wasting × (1 + K)]. South Sudan K = 2.6.

- Burden/Need = population (6-59 months) × [prevalence of wasting × (1 + 2.6)]

- Or simplified to: Burden/Need = Population (6-59 months) x Prevalence x 3.6

- WHO Threshold was to determine severity of GAM- Very Low (<2.5), Low (2.5-<5), Medium (5-<10), High (10-<15), Very High (≥15).

WASH

The WASH Cluster people in need calculation was derived primarily from the WASH Severity Classification exercise, that took place in May of 2021. All of the 78 counties were analysed, excluding the Abyei Region. The workshop was attended by 37 participants, representing 15 humanitarian and development WASH actors, including government agencies, United Nations (UN) agencies, international and national non-governmental organizations (NGOs), nearly all of whom were based in South Sudan. Prior to the workshop, data sources pertaining to different areas of the WASH Severity Classification Analytical Framework were identified, reviewed, and pre-processed for analysis. The analysis considered relevant data collected from various sources six months prior to the workshop. Data was collated from a range of sources, including government databases and UN agency and NGO assessments. The full list of data sources used is provided in the WASH Severity Classification report. In accordance with the WSC Analysis Protocols, analysts collectively and iteratively analysed this information at county level (Admin 2), with each county team drawing on their own technical and contextual expertise to question, validate, or supplement the data. Through this process, analysts reached consensus on the severity classifications for the 78 analysed counties and the key factors driving the situation.

For the 2022 PIN, populations that fell under Phase 4 and Phase 4+ have been included into the people in need. Data was then reviewed using the same core indicators collected during FSNMS+, comparing the 2020 score to the 2021 score, as well as tracking changes to the GAM and cases of Acute Watery Diarrhoea (AWD). Each county was then discussed again with either the sub-national coordinator of the state, and when possible, a member of the WASH Severity Classification analysis team that had analysed the state. When the initial Phase and people in need calculations remained relevant and were in line with the 2021 FSNMS+

data, they were kept. When significant changes had occurred in the county (additional flooding, displacement, insecurity, increase or decrease in the GAM or health conditions), then the Severity was closely examined and, when relevant adjusted, as with the PIN.

The final PIN was reached by calculating the proportion of the population that fell under Phase 4. In addition, if a county had more than 60 per cent falling under Phase 3, the proportion that exceeded 60 per cent was also included into the final PIN, as to acknowledge the proportion of the population that border Phase 3 and Phase 4 and are likely still to require humanitarian WASH assistance. Additional information on the WSC process and results can be found via the WASH Cluster's website



An elderly man in an improvised shelter in a IDPs in Rubkona. Photo: Peter Louis Gume / Welthungerhilfe

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Physical and mental wellbeing

No.	INDICATOR/DATA	SOURCE	SECTOR	Critical	
1.	Integrated Food Security Phase Classification (IPC) compatibility analysis - second projection (May - July 2022)	FSNMS+	Food Security	Yes	
2.	Livelihood coping strategy (food) - 30 day recall	FSNMS+	Food Security		
3.	*Resilience Capacity Index (RCI)	FSNMS+	Food Security		
4.	Prevalence of Global Acute Malnutrition (GAM) among children 6-59 months	SMART, FSNMS+	Nutrition	Yes	
5.	% of people with access to safe emergency shelter	DTM, FSNMS+ and the cluster assessments	SNFI		
6.	% of people with access to safe life-saving Non-Food Items	DTM, FSNMS+ and the cluster assessments	SNFI		
7.	% of school-aged children attending school regularly (at least 4 days a week) in the 2020-2021 school year while schools were open, per age and sex group.	FSNMS+	Education		
8.	% of school-aged children dropping out of school in the previous school year	FSNMS+	Education		
9.	% of HHs by most common barriers to accessing education faced (disaagregated by boys and girls)	FSNMS+	Education		
10.	Average time needed by school-enrolled children to access the nearest education facility	FSNMS+	Education		

**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 startegies	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	Housholds 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)
	No stress or emergency coping oberved	(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
	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
	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
	Children attended school regularly		Children who did not attend school regularly		
			Children dropped out of school		
	All children	All most all 75%-99%	Less or more than half – 25% - 75%	Almost or no children – 0 to 25%	
	Yes, it is functioning	Multiple sources, but not all of them are functional	Yes, but not functioning	No	

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Living standards

NO.	INDICATOR/DATA	SOURCE	SECTOR	CRITICAL
11.	% of population in sites with access to functioning complaints and feedback mechanisms	FSNMS+ , DTM	CCCM	
12.	% of population in sites or area who are in need of appropriate site management services	Intention Survey, Service mapping, CCCM satisfaction survey, IOM DTM Site assessment	CCCM	
13.	% of HHs having no access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use	FSNMS+	WASH	
14.	WASH Severity Classification		WASH	Yes
15.	No access to menstrual hygiene materials	FSNMS+	WASH	
16.	Percentage of population that can access primary healthcare within one hour's walk from dwellings	FSNMS+	Health	
17.	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old, by administrative unit	DHIS2	Health	
18.	Percentage of children aged six months to 15 years who have received measles vaccination	DHIS2	Health	
19.	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	Health Service Functionality (HSF) monitoring	Health	
20.	Number of people per functionning health facility	Health Service Functionality (HSF) monitoring	Health	

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

Severity Scale

Living standards

NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
"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 imparement 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 imparement 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 imparement 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 imparement 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 imparement 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 managemnt 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
1 - 0-14% of HHs reporting not enough water for drinking OR Less than 3 l/d/p	2 - 15-29% of HHs reporting not enough water for drinking OR Less than 3 l/d/p	3 - 30-49% of HHs reporting not enough water for drinking OR Less than 3 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	N/A
Households are able to meet WASH needs without engaging in atypical and unsustainable coping strategies	Households are able to meet WASH needs with minor adjustments to how they access WASH and/or engaging minor coping strategies	"Households either: are unable to meet WASH needs Or are marginally able to meet WASH needs but only by adopting negative coping strategies and adopting risky behaviours Or are marginally able to meet WASH needs but there is above usual diarrheal incidence and/or malnutrition"	"Households are unable to meet WASH needs And Are adopting emergency coping strategies and/or experiencing high insecurity/ violence in accessing WASH Or Excess WASH related mortality High diarrheal incidence High acute malnutrition"	"Households have extreme water shortage even after full employment of coping strategies Thirst, starvation and destitution are evident. Water consumption is <3l/p/d (although this threshold may vary by context)"
Access to menstral hygiene materials	N/A	No access to menstral hygiene materials	N/A	N/A
>= 90%	80%<89%	70% < 79%	60% < 69%	< 60%
>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%
">95% in camps /urban areas >90% in scattered or rural areas"	">95% in camps /urban areas >90% in scattered or rural areas"	"90% >= 95% urban and camps 85% >= 90% in scattered or rural areas"	"85% >= 89% urban and camps 80% >= 84% in scattered or rural areas"	"< 85% urban and camps < 80% in scattered or rural areas"
4+	4+	3	2	<= 1
<5,000	5,000-9,999	10,000-14,999	15,000-19,999	>=20,000

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Coping mechanisms

NO.	INDICATOR/DATA	SOURCE	SECTOR	CRITICAL	
21	Civilian population killed or injured by violence, conflict or natural hazards	ACLED/ HRD/ IMSMA	Protection	Yes	
22	% of HHs who have suffered incidents affecting HH members in the last 3 months	FSNMS+	Protection	Yes	
23.	% of girls / women who avoid areas because they feel unsafe	FSNMS+	Protection - GBV		
24.	% of HHs reporting concerns of GBV in the area where they are livingin at this moment in time	FSNMS+	Protection - GBV		
25.	% of girls / boys without access to core Child Protection services = # core Child Protection services available in the county	5Ws data	Protection - CP		
26	Persons living or returning to areas with EO contamination	IMSMA and the National Bureau of Statistics	Protection - MA		
27	% of households without access to land or resources for their livelihoods	FSNMS+	Protection - HLP		

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

Severity Scale

Coping mechanisms

	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
	0-4	(5-15)	(16-29)	30-59	>60
	No incidents	1-10% HHs have suffered incidents	10-25% HHs have suffered incidents	25-40% HHs have suffered incidents	>40% HHs have suffered incidents
	Women and girls do not avoid areas	Women and girls avoid one area because they feel unsafe	Women and girls avoid two areas because they feel unsafe	Women and girls avoid three areas because they feel unsafe	Women and girls avoid four or more area because they feel unsafe
	Area: 0%	Area: 1-10% reporting GBV concerns	Area: 20-40% HHs reporting security concerns	Area: 40-60% HHs reporting security concerns	Area: greater than 60% HHs reporting security concerns
	4 or more services available	3 services available	1-2 services available	No CP service available	N/A
	No any Hazardous area	One Hazardous area	2 to 6 Hazardous area	7 to 16 Hazardous area	Above 16 Hazardous area
	<30%	30-40%	40-55%	55-70%	>70%

4.2 Information gaps and limitations

Overall information Landscape

In 2021, the humanitarian community continued to use the Food Security and Nutrition Monitoring Systems Plus (FSNMS+) as the agreed data collection mechanism to collect FSNMS and other multisectoral data for HNO (represented with the "+") to identify the humanitarian needs of South Sudan. The 2021 FSNMS+HNO inputs (HNOi) quantitative data collection aimed to cover all 78 counties, with additional cluster questions to collect more comprehensive data from the field to support the HNO 2022. The FSNMS+HNOi analysis provided comprehensive analysis across the clusters and cross-cutting themes like AAP.

Data teams from FAO, WFP, UNICEF and REACH conducted the data collection. Food security and Nutrition data were cleaned and analysed by WFP. At the same time, REACH conducted the data cleaning and analysis for the rest of the cluster data, with the Joint Analysis Group (JAG) and OCHA guidance and regular consultation with clusters' information management officers. Overall planning, implementation, data collection and policy decision were taken by the FSNMS+ Technical Working Group consisting of WFP, FAO, UNICEF, REACH, OCHA and cluster members. Data analysis were conducted under the supervision of JAG, composed of technical experts from WFP, REACH and OCHA.

In parallel to the FSNMS+HNOi quantitative data collection, REACH conducted the qualitative assessment in 14 specific rural locations. Focus group discussions and key informant interview-based assessmenta targeted host-community/ non-displaced, IDPs and returnees population groups and covered protection, accountability to affected populations and conflict sensitivity. The rural assessment findings were then merged with an urban assessment conducted by IOM to build a comprehensive analysis of disaggregated data by gender, age and population group.

In April, the Data Friendly Space started collecting available secondary data, reports and analysis to conduct secondary data review using the DEEP online platform. The secondary data review findings were released in October 2021 with detailed results of the humanitarian situation by thematic topics and by cluster. The secondary data review findings were highly appreciated by ICCG members and used to build cluster narratives and analysis for the HNO.

The 2022 HNO reflects analysis from a mixed-method approach, drawing on quantitative and qualitative data. Using the available secondary data, deep secondary data analysis was conducted to compare the needs overviews of 2021 and 2022. Sex and age disaggregated data are used as available.

Demographic data and baseline data

The last census for South Sudan was conducted in 2008. In the absence of a recent census, the population baseline was estimated using available population projections, IDP, returnees and refugees information and endorsed by the Information Management Working Group and the ICCG. The Government of South Sudan, supported by UNFPA and partners, are currently finalizing the micro- census and planning to release the initial data in April 2022.

Gaps and challenges

Bureaucratic and operational challenges led to prolonged data collection and reduced comparability. Additionally, the delays in the FSNMS+ process meant that data collection was done outside the lean season contrary to the previous rounds of the FSNMS+ surveys, impacting the accurate assessment, particularly for the food insecurity and malnutrition situation. The 73 of 78 counties data were collected before November 2021; however, due to access challenges, county-level data collection in Renk County in Upper Nile, and Ezo, Nagero and Tambura counties in Western Equatoria was completed in early January 2022. Due to insecurity, data collection was abandoned in Tonj East County in Warrap State, resulting in a lack of up-to-date data for the entire county.

Access challenges mainly due to insecurity and unprecedented flooding led to data collection teams failing to reach some locations, mainly in the rural areas, to assess the displaced and returnee population groups, therefore, lowering the representativeness of the data across the population groups sampled.

Mismatch of some of the demographic data identified during the joint analysis of rural quantitative assessment conducted by REACH, FAO, UNICEF and WFP and urban assessment conducted by IOM. The error was found in the FSNMS+ data for six demographic indicators leading to inaccurate data. The issue was caused by the differences between the Urban and Rural questionnaire tools – wherein the rural tool on the question on number of adults within the household two categories is included (ages 18-60 and 60+), whereas for the Urban tool, three categories were included (18-45, 46-59 and 60+). Further, the error occurred when creating the summary demographic columns for adults; the analysis team applied the calculation based on the rural definition of the two age categories (ages 18-60 and 60+) for both the rural and urban data when merging the datasets. This resulted in excluding the data that fell within the 18-45 & 46-59 categories for the

urban data. This affected the count of adult (both male and female) demographics within the data associated with the urban tool. However, JAG identified the minor errors and informed the clusters.

The population sampling, PIN, targets calculation, and sex and age disaggregated data disability data were populated using available baseline population percentages. For example, a standard rate of 15 per cent was applied by all sectors for people living with disabilities.

The FSNMS data is available for IPC analysis, however, the IPC 2021 analysis is delayed by a few months due to bureaucratic reasons.

Sectoral data gaps challenges

Camp Coordination and Camp Management

CCCM cluster faced no issues in terms of data collection. However, in future, the cluster would find it useful if FSNMS+HNOi disaggregated by population group. Nonetheless, the CCCM cluster collects primary data through its partners which means that for 2022, there was no significant data gap to calculate cluster's PiN and severity.

Education

Both the people in need and severity scores are subject to the same limitations of the assessments. A few of the many limitations and gaps experience during data collection are listed below:

Inaccessibility: Several schools were inaccessible due to flooding, bad road conditions and insecurity. This resulted in schools which were more accessible being over-represented. Assessment data was not collected in four counties, Tambura, Nagero, Renk and Manyo, due to insecurity. The timing of the assessment towards the end of the rainy season meant in some states, large areas were hard to access due to road conditions or inaccessible due to flooding.

Partner support: The Education Nationwide Assessment relies on education partners to volunteer resources to conduct data collection. In some locations, there were either no partners presence or no partners with the resources to support the data collection. This resulted in the sample target not being met and, in some counties, data was not collected. This shows a need to improve partners' technical and institutional capacities.

Sample frame: The sampling frame was developed using the Education Management Information System list of schools from 2018, thus schools that are not on that list, such as those which have opened since 2018, suffer from an under-coverage bias regarding newer schools.

Respondent bias: There is a possibility of key informant bias, despite efforts to validate the information collected as much as feasibly possible. Respondents may provide responses different to the actual situation due to several reasons and enumerators were asked to be critical and validate as much by direct observation as possible.

Data from previous years: As the assessment was not done in 2019 or 2020, questions were included on key indicators for these years as well. The validity of this data, where possible, can be reviewed against the School Attendance Management System, but a number of these questions were answered using estimates by the key informants as they did not have the official records for these years.

Training of enumerators: Due to limited budget and field presence, the assessment team was not able to do the training in person or test levels of understanding of enumerators. A remote training was provided to Education Cluster State focal points and key staff from education partners who then cascaded the training down to enumerators.

All mentioned limitations and gaps experienced during data collection have been acknowledged by assessment team and included under lesson learned for future use by the cluster and its partners.

Emergency Shelter and Non-Food Items

HLP due diligence protocols will be followed, and area-specific conflict analysis will have to be undertaken to determine ownership of land/HLP assets so as to avoid legitimizing illegal occupancy or disenfranchising bona fide owners of land and property which may exacerbate conflict.

Food Security and Livelihoods

FSNMS+: Due to continued COVID-19 measures introduced in 2020 and the need to limit the time spent by enumerators in households, several traditional sections of the questionnaire were reduced, and other new sectors' absolute minimum indicators were included. At the same time, the questionnaire was updated to enable the identification of the status of households as host, IDP, returnee or refugee, even though status-specific information was not collected because of the need to reduce the length of the questionnaire. Furthermore, the questionnaire only included information on the presence of disabilities and chronic illnesses within households, without collecting any disaggregation data. Having successfully introduced multi-sectoral indicators into the 26th round of the FSNMS, there is optimism that future rounds will be more comprehensive but more focused in terms of the type of information collected and the processes it feeds into. This will require an audit of previous rounds to understand how the data were utilized. Other types of data that have been missing for a long time, and which are critical to understand the dynamics of food insecurity in the country, include urban and refugee data. The last urban surveys were conducted in 2016, whereas the joint assessment mission (JAM) surveys jointly conducted by UNHCR and WFP in refugee settlements are more qualitative than quantitative – creating gaps that require a revision of data collection tools and methodologies.

Sampling: The FSNMS+ Round 27 methodology was designed to be representative at a 95 per cent confidence level with a 10 per cent margin of error at the county level (Admin 3) for the overall population and stratified by population groups (host community/non-displaced, IDPs and returnees), seeking a level of representativeness at a 95 per cent confidence level and 10 per cent margin of error at the state level (Admin 2). However, during the data collection in certain locations, mainly those affected by localized conflict, FSNMS+ teams found inconsistencies between the sampling frame for displaced and returned populations and population breakdown at community level. To some extent, the discrepancies were attributed to the protection concerns expressed by the interviewed households that expressed a strong preference for self-identification as a host community. As a result, the overall representativeness of the data stratified by population groups (host community/non-displaced, IDPs, and returnees) attained the following level of accuracy: 95 per cent confidence level and 10 per cent margin of error at the state level (Admin 2). Calculations need to be further developed once complete information is available on the locations in which the initial population breakdown sample size was not accurate.

Modelling: The analysis will be carried out considering the following limitations: the high volatility of the South Sudanese context; limited availability of relevant time data series for some indicators, e.g. FSNMS data series at county level have a limited time span (on average, five years) and data collection/observations are not regular (previously twice a year, but in 2020 and again in 2021, once a year); available qualitative information is not kept in standardized formats for easy extraction, some of the information is in Excel sheets that cannot be easily merged across agencies; apart from IPC and FSNMS, agencies keep their data in different formats and software and will require expertise to extract the data; geographic representation of data has become more granular (at county level) only in the last couple of years – therefore, the availability of county-specific data is limited in time (county-level data, which is the desired resolution of the predictions, is only available for the last few rounds of the FSNMS, hence county-level estimates may be harder to obtain and more prone to errors with wider confidence intervals than state-level estimates).

Health

The main health information management system in South Sudan, DHIS2, continues to suffer from underreporting resulting in inaccuracies. Important data such as inpatient bed capacity and accurate information on number of healthcare workers across different cadres is not available. Percentage of deliveries performed by skilled birth attendants cannot be accurately measured as Boma Health Initiative has not been implemented in all counties to accurately collect information on deliveries occurring in the community and not in health facilities. Data on mortality remains a huge gap, though it is an important health indicator.

To overcome these challenges, the cluster is in discussion with the government oh how to improve reporting in DHIS2 and efforts are underway to streamline reporting from partners and have DHIS2 as the only reporting tool. Efforts are being made to conduct a household survey in future to collect mortality data amongst others or at least include mortality in future FSNMS+ questionnaire.

Nutrition

Limited data and documentation on land titles and frequent disinheritance of FHH and CHH after the death of the male head of household is affecting the majority of individuals in South Sudan. Therefore, S/NFI cluster partners followed HLP due to diligence protocols and undertook area-specific context analysis to determine land/HLP assets ownership. This process avoids legitimizing illegal occupancy or disenfranchising bona fide owners of land and property, which may exacerbate conflict.

Protection

Protection assessments and monitoring reports, consisting of narratives on various emergency issues in the country, are of great value in terms of highlighting major protection concerns, describing the situation, shaping recommendations for protection actors, but also to inform the ICCG and HCT on advocacy and actions to mitigate risks. However, large amounts of data do not allow for a unified and proper trend analysis. For this reason, the PC is working on the unified Protection Monitoring System (PMS), which protection actors, particularly those engaged in protection monitoring, data collection and analysis, will be expected to use.

Data on human rights violations is collected by many protection actors, however, it is UNMISS HRD that has the capacity to verify and process this data. Because of the way the data is processed, the PC does not have access to instant data sharing to provide assistance to an individual case or refer the situation. Negotiations on improving the data sharing process are underway.

Knowledge regarding contamination of explosive hazards in South Sudan remains incomplete. As a result, all community members play a crucial role in reporting dangerous items or new hazardous areas as well as during the prioritization processes. The national Information Management System for Mine Action (IMSMA) database is thus constantly being updated. While there are many secondary reports indicating that people are afraid of explosive hazards in their area, and mine action operators continue to discover new hazardous areas,104 in the last two years, challenges to follow-up and prioritization based on community reports remain due to lack of access or coordination between partners. However, the Mine Action Sub-Cluster investigates all reports of explosive ordnance were reported and supports clearance of high priority emergency areas as well as correlates contamination data with FSNMS+.

CPIMS is limited to reported incidences and locations with Family Tracing and Reunification (FTR) partner presence only, implying that locations without CP partners may not have this information. Monitoring and Reporting Mechanisms on Grave Violations Against Children (MRM) data is not available.

Water, Sanitation and Hygiene

The WASH Cluster has identified lacking data on the specific issues persons with disabilities face and a more detailed gender breakdown of access to WASH services as an information gap. In order to address this, the cluster will utilize information provided by sub-national coordinators on cross-cutting issues found in their states. However, in 2022, key informant interview with specific sub-groups will be used to improve planning. Moving into 2022, a gap that will continue to be addressed is closing the feedback loop by communicating with people in need in order to identify their perceptions on WASH programming, so as to better shape the WASH response.

Gender

A limitation expressed in the qualitative data collection cited by the FSNMS+ team was due to the lack of availability of female enumerators, not all focus group discussions with only female participants and interviews with female key informants were led by female moderators. Due to the sensitivity of the questions asked, it is possible that this led to less detailed and/or less reliable information captured in female-only focus group discussions led by male moderators. Efforts were made to address this limitation through attempting to capture these dynamics through debriefing notes, which was then taken into account during analysis. However, the analysis of qualitative data on mental health refers only once to women-headed households among returnees.

According to the 2021 FSNMS+HNOi analysis, the participation of women and persons with disabilities at community level is only through community leaders and elders. In IDP communities, this is further reduced as many elders and leaders have been killed as a result of violence. Church leaders were noted to have greater access to these most vulnerable groups; however, women and youth were confirmed in interviews to be rarely mentioned in community leadership discussions.

Some analysis suggests women's influence is only limited to household decisions but also from a limited segment of the affected people. Among IDPs, there was some mention of women's participation in community-level decision-making structures, but dominance of men was resounding across all analyses.

Conclusion

Despite the identified data and information challenges, the 2021 FSNMS+HNOi findings are more comprehensive and representative across the population groups than in previous years. In addition, as recommended in JIAF scenario B methodology, clusters used other available analyses such as DEEP secondary data review and Cluster assessment findings to build broad analysis and feed those findings to develop intersectoral PIN, Severity and targeted response.

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

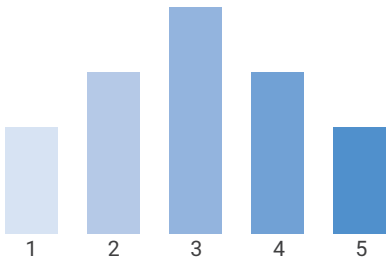
Impact on humanitarian access	Impact on systems & services	Impact on people

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
01	**None/Minimal**	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. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/ depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
02	**Stress**	Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
03	**Severe**	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 Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
04	**Extreme**	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/ needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives and Livelihoods
05	**Catastrophic**	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

4.3

Acronyms

AAP	Accountability to Affected People
ABS	Acess to Basic Services
AC	Adoptive Capacity
ACLED	Armed Conflict Location and Event Data Project
ACAPS	Assessment Capacities Project
AoR	Area of Responsibility
AST	Access to Assets
AWD	Acute Watery Diarrhoea
AM-PLW	Pregnant and Lactating Women with Acute Malnutrition
BPHNS	Basic Package of Health and Nutrition Services
CAR	Central African Republic
CBCFM	Community-based Complaint and Feedback Mechanisms
CCCM	Camp Coordination and Camp Management
CCA	Common Country Analysis
CCE	Community Communication and Engagement
CES	Central Equatoria State
CFM	Complaint and Feedback Mechanisms
CMC	Camp Management Committee
CMR	Clinical Management of Rape
COVID-19	Coronavirus Disease
CPIMS	Child Protection Information Management System
CRSV	Conflict-Related Sexual Violence
CTHR	Commission for Truth Healing and Reconcilia tion
CWG	Cash Working Group
DHIS	District Health Information Software
DTM	Displacement Tracking Matrix
DRC	Democratic Republic of the Congo
EES	Eastern Equatoria State
EMIS	Education Management Information System
ENA	Education Need Assessment
EORE	Explosive Ordinance Risk Education
EPI	Expanded Programme on Immunization
ERW	Eplosive remnants of war
EVD	Ebola Virus Disease
EWARS	Early Warning Alerts and Response System
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
FSNMS	Food Security and Nutrition Monitoring System
FSMNS+	Food Security and Nutrition Monitoring System Plus
FSNMS+ HNOi	Food Security and Nutrition Monitoring System Plus Humanitarian Needs Overview inputs
FGD	Focus Group Discussion
FSL	Food Security and Livelihoods
FRC	Famine Review Committee
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GPAA	Greater Pibor Administrative Area
GSM	Global System for Mobile Communication
HFA	Humanitarian Food Assistance
HCT	Humanitarian Country Team
HH	HouseHold
HDDS	Household Diet Diversity Score
HDP	Humanitarian Development Peace
HIV	Human Immunodeficiency Virus
HLP	Housing, Land and Property
HMIS	Health Management Information Systems
HNO	Humanitarian Needs Overview
HPF	Health Pooled Fund
HPC	Humanitarian Programme Cycle
HRD	Human Rights Division

HRP	Humanitarian Response Plan
HSF	Health Service Functionality
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IMSMA	Information Management System for Mine Action
IMWG	Information Management Working Group
INFORM	Index for Risk Management
IHL	International Humanitarian Law
IHRL	International Human Rights Law
IMOs	Information Management Officers
IRNA	Initial Rapid Needs Assessment
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
JIAF	Joint Intersectoral Analysis Framework
KIs	Key Informants
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MAFS	Ministry of Agriculture and Food Security
MDD	Minimum Dietary Diversity
MIYCN	Maternal, Infant and Young Child Nutrition
MSNA	Multi-Sector Needs Assessment
MoGEI	Ministry of General Education and Instructions
MOH	Ministry of Health
MUAC	Mid-Upper-Arm Circumference
NAS	National Salvation Front
NAWG	Needs Analysis Working Group
NBeG	Northern Bahr el Ghazal
NBS	National Bureau of Statistics
NFIs	Non-Food Items
NGO	Non-Governmental Organization
NIS	Nutrition Information System
NNGO	National non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OoSC	Out-of-School Children
OWG	Operational Working Group
PCA	Permanent Court of Arbitration
PHCU	Primary Health Care Unit
PHCC	Primary Health Care Centre
PiN	People in Need
PLW	Pregnant and Lactating Mothers
PoC	Protection of Civilians
PMR	Period Monitoring Report
PSN	Persons With Specific Needs
PfRR	Partnership for Recovery and Resilience
PTA	Parent-teacher association
PTSD	Post-Traumatic Stress Disorder
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
RSRTF	Reconciliation Stabilization and Resilience Trust Fund
RIMA	Resilience Index and Measurement and Analysis
RCI	Resilience Capacity Index
SAM	Severe Acute Malnutrition
SARA	Service Availability Readiness Assessment
SAMS	School Attendance Management System
SGBV	Sexual Gender-based Violence
SEA	Sexual Exploitation and Abuse
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SSN	Social Safety Nets
SSNPS	South Sudan National Police Service
SPLA-iO	Sudan People Liberation Army in Opposition

SSPDF	South Sudan People's Defense Forces
SSN	Social Safety Net
SSP	South Sudanese pound
TNLA	Transitional National Legislative Assembly
TLU	Tropical Livestock Unit
TOB	Temporary Operating Bases
UASC	Unaccompanied And Separated Children
UN	United Nations
UNEP	United Nations Environment Programme
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations International Children`s Emergency Fund
UNMAS	United Nations Mine Action Service
UNMISS	United Nations Mission in South Sudan
UNPOL	United Nations Police
USD	United State Dollars
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WBeG	Western Bahr el Ghazal
WES	Western Equatoria State
WFP	World Food Programme
WHO	World Health Organization
3Ws	Who does What Where
5Ws	Who does What, Where, When and for Whom

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